

# Aggression Management Program

## Annual Report FY2015

### **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). In a national survey, 10-34% of women reported being abused by their partners (Smedslund, Dalsbo, Steiro, Winsvold, & Clench-Aas, 2011). Local statistics further support the need for treatment of aggressors. According to the Lancaster Police Department Annual Report 2014, Lancaster Police Officers responded to the following violent offenses:

- \* Assault-- 331
- \* Domestic Violence/Domestic Dispute—1,420
- \* Fight—279
- \* Harassment-- 606
- \* Stalking-- 24
- \* Threats-- 442
- \* TPO/CPO violations-- 77

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: Anger is defined as a strong, uncomfortable emotional response to a provocation that is unwanted and incongruent with ones values, beliefs, or rights (Thomas, S, 2001). All individuals experience this emotion in everyday life. Individuals whose expression of anger is felt too frequent, negatively affects their job, relationships, health, or leads to systems involvement appear to be common in anger management. 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.

A cognitive-behavioral, psychoeducational model is utilized in Phase I. Participants are provided with the workbook: Anger Management for Substance Abuse and Mental Health Clients (Reily, PM., Shopshire, MS., Durazzo, TC., & Campbell, TA., 2002). This workbook is available on the Substance Abuse and Mental Health Service Administration website, [www.samhsa.gov](http://www.samhsa.gov). A brief overview of the program is as followed:

- What is anger, and violence? Myths about anger and the anger meter.
- Events and Cues: A Conceptual Framework for Understanding Anger.
- Anger Control Plans: Helping Group members develop a Plan for Controlling Anger.
- The Aggression Cycle: to Change the Cycle.
- Cognitive Restructuring: The A-B-C-D Model and Thought Stopping.
- Assertiveness and the Conflict Resolution Model
- Family and Anger.

Psychoeducation is an important aspect of Phase I, and is included in all 12 sessions. Psychoeducational information creates the potential for behavioral change by increasing knowledge and providing new perspectives (Thomas, S, 2001). Participants learn that changes in cognition led to changes in behavior and they become aware of their thought processes that led to maladaptive behavioral responses. Participants are offered the opportunity through role play to practice specific tools and strategies. In addition to psychoeducation, the Aggression Management Program at this agency allows participants the process of expressing thoughts, feelings, and experiences where participants try to help one another with the therapist/leader guidance. The Aggression Management Program at this agency consists of participants that are mandated to attend. Howells, K., Day, A., Bubner, S., et. al.. 2002 suggests that programs with mandated clients have poor outcome. However, through the use of process oriented therapeutic techniques it allows participants to improve their comfort level, increase their openness, and increase their motivation to change (Jacobs, E., Masson, R., & Harvill, R. 2006). Phase I has an emphasis on demonstrable behavioral outcomes achieved primary through changes in the way an individual's perceives, reflects upon and in general thinks about their life circumstances (Wilson, D., Bouffard, L., & Mackenzie, D., 2005). By completion of Phase I, individuals not only evidence knowledge of psychoeducational components, but are able to demonstrate their ability to apply and implement skills by providing real life examples.

#### **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 Questionnaire.
- 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 person is the instability 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 their violent behavior than the family-only or emotionally unstable, this persons' violence towards their partner may be an extension of their general violence toward society. Antisocial Personality Disorder is common.

Phase II of the Aggression Management Program individuals will be required to successfully complete a series of homework assignments. The structure for this program is based on the Emerge Abuser Education Manual, but also includes therapeutic strategies that allow the Batterer to facilitate change. A brief overview of a portion of the content is as followed:

- Getting a Relationship History
- Goal Setting
- Role Playing
- Abuser Self Evaluations
- Accountability
- The Benefits of Stopping Abuse

- Jealousy
- Roadblocks to Communication
- The Bully
- Objectifying Others/Using Entitlement

Homework assignments include can be made available upon request and include:

- Autobiography
- Victim Apology
- Accountability Plan
- Relationship History

The goal of Phase II is to help participants stop controlling others, look inward to assess responsibility for behavior, and ultimately want fuller, healthier relationships. To engage in this process, participants will need to be willing to work cooperatively with others, and drop self-centered goals and expectations (Emerge, 2011).

#### **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 Aggression Management Program during FY15.

*Age Demographics of Aggression Management Clients*

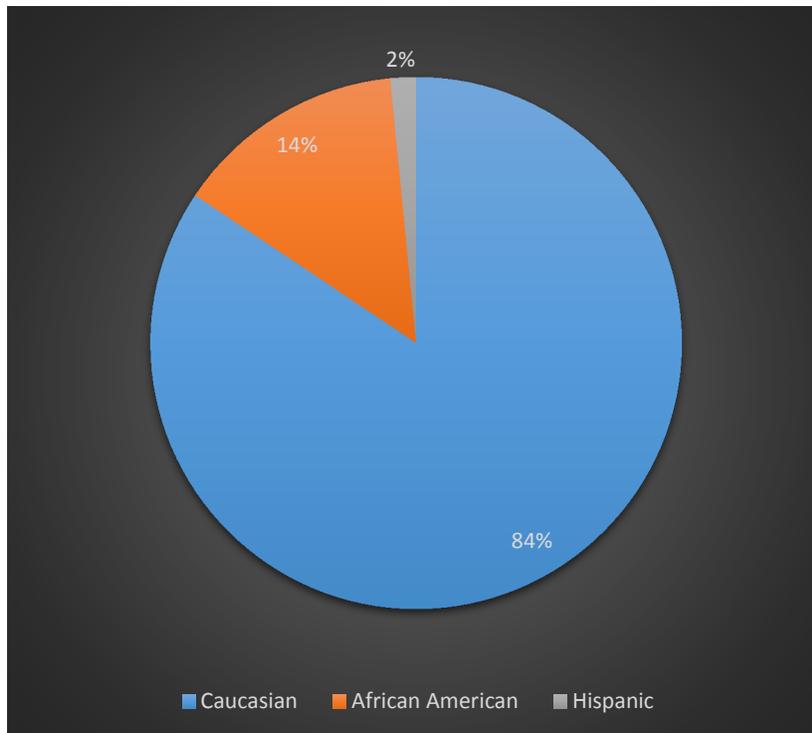
	Mean	Median	Minimum	Maximum
Adult	35 years old	34 years old	21 years old	59 years old

*Demographics of Aggression Management Clients*

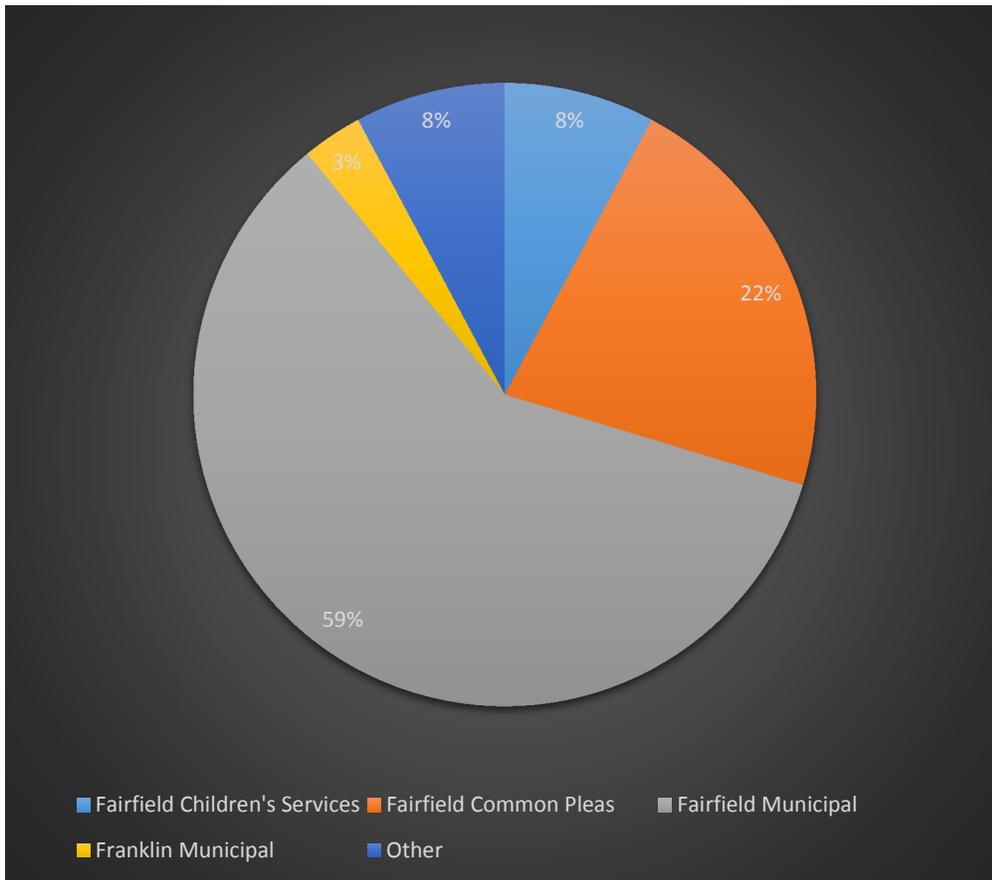
*Number of Aggression Management clients*

	Total Number of Clients
Male	56
Female	8
Total	64

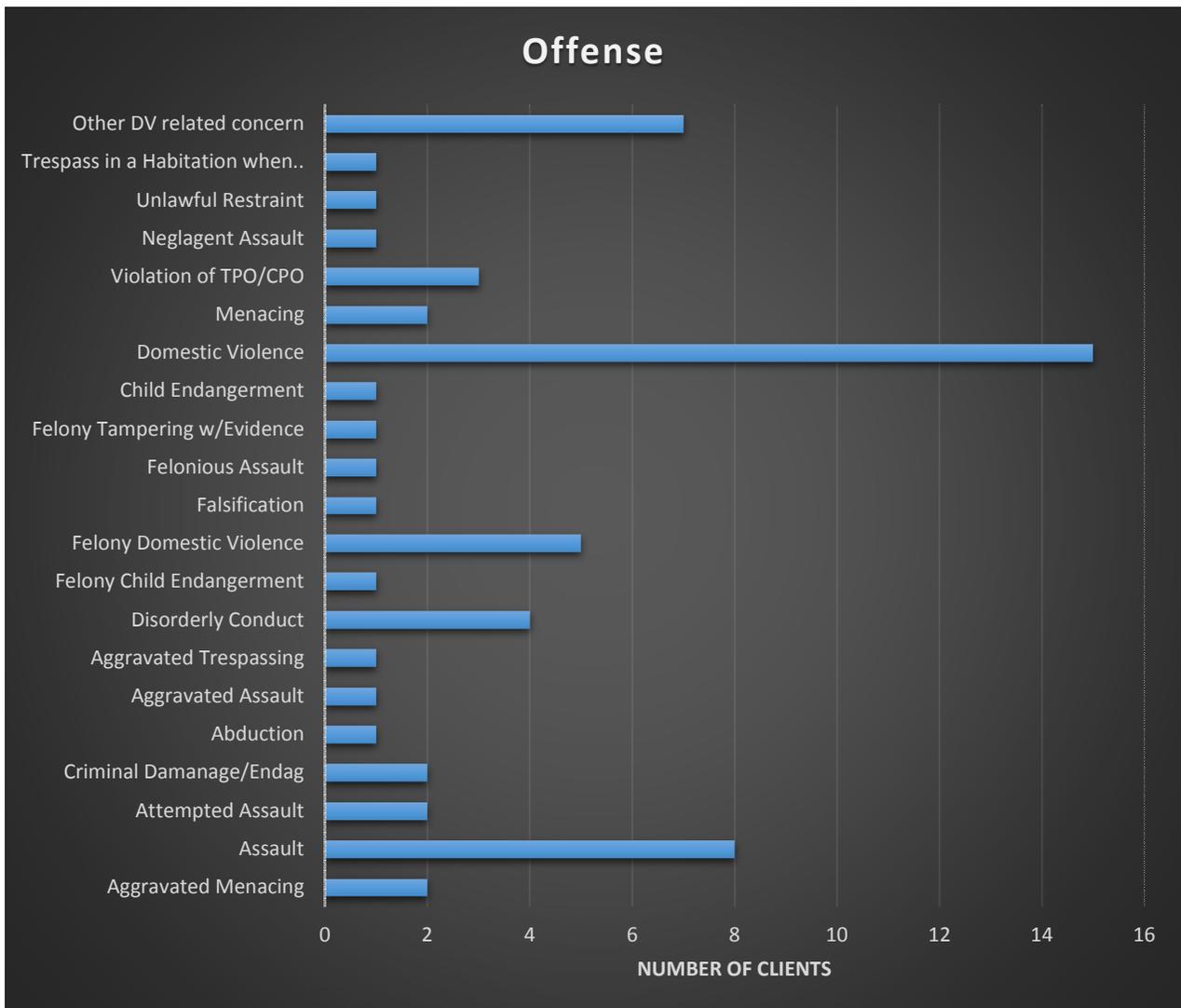
*Racial Demographics of Aggression Management Participants*



## *Referral Source Distribution*

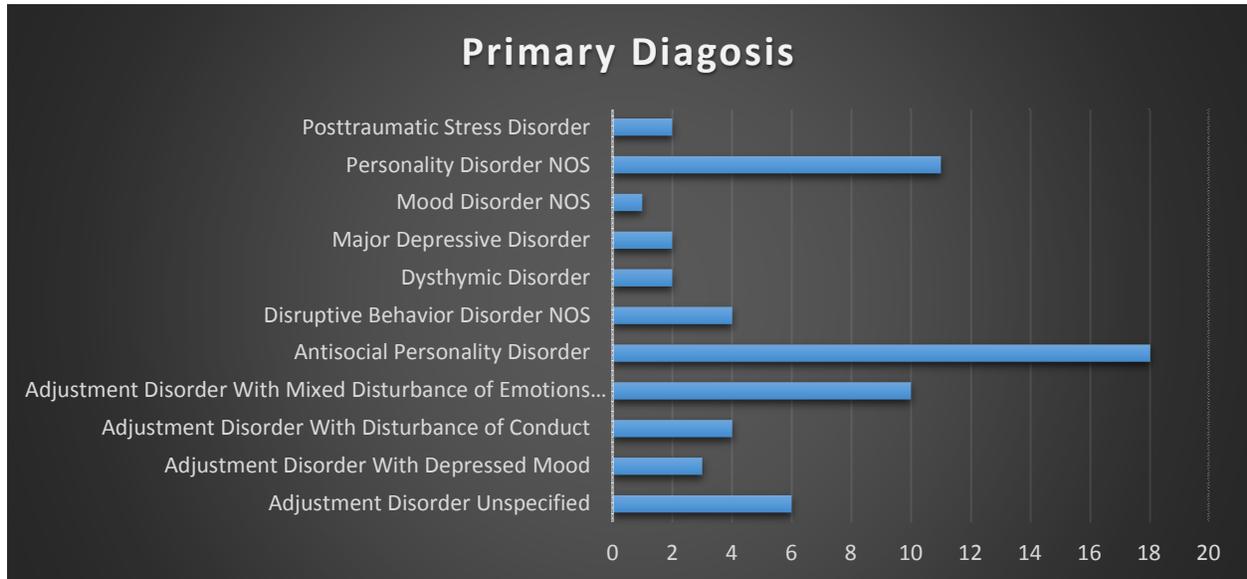


## Offense Distribution



*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.*

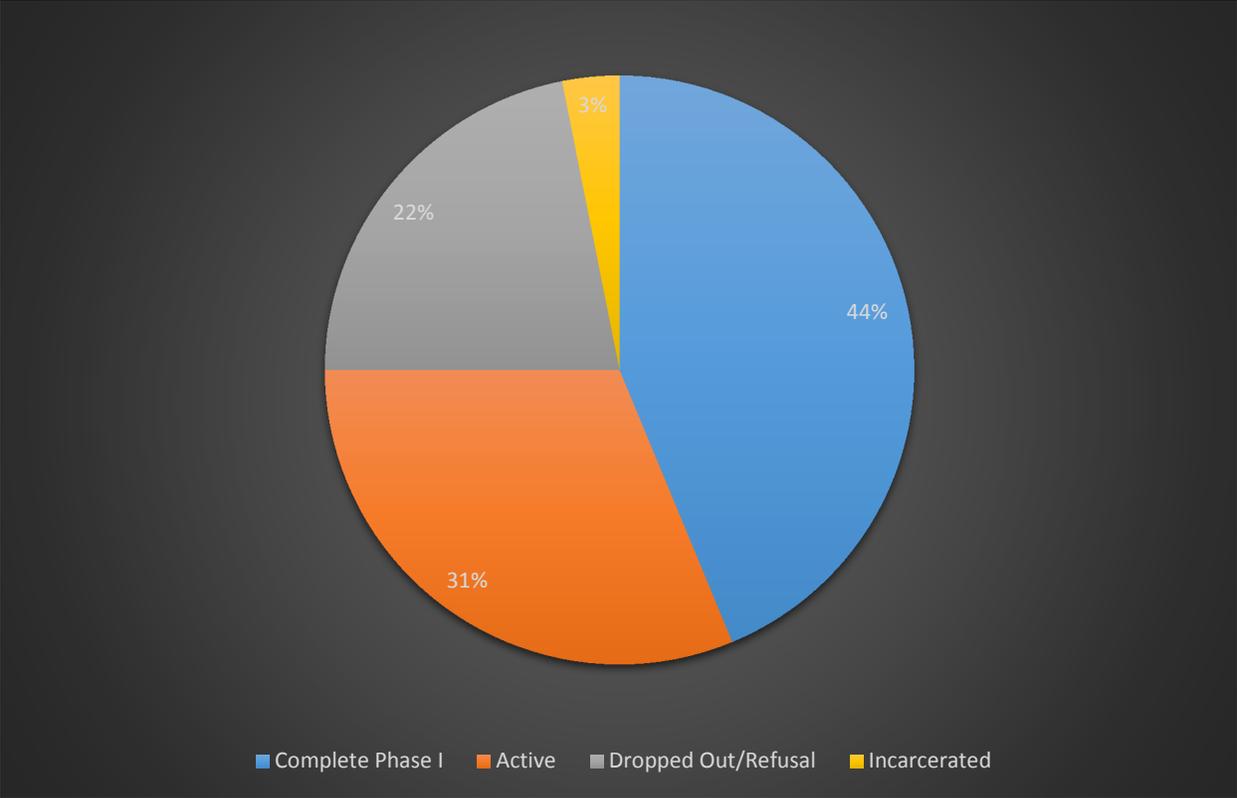
## *Primary Diagnosis*



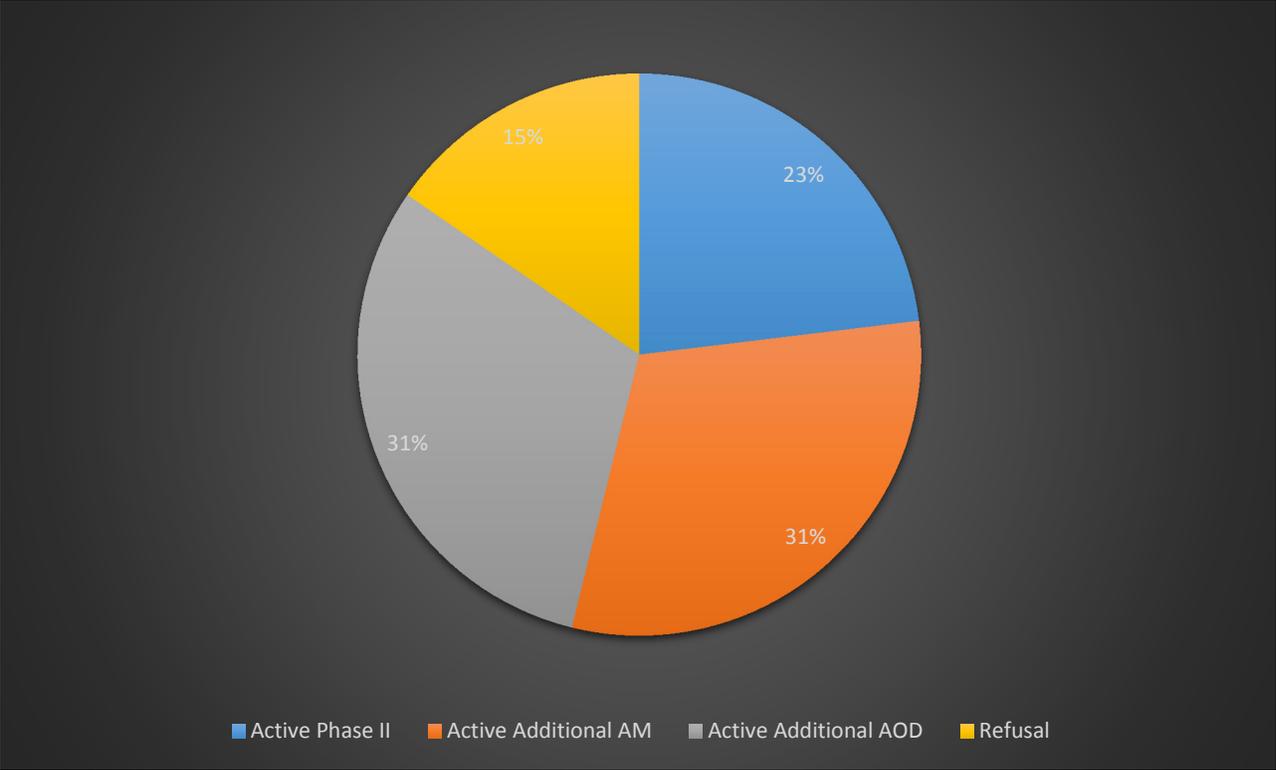
## **Service Utilization**

### *Participation Distribution*

*Data below represents the makeup 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 28 completed phase I, 14 dropped out of treatment, 2 were incarcerated, and 20 are active in treatment.*



*64 new admissions to the program for FY15. 28 successfully completed Phase I. Three individuals were enrolled and remained enrolled in Phase II. Following Phase I, 4 individuals followed through with additional anger management recommendations, 4 followed through with additional drug and alcohol recommendations, and 2 refused additional recommendations.*

### Fiscal Year 2015 Billed Services

<b>FY14 Income</b>			
Services	Adult Units	Rate	Income
Case Mgt Group	378.17	\$ 39.24	\$ 14,839.39
Case Mgt Ind	48.10	\$ 85.32	\$ 4,103.89
DA	92.15	\$ 129.99	\$ 11,978.58
Individual	418.00	\$ 90.00	\$ 37,620
<b>Total Income</b>			<b>\$ 68,541.86</b>

*The above information represents income in FY15. A unit represents one hour of billable services. The total income for the Aggression Management Program was 68,541.86, a 5,131.75 increase from FY14.*

### Fiscal Year 2016 Budget

<b>Income FY15</b>	<b>Service Type</b>	<b>Income</b>
	Diagnostic Assessment Individual	17820.00
	Psychotherapy	21,060.00
	Group Therapy	36,000.00
	CSP Services (Coordination) Case	2,975.00
	Manager/Mentor	\$0.00
	Formal Assessment	\$1,290.00
<b>Total Income</b>		<b>\$79,145.00</b>

<b>Expenses FY15</b>	<b>Cost</b>
Payroll	\$65,136.34
Occupancy	\$7,756.21
Travel	\$870.60
Professional Development	\$474.87
Office Supplies	\$1,741.19
Communication	\$554.02
Insurance	\$554.02
Advertising	\$316.58
Misc. Expenses	\$395.73
Bad Debt	\$158.29
Information Systems	\$1,108.03
Depreciation	\$79.15
<b>Total Expenses</b>	<b>\$79,145.00</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 participant's 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

### **FY15 Outcome Data**

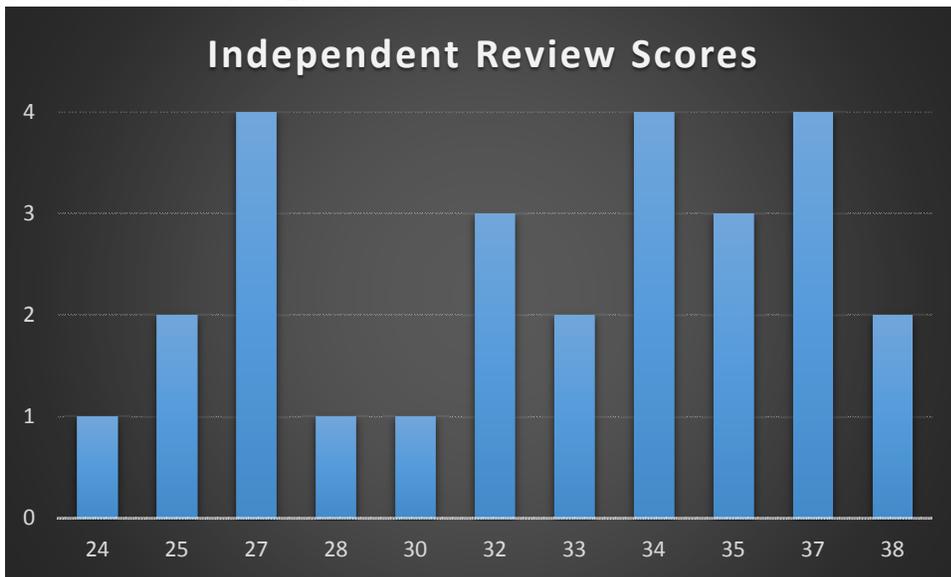
*The below data identifies those clients who participated in the independent review process, and gives reasons to why those that were enrolled in the program did not complete the independent review.*

<b>Outcome</b>	<b>Number of Clients</b>
<b>Successfully Completed Independent Review</b>	26
<b>Failed Independent Review</b>	1
<b>Dropped-Out</b>	16

<b>Not Administered</b>	1
<b>Active in Program</b>	22
<b>Total</b>	64

*Of the participants that completed the independent review process, only one participant did not receive a passing score.*

*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>32.1</b>
<b>Median</b>	<b>33</b>
<b>Mode</b>	<b>27</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>	2
<b>No new aggressive offenses since completion to 9/18/15.</b>	24
<b>New aggressive offenses in Fairfield County following Phase I---but still active in treatment as of 9/18/15</b>	1
<b>Dismissed of new aggression offenses since the completion of Phase I through 9/18/15</b>	1

### **Follow-up Time**

<b>Follow Up Time</b>	
<b>Mean/Average</b>	9 months

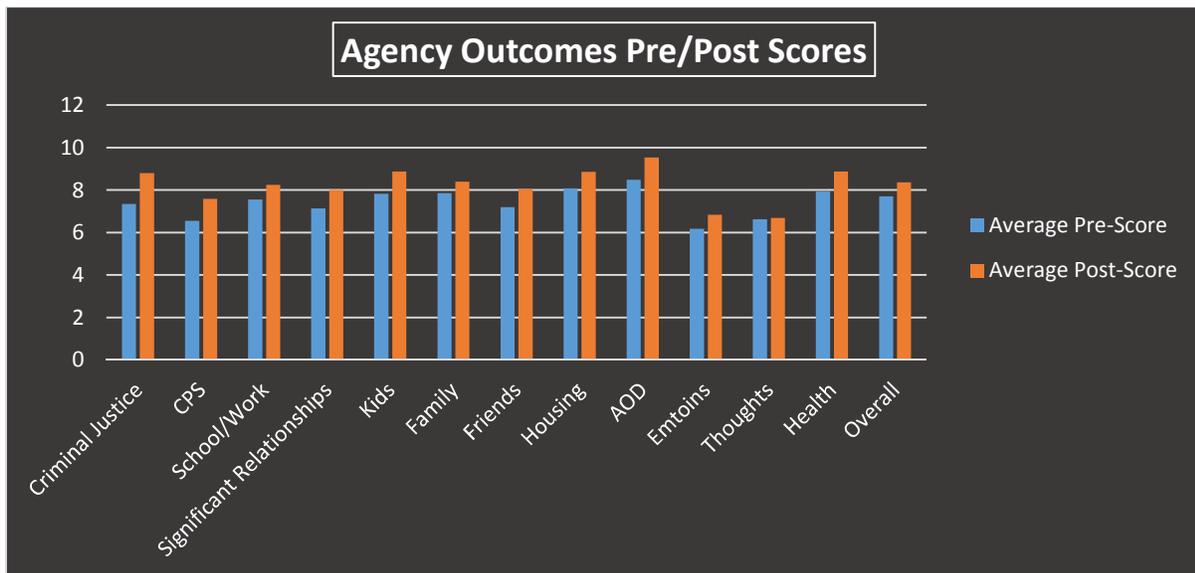
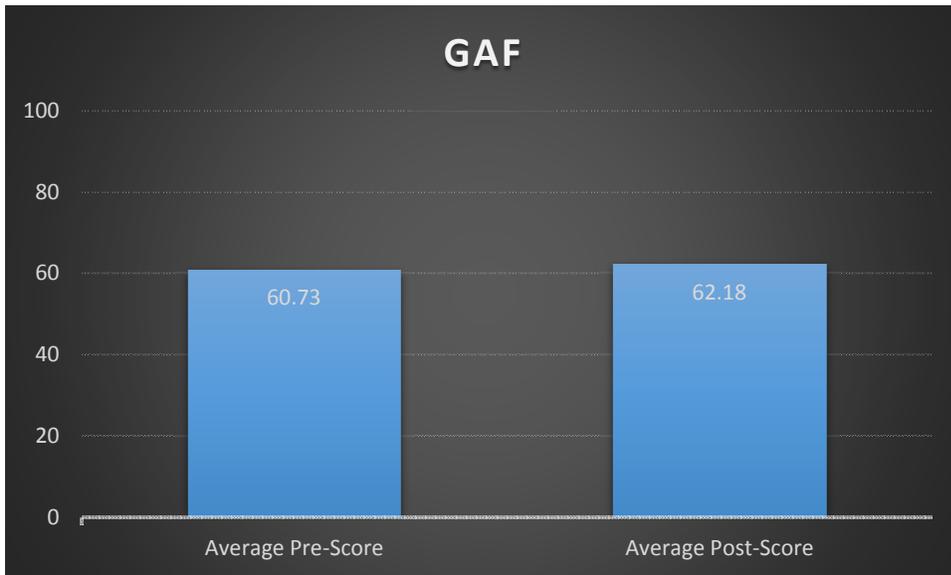
*Of the individuals who completed phase one, the average follow up time was nine months from completion to September 18, 2015. The amount of follow up that occurred most often was seven months.*

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 client's 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 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.



During FY15, 44 participants completed two or more agency outcome forms. Of the data collected, those clients involved in with the Aggression Management Program report an increase in satisfaction by 15% for criminal justice, 10% CPS, 7% school/work, 9% significant relationships, 10% kids, 6% family, 9% friends, 8% housing, 11% AOD, 7% emotions, 1% thoughts, and 9% 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 arrange times to meet with case workers and attend any meetings held at FCCPS. In addition the program coordinator will maintain regular communication 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 Intervention/Phase II. The program coordinator will provide brochures to the courts and FCCPS, in addition to any other organizations in the community every three months.
- Evaluate Independent Review/Outcomes measure to determine the need to increase minimum score.
- Develop Independent Review/Outcomes measure for BIP/Phase II.

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## 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 identified one example in the last month were 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: