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EFFECT OF LIFE SKILLS TRAINING WITH MALE
YOUTH WHO ARE PRONE TO AGGRESSION

A Thesis Presented to the
Department of Counseling
and the
Faculty of the Graduate College
University of Nebraska
In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
University of Nebraska at Omaha

By

Sarah Skradski

December 2001

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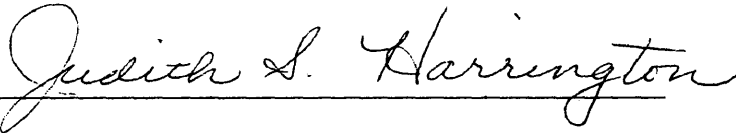
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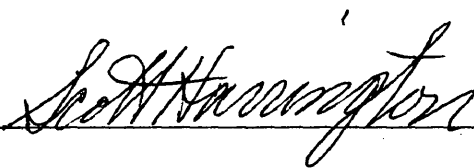
THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College,
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requirements for the degree Master of Arts,
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Committee





Chairperson 

Date _____

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EFFECT OF LIFE SKILLS TRAINING WITH MALE
YOUTH WHO ARE PRONE TO AGGRESSION

Sarah Skradski, M.A. expected December 2001

University of Nebraska, 2001

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The effect of life skills training in reducing aggressive behaviors was researched with seven subjects in a residential treatment facility. The subjects were between the ages of 10-15 and prone to aggression. The subjects had been diagnosed with Oppositional Defiant Disorder, Impulse Control Disorder, and/or Conduct Disorder. The seven subjects' aggressive behaviors were assessed using the excessive aggression sub-scale on the Burks' Behavior Rating Scale. Four full-time staff members completed the Burks' Behavior Rating Scale three times over a 16-week period of time, observing the subjects' behaviors with and without the life skills training. The results from the paired-dependent samples t-tests suggested that there was a decrease in aggressive behaviors with and without the life skills training significant at the .05 level. The decrease in aggression in both conditions demonstrates difficulty in determining the effect the life skills training had on the subjects' aggressive behaviors as opposed to the standard treatment available to the subjects at the residential facility.

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Chapter 1

The Problem

Introduction

Aggression and antisocial behavior is increasing at an alarming rate among the youth of today's society. Children who become violent adults can be reliably identified due to observations of their aggressive, disruptive, and noncompliant behaviors as early as age seven (Peters & McMahon, 1996). These children make impulsive and inaccurate social judgments and show deficits in problem-solving skills. A variety of factors contribute to aggression in children. Overly harsh discipline practices, nonresponsiveness, and unpredictability of the caregivers are shown to be some of the causes of aggression in children (Peters & McMahon, 1996). Biological variables and the media also play a role in influencing children's behaviors (Studer, 1996). Youth prone to aggressive behaviors are also shown to be deficient in prosocial alternative behaviors and life skills knowledge (Rutherford, Nelson, & Forness, 1998).

Two million children and adolescents in the United States were involved in the juvenile court system in 1996 and the majority of these offenders were juvenile males (Huizinga, Loeber, & Thornberry, 1994). Prevention programs for high-risk youth are needed to begin early in life and focus on intercepting the pathways of an aggressive pattern before the behavior becomes too ingrained (Huizinga et al., 1994). Parent management training has been shown to produce therapeutic change in children prone to aggressive behaviors. However, this training is not a viable option for many children who come from severely dysfunctional families or may have no parent available (Kazdin,

Esveldt-Dawson, French, & Unis, 1987). Corporal punishments, reprimands, and timeouts suppress negative behaviors, but do not offer constructive alternatives. A possible alternative is life skills programming which teaches individuals prosocial behaviors such as problem-solving, decision-making, anger management, and interpersonal skills (Coffey & Knoll, 1998). Children at high risk for aggression lack critical skills in social and emotional domains. There is an increased need to provide alternatives to focus on these areas so that these youth do not continue to resort to antisocial means (Rutherford et al., 1998).

Question to be Answered

Does life skills training affect male youth between the ages of 10-15 who are placed in a residential treatment setting and display aggressive behaviors?

Purpose of the Study

The purpose of this study is to determine whether life-skills training has a positive effect on male youth who are prone to aggression. Due to the increase of violence among youth in our society and their deficiencies in life skills knowledge, interventions that focus on enhancing these skills are being looked at regarding their effectiveness in prevention.

Statement of the Hypothesis

Life skills training with male youth prone to aggression will reduce aggressive behaviors. A pre-experimental design was used to measure the effects of life skills training with male youth that exhibit aggressive behaviors. The goal of this training is to reduce aggression with male youth at high risk for antisocial behaviors. The null

hypothesis is that there is no differences within the group in a comparison study with and without the life skills training. The null hypothesis will be rejected at a level of significance of .05.

Importance of the Study

In order for male youth to grow up and lead productive and successful lives, knowledge of basic life skills is necessary to survive. Children who lack this knowledge resort to negative means to handle conflicts and communicate with others. A strategy that provides an intervention that is proactive rather than reactive is an appealing alternative in helping youth learn more appropriate behavior to keep from resorting to negative and antisocial means.

Definition of Terms

- 1) Life skills are those skills that are critical for success in community functioning. These include social, communication, and vocational skills. These skills involve the ability to make decisions, problem-solve, communicate with others, plan and organize, and how to cope with change (Anderson, 1999).
- 2) Social skills include an individual's ability to organize cognitions and behaviors into an integrated course of action directed towards culturally acceptable social and interpersonal goals (Ladd & Mize, 1983). These include achieving self-awareness, acquiring self-confidence, achieving socially responsible behavior, maintaining good interpersonal skills, achieving independence, making adequate decisions, and communicating adequately with others (Brolin, 1995).

- 3) Competence is the state of being properly qualified and capable. This relates to children's capability in mastering the life skills as defined above.
- 4) Prosocial behavior is the ability to positively relate to others and practice positive social skills.

Delineation of the Research Problem

The effect of life skills training with aggressive male youth was examined in a psychiatric residential treatment facility in a Midwestern community. The subjects who participated in the study were males ranging in age from 10-15 years. The males' behaviors on the unit were observed and monitored by the staff members on the unit and were recorded on the Burks' Behavioral Rating Scale. The staff members completed this rating scale as a pre-test and post-test before and after an 8-week period of time without the life skills program and after an 8-week period when the life skills program was implemented. The male subjects attended three classes per week focusing on one theme per week including topics such as anger management, decision-making, problem-solving, coping with stress, effective communication skills, and interpersonal relationship skills.

Outline of the Remainder of the Thesis

The remainder of the paper consists of related literature in the second chapter which includes research on life skills deficits in high risk children, the effectiveness of current life skills programs, and what components make a program successful. The third, fourth and fifth chapter focus specifically on the study implemented, including the methodology procedures, research results, and interpretation of the results as well as concluding statements in the final chapter.

Chapter 2

Review of Related Literature

Overview

This chapter will focus on research related to the background of life skills development in youth and the increase of violent acts committed by children today. Next, the chapter will focus on studies relating to life skills deficiencies in aggressive-prone youth. Evaluations of current life skills programs will also be discussed and the components that make up an effective program will be described.

Background on Life Skills and Violence in Youth

Responsible citizenship in our society requires an individual to be knowledgeable about a wide range of social competencies. These include life skills such as problem-solving, decision-making, conflict resolution, and the ability to evaluate powerful media and other persuasive messages (Hamburg, 1997). Children are being confronted with a variety of life issues at earlier ages now than ever before. There are new demands on children regarding personal, health, and school decisions that affect life options as early as 10 or 11 years old.

Today, families and community institutions are contributing less and less to the teaching of these vital life skills than they did earlier in time. Children in today's society are influenced greatly by television and other media messages. Hypervigilance, timidity in expressing their opinions, inability to set goals, acting out behaviors, and lower intelligence are factors associated with children who are predisposed to aggressive tendencies (Studer, 1996). Those who live in areas of concentrated poverty are less likely

to be positively socialized or have positive role models. In the past, the social learning and life skills deficiencies of these disadvantaged children were overlooked due to people's low expectations regarding their development (Hamburg, 1997).

The high incidence of violence demonstrated by youth today has increased the awareness of the need to provide these children with more proactive interventions. These incidences of violence have increased to 40% of crimes in the United States being committed by youth. These youth make up only 20% of the entire population. In addition, rates of violence are highest among males (American Psychological Association, 2001). Seventeen Boards of Education throughout the United States have developed a list of outcomes for students today. These outcomes include expecting students to achieve personal-social adjustments. This area is viewed as most critical, but the most neglected in schools' curriculum. Administrators are attempting to place focus on providing more guidance and instruction on these skills in schools with children of all ages (Brolin, 1995).

Deficiencies of Life Skills in Youth

There is evidence to support the theory that youth prone to aggression are deficient in a variety of personal and social skills. Research shows that juveniles who have committed aggressive acts are deficient in cognitive problem-solving skills, moral reasoning, and communication and social skills essential for successful functioning in daily life (Spence, 1981). Further research shows that these individuals demonstrate poor planning skills and are deficient in anger management skills (Rutherford et al., 1998).

Several studies have been conducted researching differences in knowledge of basic life skills between youth prone to aggression and youth not prone to aggression. In one study, 18 boys with delinquency problems and 18 boys without delinquency problems were compared on the ability to demonstrate proper social skills. The study focused on the boys' ability in social skills performance, their social anxiety, and their employability. The researchers found the boys with delinquency problems had poorer eye contact, were more fidgety, and spoke minimally. The study also supported the researchers' hypothesis that employers were less likely to hire these individuals due to their lack of social competence in interviews (Spence, 1981). In another study, the API (Adolescent Problem Inventory) was used to assess delinquent boys. The results of the API showed that these boys were less competent in skills to deal effectively with everyday problem situations and the solutions they did choose were usually incompetent solutions which took form in illegal measures (Freedman, Rosenthal, Donahoe, Schlundt, & McFall, 1978).

Further research demonstrates that these individuals who exhibit conduct disorders use a limited range of alternatives to solve their interpersonal problems and show a lack of knowledge of more acceptable solutions. Henderson (1988) notes, that this evidence supports the idea that poor anger control is related to deficits in personal social skills, but does not provide evidence that poor anger control is caused by a lack of social skills.

Current Life Skills Programs

Factors that contribute to the effectiveness of youth violence programs include that they begin as early as possible, must address aggression as part of antisocial behavior in an individual, and must include numerous components of the child's environment (APA, 2001). Programs have been implemented around the country regarding life skills training with high-risk youth that have yielded different results. One program is the PREPARE curriculum. This program teaches prosocial behaviors to aggressive youth so that they can lead effective and satisfying lives without resorting to antisocial means. This program involves several components including interpersonal skills, anger control, moral reasoning, problem-solving, empathy, anxiety management, and cooperation training. The study evaluated which included these components is called the Aggression Replacement Training (ART). The evaluation results showed that 90% of the youth involved in the program acquired knowledge of the skills, and more than half were able to apply these skills in their daily lives (Rutherford et al., 1998). The ART program was also used in a short-term residential setting with 522 children. The training was focused on reducing antisocial behavior through an educational program including anger control and social skills training. The ART program was effective in decreasing the rate of antisocial behavior in its participants by twenty percent. However, the causal effect was small and suggested improvements for the study included adding problem-solving and interpersonal skills training. Due to these results, the researchers suggested that ART alone did not appear to lead to the elimination or control of aggressive and antisocial behavior (Nugent, Bruley, & Allen, 1998).

The Fast Track program is an intervention designed for younger children who demonstrate behavior problems in their elementary years. This program provides training in life skills for all students and extra training for students who demonstrate behavior problems. The Fast Track program focuses on communication skills, cooperation, self-control, and problem-solving skills. Fast Track is long-term and adds focus on developmental issues as the individuals mature. The desired outcome of this program is to significantly reduce conduct disorders in children at high risk by addressing multiple skill domains in different contexts (Peters & McMahon, 1996).

I Can Problem-Solve (ICPS) has been recognized as one of the top six violence prevention programs in the country in 1997. This program's curriculum is again focused on teaching life skills, specifically, interpersonal cognitive problem-solving skills. These skills include means-end thinking, weighing pros and cons, consequential thinking, and alternative-solution thinking. A study by Shure (1999) showed 113 children who participated in the program demonstrated a decrease in impulsive and withdrawal behaviors and an increase in achievement in test scores. This change was attributed to the children's ability to focus better because they were relieved of emotional blockage (Shure, 1999).

The Promoting Alternative Thinking Strategies (PATHS) program is similar to the ICPS program in that it focuses on interpersonal cognitive problem-solving skills. This program adds components of self-regulation and proper expression of emotions in order to promote positive self-esteem. Children who participated in this program

demonstrated more empathy towards others and had a better understanding of their own complex emotions and how to properly express them (“Delinquency”, 1995).

Ninety percent of conflicts reported by students in 60 schools in New York, Pennsylvania, and San Francisco were unresolved in destructive ways (Crawford & Bodine, 1997). This statistic justifies the implementation of another intervention called Resolving Conflict Creatively Program. This is one of the largest conflict resolution programs in the country. Seventy-one percent of teachers in schools that utilize this program report that there is less violence because of this intervention (“Delinquency”, 1995).

Although all of the programs mentioned have yielded positive results, there is some inconclusive evidence as to the overall effects of these life skills programs regarding their consistency with all children who are prone to aggression. There is evidence that individual differences play a large role in how effective these programs can be which is a variable that is not often considered (Henderson, 1988). Many of the programs also incorporate components that include parental involvement which is not always an option with children who do not have an available parent or come from severely dysfunctional families.

Program Implementation

There are several studies that provide research as to how life skills programs should be implemented in order to be successful. Most importantly, research validates the idea that the goal of programs is not just to reduce aggression in children at risk or those who have conduct disorders, but also to teach them prosocial behaviors (Peters &

McMahon, 1996). In order to be further successful, these programs must focus on all domains of development including social-cognitive, behavioral, and affective-emotional (Peters & McMahon, 1996).

The number of sessions suggested for the life skills training programs ranges from 8 to 32, depending on the material presented and the population served. A majority of the programs implemented a total between 20-24 sessions (Moote, Smyth, & Wodorski, 1999). In regards to the presentation of the material, it is suggested that skills first be modeled by the facilitator, and then allow for kids to engage in activities, such as role plays, to master these skills (Ladd & Mize, 1983). Another theory by Schinke & Gilchrist (1984), supports this plan of presenting material, but adds skill practice transferring to the natural environment (Schinke & Gilchrist, 1984). In order for the youth to utilize these skills after the training program, they must be able to practice in real life situations that they may come across on a daily basis (Henderson, 1988). It is also important that the programs are long-term, specifically for children prone to or having conduct disorders. The more exposure and the more repetition of practicing these skills the children have, the better the chances are for them to master the skills and transfer them to their daily lives (Huizinga et al., 1994).

If the children who receive the training are in a setting where they are receiving treatment for a limited amount of time, such as a residential setting, it is to their advantage to continue training after treatment ends to further ingrain these skills. In addition, the closer the spacing between training sessions, the more advantageous it is for the children (Henderson, 1988). Another necessary aspect of having a successful

program is to keep the sessions problem-focused, have a common basis for interaction, to treat the children with dignity and respect, and enhance the children's ethnic identities (Hamburg, 1997).

Summary

This chapter has relayed research that demonstrates the need for life skills programs, how these programs affect youth, and how they should be implemented. Research has shown that children today are not receiving the needed life skills training and the increase in violence among youth has sparked educators' interest in providing more guidance in these areas.

Studies have demonstrated that children who are prone to aggression and have conduct disorders are most often deficient in basic life skills such as problem-solving, interpersonal skills, anger management skills, and decision-making. The research did point out, however, that although related to life skills deficiencies, aggression is not caused by these deficiencies.

Life skills programs that are currently being implemented are most effective when they include specific components. Studies show that certain programs researched have resulted in youth's improvement in areas of conflict resolution, interpersonal skills, and have increased children's self-esteem. However, evidence also supports the idea that individual differences play a large role in determining how effective a program can be and this variable is not often taken into consideration. Parental involvement is also a component often included in these programs which is not always a possible option for many children.

Chapter 3

Methodology

Research Design

This study entails a pre-experimental research design which includes one group of subjects whose behaviors will be compared before and after with and without a life skills program. The Institutional Review Board approval number for this study was 263-01-FB. Extraneous variables, such as individual variations, are better controlled by using this research design. The independent variable in this study is the life skills training program and the dependent variable is any measured change in aggressive behavior through the use of the Burks' Behavior Rating Scale that results from the program. The null hypothesis is that there are no differences within the group in a comparison study of the behaviors with and without the life skills training. The null hypothesis will be rejected at a level of significance of .05.

Selection of Subjects

The subjects in this study were selected from a residential treatment program in a Midwestern community. This study entailed a convenience sample involving those youth who were in the treatment facility at the time of this study. The subjects were seven males who ranged in age from 10-15 with an average age of 12.2. Four of the subjects were Caucasian, two were African American and one was Hispanic American. They displayed aggressive and impulsive behavior upon admission and at the residential facility. Criteria for selection in this study included a diagnosis of Oppositional Defiant Disorder, Conduct Disorder, and/or Impulse Control Disorder. The average length of stay

at the residential treatment facility is 5-7 months. The subjects who participated had been at the facility between 2-6 weeks before the beginning of the study.

Instrumentation

The Burks' Behavioral Rating Scale was used to assess any change in the subjects' aggressive behaviors with the implementation of the life skills training program. According to Burks (1977), the assessment is to be filled out by a rater who has daily contact with the subjects and has observed the subjects' behaviors for at least two weeks. It is also recommended that multiple raters observe the child (Burks, 1977). Four full-time staff members filled out the assessment based on their observations of the subjects' behaviors. The staff members were familiar with the Burks' Behavior Rating Scale due to having been trained to evaluate previous clients' behaviors using this assessment. The instrument's scales were developed to assist in identifying problem behaviors in children already perceived to have difficulty controlling behavior in their schools and at their homes. There are 19 categories of behavior that are evaluated by this assessment. The sub-scale given most attention as part of this study was the excessive aggression category. The rating scale used is a 5-point Likert type scale that assesses the severity of the child's behaviors for each of the 110 items. The scale ranges from (1) "You have not noticed this behavior at all" to (5) "You have noticed this behavior to a large degree." Examples of the test items include, (#61) "Becomes angry if asked to do something" and (#84) "Hits or pushes others" (See attached, Appendix C). The scores on each item are then added vertically by column on each page and transferred to a profile sheet where

they are plotted allowing visual analysis of the significance of each category score (Burks, 1977).

Reliability

Item reliability for this assessment averaged .705 based on a sample of 95 disturbed children with test/retest ratings occurring over 10 days. The reliability of the excessive aggression sub-scale was computed using the Spearman Brown formula and averaged at .408 (Winer, 1962). The test-retest reliability procedure showed statistically significant differences in the scores from individual raters, but the author concluded that this was not of practical importance (Burks, 1977).

Validity

The assessment is critiqued as having high content validity due to the items being judged for appropriateness by 22 school psychologists over a period of four years to assess the instrument's usefulness. Discriminant validity is claimed based upon a study in which the Burks' Behavioral Rating Scale was found to identify a significantly greater percentage of children as troubled from a group of referred children than from a group of nonreferred children. Construct validity is represented due to 176 children showing high correlation between their inner disturbance and their outward behaviors based on the ratings from teachers using the Burks' Behavior Rating Scale. Further studies on concurrent validity with other behavior checklists could be helpful due to a lack of information in this area (Burks, 1977).

Procedures

The subjects met with this researcher individually to discuss the purpose of the study and how their behaviors will be observed three times before and after with and without the life skills training program. The subjects were made aware that the life skills training program was part of the treatment they receive at the hospital and that it is in the process of being revised. The subjects were told that their behaviors would be observed in order to evaluate the effectiveness of the new program. They were also assured that their discharge plans and other treatment would not be compromised due to being part of the study. Consent was also obtained from the subjects' parents/legal guardians and caseworkers. The four staff members worked 40 hours per week. Two worked the morning shift and two worked the evening shift. Three of the staff members were Caucasian females and one was an African American male. The staff members completed the Burks' Behavior Rating Scale as a pre-test and post-test in an 8-week period of time without the life skills program. During this time, the subjects were involved in the standard treatment available at the residential facility that included individual, group, and family therapy as well as daily behavioral monitoring. The staff members again completed the rating scale as a post-test after the 8-week period of time with the life skills program. The life skills program involved three classes per week, one hour in length, for a total of 8 weeks. The classes focused on a theme each week with the following topics being presented in this order: a) anger management, b) communication, c) problem-solving, d) stress and coping, e) conflict resolution, f) self-esteem, g) interpersonal relationship skills (social skills), and h) goal setting. The materials

presented were compiled by the researcher and obtained through a variety of resources including: the Omaha Public School guidance program curriculum, Richard Young Center's patient education program, Goldstein's Skillstreaming the Adolescent, and Social Skills Lessons and Activities for grades 7-12 (See attached, Appendix B). This researcher led the life skills training due to being qualified for leading patient education classes according to the psychiatric hospital's patient education policies, where the study took place, and too having researched different life skills training programs.

The classes were designed to help the subject learn the material through instruction and practice. Research has shown that a specific method of presenting the skills can be effective. This method which was used includes: teaching the skills, modeling the skills, having the subject practice the skills, applying the skills to daily situations on the unit, and then reviewing the skills in the next session. This basic format was used in each session. Each week the subjects were assigned homework worksheets relating to the topic of focus for that week (Appendix B). The subject who actively participated in all sessions, completed the worksheets, and applied the skills outside of the sessions, was awarded a small prize at the end of each week. The outline in Appendix A describes the content and activities involved in each of the 24 sessions (See attached, Appendix A).

Data Collection and Recording

The four staff members completed the assessments during their regular work hours. They were told the purpose of the study was to assess any change in behavior due to the life skills training, but they were not aware that the focus was primarily on any

change in aggressive behaviors. The staff members completed the assessments three times over a 16 week period of time as a pre-test, post-test 1 (after 8 weeks without the life skills program) and post-test 2 (after 8 weeks with the life skills program). The scores in the excessive aggression column were added on each assessment completed by the four staff members. Each added score was recorded for the seven subjects from the pre-test, post-test 1, and post-test 2.

Data Processing Analysis

The experimental hypothesis was tested using a paired-dependent samples t-test for the pre and post-tests. This form of data analysis was used due to comparing means within the same group of subjects. The mean was calculated from the four staff members' scores in the excessive aggression category for each of the subjects. A paired-dependent samples t-test was then computed three times for the pre-test and post-test 1, post-test 1 and post-test 2, and pre-test and post-test 2. A level of .05 was accepted as significant.

Chapter 4

Results

This chapter first provides descriptive data about the subjects, then explains the results of the paired-dependent samples t-tests performed and finally describes the results regarding the null hypothesis. The seven subjects who participated in the study ranged in age from 10-15. Grade levels ranged from 3rd grade to 9th grade. Four of the subjects were Caucasian, two were African American, and one was Hispanic American. Four of the seven subjects came from single parent homes in which the mother is the primary caretaker. Three of the subjects were in treatment at the residential facility for the first time. The other four subjects had been in treatment either twice or three times before. Two of the subjects had been in treatment at the site of this study once before. Five of the subjects were diagnosed with Oppositional Defiant Disorder. Two of the subjects were diagnosed with Impulse Control Disorder alone, and the two oldest subjects were diagnosed with Conduct Disorder in addition to Oppositional Defiant Disorder (Table 1).

Table 1 also reflects how many sessions the subjects missed out of the 24 life skills sessions. Subjects One, Four, and Seven missed the life skills sessions due to demonstrating disruptive behaviors either before or during the sessions. They were directed by staff members and/or this facilitator to leave or remain out of sessions due to one or more of the following behaviors: not following directions, verbally or physically aggressive behavior towards peers or staff, and/or refusing to participate in sessions. The other subjects who missed sessions did not attend due to having visits with family members and/or having appointments off the residential unit.

Table 1

Subjects' Demographic Information

	Age	Race	Grade Level	Parent-Upbringing	Diagnosis	# of Times in Treatment	# of weeks at facility	# of life skills sessions missed
Subject One	12	African American	5 th	Single-parent	Oppositional Defiant Disorder (ODD)	1 st	6	3
Subject Two	12	Caucasian	7 th	Single-parent	Impulse Control Disorder	2 nd	6	None
Subject Three	13	Caucasian	7 th	Two-parent	ODD & Conduct Disorder	2 nd time at this facility	3	1
Subject Four	11	African American	3 rd	Single-parent	Impulse Control Disorder & ODD	3 rd	2	5
Subject Five	15	Hispanic-American	9 th	Two-parent	ODD & Conduct Disorder	1 st	2	1
Subject Six	10	Caucasian	5 th	Two-parent	ODD & Impulse Control Disorder	1 st	3	2
Subject Seven	13	Caucasian	5 th	Single-parent	Impulse Control Disorder	2 nd time at this facility	2	4

The results show differences in means between each pre-test and post-test. Table 2 shows there was a decrease in the group mean scores from 21.071 to 19.857 on the post-test 1 and post-test 2 which was with the life skills training program being implemented. There was also a decrease in the group mean scores from 22.250 to 21.071 on the pre-test and post-test 1, without the life skills training.

Table 2

Paired Samples Statistics

	Mean	n	Std. Deviation	Std. Error Mean
Pair 1 Pre-test	22.250	7	3.221	1.217
Post 1	21.071	7	2.853	1.078
Pair 2 Post 1	21.071	7	2.853	1.078
Post 2	19.857	7	2.719	1.027

Table 3 reflects that the paired-dependent samples t-tests performed showed significant differences in aggressive behavior with the group of subjects without the life skills training ($t = 4.104$, $p = .006$, two-tailed test) and with the life skills training ($t = 2.671$, $p = .037$). The null hypothesis was rejected due to $p < .05$ for the life skills training condition. However, a higher level of significance was found without the life skills training with $p < .01$.

Table 3

Paired Differences

	Average Mean Diff.	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
				Lower	Upper			
Pre-test- Post 1	1.178	.7599	.2872	.4758	1.881	4.104	6	.006
Post 1- Post 2	1.214	1.202	.4546	.1020	2.326	2.671	6	.037

This chapter reviewed the descriptive information about the subjects including their age, race, grade level, parent upbringing, diagnosis, number of times in treatment, number of weeks in facility, and the number of life skills sessions missed during the 8 week period of time. The null hypothesis was rejected due to the data reflected in the second and third tables which showed a decrease in the mean and a level of significance at $<.05$ with the life skills training implemented. The data also showed that there was a decrease in the mean and a level of significance at $<.01$ without the life skills training program.

Chapter 5

Discussion

The results show that there was a decrease in aggressive behaviors among the subjects with and without the life skills training. However, the higher level of significance found without the life skills training demonstrates that there may be threats to the internal validity of the study. It is difficult to distinguish from the results if the life skills training had an effect in decreasing aggressive behaviors. Maturation of the subjects while hospitalized and receiving treatment could have threatened the internal validity due to the results showing a decrease in aggressive behaviors without the life skills training program. A lack of treatment replications may have also threatened the internal validity. A replication of the study could have been helpful in further assessing the effect of the life skills training.

Another threat to the internal validity of the study could have been observer bias. The staff members may have responded to the statements in the assessment with the expectation of a decrease in aggressive behaviors due to being aware of the purpose of the study. They may also have responded to the subjects differently due to expecting differences in behavior. The Hawthorne effect may have also played a role in affecting the internal validity due to the subjects being aware of the purpose of the study.

Regression may have had an effect, in that the results are expected to move more towards the norm, which was true in this study regarding the subjects' aggressive behaviors. The results of this research are consistent with other research which demonstrates that life skills training can have a positive effect in reducing aggressive and anti-social behaviors.

However, the amount of the effect is hard to distinguish due to other variables such as the treatment received while hospitalized playing a role and previous research demonstrating that life skills alone may not be an intervention that can eliminate or substantially control aggressive and antisocial behaviors (Nugent, et al., 1998).

The goal of this research was to examine the effect life skills training has in reducing aggressive behaviors in male youth who are prone to aggression. In this study, the results demonstrate that a reduction in aggressive behaviors was evident with and without the life skills training, making it difficult to distinguish whether life skills training had an effect compared to the standard treatment available to the subjects on a daily basis. The higher level of significance evident without the life skills training may be attributed to the subjects' exposure to a therapeutic environment when initially hospitalized, taking on a novelty effect which could affect their behaviors overall.

Limitations to the study include, the small sample size which limits the generalizability to females, to males younger than 10 and older than 15, and to non-hospitalized youth. Other limitations include some of the subjects not attending all of the life skills sessions, due to having other appointments, refusal to participate, and/or behavioral problems which inhibited subjects from attending or having to leave the session early. This proved to be a limitation in this study due to six out of the seven subjects having missed one or more sessions. Another limitation to the study is the low reliability calculated for the excessive aggression sub-scale which contributes to the inconclusive findings.

Recommendations for future research include, using an alternative behavioral checklist that monitors the number of aggressive incidents per day as opposed to an assessment that looks more generally at aggression so as to further evaluate the effect that life skills training may have on aggression. Using a control group in future research could also be helpful in defining the effect of life skills training. Further research is also needed in assessing the long-term benefits of the life skills training outside of the hospital setting. A follow-up study could prove beneficial in assessing the subjects' aggressive behaviors after leaving the hospital.

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Appendices

Appendix A

Week 1—Anger Management

1st session—Discussed triggers and signs of anger, each subject drew pictures to represent his anger and shared his picture with the group.

Homework: Worksheet *Is Feeling Angry OK? Why or Why not?*

2nd session—Role-played how to handle anger in various situations.

3rd session—Discussed and role-played ways to handle anger while playing games with peers and staff members.

Week 2—Communication

1st session—Discussed aggressive, passive, and assertive communication, watched video on negative and positive ways of communicating.

Homework: Worksheet *Is It Assertive?*

2nd session—Role-played ways to get needs met by practicing positive and negative ways of communication and discussed consequences.

3rd session—Played game called Three Person Drawing that encourages positive communication skills due to not being able to talk, but having to work together to draw picture.

Week 3—Problem-Solving

1st session—Reviewed problem-solving skills and discussed different situations in which problem-solving would be helpful.

Homework: Worksheet *Problem-Solving Style*

2nd session—Role-played negative and positive ways to problem-solve in various difficult situations.

3rd session—Discussed problems that may occur at home and ways to problem-solve.

Week 4—Stress and Coping

1st session—Reviewed possible stressors, signs of stress and brainstormed ways to cope with stress.

Homework: Worksheet *Reacting to Stress*

2nd session—Role-played various stressful scenarios and negative and positive ways to cope with stressors.

3rd session—Participated in meditation and relaxation exercise, brainstormed ways to help self relax.

Week 5—Conflict Resolution

1st session—Defined term, presented scenarios in which subjects developed ways to resolve conflict.

Homework: Worksheet *Resolving Conflicts*

2nd session—Discussed and role-played negative and positive ways to handle conflict.

3rd session—Played game and discussed conflicts that arose and ways to handle them differently.

Week 6—Self-Esteem

1st session—Defined self-image and how each sees himself and how he thinks others see him, participated in M&M activity in which each M&M color stood for different traits and strengths that each subject had to identify about himself.

Homework: Worksheet *Self-Esteem Evaluation*

2nd session—Discussed each subject's mistaken/irrational beliefs about himself and how to change to reasonable beliefs.

3rd session—Played Someone Who... Bingo game which focused on self-qualities and strengths.

Week 7—Interpersonal Relationship Skills

1st session—Role-played negative and positive ways to show respect towards family, friends and authority figures.

Homework: Worksheet *Relationships—Good and Bad Ones*

2nd session—Defined boundaries and distinguished the difference between healthy and unhealthy boundaries, completed Benefits of Boundaries exercise.

3rd session—Role-played different interpersonal skills—starting conversations, listening, asking for help, giving compliments, introducing self and others, and saying thank-you.

Week 8—Goal-Setting

1st session—Reviewed Step by Step Goal Setting, each subject set his own short-term goal for the week.

Homework: Worksheet *Overcoming Obstacles to Goals*

2nd session—Discussed different obstacles to reaching goals and what each subject's obstacles were to reaching his own goal, role-played different ways to overcome obstacles in various scenarios.

3rd session—Reviewed each subject's short-term goal, if it was met, why or why not, and what could have been done differently.

IS IT ASSERTIVE TO...

1. Say "I feel angry" Yes No
2. Kick the cat Yes No
3. Let others put you down Yes No
4. Hit back when you're hit Yes No
5. Say I feel hurt or scared Yes No
6. Say "Hit me, I like it." Yes No
7. Tell a teacher when something bad happens at school Yes No
8. Call a kid "stupid" Yes No
9. Run away when you're afraid Yes No
10. Give your favorite possession to someone when they threaten you Yes No

Problem Solving Style

Name _____ Class _____

Directions: The purpose of this questionnaire is to provide you an opportunity to assess your problem solving style. For each of the following situations, choose the statement which most closely fits the manner in which you would respond. Check the statement which most closely describes how you might react. There are no right or wrong answers. Sometimes all three alternatives might be consistent with your behavior.

1. When faced with finding a solution to a challenging task. . .
 - A. I have extreme difficulty in being satisfied with my solutions.
 - B. I feel compelled to try a number of alternatives and need to find a solution.
 - C. I seek a solution and usually find one as quickly as possible.
2. When faced with a complicated problem. . .
 - A. I seek a large number of possible solutions.
 - B. I examine a number of solutions, but then settle on the one or two best possibilities.
 - C. I usually find one solution quickly and stick with it.
3. When faced with a problem. . .
 - A. I let my mind wonder about all the possible ways of solving the problem.
 - B. I look at a number of ways to solve the problem, examine all I know about the situation and then make a decision.
 - C. I attempt to solve the problem quickly by applying my knowledge to the problem.
4. If "something" is running smoothly. . .
 - A. I am likely to interfere with its operation.
 - B. I am likely to continuously examine it for ways in which it might be improved.
 - C. I am likely to leave it alone.
5. When faced with a crisis. . .
 - A. I usually find that I can separate myself from being too involved in it.
 - B. I usually feel torn between being detached from the situation and being involved in it.
 - C. I usually involve myself in the situation until it is solved.
6. When someone presents me with a personal concern. . .
 - A. I usually keep my distance and let the person solve the problem.
 - B. I usually keep from getting emotionally involved, yet wanting to share my opinion.
 - C. I usually feel compelled to tell the person how to resolve the concern.
7. In solving problems. . .
 - A. I usually wonder if I can arrive at a satisfactory solution.
 - B. I usually alternate between wondering if I can solve the problem and knowing that I can.
 - C. I usually know that no problem is too large for me to find some solution.
8. In new learning situations. . .
 - A. I am usually very relaxed.
 - B. I am relaxed but attentive to what is happening.
 - C. I am very attentive to the point of sometimes being edgy.

REACTING TO STRESS

Listed below are some possible ways of reacting in stressful situations.

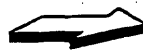
- A. Circle those you feel would be positive reactions; coping in a productive manner.
- B. Draw a line through those that would seem to be negative or ineffective ways of coping; coping in a non-productive manner.

-
1. Overeat or undereat
2. Discuss the problem and possible solutions with a friend.
3. Eat well as part of your daily routine.
4. Talk a lot or say very little.
5. Look and think like a loser.
6. Take time to relax.
7. Ignore the problem and pretend it will go away by itself.
8. Withdraw from people and spend a lot of time alone.
9. Try alternate solutions.
10. Let your feelings rule over logical reasoning.
11. Accept limitations in yourself and the situation which cannot be changed.
12. Get headaches, backaches, or colds.
13. Express the emotions you feel relative to the situation.
14. Give up and do nothing to solve the problem.
15. Be irritable and angry.
16. Look and think like a winner.
17. Try alcohol or drugs to make the situation seem better.
18. Deal with the problem without exaggeration.
- The list is annotated with hand-drawn lines and circles. A large bracket on the left side groups items 1 through 6. A large bracket on the right side groups items 15, 16, 17, and 18. Item 10 is circled. Item 12 is underlined. Item 14 is underlined. Item 15 is underlined. Item 16 is underlined. Item 17 is underlined. Item 18 is underlined. Item 1 is underlined. Item 2 is underlined. Item 3 is underlined. Item 4 is underlined. Item 5 is underlined. Item 6 is underlined. Item 7 is underlined. Item 8 is underlined. Item 9 is underlined. Item 11 is underlined. Item 13 is underlined. Item 14 is underlined. Item 15 is underlined. Item 16 is underlined. Item 17 is underlined. Item 18 is underlined.

- C. Which three reactions best describe your usual response to stress? Can you add others to this list?

RESOLVING CONFLICTS

CONFLICT



RESOLUTION

Describe:

- A. The Situation
- B. What You'd Like to Change

1A: _____

_____B: _____

_____**2**A: _____

_____B: _____

_____**3**A: _____

_____B: _____

_____**Describe:**

- A. Your Role/Responsibility in Making the Change
- B. The Other's Role/Responsibility in Making the Change

1A: My Role/Responsibility: _____

_____B: _____ Role/Responsibility: _____

_____**2**A: My Role/Responsibility: _____

_____B: _____ Role/Responsibility: _____

_____**3**A: My Role/Responsibility: _____

_____B: _____ Role/Responsibility: _____

SELF ESTEEM EVALUATION

1. SELF ESTEEM IS:
2. THE BIGGEST PRESSURE I PUT ON MYSELF IS:
3. THE BIGGEST PRESSURE PUT ON ME
BY MY PARENTS IS:

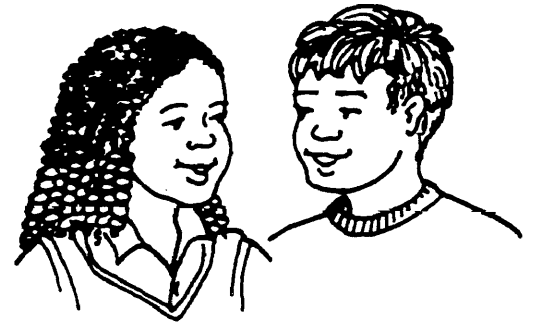
BY MY TEACHER IS:

BY MY FRIENDS IS:
4. NAME AN UNPRODUCTIVE STATEMENT WHICH HAPPENS FREQUENTLY IN YOUR LIFE:
5. MAKE THAT STATEMENT INTO A PRODUCTIVE STATEMENT:

Name _____ Date _____

RELATIONSHIPS

Directions: Interview at least five members of your family, friends, or other people that you know and who have a relationship with another person. Based on your interviews, judge which relationships are good ones and which are bad ones. (Do not mention any actual names.) List all attributes such as age, gender, attitudes, behaviors and more for each relationship and then make your judgement.



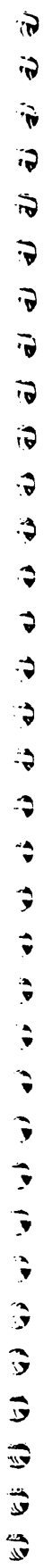
INTERVIEW #1

INTERVIEW #2

INTERVIEW #3

INTERVIEW #4

INTERVIEW #5



Overcoming Obstacles to Goals

1. Reaffirm your goal for yourself. What do you want to shoot for?

2. What are the "RED FLAGS" that may stop you from reaching your goal?

■

■

■

3. What can you do to overcome these red flags?

4. Goal Deadline

I will try to make this goal by _____

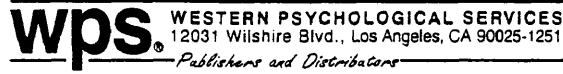
Student Signature

Date

BURKS' BEHAVIOR RATING SCALES ADMINISTRATION BOOKLET

by Harold F. Burks, Ph.D.

Published by



Name _____ Date _____
 School _____ Age _____ Grade _____
 Rated by _____ Relationship to Child _____

Please rate **each** and **every** item by putting the number of the most appropriate descriptive statement in the box opposite each item. The 5 descriptive statements are given below:

- Number **1**. You have not noticed this behavior at all.
- Number **2**. You have noticed the behavior to a slight degree.
- Number **3**. You have noticed the behavior to a considerable degree.
- Number **4**. You have noticed the behavior to a large degree.
- Number **5**. You have noticed the behavior to a very large degree.

1. Shows erratic, flighty or scattered behavior.	□				
2. Questions indicate a worry about the future.		□			
3. Maintains other children pick on him.			□		
4. Does not ask questions.				□	
5. Upset if makes a mistake.					□
6. Perseverates (keeps repeating behavior), cannot shift responses.					□
7. Is easily distracted, lacks continuity of effort and perseverance.	□				
8. Complains he never gets his fair share of things.				□	
9. Gives inappropriate responses.					□
10. Shows overremorse for wrong doing.			□		
11. Attention span not increased by punishment or reward.	□				
12. Does not show imagination.					□
13. Will not forgive others.				□	
14. Is upset if things do not turn out perfect.			□		
15. Attention span is short.	□				
16. Has trouble remembering things.					□
17. Accuses others of things they actually did not do.				□	
18. Shows poor vocabulary.					□
19. Complains others do not like him.				□	
20. Cannot finish what he is doing; jumps to something else.	□				
21. Blames himself if things go wrong.			□		
22. Does not show common sense.					□

10 1 16 8

Please rate **each** and **every** item by putting the number or the most appropriate descriptive statement in the box opposite each item. The 5 descriptive statements are given below:

- Number **1**. You have not noticed this behavior at all.
- Number **2**. You have noticed the behavior to a slight degree.
- Number **3**. You have noticed the behavior to a considerable degree.
- Number **4**. You have noticed the behavior to a large degree.
- Number **5**. You have noticed the behavior to a very large degree.

23. Shows many fears.....	<input type="checkbox"/>				
24. Tells bizarre stories.....					<input type="checkbox"/>
25. Shows poor reading.....		<input type="checkbox"/>			
26. Becomes overexcited easily.....			<input type="checkbox"/>		
27. Uses unintelligible language.....					<input type="checkbox"/>
28. Displays a don't care attitude; does what he wants.....				<input type="checkbox"/>	
29. Shows poor spelling.....		<input type="checkbox"/>			
30. Tells falsehoods.....				<input type="checkbox"/>	
31. Is hyperactive and restless.....			<input type="checkbox"/>		
32. Shows daydreaming.....					<input type="checkbox"/>
33. Appears tense.....	<input type="checkbox"/>				
34. Does not follow through on promises.....				<input type="checkbox"/>	
35. Shows explosive and unpredictable behavior.....			<input type="checkbox"/>		
36. Shows tics and grimaces without apparent reason.....					<input type="checkbox"/>
37. Worries too much.....	<input type="checkbox"/>				
38. Takes things which do not belong to him.....				<input type="checkbox"/>	
39. Follows academic directions poorly.....		<input type="checkbox"/>			
40. Secretly laughs or talks to himself.....					<input type="checkbox"/>
41. Shows little respect for authority.....				<input type="checkbox"/>	
42. Blushes easily.....	<input type="checkbox"/>				
43. Rotates or rocks his body.....					<input type="checkbox"/>
44. Assignments are poorly written.....		<input type="checkbox"/>			
45. Is tardy.....				<input type="checkbox"/>	
46. Is impulsive.....			<input type="checkbox"/>		
47. Makes weird drawings.....					<input type="checkbox"/>
48. Is involved in undesirable escapades.....				<input type="checkbox"/>	
49. Appears nervous.....	<input type="checkbox"/>				
50. Is unaware of what is going on around him.....					<input type="checkbox"/>
51. Homework is not done or incomplete.....		<input type="checkbox"/>			
52. Cannot control self (will speak out or jump out of seat).....			<input type="checkbox"/>		
53. Is truant.....					<input type="checkbox"/>

2 9 11 19 12

Please rate **each** and **every** item by putting the number or the most appropriate descriptive statement in the box opposite each item. The 5 descriptive statements are given below:

- Number 1. You have not noticed this behavior at all.
- Number 2. You have noticed the behavior to a slight degree.
- Number 3. You have noticed the behavior to a considerable degree.
- Number 4. You have noticed the behavior to a large degree.
- Number 5. You have noticed the behavior to a very large degree.

54. Avoids physical contact in play.	<input type="checkbox"/>
55. Becomes angry quickly.	<input type="checkbox"/>
56. Acts as non-conformist.	<input type="checkbox"/>
57. Is stubborn and uncooperative.	<input type="checkbox"/>
58. Has trouble holding on to things.	<input type="checkbox"/>
59. Gets hurt in physical play.	<input type="checkbox"/>
60. Is rebellious if disciplined.	<input type="checkbox"/>
61. Becomes angry if asked to do something.	<input type="checkbox"/>
62. Shows poor coordination in large muscle activities.	<input type="checkbox"/>
63. Wears unusual clothing styles.	<input type="checkbox"/>
64. Gets tired quickly.	<input type="checkbox"/>
65. Handwriting is poor.	<input type="checkbox"/>
66. Denies responsibility for own actions.	<input type="checkbox"/>
67. Is quickly frustrated and loses emotional control.	<input type="checkbox"/>
68. Associated with loners.	<input type="checkbox"/>
69. Drawings and paintings are messy.	<input type="checkbox"/>
70. Does things his own way.	<input type="checkbox"/>
71. Will not rough and tumble with others.	<input type="checkbox"/>
72. Accidentally runs into people and objects.	<input type="checkbox"/>
73. Explodes under stress.	<input type="checkbox"/>
74. Rejects classmates in hostile manner.	<input type="checkbox"/>
75. Appears physically lethargic.	<input type="checkbox"/>
76. Will not take suggestions from others.	<input type="checkbox"/>
77. Flares up at classmates if teased or pushed.	<input type="checkbox"/>
78. "Style" of behaving deliberately different from most.	<input type="checkbox"/>

6 7 18 13 15

