The Effect of Verbal Self-Instructional Training on the Reduction of Verbal Aggression in Educable Mentally Retarded Adolescent Boys

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Abstract

This study aimed to investigate the effect of verbal self-instructional training on reduction of verbal aggression in educable mentally retarded adolescent boys in Isfahan. The research method was experimental (pretest-posttest with a control group). For this purpose, 20 educable mentally retarded adolescent boys with verbal aggression who were studying in 2012-2013 were selected via available sampling method, and were randomly divided into two experimental and control groups. The experimental group received verbal self-instructional training in ten 45-minute sessions, but the control group received no training in this regard. The research data were collected based on the responses of the subjects' parents to verbal aggression scale through adolescent behavioral classification project (ABCP) inventory and three month later the follow-up test was administered. The results of covariance analysis test showed that there was a significant relationship between verbal self-instructional training and verbal aggression reduction ($p<0.0001$). The results of follow-up test showed that the effect had survived even after three months. Therefore, it can be concluded that verbal self-instructional training can have a relatively stable effect on the reduction of verbal aggression in educable mentally retarded adolescent boys.

Keywords: verbal aggression, verbal self-instructional training, educable mentally retarded

Introduction

Exceptional individuals have certain problems and enjoy special talents which influence their thinking, speaking and socialization. One of the exceptional groups includes children and adolescents with intellectual disability (Halhahan & Kauffman; translated by Javadian, 2011). According to the latest definition of the American Association on Intellectual and Developmental Disabilities (AAIDD), intellectual disability refers to general intelligence function which is significantly lower than the mean (2 SD) and

which occurs simultaneously with restrictions in two or several areas of aappropriate adaptive skills such as communication, self-care, daily living, social skills, use of community resources, self-guidance, functions of education, work, leisure, health and safety before the age of 18 (American Psychiatric Association, 2013).
Children and adolescents with intellectual disability often have special problems in personal, social and behavioral characteristics. A part of these problems is associated with others' rectio0ns in dealing with the conditions of such people and another part is related to the lack of their success to the level that is expected by others (Seif Naraqi and Naderi, 2013). Robinson & Robinson (1989) investigated children behavioral disorders in children with intellectual disability in comparison with normal children according to their parents' responses to the questionnaires and showed that about 30% of the children have behavioral disorder which is nearly 4 times as much as normal children. Moreover, teachers have emotionally assessed 42% of children with intellectual disability as upset in comparison with 5.9% of children in the control group (Seif Naraqi and Naderi, 2012). Other researchers have also concluded in their study that behavioral abnormalities such as verbal and physical aggression, bad-temper, yelling, and antisocial behavior are particularly common among children and adolescents with intellectual disability who live in the community (Crocker et al., 2007; Taylor, Lindsay & Willner, 2008; Cooper et al., 2009; Heyvaert, Maes & Onghena, 2010; Singh et al., 2013; Crocker et al., 2014). As the results of these study show and as mentioned in the diagnostic and statistical manual of mental disorders, 4th edition, text revision (DSM-IV-TR), intellectual disability is one of the topics associated with verbal and physical aggression (Sadock & Sadock; translated by Rezaei, 2012).

In Oxford Dictionary, aggression is defined as anger or disgust followed by aggressive and violent behavior and preparation for the attack (Oxford Dictionary, 2011). Verbal aggression is also described as an unpleasant or offensive language towards another person (Whelan, 2008). Fauteux in his article entitled "Reducing the intensity of anger and hostility" explains the aggression process as such that first a person faces an unexpected situation and has a disappointing reaction. To defend himself, the person tries to have a rejoinder to this undesirable situation, but he might not be able to find an appropriate response. When the situation gets worse, a hostile feeling is formed in that parson and then he gets angry. As the situation continues the person feels that he must use verbally offensive words and ultimately he will show physical violence (Fauteux, 2010). People might have violent thoughts or fantasies, but as long as they don't lose their own control, the thoughts don't come to practice (Sadock and Sadock; translated by Rezaei, 2012). On the other hand, adolescence is an important transitional period in terms of health and difficult harmony, and violence and aggression are major problems in this critical period which put teens at risk (Mash and Wolfe; translated by Mozafari Maki Abadi and Foruodin Adl, 2010). In general, what has made the researchers to concentrate on aggressive behavior is its adverse effects on interpersonal behavior and its bad effects on individuals' internal states (Ellis, 1998; quoted by Sadeqi, Ahmadi, Abedi, 2002). Moreover, due to features such as limited attention span and low frustration tolerance, adolescents with intellectual disabilities have problems in

controlling their anger (Seif Naraqi and Naderi, 2013) which often lead to aggression and can have serious consequences (Willner et al., 2013).

Over the past years, various methods have been created in order to correct maladaptive behaviors; for example, a new method named verbal self-instructional training was created in the field of cognitive behavioral intervention by Meichenbaum in 1970. This method aimed to modify maladaptive behaviors by changing the process of thinking. Meichenbaum believed that through the combination of cognition and behavior it is possible to change maladaptive behavior more effectively and extensively (Benjamin et al., 2011). One of the areas in which verbal self-instructional training has succeeded is in relation to anger management to prevent aggressive behavior (DiGiuseppe & Tafrat, 2003). Meichenbaum (1986) has called this method cognitive behavior change. Self-instructional training or self-ordering means individuals tell themselves what to do in different situations (Seif, 2004). In general, verbal self-instructional training includes five steps: 1) cognitive modeling, 2) overt external guidance, 3) overt self-guidance, 4) faded self-guidance, 5) covert self-instruction (Alizadeh, 2006).

Some historical evidence indicates that people with intellectual disabilities, especially those who suffer from severe mental disabilities, cannot get sufficient positive results from psychotherapy and cognitive therapy interventions due to limitations in cognitive processing and further research is needed in this area (Turner, 2004; Sturmey, 2005; Willner, 2006). On the contrary, the results of some of the recent studies indicate that cognitive-behavioral interventions van lead to significant changes in behavioral problems particularly aggression in adolescents and adults with mild intellectual disabilities and these methods can be taught to them (Robertson, 2011; Thompson Prout and Browning, 2011; Deffenbacher; Didden et al., 2012; Nicoll, Beail & Saxon, 2013; Pert et al., 2013; Willner et al., 2013).

The most important element of verbal self-instructional training is to teach the patients to inculcate a positive feeling in them or to use encouraging and supportive phrases and statements. Meichenbaum strongly believes that speaking to or inculcating in oneself is very effective in creating adaptive and maladaptive behaviors (Seif, 2004).

In their study entitled "The effect of verbal self-instructional training on the reduction of hyper arousal symptoms in children with attention deficit / hyperactivity disorder", Qasabi, Tajrishi, and Mirzamani (2009) found that verbal self-instructional training intervention would lead to the reduction of hyper arousal symptoms in students with attention deficit/ hyperactivity disorder. In a pilot study, Hashemi, Eqbali, and Aliloo (2009) investigated the effect of verbal self-instructional training on the improvement of social adjustment in children with conduct disorder in Tabriz during 12 sessions of one hour for two months. The results of the studies showed that verbal self-instructional training improved social adjustment and interpersonal relationships in students with conduct disorder. Hashemi et al. (2009) did a research to investigate the effect of verbal self-instructional training on the improvement of children with oppositional defiant disorder and concluded that this training therapeutic method can be used to improve students with oppositional defiant disorder. Valizadeh, Bardi Ozouni Doj and Nik Amal (2010) in a research entitled "The effectiveness of teaching management skills on the reduction of aggression in adolescents" concluded that teaching strategies of anger and

self-reporting are effective in the reduction of aggression in the subjects. Khankhanizadeh and Baqeri (2012) did a research on the effect of verbal self-instructional training on the improvement of social adaptation in students with learning disabilities. They found that verbal self-instructional training had a positive effect on social adaptation in students with learning disabilities.

Gardner, Clees & Colec (19883) investigated the effect of a multi-component self-management intervention program (including self-regulation, self-assessment, self-inference- and verbal self-instruction) on adults with intellectual disabilities who had impaired verbal ruminations and concluded that this program successfully reduced verbal ruminations- which had disrupted their communication- in adults with intellectual disabilities. Ronen (2004) in a case study examined the effect of training self-control skills in the reduction of aggression in a 12-year-old boy and concluded that training self-control skills significantly decreased aggressive behaviors and increased self-control behaviors in the subject. Sullivan et al. (2007) did a research on 913 rural students and concluded that abstinent people have more control over their behavior and can better control their behavior when angry. They have also concluded that abstinence is an important factor in preventing violence. Bornhofen & McDonald (2008) carried out a study to investigate two methods of error free learning and verbal self-instruction in the treatment of emotional perception shortcomings in people with brain damage. They figured out that both therapeutic methods improved the emotional perception in subjects. Nefdt et al. (2010) studied the use of a self-directed learning program to provide introductory training in pivotal response treatment to parents of children with autism. They found that self-directed learning program (a kind of which is verbal self-instruction) could lead to the change of the behavior of the parents of children with autism. Smith, Taylor, Barnes & Daunic (2012) in their study entitled "Cognitive-behavioral interventions to prevent aggression of students with emotional and behavioral disorders" explained the value of cognitive-behavioral interventions in reduction of aggression and other malicious and maladaptive behaviors of students at school and came to the conclusion that verbal self-instruction method had a significant effect on the reduction of aggression among the subjects. Adeymi (2013) examined the effectiveness of self-instructional and bully-proof strategy on the management of school violence among transitional students in junior secondary schools in Nigeria and concluded that both methods separately had a significant effect on the reduction of violence in the students.

Generally, an abnormal behavior by itself can create barriers to learning in classes (Kirk and Gallagher, 2003) and also can influence good mutual relations between children with intellectual disabilities and other members of the family, society, classmates, instructors and employers particularly in adolescence and adulthood (Afrouz, 2002). Given that in most cases, verbal aggression is the background of physical aggression and is more frequent (Fauteux, 2010), it is essential to develop effective interventions for aggressive students with intellectual disabilities, to reduce their malicious behavior. Moreover, considering the fact that cognitive-behavioral interventions can be effective on the treatment of behavioral problems of individuals with mild intellectual disabilities, as the results of the abovementioned studies showed, the present study

aims to test the hypothesis that verbal self-instructional training (as one of the cognitive-behavioral methods) is effective on the reduction of aggression in educable mentally retarded male students.

Methods

Participants

With regard to the research title and hypothesis, experimental method with pretest-posttest and control group was used in this study, so that 27 adolescents among the educable mentally retarded male students aged 15 to 20 who were studying in Isfahan vocational training center in 2012-2013 and who were introduced as aggressive via the interview by their teachers were selected through available sampling. Inclusion criteria of the research were the subjects' IQ, which was 50 to 70 according to their academic records (most of the subjects were highly educable), not taking any particular medication, and not having any other associated disorder. In the next step, the school authorities were asked to invite the mothers of the selected students to the center to fill out the adolescent behavioral classification project (ABCP) inventory and the therapeutic agreement about their children. To answer the questionnaire, the mothers of the selected students were interviewed individually and it was explained to them that the study aimed to identify the level of the aggressive features of their children and to provide them a treatment program in case of having high level of aggressive signs. Therefore, the mothers were asked to read the questions carefully and mark the appropriate option in the answer sheet. The educational level of the mothers responding to the questionnaire ranged from elementary to bachelor degree. According to the parents' responses to the questionnaire, 20 students with average to high verbal aggression were selected as the research sample (verbal aggression criteria were the scores 22 to 42). Then the subjects were randomly divided to the experimental group (n=10) and control group (n=10).

Tools

Verbal aggression scale of adolescent behavioral classification project (ABCP) inventory: ABCP test is one of the most comprehensive questionnaires covering adolescence range (13 to 20 years) and is a specific questionnaire for abnormal behaviors of adolescents. The questionnaire was translated to Persian by Hashemi Aar (2003) and after initial review and modification of some of the questions by Etemadi, the research supervisor, it was reviewed and compared with the original questionnaire and ultimately it was tuned out by being distributed among 15000 male and female Iranian adolescents aged 13 to 20 years who referred to psychiatrists, psychologists, and counselors in schools. Adolescents' parents answered the 518-item ABCP inventory. In general, the adolescent behavioral classification project inventory consists of 518 yes-no questions and 16 factors. One of them is verbal aggression including 43 questions used in the present study. To evaluate the test reliability, Kuder-Richardson method was used and the obtained coefficient was 96%. The research conducted by Dreger on 126 adolescent inpatients and their parents to measure ABCP reliability, showed high ability of the test in predicting real life behaviors (Hashemi Azar, 2004).

Data Collection

In this study, Meichenbaum's verbal self-instruction was used for verbal self-instructional training. The program was fulfilled in ten 45-minute sessions (one session every week) in a group. Since the participants had intellectual disabilities and were dependent on practice and repetition for more permanent learning, each step was thought in two sessions (one session of training and one session of practice and repetition). In each training session, the researcher narrated a story about a student who used offensive words for another person. During the training, simple images, examples, stories, and encouragement were used. Moreover, in order to control verbal aggression the behaviors of the participants that were reported by teachers of the center or the ones that caused their anger and insults as stated by the subjects were emphasized. At the beginning of each session the participants were asked about the techniques to cope with verbal aggression. To track and monitor homework doing at home after each session the contact was made by the mothers of those 10 students through the phone or through the papers containing descriptions. Due to the importance of the matter and to assist to contribute to the modification of their children's behaviors, the mothers were asked to monitor the participants' doing their homework and to ask them verbal skills to cope with aggression. To encourage motivation and teamwork among the participants, the subjects who had done their homework each session and who participated in discussions and answered properly during the training were given token cards and they were announced that if they receive 10 tokens until the end of the program they would receive some presents.

None of the subjects were absent during the whole process of imp[lamenting the program and all of them cooperated to the end. Table of contents of training sessions is displayed in the annex.

In order to analyze the data, $SPSS_{20}$ software was used. The mean and standard deviation of the scores were used for description and covariance analysis was used to test the hypothesis significance.

Results

The results of Shapiro-Wilk test in relation to normal scores of verbal aggression in control and experimental groups are displayed in Table (1).

Table 1: Results of Shapiro-Wilk test in relation to normal scores in both groups

	statistical value	Degrees of freedom	Significance level
Shapiro-Wilk	0.95	30	0.18

As the results show in Table 1, the hypothesis of normal scores of the two groups is not rejected ($p>0.05$); that is, aggression scores are normal in both groups.

Levine's test results in relation to the homogenous variances assumption in aggression scores of experimental and control groups are displayed in Table (2).

Table 2: Results of Levine's test in relation to homogenous variances assumption

F	Degrees of freedom 1	Degrees of freedom 2	Significance level
0.131	1	28	0.72

As the results of Table (2) show, homogenous variances assumption in aggression scores of both experimental and control group has been confirmed. In other words, the variances f both groups are equal.

The results of covariance analysis with pretest statistical control (at the posttest) are presented in Table (3).

Table 3: Results of covariance analysis with pretest statistical control at the post test

	Sum of squares	Degree of freedom	Mean Square	F	Significance level	Chi Eta	Statistical power
Pretest	35.34	1	35.34	2.51	1.25	0.085	0.33
group	965.78	1	965.78	68.64	0.0001	0.71	1
Error	379.85	27	14.06				
Total	14586	30					

The hypothesis was that there is a significant difference between verbal aggression scores in experimental and control groups in pretest and posttest after verbal self-instructional training. As the results display in Table (3), the difference is significant ($P<0.001$). F-value is in a desirable level and statistical power of 1 indicates that the sample size was adequate to test the hypothesis. Chi Eta indicates that changes percentage of verbal aggression scores was due to verbal self-instructional training.

The mean and standard deviation of pretest and posttest scores of verbal aggression in experimental and control groups are displayed in Table (4).

Table 4: Mean and standard deviation of pre- test and post- test scores of verbal aggression in experimental and control groups

group		Mean	Standard deviation
Experimental	Pre-test	29.66	4.32
	Post--test	15.40	3.24
Control	Pre-test	28.86	5.01
	Post-test	26.60	4.37

As shown in Table (4) there is a difference between the mean scores of verbal aggression in experimental and control groups in the post-test.
Covariance analysis results with statistical control of verbal aggression pre-test in the follow-up stage are displayed in Table (5).

Table 5: Analysis of covariance with statistical control of verbal aggression pretest in follow-up stage

	Sum of squares	Degrees of freedom	Mean Square	F	Significance level	Chi Eta	Statistical power
Pre-test	129.89	1	129.89	11.50	0.002	0.29	0.90
group	1150.69	1	1150.69	101.94	0.0001	0.79	1
Error	304.76	27	11.28				
Total	14631	30					

As the results of Table (5) show, in the follow-up stage, there was a significant difference between verbal aggression scores in the experimental and control groups ($p<0.001$). 79% of the changes of verbal aggression scores was due to verbal self-instructional training.

Discussion

In this study, the effect of verbal self-instructional training on the reduction of verbal aggression in educable mentally retarded adolescent boys was investigated. As the results indicated, verbal self-instructional pattern is an effective way to reduce the rate of aggression in educable mentally retarded adolescent boys ($P<0.001$). The findings of this study are consistent with the results of the studies conducted by Qasabi, Tajrishi, and Mirzamani (2009), Hashemi, Eqbali, and Aliloo (2009), Valizadeh, Bardi Ozouni Doj and Nik Amal (2010), Khankhanizadeh and Baqeri (2012), Gardner, Clees & Cole (1983), Granvold (1994), Ronen (2004), Sullivan et al. (2007), Bornhofen and McDonald (2008), Nefdt et al. (2010), Smith, Taylor, Barnes & Daunic (2012), Nicoll, Beail & Saxon (2013), Adeyemi (2013) who have showed that verbal self-instructional training is an effective method. The important point that highlights the results of this study is the relative permanent stability of intervention program that was performed in this study via the follow-up test after three months.
A group of psychologists believe that aggressive behavior is rooted in the lack of opportunity to learn; that is, since a child has not have a learning opportunity and is immature, he does not know how to respond to a stimulus; therefore, he might react aggressively. Thus a child must learn gradually how to respond to stimuli properly (Navabi Nejad, 2001). It's been proved that failure enhances aggression and aggression can release compressed failures and provide some temporary relief for a person.

However, its end is not usually satisfactory. Therefore, when faced with failure, you should raise it as a problem and seek for a solution (Forqan Reisee, 2002). This failure is more for children with intellectual disabilities because they have faced many cases of failure in their lives. Therefore, the role of training programs for exceptional children particularly the ones with intellectual disability is highly important in describing constructive and informative relations in relation to cognitive changes and development and enhancement of positive and pleasant attitudes in such children towards different phenomena as well as strengthening their self-confidence and the sense of self worth (Afrouz, 2002).

As mentioned before, in the past the individuals with intellectual disability who experienced emotional and mental problems were excluded from research plans designed to investigate the effect and efficacy of cognitive-behavioral psychotherapies. At present, however, there are encouraging signs that show such treatments can be effective for highly educable individuals with mild intellectual disability (Gardner, Clees & Cole, 1983; Robertson, 2011; Perot & Burling, 2011; Didden et al, 2012; Nicoll, Beail & Saxon, 2013; Pert et al., 2013; Willner et al., 2013).

In this study, the adolescents with intellectual disabilities who had participated in the trial course, showed considerable skills in the use of verbal self-instruction components such as recognition, mental rehearsal, self control when angry, use of appropriate emotional labels, and use of verbal intermediates. In cognitive behavioral therapy, although it seems that cognitive impairment reduces the effectiveness of learning these skills, it is not precisely known whether this phenomenon is real or affected by difficult assignments that are offered (Taylor, Lindsay & Willner, 2008). Therefore, in this study, it was tried to match the difficulty level of the proposed assignments with the subjects' level of understanding and comprehension as much as possible. Furthermore, for better and more tangible perception of skills in dealing with verbal aggression, it was tried to make use of images and role play by the participants and training was simple and objective as much as possible. Meichenbaum believes that one of the features of verbal self-instructional training is that it helps the therapist to teach the patients true practices as well as appropriate behavior at the same time (Seif, 2004). As the results showed the application of verbal self-instruction training in this study reduced aggression in educable mentally retarded adolescent boys and the applicability of its effect also remained relatively stable after 3 months.

The limitations that can influence the generalizability of the findings of this study include time limits and small sample size. Therefore, it is recommended to make use of larger sample size, structured interviews beside measurement tools, more training time and follow-up periods with longer intervals in future studies to see whether the effect of verbal self-instructional training on the reduction of aggression in people with intellectual disabilities is more stable over time or not. On the other hand, according to the results of this study and as confirmed by other studies, verbal self-instruction pattern is an effective approach to create the power of thinking and to change aggressive behavior. Thus, this model is recommended to be used not only as an effective interventional strategy to prevent the formation of aggressive thoughts in children and adolescents with intellectual disabilities, but also as an effective training and

therapeutic method to reduce verbal aggression and its side effects on the improvement of students' relations in schools and ultimately the promotion of mental health in this group of exceptional children.

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Appendix

Table of verbal self-instructional training program

sessions	The theme of each session	The content of the training program
First session	1. Introduction 2. Definition of verbal aggression 3. identifying characteristic of individuals with verbal aggression	After a welcome and getting familiar with the subjects, the curriculum was introduced to them. In addition, all the participants were given notepads separately to write down their exercises in each session. At the start of training, the term "verbal aggression" was defined for the subjects by using several images of a student with an aggressive and angry figure in different situations who was insulting his friend. Moreover, the participants were asked to explain how they show their anger when they are in such situations. Then, by the use of anecdotal images the characteristics of aggressive people and their problems in social relations were explained to the subjects and they were asked to express their feelings in similar conditions as well as others' reactions to them through questions and answers and class discussions. At the end of the session, the participants were asked to write down the characteristics of aggressive people and its consequences in their notepad and keep them for the net session. Also, it would be asked to explain himself in this situation is that when they show their anger HowDay. Then, with the use of images anecdotal aggressive characteristics and its problems of social relations to the subject of proceedings and the information was requested for questions and answers and discussion to explain the class of the field when the position of the same is what they feel are the others with

		it and how to deal Have. At the end of the meeting the participants are asked to aggressive characteristics and consequences of it in your notebook and keep for future sessions.
Second session	1. Cognitive modeling 2. Overt external guidance	The researcher told the story of an aggressive student who had decided to overcome his own anger. First, the student said loudly to himself different steps of dealing with anger as several simple verbal assignments and then he told them to his partner who had fought with him. As the researcher was telling the story, he showed its pictures, too. After question and response and class discussion about the story, in the next step were all the participants placed one by one in the story situation (performing the play) and the researcher told them loudly the assignments to fight verbal aggression and they repeated them verbally and loudly) (e.g. I don't allow you to bother me, I am a polite guy, I am able not to be angry, If I don't use ugly words, the teacher will love me, …) and then they told them to the other party. The other participants who were watching the play were asked to tell what other appropriate sentences the subjects could say in this regard. Finally, the participants were asked to write down the statements in their notepad and keep them for the next session.
third session	Review : 1. Cognitive modeling 2. Overt external guidance	The concepts of the previous session were repeated in a new story that had happened to the subjects.
Fourth session	Overt self guidance	Review of previous session exercises. At this stage, like previous sessions, the researcher told a simple story and asked the participants to think carefully and recall the sentences that the angry person can say to control over his anger and then repeat them loudly in the class. All the subjects had to participate in discussion). The researcher directed the participants as much as necessary to express the solutions that they had already learned. Then each of them was separately placed in the situation of the defined story. The other subjects kept quiet and the selected student

		had to recall and express self-control statements without any guidance. If he expressed four suitable statements, he received a token card.
Fifth session	Review : Overt self guidance	The concepts of the previous session were repeated in a new story that had happened to the subjects
Sixth Session	Modeling with covert self-instruction	Review of previous session exercises. At this stage, like previous sessions, a simple story was told. In this story, the aggressive student whispered the assignments of dealing with verbal aggression and curses as several simple assignments first to himself and then to his partner. The researcher showed the pictures as he was telling the story. Then, all the participants were placed in this situation one by one (performing the play) and whispered the verbal task to themselves and then to their party. Finally, the participants were asked to write down the new skill in their notepad and practice it at home.
Seventh session	Review : Modeling with covert self-instruction	The concepts of the previous session were repeated in a new story that had happened to the subjects.
Eighth session	Training participants with covert self-instruction	Review of previous session exercises. At this stage, like previous sessions, a simple story was told. In this story, the aggressive student recalled the assignments to deal with insult and curse as several simple tasks in his mind while he looked thoughtful and only his lips were moving. The researcher showed the pictures as he was telling the story. Then, all the participants were placed in this situation one by one (performing the play) and reviewed the assignments in their mind and then told them to their party. Any participant who could express at least five suitable statements without guidance received two token cards as a reward.
Ninth and tenth sessions	Review Training participants with covert self-instruction	Given the importance of the last stage, two other sessions were devoted to repetition and practice.

Eleventh Session	Final evaluation	Review of previous sessions exercises and evaluation of the program