

REGULATING EMOTIONS TO MEND THE RULE-BREAKING BEHAVIOR: AN INTERVENTION STUDY

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ABSTRACT

This study describes the application of an Emotion Regulation Training Program (ERTP) to a young male adult with emotion regulation (anger) problem which reinforced him to break rules. A large number of emotion regulation programmes are providing to the disturbed individuals in a very systematically and dedicative manner through using group format. But the effectiveness of implementing an individualized emotion regulation training programme still requires empirical support. Therefore, an emotion regulation training programme based on evidence based Cognitive Behavioural Therapy (CBT) techniques was developed specifically for rule-breaker and delivered to him twice a week for successive 5 weeks. The conceptualization of emotion regulation problem of the male young adult associated with rule-breaking behavior, course of psychological assessment and management along with recommendations to psychologists and clinicians working in various setups were discussed. These elements are particularly important in order to understand the dynamics of emotion regulation problem and to lessen the magnitude of gradually growing instances of rule-breaking behavior in our young adult's population.

Keywords: rule-breaker, anger, emotion regulation, cognitive behavior technique, intervention study.

THEORETICAL BACKGROUND

The ability to identify, understand and regulate emotions is an essential element of an individual's effective emotion regulation that can benefit them in various aspects of life (Mayer et al., 2016). The importance of regulating emotion cannot be ignored as it helps an individual to perform productively, develop and maintain positive interpersonal relationships in face of negative circumstances (Gross, 2015; Ford & Gross, 2019; Kamezitabar et al., 2021). According to Dahlen and Deffenbacher (2001) the emergence of emotion regulation problem associated with problematic behaviors can be understood effectively though focusing on the complex interaction of eliciting factors, predisposing state of emotion regulation problem and cognitive appraisal of the circumstances. The primary and secondary negative appraisal of the situation increased dysfunctionality and raise emotional dysregularity in young adults (Chang, 2020). When an individual felt it out of control and overwhelmed, might upsurges the chances of engaging in rule-breaking behavior (Deffenbacher, 1996). These personal factors of emotion regulation problem exacerbate the regularity of emotions if not manage them timely or left unattended (Gao & Samah, 2022).

The effectiveness of Cognitive Behavior Therapy has been investigated in adult offenders and results revealed significant reduction in rate of recidivism (Jeong et al., 2017; Jewell et al., 2015 Feucht & Holt, 2016). Wilson et al. (2005) described that cognitive behavior therapy helps the affective client to alter their maladaptive thoughts and behaviors that leads them towards rule-breaking and also increase propensity of committing severe forms of crimes (Lipsey & Landenberger, 2007). In this case study an integrated emotion regulation training program was

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adopted and implemented to reduce the client emotion based inclinations towards engaging in more severe forms of rule-breaking behavior.

Case Introduction

“A.A” is a 21 years old male, studying in BS (Hons), was referred by the college administration. He was living in nuclear family system and 1st born amongst 3 siblings. His father lived abroad from the last 20 years and mother was household lady. A.A. did not develop good relations with his father due to his father absence since from a very long time. In his father absence he performed all the household responsibilities of his family along with his studies.

Presenting Complaints

A.A. was referred for the management of his anger problem and disciplinary issues. He was described as having very disturbed and intensive patterns of anger which last after several hours. He started yelling at other college fellows and got out of control and creates disciplinary issues. He was also described as irrational during his anger episode and did not realized what he was saying. Discipline of the college got disturbed due to his anger outburst as other students also involve in his matter which gradually worsen the whole scenario.

History of Problem

According to client his problem came in notice one year back when the triangle of his friends to which he belonged got broken. He and his two male friends were together from last one year when due to some misunderstanding one of his friends had a physical fight with him and left the group. His friend did not clarify anything and stopped communicating with him. Client thought that he was left alone and his friends did not care of him, therefore he became upset and isolated from friends that further affected his relations. He reported that his relationship with his parents was strained as when his father visited to home after few years he expressed his anger by yelling at his father. He said that whenever he needs the presence of father figure like many of his friends at various moments in life he was alone. His angry behavior disturb the family environment and his father blamed to his mother for not rearing the client properly and this thing disturb his parents relationship, and they expressed their anger by yelling at each other and by treating them silently. Due to his parent's attitude towards him, A.A showed anger outburst even sometimes on minor issues and frequently break rules as a result. He thought that “when nobody understand his feelings that he is being offended by their attitudes then why he take care about them”: This is for the first time that he came for help to get rid of his angry behavior other than that he was described as having no mental health issues.

Psychological Assessment

For the purpose of assessing the client's current level of functioning and the problems related to his anger different assessment procedures were used to obtain the information. These included:

- Behavioral Observation
- Interview
- Clinical Anger Scale (CAS)
- Rule-breaking Behavior Scale (RBBS)

Behavioral observation: The client was of average height and built and dressed up neatly. He sat comfortably throughout the session and maintained appropriate eye contact. Initially, he was hesitant but after passing some item he felt comfortable, as she started to discuss about his problem. Client's rate and tone of speech was comprehensible and his conversation showed that he had an understanding of his angry behavior and its consequences on his personal and social life.

Interview: Interview was conducted with A.A for the purpose of gathering information about the factors that contributed in to his problem. Interview also provides an opportunity to him for catharsis through which he got sense of relief and understanding regarding his problems.

Clinical Anger Scale (CAS): The CAS was developed by Snell et al. (1995) for the assessment of clinical level of anger and to identify the individuals who are at risk for developing clinical anger. The scale comprised of total 21 self-reported items rated on 4 points (0, 1, 2, 3) and appeared to be psychometrically sound scale. The total score obtained by adding sum of the items scores, the score between 0-13 represents minimal anger, 14-19 mild level of anger, 20-28 moderate anger and the scores between 29-63 indicates severe level of clinical anger (Snell, 2002).

Rule-Breaking Behavior Scale (RBBS): Rule-Breaking Behavior Scale (Naz & Subhan, 2022) was used to measure level of rule-breaking behavior in A.A. RBBS is a 42 items self-reported scale rated

on 4 point Likert scale (0 to 3). The scale items are divided into three subscales namely crooked behavior, dominant and controlling behavior and impulsivity. The scale yielded a composite score by adding the scores of three subscales and the range of the scores is 0-126). The maximum the scores represent the severity level of rule-breaking behavior. The quantitative and qualitative interpretation of the client's scores on RBBS is given below:

Table No. 1 Client's Obtained Scores and Level of Severity on Rule-Breaking Behavior Scale (RBBS)

RBBS Subscales	Obtained Scores	Severity Level
Crooked Behavior	41	Very Severe
Dominant and Controlling Behavior	12	Severe
Impulsivity	29	Very Severe
RBBS Total	82	Very Severe

The results indicated that the client has severe level of rule-breaking behavior. He obtained high scores on crooked behavior which represents that he has severe propensity to choose wrong ways to get success, fraudulent others, teasing others and sees his own benefits. The severe level on dominant and controlling behavior and impulsivity indicate dictatorial attitude and emotional intolerance respectively.

Table No. 2 Client's Obtained Scores and Severity Level on Clinical Anger Scale (CAS)

Clinical Anger Scale Score Range	Obtained Scores	Severity Level
20-28	27	Moderate Clinical Anger

The scores on CAS represent that A.A. has modest level of anger which requires clinical consideration.

Case Conceptualization

This case was conceptualized according to the Cognitive Behavior Explanation described by Dehlen and Deffenbacher (2001). The client identified his impaired bonding with his father and burden of extra responsibilities in the absence of his father as primary triggers of his angry behavior. These triggers inculcate a sense of being alone that cause intense feelings of anger and as a result he behaves angry and break rules at his college and not take care of his family values. His anger was maintained due to his recall of negative anger related memories which teased him and increased his arousal. His impractical demand that his father always being with him should be met in accordance to his wish led to frequent anger outburst. His negative appraisal of the whole family environment makes him unable to felt the father and his mother affection towards him. His negative personal thought about self that "He is alone" exaggerated negative arousal in him that was difficult to manage for him.

Course of Psychological Assessment and Management Sessions

The assessment was carried out thrice during the course of this case study including pre-management, during management and after management. Total 10 sessions were conducted with A.A over the period of five weeks. The management was delivered to him in 45 minutes twice a week. The first assessment through using CAS and RBBS was completed in 1st session before the start of emotion regulation training program. The second assessment was conducted in 5th session during management course and last assessment was taken after completing the management sessions. The purpose of these repeated assessments was to monitor the instances of any change in his emotion regulation problem related to his rule-breaking behavior.

Management Sessions: Implementation of Emotion Regulation Training Program

The management sessions were conducted systematically and each session has been started with a review of previous sessions and homework tasks. In the 1st session CAS and RBBS was implemented and psycho-educated the client through recognizing thoughts that led to troubled emotions. The 2nd session was about the finding new thinking and using thinking check-Ins to manage the maladaptive thoughts. In 3rd session the focus was on knowing about self and others feelings and emotions and in fourth session assertiveness and relaxation exercise was practiced to him for effectively responding to anger and anger provoking situations. In 5th and 6th session he was taught and practiced how to handle complaints through using conflict cycle, role playing and stop and think techniques, the CAS and RBBS was implemented once again to monitor progress. The Means-End-Analysis component of problem solving technique was demonstrated in 7th and 8th session to effectively solve problems when encountered with critical situations. The 9th and 10th sessions were related to self-evaluation to

teach him to monitor his own behavior and this process produce a gradual change in his problematic behaviors. The CAS and RBBS were implemented to find out the percentage of improvement in A.A. reported symptoms. The follow-up sessions were conducted with A.A after the gap of two weeks and overall two follow-up sessions were provided to him and his progress indicates the effectiveness of emotion regulation training as he experienced continue positive change in his thoughts and behavior. His college authority also reported reduction in his reported problem.

Table No. 3 Pre, During and After Management Scores of Client on Rule-Breaking Behavior Scale (RBBS) and Clinical Anger Scale (CAS)

RBBS Subscales	Pre-Management Scores	During Management Scores	After Management Scores
Crooked Behavior	41	32	29
Dominant and Controlling Behavior	12	12	10
Impulsivity	29	25	20
RBBS Total	82	69	49
CAS Total	27	23	19

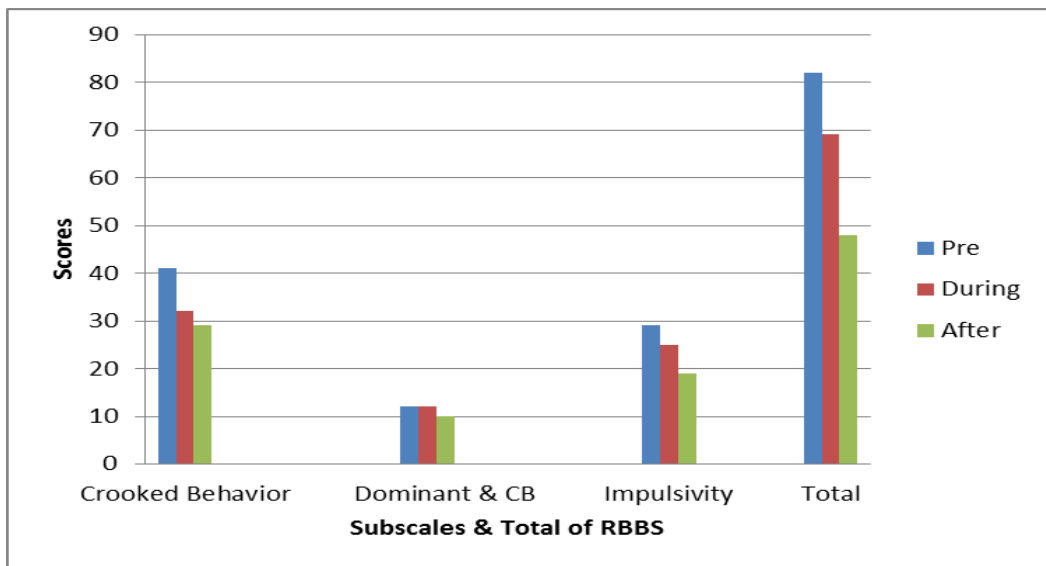


Figure 1. Client’s Pre-During and After Management Scores on RBBS

Figure 1 illustrated the comparison of client’s scores obtained on three different times. The figure represents a gradual reduction in the severity of emotion regulation problem associated with his rule-breaking behavior.

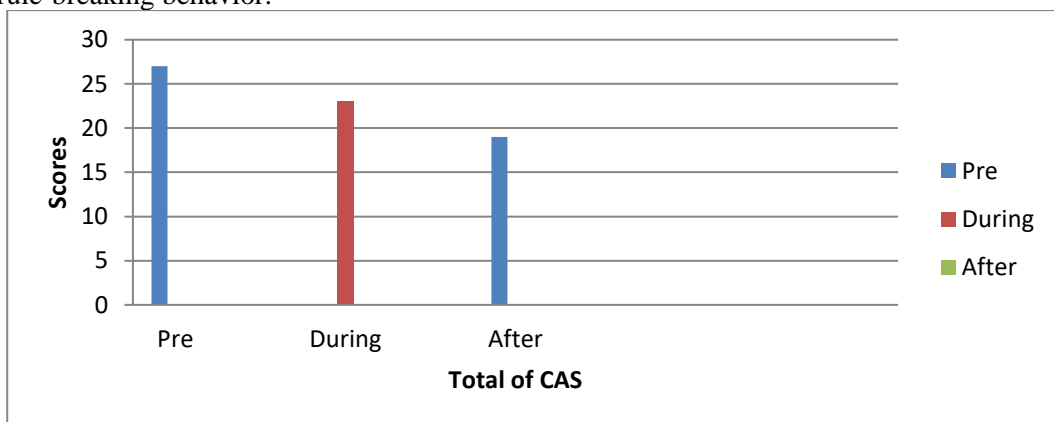


Figure 2. Client’s Pre-During and After Management Scores on CAS

Figure 2 indicated that ERTTP considerably produced a positive change in A.A angry emotions. Which suggests that ERTTP based on cognitive behavior therapy techniques is substantially effective for lowering down the penetrating angry emotions in individuals.

Management Implications and Recommendations

The cognitive behavior therapy techniques are beneficial for both group and individual management. A motivated client can take the benefit and enhance the skills essential to handle and cope with unhealthy, difficult and uncontrollable emotions. The homework tasks are extremely important in cognitive behavior therapy based emotion regulation training program as it provides an opportunity to learn and help to address the multiple interrelated problems of an individual. Based on the management of A.A an individualized management programs will be develops to reduce the emotion regulation problems for other externalizing behaviors.

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