



Shorter communication

Brief anger interventions with offenders may be ineffective: A replication and extension

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ARTICLE INFO

Article history:

Received 8 December 2006

Received in revised form

6 October 2009

Accepted 8 October 2009

Keywords:

Anger

Treatment

Offenders

Outcome

ABSTRACT

Anger-management interventions are widely delivered in the criminal justice and forensic mental health systems. Whilst previous research has generally supported the thesis that anger management is an effective intervention for anger problems in general there remains a need to determine its effectiveness with offender populations. This paper reports the results of a controlled outcome study of a 20 h anger-management program offered to offenders. Those receiving treatment showed improvements in their knowledge about anger, but showed little change on measures of anger and anger expression when compared to waiting-list controls. Scores on measures of treatment readiness and level of need for treatment were however, correlated with post-treatment improvement. These findings are discussed in terms of their implications for the assessment and selection of appropriate participants for offender anger-management programs.

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Introduction

Anger regulation problems have been associated with a range of behavioural, psychological and physical health problems including cardio-vascular disease (Harenstam, Theorell, & Kaijser, 2000), personality disorders (Trull, Useda, Conforti, & Doan, 1997), substance abuse (Bond, Verheyden, Wingrove, & Curran, 2004), post-traumatic stress disorder (Franklin, Posternak, & Zimmerman, 2002), and organic brain disorders (Rosen et al., 2002). In recent years, psychological interventions designed to improve the regulation of anger, commonly known as anger-management programs, have been used to treat all of these problems, with meta-analytic reviews of treatment effectiveness (e.g., Edmondson & Conger, 1996) suggesting that whilst the effect sizes associated with treatment are moderate, programs outcomes are sufficiently positive to be considered as producing reliable clinical change (Defenbacher, Oetting, & DiGiuseppe, 2002). Indeed, Beck and Fernandez (1998) in their meta-analysis of fifty outcome studies concluded that individuals receiving cognitive-behavioural anger-management therapy were 75% better off, in terms of anger reduction, than untreated controls.

Given that anger is commonly considered to be an important antecedent to aggression (Novaco, 1997; Novaco, Ramm, & Black, 2001), one of the main rationales for referring someone to an anger-management program is to reduce the risk of aggressive and violent behaviour. In a more recent meta-analysis of anger-management outcomes, DiGiuseppe and Tafrate (2003) found that the effects of anger management were most marked on post-treatment measures of aggression. However, even though anger-management programs are administered on a very large scale internationally within criminal justice and forensic mental health systems, there have been few studies that have evaluated the effects of anger management with forensic populations. In the DiGiuseppe and Tafrate (2003) meta-analysis for example, only 8 of the 57 studies reviewed were conducted with offender participants (although insufficient detail is provided in the paper to be certain about this) and whilst other evaluations have been conducted, many of these suffer from methodological problems (such as a lack of control groups, or an absence of behavioural measures) which prohibit their inclusion in any meta-analytic review (e.g., Smith, Smith, & Beckner, 1994; Valliant, Jensen, & Raven-Brook, 1995; Valliant & Raven, 1994).

Two large scale evaluations have been reported with offender populations which warrant specific mention. First, Dowden, Blanchette, and Serin (1999) found that a 50 hour anger-management program offered to adult male offenders in Canada produced reductions in recidivism over a three-year period, though only for high-risk offenders. A follow up study by Dowden and Serin (2002) found whilst anger-management participants were no less likely to

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