

An Intervention Program For Children Against Turn Into Crime: Aggression Replacement Training

Suçta Sürüklenen Çocuklara Yönelik Önleyici Bir Müdahale Programı: Agresyon Replasman Eğitimi

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SUMMARY

Aggression Replacement Training (ART) is a multi-component psychoeducational intervention program that aims to provide alternative behavior for chronic aggressive adolescents. The content of the program has components of social skills training to provide constructive behavior, anger control training to reduce the anger level and to ensure self-regulation, and moral reasoning training to provide the ability to see the perspective of others. This paper is included effectiveness of introducing ART, besides of evaluating numerous researches about ART. These data shows that ART is an appropriate and effective intervention program for children against turn into crime.

Keywords: Aggression; aggression replacement training; child delinquency.

ÖZET

Agresyon Replasman Eğitimi (ARE) kronik agresif ergenlere alternatif davranış kazandırmayı hedefleyen çok bileşenli psikoeğitimsel bir müdahale programıdır. Programın içeriğinde; yapıcı davranış kazandırmayı hedefleyen sosyal beceri eğitimi, öfke düzeyini azaltmaya ve öz-denetim sağlamaya yönelik öfke kontrol eğitimi ve başkalarının bakış açısından bakabilme becerisini kazandırmayı hedefleyen ahlaki muhakeme eğitimi bileşenleri vardır. Bu çalışmada ARE'ni tanıtmının yanı sıra; etkinliğini değerlendiren çok sayıda araştırmaya da yer verilmiştir. Bu veriler ARE'nin suçta sürüklenen çocuklara yönelik olarak uygun ve etkili bir müdahale programı olabileceğini göstermektedir.

Anahtar sözcükler: Saldırganlık; agresyon replasman eğitimi; çocuk suçluluğu.

Introduction

Children and adolescents display aggressive and violent behavior in most of the urbanized areas of developed or developing countries, especially in urbanized areas, probably because of the economical, individual, and social problems that have remained unsolved for a long time.^[1] Experts have reported that adolescents and young adults with conduct disorder violate the laws more compared with other age groups. In Turkey, anyone under the age of 18 is regarded as a child, and hence the term “juvenile delinquency” includes both childhood and adolescence.^[1]

The problem of juvenile driven into crime is a global issue not only in Turkey but also in Europe, Asia, and USA.^[2] The studies of the Turkish Statistical Institute (TSI) conducted between 2002 and 2006 showed that 52,064 children and adolescents were brought to the security units in 2002,^[3] and

this number increased to 84,110, 100,831, and 115,439 in 2006, 2012, and 2014, respectively.^[4]

Many studies have subsumed the reasons of tending to criminal behavior under three titles: “psychosocial factors” (socioeconomic limitations, family conflicts, antisocial and criminal behavior and substance abuse in the family, insufficient emotional intimacy, and growing attitude), “environmental factors” (migration, media, and effect of peers displaying criminal behavior), “genetic and biological factors” (labor complications, attention deficit disorder with hyperactivity, sensation seeking, use of substance and alcohol, power, intelligence, personal characteristics, and gender).^[5-10]

Factors inducing children and adolescents to commit crime differ from those affecting adults. Therefore, besides legislative regulations in the juvenile criminal justice system, evaluation of acts regarded as crime, execution of punishment, and actions to be taken for children and adolescents should be different from those for adults. Many preventive intervention programs have been developed to holistically handle children and adolescents displaying aggressive behavior and driven into crime (cognitive behavioral therapy, family therapy, victim-offender reconciliation programs, multisystemic therapy, interpersonal skill education, family education houses, counseling services, academic and vocational training programs, substance abstinence programs, and so forth).^[11,12] The literature has shown that programs producing effective results to prevent guilt were listed. It was found that among

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Psikiyatri Hemşireliği Dergisi 2016;7(3):148-151
Journal of Psychiatric Nursing 2016;7(3):148-151

Doi: 10.5505/phd.2016.27247

Submitted (Geliş tarihi): 04.12.2015 **Accepted (Kabul tarihi):** 20.06.2016

these programs those about getting a profession have less effect on repetition of a crime compared with social skill development approaches and behavioral and cognitive-behavioral practices have more effect. The preventive and cost-effective aggression replacement training (ART) is also one of these intervention programs.^[12,13,14]

Aggression Replacement Training

Arnold Goldstein and Barry Glick developed the ART in the 1980s as a multicomponent and psychoeducational intervention program for children driven into crime. Then, Goldstein, Glick, and Gibbs carried on their studies and republished the program in 1998. The program presented in this study is the revised third edition of the ART.^[15]

The ART is an intervention program based on cognitive-behavioral theory, which is used to help children and adolescents to reduce aggressive behaviors, gain anger control skills, and adequately develop moral reasoning and social skills. This program especially targets chronically aggressive children and adolescents. The ART has been adapted for children in schools/prisons and adults in mental health centers. This program is used with an intention of primary and secondary prevention in houses, schools, and many institutions in the society.^[15,16]

This program lasts approximately 10 weeks and comprises a total of 30 sessions (3 sessions each week). It is implemented with group trainings. In training sessions, a social skills training, an anger control training, and a training on moral reasoning are provided on the first, second, and third days of the week, respectively. The sessions can also be conducted twice in the week by appropriate planning.^[15]

The Components of the Aggression Replacement Training

ART involves a coordination among social skills training, behavioral component; anger control training, emotion-oriented component; moral reasoning; and cognitive component.

Social Skills Training

Social skills training is a behavioral component of the ART. It is a systematic psychoeducational intervention that teaches effective social skills and is grounded on the social learning process. The purpose of this component of the program is to teach effective social skills that can replace aggressive behaviors. The ability to “complain, understand other people’s feelings, get prepared for a difficult speech, overcome anybody else’s anger, help others, avoid a fight, overcome an accusation, express love, respond to the failure, and overcome group pressure,” rarely displayed among children driven into crime, is developed in one session per week for 10 weeks. The sessions consist of modeling, role playing, performance

feedback, and homework activities. In this training, one social skill is practiced each week.^[15,17–20]

Anger Control Training

Anger control training, the emotional component of the ART, teaches adolescents what they should not do. The purpose of the anger control training is to teach adolescents anger management. To this end, the sessions involve teaching signs of psychological arousal and self-control methods. In 10 weeks, the training covers the major components of the anger control chain (introduction of anger control training/the abc of anger, anger log and anger stimuli, signs of anger and anger control methods, reminders, forethought, self-evaluation, angry behavior cycle, the use of social skills and the control of overall anger control chain, comprehensive evaluation, and revising overall anger control chain). The theory sessions are followed by modeling, role playing, and performance feedback sessions. Also, the “anger log” is used by the participants to convey their experiences about anger.^[15,17–20]

Moral Reasoning

Social skills training and anger control training generally teach participants what should they do and not do in aggression-triggering situations. The purpose of moral reasoning sessions is to increase participants’ levels of justice and honesty, enhance their interest in other people’s needs and rights, and help them acquire moral maturity by improving cognitive distortions and creating a positive peer culture. Moral reasoning is the cognitive component of the ART. This component of the ART aims to increase participants’ awareness about other people’s perspectives by using problem situations in various discussed stories and help them develop their worldview in a fairer and unbiased manner. In this way, the training allows adolescents to take more mature decisions by giving them opportunity to proceed through their moral-cognitive developmental stages. Each week, this training is implemented by introducing problematic situations in the story, and discussing and analyzing questions.^[15,17–20]

Studies Assessing the Aggression Replacement Training

The ART developed by Goldstein et al. is an empirically based approach and gets attention. It is provided by teachers, counselors, school psychologists, adolescent care workers, social workers, and reformatory workers.^[15–20]

Many studies in America and Europe have shown that the ART has an effect on children and adolescents involved in antisocial behaviors and repetition of crime. The ART was first implemented at a youth center with 60 adolescents who had been put in prison for robbery, theft, and substance abuse, in New York City, USA, in 1986. For the study, three groups were formed. The ART was provided to the first group, short

explanations were given to the second group, and no implementation was ensured for the third group. The study findings showed that adolescents participating in the training on social skills could use 4 of 10 skills and displayed less impulsive behaviors compared with the control group.^[21]

In another study in 1989, Goldstein et al. considered the efficiency of the ART as life-based. A total of 84 adolescents participated in the study. The ART was assessed among three groups in this community-based project. Adolescents and their parents who received the ART, only adolescents who received the ART and adolescents who did not receive the ART were included in the first, second, and third groups, respectively. This study reported a decrease in the anger level and an increase in social skills in the first and second groups. Also, a statistically significant decrease in the repetition rate of crime was observed in the first and second groups compared with the third group.^[21]

The findings obtained from 20 different centers in Washington City, USA, between January 1999 and September 2001, were also important. The study sample consisted of 1500 children driven into crime. To determine whether the ART program reduced the repetition rate of crime, a control group was selected. A total of 960 and 862 children were included in the ART group and the control group, respectively. Following the completion of the ART training, the repetition rate of crime in the experimental group in a 12-month period was found to be low at a statistically significant level compared with the control group. The eighteenth monthly monitoring results showed that the repetition rate of crime among adolescents in the ART group decreased by 24% compared with the control group.^[22]

Ryan (2009) evaluated the efficiency of ART on 113 adolescents under arrest who had been diagnosed with behavioral disorder. This study found that the repetition rate of crime among participants who received ART training was lower compared with the repetition rate among those who did not receive the training.^[23] In another study, the ART training was implemented with 65 children and adolescents. This study found a significant increase in social skills and a decrease in problematic behaviors of the group that received the training while the control group did not show any change. The effect of ART on the antisocial behavior of children and adolescents who stayed at shelters for a short time was examined, and a decrease in antisocial behaviors among people who received ART training was found.^[24,25]

Gundersan and Svartdal (2006) implemented the ART with 65 children and adolescents who had behavioral problems at various levels. A total of 47 children and adolescents were included in the experimental group, and 18 adolescents were included in the control group. After the implementa-

tion of the ART, an increase in social skills and a decrease in problematic behaviors of the experimental group was found at a statistically significant level compared with the control group. These improvements were not found in the control group.^[26]

Currie et al. (2012) implemented the ART with 20 adolescents staying in prison. The study was conducted in a quasi-experimental design and showed, a statistically significant decrease in adolescents' total scores on aggressiveness scale and subdimension mean scores on physical aggression, hostility, and indirect aggression after the implementation. Also, this study found that adolescents' total scores on social problem-solving inventory and scores on positive orientation to the problem and rational problem-solving subdimensions increased at a significant level.^[27]

Koposov et al. (2014) implemented the ART with 232 children in schools and social institutions. A quasi-experimental design study examining the effect of the ART on social skills and problematic behaviors found that social skills of the participants in both the experimental and control groups increased and their negative behaviors decreased after the implementation. This result led to the conclusion that children in the experimental group probably mixed with the children in the control group.^[28] Another study implemented the ART with 18 students aged 13-15 years in New Zealand. This quasi-experimental design study evaluated the effect of ART on emotional regulation and aggressive behavior and found that emotional regulation improved and aggression decreased.^[29]

The analysis of the studies showed that the ART increased the social skills among children and adolescents driven into crime and prevented repetition of crime by decreasing anger level, impulsive behavior, and aggressive behavior. These results were based on several evidences. Hence, the ART rehabilitates children and adolescents staying in prison to especially socialize and reintegrate them into the society while it prevents children and adolescents who stay in institutions under the social services and display problematic behaviors from being driven into crime.

Conclusions

Since the 1980s in USA and Europe, the ART has been implemented as a commonly used preventive intervention program for children and adolescents displaying violent and aggressive behaviors. In Turkey, no literature is available about the ART. However, the Department of Justice Psychosocial Services developed many preventive and therapeutic intervention programs including former versions of the ART. According to TSI data of 2014, the number of children driven into crime increased by 68.9% between 2009 and 2013. Besides other interventions to make Turkey completely

suitable for the UN Convention on the Rights of the Child, the Beijing and Riyadh Guidelines (Turkey being a party to them), and other international standards about this issue, it is important to develop practices regarding the risk and needs of children and adolescents.

The International Society of Psychiatric-Mental Health Nurses (2001) made suggestions to prevent violence and aggressive behaviors in adolescents. According to these suggestions, it was stated that psychiatry nurses could implement psycho-education programs to increase social skills, create social support network and sources for children and their families in houses, schools, and the society, and participate in studies about this issue.^[29] The role of nurses working with children and adolescents within the Prison Judicial System in meeting health and psychosocial needs of this population is regarded as critical. A multidisciplinary and multisectorial approach is required to identify the complexity of problems that these children and adolescents experience and to bring their abilities to the optimal level to care for themselves. It has been stated that the cooperation of the members of the justice system, social services, and education and health services is important.^[30] In this context, psychiatry nurse specialists working in institutions such as forensic psychiatry services, prisons, schools, and so forth should be encouraged to use such training programs.

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