

Original Research

Evaluating the effectiveness of anger management training on social skills of children with Attention-Deficit Hyperactivity Disorder (ADHD)

Authors:

Shirin Erfani and
Mehran Azadi

Institution:

1. Department of Psychology
and Science, Faculty of
Educative Science, South
Tehran Branch, Islamic
Azad University, Tehran,
Iran.

2. South Tehran Branch,
Islamic Azad University,
Tehran, Iran.

Corresponding author:
Shirin Erfani

ABSTRACT:

The aim of this study was to evaluate the effectiveness of anger management training on social skills of children with Attention-Deficit Hyperactivity Disorder (ADHD). Thus, 20 subjects were selected from the primary school children in district II of the city of Tehran who had referred to health clinics of district II and diagnosed by a psychologist to have ADHD through Conners' Teacher Rating Scale (CTRS). They were randomly divided into two control group (n = 10) and experimental group (n = 10). Then, the subjects completed Social Skills Rating System (SSRS) and Multidimensional Anger Scale (MAS), and their scores were considered as the pre-test scores. In the next step, the experimental group received program for anger management intervention based on cognitive-behavioural approach in eight sessions of group training, two hours a week, while the control group received no intervention. At the end of the intervention, both groups were assessed by post-test, and after two months, both groups were followed up. Finally, the data obtained were statistically analyzed using one-way analysis of covariance (ANCOVA). The results showed that anger management training has been effective on increasing the social skills of children with the symptoms of (ADHD). The findings suggested that along with other ADHD treatments, reduced amount of anger and increased social skills can be expected through anger management training.

Keywords:

Attention-Deficit Hyperactivity Disorder (ADHD), Anger, Social skills, Anger management training.

Article Citation:

Shirin Erfani and Mehran Azadi

Evaluating the effectiveness of anger management training on social skills of children with Attention-Deficit Hyperactivity Disorder (ADHD)

Journal of Research in Biology (2018) 8(4): 2495-2503

Dates:

Received: 04 Feb 2018

Accepted: 04 May 2018

Published: 15 June 2018

Web Address:

[http://jresearchbiology.com/
documents/RA0673.pdf](http://jresearchbiology.com/documents/RA0673.pdf)

This article is governed by the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which gives permission for unrestricted use, non-commercial, distribution and reproduction in all medium, provided the original work is properly cited.

INTRODUCTION

Childhood is one of the most important and influential development courses. It is an important period of life, in which children enter a larger society, *i.e.* the learning environment. Successful entry into this new situation requires skills to facilitate relationships and provide the ground of growth. Students are different from each other regarding achieving skills such as social skills and these problems will be more for some of them with Attention-Deficit Hyperactivity Disorder (ADHD) (Brook and Boaz, 2005). Having problems such as jumping in others words, not respecting the turn, and in particular attention deficit, cause them to incompletely receive information from the environment, and consequently, would have incomplete processing and output. This situation affects their school performance and even interpersonal relationships. They do not hear conversations perfectly or do not pay attention to them and react quickly, which leads to aggression and conflicts that have been widely reported (Singh, 2011).

The Attention-Deficit Hyperactivity Disorder (ADHD) is a common psychiatric disorder that begins from childhood (Asherson, 2005) and is associated with neglect and hyperactivity, leading to psychopathologies and social damages (APA, 2013). The prevalence of this disorder in Iran has been reported as 5.12% (Moradi, 2012). The ADHD can be diagnosed at all ages, and continues in 2-3 cases until the adulthood (Asherson, 2005). The children with ADHD showed different forms of cognitive and behavioural impulsivity and problems. Behavioural impulsivity causes their poor performance in doing homework assignments. The main problem of children with ADHD is failure in regulation of their behaviours; as a result, they cannot often show appropriate behaviour matching instantly with the environment. These behaviours caused serious problems in school and community, leading to reduced self-confidence and feelings of inadequacy in these children. They may hate school and community. Normal

children have a vast ground to be encouraged for their good behaviours and academic and social successes, and the same encouragements lead to their self-confidence and self-esteem; however, children with ADHD rarely achieve such successes. People with this disorder have problems with social behaviours, and often demonstrate emotional immaturity, aggression and poor academic performance (Singh, 2011). They are often in trouble with peers in social interactions, and encounter with peers' rejection and social isolation (Nejati *et al.*, 2013).

Gresham and Elliot (1990) quoted by Biyabangard (2005) define social skills as follows: "Learned social behaviours enable an individual to have interaction with other people, express positive responses and refrain from inappropriate behaviours. Social skills include finding friends, sympathy, listening, recognizing their feelings and others, skill in recognition of group relations, control and controlling over reactions and emotional behaviours. Hyperactive children experience social incompetence and egocentrism due to cognitive impairment and impulsivity (Broekhuizen *et al.*, 2016; Barkley *et al.*, 2010) and resulting from a lack of respect and a poor sense of self-worth, they will face with extreme isolation, dependence, depression, difficulty in interpersonal relationships, aggression and anger (Tapiá-Gutierrez and Cubo-Delgado 2015). Although social problems are not among the diagnostic criteria for ADHD, damage in the social function is the outstanding feature of this situation. The most important aspect of social function damage is the weakness of behaviours of these children in the social environment, seen as aggression in relation to their peers (Mikami *et al.*, 2014) Mafra (2015) suggested that most of these children are emotionally unstable as well. Thus, their moods suddenly change, and may show an emotional explosion at any time. During a research on the disorders of anger and aggression, Johnson and Carver (2016) and Singh (2011) have reported high comorbidity of these disorders with ADHD.

On the other hand, anger is a core emotion that has provided a great service during the evolution of the human species for survival through facilitating the adaptation behaviours while facing with danger. Despite the great and useful functions of this emotion, it has not always been associated with positive results. Anger has the potential of individual and social damage, and is motivated by occurring at different situations, including real and imaginary frustrations, harms, humiliations or injustices (McCarthy *et al.*, 1998, quoted from Yekta *et al.*, 2015). Failing to express anger causes enmity internalization in the person (Hashemian *et al.*, 2008). Studies have shown that the anger emotion has a high comorbidity with a variety of disorders, including psychosomatic disorders (Myers *et al.*, 2013) and Impulse control disorder (Ammerman *et al.*, 2015). Due to the fact that aggression in childhood is known as a strong indicator of future behaviour problems, and its long-term effects apparently remain constant over time, and is also associated with anti-social behaviours in adulthood, anger management can be evaluated as a basic skill strategy in the series of life skills as a behaviour management strategy and prevention strategy of adverse consequences.

Therefore, given that the signs of anger and aggression are seen in children with ADHD, and considering that little research (especially domestic studies) has been done in the area of anger management training effectiveness on the social behaviours of children with ADHD, thus, hindering or interfering factors in improving social relationships of these children are considered as one of the important areas of clinical and development research. Then, in this research, anger

management training was considered as an intervening factor to improve the social skills of children with ADHD. Therefore, the present study is to investigate the effectiveness of anger management training on the social behaviours of children with ADHD.

MATERIALS AND METHODS

Population and sampling method

This study was a quasi-experimental study that was conducted with pretest-posttest design along with the control group. The study population included all the primary school students of Tehran district II that had referred to local health clinics of district II and have been diagnosed by psychologist a with ADHD. The subjects' inclusion criteria were as follows:

- The subject and his parents have declared their readiness to participate in the study
- The diagnosis of ADHD is approved according to Conners' Teacher Rating Scale (CTRS).

Also, the participants in the intervention group who were not able to attend in at least seven sessions of training sessions in compliance with program regulations, and the subjects from the control and experimental groups not able to complete questionnaires in the post-test and follow-up stages were excluded from the study. To select the samples, first, 20 children were selected from the students of the above population by available sampling method, and were randomly divided into the control group (n = 10) and the experimental group (n = 10) (Barkley *et al.*, 2010).

Measuring tool

Social Skill Revised Scale (SSRS)

Gresham and Elliott (1990) made the students

Table 1. Mean and standard deviation of the control and experimental groups in scores of research variables in different stages

S. No	Variable	Group	Number	Pre-test		Post-test		Follow-up	
				Mean	SD	Mean	SD	Mean	SD
1	Social	Control	10	36.13	1.06	38.13	1.41	37.2	2.57
		Experimental	0	37.87	1.36	43.13	0.91	41.93	1.03

form that only assesses the social skills. This scale consists of 39 items, each of which has three options rated as never, sometimes and often. In scoring on this scale, if the subject chooses "Never" option, the score of zero will be considered; choosing "Sometimes" option will lead to score 1, and finally, selecting the option of "Often" would bring a score of 2. The minimum and maximum scores on this scale are equal to zero and 78 (Khoshkam *et al.*, 2008). Gresham and Elliott (1990) reported the reliability of social skills test between 0.65 and 0.93 by using the test-retest method, and between 0.81 and 0.85 through Cronbach's alpha coefficient approach. The validity of this test has been also reported between 0.50 and 0.70 on averages (Khoshkam *et al.*, 2008).

Multidimensional Anger Scale (MAS)

It is a scale consisting of 39 items on the four-point Likert scale, from 1 = rarely to always = 4 that measures five factors of anger, including impulsivity anger, outer anger, hostile attitude, inner anger and anger contentious situations. This scale was made and standardized by Parvaz *et al.* (2011) and 29 items on this scale were approved. Its reliability and validity were reported as 0.87 and 0.79 respectively (Parvaz *et al.*, 2011).

In this study, the anger management group program based on a cognitive-behavioural approach was used for training. In the next step, doing the research, the study objectives were explained to the subjects and their parents, and they were committed to cooperate with the researcher until the end of the research. After completion of the Social Skills Revised Scale (SSRS) and Multidimensional Anger Scale (MAS) by the subjects,

their scores were considered as the pre-test scores. After implementing the pre-test, the intervention group undergone the intervention group anger management program based on cognitive-behavioural approach during the eight sessions of group learning for two hours per week, while the control group received no intervention. After treatment, both groups were assessed by post-test, and both groups were followed up after 1.5 months. It should be noted that during the eight weeks of training, the participants or their parents could contact the research team to be guided by telephone in intervals of the sessions. The intervention was performed as follows:

Session 1: Introducing the subjects to each other and the researcher, giving them some explanations on attending the classes, setting the subjects' goal for participating in the sessions, and an overview on group therapy of anger management, including the instructions of the group leader, suggested points, objectives and overview, the group rules, the problem of anger, some operational definitions, myths about anger, anger as a habitual response, stopping anger habit, introducing the participants, anger measurement, homework.

Session 2: A conceptual framework for understanding anger, including events triggering anger, anger symptoms, assessment.

Session 3: Anger management program to help the group members to prepare anger management program, including anger management program, relaxation through breathing, homework.

Session 4: How to stop period of aggression? Including, the period of aggression, progressive muscle relaxation, homework.

Session 5: Reconstruction cognitive model A-B-C-D,

Table 2. Results of examining the pre-assumption for equality of variances in the dependent variable by Levene test

S. No	Intergroup effects	F	Degrees of freedom 1	Degrees of freedom 2	Significant level
1	Social skills (post-test)	0.255	1	28	0.618
2	Social skills (follow-up)	2.862	1	28	0.136

Table 3. Results of analysis of covariance (ANCOVA) on the effect of group membership on the social skills in research groups at different stages

S. No	Dependent variable	Stages	Research variables	df	F	Mean of squares	P	Effect size	Statistical power
1	Social skills	Post-test	Pretest	1	5.791	6.97	0.023	0.177	0.641
			Group membership	1	74.283	89.41	0.0005	0.733	1
		Follow-up	Pretest	1	10.64	30.33	0.003	0.283	0.882
			Group membership	1	18.01	51.55	0.0005	0.4	0.983

stop thinking, homework.

Session 6: First session of reviewing the concepts learned, assertiveness training, model of conflict resolution, solutions to express anger, homework.

Session 7: How does the past learning affect the present behaviours? Anger and family, homework.

Session 8: Review of concepts learned, the proposed notes and preparing the members for finishing, identifying barriers of using the methods, finding the causes and fixing them, and finally, concluding.

Finally, the data were analyzed through using one-way analysis of covariance (ANCOVA) by SPSS-20 software. Also, the Kolmogorov - Smirnov test was used for investigate the normality of data, and the Levene test was used to examine the pre-assumption of equality of covariance's between the dependent variables.

RESULTS

In Table 1, the descriptive indices of dependent variable of social skills are given by groups and steps. The Levene's test was used to examine the pre-assumption for equality of variances of the dependent variables, which was not significant in the case of analyzed variable Table 2.

Table 3 is related to the analysis of covariance (ANCOVA) to compare the two control and experimental groups in variable of social skills on the post-test and follow-up after controlling for pre-test. The findings suggested that the observed difference between the mean values of social skills score based on group

membership (control and experimental groups) at post-test is significant ($F=74.283$ and $P=0.0005$). The efficacy of this intervention was equal to 0.733. Thus, it is concluded that there is a significant difference between the rates of social skills after performing research in experimental and control groups. In other words, the intervention of group therapy of anger management training has had an impact on increasing social skills of children with symptoms of ADHD at post-test stage. The statistical potential 1 suggested an acceptable statistical accuracy of such an impact. The results also showed that the observed difference between the mean values of social skills score based on group membership (control and experimental groups) at follow-up is significant ($F=18.01$ and $P=0.0005$). The efficacy of this intervention was equal to 0.400. Then, it is concluded that there is a significant difference between the rates of social skills in the 1.5 months follow-up stage in the control and experimental groups. In other words, the intervention of group therapy of anger management training has had an impact on increasing social skills of children with symptoms of ADHD at the 1.5 months follow-up stage. The statistical potential 1 suggested an acceptable statistical accuracy of such an impact. Therefore, the research hypothesis is confirmed, and it is concluded that anger management training is effective on increasing the social skills of children with the symptoms of ADHD.

DISCUSSION

The main objective of this study was to assess the effectiveness of anger management training on social skills of children with ADHD. The results of analysis of covariance (ANCOVA) on the impact of group membership on increasing social skills of children with ADHD show that the difference between mean scores of social skills on group membership (control and test groups) is statistically significant in the post-test and 1.5 months follow-up stages. Therefore, the research hypothesis is confirmed, and it is concluded that anger management training has been effective on increasing the social skills of children with symptoms of ADHD. The results obtained from this study are consistent with the results studies by Farizi *et al.* (2015) and Broekhuizen *et al.* (2016), who indicated that children undergone anger management training had more improved social skills than those who had not been trained. In line with the findings of this study, Nasir and Ghani (2014), while observing emotional and behavioural effects of anger manifestations and anger management, concluded that people in the wake of anger would have hatred and aggression, and anger management causes psychological repression, forgiveness and a sense of comfort and peace. Khanzadeh (2011) also studied social skills training of children with ADHD and suggested the results that the understanding of socialization of these children depends on assessing some aspects of development such as self-concept, executive functions and working memory in them. Also, Smitha *et al.* (2014) and Mafra (2015) examined the improvement of social skills in children with ADHD and learning disorders as an intervention program. The results showed that the trainings are associated with social skills improvement.

To explain these findings, one can state that the period of middle childhood, where children somehow separate from families and enter the larger community of school is a period that can cause new challenges for children. Communicating with other children, following

and abiding by school rules, teachers and administrators would create a completely different environment from the home environment, which was generally tending to the wishes of the child with relatively flexible regulations and rules. Establishing an effective and constructive interaction requires skills to facilitate relations. Due to differences in social skills, some people have more skills and some are weaker in such skills. In the meantime, some problems and disorders such as hyperactivity disorder/attention deficit deeply affect the people. The behavioural inhibition incompetence is a major injury in ADHD. The inhibition function incompetence causes damage to four basic executive functions, and therefore damages the function of self-control. Anger management training focuses on the behavioural, emotional, thoughts and interpersonal relations areas according to what that person needs to experience, and thus, helps for further emotional and behavioural inhibition (Cummings *et al.*, 2007). The children with this disorder showed defects in the social and interpersonal relationships areas, and a range of reports on conflicts of these children with the other is seen. It seems that mitigating such conflicts could provide an opportunity for these people to establish better and more constructive interactions with others (Mikami *et al.*, 2014).

Given that in people with ADHD, most of emotional problems and turmoil, including disability in in emotional expressiveness and inhibition, as obvious deficiencies of social skills, are mostly caused by the lack of self-motivation, subsequent lack of behavioural skills, anger management training increases the interaction between behavioural inhibition and executive functions by using mental imagery, cognitive training, physical exercise and group dynamics, and consequently, reduces aggressive and anger behaviours of the person. In line with this explanation, Calamari and Pini (2003) concluded in their research that suppressing anger as well as anger expression will be associated most likely

with negative evaluation of one's self, negative self-concept, feelings of inferiority and incompetence that are as symptoms of social isolation. Hafezi and Khajuei (2011) stated during a research that implementing the anger management program reduces impulsive behaviours and anxiety. In another explanation, according to Barkley, one can conclude that symptom of hyperactivity, attention deficit arise from the weakness in the area of individual self-control. Thus, this weakness may be partially resolved with anger management training to these children, and the consequential symptoms such as social skills problems would reduce.

One of the basic problems of children with ADHD is the lack of awareness and understanding of their behaviours, and this problem leads to occurrence of inappropriate behaviour in various situations by these children, especially after entering the school. Anger Management helps the clients focusing their efforts and regulates the stages for next periods. Anger management is a tool for individuals' empowerment that uses the adaptation strategies. Finally, it provides a sense of mastery in the situations. Anger Management helps clients to conduct and direct their incompatible recognitions and feed the context that supports change (Ryan and Deci, 2008). Focusing on knowledge, review and re-encoding of target behaviours provide positive reinforcement (or punishment) that does not depend on external contingencies (Kazdin, 2008). Anger management training may play a role in facilitating cognitive flexibility and the sense of curiosity. Through anger management, people can change their thoughts and experiences, and in reverse, by observing negative thoughts, feelings and behaviours, they will be able to modify them (Reilly and Shopshire, 2002; Lachman *et al.*, 2004). The use of behaviour monitoring technique increases the children's awareness of their behaviour, and eventually leads to self-control behaviours such as angry behaviours (Yekta *et al.*, 2014). Finally, it appears alongside other therapies for ADHD, through anger

management training, reduced rage rate and increased social skills of children with ADHD can be expected. According to the results of this study, the use of this kind of intervention is particularly effective and is recommended as an effective and readily available way of intervention.

This study had some problems and limitations in coordination with parents of children to conduct the research and implement the tests at different stages. Also, despite the researcher's efforts to comply with the study inclusion criteria, due to lack of adequate control on these criteria, we cannot be completely sure that subjects in both groups had completely equal conditions, which limits the generalization of these findings to the entire samples outside the range. The short-term 1.5 months follow-up phase is another limitation of the research. Hence, it is recommended in future research, in addition to resolve these limitations, the following will be considered as well:

Given the important and undeniable role of social relations in reducing the feelings of isolation and effective coping with life events, it is essential that training programs for extending and developing cognitive group therapy would be provided for the children. It is also recommended to use consultants in schools with expertise in the field of cognitive therapy.

ACKNOWLEDGMENT

This article is derived from a master's thesis in Azad University, South Tehran Branch. Thus, the authors would like to appreciate the Vice President of Research and Technology of the Islamic Azad University, South Tehran Branch, and the officials of health clinics in District II of Tehran education system as well as research subjects and their parents who helped us in the present study.

REFERENCES

[APA] American Psychiatric Association. 2013.

- Diagnostic and statistics guide of mental disorders. 5th ed. Translated by Mohammadi. Tehran: Ravan. 947 p.
- Ammerman BA, Kleiman EM, Uyeji LL, Knorr AC and McCloskey MS. 2015.** Suicidal and violent behaviour: The role of anger, emotion dysregulation, and impulsivity. *Personality and Individual Differences*, 79: 57-62.
- Asherson P. 2005.** ADHD across the lifespan. *Medicine*, 40(11): 623–627.
- Barkley RA, Murphy KR and Fischer M. 2010.** ADHD in adults: what the science says. Guilford Press. 489 p.
- Biyabangard A. 2005.** The comparison of communicative skills of blind and mute students. *Journal of Exceptional Children*, 5(1): 18-45.
- Broekhuizen ML, Mokrova IL, Burchinal MR and Garrett-Peters PT. 2016.** Classroom quality at pre-kindergarten and kindergarten and children's social skills and behaviour problems. *Early Childhood Research Quarterly*, 36: 212-222.
- Brook U and Boaz M. 2005.** Attention deficit and hyperactivity disorder/learning disabilities (ADHD/LD): parental characterization and perception. *Patient Education and Counseling*, 57(1): 96-100.
- Calamari E and Pini M. 2003.** Dissociative experiences and anger proneness in late adolescent females with different attachment styles. *Adolescence*, 38(150): 287-303.
- Cummings EM, Kouros CD and Papp LM. 2007.** Marital aggression and children's responses to everyday interparental conflict. *European Psychologist*, 12(1):17-28.
- Gresham FM and Elliott SN. 1990.** Social skills rating system: Manual. American Guidance Service. 194 p.
- Hafezi F and Ebrahim Khajuei A. 2011.** The effect of instruction on controlling anger on reduction of impulsivity behaviours and anxiety in people suffering disorder. *Findings in Psychology*, 5(20): 89-107.
- Hashemian F, Shafi AA and Soudani M. 2008.** Investigation the effects of training anger control on social-individual compatibility of female students of 1st grade high school in Mahshahr. *Science and Research in Psychology*, 35(14):1-36.
- Hossein Khanzadeh A. 2011.** Social skills training to kids suffering attention deficit disorder. *Journal of Exceptional Education and Training*, 8(121): 23-41.
- Johnson SL and Carver CS. 2016.** Emotion-relevant impulsivity predicts sustained anger and aggression after remission in bipolar I disorder. *Journal of Affective Disorders*, 189: 169-175.
- Kazdin AE. 2008.** Evidence-based treatment and practice: new opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, 63(3): 146-159.
- Khoshkam Z, Malekpour M and Molavi H. 2008.** The effectiveness of training group problem solving on social skills of students suffering visual damages based on the behavioural-cognitive approach. *Journal of Exceptional Children*, 8(2): 141-156.
- Lachman JE, Palardy NR, Mcelroy HK, Philips N and Holms KJ. 2004.** Anger management interventions. *Journal of Early and Intensive Interventions*, 1(1): 47-56.
- Mafra H. 2015.** Development of learning and social skills in children with learning disabilities: an educational intervention program. *Procedia-Social and Behavioural Sciences*, 209: 221-228.
- Mikami AY, Jia M and Na JJ. 2014.** Social skills training. *Child and Adolescent Psychiatric Clinics of North America*, 23(4): 775-788.

- Moradi Z. 2012.** The investigation of the effect of instructing turtle technique on increasing prevention in kids suffering attention deficit disorder and hyperactivity. Master thesis. Allameh Tabatabaie University, Tehran, Iran.
- McCarthy MA, Barnes AF and Alpert J. 1998.** Childhood anger: So common, yet so misunderstood. *Journal of Child and Adolescent Psychiatric Nursing*, 11 (2): 69-78.
- Myers L, Fleming M, Lancman M, Perrine K and Lancman M. 2013.** Stress coping strategies in patients with psychogenic non-epileptic seizures and how they relate to trauma symptoms, alexithymia, anger and mood. *Seizure*, 22(8): 634-639.
- Nasir R and Ghani NA. 2014.** Behavioural and emotional effects of anger expression and anger management among adolescents. *Procedia-Social and Behavioural Sciences*, 140: 565-569.
- Nejati V, Aghaei Sabet S and Khoshhalipanah M. 2013.** Social cognition in kids suffering attention deficit disorder and hyperactivity. *Quarterly of Social Cognition*, 4: 47-53.
- Nezafat Farizi G, Mashhadi A, Amin Yazdi S and Noforsati F. 2015.** Psychotherapy effectiveness of short-term interpersonal treatment on depression symptoms, emotional expression and social skills and life quality of the depressed students. *Fundamentals of Mental Health*, 7: 318-324.
- Parvaz A, Delavar A and Taj F. 2011.** Construction and standardization of multidimensional anger scale in high school students. *Quarterly of Educational Measurement*, 2(5): 18-29.
- Reilly PM and Shopshire MS. 2002.** Anger management for substance abuse and mental health clients: cognitive behavioural therapy manual.
- Ryan RM and Deci EL. 2008.** A self-determination theory approach to psychotherapy: the motivational basis for effective change. *Canadian Psychology/Psychologie Canadienne*, 49(3): 186-193.
- Shokoohi-Yekta M, Ghobary-Bonab B, Malayeri SA, Zamani N and Pourkarimi J. 2015.** The relationship between anger and coping strategies of mothers of children with special needs. *Procedia-Social and Behavioural Sciences*, 205: 140-144.
- Shokouhi Yekta M, Zamani N, Mahmoudi M, Pourkarimi G and Akbari Zardkhaneh S. 2014.** The effects of behavioural-cognitive interventions on controlling high school student's anger. *Journal of Shahed University*, 21(11): 61-71.
- Singh I. 2011.** A disorder of anger and aggression: children's perspectives on attention deficit/hyperactivity disorder in the UK. *Social Science and Medicine*, 73(6): 889-896.
- Smitha VS, Paul KV and Dennis Vinayan KP. 2014.** Effect of social skill group training in children with attention deficit hyperactivity disorder. *Amrita Journal of Medicine*, 10(2): 1-44.
- Tapia-Gutierrez CP and Cubo-Delgado S. 2015.** Social skills for the teaching performance in Chile: perceptions of teachers and principals. *Procedia-Social and Behavioural Sciences*, 197: 1069-1073.

Submit your articles online at www.jresearchbiology.com

Advantages

- **Easy online submission**
- **Complete Peer review**
- **Affordable Charges**
- **Quick processing**
- **Extensive indexing**
- **You retain your copyright**

submit@jresearchbiology.com

www.jresearchbiology.com/Submit.php