



Teachers treat aggressive children: An outcome study



Zipora Shechtman*, Rony Tutian

Haifa University, Israel

HIGHLIGHTS

- Teacher and student outcomes were compared in an experimental/control design.
- Treatment students reduced aggression and increased perception of teacher empathy.
- Teacher empathy was related to decrease in students' aggression.
- Trained teachers seem to be effective in treating their aggressive students.

ARTICLE INFO

Article history:

Received 31 October 2015
Received in revised form
31 March 2016
Accepted 19 April 2016

Key words:

Child aggression
Teacher training
Teacher empathy

ABSTRACT

School aggression has become a major challenge to educators. Under the assumption that teacher empathy is related to student aggression, we offer a group training program, employing bibliotherapy, for teachers to help their aggressive students. Participants were 44 female teachers and 165 aggressive students. Teachers in the intervention group led the program with a small group of children; in the contrast group such children were assisted academically. Results indicated more favorable outcomes for children in the intervention group on aggression and on perceived teacher empathy, and gains on scores on aggression were related to change in perceived teacher empathy.

© 2016 Elsevier Ltd. All rights reserved.

Child and adolescent aggression is prevalent in schools, challenging the ability of helping professionals to provide services to all children at risk (Reese, Norsworthy, & Rowlands, 2009). We suggest that teachers can be trained to treat aggressive students in small groups, and we offer a unique program based on bibliotherapy. Bibliotherapy refers to the use of books for therapeutic purposes. This program has been tested in previous studies, providing an evidence base (for a review, see Author, 2010); however, it was always conducted by professionals in mental health. The current study measures the impact of treatment provided by teachers on student aggression.

Teacher empathy is a major construct in education (Good & Brophy, 2008), particularly in regard to challenging students, yet its application in teacher education is rare (Barr, 2011). Such empathy may be enhanced through training; the more teachers understand child aggression and are willing to listen to their students on an intimate level, the more they may be willing to support

them. In turn, the more children sense teachers' care and empathy, the more they may be willing to cooperate and relinquish some of their disruptive behavior. The training process in the bibliotherapy group provides teachers with the necessary knowledge, experiences, and skills to convey empathy and assist their aggressive students. Employing books in treatment is a natural pedagogy to teachers and students; in addition, it provides a structured method and a practical tool for them to cope with aggression in school.

1. Aggressive children

Aggressive behavior is defined by most researchers as an intentional act to hurt others physically or psychologically (for example, Moeller, 2001). It is frequently present in schools, with rates ranging from 30% to over 50%, including verbal, relational, physical, and cyber aggression, and for some children it is a daily threat (Raczynski & Horne, 2014). Treatment of school aggression usually takes a path of primary prevention (Conyne, Horne, & Raczynski, 2013), but this is not sufficient for highly aggressive children or youth. Aggression is a multi-dimensional phenomenon, including social, cultural, familial, neurological, and/or biological variables; therefore, these children and youth need a more rigorous

* Corresponding author. Counseling and Human Developing, Haifa University, Haifa, Israel.

E-mail address: ziporas@edu.haifa.ac.il (Z. Shechtman).

treatment (Dodge, 2011).

Cognitive behavioral theories provide a convincing explanation of child aggression. They use distorted social information processing, by which they perceive limited cues in a given situation, interpret them as intentionally negative, and select an aggressive response because they perceive power as an advantage, believing this will serve them best (Dodge, 2011). But, in fact, aggression does not serve them well, as the consequences are usually not in their favor; thus, they are anxious, angry, and helpless, and consequently resistant to change. Most of the treatments offered to these children are cognitive behavioral, aimed at changing their distorted information processing and behavior (Dodge, Godwin, & Conduct Problems Prevention Research Group, 2013; Kazdin, 2007). However, aggression seems to be more than a cognitive response.

Aggressive children are angry, anxious and lonely, finding it difficult to express their feelings (Deffenbacher, Oetting, & DiGuseppe, 2002; Potter-Efron, 2005). In fact, Gurian (1997) argues that anger is the only emotion that aggressive boys feel comfortable with, as they tend to act out their feelings instead of expressing them. Aggressive children have been found to suffer from verbal deficits (Connor, 2002) and to have difficulty expressing needs (Moeller, 2001). Some researchers even suggest that denial of feelings is a survival strategy for them (Garbarino, 1999), helping them overcome harsh life circumstances, stress, and failure.

Studies have shown aggression to be negatively correlated with empathy (Author, 2003; Hrdy, 2009). As aggressive children are disconnected from their own feelings, they cannot be highly empathic to the suffering of others (Loudin, Loukas, & Robinson, 2003; Pollack, 2000). They appear to be indifferent and insensitive to such suffering, especially of their victims. While they may feel shame, guilt, and fear, they mask this with a false image of strength and arrogance (Garbarino, 1999).

Aggressive children also endorse power. This is part of the distorted information processing attributed to them (Dodge, 2011). As most meaningful persons in their lives have caused them to experience humiliation and despair, they find it virtually impossible to trust strangers. A hostile attribution bias leads them to conclude that others harbor hostile intent towards them and therefore deserve to be attacked. Thus, in a situation of social conflict, aggressive children feel they must be on guard and respond with force; aggression seems their only viable option (Calvete & Orue, 2012; Toth, Harris, Goodman, & Cicchetti, 2011).

Much of this aggression is a spontaneous reaction. These are the scripts such children have developed through poor socialization processes and insecure attachment (Ein-Dor, Mikulincer, & Shaver, 2011), and they act on them impulsively. In addition, many have difficulties regulating their own behavior (Röll, Koglin, & Petermann, 2012). Self-regulation is developed at an early stage of child development through relationships with parents (Dodge, 2011), the absence of such skills as inhibition of disruptive behavior, cooperation with others, and self-assertion, it is difficult for them to control themselves (Bohart & Stipek, 2001).

These characteristics cannot be addressed solely by skills training. They must involve an emotional focus along with a cognitive one. Moreover, because aggression is an interpersonal behavior, treating aggressive children in small groups seems reasonable, as interpersonal learning is a major therapeutic factor in groups. Although some researchers raise concerns about the potential adverse mutual influence in such groups (Dishion, Dodge, & Lansford, 2008; Dishion, McCord, & Poulin, 1999), other studies showed that small groups are efficacious (Author, 2000, 2003, 2006; Author & Birani-Nasaraladin, 2006), and they are certainly cost effective. The inconsistency in results may be attributed to the level of child aggression; the later studies relate to aggression in school children, which is milder than the aggression of the violent

youth in the Dishion studies. It may also be related to the effectiveness of the unique bibliotherapy program.

1.1. Bibliotherapy

Bibliotherapy entails the use of books in the treatment of people (Baker, 1987). It can be used as a cognitive intervention with minimal therapist intervention (also called self-help) or an emotional intervention, using fiction literature, with intensive therapist intervention. Most of the bibliotherapy treatment with children is of an affective type (Gladding, 2005), relying on high quality literature. Stories are helpful in offering insight into personal problems (Forgan, 2002) because they create a safe distance, bringing people indirectly to the edge of sensitive and threatening issues. Bibliotherapy is also helpful due to processes of identification; by identifying with literary characters, individuals are exposed to a range of emotions which they can recognize in themselves, and thus reconnect to their own emotions (Greenberg, 2002). Finally, high quality literature presents a wide range of human thoughts that readers can learn from and apply to their own lives (Kottler, 1986). Stories, poetry, and films all comprise wisdom from which individuals can learn.

Due to the high resistance to therapy, aggressive children need an indirect method of treatment. In addition, children love stories, identify with the characters, and understand the aggressive behavior and its consequences from a distance, which in turn helps them to express their own feelings and develop insight into their own behavior. In a study that investigated the contribution of bibliotherapy to the reduction of aggression (Author, 2006), children in bibliotherapy treatment were compared to treatment children using the same theoretical method but without bibliotherapy. Results indicated more favorable outcomes on aggression and empathy in the bibliotherapy. Moreover, those counselors who used bibliotherapy were more satisfied with the treatment, attributing it to the use of books and structure.

The literature we use in bibliotherapy is carefully selected to cover the major issues of aggressive behavior, adjusted to age, gender, and culture. Based on a review of aggressive behavior, we include four content components: anger and its expression, the endorsement of power, empathy to the suffering of others, and self-regulation. Each session starts with a new poem, story, or film. First the literature is discussed (the indirect phase). Then, after exploring the behavior, its reasons and consequences, the children are asked to share their own experiences, understand their own behavior, and make a commitment to change. Similar processes are used with teachers in training. Teachers also identify with literary characters, understand conflictual situations, become aware of the difficulties aggressive children face, and develop empathy towards them.

1.2. Teacher empathy

To cope with students' deviant behavior, teachers need to deeply care about them (Craig, Bell, & Leschied, 2011; Warren & Lessner, 2014). Indeed, empathy appears in the literature as a major construct for effective teaching (Good & Brophy, 2008), yet little research has examined empathy in the school context (Baron-Cohen, 2011; Swan & Riley, 2012). Moreover, not all teachers are empathic; training programs do not focus on enhancement of empathy and do not provide teachers with tools to deal with difficult children (Barr, 2011).

Empathy is defined as experiencing the psychological life of another person by projecting one's self into the other, to understand what he/she is thinking or feeling (Swan & Riley, 2012). In common language, it is "walking in someone else's shoes". Empathy includes a cognitive component of perspective taking and

Download English Version:

<https://daneshyari.com/en/article/6850677>

Download Persian Version:

<https://daneshyari.com/article/6850677>

[Daneshyari.com](https://daneshyari.com)