

Anger Management in the Prison: An Evaluation

As late as 1987, there was little published research on the impact of cognitive behavioural anger management programs among forensic populations. Anger management programs designed specifically for use in the prison setting are rare. They are also increasingly in demand but are rarely evaluated.

Correctional institutions are attempting to reduce violence in prison by offering anger management programs. It is also hoped that these programs will curb aggressive behaviour after release. As a result, programs for anger management have implications for both prison management and broader society. Determining the effectiveness of these programs is important because of their burgeoning use in the prison system without concomitant evaluation.(2)

Using appropriate measures of cognition, personality and behaviour, this study evaluated the effect of an anger management program on male federal offenders. Current Aggression Theory There are three major perspectives in contemporary aggression theory. These focus on personality, situational and cognitive factors. Aggression is rarely viewed as the product of a single factor, but as the result of a complex of interpersonal exchanges where the situation, thoughts and feelings, and personality play powerful roles.(3)

Although there is no single personality type associated with aggressiveness,(4) there are some enduring traits - such as hostility, anger, suspiciousness,(5) impulsiveness, social withdrawal and denial of hostile feelings(6) - that are linked with aggression.

Situational factors are those environmental elements that may bring about or accommodate violence(7) - for example, a predatory style developed in spousal relationships.(8) Other factors include stress,(9) the dehumanizing of the victim or diffusion of responsibility(10) and anonymity of the aggressor.(11)

Cognition bridges the elements a person brings to a situation and the resulting behaviour. Personal beliefs, expectations, self-talk and values may mediate anger arousal. For this reason, cognitive therapy can be used to train individuals to use these tools to reduce anger.(12)

A 10-week anger management program(13) was the focus of evaluation. The program was developed to address anger control problems among violent inmates who had a propensity for acting out violently against other people and/or property. In the initial four-week section, each participant completed a workbook, kept an anger log and met with a counsellor. The participant then entered a six-week group program with intensive training in relaxation therapy, stress management, conflict resolution and cognitive therapy (which examines the participant's errors in thinking, irrational beliefs and negative self-talk). Research Method A total of 55 male inmates in federal correctional institutions participated in the study (28 treatment and 27 control). There were six separate offerings of the program in three different federal institutions by four different therapists.

Two results were expected. One was that inmates participating in a cognitive-behavioural anger management program would show less violent ideation and behaviour than a control group tested over the same period. The other expectation was that the treatment program would significantly reduce levels

of pathological personality in the treatment group with no change in the control group over the same period.

The prison environment has unique problems for the therapist and the program evaluator. Subcultural expectations and rigid systems of prisoner management may reduce or mask program effectiveness. Therefore, multiple measures were used to assess program impact. Six scales were used to tap variables in personality and in the cognitive, situational and behavioural areas.

Personality variables were measured using the Basic Personality Inventory (BPI),(14) the State-Trait Anger Scale (S-TAS)(15) and the Buss-Durkee Hostility Inventory (B-DHI).(16)

Cognitive variables were measured with five scales drawn from the B-DHI and the state anger section of the S-TAS.

Socially desirable response was measured using the Marlowe-Crowne Social Desirability Scale(17) and the Personality Research Form-E.(18)

The Inmate Record Form, developed by the program evaluator, was used to obtain demographic information and situational factors relating to offence type. It was also used to record data from inmate files (particularly disciplinary files) for two months before treatment and two months after treatment.

A total of 28 variables were thus available to evaluate the program. The test battery was administered before treatment began and immediately after; the control group was tested at the same times. Results On nearly every measure, the treatment group showed significant change after treatment. However, such change only demonstrates the effectiveness of the program if the same change does not occur in the control group. When the differences between the amount and type of change were compared with those of the control group, it became clear that the program was effective in very specific areas. Of the several measures used, the BPI and the B-DRI were the most sensitive. The number of times an individual was charged for verbal assaults against staff was also significant.

The treatment group's scores on the BPI scales for impulsiveness, depression and interpersonal problems were significantly lower at the end of the program, as were their scores on the B-DRI assault scale. Lower scores on the impulsiveness scale indicate a reduction in the individual's likelihood to engage in risk-taking behaviour, to be reckless, to use little foresight and to become easily bored. Lower scores on the scale for depression are related to optimism, more energy and higher self-esteem. Lower scores on the interpersonal problems scale indicate that the individual is less frustrated, more co-operative and less resistant to authority (discipline, rules or criticism). Lower scores on the B-DRI assault scale indicate that the individual is less likely to physically assault other persons.

Verbal assault of staff, as measured by records of institutional infractions, was significantly reduced for the treatment group - from eight incidents before treatment to one incident after treatment. Discussion The results strongly support the two hypotheses. This anger management treatment program produced significant changes. Such programs can be effective in two ways: they can instill a non-hostile, problem-solving approach to conflict in interpersonal relationships. They can also teach individuals to reduce

anger arousal and to develop conscious control over anger-arousing thought patterns.

At the institutional level, the fact that the treatment group was involved in less verbal conflict with staff after treatment is very positive. Verbal assault can be the precursor to physical violence. Furthermore, participants reported that they thought they would engage in less physical violence toward others in general.

The reductions in scores on scales measuring depression, interpersonal problems and impulsiveness indicate that the participants felt less susceptible to aggravation and conflict with authority figures. They expressed feeling better about themselves and their interpersonal relationships. Overall, they reported feeling more optimistic about the future.

It is encouraging that there were no differences in the results across therapy groups or therapists, which gives some indication of the strength of the program itself over the therapist's personality or the program setting.

The treatment group showed improvement in nearly every scale used to measure anger and hostility. Similar, but more modest, changes in the control group indicate these improvements could have been the result of other influences. It is expected that if the sample size was increased, the variation between the treatment and control groups would become more distinct, and the more subtle changes due to treatment would be revealed.

The results are encouraging and indicate that further research is warranted. The effectiveness of the various elements of the program, as well as length and delivery, need to be assessed. Follow-up beyond the two month period of this study is necessary to assess the maintenance of gains afforded by the treatment. It would be worthwhile to see if booster sessions would help to improve program evaluation, with particular attention paid to the diversity of populations represented in the prison and of programs offered.

Although the treatment and control groups demonstrated some parallel changes, it is noteworthy that the treatment group showed a consistent trend in lower scores on all measures of aggression, hostility and anger after treatment. These results give every indication that the program deserves further attention.

(1)The writer wishes to acknowledge the contribution of Dr. Richard MacLennan of the University of Regina in his role as thesis adviser.

(2)R. Blackburn, "Patterns of Personality Deviation Among Violent Offenders: Replication and Extension of an Empirical Taxonomy," *British Journal of Criminology*, 26(1986): 254-269.

(3)W Mischel, *Introduction to Personality*, 4th Ed. (New York: Holt, Rinehart and Winston, 1986).

(4)J.M. Bush, "Criminality and Psychopathology: Treatment of the Guilty," *Federal Probation*, 47(1983): 44-49. See also M.S. Heller and S.M. Ehrlich, "Actuarial Variables in 9,600 Violent and Non-violent Offenders Referred to in a Court Psychiatric Clinic," *The American Journal of Social Psychiatry*, 3 (1984): 30-36.

(5)Blackburn, "Patterns of Personality Deviation Among Violent Offenders."

(6)Mischel, *Introduction to Personality*.

- (7)H. Toch, "True to You My Darling, in My Fashion: The Notion of Contingent Consistency," in A. Campbell and J. Gibbs (Eds.), *Violent Transactions (Oxford, England: Basil Blackwell, 1986)*.
- (8)J. Goldstein, *Aggression and Crimes of Violence (New York: Oxford University Press, 1975)*. See also C. Tavris, *Anger: The Misunderstood Emotion (New York: Simon and Schuster, 1982)*. And see D. Meichenbaum, *Coping with Stress (Toronto: John Wiley and Sons Canada, 1983)*.
- (9)A. Bandura, B. Underwood and M.E. Fromson, "Disinhibition of Aggression Through Diffusion of Responsibility and Dehumanization of Victims," *Journal of Research in Personality*, 9 (1975): 253-269.
- (10)R.G. Geen and EL Donnerstein (Eds.), *Aggression: Theoretical and Empirical Reviews, Vol. 2 (New York: Academic Press, 1983)*.
- (11)A.T. Beck, *Cognitive Therapy and the Emotional Disorders (New York: New American Library, 1976)*. See also A. Ellis, *Anger - How to Live With and Without It (Secaucus, N.J.: Citadel Press, 1977)*. See also R. W Novaco, *Anger Control (Toronto: Lexington Books, 1975)*. And see D. Meichenbaum and D. Turk, "Stress, Coping and Disease: A Cognitive-Behavioral Perspective," in R.W.J Neufeld (Ed.), *Psychological Stress and Psychopathology (New York: McGraw-Hill, 1982)*.
- (12)M. Cullen, *Cage Your Rage: An Inmate's Guide to Anger Control (College Park, Md.: American Correctional Association, 1992)*.
- (13)L.E. Stermac, "Anger Control Treatment for Forensic Patients," *Journal of Interpersonal Violence*, 1 (1987): 446-457.
- (14)D.N. Jackson, *Basic Personality Inventory Manual (London, Ont.: Sigma Assessment Systems, 1989)*.
- (15)C.D. Spielberger, G. Jacobs, S. Russell and R.S. Crane, "Assessment of Anger: The State-Trait Anger Scale," in J.N. Butcher and C.D. Spielberger (Eds.), *Advances in Personality Assessment, Vol. 2 (Hillsdale, N. J.: Lawrence Erlbaum, 1983)*.
- (16)A.H. Buss and A. Durkee, "An Inventory for Assessing Different Kinds of Hostility," *Journal of Consulting Psychology*, 21(1957): 343-349.
- (17)D.P. Crowne and D. Marlowe, "A New Scale of Social Desirability Independent of Psychopathology," *Journal of Consulting Psychology*, 24 (1960): 349-354.
- (18)D.N. Jackson, *Personality Research Form Manual (Port Huron, Mich.: Research Psychologists Press, 1984)*.