



★ Star View Community Services ★

Aggression Replacement Training®

BRIEF REPORT from the Department of Research and Program Practices

For more information contact: Karyn Dresser, Ph.D. 510-635-9705 x207 **June 10, 2016**

Star View Community Services (aka Star View) began offering Aggression Replacement Training® over a decade ago, and began collecting data as of November 2013 as part of the array of group service offerings for youth ages 7 to 18 years enrolled in Star View's varied therapy practices. Star View's program is funded by multiple sources through contracts with the Los Angeles County Department of Mental Health. Aggression Replacement Training® is an evidence-informed, multi-component psycho-educational training curricula that can be flexibly structured (e.g., number of sessions per week might vary) and run for up to twenty weeks. Star View offers six weeks of each component: 1) SkillStreaming focused on pro-social, interpersonal skills (i.e. what to do instead of aggression); 2) Anger Control Training focused on what not to do if provoked; and, 3) Moral Reasoning Training. The latter promotes values that respect the rights of others, motivating use of the interpersonal and anger management skills. This **BRIEF REPORT** highlights program results from November 2013 through March 2016.

Participants:

In the time period of this report, Star View's Aggression Replacement Training® program served 88 youth. Participants were 51% male, 49% female, with an average age of 13 yrs. They were Latino/Hispanic (60%) or African American (35%), and a few others (5%). They were prior diagnosed with externalizing (60%) or internalizing (40%) conditions. Common among the former were disruptive behaviors, oppositional defiance, and attention deficit with hyperactivity. Common among internalizing conditions were varied types of anxiety, dysthymia, mood and depressive disorders.

In all circumstances, SV's referring clinicians' determined the skills and perspective taking to be taught participants were important to their overall wellness, as well as to their families and others they encounter, and would contribute meaningfully to the results of therapy. Referrals came from our following Star View practice teams:

1. General outpatient	55%
2. Field capable clinical services	20%
3. Family or trauma therapy (e.g., AF-CBT, FFT, MST, TF-CBT) ⁱ	13%
4. Full Service Partnerships	8%
5. Managing and Adapting Practice (MAP)	4%

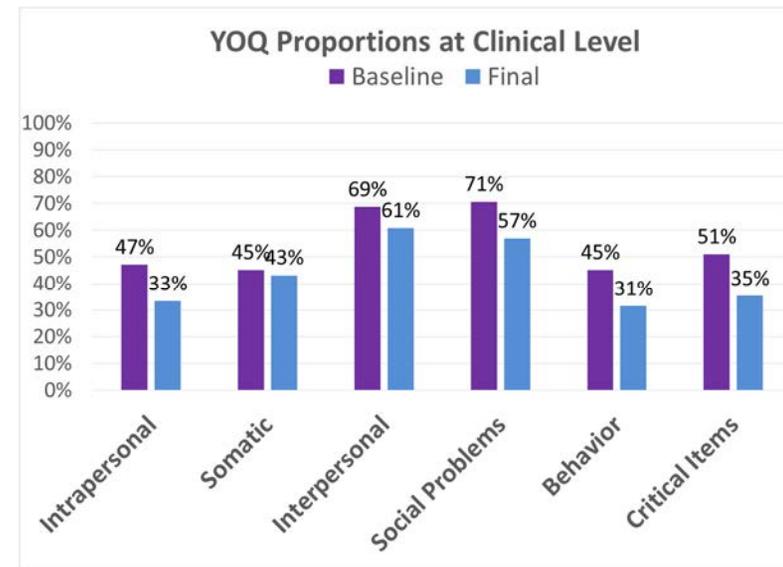
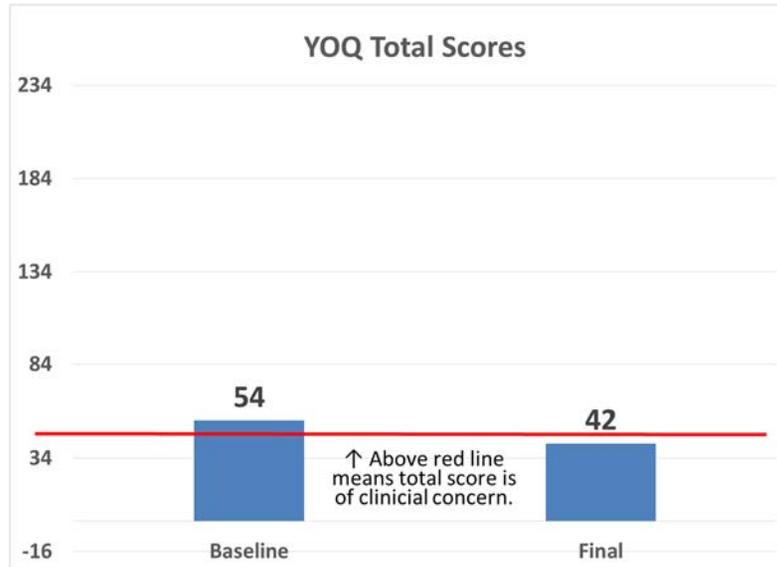
FIDELITY AND QUALITY

Among the challenges of offering group services in community settings is achieving and sustaining staffs certified in particular practices, and youth participation through a sufficient number of sessions that the key deliverables of the program are received and practiced. The latter is especially challenging when potential participants may experience stigma or wariness about obtaining help, or (in this case) they may not perceive a need for learning how to control angry and aggressive responses. Star View's team performs well in this regard, building capacity in these ways:

- ★ The team includes **six newly trained staff** who are working toward certification, including video submissions and supervision with a **master trainer** available through Star's Training Academy.ⁱⁱ
- ★ **Youth engagement may occur at any time.** Staff are trained to keep an open approach, encouraging, motivating and supporting participation among those in need, once they are ready. This occurs for many (50th percentile) by 76 days of being in therapy.
- ★ Comparatively **low early drop-out rates:** Star View's is 28%, compared to 44% among statewide ART™ providers as of the last available CiBHS report (2013).ⁱⁱⁱ
- ★ **Good completion rates:** overall, 72% of referred youth complete Star View's Aggression Replacement Training®, attending 12 sessions that span a period of 100 days, on average.

RESULTS

The *Youth Outcome Questionnaire (OQ) Self Report*, assesses the young person's perception regarding their mental health functioning over the prior week. The scale includes a total score and ratings on six subscales: intrapersonal, somatic, interpersonal, social problems, behaviors, and critical (high risk). The graphs below show the average total scores and percentages falling below clinical cut-offs by subscale, from start to end of Aggression Replacement Training®. The sample is sufficient with 51/70 (72%) having matched (baseline to final) records. Lower scores, dropping below the cut-off (red line) and fewer with clinical levels of concern are desirable.



Additional results are as follows (please contact the author for further details):

- ★ The average amount of change is **statistically significant** ($p < .000$) with a **small effect size** (Cohen's $d = .43$) regarding the YOQ total score.
- ★ Most participants perceive they **experience meaningful reliable change** (MRC = 57%), YOQ total score; which indicates their gains (e.g., new skills and perspectives) will persist beyond enrollment in groups.
- ★ In the matched sample, the **proportions at/above clinical cut-points shift downward** from 53% to 47% on the total score (ChiSq $< .004$). Subscale shifts in the graph above right are all significant (ChiSq's $< .000$ to $< .025$), except for the Social Problem scale.

i The acronyms are: AF-CBT = Alternatives for Families, Cognitive Behavioral Therapy; FFT = Functional Family Therapy; Multisystemic Treatment (MST) and TF-CBT, Trauma-Focused Cognitive Behavioral Therapy.

ii Stars Behavioral Health Group's *Stars Training Academy* is an established trainer of Aggression Replacement Training® in partnership with *Education and Treatment Alternatives (ETA)*. Visit the Academy website at: <http://www.starsinc.com/starsacademy.php>.

iii CiBHS stands for *California Institute for Behavioral Health Solutions*. The comparative statistic is from *Aggression Replacement Training® CIMH Community Development Teams, Aggregate Program Performance Dashboard Report, fall 2013 Data Submission*. For more information visit: <http://www.cibhs.org/>.