Anger Management Profile

2014 Summary Report

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This report summarizes Anger Management Profile (AMP) test data for 2, 757 individuals accused or convicted of domestic violence. Data was gathered through November 4, 2014.

Executive Summary

The Anger Management Profile (AMP) assessment was developed to help meet the needs of court screening and assessment for incidents of anger, violence, disorderly conduct that may be considered domestic violence. The Anger Management Profile (AMP) is designed for adult, to assess violence, controlling behaviors, substance (alcohol and other drugs) abuse, as well as protective factors like coping strategies. The Anger Management Profile test is particularly useful in drug courts, family courts, municipal courts, and county courts. It can be used to evaluate misdemeanor or felony charged defendants. Anger Management Profile (AMP) reports are, particularly, useful at pre-sentence hearings to identify problem behaviors and facilitate appropriate supervision assignment.

The AMP has strong empirical and statistical support. Reliability and validity statistics are located in Appendix I. In addition a description of the Truthfulness Scale is provided to aid in score interpretation.

- Reliability scores for each scale were: **Truthfulness Scale, .90; Alcohol Scale, .95; Drugs Scale, .95; Anger Scale, .94; and Stress Management Scale, .92.** All scales exceed accepted reliability standards for this type of assessment.

This report summarizes offender characteristics, court and arrest history, along with AMP risk range analyses. The term missing information is used throughout the report and refers to answer sheet responses where no data or values were provided. There was considerable demographic information missing (up to 4%). Using provided data, the majority of offenders were single, Caucasian males in their 30s, with at least a high school education. Other notable findings include:

- 20% had one or more arrests for alcohol
- 20% had one or more arrests for drugs
- 33% had one more arrests for assault
- Majority of offenders were considered Low Risk as measured by AMP scales
- Anger Scale, Moderate Risk range exceeded expected percentages 8% and 3% in the Severe Problem range
- Risk classification (Severe Problem) increased by 10% on the Anger Scale with prior anger management attendance.

Properly identifying offenders, using an evidence-based assessment instrument, has been associated with reduced recidivism, reduced costs, and increased public safety (PEW Center on the States, 2011). Accurate offender assessment, as achieved with the Anger Management Profile (AMP), is pivotal to identifying problems and measuring problem severity to match treatment intensity.

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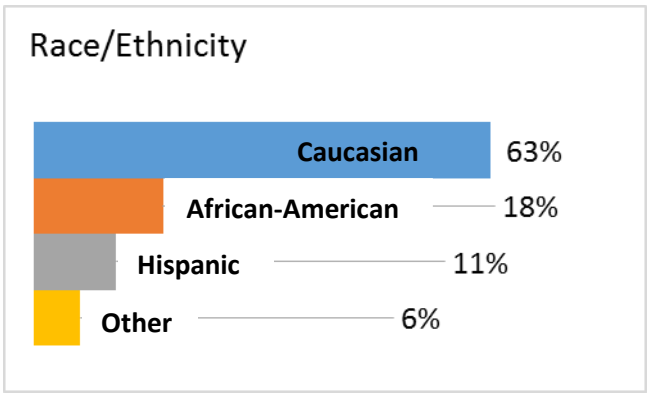
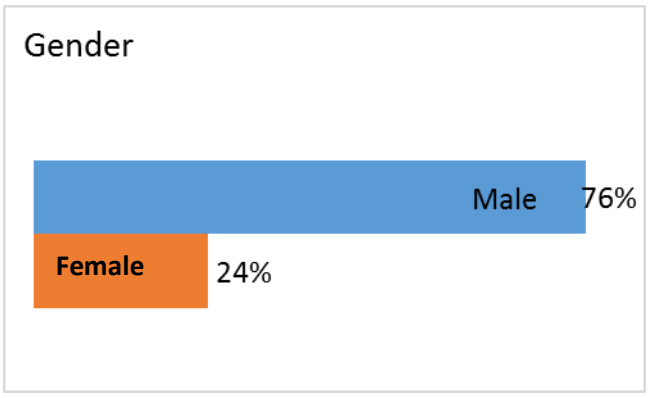
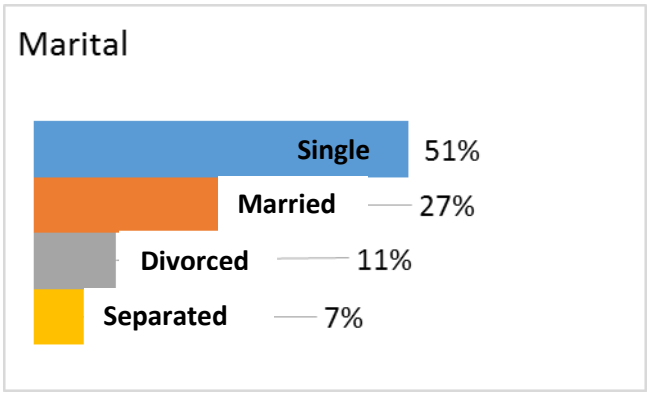
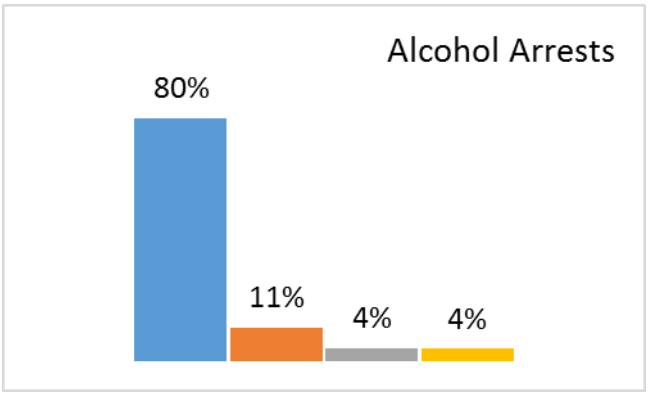
Offender Characteristics

This section summarizes offender characteristics including gender, race/ethnicity, marital status, and educational attainment. Offenders were asked a series of questions about their arrests history. Results are presented in Table 1.



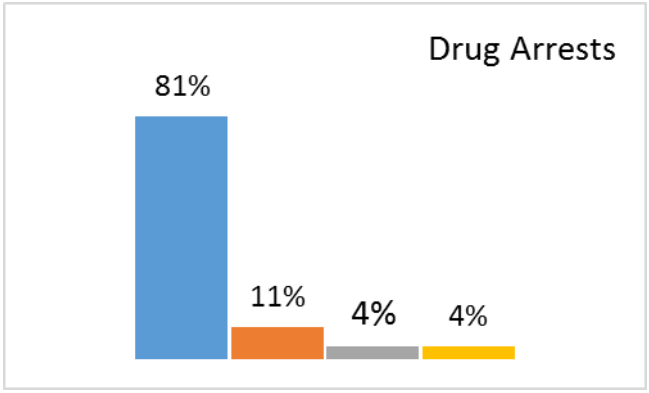


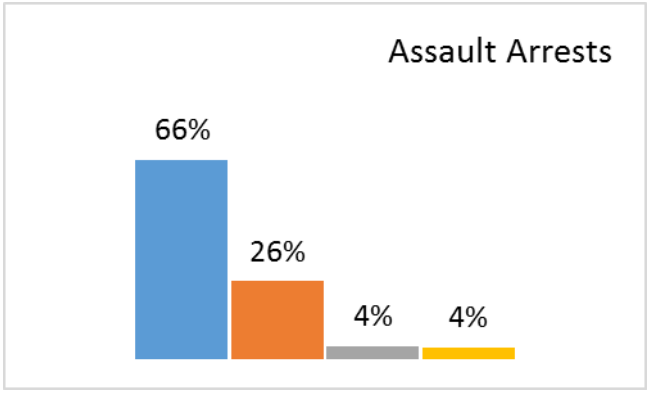




The majority of offenders tested reported no arrests for alcohol, drugs, or assault. Relatively few offenders reported 2 or more arrests for alcohol, drugs, or assaults; there were more arrests for assaults than for other arrests.

0 arrests 1 arrest 2 arrests 3 or more arrests



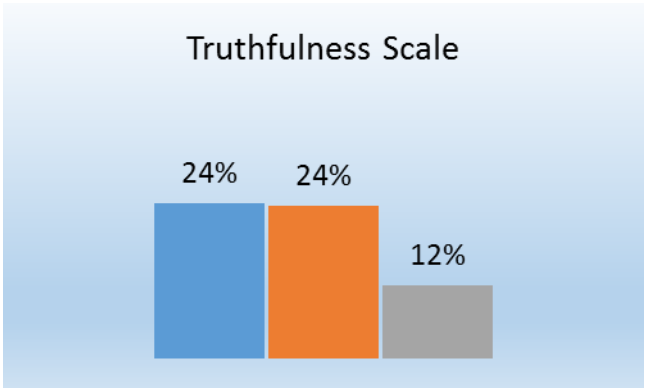


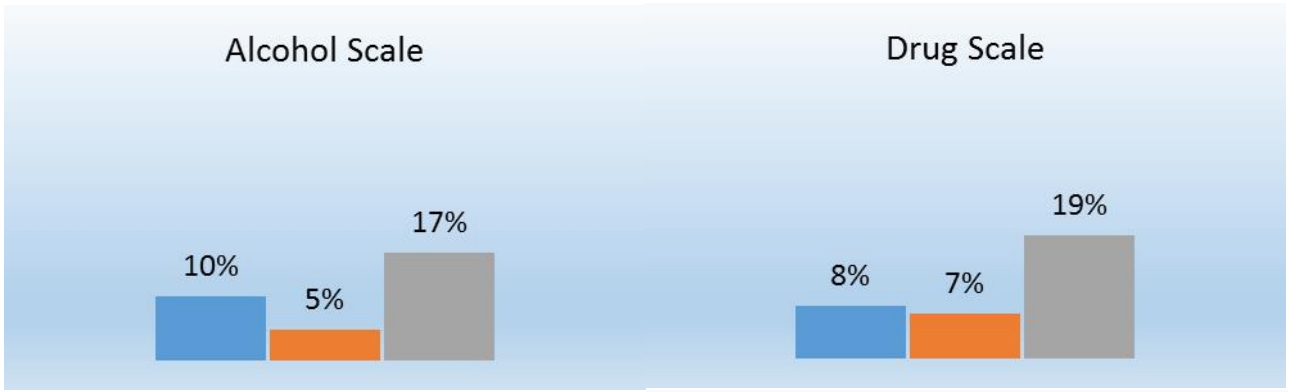
Risk Range Analyses

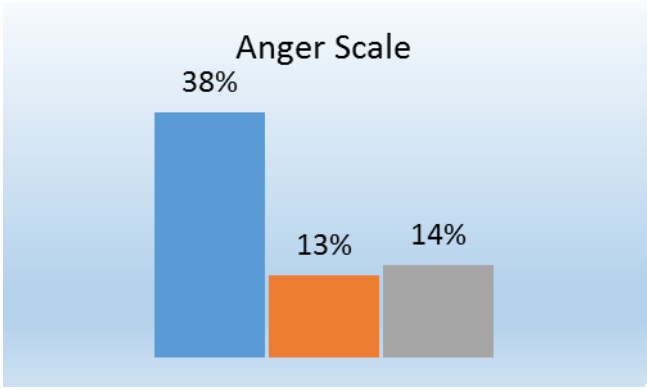
For each AMP scale, respondents are classified into four risk ranges: Low Risk (zero to 39th percentile), Medium Risk (40th to 69th percentile), Problem Risk (70th to 89th percentile), and Severe Problem (90th to 100th percentile). The expected percentage of offenders for the Low Risk is 39%, Medium Risk is 30%, Problem Risk is 20% and the expected percent for Severe Problem classification is 11%.

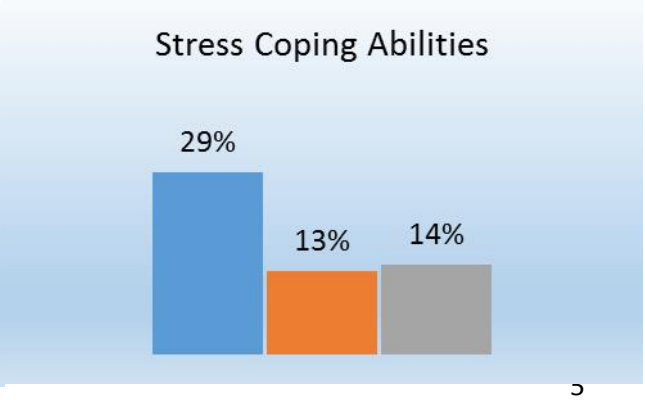
Risk ranges represent degree of severity and were established by converting raw scores to percentile scores by using cumulative percentage distributions. Data analyses, in combination with field reports from experienced evaluators have confirmed that these percentile categories provide accurate identification of problem behavior (Behavior Data Systems, 2012).

Figure 4. Moderate Risk Problem Risk Severe Problem









As displayed in Figure 4, offenders' scores were below expected percentages for most of the AMP scales in the Moderate Risk, Problem Risk and Severe Problem risk ranges; indicating that the majority of offenders were classified as Low Risk. As noted above, obtained percentages on the Anger Scale, Moderate Risk range exceeded expected percentages 8% and 3% in the Severe Problem range. This group of offenders demonstrated moderate problems with anger.

A secondary analysis was conducted to examine anger severity, by anger management program attendance. Offenders were classified into two categories*, Never Attended* and *Attended 1 or More* anger management programs and their risk classification on the Anger Scale were compared. Seventy-five percent had never attended a program and 25% had attended 1 or more anger management programs.

Table 1. Program Attendance by Anger Scale Risk (N = 2, 757)

	Low Risk		Medium Risk		Problem Risk		Severe Problem	
	N	%	N	%	N	%	N	%
Never Attended	811	39.3	767	37.1	243	11.8	245	11.9
Attended 1 or more	143	20.7	288	41.7	109	15.8	151	21.9

As noted in Table 1, obtained percentages for those who had never attended an anger management program were relatively consistent with expected percentages. Individuals who had attended 1 or more anger management problems had higher percentages than expected in the Medium Risk and Severe Problem ranges. Medium risk exceeded expected percentages by almost 12% for both risk classifications. Program attendees represented greater risk, when compared to those who had never attended an anger management program. Additional research may provide insight why those who received an intervention continued to represent greater risk.

In general, these findings demonstrate the ability of the AMP to detect problem severity among test takers, as well as, identify individuals with more complex needs who may need more specialized intervention or treatment strategies.

Summary and notable findings are found on page 2 of this report.

Appendix I

Test Statistics

The Anger Management Profile (AMP) is designed to address issues associated with anger, incidents of domestic violence, disorderly conduct. This test evaluates lethality, control issues, substance abuse, drug abuse and the offenders' stress management skills. The AMP It has 155 items and takes approximately 30 minutes to complete.

The Anger Management Profile has six scales that measure relevant offender risk and needs. Scales include the Truthfulness Scale, Anger Scale, Alcohol Scale, Drug Scale, and Stress Management Scale.

Truthfulness Scale

Each BDS test contains a Truthfulness Scale. Truthfulness Scales have been influenced by MMPI Truthfulness Scale methodology. Research has demonstrated that truthfulness is linked to positive treatment outcomes (Barber, et al., 2001; Simpson, 2004). While denial (refutation, problem minimization or lying) has been linked to negative treatment outcomes (Marshall, Thornton, Marshall, Fernandez & Mann, 2001); resistance (Simpson, 2004); problem minimization (Murphy & Baxter, 1997); treatment dropout (Daly & Pelowski, 2000; Evans, Libo & Hser, 2009); and recidivism (Grann & Wedin, 2002; Nunes, Hanson, Firestone, Moulden, Greenberg & Bradford, 2007). Some say that "raw scores reflect what the offender wants you to know, whereas, truth corrected scores reveal what the offender is trying to hide."

The impact of truthfulness on test scores is largely contingent upon the severity of client denial or untruthfulness. A truthfulness-related problem is identified when a Truthfulness Scale score is at or above the Problem Risk range. Problem (70 to 89th percentile) scorers are typically cautious, guarded and defensive respondents. Problem scorer's test answers should be dealt with carefully in a prudent manner. Severe problem scorers (90 to 100th percentile) invalidate their test and all scales contained therein.

Reliability

Test reliability refers to a scale's consistency of measurement. Cronbach's Alpha, a measure of reliability, measured the internal consistency of each scale for each instrument administered by the Colonial Community Corrections. Perfect reliability is 1.00 and the professionally accepted standard of reliability for these types of instruments is .70 - .80 or higher (Murphy & Davidshofer, 2001).

- Reliability scores for each scale were: **Truthfulness Scale, .90; Alcohol Scale, .95; Drugs Scale, .95; Anger Scale, .94; and Stress Management Scale, .92.** All scales exceed accepted reliability standards and are likely to improve with a larger sample.

Validity

In testing, the term *validity* refers to the extent that a test measures what it was designed to measure. A test cannot be accurate without being valid. When individuals known to have more severe problems or symptoms receive higher scale scores than individuals known to have fewer problems or symptoms, the test is said to have evidence of construct validity (DeVon et al., 2007). Offenders were classified into two categories*, Never Attended* and *Attended 1 or More* anger management; 75% had never attended a program and 25% had attended 1 or more anger management programs.

Group Statistics

	Program Attendance	N	Mean	*t*	*p*
Truthful	NO ATTENDANCE	2066	9.75	4.00	.000
	ATTENDED 1 OR MORE	691	8.60		
Alcohol	NO ATTENDANCE	2066	11.50	4.38	.000
	ATTENDED 1 OR MORE	691	14.82		
Drug	NO ATTENDANCE	2066	11.17	6.92	.000
	ATTENDED 1 OR MORE	691	16.40		
Anger	NO ATTENDANCE	2066	11.58	12.99	.000
	ATTENDED 1 OR MORE	691	16.37		
Stress	NO ATTENDANCE	2066	123.05	5.95	.000
	ATTENDED 1 OR MORE	691	109.37		

Results found higher mean scale scores for attenders on all scales except the Truthfulness Scale. Higher mean scores for non-attenders on the Truthfulness Scale are likely related to offender experience with assessment procedures; repeat attenders are aware that attempts to deceive, or minimize problems will be detected.

T-test analyses were conducted to examine whether the differences between mean scores were statistically significant. Results were statistically significant for all scales. Overall, these findings demonstrate that the AMP effectively differentiates between offenders who are known to have more severe problems.