FORMAL EVALUATION

WASHBURN COUNTY ANGER MANAGEMENT PROGRAM

By

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A Research Paper

Submitted in Partial Fulfillment of the
Requirements for the
Master of science Degree
With a major in

Guidance and Counseling/Mental Health

Approved: 2 Semester Credits

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The Graduate College
University of Wisconsin-Stout
December, 2000

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ABSTRACT

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Washburn County Anger Management Program Evaluation
(Title)

M.S. Guiddance and Counseling, Dr. Gorbantenko-Roth Dec 2000			112
(Graduate Major)	**(Research Advisor)**	**(Month/Year)**	**(No. of Pages)**

APA
(Name of Style of Manual Used in this Study)

 This paper describes a formal evaluation of the Washburn County Anger Management

Program which was originally developed in 1994, and then significantly revised in 1997-

98. The purpose of a formal evaluation was to receive feedback about current logistics of

the program, satisfaction with materials, and to determine helpfulness of the strategies

and techniques presented by the facilitators.   Because the program includes parents, a

targeted adolescent, and may include any other members of the household over the age of

twelve, everyone who participated in the program since it's revision, was invited to take

part in the evaluation process.

    All former program participants were mailed a release, confidentiality statement and a

survey which was developed to obtain the desired feedback. Respondents were asked to

identify their age group, as well as their role. They were then asked to indicate their preferences on logistics, rate their satisfaction with materials by means of a likert scale, and provide feedback on their perceptions of the group and the value and usefulness of specific techniques, both short and longer term. Respondents were asked to return the surveys in a stamped envelop which was provided.

The response rate to the surveys was approximately 15%. The data were evaluated and the results indicated that a large majority of the respondents were very satisfied with the program logistics. Overall there appeared to be satisfaction with the materials and information presented. However, there did appear to be some discrepancy between the parent and the youths perceptions of the materials, with the parents perceptions being moderately more positive. Both groups reported increasing comfort with the group with time. The results also indicated that most respondents found most of the strategies helpful and useful, without regard to age or status. Most of the respondents stated they would recommend the program to other families, even if a fee were imposed (respondents participated in the program free of cost).

Suggestions for future evolution of the program include addition of a segment or film devoted to relaxation or self soothing strategies, increased emphasis on de-escalation techniques, and the addition of a before and after tool to assess individual anger levels. Suggestions in the evaluation design include that each group participate in feedback following the final session, along with the pre-test/post-test assessment mentioned above.

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Chapter One
Introduction

The purpose of this document is to formally present the results of the Washburn

County Anger Management Program evaluation which was conducted by the Washburn

County Department of Human Services. An anger management program was developed

through a joint effort by Northern Pines Community Programs and Washburn County

Human Services in 1997 due to the need for an alternative sentencing program , a

reported rise in client anger issues, and the availability of funding through the

Department of Corrections.   This chapter will discuss the purpose and evolution of the

current program, beginning with some brief background information about Washburn

County.

The Washburn County Department of Human Services is a county level social

services agency located in Shell Lake, Wisconsin. The population of Washburn County

was last estimated in 1998 to be 15,421. The County serves 4 major population areas,

these include Spooner (population 2,633), Minong (population 526), Birchwood

(population 462) and Shell Lake (population 1,307).   Shell Lake is situated in the

Southwest corner of the County.   This geographical location has made it difficult for

county residents to access county services at times, and the feasibility of a more centrally located government has been suggested from time to time.   At 548,840 square acres, Washburn County is the 28th largest county in the State, yet it ranks 57th in personal income. This makes it a large and very rural county, with limited financial resources and many families living below the poverty level. Transportation has long been one of the most challenging problems facing Washburn County.   Two major factors contribute to the transportation problems.   One is that the County is predominantly rural, such that mass transportation or even individual transportation services would not be profitable. Second, the average income level is low such that many families can not afford reliable transportation. An added difficulty for many is that the County Seat is located on the southern edge of the County , making it neither centrally located, or near a major population center.

In 1995 an Anger Management Program was contracted out by the Human Services Department to Northern Pines (a local mental health agency).   The original purpose of the program was to add an educational sentencing alternative to juveniles who were referred to the Washburn County Juvenile Court Intake for acts of delinquency. The original anger management program was facilitated by two mental health therapists and a staff person from the County (to address logistics and paperwork). The program at

that time consisted of 3 group sessions which were attended by juveniles only.   The

juveniles were required to go through an insurance or medical assistance intake

appointment with the mental Health agency . The cumbersome pre-authorization

process, the limited number of youths the program was serving , and contractual

problems prompted the County to re-evaluate the efficiency and effectiveness of the

anger management program. For instance, a youth would be referred for anger

management and then would have to call the mental health agency to set up an intake

appointment which would have to include an assessment, a plan of care and insurance

pre-authorization. This would also entail parents attending the intake and cooperating in

providing adequate financial information and frequently being subjected to a sliding fee

scale or co-payment for any gaps in insurance.   It was not uncommon for clients to wait

four-six weeks in order for the necessary paperwork to be completed. This situation,

along with trouble scheduling convenient times for the sessions with the mental health

agency caused sessions to be held infrequently. Anger management sessions were thus

suspended for about six months in 1996 while a new program proposal was developed

(Appendix A).

  In 1997 Washburn County received an increase in the Capacity Building Grant

from the State of Wisconsin. The Capacity Building Grant (later re-named the

Community Building Grant) is money allocated from the Department of Corrections to decrease juvenile delinquency at the local level. At the time the proposal was developed, youth staff requested increased allocation of the funding in order to restructure and improve the almost defunct anger management program. At that time Washburn County Human Services began a plan to restructure the anger management program referral process, eliminate the need for pre-authorization, and further develop the program to include more information and to expand the focus to include family members. The utilization of the Community Intervention funds allowed Washburn County to develop an individualized (designed to meet the specific needs of the county), extensive anger management program for youths and families in the Washburn County area.

The development of the new program took approximately eight months. The format was changed from three to five or six sessions in order to accommodate the addition of several interactive exercises, films and expansion of the mainly cognitive former program, to one that includes behavioral and skills components. The program was developed to be psycho-educational, allowing ample opportunity for participants to understand and refine social skills, and to practice these skills within stressful family interactions.

The purpose for including families in the program included several factors. First, while youths in the program were learning new ways of handling emotions and dealing with anger, they were returning to the same environments where they originally learned the behavior. Many times several of the family members had the same anger management issues. Second, many of the police contacts and human services calls were related to domestic and family issues, as opposed to community delinquency. Third, it was hoped that family members could reinforce one another's skills, and learn new behaviors together, which they could then be practiced at home. Most of the individuals and family members served have had extensive agency contact, usually starting with child abuse and neglect cases, later escalating into increased frequency of criminal or delinquency acts performed by the child as they develop in a household which utilizes violence and physical punishment as a means of controlling family members. Most frequently the anger management referral came through juvenile or family court, or probation. Less frequent referrals have come from schools, mental health agencies, or parents themselves.

The referral process to the anger management program was revised at the time the Program was expanded. Since medical assistance and insurance companies were no

longer being billed, youth could be easily referred from many sources without delay or

problems.   New Washburn County Anger Management Program referral forms and

brochures were sent out to all four school districts, to the local mental health agencies,

and to juvenile justice and family case managers. The information stated that any youth

over the age of 12 could be referred to the program at no cost to the family. At least one

parent would need to attend the program with the youth, and that all family members over

the age of 12 were encouraged to participate. The completed referral forms are returned

to Washburn County Department of Human Services where they are held until there are

five to seven families ready to complete the program. The program is usually run four

times per year, or more frequently as needed.   The courts continue to order some

participants and the remainder are voluntary families referred through human services,

schools and mental health. Since the program was reorganized, five series of the

program have been completed.

Each of the sessions is held either at the County Law Enforcement Center or the

County Board Room, depending upon availability.   The first session is centered around

the theme "Emotional Responsibility", it includes introductions, several handouts ,

individual and family inventories and art visualization. The second session is titled

"Understanding the Patterns of Anger in Your Family" . It includes physical and

relationship issues related to anger, anger's effect on using judgment, mixed messages

and other cognitive distortions, along with family roles, labels, effects on the family and

an activity of developing a family genogram.   A film related to a story about the effects

of anger is shown (Tough Cries).   In the third week the theme is "Awareness of Self

Anger and Family Anger Equals More Control, How Do You Interpret Other Peoples

Intentions?"   This includes irrational thinking, para-verbal and non-verbal messaging,

and a number of interactive exercises and role plays.   Week four centers around

"Intentionality", that is the messages people are sending and interpreting. Included in

this session is a section on communication skills, specifically active and reflective

listening techniques. Another interactive exercise is completed during week four, along

with identifying triggers and physical warning signs of an imminent angry outburst.

The final session includes a video on anger styles and anger control "Anger: You Can

Handle It".   It also includes handouts and discussion related to responding to other

peoples anger, and communication styles. The entire program includes additional

handouts and discussions. Youths are required to read the textbook, complete homework

and keep a

"hassle log" of instances which were anger provoking. Failure to participate in all of the sessions or complete the assignments results in unsatisfactory completion of the program.

In 1999, the Washburn County Department of Human Services and a University of Wisconsin-Stout Graduate student developed a survey (as part of a plan B thesis), to help determine whether or not the revised anger management program was useful to families, how they families the materials used in the program, and the facilitation of the program, and how difficult it was for their family to participate in the program. One purpose for obtaining this information was that the program was still developing. Specifically, there was interest in making a commitment to continue some of the basic components of the program such as time, duration, and the major teaching tools (text and films), but wanted feedback from participants. A second purpose was to address logistical issues relevant to Washburn County, such as specifically, that the program could be delivered in a different setting or different location in the future.

All former program participants were each mailed a copy of the evaluation survey. The questions focused on accessibility of the program, on the comfort level, as well as perceptions of the program and usefulness of the program. The objective

was to ascertain where and when future sessions should be held, and in solidifying the

effective course material into a permanent curriculum which could be used by others such

as other county facilitators or outside presenters interested in an anger management

curriculum. A second objective was to gather data that could demonstrate the programs

effectiveness, should program funding cuts occur, or should Washburn County be asked

to present the program to others.

Chapter Two

Literature Review

The purpose of this literature review is to lay a foundation of the primary models of past and current anger management program theories and styles. This will be accomplished through explanation and comparison of the different approaches including therapeutic (including cognitive-behavioral), psycho-educational and support group format. This will be followed by information specific to anger management programs designed for adolescents, and family-based anger management programs. Last, a brief discussion on the methods of program evaluation and importance of determining individual outcomes will be presented.

<u>Anger Management Program Theories and Styles</u>

<u>Therapeutically Based Anger Management Programs</u>

In recent years, anger management programs have come to the forefront of the social and mental health arena's. Originally, problems in anger management were dealt with within one to one counseling sessions, couples or family therapy. Issues of anger

were thought to be limited to problems with deep mental health issues which required therapy.

In the past 10 years however, the issue of anger control problems have frequently been addressed through a "rational emotive behavioral" (REBT) approach. In fact, most current therapeutic approaches to anger management today are based on this approach. The utilization of this approach allows for individuals to analyze and change aspects of their thinking through a course, group therapy, and/or bibliograghy.

The major premise behind this approach is that like other emotional disturbance, anger is caused by distorted thinking (Borcherdt, 1993).   REBT teaches that self-talk in terms of "must, should, and have to's", set the stage for rigid distortions in reality. In essence, people anger themselves by the messages they tell themselves.   Most of the cognitive-behavioral, or therapeutic approaches to anger management call for the individual to examine his/her thinking and abandon "absolutes". This can be accomplished in individual as well as couple or group settings, or educationally based courses, and may even be addressed through one of the many self-help books on this topic.

One such group setting program was developed through the Mental Health Foundation of New Zealand, headed by Grant Neil.   This program utilizes an "OK line", which states, while some anger is at a deep level, most negative emotions are self- induced. At one end of the cognitive spectrum is the worst thing that could ever happen (this must be something which meets the criteria of being dreadful, being permanent, and completely life-ruining). The purpose for this from a cognitive perspective, is for program participants to be able think about an anger provoking occurrence in terms of relativity , thereby reducing the cognitive distortions which generally contribute to anger control problems.

Grant Neil's Programme for Anger Management with Teen-agers utilizes eight stages. During the initial stages the group talks about their anger and the terrible problems in their lives. The presenter "awefulizes " each situation to keep the teens engaged.   The students then draw a continuum on which they place the different negative events they experience.   The students then place anger provoking events somewhere on the continuum so that they can visualize the event in relationship to other negative events and compare it with a truly dreadful, permanent event. This program also processes the anger provoking events within a group setting, teaches teens to identify signs of anger and keep an anger journal. One of the major premises of this program is that participants take responsibility for their feelings and the resulting anger they feel, investigating self talk such as "I can't stand it when…".   During the first seven stages the program attempts to lead participants into a "truthful description of all problems"

(Neil, pp 7), stage eight involves putting the first seven stages into practice.   This anger

management program meets every 2-3 weeks for six months., initially to work through

the therapeutic stages, but continuing on as a support group in order to support and

critique on going functioning of the participants. Although the program appears

promising, to date, no effectiveness data has been reported.

In addition to formal programming of anger management on a cognitive

behavioral level, there are many 1 and 2 day cognitive behavioral based workshops set up

through educational institutions and other agencies to help people deal with their anger.

These workshops are primarily targeted at professionals and affected family and support

personnel and are funded by agencies or private sources. They are usually evaluated only

for content and presentation, as duration, intensity and make up of the participants do not

lend these types of programs to evaluation for effectiveness in reducing anger.

There are currently many books available on the topic of anger management, with

the intent of reducing the instance and negative behaviors associated with anger

problems. These too are almost exclusively of a cognitive, behavior or therapeutic

nature.   Due to widespread individual differences and lack of tracking methods or any

parameters for standardization, the effectiveness is unknown.

Psycho-educational Anger Management Programs

As anger management programs evolved, the lack of well-developed social skills became apparent, and many programs started focusing less on psychodynamic theory or deep emotional issues, and began to focus on learning new behaviors. As a result, most current anger management programs contain a psycho-educational skills component since a lack of such skills increases one's vulnerability to anger and aggression. For example, inappropriate social skills such as aggressive behavior in childhood has been found to predict later delinquency, substance abuse, depression, and school dropout (Cairns,, Neckerman, Fergison, & Gaiepy, 1989). Also, young people at risk for behavior problems have been identified as typically lacking the core social and emotional competencies necessary for success in school (Wentzel & wigfield, 1998 et al Frey).

 A comprehensive school based program called Second Step was developed in the mid 1980's, and is now used in over 10,000 U.S. schools as well as around the world. Second Step is a described as a universal primary prevention program designed to deter aggression and promote social competence of children from pre-school through Grade nine (Frey, 2000).

The Second Step program focuses on empathy, social problem solving and anger management. " Grounded in social learning theory, second step emphasizes the importance of observation, self-reflection, performance, and reinforcement in the acquisition and maintenance of behavioral repertoires" (Bandura, 1986). The curriculum draws liberally from other conceptual frameworks as well, including social information-processing, (Dadge, Pettit, McClaskey & Brown, 1986, et al Frey), cognitive-behavioral therapy (Kendall & Braswell, 1985) and Luria's (1961) model of self-regulation through verbal mediation. These different approaches are integrated in a developmental sequence of social-emotional skill acquisition (Frey, 2000).

Second Step lessons are taught in the school system, with all teachers and staff are trained in the program curriculum. Parents are also involved. This program utilizes video-based lessons, skill-step posters and a family video. When lessons are ordered through second step, they are accompanied by notes to teachers about child development, transfer-of-training ideas (utilizing age-appropriate examples), and Second Step concepts. In addition to receiving a comprehensive presentation and facilitation package, teachers complete a 1-day workshop focusing on skill development.

Although Second Step was originally developed for younger children, a "spin-off" of the program was later developed for middle school students. The primary difference between the two programs is that in the latter, the emphasis is on attitudes and beliefs about aggression, where as the original program focuses more on skills.

In 1997, Dr. David Grossman and colleagues at the Harborview Injury prevention and Research Center at the University of Washington undertook an evaluation of the Second Step curricula. This study was funded by the Centers for Disease Control and Prevention to examine the impact of the program on aggression and positive social behavior (Grossman, 1997). Twelve schools took part in the one year evaluation, which utilized a randomized controlled trial design. All five hundred and eighty eight subjects were evaluated after thirty lessons related to anger management, impulse control, and empathy were completed.   Outcome criteria of aggressive and prosocial behavior changes were measured by both parent and teacher reports (Achenbach Child Behavior Checklist and teacher Report Form, the School Social Behavior Scale and the Parent-child Rating Scale).

Schools were chosen as the unit of randomization.   Outcome data were collected in three time periods. The first time period was before the start of the

curriculum, the second, two weeks following the conclusion of the program, and finally, six months following completion of the program. Three methods of feedback were used: teacher and parent scoring, and direct observation. Two week findings indicated modest improvements in test ratings among those who had taken Second Step. Specifically during the observed behavior component, there were moderate positive changes including a reduction in physical aggression ($P=.03$) and a net increase in pro-social behavior ($P=.04$) (Grossman, 1997). The study revealed similar results after the six month evaluation. In summary, the evaluation of the Second Step program, through a large randomized controlled study, did offer encouraging evidence of a modest, positive effect.

Another type of skill- based program was developed by Dr. Barry Glick. He and colleagues developed the ART program (Aggression Replacement Training). As stated by Glick, "aggressive youths are characteristically lacking in personal, interpersonal and social cognitive skills that collectively constitute effective pro-social behaviors" (Glick, 1986). The ART program consists of three components: structured learning training, anger control training, and moral education. One of the major focuses of this program is to help youth to internally monitor and control violent responses by identifying triggers and cues, reducers and using self evaluation. The program was initially piloted on males

ages 14 through 17 who were designated to a residential program due to delinquency. It was later additionally implemented in a community setting and within a Juvenile prison setting.

 In an evaluation of the residential ART program using a battery of tests and behavior measures supplied by the residential unit to which they were assigned, it was found that ART students had improved significantly.   The evaluation also showed a reduction in criminal recidivism over the next six months. Perhaps the most interesting finding was that youth who participated in the ART program "with a significant other" (family member or parent), had dramatically reduced their recidivism rate. Similar findings were later revealed with both the prison based population and the community based population.

In 1999 the STAC Programme (Skills Training for Aggression Control)) was evaluated to find out if violent prisoners were less angry as a result of this five week anger management program.   There were two separate studies completed. The first study utilized a pre-test-post-test design using the STAXI (State-Trait Expression Inventory), Novaco Scale and WAKS (Watt Anger Knowledge Scale).   Those participating in STAC (N=18) were compared with a control group consisting of

fourteen individuals on the STAC waiting list. The study attempted to show that anger

decreased for those who completed the program. However, the results did not support the

conclusion that the program was effective in reducing anger. It was felt that the

differences in the degree of trait anger level may have skewed the results, thus prompting

the second part to the study.

The purpose of the second portion of the study was to determine differential

treatment effects according to trait anger level, hypothesizing that there would be greater

gains for high trait anger, violent offenders. The second portion utilized the pre and post-

tests of the first study, and also included an observational measure of aggressive behavior

and prison incident reports.   Both did not support the hypothesis that the program was

effective in reducing anger.   The article concluded that the failure to find treatment

effects can be explained in various ways. First, low statistical power due to small sample

sizes. Secondly, assignments between that experimental and control groups was not

random, and a third limitation pertained to limited sensitivity of the dependent variables

(Howells, 1999).   The authors cautioned that findings should not discourage the

perception of the effectiveness of anger management programs in general. Citing several

methodological factors which attributed to their poor results, including lack of

motivation, poor program integrity, insufficient program time and the

absence of a screening assessment (Howells,1999), the authors cited that other studies on more generalized populations that have indicated effectiveness in reducing anger through cognitive-behavioral programs.

Another cognitive-behavioral anger management program was evaluated in a different type of setting. The ISST/CRCS program (Inductive Social Skills Training and Cognitive-Relaxation Coping Skills) was compared with a "no treatment group", using a population of college students. The subjects consisted of forty-three males and thirty-five females from an introductory psychology class, who scored in the upper quartile on the Trait Anger Scale, had self identified problems with anger, and had also volunteered when conditions of the study were explained. Students were randomly assigned to the groups as follows; ISST (N=4), CRCS (N=29) and the control group (N=25). It is worthy to note that students received three research credits for participating in the study. Anger measures for the study included utilizing the Trait Anger Scale, the Novaco, and a 90-item response to a wide range of potential provocations. Subjects also assessed anger in day to day living through the use of an anger log, and anger-related physiological arousal as measured by the Anger Symptom measure. Results were measured after ten weeks of programming, then again five weeks after conclusion, and finally one year after conclusion.

Results were as follows. Intensity of after both treatment groups, but less with

the control group, and higher proportions of change on the Trait Anger Scale. The one

year follow-up (which had an over-all return rate of 68%) also had encouraging results.

Treatment groups reported significantly greater anger control, decreased negative

outward anger expression and less anger suppression. The two treatment groups also

showed less anger on the TAS. When the ISST and the CRCS groups were compared,

the results slightly favored the CRCS group, however, both were generally shown to be

efficacious and equivalently so. "That is, ISST and CRCS both led to significant

reductions of trait anger, anger across a wide range of situations, anger in individual's

most provocative on-going situation, daily anger level anger-related physiological arousal

and trait anxiety compared to controls" ((Deffenbacher, 1996). This study, in

combination with earlier research by the same author, provides greater support for and

confidence in the value of cognitive-based programs in development of successful anger

management programs.

Cognitive-behavior approaches to anger management have also been studied in

brain-injured individuals, since it is known that Acquired Brain Injury (ABI) can produce

an alteration in areas of cognition, mood and behavior, and thus often results in anger

management issues. In 2000, Medd and Tate published a study in *Neuropshycological*

Rehabilitation, in which twenty-eight subjects from two brain-

injury units and two rehabilitation offices were screened and randomly assigned to either

a treatment group or a waiting list group. Those in the treatment group then received

approximately six individual anger management therapy sessions lasting one hour each,

while those on the waiting list merely monitored their daily anger. Sixteen of the

participants proceeded through the final stages of the study.   Two designs were used.

First, a two-by two factorial design was used, and then a repeated measures factor. The

initial procedure utilized a matched-randomized procedure. "The between-subjects

factor, group, comprised two matched groups. Subjects were grouped into pairs

according to matching variables such as age, gender, time, post-onset, and living

circumstances" (Medd, pp-189). Subjects were then randomly assigned to either group.

The second repeated measured portion was applied only to the treatment group to assess

for the effects of time, pre-intervention, post intervention and follow-up. Anger levels

were assessed using the STAXI (State-Trait Anger expression Inventory. Person-specific

anger was assessed using anger logs, and four additional dependent measures were

utilized.   These were self-esteem, anxiety, depression, and self-awareness. Because

drugs and alcohol can affect anger levels, the DAST-Drug Abuse Screening Test was also

used.

The results showed no differences between the two groups in terms of

neuropsychological, alcohol and drug use variables, there were also no significant

differences between groups on the other dependent variables. The treatment group

showed a reduction in anxiety with four of the eight subjects decreasing their scores by

more than two standard deviations on the STAXI, the control group remained unchanged

on the STAXI in regard to the measure of time. The Anxiety measure showed a

significant main effect for time as well , for the treatment group, indicating a decrease in

symptomatology at post-test.   The follow-up portion of the study showed that both

groups continued to improve with time, but not significantly.   Over-all, the results

support positive outcomes for cognitive –behavioral therapy in the reduction of anger

management problems, extending the findings of past research in the evaluation of the

effectiveness of anger management programming.

Anger Management Support Groups

A widely held belief has been that if people verbally express their anger, it will become manageable and will not explode uncontrollably. The support group theory is based on this belief. Specifically it states that attending a regularly scheduled support group will allow people to process their anger, and make them accountable to the peer pressure of others in the group who also have anger management issues. Such support groups usually start off with a therapeutic focus. They are usually local, small, informal, and not well defined in anger management program literature. The nature of such groups make tracking and evaluation difficult. Therefore, the information on such groups is limited to categorizing them as components of other anger management techniques. Usually described as a supportive group, which follows a more formal program curriculum. No evaluation data could be found on the effectiveness of anger management support groups.

Specific Target Groups for Anger Management Programming

Child and Adolescent, Parent and Family Anger Management Programs

Since most anger management programs are specific to a certain population, those targeted at adolescents only will be presented, followed by those programs which were developed for adolescents and parents, or for families.

Anger management programs for teens are currently flourishing. There is no escaping the fact that we live in a world that can be violent and hostile. More young people in American today die from gun violence than from anything else. Between 1988 and 1992, arrests for homicides among juveniles increased 93% (Licata, 1999). Consequently, anger management programs for youth are in high demand by court systems, schools, parents and the public in general. Initially programs were devised in correctional settings, both for adults and juveniles. More recently, school-based programs have been developed.

One study has been found which focused on the hostility level of an adolescent population who underwent a brief behavioral therapy group through Laurentian University in Ontario, Canada (Valliant 1995). This study began with a pre-test

using the Durkee Hostility Inventory. Twenty-four male adolescent offenders

participated in a 6 week cognitive behavioral anger management program. The subjects

previously showed no mean differences on tests of intelligence , a self-esteem inventory

or the Minnesota Multiphasic Personality Inventory (MMPI). In addition, this study also

evaluated 5 adolescents who were currently on probation (Probationary group), and a

control group of 10 additional adolescents (no legal issues). All 39 of the adolescents

participated in the anger management sessions, which were held for two hours a week for

six weeks. In sessions one to four , an educational format was used to explain the role of

anger and in sessions five and six, strategies to cope with anger were explained (Valliant,

pp 1057).

An analysis of variance for mean pre-test and post-test measures on the hostility

inventory and the self-esteem inventory showed no significant difference. Multiple

regression analysis was performed to judge whether MMPI measures could be used to

predict effectiveness. All analysis of pre and post-test scores showed no significant

differences resulting from the anger management program. In the discussion section, the

study eluded to the fact that although the participants were voluntary, there may be some

extraneous reward which was the driving incentive (secondary gain), as opposed to the

inherent desire to change, which is necessary for effective cognitive behavioral therapy.

The literature on different programs reviewed in the previous section is specific to youth.   Some components of prevention can be found in the previously reviewed Second Step program and other similar school based programs. "Despite the common objectives of preventative educational programs, agreement is lacking regarding the best approach" (Fetsch, 1999). Specifically, questions remain regarding where in the continuum of violence is it best to break the cycle? With teens who are out of control or with young children before they mature lacking the necessary insight and skills? Or with the young parents before they pass along their aggressive traits to their children?

Youth and offenders are the most likely target populations of anger management programs, although some programs are widening their scope to include parents or families. One such program is the rethink Program (Anger Management for Parents).   It was developed in the early 1990's in Colorado, in an attempt to break the anger cycle within families.   Parents were taught to recognize their anger triggers, how to accomplish parenting tasks and how to channel their child or youth's anger as well as their own. The program consists of six sessions (Fetsch 1999). The primary objective of the Rethink program is to decrease the incidents of child abuse.

The Rethink Anger management program was piloted and evaluated in the Washington D.C. Area by the Institute for Mental Health Initiatives.   All parents completed pre-tests during the first Rethink session. Seventy-five of 99 parents completed the program and the post test.   At the end of the series, 100% reported that their knowledge about parenting anger management had increased since the first session. On an attitude scale, 93% of the respondents reported improving at least one attitude. Eighty eight percent reported improving their attitude about anger management, and a majority (74.4%) reported increasing their skill in managing anger. Using a repeated measure analysis of variance, overall results showed mean anger control levels for the group increased significantly.

A second study looking at families was conducted at the University of Maryland, researchers undertook an examination of the effectiveness of the types of rehabilitation programs offered by Washington State Department of Corrections. One of the answers sought by the State Joint Audit and Review Committee was whether or not anger management programs were effective(MacKenzie, 1998). An evaluation of research regarding the effectiveness of anger management programs was thus undertaken. Two studies were completed by Faulkner and colleagues .

The results indicated that there may have been some benefit to a four week,

2 hour per week anger management course which was offered to men in families where domestic abuse was present. Wives of the subjects were also pre and post-tested. In the first study, 17 subjects were pre-tested and later post-tested after completing the course. However, there were significant problems with the study in that the design called for a 6 month follow up, at which time only 5 of the subjects could be located. The second study of the same program included 15 of the 19 who participated in the anger management program. Both the participants and the spouses reported significant declines in direct violence and the severity of the violence following participation in the programs. However, problems with methodology including the limited number of wives who participated, program changes, lack of a control group, and a small and biased sample. Overall, the investigation summarized that "very little can be concluded about anger management and its effect on recidivism due to the small number of studies in this area and the methodological problems that plaque the existing studies" (MacKenzie 1998).

Other reviews of work in this area similarly conclude that the evaluation research is very weak and scant. This leads to a guarded but optimistic conclusion that the effectiveness of anger management programs aimed at families where domestic abuse has

Taken place. Overall there appears to be evidence that there is some benefit to families

and adolescents who participate in an anger management program.   However, the long

term behavioral benefits of participation in an anger management program has yet to be

proven.

Summery of Research Regarding Anger Management Program Evaluation

Evaluation to date of mental health programs such as those developed to reduce

or manage anger have been problematic. One problem has been that outcomes for such

existing programs largely have not been reported for over 40 years due to the almost

exclusive use of controlled clinical trials for feedback (Berman, 1998).   In more recent

year, there have been questions regarding the accuracy of such feedback and how well

the clinical trials generalize to the actual populations they are meant to emulate.

Although there have been some isolated private outcome evaluations or outcome

management studies, this information is usually not made available to outsiders.   Other

problems include inconsistencies between control groups, problems tracking, and

subjective evaluation methods.

The Importance of Program Evaluation

There are many compelling reasons why we should be interested in social programming outcomes(Berman 1998). These go beyond the scope of demonstrating the effectiveness of certain behavioral health treatments and include other more reaching benefits, such as allowing consumers to make informed choices, making providers more accountable for aggregate outcomes, and providing empirical data on the effect of simple cost cutting. With recent changes in the managed care field, there are increasing pressures to provide feedback and eliminate costs, moving away from the decision support approach (outcome management which focuses on individual cases), to the stream-lined path model (where treatment course is predetermined and standardized). Since there are several reasons for soliciting program feedback, there are also many types of evaluation studies. Often times studies are used for the purpose of monitoring an existing program, changing an existing program, providing information to stakeholders about an existing program, developing a new program, or comparing treatment programs. The main objective being to either develop appropriate treatment programs or to hold those that have been developed accountable.

Program Monitoring

Often times stakeholders are interested in the systematic examination of program coverage and delivery which is termed program monitoring (Rossi, 1993). Program monitoring 'typically involves assessment of a specific program or activity and analyzes the process as well as the effectiveness of the services offered" (Berman, pp-118, 1998). "Ideally, the monitoring activities undertaken as part of an evaluation should fully meet the informational needs of program managers and staff, sponsors, policy makers, researchers and other stakeholders" (Rossi, pp-166, 1993). However, reality dictates that often it is not possible to fully meet the informational needs of all stake holders, and the main objectives of the evaluation need to be prioritized. Due to the subjective nature of anger management programs and widespread inconsistencies in programming, general program monitoring seems a likely approach for most individual programs.

Why monitor programs? With out it 'there is no way to determine which aspects of an intervention were effective or ineffective, nor is there any basis for speculating whether a larger dose of the program or different method of delivering treatment would have changed the impact" (Rossi, pp-167, 1993). "Any service organization, especially in an era of shrinking resources, needs to evaluate its services and activities. Through

these evaluative activities, an organization can develop and maintain the flexibility needed to respond to an ever changing environment" (Rossi, 1996).

Outcome Studies

An outcome study differs from program monitoring or process evaluation in that it's sole purpose is determine the effect of the program. It's results can usually only be applied to a specific population and it's application is therefore restricted to environments which provide the same variables (such as time, place, population attributes). Outcome studies do not attempt to evaluate the process or on-going delivery of the program.

Conclusion

Although there are many small scale anger management type programs being developed for different populations, there is very little research available on the process and outcomes of these different programs. Also, since the types of programs vary from program to program, it would be very difficult to compare results from one with another. It appears that the best data may come from school based programming, where programming can be more consistent, subjects can be followed and other variables can be

better controlled. Due to recent changes in our managed care systems and in our correctional systems, we are beginning to see an increased interest in outcomes associated with different anger management programs. This will continue to be a challenge since this population can be difficult to track, and the feedback is frequently supplied through such measures as self-report or other subjective methods.

Chapter Three

Method

Participants of the Anger Management Program

Twenty-five youth and families have completed the Washburn County Anger

Management Program since it was developed in early 1998, totaling 54 individuals. The

first group to complete the 5 week program finished in October 1998. To date there have

been seven cycles of the Program completed. The drop out rate for those who began the

program but did not complete it is very low (4%). Those who attended the Program

consisted of the identified family member (juvenile), at least one , but preferably two

parents, and all siblings in the household over the age of 12. On occasion, a family has

requested that a sibling under the age of 12 be allowed to attend.   Based on individual

situations, 2 youth who were slightly under the age 12 cutoff were allowed to participate.

There have also been instances where foster children and step-parents have participated.

Everyone over the age of 12 in each household was highly encouraged to participate in

the Program with the identified youth.

Anger Management Program Referral Process

Since the Program began, there have been 36 referrals made. Referrals generally come from juvenile probation or juvenile court, but they can also come from schools, family service workers and mental health. Due to the sources of the referrals, a high percentage of those who actually completed the program were court-ordered (80%) . Of the 11 referrals who did not complete the program, 27% were court ordered.   Nine of the identified clients completing the Program were females, 15 males.

Program participants were informed of their referral at the time it was made. Participants and their families were mailed information and a schedule of the dates of the sessions, two to three weeks prior to the beginning of the first session. Many of the participants were also reminded to attend the first session, by case managers shortly before the start date. At the first session, participants were informed that they would need to complete all of the sessions in order to receive a certificate of completion. For research purposes, those who did not receive certificates of completion were not counted as successful program participants.

Anger Management Program Evaluation

Participants of the Anger Management Program Evaluation

All successful program participants were selected to take part in the study.   The roles
of the participants were differentiated according to their status as a youth, parent, sibling
or other family participant.   Of those that completed the program and were mailed
evaluation surveys, there were 18 "natural parents", five "step parents" 24 "identified
participants", five "siblings" and two "other". There were a total of 6o people who
completed the program and were contacted to provide feedback.

          After the surveys were mailed, there were three subjects who responded. A
follow up letter was mailed approximately three weeks later. This reminder yielded four
more responses. A final reminder letter was sent out eight week after the initial reminder
letter. Two more participants responded to the final reminder letter, resulting in a final
total evaluation sample of one adult "other", four adult "parents", and four "youth".

Procedures

Following a process of outcome's clarification and informal needs assessment, a survey was developed to gather feedback which will help in the further development and enhancement of the current Washburn County Anger Management Program. The clarification and needs identification was obtained through feedback sessions including the Family Services Supervisor, the Anger Management Program Facilitators, referral agencies and County youth staff. Uses of the potential information were discussed and refined through consultation with UW-Stout research staff. The final survey (appendix B) was printed in March of 2000 and consisted of 17 questions. The respondents were asked to place a check mark to indicate the answer which was most accurate for them. A number of the questions used a five point likert scale to give respondents a wider variety of choices. Respondents were also asked to select answers which most closely matched their experience with the anger Management program. Five of the questions encouraged the use of an individualized answer in order to maximize the amount of qualatative information available.

The surveys were mailed to all successful program participants (N=60). A successful

program participant was defined as a youth who had completed all five of the sessions

and received a certificate of completion, the parent who accompanied the youth,

and any other siblings or family who completed at least four of the five sessions with the

youth. Each survey also contained a cover letter to explain the reason for the survey

(appendix C), as well as individual consent forms for each person who participated. A

pre-addressed, stamped envelop was enclosed for the timely return of the consent forms

and the surveys. Children under the age of 18 were identified as requiring a parent or

guardian signature in addition to their own signature, in order to give valid consent to

complete the survey. Respondents were informed of their rights as a survey participant

(Appendix D), and asked to return the survey within two weeks.

  Three weeks after the survey's were mailed, a follow-up letter was sent out to

remind participants to return the completed surveys (Appendix E). An additional

reminder letter was sent out approximately 2 months later (Appendix F).

Measurements

Through continuous meetings with a research advisor in program evaluation, lengthy discussions and continual evaluation and re-evaluation, the process eventually resulted in a completed survey which if answered by participants, would yield the basic information desired by the facilitators and other staff. The survey (Appendix B) addressed three general areas. These included (1)demographics, (2) satisfaction with facilitators, and (3) satisfaction with exercises and tools. The information sought in the demographic questions involved the program's sensitivity to logistical issues such as physical distance to attend the program and convenience of scheduling . The procedural questions attempted to glean information about how the participants perceived the relevance of subject material and their satisfaction with the way the information was presented.

The first two survey questions addressed the respondents role in the program (parent, identified participant…etc), questions three-five asked the participant to disclose his/her satisfaction with the logistics (time, place). On question number six, the participants were asked to rate their comfort with the size of the group. Question #12 was a qualitative question soliciting personal feedback and ideas for future films. Questions 13 and 14 were again related to the comfort level of participants at various

times, beginning with their level of comfort with the amount of active participation

program. Questions 15-17 were outcome based expected of them when they started the

group, in contrast with the comfort level they felt contributing to the group at the end of

the based, and asked for direct responses to "techniques participants learned" and "those

they found helpful".   The final two questions were geared towards cost in order to

extract some feedback about the value participants placed on the program. The final

question (number 20), gave the participants an opportunity to make any comments they

wished.

Planned Analysis

Demographic data was analyzed using frequency counts and percentages. The

open-ended questions were analyzed by looking at similarities between individual

answers and computing frequency counts. The questions which utilized a likert type

scale were analyzed through frequency counts, means and standard deviations and

statistical comparisons (e.g. t-tests) as appropriate.

Chapter Four

Results

Demographic and Logistical Responses

Sixty surveys were mailed to former participants. After the initial survey was mailed, three individuals responded to the survey. Two reminder letters were then sent out. In total, after three requests, four youth and five adults completed surveys. Of the five adults, one was a non-parent. All of the youth who participated in the survey fell between the ages of 10-16 years of age. Three of the adults were between the ages of 28-35, and 2 adults were between 35 and 40 years old.   All respondents answered all of the questions on the survey with the exception of one question (number eight) which was not answered by a youth. F). he following types of results will be discussed: logistics, satisfaction with materials, and employment of the skills which were presented in the program. Individual suggestions and comments made by those who responded will also be presented.

Eighty-eight percent of the total respondents were happy with the logistics of the program. One youth would have preferred a different location, which was identified in the write-in area as "Spooner". Fifty percent of the youth and 40% of the adults felt the duration of the program was adequate, 25% of the youths thought it required more time, and 20% of the adults felt it required more time. Twenty percent of the adults and 50% of the youth chose to make comments on the duration of the program . The comments were as follows; " I wasn't very interested", "I would have liked more sessions", and "I would have liked more time and more information".   Eighty-eight percent of the respondents thought the time was convenient. One adult (11%) thought that from 6:30-8:30 P.M. would have been more convenient. All subjects thought that the size of the group was appropriate.

Satisfaction with Materials

  Participants were asked to share their satisfaction with materials. Five of the parents felt the textbook (Hotstuff) was helpful (Table 1), one adult felt it should have been more

indepth, and two felt it was easy to read (in addition to being helpful). One youth felt

Hotstuff was helpful, one felt it should have been more in-depth, and two youth

responded that they did not read the textbook. When asked to rate the text on a likert

scale of one through five (with one being excellent and five being no help), 33% of all

the respondents gave it a rating of two, 22% a rating of three, and 22% a rating of four.

Eleven percent of the youth thought it was very helpful and 50% thought it was little

help. One youth did not respond to this question, stating she had not read the textbook.

Eleven percent of the adults rated the text "excellent" , 44% thought it was "very good"

and 44% somewhat helpful. The mean score for all respondents was 2.3.   The mean

rating for the adults was 2.2 with a standard deviation of .8367 and standard error of

.3742. The comparison between the results for the youth as opposed to the parents

yielded a t score of –1.62 (students tending to be lower than adults).   The youth had an

individual mean of 3.33, with a standard deviation of 1.1547, a standard error of .6667.

The significance level was .004 and .038 respectively with a mean difference for the

adults of 2.2 and 3.3333 for the youth. Using a 95% confidence interval level of the

difference, the upper and lower levels for the adults was 1.1611 and 3.2389, and .4649 and 6.2018 for the youth.

When asked if they were able to relate to the feelings and situations in the film "Tough Crie*s*", 22% of the respondents chose "very much", 22% stated "yes", 33% replied "somewhat", 11% "very little", and 11% "not at all. The over-all mean for this 1-5 likert scale question was 2.7 , with a one indicating "they found it very relevant" and a five rating meant "they did not find it helpful or relevant". For the adults alone, the mean was 2.2, the standard deviation 1.3038 and a standard error of the mean of .5831. The youth had a mean rating of 3.2500 with a standard deviation of 1.2583 and a standard error of the mean of .692. The t value was not computed due to small response rate.

Regarding the helpfulness of the film "Anger You Can Handle It" 22% found the film "extremely helpful", 33% found it "very helpful" and 44% found it "somewhat helpful. The mean rating was 2.2 (adults 1.8 and youth 2.7500). Althought tit appears the adults rated the film most positively, no t-test was completed.

When rating the over-all quality of the films, 22% thought they were "excellent", 44% thought they were "good", and 33% thought they were "OK". The mean for the adults was 1.8 with a standard deviation of .8367 and standard error of .3742 and for the

youth the mean rating was 2.5 with a standard deviation of .5774 and a standard error of.2887.   No t-test between parents and youths ratings was completed. When asked to comment on what types of additional films would have been helpful, the following comments were given: "relaxation video", "stress or mood films" (youth comments), and one adult comment, "understanding personalities".

When asked to rate their comfort level to rate both at the beginning of the interactive group process and then at the end, 22% of respondents claimed they felt comfortable at the first session, 55% that they felt "neutral", 11% felt "uncomfortable" and 11% felt "very uncomfortable".   At the end of the program 11% reported feeling "eager", 77% feeling "comfortable", and 11% feeling "neutral". The mean for the adults at the beginning of the program was 3.0 compared with 1.8 at the final session . For the youth, the mean at the beginning of the program was 3.25, and by the end was 2.25.   Although it appears as if parents tended to rate their comfort higher and both groups increased their level, no t-test was done due to sample size.

Three questions focused on techniques or aspects of anger , the anger management strategies discussed in the program, those they found not helpful, those they found somewhat helpful, and those they found very helpful. (Table 2 lists how helpful each one was, and the mean "helpfulness" rating across all subjects).

Regarding practical usefulness of the techniques they have used in the past six months, eight of the nine subjects (88%) indicated they use interpreting emotions, eight of nine (88%) use reflective listening and five (55%) use de-escalation techniques (Table 3). Respondents were asked to place an "X. all four (100%) of the youth and four (80%) of the adults think about anger triggers. Three youth (75%) and 3 adults (60%) think about anger styles. Three youth (75%) and four adults ((80%) think about anger cues. Two youth (50%) and four adults (80%) think about interpreting emotions. Three youth (75%) and three adults (60%) think about reflective listening. Four youth (100%) and Four adults (80%) think about self messages, and three (75%) youth and two (40%0 of adults think about de-escalation techniques (Table 4)

The final two questions asked about cost. The respondents were asked if they would recommend the program to others even if they had to pay to participate. Overall, 77% said "yes" and 23 % said "no". Three youth (75%) and four adults (80%) responded yes. When asked what they felt would be a fair cost, there were a very wide variety of answers. The estimated fair cost mean was $60.40, with individual responses as follows: " Ten dollars", "thirty-five dollars", "one or two dollars", " five dollars", "twenty-five dollars per hour", and "the cost of supplies".

At the end of the survey respondents were asked to make additional comments. Adult comments included "add more coping skill" and "would like more clinical practice." Youth comments included "I liked the class" and "program should teach more, some things not worth learning".

Chapter Five

Discussion

Discussion Related to Process Variables

Of the nine respondents, only one indicated that a location other than the Human Services building in Shell Lake would be more convenient. This subject indicated in the write-in portion that Spooner would have been a more convenient location.   One adult and one youth thought that the duration of the program was too short,   specifically, in the comments section regarding the duration of the program, one adult and one youth each commented that they thought the program should contain more sessions, while one youth commented that they "were not interested". Two youth and two adults stated they thought the duration was adequate to learn the information.

Four youth and four adults responded that they thought the time of the program was convenient. One adult elected to write-in a more convenient time which was reported to be 6:30-8:30 P.M. It appears that the large majority of the subjects were

satisfied with both the time, location and duration of the present program. Because Shell

lake is not centrally located, results about the timing and location were more favorable

than expected. Some disparity in satisfaction with the duration of the program was

expected due to fluctuations in group dynamics and the amount of time spent on specific

exercises.

All subjects (100%) indicated that the size of the group was right for an

interactive group, when asked about their comfort with the size of the group.   The group

sizes have been fairly consistent, and the presentation is informal and interactive.

Therefore it is expected that subjects would perceive the group and group size to be quite

comfortable.

Discussion Relating to Outcome Variables

Subjects Satisfaction with Text and Films

All of the adults (n=5) rated the "Hotstuff" texbook as helpful. In

addition, two adults indicated they thought "Hotstuff" was "easy to read". Two youth

subjects indicated that they did not look at or discuss "Hotstuff", and one adult and one

youth each indicated that the textbook (Hotstuff) was too short and simple. In addition,

when subjects were asked to rate the textbook, one adult rated it as "excellent", two

adults and one youth rated it as "very helpful", two adults rated it as "somewhat helpful" ,

two youths said it was "little help", and one youth did not answer this question.

   It is interesting to note the difference between the perceptions of the parents, who

were not asked to read the text, and the youth who not only were required to read the

book, but were also required to fill out the many empty blanks and questions which were

asked in the text, and then turn the completed book in to facilitators. The youth who read

the entire text tended to see the text as more negative than the parents who may have

skimmed through the book, read it completely on their own initiative, or not even looked

at it. It would have been helpful to have asked respondents (particularly the youth),

specifically what they did not like about the text, and what type of text they would

suggest as a replacement.

Adult subjects also tended to rate their satisfaction with the films more positively,

and rated their ability to identify with the films more strongly.   When rating the film

"Tough Cries", two adults replied that they identified "very much" with the film, while

one youth stated "not at all" . The remaining five subjects selected more moderate

responses, one adult stating "very little", two youth and one adult stating "somewhat",

and one adult and one youth stated "yes" they were able to identify with the situations

and feelings in the film. Ratings on the second film "Anger you Can Handle It" tended

to be more positive than on the first film "Tough Cries". Two adults found "Anger You

Can Handle It" "extremely helpful", two adults and one youth found it "very helpful"

and three youths and one adult found it somewhat helpful. None of the respondents

found the film to be little or no help. On question number 12, the subjects were asked to

make comments on the types of films they thought would have been helpful. One youth

commented that a relaxation video would have been helpful, and another youth

recommended a video that dealt with stress and talked about moods would have been

helpful. Only one adult made a comment, suggesting a video that presents information

about understanding the personalities of others. The feedback on the films provided a

clearly positive perception, conveyed usefulness and relayed useful suggestions for future

development. The results of the t test showed that students tended to rate all of the films

as well as the text lower than parents. This was not surprising in that parents generally

tend to view helpful messages more positively than teens. However, a comparison of

available materials specific to youth, by youth may be valuable to improve their ability to

identify with the material.

Subjects Feelings About Group Participation

Since the Washburn County Anger Management Program is an interactive group process, it was important to know if the subjects felt comfortable enough to participate in the group process and to benefit from the intense level of personal application and involvement.   Subjects were asked to rate their level of comfort with the amount of required participation at the first session, and then again at the end of the program. Initially, none of the subjects felt "eager" to participate, one adult and one youth each felt "comfortable", three adults and two youth felt "neutral", one adult felt "uncomfortable" and one youth felt "very uncomfortable".   In comparison, by the last session, one adult felt "eager", four adults and three youth felt "comfortable" and one youth felt "neutral". The t score for the rise in comfort level from the first session to the last was highly significant for both groups, but highest for the adults. Although it would be predictable that the comfort level would increase as familiarity increases, it is notable that the increase in comfort is quite substantial. This is particularly noteworthy, since most of the participants are families with a long history of law enforcement and child welfare contacts, who may have special issues with their participation in a program such as this.

Subjects Perceptions on Acquired knowledge and Use of Skills

When subjects were asked to rate the helpfulness of various aspects and techniques, over half of the subjects (N=5) rated the "thinking, feeling, behavior sequence", identifying your individual "anger style", and "anger cues" as "very helpful". Four subjects rated "reflective listening" as "very helpful". Three of the subjects found "triggers", "family triggers" and "family anger style" as "very helpful". Only two subjects found "interpreting emotions" as "very helpful" and one subject identified "de-escalation techniques" as "very helpful". Since skill development is one of the foundations of this program, perhaps more time and attention should be paid to this area. Traditionally this portion is presented toward the end of the program. Suggestions might be to introduce the skills earlier in the curriculum and build on them.

Over half (N=5) rated the following as "somewhat helpful"; "triggers", "family triggers" "interpreting emotions", "reflective listening" and "de-escalation techniques". One subject each rated the following as "not helpful"; "triggers", "family triggers", "anger styles" "family anger style", "cues", "interpreting emotions" and "behavior

sequence". Three subjects rated "de-escalation techniques" as "not helpful". It is

important to note that de-escalation techniques are presented at the very end of the

curriculum, therefore, depending upon time, may not get an adequate amount of attention

or practice.

When subjects were asked to place an "X" next to the skills they have used in

the past six months, eight of the nine respondents indicated they have used the skill of

"interpreting emotion" , eight subjects also indicated that they have used 'reflective

listening" within the past six months. Five of the subjects indicated they have used "de-

escalation techniques". These results indicate that the program participants are learning

and utilizing the techniques currently being presented, although some techniques more

than others. Particularly, subjects are using reflective listening, interpreting emotion and

anger styles and triggers. Less frequently they are using de-escalation techniques.

When subjects were asked to place an "X" next to the aspects or techniques they

still think about in daily life, all of the youth participants indicated that they think about

"anger triggers" and "self messages". Seventy-five percent indicated they think about

"anger styles", "anger cues", "reflective listening" and de-escalation techniques". This

indicates that even though a significant amount of time may have lapsed since a subjects

participation in the program, he or she may continue to benefit from such techniques as "interpreting emotions" and "self messages".   More than half of the adults also continue to benefit from learning and practicing techniques.

Subjects Recommendation for the Program

All of the program participants who were asked to complete a survey were able to attend the program at no cost to themselves. They were asked if they would recommend the program to other participants who may have to pay to take the program. Three youths replied "yes" they would recommend the program even if participants had to pay. Four of the adults also recommended to program for paying participants. One adult and one youth would not recommend the program for paying participants.

Subjects who answered "yes" to the question about whether or not they would recommend the program to those who might have to pay, were asked to indicate what they thought would be a fair price. One individual thought that the cost of the supplies would be a fair cost. Other answers included a flat fee of ten dollars, thirty-five dollars and five dollars. One subject suggested "one or two" dollars per hour, and one

recommended twenty-five dollars per hour. Although it is not likely that the program will need financial help from future participants, frequently the commitment of any programs participants to attend all of the sessions and participate more fully, is increased if they make even a small financial investment in the process. Information from this question provides more information about how much value past participants placed on their experience.

A paragraph was provided and subjects were asked to make additional comments about the program. Adults recommendations included "adding more coping skills", and utilizing more "clinical practice". One of the youth commented "I liked the class", another youth stated "the program should teach more, some things weren't worth learning". The comments at the end of the survey along with the other comments and results indicate an interest on the part of the participants in more mood/coping strategies.

Unknowns and Limitations

There has been a lot of literature circulating in the past several years regarding the general effectiveness of anger management programs, although few studies have actually been conducted. Of those that have, they have been primarily confined to a very

specific and limited population, usually an in-patient or prison setting. Another problem

is that there are so many different types and styles of anger management programs, that

comparing them is often analogous to comparing apples and oranges. Another problem

in comparing studies is disagreement on what age group should be targeted for various

anger management programs.

For this particular study, a number of problems were encountered. Due to the

time frame and design of the study, there was an inability to gather longitudinal data,

therefore, we were unable to suggest that participating in the program had any effects on

the subsequent behavior of the participants.   Although the feedback provided was

valuable to the program, some type of behavioral effects would be particularly important

in the event that the validity of the program were being questioned.   Another problem

encountered was the response rate. A large portion of the participants were mandated to

attend the program after incidents of frequent or significant contacts with law

enforcement or human services. These circumstances often result in resistance on the

part of the participants. Everyone who was asked to complete a survey had already

fulfilled their mandated requirement and there was no incentive for them to complete the

survey. This situation, combined with the fact that many of the families come from

chaotic homes, made it unlikely that they would follow through with the process of retrieving the mail, completing the survey in a timely fashion, and returning it to the mail.

Implications-Suggestions for Change

Since the Washburn County Anger Management Program is still in its final stages of development, it is suggested that the following suggestions be considered:

1. *Consider utilizing a pre-test for parents and youth*-A pre-test designed to indicate problem behaviors as well as what aspects and techniques are being utilized before participation in the program may help make participants aware of their problem areas as well as the potential usefulness in further studies.

2. *The addition of a mood component*-There were several requests for more information and the addition of videos to address issues in mood, stress and personality function.   Although the current program is multidimensional, the

primary focus is on skills.   Consideration of an added component may improve the over-all program.

3. *Increase the amount of time allotted for de-escalation techniques*-Since this segment of the program is last and there are often timing difficulties, more attention should be spent on teaching and practicing de-escalation techniques.

4. *Specific techniques or activities to be Removed*-Consideration should be made to either eliminating the film "Tough Cries", or using it only for the parent portion, as youth found it somewhat difficult to relate to. Some consideration to changing the textbook may also be helpful. A specific suggestion includes asking teens to review and rate different types of textbooks.

5. *Areas That are working Well*- Generally participants seem to be very pleased with the program, they are learning and utilizing most of the skills and techniques, and the program is interpreted as positive by participants. Specifically, the logistics should not be changed and it is recommended that the interactive nature of presentation not change. The film 'Anger You Can Handle It" was viewed as helpful and should not be changed.

Evaluation Design Changes: Suggestions for Future Evaluations

In the future it would be helpful to design a study which would evaluate the number and severity of anger episodes at the time the participant is admitted into the program, at the conclusion of the program, and six months after conclusion of the program. This type of information would be valuable in order to lend credibility to this program as well as other anger management programs, or to suggest the kinds of changes which would actually impact behavior as opposed to perceptions.   Some suggestions would include the use of the STAXI or a similar tool which measures anger level, and could even include ratings by parents or teachers. If the program decides not to move in this more outcome based direction as a means of evaluation, another suggestion would be to administer the current survey in the final session. This will alleviate the problem with the low response rate which was achieved through mail out surveys. Consideration should also be give to the valuable feedback the facilitators could offer, especially since the facilitators experience all of the different sessions, including the different group dynamics which come into play.

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Appendix A

Proposal for Anger Management Program

The following proposal is far an anger management program for adolescents age 12 and older and their parents. The purpose of the program will be to demonstrate how beliefs affect behavior, identify anger styles, anger cues and anger triggers, and to improve listening and conflict resolution skills (skill building). It is intended that participants will be able to reduce the number of angry conflicts they engage in at home, at school, and out in the community.

The Anger Management Program will consist of 5 sessions, meeting once a week for 5 consecutive weeks. Sessions will be held at the Washburn County Human Services Building whenever possible, and will utilize the Washburn County Sheriff's Department as an alternative site. Participation in the program will be through a referral process which may be initiated through law enforcement, the court system, human services, mental health, or the school system. Advertisement of the program will be accomplished though fliers and presentations to local agencies and schools. The program will be offered at no cost to the participants.

At least one parent must attend the program in order to receive credit for attending. All siblings over the age of 12 years are also encouraged to attend. The sessions will be run 4 times a year. Parents and youth will receive written notification of

the program times and location through the mail, 3 weeks prior to the beginning of the

first session. During the first session, participants are required to agree to the following

group rules:

1. Confidentiality: What is shared in the group is private and is not to be talked about

outside of group. You can talk with other family members about your issues, goals

and what you have learned. You cannot identify who else is in the group and/or what

they have said. What is said here, stays here.

- If you break confidentiality it is a **probation violation**

- The group leader is a mandated reporter of abuse or a threat to harm

- Probation will be informed of your participation and important issues

2. Respect: Everyone in the group has the right to be treated with respect at all times,

both in words and in actions. It is OK to be angry or to have a different opinion, but

it is not OK to be disrespectful.

- No swearing

- Praise and compliments

- are highly encouraged

- The goal of the group is not to judge people but to understand them, we try not to fix people, but to support them to reach their goals

3. <u>No chemicals:</u> Young people and adults are asked not to come to group under the influence of alcohol or drugs. Kids are not allowed to smoke: it is <u>illegal</u>. Adults must smoke outside the building.

4. . <u>Be on time and don't leave the group:</u> Please show up to group on time, and call the group leader if you are unable to make it. Once group starts no one is allowed to leave the room except for medical or emergency situations. So, use the restrooms and take care of any needs before group.

5.   Family and friends: It is a family group so we encourage you to bring other

     members of the family, like grandparents, step parents, brothers/sisters. But babies

and very young children can be distracting so please make other arrangements. Sorry, no

friends unless cleared in advance by the group leader.

Agenda for Sessions:

Session One:

<u>Theme:</u> Emotional maturity = Being aware of and understanding one's own emotions.

1. Introduction

2. Definitions of anger (handout), positive aspects of anger (handout), course objectives

   (handout), followed by discussion

3. Health risks associated with anger

4. The effects of drugs and alcohol on anger

   a. Alcohol

   b. Caffeine and other stimulants

   c. Pot

   d. LSD & PCP

5. Go through uncontrolled anger sequence (handout)

6. our personal anger sequence (handout), followed by discussion of personal answers

7. Triggers inventory (handout) followed by discussion of personal answers

8. Anger inventory (handout) followed by discussion of personal answers

9. Exercise: Pass inventories to other family members and get their feedback

10. Homework: Complete a hassle log for each time of anger the following week

11. Activity: Do visualization of anger and peace. Draw each and contrast differences

Anger Management Program Evaluation

Session Two

Theme: Understanding the patterns of anger in your family

1. Handout-Major Themes

2. Handout-Faces of anger

3. VIDEO- Tough Cries

4. Discussion of Tough Cries video

5. ACTIVITY-Family Genogram

6. HOMEWORK pgs 4-19 in Hot Stuff book

Session Three

Theme: Awareness of self anger and family anger equals more control. How do you interpret other peoples intentions?

1. DISCUSSION- The society we live in can promote anger.

2. Paraverbal, non-verbal and verbal communication

3. ACTIVITY- distancing exercise

4. Without words- Handout

5. ACTIVITY- Role plays as "actor" and "reactor"

6. HOMEWORK pg 20-40 in Hot Stuff book

Session Four

THEME- Intentionality. One has to develop good listening skills in order to percieve things accurately.   Number one reason children feel angry is they feel misunderstood and not listened to.

1. DISCUSSION- Ask group to state out loud if they know what their parent/childs anger is about. Go around the room.

2.   Listening skills

   a. I messages-Handout

   b. Active listening-Handout

   c. Communication blockers

3. ACTIVITY- Children pair up with a nonparent adult and speak about either a problem they are not able to speak about calmly with their own parent/child, or an issue that they feel their parent/child never understands. After 3-5 minutes the adult paraphrases what they have heard using the same emotional tone. Then they switch roles. Next the group returns and everyone gives feedback and discussion. Finally, the children pair up with their own parent and attempt the same exercise. This is then repeated and feedback given to the group.

4. HOMEWORK- pg 40-end of Hot Stuff book

Session Five

Theme: Has anyone used their listening skills over the past week? Remember practicing

identifying correctly a persons intentions. How do you react to a hostile person?

Passive, aggressive and assertive responses. Which is amore effective response?

1. NOTE- It is important to be allowed to express your feelings and get your needs met.

    It is not appropriate to do this in a way that harms other people.

2. VIDEO- Anger Control

3. Styles of responding to anger-Handout

4. Passive, aggressive and assertive-Handout

5. ACTIVITY- Give it, take it. Work it out. Hand out a vignette to 2 people. Have

    them illustrate the correct and incorrect way of handling the give it or take it skill

Appendix B

SURVEY
Washburn County Anger Management Program

We appreciate your time and effort in filling out the survey. If you are not sure about an answer, please try to mark the answer which is most true. Please make sure you have signed the consent form before completing the survey. Thank you very much for your valuable input.

Place an "X" or check mark next to your answer, and choose only one answer

1. Please indicate your atatus in the group:

        A. identified/ordered participant
B. Parent
C. Step-parent
D. Foster Parent
E. Sibling
F. Other

2. What is your age-group?

        A. 10-16
B. 17-20
C. 21-28
D. 28-35
E. 35-40
F. 40-47

G. 48 or older

3. How did you feel about the location of the program?

        A. _____I was happy with the location

    B. _____A more convenient location would
have been _____ (specify)

4. How did you feel about the total duration of the program?

      A._____It was adequate to learn the information

    B._____There was not enough time to learn all of the
information

    C._____I could have learned the information in less time

    D._____Other comments:

5. How well did the time of the program fit your families needs?

      A.____The time was convenient

    B.____A more convenient time would have been
_____(specify)

6. Did you feel comfortable with the size of the group?

      A._____The size was about right for an interactive group

    B._____I would have liked more people/participants

    C._____I would have preferred a smaller group

7. **Please share your feelings about the textbook (Hotstuff):** (check all that apply)

A._____Hotstuff was helpful
B._____Hotstuff was too short and simple
C._____Hotstuff was easy to read
D._____I did not look at or discuss Hotstuff

Please check one: I am a youth_____ I am a parent_____

8. **Please rate your satisfaction with the textbook (Hotstuff):**

Excellent	very helpful	somewhat helpful	little help	no help
1	2	3	4	5

We showed two films in the program. The first film was called "Tough Cries", it was the story of Jamie and his fighting frriends and angry family.

9. **In the film "Tough Cries", were you able to relate to the feelings and situations in the story?**

very much	yes	somewhat	very little	not at all
1	2	3	4	5

The second film was called "Anger You Can handle It", it was about high school aged students and how they identified all of their anger styles and anger triggers.

10. **In the film "Anger You Can Handle It", did it help you to actually see all of the anger triggers and anger styles presented in the film?**

extremely helpful   very helpful   somewhat helpful   not much   no help
        1   2   3   4   5

11.Please rate the over-all quality of the films:

Excellent   good   OK   Poor   very poor

1   2   3   4   5

12. Please comment on what additional types of films would have been helpful:

_____
_____
_____
_____
_____
_____
_____
_____

This was a highly interactive group, and required a lot of participation on your part, this can sometimes feel uncomfortable for people.

13.How did you feel about participating when you began the first session? (please rate your feelings at the first session)

Eager   comfortable   neutral   uncomfortable   very uncomfortable

1   2   3   4   5

14. How did you feel about your participation at the end of the program?

Eager	comfortable	neutral	uncomfortable	very uncomfortable
1	2	3	4	5

15. In the program we learned about and practiced several aspects of anger and anger management techniques. Please rate each one by:

Placing a 1 by those you found not helpful
Placing a 2 by those you found somewhat helpful
Placing a 3 by those you found very helpful

_____your anger triggers
_____your families anger triggers
_____your anger style
_____your families anger style
_____your anger cues
_____interpreting emotions
_____learning reflective listening
_____thinking-feeling-behaving sequence
_____de-escalation techniques

16. Please place an "X by those you have used in the past 6 months:

_____interpreting emotions
_____reflective listening
_____de-escalation techniques

17.Please put an "X" by the aspects or techniques you still think about in your daily life:

            ____anger triggers
            ____anger styles
            ____anger cues
            ____interpreting emotions
            ____reflective listening
            ____re-thinking (self messages)
            ____de-escalation techniques

18. You were able to attend the program at no cost. Would you recommend the program to families who may have to pay to take the program?

    Yes_____   No_____

19.If you answered "yes" to number 18, what do you feel would be a fair cost? $_____

20.Please make any additional comments:

_____

_____

_____

_____

_____

Thank you so much for taking the time to help us continue to improve the Washburn County Anger management Program.

Appendix C

March 27, 2000

Dear Former Anger Management Participant,

We would like to receive feedback on the Anger Management Program and your opinion would be very valuable. In order to organize the kinds of information we are seeking, a survey has been developed. We hope you will take a few minutes to fill out and return it, along with the signed consent form, in the self-addressed , stamped envelope.

This study is being conducted as part of a research project through the University of Wisconsin-Stout. Although participation is completely voluntary, we do hope you will agree to help provide information which may help improve the program.

We have enclosed one copy of the consent form and a survey for each person from your family who participated in the Anger Management Program. Everyone who participates in the survey must first sign the consent form. For those under age 18, both the child and the parent/guardian must sign the consent form. If you have any questions about the consent form or the survey please call (715) 468-4747. Please return the consent form and survey in the enclosed envelope by May 20, 2000. Thank you very much for your participation.

Sincerely

Lisa M. Tolan
Washburn County Anger Management Program Facilitator

Appendix D

June 28, 2000

Washburn County Families
Anger Management Program
Washburn County Human Services
Shell Lake, Wisconsin 54871

Dear Family Name,

This is a reminder to please return the anger management evaluation you received in the mail a number of weeks ago. If you have lost or misplaced the survey and confidentiality and release forms, please call me at the above number and I will send a replacement.

Sincerely,

Lisa M. Tolan
Washburn County Anger Management Program Coordinator

Appendix E

June 28, 2000

Washburn County Families
Anger Management Program
Washburn County Human Services
Shell Lake, Wisconsin 54871

Dear Family Name,

You recently received an evaluation of the anger management program in Washburn County. This survey is also part of my research project for my Master's Degree from UW-Stout. By returning the survey with your valuable input, the program can be improved with newer content, be made more convenient or more accessible.

If the program was valuable to you, we need to know if we can improve on it and share the program with other locations. If it was not valuable or effective, we need to know why not and how it might be improved.

Please help us to improve this program by returning your completed survey.

If you have misplaced either the survey or the accompanying release, please call 715 468-4747 so that I can send you a replacement right away. All of your responses, as well as any questions will remain strictly confidential. Only combined data from the surveys will be used. I look forward to hearing from you.

Sincerely,

Lisa M. Tolan
Washburn County Anger Management Coordinator

Anger Management Program Evaluation

Appendix F

Table I

Logistics

	(N)	(%)

How did you feel about the location of the program?

"I was happy with the location"	08	88
"Suggest a more convenient location"	01	11

How did you feel about the total duration of the program?

"It was adequate to learn the information"	04	44
"There was not enough time"	02	22
"I could have learned in less time"	00	00
"Other comments"	03	33

How well did the time of the program fit your families needs?

"The time was convenient"	08	88
"suggested more convenient time"	01	11

Did you feel comfortable with the size of the group?

"The size was about right"	09	100
"Would have liked more participants"	00	00
"Would have liked less participants"	00	00

Table 2

Satisfaction with Materials

Please rate your satisfaction with the textbook (Hotstuff):

"Excellent"	01	11
"Very helpful"	03	33

Please share your feelings about the textbook (Hotstuff):

"Hotstuff was helpful"	06	66
"Hotstuff was too short/simple"	02	22
"Hotstuff was easy to read"	03	33
"I did not read Hotstuff"	02	22
"Somewhat helpful"	02	22
"Little help"	02	22
"No help"	00	00

In the film "Tough Cries", were you able to relate to the situations in the story?

"Very much"	02	22
"Yes"	02	22
"Somewhat"	03	33
"Very little"	01	11
"Not at all"	01	11

In the film "Anger your Can Handle it", did it help to actually see all of the anger triggers and styles presented in a film?

"Extremely helpful"	02	22
"Very helpful"	03	33
"Somewhat helpful"	04	44
"Not much help"	00	00

"no help"	00	00

Anger Management Program Evaluation

Please rate the over-all quality of the films:

"Excellent"	02	22
"Good"	04	44
"OK"	04	44
"Poor"	00	00
"Very poor"	00	00

Please comment on what additional types of films would have been helpful:

"Made comment"	03	33
"Made no comment"	06	66

Table 3

Anger Management Program Evaluation

Comfort Level

How did you feel about participating when you began the first session?

"Eager"	00	00
"Comfortable"	02	22
"Neutral"	05	55
"Uncomfortable"	01	11
"Very uncomfortable"	01	11

How did you feel about your participation at the end of the program?

"Eager"	01	11
"Comfortable"	07	77
"Neutral"	01	11
"Uncomfortable"	00	00
"Very uncomfortable"	00	00

Table 4

Helpfulness of Anger and Anger Management Techniques

	(1)	(2)	(3)	X	SD
"Your anger triggers"	01	05	03	2.2	.81
"Your families anger triggers"	01	05	03	2.2	.81
"Your anger style"	01	04	05	2.6	.87
"Your families anger style"	01	05	03	2.2	.81
"Your anger cues"	01	04	05	2.6	.86
"Interpreting emotions"	01	05	02	1.9	.75
"Reflective listening"	00	05	04	2.4	.87
"Behavior sequence"	01	03	05	2.4	.87
"De-escalation techniques"	03	05	01	1.8	.81

Table 5

Techniques used in the past 6 months

	Number of subjects (N)	Percentage of Subjects (%)
"Interpreting emotions"	08	88
"Reflective listening"	08	88
"De-escalation techniques"	05	55

Table 6

Aspects or techniques you still thought about in your daily life:

	Number of Responses	%
"Anger triggers"	08	88
"Anger styles"	06	66
"Anger cues"	07	77
"Interpreting emotions"	06	66
"Reflective listening"	06	66
"Re-thinking (self messages)"	08	88
"De-escalation techniques"	05	55