

**Role of Aggression Replacement Training in Social Competence,
Perceived Stress and Aggression of Adolescents**



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Violence in children.

Conduct disorders in children.

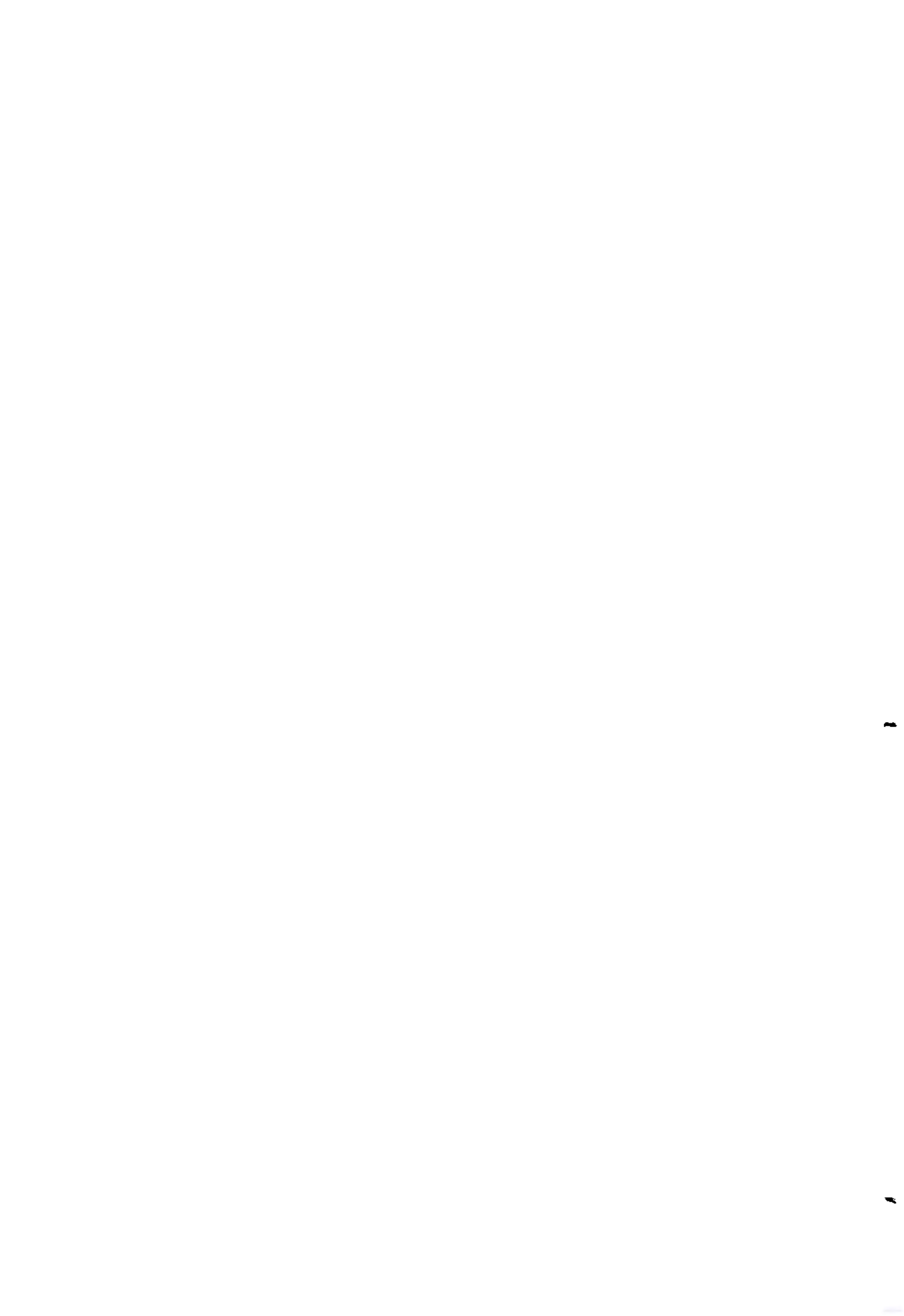
Acknowledgement

In the name of ALLAH, the most Beneficent, the most Merciful. I bow my head before ALLAH ALMIGHTY with all my heart and humble thanks for the completion of my thesis.

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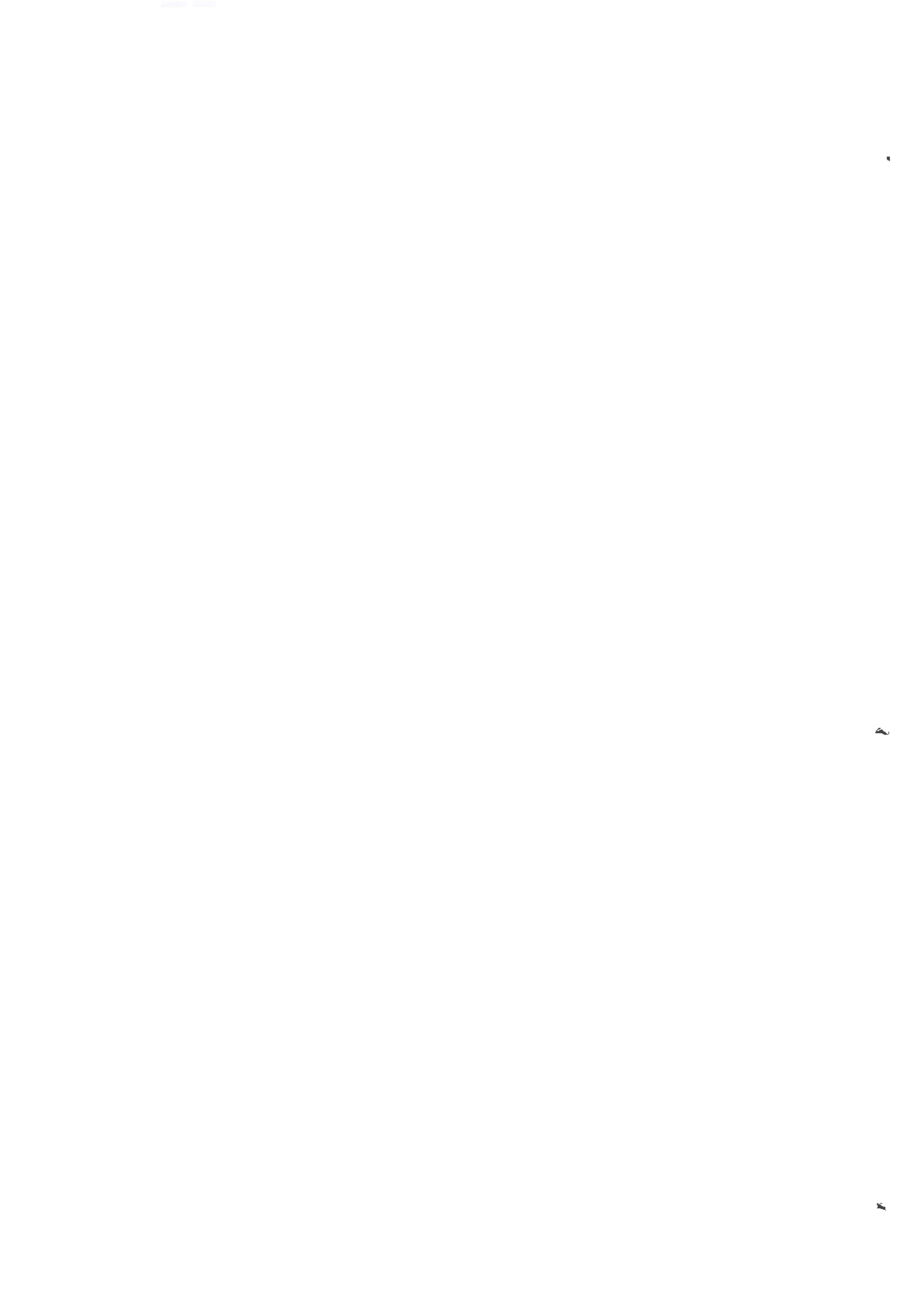


Declaration

I hereby declare that the work presented in the following thesis is my own effort except, where otherwise acknowledged and that the thesis is my composition. No part of the thesis has been previously presented for any other degree.

Date: 20-12-2017


Kainat Zia



**ROLE OF AGGRESSION REPLACEMENT TRAINING IN SOCIAL
COMPETENCE, PERCEIVED STRESS & AGGRESSION OF ADOLESCENTS**

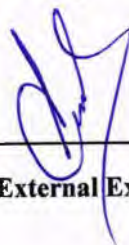
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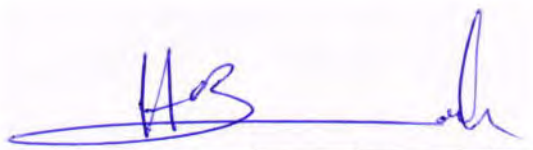
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Abstract

The present study was undertaken in order to explore the role of Aggression Replacement Training on the social skills, perceived stress level and anger of teenage boys and girls. The research also explained the relationship between social competence, perceived stress and aggression of adolescents. This study was carried out with the sample of 123 teenagers including boys ($n= 62$) and girls ($n= 61$) belonged to the areas of Rawalpindi and Islamabad. Single group pre-test post-test Quasi experimental design was employed and Purposive sampling technique was done. Social Competence scale for adolescents (Walker, Hill, McConnell & Scott, 1995), Perceived Stress Scale (Cohen, Kamarck & Mermelstein, 2009) and Brief Aggression Questionnaire (Webster & colleague, 2014) were used to collect the sample for the study. Results indicated the significant negative relationship of aggression with social competence and perceived stress in teenagers. Pre intervention results of independent sample t-test indicated the significant differences among gender on social competence and aggression while the post intervention results showed the significant change in the scores of social competence and perceived stress among adolescents. Repeated measure one way *ANOVA* revealed that there are significant differences among the scores of social competence, perceived stress and aggression in all the three assessment levels. The present research will prove beneficial for the educationists, parents and educational psychologist to decline the issues of discipline, poor social competence and stressful aggressive outbursts of students/adolescents and it can boost the healthy social interaction at educational institutions and at homes as well.

Keywords: Aggression Replacement Training, Social competence, Perceived stress, Aggression, Teenagers

Chapter I

Introduction

Chapter I

Introduction

Adolescence is the phase of role identity, role challenges and stress in social contact. Anger outburst, peer influence, social connections and non-disciplined behavior generally enhanced in this phase of life. The reasons of this change in attitude towards others and self; covered biological and hormonal changes; need for freedom, role identity in the society and role confusion due to the standards of society and culture. An adolescent's life is subjected to different kinds of stressors that can be of individual or collective nature. Apart from persistent struggle for success, future apprehension and difficulties in adjusting into the society; their expectations to themselves as well as those of others affect their mental, emotional and physical health. Adolescent period is unpredictable in terms of continuity and disconnection in moral sense and gratification of desires. Both boys and girls are subjected to the emotional and physiological instability during their high school age due to their social environment as well. Teenagers take influence by both; their home situations as well as their peer interaction. At this age teenagers become open to the experiments before going into stability phase; these experiments include their shifts in friendships, interpersonal home relations, academic uphill or degradation and their emotional outbursts and control. During the adolescent time frame; boys and girls become the subject of piled up emotional experiences and psychological instability ranging from being happy to depression. It has been generally observed that teenagers can also become vulnerable to the negativity more easily at this transitional phase and can lose their social relation and become stressful and aggressive. Their affective state changes day to day and they become more unpredictable in their behaviour. At this time boys and girls search for their individuality and wanted to become independent of their

parents and guardians.

This alteration phase of teenage (age range of 12 years to 18 years) is quite crucial, the boys and girls become more independent and start thinking about the future, carrier, housing, family and friends. The adolescent wishes to fit in the society and tried to adopt the role of a responsible adult; the sexual and the occupational transitions are more important in this phase of life. Identity crisis and fidelity are two soul aspects in this stage and exploration of the role or role confusion can lead an adolescent into lower social competence, perceived stress and unhappy feelings (Erikson, 1963). This concept of identity crisis was extended by adding commitment, decision making ability of adolescent, confusion in sexual orientation and setting of personal goals and ideology in teenage; all these demands inculcate the distress in teenagers (Marcia, 1980, 2001) In such situation the adolescents' perceived stress, aggression and poor social skills indulge them in the struggle to keep pace with all the problems and to become competent in the society. The sex role and the body image are also the major cause of stress and aggression in the adolescence stage (Bee, 1992). The researchers suggested that young people especially male youth get involved and utilize their energy in more risky and deviant ways instead of socially approved and accepted manner including their academic habits (Becker & Luthar, 2007; Mayeux, Sandstrom, & Cillessen, 2008). Behaviourally disturbed children and youth may create serious complications for themselves, their family, and whole society in general. The counsellors and psychologists working with aggressive and behaviourally disturbed adolescents or juvenile delinquents in academic and rehabilitation institutions have come to know that these youngsters lack prosocial behaviours and activities or have learnt poor social skills. Most of such youngsters lack the abilities to appropriately respond to the difference of opinions,

disappointment, refusal or anger, instead they are skilled in socially undesirable activities and behaviours like fighting, humiliating, harassing, threatening, influencing or controlling other people of different ages (Cillessen & Mayeux, 2004).

Social Competence

Social Competence has been defined as the ability to increase compassion, collaboration, self-control and firmness; it is also associated with numeral features that are valuable for the youngsters and post teenagers including helping attitude towards others, leading others positively and athleticism (Farmer et al., 2003; Lease et al., 2002). Social competence is also linked to the affective social interaction that can effects the academic motivation of the teenage students in different school contexts (Wubbels & Brekelmanns, 2005; Wentzel, Battle, Russel, & Looney, 2010; Studsrod & Bru, 2012; Burack et al., 2013). Research evidences report that the social, emotional and behavioral competencies of youth are linked with better mental processing and emotional regulation in adults (O'Connell, Boat & Warner, 2009). It has been narrated in the literature that social competence skills are necessary for the collective function and interpersonal success among community, society and on supportive plat forms (Bhardwaj & Basanti, 2012). It has also been indicated that the social competence of dysfunctional family youngsters is below middling than the healthy family adolescents (Saleem & Gul, 2016).

Balsano and colleagues (2009) studied that social competence is teenage development in a positive way where an adult gains the area of understanding at different levels along with confidence, character and caring. All these traits collectively make Five Cs that are essential for fostering the thoughts of these young people in community, out of school, in school through different youth based interventions. A study based on United States adolescent girls revealed that the

internalizing problems have negative influence on social competence and it may further leads to stress in them (Obradovic & Hipwell, 2010). It has been observed by the researchers that personal attributes are linked with social competence of teenagers. It is mandatory for better functioning in college and may also have moderating impact on psychological wellbeing of the individual (Mounts, Valentiner, Anderson, & Boswell, 2006; Parade, Leerkes, & Blankson, 2010; Nordstrom, Swenson Goguen & Hiester, 2014). If the social competence becomes poorer than problems like anxiety, stress and aggression may aggravate (Kraut et al., 2002; Desjarlais & Willoughby, 2010).

Social competence of an individual could be handled and enhanced through many treatment plans which includes the following effective strategies; it was studied and proved that the most effective and proven efficacy programme which has been used in the past and still effect on people especially teenagers is one; that focused on building the social competence abilities including self-control, stress management, decision making, handling societal challenges and communication skills (Gottfredson, 1997). It was suggested in a study that the techniques of multiple training programmes which targeted on the behavioural component of adolescents and adults are a better rehabilitative source. These can built their social skills with respect to friends, family and society (Sorlie, 2000).

In this perspective, various social communication and interaction programmes have been introduced for the facilitation of behaviourally disruptive pupils (Kauffman, 1997; Gresham, 1998). The major focus of all such training curriculums is to establish the healthy personality with sound social understanding. The usage of such programmes remains modest instead of their popularity and importance (Walker et al., 1995; Massé, 1999). Aggression Replacement Training intents to generalize the

socially approved skills by giving tasks for home and make the utilization of life scenarios etc. for learning of interactional techniques with the society, along with this researchers also anticipate to made parents understand the utilization of *ART*. This training regime overall work on enhancing ethical conduct, social interactional skills and dampens the behavioural disturbances (Goldstein & Martens, 2000).

Perceived Stress

In 20th century almost every adolescent has some sort of stress and it is the interplay of complex and dynamic processes between the person and the surrounding. This stress can create psychological issues in the individuals due to their perception of the event (Joseph & Henry, 2009). In adolescent time span; stress is the part of daily routine just like the basic emotions of the day. It is unlikely to escape from the stress in life till the death of the person. As it is perceived entity so it can be caused by any event, thing and person. As per literature perceived stress can be fruitful or harmful as per the perception of the person, not on the nature of stressor all the time. Various competent researchers of the social sciences field reported that perceived stress and its relationship to the person needs extensive work in order to get rid of its unhealthy effects (Biro, Adany & Kosa, 2011).

Perceived stress of academics in the teenage students is considered as the tradition of college life for them. It has been seen that many students take admission in colleges from the far off places and experience new things in life. In such situations their support system becomes weak and behavioral problems can occur (Naiemeh, Maryam & Hamid, 2007). Perceived stress is a pattern of thoughts or feelings that are individual oriented in nature and can be changed from time to time. Such feelings are considered as unpredictable and variable. In such situations researcher narrated that the handling of such intense feelings is mandatory for healthy

mind set. It was reported that different people would perceive stressor differently and their way of perceiving things can affect their social skills (Burns et al., 2002).

It was expected from teenage students to develop new social circle and to be responsible for their actions in this age. Teenagers usually find it difficult to adjust in the environment and to meet academic competencies simultaneously; adolescents perceived such situations as stressors and feel difficulty in dealing with the people of different customs and ethnicity. Thus adolescents may have challenges in their personal and non personal scenarios. Most adolescent students gain stress from their lack of time management skills, anger control skills and financial downhill (NCHA, 2005). It was reported in a study of a medical institution of Pakistan that perceived stress of post children age group may have association with poor social competence, abrupt anger outburst, bodily issues, lack of peoples' support, academic achievement and pocket money constraints as well as gender. In the same study it was highlighted that girls are more prone to perceived stress than boys in adolescence (Abdul Ghani et al., 2011).

Agnew (2001) reported that perceived stress varies in intensity from individual to individual and following negative affect and aggression can be seen as correlated. It was also stated in the literature that perceived stress or stressor can ignite aggression and hostility in the adolescent even its not directly provoking and is situation specific (Berkowitz & Jones, 2004). A controlled experiment revealed that the perceived or actual stress both can bring forth same brain actions and consequent aggressive reactions in an individual (Verona, Sadeh, & Curtin, 2009). It was seen in a previously done study that perceived stress may leads to the mental illness or psycho pathologies (Hampel & Petermann, 2006; Willeman, Koot, Ferdinand, Goosseens, & Schuenge, 2008). It was seen previously that aggression has the mediating impact in

stress-anger relationship (DeCoster & Kort Butler, 2006). Perceived stress of a teen may have linked with the homicidal aggressive acts and can create stress for the whole family as well (Piquero & Sealock, 2000).

Aggression

The deviant behaviour of youngsters ranges from not following rules of their institutions, home or state to more serious forms like violent behaviours, destruction of someone's property or even physically harming others are taken under the umbrella of aggression (Dowden & Andrews, 2000). Certainly, during early puberty, boys more and more depend on explicit expressions of roughness (Adler & Adler, 1998) and girls rely on interpersonal belligerence (Rose et al., 2004) to achieve and secure social status. Crime statistics shows a growing crime rate amongst adolescent who committed crimes of different nature ranging from mild to severe violent activities like destroying someone's property or physically harming others. Current statistics of juvenile crime are significantly higher than ever before (Crime Statistics, 1985).

Researches proposed that the variety of aggression expressions or two subtypes named reactive or responsive aggression and second is proactive aggression (Dodge & Coie, 1987; Brown et al., 1996). Reactive form of anger can be identified and classified as hot blooded, sudden protective response, mostly automatic, after correctly or incorrectly perceiving the danger or attack. The youngsters who show violent and reactive aggression are supposed to have weak or no close relationships with parents, siblings and significant other people in the surrounding. It is essential for them to learn the ways of positive interpersonal communication in order to convey, or understand each other intentions (Dodge et al., 1991). Peers mostly avoided and disliked the reactive aggressors due to the reason of unpredictable and scary overreactions they made. Administration and faculty of academic institutions

and parents consider such youngsters as frustrating and not gratifying due to their unpredictability and their irritabilities that result in anger outbursts (Sterba & Davis, 1999). As compared to reactive aggression, proactive aggression is not spontaneous does not necessarily have affective component, and may not be response to any threat. Instead, it is termed as greatly planned, cold blooded, and deliberates rather than automatic (Dodge et al., 1997). Proactive aggressors with time and experience have developed and adopted aggression as means for obtaining their needs and assurance of personal security (Brown & Parsons, 1998; Hunt, 1993). The destructiveness, callousness, and hidden nature of planned type of aggression; it is frequently assumed the more severe of the two subtypes. Prevalence of proactive aggression amongst older children is thought to be the consequences of unrestricted happenings at time of aggression responses at different ages of the child (Hunt, 1993).

A study recorded that there is no noticeable difference in the values of both types of aggression and data was collected from the youngsters of school community. However, reactive and proactive aggression requires distinctive anticipatory and management techniques (Brown & Parsons, 1998). It is essential to know about the subtype, along with the changing nature of hostile behaviours in order to devise distinct and standardised appropriate prevention approach for each style and type. Ignorance in identifying and addressing the variations among both forms of aggression might leads to the wrong ways and consequential menaces of augmented and more extreme hostile behaviour in educational institutions (Brown & Parsons, 1998).

Defensive responses to factual and apparent annoyance, the hasty are the unintentional traits of reactive aggression. It can give an absolute path for intervention that consists of rapport building; drive management, rearrangement of intellect, and

practice of social skills (Bordeleau, Morency & Savinski, 1999). It was also seen in the educational places that the responsive aggression includes cognitive distortion and has misinterpreting thoughts and ideas taken from others' cues which can cause negative results (Sterba & Davis, 1999). Despite the responsive aggression stimuli; it has the tendency to deteriorate the social skills, the planned aggression maintains the social skills intact in various circumstances which means a lot to the person having it. In the proactive aggression stimuli; person has quite a control over things and has the capacity to put his wrong action's responsibility on others (Fatima & Sheikh, 2009). Behavioural science has dedicated a great effort and substantial amount of time to understand anger and possible ways for its cure and management. Researchers used anger as emotion and as behaviour in literature, like overt hostile acts coming out of direct interaction or the danger of suicidal or homicidal behaviour or damage to the property or the wish to do such things (Tangney et al., 1996).

It was seen in the past that a Juvenile justice system has been developed under the influence of religious institutions to aid the people in modifying the behavioural disturbances in youngsters for the benefit of their families and community (Andrews et al., 1990). These institutions and personnel initially provided their services for free until some people started paid services. The juvenile system of some early era was solely dependent on government and some private service providers to the youth. Now the services are approachable and being availed by different courts like family court at different levels, place and methods depending on the nature and severity of problems (Zahn, 2007). Therapy of juvenile delinquents has been always a highlight for the betterment of community. The diagnosis and management of such criminal and rebellious teenagers was provided under the lines of pessimism (Martinson, 1974). Fortunately in last several years the hopelessness has somehow taken over by

the hope and positive attitude towards treating these criminal and behaviourally disordered adolescents. The idea that nothing works was substituted through the late 20th century by the more optimistic idea “something works” but the major concern was the evolution of that something which actually work and different techniques involving Aggression Replacement Training (*ART*) were introduced (Gendreau, 1981).

Therapeutic modalities for Adolescents

McGuire (1995) tried to respond to the above asked query by the last part of 20th and initiation of the next century by multiple treatment modalities. These modalities have shown efficacy in treating the violent youth, meta analysis of various studies have suggested different effective and systematic ways to enhance knowledge about the most beneficial treatment and rehabilitation techniques for the youth.

Numerous research studies have shown that the treatment method which are focusing on multi dimensions of the individual has comparatively more effective and long lasting results as compared to the treatment method focusing on only a specific dimension of an individual that is most probably the aggression management. On the basis of such results and encouraging output, researchers made serious attempts to discover more vibrant and multi-dimensional strategies for the treatment of behaviourally disordered adolescents (Dowden & Andrews, 2000).

Opportunities have been given to the assail teenagers in order to preclude their captivity. Apart from all the efforts by the system; the therapists and other substance giving practitioners mandated to cease their services for the young people in this system. The mostly applied techniques in early seventies were the part of the psychodynamic, psychoanalytical and humanistic schools of thoughts as well as client centred therapy and behavioral modification plan; tamed the outwards actions of

hostile, melancholic and emotionally disturbed individuals (Guttman, 1970). Such treatment plans seem to be effective in administration and management of affront youth; as individual and activity based group treatment (Slavson, 1964; Redl & Wineman, 1957); secondly, the Roger's humanistic or client-centred therapy in individual and group form (Carl Rogers, 1970) was another option for educating the violent youth (Gold, 1978). Dreikurs, Grunwald, and Pepper (1971) presented their work on school discipline and rule following. Third approach was based of modifying behaviour that exhibit the wide ranging interventions includes the gradual utilization of contingency management.

It was also suggested in the study that the training of parents and teachers are also very important for the management of youth (O'Leary, & Becker, 1967; Patterson, Cobb, & Ray, 1973; Walker, 1979). The treatments that focus on the related risk factors, like, working on the beliefs of individual regarding pro-social behaviors, unpleasant and negative associations with peers, skills of lying, stealing, aggression and poor self-management and control, with behavioural issues proved to be predominantly capable of alleviating violent behaviors (Andrews, 1995).

At present multiple approaches that work on the management of assail youth and these modalities focus globally on the modification of their skills and to convert inappropriate behaviour into appropriate one. In all these techniques and training programmes; the most promising includes the parents of the aggressive youngster and known as Parent Management Training (*PMT*) (Patterson et al., 1992). Training module for children was given by Webster and Herbert (1996) and called as Webster Stratton's programme for children. Another therapeutic approach seems promising in this regard is Multi Systemic Therapy (*MST*) (Henggeler et al., 1998).

Midst all such interventional approaches, cognitive-behavioural approaches

are considered more promising and well-practiced than other methods being used for handling factors mentioned before (Dowden & Andrews, 2000; Garrett, 1985; Lipsey, 1992). Novaco (1975) worked on the aggression management of adults while Feindler (1995) focused on violent teenagers. Training of parents was done by the Patterson, Reid, and Dishion (1992). Goldstein, (1980) put forth social skills training as a part of Aggression Replacement Training for adolescents and children, aggressive pre adolescents were studied by Kettlewell and Kausch (1983).

Aggression Replacement Training (ART). It was first seeded by Goldstein and his colleagues; a support system in the lines of efficacy (Goldstein & Glick, 1994). This is a subjective behavioural organizational program; planned to lessen deterioration in ferocious behaviour. It also caters the peer learning concept of Jean Piaget i.e., youngsters can better understand and learn skills from the people of same age group (Goldstein, Glick, Gibbs, 1998). It is a three portion technique: social competence training, moral education, and aggression control. Previously, studies have found regarding the use of Aggression Replacement Training for the resolution of behavioural problems of the adolescents in many countries. This approach was used for children, aggressive youth, juvenile criminals and adults. Researches recommended that the most promising way for the eradication of behavioural issues is to promote sound social skills with peers, adults and self-control regarding aggression and stress (Goldstein, Nensen, Daleflod, & Kalt, 2004). ART has been achieving prominence in elite and developing countries. It is a multi-modal psycho-educational intervention for aggressive, acting out adolescents and pre adolescents; especially those who are under any therapeutic institution or exhibit disruptive behavior in society. This training is one of the interventions that focused on behavior, emotions and moral conduct (Sorlie, 2000). A study conducted in Norway, suggested that the

prevention and treatment of conduct problems in educational institutions are to be resolved with *ART* (Nordahl, Sorlie, Tveit, & Manger, 2003). It has been seen that this intervention is effective for the homes of troubling youth and prevents the problematic behavior, it has been implementing in multiple settings for improving adolescents' social skills (Andreassen, 2003).

ART has three components based on different psychological theories and it is a 10 week intervention program mainly constructed on the principles of cognitive behavior therapy (*CBT*), *ART* is a structured training program and it includes substantial utilization of role play technique and multiple anger control and relaxation exercises (Glick & Gibbs, 2011). In ideal conditions, each part of the trio technique usually learned by treatment taking individuals thrice a week over a period of two and half months. *ART* is flexible in its way to transference and maintenance of the skills.

Social streaming has the behavioural basis theoretically based on the social learning theory of the famous behaviourist named Albert Bandura (1973); in which learners acquire the skills regarding the appropriate behavioural display in social situations. The pro-social behaviors are gradually learned by aggressive adolescents (Goldstein, Sprafkin, Gershaw, & Klein, 1980). The skill streaming curriculum includes starting social skills with initiating a conversation, introducing yourself and presenting a compliment to the other group member. Progressed social skills include asking for assistance, making an apology and giving advices or directions about daily routine tasks. Next the skills included are of emotions; like handling others' wrath, expressing feelings and facing or dealing fear. Substituent to aggression contains reacting towards teasing, cooperation and serving others. Handling stress skills include dealing with being left out, handling an allegation and getting ready for a

stressful talk. The portion which deals with the effective decision taking, aim selection and setting up the priorities for problem solving is known as planning skills.

Anger Control Training (*ACT*) is next to social skill training and it is very functional step as given by Feindler, Marriott and Iwata (1984). Its basic theory grounded upon the work of Novaco (1975) and Meichenbaur (1977) that spotted on the aggression control and stress inoculation. Here the trainees grasp the knowledge of aggression management. *ACT* is intended to hand over the techniques to the youngsters in order to enhance their control on self at the times of provocation. It also aids them to be under control in social situations and lessen the incidence of annoyance. The prime target of *ACT* is to manage their rage at different circumstances. Its purpose is to train adolescents about self-control of aggression. In training; the students acquired the skills of responding to their annoyance with a stream of behaviors; this portion includes trigger identification either externally or internally that ignite an anger reaction. It includes spotting cues like those physical events that can tightened up the muscles, blushing face, and tightened hand muscles, which make the adolescent know that he/she is experiencing wrath and making use of reminders like self-accounts to be calm, relax and cool down, also breathing exercises, backward counting technique, guided imagery and to think about the prolonged results of such aggressive acts. The process of self-evaluation based on the reflection of effectively handling the disturbance and replying by identifying the triggering situations, cues, reminders and use of reducers then praising oneself for valuable presentation. The training directions concerning to presence, involvement, privacy, management of dissimilarities, and many diverse goals according to the scenario should be recommended. For augmenting learners; incentive and other controlling reluctance different tactics are being suggested in the manual provided by

Goldstein, Glick, and Gibbs (1998).

Researchers have proved that any development made using traditional behaviour modification techniques, based on the assumption of law of consequences, punishment given after showing undesired behaviour and rewarding the desired behaviour, contracting and time out procedure, can be as temporary as the training. Marriott and Iwata (1984) reported that the benefits last only when the youth is in the training and as the training ends the benefits get faded away with time. A range of coaching and practical modalities presented supportive substitutes to routine maladaptive exhibition of wrath by juvenile boys in residential care and inclined to have permanent impact after discharge (Barfield & Hutchinson, 1989). Le-Croy (1984) confirmed that the youngsters who were being trained in anger management Training at institutional level were reported to have reduced rate of angry outbursts. Furthermore the training not only helped the individuals to manage their angry outbursts but also learnt and practiced the ways to keep calm or get relaxed in a tensed and anger provoking situations. Bistline and Frieden (1984) discovered using cognitive behavioural techniques have lasting and stable beneficial impacts for managing perceived anger and overt aggressive outbursts.

In Psychology and child welfare, there are various distinctive theoretical models for treating & handling both subtypes of aggression effectively (Dodge, 1991). Generally, the models share a collective subject of evading or counter balancing the circumstances that prompt and retain each subtype of aggressive behavior. More explicitly, they all strive for reducing violence by eradicating the actual or supposed situational intimidations that elicit the responsive actions of the reactive stimuli and diminishing the fundamental incentive that the proactive aggressor obtains from his or her hostile behavior. To avoid defensive violent

responses, vulnerable students essentially learn to calm themselves and think more logically in frightening circumstances. Pre crisis teaching about the self-control techniques may seem to have effectiveness specifically in case of controlling self-harming behaviors (Sterba & Davis, 1999).

Taking minute preparation in unrelenting constructive relations, responsive stimuli incline to lack effective relational skills. Once they sensed anger, bodily violence may decompensate on behalf of their oral progress and negotiate a solution to the problem. Institutes can be able to decrease irritable students' necessity to react violently by assimilating occasions for coaching, tutoring, demonstrating, and practise of useful community conversational skills in their training as much possible as they can like making gyms, organizing different games competition and enhancing physical sports spirit. Mostly, the reactive aggressors categorically lack social skills like managing annoyance, settling a conflict, solving a problem, ability to express one's own self appropriately (Walker, Colvin, & Ramsey, 1995). In this programme; an important ingredient is the communication to the parents and guardians of the students in this regard of providing them knowledge and to promote awareness into the environmental backgrounds of aggression that take place in school (Hayes, 1997; Lambie & Rokutani, 2002). Prevention and intervention processes intended to reduce the harmful effects of planned aggression as well as exciting effects for the person, contrasting to the planned violent behaviours; it may be more persuasive than aiming its internalized, universal previous circumstances (Parsons & Brown, 1998).

Initiating the training, it is of considerable importance to look at whether the environmental variables are suitable and secured for the group participation of youngsters or not. In training procedure; *ART* could be delivered by the trained instructors that could be teachers, guardian or a role model. Instructors have to be

cautious about the inappropriate and undesired behaviours and quick to respond threatening or abusive behaviour of any trainee towards another. To heightened group involvement, acquiescence, and enthusiasm, learners could be stimulated to participate completely by constructing their groups' norms themselves. The adolescents confined for more severe delinquencies such as killing, manslaughter, rape, and burning. Primarily, substantial rises were noted for four of the five social skills that revealed progress in the previous study. *ART* as applied in the present investigation give the idea to have had little influence on the improvement of empathy as an antecedent to other social skills. Among the list of many popular strategies; sports and cooperation based games/activities were more beneficial. It has been studied that the sports linked activities can exhibit more promising results in person's psychological well-being especially youngsters. Core advantages of such activities could be the better interactional skills and adaptability, enhancement in self-worth, control over self and betterment in studies (Thibault, 2001).

Leeman, Gibbs, and Fuller (1993) researched that the youngsters having *ART* performed better in follow ups and had less chances of relapse than the adolescents without *ART*. Same results have been found from another study and addition to it, this was also mentioned that *ART* young participants are more resilient than others (Goldstein & Glick, 1994). Social skills training delivered during non-crisis teachable times support to increase the proactive aggressor's marginal range of socially adequate reactions to others. As evidenced earlier that if the trainee is given the reward of his choice or the way of acknowledgment for exhibit in any acquired prosocial response, such reinforcement method may increase the likelihood of such occurrence in future interactions (Jones & Garner, 1998).

Many earlier research studies have identified those adolescents who were

showing more societal competence are highly enquiring, and have inflated self esteem, and are reliable and confident, these youngsters are fearless in stressed situations (Compas, 1987), which eventually necessitates the task of acquiring influential managing approaches to hold feelings through all such circumstances (Garner & Estep, 2001). Additionally, youngsters facing difficulties with regulating their emotions incline to cultivate social and behavioural problems (Jones et al., 2002). It was seen by researchers that anger is the major common behavioural issue among school aged children and is associated with the traits of conduct disorder, quarrels and rejection from friends and poor performance in studies (Kokko & Pulkkinen, 2000).

Few investigators focused on the adolescents having criminal records and extreme behavioural disturbances (Mahoney & Stattin, 2000), they aimed that the physical punishments can prove beneficial in order to impart an adaptable behaviour for the society. It was studied thoroughly that the corporal punishment as the part of skill training sessions for the students can help in generalization and transferring of the opportunity to practise their skills and have feedback regarding themselves from the friends and adults, which also work for the reduction of risk taking behaviour in them (Vitaro & Gagnon, 2000). The above studies have same results as that were of their replicated ones on the participants of control group experiencing *ART* after twelve months of this training programme; fifty four teenagers were set free in which seventeen were taking proper *ART*. A blind follow up research was taken on the pro social behaviour of these released youngsters and results revealed that the *ART* teens performed way better than non *ART* ones (Gendron et al., 2003).

A research by Vermeiren et al. (2002) for Russian Federation; reported that 69% of the teenagers from main stream have average to extreme traits of antisocial

personality in them and the most core issue to cater was the young criminals who were exhibiting psychopathic themes in them (Simonoff et al., 2004; Gacono & Hughes, 2004). Goldstein and colleague (1987) said that the planned kind of anger is likely to employ low levels of moral reasoning in terms of responding to the societal crisis.

In a previously done work under *ART*, the concept of setting scenarios was integrated in the second part of this training *i.e.* aggression management (Gundersen et al., 2008). Additionally, there is an extended version in which trials and chosen educational strategies were included (Gundersen & Moynahan, 2006). The current revision of *ART* program is focused upon the behavioural problems of adolescents and worked on improving their social competence, control over emotions, teaching moral values and reduction of stress and aggression (Glick & Gibbs, 2011). Aggression replacement programme can be applied to different age groups and to multiple ranges of behavioural problems and special individuals (Gundersen et al., 2014). Assessments indicated that *ART* is applicable for adult criminals (Sugg, 2000; McGuire & Clark, 2004; Hatcher et al., 2008) people with developmental deficits and autistic young sample (Moynahan, 2003). It was also found that *ART* could be given to labelled and non-labelled population (Coleman, Pfeiffer & Oakland, 1992); juvenile custodial settings (Currie et al., 2012); fugitive residential services (Nugent, Bruley & Allen, 1999) and in rehabilitation centres for young delinquents (Erickson, 2013; Glick & Goldstein, 1987; Holmqvist, Hill & Lang, 2009; Roberts, 2009). As per previous researches, the juveniles face difficulties in properly perceiving feelings of themselves and of others or are not able to gain beneficial skills for managing daily life strains, these adolescents show behavioural problems like aggression and incongruity and it can be effectively maintained through *ART* (Elgar, Arlett & Groves,

2003).

Recent researches revealed the positive impact of *ART* program on the social competence of school students in Europe, North America and Australia (Gundersen & Svartdal, 2006; 2010; 2012; Moynahan & Stromgren, 2005; Novy & McFarland, 2011). It is considered as one of the well-known *CBT* based program for aggressive, poorly social competent and antisocial teenagers (Polaschek, 2006). The ability of a person to best use of its public behavior by depending on accessible social constraints is social competence, such capability usually promote social interaction and flexibility in behavior (Kuo, 2004). It can also be seen as the skills mandatory for valuable social functioning and it includes both vocal and behavioural cues that are communally accepted and likely to arouse a healthy reply from others (Osman, 2001).

Many studies have elucidated that there is a negative relationship between social competence and behavior problems of youngsters (Najaka, Gottfredson, & Wilson, 2001). Studies also suggested that there is a causal relationship between poor social competence and problematic behavior (Lansford et al., 2006). The socially unacceptable behavior like aggression and lower social skills are supposed to associate with the defective social competence especially during the challenging societal happenings. Certainly, there are number of researches present in the past that have proven the positive outcome of social skill training in the enhancement of youths' social competence and also influence the downhill course of behavioural issues (Najaka et al., 2001; Wilson, Lipsey, & Derzon, 2003). It was also concluded by McGrath and Noble (2010) that healthy peer interaction is beneficial for the mental health of adolescents, it was also found in the same study that teenagers shows educational hype if they have better social competence with friends and academic fellows, while the poor social relations and social skills linked to poor academic

outcomes.

When a student or adolescent tries to control the inevitable problematic situation with anger outburst or they try to resolve it by destructive ways; often lead towards pain and hurtful consequences for themselves and for others. They can also refuse to take responsibility of such acts while solving the matter (FEEPEQ, 1995). It has been seen that poor style of destructive coping, in terms of avoiding problem or distress is of major concern; a students or teenagers focal lacking is the way of dealing with the distressing stimuli that often directs to the lower psychological efficiency and can enhance the chances of generalization disorders (Compas et al., 2001). Another situation came under lime light of researchers that the child is preparing for the kindergarten and he / she is having avoidance based coping styles at the time of challenge or competition in an academic setting; which can leads to poor academic grades. Psychological diagnosis like Attention Deficit Hyperactivity Disorder (*ADHD*) could play a significant role in student's ability of focusing on things during studies rather on making social circle big at school (Atkins et al., 1985; Johnston & Mash 2001).

ART emphasized on the enhancement of social skills of the individual (Goldstein et al., 1998). Social skills training (the action component) emphases on teaching a variety of 50 designed skills. Few are pretty simple (attending to somebody else, opening a discussion), others extra difficult (avoiding disturbance, managing group pressure). Skills cultured from these instruction methods are grouped in six areas; first linked to the starting of social skills (Initiating a chat, introducing yourself, praising others) then the advanced form of social skills (asking for favour, directing someone, say sorry), third are the skills that deals with affects (handling someone's anger, coping with grief and fright, conveying friendliness to others), fourth caters the

substitutes for aggression (facilitating others, positively reacting to mocking, avoiding clashes), fifth deals with the stressors of life events (coping with being left out, get ready for a tense discussion), and the last is about plotting fruitful skills for future (devising objectives, setting priorities for solving problems).

Aggression Replacement Training has the designed learning method for social skill training, anger management and stress control it also focused on the in-prisoned youth and non conforming teens of the society. In designed learning, these skills are imparted by means of a format through coaching, role-play, rehearsal, and performance opinion: conveying an objection; answering back to the moods of others; positioning for a tense talk; responding to anger; keeping out of fights; helping others; dealing with an accusation; dealing with group pressure; expressing affection; and responding to failure. The effectiveness of social skills training as a general approach to teaching social competency also has been established (Gresham, 1981; Van Hasselt, Hersen, Whitehill, & Bellack, 1979). Goldstein and Glick (1987) cited thirty studies using a variety of social skills training approaches with delinquent or chronically aggressive adolescents. This discovery caused participants' social skills awareness to advance their social competence (Coleman, Wheeler, & Webber, 1986; Schloss, Schloss, Wood, & Kiehl, 1986).

As social competence contains a sum of different features comprising increasing compassion, collaboration, self-control and firmness; so such approach with variety of domains evident more effect on youth than the single focused training sessions. These skills have ten domains that usually taught by the trainers, amongst them three skills seem to have better understanding of societal interaction and behaviour like not jumping into fights on the first place, coping the peer strains and complaining without making things worse (Dowden & Andrews, 2000).

Adolescent age and their sexual category also have a strong impact on social competence and past studies showed that they have a moderating impact on the social skill training intervention (Wilson et al., 2003). Multiple studies indicated that female have better social competence and lesser degree of aggression and perceived stress than males at their teenage (Smart & Sanson, 2001). A study found that poor social competence at late childhood and defective peer relations can lead to the hostile and aggressive perception and subsequently negative attribution biases (Lansford, Malone, Dodge, Pettit & Bates, 2010).

Previously, literature has shown that boys are more physically aggressive than girls especially at age 11 and older, longitudinal studies have shown that girls are seldom involved in physical fights than boys in their adolescent age (Archer & Cote, 2005). Studies recommended that male teens and young adults are more implicated in dangerous acts of violence and hostility towards peers of same age group than the females (Archer, 2009). It has been found that girls are more inclined towards the indirect aggression than boys and their physical aggression tendencies reduces with age and boys indicated physical aggression and direct aggressive behavior than girls (Cote et al., 2007). Studies have shown that majority of the offenders are between the age of 14 to 16 years (Philips & Chamberlain, 2006).

Gibbs' theory was quoted and it indicated that aggression reactions of adolescents are actually associated with the distortion of self-serving bias (McCrary et al., 2008) and it has direct relation with behavioural crisis especially found during college era (Barriga et al., 2001). Early anger in adolescents has negative upshots which can be linked with poor social life and strains in peer relationships (Crick, 1996), psychopathological behavior (Huesmann et al., 2001), lower academic results

and poor educational attention (Gutman & Vorhaus, 2012). It is also linked with inferior job status and fitness concerns (Huesmann, Dubow & Boxer, 2009).

Rationale of the study

Literature revealed that adolescents try to establish a sensible and democratic interaction with their peers and parents which often ends up in a conflicting and stressing situation due to their lower impulse control, poor social interactional ways and temper outbursts (Branje, Doorn, Valk, & Meeus, 2009). Teenagers at this phase of life are enthusiastic to keep their peer group status and any back fire leads to the significant amount of aggression and dejection (Sentse, Lindenberg, Omvlee, Ormel, & Veenstra, 2010). Previously Novaco model (1975) for anger management was used widely and it has been used for many years in Pakistani researches like for the psychiatric patients in experimental and control group research (Naz & Khalily, 2016). Studies on adolescents in the regions of United States, Canada and Europe, have clearly mentioned that teens often felt anger and stress with peers and parents when they engaged in a disagreement with them on varied issues; it was also found that their perceived stress level is higher with parents than peers (Laursen & Hafen, 2010). According to the gap analysis; it was found from Norway, Malaysia, UK, Australia, Russia, Rogaland, and Schandanavia about the effectiveness of *ART* on autistic children, antisocial behavior, adult criminals, juvenile criminals, female problematic behavior, social competence of residential care and stressed adolescents, but no significant literature was found from Pakistani studies. Few meta-analytical reports suggested that the skill streaming training in small number of groups enhance the social competence and reduce the stress and anger (Ross et al., 2011). It was revealed from a study that 53.3% adolescents faced problems in handling feelings, attention and social contact in getting along with others; while 38.1% expressed minor

troubles, 10.1% have clearly defined problems and 5.1% indicated severe behavioural issues. In accordance with it 8.5% responded to have severe stress because to these difficulties (Shahzad Salman, Ayesha & Areej, 2015).

It has been studied that skills facilitation programmes have proved to be effective in polishing youngsters' social competence and behaviour seemed to be promising afterwards. It was mentioned that social and personal skills can be improved by the *ART* and it also facilitates self confidence, self esteem and bonding with the school, academic grades and achievement test scores before and after the treatment has been improved (Durlak & Weissberg, 2007). A study on *ART* during short duration residential programme at Tennessee; concluded that this training aid in eradication of vicious cycle of antisocial, deviant behavior of adolescent (Nugent & Ely, 2010).

The literature mentioned above gave significant evidence about the positive effects of *ART* on adolescents nationwide and the relationship of the study variables. A survey carried on in London found that *ART* is being implemented in at least 10 states of the world (NOMS, 2010), because of the evidences regarding this training programme; it has been used in experimentation services for than ten years (McGuire & Clark, 2004), and there is a scarcity of evidences and literature concerning its usage in Pakistan. It was indicated that *ART* is an effective and potential intervention for young people and it enhanced the social skills of the people (Barnoski & Aos, 2004; Andreassen, 2003). *ART* is specially designed for the generalization of pro social skills and effective management of real life dilemmas including stress and anger (Goldstein & Martens, 2000). Similar positive findings about *ART* were evident in a study focusing social, emotional skills, bullying behaviour of teens, overt aggressive

attempts, communication ways and social interaction, reducing stress in finding self direction etc (Greenberg et al., 2003).

The present study will prove beneficial addition to the literature of *ART* in the country. This study has focused upon the outcomes of this training on social competence, perceived stress and aggression in youth through pre-test post-test quasi experimental design. This training can aid the educationists, parents and educational psychologist to eradicate the issues of discipline, poor social competence and stressful aggressive behavior of students and to boost the pro social skills of teens at educational institutions, in community and at homes too. This training can prop up the pro social behavior and self-restraint in the stressful triggering situations. The research study has the participants in small groups consisting of both genders for reliable and valid results of the intervention. In today's environment of status conscious people, terror and stress; every youngster is suffering from emotional distress and needs to vent out such emotions in order to better develop their personalities. This research can assist in adapting an easy intervention for the enhancement of pro social behavior, their social competence and control of aggression and perceived stress in tensed circumstances (Moynahan, 2003). The transferability of this program to teens may lay the foundation in the educational institutions for improving the skills of students by training their teaching or management personnel in *ART*.

Chapter II

Method

Method

Objectives

The aims of present study were;

- To study the role of Aggression Replacement Training on the social competence, perceived stress and aggression of adolescents.
- To examine the gender differences of adolescents on aggression replacement training.
- To find out the significance of practicing Aggression Replacement Training as evidence based therapeutic technique for social competence, perceived stress and aggression among youth.

Hypotheses

Following hypotheses were made, based on the review of the literature;

- There is a relationship between social competence, perceived stress and aggression of adolescents.
- Girls show less aggression and less perceived stress than boys in pre and post intervention.
- Girls show higher social competence than boys in pre and post intervention.
- There is a difference in scores of social competence, perceived stress and aggression in pre, post and follow up measures of adolescents.

Operational definitions

Following variables were studied in the present research;

Social Competence. Generally social competence defined as an individual's capability to get familiar with society or the people around (Stump, Ratliff, Wu & Hawley, 2009). It is operationalized in this study as a multifaceted construct

containing social, affective, behavioral and cognitive as well as moral domains. It also indicated the ability to take other person's perspective pertaining to circumstances, gain knowledge from past experiences and implement that learning to the transformations of social interactions (Semrud, 2007). The present study included following two forms of social competence;

Pro social Orientation. The present study defined it as the ability of the individual to help other people and voluntarily benefits society as a whole (Eisenberg & colleagues, 2007).

Social Initiation. The present study used this as the way of entrance in the society and a right way to get accepted by the society or group (Lodewijkx, Van Zomeren & Syroit, 2005).

Perceived Stress. Stress can be defined as the mental stain or worry that is caused by daily routine or educational or work situations. In the present study perceived stress is taken as the subjective tendency to experience a stressor or stressful situation (Cohen *et al*, 1983).

Aggressive Behavior. Aggression is a reaction by a person, who delivers an unpleasant stimulus to the victim (Anderson & Bushman, 2002). In the present study the aggressive behavior is taken as the form of behavior intended to target another individual and to harm him/her physically or emotionally while the victim or the target is motivated to avoid that act (Bushman & Anderson 2001, Baron & Richardson 1994, Berkowitz 1993, Geen 2001). Aggression has the emotional, behavioral and the moral components in it (Goldstein *et al* 1987). The present study included the following types of aggressive behavior in adolescents;

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Physical Aggression. The present study operationalized the physical aggression as harming other people physically in wrath. It could involve hitting, kicking, stabbing, or shooting other individuals (Hay, 2011).

Verbal Aggression. Operationally the verbal aggression encompass yelling, screaming, swearing, and name calling, it did not have the element of physical harm to others (Shaw, Kotowski, Boster & Levine, 2012).

Anger. It is considered as the emotion having antagonism to somebody or something you sense has deliberately made you erroneous (Fernandez, 2008). In this study it is taken as a passionate emotional reaction and considered as normal emotion. It occupies an uncomfortable and affective reaction to an apparent annoyance. Anger usually violates the boundaries of norms, also known as wrath (Videbeck & Sheila, 2006).

Hostility. According to the dictionary it is a form of sick will and appalling feeling. The present study defines hostility as a kind of affectively thrilled aggressive behavior. Hostility has been involved in multiple psychological theories and considered to fulfill various psychological niches and demands (Landsford, 2012).

Aggression Replacement Training (ART). It is an intervention aimed at modifying the aggressive and disruptive behavior of adolescents. Its components included (a) skill streaming that intended to educate the pro-social behavior, (b) anger control training is the method for strengthening the youth against their impulsive anger outbursts, and (c) moral reasoning training focused to motivate adolescents to utilize the skills learned through the other components. It comes under the umbrella of Cognitive Behavior Therapy (CBT) and focused on the affective, cognitive and behavioral components of aggression. ART is a flexible approach based on average of 10 weeks intervention, 40 to 60 minutes session thrice a week. It can be administered

to individuals and to groups of 8 and more adolescents with varied time periods. It can be employed to residential care and community settings. It is applicable for the people above the age of 12 years (Goldstein & Glick, 1994). This program has three basic levels;

1. Skill Streaming
2. Anger Control training
3. Moral Education/ Reasoning

The current study focused on the first part that is skill streaming and it is explained as follows;

Skill Streaming. Skill streaming is an intervention in which pro-social behaviors are gradually learned by aggressive adolescents (Goldstein, Sprafkin, Gershaw, & Klein, 1980). Theoretically it is based on the social learning theory of the famous behaviorist named Albert Bandura in 1973. The skill streaming curriculum includes the following techniques which will be included in the present study;

- Starting social skills with initiating a conversation, introducing yourself and presenting a compliment to the other group member.
- Progressed social skills include asking for assistance, making an apology and giving advice or directions about daily routine tasks.
- Substituent to aggression contains reacting towards teasing, cooperation and serving others.
- Handling stress skills include dealing with being left out, handling an allegation and getting ready for a stressful talk.

Sample

In the present study quasi experimental pretest posttest design was employed. A total of $N = 123$ participants through purposive sampling were included in the

study. The proportion of participants were ($n=61$ girls, $n=62$ boys), there was one drop out case due to sudden posting of her father to the other station i.e., Karachi. Participants were adolescents (girls and boys) with age ranges from 12 to 18 years (McLeod, 2013; Erikson, 1968). Participants were the main stream students. They were approached from semi-government educational institutions including F.G Fazaia college Rawalpindi ($n=45$) and Fazaia Inter-college Islamabad ($n= 78$) in the province of Punjab. The training groups had almost 15 students at the time for each session of intervention. The training was imparted during the school timings as per the permission of school authorities. For controlling the confounding variables, the inclusion and exclusion criteria were formed;

Inclusion Criteria. This criterion is kept by keeping in mind the manual standards of *ART* (Glick & Gibbs, 2011). Participants with scores on Brief Aggression Questionnaire (≥ 48), Perceived Stress Scale (≥ 13) and on Social Competence scale (≤ 18) were included in the study.

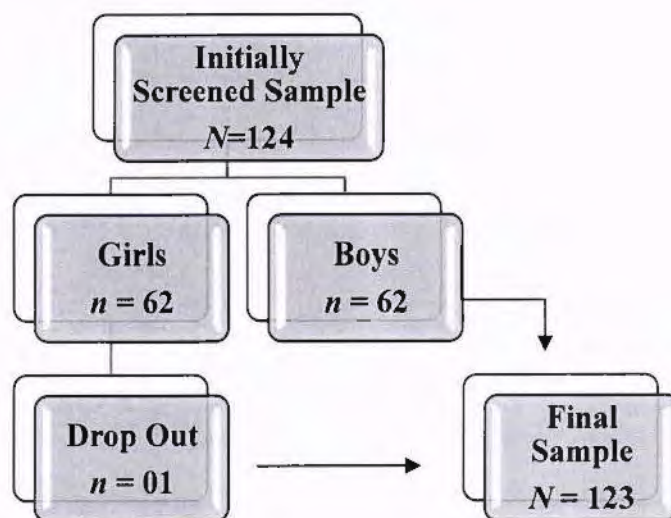
Individual Session Inclusion Criteria. This criterion included those participants; who were having absentee during the course of training, having personal problematic features like poor impulse control, being hyper active, showing some irritable, low self confidence and low self image, shyness or some features of anxiety. The participants having interpersonal familial issues and exhibiting less or fluctuating interest during the training session as well as poor feedback throughout the training were eligible for individual sessions in order to smoothly carrying the training with other participants.

Exclusion Criteria. Diagnosed participants were not included in the present study. Participants under any psychological or medical treatment were excluded from

the study. Participants who have poor understanding of English were not the part of this study.

Figure 1:

The flow diagram of sample is as follows;



Instruments

Following instruments were used in the study to record the changes before and after the implication of intervention;

- Social Competence Scale (Adolescent version) by Walker, Hill, McConnell and Scott (1995)
- Perceived Stress Scale (*PSS*) by Cohen, Kamarck and Mermelstein (2009)
- The Brief Aggression Questionnaire (*BAQ*) by Gregory Webster and colleagues (2014)
- Training Evaluation Form (Wilson & Lipsey, 2007)
- Demographic Form.

Social Competence. The scale consisted of 9 items and is applicable for adolescents, it has two subscales: *Pro-social orientation* (items 4, 5, 6, 7, 8, 9) and *Social initiative* (items 1, 2, 3). The scale is a widely used valid measure of social competence for teens. It is 5 point likert type scale having minimum score 0 and

maximum 36. It can be used as comparison in pre and post test measures. The scores are the direct indication of social competency. The rating levels for Social initiative are not at all like me (0), A little like me (1), Somewhat like me (2), A lot like me (3) and exactly like me (4) and for Pro social orientation are; None of the time (0), A little of the time (1), Some of the time (2), Most of the time (3) and All of the time (4). The alpha reliability was found to be .79 for the scale and significant concurrent validity (associated with better grades and a lower likelihood of smoking, fighting, and depressive symptoms) was found in literature (Walker, Hill, McConnell & Scott, 1995.).

Perceived Stress Scale. The original scale was developed by Cohen, Kamarck and Mermelstein in 1983, the present 10 itemed version was revised in 2009 and is a standardized measure of perceived stress. The scale is used to assess the degree perceived stress among individuals. Each item is rated on a 5-point likert type scale ranging from never (0) to almost always (4). Reverse scoring can be employed on positively worded items i.e.; 4, 5, 7, and 8, the higher scores indicating more perceived stress. 13 is the cut off score and considered as average. Scores of 20 or higher are considered high stress; the alpha reliability of scale is 0.86, test retest reliability is greater than .70 and correlation of the *PSS* to other measures of similar symptoms ranges between .52-.76 (Cohen et al., 1983).

The Brief Aggression Questionnaire. It assess the degree of aggression and its various forms; original scale had 29 items and was developed by Buss and Perry (1992). The *BAQ* consists of 12 items including four subscales: *Physical Aggression* (items 1, 2, 3), *Verbal Aggression* (items 4, 5, 6), *Anger* (items 7, 8, 9), and *Hostility* (item 10, 11, 12). The scale has 7 point likert type scoring which ranged from 1 (none), 2 (least), 3 (mild), 4 (average), 5 (moderate), 6(severe) and 7

(extreme). Item 7 has reversed scoring. 12 is minimum score and 84 is maximum score. The test retest reliability is .81 for the whole instrument and for the subscale its values are; Physical Aggression (*PA*) .81, Verbal Aggression (*VA*) .72, Anger (*A*) .88, and Hostility (*H*) .57 (Ana & colleagues, 2002). It has the convergent validity with displayed aggression measure and also provides convergent and discriminant validity with trait anger measure (Webster et al., 2014).

Training Evaluation Form. At the end of the training, an evaluation form was prepared based on literature and provided to participants so that they can give their feedback about the effectiveness and application of the programme (Wilson & Lipsey, 2007).

Demographic Form. It was collected through a semi-structured interview. It included gender, birth order, socio economic status, parental status, father's occupation and mother's occupation.

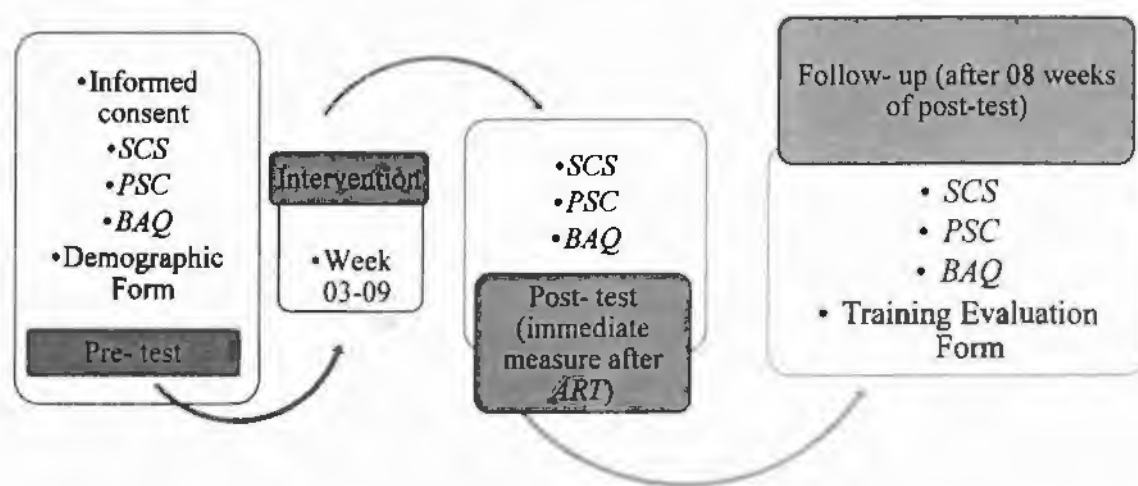
Procedure

Setting up the Training in Institution. Initially, permission was taken from the respective authors of instruments being used in this study and full coordination along with permission was sought from the corresponding author of ART and guideline protocol was given from the author to the researcher. Consent was secured from the heads of educational institutions and then informed consent was taken from the participants. The school staff was acquainted with the purpose and nature of the study. Ethical concerns were taken into account and rapport was built with the participants. They were briefed about the process of sessions and follow up plan. They were given the freedom to either join or leave the training at any point as per their will. The study was conducted within the school/college timings but in separate hall/room for maintaining confidentiality. The study was conducted on the small groups of almost

15 students at a time in each session for the ten weeks programme and a follow up session after two months; there were 08 groups of almost 15 participants each. Each session was of 40- 45minutes long. The participants were taken in study according to the inclusion criteria. They were assessed before, after and follow up of the invention.

Figure 2:

The flow diagram of procedure is as follows;



Step I (Pre test). The demographic form was filled in and followed by the instructions to fill out the social competence scale, perceived stress scale and brief aggression questionnaire. Prior to completing the scale, participants were asked to “fill it complete in order to reflect how they have been feeling during the past events/ months”. The psychometric scales were administered individually in group setting to the participants. After taking baseline information from the groups regarding their social competence, perceived stress and aggression, training sessions were started;

Week # 1.

- Consent and detailed discussion about the training program with institution authorities.
- Participants’ consent and detailed discussion and introduction about the training program

Week # 2.

- Pre test administration and **explanation** of queries regarding the psychometric tool.
- Division of students in eight groups having almost 15 students each with equal number of boys and girls.

Step II (Intervention Sessions and Post test). Here the participants were given intervention in the form of small groups; separately for boys and girls. The details of training skills session plan is as follows;

Week # 3.

- Introduction of students to **beginning skills** of social streaming.
- Skills starting a conversation, greeting each other, active listening, saying thank you, introducing other people with the help of role playing.

Week # 4.

- Feedback of **previous skills**
- **Progression of skills by joining** in the conversation, learning of apologizing, asking for help if needed and following instructions by the help of role playing.

Week # 5.

- Feedback of social skills learned and **summarizing** the skill training with the participants.
- Introduction of skills dealing with stress.

Week # 6.

- Learning the skills regarding the making of complaints and answering complaints, **dealing with contradictions, stand up for good.**
- Learning regarding being a good sport, dealing with **embarrassment and being left out and to cope with failure.**

Week # 7.

- Feedback and revision of previous skills
- Introduction of anger and aggressive behavior.

Week # 8.

- Role playing on the imaged situational triggers of anger to understand provocation.
- Evaluation of self control by using alternatives to aggression, avoidance of teasing and getting out of the fights and feedback.

Week # 9.

- Learn to deal with group pressure and acquisition and summarizing the training with the participants.
- Feedback will be recorded

Week # 10.

- Immediate post test was taken and evaluation of social competence, perceived stress and aggression of adolescents was done.
- De-briefing and conclusion was discussed.

Step III (Follow up). After the completion of training, successive participants were assessed for a follow up measure after two months at the end of each training group. This indicates the effectiveness of the training in terms of relapse prevention of the aggression, poor social skills and perceived stress.

Those participants who were not comfortable or were not responding with the same pace of other group members were entertained through individual sessions.

Participant Feedback

In the present study participants were required to give their feedback after follow up measure; regarding the training program, its effectiveness, and confidentiality maintained during the study. They were invited to share their thoughts about how they feel regarding this program on training evaluation form. They were asked about the skills they have learned so far and they were given full chance to provide their opinions and thoughts regarding the module being followed. Such information facilitated the researcher at the end of study to gain an insight regarding

the feasibility and applicability of the program in terms of improvement in adolescents' skills and self control of anger.

Ethical Focus

The present research focused on the ethical issues of the training under study. The informed consent was signed by participants under study; they were given full information regarding the nature, duration and purpose of the study. The researcher ensured the benefit of the participants with minimal or no harm to them either physically or psychologically. They were also provided full confidence and freedom to participate in the study according to their will and they can leave the study at any time they want. There was no use of blind procedure or deception throughout the conduction of training program. At the end they were debriefed about any of the confusion or psychological stress they feel during *ART*.

Chapter III

Results

Results

Table 1

Frequency and percentage of participants (N=123)

Demographic variables	<i>f</i>	%
Gender		
Male	62	50.4
Female	61	49.6
Birth order		
First	34	27.4
Second	32	25.8
Third	31	25.0
Fourth	13	10.5
Fifth	09	8.1
Sixth	04	3.2
Socioeconomic status		
Middle	38	30.6
Upper middle	74	60.5
Elite	11	8.9
Parental status		
Alive	123	100.0
Dead	00	0.0
Father's occupation		
Employed	120	97.6
Unemployed	03	2.4
Mother's occupation		
Employed	38	30.6
Unemployed	85	69.4

Table 1 indicates the frequency and percentages of participants; males ($f=62$, 50.4%) were greater in number than females ($f=61$, 49.6%), first born ($f=34$, 27.4%) were highest among other birth orders, upper middle socio economic status ($f=74$, 60.5%) were of most of the participants, parents of all participants were alive ($f=123$, 100%). Fathers ($f=120$, 97.6%) of most participants were employed than mothers ($f=38$, 30.6%).

Table 2

Descriptive properties and reliability coefficient of social competence, perceived stress and aggression (N=123)

Variables	<i>M</i>	<i>SD</i>	<i>α</i>	Range		Skewness	Kurtosis
				Potential	Actual		
Social Competence	9.78	2.95	.62	0-36	1-16	-.18	.06
Perceived Stress	19.9	4.81	.76	0-40	5-32	.10	.09
Aggression	56.3	7.06	.70	12-84	40-78	.17	.28

Table 2 shows the descriptive properties of the social competence, perceived stress and aggression; the reliability analysis for aggression, perceived stress and social competence indicated reliability coefficients .70, .76 and .62 respectively are in satisfactory range. The values for skewness and kurtosis are less than 1 which indicate the univariate normality of study variables.

Afterwards correlation analysis was done on study variables.

Table 3

Pearson correlation among aggression, social competence, perceived stress (N=123)

Variables	1	2	3
1. Aggression	-	-.29**	.22*
2. Social Competence		-	-.03
3. Perceived Stress			-

** $p < .01$, * $p < .05$

Table 3 indicates the Pearson correlation among study variables; the findings showed significant negative correlation among aggression and social competence $r(121) = -.29, p < .01$, aggression has positive significant correlation with perceived stress $r(121), p < .05$. The social competence indicated non significant result with perceived stress $r(121) = -.03, p > .05$. Results support the hypothesis.

Next the gender differences of teenagers on study variables were analyzed.

Table 4

Mean, standard deviation and *t*-values for boys and girls on Perceived stress and Aggression in pre and post intervention (*N*=123)

Variables	Pre-Intervention								Cohen's <i>d</i>
	Boys (<i>n</i> =62)		Girls (<i>n</i> =61)		<i>t</i> (121)	<i>p</i>	95% CI		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Perceived stress	19.4	4.52	20.6	5.06	1.46	.170	-2.8	.53	-
Aggression	59.8	6.22	52.8	6.10	6.31	.000	4.80	9.2	1.14
Post-Intervention									
Perceived stress	23.6	7.02	19.9	6.54	2.99	.000	1.23	6.08	0.55
Aggression	39.9	11.2	42.2	11.9	1.09	.281	-6.44	1.85	-

****p*< .001

Table 4 indicated the significant mean differences, standard deviation and *t*-values of aggression for boys (*M*=59.8, *SD*=6.22) and girls (*M*=52.8, *SD*=6.10) during pre intervention with *t* (121)=6.31, *p*<.01. Post interventions indicated significant statistical values for perceived stress; boys (*M*=23.6, *SD*=7.02) girls (*M*=19.9, *SD*=6.54) with *t* (121)=2.99, *p*<.01.

After this gender differences of adolescents with respect to social competence were found.

Table 5

Mean, standard deviation and t-values for boys and girls on Social Competence in pre and post intervention (N=123)

Measures	Boys (n=62)		Girls (n=61)		t (121)	p	95% CI		Cohen's d
	M	SD	M	SD			LL	UL	
	Pre intervention	21.0	6.78	23.7			2.02	2.98	
Post intervention	20.5	5.78	24.2	6.48	3.36	.000	-5.9	-1.5	-0.60

*** $p < .001$

Table 5 indicated the significant mean differences, standard deviation and t-values of social competence for boys ($M=21.0$, $SD=6.73$) and girls ($M=23.7$, $SD=2.02$) with $t(121)=2.98$, $p < .01$ and Post interventions also indicated significant statistical values of boys ($M=20.5$, $SD=5.78$) and girls ($M=24.3$, $SD=6.5$) with $t(121)=3.36$, $p < .01$. Thus, hypothesis was accepted.

Further analysis was carried out with respect to follow up measures on social competence, perceived stress and aggression of adolescents.

Table 6

Mean, standard deviation and F values for adolescents during pre, post and follow up measures of social competence (N= 123)

Variables	Pre -intervention		Post- intervention		Follow up - intervention		F	p	Partial η^2
	M	SD	M	SD	M	SD			
Social Competence	22.3	5.25	22.4	6.48	25.8	5.24	15.8	.000	.11

*** $p < .001$, M= mean, SD= Standard Deviation

Post-hoc test with Bonferroni's adjustment for pre, post and follow up measures of social competence among adolescents (N= 123)

Interventions i-j	(i-j)	SE	95% CI	
			LL	UL
Pre-intervention < Post-intervention	-.05	.78	-1.95	1.85
Pre-intervention < Follow up- intervention	-3.5*	.61	-5.01	-2.03
Post-intervention > Pre-intervention	.05	.78	-1.85	1.95
Post-intervention < Follow up- intervention	-.35*	.75	-5.38	-1.65
Follow up- intervention > Pre-intervention	3.5*	.61	2.03	5.01
Follow up- intervention > Post-intervention	3.5*	.75	1.65	5.38

* $p < .05$, SE= Standard Error, CI= Confidence Interval, LL= Lower Limit, UL= Upper Limit

Table 6 indicated the mean, standard deviation and F value for comparing the effect of Aggression Replacement Training on social competence at pre, post and follow-up measures. Statistical values showed the significant results of the training, $F(2, 121) = 15.8, p < .001$. The pair wise post-hoc comparison between the interventions revealed that there is significant difference between pre intervention ($M = 22.3, SD = 5.25$) with follow-up intervention ($M = 25.8, SD = 5.24$) and post intervention ($M = 22.4, SD = 6.48$) of adolescents on social competence.

Table 7

Mean, standard deviation and F values for adolescents during pre, post and follow up measures of Perceived stress (N= 123)

Variables	Pre -intervention		Post- intervention		Follow up - intervention		F	p	Partial η^2
	M	SD	M	SD	M	SD			
Perceived Stress	24.1	3.54	21.8	7.01	22.4	4.08	7.44	.000	.06

*** $p < .001$, M= mean, SD= Standard Deviation

Post-hoc test with Bonferroni's adjustment for pre, post and follow up measures of perceived stress among adolescents (N= 123)

Interventions <i>i-j</i>	<i>(i-j)</i>	SE	95% CI	
			LL	UL
Pre-intervention > Post-intervention	2.33*	.72	.68	4.15
Pre-intervention > Follow up- intervention	1.78*	.51	.45	.38
Post-intervention < Pre-intervention	-2.3*	.72	-4.15	-.68
Post-intervention < Follow up- intervention	-.63	.63	-2.2	.98
Follow up- intervention < Pre-intervention	-1.78*	.51	-2.93	-.45
Follow up- intervention > Post-intervention	.63	.63	-.98	2.2

* $p < .05$, SE= Standard Error, CI= Confidence Interval, LL= Lower Limit, UL= Upper Limit

Table 7 indicated the mean, standard deviation and F value for comparing the effect of Aggression Replacement Training on perceived stress at pre, post and follow-up measures. Statistical values showed the significant results of the training, $F(2,121)=7.44, p<.001$. The pair wise post-hoc comparison between the interventions revealed that there is significant difference between pre intervention ($M=24.1, SD=3.54$) post intervention ($M=21.8, SD=7.01$) and follow-up intervention ($M=22.4, SD=4.08$) of adolescents on perceived stress.

Table 8

Mean, standard deviation and F values for adolescents during pre, post and follow up measures of Aggression (N= 123)

Variables	Pre -intervention		Post- intervention		Follow up - intervention		F	p	Partial η^2
	M	SD	M	SD	M	SD			
Aggression	46.3	11.6	41.1	11.6	38.8	13.4	13.6	.000	.10

*** $p < .001$, M= mean, SD= Standard Deviation

Post-hoc test with Bonferroni's adjustment for pre, post and follow up measures of aggression among adolescents (N= 123)

Interventions i-j	(i-j)	SE	95% CI	
			LL	UL
Pre-intervention > Post-intervention	5.20*	1.4	1.90	8.50
Pre-intervention > Follow up- intervention	7.58*	1.6	3.7	11.3
Post-intervention < Pre-intervention	-5.20*	1.4	-8.50	-1.90
Post-intervention > Follow up- intervention	2.37	1.5	-1.3	5.9
Follow up- intervention < Pre-intervention	-7.58*	1.6	-11.3	-3.7
Follow up- intervention < Post-intervention	-2.37	1.5	-5.9	1.3

* $p < .05$, SE= Standard Error, CI= Confidence Interval, LL= Lower Limit, UL= Upper Limit

Table 8 indicated the mean, standard deviation and F value for comparing the effect of Aggression Replacement Training on aggression at pre, post and follow-up measures. Statistical values showed the significant results of the training, $F(2,121)=13.6, p < .001$. The pair wise post-hoc comparison between the interventions revealed that there is significant difference between pre intervention ($M=46.3, SD=11.6$) with post intervention ($M=41.1, SD=11.6$) and follow-up intervention ($M=38.8, SD=13.4$) of adolescents on aggression.

Chapter IV

Discussion

Discussion

Present study examined the role of aggression replacement training on the teenagers' social competence, perceived stress and aggression; their gender based comparison was also taken under consideration. A sample of 123 adolescent was extracted using purposive sampling technique. Data was taken through three standardized scales which included Social Competence (Walker, Hill, McConnell & Scott, 1995) for measuring the social competence in pre, post and follow up investigations, Perceived Stress Scale (Cohen, Kamarck & Mermelstein, 2009) for assessing the stress level of teenagers and Brief Aggression Questionnaire (Gregory & colleagues, 2014) for measuring anger in adolescents.

Frequency and percentages of adolescents with respect to gender indicated that boys have one participant more than girls, socio economic status of teenagers showed more students of upper middle class than middle and elite ones, birth order indicated that majority of participants lied in the first, second and third order, parental status marked that none of the participant has single parent, father's occupation and mother's occupation of participants indicated that majority of fathers were employed while majority of the mothers were housewives. Psychometric properties indicated that the scales used in this study to be reliable and valid.

According to the first hypothesis there is a relationship between social competence, perceived stress and aggression of adolescents. The statistical results were significant (Table 3) and indicated that aggression has negative relation with social competence but positive relationship with perceived stress. Findings of current study are in alliance with previously done work including the study of Krueger and colleagues (2002) stated that the stress perceived by teens often result in externalizing

syndrome including aggression. The study results are consistent with past literature on relationship of aggression and perceived stress (Bergen, et al., 2004; Verona & Kilmer, 2007; Verona & Sachs, 2005; Carter, Garber, Ciesla, & Cole, 2006). It was also seen that social competence has negative relation with aggression and behavioral issues of the adolescents (Najaka, Gottfredson, & Wilson, 2001). It was narrated in a research study that aggression of teens is associated with lower social skills and leads to distress, such teens are prone to externalizing their reactions like non compliance with rules and authority as well as antisocial personality traits (Krueger, Baumeister & Campbell, 2003; Fergusson & Horwood, 2002; Spratt, & Doob, 2000). Past studies highlighted the relationship in study variables in the way that males and females both get affected by the aggression and perceived stress and consequently leads to deterioration of social communication and skills (Romeo, 2010).

As per second hypothesis; teenage girls has less aggression and less perceived stress than boys in pre test and post test measures and the study analysis indicated significant results partially (Table 4) as pre test of perceived stress and post test measure of aggression showed non-significant results. Past researchers concluded that on average 85% of adolescents have perceived stress and anger outbursts and in this ration males are more prone to such issues due to their hormonal development and social needs (Schraml & colleagues, 2010; WHO, 2005; Bouma, Ormel, Verhulst & Oldehinkel, 2008). It was studied by Moynahan and Stromgren (2005) that female juveniles have reduced aggression and stress than male teenage criminals. Another ART based study showed consistency with the above mentioned literature that female adolescent offenders indicated less aggression and have lower perceived stress after the treatment (Cleare, 2001). A study was conducted in the Nawabshah City, Pakistan; in which it was indicated that female adolescents have more inclination

towards perceived stress and anger reactions and almost 58% are schools going teen girls, these results were in accordance with the sample of Swedish adolescent girls (Parpio, Faroque, Ali, Tharani & Javed, 2012). Hence evidences are present for the more aggression and more perceived stress of female teenagers than male ones.

In the third hypothesis it was stated that girls have higher social competence than boys in pre and post measures (Table 5). The findings of the study are in accordance with previous work like a study in Norwegian area where social skills have enhanced noticeably after the training of *ART* and the prevalence of behavioral problems have reduced as well (Ogden, 2002). It was also reported in a research that boys tend to show more behavioral and social communication issues while girls at teenage have better social competence than them (Taylor et al., 2002; Huaqing & Kaiser, 2003; Keane & Calkins, 2004; Margets, 2005). Researchers suggested that in Iranian context gender differences and expectations are obvious as adolescent females have better social competencies than males and males are associated to negative behavior (Campbell, 2002; Margets, 2000). Few studies revealed that girls have attribution trait of being more pro social in their nature and have better social competence than boys at adolescent age. It has also been narrated that this behavior of teenage girls is due to their better social orientation and social information (Baumeister & Vohs, 2006; Funder, 2001).

Fourth study hypothesis stated that there is difference in scores of adolescents at social competence (Table 6), perceived stress (Table 7) and aggression (Table 8) during pre, post and follow up measures. The results are significant and are in accordance with the previously done researches; a study done on the sample of England and North America reported that *ART* has positive effects on the youngsters' behavioral problems and eradicate aggression in them (Barnoski & Aos, 2004). Same

results were found in the study of Scandinavian teenagers (Gundersen & Svartdal, 2004, 2010). It was mentioned in a study that **most highly scored issues during pre treatment phase among adolescents** have been improved after the skills training during *ART* (Hemphill & Littlefield, 2006). It was studies that social competence of a teenager is like a basic need and **its maintenance is also mandatory** for him/her in school setting, work place, social gatherings and in personal life as well. The skill training has superb positive impact on the adolescents in this regard (*NICHD Early Child Care Research Network, 2006; Malecki & Elliot, 2002; Levy & Murnane, 2001; Huston & Ripke, 2006; Rychen, 2003*). *ART* research indicated that the steps for reducing aggression in teens have remarkably decrease **the chances of anger out bursts** after the training and **their pro-social behavior of teens** have enhanced as well (McMahon et al., 2000). It was narrated in an *ART* thesis work that improvement in social skills, aggression and further behavioral issues **has been improved** in follow up values as it gives better results in long run (Langeveld, Gundersen & Svartdal, 2012).

Conclusion

The present study has focused upon the effect of Aggression Replacement Training (*ART*) on social competence, perceived stress and aggression of adolescents. It also studied the relationship between these above mentioned variables among teenage girls and boys. Now days; it has been observed that adolescents are the victim of stress, anger and lacking social skills. They are in turmoil state of self identity and can give negative impression to others because of the emotional and psychological pressure they are facing. This study has given the solution for these pitfalls of adolescent age.

The present work evaluated the training impact on adolescents at three different time frames i.e., pre testing condition, immediate post testing condition and

follow-up condition after 08 weeks of post test. Results indicated the significant negative relationship of aggression with social competence and perceived stress in teenagers. Significant differences among gender on social competence, aggression and perceived stress were seen in the results of this study. The present study has valuable contributions in terms of evidence based training programme for teenagers and to develop healthy social skills in them. This study has added valuable literature for future researches in this domain in Pakistan.

Limitations & Suggestions

The present study has a few limitations; First limitation of this study is that the complete *ART* intervention was not implemented. Secondly, in this study gender of school/college students were included other factors can also be explored; such as age, birth order, socio economic status and family structure and across different age groups. Thirdly, this study was only conducted in educational institutions of Islamabad & Rawalpindi it can be conducted in other cities of Pakistan. Lastly, other resources or means can also be used to carry out this study like qualitative research designs and true experimental designs.

It is suggested for further studies that in present work the sample was quite literate to comprehend the language (English) of questionnaires but for more precision, scales can be taken in translated version (Urdu version) to avoid biases in interpretation. In future researches other aspects of *ART* can also be included for more beneficial results and more obvious impact of the training can be seen.

Implications

The present research helps in gaining an understanding that how use of Aggression Replacement Training effects the social skills, perceived stress and

aggression of among teenage boys and girls and how the effects differs on the basis of gender among them.

The major focus of the study was teenage students as they are the future of the nation. Their gender differences were also considered in responding to the training and further its long lasting impact on one's social skills, stress level and aggression level. The study is helpful in improving the abilities of adolescents in ceasing anger and to utilize suitable social skill to promote mental health, reinforcing the social skills and to generalize the skills in different situation and to enjoy stress free period of being a teenager (Cook, Gresham & Kern, et al., 2008; Patterson, Jolivette & Crosby, 2006).

It is also evident from this study that being a teenager this therapeutic technique can support better social communication and lesser perceived stress in anger provoking situations in long run. Such training program can reduce the cases of juvenile stress and aggression reactions outside the educational institutions as well.

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*Permission
Letters*



kainat zia <universalpsyche@gmail.com>

Permission for ART

1 message

kainat zia <universalpsyche@gmail.com>
To: dr kehkashan IIUI <kehkashan.arouj@iiu.edu.pk>

Wed, Oct 11, 2017 at 10:02 PM

Regards

Kainat Zia

Clinical psychologist

----- Forwarded message -----

From: "Barry Glick" <artgang01@gmail.com>

Date: 16 Feb 2016 7:25 p.m.

Subject: Re: permission

To: "kainat zia" <universalpsyche@gmail.com>

Cc:

Dear Sir:

Thank you for your inquiry about my program. You ***do not need*** my permission to use the program as an intervention for a study you wish to conduct. You may need permission from the youth and their guardians, and I am sure you will need a positive review from your Univeristy Committee on Human Investigations. Good luck to you.

For Every Challenge, there is an opportunity....

Barry Glick, Ph.D., NCC, ACS, LMHC
Chief Operations Officer
G & G Consultants, LLC
533 Minturn Ct. NE Suite A
Rio Rancho, NM 87124-6348

artgang01@gmail.com

mobile: (518) 229-7933

Office Voice: (518) 399-7933

On Tue, Feb 16, 2016 at 12:54 AM, kainat zia <universalpsyche@gmail.com> wrote:

hello respected sir!

i am a post graduate student of clinical psychology and i want to use aggression replacement training on adolescents and want to make a research study on it's effectiveness. i need your permission to use this technique on the participants of my study.

thank you in anticipation.

--

Regards

Kainat Zia

MS Clinical Psychology

IIUI



kainat zia <universalpsyche@gmail.com>

SCS permission

1 message

kainat zia <universalpsyche@gmail.com>
To: dr kehkashan IIUI <kehkashan.arouj@iiu.edu.pk>

Wed, Oct 11, 2017 at 10:05 PM

Regards

Kainat Zia

Clinical psychologist

----- Forwarded message -----

From: "August Aldebot-Green" <agreen@childtrends.org>

Date: 2 Mar 2016 3:22 a.m.

Subject: RE: permission and author details

To: "kainat zia" <universalpsyche@gmail.com>

Cc:

Hello,

Permission to use the scale is given; it is freely available. If this is the scale in the Positive Outcomes section on our website, there should be information about the scale there. Information is also available on www.PerformWell.

Best of luck with your thesis,

August Aldebot-Green | Senior Communications Manager

7315 Wisconsin Ave, Ste 1200W | Bethesda, MD 20814

(240) 223-9350

***Research to improve children's lives***

From: kainat zia [mailto:universalpsyche@gmail.com]
Sent: Sunday, February 21, 2016 4:28 AM
To: August Aldebot-Green
Subject: permission and author details

hello respected sir/ madam

i am a post graduate student of clinical psychology and i want to use social competence scale for teens in my thesis .

can you please tell me the details of the author and also the year of it's development as i have downloaded the file from the given free link. just want the details as they are not available at that link.

thanking you in anticipation.

--

Regards

Kainat Zia

MS Clinical Psychology

IIUI



kainat zia <universalpsyche@gmail.com>

Permission

4 messages

kainat zia <universalpsyche@gmail.com>

Wed, Oct 11, 2017 at 11:08 PM

To: scohen@cmu.edu

Hello sir!

I am a post graduate student of psychology and i need to use perceived stress scale. Can you please allow me to use it in my research?

Waiting for positive response

Regards

Kainat Zia

Clinical psychologist

Sheldon Cohen <scohen@cmu.edu>

Fri, Oct 13, 2017 at 4:41 PM

To: kainat zia <universalpsyche@gmail.com>

You are welcome to use the PSS In your project. sc

From: kainat zia [mailto:universalpsyche@gmail.com]**Sent:** Wednesday, October 11, 2017 2:08 PM**To:** Sheldon Cohen <scohen@cmu.edu>**Subject:** Permission

[Quoted text hidden]

kainat zia <universalpsyche@gmail.com>

Fri, Oct 13, 2017 at 5:00 PM

To: Sheldon Cohen <scohen@cmu.edu>

Thank you!

Regards

Kainat Zia

Clinical psychologist

[Quoted text hidden]

kainat zia <universalpsyche@gmail.com>

Fri, Oct 13, 2017 at 5:01 PM

To: dr kehkashan IUI <kehkashan.arouj@iiu.edu.pk>

Regards

Kainat Zia

Clinical psychologist

[Quoted text hidden]



kainat zia <universalpsyche@gmail.com>

BAQ SHORT FORM PERMISSION

1 message

kainat zia <universalpsyche@gmail.com>
To: dr kehkashan IIUI <kehkashan.arouj@iiu.edu.pk>

Wed, Oct 11, 2017 at 10:04 PM

Regards

Kainat Zia

Clinical psychologist

----- Forwarded message -----

From: "Gregory Webster" <gdwebs@gmail.com>

Date: 10 Feb 2016 9:39 p.m.

Subject: Re: permission

To: "kainat zia" <universalpsyche@gmail.com>

Cc:

Thank you for your interest in the Brief Aggression Questionnaire (BAQ). You have my permission to use the BAQ (even though you don't need it because it's free-use and public-domain). I have attached both articles that develop the BAQ. See the second one (BAQ2.pdf), Table 4, for a list of the 12 items. Let me know if you have any questions.

Good luck with your research,

Greg

Gregory D. Webster, Ph.D.

Associate Editor, *Social Psychological and Personality Science*

Associate Professor

Department of Psychology

University of Florida

Cell: 303-895-7312

Web: <http://webster.socialpsychology.org>

On Wed, Feb 10, 2016 at 10:36 AM, kainat zia <universalpsyche@gmail.com> wrote:

Hello sir!

i am a post graduate student of clinical psychology, i need the **brief aggression questionnaire**, can you please send me this scale and also the permission to use it in my study?

--

Regards

Kainat Zia

MS Clinical Psychology

IIUI

2 attachments**baq.pdf**

266K

**baq2.pdf**

395K

Annexures

Respected Reader!

I am a student of MS Clinical Psychology at IIUI and conducting a treatment based research study on the social competence, stress and aggression of adolescents which is very common problem in our country nowadays. I am going to give you information regarding the programme. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will explain everything to you. If you have questions later, you can ask them. Poor social behavior generally enhanced in this phase of life. This programme will promote the prosocial behavior in the adolescents. This programme will include participant in a group training sessions that will take about 40 minutes. I am inviting you to participate in the training and it will help the participant to acquire a better way to develop a good social competence. Your participation in this study is entirely voluntary. The training being done in the institution may draw attention and if you participate you may be asked questions by other people in the institution. We will not be sharing information about you to anyone outside of the research team. The information that we collect during this training project will be kept private.

(This section is Mandatory)

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Signature of Participant _____

Signature of Guardian _____

Signature of Trainer _____

Date _____

Kindly fill the following information, it is only for the purpose of the research study;

Name:	
Father's name:	
Gender:	
Birth Order:	
Socio- economic Status:	
Parental Status: Alive	Dead
Father: Employed	Unemployed
Mother: Working	Housewife

Annexure B

Please indicate how much these statements describe you.

Sr #	Items	0 Not at all like me	1 A little like me	2 Somewhat like me	3 A lot like me	4 Exactly like me
1	I avoid making other kids/students look bad					
2	If two of my friends are fighting, I find a way to work things out					
3	When I work in school/college groups, I do my fair share					

Please indicate how often this happens. How often ...

Sr #	Items	0 None of the time	1 A little of the time	2 Some of the time	3 Most of the time	4 All of the time
4	Do you get along well with people of different races, cultures, and religions?					
5	Do you listen to other students' ideas?					
6	Do you control your anger when you have a disagreement with a friend?					
7	Can you discuss a problem with a friend without making things worse?					
8	Do you follow the rules at a park, theater, or sports event?					
9	Do you respect other points of view, even if you disagree?					

Annexure C

The following questions ask about your feelings and thoughts during The Past Month. In each question, you will be asked HOW OFTEN you felt or thought a certain way.

Sr #	Items	0 Never	1 Almost Never	2 Sometimes	3 Fairly Often	4 Very Often
1	How often have you been upset because of something that happened unexpectedly?					
2	How often have you felt unable to control the important things in your life?					
3	How often have you felt nervous or stressed?					
4*	How often have you felt confident about your ability to handle personal problems?					
5*	How often have you felt that things were going your way?					
6	How often have you found that you could not cope with all the things you had to do?					
7*	How often have you been able to control irritations in your life?					

Sr #	Items	0 Never	1 Almost Never	2 Sometimes	3 Fairly Often	4 Very Often
8	How often have you felt that you were on top of things?					
9	How often have you been angry because of things that happened that were outside of your control?					
10	How often have you felt that difficulties were piling up so high that you could not overcome them?					

Annexure D

Please rate each of the following items in terms of how characteristic they are of you.

Sr #	Items	1 None	2 Least	3 Mild	4 Average	5 Moderate	6 Severe	7 Extreme
1	Given enough provocation, I may hit another person							
2	If I have to resort to violence to protect my rights, I will							
3	There are people who pushed me so far that we came to blows.							
4	I tell my friends openly when I disagree with them.							
5	When people annoy me, I may tell them what I think of them.							
6	My friends say that I'm somewhat argumentative.							
7*	I am an even-tempered person.							
8	Sometimes I fly off the handle for no good reason.							
9	I have trouble controlling my temper							
10	Other people always seem to get the breaks							
11	I sometimes feel that people are laughing at me behind my back.							
12	When people are especially nice, I wonder what they want.							

Annexure D

Please rate each of the following items in terms of how characteristic they are of you.

Sr #	Items	1 None	2 Least	3 Mild	4 Average	5 Moderate	6 Severe	7 Extreme
1	Given enough provocation, I may hit another person							
2	If I have to resort to violence to protect my rights, I will							
3	There are people who pushed me so far that we came to blows.							
4	I tell my friends openly when I disagree with them.							
5	When people annoy me, I may tell them what I think of them.							
6	My friends say that I'm somewhat argumentative.							
7*	I am an even-tempered person.							
8	Sometimes I fly off the handle for no good reason.							
9	I have trouble controlling my temper							
10	Other people always seem to get the breaks							
11	I sometimes feel that people are laughing at me behind my back.							
12	When people are especially nice, I wonder what they want.							

Training Evaluation Form

(Participant's Feedback)

Trainee's name: _____

Instructions: Please indicate your level of agreement with the statements listed below;

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The objectives of the training were clearly defined.					
Participation and interaction were encouraged.					
The content was organized and easy to follow.					
This training experience will be useful in my future.					
The trainer was knowledgeable about the training topics.					
The trainer was well prepared.					
The training objectives were met.					
The time allotted for the training was sufficient.					
The meeting room and facilities were adequate and comfortable.					
I have acquired the skills in the given training period					
I am satisfied with the training.					

Please share other comments or suggestions here;

Thank you for your feedback!