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IMPACT OF COGNITIVE BEHAVIOR THERAPY ON AGGRESSION, INTERPERSONAL COMMUNICATION AND COPING STRATEGIES AMONG ADOLESCENT STUDENTS.

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ABSTRACT

Adolescence is the most crucial stage in the human life span. At this stage adolescents undergo many challenges and issues. The present study has focused more on the aggression, interpersonal communication and coping strategies of adolescent students. To study the Impact of Cognitive Behavior Therapy (CBT) on Aggression, Interpersonal communication and Coping Strategies among Adolescent students. Pre and Post experimental design study was carried out with the total sample of 120 adolescent students (60 Experimental Group, and 60 Control Group) who had scored high scores on aggression (Aggression Scale, Mathur & Bhatnagar, 2004), and low scores on interpersonal communication (IC Inventory, Millard J. Bienvenu, Sr, 1971), and low scores on problem solving coping (The COPE, Carver et al., 1989). In this study it was hypothesized that Cognitive Behavior Therapy will have a positive impact on decreasing aggression, enhancing interpersonal communication and Problem Focused Coping strategies in adolescents. The results have revealed that experimental group adolescents have shown significant improvement in interpersonal communication, reduction in aggressive behavior and using adaptive coping methods after receiving Cognitive Behavior Therapy.



KEYWORDS : Cognitive Behavior Therapy (CBT), Aggression, Interpersonal Communication, Coping Strategies, Adolescents.

INTRODUCTION:

Aggression and Interpersonal Communication

Adolescence is a time of dynamic growth and development of physical, sexual, social and emotional characteristics. There are wide common variations between the time of onset of puberty and the attainment of full developmental maturity. Many young adolescents display few if any issues during this potentially turbulent period, and make the important changes in adjustments without undue stress to themselves, their family or their friends. But, due to make changes in their psychosocial aspects during this transition period, many adolescents face some of psychological problems. They become aggressive when they are unable to cope with the situations, which leads to less in interpersonal communication with the family members or neighbours or friends.

Aggression takes many structures, extending from social and verbal aggression to physical aggression and more genuine sorts of violence. Physical aggression incorporates behaviors that threaten or

cause physical damage, for example, threats of bodily harm, physical fighting and violent crimes, for example, theft, rape and murder (Loeber & Hay, 1997; Yonas, O'Campo, Burke, Peak, & Gielen, 2005). Interpersonal communication deals with face-to-face communication "between at least two individuals in physical proximity in which the five senses can be used and quick input is present" (Gordon in Vezzuto, 1984). Interpersonal communication is a particular, trans real type of human communication including mutual influence, usually for the purpose of managing relationships. Interpersonal communication happens when a person interacting with someone else as a unique and credible person. The communicators have developed an attitude toward each other that is straightforward, open, spontaneous, non-judgmental and based on equality rather than superiority.

Interpersonal communication during adolescence will be influenced by many factors. In which aggression is one of the important factor influencing negatively on interpersonal communication among adolescents. The stress which the adolescents undergo leads to aggressive behavior and other forms of psychological problems. Therefore, the present study deals with aggression and interpersonal communication aspects of adolescents and mainly focused on strategies to reduce aggressiveness and enhance interpersonal communication through cognitive behavior therapy.

COPING STRATEGIES IN ADOLESCENCE

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. In coping with stress, people tend to use one of the three main coping strategies: either *Avoidant focused*, *problem focused*, or *emotion focused* coping. (Weiten et. al., 2006). *Avoidant focused* strategies occur when the person modifies the way they think. For instance, using denial, or separating oneself from the problem. Individuals may modify the way they think about an issue by changing their major goals and values, such as by observing the humor in a circumstance. People using *problem focused* strategies try to deal with the cause of their problem. They do this by finding out information on the disease, learning new skills to manage their disease and rearranging their lives around the disease. *Emotion focused* strategies involve releasing pent-up emotions, distracting one-self, managing hostile feelings, meditating, using systematic relaxation procedures. Men often prefer problem focused coping, whereas women can often tend towards an emotion focused response. Problem focused coping skills of dealing with stress may permit an individual greater perceived control over their concern, while Emotion focused coping may more frequently prompt a lessening in apparent control over the concern. Certain individuals therefore feel that problem focused mechanisms represent a more effective means of coping. (Nicholls & Polman, 2006).

Cognitive Behavior Therapy: Cognitive Behavior Therapy (CBT) is a fleeting, goal oriented psychotherapeutic treatment that grasps a hands-on, down to earth way to deal with critical thinking. Its main purpose is to change examples of thinking or behavior that are behind individuals' difficulties, thus change the way they feel. It is utilized to help treat an extensive variety of issues in an individual's life, from sleeping troubles or relationship issues, to drug and alcohol abuse or psychological problems such as aggressiveness, issues in interpersonal relationship and coping strategies. CBT works by changing individuals' states of mind and their behavior by concentrating on the thinking process, pictures, beliefs and attitudes that are held (an individual's cognitive process) and how these processes identify with the way a person carries on, as a method for managing emotional issues.

A critical preferred standpoint of Cognitive Behavior Therapy is that it has a tendency to be short, taking five to ten months for most emotional issues. Clients has to go to one session for each week, every session enduring around 50 to 60 minutes. Amid this time, the client and therapist have to work together to comprehend what the issues are and develop new ways for handling them. CBT acquaints patients with an arrangement of rules that they can apply at whenever they have to, and that'll last them a lifetime.

Cognitive Behavior Therapy can be thought of as a blend of Cognitive therapy and behavioral therapy. Cognitive therapy underlines the significance of the individual importance we put on things and how thinking patterns start in early childhood. Behavioral therapy gives careful consideration to the connection between our issues, our behavior and our thinking process. Most psychotherapists who practice CBT customize and alter the therapy to the particular needs and personality of every individual.

Method

Aim: To study the Impact of Cognitive Behavior Therapy on Aggression, Interpersonal Communication and Coping Strategies among Adolescent Students.

Objectives:

1. To study the Impact of Cognitive Behavior Therapy on Aggression among adolescent students.
2. To study the Impact of Cognitive Behavior Therapy on Interpersonal Communication among adolescent students.
3. To study the Impact of Cognitive Behavior Therapy on enhancing adaptive coping strategies among adolescent students.

Hypotheses:

1. Cognitive Behavior Therapy will have a positive impact on reducing aggression among adolescent students.
2. Cognitive Behavior Therapy will have a positive impact on increasing interpersonal communication among adolescent students
3. Cognitive Behavior Therapy will have a positive impact on enhancing the adaptive coping strategies among adolescent students.

Participants

For the present study 440 adolescent students from different High schools and Pre University colleges in Bengaluru Rural and Tumakuru, Karnataka, were taken and administered Psychological Well-being questionnaire and COPE inventory. Finally 120 adolescents were selected who scored high on Psychological distress with low scores on Psychological Well-being. They were randomly assigned to Experimental Group (N=60) and Control Group (N=60) with 30 boys and 30 girls in each group.

Measures

Aggression Scale: Aggression scale was developed by Dr. G.P. Mathur and Dr. Raj Kumari Bhatnagar. This scale is used to study the level of aggression in any age group (above 14 years). Aggression scale is prepared to study the level of aggression. This aggression scale consists of 55 statements. Each statement describes different forms of individual's aggression in different situations. It is a Likert type 5 point scale. In this scale, statements are in two forms i.e. positive and negative. Reliability coefficient was .88 in males and .81 in case of females. Validity is .80 in males and .78 in females.

Interpersonal Communication Inventory: Interpersonal communication inventory was developed by Millard J. Bienvenu, Sr to measure interpersonal communication of the people. It has 54 items, which measure the process of communication as an element of social interaction.

The Coping Orientation of Problem Experience Inventory (The COPE; Carver et al., 1989): The COPE was developed to quantify individual styles of coping (Carver et al., 1989). It is a 60-items self-report survey with a four-point Likert scale (1 – I usually don't do this, 2 – I usually do this a little bit, 3 – I usually do this a medium amount, 4 – I usually do this a lot). The COPE has a good reliability ($r = .45 - .60$) and test re-test scores ($r = .45 - .86$) over an eight week period in a college students (Carver et al., 1989).

Procedure:**Stage I: Screening/Pre-test:**

In this stage, Aggression scale, Interpersonal Communication inventory and COPE inventory were administered to a large sample of 440 adolescent students. Finally, 120 adolescent students who scored high on aggression, low on interpersonal communication and problem focused coping, and willing to participate in the study were selected. 60 boys (30 for experimental and 30 for control groups) and 60 girls (30 for experimental and 30 for control) were distributed according to convenience to form Experimental and Control groups.

Stage two: Cognitive Behaviour Therapy for the Experimental Group:

CBT is a treatment approach that has empirically demonstrated effectiveness with a wide variety of disorders including high incidence disorders such as stress, depression and anxiety. CBT is a moderately concise, direct, and collaborative psychotherapeutic approach to deal with psychological problems, which incorporates various methods, all planned to encourage changes in thinking process, behavior and state of mind. CBT can be administered in three modules which are given below.

Module I: Thoughts (Sessions 1-4)

In the initial session of the module, the therapist established a good rapport with each member of the group. The purpose of this module was to present information about how our thinking process influences our mood. The initial session established the structure and purpose of the subsequent sessions. The first session began a dialogue on aggression, interpersonal communication and coping strategies: what it is and how the participant experiences it. The therapist also presented the purpose of the first module, which was to understand how our thoughts influence our aggression, communication and coping skills. The next three sessions worked with different types of thinking errors and dysfunctional thoughts associated with aggression, communication and coping skills. In-session exercises are used to identify thinking errors. The design of the third session met the purpose of providing the participant with strategies for reducing aggression, increasing communication and enhancing the coping skills.

Module II: Activities (Sessions 5-8)

The major purpose of this module was to allow the participant to associate participation in pleasant activities with aggression, communication and coping. There was a discussion on how the presence of aggression can limit the participation in pleasant activities, adaptive coping skills and on their communication skills, which leads to low interpersonal communication and maladaptive coping. During these sessions, pleasant activities were defined and obstacles for engaging in them were identified. This module also works with how learning to establish clear goals can help in reducing aggression, increasing communication and enhancing adaptive coping. The main purpose of this module was that the participant increase his/her control over his/her life and learn to identify alternatives that would allow him/her to have more freedom and choices.

Module III: Relationships (Sessions 9-12)

The sessions in this module introduced the concept of how our relationships affect our aggression, communication and coping skills, which leads to a decrease in communication, increasing aggression and avoidant coping. Social support and how it helps us confront difficult situations were discussed. The participant learned to identify and strengthen their social support networks. The sessions integrated themes from the previous modules. The therapist together with the participant examined how thoughts affect the activities which they do, social support and relationships the participant engages in. Exercises were used to teach assertive communication skills that would help the participant establish healthy satisfying relationships, which in turn affected positively in increasing the communication, reducing aggression and

adaptive coping skills. During the final session, an evaluation of the therapy experience was carried out with the participant to identify strengths and successes achieved during process of the therapeutic modules.

ANALYSIS OF RESULTS:

The pre- test data was analyzed to examine if the control and experimental groups were similar to each other. Independent t test revealed no significant difference between the control and experimental groups in Aggression (t= -.070, p=0.944), Interpersonal communication (t= 1.637, p=0.103), Problem focused coping (t = 0.671; p = 0.503) Emotion focused coping (t=-.083, p=0.934) and Avoidant focused coping (t=-.428, p=0.669).

The following section discussed about the post-test analysis of Aggression, Interpersonal, communication and Coping Strategies.

Table 1: Mean and SD scores of Post-test on Aggression

Variable	Groups						
	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
Aggression	Boys	97.46	24.27	202.30	85.19	149.88	81.60
	Girls	118.66	32.66	193.74	19.70	156.20	46.30
	Total	108.06	30.54	198.02	61.67	153.04	66.25

Table1.1: Results of Repeated measures ANOVA for Aggression scores in pre and post- test situations of adolescent students groups.

Source	Type III Sum of Squares	df	Mean Square	F	Significance
Intercept	631797.944	1	631797.944	5446.534	.000**
GROUP	10647.872	1	10647.872	91.792	.000**
GENDER	7.772	1	7.772	.067	.796
GROUP* GENDER	96.28	1	96.28	.830	.363
Error	258297.432	116	2226.702		

** significant @ 0.01, *significant @ 0.05

Table 1 reveals that there is a significant difference between the control and experimental groups in their aggression ($F_{(1, 116)}=91.792, p=.001$). On combining the data of experimental and control groups, no significant gender difference was found ($F_{(1, 116)}=.067, p=.796$). There is no significant interaction between the group and gender was also found ($F_{(1, 116)}= 0.830, p=.363$), indicating that gender has not affected the treatment outcome.

Table 2: Mean and SD scores of Post-test on Interpersonal Communication

Variable	Groups						
	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
Interpersonal Communication	Boys	95.88	89.59	65.68	10.25	80.78	65.23
	Girls	83.40	8.54	68.72	14.65	76.06	14.03
	Total	89.64	63.62	67.20	12.67	78.42	47.12

Table 2.1: Results of Repeated measures ANOVA for Interpersonal Communication scores in pre and post-test situations of adolescent students groups.

Source	Type III Sum of Squares	df	Mean Square	F	Significance
Intercept	217767.612	1	217767.612	1877.307	.000**
GROUP	1609.964	1	1609.964	13.879	.000**
GENDER	6.264	1	6.264	.054	.816
GROUP* GENDER	101.384	1	101.384	.874	.351
Error	126656.224	116	1091.864		

** significant @ 0.01, *significant @ 0.05

Table 2 reveals that there is a significant difference between the control and experimental groups in their Interpersonal communication scores ($F_{(1, 116)}=13.879, p=.001$). On combining the data of experimental and control groups, no significant gender difference was found ($F_{(1, 116)}=.054, p=.816$). There is no significant interaction between the group and gender was also found ($F_{(1, 116)}=.874, p=.351$), indicating that gender has not affected the treatment outcome.

Table 3: Mean and SD scores of Post-test on Coping Strategies

Variable	Groups						
	Gender	Experimental Group		Control Group		Total	
		Mean	SD	Mean	SD	Mean	SD
Problem Focused Coping	Boys	65.86	6.76	42.92	10.61	54.39	14.53
	Girls	65.74	6.62	38.68	13.16	52.21	17.10
	Total	65.80	6.66	40.80	12.08	53.30	15.86
Emotion Focused Coping	Boys	44.06	7.33	44.32	8.74	44.19	8.03
	Girls	43.72	7.18	38.16	11.06	40.94	9.69
	Total	43.89	7.22	41.24	10.39	42.56	9.02

	Boys	34.26	5.81	66.66	5.95	50.46	17.30
Avoidant Focused Coping	Girls	34.38	5.65	65.22	12.32	49.80	18.19
	Total	34.32	5.70	65.94	9.65	50.13	17.71

Table 3.1: Results of Repeated measures ANOVA for Problem Focused coping scores in pre and post- test situations of adolescent students groups.

Source	Type III Sum of Squares	df	Mean Square	F	Significance
Intercept	680974.172	1	680974.172	5870.467	.000**
GROUP	13936.704	1	13936.704	120.144	.000**
GENDER	77.14	1	77.14	.665	.416
GROUP* GENDER	31.9	1	31.9	.275	.601
Error	16746.572	116	144.367		

** significant @ 0.01, *significant @ 0.05

Table 3.1 reveals that there is a significant difference between the control and experimental groups in their Problem focused coping scores ($F_{(1, 116)}=120.144, p=.001$). On combining the data of experimental and control groups, no significant gender difference was found ($F_{(1, 116)}=.665, p=.416$). There is no significant interaction between the group and gender was also found ($F_{(1, 116)}= 0.275, p=.601$), indicating that gender has not affected the treatment outcome.

Table 3.2: Results of Repeated measures ANOVA for Emotion Focused Coping scores in pre and post- test situations of adolescent students groups.

Source	Type III Sum of Squares	df	Mean Square	F	Significance
Intercept	484258.645	1	484258.645	4174.645	.001**
GROUP	9555.152	1	9555.152	82.372	.001**
GENDER	28.304	1	28.304	.244	.594
GROUP* GENDER	6.148	1	6.148	.053	.165
Error	21618	116	186.366		

** significant @ 0.01, *significant @ 0.05

Table 3.2 reveals that there is a significant difference between the control and experimental groups in their emotion focused coping ($F_{(1, 116)}=82.372, p=.001$). On combining the data of experimental and control groups, no significant gender difference was found ($F_{(1, 116)}=.244, p=.594$). There is no significant interaction between the group and gender was also found ($F_{(1, 116)}= .053, p=.165$), indicating that gender has not affected the treatment outcome.

Table 3.3: Results of Repeated measures ANOVA for Avoidant Focused Coping scores in pre and post- test situations of adolescent students groups.

Source	Type III Sum of Squares	df	Mean Square	F	Significance
Intercept	165844.695	1	165844.695	1429.695	.000
GROUP	13717.464	1	13717.464	118.254	.000
GENDER	53.94	1	53.94	.465	.496
GROUP* GENDER	93.396	1	93.396	.831	.363

GENDER			
Error	7958.76	116	68.610

** significant @ 0.01, *significant @ 0.05

Table 3.3 reveals that there is a significant difference between the control and experimental groups in their avoidant focused coping scores ($F_{(1, 116)}=118.254, p=.001$). On combining the data of experimental and control groups, no significant gender difference was found ($F_{(1, 116)}=.465, p=.496$). There is no significant interaction between the group and gender was also found ($F_{(1, 116)}=.831, p=.363$), indicating that gender has not affected the treatment outcome.

DISCUSSION

The main objective of this study was to understand the impact of Cognitive Behavior Therapy (CBT) on aggression, interpersonal communication and coping strategies among adolescent students. The findings of the study revealed that CBT was highly effective in reducing aggression, enhancing aninterpersonal communication and adaptive coping skills among adolescent students.

The results of the present study have shown that Cognitive Behavior therapy has a significant positive impact in reducing level of aggression in adolescents. The scores of experimental and control groups’ aggression scores were compared after Cognitive Behavioral Therapy was given to experimental group. The level of aggression was greatly reduced in experimental group compared to control group. Aggressive adolescents can also benefit greatly from cognitive-behavioral programs that provide new coping techniques for anger management and that teach them alternative ways of dealing with social conflict. For example, the Anger Control Program (developed by Eva Feindler and colleagues) focuses on teaching the adolescent how to modify his or her own aggressive and impulsive behavior when faced with aversive or stressful situations. This program has been shown to lead to significant changes in problem-solving ability and self-control among aggressive adolescents. Problem-Solving Skills Training (PPST) was also used to reduce the level of aggression which was developed by Kazdin and colleagues. PPST involves 12 or more sessions designed to teach problem-solving steps; introduce effective ways to apply the steps, including application to real-life situations; and provide opportunity to role-play use of the steps, including with the parent.

The results of the study also have shown that Cognitive Behavior Therapy also has a positive impact in increasing interpersonal communication among adolescent students whose interpersonal communication was low due to anger or aggressive behavior. The experimental group has shown greater improvement in their interpersonal communication compared to control group. In CBT, the researcher used the following techniques to improve interpersonal communication, such as Prepare by asking himself/herself, Listen effectively, Ask himself/herself: "What kind of data would make him/her change mind?", Be respectful, Act thoughtfully and carefully — don’t react.

Another important variable of this study is coping strategies. The findings of this study revealed that experimental group after received CBT, they are more adopted problem focused and emotion focused coping strategies which are more appropriate and healthy adaptive coping strategies to deal with the stressful situations. They are less concentrated on adapting avoidance coping strategy which is very unhealthy habit of dealing with the stressful situations. While control group of this study has been more focused on avoidance coping strategy compared to other coping strategies. Wright et al. (2006) conducted a research and summarized that cognitive behavioral interventions can be highly useful in helping patients improve coping, social and problem-solving skills. Simos (2008) found that CBT aims at focusing on changing habitual responses and behaviours i.e. by developing new helpful behaviours and phasing out unhelpful habitual responses to problematic situations. CBT aims at decreasing maladaptive behaviours (avoidance, inactivity, denial) and improving adaptive coping skills (problem solving). Such knowledge might lead to an

increase in the use of the principles of CBT in reducing aggression and enhancing positive coping strategy in adolescents.

CONCLUSIONS

In this present study it is concluded that the CBT has a positive impact on adolescent students and it has helped to reduce the symptoms of aggression, increasing interpersonal communication and enhancing positive coping strategy like problem focused. The main goal of this therapeutic approach was to facilitate insight, so that they would be able to control their thought, feelings and actions. Moreover, therapists and mental health professional need to develop treatment approaches like CBT and offer a sympathetic and non-judgmental space which would allow the adolescents to off load the negative thoughts and feelings and enhance their positive attitude towards their lives. CBT can also be used as preventive therapeutic technique in mental health and community settings to prevent psychological distress in the society.

LIMITATIONS OF THE STUDY:

The present study also has some of limitations. Such as,

- The main limitation in the present study was the length of the three questionnaires used before and after the intervention program as some of the subjects expressed that answering the questionnaires which took around a little more than one hour was a difficult job for them.
- Sometimes the ratings given by adolescents are inaccurate because some individuals overrate themselves, some underestimate themselves, and a few individuals accurately rate themselves.
- Basically for the present study, the selection of the sample was based on the willingness of the participants. It is possible that those who didn't participate in the study may have benefitted differently to CBT.
- Sample was chosen on the basis of high scores hence generalization of the results may not be applicable to milder forms of severity.
- Pre- test and post- test measures were assessed using the same questionnaires. The knowledge of the items in the test (gained during the pre- test) might have affected the responses during the post test. This however, is probably not significant in our study since the duration between the pre-test and post-test was quite large: around more than three months.

Recommendations for Further Research:

- CBT intervention as a group therapy has been proved effective on adolescent issues. Adolescents spent a quality time in schools and they live in groups most of the time. Educators can think about including separate modules in their existing curriculum to address adolescent behavior and emotional issues.
- Heterogeneous sample can be taken for the intervention which helps in finding out whether the benefit of the intervention is due to some other factors.
- Further studies on the effectiveness of CBT on the variety of psychological conditions, with different cultural, regional and socio-economic groups could help to generalize the findings of the present study.

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