

Wk 1 Introduce the program

Anger Control Chain

Wk 2 **Triggers**



Triggers are the something that sets you off.
External Trigger is the event or happening that sets you off.
Internal Trigger Self-talk that leads to higher levels of anger.

Wk 2 **Cues**



The physical signs that your body sends out when you start to become angry. Examples are: Red face, sweating, clenched fists, adrenalin rush, upset stomach, crying, shaking, tense, clenched jaw.

Wk 3



Anger Reducers



Techniques that distract you from your anger and calm you down

1. Deep Breathing—slows your pulse and calms you down
2. Counting Backwards—changes your concentration
3. Pleasant Imagery—Refocuses your thoughts

Wk 4



Reminders



Short, positive self statements that reduce your anger. Examples are: It's not worth it, no big deal, it will be over soon, no biggie, chill out.

Wk 5



If -Then Thinking Ahead



Another way to control behavior by judging the likely future consequences of present behavior. Short term and Long term consequences. External and Internal Consequences, Social Consequences.

Wk 6



Angry Behavior Cycle—Anger Provoking Behaviors—What we do that make others angry.

ABC's of Anger
 Action—Behavior—Consequence

Wk 7



Social Skill



1 of 10 social skills that we learn over a 10 week class session, includes the skills: Keeping out of Fights, Deciding What Caused a Problem, Making a Complaint, Dealing with Failure

Wk 8



Self Evaluation



Self Evaluation
 Judging how successfully you've handled a conflict.



Self Coaching
 Deciding what you could have done better.



Self Reward
 Rewarding yourself for what you did well.

Wk 9 Review all steps

Wk 10 Review all steps

Form Designed by Karla Standefer/Juvenile Services Assistant/DJJC/Snohomish County Juvenile Court

Moral Reasoning Problem

Name: _____

Mark's Problem Situation

Mark has come to live with his Grandmother who is very good to him. He has just entered a new school and doesn't have any friends. One day, Nick comes up to him and says, "You must be new here. My name is Nick. Do you want to join me and some of my friends playing ball after school?" Mark is delighted and accepts.

As time goes on Mark becomes accepted into Nick's group of friends. One day Mark has Nick over to his Grandmother's house after school to play video games. While Mark's Grandmother is in the kitchen fixing dinner Nick says to Mark, "Your Grandmother has left her purse out. She always has lots of money. Let's take some of it and go get a new video game." What should Mark say or do?

1. Should Mark take the money?
 - a. Take the money
 - b. Not take the money
 - c. Can't decide
2. What if Mark's Grandmother is very forgetful and will not notice any money is missing then what should Mark do?
 - a. Take the money
 - b. Not take the money
 - c. Can't decide
3. What if Nick has been very generous to Mark, loaning money whenever Mark needs it, then what should Mark do?
 - a. Take the money
 - b. Not take the money
 - c. Can't decide
4. What if Nick tells Mark that everyone steals and that it's no big deal, then what should Mark do?
 - a. Take the money
 - b. Not take the money
 - c. Can't decide
5. What if Nick says to Mark that anyone so foolish to leave money around deserves to have it stolen, then what should Mark do?
 - a. Take the money
 - b. Not take the money
 - c. Can't decide
6. What if Nick tells Mark that they are just "borrowing" the money and that he (Nick) will give Mark the money to put back in his Grandmother's purse tomorrow, then what should Mark do?
 - a. Take the money
 - b. Not take the money
 - c. Can't decide



MENZIES INC: SERVICE PROFILE

Menzies Inc. provides out-of-home care for young people between the ages of 8-18 years in the Southern Metropolitan Region of Melbourne and is primarily funded by the Victorian Department of Human Services (DHS). The children and young people living in Menzies' homes have either been voluntarily placed in care, through DHS, or are under a child-protection court order that DHS is responsible for implementing and overseeing. Menzies currently operates five (5) medium-long term residential homes and one (1) short-term home. Each home can provide care for up to four young people.

Menzies Mission Statement

As it has since 1865, Menzies commits to young people and their families, working together towards a better future. This is achieved through the provision of the highest standards of care and support, where each individual is valued and given every opportunity to achieve a responsible, productive and happy life in the community.

Menzies Strategic Vision (2003 & Beyond)

In line with a new strategic vision Menzies is currently engaged in a period of comprehensive organisational change. That vision includes a greater emphasis upon developing services for 'at risk' young people (residential and non-residential) that can meet their increasingly complex needs, with an emphasis upon the provision of preventative and early-intervention services. Menzies is looking to position itself as a leader in the provision of evidence-based, therapeutic services aimed at marginalised young people in the community.

LITERATURE REVIEW

Background

In recent years the use of the term 'evidence-based' has become the catch-cry of Australian social service providers and government funding bodies. A review of the literature pertaining to residential/out- of- home care suggests that this emphasis upon evidence-based support for therapeutic treatment models is not new in the USA, and to a lesser extent the UK and other European countries. In Australia this apparent new-found enthusiasm for evidence-based models of treatment in the delivery of community services can in part be explained by a combination of economic realities (residential care is expensive compared to the preferred foster or kith/kin placements) and increasing scrutiny and accountability of direct service providers in the non-government, community service sector and a requirement by funding bodies to justify models of service delivery (Ainsworth, 1991; Bath, 2002).

According to Jenkins (1991, cited in Brann, Coleman, & Luk, 2001; p.370) "in order to evaluate our health care system, we need to be able to measure the baseline health of the population, and then to measure the impact of health care on that baseline". Brann and his colleagues pointed to the lack of research literature pertaining to outcome measurement in child and adolescent mental health in Australia and internationally. They emphasised the need for the development of new measures or the extension of currently available measures that can (a) demonstrate psychometric validity and reliability, and (b) meet utility criteria such as, cost effectiveness and ease of administration.

According to Menzie's and other direct service providers in the community care sector there is anecdotal evidence that the young people entering the out-of-home care system are presenting with increasingly complex needs and challenging behaviours. A number of researchers (Ainsworth, 2001; Bath, 2002; Morton, Clarke & Pead, 1999) contend that current models of staffing and intervention in residential settings

fail to provide the intensive therapeutic service model that is required to impact on the lives of these at risk youth. In response to these concerns, Menzies Inc. conducted a literature review (Currie, 2002) on the therapeutic treatment models in home-based and out-of-home care for young people with antisocial and aggressive behaviour. Most of the therapeutic models reviewed in that paper (e.g., Multisystemic Therapy, Functional Family Therapy; Parent Management Training) were designed as home-based intervention strategies and for theoretical reasons were unsuitable for application in a residential setting. However, the literature indicated that Aggression Replacement Training (ART; Goldstein, Glick & Gibbs, 1998) has demonstrated significant reduction in aggressive behaviour in residential and community settings, particularly recidivism rates among juvenile offenders.

Overview of Aggression Replacement Training (ART)

Goldstein, Glick and Gibbs (1998) developed Aggression Replacement Training (ART) in response to the perception that intervention strategies designed to reduce aggressive tendencies of emotionally and behaviourally disturbed youth failed to demonstrate lasting treatment outcomes. According to Goldstein and his colleagues what was needed to evince long-term change was a multi-modal approach that included components specifically designed to address cognitive, behavioural and emotional aspects of adolescent aggression. Hence, ART comprises three components that are delivered in three weekly group training sessions (one meeting each week for each of the three curriculum) over a 10-week period, sessions typically last about one hour. A 10-week program may be extended depending on the needs of participants, particularly in the case of young people with chronic or enduring aggressive and antisocial behaviour patterns. Each session is co-facilitated by two ART trainers.

Skillstreaming (behavioural component): Designed to teach the young person effective social skills aimed at displacing aggressive behaviour. The Skillstreaming component identifies 10 core social skills that research has demonstrated to be lacking among juvenile offenders (e.g., *Understanding the feelings of others; Dealing with*

someone else's anger; Dealing with an accusation). Each Skillstreaming session over the ten-week course is dedicated to the acquisition of one of the social skills.

Anger Control Training (emotional component): The intention of the Anger Control Training is twofold- (a) to reduce the frequency of anger arousal and (b) to teach techniques of self-control when anger is aroused. Goldstein et al., (1998) write, "In essence, just as Skillstreaming is designed to teach youth what they *should do* in problematic situations, Anger Control Training teaches them what they *should not do*" (p.69). Anger Control Training is based upon developmental psychology research that has demonstrated that the self-regulatory skills such as the ability to think before acting are measurably deficient in impulsive children and antisocial adolescents and that those self-regulatory skills can be taught. In addition research evidence suggests that antisocial/impulsive youths frequently misinterpret the behaviour and intentions of others as well as their own bodily responses that signal certain emotions- anger, fear anxiety which thus increases the likelihood of anger arousal.

Each Anger Control Session over the duration of the 10-week curriculum is dedicated to the rehearsal and acquisition of specific skills through modelling by trainers, role-plays by trainees, performance feedback by trainees and trainers, and homework assignments that are recorded on a "Hassle Log", which provides a form for describing a problematic/provocative situation- its setting scenario and outcome.

Moral Reasoning Training (cognitive/values component): According to Gibbs, Potter and Goldstein (1995) effective treatment programs for antisocial youth must incorporate a moral learning component. Developmental psychology has demonstrated a developmental progression of social perspective taking and moral reasoning that is developed over the normal course of social interaction through childhood and adolescents. The ability to perspective take and undertake moral decision making has been shown to be arrested or delayed among antisocial and chronically aggressive youths (Gibbs, 2003). According to Gibbs and associates the developmental delays in moral reasoning among antisocial youth are also associated

with two types of cognitive distortions: *Primary Cognitive Distortion*- this thinking error is characterised by a tendency among egocentric young people to attribute far greater importance to one's own views or positions at the expense of others legitimate views; and *Secondary Cognitive Distortions*- represented by a number of self-centred thinking errors that serve to reinforce the primary distortions. The goal of Moral Reasoning Training within the ART program is to “facilitate progress along the natural stage-sequential trajectory of moral-cognitive development so that youths will make more mature decisions in social situations” (Goldstein, Glick, & Gibbs, 1998; p.107).

Previous Evaluation of ART

A number of studies in various community and school settings and juvenile justice facilities have been conducted in order to assess the efficacy of ART (see Goldstein & Glick, 1994 for review). An evaluation of ART conducted by Washington Juvenile Rehabilitation Administration (2002) assigned 1,500 juvenile offenders to one of two test groups- ART-group and non-ART wait-list group. At 12-month follow-up results revealed a significant difference between groups, ART participants were less likely to have been reconvicted of a new offence (35% recidivism) compared to the no-treatment control group (42% recidivism).

In order to assess transfer of treatment effects beyond the institutional setting Goldstein and Glick (1994) conducted an experiment to evaluate carry-over of ART treatment gains post release back into the community. Of 54 youths released from a juvenile detention centre in New York, 17 had received ART while 37 had not. Parole Officers completed a global assessment measure on all 54 of the young people. On four of the six community functioning domains assessed (i.e., home & family, peer, legal, and overall, but not school or work) ART recipients rated better than non-ART youth, however no statistical significance data was reported.

Goldstein and Glick (1994) also reported on the finding of a community based sample of post-release delinquent youths. Given the greater influence of family and peers in a

community setting, ART was provided for the youths themselves in addition to parents and other family members. Three test groups- “ART for youths and parents/family members”, “ART for youths only”, and “no-ART control group”- were compared on a measure of “total skill change”. Results showed no difference between the ART groups, however there were differences between the ART groups and the no-ART control group. Compared to the no-ART control group the two ART groups showed significant increase in overall interpersonal skill and decreases in self-reported anger levels in response to mild, but not severe, anger-provoking situations. Recidivism rates between the groups showed significant differences, the ART for youths and parents/family members group were the least likely to be re-arrested (15%), followed by the ART for youth only group (30%), while the no-ART control group were most likely to be re-arrested (43%).

The studies reported here have demonstrated some success in treatment outcomes for ART participants, including improvement in pre- to post-test follow-up measures of anger control, decrease in the frequency of acting-out behaviours and increase of prosocial behaviours. In addition, studies conducted with juvenile offenders have reported decreased recidivism rates for ART program participants compared to no-ART control groups. Given the frequently reported lack of empirical evidence in support of treatment outcomes for behaviourally disturbed youth and/or juvenile offender programs, ART shows considerable promise in terms of generalisability across time and setting in working with aggressive and antisocial youth.