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ABSTRACT

To reduce aggressive children's behavior problems and to reduce their high risk status for later major difficulties, an Anger Coping intervention based on cognitive behavioral techniques was developed (Lochman, Nelson, and Sims, 1981). Despite promising outcomes, testing showed not all children improved with this program. This study compared the effects of two versions of the Anger Coping program to an untreated control condition. Both Anger Coping conditions used cognitive-behavioral and social problem-solving training, and one of the conditions included an adjunctive teacher consultation component designed to enhance teachers' facilitation of their students' problem solving skills. Eleven boys received Anger Coping, 13 received Anger Coping plus teacher consultation, and 8 boys served as untreated controls. The students had an average age of about 11 years. In comparison to the untreated aggressive boys, treated aggressive boys displayed significant improvements in their disruptive-aggressive off-task classroom behavior and in their perceived social competence, and they tended to have reductions in their teachers' ratings of their aggressiveness. The teacher consultation component did not augment treatment effects, and treatment effects were actually slightly stronger in the condition that used only Anger Coping groups with the boys. (Author/ABL)

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Teacher Consultation and Cognitive-Behavioral

Interventions with Aggressive Boys

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Abstract

This study compared the effects of two Anger Coping group interventions with aggressive boys to an untreated control condition. Both Anger Coping conditions used cognitive-behavioral and social problem-solving training, and one of the conditions included an adjunctive teacher consultation component designed to enhance teachers' facilitation of their students' problem-solving skills. In comparison to the untreated aggressive boys, treated aggressive boys displayed significant improvements in their disruptive-aggressive off task classroom behavior and in their perceived social competence, and they tended to have reductions in their teachers' ratings of their aggressiveness.

Teacher Consultation and Cognitive-Behavioral
Interventions with Aggressive Boys

To reduce aggressive children's ongoing behavioral problems and to preventatively reduce their high risk status for later major difficulties, an Anger Coping intervention based on cognitive behavioral techniques has been developed (Lochman, Nelson & Sims, 1981). This program focuses on altering deficient social cognitive processes, emphasizing improvements in social problem-solving skills. In comparison to aggressive boys receiving no treatment or minimal treatment, aggressive boys treated in the Anger Coping groups have reduced their disruptive-aggressive off task classroom behavior and their aggressive behaviors at home according to parents' behavioral checklist ratings, and have increased their self esteem (Lochman, Burch, Curry & Lampron, 1984). These treatment effects have been found to be augmented when a goal-setting procedure was included (Lochman, et al., 1984), and when the treatment was lengthened to 18 sessions (Lochman, 1985). However, the inclusion of a self-instruction training component did not produce stronger effects (Lochman & Curry, 1986). In an assessment of client characteristics which predict outcome, it has been found that boys with initially the poorest problem-solving skills have made the most behavioral improvement during the program (Lochman, Lampron, Burch & Curry, 1985).

Despite these promising outcome findings, not all children improve in this program, and there is a clear need to develop additional methods

enhancing the generalization of treatment effects to the classroom settings. One method for producing generalized behavior change with students in school settings involves structured consultation with teachers (Allen, Chinsky, Larcen, Lochman, 1976). The current study will compare the effects of two versions of the Anger Coping program to an untreated control condition (UC). The Anger Coping condition (AC) is the previously researched group intervention, while the Anger Coping plus Teacher Consultation (ACTC) condition includes the same group intervention plus structured consultation with teachers focusing on developing students' problem-solving skills. It is hypothesized that the AC and ACTC conditions will produce stronger behavioral and self esteem changes than will occur in the UC condition, and that the ACTC condition will produce greater change than the AC condition.

Method

Thirty-two aggressive boys were selected by their teachers as the most disruptive and aggressive in their classes. Their average Aggression score on the teachers' Missouri Children Behavior Checklist (MCBC) was more than one standard deviation higher than the MCBC norms. The sample had an average age of 11 years 0 months, and included 22 white and 10 black subjects.

The dependent measures collected prior to and following the intervention included the Disruptive-Aggressive Off Task percentage from the Behavior Observation Schedule for Pupils and Teachers (BOSPT: Breyer & Calchera 1971), the Aggression subscale from the teachers'

MCBC ratings (Sines, Pauker, Sines & Owen, 1969), and the Perceived Social Competence and Self Esteem subscales from the Perceived Competence Scale for Children (PCSC: Harter, 1982). The BOSPT provided time-sampled classroom observations, and had overall interrater agreement of 93.2%.

On a random basis, 13 boys were assigned to the ACTC condition, 11 boys to the AC condition, and eight boys to the UC condition. Boys in the ACTC and AC conditions met for 18 weekly, cognitive-behavioral group therapy sessions at their schools. In addition, the teachers of the boys in the ACTC condition received six hours of consultation in small groups about problem-solving skill training and contingency management.

Results

Analyses were computed with the nonparametric Mann-Whitney U Test due to the small sample sizes within the cells. The three conditions did not have significant differences on pretest scores.

To assess treatment effects, change scores were computed by subtracting pretest scores from posttest scores. Hypothesized comparisons between the two Anger Coping conditions and the UC condition were tested with one-tail tests. In comparison to the UC subjects, the combined Anger Coping conditions (AC plus ACTC) had a significant reduction in BOSPT Disruptive-Aggressive Off Task behavior (-0.4 vs $+4.7$), $U(24, 8) = 52.0$, $p < .05$, a significant improvement in their PCSC Perceived Social Competence ($+0.4$ vs 0.0), $U(24, 8) = 48.5$, $p < .05$, and a tendency for a reduction in teachers' MCBC

Aggression ratings (-1.6 vs $+0.4$), $U(24, 8) = 63.0, p < .10$. There were no significant differences between conditions on the PCSC Self Esteem score.

Planned comparisons were then computed between each of the pairs of cells for the three dependent variables with at least trends for treatment effects. In comparison to UC, AC subject had significant reductions in the BOSPT Disruptive-Aggressive Off Task score, $U(11, 8) = 22.0, p < .05$, a tendency for a reduction in teachers' MCBC Aggression ratings, $U(11, 8) = 25.0, p < .06$, and a significant increase in PCSC Perceived Social Competence, $U(11, 8) = 15.0, p < .01$. In comparison to UC, ACTC subjects only had a significant difference on the BOSPT Off Task score, $U(13, 8) = 30.0, p < .05$. There were no significant differences between the ACTC and AC conditions.

Discussion

The current findings replicate and extend prior results and indicated that the Anger Coping program produces improvement in treated boys' disruptive-aggressive off task classroom behavior. The tendency for teachers to perceive reductions in these boys behavior supports the classroom observational results. In addition, the treated boys developed a more positive perception of their own social competence over the course of the year. Since they developed a stronger ability to inhibit disruptive and aggressive behaviors, these boys may have become more likely to engage in alternative prosocial behavior with peers, and to gain greater peer acceptance. Despite these improvements in perceived social competence, the treated boys did not experience a significant

increase in self esteem as had prior treated samples. This lack of improvement in self esteem appeared to be due to the current sample having an initially higher level of self esteem than had our prior samples of aggressive boys.

The teacher consultation component did not augment treatment effects, and treatment effects were actually slightly stronger in the condition that only used Anger Coping groups with the boys. Therefore, this particular form of consultation focusing on dialoguing and problem-solving training did not prove to be an effective means of enhancing generalization effects, although teachers did provide informal positive reactions to the consultation, and became more interested in the program. Further research could determine if more extended, intensive workshops with teachers could prove effective.

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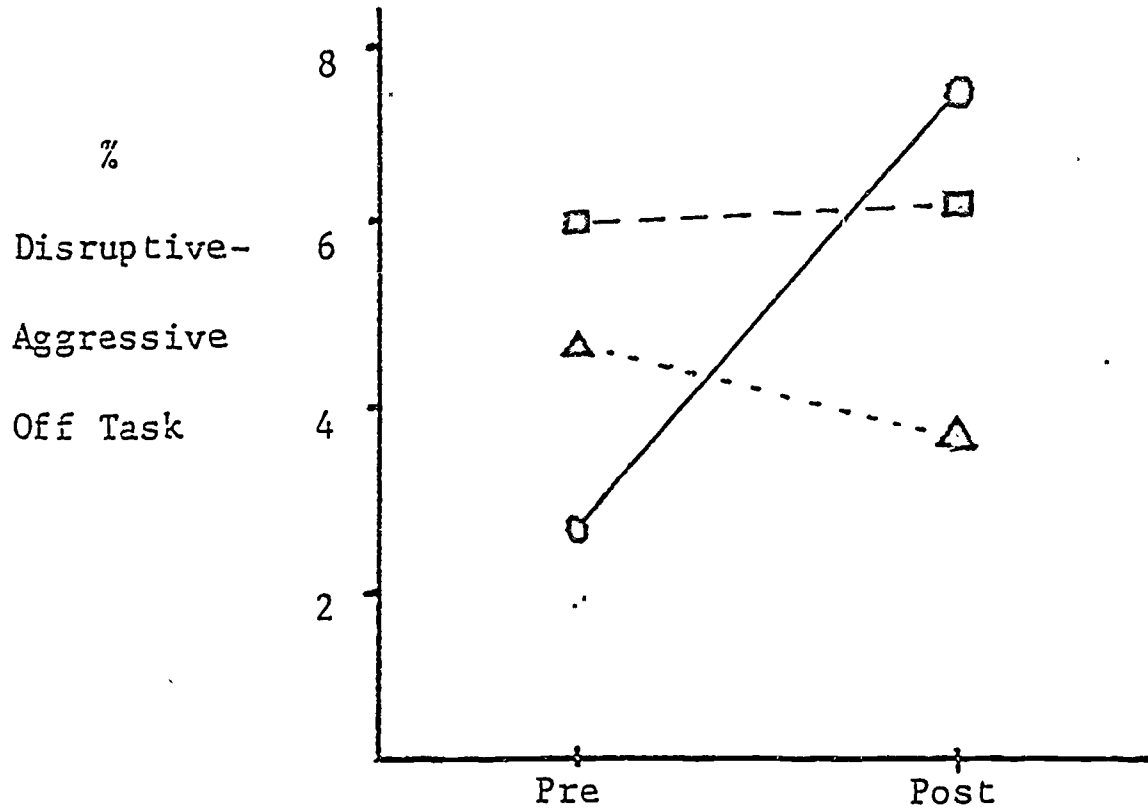
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Effects on Classroom Behavior

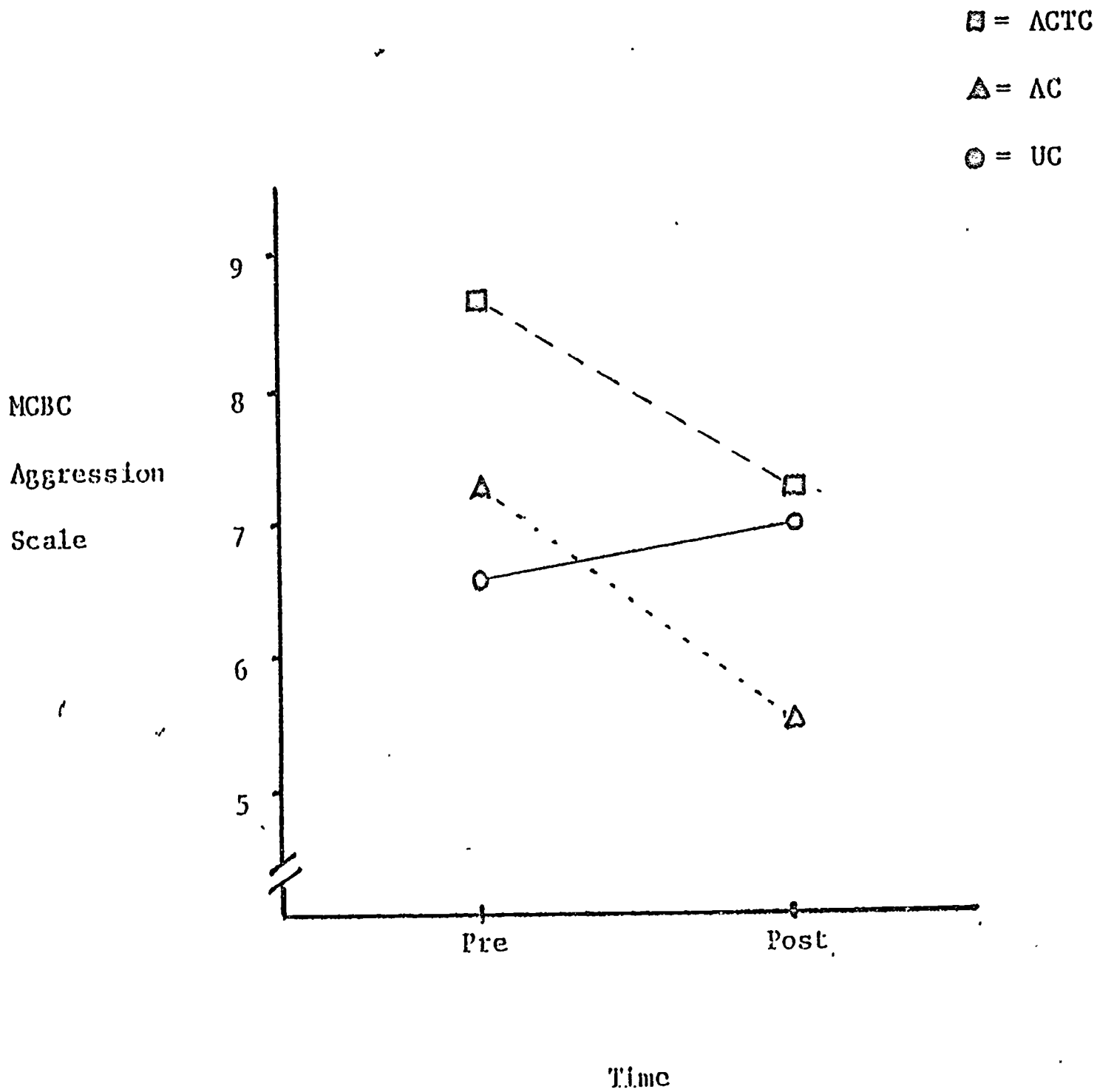
▣ = Anger Coping-Teacher Consultation (ACTC)

△ = Anger Coping (AC)

○ = Untreated Control (UC)



Effects on Teachers' Behavioral Ratings



Effects on Boys' Perceived Social Competence

■ = ACTC

▲ = AC

○ = UC

