



ANGER MANAGEMENT THERAPEUTIC GROUP SUMMARY REPORT

SESSION DATE: January 25, 2016 – March 28, 2016

DATE OF REPORT: June 14, 2016

GROUP FACILITATOR: Brigitte Langlois, Social Worker

PURPOSE OF REPORT: The purpose of this report is to evaluate any overall group change as result of the anger management therapeutic group. Individual client results are on file at Brain Injury Services.

GROUP DESCRIPTION:

The Anger Management therapeutic group is based on a cognitive behaviour therapy model (CBT), and is designed to assist clients at Brain Injury Services in increasing their knowledge of anger management strategies, and reducing anger and angry behaviours. Anger Management strategies were taught to clients in a group setting, through presentations by facilitators, weekly discussions and handouts, videotapes and role-play.

The purpose of the group was:

- To increase knowledge and understanding of the causes and development of anger
- To increase knowledge and understanding of physical and emotional coping strategies to deal with anger in an appropriate manner
- To learn behavioural and cognitive alternatives to anger
- To learn new strategies for communicating anger to others
- To improve knowledge of collaborative problem solving

Six individuals participated in the group which met every Friday for two hours, for a total of 9 weeks. Overall attendance for the clients in the group was at an average rate of 72%.

EVALUATION OF PROGRAM:

To evaluate program outcome the following tests were used:

Program Knowledge Test:

This test consisted of 17 short-answer and multiple-choice questions based on the program curriculum.

State-Trait Anger Expression Inventory (STAXI-2):

This is a 57 item standardized self-report survey that provides information about an individual's perception of his/her anger experiences, expression and control of anger in comparison to the normal population.

Beck Depression Inventory (BDI):

This assessment measures the severity of self reported depression and consists of 21 items which describe common symptoms of depression. Each of the symptoms is rated on a scale of 0-3 with a maximum score of 63.

Adult-Self Report (ASR) and Adult Behaviour Checklist (ABCL):

These are parallel forms that were used to make comparisons between an individual's perceptions of their own functioning and other people's perceptions of their functioning. The Aggressive Behaviours subscale, which consists of 15 items, was completed by clients and their staff or family or family member.

Anger Management Group Survey:

This survey is a 4 item Likert scale to assess the client's satisfaction with different components of the group.

RESULTS FROM PRE AND POST TESTING:

Data confirms a positive result to the program. The total average pre-test score on the knowledge test was 30% correct compared to the average post-test score of 61% correct. Overall, the scores show an increase in client's knowledge of anger management strategies by an average gain of 31%.

The overall group average resulting from the STAXI-2 indicated no changes in anger expression or control. The average Pre-test scores on the Anger Expression Index (AX), remained in the high range, at the 83rd (pre-test) and 84th (post-test) percentiles. Similarly, Anger Expression Out (AX-O) remained in the high range at the 83rd (pre-test) and 88th (post-test) percentiles, indicating that outward expression of anger towards others or the environment did not decrease. Anger-Expression In (AX-I) remained in the average range at the 66th (pre-test) and 59th (post-test) percentiles. These scores indicate no change in overall in suppression of angry feelings. Anger Control-In (AC-I) and Anger Control-Out (AC-O) remained in the low range with all scores on the pre and post-tests between 11th and 23rd percentiles. These scores indicate that overall clients did not report increased efforts to prevent the expression of anger or to calm themselves once angry. Despite no changes overall, two participants in

the group reported significant decreases in their suppression of anger (AX-In), and one participant reported a significant increase in efforts to calm once angry (AC-In).


On the ASR/ABCL, overall both the client and staff/family group reported no change in level of aggressive behaviours. The client group scores (ASR) reported their level of aggressive behaviours in the borderline clinical range, at the 82nd percentile on the pre-test, and in borderline clinical range on the post-test at the 90th percentile. The staff/family member scores (ABCL) showed a significant increase in aggressive behaviours with scores on the pre-test in the normal range at the 80th percentile and in the borderline clinical range on the post-test at the 85th percentile. At the individual level, one participant showed a significant decrease in aggressive behaviours as reported by staff, while a second participant self-reported a significant decrease in aggressive behaviours.

Pre and Post test scores on the BDI-II indicated that overall, there was no change in symptoms of depression. The overall average group scores remained in the mild range with an average pre-test and post-test score of 17 out of a maximum of 63. Despite no change overall, individual test results did indicate that two participants reported significant decreases in their level of depression symptoms.

Pre and Post test scores on the BAI-II indicated that overall scores remained in the mild range with a pre-test score of 11 and a post test score of 10, out of a maximum of 63. Individual post-test test scores indicated that two participants did report significant decreases in anxiety symptoms.

Data collected from the closing survey indicated positive results. Overall, clients reported a 5 (always true) for enjoyment in the group, a 4 (mostly true), that the group taught them valuable strategies to cope with anger, a 5 (always true) that their mood improved as a result of the group, and a 4 (mostly true) that the group overall was valuable for them. Participants indicated that they liked learning ways to control their anger, talking, and sharing with others. One participant indicated that what they liked the least about the group was problem solving, and another participant reported they would miss the group as a result of it ending.

If you would like more information, please contact Liana McLeod at Brain Injury Services: lmcleod@braininjuryservices.com



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