

**Aggression Replacement Training: Comparing Incarcerated  
Group Intervention and Community Based Individual Intervention Among  
Young Offenders.**

by

Usha Sreekumar

submitted to the Faculty of Graduate Studies  
in partial fulfillment of the requirements  
for the degree of  
Master of Social Work

Department of Social Work- University of Manitoba  
Winnipeg, Manitoba

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**Aggression Replacement Training:  
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**BY**

**Usha Sreekumar**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
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Master of Social Work**

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## **Abstract**

This practicum examines the factors that lead to the criminal activity of youth. Two of the primary factors cited in the many of the literature, is that delinquent youths tend to be both antisocial and aggressive. This practicum examines these traits and their relationship to crime.

The model chosen for this intervention is the Aggression Replacement Training developed by Arnold Goldstein and Barry Glick in 1987. This model has been proven to be effective for this particular population. The models was used to compare two interventions, one using group therapy with incarcerated delinquents in Ottawa, and the other a community based intervention with individuals in Winnipeg.

The objectives for the members who took part in this practicum included, decreasing aggression among participants, increasing their social competency and increase their assertiveness. The intervention appeared to be effective for most of the youth, based on the scores of the Aggression Questionnaire and verbal feedback from participants.

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## Chapter 1: Introduction

Complaints about the behaviour of the young are timeless! Reports from the Middle Ages tell “us about youths who cut off noses of statues in church, sewed women`s skirts together, and fought with knives” (Angenent & de Man, 1996. p.1). Currently, one only needs to read the newspaper or watch the news to witness that youth are stealing, dealing drugs, and even killing others. Many members of society are left to wonder how these behaviours amongst youth could happen and what measures could have been taken to prevent these crimes. A recent Angus Reid public opinion poll (July 27. 1997), revealed that of some 1516 Canadians, “22 percent of survey respondents named crime and related issues perpetrated by youth as most pressing when asked to name what are top most problems in their community”. Further. responses to this same survey indicated that six in ten Canadians perceived a marked increase of crime and related issues in their community over the last five years.

Public outcry has resulted in the government attempting to tackle the issue of youth crime by holding discussion groups in communities. According to the Angus Reid public opinion survey on Crime and Justice System (July 17. 1997), seven in ten respondents have little or no confidence in the Young Offenders Act (YOA). In a bid to restore public confidence. the Federal Government is currently amending some parts of the YOA. In the meantime. community agencies are left to shoulder the task of delivering both preventative and remedial services to address the delinquency of adolescents.



Adolescence by most accounts is described as a particularly difficult and stressful time for the individual, his/her family and the community at large.

Researchers cite poor socialization, lack of impulse control, low self-esteem and inadequate problem solving skills, as predictors of juvenile delinquency (DeLange, Lanham & Barton, 1981). When speaking about delinquency, terms such as antisocial, hostile, and angry are usually used to describe the delinquent. Many believe that delinquents are often antisocial and it is this lack of social competence that propels adolescents into committing crimes.

Effective treatments, according to DeLange, Langham & Barton (1981), are based on "the premise that the youth does not have the requisite social, academic or vocational skills to enable him to obtain, in a socially appropriate fashion, rewards as great as those he obtained through criminal behavior" (p.82). Eighty-four percent of Canadians believe that crime prevention is attached to social development projects. According to John Wright, Senior Vice-president of Angus Reid Group, social development projects are projects that are aimed at some of the root causes of crime, for example, drug and alcohol programs and aggression control. It is this recognition of the need for social developmental programs that this practicum evolved from.

Arnold Goldstein and Barry Glick's Aggression Replacement Training model was followed closely in the development of this practicum. This model teaches individuals how to relate in a prosocial, less aggressive manner through a series of skills and techniques.

Initially, this writer ran a group in Ottawa, at the Ottawa-Carleton Detention Centre, for five males aged 16 or 17 years old. The group ran for nine sessions, for

approximately an hour and a half per session. Session content consisted of demonstrating certain social skills, through role plays and modeling behaviour. Also included in the sessions were exercises which assisted the youth with understanding anger and aggression.

The intention was to then run a second group, only the membership of the group was to be comprised of delinquents residing in the community. However, this plan had to be modified to work individually with five clients in a community setting. The caveat was that the same material that was presented to the incarcerated group be delivered to one-on-one to the individuals. Hence, this practicum set out to compare not only differences in service delivery among incarcerated and community delinquents, but also sought to compare the efficiency of group intervention to individual intervention.

The clinical goals of this intervention were to increase social competency; to increase self-esteem and empathy; to increase assertiveness; to decrease aggressiveness; and to increase interpersonal problem solving skills.

The learning objectives were to gain experience in group work; to observe group development patterns; to understand delinquency and typologies of the delinquent; to learn about evaluating intervention efficacy using standardized measure; and to build on existing experience with working with troubled youth.

### Implications for Social Work Practice

Advocacy is a long-standing intervention used by social workers. This is no different in the field of juvenile justice. Advocacy efforts were “part and parcel of

efforts to deinstitutionalize, to develop community-based alternatives, and to make community social institutions more responsible to the needs of youth and their families” (Coates, 1989, p. 246).

According to the social work code of ethics, a social worker shall advocate change, “for the overall benefit of society, the environment and the global community” (Canadian Association of Social Workers, 1994, p.54). Crime affects individuals, families and communities at large. Therefore as part of the responsibilities assigned to the social work profession, social workers must enact positive change for their communities. Running social skills and anger management programs have proven to be successful in reducing recidivism rates for criminal offenders and therefore very efforts by social workers.

The practice of social work includes the development, promotion and delivery of human service programs. This practicum serves to fulfill this premise. The goal of this intervention is to decrease aggression whereby decreasing the number of criminal acts committed by an individual. This practicum sets out to utilize a well researched model. Aggression Replacement Training (ART), in the effort to produce a change in attitude and behaviour.

The ART seeks to change negative behaviour to prosocial behaviour. Advocacy takes part in various forms, whether it is on an individual basis or as a group. This practicum serves to explore both aspects of this. The group format exposes members to feelings of belonging, appropriate role modeling and the opportunity to practice newly acquired skills in a nurturing and safe environment.

## Chapter 2: Literature Review

The problem of juvenile delinquency is an increasing challenge to our society. According to Statistics Canada, 21 percent of all crimes committed in Canada are committed by youths (CANSIM, 1999). A commonly used definition of juvenile delinquency is:

Juvenile delinquency cases are those referred to courts for acts defined in the statutes of the State as the violation of a state law or municipal ordinance by youth of juvenile court age. or for conduct so seriously antisocial as to interfere with the rights of others or to menace the welfare of the delinquent himself or the community.

(Roberts. 1989. p. 6).

Juvenile delinquents are often described as antisocial and it is this lack of social competence that propels adolescents into committing crimes. Research has shown that those juvenile delinquents who receive social skills training have lower recidivism rates than those individuals who do not receive this training. For example, Spence and Marziller as cited in Henderson & Hollin (1986) found that those individuals who went through social skills training showed a decrease in recidivism rates.

Any piece of criminological research describes offenders as both antisocial and aggressive. All the major theories on crime include the assumption that crime stems from individuals who have not been socialized to engage in prosocial

behaviour. Therefore, a comprehensive look at delinquency, social skills deficits and aggression impulse must be explored in relation to various theories on delinquency.

This literature review will focus on some of the roots of delinquency through the exploration of criminology theories on the causes of crime and the conditions that contribute to the existence of criminal activity. From the broad theories of causal influences of criminal activity, the literature review then focuses on the individual contributions to crime, such as social skills deficits and lack of aggression control, as one characteristic of the delinquent. Finally, the review examines research previously done on social skills training modules and anger management programs.

### Theories of Delinquency

To illustrate the various explanations or schools of thought for delinquency, the Ecological Approach was utilized. The rationale for using this approach is that crime is seen as an interaction or relationship between the individual and the society in which an individual lives. According to Goldstein (1994):

People and psychological processes are embedded in and inseparably from their physical and social contexts. According to this principle, phenomena are viewed as holistic entities rather than combinations of separate elements ... There are no separate actors in an event: the actions of one person are understood in relation to the actions of other people, and in relation to spatial, situational, and temporal circumstances in which actors are embedded. (p.6).

Exploring the person in environment approach allows for a broader conceptual base in understanding the mechanics of criminal motivation. As a conceptual model the ecological approach brings order to “the massive amounts of data from all different frames of reference that need to be worked on” (Compton & Gallaway, 1984, p.118). Viewing an issue from this model allows for interventions to be more client specific. A benefit to a client specific approach is that the model presents multiple possibilities for interventions.

According to Hepworth and Larsen (1993), Ecological Theory looks at those systems that reside within the “ecological boundaries of the client’s problem, specifically the environmental factors. Systems in which individuals commonly transact include family and extended family, social networks, public institutions, and personal service providers” (p.17).

With this in mind, the nature of criminality is observed from an interpersonal perspective through the Differential Association Theory. The Social Control theory explores criminality by examining attachments to family and the school system. Finally, Strain Theory examines global expectations and their relation to crime.

### Differential Association Theory

The best known interpersonal theory of delinquency is the theory of differential association developed by Edwin H. Sutherland who believed in the socialization of crime and argued that crime was learned. The theory of differential association opposed the view that mental illness or abnormal pathological personality is a “major causal factor in the commission of criminal behaviour. Rather, Sutherland

argued that crime is learned in a straightforward, essentially normal fashion” (Goode, 1994, p.82). Sutherland asserts that nobody just dreams of committing crimes. Instead, this must be passed on from one person to another in a genuine learning process.

Sutherland developed nine propositions to this theory:

1. People learn how to engage in crime;
2. This learning of delinquent behaviour comes from the interaction with others who have already learned criminal ways;
3. The learning occurs in small, informal face to face groups;
4. What is learned is criminal technique (for example, how to open safe), motives, attitudes, and rationalizations;
5. Among criminals one important learned attitude is a disregard for the community's legal code;
6. One acquires this attitude by “differentially associating with those who hold it and failing to associate with those who do not” (p.306);
7. Differential associations with criminals and noncriminals vary in frequency, duration, priority, and intensity;
8. Learning criminal behaviour through differential association rests on the same principles as learning any other kind of behaviour; and
9. Criminal behaviour is a response to the same cultural needs and values as noncriminal behaviour. For example, one individual steals to buy new clothes while another individual works to reach the same goal.

As for Postulate seven, which states that differential associations vary in frequency, duration, priority and intensity, Sutherland further elaborated. Frequency refers to the number of times a person is introduced to criminal behaviour patterns. Duration implies how long an individual has been exposed to these criminal behaviour patterns. Intensity refers to the prestige and significance of the models with whom one associates. The delinquent chooses these models. Sutherland argues that the behaviour patterns of respected models have more influence (and thus, more *intense* in impact) than those of less respected models. Priority refers to the belief that behaviour learned in early childhood has more impact on a person's overall conduct than behaviour learned later in life (Bartol & Bartol, 1998). Sutherland proposes that delinquents or adults become criminals because associations with criminal behaviour patterns outnumber associations with anticriminal patterns. According to Bartol & Bartol (1998), "Sutherland did not postulate that persons engage in criminal conduct because they are simply exposed to criminal behaviour patterns. Rather, individuals become criminals because of an overabundance of such associations, in comparison with noncriminal behaviour patterns" (p.122). Essentially the higher the ratio of criminal associations, the more likely an individual will engage in criminal activity.

### Social Control Theory

Social control theory was popularized by Travis Hirschi, who illustrated this theory in his book *Causes of Delinquency* in 1969. Social control theory assumes that by nature human beings are neither good nor evil. Control theory assumes that



engaging in deviance is not problematic; that if left to our own devices, all of us would deviate from the rules of society. In fact control theorists believe that deviance is inherently attractive. Hirschi argued that it is not necessary to explain the motivation for delinquency since “we are all animals and thus all naturally capable of committing criminal acts” (Vold, Bernard, Snipes, 1998, p.207). To control theorists, the explanation of delinquency is based not on the question of “why did he do it?” but instead “why did he not do it?” (Shoemaker, 1996).

Nettler, a social control theorist, believes that social behaviour requires socialization. “Successful socialization of the individual leads to conformity of societal norms, while improper socialization leads to nonconformity. In this definition juvenile delinquency is a consequence of unsuccessful and improper socialization” (Glick, 1983, p.91). Therefore, in keeping with this belief, young offender programs that subscribe to this theory would attempt to strengthen the youth’s moral bonds with the community. This is done by encouraging, “(1) attachment to others, (2) conventional behaviors and actions, and (3) opportunities to generate the youth’s belief in the moral law of society and order of community” (Glick, 1983, p.86). Control theorists all assume one basic point: people, young or old, must be held in check, or somehow controlled, if criminal or delinquent tendencies are to be repressed (Shoemaker, 1996).

Control theories contend that delinquency occurs when the child’s ties to the conventional order are weakened or broken. The control or bonding begins within the family system and then branches out to include others within the neighborhood and community. According to Bartol & Bartol (1998), “delinquency- and deviance in

general- occurs when people have not been adequately indoctrinated with the rules and expectations of a given society, and when the external social constraints are lacking” (p.157). Hirschi postulates that individuals are more likely to turn to illegitimate means if their bond to society is weak or broken. For Hirschi there are four interrelated aspects of the social bond that affect our behaviour: attachment, commitment, involvement and belief. Each of these aspects is elaborated in the following paragraphs.

Attachment refers to the psychological and emotional connection one feels toward other persons or groups and the extent to which one cares about their opinions and feelings (Shoemaker, 1996). Research conducted by Michael Hindelang as cited in Shoemaker (1996) found in a self-report delinquency study among 900 adolescents in New York, that attachment to parents was inversely related to delinquency. That is the more attached an individual is to not only parents, but teachers and employers to name a few, the less likely one is to commit delinquent acts. According to Linden (1992), “if an individual is sensitive to the feelings of others and close to others, this attachment will constrain his or her behaviour because the individual will not want to hurt or embarrass the people he or she likes” (p.321).

The next aspect that Hirschi refers to is commitment, which refers to the investments accumulated in terms of “conformity to conventional rules (such as time and money) versus the estimated costs, or losses, of investments associated with nonconformity” (Shoemaker, 1996,p.164). Frazier (1976) states that a person is committed when costs and risks of deviance exceed the potential gain or satisfaction from deviance. If a person decides to engage in deviance, that person will be putting

his or her own investment at risk. For example a youth failing in school with no career aspirations may find the immediate rewards of delinquency outweigh the potential cost (a good job for example).

Involvement refers to the participation in conventional and legitimate activity. That is, the individual who is deeply engrossed in conventional activities is tied in large part, to schedules and meetings, to the extent that the opportunity to commit crimes is rarely available (Frazier, 1976). Involvement is seen to prevent the time and place for deviance. Belief involves the acceptance of a conventional value system. It is argued that a weakening of conventional beliefs, for whatever reason, increases the chances of delinquency (Shoemaker, 1996). In summary, when the general bond that holds individuals to society is weakened or broken, the individual is then free to deviate.

According to Frazier (1976), "it is simply more probable that one will deviate when the elements of the bond are weak than it is when individual attachment, commitment, involvement, and beliefs are strongly conventional" (p.67). For Hirschi effective control means a high degree of attachment to others, commitment to conventional society, and a belief in the legitimacy of social rules (Frazier, 1976).

### Strain Theory

Strain theory is a popular theory used to explain deviance. The theory was developed by Robert Merton who derived many of the assumptions from Emile Durkheim's anomie theory on suicide. Anomie is defined by *The Concise Columbia Electronic Encyclopedia* (3<sup>rd</sup> edition), as a "social condition characterized by

instability, the breakdown of social norms, institutional disorganization, and a divorce between socially valid goals and available means for achieving them”.

It is believed that crime is a symptom of the disassociation or gap between cultural prescribed aspirations and the socially structured avenues for realizing these aspirations (Hackler, 1992). Anomie is defined as “inconsistencies between societal conditions and individual opportunities for growth, fulfillment and productivity within a society” (Shoemaker, 1996, p.90). Merton argues that there often exists within a society a discrepancy, or disjunction, between its goals and its system of legitimate opportunities for achieving success. At the same time, the system of legitimate opportunities for achieving success, such as the availability of educational and occupational pursuits, is not evenly distributed within the society (Shoemaker, 1996). Essentially what this means is when society encourages people to want things but makes it difficult for certain groups to get them, then members of these groups are more likely to engage in illegal means, such as stealing, to acquire these things.

A major assumption of anomie in the explanation of delinquency and crime is that large numbers of people who find themselves at a disadvantage relative to legitimate economic activities are seen as being motivated to engage in illegitimate, delinquent activities (Shoemaker, 1996). These individuals may be willing to work or otherwise be productive members of society but, because of the unavailability of employment or an opportunity to develop job skills, they turn to criminality, perhaps out of frustration with their situation or perhaps because of economic necessity. Merton's theory does not focus on crime per say, but rather upon various acts of deviance, which may be understood to lead to criminal behaviour. Merton notes that

there are certain goals which are strongly emphasized by society. Society emphasizes certain means to reach these goals (such as education, hard work). However not everyone has equal access to these legitimate means to attain these goals. It is important to note that Merton did not imply that everyone who is denied access to legitimate means become deviant.

Merton presents five modes of adapting to strain caused by the restricted access to socially approved means and goals. According to Merton as cited in Shoemaker (1996), "the response or modes of adaptation. depend on the individual's attitudes toward cultural goals and institutional means to attain them" (p.93). The following five paragraphs describe the modes of adaptation.

1. Conformity is the most common mode of adaptation. Individuals accept both the goals as well as the prescribed means for achieving those goals. Conformists will accept the goals of society and the means approved to achieve them.
2. Innovation: Innovators accept societal goals but have few legitimate means to achieve those goals. thus they design their own means to get ahead, which could entail robberies, embezzlement or other such criminal acts.
3. Ritualism consists of individuals who abandon the goals they once believed to be in their reach and dedicate themselves to their current lifestyle. They play by the rules and have a daily safe routine.
4. Retreatism is the adaptation of those who not only give up the goals but also the means. They often retreat into a world of substance abuse. They escape into a nonproductive, nonstriving lifestyle.

5. Rebellion occurs when the cultural goals and the legitimate means are rejected. Individuals create their own goals and their own means, by protest.

Scott Menard (1995) as cited in Andrews and Bonta (1998) surveyed a large number of 11-17 year old adolescents. Two questions he posed on the pencil and paper survey was "How important is it to you to have a good job or career?" The options ranged from somewhat important to very important. The other question asked whether it was wrong to commit a variety of delinquent acts, options for answering were very wrong or wrong for all acts versus a little bit wrong or not wrong at all. What was found was not so surprising. The innovators, high aspirations/not wrong to commit delinquent acts and the retreatists and rebels, low aspirations/ not wrong to commit delinquent acts, self-reported more delinquent acts than did the conformists and the ritualists who thought it was wrong to commit delinquent acts.

### Theories on Aggression

The strain theory of crime causation developed by Merton essentially links antisocial deviancy to extremely unpleasant antisocial social expectations, mainly frustrations. According to this argument, individuals who experience the strain of the "disjunction between means and goals may turn to crime in trying to adapt to their frustrations" Berkowitz, 1998, p.52).

According to Baron & Richardson (1994), aggression is defined as "any form of behavior directed toward the goal of harming or injuring another living being who

is motivated to avoid such treatment” (p.7). Based on this definition, aggression is viewed as a behaviour, not as an emotion or attitude.

For Berkowitz (1962) as cited in Andrews and Bonta (1998), there is an important distinction between instrumental aggression and angry aggression. Instrumental aggression is aggression primarily oriented to some goal other than inflicting injury. An example would be acquiring money as a goal of armed robbery. On the other hand, angry aggression is a response to a specific frustration, and the goal is injury. It is argued frustration creates a predisposition to aggression by arousing anger. Anger is an emotion that can lead to drive-specific behaviours such as aggression in the presence of appropriate cues or releasers (Andrews & Bonta, 1998). Simply put, a person displays violence if anger is high and/or if violent behaviour has been reinforced in the past. Aggression is maintained by such consequences as social reinforcement, and the acquisition of concrete awards (Feindler & Ecton, 1986).

### Frustration Aggression Hypothesis

One theory of aggression is the Frustration Aggression theory. In 1939, Dollard, Doob, Miller, Mowrer and Sears published *Frustration and Aggression* at Yale. The principles of this theory are presented below:

1. Aggression is always a consequence of frustration, and frustration is always followed by some form of aggression.
2. The strength of instigation to aggression (i.e. the amount of frustration) increases with:

- (a) the strength of instigation to the frustrated response;
  - (b) the degree of interference with the frustrated response;
  - (c) the number of frustrations.
3. The strength of inhibition of any act of aggression increases with the amount of punishment anticipated as a consequence of that act.
  4. The instigation to aggress is strongest against the agent perceived to be responsible for the frustration.
  5. The greater the degree of inhibition specific to the frustrating agent, the more probable the occurrence of indirect aggression and/or displaced aggression.
  6. The occurrence of an aggressive act is followed by a temporary reduction in the instigation to aggress (catharsis). (Andrews & Bonta, 1998).

Dollard et al. believed that every aggressive action could ultimately be traced back to a previous frustration. Since it is evident that individuals do not always aggress following frustration, Dollard et al. proposed that it is the threat of punishment that inhibit overt aggression. The frustration-aggression theory purports that "frustration is the sole antecedent of aggression, and it specifies the variables determining the intensity of aggression; strength of frustration and punishment of aggression" (Buss, 1969, p.61). That is, the stronger the frustration, the more intense the aggression; and the stronger the punishment, the weaker the aggression.

According to Baron and Richardson (1994), "threats of punishment serve merely to block the performance of aggressive actions and leave the instigation



toward such behaviour largely unchanged” (p.23). Essentially, it is believed that frustration is still the leading factor that causes aggression. However it is the threat of punishment that prevents people from acting out their frustrations.

Acts of aggression are not always manifested overtly. These acts can also exist in the content of the individual’s fantasy or dream, or even their well thought out plan of revenge. The acts may be directed at the object which is perceived as causing the frustration or the aggressive acts may be displaced to some altogether innocent source. It can even be directed toward the self, as in masochism, martyrdom and suicide (Dollard et al, 1970).

However, the assumption that frustration is the cause of all aggression has met with much criticism. It has been pointed out that there are other emotions besides frustration, which leads to aggression. Aggression can be based on fear as in the possible response to the intrusion of a stranger. It was this criticism that led to the modification of the theory. It is now believed that frustration is only one of the possible precursors to aggression.

### Social Learning

Another popularly held theory on the instigation of aggression is the social learning perspective. The term social learning reflects the theory’s strong assumption that we learn primarily by observing and listening to people around us: the social environment. Social Learning Theory was initially proposed by Bandura in 1973. Therapists on this school of thought agree with the frustration-aggression theorists that the elimination of aggression through successful programs might reduce the

instigation of aggression. However, social learning theorists would also point to the other, extrinsic rewards for aggressive behaviour that our culture contributes to the development and maintenance of aggressive habits (Megargee & Hokanson, 1970).

According to Bartol & Bartol (1998), “social learning theorists see humans as active problem solvers who perceive, encode, interpret, and make decisions on the basis of what their environment has to offer. From the standpoint of social learning theory, the acquisition of criminal behavior, including the attitudes conducive to the commission of offenses as well as the necessary skills, can be traced either to reinforcement through consequences or to modeling and imitation (Goldstein, 1997)

Bandura believes that a comprehensive analysis of aggressive behaviour requires attention to three issues. The first issue is the manner in which such actions are acquired. The second is the factors that instigate their occurrence, and thirdly, the conditions that maintain their performance (Baron & Richardson, 1994). A tenant of social learning theory is that one can produce a highly aggressive child by merely exposing them to successful aggressive models and rewarding the child intermittently for aggressive behaviour (Berkowitz, 1993).

Aggression, according to Bandura’s theory, is acquired through biological factors (for example, hormones) and learning (examples include, direct experience, observation). Aggression is instigated by influence of models (example, arousal, and attention); aversive treatment (example, frustration, and attack); instructions (example, orders); and beliefs (example, delusions of paranoia). Aggression is regulated by external rewards and punishments; vicarious reinforcement; and self-regulatory mechanisms (example, pride and guilt).

Studies carried out in a laboratory setting demonstrated quite convincingly that children who watch an adult assault a large, plastic clown will behave more aggressively toward the clown themselves. According to Bandura and Ross (1963) as cited in Grusec and Lytton (1988), aggression is imitated whether it is exhibited by human beings or cartoon characters and whether it is displayed in a film, television or live format. "Children will even imitate aggressive behaviour when they themselves are its victim: thus children who were taught a task and punished for their mistakes employed this same teaching strategy when they were subsequently taught the task to a peer (Grusec & Lytton, 1988, p.309).

### Research on Anger Management

The goal of anger management is not the elimination of anger but the "self-regulation of cognition, emotion and behavior through self-control" (Hollin, 1993, p.67). A typical anger management program has three components, according to Hollin (1993),

- (1). Cognitive preparation, which teaches individuals about their own anger and its causes and effects.
- (2). Skill acquisition in which coping strategies are taught.
- (3). Application training in which newly acquired skills are practiced in a range of supervised in vivo and role-play settings.

(p.67).

Feindler, Marriott and Iwata as cited in Hollin (1984) evaluated an anger management program for young people suspended from school because of their

criminal offenses. In comparison with a non-treatment control group, those in the anger management group showed a number of positive changes, including a decrease in aggressive behavior, improvement in problem solving skills and an increase in observer rated self-control.

### Social Skills and Delinquency.

Social skills are among the most widely misunderstood and ill defined of all psychological constructs (Merrell & Gimpel, 1998). Social skills are defined as “the ability to interact with others in a given social context in specific ways, that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial, or beneficial primarily to other” (Combs & Slaby, 1977: p.162)

Michelson, Sugai, Wood and Kazdin define social skills as containing the following seven components:

1. Social skills are primarily acquired through learning (especially social learning, including observation, modeling, rehearsal, and feedback).
2. Social skills contain specific and distinct verbal and nonverbal behaviors.
3. Social skills include both effective and appropriate initiations and responses.
4. Social skills optimize social reinforcement (e.g., beneficial responses from the social environment).
5. Social skills are interactive by nature and include both effective and appropriate responses (e.g., reciprocity and timing of specific behaviors).

6. Social skill performance is influenced by the attributes of the participants and the environments in which it occurs (i.e., situational specificity). Influences such as age, gender, and prestige status of the recipient affect one's social performance.
7. Deficits and excesses in social performance can be designated and marked for intervention.

(Merrell and Gimpel: p.5).

According to Rose and LeCroy (1991), social skills involve several critical assumptions. The first is that "interpersonal behavior is based on a distinct set of skills that are primarily learned behaviors. Thus how one behaves in an interpersonal situation depends on the individual's repertoire of effective social behaviors. The second aspect is that socially skilled behavior is specific to certain situations. Third, effective functioning (e.g., carrying on a conversation with a new acquaintance) depends on whether an individual's repertoire of social skills provide a source of reinforcement" (p.431). Deficits in social skills may cause a broad range of problematic behaviour, such as aggression, delinquency, depression, anxiety, and social withdrawal.

A common typological characteristic of the young offender is that of someone who is antisocial and lacks the skills that allow him or her to be productive members of society. The label 'antisocial' according to Bartol and Bartol (1998) is usually reserved for serious habitual misbehaviour, "especially a pattern of behavior that involves direct and harmful actions against others" (p.3). There is an assumption associated with the use of social skills training with delinquents "that some

individuals behave in maladaptive or delinquent manner because they lack the skills necessary for prosocial behaviour. In this instance it is argued that if these skills are taught, inappropriate or antisocial behavior will be eliminated” (Henderson & Hollin, 1986, p. 80).

Wahler and Dumas as cited in Merrell and Gimpel (1998) found that delinquent youths tend to have a number of observable social skills deficits, including deficiencies in eye contact, verbal acknowledgment of others’ directives to them, use of questions, appropriate head nods, and deviant facial and body cues. Spence, as cited in Goldstein and Glick (1987), “constituted comparable offender and nonoffender samples and videotaped interviews of each adolescent with a previously unknown adult. The offender group evidenced significantly less eye contact, appropriate head movement, and speech, as well as significantly more fiddling and gross body movement” (p.23). Freedman, Rosenthal, Donahoe, Schlundt and McFall (1978) examined the comparative skill competence levels of a group of juvenile delinquents and a control group of nonoffenders. These two groups were matched in age, IQ and socioeconomic background. One finding was that the offender sample responded in a consistently less skillful manner.

Conger, Miller and Walsmith (Goldstein & Glick, 1987: p.23), concluded from their evidence that juvenile offenders, as compared to their nondelinquent cohorts, had more difficulty in getting along with peers. This was the case for both individual, one to one contact and in-group situations. The juvenile offenders were also less willing or able to treat others courteously and tactfully, and less able to be

fair in dealing with them. Consequently, they were less well liked and accepted by their peers.

Mussen, Conger, Kagan and Gerwitz, found that boys who became delinquent were appraised by their teachers as less well adjusted socially than their classmates as early as grade three. They appeared less friendly, responsible, or fair in dealing with others, and more impulsive and antagonistic to authority. "Thus, it may be safely concluded that psychological skill deficiencies of diverse, especially interpersonal types, markedly characterize both predelinquent and delinquent youths, to a degree that significantly differentiates them from their nondelinquent peers" (Goldstein & Glick: p.23).

According to Spence (1981), the relationship between delinquent behaviour and social skill deficits is a complex one.

On the one hand it seems likely that adolescents who are delinquent in social skills may well resort to offending as a means of achieving the peer status and respect they would be unable to obtain by more socially acceptable means. Similarly, it seems probable that children who experience difficulty in interactions with teachers and/or peers at school are more likely to be truant, and thereby become more likely to commit offenses. To complicate matters further, evidence also suggests that when apprehended by the police, adolescents who are deficient in social skills are more likely to be prosecuted or convicted for the offense than their socially skilled peers.

(p.168).

It is clear that the young offender characteristically displays substantial deficits in prosocial skills. Hence, remediation of such deficits looms as a valuable goal.

### Research on Social Skills Training

According to Carylson & Jones (1999):

the assumption is made that faulty social cognition and specific skills deficits result in gaps in delinquents' role taking ability, impulse and anger management, moral reasoning, social competence or all of these. and these skill gaps result in the use of antisocial alternatives.

(p.182)

Spence and Spence (1980) examined the influence of social skills training on locus of control and self-esteem. Male offenders were randomly assigned to either a social skills training group or to a no treatment control group. According to their findings, results showed a significant shift toward internal locus of control for the social skills training group. Self-esteem results showed a significant increase for the social skills group compared to no differences in the control group. Spence and Marziller as cited in Henderson and Hollin (1986) found that six months after training, those that went through a social skill training group showed the lowest level of official police convictions. Chandler (1973) as cited in Henderson and Hollin (1986) reported that recidivism was significantly less for the group that received treatment versus group members to whom no treatment was delivered. This was the finding 18 months after the intervention.



Alexander and Parsons (1973) as cited in Henderson and Hollin (1986) conducted a variable six to eighteen month follow-up looking at recidivism rates in a social skills training group, a Client Centered treatment group, and a psychodynamic treatment group, and a control group where treatment was withheld. They found that the delinquents in the social skills training methods group showed the lowest rate of recidivism.

Henderson and Hollin (1986), state that “although the data show a relationship between a lack of competence in social situations and delinquent behavior, the research does not provide evidence that delinquency is caused by a lack of social skills” (p.81). Therefore, it cannot be assumed that a lack of social competence leads to delinquent behaviour.

#### Moralization: The Cognitive Developmental Approach

Unfortunately, with changing values and rules for appropriate behaviour in today's society, youth are faced with many situations that they do not know what to think about, how to respond to, or able to challenge. They are confronted with situations in which they question what values are worthwhile, how to apply values to specific situations, and how to behave when two values conflict with each other (Goldstein & Glick, 1987).

Lawrence Kohlberg was one of the first people to conceptualize moral reasoning. Kohlberg demonstrated that by exposing youths to a series of moral dilemmas in a discussion context aroused an experience of cognitive conflict. Resolution of the conflict will frequently advance a youth's moral reasoning to that of

a higher level (Goldstein & Glick 1987). Basic to this cognitive-developmental approach is the notion of developmental stages. It is Kohlberg's hypothesis that there are distinct stages of moral development and that these stages are progressed over an individual's life span. Each stage of moral development reflects a qualitatively different way of thinking and reasoning about moral issues. Further these qualitative changes are believed to emerge from transformations in the child's thought structure and can be observed in the reasoning process (Goldstein & Glick, 1987). Kohlberg developed six stages of moral reasoning which are described in the following paragraphs.

The first two stages fall under the broad category of Preconventional Morality. With reference to stage one, obedience is seen as important only as a means to avoid punishment. Stage two states that the right action consists of serving one's own interests and letting others do likewise. This stage can be best summed up with the old cliché, "you scratch my back, I'll scratch yours". The second category, Conventional Morality includes stages three and four. Stage three, is when an individual defines good behaviour by what pleases others. Stage four is when right behaviour is doing one's duty, respecting authority and maintaining the social order for its own sake. The final level is the Postconventional Morality where stage five is defined as right action involves individual rights and standards agreed upon by society. Finally, stage six is when right is defined in accord with self-chosen ethical principles of justice, reciprocity, and equality of human rights.

According to Goldstein and Glick (1987), "it becomes apparent from these stages that a sense of justice becomes progressively more integrated and increasingly

complex for individuals as stage level progresses” (p.98). Juvenile delinquents are believed to be in the Preconventional level. This level has individuals respond to cultural rules and labels of good and bad, right and wrong but interpret these labels in terms of punishment, rewards or based on a fear of authority. According to Carylson and Jones (1999), the stage at which criminal behaviour and participation would be “most conducive would be Stage 1 reasoning. At this stage, most commonly with preadolescents, moral decisions are made based on the power of authorities, the threat of physical punishment, and the cost-benefit ratio between success and punishment if caught” ( p.177).

Studies have shown a relationship between moral reasoning and antisocial behaviour. Freudlich and Kohlberg as cited in Goldstein and Glick (1987), found that 23 percent of nondelinquent adolescents reasoned at preconventional stages (usually characteristic of children under age 10), and that 83 percent of these delinquent adolescents reasoned at stages 1 or 2. Hudgins and Prentice as cited in Goldstein and Glick (1987), found that 14-16 year old nondelinquent males scored significantly higher: conventional level on Kohlberg’s moral dilemmas than a matched sample of delinquent males who scored at a preconventional level.

Gibbs, Arnold, Cheesman and Ahlborn (1984), evaluated a sociomoral reasoning development program for male and female institutionalized delinquents. The intervention took the form of small group discussions on various sociomoral dilemmas. The delinquents were encouraged to give their views and opinions on their moral choices. They were also asked to justify their thoughts and to engage in reaching a consensus on the best solution. Compared to the no treatment control

group, the intervention group showed a significant upward movement in moral reasoning as assessed by Kohlberg's stages of moral reasoning (Hollin, 1993).

### Aggression Replacement Training

Goldstein and Glick (1987), argue that a set of procedures designed to enhance prosocial skill levels can be used to bring about structured learning. The procedures involved, identifying target behaviours- those behaviours or social skills where the individual had deficits. Once the impoverished skills were identified than expert use of the same skills are shown repeatedly. This is referred to modeling. The individual is given several guided opportunities to practice and rehearse these competent behaviors. This is called role-playing. Along with this, the individual is provided with praise, re-instruction, and related feedback on how well their role-playing skill enactments matched the expert model's portrayals (i.e., performance feedback). Lastly, the individual was encouraged to engage in a series of activities designed to increase the chances that skills learned in the training setting will endure and be available for use in the real world

Anger Control Training teaches adolescents how to control their level of anger arousal. Anger Control Training, in complement to the "Structured Learning's goal of prosocial facilitation, teaches antisocial behavior inhibition, that is, the reduction, management, or control of anger and aggression" (Goldstein & Glick, 1987, p.14). It does so by training youths to become aware of six components. First are triggers, which are internal self-statements and external events that function as one's anger stimuli. The second part are cues which are "kinesthetic or physiological sensations

or experiences signifying anger arousal” (Goldstein & Glick, 1987, p.14). Thirdly, there are reminders- an anger reducing techniques. Reducers are the fourth component and are techniques used to allow for the individual to think before acting, an example is deep breathing. The fifth component is utilization of the Structured Learning skill alternative to anger or aggression, and the final component is self-evaluation.

Moral education through dilemma discussion groups is a method designed to teach adolescents how to think about moral issues, how to deal with moral situations that do not have clear cut solutions, and how to use principles of fairness and justice in their interactions with others (Goldstein & Glick, 1987). The rationale for adding Moral Education into the ART curriculum has been justified by Goldstein & Glick as a means of making decisions, problem solving and understanding the situations of others. According to Edelman & Goldstein as cited in Goldstein & Glick (1987) the definition of morality is:

Morality involves those skills, values and abilities that comprise (1) thinking or reasoning (problem solving) in a rational way; (2) Showing an awareness of, and consideration for the needs, interests and feelings of others as well as oneself. (3) behaving constructively, i.e., in ways that benefit both self and others... Morality then involves cognitive (thinking), affective (feeling), and behavioral (doing) aspects which are necessarily interrelated

(p.111)

The belief is that Moral Education helps individual's understand why they engage in certain behaviours and provides the individual with rational problem solving skills which will later impact their decision making skills.

Glick and Goldstein (1987) evaluated the application of Aggression Replacement Training (ART) with young male offenders. In comparison with controls, the offenders improved in terms of skill acquisition and institutional behavior, and after discharge probation and parole officers noted an improvement in behaviours. As for the transferring the newly acquired skill base to the natural environment, the structured learning aspect (that is the social skills training aspect of ART) indicates that 45-50 percent of the trainees transferred the knowledge of the skills to the "real world". In comparison, Goldstein and Kanfer (1979) as well as Karoly and Steffan (1980) found that with several other types of psychotherapy, involving many different types of psychopathology, "the average transfer rate on follow-up is between 15-20 percent" (p.51).

Maltz as cited in Goldstein and Glick (1994), compared recidivism rates between incarcerated youths who received ART and those who did not. After six months youths who received ART were re-arrested significantly less than were youths not receiving ART. However, according to Henderson and Hollin (1986), "social skills training is being set up to fail by researchers who by including recidivism as an evaluation measure in clinical evaluation, imply that social skills training is linked to and can cure delinquency" (p.97).

### Group Therapy for Social Skills Training

Group treatment is a method in which individuals are treated in small, homogenous aggregates (Stephenson & Scarpitti, 1974). Treatment groups provide participants with several advantages, such as support, education, socialization and therapy. The benefit of running a group for social skills training is that it allows for group members to practice the new skills with other group members.

The advantages to group treatment for social skills training according to Kelly (1982) are: (1) Cost and time effectiveness; (2) clients can often serve as “behavioral practice partners for one another due to the fact that a number of clients will be present for each session, thus reducing the need for therapist confederates to function as partners in role-plays”(p.93); (3) clients can serve as live skill models for one another during sessions: they can provide feedback, reinforcement and suggestions to one another, rather than the therapist always having to do this. Clients’ discussions with one another can provide mutual support and encouragement; and finally (4) because training is conducted in a group setting, the session itself is a social interaction or event; this may serve as a useful function for many isolated or socially anxious individuals. According to Rose and LeCroy, another advantage to using groups is “as clients interact with each other, norms (informal agreements among members as to preferred modes of action and interaction in the group) are developed to which members pressure each other to conform” (p.424). The disadvantage of running a social skills group is that individuals with highly unique social skill deficits, or individuals who respond to training much more slowly than others in the group may not be able to “derive as much benefit from treatment at the group’s pace than

from an intervention tailored specifically for that individual client” (Kelly, 1982, p.93).

The belief in working with deviant individuals is that group work is effective because it allows individuals to conform to social norms. According to Stephenson and Scarpitti (1974), “if deviant behavior is social in nature, it can be changed only when the deviate’s relations with social groups, are changed, since it was his group identifications which determined his attitudes, values, self-concept and behavior” (p.16).

### Group Therapy with Adolescents

Group therapy is a common form of treatment for adolescents today.

According to Hurst and Gladieux (1980):

While some authors argue this to be the best adolescent treatment modality because of the therapeutic value of a peer group, others see its value as being able to deal more successfully with issues of resistance. still others find its importance in regards to issues of transference. It is argued that adolescents find it easier to develop positive and independent transference relationships with a group of peers than with an individual adult therapist.

(p.151).

Berkovitz (1972) outlines several reasons for the usefulness of providing group therapy for adolescents:

1. To support assistance and confrontation from peers.



2. To provide miniature real life situations for the study and challenge of behaviour.
3. To stimulate new ways of dealing with new situations and developing new skills for human relations.
4. To stimulate new concepts of self and new models of identification.
5. To feel less isolated.
6. To provide a feeling of protection from the adult while undergoing changes.
7. As a bind to therapy to help maintain continued self-examination.
8. To allow swings of rebellion or submission which will encourage independence and identification with the leader.
9. To uncover relationship problems not evident in individual therapy.

(p.2)

Adolescents' domination by peers, their need to help others, and their suspicion of adults' desire to control them make group counseling more attractive than individual counseling (Ohlsen, 1970).

During adolescence an individual struggles with searching for an identity. Ohlsen (1970), suggests that adolescents have many doubts about themselves and often think they have more doubts than other adolescents do. The advantage of group therapy is that it validates the individual's struggles and provides a forum from which the adolescent is aware that they are not the only ones struggling. This leads to more confidence and increased self-understanding. Also within a group counseling experience, an adolescent can enhance their self-respect by helping others. According

to Ohlsen (1970), “rarely do today’s adolescents feel as genuinely needed and appreciated as they do in counseling groups” (p.201). With this desire to help fellow group members, the individual is learning how to be sensitive to other peoples needs.

Katz, Ohlsen and Proff as cited in Ohlsen (1970) reported that role-playing was effective for adolescents, as it “facilitates spontaneous expression of feelings... It also helps communicate ideas and feelings and it gives them a chance to practice human relations skills required for specific situations” (p.210).

### Group Development

There are, according to Corey (1995), four distinct phases that occur as a group develops. In his book, *Theory and Practice of Group Counseling*, Corey divides the four phases into two broader sections; early stages and later stages in the development of a group. Corey identifies the first two phases as follows: Stage one, the initial stage which focuses on exploration and orientation. Stage two is the transition stage, which deals with resistance. Stage three is identified as the working, with the goals of this phase being cohesion and productivity. The fourth and final stage is the consolidation and termination phase.

During stage one members learn how the group functions, define their own goals, clarify their expectations, and look for their place in the group. According to Corey (1995), at the initial sessions, members tend to keep a “public image, that is, they present the dimensions of themselves they consider socially acceptable” (p.95). The primary tasks of the initial stage are: finding an identity in the group, members are concerned with whether they are included or excluded and they are beginning to

define their place in the group. According to Schultz (1973) as cited in Corey (1995), “this phase involves finding a balance between maintaining one’s individuality within the group and making commitments” (p.95). Members in this stage are beginning to define their place in the group. Members are learning the basic attitudes of respect, empathy, acceptance, caring and responding, all the attitudes that facilitate trust building (Corey, 1995).

Some of the problems that can arise in this phase are as follows, according to Corey (1995):

1. Members may wait passively for “something to happen”:
2. Members may keep to themselves feelings of distrust or fears pertaining to the group:
3. Members may keep themselves vague and unknown, making meaningful interaction difficult.

Some of the functions of the leader for this phase range from modeling the facilitative dimensions of therapeutic behavior to assisting members to share what they are thinking, feeling about what is occurring within the group.

Stage two, the transition phase, is often characterized by members’ anxiety, resistance and conflict, and the leader helps them learn how to begin working on their problems. Often this phase is marked with anxiety, defensiveness, struggle for control and challenging the group leader. Some of the difficulties that arise during this phase include members forming subgroups and cliques, expressing negative reactions outside of the group but remaining silent within the group, and members refusing to express persistent negative feelings. The basic task for the facilitator is to

provide both the encouragement and the challenge necessary for the members to face and resolve the conflicts that exist within the group.

Stage three, the working stage, includes a high level of trust and cohesion, open communication which involves an accurate account of what is being experienced and member's sense of hope that their behaviour can change if they are willing to take action. Some difficulties that arise during this stage are:

1. Members may tend to relax and enjoy the comfort of familiar relationships and avoid challenging one another; and
2. Members may gain insights in the session but not see the necessity of action outside of the group to bring about change.

The fourth and final stage in group development is the consolidation and termination stage. It is to be expected that members will experience some sadness and anxiety over the reality of separation; members will also evaluate the group experience; and members are likely to pull back and participate in less intense ways in anticipation of the ending of the group (Corey, 1995).

The task of the facilitator is to assist members in dealing with their feelings about termination; prepare for generalizing their learning to everyday situations and to evaluate the impact of the group. Some of the problems that may arise during this final stage include, members distancing themselves due to separation anxiety or members may "consider the group an end in itself and not use it as a way of continuing to grow" (Corey, 1995, p.126).

## Chapter 3: Design and Implementation of Intervention

### Practicum and Clinical Objectives

The learning objectives for this practicum experience were to:

1. Gain experience in group work, develop additional group facilitating skills and learn more about group dynamics.
2. Understand the nature of delinquency and the characteristics of juvenile delinquents, including those who are incarcerated.
3. Build on my professional experience with working with troubled youth.
4. Learn about evaluating group efficacy using standardized measures and other rating scales.
5. Determine if the Aggression Replacement Training model is a practical and effective intervention for juvenile delinquents in both group and individual settings.

### Rationale for Treatment Intervention

The treatment principles, according to Kelly (1982), that appear crucial to any type of clinical social skills training intervention are: “instruction and rationale provided to the client, modeling exposure, opportunity for actual practice of the skill, reinforcement and feedback on the client’s behavioral practice and generalization of the skill improvement to the natural environment” (p.24). At the beginning of any social skills training session, it is important to clearly convey to the client the exact

skill component that will receive attention that session and explain the rationale for that skills importance.

The model chosen to emulate for this practicum, was that of the Aggression Replacement Training developed by Arnold Goldstein and Barry Glick in 1987. Aggression Replacement Training uses a number of cognitive-behavioral techniques, which are grouped into three categories: (1) Structured learning (also known as skillstreaming), including both social skills training and social problem- solving training; (2) anger control training; and (3) moral education. According to Goldstein and Glick (1994), "the youngster must learn not only what to do (a behavioral matter) but also why to do it (a cognitive and motivational matter) and how to control alternate impulsive and antisocial behaviors (an affective matter) ... ART seeks to impact upon youngsters simultaneously along three different but complimentary channels: cognitive (via Moral Education), affective (via Anger Control) and behavioral (via Skillstreaming)" (p.52).

Although the majority of the session content was directly from the ART training series, there were some components that were modified or added in the curriculum more specifically within the anger control series. These components were added or modified based on past experiences that have shown to be useful. These additions were derived from other practitioners' experiences, and have been used so frequently that no citations were available for them, and it appears as if they have become acceptable clinical interventions. The material that has been modified or added are as follows:

- The Anger Style Inventory (no citation available) to determine an individual's anger style.
- Positive and negative functions of anger
- Physiological Responses to anger has been modified to include exercises to determine how the body responds to anger.

### Incarcerated Group Intervention

The first intervention took place at the Ottawa-Carleton Detention Centre, Juvenile delinquents Unit with a group of five male participants between the ages of 16 and 17 years old. There were ten sessions, each one and half hours, which took place every day (Monday-Friday) for two weeks. The rationale for holding group daily was that, the population at the Ottawa-Carleton Detention Centre was transient, in that because the Centre was a remand facility, offenders were there for a short period of time. Hence to run a group weekly would be setting the group to have a high drop out rate as offenders would be transferred to other facilities or released. Given that the population is very transient, the only way we were able to have closed group sessions was if we ran the group daily for a short period of time. Another factor that group was held daily was that, given the Christmas season, Michele Motiuk, co-facilitator, was going to be holidays and I was returning to Winnipeg; hence, time was a factor. The group was co-facilitated by Michele Motiuk, who is currently a social worker on the unit and is responsible for conducting groups.

Five adolescents were involved in this first intervention which operated from December 10, 1999 to December 23, 1999. Group was held everyday (Monday to

Friday). All five of the members of this group volunteered to be a part of this intervention. Offender profiles were not obtained prior to group participation as it was deemed irrelevant for the group. The only information that was obtained for the group was that the offenders had a history of physical and verbal aggression. The members who volunteered to be a part of this group were: Client A, Client B, Client C, Client D and Client E.

### Session one

All five members were present for this initial session. The session began with an introduction of myself and a brief synopsis of the purpose of the group. We reviewed basic rules for the group, that is zero tolerance of verbal and physical aggression and basic respect for self, peers and the facilitators. Members were encouraged to be open and honest. The facilitators reviewed the issue of confidentiality. Members were told that group discussions would be confidential, but that confidentiality would be broken if a member confided that he wanted to harm himself or others. We reviewed that safety was paramount.

The informed consent form was handed out and was reviewed by the members. Members were asked to read it and sign it acknowledging their agreement with the content of the form. On the form there was a section on audio/video taping of sessions as a means of supervision. The Aggression Questionnaire was administered to the members.

The facilitator asked each member a series of questions. Members were asked how long they expect to be in the institution, prior group memberships, what has



worked and what has not, and finally what they were hoping they would gain from this group experience. Initially it appeared that members were unsure how to gauge me, so they started to give me answers which they thought I might want to hear. For example, Client C stated that he was hoping to interact in a peaceful, respectful manner when faced with a conflict. Upon further probing it appeared that Client C and most of the others were eager to get out of their cells and had very little expectations of the group. All members with the exception of Client B had had a prior group experience. Client B stated that he wanted to join just to see what a group is all about. All members had charges prior to the ones that have lead to their incarceration. Client B was the only one who had the least amount of time behind bars.

It appeared that Client C and Client E were the leaders of the group. Later in the session it was discovered that Client C and Client E recruited the other three members, hence the cohesiveness of the group was strong as they were all friends.

### Session Two

This session had started with an icebreaker where the facilitator left the room and had the members pick a number, then do a variety of mathematical manipulations to this number to reach a final answer. The facilitator then re-entered the room to guess what the final answer is. Everyone was very intrigued by this. Only four members were present at the start of this session. Client D came in half an hour late as he was meeting with the Unit Supervisor about an incident which happened the night before. Prior to Client D's arrival, the group was anxious about the incident as well. Apparently another resident ("J") called Client D a "goof", which according to

the other members is the biggest insult and acts as invitation to a fight. According to the other members, Client D then “trayed” J in the head. By “traying” apparently Client D hit this resident in the head with his dinner tray. The facilitator not clear the connotations of this word and was told by Client A that because the first two letters of ‘goof’ are go, it is subliminal for “go ahead and fight me”. Group members were upset that Client D might have been required to serve time in the SNU (Special Needs Unit), which is isolation, for this assault. J was sent to Protective Custody by his own will, stating that he did not feel safe on the unit and would charge anyone who hit him. Members were very angry with this resident as they feel he is a rat (one who tells on someone).

Client D’s arrival sent the group into chaos as they were interested to know what kind of consequence he received for the assault. Order was eventually restored by facilitators, who took the opportunity to use this as an example of exploring alternative ways to deal with an altercation. Unanimously all members stated that there were no other alternatives for Client D but to hit the resident. Client C furthered explained the intricate workings of incarcerated life. Client C stated that if Client D chose not to hit J, then Client D would have lost the respect of the other residents on the unit. Client E stated that aggression is the only way you can make your time go by without any major problems. Client A went on to state that even if you do not want to fight, you have to so that other residents know that you are not a push over. If residents know that someone is not going to do anything when another person blatantly is disrespectful, then that person will be picked on by everyone. The facilitator then posed the question, “Why shouldn’t J charge Client D for the assault

as this is a natural consequence for Client D's actions?", Client C answered that all bets were off while you are incarcerated. Client C further relayed that while in jail, inmates live by a different code of rules than those found on the outside. Abruptly Client C wanted the facilitator to re-do the icebreaker for Client D's benefit as he missed it. Given that there was less than five minutes left in the group, the icebreaker was redone.

It appeared that Client C was emerging as the leader of the group. Client C attempted to monopolize the entire session, hence the facilitator could no longer pose open questions as Client C would have answered them all. The facilitator instead had to single out individual members for their input.

### Session Three

Initially Client B, Client A, Client D and Client C were present for the group. Client E had a court appearance today and could not attend group. Client C left midway through the group for half an hour as he had a family visit. Today's icebreaker was a magic card trick. We decided as a group that the icebreakers would showcase everyone's talent for card tricks.

We then explored the notion of expressing a complaint as part of the social skills section. We reviewed the four components of how to express a complaint and then we did a role-play. The scenarios consisted of an individual who has been charged with a crime. His lawyer, in the defendant's opinion, is not representing him to the best of his ability. As the defendant you approach the lawyer to relay your concerns. It was difficult to continue with this role-play as the members were more interested in setting up a courtroom, with lawyers, judge and jury and paid little

attention to the skill on hand. Eventually they got to the point of expressing the complaint using the four skills reviewed with them.

In the moral education component of the Aggression Replacement Training, we attempted to combat the Heinz dilemma. In this particular scenario, Heinz's wife is very ill. A pharmacist holds the medication pertinent to her recovery. However the medication is too expensive for Heinz to acquire, and the pharmacist is unwilling to charge any lower stating that it is his drug and he can make money off it if he chooses to. The dilemma is should Heinz steal the drug to save his wife? It appeared that this moral dilemma did not produce the desired discussion. Instead, everyone in the group felt that Heinz should steal the drug even if stealing is against the law. The facilitator suspected that this might happen as these individuals spoke of instances in the session where they could find less life threatening reasons to steal, for example Client D states that he steals for the thrill. Client C also could rationalize stealing as proven by his statement that "society has done nothing for him, therefore he feels he owes society nothing". I found that the group was too homogenous for this type of questioning.

#### Session Four

All members were present for this session. Client D performed a card trick, as the icebreaker to begin the group session. We started group by discussing three forms of communication styles, that is passive, assertive and aggressive. We continued by discussing the pros and cons of each style and the expectations that lead from utilizing each style.

We then talked about triggers, which are the things/events that set off an anger. I tried to tie it into the incident which took place right before session two involving Client D. At the end of that session Client C implied that inmate rules were not compatible with society rules. The group gave a list of what they feel are their triggers and how they tie into the inmate code of conduct. All were in agreement that "rats", those who tell on someone; being called a "goof" and "diddlers", those who have been charged with a sexually related crime, are all triggers for them. All of the above garner no respect and are red flags to these members. The facilitator attempted to challenge some of these views through some moral dilemmas.

The first dilemma was: You witness a group of men raping a female. do you call the police? Client C stated that he would not call the police instead he would call his friends to assist him in intervening with this group. Everyone else agreed, none of them would call the police. However the time factor was brought in, that is in the amount of time it would take to gather friends might prove to be too late for the woman. Still no one felt that the police would do anything. There appeared to be a lot of mistrust among the members for the police service, which could be expected given their interactions with the law, as non law abiding citizens.

The other scenario was: your cell mate, who you are good friends with, confides in you that he has a razor blade and is going to kill himself tonight. do you tell a guard? Four out of the five stated that they would tell a guard if they could not successfully convince their roommate to be safe. Client A however would not tell a guard on his roommate stating it was not his business to interfere. However he went on to say that the way he would deal with the situation would be to request a room

change. Client E got upset telling Client A that he thought that was a cold thing to do. However Client A did not give in and remained adamant that he would not get involved in the matter. It was noted that when Client A stated this he did not make any eye contact with anyone in the room, indicating that maybe he was embarrassed by his reaction to the situation but he wanted to be honest. Despite a certain amount of pressure to change his view, Client A remained steadfast in his answer.

### Session Five

All five members were present for this session. The tension was very high. There was no talent icebreaker showcase today as Client E immediately wanted to discuss what was bothering him. According to Client E he felt that the guards were power tripping and that they were being unfair. He stated that they were locked in their rooms for an extra 15-20 minutes and when they were released, Client E approached a guard to ask about the delay. According to Client e he asked a guard if he could talk to him, and according to Client E the response was "you are the inmate. I am the guard- I do not have to talk to you." Client E relayed that he was trying to use the skills we learned on how to express a complaint and felt that those skills would only work if people respected you. Client E very angry and spoke of wanting to "rush" a guard, that is to attack the guard. Client E also wanted to start a riot on the unit, claiming that they are not treated very well. All the other members agreed that some of the guards were abusing their power. Hence the facilitator reviewed the consequences Client E or the other members would have to face should he chose to attack a guard or start a riot. Client E agreed not to attack any of the guards. It appeared that, for Client E, knowing that he would be attending group was helpful in

keeping him calm as he knew he would have the opportunity to vent and would not have to act out to express himself. Client E went on to say that learning skills are good but that an institution is not always the best place to utilize them. There is such a power imbalance that no matter how inmates' behavior changes, very few people in authority respectful enough to encourage the utilization of the new prosocial skills.

We reviewed last session's definition of triggers and began talking about cues and reducers. Everyone explored their own physiological responses to anger and different techniques that could be used to reduce one's tension. Client C, Client E and Client A stated in past anger management groups they were taught deep breathing relaxation techniques and found them to be more of a trigger than a reducer. We did a worksheet on feeling the tension in various muscles in your body and explored how it felt.

### Session Six

All members were present for the session. The tension was still very high. Client E was getting more and more angry. According to Client E, a guard took away his family visit stating that he was too unsettled to have one. Client E was very upset as he had not seen his mother and father for a long time and that it was almost Christmas and he wanted to see them. Client E denied that he was unsettled and that all these accusations were making him more unsettled. Client E felt that there was no incentive for him to be good as his family visit was already taken away. The facilitator took the opportunity to explore another skill, dealing with an accusation. The facilitator reviewed the four components of dealing with an accusation, using Client E's current situation as the example.

Cohesiveness of the group remained very strong as expected, as it was the inmates against the guards. All members were supportive of Client E's plight and eager to complain about the conditions of their incarceration, for example being locked in their cells for 15-16 hours. Another incident related by Client B involved a few nuns who had come the previous day with some knitted gifts for them. After receiving their first, and most likely only, Christmas gifts, they were taken away by the guards stating that they could not have anything in their rooms. Client C was vocal and stated that the nuns went through a lot of trouble and that their effort was appreciated, however he was upset that administration felt that they could not be trusted with the gifts and they were locked away. All were in agreement that this was an "inhumane way to treat people".

#### Session Seven

This session was canceled due to Michele having to appear in court.

#### Session Eight

All members were present for this session. Michele facilitated this group. Michele reviewed risk factors for individuals who commit crimes. Based on research on the psychology of Criminal Conduct, Michele explored the seven factors. The following seven are believed to influence the likelihood of criminal behaviour: family, educational or vocational achievement, personal psychopathology, antisocial or criminal attitudes, criminal history, class origins, and antisocial or criminal associations. This was introduced in the intervention as a means for the members to understand the factors involved determining the likelihood that one will commit crime. These seven factors are also used to determine the probability of recidivism



rates of an individual and are often used as indicators in sentencing. For example, prior to attending a sentencing hearing, a clinician completes a Predisposition Report, which explores these seven factors; it is these factors that provide a comprehensive assessment for the client and allow for administrators to specialize treatment plans based on specific deficits for the member.

The facilitators then went around the room and asked the members how they initially got involved in crime. The purpose of this exercise was to conceptualize for the members factors that influence criminal behaviour.

Client B stated that he was aware from a very young age that it would be his responsibility to care for his mother and his sister, who has Fetal Alcohol Syndrome. Initially he started with stealing food, as he was tired of using food stamps, he felt that food stamps were an embarrassment. Client B later began hanging out with older Montreal motorcycle gang members and was involved in crimes such as drug trafficking and robberies. Client B added that most of the male members in his family are or have been incarcerated, including his father. Therefore Client B stated that criminal culture is what he grew up with. He added that he has been aware of the inmate code for his whole life. Client B was charged with armed robbery, after holding up a bank.

Client E had a difficult time in school and according to him no one ever expected much of him intellectually. Hence Client E began skipping school. Client E lived in a small town in Ontario, and began to enjoy the 'bad boy' reputation he was making for himself. Client E often embellished his stories for the purpose of the group, and on many occasions his stories were inconsistent. It appears that Client E

relished in his notoriety as many times during the group he spoke of his crimes being in the local newspaper. Client E also spoke of an older brother being incarcerated, which later it was discovered that he did not have an older brother. Client E was charged with forgery and robbery, whereby he stole money from his friends using their ATM bank cards. Client E added that he would give up his life of crime to be a good example for his three month old daughter. It was later discovered that he does not have a daughter.

Client D was not very forthcoming about details of his past. He attributed his criminal behaviour to the friends he had, who would steal cars. Client D felt that the excitement and thrill he felt while hot-wiring a car served as reinforcement to continue. Client D spoke the most of the future, stating that he fears that he will continue a life of crime as he is a high school dropout. Client D added that he would never be able to find a job with a grade ten education. Client D also went on to say that even if he was given a nice big house, nice cars and lots of money, that he would continue to steal cars because the "high was too great". Client D has been charged with auto theft.

Client A did not give any reasons for why and how he got involved in crime. During this session he spent the most time listening and was not actively participating. However Client A felt that once he turned 18 years old, his criminal career would end. However he could not articulate what would change when he is eighteen to precipitate this change, except to say that "it would be time to give it all up and turn legit". Client A was charged with break and enter.

Client C often boasted about his family's lengthy criminal history. Client C spoke of many family members both in his immediate and extended family, who have and are currently serving time for various crimes. It appears based on Client C's recollections of his past that he was not parented and essentially grew up on the streets. According to Client C he followed his older brother into joining a gang and began committing gang related crimes. Client C was a temporary ward of Children's Aid, but continually ran away from his placements to commit crimes. Client C, by his own admission, had an explosive temper, which usually got him into trouble. Currently Client C had been charged with assault.

This was the only session in which tension developed among members. While Client B was talking about how he robbed a convenience store, he used a racially inappropriate term. Client A became upset feeling that Client B had insulted the facilitator as the comment pertained to her ethnic group. Client B did not realize what he said and appeared genuinely bewildered by Client A's sudden rage. Client A informed Client B that he thought it was disrespectful. Client B apologized for the remark. We debriefed on the situation, it was explained to the group that Client B did not intentionally mean to offend anyone and that sometimes we use offensive terms without even realizing it and soon they become common words in our vocabulary. It appeared that no one left the group mad or upset.

### Session Nine

All members were present for this session. It appeared as if the energy level was low. However tension among group members was evident. Upon further probing Client A admitted that he was still upset with Client B, regarding the

inappropriate racial comment that was said the previous session. Client A stated that it bothers him when people are “rude to people who come to volunteer with them.” Client A felt that Client B was disrespectful towards the facilitator by using the racial term. The facilitator attempted to mediate this conflict, at which point, Client B stated that he felt badly about the prospect of offending the facilitator. Client B stated that he sincerely that he did not mean to be disrespectful and that he simply was not thinking about what he was saying.

The facilitator stated that she knew that Client B did not mean to offend her, and that she had accepted his apology. The facilitator also stressed that it was time to move beyond the statement. However it was noted that the mood of the group never seemed to improve, the tension was still present. It appeared that something else was bothering the members, but nobody came forth with any other issues, except to say that they did not want group to end.

### Session Ten

This was the termination of the group. Client A, Client D and Client E were present. Client B came into the group 40 minutes after it began as he had a court appearance. Client C was transferred to another facility the night before, without any warning, therefore no termination process could be completed with Client C. Verbal feedback was given to the facilitator by the members. Initially it appeared that many of the members especially Client A was afraid of offending the facilitator so he began by telling the facilitator what he thought she would want to hear. According to Client A, “I learned lots of things and I feel better in control of my emotions.” Client D and Client E agreed. However upon further exploration, Client D admitted that he did not

learn anything new in this program that he did not know before. Client D did add that he enjoyed the opportunity to be able to talk about how he feels and what bothers him. All of them agreed that they felt safe and not judged in the group and that they looked forward to attending the sessions. In way of group content, the members did not have any constructive feedback on how the group may have been more beneficial to them nor how this writer could have facilitated the group better. All agreed that the group was a positive experience.

### Group Summary

This group had strong cohesion, and a definite group culture. However it appears quite plausible that the group culture was evident among these members prior to group participation for a variety of reasons. First, all the members were residing within the same institution, therefore the culture among these members existed when they were not in the group. Second, the group referral process was initially voluntary, hence it only took one person to initiate all of his friends to be in the group, which did happen. Client C took into upon himself to get people to volunteer for the group, therefore he only asked individuals he liked. Finally it is believed that cohesion and culture were strong among this group because the population on a whole was somewhat homogenous meaning that they were all incarcerated, and most had similar backgrounds which in most cases sets up a strong brotherhood.

In reference to group development, the initial period of anxiety and group member identity did not take place within the context of group. I would imagine that these stages took place during the first few days at the unit. At the start of the group

members came in with a solid sense of where they fit into group dynamics. That is Client C was well aware that he was the leader of the group and subsequently the others treated him as such. In my opinion, I would say that the development of this group started at stage three, in that there was strong group cohesion as well as a high level of trust. Initially Client A was the only one who appeared to be withdrawn from the facilitator, that is Client A's self-disclosure was minimal, but not because he did not trust the group members but instead it is in my opinion that he did not trust the facilitator. Therefore only Client A appeared to transcend the stages of group development only in relation to the facilitator. During the initial stages of group process, Client A was anxious and defensive. However at the end of group, it was Client A who then began to feel protective towards the facilitator, that is Client A was worried that the facilitator would get into trouble from her school because she was unable to cover all the material she had intended to. Client A was also the one who felt that others had been disrespectful to the facilitator when a racial slur was used.

The group members were anxious to get the group started and their level of enthusiasm was surprising. However as sessions progressed it became clear why there was a high level of interest in the group. Recounts of daily life on the unit consisted of individuals being confined to their cells 15-16 hours a day. Meals were to be eaten in a common area but were to be eaten in 10-15 minutes. They were allowed a total of one hour outside on an enclosed cement slab. For fun they related that they liked to clog the toilets and flood other people's cells. Therefore it should not have been surprising that these kids wanted to do something different. Their eagerness made group go smoothly and made the facilitator feel more comfortable.

The main challenge the facilitator encountered was attempting to keep members focused on the material. Given that social interaction amongst each other and the facilitators was not part of the daily schedule, members at times would attempt to take advantage of this freedom and wanted to discuss who did what to whom at the institution. However when reminded of session content for that day, the members were respectful and able to focus on the task at hand.

There were many benefits of having a co-facilitator. Given that I was not from Ontario, Michele was able to brief me on the justice system philosophy. Michele was also able to provide me a wealth of knowledge and experience that I could draw from: for example, Michele had conducted previous groups utilizing Arnold Goldstein's material on prosocial skills so she was able to guide me with what she had found useful in the past. Michele also gave me the freedom to conduct the sessions as I wanted to, and reserved judgment when she felt that something would not work. For example, Michele had felt that the moral education component of the ART training series would not generate the type of discussion needed for it to be successful, however she allowed me to discover this for myself.

The content of session eight, which Michele facilitated, provided me with incredible insight into the members' social histories and allowed us to observe their personal philosophy and goals. If this intervention were to be used again, I would explore the risk factors for criminal conduct at the beginning of the intervention instead of the end. This then allows links to be made from the risk factors to the individuals through out the intervention.

### Community Based Individual Intervention

The initial object of the practicum was to run a second group in the community similar to the first group with the intention of comparing correctional group intervention and community based group intervention with juvenile delinquents. The interest from Probation Services of Winnipeg was overwhelming outlining a need for more community-based interventions. However the difficulties I encountered in starting this group was encouraging the offenders to attend. Many of the youth were unprepared to make a commitment to attend sessions. Members did not call me back despite pressures from their Probation Officers: the most common response received was "I do not have an anger problem". Some youths told me that they were receiving services through their church and grandparents. Of course this was not consistent with the information the Probation Officer had. I attempted to have individuals come for an initial meeting at the office: however, one member attended only because he was escorted by his support worker. Upon checking with their Probation Officers, three youths were breached and sent back to the Manitoba Youth Centre. The other two avoided my calls. This experience proved to be frustrating, hence it was decided in conjunction with my committee members to run individual sessions covering the same content as the institutionalized group.

Services were provided under the auspices of Macdonald Youth Services. The individual sessions were held at 226 St. Mary's Rd, the satellite office of Macdonald Youth Services. Eight sessions of one-hour duration were held for males aged 16 or 17. Referrals came primarily from the Intensive Supervision and Support Program, with Youth Probation.



The five individual clients who took part in this intervention were Client F, Client G, Client H, Client I and Client J. Client H had been released from Aggasiz Youth Centre the week prior to starting the sessions. Therefore Client H was compliant and attended all but one session. As sessions progressed, Client H's honeymoon period was coming to an end, that is within the last two sessions. Client H was beginning to be slightly arrogant and disinterested in session content. Client H was residing in a group home.

Client J was described by the Probation Officer as an individual who has great potential, but he has a pattern of not following through with interventions. The worker felt that Client J intends to follow through, however felt that client's family sabotages treatment by encouraging this client not to attend interventions. For the first session the facilitator picked Client J up from his home, at which point his mother came to the door and informally interviewed her to determine who she was, what the content of the sessions would be and where she was taking her son. The facilitator believes that providing this information to his mom put her at ease with the program and its goals. She found Client J's mother to be supportive of the intervention. Client J had recently been returned home from Child & Family Services guardianship. Client J did not initially trust the facilitator, and lots of work was done to develop a trusting therapeutic relationship with him.

Client I was a ward of Child & Family Services since the age of five. Client I has moved into his own apartment in preparation for being an adult. Client I was the only member to attend all of the sessions. Client I was relatively quiet and not very insightful during the sessions, but was always respectful.

Client F was currently residing in a group home. Client F, of all the members was the most talkative and tried very hard to impress the facilitator. Client F was very sociable, stopping to talk to other workers in the office. It was however difficult at times for Client F to focus on session material, as he found it more relevant to talk about girlfriends. The challenge for the facilitator was to direct Client F to session content.

Client G was living with his family. Client G had indicated that he had been through several forms of therapy, and was only here as a condition of his probation order. However, despite his initial resistance, Client G actively participated in session material.

Initially another member was seen for two sessions, this client was disruptive during both of the sessions he attended. This individual would purposely attempt to sabotage the sessions by yelling profanities and by answering questions inappropriately with the purpose of obtaining a reaction, for the purpose of shock value, from the facilitator. The facilitator spoke to his worker, and suggested that client was not suitable for this intervention.

Chips and drinks were provided during each session. The facilitator accompanied the individual members to the convenience store to select the flavor of chips and drinks the individuals wanted. Snacks were provided to members as a treat rewarding their attendance and hopefully encourage them to come back. Client F began bringing his own money so he could upgrade his chips to a bigger bag. Allowing them snacks made the sessions less formal. All of the individuals were eager to get the chips and drink, and showed real excitement about having the

opportunity to pick their own flavors. Initially the facilitator had the individuals pick their own brand of chips and drinks out of respect for the fact that everyone has different likes and dislikes. However, it proved to be a time where the individual and the facilitator could spend some time and talk informally. Also it gave the facilitator to do a mini assessment on the members social skills in a real life setting.

The content for each individual session was the same; that is, the first session explored the seven risk factors which may influence individuals to commit crimes. Based on the learning that took place for the incarcerated group, the facilitator felt that reviewing the nature of crime at the beginning of the intervention proved to be an effective tool in relationship building with the individual. All of the members of the individual sessions were repeat offenders. The following information was gathered from this initial session:

Client F stated that he grew up in a small northern community in Manitoba, where crime rates and substance abuse was high. As for extracurricular activities, Client F stated that for fun, he and his friends used to sniff solvents. Client F was apprehended by Child and Family Services at the age of 12, and has been living in various foster and group homes since then. Client F attributed his introduction to crime to the friends he had. However, Client F stated that he is attempting to make a concerted effort to separate himself from these friends, in hopes that he can separate himself from crime. Client F felt that the "love of a good woman" would keep him from continuing crime.

Client H, similar to Client F, grew up in Northern Manitoba in a small community. Client H also stated that substance abuse in his community was high.

Client H started crime as a means to obtain drugs. Client H had been released from the Youth Centre the week prior to crime, and stated that he was tired of the lifestyle. Client H felt that if he could refrain from using drugs then he could abstain from committing crime. Client H requested that the facilitator conduct a session on addictions.

Client J had an extensive history of violent offenses. Client J grew up on the streets, and joined a gang at the age of ten. Client J indicated that his association with deviant peers was his greatest indicator of crime. Client J described living the glorified gang life, at times of vulnerability, Client J would admit that gang life is not all it is believed to be. On two occasions, Client J talked about his fears of being killed in a gang-related crime. Client J's friends are also serving time for murder, and Client J related that it is only because he was in the Youth Centre the night of these murders, that he was not involved. These instances of positive insight were rare: the majority of the time Client J would talk about the fact that murder and aggression are components of the gang subculture and if "you can't handle it, then you don't belong in a gang".

Client I related that his first criminal act was stealing food at a young age so that he was able to eat. Similar to Client J, Client I related that his associations with criminal peers maintained his connection to deviant acts.

## Comparison of Components of ART with Group versus Individual Interventions

### Social Skills

Time and time again we hear that criminals are antisocial, and that if only they were taught prosocial skills then they would not have turned to a life of crime. As mentioned earlier in the literature review, research has shown that social skills training with offenders has been proven to affect recidivism rates.

The social skills chosen for this intervention were dealing with an accusation, expressing a complaint, helping others, responding to anger, keeping out of fights and dealing with group pressure. With the individual clients I was able to go through all six of these skills for three out of five of the members. The incarcerated group learned only how to deal with an accusation and how to express a complaint.

All members learned how to deal with an accusation and how to express a complaint. Client H, Client F and Client J were the three that learned all of the above skills. Client I and Client G learned all of the skills except helping others and dealing with group pressure. They both had requested a session on substance abuse and gang involvement which I attempted to tie into dealing with group pressure.

Learning how to deal with an accusation worked out very nicely with the group, as it tied into what simultaneously occurring on the unit. Client E was upset because the guards had accused him of doing something and had subsequently given him a consequence. Client E attended the group very angry and hostile, so we explored what to do when accused of something you did not do. We also tried to tie this in with the members' criminal history, in that members were asked if they were

ever accused of a crime they did not commit. The majority of them agreed that this has happened to them in the past, however they felt that these four components were not relevant to that particular scenario, as being accused of a crime is not something that you can negotiate out of. According to Client A, "when you are accused of a crime and found guilty, you just have to do the time whether you did it or not". We attempted to explore these components with Client E's situation, again it was brought up that this was an unrealistic way to approach the issue, as in an institution there isn't a climate where offenders have the leisure to approach complaints with authority figures working at the institution. This appeared to be a common theme when discussing relevance of skill acquisition. The institutional setting was not conducive to members transferring the learned skill to the real life settings.

The integration of the individual sessions in Winnipeg proved to be just as challenging. On the surface it appeared that it would be easier for the young men to be able to transfer the learned skill into practice, however the devices used to learn these skills in the group could not be employed with the individuals. Specifically, the skills were demonstrated in Ottawa in the form of role plays, however with the second intervention based on practicality, role plays could not be done with individual clients, therefore the dynamic for interactive learning was not present with this second group. It is for this reason that I believe that the first group may have got more out of the two skills that were taught, as there was more discussion with this group. There are many studies that show that adolescents learn better with an interactive approach opposed to a lecture type intervention. This is why many believe that group interventions work well with adolescents.

It appeared as if those receiving the individual intervention did not face the same daily stressors; therefore, sessions rarely, if ever, turned into venting sessions. This made it easier to get through the planned agenda for the session. The Ottawa group came to group almost every day with a complaint about the day-to-day functioning of the institution, hence due to time constraints not many of the social skills were taught.

I often wondered what the dynamic would have been had the individuals from the individual intervention been amalgamated into a group. A disadvantage of running a social skills group is that those who respond to training slower than others may not derive as much benefit from the treatment. Given that treatment was individually based it appeared in some instances to be more productive for learning to be more client-centered. This was the advantage of running individual sessions. Members were able to go through, if they wished, the skills at their own pace. It became clear at the beginning that some of the members were academically challenged therefore required more time and patience to explore these skills. Due to the fact that members of this group did not have the benefit of being able to learn from each other, it appeared that many individuals did not seem to retain what was learned as they had difficulty recalling the skill taught the following week.

However there was almost no discussion around the practical use of learning the skills from the second group, whereas the first group was able to decipher for themselves the limitations of learning these skills and the functions of these skills in their lives. Continuously it was brought to the attention of the facilitators that many of these skills were not practical to the lifestyle these adolescents were leading.

Respect was a big issue that was brought up in the first group. Members stated that the criminal world so to speak was small, therefore if you get a reputation that you do not stand up for yourself, then you will garner no respect from your peers. It was at this point that communication styles were explored. It was pointed out that there is a difference in asserting oneself and being aggressive. However members felt that within the criminal lifestyle you need to be aggressive to protect yourself. From these sessions the facilitator learned far more about criminal conduct, as the discussions were informative and it spoke to the limitations of transferring these skills to the "real world". This was the biggest advantage running a social skills group: the amount of sharing of knowledge and healthy discussions proved to be a far better learning experience for the facilitator.

Which then brings us to the downfall of the individuals intervention. The mode of learning the skills with the individual intervention consisted of me "lecturing". It proved to be difficult to be creative in teaching these social skills in this particular circumstance. With the incarcerated population, skill acquisition was achieved role-plays and other activities/discussions. Many times I felt like I was lecturing the members of the individual intervention as they usually listened and had very few comments or questions about the skill. Methods of creativity used with the individuals involved asking open-ended questions as to engage in dialogue with the individual, utilizing paper and pen exercises and participating in some self-disclosures as a means of illustrating certain concepts. However, most of the time the individuals listened but did not engage in discussions.



It appeared that the members of the incarcerated group had very few social skill deficits. They seemed to be functioning at a higher social capacity. The majority of the criminal research describes offenders as antisocial, however these group members demonstrated prosocial skills when interacting in the group; however, they chose to engage in antisocial activities when out in the community. All members had good eye contact, were not shy, and were very respectful to each other and the facilitators. Many of the members were conscious not to monopolize the discussion and did not interrupt the others. All of the individuals from the Winnipeg intervention, with the exception of Client H, appeared not to trust the facilitator as much as discussions were very minimal. Client H however was more open and active in sessions. This could be partly because Client H had just gotten out of jail, the week prior to the first session and wanted to talk more about his experiences with incarceration and his desire to change his criminal ways. It became very clear that many of the members of the second intervention were there to complete part of their probation order and were less interested in getting anything out of the sessions.

### Anger Control

This section was done very differently with both interventions. The first group had daily triggers so anger control was explored in a different capacity on an ongoing basis. From session two onwards, the group members came to the sessions with numerous complaints about what made them angry and possible solutions to deal with this anger. When reviewing the section on triggers, the group was far more comprehensive in what sets them off than the individuals intervention. The group was able to introduce the inmate code of conduct as an example of triggers

generalized to this specific target population. That is, based on the generalizations identified, offenders as a whole are not tolerant of “rats”, “diddlers” and of those who call people “goofs”. Rats were identified as those who snitch on a fellow inmate, diddlers were those individuals convicted of a sexual offense and according to members goof symbolizes the invitation of a physical confrontation. When exploring the same issues with the Winnipeg intervention, unanimously “rats” were the biggest trigger, followed by “people who try to hard to be something they’re not”. Client J was identified as being an active member in a street gang, his biggest trigger were individuals who pretended to “be from the hood”. It was in the development of the inmate code, that a disadvantage for the individual group began to emerge. The group was able to expand on each other’s triggers to develop a comprehensive, more structured guidelines for the code. The individuals’ intervention lacked this benefit, and only through some coaxing from the facilitator was able to develop a smaller less organized code of criminal conduct.

The first group was clearer in their expectations of the anger control section. All of the members requested that there be no relaxation/deep breathing exercises. Many of them had taken part in these exercises in previous groups and according to Client A these exercises served more as a “trigger” than a reducer. The Winnipeg clients were not as open about their preferences and mostly followed the outline set out for each session. The first group used the official terms far more regularly than the Winnipeg intervention. That is, they were quick to call a trigger, a “trigger”, demonstrating their understanding of the concepts.

What was added to these sessions that were not included in the Aggression Replacement Training Model was a discussion around the negative and positive functions of anger. This was added to point out that anger is not all negative, and that as an emotion there is positive aspects of it. This discussion served as a bridge to differentiate between anger, the emotion and aggression, the response. It was explained that it is okay to get mad, and being mad is a natural emotion, however it is not okay to be aggressive. All group one members felt that anger had very little to do with aggressiveness. Instead they felt that pride and respect influenced aggressive outbursts. They felt that aggression had more to do with obtaining a goal than responding to a feeling. Client B stated that he was currently charged with armed robbery, which he admitted was an aggressive crime, however he went on to add that he did not commit the crime because he was angry instead it was because he wanted money. It was a means to an end. He was not angry that he was poor, instead he was tired of being poor.

Once again, it was brought to my attention by the group that being aggressive is a means of survival in an institution. This is the only way, according to Client C that your time will go by faster. Client B stated that the night before the session, another resident called someone a goof and that person chose not to fight but instead walk away. Client B went on to say that with an instant the individual who chose to back down from a confrontation lost the respect of his peers, even though everyone knew that he could have beaten up the other resident. Client E went on to add, that the institution is not the place to enact change. The question was then posed, where

should one try to promote change, if an institution is not conducive to change?

Interestingly, no one had an answer.

Another addition to this intervention that was not directly taken from ART were exercises that demonstrate the physiological responses associated with anger. that is what our bodies do when we are angry? All members did an exercise on how our bodies react to tension as a means of understanding cues to indicate anger. On a whole the second group was far more involved in this exercise than the first group. Client F, Client H and Client I were very active during this session, demonstrating their ability to link cues to what happens to themselves when they get angry. Client J felt that this was not all that important as when he gets mad, he does not have time to think about what his body is doing, and felt that this was of no use to him.

The individuals were given the Anger Style Inventory (See appendix D). The group was not interested in doing a paper and pen exercise and indicated that they would rather talk about the various anger styles. The three anger styles explored in this questionnaire are: violent anger expresser: anger controller: and verbal anger expresser. The violent anger expresser states that anger makes you feel violent, either toward people or toward things. Anger controllers are those who do not express their anger, instead choosing to ignore it. However this is positive in certain situations where things are too minor to discuss; however this can be negative, if the individual engages in self-destructive behaviour (such as using drugs and alcohol) as a means to escape feelings. Finally verbal anger expressers are those individuals who express their anger verbally, either to the person with whom you're angry or to whatever person gets in their way. Most of the individuals in the Winnipeg intervention did not

find this very useful, stating by most accounts that this knowledge is irrelevant. Client F and Client J felt that they already had a good idea of how they respond to anger; Client F stated that he is a verbal expresser, which was reflected by his scores.

Unfortunately the Winnipeg group was not this insightful. They too felt that they were not angry however they also felt they were not aggressive. Most of them saw aggression as a means of protecting what is yours. Client F and Client H were able to identify that in the past they expressed their anger by engaging in aggressive acts, such as punching holes in the wall. Client F came excited to a session one day because he was able to employ a reducer learned in a previous session. Client F stated that when another resident in his group home was pushing his buttons, by fabricating a story, Client F was able to separate himself from this resident and go for a 15 minute walk. Client F was the only member of the Winnipeg intervention who identified learning a skill that he was able to transfer to the real world. The other members lacked any participation and disclosed very little about what had helped them in the past.

### Moral Development

Moral education through dilemma discussion groups is a method to teach adolescents how to think about moral issues, how to deal with moral situations that do not have clear-cut solutions, and how to use principles of fairness and justice in their interactions with others. According to Goldstein and Glick (1987), the major goals of these discussion groups are (1) Increasing the moral reasoning stage of the adolescent and (2) helping the adolescent use newly learned and more advanced reasoning skills in the real world.

The section did not prove to be successful for either intervention. Members were given the socio-moral dilemma of Heinz, as follows. In Europe, a woman was near death from a special kind of cancer. There was one drug that doctors thought might save her. It was a form of radium that a druggist in the same town had recently discovered. The drug was expensive to make, but the druggist wanted people to pay ten times what the drug cost him to make. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what the druggist wanted. Heinz told the druggist that his wife was dying and asked him to sell it cheaper or let him pay later. But the druggist said, "No I discovered the drug and I am going to make money from it." So the only way Heinz could get the drug would be to break into the druggist's store and steal it. *What should Heinz do?*

Most group members felt that Heinz should steal the drug, because if he does not then his wife will die. Therefore Heinz was justified in stealing the drug to save his wife. All of the members felt that the druggist deserved to have the drug stolen from him because of his selfishness and lack of compassion. All of the members from both interventions have stolen from someone for less cause. Client D from the group stated that he "steals for fun." Therefore in the minds of all the members Heinz has no choice but to steal the drug as the drug is a necessity. This section did not generate the quality of discussion that the facilitator would have hoped. Discussions lasted less than ten minutes in the group setting and less than five minutes with the individual members due to overwhelming agreement that stealing the drug is justified. The members of the group were too homogenous, meaning that they held the same system of values.

The facilitator asked the Ottawa group if society needed laws and rules to govern individuals; surprisingly everyone said yes. Michele had stated after the session, that whenever she has posed that question in other groups, there is never unanimous response in favor of laws. Client C went further and stated that when he is older he wants to own a nightclub and feels that he will only succeed if there are rules that individuals need to follow. He felt that if there were no rules then people can steal beer or money from him. Ironically or probably not surprising, Client C's view was incredibly egocentric. I do not think Client C even realized the irony in his response when asked then why he steals from other hard working people who too want to succeed. Client C stated that he felt crime in adolescence was a "rite of passage", and that he had real goals for himself.

The moral dilemmas posed in Goldstein and Glick's Aggression Replacement Training, did not prove to be successful with this group. The facilitators set out to develop other moral dilemmas that might be more relevant to their lives. The purpose of these dilemmas was also to see how involved members are in the inmate code of conduct (that is zero tolerance for "rats", "diddlers" etc.) The first scenario was as follows: You are walking down a street and notice in the alley there are five men sexually assaulting a woman. What do you do?

All of the members from both interventions stated that they would intervene themselves. None of them trusted the police to do anything and felt that they could handle the problem on their own. Everyone, except for Client F, stated that they would call their friends and take care of it themselves. Client F, however felt that he could take care of it himself without the assistance of friends. This dilemma was used

as a means of assessing how important rules of conduct are to inmates; that is, what is worse, a “rat” or a “diddler.” Based on the outcome of responses to this dilemma, members felt that they would not rat on a diddler, but would take care of the diddler on their own.

The second dilemma used was: Your cellmate (for group one) or roommate (group two), who you really like, discloses to you that tonight he is going to kill himself. He has a plan and the means (a razor). Do you tell someone?

Everyone in group one, with the exception of Client A, stated that they would tell a guard and hope that their cellmate would understand. However, Client A did not feel that it was his business to interfere, and would request a room change so he “would not have to deal with the mess in the morning.”

With the second intervention, Client F, Client H and Client I felt that they would tell someone because they felt that their friend was calling out for help. Interestingly, all three of these individuals had at one time threatened or attempted suicide in the past. Client J, who too had previously threatened suicide, and Client G felt that it was not their place to get involved. According to Client G, “if he really wants to do it, he will and there is nothing you can do to stop him.”

Combining the two interventions, seven out of ten felt that saving a human life is more important than breaking the inmate rule, no “ratting”. Given this example, it appears that Goldstein and Glick were incorrect in assuming that all offenders are at the preconventional level of moral reasoning. Given that the majority valued human life over rules, this moves them to conventional or even close to postconventional level of reasoning.



### Application of Model

The application of this model with this population did not prove to be as successful as the literature describes. The difficulties that I had administering this model within the incarcerated group were multi-faceted. Firstly, the members had very little social contact with individuals outside the institution, therefore many of them wanted to know more about Winnipeg, specifically more about the notorious gang problem in Winnipeg. Secondly as mentioned several times already, the members in this group were faced with daily things that made them mad while at the institution. Hence when they arrived for group they would much rather talk about what was relevant for the here and now. They were not interested in acquiring skills for the real world but instead wanted to vent about the daily working in the institution. This second reason has less to do with the ART model but trainers should keep this mind, if they were ever to utilize this model in an institutional setting.

### General Differences

There were several subtle and not so subtle differences between these two interventions. One cannot conclude, however, that these differences affect the outcome or success of the interventions. However some of them are worth documenting.

The cultural and racial background differed significantly between the two interventions. The incarcerated group consisted of members who were all Caucasian, four were Anglophone and one member was Francophone. All of the members with

the exception of Client E, were from major cities, either Ottawa or Toronto. The individuals in the community intervention were from the aboriginal community. With the exception of Client I, all of the other individuals were from northern communities.

The incarcerated group spoke of certain material resources that they had when growing up. All of the members spoke of owning bikes. Client B spoke of having to use food stamps to eat, but he also spoke of being involved in various extracurricular activities, such as karate, soccer, and baseball. Client J, from the Winnipeg intervention, said that his first deviant act was to steal a bicycle because his family could not afford to buy him one. None of the members from the community intervention spoke of being enrolled in any formal extracurricular activities, except to play street hockey within the community.

Client C, from the incarcerated group was the only member from that intervention who had spent any time under the guardianship of Children's Aid of Ontario. Whereas, all of the members in the Winnipeg individual intervention, had been under Child and Family Services guardianship at one time or another. All of these members were apprehended due to parental neglect or substance abuse.

One of the biggest differences was how the members viewed their futures. All of the members in the incarcerated group spoke of having the opportunity, through family and friends, of obtaining a job when they are released. Due to these opportunities, the members were more optimistic and more willing to discuss future goals. The community Winnipeg intervention did not seem to have the same opportunities presented to them and therefore not as forthcoming or insightful in their future orientations.

Whether these differences have any impact on the outcome of these interventions, I cannot prove. However, these differences explain at the very least the distinction in communication styles between the two interventions. That is as noted earlier, the incarcerated group was far more open, sociable and trusting than their individual intervention counterparts. The length of time it took the individual members to trust the facilitator was almost doubled in comparison to the incarcerated group.

#### Chapter 4: Evaluation

The standardized measure used to evaluate the intervention the *Aggression Questionnaire (AQ)*. The AQ was developed by Arnold Buss and Mark Perry in 1992. The AQ is a 29-item instrument that measures four aspects of aggression: physical aggression, verbal aggression, anger and hostility. Buss, distinguishes between aggression and hostility, which he defines as “an enduring attitude; an implicit verbal response involving negative feelings (ill will) and negative evaluation of stimuli, and the negative evaluations have no impact unless they are verbalized” (Edmonds & Kendrick, 1980:56). Typically hostility consists of pondering past attacks on oneself, rejections and deprivations. The questionnaire is a Likert five-point scale, with responses ranging from, extremely characteristic of me to extremely uncharacteristic of me.

The instrument has a high internal consistency, where total alpha score is .89. The AQ is a stable instrument with good test-retest reliability (Fischer & Corcoran, 1994). This measure demonstrates good concurrent and construct validity.

This measure appeared to be a good measure to use with the ART model. The two aggression subscales, Physical and Verbal Aggression, represent the behavioural component; the Anger and Hostility subscales represent the affective and cognitive components. As noted earlier in the literature review, ART is divided into behavioural, cognitive and affective components.

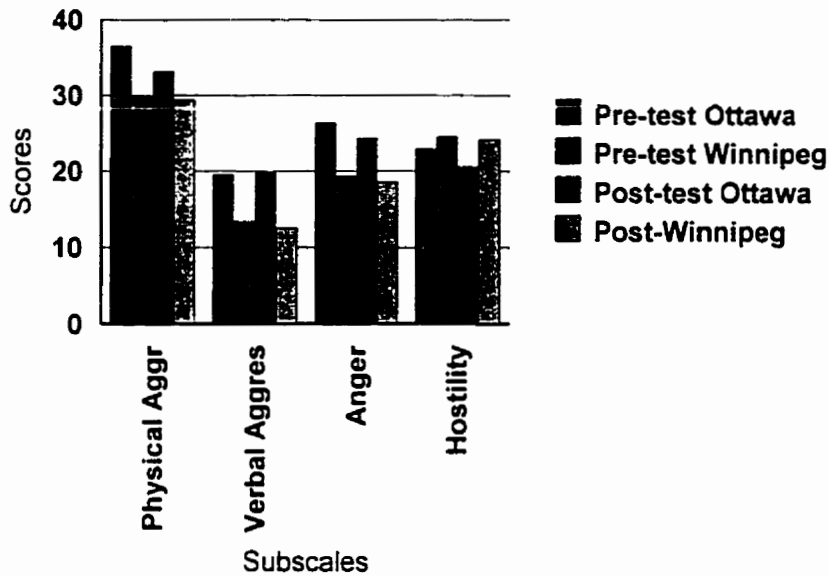
The maximum score that an individual can attain on the physical aggression subscale is 45. For the verbal, anger and hostility subscales, the maximum scores that can be achieved are 25, 35 and 40 respectively.

#### Administration of Measure

The Aggression Questionnaire was completed for all members during the first session and the last session. The facilitator was present and encouraged members to ask if they needed clarification on any of the items. All members of the Winnipeg group with the exception of Client I had requested that the facilitator read and record their answers for them.

Analysis of Data

## Comparison of Ottawa & Winnipeg Scores



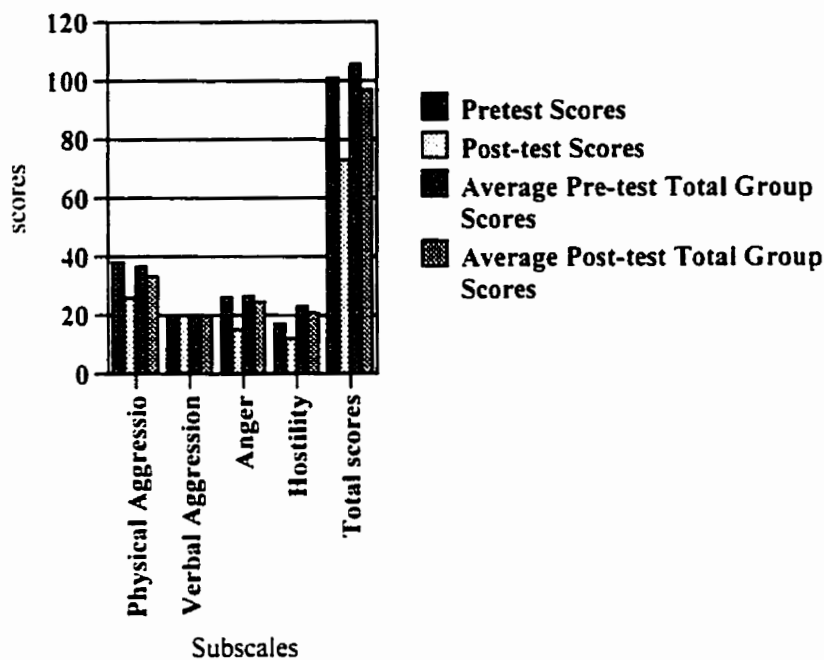
The Ottawa group had overall higher scores in the physical, verbal and anger subscales. However the Winnipeg individual intervention, scored higher on the hostility subscale. One theory or hypothesis that could be generalized to account for the differences in scores between the two interventions is the sensitivity to current state of mind that the measures seem to account for, this limitation will be explored in the analysis of each member's scores. That is given the frequency and intensity of anger expressed by the incarcerated group, the higher scores may not be accounting for inherent anger or aggression, but instead reflect emotions of that time.

Ottawa post-test scores decreased for the physical aggression, anger and hostility subscales, however pre and post-test scores for verbal aggression subscales

remained the same. Based on the slight decrease in post-test scores, the intervention appears to have been somewhat successful.

Post-test scores for the Winnipeg intervention decreased for all of the subscales, except the hostility scale, where scores between pre and post-test remained the same.

Client A:

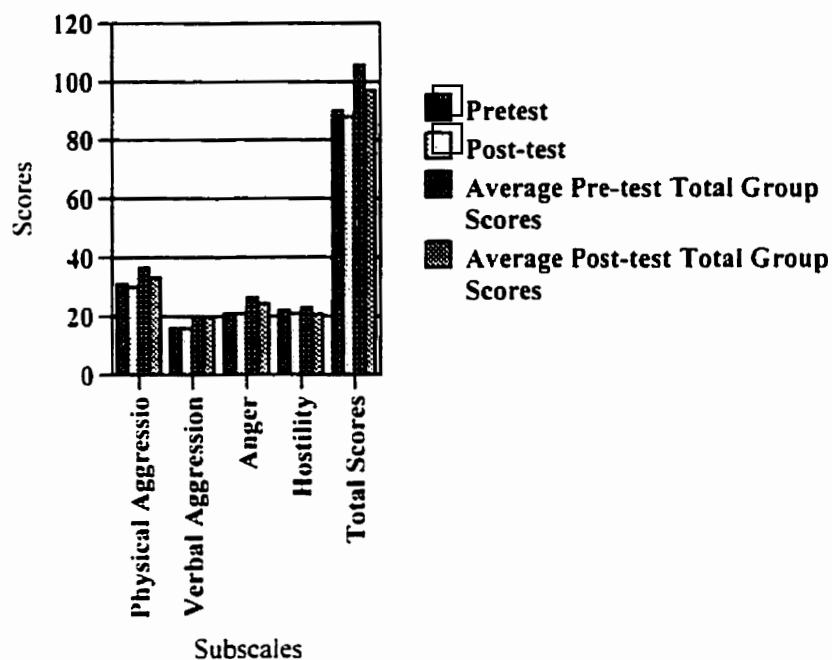


Client A's physical aggression score was relatively high, out of a maximum of 45. Client A received 38, indicating high physical aggression tendencies. However Client A's post-test scores indicate an astounding improvement, his post-test physical aggression score is 26. Client A's overall post-test scores decreased by 28 points making him the individual with the highest improvement from his pre- to post-test scores. The hypothesis for this incredible improvement may be that of all the other

members, Client A was the most concerned about the facilitator not achieving her set goal. That is when members of the group were monopolizing too much of the session talking about business in the institution, it was Client A who asked them to be quiet so we could proceed with the session. Client A was also concerned that the facilitator would get into trouble if she was unable to complete the intervention. I believe that this concern may be reflected in his overall post-test scores.

Client A's desire for the intervention to be a success may have contributed to his lower scores.

#### Client B:



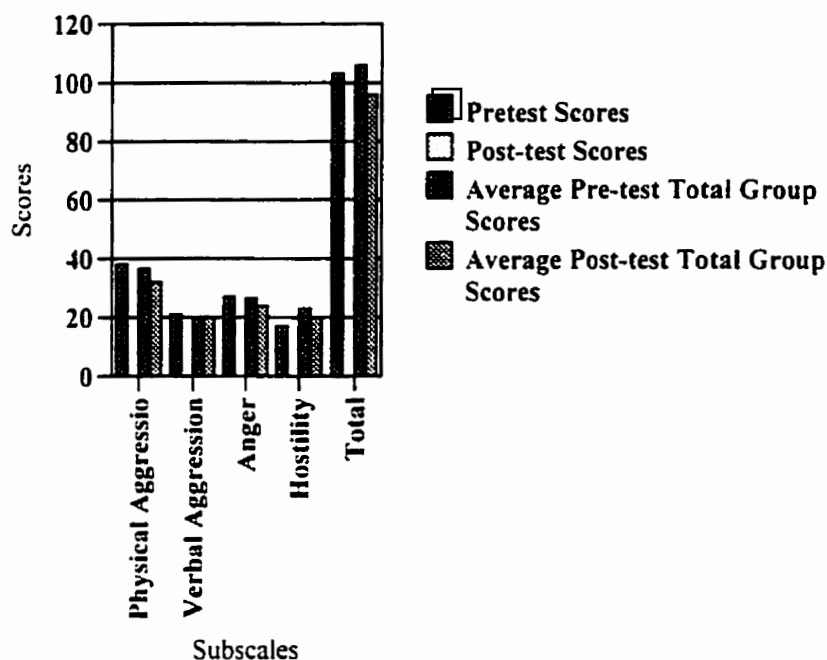
Client B had the overall lowest scores in the pre-test indicating a lower level of aggression, anger and hostility. These scores fit with my initial impressions of



him. Unlike the others, Client B seemed to stay out of the politics and action at the institution. Instead he chose to read books and mind his own business. Client B was the only individual who was uninterested in the incident where Client D hit another resident.

Client B's overall post-test score decreased significantly. All of the subscale scores, with the exception of anger, decreased, while anger remained the same.

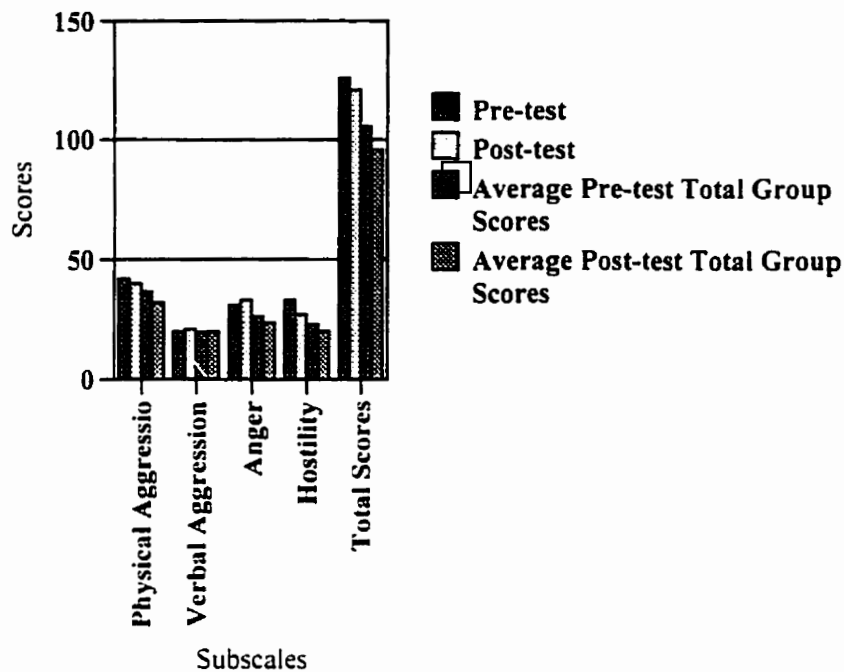
### Client C:



Client C was the only member who was not present for the post-test, therefore there is no quantitative analysis to determine if the intervention was successful or not. However Client C's pre-test scores were higher than the average for the group, on all of the subscales except hostility. Client C scores were higher than the average group

scores, placing him as one of the more aggressive in the group according to this measure. Client C's high physical aggression score was not all that surprising, as Client C was charged with assault and admits that he has a history of committing assaults.

Client D:

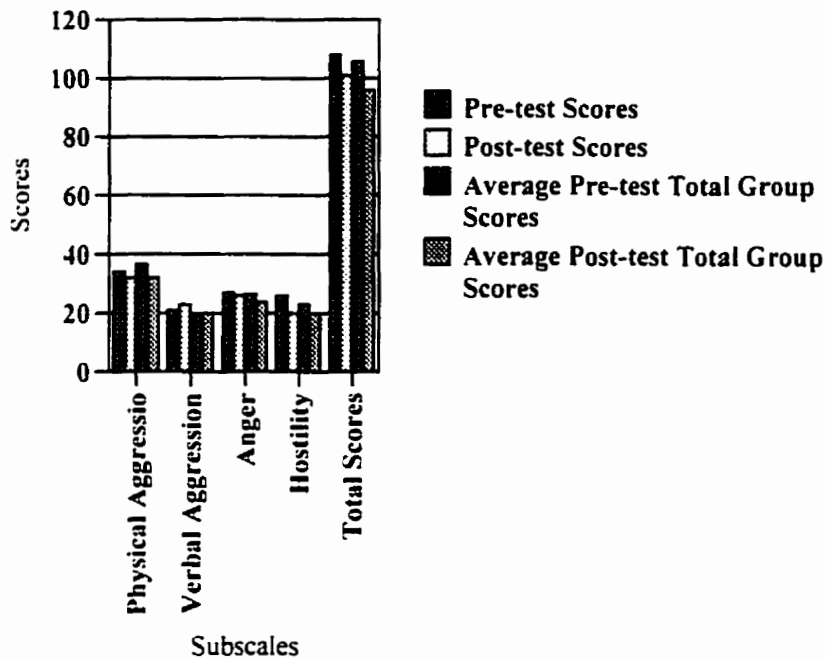


Client D had the highest score for physical aggression, which seemed fitting as he was the only member to get into a physical altercation with another resident in duration of the group. Overall I was surprised by Client D's high scores. My impression of Client D was that he was very laid back, and appeared to let very little get to him. Physically Client D was not imposing or intimidating in his stature.

Therefore his high physical aggression score surprised me at the pre-test level, however after the incident where he hit another resident in the head with his dinner tray, it appeared that the scale was able to reflect this affinity for physical aggression. Client D's high scores on the anger and hostility subscales were unexpected. As mentioned earlier Client D did not express any overt anger or hostility. Instead he was found to be light hearted, funny and very easy going.

Client D's overall post-test scores decreased, however his post-test score for the anger subscale increased. I could not think of any explanation for this. Client D's overall post-test scores were still considerably higher than the group's average total scores.

Client E:



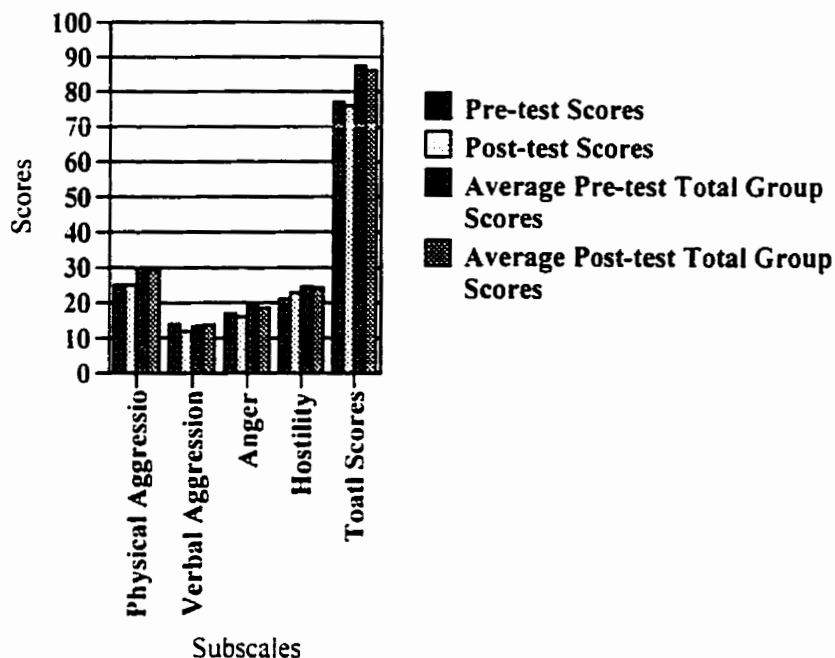
A noteworthy observation was Client E's high verbal aggression on the pre and post-test scores, considering it was Client E who consistently threatened the guards at the institution. Client E had the second lowest physical aggression score, considering it was Client E who claimed that he was in the institution for really violent offenses, however the facilitator found out later that Client E was there for forgery. Client E used to enact gunning people down and went on to tell a story of when he "curb stomped" (jumping on an individual's head while it is on the pavement). Again this was later discovered that the stories were not true.

Client E's verbal aggression scores were not surprising. Client E consistently from day one told stories of intimidation and made many threats during the course of the group. It was Client E who made threats and was swearing at the guards. Most notable is how Client E's verbal aggression score increased in the post-test, which should not have been startling as group was nearing an end. Client E was becoming increasingly angrier at the guards, which could be an explanation of why his score increased. The maximum score one could achieve on the verbal aggression subscale is 25. Client E in the post-test score had 24, indicating a very high result for verbal aggression.

There was a decrease in scores on the post-test for all of the subscales except for verbal aggression as mentioned. Client E's pre and post-test total results were higher than the average group scores.

## Individual Community Intervention

### Client F:

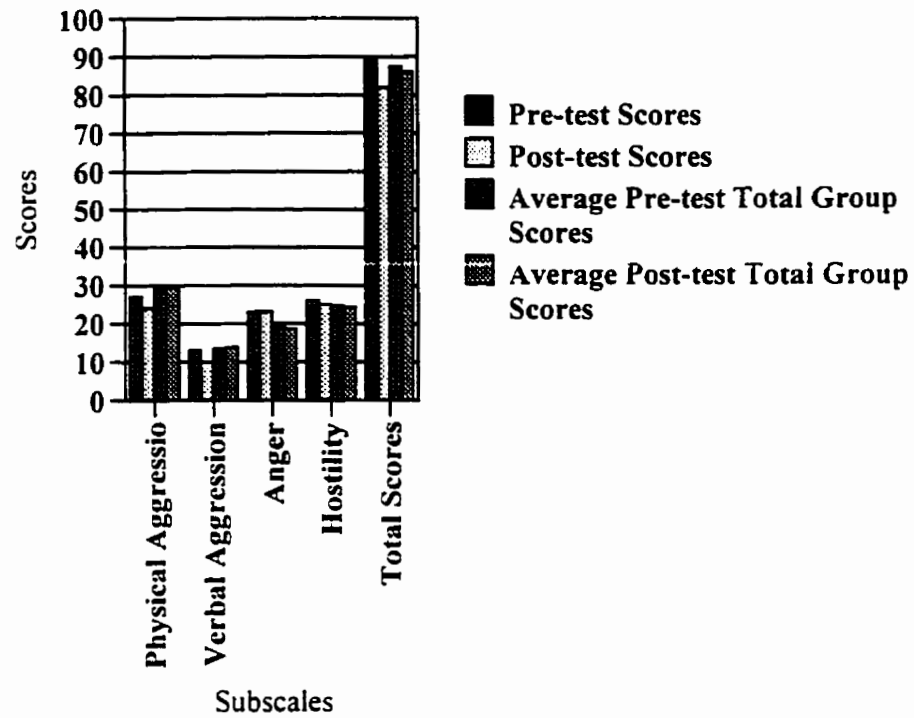


Client F's overall subscale scores differed minimally from pre-to post test.

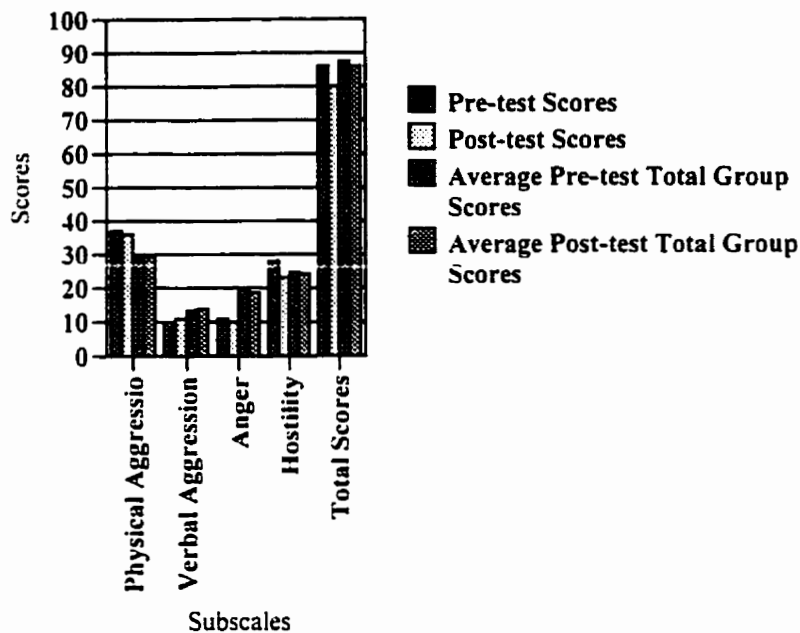
That is his overall difference between the two scores differed only by one point.

Client F's pre and post scores are also lower than the total group average scores.

Client F had been charged with a property offense. Client F described himself as one who rarely gets into physical fights, but will use words to get his point across. This self-reported verbal aggression was not reflected in his score.

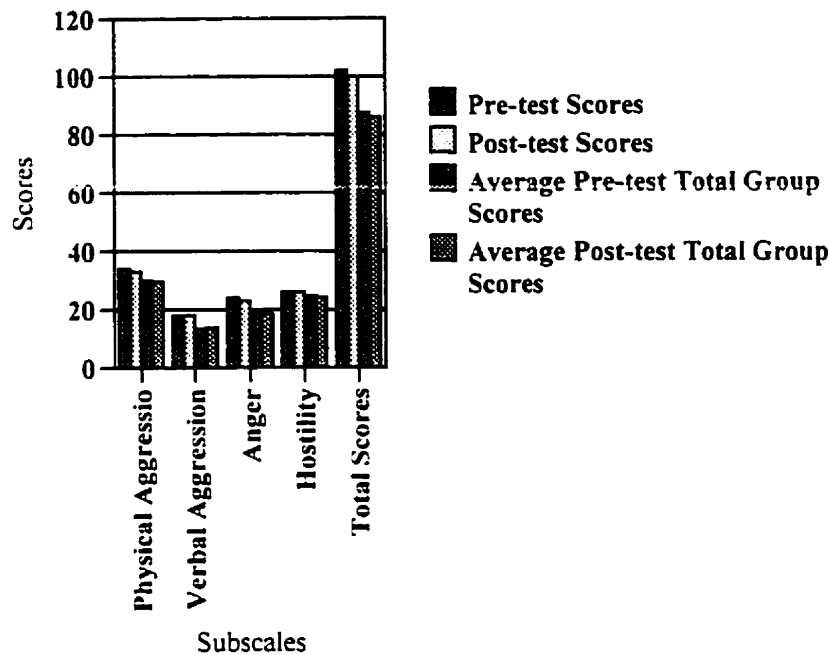
Client G:

Client G's overall scores on the post-test decreased, and were below the group average for this intervention, indicating that the intervention had some effect on Client G. Client G scored above the average group result on the subscale hostility.

Client H:

Client H's physical aggression score pre and post-test, is the highest compared to the rest of the individuals in the second intervention. His post-test scores decreased by six points

Client H's results contradict an earlier hypothesis, that being the *AQ* measure's sensitivity to the timing of administering the measurement. Client H as mentioned earlier had recently been released from the Youth Centre and was very positive about the changes he was going to make, given his optimism and the theory that this measurement may be sensitive to the state of an individual when taking this measure, one would expect Client H's scores to be very low. However Client H scored the highest, meaning greater aggression on the physical aggression subscale.

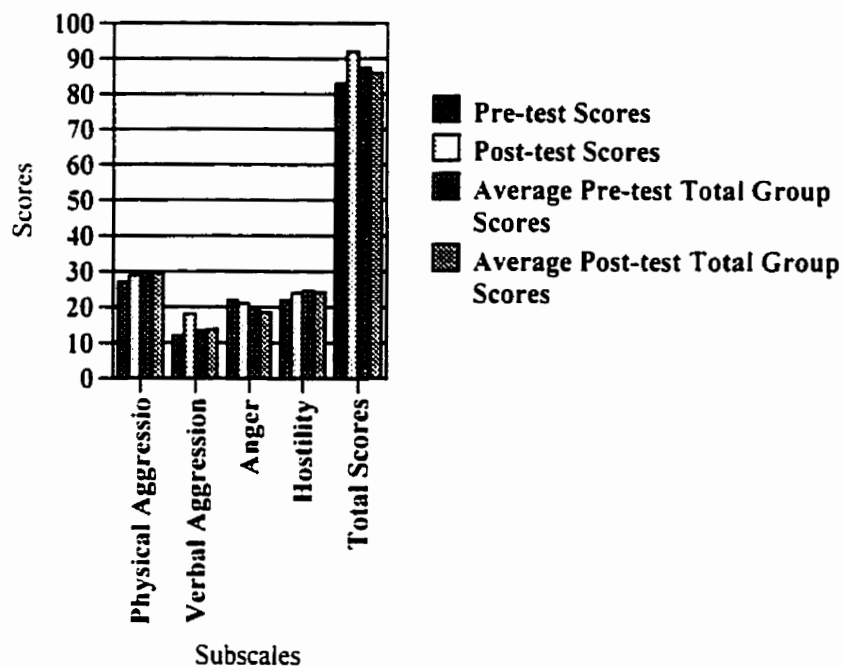
Client I:

It appeared that all members of the Winnipeg group had difficulty understanding the questions. It was noted that some items were similar in connotation with each other. Many of the members were not consistent when answering these questions. For example, Client I answered item 23, "I am suspicious of overly friendly strangers" as "extremely uncharacteristic of me". Yet he responded to item 27, "when people are especially nice, I wonder what they want" as "extremely characteristic of me". The implications of both questions are similar with the only difference being item 27 generalizes to all people where item 23 specifies suspicion to strangers only.



Client I is the only member of this group who chose to read and record their own questionnaire, without any assistance or guidance from facilitator. Interestingly Client I's scores are comparatively higher than the rest of the group. There are a couple of hypotheses as to why this may be so. Firstly Client I also may not have understood the questions and for whatever reason chose not to ask for assistance. Or possibly, Client I may have been the only member answering truthfully. I was getting the impression that some of the members were attempting to make themselves look good, leading to a social desirability bias.

Client J:



Client J had been labeled by the justice system as a violent offender. Prior to the intervention, I was told of Client J's violent nature by the worker. Client J has

been charged with several gang related robberies and assaults. However based on Client J's results on the *AQ*, this well documented aggression is not reflected.

### Application of Theories to Evaluation Results

#### Juvenile Delinquency

The field of Criminology has come out with several theories which pertain to why individuals turn to crime. Informally, this practicum evaluated these theories based on members' self-reports on delinquency. As part of the session content for the interventions, members were asked to speak of their first involvement in crime, and what continued to motivate them to continue doing delinquent acts. Each intervention explored the risk factors that predispose one to crime, and discussion centered around how these risk factors influenced them.

Client B, Client C, and Client E of the incarcerated group all reported a family history of delinquency. Client B related that from an early age, he had been living with the inmate code of conduct. Therefore they all learned their criminal ways from interactions with others who had already been engaging in criminal acts. This interaction is defined as one of the propositions for Sutherland's Differential Association Theory.

All of the members from the community individual intervention, stated that their attachment to antisocial peers outweighed any of the attachments to prosocial models. All of the members in both interventions, indicated poor academic

achievements, hence it appears as if the immediate rewards of crime outweighed the long term costs, that is the potential of not receiving a job.

The overall theme of why these particular members entered into a world of criminal activity, was for the attainment of material resources. That is greater than any other criminology theory, the Strain Theory persisted. All of the members spoke of committing crimes to obtain some material good, whether it be money, a car or status within a gang membership.

### Group Theory

I had the opportunity to run this intervention in both a group setting as well as with individual clients. Many studies indicate that group therapy with adolescents has been proved to be an effective mode of conducting an intervention. Given the much documented success in the literature as well as success with this particular practicum, I would have to agree with the theory.

The advantage of running ART in a group setting was the ability to utilize the participants in role-play situations as an effective means of modeling. Given the amount of hostility and mistrust among the members for the staff at the institution, the group became equated with support, feedback and reinforcement. The benefit of running a social skills group was that group then served as a medium where skills could be practiced with the intent of being able to transfer the skill to the real world.

I spoke to the psychologist employed at the institution, who had run several groups there in the past. It was his belief that groups are not all that beneficial in a correctional setting. He felt that groups become venting sessions for members, which

then produces a “brotherhood” which is then transferred to the units. He felt that this brotherhood serves as a means of ganging up on other residents of the unit. He feels that groups set up members to try and gain control of the unit and bully other residents.

Many of what the psychologist stated was true to this intervention. That is the group became more and more an opportunity for members to vent. However, I believe that the group sessions in themselves prevented them from acting out aggressively. Client E had stated that knowing he would be coming to group where he could talk about what was making him mad prevented him from engaging in harmful behaviours.

As mentioned earlier, the members of this group were unique, and it was because of this that group did not proceed with textbook precision in group development. Given that the members resided together, trust and cohesion was very high at the start of the group. It is these unique characteristics that make it more difficult to evaluate the efficacy of group theory.

### Aggression Replacement Training

ART is one of the few social skills programs directed specifically to the Young Offender population. However, the success level for this model in this practicum was minimal.

The structured learning component appeared fairly elementary for this particular age group and for those individuals who are far more engrossed in criminal culture. This model seems like it may have more success with individuals who are

just starting or on the periphery of a criminal career, as opposed to those individuals who have spent three or more years in the justice system.

Once individuals are entrenched in the inmate code of conduct, then far more rigorous interventions are needed. Issues such as the necessity for aggression in an institution need to be tackled before any of the other skills taught in this model can even be approached. That is, in an institution, one usually deals with an accusation with physical force to keep in level with the inmate code. Therefore encouraging individuals to talk about the accusation does not fit with their values and beliefs, meaning that a facilitator needs to address this system of conduct before any of the prosocial skills can be taught. Those individuals who just received their introduction to the justice system may have better success with this model as they believe the system is not as intense nor has the individual been around long enough to have this system reinforced by other peers.

Another difficulty in utilizing this model and I would suppose any other intervention, in an institutionalized group setting, is the inability to successfully get members to transfer skill acquisition to practical use.

## Chapter 5- Conclusion

The learning that took place for the facilitator was invaluable. The fear about writing this section is that you are unable to give justice all you learned during this period of time. I feel I learned so much more than I set out to learn. In addition to achieving my clinical objectives, I also learned how the Ontario justice system operates for juvenile delinquents. Based on my observations, it appears that offenders

are filtered through the system quicker than here in Winnipeg, the incidence of cases being remanded for lengthy periods of time appears to be less than in Winnipeg.

Prior to arriving in Ottawa to facilitate this group, I was excited to see how another institution is run. I had seen the Manitoba Youth Centre and expected that the Ottawa-Carleton Detention Centre would be similar in functioning. Imagine then my surprise when I arrived at what looked like Alcatraz without the moat of water. To get to the unit, I had to go through several automatic gates, and at times felt like I was caged as well. The yard at the Manitoba Youth Centre has a track, and basketball court. The yard at the Ottawa-Carleton is a cement slab covered in barbed wire with a basketball hoop. I am not implying that one is better than the other, just very different in structural appearances and initial impressions.

Given the outer esthetics of the Ottawa-Carleton, I will be the first to admit that I walked into the institution with a bias. I thought that I would have to work with the most dangerous kids in Canada and that is why they are in this maximum security jail. Now looking back I am ashamed that I even thought that, bringing true the old cliché, *you can't judge a book by its cover*. This was definitely the case. I was told by the group members that the Ontario government was attempting to revert to the old correctional philosophy, that individuals are there to do time, and will not have access to many other activities. Members also mentioned that within the next six months, the gym and weight room will be phased out completely. This newer philosophy appeared to stem from societal pressure that offenders had it too easy in jail and that stricter consequences may serve to deter other individuals from committing crime and reduce recidivism rates with existing delinquents.

Based on the clinical objectives set out for this practicum, it is my belief that all of these objectives were met. However, group dynamics did not develop with the same intensity as expected, based on research compiled in the literature review. The group began with strong cohesion and trust, however the group ended in textbook fashion, marked by some anxiety over the termination of the sessions.

### Future Considerations

If I were to run these interventions again using this model, there are a few key issues I would keep in mind. First of all, there appears to be certain critical points where the intervention may produce the desired effects, such as when individuals are incarcerated or recently released. This proved to be true for this intervention. All of the members in the Ottawa group, as well as Client h were the most enthusiastic about session material. The other four remaining individuals attended the sessions but did not participate as readily as the six members mentioned above. The only notable difference among these two sectors is that Client H and the Ottawa group were either incarcerated or recently released from custody at the time of the practicum. These critical points are beneficial to note as they give a practitioner a window of opportunity to plan an intervention which would take place during these key times.

For the incarcerated group, allowing members to perform their own card tricks as an icebreaker proved to be a successful way in setting the tone for the session material. It was not my intention initially to have them do their own tricks but during session two, after I completed the card trick icebreaker, one of the members wanted to showcase his talent for card tricks. It was noted that the members were excited at the

beginning of the session to show the facilitators and their fellow peers their knowledge about tricks. Unfortunately due to the frustration and anxiety that members began experiencing due to the dynamics among inmates and correctional guards, these icebreakers were no longer used, as members wanted to start venting at the beginning of the session. Similarly what the icebreaker showcase was able to do for the incarcerated group, providing snacks for the community group provided the same reinforcement. Hence the providing of food should be included any intervention when working with adolescents.

Overall this practicum experience was challenging and rewarding for the facilitator, and based on some of the remarks and the post-test scores of some of the members, a positive experience for the individuals.



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**Appendix A**  
**Letter of Consent for Ottawa Intervention**



Ministry of the  
Solicitor General and  
Correctional Services

Ministère du  
Solliciteur général et  
des Services correctionnels

2244 Innes Road  
Ottawa, Ontario  
K1B 4C4

2244 Rue Innes  
Ottawa, Ontario  
K1B 4C4

Ottawa Carleton Detention Centre  
and Young Offender Unit

Telephone: (613) 824-6080 Téléphone: (613) 824-6080  
Facsimile: (613) 824-1297 Télécopieur: (613) 824-1297

October 7, 1999

Usha Sreekumar  
150 Westgate  
Winnipeg, Manitoba  
R3C 2E1

Dear Usha,

As discussed with you recently, I would be interested in supervising your practicum in the area of social skills training with our young offender population. Upon reading your resume and Dr. Bacon's letter, it becomes evident that you are a mature person who has significant work experience with youth. The end of October would be a good time for you to begin your practicum. As mentioned to you, I could easily accommodate a two-hour time slot three times weekly, on Mondays, Wednesdays and Fridays, as these are the times I am scheduled to facilitate my groups. We can discuss the specifics of your project during the first week of your practicum.

With regard to our unit, it is a secure detention facility that houses young offenders who were 16 or 17 years of age when they committed their offences. We have a high turnover rate whereby residents' stay ranges from a few days to a few months, with an average stay of 30 days. We have a capacity for 24 residents and, as of this date, we have 16 males and 4 females. Insofar as our staffing complement, we have 1 unit manager, 2 operational managers, 12 youth officers (i.e. guards), 3 teachers (2 English and 1 French), 1 recreation officer, 1 part-time chaplain, 1 psychologist and 1 social worker.

The daily routine is highly structured, and we offer a variety of programs and activities including school, garden, cooking, Alcoholics Anonymous, Life Skills, and guided discussions groups. The psychologist and I each facilitate clinical groups, three times weekly. In view of the high turnover rate of residents and given that they are often required to attend court, it is difficult to conduct closed groups with the same residents over a specific time period. Nevertheless, we

have learned to be flexible and creative in the delivery of our groups. For example, it could be possible to have a group with the same residents 5 times during a 1-week period.

The groups I facilitate tend to focus on crime-relapse prevention whereby I target the factors that contribute to criminal behavior, such as attitudes, peer associations, and emotional health (which includes aggression management and social skills training). There is an obvious need for the type of intervention you are planning to offer our clientele.

I look forward to working with you on this project!

Sincerely,

A handwritten signature in black ink that reads "Michele Motiuk". The signature is written in a cursive, flowing style.

Michele Motiuk, M.S.W.

c.c. Brenda L. Bacon, Assistant Professor, Faculty of Social Work, University of  
Manitoba  
Marilyn Tomkinson, A/Deputy Superintendent, Ottawa-Carleton Young  
Offender Unit

P.S. Please find enclosed an 'Authorisation of Criminal Record Search' that you will need to complete at your earliest convenience, in accordance with our Ministry policy.

**Appendix B**  
**Informed Consent Form**

## INFORMED CONSENT

I \_\_\_\_\_, while engaged in group counselling will also be participating in the educational study of Usha Sreekumar, a graduate student of the Faculty of Social Work, University of Manitoba. As a client I understand:

1. That I will attend ten group sessions held once weekly, and that each session will be two hours in duration.
2. That I will be asked to complete Standardized measures and/or pencil and paper instruments to assist in evaluating effectiveness of such a group. Results of these measures will appear as non-identifying information in the practicum report to be compiled at a later date.
3. That a confidential file regarding my sessions will be kept. All information, both verbal or written, will be kept under strict conditions of professional confidentiality.
4. That information from my file will not be released to anyone outside the practicum project except: a) with signed consent by myself, b) if there is concern that I may be a danger to myself or to others, c) as necessary if subpoenaed for court, and d) if a child is at risk and a report to Child and Family Services is deemed necessary.
5. That information may be shared with my Faculty Advisor and by individuals who have an identified need to know for the purpose of assisting me.
6. I understand that Usha Sreekumar will keep non-identifying notes regarding the process of counselling sessions. These notes shall be part of the practicum report to be compiled at a later date. These notes may also be the basis for supervision by a member of the Faculty of Social Work, University of Manitoba.
7. That videotaping of the group session will occur. The purpose of these tapes is to provide supervision to Usha Sreekumar by her Faculty Advisor from the Faculty of Social Work, University of Manitoba.

**Read and Agrees to:**

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Signature of witness



**Appendix C**  
**Aggression Questionnaire**

## Aggression Questionnaire

For the following items please rate how characteristic each is of you. Using the following rating scale record your answer in the space to the left of each item.

- 1 = Extremely uncharacteristic of me  
 2 = Somewhat uncharacteristic of me  
 3 = Only slightly characteristic of me  
 4 = Somewhat characteristic of me  
 5 = Extremely characteristic of me

- \_\_\_\_\_ 1. Once in while I can't control the urge to strike another person.  
 \_\_\_\_\_ 2. I tell my friends openly when I disagree with them.  
 \_\_\_\_\_ 3. I flare up quickly but get over it quickly.  
 \_\_\_\_\_ 4. I am sometimes eaten up with jealousy.  
 \_\_\_\_\_ 5. Given enough provocation, I may hit another person.  
 \_\_\_\_\_ 6. I often find myself disagreeing with people.  
 \_\_\_\_\_ 7. When frustrated, I let my irritation show.  
 \_\_\_\_\_ 8. At times I feel I have gotten a raw deal out of life.  
 \_\_\_\_\_ 9. If somebody hits me, I hit back.  
 \_\_\_\_\_ 10. When people annoy me, I may tell them what I think of them.  
 \_\_\_\_\_ 11. I sometimes feel like a powder keg ready to explode.  
 \_\_\_\_\_ 12. Other people always seem to get the breaks.  
 \_\_\_\_\_ 13. I get into fights a little more than the average person.  
 \_\_\_\_\_ 14. I can't help getting into arguments when people disagree with me.  
 \_\_\_\_\_ 15. Some of my friends think I'm a hothead.  
 \_\_\_\_\_ 16. I wonder why sometimes I feel so bitter about things.  
 \_\_\_\_\_ 17. If I have to resort to violence to protect my rights, I will.  
 \_\_\_\_\_ 18. My friends say that I'm somewhat argumentative.  
 \_\_\_\_\_ 19. Sometimes I fly off the handle for no good reason.  
 \_\_\_\_\_ 20. I know that "friends" talk about me behind my back.  
 \_\_\_\_\_ 21. There are people who pushed me so far that we came to blows.  
 \_\_\_\_\_ 22. I have trouble controlling my temper.  
 \_\_\_\_\_ 23. I am suspicious of overly friendly strangers.  
 \_\_\_\_\_ 24. I can think of no good reason for ever hitting a person.  
 \_\_\_\_\_ 25. I sometimes feel that people are laughing at me behind my back.  
 \_\_\_\_\_ 26. I have threatened people I know.  
 \_\_\_\_\_ 27. When people are especially nice, I wonder what they want.  
 \_\_\_\_\_ 28. I have become so mad that I have broken things.  
 \_\_\_\_\_ 29. I am an even-tempered person.

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**Appendix D**  
**Basic Functions of Anger**

## **BASIC FUNCTIONS OF ANGER**

A function is a duty, role, or a job accomplished by a person or a thing. Here are a few examples. A teacher helps people learn. A nurse assists people back to health. A priest is a spiritual advisor. Our heart's function is to pump blood. A bus transports people. A cup holds fluids such as coffee. Anger also has functions. It plays an important role in our life. Anger is a powerful human emotion. That power can be directed in positive or negative ways. This next section, describes the functions of anger. It is a description of the positive and negative power of anger.

### **D) The Negative Functions of Anger**

1) Anger can disrupt our thoughts and actions. This refers to the intensity of anger. It's what happens when anger is allowed to reach high levels. At higher levels, it disrupts our thinking process. It can cause us to over react. Without clear thought it is difficult to evaluate our options properly. We may act on impulse (What people refer to as acting without thinking). There is no such thing as acting without thinking. When acting suddenly, people usually do not fully understand the consequences of their actions until it is too late. If a person does consider the consequences, he often does not care because he is so angry that it blinds him from evaluating the situation properly. Not caring while angry is a very dangerous combination.

Anger can disrupt the thinking process by causing us to think too fast. This means our thinking is less likely to be clear and sensible. In extreme cases blackout may occur. Some people even say they "saw red". They claim they were no longer in control of them. More information will be provided on the effects of 'emotional arousal' or intensity of feelings later in this program. For now, clearly understand that poorly managed anger does lead to unclear thinking. It can also allow us to act in ways which we will later regret.

2) People sometimes become angry more often than they need to. This refers to frequency and how anger can be a mask. Rather than deal with other emotions, people sometimes turn to anger to defend their pride. On many occasions, it was not at all necessary to do so. We may take things personally when they were not intended that way. We can also exaggerate anger situations. In those and many other situations anger is for the most part unnecessary.

3) Anger may lead to aggression. When anger is poorly managed or no real attempts are made to deal with it, it can lead to aggression. People use aggression for a reason. Usually a very poor reason. More often than not, that person was not being reasonable with himself or the other person.

4) Anger can lead to a bad reputation. Angry people are not happy people. If not aggressive, they are moody. Nobody likes to be around a person that has "a chip

on his shoulder” or that can “blow up” at the drop of a hat. Poorly managed anger can leave people with the wrong impression of us.

## **II) The Positive Functions of Anger**

1) Anger is an energizer. It provides with extra vigor or energy. “Adrenaline” is a natural chemical produced in the body. It makes us stronger and faster. This boost of energy can be very useful when working hard, or being in life threatening situations. Our anger can give us energy when we need it most.

2) Anger can help us communicate with other people. Sometimes we just feel the need to tell someone what we think and feel about a certain situation. Something is bothersome and we feel a pressure building up inside our bodies. The pressure is mounting and we have had enough. Something must be done. Our anger is pressing us to tell someone what is bothering us. In that way our anger serves a useful purpose. It forces us to communicate our feelings to the source of our frustration.

3) Anger tells us things about ourselves. It’s like a traffic signal that warns us about unpleasant situations in our life. It cautions us and helps prepare us to deal with stresses and challenges. It tells us what is bothering us. In that way, it puts us in touch with our beliefs and value systems. This aspect of anger may seem strange now, but hang in there. It will become very clear once we increase the awareness of our belief and value systems, later in this program.

4) Anger gives a feeling of being in charge. Another good side to anger is when it causes us to take affirmative action. Whether our anger is justified or not, it can drive us to take action. If we use our anger in positive ways, it will help us correct an unpleasant situation. We will feel like we control the situation rather than the situation controlling us.

**Appendix E**  
**Anger Style Inventory**

## Anger Style Inventory

This quiz will help you determine your anger style, which means the way you usually deal with anger. Consider each statement below and mark your answer that most closely represents how you would probably react.

1. You have just found out that a friend of yours is stealing your girlfriend/boyfriend. You would probably:
  - a) beat the person up
  - b) decide that the person isn't your friend anymore
  - c) talk with both of them and find out what is going on
  
2. You have a friend who has very strong opinions about lots of things. Some of his opinions make you mad. You would probably:
  - a) punch him the next time he starts stating his opinions
  - b) ignore it- that's what friendship is all about
  - c) argue with him
  
3. A guy you know slightly know has very strong opinions about lots of things. Some of his opinions make you mad. You would probably:
  - a) hit him
  - b) just try and stay away from the guy
  - c) ask him why he feels the way he does
  
4. When you are angry which do you usually do?
  - a) think about throwing someone or something against the wall
  - b) go for a walk or a run
  - c) talk with a friend who is not involved about how you feel
  
5. When you are angry, people who get in your way are likely to:
  - A) get pushed aside
  - B) be invited to go with you to a movie or for a walk
  - C) hear all about your problems
  
6. It wasn't your fault that you were late getting to school. But because you were late, you missed a test and the teacher won't let you make it up. You would probably:
  - a) think about smashing the windshield of the teacher's car
  - b) think "okay, so what if I get a failing grade?"
  - c) discuss it with the teacher later when you have calmed down

7. When you're in a situation that makes you angry, you often think:
- a) no one's going to push me around.
  - b) all I want to do is get out of here.
  - c) I want to clear this up.
8. Lately your boyfriend/girlfriend is nagging you all the time. It's getting on your nerves and making you angry. You would probably decide that:
- a) you've had it - next time you'll hit him or her.
  - b) he or she isn't worth it - you'll break up.
  - c) this has got to stop - you'll call him or her up and talk it out.
9. If you were angry with someone and started thinking of ways to get even with that person, you would probably:
- a) pick the best idea and carry it out.
  - b) tell a friend your idea, have a good laugh, but leave it at that.
  - c) decide that it's time to let that person know how you feel.
10. You think your friend has let you down in a big way. Next time you see your friend, you would probably:
- a) push him or her out of the way and keep walking.
  - b) pretend nothing has happened.
  - c) let your friend know you're angry and why.
11. You've heard that girl you never liked much is going around school telling lies about you. You would probably:
- a) slap her around until she learns some manners.
  - b) ignore it - who cares what she says?
  - c) tell her to knock it off or else.
12. When you're angry, you often feel like:
- a) hitting someone or something.
  - b) taking a nap.
  - c) working on a problem so it's no longer a problem.



**Appendix F**  
**Relaxation Training Exercise**

## **RELAXATION TRAINING**

### **DIRECTIONS: Read the following**

Be comfortable in your own space

Close your eyes

Let your body relax, loosen

Allow the tension to gently leave your body, sinking downward

Stretch your legs and feet so that every muscle is tight . . . relax

Tighten your toes again . . . relax

Be aware of the difference

Stretch your legs . . . tighter . . . Relax

Feel the difference in your body, be aware of how it feels to be relaxed

Breathe out and pull your stomach in . . . hold . . . relax

Breathe out and hold your stomach in . . . hold . . . Relax

Does your stomach feel any different? Notice that there is less tension

Shrug your shoulders make them tighter . . . hold . . . release them

Repeat the process with your shoulders . . . tighter . . . relax

Be aware of the feelings in your shoulders now

Tense your arms making your hands into fists . . . hold tightly . . . relax

Again tense your arms and hands . . . Relax

Be aware of the difference