

**Aggression Replacement Training as an Effective Behaviour Modification Intervention – A Study with Special Reference to Habitual Offenders in Tirunelveli, TamilNadu, India.**

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**ABSTRACT**

This current paper presents a description of Aggression Replacement Training (ART) as an effective intervention program. The Aggression Replacement Training is a behavioral intervention for people who exhibit violent or aggressive behavior. Aggressive behaviour may have a variety of consequences, including lower learning achievement, poor social interactions, anxiety, depression, and suicide. It is a multimodal curriculum that deliberately teaches healthy habits in order to replace antisocial behaviors. An experimental research design has been employed for the purpose of the present study. A total of 20 samples were taken from the Tirunelveli district and used in the experiment. It is clear from the study that ART has a significant change on the behaviour of habitual offenders.

**Keywords:** Conduct Disorder (CD), Aggression Replacement Training (ART), Aggressive Behaviour, Offenders, Intervention program.

**1. INTRODUCTION**

Aggression Replacement Training (ART) is a social skills training program aimed at replacing antisocial behaviors with more desirable prosocial behaviors. ART is a 10-week; 30-hour intervention delivered three days a week to groups of eight to twelve people in the original manual. Externalizing symptoms are of significant concern to mental health practitioners because they are indicative of crime, drug abuse, and personality disorders in adulthood, and they can disrupt family, education, and peer relationships. Factors that lead to delinquent and aggressive actions are likely to be diverse.

There is no understatement of the value of successful anger management approaches in educational contexts. Aggressive unchecked behaviour can have extremely harmful effects on offenders. There are many multiple types of antisocial behaviour. Aggressive and abusive conduct, property breaches or crimes, deceptive behaviour, law violations, and drug use or abuse are all examples of commonly referred to aggressive behaviors. The word Conduct Disorder

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(CD) refers to a recurring pattern of antisocial behaviour in which the person frequently violates social rules and engages in aggressive behaviour that upsets others.

ART has steadily gained acceptance as an evidence-based therapy capable of increasing prosocial behaviour and moral reasoning abilities while decreasing impulsivity and antisocial behaviour. The ART system has undergone only slight modifications over the years. This has been one of the program's strengths, meaning that the protocol should be consistent in order to test the program's effectiveness and repeat it in various countries. It is of particular interest to researchers not only in relation to broader societal issues regarding youth crime, but also because it contradicts the notion that schools should be places of refuge and nourishment for offenders.

This curriculum incorporates anger management, social skills instruction, and moral reasoning education into a 10-week programme. Several studies have been conducted on this initiative. The behavioral aspect of ART is social skills training, a method for teaching prosocial actions to individuals who are deficient in or lack these competencies that is technically grounded in social learning theory and the work. Offenders in their teenage years go through a lot of shifts, both qualitative and quantitative. They address developmental crises associated with the onset of childhood. Conduct disorders are one of the most common and well-studied conditions in child and adolescent psychiatry. They are also one of the most common explanations for initial psychiatric consultation and, in many cases, the family's first psychiatric experience.

There is a clear link between mental health, drug abuse, and criminal offences in offenders, highlighting the critical roles that mental health and substance abuse play in slowing the trajectory out of offending. It is difficult to determine the absolute risk of mental health problems in offenders as opposed to the general teenage population. A variety of methodological problems, such as sampling procedures, setting (e.g., custodial, care, and community), and strategies for assessing mental health status, have an impact on outcomes. They discovered strong links between solitary confinement, serious mental illness, and suicide attempts. Those aged 18 and under had the greatest risk of self-harm.

Aggressive behaviour is a threatening behaviour, and it is carried out against objects or people, verbal or physical behavior that endangers humans and results in difficulties, suffering, or property damage. Meanwhile it is meant that violent behavior is classified into four categories: physical aggression, verbal aggression, rage, and hostility. Following completion of counseling, the theft suspects were reassessed using questionnaires and psychological methods to ascertain the impact of the treatments on behavioral change.

Over the last three decades of research, it has been demonstrated that ART results in substantial improvements in positive social behaviors and moral judgment, as well as reductions in impulsivity and antisocial behaviour. ART participants scored higher than control participants in four of the six domains of group functioning examined the effectiveness of incorporating two ART elements, skill streaming and anger control training, separately and in combination with many offenders who struggled with anger management. Both strategies, whether used independently or in combination, resulted in more appropriate anger expression, improved pragmatic behaviors, decreased self-reported anger, and fewer adverse effects following violent events, as assessed by self-report and objective behavioral scores.

## 2. REVIEW OF LITERATURE

**Ensafdaran et al. (2019)** assessed the efficient intervention on aggression replacement training for children and adolescents who are at risk, to mitigate aggression and enhance the management of frustration, coping skills and moral thinking. For chronically aggressive children, ART is a multimodal intervention. The program has been regularly administered in its initial or updated form to a number of samples. This study looks at assessments of the effectiveness of ART on disruptive conduct and secondary effects in children and adolescents, including ART revisions and evaluations of the initial edition that have not been addressed by previous studies. The majority of research showed that ART has a favorable impact on violence and other consequences such as stress management, coping skills, and moral thinking. Most trials, however, were focused on limited samples, and few used a control group to measure intervention effectiveness. This inference, however, is qualified by a range of analytical shortcomings, emphasizing the need for additional, more detailed assessment studies.

**Reddy and Goldstein (2008)** explored the outline of Aggression Replacement Training (ART), an empirically tested, theoretically based multimodal technique intended to deter and mitigate teenage hostility. ART is made up of three parts: (1) skills streaming, which is intended to teach a wide variety of social skills; (2) anger management instruction, which is a tool for motivating youth to change their own frustration responsiveness; and (3) moral thinking curriculum, which is preparation to inspire youth to utilize skills learned in the previous two training elements. The strategies for effectively transferring and maintaining learned skills, as well as increasing trainee morale, are discussed. According to efficacy research, ART is an important program for violent youth in a variety of recovery environments.

**Feindler et al. (2016)** examined that aggression replacement training (ART) is well regarded as one of the only viable programs for violent criminals. This results and technical shortcomings assessment were accompanied by a thorough ART program test through a set of group homes utilizing structured psychological tests. Problems with treatment fidelity and conformity to the ART protocol adversely affected the outcomes. There are several suggestions for further study and experience in real-world environments. It does not seem at this point that ART has adequate evidence base to be deemed an effective therapy for teens with aggressive behaviour.

**Holmqvist et al. (2009)** analyzed that paired the token economy with anger replacement (ART) instruction was linked to relativistically focused care in four non-randomized residential therapy units. A total of 57 teenagers aged 16 to 19 took part in the study. Weighted indexes of sentences and police suspicion records were used to assess the outcome. The findings indicate that there are no significant variations between the treatment models. In a different study, the hypotheses that teenagers who confessed their offenses at intake or who could speak about their regret for their delinquent actions will rebound less often were examined. However, an interactive trend was observed to indicate that teens with fewer sense of shame had stronger outcomes at ART schools. These hypotheses were debunked as key effects. Case descriptions suggested that improved outcomes would be obtained if a more individualized therapy strategy where ART is utilized by the youth inspired for it.

**Hatcher (2008)** assessed the aggression replacement training curriculum with respect to the conviction within the English and Welsh Probation Services of male violent criminals. A quasi-

experimental method was used in this research, with one-to-one matching on core criminogenic variables between an experimental group and a reference group. The study category was made up of former violent criminals who had been assigned to the program by rehabilitation officers, whilst the reference group was drawn from a wider pool of people who had been convicted of a violent offense who had obtained a community punishment but had not been assigned to the program. The results were reviewed for both the methodologies "measurement system purpose" and "treatment received". The latter approach called for the analysis of naturally occurring classes of completers and non-completers with their aligned contrasts and with each other. Furthermore, curriculum non-completers were more likely to be reconvicted than matched parallels and program completers. These observations are examined in relation to the existing literature, and various explanations are contemplated.

**Nugent and Ely (2010)** examined that adolescent antisocial behaviour is a major issue. Aggression Replacement Training (ART) is a multi-component technique used to address antisocial behaviour in adolescents. However, no study has been conducted to date to determine the degree to which ART influences the patterns of antisocial behaviour among adolescents in short-term residential programs. This study summarizes and reports the findings of a research that looked at the association between ART and periodicities of antisocial behaviour in an adolescent short-term shelter. Two approaches are used to interpret time series results on the antisocial activity of adolescents: spectral analysis and harmonic regression analysis. These findings suggest that ART may be a successful tool for limiting or removing youth antisocial behaviour loops in short-term residential facilities. Recommendations for future studies are explored in order to affirm the possible usefulness of ART.

### 3. METHODOLOGY

This study aims to investigate the conduct disorder of habitual offenders. It also focuses on the variation of symptoms and risk factors before and after the intervention program.

#### Objectives

1. To assess the level of antisocial personality disorder prevalent among the habitual offenders.
2. To study the impact of Aggression Replacement Training on the possible antisocial behavior.

#### Hypothesis

**Ha1:** There will be a significant difference in offender's conduct disorder before and after counseling intervention program.

**Ha2:** There will be a significant difference in offender's aggressive behavior before and after Aggression Replacement Training.

**Ha3:** There is a significant difference between Gender and their Conduct Disorder.

**Ha4:** There is a significant difference between Gender and their Aggression Replacement Training.

## **Participants**

The habitual offenders in the Tirunelveli District are the respondents in the study. A total of 20 habitual offenders were taken as respondents in the age group of 13-15 and 16-18 years.

## **Materials**

The tools used to analyze the data are as follows:

### **Questionnaire to assess the conduct disorder of the habitual offenders**

The scale was first developed by Gibbs, Barriga & Potter in 2001. It was used to assess cognitive distortions in antisocial offenders. It is a paper-pencil instrument that is used to detect distorted thinking in individuals. The questionnaire used to assess the conduct disorder of habitual offenders consists of four types of cognitive distortions: self-centeredness, blaming others, mislabeling, and assuming the worst. Offenders with conduct disorders were chosen from Tirunelveli district.

Conduct disorder of offenders was assessed by using How I Think Questionnaire (Gibbs, Barriga & Potter, 2001). It consists of 54 items which is used to assess the distorted thinking in individuals.

Cronbach's alpha was found to be 0.984 for the internal consistency of the questionnaire used to assess the conduct disorder of habitual offenders. Cronbach's reliability coefficients for each question are above 0.7, which is acceptable and indicates very good reliability (Nunnally, 1978).

### **Buss and Perry's Aggression Scale for Habitual offenders**

Buss-Perry Aggression was created to assess self-reported aggressive behaviors and to provide insight into hostile, angry, or violent people behavior. Aggression is associated with low self-esteem and antisocial behavior. The Aggression Scale could be a useful tool for assessing interventions and conducting additional research on violence prevention. Aggression can manifest itself in a variety of ways, including physical, verbal, and psychological, mental, and emotional hostility.

Cronbach's alpha value for the questionnaire used to assess the aggressive behavior of habitual offenders was 0.979. Cronbach's reliability coefficients for each question are greater than 0.7, indicating very good reliability (Nunnally, 1978).

## **Data analyses**

Pre-test and Post-test and MANOVA (Multivariate Analyzes of Variance) has been used to analyze the data.

## **4. ANALYSIS**

### **Mean score of Conduct Disorder of Offenders Before and After Administering the**

### Counseling Intervention Program.

**Ha1:** There will be a significant difference in offender's conduct disorder before and after counseling intervention program.

The Mean, SD score were calculated for conduct disorder of offenders before and after the counseling intervention program.

Variable	Pre-test (n=20)		Post-test (n=20)		t-value	P value
	Mean	SD	Mean	SD		
Conduct disorder of 5 Habitual Offenders	195.6	46.68	114.20	41.72	6.05	.000

#### *Changes in conduct disorder of the offenders followed by counseling intervention program*

**Table 4.1**

Significant at 5% level

From the table 4.1, it is inferred that the mean scores of Post-test (114.20) was less than Pre-test (195.65) results with respect to conduct disorder. The P value (.000) is statistically significant at 5% level. Hence the alternate hypothesis is accepted. This indicates that there is a statistically significant difference in offender's conduct disorder before and after counseling intervention program.

Conduct disorder interventions are most effective when they are initiated in middle childhood (Piquero et al. 2016), include both child and caregiver components (Epstein et al. 2015), and are cognitive-behavioral in nature (Lipsey et al. 2007). Numerous components of this initial intensive intervention program parallel previously described intervention programs for children with CD. It intervenes early in the development of the disorder and targets processes that have been shown in research to be critical in the development of severe behavioral problems.

#### **Mean score of Pre-test and Post-test of Habitual Offenders with respect to Aggression Replacement Training**

**Ha2:** There will be a significant difference in offender's aggressive behavior before and after Aggression Replacement Training.

The Mean, SD score were calculated for Pre-test and Post-test with respect to Counseling Intervention Programs.

**Changes in aggressive behavior of the offenders followed by Aggression Replacement Training**

**Table 4.2**

Variable	Pre-test(n=20)		Post-test(n=20)		t-value	P value
	Mean	SD	Mean	SD		
<b>AggressiveBehavior of Habitual Offenders</b>	126.35	5.99	55.75	23.76	12.02	.000

Significant at 5% level

From the table 4.2, it is inferred that the mean scores of Post-test (55.75) was less than Pre- test (126.35) results with respect to Aggression replacement training. The P value (.000) is statistically significant at 5% level. Hence the alternate hypothesis is accepted. This indicates that there is a statistically significant difference in offender’s aggressive behavior before and after Aggression Replacement Training.

The three integrated components address the behavioral, cognitive, and emotional factors that contribute to aggressive behavior. This ten-week curriculum has been used in a variety of settings with both male and female antisocial offenders, and it is currently being used as an intervention program with youth in Florida residential commitment programs. Outcome studies involving Aggression Replacement Training with male adolescents, both offenders and non- offenders, as well as with male and female adolescents combined, have revealed varying degrees of success (Gunderson et al., 2006).

**Ha3:** There is a significant difference between Gender and their Conduct Disorder

**Table 4.3**

Multivariate Analysis of Variance of the offender’s Gender and their Conduct Disorder.

Dependent variable	Source	df	SS	MS	F	p
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Conduct Disorder	Between groups	2	583.80	291.9	.146	.865
	Within groups	17	33967.0			
	Total	19	34550.07	1998.		

\*p>0.05

There was a statistically significant effect in the Gender of offender and their Conduct Disorder ( $F(2,17) = .146, p > 0.05$ ; Wilk's Lambda = .841; partial eta squared = .083), and therefore the alternate hypothesis stating that the offender's Conduct Disorder will be influenced by their Gender is rejected.

Van Hoof et al (2005) examined the connection between moral reasoning and delinquent behavior in offenders. There were no differences in moral reasoning between delinquent male and female teenagers in stage two moral reasoning developments (individualistic and instrumental). However, there were significant differences in delinquency between boys and girls; males scored significantly higher than girls. Delinquency was defined as acts against victims that were publicly prohibited and that do not serve a greater social purpose.

***Ha4:*** There is a significant difference between Gender and their Aggression Replacement Training

**Table 4.4**

Multivariate Analysis of Variance of the offender's Gender and their Aggression Replacement Training.

Dependent variable	Source	df	SS	MS	F	p
Aggression Replacement Training	Between groups	2	97.07	48.53	.076	.927
	Within groups	17	10817.73	636.34		
	Total	19	10914.			

\*p>0.05

There was a statistically significant effect in the Gender of offender and their Aggression Replacement Training ( $F(2,17) = .076, p > 0.05$ ; Wilk's Lambda = .841; partial eta squared = .083), and therefore the alternate hypothesis stating that the offender's Aggression Replacement Training will be influenced by their Gender is rejected.

Aggression Replacement Training is a multimodal cognitive-behavioral therapy technique that focuses on an individual's thoughts, emotions, and behaviors. It has been shown in a variety of situations to be effective at reducing aggressive behaviors in both offenders and non-offenders. Vitaro, Brendgen, and Barker (2006) recommend this kind of intervention for aggressive adolescents. As a result, aggressive females involved in juvenile



justice systems may benefit from aggression replacement training.

## 5. CONCLUSION

Habitual offenders should be subjected to aggression replacement training, such as skills streaming, anger management, and moral education workshops, for at least 10 weeks. This intervention program is based on skills that are well-suited to reduce aggressive behavior. Aggression Replacement Training should be considered an effective tool for offenders in terms of developing pro-social skills and reducing aggressive and rule-breaking behaviors. It will be necessary to include comprehensive explanations of the type of offensive or antisocial activity that the participants have previously exhibited and that the curriculum is intended to influence. It will also be necessary to consider whether or not participants lack social skills, the ability to control anger, and moral judgment, as these variables have been proposed as mediators. Finally, research should assess and analyze characteristics such as turnover and program adherence, as well as background characteristics such as disorder and socioeconomic status. Such research would not only shed light on the effectiveness of ART, but also on whether or not a connection exists between these hypothesized mediators and the targeted behaviours. As a result, this aggression replacement training would be successful in reducing aggressive behavior of offenders and better managing their emotions.

## References

1. Ensafdaran, F., Krahe, B., Njad, S.B., & Arshadi, N.M. (2019). Efficacy of different versions of Aggression Replacement Training (ART): A review.47, 230-237.
2. Epstein , M., Reaven, N,L., Funk, S.E., McGaughey, K.J., Oestreicher, N., & Knispel, J. (2015). Evaluation of the treatment gap between clinical guidelines and the utilization of renin-angiotensin-aldosterone system inhibitors. *The American Journal of Managed Care*.
3. Feindler, E., Engel, E., & Gerber, M. (2016). Program Evaluation Challenges: Is Aggression Replacement Training (ART) Effective?. *Journal of psychology and behavioral sciences*, 4(2), 1-10.
4. Gunderson, K., & Svartdal, F. (2006). Aggression Replacement Training in Norway: Outcome evaluation of 11Norwegian student projects. *Scandinavian Journal of Educational Research*, 50(1).
5. Hatcher, R.M., Palmer, E.J., McGuire, J., Hounsome, J.C., Charlotte, A.L., Bilby, & Hollin, C.L. (2008). Aggression replacement training with adult male offenders within community settings: a reconviction analysis. 19(4), 517-532.
6. Holmqvist, R., Hill, T. & Lang, A. (2009). Effects of Aggression Replacement training in young offender institutions. *International Journal of Offender Therapy and*

*Comparative Criminology*, 53(1), 74-92.

7. Lipsey, M.W., Nana A. Landenberger, N., & Sandra J. Wilson, S.J. (2007). Effects of Cognitive-Behavioral Programs for Criminal Offenders.
8. Nugent, W. R., & Ely, G. (2010).The Effects of Aggression Replacement Training on Periodicities in Antisocial Behavior in a Short-Term Shelter for Adolescents. 1(3), 140-158.
9. Piquero, A.R., Jennings, W.G., Farrington, D.P., Diamond, B., & Gonzalez, J.M. (2016). A meta-analysis update on the effectiveness of early self-control improvement programs to improve self-control and reduce delinquency. *J Exp Criminol*.
10. Reddy, L.A., & Goldstein, A.P. (2008).Aggression Replacement Training: A Multimodal Intervention for Aggressive Adolescents. 18(3), 47-62.
11. Van Hoof., Raaijmakers., & Engels. (2005). Delinquency and moral reasoning in adolescence and young adulthood. *International Journal of Behavioral Development*, 29(3), 247-258.
12. Vitaro, F., Brendgen, M., & Barker, E.D. (2006). Subtypes of aggressive behaviors: A developmental perspective. *International Journal of Behavioral Development*, 30 (1), 12– 19.

