The Effectiveness of Cognitive Behavior Therapy Group Counseling on Anger and Aggression Among Prisoners in Malaysia

Norzihan Ayub, Universiti Kebangsaan Malaysia, Malaysia
Rohany Nasir, Universiti Kebangsaan Malaysia, Malaysia
Nor Ba'yah Abdul Kadir, Universiti Kebangsaan Malaysia, Malaysia
Mohd Suhaimi Mohamad, Universiti Kebangsaan Malaysia, Malaysia

Asian Conference on Psychology and the Behavioral Sciences 2015
Official Conference Proceedings

Abstract
The purpose of this study was to examine the effectiveness of cognitive behavioral therapy group counseling in reducing both anger and aggression among male prisoners. A pre-test and post-test research design was used to compare the effectiveness of cognitive behavior between groups. A total of 20 prisoners participated in this study. The subjects were randomly assigned into experimental group (N=10) and control group (N=10). The experimental group received eight sessions of group counseling while control group did not receive any treatment. The State -Trait Anger Expression Inventory-2 (STAXI- 2) and Aggression Questionnaire (AQ) were used to measure anger and aggression behavior. Using ANCOVA, the results have indicated significant differences in anger scales between the experimental and control group, except for anger expression-in, anger control-out, and anger control-in. The results have also shown significant differences in aggression between groups. The implications of the findings and suggestions for future research are discussed.

Keywords: Counseling, Anger, Aggression, Cognitive Behavior Therapy, Prisoners

iafor
The International Academic Forum
www.iafor.org

Introduction

Emotions are a state characterized by physiological arousal and changes in facial expression, gestures, posture, and subjective feelings (Coon & Mitterer, 2010). Life without emotions may feel empty and meaningless, because emotions shape our relationship and colour our daily activities. By providing a signal indication of the level of internal and our intentions, emotions can influence on how people act and react to others. Emotions are often associated with rational or irrational behavior. For instance anger is one of the primary emotions that can cause irrational behavior. Other primary emotions, including surprise, anticipation, trust, and joy (Plutchik, 2003), would lead to rational behavior. All these emotions are universal emotions and an incredibly important part of our lives.

Anger, though a basic human emotion, has received much less attention in the emotion literature than other areas such as depression, satisfaction, and fear. Anger is a normal feeling experienced irrespective of age, ethnicity, culture, and religion (Koellhoffer, Murphy & Banas, 2008). Most adults will experience anger episodes every single day (Kassinove & Tafrate, 2006). The action of anger, for instance, is to try harder, to aggress, or both, which is appropriate to the eliciting condition of an active plan being frustrated. Thus, anger may become negative based on its frequency, intensity, and expressive behavior (DiGuiseppe & Tafrate, 2007). Higher anger intensity and frequency will lead to harmful effects of unmanaged and uncontrolled anger on both individuals and people. In other words, anger sometimes promotes an effort to inflict pain or harm on the offending other (Carver & Harmon-Jones, 2009). Therefore, information about anger helps the individuals to seek for therapy and is also an important resource that can help counselors redesign anger therapy.

Anger will not arise for any reasons that cause a person to feel angry. Several factors may lead to anger, such as injustice, inequality, dissatisfaction with others, and so on (Marby & Kiecolt, 2005). Anger is also caused by frustration and stress experienced due to the rapid pace of technology and the increasing of socio-economic status (Orloff, 2009). Relating anger with negative psychosocial and interpersonal consequences, various studies report that lack of social support, interpersonal difficulties, lack of coping skills, and mental health problems (Kroner & Reddon, 1995; Kassinove & Sukhodolsky, 1995; Lochman, Barry & Pardini, 2003) have all been shown to significantly contribute to anger. Anger is not only linked to negative psychological consequences but also increases vulnerability to physical illnesses, compromises the immune system, increases pain, and increases the risk of death from cardiovascular disease (Suinn, 2001; Chida & Steptoe, 2009).

The inability to address growing anger can be seen as a result of the occurrence of crimes and aggression. Individuals with higher anger may become involved in physical and verbal attacks against the objects or other people. Some individuals may aggressively act in expressing anger such as sabotage, starting rumours, pouting, stalling, and disrupting the actions of others (Deffenbacher, 2011). Even people with high anger are more than double to engage in some types of negative verbal responses, act physically aggressive, and use substances (Tafrate, Kassinove & Dundin, 2002). However, reports from previous studies suggested that anger does not always lead to aggression.

Aggression is a behavioral act resulting in harming or hurting others. Aggression is commonly viewed as either proactive or reactive; overt (assault) or covert (theft); or physical, verbal, or relational (Lochman et al., 2010) while anger is a negative, phenomenological feeling state that motivates desires for actions, usually against others, that aim to warn, intimidate, control, or attack, or gain retribution (Kassinove & Tafrate, 2006).

Several studies have found that most of prisoners, especially those who were involved in crime and drug addictions, were found to be emotionally imbalanced (Udrow, 2008; Chan, 2009). One of the emotional imbalanced among them was, anger which is difficult to control (Vannoy & Hoyt, 2004 ; Udrow, 2008; Chan, 2009). As a result, anger will affect their actions and behavior, eventually leading to involvement in aggressive criminal activities (Akbari et al., 2012; Udrow, 2008). Chan (2009) suggested that most of the prisoners who were involved in criminal activities were unable to control their anger and were more aggressive.

Emotional upset and anger can incite the individual act aggressively, which they are involved in crimes such as murder (Pincus, 2001), domestic violence (Norlander & Eckhardt, 2005; Murrell, Christoff & Henning, 2007), child abuse (Slep & O'Leary, 2007; Stith et al., 2009) drug addiction, rape (Kellaway, 2009), destructive and violent crime (Del Vecchio & O'Leary, 2004; Novaco, 1997). Byrne et al. (2001) proposed that expressing anger is the strongest prediction of aggression among prisoners and it relates to physical violence. Mills, Kroner & Forth (1998) also noted that the high measurement over anger was associated with inmates who engage in crime violence when compared with inmates who were not involved in crime violence. Furthermore, mean trait, anger out and anger in scores were significantly higher in prisoners with criminal recidivism in comparison with those who did not have prior criminal records (Corapcioglu & Erdogan, 2004). One study conducted by Norlander & Eckhardt (2005) showed that men who were act violently aggressive towards their partners have higher levels of hostility and anger than that of men who were not violent but also have problems or disagreements in close relationship with their partners.

Reports from previous studies suggested that anger contributes to offending behavior and behavioral difficulties in relation to prison environments. In one study, prisoners reported two episodes of anger per week during the initial stages of their incarceration. Results showed that the duration of incarceration was positive significantly contributed to anger experiences (Zamble & Porporino, 1990). This explained that if anger is a stable mood experience therefore the present feature of long-term imprisonment appeared to be robust (Bonta & Gendreau, 1990). The correctional institutions have numerous stressful elements in their environments and prisoners may endure stressors such as limited physical space, with high walls and with a long history of violence (Thomas & Jackson, 2003), minimal personal space (Lawrence & Andrews, 2004), perceived threats of violence (Cesaroni & Peterson-Badali, 2005), and lack of social support from significant others, family, and friends (Jiang, Fisher-Giorlando & Mo, 2005). Such conditions are very stressful at any time, and all can affect the individual's mental health. So, those prisoners who lack of coping strategies may resort to manage the situation in unhealthy ways (Harreveld et al., 2007) such as violence, aggression, and other defiant behaviors (Zamble & Porporino, 1990).

Treating individual with anger and aggression has been an increasing concern to health organizations, clinicians, and professional mental health. Many psychological intervention programs have been developed in offer the best practice in helping those people overcome their anger and aggression. For example, group counseling or group therapy have been found to be highly effective intervention programs when compared with individual counseling in encouraging recovery among male inmates (Ireland, 2004), sex offenders (DeAngelis, 1992), juvenile offenders (Claypoole, Moody & Peace, 2000; Leone, Quinn & Osher, 2002), and female inmates (Niregi, 2003). This group counseling or group therapy provides an outlet for prisoners to share their thoughts and feelings about their past criminal activities. The group may help the prisoners to learn, share or release their thoughts and feelings in an appropriate ways without hurting themselves or others (Winterowd, Morgan & Ferrell, 2001). For example, one of the group therapy program is anger management. (Edmondson & Conger, 1996). It has been implemented in western prison since the 1980's (Law, 1997). The goals of anger management program are to reduce violence, aggressive behavior, and criminal behavior following release. The majority of anger management has been conducted based on the cognitive behavioral approach (Hunter, 1993).

Evidence has shown that the group cognitive behavioral therapy has a greater effect on anger and aggression among prisoners. Findings also show a decrease in anger levels and aggression in experimental group after intervention among prisoners (Chan, 2009 ; Goldstein et al., 2012) and drug offenders (McLoughin, 2000) when compared with control group.

In contrast, Howells et al. (2005) conducted a study of male prisoners in the Correctional Centre Australia showed that there were no statistical differences between treatment group and control group. They found a low impact of anger management on male prisoners especially in terms of intensity and frequency of anger. However, the results revealed that the prisoners who participated in anger management program showed significantly greater improvement in anger knowledge than prisoners in the control group.

Feindler & Byers (2006) proposed that cognitive behavioral therapy be used to treat automatic anger reactions. Both group leaders and clients work together to create avoidance strategies for anticipated triggers and to encourage the purposeful employment of escape manoeuvres. A variety of exercises have been designed to gradually expose the clients to anger situations and condition the clients in responses to anger situations in order to decrease the client's physiological arousal and also to interrupt their habitual responses to anger situation.

Tafrate & Kassinove (2006) stated that clients will learn to associate a new competing response to the triggers of their anger and to pair those triggers with new responses such as relaxation, cognitive coping statements, assertiveness skills, and the ability to remain quiet and not to respond others (timeout). They believe that through the repeated exposure to their anger triggers, clients will experience habituation and extinction and with repeated rehearsals and practices, clients can bring these new responses from sessions to the ultimate real world. One example of the cognitive behavioral therapy is cognitive restructuring. This therapy is used to identify and challenge harmful thoughts. The clients then were asked to rationalize their thoughts concerning identified situations (Feindler & Byers, 2006).

Another example is assertive technique. This technique helps clients communicate appropriately. The clients are encouraged to be assertive rather than aggressive. Progressive muscle relaxation and breathing relaxation are also another common therapy to help the clients in controlling anger and managing anger.

Limited research has examined the effectiveness of cognitive behavioral therapy in Malaysia. Up until now, most studies focused on social and psychological factors of anger and aggression among children and adolescents who were living in residential child care under the Child Protection Act 2001 of Malaysia or court orders, college or university students, and community samples. Prisoners are very rarely studied, although there is evidence that the prevalence of anger and aggression has shown higher rates. Thus, this study aims to examine the effectiveness of cognitive behavioral therapy group counseling on anger and aggression among prisoners in Malaysia.

Methodology

Research Design

This study was tested using a quasi-experimental study designs with a pre-test and post-test control group design.

Participants

A total of 20 male adult prisoners participated in this study. The subjects were randomly assigned into experimental group (N=10) and control group (N=10). Participants were referred by correctional officers. All prisoners were involved with minor criminal offenses such as fighting, inflicted injuries, robbery, assault with a weapon, and similar offenses.

Instruments

Two instruments have been used in this study to measure anger and aggression. The State Trait Anger Expression Inventory-2 (STAXI 2; Spielberger, 1991) was used to measure anger. The STAXI-2 is a self-report measure which uses a 4-point rating scale to assess both the intensity of anger at a particular time and the frequency with which anger is experienced, expressed, and controlled. This instrument consists of six main scales namely, state anger, trait anger, anger expression-out, anger expression-in, anger control-out, and anger control-in. The Aggressive Questionnaire (AQ; Buss & Perry, 1992) was used to measure aggression.

Procedure

The experimental group received eight sessions of cognitive behavioral therapy group counseling. Each session runs for about 150 minutes, twice a week. Meanwhile the control group did not receive any treatment. The sessions of the treatment were constructed as follows:

Session 1 : Introduce and rapport
Session 2 : Overview of anger and aggression
Session 3 : Event and cues of anger and the aggression cycle
Session 4 : Anger Control Plan
Session 5 : Cognitive Restructuring
Session 6 : Assertiveness

Session 7: Model Resolution Conflict
Session 8 : Termination

Data Analysis

Analysis were carried out using *Statistical Package for Social Science* (SPSS) software version 18. Univariate Analysis of Covariance (ANCOVA) statistical analysis was used to analyse the data.

Results

Tables 1 and 2 shown below are the result of pre and post scores on anger main scales and aggression. Results showed that there were no differences between mean of pre-test for all anger main scales in two groups (table 1). However post-test in experimental group shows significant differences on state anger, trait anger and anger expression-out where the means were reduced from 39.20 to 28.70 (state anger), from 23.70 to 19.80 (trait anger) and from 17.40 to14.60 (anger expression-out). On the other hand, there were no significant differences on anger expression-in, anger control-out and anger control-in. Post-test control groups also did not show significant differences on anger main scales.

Results also showed that there is no difference between mean of pre-test for aggression between two groups (table 2). However, the mean of post-tests in experimental group shows that there is a significant difference, as the means were reduced from 85.40 to 68.50.

Table 1: Mean Pre and Post Scores on Anger Main Scales by Experimental and Control Group

Variables	Group	N	Mean		SD	
			Pre-test	Post-test	Pre-test	Post-test
State Anger	Experimental	10	39.20	28.70	8.32	6.68
	Control	10	37.90	41.10	5.30	8.06
Trait Anger	Experimental	10	23.70	19.80	2.79	3.39
	Control	10	23.50	25.90	2.92	7.81
Anger Expression-Out	Experimental	10	17.40	14.60	3.84	2.37
	Control	10	16.60	18.70	2.01	4.52
Anger Expression-In	Experimental	10	20.20	18.00	5.07	5.01
	Control	10	19.20	17.70	5.96	3.86
Anger Control-Out	Experimental	10	21.50	22.60	4.33	4.70
	Control	10	20.70	22.50	4.11	3.03
Anger Control-In	Experimental	10	22.10	22.60	5.04	4.90
	Control	10	22.40	22.70	4.01	4.08

Table 2: Mean Pre and Post Scores on Aggression by Experimental and Control Group

Variable	Group	N	Mean		SD	
			Pre-test	Post-test	Pre-test	Post-test
Aggression	Experimental	10	85.40	68.50	9.41	11.14
	Control	10	86.80	87.30	11.72	17.55

ANCOVA was used to examine the differences on anger scores between experimental group and control group. Results showed significant differences between pre-tests and post-tests between experimental group and control group on three anger main scales which the results showed state anger $F(1,17) = 14.940$, $p < .05$, trait anger $F(1,17) = 9.143$, $p < .05$ and anger expression-out $F(1,17) = 12.104$, $p < .05$ (table 3). It showed that the experimental group was effective to reduce state anger, trait anger, and anger expression-out comparing control group. However, there were no significant differences between the groups on anger expression-in scale $F(1,17) = .023$, $p > .05$, anger control-out scale $F(1,17) = .050$, $p > .05$ and anger control-in scale $F(1,17) = .003$, $p > .05$ (table 3).

Further analysis was then carried out to examine the differences on aggression scores. ANCOVA showed there were significant differences in pre-test and post-test between experimental group and control group on aggression. $F(1,17) = 8.670$, $p < .05$ (table 4). This shows that the treatment was effective at reducing aggression among intervention groups.

Table 3: ANCOVA Analysis of Anger Main Scales in Pre-Test and Post-Test in Experimental Group and Control Group

Variables	Source	Sum of Squares	df	Mean Square	F	P
State Anger	Group	806.873	1	806.873	14.940	.001
Trait Anger	Group	202.868	1	202.868	9.143	.008
Anger Expression-Out	Group	106.827	1	106.827	12.104	.003
Anger Expression-In	Group	.277	1	.277	.023	.880
Anger Control-Out	Group	.549	1	.549	.050	.826
Anger Control-In	Group	.037	1	.037	.003	.958

* p< .05; ** p< .01

Table 4: ANCOVA Analysis of Aggression in Pre-Test and Post-Test in Experimental Group and Control Group

Variable	Source	Sum of Squares	df	Mean Square	F	P
Aggression	Group	1603.787	1	1603.787	8.670	.009

** p< .01; * p< .05

Discussion and Conclusions

Our findings showed significant differences between the experimental group and control group on the anger main scales such as state anger, trait anger, anger expression-out, and also on aggression. These findings support the results of previous studies carried out by previous researchers which stated that group intervention especially in cognitive behavioral reduces anger and aggression among prisoners in correctional settings (Goldstein, 2012; Chan, 2009; Ireland, 2004). Our findings suggest that the cognitive behavioral group therapy counseling is an effective approach to reduce anger and aggression. This is in line with Pearson et al. (2002) findings when they discovered that 69 research studies on behavioral and cognitive behavioral programs. They found cognitive behavioral were more effective in reducing recidivism than behavioral therapy alone. Ireland (2004), for instance, examined the effectiveness of cognitive behavioral therapy for anger management group with young male offenders suggested that anger management in both observed angry behavior and self-reported angry behaviors were improved among treatment groups than that of control group.

However, in our study, results showed there were no significant differences on three anger main scales such as anger expression-in, anger control-out and anger control-in. We suggested that the prisoners still especially experience difficulty to control their anger. This perhaps may relate to lack of motivation and social support among prisoners. Our findings are consistent with other findings (see Howells et al., 2005; Heseltine, Howells & Day, 2010). We also suggested that perhaps group anger management contributed to a small effect to the treatment groups. Therefore, no significance differences between anger expression-in, anger control-out and control-in among the experimental and control groups of prisoners were found.

The non-significance result was due to poor motivation in prisoners. Readiness and motivation also proved to be a consistent predictor of improvement in treatment among prisoners (Howells et al., 2002). Prisoners who were motivated showed greater improvements on anger. Contrarily, those who were poorly motivated to do so showed fewer or no changes. Motivational problems on the part of the participants have been identified by most correctional staff as a major factor of determining the successful of the program sessions. Howells et al. (2005) added that besides low effectiveness on the intervention due to the poor motivation of the prisoners, the content of programs being too complex for the limited program time available, low program integrity, and limited opportunities to practice the skills learned in the program.

Another factor perhaps is the condition, physical and social environment in prison. Evidence suggested that setting for treatment and rehabilitation may affect the programme outcomes (Clarke, 1985). For example, the question must be raised whether the learning about anger control and expression that occur 24 hours a day in prison (culture abnormal) facilities or contradicts the lessons learned within therapeutic sessions.

Howells & Day (2003) have subsequently suggested that as a group there maybe a number of impediments that prevent violent offenders from successfully engaging in treatment programs. These include the relative complexity of cases, non therapeutic treatment settings, dysfunctional client inferences about the nature of their problems, the mandatory, coercive nature of treatment, treatment incompatible personal goals, gender and difficulties in therapy client alliance. The combined effects of these and other impediments to treatment readiness may mean that it is less likely that offenders will accept and respond to therapeutic effort (Ward et al., 2004).

This study also suffers from several limitations. First, our sample size is small; therefore, the findings are restricted to only male prisoners and generalizability is not permitted. Second, the intervention was done in a short time. The compaction and short time of intervention does not strengthen of learning behavior and emotion. Therefore, future studies should consider at least 15-20 sessions. Dowden, Blanchette & Serin (1999) suggested a minimum of 50 hours for general anger and 100 hours for extreme anger for the best results.

Although this study has several limitations, our findings have suggested that anger and aggression are a significant issue and require further exploration. We conclude that the cognitive behavioral group counseling is the best therapy to reduce anger, especially anger state, trait, and expression-out and also on aggression. This finding will help correctional officers apply the effective intervention program for prisoners in order to reduce anger and aggression.

References

Akbari, B., Abolghasemi, S., Taghizadeli, G., & Dastaran, A. (2012). Evaluate the effects of Anger Management Skills Training to Reduce Aggressive Male Prisoners. *J.Basic.Appl.Sci.Res , 2*(9), 9590- 9593.

Bonta, J., & Gendreau, P. (1990). Reexamining the cruel and unusual punishment of prison life. *Law and Human Behavior*, *14*(4), 347-372.

Buss, A., & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology, 63*(3), 452-459.

Byrne, M. K., Byrne, S., Hillman, K., & Stanley, E. (2001). Offender risk and needs assessment: Some current issues and suggestions. *Behaviour Change*, *18*(01), 18-27.

Carver, C. S., & Harmon-Jones, E. (2009). Anger is an approach-related affect: evidence and implications. *Psychological bulletin*, *135*(2), 183-204.

Cesaroni, C., & Peterson-Badali, M. (2005). Young offenders in custody: Risk and adjustment. *Criminal Justice and Behavior, 32*(3), 251-277.

Chan, W. (2009). An assessment of the effectiveness of an eight session anger management program for minor criminal offenders in the community. (Doctoral dissertation). Faculty of Providence Theological Seminary. Available from Proquest Dissertations and Theses. (Accession No: NR68162).

Chida, Y., & Steptoe, A. (2009).The association of anger and hostility with future coronary heart disease: A meta analytic review of prospective evidence. *Journal of the American College of Cardiology, 53*, 936-946

Clarke, R.G.V. (1985). Jack Tizard Memorial Lecture: Delinquency, environment and intervention , *Journal of Child Psychology and Psychiatry*, *26*, 505–23.

Claypoole, S.D., Moody, E.E., & Peace, S.D. (2000). Moral dilemma discussions: An effective group intervention for juvenile offenders. *Journal for specialists In Group Work, 25*, 394-411.

Coon, D., & Mitterer, J.O. (2010). *Introduction to Psychology: Gateways to Mind and Behavior.* USA: Wadsworth Cengage Learning

Corapcioglu, A., & Erdogan, S. (2004). A cross-sectional study on expression of anger and factors associated with criminal recidivism in prisoners with prior offences. *Forensic science international*, *140*(2), 167-174.

DeAngelis, T.(1992).Best Psychological treatment for many men: Group therapy. APA *Monitor*, *23* , 31.

Deffenbacher, J. L. (2011) .Cognitive-Behavioral Conceptualization and Treatment of Anger. *Cognitive and behavioural practice, 18*, 212-221.

Del Vecchio, T., & O'Leary, K. D. (2004). The effectiveness of anger treatments for specific anger problems: A meta-analytic review. *Clinical Psychology Review, 24*, 15–34.

DiGiuseppe, R., & Tafrate, R. (2007). *Understanding anger disorders*. New York, NY: Oxford University Press.

Dowden, C., Blanchette, K., & Serin, R. (1999). Anger management programming for federal male inmates: An effective intervention (Research Report R82e). Ottawa: Correctional Service Canada.

Edmondson, C., & Conger, J. (1996). A review of treatment efficacy for individuals with anger problems: conceptual, assessment and methodological issues. *Clinical Psychology Review, 16,* 251–275.

Feindler, E.L., & Byers, A. (2006).Multiple perspectives on the conceptualization and treatment of anger-related disorders. In Feindler, E.L.(Ed.), *Anger-related disorders:A practitioner's guide to comparative treatments* (p.p 303-320). New York:Springer.

Goldstein, N.E.S., Serico, J.M., Romaine, C.L.R., Zelechoski, A.D., Kalbeitzer, R., Kemp,K., & Christy Lane, C. (2012). Development of the Juvenile Justice Anger Management Treatment for Girls. *Cognitive and Behavioral Practice*, *20*(2), 171-188.

Harreveld, F., Pligt, J., Claassen, L., & Dijk, W. (2007). Inmate emotional coping and psychological and physical well-being. The use of crying over spilled milk. *Criminal Justice and Behavior, 34*, 697-708.

Heseltine, K., Howells, K., & Day, A. (2010). Brief anger intervention with offenders may be ineffective: A replication and extension. *Behavior research and therapy, 48,* 246-250.

Howells, K., Day,A., Bubner,S., Jauncey,S., Williamson, P., Parker,A., & Heseltine, K. (2002). Anger Management and Violence Prevention: Improving Effectiveness. *Trends and Issues in crime and criminal justice.* Australian Institute of Criminology, *227,* 1-6.

Howells, K., & Day, A. (2003). Readiness for anger management: Clinical and theoretical issues. *Clinical Psychology Review, 23,* 319-337.

Howells, K., Day, A., Williamson, P., Bubner, S., Jauncey, S., Parker, A., & Heseltine, K. (2005). Brief anger management programs with offenders: outcomes and predictors of change. *Journal of Forensic Psychiatry and Psychology, 16,* 296–311.

Hunter, D. (1993). Anger Management in the Prison: An Evaluation. *Research on Offender Programming Issues, 5*, 3–5.

Ireland, J.L . (2004). Anger management therapy with young male offenders: an evaluation of treatment outcome. *Aggressive Behavior, 30*(2), 174-185.

Jiang, S., Fisher-Giorlando, M., & Mo, L. (2005). Social Support and inmate rule violations: A multilevel analysis. *American Journal of Criminal Justice, 30*(1), 71-86.

Kassinove, H., & Sukhodolsky, D.G. (1995). Anger Disorders: basic science and practice issues. In H. Kassinove (Ed.). *Anger Disorders: Definition. diagnosis and treatment* (pp. 1-26). Washington, DC: Taylor & Francis.

Kassinove, H., & Tafrate, R. (2006). Anger-related disorder: Basic issues, models and diagnostic considerations. In E. Feindler (Ed.), *Anger-related disorders: A practitioner's guide to comparative treatments* (pp. 1-27). New York: Springer Publishing.

Kellaway, J.A (2009). Further exploring negative anger consequences. (Doctoral Disertation). Department of Psychology,Colorado State University. Available from ProQuest Dissertations and Theses database. (UMI No: 3400996).

Koellhoffer,T., Murphy M.M., & Banas, S.L. (2008). *Dealing with frustration.* USA: *Infobase Publishing.*

Kroner, D.G., & Reddon, J. R. (1995). Anger and psychopathology in prison inmates. *Personality & Individual Differences, 18,* 783-788.

Law, K. (1997). Further evaluation of anger-management courses at HMP Wakefield: An examination of behavioural change. Inside Psychology. *The Journal of Prison Service Psychology, 3*, 91–95.

Lawrence, C., & Andrews, K. (2004). The influence of perceived prison crowding on male inmates' perception of aggressive events. *Aggressive Behavior*, *30*, 273-283.

Leone, P.E., Quinn, M., & Osher, D. (2002). *Collaboration in the juvenile justice system and youth-serving agencies: Improving prevention, providing more efficient services and reducing recidivism for youth with disabilities.* Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Lochman, J.E., Barry, T.D., & Pardini, D.A. (2003). Anger control training for aggressive youth. In A.E. Kazdin & J.R. Weisz (Eds.), *Evidence–based psychotherapies for children and adolescents* (pp.263-281). New York: Guilford Press.

Lochman, J.E., Barry, T., Powell, N., & Young, L. (2010). Anger and aggression. In *Practitioner's guide to empirically based measures of social skills* (pp. 155-166). New York: Springer.

Marby, J.B., & Kiecolt, K.J. (2005). Anger in black and white.: Race, alienation and anger. *Journal of health and Social Behaviour, 46,* 85-101.

McLoughlin, I.P. (2000). Anger management for seniors with substance abuse problems. (Doctoral Dissertation).Wright Institute Graduate School of Psychology. Available from ProQuest Dissertations and Theses database. (UMI No:9965290).

Mills, J. F., Kroner, D. G., & Forth, A. E. (1998). Novaco Anger Scale: Rehabilitating and validating within an adult criminal sample. *Psychological Assessment, 5*, 237–248.

Murrell, A.R., Christoff , K.A., & Henning, K.R.(2007). Characteristics of Domestic Violence Offenders: Associations with Childhood Exposure to Violence. *J Fam Viol, 22*, 523–532.

Niregi, K. (2003). Group counseling for young female prisoners who violated the stimulant control law: the effect of the counselling examined with STAI. *Japanese Journal of Criminal Psychology, 41*(1), 39-55.

Norlander, B., & Eckhardt, C. (2005). Anger, hostility, and male perpetrators of intimate partner violence: A meta-analytic review. *Clinical Psychology Review, 25*, 119-152.

Novaco, R. (1997). Remediating anger and aggression with violent offenders. *Legal and Criminological Psychology, 2*, 77–88.

Orloff, J. (2009). *Emotional Freedom*. USA: Harmony Books.
Pearson, F.S., Lipton, D.S., Cleland, C.M., & Yee, D.S. (2002).The effects behavioral/cognitive-behavioral programs on recidivism. *Crime and Deliquency*, *48*(3), 476-496.

Pincus, J.H . (2001). *Base Instincts: What Makes Killers Kill*. New York: NY Norton & Company, Inc.

Plutchik, R. (2003). *Emotion and life*. DC: American Psychological Association (APA).

Slep, A. M.S., & O'Leary, S. G. (2007). Multivariate models of mothers' and fathers' aggression toward their children. *Journal of Consulting and Clinical Psychology, 75*(5) 739-751.

Spielberger, C. D. (1991). *State-Trait Anger Expression Inventory*. Orlando, FL: Psychological Assessment Resources.

Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J.M., Som, A., McPherson, M., & Dees, J.E.M.E.G.(2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14*(1), 13-29.

Suinn, R. (2001). The terrible twos-Anger and anxiety: Hazardous to your health. *American Psychologist, 56,* 27-36.

Tafrate, R., Kassinove, H., & Dundin, L. (2002). Anger episodes in high and low-trait-anger community adults. *Journal of Clinical Psychology* , *58*, 1573-1590.

Tafrate, R., & Kassinove, H. (2006). Anger management for adults: A menu-driven cognitive-behavioral approach to the treatment of anger disorders. In E.L Feindler (Ed.). *Anger-related disorders: A practitioner's guide to comparative treatments.* New York, NY : Springer Publishing.

Thomas, M., & Jackson, S. (2003). Cognitive -Skills group work. In G. Towl (Ed.), *Psychology in prisons*. British Psychological Society. Oxford: Blackwell Publishing Ltd.

Udrow, W. J. (2008). Evaluation of Cognitive behaviour Anger Management Groups and Levels of Clinical Anger On The Recovery Process in A Substance Abuse/ Dependent Population. (Doctoral Dissertation). Faculty of the Adler School of Professional Psychology. Available from ProQuest Dissertations and Theses database. (UMI No:3504755).

Vannoy, S.D., & Hoyt, W.T. (2004). Evaluation of an anger therapy intervention for incarcerated adult males. *Journal of offender rehabilitation, 39*(2), 39-57.

Ward, T., Day, A., Howells, K., & Birgden. A. (2004). The multifactor offender readiness model. *Aggression and Violent Behavior, 9,* 645-673.

Winterowd, C.L., Morgan, R.D., & Ferrell, S.W. (2001). Principle components analysis of important goals for group work with male inmates. *Journal for specialist in group work, 26,* 406-417.

Zamble, E., & Porporino, F. (1990). Coping, imprisonment, and rehabilitation: Some data and their implications. *Criminal Justice and Behavior, 17,* 53–70.