



ANGER MANAGEMENT THERAPEUTIC GROUP SUMMARY REPORT

SESSION DATE: January 27, 2017– April 7, 2017
DATE OF REPORT: May 10, 2017
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

Four individuals participated in the group which met every Friday for two hours, for a total of ten weeks. Overall attendance for the clients in the group was at an average rate of 68%

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-II):

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.

Beck Anxiety Inventory (BAI):

This assessment measures the severity of self-reported symptoms of anxiety, and is descriptive of subjective, somatic, or panic-related symptoms of anxiety. 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:

Overall, the scores showed an increase in client's knowledge of anger management strategies by an average gain of 36%. The total average pre-test score on the knowledge test was 26% correct compared to the average post-test score of 62% correct.

The overall group average resulting from the STAXI-2 indicated that anger expression remained relatively stable over the course of the group. The average pre-test scores on the Anger Expression Index (AX-I), remained in the average range, with scores at the 74th percentile on the pre-test, and the 56th percentile, on the post-test. Similarly, Anger Expression Out (AX-O) which refers to anger that is directed towards others or the environment, remained in the average range with scores at the 72nd on the pre-test, and 70th percentile on the post-test. Anger-Expression In (AX-I) which refers to suppression of angry feelings, was in the average range at the 57th percentile on the pre-test, and the 62nd percentile on the post-test.

In regards to control of anger, increases were noted for Anger Control-Out (AC-O) which refers to prevention of anger, and Anger Control-In (AC-I) which refers to efforts to calm down or cool off. While all scores were in the average range, participant's reported increased efforts to prevent anger from the 26th percentile on the pre-test to the 30th percentile on the post-test. Similarly, participant's efforts to calm down once

angry increased from the 33rd percentile on the pre-test to the 54th percentile on the post test.


Pre and Post test scores on the BDI-II indicated that overall, there was a positive change in symptoms of depression. The overall average group scores decreased from the moderate range (score of 24), to the mild range (score of 14), out of a maximum of 63. Individual scores indicate that two of four participants reported decreases in symptoms.

Pre and Post test scores on the BAI indicated that overall scores remained in the mild range with a pre-test score of 16 and a post test score of 14, out of a maximum of 63. Individual post-test test scores indicated that one of four participants reported a reduction in anxiety symptoms.

On the ASR/ABCL, the overall average scores on client self-reports fell in the borderline range, with individual scores ranging from normal to clinical levels (between the 54th to above the 99th percentile). The overall average staff/family ratings remained in the normal range, with individual scores ranging from normal to clinical levels (50th to 97th percentiles). While the client group showed no change overall, the staff/family group reported decreases in aggression for two participants.

Data collected from feedback forms regarding the format of the group and course content indicated positive results. Overall, clients reported a rating of 5 out of 5 or “strongly agree” to the following: there was a good amount of information, ideas were presented clearly, there was a good amount of group discussion, and the group was interesting. Group members reported a rating of 3 to 4 out of 5, or “neutral” to “agree” that the level of difficulty was satisfactory. Comments from the group indicated there was “a lot of information”, and they enjoyed “role-playing” and “learning about specific problems”.

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



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