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Group Intervention with Aggressive Children and Youth Through Bibliotherapy

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ABSTRACT

Aggression in the school is one of the most disturbing behaviors that teachers and students face. It is usually addressed through preventive treatments, leaving the highly aggressive students unaffected. Group psychotherapy is a viable method to treat aggressive youth, despite reservations raised in the professional literature, when therapy is adjusted to this unique population. Aggressive children and youth are quite resistant to change, thus, creative methods are needed to engage them in therapy. This article suggests an innovative intervention, using bibliotherapy as an adjunct to an integrative theory of treatment, adjusted to the specific characteristics of aggressive children. The article describes the intervention, its theoretical foundation, and provides wide evidence for its effectiveness with aggressive children and youth.

Aggression is the most common child and adolescent antisocial behavior that requires mental health intervention (Dodge, 2006). School-based programs to reduce aggressive behavior are usually preventive interventions, ranging from a “zero tolerance” approach (rules and regulations, control) to a well-being approach (positive

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climate in the classroom and school, social-emotional learning). While these interventions have been found to be effective in reducing levels of aggression (Black & Harmin, 2007; Horne, Stoddard, & Bell, 2007; Olweus & Limber, 2002), they don't work for everyone. Aggression is a multidimensional phenomenon, including social, cultural, family dysfunction, and neurological and biological variables; therefore, these children and youth need more rigorous treatment (Dodge, 2011). Despite reservations raised about the use of group treatment with aggressive children (Dishion, Dodge, & Lansford, 2008), a large body of research has shown that groups are effective with this population when treatment is adjusted to their unique characteristics. The current article presents an innovative intervention in which bibliotherapy plays a major role in the group process.

THE CHARACTERISTICS OF AGGRESSIVE CHILDREN

Aggressive behavior is defined as an intentional act to hurt others, physically or psychologically (Moeller, 2001). Whether youngsters present reactive or proactive aggression (Dodge & Schwartz, 1997), direct or indirect, they demonstrate several common characteristics: high anger, low empathy, endorsement of power, and low self-regulation.

Aggressive children are angry, anxious, lonely children who find it difficult to express their feelings (Deffenbacher, Oetting, & Digiuseppe, 2002; Dutton, 2011; 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 emotions 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 (Fishbach, 1997; Shechtman, 2003a). 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 aggressive children (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 (Mikulincer & Shaver, 2011), and they act on them impulsively. In addition, many have difficulties regulating their own behavior (Roll, Koglin, & Petermann, 2012). Self-regulation is developed at an early stage of child development through relationships with parents (Dodge, 2002). In the absence of such skills as inhibition of disruptive behavior, cooperation with others, and self-assertion, it is difficult for them to control their behavior (Bohart & Stipek, 2001).

The above four characteristics—anger, little empathy, endorsement of power, and low self-regulation—are interrelated, but differ in intensity depending on the type of aggression. For example, children with a reactive pattern of aggression (e.g., ADHD) may be more empathic yet have greater difficulty controlling their behavior. In contrast, children with a proactive aggression pattern may have more control, but more problems with the misuse of power and lack of empathy. Most of the treatment offered to aggressive children is cognitive-behavioral based and oriented to target their distorted information processing (Dodge & Godwin, 2013; Kazdin, 2007). While it is clear that such distortions must be addressed, the other three components must also be attended to, particularly the emotions related to anger. Therefore, an integrative model of treatment is needed.

THE THEORETICAL FOUNDATION

Aggressive behavior is a complex phenomenon, which a single theory cannot explain or provide guidelines for treatment. Therefore, an integrative theory of change is suggested—one that considers a combination of humanistic, psychodynamic, and cognitive-behavioral principles, similar to the change process suggested by Prochaska (1999).

Prochaska's model comprises six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. The first two essentially entail no progress: children are unaware that their behavior is problematic, or they are indifferent to it. The next two stages point to the beginnings of change: motivation is raised and attempts to modify behavior are expressed or visible. Finally, the last two stages are indicative of efforts to achieve and maintain change.

According to Prochaska's (1999) theory, theoretical principles should be applied in keeping with the individual's stage of change. Thus, humanistic principles should be used in the first two stages to develop a therapeutic relationship, reduce defenses, and start developing some awareness regarding the existence of a problem. In the third stage of preparation, more awareness should be raised, for which psychodynamic principles are appropriate. In the fourth stage of action, cognitive-behavioral principles are very helpful. Once children own the problem and are willing to make a change, they explore the consequences of their behavior, consider the price they pay for their aggressiveness, learn to replace old patterns of response with more constructive alternatives, and rehearse newly acquired reactions. Relationships continue to be the heart of treatment, in which the children undergo exploration of their behavior, developing insight, until change is achieved (Hill, 2005). To help children process their difficulties, bibliotherapy is added as an adjunct to treatment.

BIBLIOTHERAPY AS AN ADJUNCT TO TREATMENT

Bibliotherapy is part of the arts in psychotherapy referring to the use of literature (books, stories, poems, and films) in the therapy process. It is assumed that self-knowledge and greater understanding of the world may emerge following interaction with literature. Clients realize that their problems are universal and that they share similar feelings

with others, and this in turn provides comfort and legitimizes their thoughts and feelings (Gladding, 2005). Bibliotherapy is widely applied in schools to foster social and emotional growth, to deepen the understanding of self, to seek solutions to personal problems, and to develop life skills (McCulliss & Chamberlain, 2013), but the effects of its usage have received little empirical attention. Bibliotherapy can have a cognitive focus (using written material for education) or an affective focus (experiencing catharsis and concentrating on emotions), in keeping with the theoretical orientation of the therapist. Both forms of bibliotherapy have proven effective in treating various difficulties of children and youth (see review by McCulliss & Chamberlain, 2013).

Aggressive children do not intend to relinquish their power or defensiveness easily. Despite the emotional and social price they pay for their aggression, they are reluctant to make a change. An indirect method of treatment which does not imply therapy, which uses a projective technique and a distant approach, and which focuses on identification processes and playfulness is extremely helpful for such children.

The intervention in question addresses four components that are in line with the characteristics of aggressive children: anger and its expression; empathy; power and its misuse; and self-regulation—in that order. This 12–15 session program uses stories, poems, songs, and films that are pertinent to the goals of treatment. Therapists follow a set structure in which the literature is read, and then the children discuss the feelings of the literary character, the dynamics of his or her behavior, and its consequences. Next, children share their related feelings and experiences, explore their own behavior, and discuss alternative behavior. It is important to start with anger expression to legitimate their pain and frustrations before they are required to deal with their own negative behavior. Empathy is injected by introducing victims of aggression in a film, picture, or story. Due to the distance from their own behavior, the aggressive children can more easily identify with the pain, sorrow, and helplessness of the victim and start thinking of what they do to others. Often, at this point, they identify the consequences of their behavior, but still find excuses to justify it. Next, the therapist tries to discuss the misuse of power and why it happens, and to identify the consequences of such acts. This usually takes place in the preparation stage, in which children begin

to own their aggression, recognize their distorted information processing, and start seeking greater control over their behavior.

Group Therapy

This method has been applied in individual and group treatment for many years, involving hundreds of children. Individual treatment is better known with highly aggressive children; in fact, some researchers caution against the use of group treatment, because of possible adverse mutual effects (Dishion et al., 2008; Dishion, McCord, & Poulin, 1999). Although such negative influence can be expected in groups with aggressive children, steps may be taken to minimize such a threat.

First, *group composition* is a major consideration in such groups; a group composed of all highly aggressive children can be problematic in several ways. Such groups present severe discipline problems, suffer from negative labeling, and provide limited opportunities for interpersonal learning. Composing the group on a heterogeneous basis, that is, including children that are not aggressive but have other difficulties, helps to minimize the threats of group treatment (see Shechtman, *in press*, for an illustration). Moreover, the group offers therapeutic factors that cannot be found in individual therapy: universality, altruism, developing socializing techniques, imitative behavior, and instillation of hope, in addition to the major therapeutic factors of interpersonal learning and group cohesion (Yalom & Leszcz, 2005). The variety of thoughts expressed in a heterogeneous group helps to encounter the deviant information processing of aggressive children, and the support received from group members helps to reduce resistance to therapy.

Second, *using books and movies* offers an indirect way of treatment, in which children can identify with the literary characters and learn from their mistakes without being directly involved. This method of treatment reduces defensiveness and helps children engage in the group process in a more playful way. Bibliotherapy becomes a much richer method when utilized in group format due to the variety of thoughts expressed, the sharing of mutual experiences, and the richness of alternative behavior suggested.

A Case Illustration

The group is comprised of four aggressive Ethiopian girls. One of them comes from a family of divorce. The focus of the case will be on Aden, an 11-year-old girl, the fifth of seven siblings. Aden comes from a very poor family, her mother works many hours, and she takes care of her younger siblings. She was also diagnosed with ADHD. Her homeroom teacher described her as the most aggressive girl in class, verbally and physically, a “wild girl,” in her words.

The first session aimed at establishing a climate of trust. The counselor used an ice-breaker, established group rules, particularly confidentiality, and used activities encouraging the girls to talk about emotions. Each girl selected a picture expressing an emotion that fits her current state. Aden selected anger, explaining that she is angry at her teacher, who intended to involve her father, and her father frightens her with his bad temper. At this point, she turned to another girl in the group, cursing and hitting her. She explained that she is angry at her, and “When I am angry, that’s what I do; what else could I do?” She also threatened to leave the group. At this, the counselor suggested that they name the group “the Conquerors” because they are going to learn how to restrain/conquer their anger.

The second session involved a poem that deals with frustration that led to anger. Aden explained that the boy in the poem is angry and therefore aggressive because afterwards he feels much better (Aden is projecting her perceptions onto the literary figure). She later discloses an incident that happened at break time, in which she cursed and hit a classmate. “She insulted me so what else could I do?” She cannot think of any other way to respond. A group member suggests “thinking before doing” to which she responds, “I get so angry that I cannot think, I have my pride you know!” The group member continues to challenge her, saying that the result of her behavior is not effective because the situation gets worse. Aden does not respond to this. It appears that she is listening and doesn’t threaten to leave anymore. She is in a state of unawareness, according to Prochaska.

The third session continues the discussion of anger using a different poem, and an activity that illustrates the risk of abusive behavior (the children were asked to abuse a piece of paper, then to bring it

back to its original position, which is obviously impossible). Aden identified the fears and sense of guilt of the boy in the poem. And when she cannot bring the paper back to its original condition, she understands that sometimes one cannot correct the damage after an angry or aggressive exploit.

In the fourth session, the girls received a big paper heart and were asked to listen to a story. Each time they identified an insulting word or put-down, they had to tear off a piece of the heart. The boy in the story encounters numerous bad words. Aden again learned that it is difficult to correct the consequences of abusive language. When asked how the boy felt during that bad day, Aden said, "He wanted someone to hug him and tell him some good words." Her response points to identification with the literary figure and suggests a beginning of empathy development.

The fifth session is about self-control. The poem used was about a boy who loses control during a visit, becomes abusive verbal and physically, and suffers rejection in return. Aden suggested that the boy is angry and embarrassed because no one understands him. She later told of a similar incident that happened to her. "I screamed and kicked with no ability to stop it." She now more easily admits to her negative behavior, without justifying it. She seems to be quite helpless.

The sixth, seventh, and eighth sessions focus on regret. In the poem, a boy says some nasty words to his classmates. Aden identified his regret, sadness, and guilt although the boy tries to pretend that he forgot the incident. Aden shares a time she was abusive to an old lady, "and I know now that I was not ok... that I did not apologize because I was ashamed." Later, she shared an incident involving her teacher, but this time admitted that she apologized to her in front of the whole class. To the question how she had felt, she responded, "a little bit embarrassed but also strong. When I was abusive, I thought I was strong, but after apologizing, I felt much better, in ease and good." To the question what she would like to change in her behavior, Aden said, "I would like to be more respectful to my teachers and peers. I really don't want to be angry anymore." This is a clear indication that Aden has moved on to an advanced level of the change process. She is now uncomfortable with her own behavior and shows some motivation to change.

The ninth and tenth sessions focused on empathy. First, a picture was introduced of a victim with two boys hitting him. Although Aden thinks the victim might have provoked the fight, she felt remorse for him; she felt this was not the way to resolve a conflict, and insisted he should share the incident with an adult who could help him. Later, one of the group members complimented Aden for helping two children who were fighting during break. When she got a question about how to solve a conflict, she said: "Tell what is wrong and how you feel; stop hitting, and express regret." Group members confirm the change in Aden. She is friendly and helpful, they said.

The two last sessions are dedicated to behavior change. First, a poem titled "I am my own commander" was discussed. In this poem, a boy decides that from now on he is his own commander, in other words, he will control his behavior. Aden enthusiastically agreed; she intended to be her own commander and shared an experience of a recent conflict in class in which she stopped her own aggression. On a continuum from 1 to 10 (a values clarification activity), she had placed herself on 9–10 in the past, on 4–5 at present, and wished to be on 0—no aggression in the future. When asked how the change occurred, she said, "The group provided support to express my feelings which in turn freed me from lots of anger. I felt like in a family, more relaxed and happy; I am very happy that I joined the group." It seems she reached the stage of attempt to change.

The change process of this group was accompanied with formal evaluation. On the Teacher Report Form (Achenbach, 1978), she started with a score of 1.72 (2.0 was the highest), moved to 1.42 at termination, and ended up with a score of 0.47 at follow-up three months later. All the girls in this group made great progress. It is clear that change for Aden occurred; she is thinking and feeling differently. What was helpful was group support, identification with literary figures, learning about self in both an indirect and a direct way, and therapeutic activities. From a state of total resistance to the group, she became a fan of the group, and was very sad at the last session. She gained insight and changed behavior.

The Evidence Base

Comparing individual and group treatment. Two early studies compared individual and group treatment using the method described above (Shechtman & Ben-David, 1999; Shechtman, 2003b). The first study was of 101 aggressive young adolescents, 90% of whom were boys. Fifteen children were treated individually, and 37 in small groups. Thirty-four non-treatment children served as controls. A comparison of pre- and post-scores for experimental and control conditions indicated that, based on self and teacher reports (Achenbach & Edelbrock, 1991a, 1991c), treatment children achieved a greater reduction in aggression over time than did control children. No difference in outcomes was found between individual and group treatment.

In the second study, 102 elementary students participated; 25 were treated in groups, 26 in individual treatment, and 51 students served as controls. Outcomes based on the same measure strongly resembled those of the previous study, providing a replication of results. Here, too, no difference between individual and group treatment was found.

In addition to measuring outcomes based on questionnaires, we also analyzed transcripts of sessions to study the process of change based on Prochaska's (1999) model. While this is considered a process measure, it is also indicative of the progress clients make in the therapy process. In the first study, 70% of the children made statements indicating lack of awareness of their aggression in the first session, and these scores decreased gradually: in the eighth and ninth sessions, only 7% were still unaware of their aggression. Moreover, in the last session, 60% of the boys had reached the preparation stage and 30% were in the stage of attempting to change. This pattern was similar in individual and group treatments. Correlation tests confirmed a significant relationship between stage of change and course of treatment, suggesting that, as the intervention progressed, the children moved to more advanced stages of change. Results of the second study indicated a similar pattern of change; at the onset of therapy, only 10% of the children were at the preparation or action stage compared to termination, in which most children (about 80%) had reached one of these two advanced stages. A regression analysis showed that the probability of reaching a

higher stage of change increased significantly as treatment progressed.

This additional measure was of special value considering the difficult population addressed by the intervention. Data gathered from questionnaires with children may be a less reliable method of measuring progress than process measures based on observational data. Again, no difference was found in these process outcomes between individual and group treatment. The results of these two studies—showing positive outcomes and no differences between individual and group treatment—together with the large demand for treatment and the cost effectiveness of group intervention, all led to increased use of groups.

Effectiveness of the intervention. The first study to examine the effectiveness of the intervention (Shechtman & Nachshol, 1996) was of adolescents aged 13–16, enrolled in three special education sites for maladapted students. Dropouts of the regular educational system, these children were treated in special vocational facilities in a last effort to prepare them for constructive citizenship. They were characterized as highly aggressive, and they included emotionally disturbed, antisocial youth with behavioral disorders. Most were inner-city youth from disadvantaged neighborhoods, disturbed families, and communities with high delinquency rates.

The intervention consisted of 15 one-hour sessions and was conducted by three female counselors, each in the school in which she worked, following training in the program. Treatment was provided in the context of a literature class as part of the regular school curriculum, so as to minimize resistance. In all, 85 adolescents were treated in small groups of 6–8 participants.

Using a pre-post experimental-control design (with groups randomly assigned to one of the conditions), the statistical analyses indicated a significant difference between experimental and control groups following treatment, on attitudes endorsing aggression, on aggressive behavior as reported by peers, and on two subscales of teacher evaluations: withdrawal and disturbed peer relationships. Moreover, while students in the experimental group reduced scores on almost all variables, scores increased in the control group.

The second study (Shechtman, 2000) included students from 10 special education classes. Treatment was conducted by 10 graduate

students trained in a 56-hour seminar. The 70 adolescents in the study (ages 10–15) were identified by teachers as highly aggressive. Treatment was provided in the counseling room, in 12 weekly 45-minute sessions. The control children were matched to those receiving treatment; they were drawn from the same class and had a similar score on aggression. The complete scales of Achenbach for child (CBCL; Achenbach & Edelbrock, 1991a) and teacher report (TRF; Achenbach & Edelbrock, 1991c) were used to measure change in a pre-post experimental-control design. Statistical analyses on the self-report measure indicated significantly more favorable outcomes for the experimental than the control group in terms of withdrawal, anxiety/depression, social problems, and aggressive behavior. In the teacher report measure, more favorable scores were given to the experimental group for anxiety/depression, thought problems, attention problems, and aggression. As no initial differences were observed between the groups, the results may be attributed to the intervention. Thus, in both measures, aggression was reduced following treatment. The reduction in anxiety/depression and withdrawal is particularly interesting, supporting the argument that aggressive children are vulnerable, fragile, and anxious.

In addition to the statistical analyses, we collected the children's impressions of the intervention through one question posed in the final session: "How do you summarize your experience and the impact of treatment on you?" This session was recorded, transcribed, and analyzed by two independent judges in terms of impact on aggression, factors that effected change, and the methods used. Regarding those factors that had an impact on aggression, 62% of the treated children alluded to insight, 56% mentioned increased self-control, and 29% referred to greater empathy. With respect to the factors that effected change, 53% mentioned the expression of feelings, 38% referred to interpersonal learning, and 26% spoke of increased problem-solving skills. The methods the youth mentioned most in this context were films (44%) and stories (26%). These results shed light on the unique features of the program. The intervention provided experiential learning, and it offered opportunities for emotional relief, the development of self-understanding, and the enhancement of social skills. These achievements were well verbalized in the following example:

I felt comfortable telling things about myself that I had never shared, even with parents or friends. I especially appreciate the support I received in the group. I have learned that by using words I can reduce tension. Now I consider how others feel, which stops me from using force. I loved the poetry and sometimes felt I was part of the poem.

A third study (Shechtman & Ifargan, 2009) compared aggressive children and adolescents in three conditions: segregated small groups ($n = 55$), integrated in the classroom ($n = 60$), and control–no treatment ($n = 46$). All the children were identified by their teachers as highly aggressive. Measurement included short forms of the CBCL and TRF (Achenbach & Edelbrock, 1991a, 1991c), as well as an aggression questionnaire (Buss & Perry, 1992). On all measures, the two experimental groups showed a reduction in aggression and adjustment symptoms compared to the control group. No difference was found between the two experimental groups.

The most recent study of effectiveness (Shechtman & Tutian, 2015) was of interventions run by veteran teachers enrolled in a graduate course on treatment of aggression. A total of 224 aggressive children and youth were identified in 38 schools as highly aggressive: 185 in elementary school and 45 in junior high. They were treated in small groups, most of them in the experimental condition and 56 in the control condition. Each group had 12 one-hour sessions and was conducted by one therapist-trained teacher. Results indicated significant differences between the experimental and control children on all variables of the CBCL and TRF (Achenbach & Edelbrock, 1991a, 1991c). Treated children improved more on the clinical categories of both measures. Children in the experimental condition were also measured on the Buss and Perry (1992) aggression scale, on which they showed progress in aggression reduction following treatment. All these results were maintained at follow-up three months later.

Based on the above studies, it is possible to conclude that group treatment is effective in reducing aggression among highly aggressive children and youth compared to no treatment and to individual treatment. However, to conclude that it is this specific treatment that makes the difference, we had to go a step further and compare results with another program.

Uniqueness of the program. The unique contribution of bibliotherapy was investigated in two studies. The first (Shechtman, 2006), based on individual treatment of 61 aggressive adolescent boys, sought to evaluate the contribution of bibliotherapy to outcomes. The boys were divided into two experimental conditions—with bibliotherapy ($n = 24$) and without bibliotherapy ($n = 24$)—as well as a control condition (no treatment; $n = 13$). The two forms of individual treatment were identical in respect to the theoretical orientation of the integrative approach. The sole difference between them was the addition of bibliotherapy to the therapy process in one of them. Results pointed to more favorable outcomes for bibliotherapy in terms of outcome and process measures alike. Both treatment groups had increased scores on empathy and decreased scores on aggression, as measured by self and teacher reports, compared to children who received no treatment, but those boys in bibliotherapy showed more favorable outcomes on empathy than those receiving helping sessions alone. In terms of Prochaska's (1999) change process measure, boys in bibliotherapy treatment reached the more advanced stage of change—preparation and action—than did their peers in the helping sessions. Moreover, boys in bibliotherapy had higher frequencies of insight and therapeutic change, measured through the Client Behavior System (Hill, 2005). Finally, counselors who worked with bibliotherapy reported higher satisfaction with the process than counselors who employed the helping method. This is of particular significance, suggesting that using bibliotherapy may help counselors, particularly novices, to navigate the process, as the written materials provide a framework for discussion and encourage children to express themselves.

A more recent study (Bezalel & Shechtman, 2010) investigated the effectiveness of affective-oriented versus cognitive-oriented bibliotherapy treatment. We expected the former to be more effective because it allowed identification and projection processes and implied less training. All children in one residential home ($n = 79$) participated in the study. Ages ranged from 7 to 15, and 45% were adolescents. The children were divided into three treatment conditions: affective bibliotherapy ($n = 26$), cognitive bibliotherapy ($n = 26$), and control—no treatment ($n = 27$). While results showed decreased anxiety in both treatment conditions compared to control, there was a greater

reduction in adjustment symptoms in the affective bibliotherapy condition (as measured by the TRF; Achenbach & Edelbrock, 1991c). These outcomes were maintained after three months.

Intervention with minority children. Finally, the program was studied among a minority group of Druze in Israel (Shechtman & Birani-Nasaraladin, 2006). Teachers in four schools in one Druze village identified 75 fifth and sixth graders (58 boys and 17 girls) as highly aggressive. The children were randomly divided into three experimental conditions (25 per condition): only children treated, mother and child treatment, and no treatment (control). In addition to child and teacher reports (Achenbach & Edelbrock, 1991a, 1991c), this study also used parents' reports of their child's level of aggression (Achenbach & Edelbrock, 1991b). Results showed a significantly greater decrease in aggression scores for children in the two experimental conditions than those in the control condition, for all three sources of report—self, teacher, and parent. Moreover, gains following treatment were maintained on all three measures after three months. Finally, children whose mothers were also involved in treatment reported higher gains than children treated alone.

SUMMARY AND DISCUSSION

A variety of studies, involving hundreds of students, diverse populations, and varied measures have indicated that the short-term group intervention under discussion is effective in reducing aggression. Comparisons of this integrative approach to group treatment with no treatment, individual treatment, and other types of treatment consistently showed it to be effective in reducing aggression among varied populations of children and youth. Once it became clear that group treatment was as effective as individual treatment, groups became the type of treatment that was commonly used.

The measures used to assess the intervention are well known, reliable, and valid. The large-scale studies permitted nested analyses, so that small group differences could be controlled. Moreover, various therapists conducted the groups—some were professional counselors, others were novices, but all were trained in the program and supervised throughout the treatment process. They all used a resource book with literature relevant to the issue at hand, from which they

could select the literature that suited their population in terms of age and cognitive ability (Morgan & Roberts, 2010). Hence, fidelity to the program was secured.

What underlies the efficacy of this group intervention? The program is interesting, engaging, and non-threatening, so that children feel comfortable enough to express their feelings and examine their own behavior. This allows them to grasp the price they pay for their aggression and raises their motivation to make a change. The key thus seems to lie in their being comfortable enough to engage in treatment. This can be explained by several factors.

First, the integrative approach seems to be important. The initial stage, in which humanistic principles are put forward, focuses on relationships with the therapist and with group members—the common factor in therapy, which is highly correlated with children's outcomes (e.g., Shechtman & Katz, 2007). This starting stage is missing in many of the cognitive behavioral treatments so popular in child psychotherapy. Second, the concept that clients should be treated in keeping with their current stage of change is essential: individuals cannot adapt to requirements to change before they are ready for it; they cannot modify their behavior before understanding why change is needed. Third, the focus on motivation seems to be a key factor. Young people want to navigate their own progress and maintain a sense of independence, according to the “self-determination” theory (Ryan & Deci, 2000). Fourth, the emphasis on emotions and experiencing seems powerful (Argus & Greenberg, 2011). Finally, the use of bibliotherapy as an adjunct to therapy, because of its indirect approach, helps clients and therapists alike to engage in a therapeutic process of change within a relatively short time. Further, the playfulness of bibliotherapy makes it highly effective in working with children.

Because group treatment of aggressive children and adolescents is highly criticized in the literature (Dishion et al., 2008), an explanation must be considered for these positive results. First, the way the groups are composed is crucial to success. These groups are very small and somewhat heterogeneous; that is, a few non-aggressive children are included. While these non-aggressive children have other issues that can be addressed in treatment, their participation has added value. Their presence in the group helps to minimize labeling, and they contribute valuable input to the distorted discussion, thus

diminishing the negative mutual influence among aggressors. Second, the group process is based on the essential therapeutic factors necessary in groups, such as catharsis, interpersonal learning, group cohesion, and altruistic behavior (Yalom & Leszcz, 2005). Children model the skills of self-disclosure, pro-social behavior, and conflict resolution. Most important is the climate of support that is emphasized throughout the process. This climate creates a sense of having a holding environment and of being empowered.

The discrepancy between the outcomes of the present intervention and those of others may also be related to the type of populations worked with. Although our studies included some difficult adolescents, most of our population may be considered mildly aggressive in comparison to the youth in Dishion's studies (Dishion et al., 1999). These are children in the school system who mostly present a reactive type of aggression. More research is needed with violent and delinquent youth to determine success with them. Further study is also needed to determine the long-term effects of this treatment on aggressive youth.

At present, we may conclude that the use of group bibliotherapy with aggressive children in the school setting is effective. It can be successfully applied not only by school counselors, but also by graduate counseling students and even specially trained teachers, both in the reduction of aggression and endorsement of power and in the enhancement of empathy and self-control. Hence, this program offers a hopeful opportunity to reduce aggression in schools.

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