

# Aggression Management Program

## Annual Report FY2014

### **Program Background**

Approximately one out of every four females will be a victim of domestic violence at some point in their lifetime (Tjaden & Thoennes, 2000). Fairfield County's estimated population is 148,867 according to reports from the Fairfield County Regional Planning Committee. Based on these statistics, approximately 18,383 women in Fairfield County will be a victim of domestic violence during their lifetime, indicating a strong need for aggression management treatment for the offenders.

Local statistics further support the need for treatment of aggressors. According to the Lancaster Police Department Annual Report 2013, Lancaster Police Officers responded to the following violent offenses:

- Assault-- 356
- Domestic Violence/Domestic Dispute—1,439
- Fight—296
- Harassment-- 667
- Stalking-- 25
- Threats-- 451
- TPO/CPO violations-- 78

Although these numbers do not reflect the entire county's violence problem, they do clearly indicate a need for intervention to address the problem of aggressive behavior.

At Mid-Ohio Psychological Services, Inc. we have developed an Aggression Management Program that consists of two phases. All individuals referred to this agency for anger management or batterer's intervention will complete the first phase of treatment.

**Phase I**--Anger Management/Affective Management—12 weeks: Individuals whose expression of anger negatively affects their job, relationships, and health. The area of anger management treatment tends to be defined not by a diagnostic category, but by patterns of behavior:

- History of aggressive outbursts that are out of proportion to the event.
- Inflexible thinking that leads to swift and harsh judgments.
- Use of passive aggressive behavior (social withdrawal due to anger, lack of compliance with directives, failure to meet expectations, etc.).
- Use of verbally or physically abusive behavior.
- Pattern of disrespectful behavior towards others.

### **Admission Criteria:**

- No Mental Retardation diagnosis or actively psychotic
- Referral from Criminal Justice, Child Protective Services, or other Clinical referrals.

- Must sign Release of Information to allow contact with referral source and access to police records. If the client is unwilling to sign an ROI or revoke their ROI to the Court or other referral source, notification will be made to this source and the client will no longer be able to attend group until the client has discussed the issue with their referral source.
- Complete Diagnostic Assessment which will include an Aggression History, and Family Violence Questionair.
- The Aggression Management Program Coordinator must meet with client's being referred to the program for 30 to 60 minutes to make a final decision regarding appropriateness for the program.
- If additional legal system involvement occurs during the course of treatment, clients will be required to start group from the beginning.

### **Discharge Criteria:**

Typically, clients will participate in 12 group sessions to successfully complete Phase I, but may include individual or additional group sessions. They also must schedule an independent review and complete any recommendations that follow. The independent review assesses the client's knowledge of concepts taught in Phase I in addition to their ability to apply the information learned.

**Phase II:** Batterer's Intervention—six months to a year: Individuals whose expression of anger negatively affects their relationship with their children, family members, and romantic partners. According to Bennett, 2008, batterer's can be categorized into three groups:

- Family-Only Batterer: The most common type of batterer who confines his aggression to his partner or to his children. Usually the violence is on the lesser end of severity, and he is less likely to have substance use or mental health issues.
- Unstable/Borderline Batterer: Elevated levels of violence severity, and more prone to violence outside the family than the family only type, the most salient features of this man is the instability of his mood. Ranging from anxiety and depression problems, some of these people have personalities characterized by emotional lability and borderline features.
- Generally Violent Batterer-- Often more severe in his violent behavior than the family-only or emotionally unstable, this persons' violence towards their partner may be an extension of his general violence toward society. Antisocial Personality Disorder is common.

### **Admission Criteria:**

- Must complete Phase I of the Aggression Management Program
- No Mental Retardation diagnosis or actively psychotic
- Referral from Criminal Justice, Child Protective Services, or other Clinical referrals.
- Must sign Release of Information to allow contact with referral source and access to police records. If clients are unwilling to sign an ROI or revoke their ROI to the Court or

other referral source, notification will be made to this source and the client will no longer be able to attend until they have discussed the issue with the referral source.

- Complete Diagnostic Assessment which will include an Aggression History, and Family Violence.
- The Aggression Management Program Coordinator must meet with client's being referred to the program for 30 to 60 minutes to make a final decision regarding appropriateness for the program.
- Must acknowledge some extent of abusive behavior, and be willing to sign a release to incorporate their romantic partner or family members in treatment.

**Discharge Criteria:**

- Clients must successfully complete Phase I
- Complete all homework assignments for the program
- Have no new aggressive related offenses over the course of treatment

**Program Participants (Demographics)**

The following data reflects all persons serviced in the Lancaster Office Aggression Management Program during FY14.

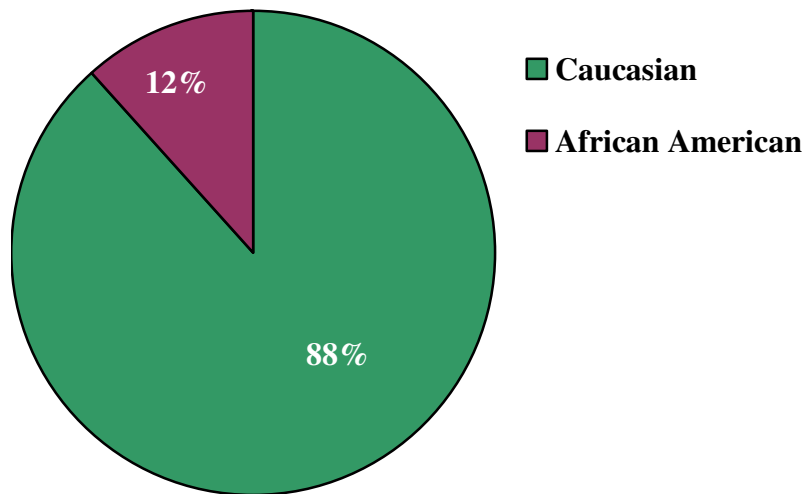
*Age Demographics of Aggression Management Clients*

	Mean	Median	Minimum	Maximum
Adult	34 years old	33 years old	19 years old	54 years old

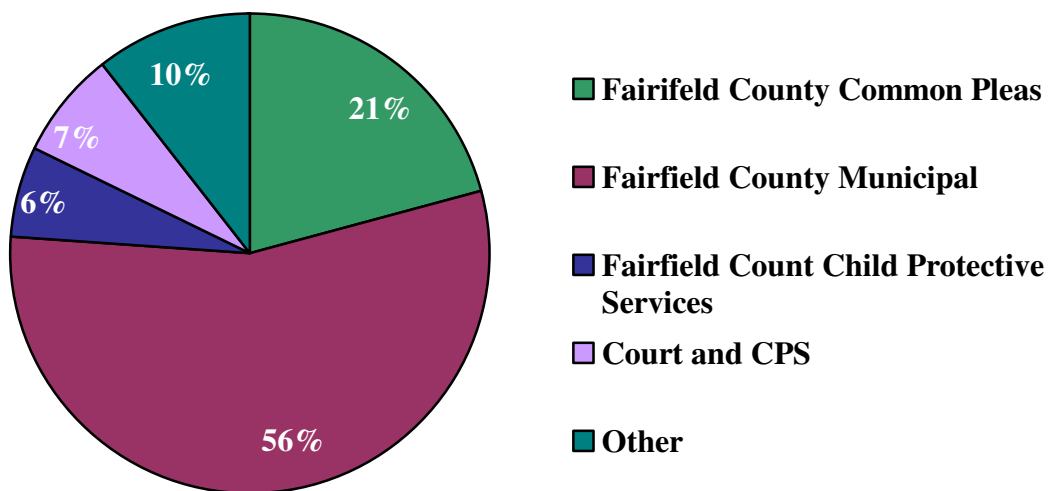
*Number of Aggression Management clients*

	Total Number of Clients
Male	65
Female	3
Total	68

*Racial Demographics of Aggression Management Participants*

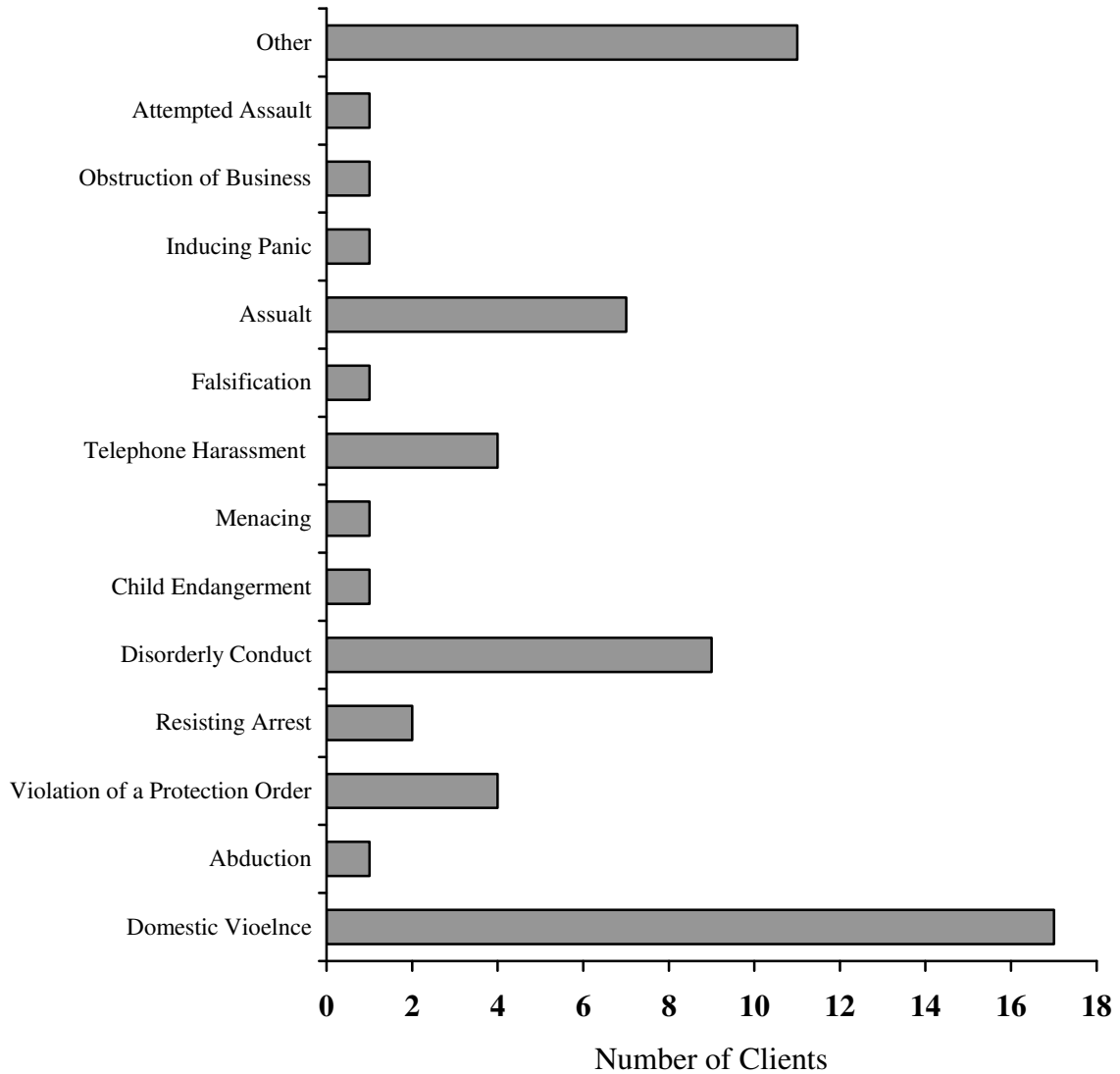


*Referral Source Distribution*



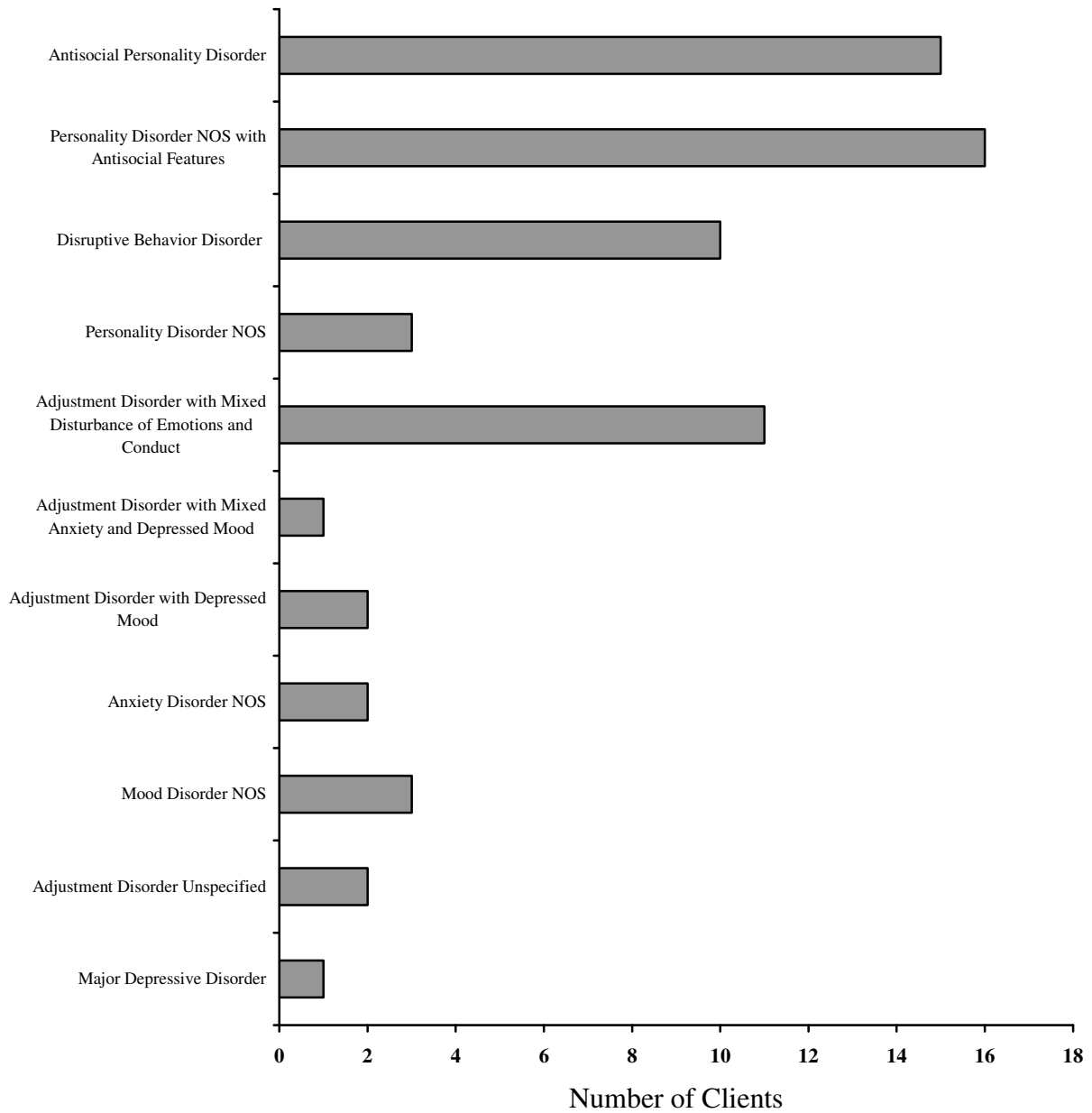
*Of the clients enrolled in the Aggression Management Program 37 were referred by Fairfield County Municipal Court, 14 from Fairfield County Common Pleas Court, 4 from Fairfield County Child Protective Services, 5 with a dual referral from both Fairfield County Child Protective Services and either Municipal or Common Pleas Court, and 7 were referred from counties outside of Fairfield.*

### *Offense Distribution*



*These charges represent the charge that the client presented with at the time of the diagnostic assessment. The charges were confirmed utilizing collateral sources, and only the charge which they were convicted of was recorded. This does not account for prior legal charges.*

*Primary Diagnosis*

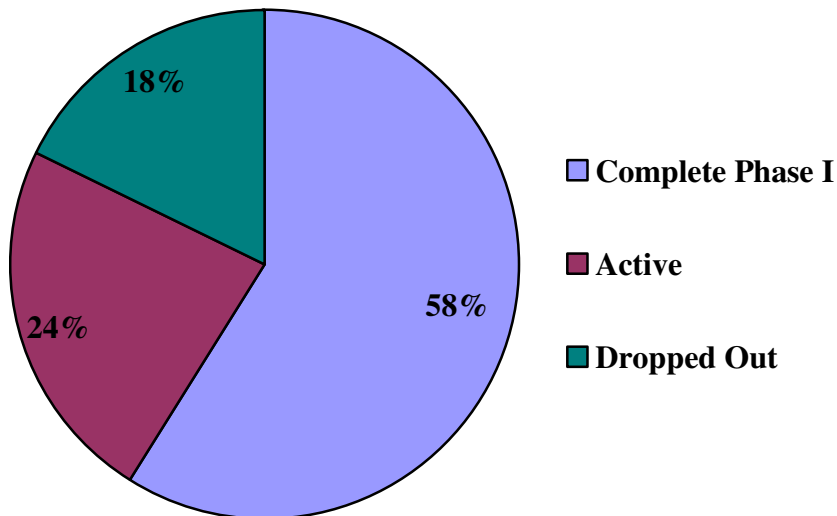


*Primary diagnosis on participants enrolled in the Aggression Management Program.*

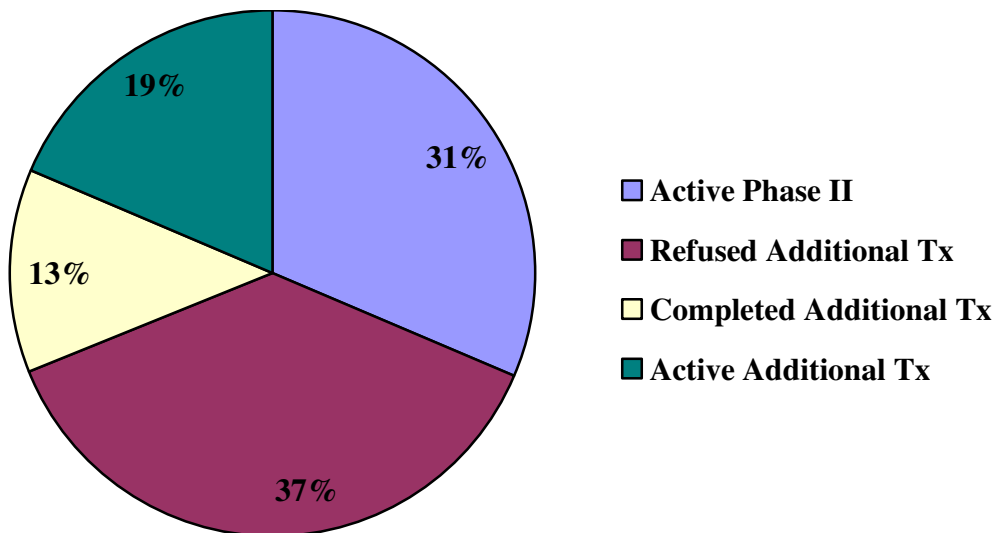
## Service Utilization

### *Participation Distribution*

Data below represents the make up of individuals current involved in treatment, those who completed, and those who failed to engage in treatment.



Of the clients who participated in the Aggression Management Program 40 completed phase I, 12 dropped out of treatment, and 16 are active in treatment.



68 new admissions to the program for FY14. 40 successfully completed Phase I. Five individuals were enrolled and remained enrolled in Phase II. 12 Individuals dropped out of treatment, and 6 failed to engage in additional recommendations following the completion of Phase I. There are 2 individuals who completed additional recommendations following Phase I and 3 individuals are engaging in long term anger management treatment following completion of Phase I.

**Fiscal Year 2014 Billed Services**

*The below information represents income and expensive in FY14. A unit represents one hour of billable services. The total income for the Aggression Management Program was \$63,410.11.*

<b>FY14 Income</b>			
Services	Adult Units	Rate	Income
Case Mgt Group	445.50	\$ 39.24	\$ 17,481.42
Case Mgt Ind	50.22	\$ 85.32	\$ 4,284.77
DA	49.90	\$ 129.99	\$ 6,486.50
Group	16.50	\$ 39.48	\$ 651.42
Individual	383.40	\$ 90.00	\$ 34,506.00
Psych Testing		\$129.99	\$ -
<b>Total Income</b>			<b>\$ 63,410.11</b>

**Fiscal Year 2015 Budget**

*The below numbers represent expenses and income expected for The Aggression Management Program during fiscal year 2015.*

<b>Income FY15</b>	<b>Service Type</b>	<b>Income</b>	
	Diagnostic Assessment Individual	\$14,040.00	19.8%
	Psychotherapy	\$4,860.00	6.9%
	Group Therapy	\$37,440.00	52.8%
	CSP Services (Coordination)	\$2,975.00	4.2%
	Case Manager/Mentor	\$0.00	0.0%
	Formal Assessment	\$11,610.00	16.4%
<b>Total Income</b>		<b>\$70,925.00</b>	



<b>Expenses FY15</b>	<b>Cost</b>	
Payroll	\$58,371.28	82.3%
Occupancy	\$6,950.65	9.8%
Travel	\$780.18	1.1%
Professional Development	\$425.55	0.6%
Office Supplies	\$1,560.35	2.2%
Communication	\$496.48	0.7%
Insurance	\$496.48	0.7%
Advertising	\$283.70	0.4%
Misc. Expenses	\$354.63	0.5%
Bad Debt	\$141.85	0.2%
Information Systems	\$992.95	1.4%
Depreciation	\$70.93	0.1%
<b>Total Expenses</b>	<b>\$70,925.00</b>	
<b>Net Income</b>	<b>\$0.00</b>	

### **Program Outcomes**

The agency has utilized an agency developed program specific outcomes measurement (see Appendix A). The independent review/outcome measures the participants ability to recall information taught in Phase I of the Aggression Management Program, in addition to their ability to apply information they have learned in Phase I to their daily life. Scoring Guidelines are as followed:

8-16 Repeat program

17-24 Requires remediation in one or more areas

25 + Meets minimum standards

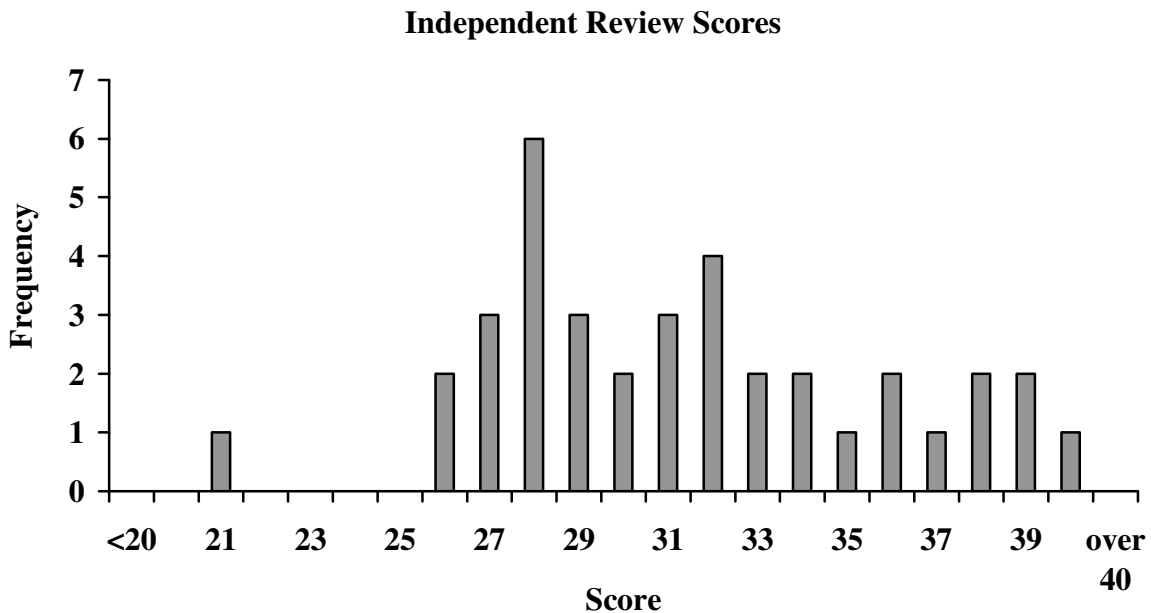
### FY14 Outcome Data

The below data identifies those clients who participated in the independent review process, and gives reasons to why those that were enrolled in the program did not complete the independent review.

Outcome	Number of Clients
Successfully Completed Independent Review	36
Failed Independent Review	1
Not Administered	3
Dropped-Out	17
Active in Program	11
Total	68

Of the participants that completed the independent review process, only one participant did not receive a passing score. Of the four individuals that were not administered the independent review, all four clients are still active clients who completed Phase I prior to the development of the outcomes measure.

Scores of clients who participated in the independent review. To meet the minimum standards, clients had to score a 25 or above.



Of the independent review scores, the mean, median, mode and standard deviation are listed below.

<b>Score</b>	
<b>Mean</b>	<b>31.4</b>
<b>Median</b>	<b>31</b>
<b>Mode</b>	<b>28</b>
<b>Standard Deviation</b>	<b>4.4</b>

*Number of participants who have received legal charges following completion of Phase I.*

<b>Charges</b>	<b>Number of Clients</b>
<b>New aggressive offenses in Fairfield County after completion of Phase I</b>	3
<b>No new aggressive offenses since completion to 8/14/14.</b>	36
<b>New aggressive offenses in Fairfield County following Phase I---but still active in treatment as of 8/14/14</b>	1
<b>Non-violent/aggressive legal charges in Fairfield County since completion of Phase I through 8/14/14</b>	0

### **Follow-up Time**

<b>Follow Up Time</b>	
<b>Mean/Average</b>	10 months

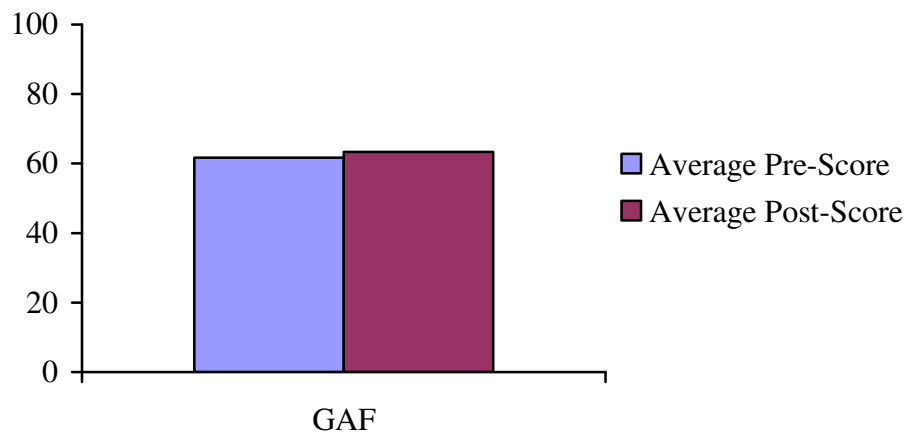
*Of the individuals who completed phase one, the average follow up time was 10 months from completion to August 6, 2014. The amount of follow up that occurred most often was five months. The Aggression Management Program is an open group; therefore, clients complete the program at staggered times. In the Aggression Management Program, the goal of treatment is to assist clients learn new skills, and remain free of new criminal charges while enrolled in the program, and ideally, following the completion of treatment. The outcome form developed at this agency assists in measuring the clients ability to retain and apply new information, and according to data gathered through this report the majority of participants that have participated in the program have not received new legal charges.*

In Fairfield County, there are other agencies that offer anger management education; however, data regarding their programs are not accessible, or they offer treatment on an individual basis. Additionally, it is unknown if any of these agencies offer batterer's intervention.

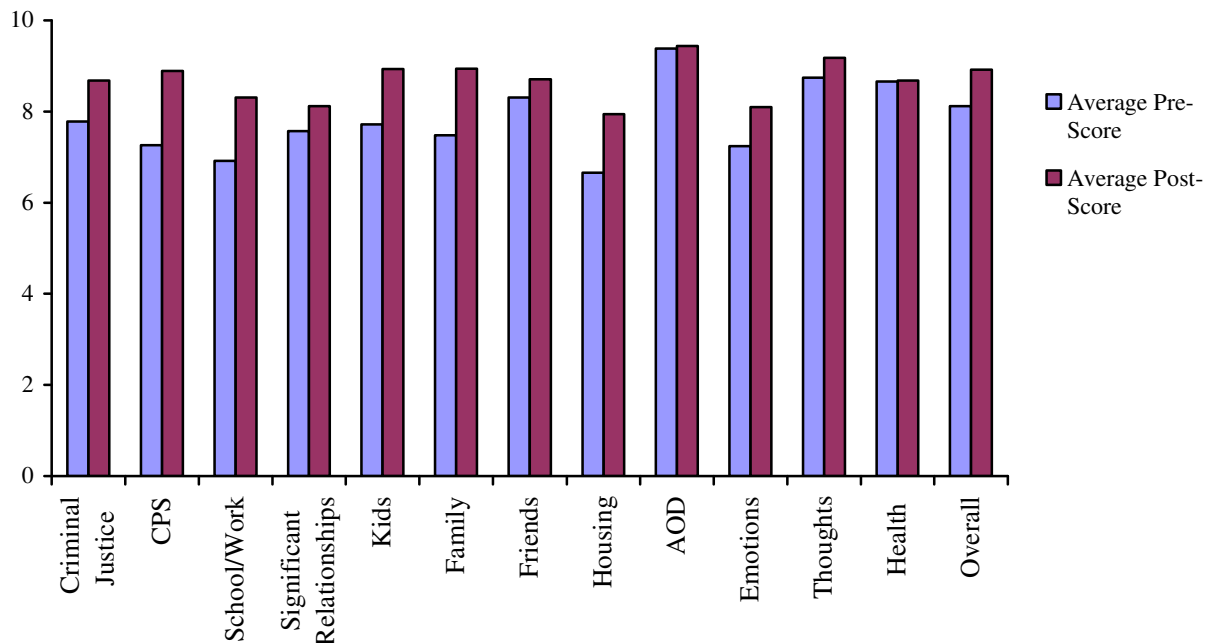
## Agency Outcomes

Mid-Ohio Psychological Services, Inc., utilizes an agency wide outcomes measures. The measure is a psychometrically sound survey that is administered at least every 90 days where the client, in consultation with their therapist, assesses their functioning on a range of domains. Clients who engage in the Aggression Management Program are administered this outcome measures during their initial diagnostic assessment. Since the Aggression Management program is 90 days in length, clients will complete an agency outcome following the completion of their independent review. On some occasions, clients may miss or cancel group sessions therefore will be administered an outcomes before the independent review in addition to during the independent review.

### GAF Pre/Post Scores



### Independent Review Pre/Post Scores



During FY14, 38 participants (56%) completed two or more agency outcome forms and 41% of participants did not have a pre/post because they either dropped out of the program or are still active in the program. Of the data collected, those clients involved in with the Aggression Management Program report an increase in satisfaction by 9% for criminal justice, 16% CPS, 14% school/work, 6% significant relationships, 12% kids, 15% family, 4% friends, 13% housing, 1% AOD, 9% emotions, 5% thoughts, and 1% improvement in health.

### **Recommendations:**

To improve the Aggression Management Program the following will be address:

- Improve communication and increase marketing with Fairfield County Child Protective Services. The program coordinator will arraigne times to meet with case workers and attend any meetings held at FCCPS. In addition the program coordinator will maintain regular communitation with any referrals to the program from FCCPS. The program coordinator will provide FCCPS with brochures every three months.
- Provide education to referral sources about Batterer's Intevention/Phase II. The program coordinator will provide brouchures to the courts and FCCPS, in addition to any other ogranizations in the community every three months.
- Evaluation Independent Review/Outcomes measure to determine the need to increase minimum score.
- Program Coordinator will continue communication with referral sources in addition to improving face to face contact with referral sources. The program coordinator will visit referral sources informally at least once a month.

### **References:**

Del Vecchio, T., O'Leary, K.D. (2004). Effectiveness of anger treatments for specific anger problems: A meta-analytic review. *Clinical Psychology Review*, 24, 15-34.

Tjaden, P., & Thoennes, N. (2000). Extent, Nature, & Consequences of Intimate Partner Violence. U.S. Department of Justice. <https://www.ncjrs.gov/pdffiles1/nij/181867.pdf>

## Aggression Management Independent Review/Outcome

### Appendix A

11/12/2012

#### Triggers of Anger

*Identify five triggers of your anger?*

1. Unable to identify that any triggers to anger
2. Identifies a general trigger to anger, but not specific to them.
3. Identifies one to two personal triggers.
4. Identifies three to five personal triggers of anger
5. Identifies five personal triggers or anger and can discuss the context of the triggers.

*Please identify five specific examples of when you recall triggers of anger occurring in the last month.*

1. Unable to provide any example of when a trigger of anger occurred in the last month.
2. Provides an example of when a trigger occurred in the last month.
3. Provides two examples in the last month when a trigger occurred in their life.
4. Provides three examples of when two different triggers occurred in the last month.
5. Provides four to five examples of when three or four different triggers occurred in the last month.

#### Cues/Warning Signs of Anger

*Can you identify any warning signs/cues of your anger?*

1. Unable to identify any warning signs/cues of anger
2. Is able to identified at least one warning sign or cue of anger from any category (physical, cognitive, behavioral, and emotional).
3. Is able to identified at least one warning sign or cue of **THEIR** anger from any category (physical, cognitive, behavioral, and emotional).
4. Identifies two to four warning signs/cues of their anger from any category.
5. Identifies one warning sign/cues of their anger from each category.

*Provide a specific example of what warning sign you noticed occurring in the past month.*

1. Unable to provide an example of when a warning sign/cue of anger occurred in the last month.
2. Provides one example of when a warning sign/cue of anger occurred in the last month.
3. Provides two examples in the last month when a warning sign/cue of anger occurred in their life.
4. Provides two examples of when two different categories of warning signs/cues of anger occurred in the last month.
5. Provides three to four examples of when three or four different warning signs/cues of anger occurred in the last month.

### Anger Control Plan

***Can you identify ways that you can control/manage your anger?***

1. Unable to identify any strategies to control anger
2. Described one way to effectively control their anger in general terms
3. Described one to two strategies to control their anger.
4. Identified three to five strategies to control their anger.
5. Identifies four to five strategies to control their anger and can explain the pros and cons of these strategies.

***Give me examples in the last month when you implemented these strategies and in your opinion was it successful?***

1. Unable to identify any examples in the last month of utilizing anger control strategies.
2. Provides one example of how to manage their anger, but failed to provide an example of when they implemented the skill.
3. Provides two examples in the last month when they effectively utilized two different strategies.
4. Provides three examples in the last month when they effectively utilized three different strategies.
5. Provides four examples in the last month when they effectively utilized four different strategies.

### Assertive Communication

***Define assertive communication and give examples of how you have used this in the last month.***

1. Unable to identify any aspect of assertive communication.
2. Described what assertive communication is in very basic terms.
3. Is able to identify one example in the last month where they could have utilized assertive communication, but instead utilized passive, aggressive, or passive aggressive communication.
4. Completely described the use of assertive communication in a real situation and was able to provide a description of how it worked for them.
5. Is able to describe the use of assertive communication in more than one real situation within the last month and was able to provide a description of how it worked for them.

### ABCD Model

***Describe the ABCD Model and describe how it applies to at least one incident that you have experienced in the last month.***

1. Unable to identify what the ABCD model is or what it is used for
2. Provided evidence that they knew the ABCD model was a specific coping response to anger.
3. Described an example of the use of the ABCD model but failed to use it successfully in managing their aggression.

4. Completely described the use of the ABCD model's use in a real situation in the last month and was able to provide a description of how it worked for them.
5. Is able to describe the use of the ABCD model's use in more than one real situation in the last month and was able to provide a description of how it worked for them.

Score: \_\_\_\_\_

Scoring Guidelines:

- 8-16 Repeat the program
- 17-24 Requires remediation in one or more areas any
- 25 + Meets minimum standards

Remediation Plan: