



Evaluating an Anger Management Treatment Programme among Violent Offenders at Harare Central Prison

Dhlamini Panashe¹, and Mahara, Princess²

¹Department of Applied Psychology, University of Zimbabwe

²Department of Psychology, Great Zimbabwe University

Zimbabwe

ABSTRACT

Through the collection and analysis of quantitative data, this research study seeks to assess the efficacy of an anger management treatment programme for violent offenders at the Harare Central Prison. Evidence based interventions are necessary to address anger related issues among prisoners because of the high incidences of violence and aggressiveness in and out of the correctional facilities. To evaluate the effect of the anger management programme on the participant outcomes, the study uses a strict approach. The measuring change questionnaire for anger is used in the study design to measure the anger levels, identify the motivations for violent behavior, to assess the effectiveness of the treatment programme and if the participants are aware of their triggers before and after the treatment programme. The intervention group is made of participants or inmates who are of violent offenders who participate in the anger management treatment programme. A validated questionnaire is used to gather quantitative data before and after the intervention period. The pre and post intervention ratings will be analysed using Statistical package for the social sciences. The results of the study will offer factual support for the efficacy of Harare Central prison's anger management programme for violent offenders. The findings will add to the body of knowledge already available on interventions for anger management in correctional settings, particularly in the context of Zimbabwe. By emphasizing the value of evidence based therapies in treating anger related problems among violent offenders and enhancing rehabilitation results, these results can influence policy and practice.

Keywords: Anger Management, Violent Offenders, Evaluation, Programme Outcome, Treatment programme. .

1. INTRODUCTION

Anger is a universal sensation that can be shared by all people, but if it is not managed properly, it can lead to adverse effects such as aggression and violence. In the context of incarcerated individuals excessive anger may intensify potentially dangerous circumstances and cause harm to the staff and inmates. On account of these negative circumstances, several correctional facilities have integrated anger management treatment programmes as part of their efforts to rehabilitate violent offenders. The purpose of this research study is to assess the efficacy of an anger management treatment programme conducted at Harare Central Prison. The programme aims to provide violent offenders with supportive skills needed to manage their emotions of anger and violent behavior in the future.

The programme will be evaluated using a quantitative method with descriptive statistics and repeated t-test measure. The aim of this research study is to contribute to the currently available literature on anger management treatment and its efficacy by providing an in-depth assessment of the treatment programme at Harare Central Prison. The results of this research study might be utilized to explore effective anger management treatment programmes for violent offenders in different prison settings and beyond Zimbabwe.

Overall, the aim of this research study is to provide a significant advancement to the discipline of correctional psychology and to motivate the development of evidence-based treatments for violent offenders. The programme's effects on key variables such as participant impulsivity, anger and aggression will be examined in this research study.

Definition:

Anger Management- A therapy method that uses a variety of procedures to assist people manage and control their angry reactions

Violent Offenders- People who have committed offenses that involve hurting or threatening to hurt other people usually by acting aggressively.

Treatment programme- A methodical plan created to offer therapeutic interventions for people frequently concentrating on particular problems like mental health disorders, rage and addiction.

Evaluation- The process of determining a program's or intervention's efficacy and results, it entails measuring pertinent indicators and analyzing the findings

Programme Outcome- The effects or results of a therapy program, such as alteration in participant behavior, emotional health and recidivism rates.

1.1 Literature Review

More than one million persons every year die directly because of violence and many endure physical wounds as well as a variety of detrimental behavioral, mental and cognitive after effects (WHO, 2014). Violence causes great suffering for those who are directly affected by it and as such victims and their families. On a larger scale it has a significant financial impact costing substantial amounts of money on the treatment of victims, legal costs and reduction in productivity.

This research study discusses the treatment of violent offenders, how to comprehend and gauge the changes that occur throughout therapy and the part protective variables play in risk assessment and treatment management. According to Kassinove and Sukhodolsky (1995), anger is a typical human emotion that is a “felt emotional state”. Physiological arousal, cognitions and behavioral components are hypothesized to be combined in this subjective experience. Anger sentiments and experiences can range widely in terms of their intensity, duration and frequency and can differ significantly with people. People's reactions to anger can result in behaviors that result in possible bad outcomes, which can have a significant impact on one's life.

Correctional facilities all over the world have committed a lot of time and resources to the rehabilitation of violent offenders because of the severe social and economic costs of violence (Andres & Bonta, 2010). Recidivism is therefore typically employed as the major indication of treatment success, with a reduction in (or eradication of) violent reoffending serving as the fundamental objective of rehabilitation for offenders (Jung & Gulayets, 2011)

There is a relationship between violence and anger and it is known that many violent offenders struggle with managing their emotions. The prison environment can be a challenge such that inmates are susceptible to impulsive and aggressive conduct, thus the need for anger management treatment programmes. The literature review's main objective is to evaluate and assess the research studies on efficacy of anger treatment programs for violent offenders. The evaluation of the anger treatment program for violent offenders at Harare central prison will be the main objective. Thus, by reviewing the existing literature, this chapter will provide a comprehensive insight into understanding the theoretical and empirical study on the effectiveness of anger management treatment, highlighting how recidivism, aggressive and violent behavior is reduced among the violent offenders. The chapter will explore the theories related to anger treatment, prison based treatment, and components of effective anger management programs.

2. THEORETICAL FRAMEWORK

Frustration- Aggression Hypothesis / Drive Theory

Frustration –aggression drive theory can be particularly beneficial in the context of anger management. According to the original hypothesis by Dollard, Doob, Miller, Mowrer and Sears (1939), any disruption of a person's goal-directed activity results in frustration. The frustration-aggression hypothesis is a psychological theory that suggests that frustration, which occurs when an individual is blocked from achieving a goal, can lead to aggressive behavior.

The factors that will affect an individual's level of frustration as well as the manner and timing of violence were described in the frustration-aggression hypothesis. It is perplexing as to why this method of analyzing violence was

referred to as a hypothesis, it's because it was more distinct and susceptible to empirical testing than Freud's initial strategy. Therefore the frustration-aggression hypothesis states that when people experience frustration (goals being thwarted) they react aggressively and show emotions of anger (Dollard et al., 1945). Consequently, even while an aggressive urge underlies aggressive behavior, it is not an instinctive drive. Only when we perceive frustrating external cues can start the urge. In light of this, there has been a deviation from Freud's aggressiveness which is believed to be a reactive behavior, which gives people an innate awareness of it. The obstruction of an ongoing response causes the organism to expel this toxic energy through aggressive behavior. An act of aggressiveness is any reaction that releases this hostile force. The following 3 factors influence the aggression drive:

- The intensity of frustration
- The extent to which a goal seeking reaction is obstructed
- The individual's frustration level as measured by the number of responses

Displacement has provided a new avenue for the aggressive urge. Dollard et al, 1993 did not advocate that anger always results in aggression immediately or directly. A drive may be suppressed until a later frustrating occurrence by learned inhibitions. Despite claims to the contrary, the development of an aggressive desire requires the presence of a frustrating stimuli as well. The frustration-aggression theory states that neither heredity nor environment clearly takes precedence at the start of a violent conduct because both biological and social factors are equally significant in the development of aggressive behavior. However it have also some weakness , not all frustration leads to aggression and that individual differences play a significant role in how people respond to frustration.

3. METHODOLOGY

3.1 Research Design

In the social sciences such as psychology, education and criminology, the quasi-experimental pre-test and post-test design is a common research study methodology. When randomly assigning individuals to experimental and control groups is not feasible or ethical, this methodology is especially helpful. Pre-test and post-test measurements are compiled in this design in order to evaluate the outcomes of an intervention or treatment on a non-randomized sample of participants. Participants in this research design are chosen in a non-randomized sample, based on their history of violent behavior and present behavior and their participation in the anger management treatment programme at Harare Central Prison. To evaluate the effectiveness of the intervention, pre and post-test measurements of participant's anger, aggression and violent behavior will be taken.

3.2 Population Sample

An anger treatment management programme for violent offenders at Harare Central Prison can be evaluated with a sample of non-randomized population. Participants of this type of sample are chosen based on predefined inclusion criteria rather than at random. A participant must meet inclusion requirements in order to be qualified to take part in the research study. A population sample of twenty participants will be used in this research study. The following are inclusion criteria used in the research study for choosing participants:

- An earlier history of violence, participants are required to have a history of physical aggressiveness and or verbal threats, as well as other forms of violence.
- Current incarceration, participants must be jailed at Harare Central Prison.
- Violent offender participants must be at least eighteen years old.
- For those that wish to take part in the study must give their informed consent before participation.
- Participants are required that they are enrolled in the Harare Central Prison's anger management treatment programme.

3.3 Data Collection Tool

A Measuring Change Questionnaire with eight questions will be used to assess changes in the participants that are enrolled in the anger treatment programme at Harare Central Prison's levels of anger and aggression. The questionnaire created will be able to gather information before and after the treatment intervention, allowing for the

evaluation of behavioral changes among the participants. The pre and post-test questionnaire will be the same with an only difference of completion date and time. The anger management treatment programme will be conducted over twelve sessions. The questionnaires will be administered on paper format to the participants.

3.4 Data Analysis and Interpretation

The researcher will evaluate the anger management treatment programme at Harare Central prison for violent offenders using a repeated t-test and descriptive statistics as a statistical analysis technique. Repeated t-tests can be used to compare the mean scores of two similar groups for instance the same participant group before and after intervention scores and determine whether there has been a significant change in the levels of anger, violent behavior and aggression. The repeated t-test analysis will be conducted using Statistical Package for the social sciences (SPSS).

Analysis of Variance compares three or more groups however in the context of evaluating an anger management treatment programme among violent offenders, it can be utilized to compare the mean scores of various participant groups before and after the intervention.

Effect sizes reveal the extent of the variations between groups or circumstances. For t-tests common size metrics are Cohen's d and eta-squared where there is modest, medium and high (0,2-0,8). Therefore the interpretation of results should take into account the significance level, effect sizes and possibly post hoc tests. The anger management treatment programme may have a considerable beneficial impact on the participant's level of anger and violent behavior, when the results of a paired t-test are statistically significant and the effect size is big.

3.5 Institutional Review Board (IRB)

Before beginning the research study, researchers must obtain the IRB's approval. To ensure that they adhere to ethical requirements and that the participant's rights and welfare are safely guarded. In this research study, the researcher applied for permission at Zimbabwe Prisons and Correctional Services's (ZPCS) research and development department for approval to conduct and carry out the research study.

By considering these ethical guidelines, researchers should make sure that their research study is carried out in an ethical and responsible manner and that the human rights and welfare are maintained.

3.6 Effects of Anger Management Treatment

Several research studies explore strategies for anger management treatment in general. Adult anger management programs's effectiveness has been examined in five distinct meta-analyses of these research studies (Beck & Fernandez, 1998; Del Vecchio & O'Leary, 2004. Di Giuseppe, 2003; Tafrate, 2004). Although prior to post test, single group designs were also included in these meta-analyses, the majority of the research studies assessed used control groups. These reviews have all observed that treatments have an average effect size in the medium to large range, despite the inherent limitations of creating meta-analyses (such as missing data, reliance on studies using students as participants, and exclusion of many studies for not meeting inclusionary criteria).

Di Giuseppe and Tafrate (2004) summarized the overall findings of meta-analysis by concluding that " there is improvement consistently of a moderate to large size, all outcome indicators and intervention techniques average effect sizes ranged from .67 to .99, with the majority of reviews reporting a grand mean of roughly .70" (p.263). The observation that many of the studies analyzed involved voluntary participants as opposed to other persons who may be more resistant to change, qualifies the claim that anger treatments appear to operate similarly for diverse types of people and of varying ages (Di Giuseppe and Tafrate, 2004)

According to Edmondson and Conger (1998), relaxation therapy was most effective for treating anger experience, whereas cognitive relaxation, social skills training and relaxation therapy were more effective than only cognitive therapies for treating anger behavior. Del Veechio and O'Leary (2005) examined therapies finished in twelve or less sessions across four treatment categories: cognitive behavioral, relaxation and other treatments. The participants of the research study had to have displayed clinically significant levels of pretreatment anger, as assessed by standardized instruments. They only looked at trials that randomly allocated participants to one or more therapy groups in addition to a control group. The cognitive therapy treatment was more inclined and successful towards driving anger, whereas

group counseling, social skills training were a much more efficient treatment in controlling anger and aggression problems. Again, these results must be taken in the context of limitations of meta-analyses, as each meta-analyses generated a unique set of inclusion criteria for publications and the research studies themselves are highly diverse.

Anger management therapy seems to affect a wide range of dependent variables. Anger management not only helps people become less aggressive and angry, but it also makes a significant progress towards other goals including skill development and positive thinking (Di Giuseppe & Tafrate, 2001; 2003). From their review of the literature they gathered that group and individual therapies apparently yield the same effectiveness, although individual therapy may be better at promoting positive conduct; effects for anger treatments appear to last over time. Research studies adopting manualized treatment programs had an increased higher effect size than the ones that did not, and for anger and violence personal formats work best.

When compared to no treatment, anger management is more effective. According to Fernandez and Beck (2000), participants receiving CBT for anger management issues significantly outperformed control group participants on a variety of anger dependent variables such as aggression, violence, assertiveness and anger. Similarly to this, Di Giuseppe and Tafrate (2003) showed that the ones receiving anger treatment significantly and moderately outperformed those who did not (more favourable than 76% of control patients) in meta-analyses of 50 between group study. In addition majority of outcome studies also demonstrates that participants in anger management have a significant pre to post intervention change in the desired direction on many dependent variables (Tafrate, 2003).

Anger Management Treatment in Prisons

The widespread implementation of anger management programs in correctional facilities is hardly unusual given the findings on the literature review indicating anger management treatment are showing a small to large effect size in terms of effectiveness. The majority of professional therapists in state prisons implement anger management groups as their primary form of psychotherapy for violent offenders. Morgan, Winterowd & Ferrell, 2009 p.604) noted that there are a limited research studies that documented the effectiveness of the treatment program being done in prison settings Thus the need to regularly conduct program evaluation research as a component of group therapy.

4. DATA PRESENTATION, INTERPRETATION AND ANALYSIS

The following section is going to present on the reliability of the Measuring Change Questionnaire

4.1 Reliability of Measuring Change Questionnaire

Table 1. Reliability statistics for Measuring Change Questionnaire

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.714	.799	8

Table 1 illustrates the results of the internal consistency of Measuring Change Questionnaire used to gather data to evaluate the effectiveness of anger management treatment programme being used at Harare Central Prison as an intervention strategy to rehabilitate violent offenders. Computed Cronbach's Alpha values 0.71 and 0.80 based on standardized and unstandardized items, respectively, indicate that the questionnaire is a reliable instrument that can be effectively used to evaluate the anger management treatment programme for the violent offenders.

Motivations to Violent Behavior

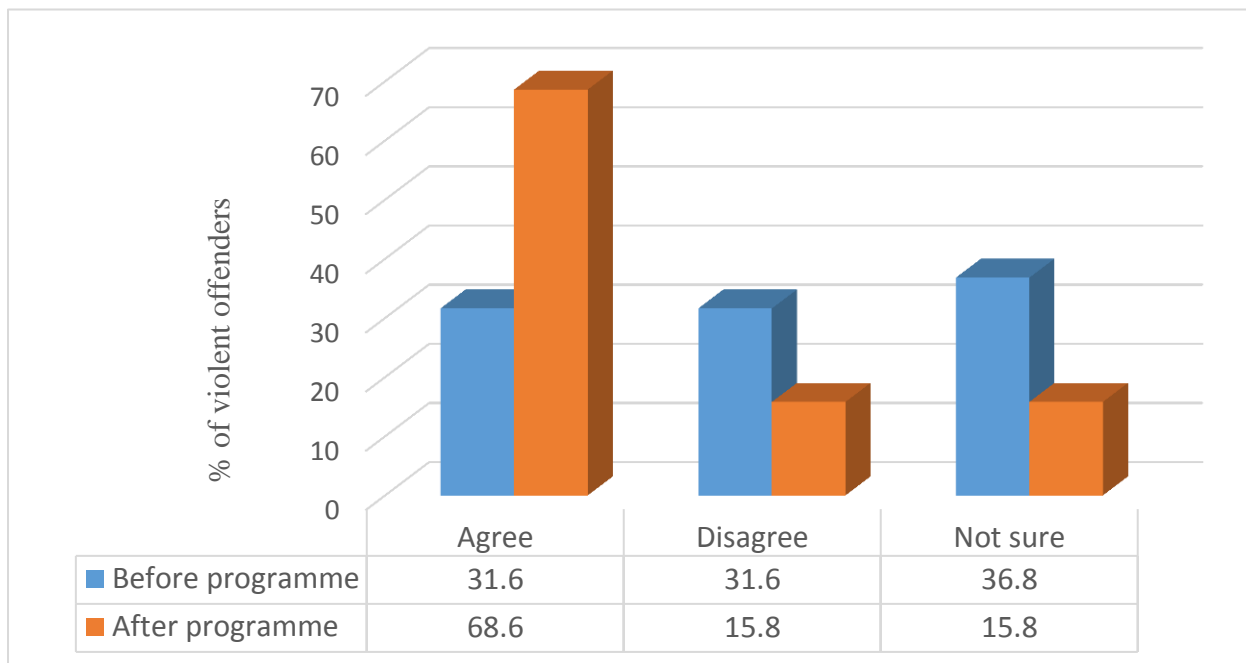


Figure 1 Recognition of triggers and anger cues

Figure 1 shows that very few violent offenders 31,6% recognize when they are about to lose their anger before the anger management treatment programme, compared to 68,6% after the treatment programme. Results indicate that the anger management programme in place at Harare Central Prison helps inmates recognize their triggers of their violent behavior. There is about 37% more of the inmates who could not recognize when they are about to lose their anger before the strategy could recognize triggers of their violent behavior after the rehabilitation programme.

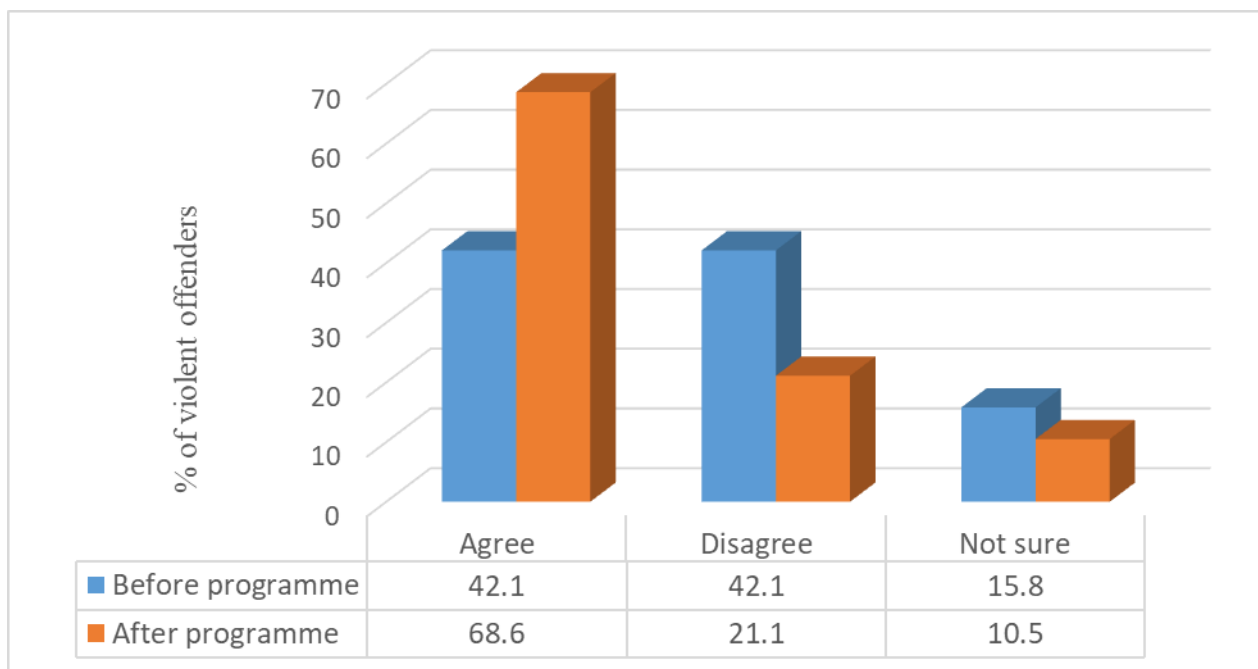


Figure 2 Knowledge of causes of respondent’s anger measures for potential risks

Figure 2 shows 42.1% knew what makes them angry and could plan for potential risk situations before the anger management treatment programme, compared to the 68.6% after the treatment programme. Results indicate that the treatment programme at Harare Central prison helped the violent offenders their source of anger and how to manage for potential risk situations. There were about 27% violent offenders who could not manage their anger how they are triggered but could plan and manage for potential risk situations after the anger management.

Table 2: Descriptive Statistics

Variable	N	Agree		Disagree		Unsure	
		Before	After	Before	After	Before	After
q1	19	68.4%	31.6%	31.6%	63.2%	0.0%	5.3%
q4	19	31.6%	68.4%	36.8%	15.8%	31.6%	15.8%
q5	19	63.2%	21.1%	36.8%	68.4%	0.0%	10.5%
q6	19	36.8%	73.7%	47.4%	21.1%	15.8%	5.3%
q7	19	47.4%	89.5%	26.3%	5.3%	26.3%	5.3%
q8	19	42.1%	78.9%	31.6%	15.8%	26.3%	5.3%

Table 2 illustrates that the violent offenders did not know the measures to take to manage or prevent their anger before the anger management treatment compared to after the intervention programme. There is about 68% of the violent offenders who indicated that they cannot stop their anger leading to violent behavior as compared to the 31.6% after the treatment programme. Similarly, the majority 68.4% of the violent offenders knew that thinking positively could change their violent actions after, compared to the 31.6% and while, 63.32% believed that aggression was the only way to express anger before the treatment programme compared to only 21.1% after the anger management programme. In the same line results also indicate 73.7% become aware that impacts on other people after the anger management intervention compared to 36.8% before the intervention.

Furthermore, after the treatment programme the majority, 89.5% of the participants understood that communicating positively with others could lessen the chances of them losing control, compared to 47.4% who shared the same view before the anger management treatment programme. About 37% participants who lacked confidence before the programme indicated gaining confidence in the management of their emotions appropriately.

The results imply that the anger management treatment programme at Harare Central Prison is effective when administered to the violent offenders for rehabilitation.

Table 3. Anger rating for violent offenders
Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Anger rating before management	18.11	19.00	1.49	0.34
	Anger rating after management	20.47	19.00	1.90	0.44

Paired Samples Test

		Paired Differences							
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1	Anger before – after	-2.37	2.09	0.48	-3.37	-1.36	-4.95	18.00	0.00

The results of the paired samples t-test indicate significant difference between mean anger of violent offenders before anger management (M=18.11, SD 1.49) and after anger management (M=20.47, SD 1.90), t(18)= -

4.95, $p=0.000 < 0.01$. The 95% confidence level between the means ranging from (-3.37 to -1.36) indicate the difference between the means of the two samples. Consequently, it can be concluded that the anger management treatment programme significantly curbs the participants's anger.

Identifying motivations of violent behavior and anger

There are several important points that were noted during the anger management treatment programme sessions that were highlighted and derived as the causes of anger and aggressive behavior among violent offenders. The causes of an offender's violent behavior and anger are impacted by a wide range of variables. In figure 4.2, 42.1% of the participants were aware of the causes of their violent behavior before the treatment sessions and 68.6% of the participants could identify the causes of their violent behavior and anger after going through the anger management treatment. From the discussions had these motives could be personal, interpersonal and environmental. The personal history, psychological characteristics and cognitive processes are examples of individual factors. Family relationships, society norms and peer pressure are community features are environmental influences. For the purpose of having a successful outcome of the anger management treatment programme these were thoroughly comprehended in assisting the participants towards rehabilitation in being able to identify these intricate motivations.

Anger Rating Management

The results from the repeated measures t-test that showed a significant difference between violent offenders's anger rating before of ($M=18.11$, $SD=1.49$) and after treatment ($M=20.49$, $SD 1.90$), $t(18) = -4.95$, $p= 0,000 < 0,01$ are discussed in the following. The research study's results showed a statistically significant difference between violent offender's anger ratings, it showed that the severity of anger significantly decreased after the treatment.

The participants displayed high levels of anger prior to the treatment, which was reflected in their first anger ratings. Nevertheless, their anger ratings drastically dropped after completing the treatment programme, implying a lower level in anger intensity. In order to directly compare the anger ratings of the participants before and after the anger management treatment while accounting for the individual differences among the violent offenders, repeated measures t-tests were used. The analysis took into account the within subject variability, which makes it a useful tool for determining how the participant's anger levels changed over the course of time.

5. CONCLUSION

Given a sufficient huge sample over a period of time, the researchers could compare the efficacy of different prison programmes on anger management by dose effect. Additionally due to logistical restrictions, and time, there was no control group included in the research study. It is a drawback on the research study because without a control group with comparable characteristics, we are unable to fully conclude the effectiveness of the treatment. Recommendation for the future studies to add control group which could consist of a waiting list of participants. In order to have a large adequate control group, researchers may seek to over sample.

Despite the limitations, the present research study's results of paramount significance they imply that a cognitive and behavioral intervention with the violent offenders results in effective change in anger management. The treatment programme can be improved with particular rehabilitation components that strengthens the application of the anger management treatment, thus the expansion and modification of the treatment programme in line with a careful and managed evaluation.

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