



PsychLaw

Anger Management Youth Programs

“...intervening early in a young person's development can produce significant long term personal, social and economic benefits”.

“Perhaps no greater challenge faces the legal, clinical and educational disciplines than to help troubled adolescents learn to cope with their anger in a socially appropriate manner”.

Aggressive behaviour and violent offending is one of the most prevalent, stable, and costly problems in society. The financial burden of such offending included increased public expenditure on policing, recidivism rates, and the long-lasting impacts on victims. At current, there are a limited number of anger management programs for young offenders.

Adolescents face a lot of emotional issues during this period of development. They're faced with questions of identity, separation, relationships, and purpose. This can bring about frustration and confusion that can lead to anger and a pattern of reactive behaviour.

Early intervention aims to reduce risk factors and enhance protective factors that impact on the likelihood that a young person will engage in offending behaviour. As a crime prevention strategy, it is based on the premise that intervening early in a young person's development can produce significant long term personal, social and economic benefits.

Tilley and Sidebottom (2017) state that a growing body of evidence demonstrates early intervention can be effective in achieving significant reductions in crime involvement, child maltreatment and substance abuse, and improvements in educational performance, employment, income, and child and youth behaviour.

According to the Australian Institute of Criminology, interventions aimed at remediating anti-social and aggressive behaviours in young people must address the cognitive, behavioural and affective components of aggression to show even moderate treatment gains. Early intervention strategies for the reduction and prevention of crime can operate across all three levels of prevention: primary, secondary and tertiary (AIC, 2003).

Literature:

Izzo and Ross (1990) conducted a meta-analysis of 46 studies of behaviour change programs with juvenile offenders aged between 11 and 18 years. Results found that programs including a cognitive component (i.e. social skills training, social problem solving, modelling, and cognitive-behaviour modification) were more than twice as effective as programs that did not. Two variables accounted for most of the effect: the presence of a cognitive component; and a community treatment setting rather than an institutional setting.

Kellner and Bry (1999) researched seven (7) students who took part in an anger management program after they scored in the clinical range on the Conduct subscale of the Conners Teacher Rating Scale. The program included psychoeducation, anger discrimination training, logging incidents of anger, and training in prosocial responses to anger. Pre-post assessments provided evidence of positive effects. The adolescents showed significant improvement on both the teacher and the parent versions of the Conduct subscale, and they exhibited a trend toward fewer incidents of physical aggression.



The Impact

It is known that early intervention programs are a far cheaper option in the long term. The Youth Affairs Council's CEO, Ross Wortham, told an enquiry into early intervention strategies; "If we don't support young people early enough the likelihood of those who face complex needs ending up in detention,

ending up in the mental health system or the crisis to the hospital is much higher. The cost of those services is extraordinarily high". Mr. Wortham further stated; "The cost of keeping one young person in juvenile detention for one day is more than \$836. That's saving significant taxpayer dollars if we

get it right early in a young person's life" (ABC News, 2016).

Perhaps no greater challenge faces the legal, clinical and educational disciplines than to help troubled adolescents learn to cope with their anger in a socially appropriate manner.

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References

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What We Do.

At Stephens & Bradley Forensic & Clinical Psychological Services we provide treatment from short term intervention to long-term therapy, to both adolescent and adult clients.

Our services include:

- *Diagnoses of DSM-5 disorder(s)*
- *Clinical neuropsychological and personality assessments*
- *Clinical treatment to both forensic (offending) and non forensic clients*
- *Diagnosis and treatment of alcohol/drug related disorders*
- *Assessment of offenders with intellectual disability*
- *Section 32 Mental Health (Forensic Provisions) Act 1990 assessment*
- *Fitness to Plead assessment (Presser)*
- *Offender Risk/Needs analysis*
- *Recommendations for incarceration or diversion to alternate rehabilitation programs*
- *Assessment and opinion for the likelihood of re-offending*
- *Offender behaviour modification assessment and treatment (DV, violence)*
- *Sex Offender/Child Pornography treatment*
- *Forensic court reports*
- *Immigration/Visa assessment and reports*
- *Firearm license revocation assessment and reports*
- *Adolescent therapeutic group programs (commencing Spring 2020)*