

COMPARING TREATMENTS FOR AGGRESSION AMONG YOUTH EXPOSED TO VIOLENCE [623]

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Abstract

This paper will present details of a study designed to compare the effects of a cognitive/behavioral group intervention with a trauma reduction group intervention in reducing the aggressive attitudes of youth exposed to violence. Implications for future violence prevention programming will be discussed.

Introduction

Youth violence in the United States is a surprisingly frequent phenomenon. A large scale survey of almost 11,000 high school students found that about a third of U.S. girls and almost half of boys surveyed have been in a physical fight within the last year and about a third of boys report having carried a weapon (knife, club, or gun) within the past month (Center for Disease Control and Prevention 1995). This alarmingly common behavior is important to address early for a number of reasons including the protection of children’s public safety and the fact that untreated violent behavior in childhood is associated with significant maladjustment in adulthood (Massachusetts Medical Society 1992).

Although a number of initiatives to treat youth violence have emerged, a comprehensive model of the causes of violent behavior has yet to be validated; thus, interventions based on a number of widely varying theoretical approaches have been developed and tested, mostly independently of one another. It is, therefore, difficult to compare the relative impact of specific interventions in relation to one another, or to evaluate the usefulness of different approaches on different types of youth or youth with different needs. Research is needed that compares the relative effectiveness of various theoretical approaches to violence prevention so that we may begin to develop a comprehensive understanding of the causes of youth violence and, more importantly, to tailor violence reduction and prevention interventions to the needs of different children and adolescents.

Causes of Youth Violence

Research into factors related to violence is critical to the development of treatment efforts in order to ensure that energies and resources are spent on approaches that are proven effective or have the promise of being effective. The U.S. Surgeon General’s Report (2001) provides one of the most comprehensive analyses of the problem of youth violence to date. Created to help researchers and policy makers understand the comparative importance of risk factors and their treatments, it provides valuable insight into the state of knowledge about the causes and remedies of youth violence. The report lists the comparative causes of youth violence and shows that exposure to violence, such as domestic violence, child abuse, or violent crime, was consistently among the top factors associated with youth’s risk for violent behavior. On the other hand, factors such as social interaction skills, conflict resolution skills, problem-solving skills, and parental involvement have been found related to lower levels of youth violence (Hawkins and Catalano 1992; Jessor 1993).

Exposure to interpersonal violence has, in fact, consistently been found to be a significant risk factor for youth violence (Children’s Defense Fund 1998). Research shows that children exposed to violence early in their lives are at greater risk for involvement with violence as they grow up. Moreover, youth who have experienced violence and hold aggressive attitudes are at even more risk for violent behavior. For example, a 2002 survey of more than 10,000 teens, found those who had experienced violence and had aggressive attitudes were more likely than those who had not experienced school violence or to have aggressive attitudes to have carried weapons, used alcohol, and engaged in physical fights at school (Brockenbrough, Cornell, and Loper 2002). The study also found that exposure to violence and aggressive attitudes had a negative impact on students’ academic engagement. Interventions are needed for youth who have been exposed to violence and who have aggressive attitudes to effectively improve these youths’ ability to cope with conflict in order to minimize their likelihood of engaging in violent behavior.

Theories about the mechanisms by which exposure to violence causes violent behavior include cognitive behavioral explanations (violence is learned behavior), and affective explanations (violence is an attempt to cope with the psychological distress of violence exposure). Treatments for violence exposure have included both cognitive behavioral approaches such as skill-building activities, and affective interventions, such as trauma reduction counseling. Although research has been conducted on some of these approaches, none has yet tested the *comparative* effectiveness of these types of approaches to reducing youth violence. To date, most intervention programs use a cognitive or cognitive/behavioral theoretical approach, but this may be because most school-based personnel are more likely to have received training in these approaches than in humanistic approaches. It is important to note that violent behavior is a common symptom of many mental health concerns, including substance abuse disorders, trauma sequelae, post-traumatic stress disorder, bipolar disorder, and oppositional defiant disorder. It is known that fewer than one in five of all children’s mental health disorders are diagnosed or treated, but what is unclear is the extent to which this under treatment of medical conditions may account for some portion of youth violence.

Treating Youth Violence

Historically in the United States, little formal mental health service delivery has taken place in schools (Illback, Cobb, and Joseph 1997). However, with the emergence of increasingly frequent incidents of school-based violence, parents and school officials have begun to become more willing to implement both psychoeducational programming and mental health interventions aimed at preventing youth aggression in the schools.

This increased interest in expanded use of psychoeducational and mental health programming has led to an increased demand for services to meet the psychological needs of students. Although the numbers of school-based mental health professionals (school counselors, school social workers, school psychologists, etc.) has grown, the growing need for services cannot be met by their current numbers (Illback, Cobb, and Joseph 1997). Moreover, school budgets are stretched thin in many portions of the U.S. such that large increases in the proportion of allied school personnel are unlikely. To provide support services for just their highest-risk students would likely overwhelm most school systems’ budgets (National Commission on Children 1991).

Because teachers and school administrators have not traditionally been trained in psychological service provision, not to mention violence prevention and/or risk assessment, there is a pressing need for pre-developed psychoeducational violence prevention programs and curricula that can be imported to school settings for implementation by teachers, school nurses, and guidance personnel. Comprehensive school-based health promotion programs that teach students healthy behaviors offer tremendous promise for meeting the psychological needs of at-risk youth (Talley and Short 1995).

A variety of approaches to treating youth violence have been developed and tested on children and adolescents in a variety of contexts. Two of the approaches that have been found successful are (1) cognitive behavioral coping skills training and (2) affective treatments of the effects of violence exposure. These two categories of approaches to violence prevention are based on widely different theoretical explanations of how disordered behavior is produced—one by disordered thinking, the other by troubled emotions. A comparison of the effectiveness of these two different approaches to violence prevention could yield an important indication for the development of future violence prevention interventions and be a valuable indicator of the comparative contribution of cognitive and emotional experiences in the production of violent behavior. This could have important implications in designing future violence reduction intervention programs.

Comparing Violence Prevention Interventions

Without clear evidence of the comparative efficacy of different violence prevention treatment approaches, policy makers and educational leaders are unable to ensure that their violence prevention funding is used in the most effective manner. What is needed is rigorous research that examines the *comparative* effectiveness of youth violence prevention programming in reducing students’ risk for engaging in violent behavior. It would be useful to know, for example, in trying to reduce violent behaviors, if it is more effective to treat adolescents’ thinking, via cognitive behavioral interventions, or emotions, via affective interventions.

Another useful question to be answered would be whether it is sufficient merely to treat the disordered behaviors that result from the violence exposure or necessary to treat the root cause of violence, such as the violence exposure itself. Many counseling theorists argue, for example, that the most effective treatment for any psychological problem is that which treats the root cause of an individual’s difficulties, but others have argued that successful treatment need not target the root cause and that, since this is most often a more labor-intensive and costly approach to treatment, this is an inefficient use of treatment resources. As of yet, little research has directly tested the validity of these two theoretical approaches.

To better understand the most effective ways in which to reduce youth violence, the current study examines the comparative effectiveness of a cognitive behavioral intervention and an affective intervention in reducing aggressive attitudes. The results are expected to yield important information about whether treating cognitions or emotions is more effective at reducing adolescent aggression. Using a quasi-experimental design including a control group, this study is also intended to assess the extent to which either intervention impacts student attitudes toward and commitment to school or whether students’ level of exposure to violence is related to the efficacy of either treatment.

Research Questions

This study is designed to answer three main research questions:

1. Does conflict coping skills training or trauma reduction counseling reduce the aggressive attitudes of youth exposed to violence significantly more than no treatment?
2. Does either intervention significantly affect students’ attitudes toward school?
3. Is the effectiveness of either treatment significantly related to students’ reported level of exposure to violence?

Study Methods

The study assesses whether there is a difference in the effectiveness of two different treatments in reducing aggressive attitudes as compared to a control group. It also examines whether any observed treatment differences are significantly related to students’ reported level of exposure to violence.

Participants are students in a Washington, D.C., area public high school who are enrolled in Life Skills classes and have been randomly assigned to one of three sections. Each class section represents one of the three treatment conditions: Treatment I: Conflict Coping Skills Training, Treatment II: Affective Treatment of Violence Exposure, or III: Control Group. All participants will be surveyed for violence exposure and family conflict, as well as be pre- and post-tested on levels of aggression, attitudes toward aggression, conflict management skills, and attitudes toward and commitment to school.

Study Sample

Participants were selected for inclusion in this study based on their enrollment in the Life Skills class at their high school. The study sample consists of 70 students: 25 students in Treatment I, 25 in Treatment II, and 20 in the control group. Students in the control group will also receive violence prevention programming following completion of the study.

It should be noted that originally the researchers had intended to survey a large segment of the student body and select participants for inclusion in the treatment portion of this study based on a positive history of violence exposure and an elevated level of aggressive attitudes. However, concerns about causing students to feel uncomfortable for being singled out for study participation dictated that a large sample of students be arbitrarily included in the study and post-hoc analyses of the effects of the level of previous violence exposure on treatment outcomes. Recruiting students in this less obtrusive manner protected individuals from feeling uncomfortable about being selected for the study.

Study Interventions

Participants have been randomly assigned to one of three possible treatments:

Treatment I: Conflict Coping Skills Training

There is considerable research in support of cognitive-behavioral approaches that not only reduce aggressive behavior, but that also improve school attendance and grades. These have been found to improve individuals' ability to cope effectively with conflict. Structured around a life skills training model to build positive peer relationships, Treatment I involves helping students learn their predominant conflict management style and increase their awareness of and skills with alternative strategies for effective conflict management. It uses games, lessons, and role play to teach students social problem-solving skills for dealing with conflict in a variety of contexts. Training involves lessons in the use of interpersonal power, when and how to use competition, styles of cooperation, strategies for coping with anger, and techniques for achieving mutually beneficial outcomes.

Treatment I: Conflict Coping Skills Training

Session 1: Introduction, experiences with conflict

Session 2: Sources and styles of interpersonal influence

Session 3: Competition and cooperation

Session 4: Coping with anger

Session 5: Achieving cooperative outcomes

Session 6: Applying skills for solutions

Treatment II: Affective Treatment of Violence Exposure

Being exposed to violence has some predictable long-term effects on children's functioning, including increased arousal, decreased sense of safety, even symptoms severe enough to meet the criteria for a diagnosable psychological disorder. The standard mental health treatment for the effects of exposure to violence involves establishing a therapeutic relationship in which the child feels safe to discuss his or her

experiences either in individual or group settings. Treatment II gives participants the opportunity to express negative emotions and discuss their experiences with violence and conflict in order to reduce the psychological effects of these experiences. This type of treatment works by helping adolescents deal with their emotional reactions before more serious emotional problems can develop. In a group setting, participants are encouraged to discuss their experiences with conflict and their reactions to it. Structured group discussions of the commonality of students’ experiences encourage peer-to-peer validation. Over the course of the treatment, participants should see their experiences as less confusing and have opportunities to express their negative emotional reactions such as anger, fear, and sadness in a nonjudgmental environment. This type of treatment has been found to be effective in improving adolescents’ emotional adjustment and reducing symptoms of anxiety, depression, and anger, including reducing individuals’ aggressive thoughts.

Treatment II: Affective Treatment of Violence Exposure

Session 1: Introduction, experiences with conflict

Session 2: Sorting through our conflict history

Session 3: Common themes about conflict

Session 4: Making sense of our experiences

Session 5: Coping with reactions to conflict

Session 6: Applying our awareness for solutions

Study Instrumentation

This study is using several standardized measures that have been found to have adequate validity and reliability for use with adolescents. These measures include the Exposure to Violence survey (Richters 1998), a measure of family conflict, a demographic questionnaire and pre- and post-treatment assessments of attitudes toward aggression (Heusmann, Guerra, Zelli, and Miller, 1992), Aggression (Orpinas and Frankowski 2001), conflict resolution, and attitudes toward school and commitment to school.

Study Analyses

A commercially available statistical software package will be used to perform descriptive analyses of the demographic data to determine the mean age and GPA of participants. Descriptive statistics of students’ gender, ethnic background, and grade level will also be computed. Then Analysis of Variance analytical procedures will be used to test the comparative effectiveness of the two different treatments on levels of aggression, conflict resolution skills, and attitude toward and commitment to school for participants in the two treatment groups compared to the control group.

Study Limitations

Aspects of this study limit the applicability of its findings to broad contexts. First, the sample is drawn from a small, urban magnet school, which consists of predominantly African American adolescents. The generalizability of this study’s findings therefore needs to be limited primarily to urban, African American populations. The extent to which these findings may have implications for rural students or those from other ethnic backgrounds is uncertain. Additionally, the treatments for this study are only six sessions in length. There is reason to think that six sessions of an intervention may not be enough to effectively change individuals’ behavior. Thus, the finding of no differences between pre- and post-testing may not necessarily indicate that the treatments were not effective, they may just not have been extensive enough. Finally, this study relies on assessments based on participants’ self-report. Given the potentially sensitive nature of exposure to violence and/or aggressive attitudes, there is reason to believe that not all participants may feel comfortable to accurately share their attitudes and experiences. The extent to which participants’ motivation to create a good impression may account for study results will be considered.

Implications for Violence Prevention Programming

Because this study is comparing two different treatment approaches to each other as well as to a control group, its results may well yield important information about the benefits of using cognitive/behavioral approaches versus humanistic approaches in reducing youth aggression. Although any conclusions drawn from this study's findings could only be considered preliminary, they will certainly provide a unique view of the comparative effectiveness of the two approaches.

Implications for Future Research

In the field of violence prevention, the most pressing need is for outcome evaluation research, particularly that which makes comparative assessments between one or more treatment approaches. By beginning to look at which approaches are relatively more effective, programming resources can be directed into the most promising directions. In addition, as additional outcome studies are conducted, meta-analyses may be helpful in pointing researchers toward the most potentially beneficial methods of intervention. Finally, as violence prevention research continues to test treatments on different types of individuals with different backgrounds and experiences, we will begin to be able to develop a model of the causes of violence, one that accounts for the different sources among different populations such as those with violence exposure, substance abuse problems, anxiety disorders, etc.

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