

Anger Management and Violence Prevention:
State of the Art and Improving Effectiveness

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The 1990s and early 2000s have witnessed a renaissance of interest in the rehabilitation of offenders in many criminal justice systems throughout the world. The causes of this re-awakening of interest are many, but include the increasing evidence that rehabilitation programs have a significant impact on rates of recidivism (Hollin, 1999, 2001). As this evidence has accumulated, the notion that "nothing works" in offender rehabilitation has slowly given way to an emphasis on identifying the characteristics of programs that are likely to be effective and, conversely, the characteristics of those that are likely to have no effect or even an adverse effect on rehabilitation rates (Andrews & Bonta, 1998; Howells & Day, 1999).

In recent years, correctional administrations have increasingly identified violent offenders as a key target group for rehabilitation programs. The reasons for this are clear:

1. Violent crime is a source of great social concern in Australia.

Whilst there is limited evidence to suggest that violent crime is increasing (Indermaur, 1999), the numbers of offenders imprisoned for violent offences has risen over the past few years. Whilst it has been established that violent offences are not necessarily angry offences it has been argued that poor anger control often plays a role in violent offending and can be considered a criminogenic need for many violent offenders (Howells, Watt, Hall, & Baldwin, 1997). Similarly, Novaco (1994) has suggested that anger can be used as a risk factor for the prediction of violence.

As a group, offenders commonly experience difficulties with anger. On average, prison inmates score substantially higher on measures of anger arousal and expression than other populations (Spielberger, 1991), with violent offenders scoring higher than non-violent offenders (Mills, Kroner and Forth, 1998).

2. Treatment programs developed in clinical settings have been shown to be applicable to criminal justice settings.

The experience and expression of anger has been studied in a wide range of clinical and non-clinical populations, including students, community residents, health-care clients, psychiatric/residential patients and adolescents in residential settings. Cognitive-behavioural anger management programs have been developed for use with many of

these populations and initial research suggests that they are effective in reducing problems with anger expression (Beck & Fernandez, 1998). There is reason to believe that similar cognitive-behavioural programs may also be appropriate for offender groups. A number of studies have highlighted the role of cognitive factors in anger arousal and expression in offenders.

Findings such as these have led to the widespread implementation of anger management programs in prison and community corrections settings around the world. These programs are often brief (up to 10 sessions) cognitive behavioural programs designed to reduce anger arousal and improve anger control. Anger Management programs take a skills approach and attempt to help program participants develop alternative strategies in the control and expression of angry impulses (for a discussion of the rationale for anger management with violent offenders see Howells, 1998; Novaco, 1997).

3. Offenders with anger problems tend to be more difficult to manage than other offenders

Anger appears to be a particularly important emotion in residential settings with offenders. Anger problems have been linked with prison adjustment, disciplinary problems, assaults, and violence. Anger is a strong predictor of aggression amongst incarcerated adolescents (Cornell, Peterson & Richards, 1999) and has been shown to be associated with physical assault on care staff. Institutional staff rate anger as the primary problem in secure psychiatric facilities. Kroner and Reddon (1995) found that interpersonal problems in prisoners were strongly related to anger expression and arousal, and the inward expression of anger was significantly related to dimensions of psychopathology.

While research on prison adjustment suggests that negative emotions (such as anxiety and depression) decrease over time, this does not appear to be the case for anger. In one study, prisoners reported two episodes of anger per week during the initial stages of their incarceration. The frequency of anger experiences increased the longer they were in prison (Zamble & Porporino, 1990). The finding that anger is a stable and present feature of long-term imprisonment appears to be robust.

Description of anger program content

The content of cognitive behavioural therapeutic interventions for anger and aggression has been described in a substantial number of clinical accounts, research reports and reviews (Howells, 1998; Novaco, 1997). It is clear that anger management training has a number of possible components, including relaxation training, social skills training and cognitive restructuring, and that these various components may have differential effects on the different dimensions of anger (Edmondson & Conger, 1996).

Does anger management work for anger problems in general?

A relatively large number of outcome studies have been reported for anger management programs. However some of these studies have been conducted with university students with anger problems or similar groups, rather than with offenders. It cannot therefore be assumed that the findings from these studies can be generalized to offender populations. Narrative reviews of the general effectiveness of anger management (Howells, 1998) have generally concluded that this therapeutic approach is effective. In recent years one of the favourite methodologies for evaluating treatment effects has been meta-analysis, which allows for a statistical summary of a large number of outcome studies to determine whether a general pattern of effectiveness is demonstrated. There have been two published meta-analyses of anger management, which have come to similar conclusions: that this form of treatment has a moderate to large effect in reducing anger problems (Beck and Fernandez, 1998; Edmondson and Conger, 1996).

But does it work with offenders?

A small number of studies have been conducted with offenders, but many of the studies have methodological problems, including lack of control groups, absence of behavioural measures or poorly specified comparison groups.

Amongst the more promising studies have been those by Stermac (1986), McDougall and Boddis (1981) and recent studies reported in the New Zealand correctional system (Polaschek and Reynolds, 2001).

Dowden, Blanchette and Serin (1999) have conducted a substantial study of the effectiveness of an anger-management program with offenders in Canada. The program itself was a reasonably substantial one – 25 two-hour sessions. The program was shown to have an impact in reducing recidivism over a three-year period, though this improvement was found only for high-risk offenders. It is noteworthy that this program is far more intensive than anger-management programs offered in many Australian jurisdictions.

None of the studies reviewed above was conducted in Australia. Two small-scale controlled studies published by Watt and Howells (1999) were conducted in Australia (WA) and suggest a need for caution before applying anger management indiscriminately with violent prisoners. These studies are of particular interest in that the anger management programs evaluated were of a type and format common in various jurisdictions in Australasia. In two separate samples of violent prisoners undergoing anger management therapy, these authors found no difference between the treatment groups and untreated controls on a range of dependent measures, including anger experience, anger expression, prison misconduct and observational measures of aggressive behaviour. Watt and Howells suggest several reasons for these findings, including poor motivation of participants, the high complexity of the program content, low program integrity and limited opportunities to practice the skills learned. It is also clear from Watt and Howells' account that the participants were not subjected to a pre-treatment assessment to establish whether their violent offending was actually anger-mediated (discussed in more detail below).

In brief, although anger-management and violence-reduction programs have developed and proliferated with violent offenders, the empirical and controlled evaluation of the effectiveness of such programs is at a very early stage. Large-scale outcome studies are needed in which high risk, seriously violent offenders are exposed to anger management and similar programs and comparisons are made with no treatment and other conditions. Comprehensive outcome measures are needed, which would include self-reports, psychometric measures, behavioural observations and recidivism. Our research group has been engaged in a large outcome study of this sort with correctional clients in South

Australia and Western Australia. This research was supported by and recently reported to the Criminology Research Council, the Department for Correctional Services in South Australia and the Ministry of Justice in Western Australia (Howells et al, 2001).

Our recent studies

The core question for this research was - What is the impact of anger program participation on offenders? We assessed approximately 200 male offenders (mainly prisoners) pre- and post- an anger management intervention to determine what changes had occurred and then compared them with a control group of offenders who had been selected for intervention but had not yet received the program (“waiting list controls”). The offenders (the vast majority of whom had convictions for violent offences) were assessed on a wide range of tests of various aspects of the experience and expression of anger.

With some consistency the results demonstrated that the overall impact of the anger management interventions was small. Although the treated group consistently made changes in the expected direction, the changes were not large enough to be of real clinical significance. It was also the case that similar small changes in the direction of improvement were observed for the control group on many measures. This would suggest that the act of completing anger assessments might have a small beneficial effect in itself, even when treatment is not provided. The tendency for problem behaviours to be reactive to the assessment process itself (that is for problems to decrease following testing) is a well-known phenomenon for psychological and psychiatric treatment interventions. This finding does highlight the need for a control group in any future evaluations of anger management (or any other) programs in correctional environments. Without a control group, it is possible to make an incorrect inference that a pre-test/post-test improvement in a program evaluation is attributable to the particular program implemented.

The critical issue is whether the improvements that occurred in the treated group were significantly greater than those that occur in the controls. The results clearly showed that there were very few statistically significant differences between the treatment and control groups. There were only two exceptions to this pessimistic conclusion: the findings for Anger Knowledge and, to a less clear extent, for Readiness to Change. The

treated group improved their anger knowledge more than did the controls, though, again, the difference was very small in absolute terms.

No significant differences were observed for community versus prison participants. However, the number of community participants was very small. Future research should re-examine community versus prison differences in a more substantial way, given the general evidence that rehabilitation programs in the community are more effective than in institutions.

The question of whether treatment gains brought about by intervention (for example, anger reduction) endured over the subsequent months after the program ended is a very important one for any psychological intervention. It is equally important for anger management in correctional settings. In our study selected participants in the treatment group were followed up for 2 months and 6 months respectively. Given that the changes brought about by the program were modest (see above) it is not easy to determine whether improvements were maintained in the follow-up period and some caution is required in interpreting trend analyses. The analyses conducted suggested that different follow-up trends occurred for different measures. It is encouraging that the improvements in Anger Knowledge were maintained and even increased over the 6-month follow-up. Linear trends were also found for general measures of anger; angry cognitions and other aspects of angry behaviour, which suggested that the positive changes brought about by the program, were further improved upon at 2-month follow-up. Some other anger measures also showed a tendency to improve further at the 6 months follow-up.

But does it work for some offenders?

The second major question addressed in the study was - What participant characteristics are associated with making treatment gains in the anger management programs? This is an important question for a number of reasons. It is widely acknowledged that violent offenders are a heterogeneous group with a multiplicity of criminogenic needs. Given that having a history of violence is likely to be an important criterion in referring an offender for anger management, it is likely that anger management referrals are equally heterogeneous. Howells, Hall, Baldwin and Watt (1997) have previously argued that some offenders referred to anger management

programs in correctional systems world-wide may not actually have high anger problems—the “instrumental”, the “psychopathic” and the “over-controlled” violent offender are all possible examples of this phenomenon. If this were true, then it would be expected that the measured impact of anger management programs (for example, in pre-post comparisons) would be significantly diminished because the treatment would only be relevant to some participants. Thus, understanding the effect of individual differences amongst offenders is crucial.

The results of the study support the notion of individual differences being important, that is that the programs worked better for some offenders than for others. The extent of change (improvement) of an individual undertaking the programs was shown to be predictable from a number of pre-treatment measures. Across a range of anger measures, those high in anger and low in anger control at the pre-treatment assessment showed the greatest change at the post program re-test. In everyday terms, the worse you are, the more you benefit!

The readiness/motivation scale also proved to be a consistent predictor of improvement in treatment. Offenders who were motivated and ready to work on their anger problems showed greater improvements on a wide range of anger measures, Conversely, those who were poorly motivated to do so showed less or no change.

Another influential principle in correctional rehabilitation has been program integrity, which suggests that programs high in program integrity typically have greater impact than those low in integrity (Day and Howells, 2001; Hollin, 1999). Integrity refers to the extent to which the program is delivered in practice in the way in which it was designed and planned in principle. Our study suggested that integrity was generally high for various aspects of integrity in both Western Australia and South Australia. Nevertheless, it is inevitable that some variation will occur in practice, with some facilitators introducing variations from the program manual more than others. In our study some differences in outcome were shown to relate to program integrity. Although differences were not apparent on all measures, low integrity programs were associated with less positive outcomes, particularly in the areas of anger relating to perceived provocations and anger control. More detailed analysis will be possible at a later stage into the various

components of the integrity measure we developed, to see if any particular aspect of integrity is particularly important.

Explaining low impact of offender programs

Watt and Howells (1999), in previous work, put forward several possible explanations for the modest effectiveness of the programs they studied, including a) poor motivation of participants b) the content of programs being too complex for the limited program time available c) low program integrity and d) limited opportunity to practice the skills learned in the program. The results from the present study allow us to rule out explanation c, in that program integrity was relatively high. Explanations a, b and d still stand as potential explanations. It could be argued that explanation a is given increased credibility by the present study in that motivational-type factors were shown to predict whether improvement occurred. Explanations b and d amount, arguably, to the suggestion that the programs are too short for the amount of work that needs to be done (low intensiveness).

Both the motivational and low intensiveness explanations are credible and are not mutually exclusive. To these two explanations we would like to add a possible third - multiple problems in offender populations. Again, this explanation does not exclude the other two. Indeed all three factors may interact to diminish program effectiveness.

Motivational problems on the part of program participants are readily identified by most correctional staff as a major factor determining progress in program sessions. Motivational issues have been curiously neglected in the anger management literature. Howells (1998) has argued that anger management needs to be preceded by an analysis of the "goal structure" of the offender and has suggested that considerable variation in goal structures occurs within offender populations. Ralph Serin's work (1998) in Canada has also begun to unravel some of the important dimensions of motivation and Renwick, Black, Ramm and Novaco (1997) have described the problems at a clinical level.

Renwick et al (1997) point to the therapeutic pessimism felt by both clients and therapists in correctional and high security settings and to enduring problems of low motivation, treatment resistance and avoidance. These authors note the resentful, distrustful and even combative style of some offender participants in therapeutic groups.

Additionally, the clients had realistic concerns about the effects of disclosure of their emotions and past behaviour on release or parole plans. Novaco (1997) similarly, highlights the long histories of failure, institutionalization and social rejection that characterize such clients and which entrench their anger and aggression

The issue of multiple problems in offenders is also a self-evident one for many correctional staff but, again, it has been neglected, until recently, in the anger management field. It is a truism that offenders, particularly high risk offenders, have multiple psychological and social problems. It is a very different task conducting anger management with someone who has no other serious problems apart from anger control itself than it is conducting the same program with an offender who has, for example, an antisocial personality disorder, severe substance abuse problems, limited verbal skills and absence of family support. Establishing a working therapeutic alliance with such a person may itself be a time consuming but necessary task before the specifics of anger control can be addressed (Howells, 1998).

Given these two factors (low motivation and multiple problems), it would not be surprising if anger management with offenders had far less impact than it does with non-offenders. The remedy would be to make offender programs (or at least high risk/needs offender programs) intensive enough to allow for offender problems to be addressed in a significant way. It is noteworthy that the Canadian program described by Dowden, Blanchette and Serin (1999) lasts for 50 hours and that, internationally, rehabilitation programs of 100 hours or more are typically recommended for offenders with high levels of need.

Finally, the extent to which the prison environment itself (overcrowding, poor design for therapeutic work etc.) influences the outcomes of programs remains unknown and is an area requiring future research.

Recommendations for improving anger management outcomes

In conclusion, we would like to consider some implications of the findings and of the previous literature for correctional policy and for the future development of anger management programs. We recommend the following:

A) Maintain anger programs

Given the high scores of offenders on a range of anger measures and the fact that some offenders improve, anger management interventions should be maintained as an important component of any portfolio of “core programs”. The links between anger and violence are increasingly recognised in the research and rehabilitation literatures.

Virtually all well-developed correctional systems internationally deliver programs of this sort. Many jurisdictions, like South Australia and Western Australia, have well developed and managed systems for the delivery of anger management programs and for staff training which will be of enormous benefit in future development of the programs.

B) Needs based programming

There should be a move away from the strategy of “blanket” delivery of programs to all offenders referred because of violent histories or because they have been informally deemed to be suitable. The results of our own study show this approach to be ineffective. Anger management should be offered to offenders on the basis of the likelihood they will benefit. Thus all referrals should receive a pre-treatment assessment to determine suitability.

C) Assessment-based program allocation

The suitability assessment should be based on research findings and should comprise, as a minimum, formal psychometric measures of anger proneness and of readiness/motivation for treatment. Cut-off points would need to be developed for the various anger and motivational scales.

D) Sufficient intensity/length of program to accommodate individual needs

Given the modest impact of current programs, they should be developed further and made more intensive. Intensiveness can be addressed in two (inter-related) ways – by extending the length of the programs and by revising the content to ensure they have a stronger “therapeutic” and less of an “educational” focus. We recommend that programs should be at least 50 hours in length. If “high risk/high needs” offenders are targeted in the future, then even longer programs (100 hours plus) are likely to be required for such

groups. The costs of increasing intensiveness are likely to be offset by the savings deriving from a more targeted and less general approach to service delivery. At the time of preparing this article, the Department of Justice in Western Australia was about to replace its anger management program (STAC) with a 50 hour program targeting medium risk offenders.

E) Need for ongoing evaluation

Evaluation measures of the sort used in our own study should be “built-in” to anger programs so that effectiveness can be monitored in an ongoing way.

F) Maintain integrity

Program integrity monitoring needs to be developed as a routine practice. Few correctional systems internationally have developed integrity assessment methodologies, though the Home Office in England and Wales has made significant progress in recent years. The integrity assessments developed for our study offer only one approach to this difficult task.

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