



UNIVERSITI PUTRA MALAYSIA

***EFFECT OF GROUP COGNITIVE BEHAVIORAL THERAPY AND GROUP
INTERPERSONAL PSYCHOTHERAPY ON AGGRESSION AMONG
FIRST GRADE UNIVERSITY STUDENTS IN CHINA***

LI YUTONG

FPP 2018 8



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By

LI YUTONG

**Thesis Submitted to the School of Graduate Studies, Universiti Putra
Malaysia, in Fulfilment of the Requirements for the Degree of Doctor of
Philosophy**

September 2017

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

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By

LI YUTONG

September 2017

Chairman : Associate Professor Samsilah Bt Roslan, PhD
Faculty : Educational Studies

Aggression is best described as any form of action pointed to the target of hurting or damaging another living being who intends to avoid such action. In recent years, a series of vicious incidents occurred in campuses of mainland China and caused irreparable loss for school, family and society. However, intervention studies among Chinese university students are very few at present. At the same time, there is imbalance between theory study and practice of aggression intervention. In this sense, further studies on aggression intervention are more important. The objectives of this study mainly include determining the effect of group cognitive behavioral therapy (G-CBT) and group interpersonal psychotherapy (G-IPT) for aggression and comparing the intervention effect of G-CBT and G-IPT for aggression among the first grade university students of China. This research is a randomized, pre- posttest with control group design. Through stratified random sampling, 1,469 first grade students, who were from three Chinese universities and age from 18 to 19 years old were obtained. The participants whose score achieved the evaluation standard of aggression were selected and in a random way, 90 subjects were averagely divided into three schemes— G-CBT, G-IPT and the control group. The subjects of G-CBT and G-IPT received 16 sessions of treatment, while subjects in the control group did not receive any intervention. All subjects completed the assessment for three times: pretest, posttest 1 and posttest 2. The results showed: 1, for G-CBT, the total score and the scores of all subscales of aggression had dropped significantly ($p<.05$); 2, for G- IPT, the total score and the scores of all subscales of aggression had dropped significantly ($p<.01$), 3, in the posttest 1, the scores of total aggression, impulsivity and hostility of the G-IPT group were significantly lower than the G-CBT group ($p<.01$), in the posttest 2, the

scores of total aggression and hostility of the G-IPT groups were significantly lower than the G-CBT group ($p<.01$). Therefore, for Chinese college students, 1, the G-CBT is effective in treating aggression and the effect is stable; 2, the G-IPT is effective in treating aggression and the effect is stable; 3, the G-IPT is better than the G-CBT in reducing aggression and the effect is stable.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia
sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

**KESAN TERAPI TINGKAHLAKU KOGNITIF BERKUMPULAN DAN
PSIKOTERAPI INTERPERSONAL BERKUMPULAN TERHADAP
KEAGRESIFAN DI KALANGAN MAHASISWA-MAHASISWI CINA TAHUN
PERTAMA**

Oleh

LI YUTONG

September 2017

Pengerusi : Profesor Madya Samsilah Bt Roslan, PhD
Fakulti : Pengajian Pendidikan

Agresi boleh disifatkan sebagai sebarang bentuk perbuatan yang menyumbang kepada kerosakan atau kecederaan pada makhluk hidup lain yang berniat untuk mengelakkan diri daripada perbuatan sedemikian. Sejak kebelakangan ini, satu siri insiden kekerasan di kalangan mahasiswa-mahasiswi telah berlaku di kampus-kampus pengajian Tanah Besar China dan menyebabkan kerugian teruk kepada pihak sekolah, keluarga, dan masyarakat. Walaubagaimanapun, kajian intervensi di kalangan mahasiswa-mahasiswi Cina adalah sangat kurang pada masa ini. Pada masa yang sama, juga terdapat ketidakseimbangan antara kajian teori dan amalan intervensi terhadap keagresifan. Oleh yang demikian, kajian-kajian lanjutan yang mengutamakan intervensi terhadap keagresifan adalah lebih penting. Objektif kajian ini ialah untuk menentukan kesan terapi tingkahlaku kognitif berkumpulan (G-CBT) dan psikoterapi interpersonal berkumpulan (G-IPT) terhadap agresi, serta membandingkan kesan intervensi G-CBT dan G-IPT terhadap agresi di kalangan mahasiswa-mahasiswi Cina tahun pertama. Kajian ini menggunakan kaedah yang melibatkan ujian pra dan pasca serta kumpulan kawalan yang dijalankan secara rawak. Melalui kaedah persampelan rawak berstrata, seramai 1,469 mahasiswa-mahasiswi tahun pertama daripada tiga buah universiti di China dan berumur 18 hingga 19 tahun telah diperolehi. Responden yang mempunyai skor yang mencapai piawaian penilaian agresif akan dipilih. 90 subjek yang diperolehi secara rawak diagihkan kepada tiga kumpulan -- iaitu G-CBT, G-IPT, dan kumpulan kawalan. Responden bagi kumpulan G-CBT dan G-IPT menerima 16 sesi intervensi, manakala responden bagi kumpulan kawalan tidak menerima sebarang intervensi.

Kesemua responden melengkapkan tiga penilaian iaitu ujian pra, ujian pasca 1, dan ujian pasca 2. Hasil kajian menunjukkan: 1, untuk G-CBT, jumlah skor dan skor-skor subskala agresi telah menurun secara signifikan ($p < .05$); 2, untuk G-IPT, jumlah skor dan skor untuk semua subskala agresi telah menurun secara ketara ($p < .01$), 3, dalam ujian pasca 1, jumlah skor agresi, gerak hati, dan kesetruan G-IPT adalah secara signifikan lebih rendah berbanding dengan kumpulan G-CBT ($p < .01$), dan dalam ujian pasca 2, jumlah skor agresi dan kesetruan kumpulan G-IPT adalah secara signifikan lebih rendah berbanding dengan kumpulan G-CBT ($p < .01$). Oleh yang demikian, untuk mahasiswa-mahasiswi Cina, 1, G-CBT efektif dalam menangani agresi dan mempunyai kesan yang stabil, 2, G-IPT juga efektif dalam menangani agresi dan menunjukkan kesan yang stabil, 3, G-IPT lebih baik daripada G-CBT dalam mengurangkan keagresifan dan turut mempunyai kesan yang stabil.

ACKNOWLEDGEMENTS

First and foremost, I would like to express sincere appreciation to my supervisor, Associate Prof. Dr. Samsilah Binti Roslan for the continuous support to my study and research works, for her endless patience, encouragement, motivation, enthusiasm, immense knowledge, and her expert guidance throughout the progress of this research.

Besides, I gratefully acknowledge my supervisory committee members, Dr. Zoharah Binti Omar, Dr. Nor Aniza Ahmad and retired Dr. Maria Chong Abdullah for their constructive advice, priceless comments and invaluable advice throughout the entire course of this research.

I would like to express gratitude to the leaders of Chengde Medical University for giving me the opportunity and financial support to pursue my PhD degree.

Finally, I am indebted to my beloved wife, Dou Zhijie for her patience and constant belief in my ability. I would also like to thank my affectionate parents and my other family members who have been there all the way through and supporting me spiritually throughout my life and always inspiring me to pursue higher education.

This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the Degree of Doctor of Philosophy.

The members of the Supervisory Committee were as follows:

Samsilah Binti Roslan, PhD

Associate Professor
Faculty of Educational Studies
Universiti Putra Malaysia
(Chairman)

Zoharah Binti Omar, PhD

Senior Lecturer
Faculty of Educational Studies
Universiti Putra Malaysia
(Member)

Nor Aniza Ahmad, PhD

Senior Lecturer
Faculty of Educational Studies
Universiti Putra Malaysia
(Member)

ROBIAH BINTI YUNUS, PhD

Professor and Dean
School of Graduate Studies
Universiti Putra Malaysia

Date:

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Signature : _____
Name of
Chairman of
Supervisory
Committee : Associate Professor Dr. Samsilah Bt Roslan

Signature : _____
Name of
Member of
Supervisory
Committee : Dr. Zoharah Binti Omar

Signature : _____
Name of
Member of
Supervisory
Committee : Dr. Nor Aniza Ahmad

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LIST OF ABBREVIATIONS

AGFI	Adjusted Goodness of Fit Index
ANOVA	One-way analysis of variance
BPD	Borderline Personality Disorder
CBT	Cognitive Behavioral Therapy
CCBPAQ	Chinese College Students' Version of Buss-Perry Aggression Questionnaire
CFI	Comparative Fit Index
CHQ	General Health Questionnaire
CPT	Continuous Performance Task
DSM	Diagnostic and Statistical of Mental Disorders
EEG	Electroencephalo- graph
EKG	Electrocardiogram
EMG	Electromyograph
EPQ	Eysenck Personality Questionnaire
GAM	General Aggression Model
G- CBT	Group Cognitive Behavioral Therapy
GFI	Goodness of Fit Index
G- IPT	Group Interpersonal Psychotherapy
GPA	Grade Point Average
IPT	Interpersonal Psychotherapy
ISS	Interpersonal Satisfaction Scale
NFI	Normed Fit Index
NNFI	Non Normed Fit Index
16PF	16 Personality Factors Questionnaire
PFC	Prefrontal Cortex
RCBS	Revised Cheek and Buss Shyness
RESEA	Root Mean Square Error Approximation
SCL- 90	Symptom Checklist- 90
SCT	Self- Control Training
SPSS	Statistical Package of the Social Science

SST

Social Skills Training

TAT

Thematic Apperception Test

vmPFC

ventromedial Prefrontal Cortex



CHAPTER 1

INTRODUCTION

1.1 Background

Aggression is best described as any form of action pointed to the target of hurting or damaging another living being who intends to avoid such action (Bushman & Anderson, 2001). Study shows that aggression is extensive (Dodge et al., 2006) and develops from childhood to adolescence (Farrell et al., 2005; Karriker et al., 2008), and health outcomes associated with damage across countries are similar (Simpson et al., 2005). Including the China, both aggression perpetration and victimization increase the risks of externalizing and internalizing problems in adolescents (Yen et al., 2010; Jansen et al., 2012; Cluvera et al., 2010).

Aggression among children and youth is a serious social problem that has increased quickly in recent years (Benbenisti, Hourri & Astor, 2005; Gottlieb, 2002). Aggressive behavior affects the youth, the family, and the society (Walters, Ronen & Rosenbaum, 2010; Walters). Study shows that there is a remarkably strong correlation between childhood, adolescent, and adult aggression (Loeber & Hay, 1997). That is to say, aggressive behavior and conduct disorder in childhood and adolescence is a risk factor for violent and antisocial behavior in adults (Huesmann, 2007, Olino, Seeley, & Lewinsohn, 2010). Miller et al (2002) assert that students who are both aggressive and rejected by peers are more emotionally reactive, have uncontrolled styles of aggression, and have lower social competence.

Living on campus is an important stage for university students to go to adulthood. Moving out from their home and living independently easily provides more opportunities for romantic relationships, especially for those residing on university campuses among hundreds or thousands of peers. Building good intimate relationships is an important developmental task during this period (e.g., Schulenberg, Bryant, & O'Malley, 2004). Romantic relationships is inclined to become more intimate in late adolescence, however, the rates of physical, verbal and sexual aggression are also high in these relationships and in this stage (Haynie et al., 2013; Whitaker & Savage, 2014). The physical and verbal and sexual aggression victimization are associated with fearful health risks, including injury, depression, and suicidality (Exner-Cortens, Eckenrode, & Rothman, 2013; Silverman, Raj, Mucci, & Hathaway, 2001; Foshee et al, 2013).

Psychologists put forward many theories to explain the formation of aggression. Instinct theory was the first theory for aggression. It considers that human aggression is a nature biological drive which is similar to hunger and sex (Freud, 1920). Therefore, it cannot be eliminated, but must be controlled, for the good of society (Michael, 2006). This theory excessively emphasizes the innate factor and neglects the influence of complex social environmental factors. The frustration aggression hypothesis, on the other hand, originally states that 1) all acts of aggression are the results of previous frustration, and 2) all frustration leads to aggression (Dollard et al, 1939). This theory overemphasizes the external factors and ignores the function of internal factors. Social cognitive theory suggests that social behaviors are controlled by programs which have been learned and acquired during the early childhood (Sigel, 1990). Further, Crick & Dodge (1994), Huesmann (1998) respectively put forward two social information- processing models. They describe how cognitive processes occur during social mutual effect and how to affect aggressive behavior and emphasize the individual factors which include individual cognitive style and original knowledge in aggression. These two models also provide the corrective methods for aggression.

On the basis of integrating a large number of existing theories and combining with empirical research, Anderson et al proposed the general aggression model (GAM) (Anderson and Bushman, 2002; Anderson and Carnagey, 2004; Anderson, Gentile & Buckley, 2007). GAM summarizes the existing researches and theories on the point of aggression, and forms a complete theoretical system in the field of the study. First, it sums up and summarizes the direct causes of the overall behavior: person's internal personality, physiological factors and situational factors. Second, it puts forward a number of internal psychological mechanisms from the input variables to the behavior, deepening the cognition of psychology about human social behavior, including aggression. Finally, it makes a solid theoretical basis for prevention and intervention of aggression.

In view of aggression in adolescent and adult, scientists pointed out promising intervention programs for aggression, such as universal school-based programs (Robert et al., 2007; Sugai, 2001), family management practices (Herrenkohl et al., 2000; Dishion, Nelson & Bullock, 2004), anger management, self-control training, schema-focused therapy and cognitive skills programs and so on. For example, family management practices seem to enhance parent-child links, promote responsible behavior and reduce the opportunities for children of becoming involved in the anti-social peers (Dishion, Nelson & Bullock, 2004); Anger management is a vital problem in violent crime prevention and anger management skills training can reduce total aggression, aggressive behavior and thinking about the attack among high school students (Shirin, 2010); Aggressive people often show deficit in the neural circuit which support executive control as well as emotion regulation (Denson, 2011; Hoaken, Allaby, & Earle, 2007; Raine,

2008; Siever, 2008). Research indicated that the control ability of execution can be enhanced through self control practice over a long period of time (Baumeister, Vohs, & Tice, 2007); Cognitive skills training programs are designed to assist clients get more effective ability for coping with their problems, particularly in the field of communication (McGuire, 2008; Liat, 2013).

In mainland China, the intervention studies of aggression among university students are very few at present. Most researches belong to the preliminary discussion from the perspective of theory. For example, Chen Bin, et al (2013) discussed "Experience of Positive Emotion" applying to control undergraduates' violence on the basis of "Emotion and Violence" and "The Function of Positive Emotion" theories. Another study showed that dialectical thinking leads to reduced aggression (Zhang et al., 2011). Therefore, at present and in mainland China, it is necessary for researchers to carry out an increasing number of researches of intervention for aggression.

1.2 Statement of the Problem

In recent years, a series of vicious incidents occurred in university campuses of China and caused irreparable loss for school, family and society. China's domestic survey showed that 17.98% of the college students reported they had ever experienced campus violence in the most recent year (Wang et al., 2005). In Beijing, the number of criminal detention of college students in 2005 is 3.8 times that of 2000, and the number of college students' crime increased by 28.2 % (Ding, 2009). Since 1999, the quantity of Chinese College students' crime related to aggression increase year by year (Sun et al., 2008; Zhong, 2011).

High aggression is associated with violent crime (Loeber & Stouth-Loeber., 1987; Pulkkinen, 1983; Magnusson, Stattin & Duner., 1983; Hellwege, 1998), and effective reducing aggression level will be effective in preventing violent crime (Feindler & Engel, 2011; Mytton et al., 2002). As far as development trend is concerned, there is imbalance between theory study and practice of aggression intervention. The intersection of these two aspects is rare (Flora, 2010). Beck (2012) noted that ". . . the robustness of a therapy is based on the complexity and richness of the underlying theory. A robust theory, for example, can generate new therapies or can draw on existing therapies that are consistent with it" (p. 6). Scholars realize the presence of a gap between aggression theory and practice (Keith, 2013). In this sense, further studies on aggression intervention are more important. The practice should have a reciprocal benefit on theory. At present, the intervention studies of aggression among college students are rare, and largely are confined to sexual and alcohol related aggression (e.g. Kuffel, & Katz, 2002; Orchowski, Gidycz., & Murphy, 2010; Banyard, 2011; Casey & Ohler, 2012; Lindsay et al., 2015),

especially in China.

Many kinds of traditional psychotherapy are available for the treatment of aggression such as psychodynamic therapy, behavioral therapy and cognitive therapy and so on (e.g. Michael, 2009; Martin, 2002; Tafrate, 1995; Bowman & Cohen, 1996; Deffenbacher et al., 2000). However, each kind of the traditional psychotherapy more or less has some weaknesses such as separation on the time dimension of past- present- future continuum, one-sided view of cognition, behavior and emotion as well as rigid processing of the relationship between person, family and society. Based on this, researchers should take the integrated approaches. Integration can raise and gather superiority and power from different genres. Integration is not a simple addition of several kinds of treatment, but is comprehensive deepening. It can be a revolutionary improvement on the psychotherapy practice and a breakthrough of psychotherapy theory. Norcross & Goldfried (2005) concluded four common means of integration: Theoretical Integration, Common Factors, Technical Eclecticism and Assimilative Integration.

Cognitive behavioral therapy (CBT) is a successful model of integration. It is derived from the integration of cognitive therapy and behavioral therapy. CBT is a kind of widely empirical support treatment for a mass of mental health problems including aggression (Lisa, 2014; Hofmann, 2014; Smith & Daunic, 2006). For aggression, tactics used in a CBT way alter aggressive behavior while synchronously change their cognition about situations. It is suggested that aggression is associated with a tendency to interpret situations as threatening or hostile even when they are not. A goal of CBT is to reduce these kinds of hostile biases (Michael, 2015). According to a meta- analysis of CBT in the intervention of aggression as well as hyperactivity– impulsivity, Robinson et al (1999) found that CBT was an effective treatment to reduce hyperactivity– impulsivity and aggression in Children and youth.

Interpersonal psychotherapy (IPT) is another successful integration models. IPT is mainly rooted in the interpersonal theory and the attachment theory. The interpersonal theory emphasizes that interpersonal relationship is one of the basic human needs, and the healthy and positive interpersonal relationship is closely related to mental health. Attachment theory indicates that attachment anxiety or attachment avoidance is associated with negative self-image or image of others, negative affects and interpersonal hostility (Mikulincer, Shaver & Pereg, 2003). The main goal of IPT is to improve the quality of the patient's current relationships and social functions. It has been found that the IPT can effectively treat depression and has also succeeded in treatment of other types of disorders (Denise & Allison, 2015). Through literature review, the researcher did not find intervention study of aggression by using IPT. However, based on the basic point of view of interpersonal theory and attachment theory, the researcher has reasons to believe that through a series of training of IPT, the external stressors are able to be

decreased and this can lead to reduction of aggression.

Aggression may be described as a possible outcome of normal development on the one hand and also as a result of exposure to crisis and trauma on the other. Two main resources have been identified as possibly contributing to the reduction of aggressive behavior: the personal resource such as self-control and the environmental resource such as social support (Liat & Anat, 2013). CBT and IPT are respectively corresponding with these two main resources: CBT more focuses on internal or personal factors, while IPT more focuses on external or interpersonal relationship.

These two methods both have characteristics such as shorter treatment cycle, convenient operation, lower treatment cost, easy to promote and popularize. Traditionally, CBT and IPT are mostly used in individual treatment. With the growing number of psychological disorders, the phenomenon of lack of professional therapists is more prominent. As a result, more and more researchers gradually turn to pay close attention to group cognitive behavioral therapy and group interpersonal psychotherapy. Researchers found that under the same condition of treatment time, the efficiency of the group therapy is 50% more efficient than individual therapy. Moreover, relative to the individual form, therapy in group form has more prominent advantages over individual form such as time efficiency, decreased cost (Himle, Van & Fischer, 2003; Morrison, 2001) and therapeutic benefits (Bieling, McCabe & Antony, 2013).

Through analysis and comparison, the researcher determined to select group interpersonal psychotherapy (G-IPT) and group cognitive behavioral therapy (G-CBT) to complete this study. The theoretical framework of G-CBT is general aggression model, which integrates social information processing theory, social cognitive theory and other theories, while the theoretical framework of G-IPT integrates interpersonal theory and attachment theory. Through the literature review, it was found that this study was a preliminary one in mainland China up to now. This study is expected to bridge the gap that is between theory and practice of aggression. In addition, this study adopts the IPT to intervene aggression, belongs to groundbreaking research.

1.3 Objectives

The main objectives of this study are:

1. To determine the baseline equivalency of the total aggression and the basic demographic characteristics such as age, gender between the G-CBT group, the G-IPT group and the control group among first grade university students.
2. To determine intervention effect of G-CBT for aggression among first grade university students.
3. To determine the intervention effect of G-IPT for aggression among first grade university students.
4. To compare the short-term and the long-term intervention effect of G-CBT and G-IPT for aggression among first grade university students.

1.4 Hypotheses

- H₁: There is no significant difference in total aggression, age, and gender between the G-CBT group, the G-IPT group and the control group before the intervention.
- H₂: For the G-CBT group, there are significant differences in total aggression, hostility, physical aggression, impulsivity and anger proneness between pretest, posttest 1 and posttest 2.
- H₃: For the G-IPT, there are significant differences in total aggression, hostility, physical aggression, impulsivity and anger proneness between pretest, posttest 1 and posttest 2.
- H₄: There are significant differences in total aggression between the G-CBT group, the G- IPT group and the control group in posttest 1.
- H₅: There are significant differences in total aggression between the G-CBT group, the G- IPT group and the control group in posttest 2.
- H₆: There are significant differences in total aggression between the G-CBT and the G- IPT in posttest 1.
- H₇: There are significant differences in total aggression between the G-CBT and the G- IPT in posttest 2.

1.5 Significance of the study

The researcher in this study uses two different kinds of professional psychotherapy which are on the basis of integrating different theories to treat aggression among first grade university students. This study has pioneering significance in mainland China. On the one hand, based on the existing studies, the researcher creatively adopts optimized integration of a variety of cognitive behavioral skills to make the treatment plan of CBT more reasonable in theory. On the other hand, it is the first time for IPT to be used for treating aggression. Therefore, the implementation and completion of this study should provide beneficial reference for other researchers and inspire them to further improve the research in this field. At the same time, this study should further broaden the applicatory field of psychotherapy and provide more new empirical support for the related theories of psychological treatment. This study is expected to bridge the gap which is between theory and practice of aggression intervention. Moreover, the findings of this study should provide effective data and technique support for China's higher education sector to further improve campus violence prevention and control program. Finally, relative to the individual therapy, group psychotherapy could solve more similar psychological barriers in the same time. A group provides clients with a platform which is closer to the real world, facilitated transferring the acquired skills to real life. In view of the current situation of lack of professional mental health workers in Chinese universities, to a certain extent, this study should provide an approach to make up for the shortage

1.6 Scope and Limitation of the study

The participants in this study are from three universities which belong to the Hebei Province of China, including a medical university, a comprehensive university and a normal university, age between 18 to 19 years old. All participants in this study are the first grade university students.

This study only includes two intervention methods: G-CBT and G-IPT. Due to the participants are Chinese students, Chinese versions and norms are adopted for all of the psychological assessment scales which are used in this study.

In view of the limitation of the research scope, it should be paid more attention to some problems for researcher when the results are generalized. The subjects of this study are drawn from three universities of the same province. Although the results of this study should have certain representativeness, the results could not be generalized as national conclusion directly. To achieve this goal, it still needs to do a wider range of researches. In addition, the results of this study should not be directly used to explain the other groups of people.

1.7 Operational Definitions

There are a few operational definitions that need to be clarified in this study. Mainly include aggression, group cognitive behavioral therapy as well as group interpersonal psychotherapy.

1.7.1 Aggression

It is best described as any form of action pointed to the target of hurting or damaging another living being who intends to avoid such action (Bushman & Anderson, 2001). In this study, the operationally defined indicators of aggression involve total aggression, hostility, physical aggression, impulsivity as well as anger proneness, and are selected from Chinese College Students ' Version of Buss-Perry Aggression Questionnaire to determine the characteristic of aggression.

1.7.2 Group Cognitive-behavioral therapy (G-CBT)

It is a kind of psychological therapy, designed to produce cognitive and behavioral changes in a group form. It may lead to a reduction of physiological activation and psychological reaction associated with stress, an advance of coping skills, or both (Fava, 2007). The theory behind it is that cognitive processes and emotional reactions affect the generation and development of mental disorders, with different content of devastating thoughts changing by disorder (Meaghan, 2013).

In this study, G-CBT has five phases: pre-treatment assessment; cognitive restructuring and moral reasoning (re-conceptualization); anger management; skills consolidation, application and generalization as well as post-treatment assessment. Each group includes 10 participants and the treatment involves 16 weekly sessions (per session 60 min).

1.7.3 Group interpersonal psychotherapy (G-IPT)

It is time limited psychotherapy and in a group form, which pays special attention to interpersonal relationship and its improvement or the change of their expectation on interpersonal relationship (Klerman et al., 1984; Stuart & Robertson, 2003). This treatment is different from other forms of therapies, such as psychoanalysis by focusing on now rather than past, and by being a short-term treatment. It also doesn't like cognitive behavioral therapy which is more focused on using homework to change behavior (Tiffany et al., 2009).

In this study, G-IPT involves three phrases: initial sessions, mainly include building a therapeutic alliance, interpersonal inventory and identifying problem areas and the focal point of treatment; intermediate sessions, through using of core techniques such as role play, encouragement of affect, communication analysis and termination, to discuss the possibility of relapse and countermeasures in the future. Each group includes 10 participants and the treatment involves 16 weekly sessions (per session 60 min).



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PUBLICATION

Yutong Li, Nor Aniza binti Ahmad, Zoharah binti Omar, Samsilah Bt. Roslan,
Group cognitive behavioral therapy for aggression, selfcontrol, and
social support among first grade university students of China,
Australian Journal of Science and Technology, Volume 1; Issue 3;
March 2018, ISSN Number (2208-6404)





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