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Rewiring The Anger: Learning New Responses In The Therapeutic Community

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REWIRING THE ANGER: LEARNING NEW RESPONSES IN THE THERAPEUTIC

COMMUNITY

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ABSTRACT

Extensive research has been conducted in correctional settings on the effects that

therapeutic programs that utilize cognitive-behavioral therapies have on recidivism rates and

cognitive-behavioral changes among inmates. Research on anger management programs in

correctional settings has shown that there are measurable effects on the anger levels of

participants based on quantitative pre-testing and post-testing. The present study sought to build

on this research in a unique way by conducting qualitative research to examine the personal

perceptions of inmates that have graduated from a therapeutic program in a maximum security

prison. The study focused on participants' perceived changes in how they understand and express

anger. The data for the study was collected through face to face interviews. The interviews were

transcribed using a semi-strict verbatim style. A content analysis of these transcripts was

conducted and themes were identified. The findings indicate that the anger management course

helped participants to recognize their anger, process their emotions, and taught them coping

skills to assist them in making constructive responses to their anger.

DEDICATION

I would like to dedicate this work to my parents, Barry and Pam, whose love and support has been constant through all my many endeavors.

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CHAPTER 1

INTRODUCTION TO THE STUDY

Introduction

In the movie, *Anger Management* (Giarraputo & Bernardi, 2003) there is a scene that depicts a meeting of an anger management therapy group. Dr. Buddy Rydell, played by Jack Nicholson, is the therapist that leads the group. Dave Buznik, played by Adam Sandler, is a character that has been assigned twenty hours of anger management therapy by a judge, after being found guilty of assault. In the session, Dr. Rydell goes around the room and encourages the other participants of the group to dialogue about why they are in the therapy group and describe incidents where they lost their temper or lashed out verbally or physically against someone or something. While the scene in the movie is exaggerated for comedic effect, the session provides a picture of a group therapeutic program. The therapeutic program depicted does not take place in a prison, but it is court mandated to individuals that have committed minor crimes of aggression (Giarraputo & Bernardi, 2003).

For approximately 40 years, therapeutic communities (TC) have been similarly used to address drug abuse and addictions (*Therapeutic Community,* 2002). According to research conducted by the National Institute on Drug Abuse, members of a TC, "interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use" (*Therapeutic Community*, 2002, p. 1). Examples of TCs can be seen in well-known programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). TCs are also utilized by the corrections community to help treat offenders suffering from a variety of addictions as well

as mental and emotional disorders. The Missouri Department of Corrections (MODOC) provides a form of TC to offenders in the state. Their Division of Offender Rehabilitative Services offers several different types of therapy programs, including Department Institutional Treatment Centers (ITC) which are part of their substance abuse treatment services (Division of Offender Rehabilitative Services, n.d.).

There has been extensive research into the effects that therapeutic programs, specifically those that involve behavioral or cognitive-behavioral therapy, have on recidivism rates (Caldwell & Van Rybroek, 2005; Henwood, Chou, & Browne, 2015; Inciardi, Martin, & Suratt, 2000; Lipsey, Chapman, & Landenberger, 2001; Pearson, Lipton, Cleland, & Yee, 2002). Pearson et al. (2002) performed a meta-analysis on 69 different research studies occurring between 1968 and 1996. The goal of the meta-analysis was to examine the effectiveness of behavioral and cognitive-behavioral programs in reducing recidivism rates. They found that cognitive-behavioral programs can significantly reduce recidivism rates among offenders. Brazão, Motta, and Rijo (2013) pointed out that because of this focus on recidivism rates, less has been studied on the underlying causes of the change.

Brazão et al. (2013) sought to address this lack of research by conducting a study on a rehabilitation program called Growing Pro-Social (GPS), which was developed for individuals displaying antisocial behavior. The creators of GPS focused on, "the nature of aggressive and antisocial behavior, as well as its cognitive-behavioral maintenance factors" (Brazão et al., 2013, p. 641). GPS seeks progressive change and has the overall goal of helping participants to modify core beliefs that may be flawed. Initial research showed that GPS was in fact successful in helping participants to make improvements in correcting dysfunctional beliefs. Specifically,

improvements among participants were made in the areas of external shame, paranoia, biased information programming, and anger (Brazão et al., 2013).

The current study examined one cognition, anger, and how it is addressed in the ITC program offered by the MODOC. ITC utilizes cognitive-behavioral therapy as part of its treatment of substance abuse (Division of Offender Rehabilitative Services, n.d.). Cognitive behavioral therapy is shaped by cognitive-behavioral theory. The first chapter of this study will examine the conceptual underpinnings for the study as well as provide a statement of the problem, purpose of the study, any limitations and assumptions of the study, and key definitions that are relevant to the study.

Conceptual Underpinnings for the Study

Cognitive-behavioral theories are, in a way, an amalgamation of both behavioral theories and cognitive theories (Hupp, Reitman, & Jewell, 2008). It is difficult to map an exact history of cognitive-behavioral theory because of conflicting perspectives (Nurius & Macy, 2012). Behavioral theory can be traced back to the earliest stages of the twentieth century. John B. Watson published one of the first major works on the theory in 1924 entitled "Behaviorism." Watson used similar methods to those of Ivan Pavlov to show how behavior could be conditioned in an infant that he worked with named Albert (Watson & Watson, 1921). Other major contributors to behavioral theory included B.F. Skinner and Albert Bandura (Hupp et al., 2008). Cognitive theory developed in the 1960s and the early contributors included Albert Ellis, Aaron Beck, Michael Mahoney, Joseph Cautela, Donald Meichenbaum, Bandura, and others (Nurius & Macy, 2012). In the 1970s many theorists still argued over the strengths and weaknesses of both behavioral and cognitive theories while others encouraged the integration of the two approaches (Hupp et al., 2008).

According to Kendall (2006) cognitive-behavioral theories place the, "greatest emphasis on the learning process and the influence of models in the social environment, while underscoring the centrality of the individual's mediating/information processing style and emotional experiencing" (p. 7). In other words, a person's environment as well as their personal thoughts and emotions impact behavior. Cognitive-behavioral theory assumes that cognitive activity and behavior are different, with cognitive activity referring to covert behaviors or thoughts and behavior referring to the overt actions taken by individuals (Hupp et al., 2008).

The following assumptions characterize cognitive behavioral therapy (CBT): (a) cognitive activity affects behavior, (b) cognitive activity may be monitored and altered, and (c) behavioral change may be achieved through cognitive change (Dobson & Dozois, 2010; Nurius & Macy, 2012). Many cognitive-behavioral theories can fall under the category of "self-management," a term referring to the ability to monitor and control one's own emotions and behaviors. Self-management therapies seek to develop learning and cognitive principles that individuals can apply themselves. Individuals are taught how to monitor both their cognitive and overt activities, how to control the stimuli that attribute to their behaviors, and how to administer their own consequences for their behavior (Hupp et al., 2008).

Cognitive problem solving is another model that developed through the emergence of cognitive-behavioral theories. This is the "self-directed cognitive-behavioral process by which a person attempts to identify or discover effective or adaptive solutions for specific problems encountered in everyday living" (D'Zurilla & Nezu, 2001, p. 212). There are two types of coping responses associated with cognitive problem solving. The first is known as problem-focused coping responses and they are used when a person has control over a situation and can therefore change something about their behavior and affect the situation. The second coping response is

emotion-focused. When a person does not have direct control over a situation, cognitive problem solving suggests focusing on changing one's emotional response to the situation (D'Zurilla & Nezu, 2001).

Cognitive-behavioral interventions can be placed in one of three categories. The first category is cognitive reconstructing. Cognitive reconstructing seeks to replace an individual's internal problems with cognitions that are amenable. The second category is coping skills. Interventions that address coping skills also address the thought process of an individual but are more focused on changing behavioral responses. The final category is problem solving. Therapies focusing on problem solving seek to provide individuals with a strategy that allows them to identify problems and find successful solutions to said problems. Problem solving interventions deal with cognitive problems, behavioral problems, and problems associated with both (Hupp et al., 2008).

Since its initial development, CBT has become heavily utilized by counseling professionals for several clinical problems. Nurius and Macy (2012) stated that, "one reason for the advancement and expansion of CBT has been the rapidly growing body of empirical findings indicative of effective outcomes" (p. 154). The research on the effects of CBT is too extensive to report fully, but many sources can be found that summarize research conducted. Research has been performed that examined the use of CBT across a number of clinical problems, including affective disorders, addictions, obsessive-compulsive disorders, relationship problems, self-esteem issues, problem solving skills needs, stress management and coping skills, and medical conditions, as well as across a variety of populations (Nurius & Macy, 2012). For example, Dobson (2010) provided multiple examples of how CBT was found to be effective when working with youth, in couple's therapy, and with other diverse populations. O'Donohue and

Fisher (2009) presented evidence that showed that CBT had been found to have positive effects on depression and certain anxiety disorders. Finally, Lipsey, et al. (2001) provided a review of CBT programs among offenders and found that in general CBT had positive effects on offenders, specifically CBT was found to reduce recidivism among offenders.

The current study examined the use of CBT in a maximum security correctional setting. Specifically, it examined the use of CBT in a therapeutic community and how the CBT used effects the understanding and expression of anger among the inmates that participate per their own perceptions. The program examined is one of the substance abuse services provided by the Missouri Department of Corrections (MODOC). While anger management is not the explicit goal of the specific therapeutic program being examined, it is possible that it could be an unintentional effect of the CBT utilized in the program.

Statement of the Problem

The problem addressed in this study is the exploration of a therapeutic program that is used in a maximum security prison and what impact it has on how participating inmates understand and express anger. Specifically, the study examined the Department Institutional Treatment Centers (ITC) implemented by the MODOC. Anger management is not an explicit goal of ITC, but is incorporated into the substance abuse treatment services provided by the MODOC.

Extensive research has been conducted on therapeutic programs in prisons, but most studies have focused on their success in reducing substance abuse and recidivism (Caldwell & Van Rybroek, 2005; Henwood et al., 2015; Inciardi et al., 2000; Lipsey et al., 2001; Pearson et al., 2002). These focuses are logical because they are the expressed goals of many therapeutic programs in correctional settings. These goals can also be measured through existing data such

as recidivism rates. This research focus on measurable goals has led to a lack of research on the underlying changes that take place in participants over the course of these therapeutic programs (Brazão et al., 2013). Cognitive-behavioral treatments are utilized in many therapeutic programs. The goal of cognitive-behavioral treatments is to address cognitive and emotional processes experienced by an individual (Pearson et al., 2002). The present study provided insight into how ITC addresses cognitive-behavioral processes in its graduates by examining their cognition of anger.

Therapeutic programs that have the expressed goal of anger management have also been utilized in correctional settings. Research on these types of programs has measured effectiveness by analyzing surveys results to determine the anger of participants before and after going through treatment (Akbari, Abolghasemi, Taghizadeh, & Dastaran, 2012; Ayub, Nasir, Kadir, & Mohamad, 2016; Ireland, 2004). The present study was an inaugural investigation of prisoners' perceptions of how participating in a TC has affected their understanding and expression of anger.

Purpose of the Study

The purpose of this study was to examine the impact of therapeutic communities on how inmates understand and express anger. The research questions that guided this study were:

Research Questions

1. What influence did the institutional therapeutic community program at a maximum security prison have on inmates' understanding of anger?
2. What influence did the institutional therapeutic community program at a maximum security prison have on how inmates express their anger?

Limitations and Assumptions

In the current study, the researcher assumed that the individuals who participated in the data collection were honest when giving their responses. The sample used for the interviews was compiled of inmates at a maximum security prison in Missouri who had graduated from an ITC program. The efficacy of the study relied primarily on the participants' perspectives. This assumption of honesty was also a limitation because the researcher could not ensure that each answer provided was truthful. The offenders may have changed their answers to avoid any negative repercussions they anticipated.

A second limitation of the study was related to generalization. Generalizations of the research were difficult because the inmates that participated are from one facility in Missouri and because the research was qualitative in nature. Merriam (1998), however, argued generalization is neither a strength nor goal of qualitative research. Similarly, Patton (2001) believed the strongest argument for generalizing is extrapolation, the "modest speculations on the likely applicability of findings to other situations under similar, but not identical conditions" (p. 489). Patton (2001) alleged extrapolation is broadly accepted by both qualitative researchers and the public.

A non-probability sampling method was used in selecting participants for the interviews conducted. In non-probability sampling, there is an increase of subjectivity which can be viewed as a limitation if the selection of a sample is not based on sound criteria. According to Maxfield and Babbie (2016), non-probability also means that, "the likelihood that any given element will be selected is not known" (p. 160). This also limits the ability to claim that the sample is representative. Therefore, the findings in this study cannot be assumed to be representative of all inmate populations that have graduated from a therapeutic program.

A convenient sample of ITC graduates was used for the study because they were incarcerated at the prison where they had graduated from ITC at the time the study was conducted. This method of sampling had three potential sources of bias. Those graduates who had been transferred to a different prison did not have an opportunity to be interviewed. Secondly, the graduate who refused to sign a Consent Form and those who had been dismissed from ITC prior to graduation were not interviewed. Finally, ITC graduates that chose to be interviewed, may have done so only because they may have strong unilateral perceptions about the ITC program.

Lastly, this study relied on secondary data. The advantages to using secondary data was that the data were cheaper and faster to collect than original data. Analysis of secondary data, however, presented challenges, ranging from uncertainty about the methods of data collection (Bachman & Schutt, 2008) and the way key variables had been operationalized (Maxfield & Babbie, 2016). These issues may have affected the depth of the interpretation or analysis (Berg, 2007).

<div align="center">**Definition of Key Terms**</div>

The following key terms helped frame the topic of the study by creating a common understanding of some key concepts and terms used.

Anger – "an emotional state that can vary in intensity, from mild annoyance to rage," and "the experience of anger lacks a specific goal" (Parrott & Giancola, 2007).

Cognitive-Behavioral Treatments (CBT) – "treatments that include attention to cognitive and emotional processes that function between the stimuli received and the overt behaviors enacted" (Pearson et al., 2002, p. 480).

Department Institutional Treatment Centers (ITC) – Per the Division of Offender Rehabilitative Services page of the Missouri Department of Corrections website (n.d.) ITCs are a type of treatment program which, "provide structured comprehensive substance abuse treatment for incarcerates, parole, and probation violators" (para. 11).

De-phase – Occurs when an ITC participant exits the program or is demoted back to a lower phase, either by self-removal or as the result of a violation of policy (Personal communication).

Elders – Title given to offenders that have graduated from the ITC program (Personal communication).

Facilitators – Elders that undergo an additional six months of training to help facilitate the ITC program (Personal Communication).

Therapeutic Communities – "drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills" (*Therapeutic Community,* 2002, p. 1).

Summary

The present thesis sought to provide insight into how therapeutic programs can provide participants with new ways to understand and respond to anger. This chapter has served to introduce the research, the conceptual underpinnings guiding the study, and to explain the purpose of the study. It has provided the research questions guiding the study, the limitations and assumptions associated with the study, and has also defined key terms that are relevant to the research.

The proceeding chapters contain the culmination of this thesis. Chapter Two discusses all relevant literature to this study. The review consists of an analysis of research related the presence of anger in criminal offenders, the use of cognitive-behavioral therapy to treat anger, therapeutic programs and recidivism, therapeutic programs and cognitive-behavioral interventions, and anger management programs in prison. It also provides an overview of the ITC program administered by the MODOC. Chapter Three describes the study's methodology. The sample population and data collection procedures are described. The data analysis process is also discussed to explain how the research questions were answered. Chapter 4 will include the analysis of data and in Chapter 5 the conclusions and implications for future research and practice will be presented.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Introduction

While there are significant research findings on anger among criminal offenders (Howells, 2004; Kroner & Reddon, 1995; Roberton, Daffern, & Bucks, 2015; Zamble & Porporino, 1990) and on the value of institutional therapeutic communities in correctional settings (Brazão et al., 2015; Bogestad, Kettler, & Hagan, 2010; Henwood et al., 2015; Pearson et al., 2002) there is a dearth of research related to how such programming addresses offender anger. In response to this void in the literature, the current study represents an inaugural investigation of prisoners' perceptions of how participating in an institutional therapeutic community (ITC) impacted their understanding and expression of anger. This chapter reviews literature from two areas: (a) anger and criminal offenders, specifically the treatment of anger through cognitive-behavioral therapy and the presence of anger among criminal offenders; and (b) therapeutic programs in correctional settings, with an emphasis on the effectiveness of therapeutic programs in reducing recidivism rates, the use of cognitive-behavioral treatments in therapeutic communities, and anger management programs in correctional settings. The chapter also provides an overview of the ITC program that was examined in the proposed study.

The research questions that guided this study include:

1. What influence did the institutional therapeutic community program at a maximum security prison have on inmates' understanding of anger?

2. What influence did the institutional therapeutic community program at a maximum security prison have on how inmates express their anger?

Anger and Criminal Offenders

This chapter's review of literature examines relevant subtopics to the study. It will begin by exploring the use of cognitive-behavioral therapy in the treatment of anger across a variety of populations and moves to the presence of anger among inmates and offenders in correctional settings.

Cognitive-Behavioral Therapy and the Treatment of Anger

Studies have shown that anger management is effective in reducing anger (Beck & Fernandez, 1998; Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Edmondson & Conger, 1996; Gorenstein, Tager, Shapiro, Monk, & Sloan, 2007, Sukhodolsky, Kassinove, & Gorman, 2004). Del Vecchio and O'Leary (2004) compared CBT to therapies such as cognitive therapy, relaxation training, and others. They found that the most effective therapy for addressing the expression of anger was CBT. Gorenstein et al. (2007) conducted research on persistent anger and efforts to reduce it through cognitive-behavior therapy. The therapy researched used a treatment model of exposure based counterconditioning. During sessions, patients applied six different categories of methods to reduce anger when faced with anger provoking situations. The categories of methods used were, "(a) psychoeducation, (b) self-monitoring, (c) cognitive restructuring, (d) behavior therapy, (e) relaxation and visualization exposure, and (f) in vivo exposure" (Gorenstein et al., 2007, p. 172). The study found that when these methods were used consistently, it lead to reduced anger in patients and the development of more neutral associations to situations that formerly induced anger.

Deffenbacher (2011) also conducted research on CBT and the treatment of anger. He applied previous research conducted on CBT to a case study. According to Deffenbacher, "CBT interventions are based on the client identifying anger as a personal problem and being committed to anger reduction" (p. 217). He asserted though, that not all angry individuals recognize anger as a personal problem. This can often be the result of a perceived reality that causes the individual's anger to appear warranted. Placing blame was found to be a common trait among angry individuals and it often increased their anger levels and lead them to act out their anger through revenge or punishment. The case study examined was found to be a weak candidate for CBT for a few reasons. One reason was that the patient did not identify anger as a personal problem and he did not want help with it. He entered therapy to please others in his life and was, therefore, not highly motivated (Deffenbacher, 2011).

Similarly, González-Prendes (2007) conducted research using three case studies to explore the cognitive-behavioral treatment of anger in men. The three case studies used involved white males who were all similar in age and had jobs that placed them in positions of responsibility. The three men also all grew up in homes where they were consistently subjected to abuse through verbal or physical aggression. The men were all successful in their jobs but were described as having demanding, task-oriented, and rigid attitudes. These traits were believed to have contributed to their success, so the three men did not recognize them as behaviors that they needed to change. The goal of the treatments in all three cases studies was to decrease levels of trait anger and improve the patients' symptoms of anger. All three clients appeared to improve in both areas showing that CBT can be effective in treating anger, even in cases where anger was not recognized as a personal problem (González-Prendes, 2007).

Smith (2011) also conducted a study of the effects of CBT on men. She specifically examined the cognitive effects of CBT on 18 men that were perpetrators of domestic abuse against their female partners. The study found several benefits for the perpetrators that participated in CBT. One of the main benefits was that the participants experienced a reduction in anger. Other changes that occurred as a result of the administered CBT were an increase in communication skills, reduction in aggression, and an increase in personal responsibility. Furthermore, according to Smith, "seventeen perpetrators reported that having an opportunity to talk about their thoughts and feelings was useful in developing their self-efficacy and enabled cognitive processes to occur prior to behaviour" (p. 162). Sukhodolsky et al. (2004) conducted a meta-analysis of 40 studies that examined the use of CBT on children for anger-related problems. They found that CBT was also effective in reducing anger and anger-related problems in children and adolescents.

Presence of Anger in Criminal Offenders

Anger plays a vital role in the understanding and study of offenders and inmates (Kroner & Reddon, 1995). Zamble and Porporino (1990) conducted a study on prison adjustment and found that, initially, inmates reported episodes of anger about twice a week. Over time, these inmates' experience of certain emotions such as depression and anxiety decreased, while their experience of anger increased and eventually stabilized (Zamble & Porporino, 1990). Kroner and Reddon (1995) found a significant relationship between anger and psychopathology. Kroner and Reddon also found that, "inmates who are easily aroused to anger and also outwardly express their anger will have more interpersonal difficulties" (p. 786).

Beyond just examining the presence of anger in an inmate population, Farmer and Andrews (2009) compared a population of inmates to a population of undergraduate students.

They studied the relationship between anger and shame in both populations. They also measured depression and defensiveness in each group. In the study, Farmer and Andrews found that young offenders experienced higher levels of both anger and depression when compared to the undergraduate control group but had significantly lower levels of shame. Among the participants in the undergraduate control group, shame and anger were highly correlated but there was no relationship found between the two among the young offenders. Farmer and Andrews suggested that anger may allow young male offenders to regulate or remove the threat of shame. They also suggested that in some instances, anger may replace the feeling of shame so rapidly that young offenders may not even recognize that they felt shame at all. Cornell, Peterson, and Richards (1999) found that self-reported anger among juvenile offenders is valid as a predictor of institutional aggression.

Roberton et al. (2015) also examined anger among offenders. Instead of looking at its relationship to shame, they explored the relationship between anger, as well as other emotions, and aggression. Aggression was defined as a behavior that has the intention of causing harm (Roberton et al., 2015; Parrott & Giancola, 2007), and anger as an emotion that can vary in intensity and that is not associated with a specific goal (Parrott & Giancola, 2007). Roberton et al. hypothesized that subjects with high levels of anger and lower levels of anger control, would have a greater history of aggression. They also hypothesized that participants who reported they addressed difficult emotions they experienced, would have a less extensive history of aggression than those that did not. The data collected in the study supported both hypotheses. Furthermore, the data suggested that the ability to control one's behavior, as opposed to controlling one's emotions, was the best way to reduce aggressive behavior.

Similarly, Howells (2004) discussed the relationship between anger and violent offending. He made the same distinction between the emotion of anger and the acts of human aggression and violence as other researchers (Parrott & Giancola, 2007; Robert et al., 2015). He also stated anger does not have to be present or a precondition of violent attacks and in the majority of cases, anger does not lead to violent acts. Howells instead referred to anger as, "a contributing factor, one that may affect the probability of violence, typically when it occurs with a number of other conditions" (p. 189). Anger has been shown to be a contributing factor for many violent offenses, including homicide, domestic abuse, child abuse, and sex offending (Howells, 2004). He also conducted research on the effectiveness of anger management programs and found that in general, anger management programs were effective, but the majority of studies on these programs at the time did not focus on the treatment of violent offenders.

<div align="center">

Therapeutic Programs in Correctional Settings

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This section will provide an overview of research that has been done on therapeutic programs in correctional settings. It will examine research on how therapeutic programs have been found to effect recidivism among offenders. The cognitive-behavioral benefits of therapeutic programs in correctional facilities will be explored and the use of anger management programs among offenders will be reviewed.

Therapeutic Programs and Recidivism

There is an abundance of research showing that institutional therapeutic programs in prisons can reduce recidivism (Caldwell & Van Rybroek, 2005; Henwood et al., 2015; Inciardi et al., 2000; Lipsey et al., 2001; Pearson et al., 2002) A study by Caldwell and Van Rybroek (2005) examined the effectiveness of reducing violence and recidivism in juvenile offenders using a treatment program as opposed to traditional detention facilities. The treatment facility examined

in the study was Mendota Juvenile Treatment Center (MJTC) in Wisconsin. The treatment center had an increased clinical staff, specifically a psychiatrist, social worker, and half psychiatry position for every 20 juveniles. This ratio of clinical staff to offender was found to be much higher than at traditional correctional facilities. Caldwell and Van Rybroek found that the treatment program utilized at MJTC did reduce the likelihood of re-offending among participants and it lowered the risk of future violent offenses by fifty percent. The study did not allow for conclusions to be drawn on which part of the treatment program was most successful, but did suggest that mental health programs are more effective than other juvenile justice programming.

Similarly, Inciardi et al. (2000) conducted a study on therapeutic communities within the Delaware correctional system that also examined the effect therapeutic programs have on recidivism, as well as how they helped drug-related offenders remain drug free. The study reviewed programs that were prison-based, work-release or transition based, and programs that took place after inmates were fully released back into society. Inciardi et al. found that offenders that completed some level of treatment whether prison-based or in a work-release program, were more likely to remain drug and arrest free than offenders that received no treatment. They also found that offenders that received continuing treatment after graduating other treatment programs were more likely to remain drug and arrest free than those that do not receive continuing treatment.

In contrast, a study by McGuire et al. (2008) on the reduction of recidivism through CBT found that in the programs they analyzed there was no significant difference in the re-conviction rates between the experimental group, which went through CBT, and the control group, which was never assigned to CBT. One explanation given for this by McGuire et al. is that the results, "are largely, or even purely, a function of motivational difference" (p. 35). Another suggested

reason for the results not meeting expectations is the programs examined were not effectively implemented (McGuire et al., 2008).

Pearson et al. (2002) also examined the reduction of recidivism rates but did so by conducting a meta-analysis of 69 research studies that examined behavioral and cognitive-behavioral programs. Their study found that cognitive-behavioral programs can significantly reduce recidivism rates. Another meta-analysis conducted by Lipsey et al. (2001) examined 14 studies involving cognitive-behavioral programs and their effect on recidivism rates among criminal offenders. Some of the programs they examined showed that CBT had only a modest effect on recidivism rates, but overall their study showed that CBT was effective in reducing recidivism rates. The most effective studies that they examined, "reduced recidivism rates to about one-third of the rate for untreated controls" (Lipsey et al., 2001, p. 154).

More recently, Henwood et al. (2015) also performed a meta-analysis on the effectiveness of cognitive-behavioral therapy (CBT) in reducing recidivism in male offenders. They examined 14 programs that were specifically designed to help offenders with anger management. They took the treatment and control groups from the programs used and compared recidivism rates, distinguishing between general and violent recidivism. The analysis found that in general, anger management interventions were effective in reducing the risk of recidivism. Specifically, "analysis found an overall risk reduction in recidivism of 23% for general recidivism and 28% for violent recidivism after treatment. The total risk reduction for treatment completion as opposed to non-completion was of a 42% reduction in general recidivism and 56% in violent recidivism" (Henwood et al., 2015, p. 290).

Therapeutic Programs and Cognitive-Behavioral Benefits for Inmates

A study by Bogestad et al. (2010) examined a cognitive intervention program conducted among juvenile offenders, but instead of focusing on recidivism rates they explored the cognitive-behavioral changes made through the treatment. The program measured was the Juvenile Cognitive Intervention Program (JCIP) implemented by the Wisconsin Department of Corrections and their Division of Juvenile Corrections. The program was, "designed to assist youthful offenders in developing cognitive skills to enhance the likelihood that they will make prosocial choices" (Bogestad et al., 2010, p. 557). To examine the program, 165 juvenile offenders were administered a questionnaire to assess how their thinking process had changed. The questionnaire used was specifically designed to identify four self-serving cognitive disorders: self-centeredness, blaming others, minimizing or mislabeling, and assuming the worst. Along with these distortions the questionnaire sought to identify four categories of antisocial behavior: opposition-defiance, physical aggression, lying, and stealing. The results of the study showed that JCIP effectively reduced all four cognitive disorders and the related antisocial behaviors, which indicated that cognitions are malleable among delinquent individuals that participate in a group therapeutic program (Bogestad et al., 2010).

Brazão et al. (2015) specifically studied the effect that cognitive-behavioral group programs have on levels of anger, shame, and paranoia among male inmates. The hypothesis of the study was that the program would successfully reduce levels of anger, shame, and paranoia. The goal of the program analyzed, Growing-Pro Social (GPS), was to encourage a different view of others and to increase the self-confidence of the participants. Brazão et al. (2015) suggested that by improving the self-image of the inmates, it would reduce their feelings of shame and paranoia. They believed this would lead to a reduced level of anger among participants of GPS.

As hypothesized, Brazão et al. (2015) found that GPS was successful at reducing levels of anger and shame among male inmates.

According to Day, Kozar, and Davey (2013), when using cognitive-behavioral treatments among prisoners the goal is to address the causes of offending. The behaviors associated with offending are thought to point to cognitive disorders that impair the reasoning of an individual and how they understand themselves and the world around them. This means that, "offenders are seen as lacking the social problem-solving skills that are necessary to identify and deal with problems of everyday living" (Day et al., 2013, p. 631). Cognitive-behavioral treatments seek to change these cognitive disorders and the programs are generally conducted among small groups. One key to the success of cognitive-behavioral treatments in therapeutic programs is the collaboration of both those administering the program and those that are participating in the treatment. Therapists must ask informal questions and participants must engage with the therapists and with each other as they seek to discover and understand the cognitive disorders they possess (Day et al., 2013).

Anger Management Programs in Correctional Settings

A number of studies have been conducted that point to the effectiveness of anger management programs in reducing anger among inmates (Akbari et al., 2012; Ayub et al., 2016; Ireland, 2004; Milkman & Wanberg, 2007; Vannoy & Hoyt, 2004; Wilson, Bouffard, & MacKenzie, 2005). Ireland (2004) conducted research on over 85 inmates in which some were placed in an experimental group and others were placed in a control group. Those in the experimental group underwent brief group-based anger management treatment. According to Ireland, "The treatment group showed significant improvements both in wing-observed angry behaviors and self-reported angry behaviors, thoughts, and feelings following completion of the

intervention" (pp. 181-182). Vannoy and Hoyt (2004) conducted their research at a low-security prison in a Midwestern state. The anger management program examined was also group-based. Vannoy and Hoyt found the program to be effective in reducing anger among inmates and suggested that their study showed a link between egotism and anger.

In a more recent study, Ayub et al. (2016) also examined a group counseling program provided for inmates. The program examined in their study was administered at a prison in Malaysia. They found that among participants in the group counseling program there was a significant reduction in anger and an increase in the ability to control anger. They stated that, "after undergoing group counselling, subjects become more aware of their anger and aggression and they were able to control their negative emotions and behaviour" (Ayub et al., 2016, p. 269).

In contrast to the aforementioned studies, Howells et al. (2005), in their study of brief anger management programs, found that the impact of the programs was too small to be considered significant. In the same study, Howells et al. also examined the characteristics of participants to explore the relationship they had with the effectiveness of the anger management program. They found that, "Offenders who were motivated and ready to work on their anger problems showed greater improvements on a range of anger measures. Conversely, those who were poorly motivated showed less or no change" (Howells et al., 2005, p. 308). They believe their findings could explain the difference in overall findings between their study and those that had previously found anger management to be effective among inmates.

Howells and Day (2003) seem to support this theory in an article in which they outline the importance of treatment readiness in the successful implementation of anger management. They provide many reasons why inmate populations might not have the appropriate treatment readiness. These reasons include the presence of co-morbid problems, the setting of treatment,

being coerced or required to attend treatment, and a lack of belief that their anger is a problem. Howells and Day suggest that more attention should be given to the treatment readiness of inmates before placing them in anger management in order to encourage the success of the treatment. Anger management programs are an unmet need in prisons and prisoners will apply to such programs if they are available (Black et al., 2011). Black et al. (2011) found that, "anger management may have a useful role in remand prisons, not just for violent offenders, but as part of a wider public health agenda" (p. 75). They also stated that by following the expressed needs of the prison population anger management programs can see an increase in participants.

ITC Program at Missouri Prison

The following section examines the ITC program at a maximum security prison in Missouri. It begins with a general overview of the entire ITC program and discipline with in the program. Then it moves to a review of the curriculum of the anger management course.

Overview of Program

The Missouri Department of Corrections (MODOC) provides a number of different programs through its Division of Offender Rehabilitative Services. This division is tasked with providing treatment programs for the offenders within MODOC. They offer programs such as Offender Health care, which provides medical and mental health services. They also deliver programs that offer treatment to sexual offenders, programs that provide adult education, and programs that treat individuals with substance abuse problems.

There are several programs that compose the Substance Abuse Treatment Services provided by the MODOC. One of these programs is the Department Institutional Treatment Centers (ITC). These treatment centers, "provide structured comprehensive substance abuse treatment for incarcerates, parole, and probation violators" (Division of Offender Rehabilitative

Services, n.d. para 11). ITCs can be found at a number of facilities across the state. ITCs offer a more therapeutic approach than classic incarceration. Offenders that enroll in ITC are held accountable for their actions, while also being expected to hold one another accountable, and are required to complete a variety of treatment interventions (Division of Offender Rehabilitative Services, n.d.).

According to documents provided by ITC participants the treatment creed of the program must be memorized and frequently recited by participants (See Appendix A). The creed reads:

> We the residents of the [name of institution] Intensive Therapeutic Community believe that change is accomplished from within. That this change is our responsibility and that change comes from being able to live life on life's terms and not our own terms. We will honor, respect and be considerate to other residents of the ITC and to its purpose, at all times and in all of our affairs. We promise to maintain the highest code of honesty and ethical principles and to preserve the purpose of the ITC, which is to remain drug-free and faithful to our newfound values.

Another document provided, outlines a type of code of ethics or list of values that participants are encouraged to cultivate while in the ITC program (See Appendix A). These values include: (a) respect and accept self and others, (b) empathy, (c) commit to change self and help others, (d) opportunity to grow, (e) vision for future, (f) empowerment, (g) responsibility, and (h) you and I are one and the same. The code is presented like an acrostic with the first letter of each value listed spelling out the word recovery.

The ITC program consists of six phases delineated in an ITC manual (See Appendix B). Phases 1-3 are considered the intense portion of the program, while phases 4- 6 are labeled as the aftercare. Participants for the ITC program are chosen through self-selection. They apply to the

program and fill out a questionnaire that is reviewed by a selection committee which finalizes selections. Prison administration and ITC facilitators review the applications and choose who will be invited to participate in the program. The main criteria for admission is that the applicant has a desire to change and has a history of substance abuse and dependence.

Upon entering ITC, participants must make changes in their appearance and behaviors. They are required to cut their hair and shave any facial hair, as well as adhere to a dress code that includes such rules as keeping their shirt tucked in and having an undershirt on beneath their prison uniform. The program requires participants to begin their day at 5:30 a.m. Also upon entering the program, they are required to abstain from using drugs and tobacco products and must limit the amount of time they spend watching television and playing games. During the first few phases participants have many privileges revoked or limited. For the first thirty days of the program visits are prohibited. During Phases One and Two participants have limited phone calls and for the first three phases participants have a spending limit at the canteen and are not allowed to communicate with the general population.

Phase One of the ITC program begins with orientation which is followed by a criminality class. This class is designed to assist offenders in identifying and defining patterns of criminal thinking. Anger management courses, which will be examined fully later on in the review, also begin in Phase One. Steps one and two of AA are also completed during this phase. In Phase Two offenders look at the use of violence as a tool to control people and situations in life. This assists offenders in completing steps 3-9 of AA during this phase. In the second phase any identified character defects are addressed by staff or community feedback and by redirection.

In the third phase offenders are expected to be on their spiritual walk and to be serving the community as role models. Impact of Crime on Victims Classes (ICVC) is incorporated in

the third phase. ICVC is a restorative justice initiative that is also offered to the general population in all Missouri correctional institutions (Restorative Justice, n.d.). ICVCs, "provide victims a safe and structured opportunity to talk about the impact of crime on their lives and assist the department in developing in offenders an increased sensitivity towards victims to prevent further victimization" (Restorative Justice, n.d., para 1). The class examines a variety of crimes committed in Missouri and through activities such as a Victim Impact Panel, which takes place at the culmination of the class, offenders are encouraged to reflect on the impact of the crimes they have committed (Restorative Justice, n.d.). The final two steps of AA, the maintenance steps, are also completed during the third phase. The other classes offered in Phase Three are called Commitment to Change and Fear the Anger, which is a follow-up of the anger management course offered in Phase One. In total, the first three phases last six months.

The aftercare portion of ITC is less demanding on the inmates than the intensive portion and seeks to assist offenders with reintegrating back into the general population (See Appendix B). Phase four of ITC consists of three main courses: Relapse Prevention Class, Rational Emotive Behavior Therapy (REBT), and Self-Esteem class. Relapse Prevention Class is designed to provide offenders the tools needed to refuse drugs. REBT helps offenders comprehend their unpleasant feelings and challenge their negative thinking and self-defeating behavior. Self-Esteem class seeks to increase the offenders' self-esteem and help them with self-assessment.

Phase Five also consists of three classes. The first course offered in Phase Five is titled Good Intentions Bad Choices. The goal of this class is to help prevent relapse and recidivism among offenders that are leaving treatment or the correctional facility and re-entering society. A second relapse prevention course is offered in Phase Five that gives offenders more tools to help

prevent a relapse in their addiction. The final course offered in Phase Five is an advanced criminality class which helps offenders identify the thinking patterns of a criminal.

In the final phase of aftercare, Phase Six, participants go through three additional courses. The first is titled Chronic Relapse Prevention and it specifically examines the situations that can lead to relapse and its severe consequences. The second course is titled Character Building. In this course participants study and discuss various character building traits that can help them understand themselves, others, and improve communication. Relapse Prevention: Beat the Streets, is the third and final course offered in Phase Six. This class provides participants with eight essential relapse prevention skills. These skills include complete abstinence, not doing it alone, accepting disappointments, coping with chronic stress, resisting lure of easy money, avoiding the old corner, resisting pull of street life, and planning how to handle offers. Upon completion of the six phases, participants graduate from ITC and are then classified as elders. Some elders receive further training and become facilitators with-in the ITC program.

Discipline in ITC

Throughout ITC programming, participants may be sanctioned if they are found to be committing any reportable behaviors or violating the cardinal rules of the program (See Appendix C). There are 14 cardinal rules and 49 reportable behaviors. Twenty-five of the reportable behaviors are classified as being related to anger and include behaviors such as debating, dishonesty, using profanity, vindictive behaviors, etc. One form of reprimand involves being "pulled up" by the other participants in the program. When in the residential wings of the prison if a less serious infraction occurs, such as swearing, an ITC participant may stop and "pull up" the violating participant on the spot. The participant being "pulled up" may only respond with, "yes sir, I will get right on top of that." When a more serious violation occurs or when there

is a continued violation of policy then participants may submit these violations to the program staff. Once a week there is a scheduled encounter group (See Appendix D). When you are called up for violations at an encounter group, the participants refer to it as "going to the chair." The participant being "pulled up" sits in one chair, while the participant that submitted the policy violations sits across from him in a chair and addresses the violations that they have witnessed. These chairs are facing each other and around only about ten inches apart. The participant that is being addressed for violations must sit erect in good posture, and must sit on their hands. Administrators will ask if any other participants would like to address the individual in the chair and will select two or three to do so. At the end of encounter group, the case manager will read out the citations which have been decided upon prior to the encounter group. The case manager or staff will then arrange the sanctions to be handed down to the violating participant. Participants may be assigned one sanction or a combination of multiple sanctions. Examples of possible sanctions include wearing a sign, writing assignments, restriction of privileges, assignment of extra duties, being de-phased, or in extreme situations, being removed from the program.

Anger Management Curriculum

As mentioned in the discussion of phase one of the ITC program, there is an anger management course that all participants must complete (See Appendix E). The program consists primarily of videos, group discussions, and the completion of worksheets. The course is divided into the following sessions:

Preview Session - The Cost of Anger

Session One -

Part A: Self-Talk

Part B: Beliefs

Session Two - Feelings

Session Three - Dealing with Feelings

Session Four - Catch It Early: Pictures in My Mind

Session Five - Catch in Early: In My Body

Session Six –

Part A: Skills for Cooling It: The Skill of Listening

Part B: Skills for Cooling It: The Skill of Reflecting

Session Seven – Skills for Cooling It: Assertion

Review Session

The preview session, The Cost of Anger, is designed to introduce the program and increase motivation and readiness for learning. In this preview group discussions occur in which participants answer questions about times when they were angry and it led to negative behaviors and what cost these negative behaviors had. Participants are also asked to complete a worksheet during the preview session that asks similar questions. Another key point made in the preview session, that is also mentioned as part of the worksheet, is that anger itself is not bad, but how we choose to respond to it makes the difference in it being positive or negative.

The first session is divided into to two parts, self-talk and beliefs. In part one, participants are taught to identify thoughts and self-talk that result in destructive behavior and how positive self-talk can be utilized as a tool. In the portion on beliefs, participants identify the beliefs that have led to negative behaviors and how beliefs can be used in managing anger. In the group discussion in part one of session one participants are asked questions such as, "Are you usually aware of your 'self-talk'? Of how it affects your actions?" The worksheet for part one asks

participants to respond to a video they watched in the session and to write about situations in which anger and aggression led to trouble and discuss what they said to themselves right before it happened. Participants are also asked to provide examples of positive self-talk that could have changed the outcome of the discussed situation.

In part two of session one, participants discuss questions such as, "If someone disrespects me, do I have a choice about how I react?" On the worksheet for part two, participants are asked questions about a video watched and the examples it provided of different core beliefs and how these beliefs can cause you to react differently to anger. Participants are then asked to identify and discuss their own core beliefs that may have contributed to negative behaviors. Some examples of core beliefs include, "Other people are the cause of my problems," and "If anyone disrespects me, I have to punish them."

Session two of the course is focused on feelings and seeks to help participants identify the feelings that are often beneath their anger and non-aggressive ways to express those feelings. An example of a discussion questioned asked in session two is, "Can someone tell me about a time when you got angry and it got out of control? Can you remember what you were feeling just before you got angry?" The worksheet asks participants to write about a situation in which they were angry and retrospectively identify the feelings they were covering with anger. Participants are then asked to write out other ways that they could have handled the situation.

Session three of the program also revolves around feelings. In this session participants focus solely on ways to act on their feelings and anger without ignoring them and in nondestructive or nonviolent ways. In the group discussion in session three participants are asked questions such as, "What is the difference between experiencing feelings and stuffing them?," and, "What are some benefits of experiencing the feeling?" As part of the worksheet assignment

for session three participants are instructed to name the feelings that lead to anger and are encouraged to experience these feelings instead of covering them up with anger. Participants are then asked to identify and write out the feelings they have had that have led to anger and give examples of how they could have expressed those feelings in other ways. The worksheet for session three also provides different methods that allow participants to control their thoughts, release negative tension, and gain perspective such as exercise, deep breathing, positive self-talk, and quiet time.

Session four shifts from examining a variety of feelings to specifically looking at the experience of jealousy. In this session participants learn to identify the ways in which jealousy may lead to anger and violence and how often the pictures in our mind that lead to jealousy are not grounded in reality. In the group discussion the questions include items such as, "Discuss a time when you felt jealous. What was the picture in your mind?," and, "Was the picture based in truth or fantasy?" As part of the worksheet participants are instructed to identify times that they were jealous and describe the pictures they saw in their mind. The worksheet also provides examples of jealous acts such as calling home often, following your partner to work, listening in on phone conversations, and checking the caller ID.

In session five the focus shifts again, this time from the mind to the body. This session helps participants identify the physical sensations that can take place in the body when you are angry and it shows participants how to use these physical changes as warning signs to help manage anger. Some examples of questions discussed in this session include, "When you get angry, what happens in your body? Can you notice any changes?" Some examples of physical changes that might be given are heart and breathing speed up, jaw and muscles tighten, sweating, and fists clenching. The worksheet informs participants that they can stop themselves before

reacting in a harmful way. The worksheet also instructs participants to think about the things they wouldn't want to lose as a result of a negative reaction and to write those things down.

Session six is divided into to two sections focusing on skills that can help with anger management. The first section focuses on the skill of listening. The goal of this section is to help participants to understand the value of listening as a skill and how effective listening can be used to manage anger. During part one, participants perform a listening exercise as part of their group discussion. In this exercise participants are assigned partners and then they must take turns walking for 3-5 minutes while one partner talks and the other listens. The worksheet for part one points out that listening is powerful because it can help both listener and speaker remain calm. The worksheet also asks participants to identify three ways they can show that they are listening attentively.

The second section in session six examines the skill of reflection. After completing this section, participants should be able to describe and demonstrate the technique of reflective listening and understand the benefits of using this technique. According to the worksheet, reflecting is when you listen to someone and then say what you hear back to them, which is often referred to as mirroring. The point is not that you agree with that person, but that you heard and understand what they said. The worksheet points out that reflective listening encourages you to remain calm, provides you time to think before responding, and makes the other person feel heard and respected. The worksheet then asks the participants to write out a response to statements such as, "You aren't doing your share of work. I end up doing it all and I'm tired of it!"

Session seven focuses on a third skill that can be used in anger management, assertion. This session seeks to help participants understand aggressive body language and the negative

messages it can send to others. It also seeks to help participants understand the difference between aggressive speaking and assertive speaking, as well as the benefits of using assertive speaking skills. Session seven identifies aggressive speaking as using statements that begin with the word "you," while assertive speaking uses statements that begin with the word "I." According to the worksheet the use of "you" is like accusing or placing blame, while the use of "I" can take the power apart from anger. On the worksheet for session seven, participants are asked to identify aggressive behavior they have used in the past and explain the motive behind these behaviors. The worksheet also asks participants to take aggressive "you" statements and turn them into assertive "I" statements.

The final session provides participants with a review of all topics covered throughout the anger management program. On the final worksheet for the program participants complete a personal anger management plan. This plan incorporates the topics discussed over the course of the program as a checklist for participants to use to help manage their anger. The worksheet ends with a reminder to participants that they do have a choice.

Summary

This chapter has provided an overview of the relevant literature to the study. The research cited showed that there is an increased level of anger among offenders and explored how cognitive-behavioral therapy can be used to treat anger. The research also provided evidence that therapeutic programs, specifically cognitive-behavioral therapy, have been effective in reducing recidivism and in addressing feelings of anger among offenders. A general overview of the ITC program at a Missouri maximum security prison was given, as well as a description of discipline in the program and an outline of the anger management course administered in Phase One.

Chapter Three will provide an overview of the research design and methodology for the proposed study. The methodological design of the study will be explained in relation to the research questions. The sampling method and data collection methods will be described, as well as the data analysis tools used for the study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

Introduction

As the review of literature evolved, the influence of institutional therapeutic communities on inmates became apparent. Although research has been conducted concerning the impact of therapeutic community programming in prisons, the current knowledge of how it influences inmates' understanding and expression of anger is in its infancy. This study relied on the perceptions and experiences of inmates who participated in an institutional therapeutic community program at a maximum security prison. This chapter specifically details the study's: (a) methodology, (b) population and sample, (c) data collection and instrumentation, and (d) data analysis.

The research questions that guided this study include:

1. What influence did the institutional therapeutic community program at a maximum security prison have on inmates' understanding of anger?

2. What influence did the institutional therapeutic community program at a maximum security prison have on how inmates express their anger?

Population and Sample

The present study used the transcripts of interviews previously conducted by researchers working on a separate study. The participants were selected by a non-random sampling technique, purposive sampling. This sampling technique is often used in qualitative research because the researchers select participants who can "purposefully inform an understanding of the

research problem" (Creswell, 2013, p. 156). Participants for the study were selected from inmates in a maximum security facility in Missouri that had graduated from the institutional therapeutic community (ITC) program. Instead of taking a simple or systematic random sample of all ITC participants who had been admitted to the program since its inception in 2012, the researchers selected a convenience sample of only 31 ITC graduates who were incarcerated at the institution at the time data was collected. Neither ITC participants who had failed to graduate from the program nor graduates who had been transferred to other institutions were invited to participate in the study. Researchers wanted to select potential participants who were conveniently accessible and those who could reflect on and provide insight related to their recent understanding and expression of anger.

The sample of the inmates was selected by contacting the prison's assistant warden, who provided names of the program graduates at the facility. The unit manager distributed the recruitment letter to the identified prisoners to establish their willingness to participate in the study (See Appendix F). The letter explained the nature of the study and asked, "Are you willing to let us ask you a series of questions that are planned to look at the impact of ITC on you?"

Prison administrators were contacted to schedule interviews with those inmates agreeing to participate in an open-ended interview. Each participating ITC graduate was read a Consent Form and asked to sign the document before being interviewed (See Appendix G). The informed consent form outlined statements of confidentiality, voluntary participation and right to withdrawal, lack of risk, and other ethical issues or concerns. Participants were permitted to select their own random codes and were advised that all interview transcriptions would be stored separately from signed informed consent forms in a locked and unconnected location.

In qualitative research, there is no clear requirement regarding sample size. Cleary, Horsfall and Hayter (2014) held that while having too few participants may not provide adequate data, having too many participants in qualitative research may lead to superficial data or a cumbersome volume of data. Cleary et al. (2014) further stated that, "an experienced interviewer, with a clearly defined research topic, and a small number of well-selected homogeneous interviewees (with adequate exposure to or experience of the phenomenon) can produce highly relevant information for analysis" (p. 473).

In the present study, information gathering continued beyond a point of redundancy and saturation. Redundancy is defined as, "the process of sequentially conducting interviews until all concepts are repeated multiple times without new concepts or themes emerging" (Trotter, 2012, p. 399). Saturation is, "a point at which all questions have been thoroughly explored in detail, no new concepts or themes emerge in subsequent interviews" (Trotter, 2012, p.399). While the saturation and redundancy points were reached after twelve interviews, researchers opted to continue interviews until all ITC graduates who were willing to participate in the study were interviewed.

Data Collection and Instrumentation

Data was collected through structured, face-to-face interviews in which, an interview guide was used (See Appendix H) so that each participant was asked a set of similar questions to make comparisons across interviews (Maxwell & Babbie, 2016). The interview guide was developed based upon data that emerged throughout the literature review and was composed at a sixth-grade reading level. It consisted of open-ended questions and scheduled probes that provided the interviewees the liberty to reconstruct their perceptions (Hennink, Hutter & Bailey, 2011; Patton, 2001) and allowed the interviewer to encourage participants to expand on their

answers and provide more detail (Maxfield & Babbie, 2016). The interview schedule contained demographic questions such as, "What crime are you currently incarcerated for, how long was your sentence and how much time have you served on that sentence?" In addition, participants were asked a series of questions about their motivation to participate in ITC. For instance, they were asked, "What was your original purpose in joining ITC?" Specific to this study, participants were asked, "Did you consider yourself angry prior to participating in ITC? Please provide examples of your ability or inability to control anger prior to ITC?"

The questions were retrospective in nature. Fraenkel and Wallen (2003) believed retrospective interviews seek to persuade a "respondent to recall and then reconstruct from memory something that has happened in the past" (p. 456). As compared to a written survey, the relatively structured interview provided flexibility in language and potentially enhanced the quality and length of responses.

Each participant was interviewed individually at a room in the training wing of the prison without the presence of correctional officers so the interviewees could articulate their perceptions without influence. Interviews were digitally recorded and then transcribed verbatim by the researcher. On average, the interviews lasted approximately 60 minutes.

Member checking, "a quality control process by which a researcher seeks to improve the accuracy, credibility and validity of what has been recorded during a research interview" (Harper & Cole, 2012, p. 510), was conducted during the interviews. Participating ITC graduates were provided the opportunity to clarify their views, opinions, or experiences if any inaccuracies existed. If they affirmed the recordings, then the interviews were deemed credible (Lincoln & Guba, 1985). Notwithstanding the researchers' strategies to enhance reliability and validation in qualitative research, people are cautioned that the efficacy of the study relies primarily on the

participants' perspectives. Finally, this researcher had no connection to the ITC program and had no prior relationship with participants prior to accessing the recordings and transcriptions for use in the present study.

To ensure there would be no adverse consequences related to confidentiality, researchers identified transcriptions by a participant-generated number. Aside from the researchers, no prison official had access to participants' names, recordings, or transcriptions. Each interview was transcribed by using a semi-strict verbatim style (Typing Services, 2015), where each and every word of the participants, including all the fillers (ums, you knows), were included on the transcript. Similarly, participants' grammatical errors and misused or mispronounced words were not corrected. Unlike strict verbatim transcriptions, background noises (doors opening/closing, intercom messages) and non-verbal communication (sighs, laughter, coughs) were not recorded on the transcripts. Proper nouns were omitted and a generic description of the identifier was placed inside square brackets. For example, if an inmate identified a former prison in which he had been incarcerated, the inmate's response would appear on the transcript as, "Before coming here, I spent two years at [name of prison]." An additional attempt to validate the transcripts was made by listening to the digital recording a second time, while reading the finished transcript. Any errors were corrected.

As a result of the steps taken to ensure confidentiality, transcripts obtained for this study did not contain any identifying information about the participants. Therefore, the data can be considered anonymous (Maxfield & Babbie, 2016). When reporting the data, confidentiality was also ensured by using pseudonyms. NameVoyager (2016) was used to assign age- and gender-appropriate pseudonyms.

Data Analysis

Content analysis of transcriptions was conducted to better understand the participants' responses and to organize their replies into appropriate categories. First, the transcripts were coded, which "assigns units of meaning through data" (Maxfield & Babbie, 2016, p. 220). In the process of unrestricted coding, or "open coding" (Strauss, 1990), the researcher will seek to identify patterns, themes, and common categories from the transcripts that relate to the research questions. NVivo 11, a qualitative software program, was used to organize the content analysis according to the constant comparative method (Strauss & Corbin, 1997). The researcher read the documents line-by-line and word-by-word to identify substantial patterns and themes. Then, the interpreted patterns and themes were examined to explore the perceptions of the participating ITC graduates (Creswell, 2013).

Summary

The purpose of this qualitative study was to examine the impact of institutional therapeutic communities on how inmates understand and express anger. The study utilized interviews of inmates that have completed ITC at a Missouri maximum security prison. Participants for the study were selected through non-probability sampling and were identified through purposive, convenient sampling. Qualitative data was collected through interviews of participants. The interviews were recorded, transcribed, and obtained for use in the proposed study. The transcriptions were analyzed for emerging themes that relate to the research questions.

CHAPTER 4

ANALYSIS OF DATA

Introduction

Significant research has been conducted regarding the presence of anger among criminal offenders (Howells, 2004; Kroner & Reddon, 1995; Roberton et al., 2015; Zamble & Porporino, 1990), as well as identifying the benefits that therapy programs and therapeutic communities offer to offenders in correctional settings (Brazão et al., 2015; Bogestad et al., 2010; Henwood et al., 2015; Pearson et al., 2002). Overwhelmingly, this research has been quantitative in nature. The purpose of this study was to conduct a qualitative study to examine the impact of therapeutic communities on how inmates understand and express anger. This chapter presents the organization of data analysis, the presentation of the descriptive characteristics of participants, and the findings.

Organization of Data Analysis

To examine the perceptions of inmates, structured, face-to-face interviews were conducted using an interview guide (See Appendix H) so that each participant was asked a set of similar questions. The transcripts of these interviews were used in the current study to specifically examine the inmates' perceptions of anger and how their understanding and response to anger was influenced by the ITC program. The study was guided by the following research questions:

1. What influence did the institutional therapeutic community program at a maximum security prison have on inmates' understanding of anger?

2. What influence did the institutional therapeutic community program at a maximum

    security prison have on how inmates express their anger?

These two questions were examined through a content analysis of the transcripts. In the

process of unrestricted coding, or "open coding" (Strauss, 1990), the researcher sought to

identify patterns, themes, and common categories from the transcripts that related to the research

questions. NVivo 11, a qualitative software program, was used to organize the content analysis.

The researcher thoroughly read each transcript, line-by-line and word-by-word to discern

significant patterns and themes. Once completed, the established patterns and themes were

examined to understand the participants' perceptions and to answer the posed research questions.

Presentation of Descriptive Characteristics of Participants

The demographics of the 31 participating inmates are reported in Table 1. These inmates

were recruited in order to provide their perceptions of the ITC program they completed at a

maximum security prison in Missouri. The names being used in the table were pseudonyms

assigned to each participant to maintain the anonymity of each individual.

The inmates were serving sentences for a variety of crimes. Among the participants there

were at least 13 charges of robbery, 12 charges of murder, nine charges of assault, three charges

of burglary, two charges of rape, two charges of drug trafficking, a charge of sodomy, a charge

of manslaughter, a charge of drug possession, and a charge of kidnapping. All the participants

were serving sentences of 10 years or more with nine of them serving life sentences. Of the non-

life sentences the median sentence being served was approximately 34 years. The time already

served by the participants ranged from 2 years to 40 years, with the median being approximately

13 years. The age of each participant was not obtained and was therefore not included in Table 1.

Based on the ages that were provided, the participating inmates ranged from 29 years old to 62 years old.

Table 1

Demographics of Participating Inmates

Participant	Crime*	Sentence*	Time Served*
Dale	Murder	Life	40 years
Raymond	Murder/Robbery/Assault	Life + 15 years	18 years
Tyler	Robbery	18 years	6 years
Keith	Drug Trafficking	13 years	4 years
William	Murder/Robbery	Life + 10 years	13 years
Jason	Robbery/Rape/Sodomy/Burglary	Life + 135 years	22 years
Chad	Assault	20 years	9 years
Wayne	Murder/Assault	Life + 30 years	15 years
Gary	Robbery	30 years	8 years
Benjamin	Robbery	25 years	3 years
Patrick	Murder	55 years	12 years
Matthew	Robbery	15 years	6 years
Sean	Murder	Life	21 years
Mark	Murder	20 years	6 years
Leo	Murder	Life +	15 years
Ralph	Murder/Robbery	90 years	20 years
Bernard	Involuntary Manslaughter	30 years	12 years
Aaron	Drug Manufacturing/Trafficking	20 years	11 years
Lawrence	Assault/Robbery	30 years	13 years
Walter	Burglary	25 years	2 years
Mason	Murder	Life	20 years
Tracy	Assault	Life	19 years
Brian	Rape/Kidnapping/Robbery	50 years	8 years
Bruce	Robbery/Assault	29 years	19 years
Bobby	Burglary	15 years	4 years
Samuel	Drug Possession	22 years	4 years
Oliver	Murder	50 years	22 years
Daniel	Murder/Assault	23 years	8 years
Scott	Involuntary Manslaughter	75 years	17 years
Howard	Assault/Armed Robbery	68 years	4 years
Stephen	Assault/Armed Robbery	24 years	16 years

* - Data related to criminal charges, sentences, and time served are based on the statements provided by participating inmates.

Findings

The two research questions and their corresponding findings are presented concurrently to facilitate comprehension. As stated previously, both research questions generated qualitative data. The researcher utilized codes and themes to assist with developing a narrative description of findings.

Research question 1: What influence did the institutional therapeutic community program at a maximum security prison have on inmates' understanding of anger?

Figure 1

Major Theme #1 and Related Minor Themes
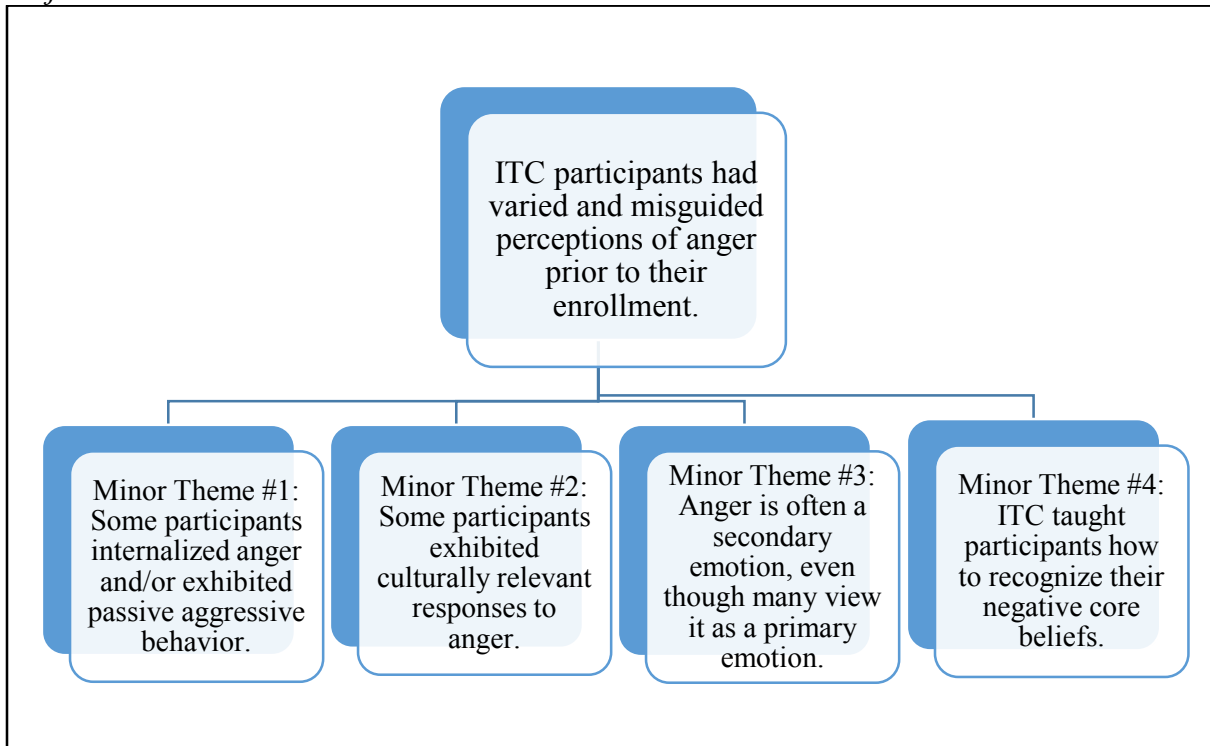
The major theme that emerged when seeking to answer the first research question was that ITC participants had varied and misguided perceptions of anger prior to their enrollment in the program. Based on this first major theme, several minor themes were identified related to the first research question (See Figure 1).

One of the questions asked to each participant was, "Did you consider yourself angry prior to participating in ITC" (See Appendix H)? The answers to this question as well as other statements provided throughout the interview process indicated how participants understood the topic of anger as well as their own personal anger prior to completing ITC. Out of the 31 participants, 18 inmates stated that they considered themselves angry before beginning ITC. Nine out of 31 participants said they did not consider themselves angry and one inmate stated that while he was angry prior to entering prison he completed other institutional programs prior to ITC which helped him better control his anger.

The first minor theme identified during the coding process was the idea of internalizing anger or using passive-aggressive behavior. Of the nine participants who did not consider themselves angry prior to participating in ITC, the majority described themselves as individuals that "bottled up" or "stuffed" their emotions. Others did not consider themselves angry because they did not engage in what they considered to be angry behavior such as being physically violent or cursing. One participant, Bernard, stated "I did not consider myself angry and, uh, my ability to control anger as far as, uh, physical altercations – I've always been able to do that – I've not had any physical altercations." Another participant, Gary, said, "No, no I didn't, no I didn't…I didn't cuss, I swore up and down that I never had an anger problem, you know."

Many participants that failed to consider themselves angry prior to ITC indicated through their responses that they now understand that they were angry. Benjamin when asked if he thought he had a problem with anger he replied, "I didn't then, but I learned it in there. When I was outside I was like naw, I ain't got a problem with it."

The second minor theme identified was that some participants exhibited culturally relevant responses to anger. Some participants didn't consider themselves angry because they

viewed their behaviors as normal based on what they had observed in their home environments or communities. For example, Patrick stated the following:

I really didn't, uh, I just thought it was just normal because I learned this as a child, uh, from my father and mother. They would drink on the weekend and they would have the friends over and after the friends went home they would argue and fight. My uncle he taught us that you don't run from – we use to get chased home from the school and come home when I was a child and we ran into the house one time and my uncle was babysitting us and he had a black leather belt, and man we was scared of that belt, and he was like, either y'all gonna go out there and fight or you can come get some of this. We didn't want none of that belt so we went out there and that's when my first act of violence happened when he made us go out there and fight those kids and we never got chased home again after that because they knew we would stand up and we wasn't gonna run anymore.

Minor theme #3 is that anger is often a secondary emotion, even though it is viewed by many as a primary emotion. One way the participants indicated that ITC had helped them understand anger was through their discussion of the emotions behind their anger. The most common emotion referenced by participants was fear. Other emotions or reasons for anger mentioned by participants included depression, being hurt, and disappointment. Participant Dale had this to say about understanding his anger:

You know, I – look, I'll get angry about something being – I have to figure out how and why – what's going on inside me, what's making me angry. You know, and when I do it I usually find it is something deep inside, some fear. It's a fear inside of me that's making

me angry, because I'm feeling some kind of way and usually when I'm not in trouble, or

when I'm not in control, fear steps in.

Another participant, Leo, provided this insight into his anger:

I've learned to break the anger down, as I expressed earlier, and figure out why I was

actually mad, and then deal with that issue rather than lashing out in anger…I told you,

they break it down by fear and there is like five universal fears: being hurt, hurting others,

abandonment, inaccuracy, and losing ourselves, and all your fears can be traced back to

one of those five fears.

One final discussion topic that pointed to the inmates' understanding of anger, and which

emerged as minor theme #4, was their recognition of negative core beliefs. There were 23

references to core beliefs made throughout the 31 transcripts. While not every reference made to

core beliefs during the interviews was directly related to the topic of anger, the process of

identifying negative core beliefs is part of the anger management curriculum taught in Phase One

of ITC. The negative core beliefs that participants self-identified with included, but was not

limited to, (a) you should not admit to being wrong, (b) "snitching" is wrong, (c) you are

supposed to stay out of other people's business, and (d) using violence as payback is acceptable.

For example, Jason, said, "sometimes I had pride and I don't wanna admit when I'm wrong and

it's a core belief of mine too, you know, that even when you're wrong, don't admit that you're

wrong." Jason also stated the following regarding changing from criminal to conventional

thinking:

It was very difficult because you have a lot of core beliefs attached when you're thinking

criminal. It's a lot of core beliefs, like for one the no snitching. You know, mind your

own business…no one can tell you what to do, all these things are a core belief that we

have as criminals and we act upon these whether it be through our speech or our

behavior, we act on them and pretty much nothing can prove you, you know, wrong.

Speaking in reference to addressing other inmates' behavior while they were "in the chair,"

Bobby stated:

> In the beginning I didn't really like doing it…I felt like I was, uh, telling on them or
>
> something like that...I had this core belief about telling on somebody. From the time I
>
> was a kid, you know, my parents ingrained in me that you don't tell on people.

William described one of his core beliefs and how the program helped him address it this way:

> I care about people more…like, before the program, as a core belief I have, it's okay to
>
> punch somebody in the face if they make you mad, because you made me mad so I had a
>
> right to do this to you or I had a right to hurt you because of what you've done to me.
>
> Now I don't feel that way no more. I don't feel like no one has the right to hurt other
>
> people and not only would I be hurting directly that person, but the results of that could
>
> hurt his family and could hurt other people that he's friends or associates with and other
>
> people that I'm friends and associates with.

> *Research question 2: What influence did the institutional therapeutic community program*

at a maximum security prison have on how inmates express their anger?

The second major theme that emerged in the study was that participation in ITC resulted

in new perceptions of and new responses to anger. The minor themes that fell under this

umbrella include (a) prior to ITC most participants reported responding negatively to anger, (b)

ITC taught participants how to recognize the warning signs of their anger, and (c) ITC provided

participants with new tools for processing their emotions and responding to anger (See Figure 2).

Figure 2

Major Theme #2 and Related Minor Themes
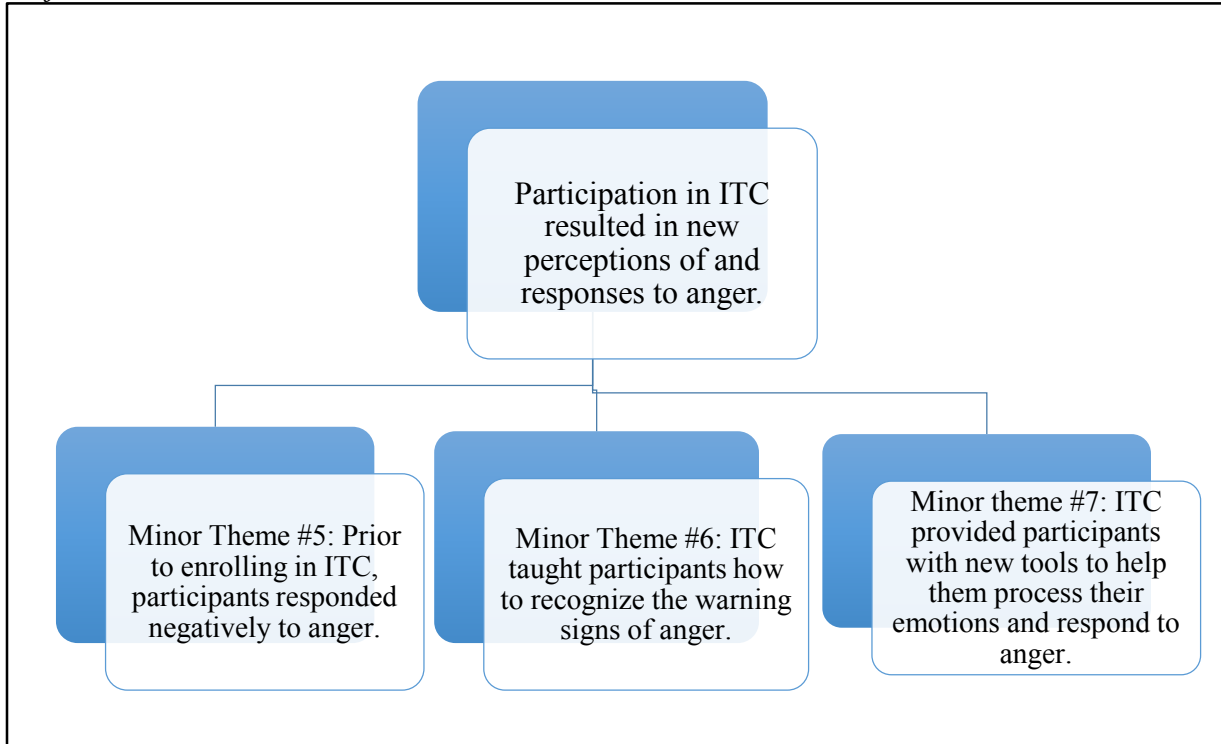
All participants were asked both to provide examples of their anger prior to completing ITC as well as any new responses to anger they had learned (See Appendix H). The answers to these questions, as well as answers offered throughout the interview, provided insight into the way participants responded to anger prior to ITC and how ITC influenced the way participants express or respond to anger.

The fifth minor theme identified was that prior to enrolling in ITC, most participants responded negatively, and often counterproductively, to anger. When providing examples of how they expressed their angers before completing ITC, many participants stated that they either "stuffed" their anger or that they exhibited negative behaviors. The negative behaviors identified by participants were verbally lashing out, performing criminal activity, behaving violently. Benjamin stated, "I had a problem with bottling up my anger and, uh, just letting it build and

build and build until I just, boom, blow up, but now I try to talk about it." When another participant, Gary, provided examples of his inability to control his anger prior to ITC he said, "yelling at people, um, stealing, criminal behavior. That's part of my anger…in order for me to get relief for my anger, that was the type of things that I did." Bobby stated the following:

> I lived my life angry and prior coming to ITC, I always acted on my anger in a negative
>
> way…I used to be violent and if I was angry, I would let everybody know it and
>
> intimidate people anyway I had to, to get my point across. Wasn't no point but mine and
>
> if people didn't want to listen, I would make them listen.

Minor theme #5 was further illustrated through the self-reporting of participants of the reportable behaviors that they were pulled up for at various times during the ITC program. As referenced in Chapter Three, there are 49 reportable behaviors in the ITC program and 25 of these are identified, by program facilitators, as anger-related. In total, 26 references were found to anger related pull-ups in the 31 transcripts. The most commonly referenced anger related pull-ups were (a) using profanity, (b) being defiant, (c) debating, and (d) dishonesty. One participant, William, discussed several of the reportable behaviors he exhibited and the sanctions he received as a result of being reported and pulled-up:

> I think I've got almost every sanction possible throughout the course of a year in the
>
> program…I think one was for cussing and one was for inappropriate comment and those
>
> were 30 day contracts that you have to do. I got put on a no-tolerance contract for cussing
>
> and making inappropriate comments and being defiant.

Referencing a time that he had to wear a sign as part of his sanctions, Leo said:

> When you go to the chair you have to wear the signs that say, it depends on what you do,
>
> like they have some that say "insane in the membrane" and "I'm a great debater," and it

has like the little picture with two guys on there debating each other. I've wore that one

before.

Dale also discussed some of his sanctions including, "I wrote 8 page papers, you know, on what

it means to be dishonest. That was the one that really got me, being dishonest."

Another minor theme that emerged was that the inmates believed ITC helped them to

develop an ability to recognize the warning signs of anger. These warning signs can be physical

or mental. For example, Daniel stated, "I pay attention to the warning signs, you know what I'm

saying, and a lot of times when I get angry my palms start sweating, I start clenching my teeth,

and all types of stuff." Raymond said, "when we get angry, we, we see these pictures going off –

they be in a flash, but, uh, I learned to just really center myself and take a minute to breathe."

Some respondents referred to their warning signs as triggers. When asked directly if he could

now "recognize the triggers", Wayne replied, "Yea, yea. So when I recognize them, I know how

to get right. I recognize, avoid, and cope immediately."

The final minor theme to emerge was that ITC provided participants with new tools, or

coping skills, to use to help them process their emotions and respond to anger. When responding

to questions about what changes ITC had brought in their anger, many participants mentioned

tools they learned that helped them respond to anger. The methods most frequently mentioned by

inmates included (a) deep breathing, (b) talking to others, (c) listening or reflection, (d) exercise,

(e) meditation, and (f) self-talk. For example, when asked about the new ways he has learned to

respond to anger, Ralph stated that:

> Some of the ways that I learned to respond to anger is, uh, to stop, breathe, cool out; think
>
> of what you can lose; walk away; talk with someone; stay with the painful feeling; stop
>
> with the judge act; listen and reflect; avoid blame; and talk about it."

Similarly, Keith's tools include, "reading, exercise, sports, you know, those are the ways now that I use to express my anger…I go out and exercise, I might read a book, or I play basketball, things of that nature." Bobby stated that, "just the prayer and meditation has been a big thing. I still do my prayer and meditation every day, even though I don't have to, uh, that's how I start my day every day." Another participant, Dale, had this to say about how he uses self-talk:

That's what I do when something makes me mad, I just look for why is it making me mad, you know, or angry…why I'm letting it affect me the way it does, because that's a choice. Once I get to the gist of the whole matter, you know, I can sit down and I can use it for something good.

Summary

In this chapter, the demographics of the 31 participating inmates were reported. The findings of the qualitative study were reported by presenting the responses related to each research question concurrently. Two major themes were identified and seven minor themes were identified.

The first major theme was related to the first research question and it stated that ITC participants had varied and misguided perceptions of anger prior to their enrollment in the program. Four minor themes were identified related to the first major theme. These minor themes were (a) some ITC participants internalized anger and/or exhibited passive aggressive behavior, (b) some participants exhibited culturally relevant responses to anger, (c) anger is often a secondary emotion, and (d) ITC taught participants how to recognize their negative core beliefs.

The second major theme was related to the second research question and it stated that participation in ITC resulted in new perceptions of and new responses to anger. Three minor themes were identified related to this second major theme. These minor themes were (a) prior to

enrolling in ITC participants responded negatively to anger, (b) ITC taught participants how to recognize the warning signs of anger, and (c) ITC provided participants with new tools, or coping skills, for processing their emotions and responding to anger.

In Chapter Five the conclusions drawn from the preceding findings will be presented. The discussion of these conclusions will include a comparison of how these findings compare to previous studies. After the conclusions are presented the implications for future research and practice will be detailed.

CHAPTER 5
CONCLUSIONS AND IMPLICATIONS

Introduction

The main purpose of this chapter is to present the conclusions drawn from the findings detailed in the previous chapter. Initially, the conclusions will be discussed relative to the existing research presented in Chapter Two. Implications for future research will be detailed as well as implications for future practice. Finally, a summary of the chapter will be provided.

Conclusions

Drawing from previous research related to anger management programs, there were well-known preexisting truths prior to the study of the ITC program at SECC. One of those truths is that the emotion of anger and the behaviors often associated with anger, such as aggression, are present in inmate populations (Cornell et al., 1999; Farmer & Andrews, 2009; Kroner & Reddon, 1995; Zamble & Porporino, 1990). Previous research has also shown that anger management programs, specifically those utilizing cognitive-behavioral therapy (CBT), can be successful in reducing anger among participants (Beck & Fernandez, 1998; Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Edmondson & Conger, 1996; Gorenstein et al., 2007; Sukhodolsky et al., 2004).

Therapeutic programs in correctional settings have been the subject of a vast amount of research. Overwhelmingly these studies have found that therapeutic programs are successful in reducing recidivism (Caldwell & Van Rybroek, 2005; Henwood et al., 2015; Inciardi et al., 2000; Lipsey et al., 2001; Pearson et al., 2002) and invoking cognitive-behavioral changes in

participants (Bogestad et al., 2010; Brazão et al., 2015). Past research has also specifically shown that anger management programs have been successful in helping reduce anger among inmates (Akbari et al., 2012; Ayub et al., 2016; Ireland, 2004; Milkman & Wanberg, 2007; Vannoy & Hoyt, 2004; Wilson et al., 2005).

The findings from the current study are consistent with prior research in several ways. First, while all the participants stated that they had experienced anger prior to enrolling in and completing ITC nearly 1/3 of the participants interviewed were unable to properly identify their anger prior to beginning the program. The first major theme detailed in the findings was that ITC participants had varied and misguided perceptions of anger prior to their enrollment. Deffenbacher (2011) conducted a case study and asserted that the patient in his case study was not a candidate for CBT because he denied anger as a personal problem. However, González-Prendes (2007) found that CBT can still be effective in treating anger, even when participants failed to acknowledge anger as a personal problem and were instead motivated to seek therapy for other reasons. A more recent study by Ayub et al. (2016) showed that once the inmates in the group counseling program gained an awareness of their anger, they were better able to control their negative emotions and behaviors.

The current study supports the assertions made by González-Prendes (2007) and Ayub et al. (2016) as evidenced by the finding that many of the ITC participants who stated that they did not perceive themselves to be angry prior to joining the program explained how the program helped them to recognize their anger and helped change their responses to anger. The first and second minor themes were tangentially related because they identified two major problems hindering the ability of the inmates to properly identify anger. The first was because they often internalized their anger and the second was that they reacted to anger in a way that they saw as

normal because of their relevant cultural and environmental norms. Participants that internalized their anger failed to initially recognize themselves as angry because they failed to associate their responses with acts of anger, such as being physically violent or using profanity. Other inmates grew up in environments or cultures where their angry behaviors were normative, and some discussed witnessing or suffering abuse at the hands of authority figures in their lives. ITC helped these inmates recognize their anger and presented them with more constructive responses.

The third minor theme detailed in the findings was that anger is often a secondary emotion, even though many view it as a primary emotion. Farmer and Andrew (2009) examined the relationship between anger and shame and suggested that in some cases anger replaces the feeling of shame so quickly that offenders may not even recognize they felt shame at all. Roberton et al. (2015) also examined the relationship between anger and emotions. They contended that individuals who address difficult emotions are less likely to respond aggressively. Several participants in the present study indicated that ITC provided them with a better understanding of the emotions behind anger.

Minor theme #4 acknowledged that participation in ITC taught participants how to identify their core beliefs. In the review of transcripts, the topic of core beliefs was not always openly discussed relative to the inmates' anger. However, ITC participants are asked to identify their core beliefs as part of the required anger management course in Phase One of the program (See Appendix E). The curriculum specifically states that, "Discovering what beliefs we hold about using aggression is a valuable step in managing anger." When offenders identified these core beliefs they were also asked to provide examples of situations where their core beliefs have led to trouble or to negative consequences. Participants are taught that if they expect different results, they must learn to view situations differently, meaning their core beliefs must change.

Through their responses participants in ITC illustrated that they had indeed learned how to recognize their core beliefs and that they understood why some of those original beliefs were harmful. Some respondents even discussed how they no longer hold onto those negative core beliefs. The discussions surrounding core beliefs found in the transcripts indicate that the participants gained lasting knowledge from the anger management course and the knowledge they gained has led to impactful change in their cognitions or behaviors.

As indicated earlier, past research has shown that anger management and therapeutic program have been successful in bringing about cognitive and behavioral change in participants (Bogestad et al., 2010; Brazão et al., 2015). The current study is consistent with this past research. The second major theme identified was that participation in ITC resulted in new perceptions of and responses to anger. This was made evident throughout the interviews as the ITC participants discussed the negative responses they made in the past and how ITC has helped change their response to anger.

The statements made by participants about their past negative responses to anger led to the development of the fifth minor theme, which stated that many participants responded negatively to anger prior to participating in ITC. This theme is consistent with past research which has connected the emotion of anger to negative responses. Roberton et al. (2015) found that criminal offenders with high levels of anger have a greater history of aggression. Howells (2004) also found that anger was a contributing factor in many violent offenses including homicide, physical abuse, and sexual abuse which can all be found on the list of crimes for which the participants in the current study have been convicted.

The sixth minor theme identified was related to the warning signs associated with anger that the ITC participants were taught to identify throughout the program and as part of the anger

management course. Session five of the anger management course (See Appendix E) is titled "Catch it Early: In My Body." The objectives of this session are for participants to be able to identify the physical changes that occur in the body when they are angry, learn how to use these physical changes as warning signs, and then use the warning signs to better manage their anger before they lose control. Research has shown that anger influences our body. Anger has even been linked to several health risks such as coronary heart disease, diabetes, and more (Staicu & Cutov, 2010).

Minor theme #7 states that ITC provided participants with new tools, or coping skills, to assist them in processing their emotions and responding to anger in a constructive way. According to Hupp et al. (2008) coping skills are one of the three categories of cognitive-behavioral interventions. Coping skills address the thought process of an individual and provide them with new behavioral responses. As part of the anger management curriculum used in ITC, many coping skills or tools are provided to help inmates process and respond to their anger. When asked to explain how their anger changed during and after ITC many of the participants referenced the tools they learned as part of the anger management course. Respondents said they use these tools to help them process their emotions and respond to anger in different ways than they would have prior to ITC participation. Several participants, when discussing these tools, directly quoted the curriculum. This curriculum was administered to them in the very first two-month phase of the twelve-month ITC program. This finding indicates that the anger management curriculum is impacting participants and they are retaining and applying the information and skills taught to them during the course.

Overall, the findings from this study indicate, from the perspective of the participants at least, that the ITC program and the anger management course within the program have resulted

in an impactful and lasting change in the cognitions and behaviors of the inmates that have completed the course. Specifically, the program impacted inmates' understanding and response to anger by educating them and helping them to recognize the different ways that anger was presenting itself in their lives. The program also provided them with a variety of coping skills to help the respond to their anger in a more constructive way. These qualitative findings are consistent with the previous research on anger management courses and therapeutic programs in correctional facilities which has overwhelmingly been quantitative. Beyond contributing to the existing literature, these findings also provide many implications for future research and practice.

<div align="center">**Implications for Future Research**</div>

There are several ways in which future research could improve and expand upon the current study. One method used for ensuring validity in qualitative research is known as member checking. Member checking is when, "the researcher solicits participants' views of the credibility of the findings and interpretations" (Creswell, 2013, p. 252). Lincoln and Guba (1985) refer to member checking as "the most critical technique for establishing credibility" (p. 314). Future research of the ITC program and similar populations could employ a focus group of participants to review their initial analyses and give their thoughts on their accuracy and what is lacking. This would expand upon the member checking that occurred when the interviews were initially conducted.

Another strategy for ensuring validity is by using triangulation. Triangulation is when, "researchers make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence" (Creswell, 2013, p. 251). Much of past research into therapy programs at correctional facilities has been quantitative. Quantitative studies are effective because they use objective methods to analyze data. Using a quantitative method could help

validate the views being expressed through qualitative interviews with inmates or staff at the correctional facility. Triangulating methods would allow the findings from each method to support one another and would strengthen any findings from the study.

Future researchers could also conduct a longitudinal study, which would involve collecting data at various times throughout the course of the ITC program (Maxfield & Babbie, 2016). For example, researchers could administer a survey to ITC participants before they begin the program, during their time in ITC, and after graduating to achieve a better understanding of their progress during and after the program. This study should also be repeated at the other two ITC programs in MODOC to compare findings.

One topic not thoroughly explored in the current study was how motivation correlated with the discovered findings. The inmates that participate in the ITC program are chosen through a process of self-selection. This means that they apply for the program and are assumed to be motivated to participate. The motivation to join the program could help explain the successfulness or failure of the program in cultivating change in the participating inmates. Howells and Day (2003) use the term "treatment readiness" when discussing motivation related to participation in anger management programs. They suggest that the readiness of a client to participate in a therapeutic intervention is likely to impact the effectiveness of the intervention. Howells and Day also distinguish between individuals that voluntarily participate in anger management and those that are coerced or required to do so. They suggest that being coerced or required to participate in a therapeutic intervention could impede the effectiveness of the treatment when, "clients believe that the treatment is not likely to fulfill personal goals" (Howells & Day, 2003, p. 324). Others researchers have suggested that CBT can be effective in situations where clients do not recognize anger as a personal problem, but instead are coerced

into seeking treatment (González-Prendes, 2007). There has been limited research though comparing the outcomes of voluntary and coerced treatment (Howells & Day, 2003). The motivation of inmates in therapy programs in correctional settings is a topic requiring further exploration to gauge what effect, if any, it has on the degree of successfulness of therapy programs.

Implications for Practice

Aside from the implications for future research, implications could be made from the current study for the practice of the ITC program. The first implication is related to the records kept by the administers of ITC. If more detailed records were maintained at the program level, such as when pull-ups occur and what specific pull-up or sanction an inmate received, this data could be used to examine whether anger-related pull-ups or sanctions were incurred less often after successfully completing the anger management course in Phase One. This data could also provide new insights for administrators by allowing them to see any other fluctuations in the frequency of pull-ups that may occur over the course of the program.

The findings from the current study indicate that the anger management course implemented in the ITC program was effective in helping participants to recognize and process their anger and taught them coping skills to assist them in responding constructively. Given the apparent effectiveness in this course it could prove to be a benefit to the prison system outside of the ITC program. The inmates entering the ITC program have on average served 12-13 years in prison, with some serving as many as 40. If the anger management program was administered as part of orientation or a voluntary program such as ICVC, it could make an impact on a larger portion of the prison population and possibly help reduce violence in prison, which is a significant issue. A study of 13 state-level prisons showed that in a six-month period, 13%-35%

of all prisoners experienced inmate-on-inmate physical violence and 8%-32% experienced staff-on-inmate violence (Wolf, Blitz, Shi, Siegel, & Bachman, 2007). Inmate-on-inmate sexual violence was reported by 4% of prisoners and 8% reported staff-on-inmate sexual violence (Wolf, Blitz, Shi, Bachman, &Siegel, 2006). Anger has been shown to be a contributing factor to aggressive behavior and violence among prisoners (Howells, 2004; Roberton, et al., 2015). An anger management course that is effective in reducing anger and negative responses could reduce the risk of aggressive and violent behavior among inmates and the impact could be even greater if the course was made available to a larger portion of the general population.

Summary

The problem addressed in this study was the exploration of a therapeutic program used in a maximum security prison and its impact on how participating inmates understand and respond to anger. The review of literature showed that there is an increased level of anger among offenders and explored how cognitive-behavioral therapy can be used to treat anger. The research also provided evidence that therapeutic programs, specifically cognitive-behavioral therapy, have been effective in reducing recidivism and in addressing feelings of anger among offenders. This evidence was presented through mainly quantitative studies which used measurable statistics, such as recidivism rates, and surveys designed to measure the cognitions of participants to gauge the effectiveness of therapy programs. These studies did not provide many insights into exactly how these successful programs were bringing about impactful change in their participants. The findings from the present study indicate that by educating participants on how to recognize anger and identify it as a personal problem, and providing them with constructive ways to respond to anger when they experience it, the ITC program can have a positive impact on the cognitions and behaviors of its participants.

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LIST OF APPENDICES

APPENDIX A: ITC CREED
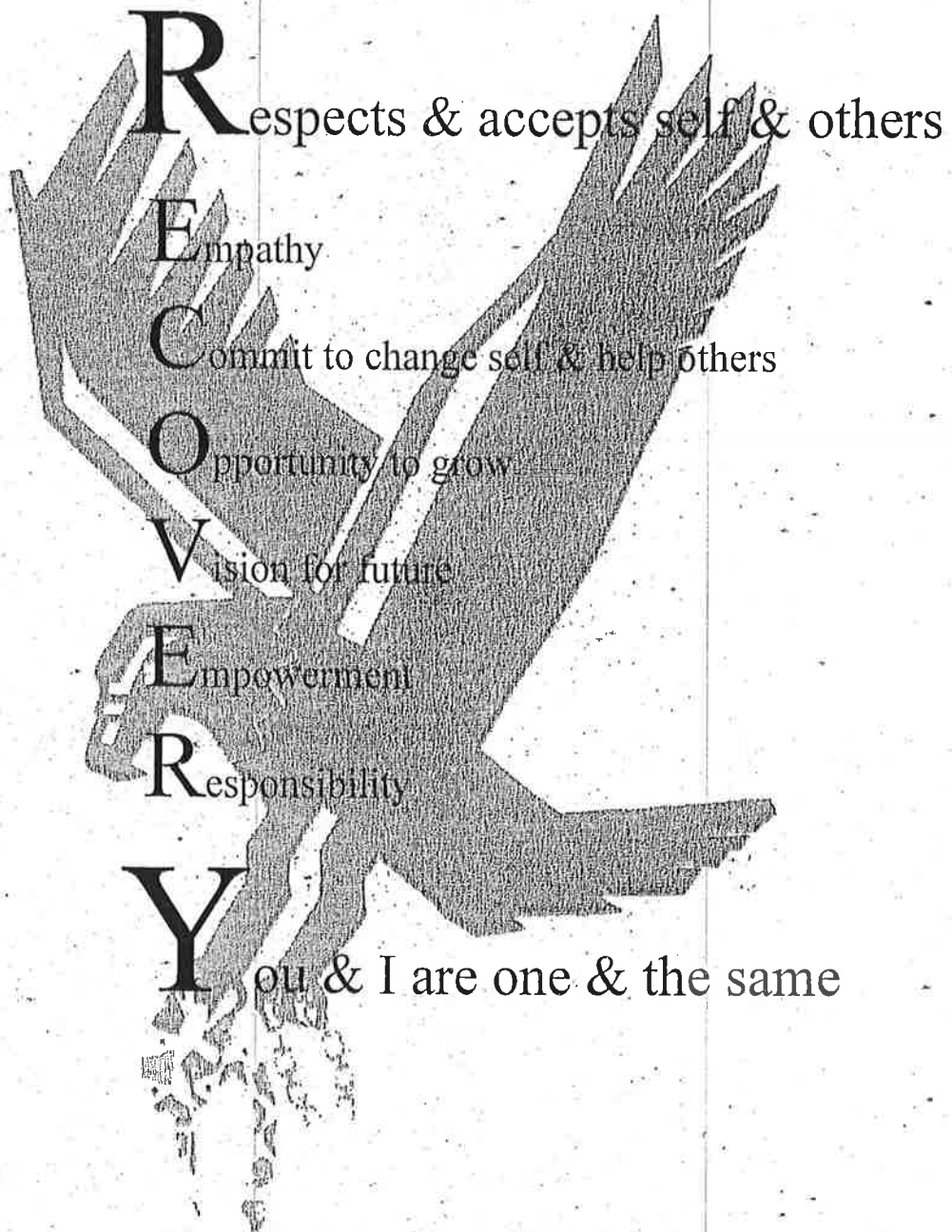
Respects & accepts self & others

Empathy

Commit to change self & help others

Opportunity to grow

Vision for future

Empowerment

Responsibility

You & I are one & the same

ITC CREED

Below is our treatment creed. You will be asked to memorize it. We believe that it is important. Sometimes, people just memorize the words and really don't think about what it means, it will help you understand how to be successful here.

We the residents of the S.E.C.C. Intensive Therapeutic Community believe that change is

accomplished from within. That this change is our responsibility and that change comes

from being able to live life on life's terms and not our own terms. We will honor, respect

and be considerate to other residents of the ITC and to its purpose, at all times and in all of

our affairs. We promise to maintain the highest code of honesty and ethical principles and

to preserve the purpose of the ITC, which is to remain

drug-free and faithful to our newfound values.

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APPENDIX B: PHASES OF ITC PROGRAM

A breakdown of each phase component is as follows:

Phase I

Following the orientation process, criminality class assist the offender to identify and define patterns of criminal thinking that have encouraged lack of responsibility and anti-social behaviors. The goal is to assist the offender by peer confrontation.

Identify their own thinking errors and learn to choose responsible thinking patterns. Anger Management will be discussed by identifying past patterns of anger of the offender and developing more appropriate methods of expressing his feelings. During this phase, the offender is introduced to self help groups and will listen to the life stories of Phase II and Phase III offenders. Steps one and two will be completed during this period of treatment.

Phase II

The offender during this phase will look at how he used violence to control people and situations in his life. Violence against men, violence against women and violence against children are broken down step by step with staff lectures, module written assignments and group discussions. This is preparing the offender for his completion of steps 3-9. Offenders are also attending AA/Support groups to develop and understanding of the need of continuous support and confrontation of past behaviors to prevent relapse of chemical abuse or criminal thinking errors.

Character defects which are identified will be addressed by staff or community feedback and by redirection. Examples of these issues could be low self-esteem, unresolved anger, guilt/shame, depression, living in the opinions of others, un-forgiveness, lock of spiritual base, or co-dependent issues.

Phase III

Offenders in this phase should be on their spiritual walk and serving the community as role models. Steps 10-12 will be completed during this time and their introduction to NA/Self-Help groups will continue. ICVC classes will be completed and offenders will attend scheduled Victims Impact Panels to listen to the victim's stories. Relapse Prevention will also begin and offenders will identify their personal relapse triggers and develop strategies to deal with each one in a more responsible manner in recovery.

Phase Three is the spirituality phase of the program. The clients spend a lot of their time doing for others instead of themselves. We have a little more free time scheduled so they may accomplish this. In Phase three we start out by doing the step 10 class where the clients learn to take a daily spot check inventory of themselves. This allows them to keep themselves free of resentments and hold themselves accountable for their part in situations so they can work through it on their own in a responsible way.

The next class we offer is Impact of Crimes on Victims Class. This gives our clients the opportunity to view the impact of their crimes from a victims stand point. At the culmination of this

class the clients have the opportunity to go to a victims panel where real victims from the outside volunteer to come in and share their experience with the clients.

The next class we offer are the maintenance steps. This class consist of steps 10-12 of the 12 steps of Alcoholics Anonymous also to wrap it up we teach modules about how to utilize what they learned and turn it into communication skills to apply it to getting released and going to job interviews upon released.

Next we offer a class called Commitment to Change. This class is very instrumental to the men it points out all the criminal tactics that they have used there whole life. The class really breaks down the thinking that goes into why they act the way they do. The class gives responsible solutions to this erroneous thinking patterns and behaviors.

The last class we offer is a continuum of phase 1 anger management called Fear the Anger Trigger. This class like many others we teach is from Dr. Stanton Samenow. The class really digs deeper into the way we think and all the little thinking triggers that leads to anger while at the same time offering helpful alternatives to this thinking and behavior.

Throughout the whole six months of the intensive portion of our program the men are required to sacrifice their television sets, radios, cigarettes, contact with general population offenders, and limited contact with family and basically living by their own agenda. Also the men will participate in drill and ceremony a minimum of four times a week. As you can see each day is very structured for the clients. This program is very difficult to complete but for the men who are driven enough to want to change there is no other program more successful than this one.

ITC Program Description

Aftercare Phases 4-6

The structure and daily requirements are not as demanding on the clients as they are in the intense portion of the ITC. In the intense portion of the program clients are continually monitored, and they have a daily schedule. However, clients in the aftercare portion are not as closely monitored, and they have the responsibility of holding themselves accountable, and of ensuring that they meet their daily and weekly requirements of attending classes, AA/NA meetings, Encounter Groups, and Process Groups, as well as Drill and Ceremony.

The purpose of the aftercare portion of the program is to assist clients in reintegrating back into general population by providing them with the tools to refuse offers of drugs, challenge their negative and self defeating behavior, building healthy self-esteem, enabling them to look at the consequences of relapse, and challenge and identify their criminal thinking, by providing them with coping skills, and teaching them better communication skills.

Phase 4

Relapse Prevention Class:

Relapse Prevention Class is designed to give clients refusal tools by assisting them in the following:

Clients will understand the phases of recovery, and clarifying the general course and important particulars of real recovery, and helping them to assess their progress. We assist them in understanding the deactivation of craving process, and why drug craving is a natural consequence of addiction, and to identify some important implications of recovery.

Clients learn to identify their ten most common dangerous situations, and their personal drug craving situations, and promote safe ways to confront or avoid these situations.

Clients are aided in preparing for stressful situations, by learning to practice the elements of good planning for dealing with foreseeable stressful events, and by gaining the tolls to cope with stressful situations.

Clients will learn explore how to have good times without drugs, and discuss the differences between drug highs, and drug-free pleasures, and learn to support each other more in learning to enjoy the latter.

They will identify issues of the recovering family by identifying basic ways addicts' recoveries can affect their families and vice versa, and suggest strategies and concrete steps each member can take to accelerate family recovery.

Clients will identify the goals of group membership by clarifying their concerns and expectations about being in a self-help group, and highlight for them what active membership in a group can require and give.

Clients will understand why abstinence from other drugs is vital in recovery, and make it clear how and why continued use of any intoxicant is incompatible with genuine recovery, and offer assistance to those still drinking or drugging in some form.

Week #1:

- Read and review material from module #1 "The phases of recovery"
- Distribute handouts "The phases of recovery" and "A recovery checklist."
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write a paper on their personal assessment.

Week #2:

- Read and review home-work from week #1
- Read and review material from module #2 "Deactivation of craving"
- Distribute hand-outs "Some principles of deactivation of craving" "Ten most common dangers" and "A case to consider"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write a paper on their dangers and the reason for this fear.

Week #3:

- Read and review home-work from week #2
- Read and review material from module #3 "Your dangerous situations"
- Distribute hand-outs "My dangerous situations"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients use the "My dangerous situations." Handout to write 5 of the situations that they can handle, situations that might give them trouble, and situations that they cannot handle.

Week #4:

- Read and review home-work from week #3
- Read and review material from module #4 "Preparing for stressful situations"
- Distribute handouts "TIPS" for coping with stressful situations.
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write a 2pg paper on a situation when they used the TIPS method.

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Week #5:
- Read and review home-work from week #4
- Read and review material from module #5 "Having good times without drugs"
- Distribute hand-outs "Having good times without drugs" and "Lets do it."
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: #1 Have clients write a scenario in which they get involved in responsible activity while not using. #2 Have clients fill out the "let's do it" handout with activities they would like to try and add some of their own.

Week #6:
- Read and review home-work from week #5
- Read and review material from module #6 "Issues of the Recovering Family"
- Distribute hand-outs "Suggestions for the recovering family" and "The recovering family: A case to consider."
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write a 1-2 PG paper on the problems they might face with their family in recovery.

Week #7:
- Read and review home-work from week #6
- Read and review material from module #7 "The goals of group membership"
- Distribute handouts "Giving the group your best" and "Why I am here?"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write a 1-2 PG paper on how a recovery group can help them personally and what they can do to benefit the group.

Week #8:
- Read and review home-work from week #7
- Read and review material from module #8 "Free at last: Abstinence from other drugs "
- Distribute hand-outs "Abstinence from other drugs: cases to consider" and "An abstinence check list."
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients break down the thinking errors in the hand-out "Abstinence from other drugs: Cases to consider."

Week #9:
- A complete review of all material and summary

Rational Emotive Behavior Therapy (REBT)

Rational Emotive Behavior Therapy (REBT) Class is designed to help clients understand their unpleasant feelings, and to challenge their negative thinking, and self-defeating behavior that leads to negative consequences by:

The source of their upset feelings, and understanding their feeling are caused more by their thoughts about events, than by the events themselves.

They will learn the ABC process-Events lead to thoughts, which in turn lead to feelings and behaviors.

They learn to challenge and evaluate should, awfulizing and self-devaluation behaviors.

They learn to change their feelings by analyze an upsetting situation by using the ABC process.

They learn to change their behavior by challenging their thinking.

The ABC process is utilized to assist clients in challenging and overcoming negative self-defeating thinking and behavior in a variety of situations such as: anxiety, worry, depression, grief/loss, guilt, shame and perfectionism.

This class is a video series interaction class. The instructor should use the video to pause, discuss and relate the information given. After the video is over the instructor should have a discussion with the class about what they can take away from the class. After the discussion is over the instructor will assign homework.

Week #1:
- Watch the video "Understanding" (pausing to interact with the class as needed)
- Read and review material from module #1 "Understanding"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "understanding" handout from the workbook for the next class.

Week #2:
- Read and review homework from module #1
- Watch the video "Anxiety and worry" (pausing to interact with the class as needed)
- Read and review material from module #2 "Anxiety and worry"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "Anxiety and worry" handout from the workbook for the next class.

Week #3:
- Read and review homework from module #2
- Watch the video "Guilt" (pausing to interact with the class as needed)
- Read and review material from module #3 "Guilt"

- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "Guilt" handout from the workbook for the next class.

Week #4:
- Read and review homework from module #3
- Watch the video "Shame" (pausing to interact with the class as needed)
- Read and review material from module #4 "Shame"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "Shame" handout from the workbook for the next class.

Week #5:
- Read and review homework from module #4
- Watch the video "Grief" (pausing to interact with the class as needed)
- Read and review material from module #5 "Grief"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "Grief" handout from the workbook for the next class.

Week #6:
- Read and review homework from module #5
- Watch the video "Depression" (pausing to interact with the class as needed)
- Read and review material from module #6 "Depression"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "Depression" handout from the workbook for the next class.

Week #7:
- Read and review homework from module #6
- Watch the video "Perfectionism" (pausing to interact with the class as needed)
- Read and review material from module #7 "perfectionism"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients complete the "perfectionism" handout from the workbook for the next class.

Week #8:
- Read and review homework from module #7
- A complete overview of the entire class.
- Give the end of the R.E.B.T test.

Self-Esteem

Self-Esteem class is designed to give clients the tools that will enable them to increase the self-esteem by:

Understanding that self-esteem is essential for psychological survival and that without some measure of self-worth, life can be enormously painful, with many basic needs going unmet.
They will identify the causes and effects of self-esteem.
Identify the pathological critic.
Learn how to disarm the critic.
Make an accurate Self-Assessment of their strengths and weaknesses
They will understand how cognitive distortions affect their self-esteem
Learn about compassion for self and others
Learn how "Shoulds" and "Musts" affect self-esteem
Learn how to handle mistakes
Learn how to ask for what they want

Week #1:

- Read and review material from module #1 "The nature of self esteem"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write (5) five of their most commonly used "shoulds", and explain what motivates then to do so.

Week #2:

- Read and review home-work from week #1
- Read and review material from module #2 "The role of reinforcement"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: See book material on steps #1-5.

Week #3:

- Read and review home-work from week #2
- Read and review material from module #3 "Disarming the critic"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write at least (10) ten "Howitzer Mantras". Have clients create their own step-by-step strategy for how they will use healthy ways to care for their needs. Problem, Solution and Plan of Action.

Week #4:

- Read and review home-work from week #3
- Read and review material from module #4 "Accurate self-assessment"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients do the Self-concept inventory (see pages 26-29).

Week #5:
- Read and review home-work from week #4
- Read and review material from module #5 "Cognitive distortions"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write (9) nine sentences. Each one using a cognitive distortion. Then write a correcting sentence of the distortion.

Week #6:
- Read and review home-work from week #5
- Read and review material from module #6 "Compassion"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: "Active listening" Have clients choose (3) three people and listen to their story. Write the story they have heard. #2. Have clients list and explain ways they can affirm their own worth, and how showing compassion to others can improve that self-worth.

Week #7:
- Read and review home-work from week #6
- Read and review material from module #7 "The shoulds"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: Have clients write an atonement paper.

Week #8:
- Read and review home-work from week #7
- Read and review material from module #8 "Handling Mistakes"
- Have clients give feedback on their understanding of the material in the module.
- Assign homework: See page 72 (raising your mistake consciousness.)

Aftercare Phases 5

Good Intentions Bad Choices

The focus of this class is relapse and recidivism prevention for addicts and offenders with leaving treatment, or an incarcerated setting and re-entering society. This is a very risky time in the recovery process. Most have good intentions of doing good and straitening out their lives, at the time of their release from treatment and prison; however, errors in thinking that are the results of years of an additive, and/or, criminal lifestyle are not so easily resolved.

The video and classes are taught by renowned psychologist Dr. Stanton Samenow, and takes an in-depth look at some of the most common thinking errors that lead to trouble in the early stages of sobriety, and release from incarceration.

Program Overview

- Three full-length videos of approximately 45 minute each.
- Divided into 9 shorter sessions for adaptability to your program needs.
- With built-in pauses to discuss key points and keep your clients actively engaged.

Week #1:

- "Good Intentions Bad Choices"
- Review preview session (What Goes Wrong)
- Exercise for Preview Session; discuss/relate
- Worksheet for Preview Session

Week #2:

- Session One: "Unrealistic Expectations"
- View Video; pause throughout-discuss/relate
- Worksheet for session one (homework)
-
- Session Two "unrealistic expectations"
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session two

Week #3:

- Session three: "Unrealistic Expectations"
- Review Worksheet from sessions 1 and 2
- Discuss/Personalize Material
- View video/pause throughout/discuss

- Worksheet for session three
-
- Session four: "Preventing Relapse"
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session four

Week #4:
- Session five: "Unrealistic Expectations" Murphy's Law
- Review Worksheet from sessions 3 and 4
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session five
-
- Session six: "Problems in Relationships" Attempts to control
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session six

Week #5:
- Session seven: "Problems in Relationships" Attempts at control in romantic relationships
- Review Worksheet from sessions 5 and 6
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session seven
-
- Session eight: "Problems in Relationships" Attempts at control in family relationships
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session eight

Week #6:
- Session nine: "Plan of Action" How do we respond when things go wrong.
- Review Worksheet from sessions 7 and 8
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session nine
-
- Session ten: "Failure to see another's point of view" My point of view is always right.
- Discuss/Personalize Material
- View video/pause throughout/discuss

(11)

- Worksheet for session ten.

Week #7:
- Session eleven: "Failure to see another's point of view" I'm doing right and I'm doing what I want to do.
- Review Worksheet from sessions 9 and 10
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session eleven
-
- Session twelve: "A victims Story" Consequence for victims.
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session twelve

Week #8:
- Session thirteen: "looking at the impact on your victims" The biggest error in thinking???
- Review Worksheet from sessions 11 and 12
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session thirteen
-
- Session Fourteen: "Empathy as a solution" "Empathy or manipulation?"
- Discuss/Personalize Material
- View video/pause throughout/discuss
- Worksheet for session fourteen

Week #9:
- Session fifteen: Summary/Review

Relapse Prevention

Relapse Prevention Class is designed to give clients refusal tools as well as deter the recovering addict/alcoholic from substance abuse. Though relapse is a part of recovery, there is a plan to deal with relapse, by identifying and understanding:

What to do in case of a relapse.
How to be more open about recovery.
How to say no to common drug/alcohol offers.
How to relate to active drug users.
How to assess their social life
How to identify and change self-defeating and self-destructive behaviors.
How to change their thinking.
How to change their personality traits.
How to develop their spirituality.

These units offer in-depth and thorough understandings about each topic and also offer real-life scenarios for the recovering criminal/addict to identify with. It is highly suggested and encouraged that the clients utilize and apply these tolls to there everyday life.

Week #1: Unit 9 "What to do about relapse."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #2: Unit 10 "A more Open Recovery."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #3: Unit 11 "Saying no to common drug offers."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #4: Unit 12 "Relating to active drug users."
- Recite phase information/collect homework
- Read Unit/discuss/personalize

- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #5: Unit 13 "Assessing your social life."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #6: Unit 14 "Changing self-defeating and self-destructive behaviors."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #7: Unit 15 "Changing personality traits."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #8: Unit 16 "Changing my thinking."
- Recite phase information/collect homework
- Read Unit/discuss/personalize
- Assign homework (usually 1-3 pages "What did you get from the unit and how can you apply this to your recovery."

Week #9: Complete review of all information

Advance Criminality

Advanced criminality class is designed to identify the thinking patterns and processes of the young criminal to be-to the adult criminal, and how he rebels, and manipulates and schemes in order to get what he wants at any cost, and how he is driven by fear. Clients will thoroughly discuss:

Profile of a criminal.
Identify their fear.
Identify their anger.
Understand Power Thrusting
Understand Criminal Uniqueness
Understand how the criminal takes the Victim Stance
Understand Lying
Identify Pride and Perfectionism
Identify fear of fear
Understand Will and Choice in the program for change

The format for this class can be done in many ways. The most effective method found so far is to have the clients read the chapter assigned the week before and then sit around in a circle and discuss how we relate to the chapter and how we can work on changing. Homework for this class can also be done in many ways depending on how in-depth the clients are in there group discussion should let you know how much homework if any to assign. Homework (if any) usually consists of a 1-3 page paper on how this chapter applies to us and what we can do to work on it.

Week #1: Chapter one "Profile of the criminal." /Chapter two "Fear"
- Group discussion

Week #2: Chapter three "Anger."/Chapter four "The power thrust Part 1"
- Group discussion

Week #3: Chapter five "The power thrust Pt. 2."/Chapter 6 "Uniqueness"
- Group discussion

Week #4: Chapter 7 "The victim stance."/Chapter 8 "Lying"
- Group discussion

Week #5: Chapter nine "Pride and perfectionism."
- Group discussion

Week #6: Chapter ten "Fear of fear Pt.1."
- Group discussion

15

Week #7: Chapter eleven "Fear of fear Pt.2 Pretentiousness."
- Group discussion

Week #8: Chapter twelve "Choice and will in the program for change."
- Group discussion

Week #9: Complete review of all information

(16)

Aftercare Phases 6
Chronic Relapse Prevention

This class is design to explore the specific situations that lead to relapse, as well as details the terrible consequences of relapse:

Learning that relapse is a process, not an event, and discovers the match that starts the relapse fire.
How to separate, and break the relapse cycle.
Discovering, and identifying the face behind the mask.
What tools to use to put out the match, before it becomes a fire, and the hidden Pains of childhood that must be dealt with in order to prevent relapse.
The group learns concrete tools to use as pebbles to keep the boulders of relapse from rolling down the hill, which is crucial in maintaining lasting sobriety.

This class consists of three class settings with two chapters each. The class is taught by watching the video and then discussing how the video pertains to our recovery. At the end we pass out the worksheet assignments for the class and then the next class we discuss the homework.

Week #1: Chapter 1 "Understanding Relapse"/Chapter 2 "Anatomy of your relapse"
- The video featuring Ernie Larson is about a group exploring specific situations that lead them to relapse. Also, the group details the terrible consequences of relapse. The group also learns that relapse is a process, not an event, and discovers the "match" that started the relapse "fire."
- Open discussion
- Pass out homework

Week #2: Chapter 3 "Separation, breaking the relapse cycle"/ Chapter 4 "The face behind the mask"
- Discuss homework from the following class
- In the video the group explores what tools to use to put out the "match" before it becomes a "fire." The group also discovers the hidden pains from childhood that must be dealt with in order to prevent relapse.
- Open discussion
- Pass out homework

Week #3: Chapter 5 "The boulders and pebbles"/ Chapter 6 "More pebbles"
- Discuss homework from the following class
- In the video the group learns concrete tools to use as "pebbles" to keep the "boulders" of relapse from rolling down hill. This is a crucial factor in maintaining lasting sobriety.
- Open discussion
- Pass out homework

Character Building

This class is designed to study and discuss various character building traits that are useful for understand themselves and others, and as a result, fostering better understanding and communication. The various traits are:

Availability.
Contentment.
Compassion.
Boldness.
Cautiousness.
Attentiveness.
Alertness
Benevolence.

In this class the facilitator asks each of the clients phase brothers what their main character defect is. The purpose of this is to assign each of the clients with one of the topics above because they will teach each the classes. Whatever the clients main character defect is he will get the opposite character trait to teach about. Example: if my character defect is that I am a risk taker then I will be teaching on the subject of cautiousness. Depending on the number of clients in the phase the clients may have to team up to teach together so that we can fit the classes into a nine week phase.

Week #1: Availability
- The client will teach on the subject of "Availability."
- Open discussion
- Pass out homework

Week #2: Contentment
- The client will teach on the subject of "Contentment."
- Open discussion
- Pass out homework

Week #3: Compassion
- The client will teach on the subject of "Compassion."
- Open discussion
- Pass out homework

Week #4: Boldness
- The client will teach on the subject of "Boldness."
- Open discussion
- Pass out homework

Week #5: Cautiousness
- The client will teach on the subject of "Cautiousness."
- Open discussion
- Pass out homework

Week #6: Attentiveness
- The client will teach on the subject of "Attentiveness."
- Open discussion
- Pass out homework

Week #7: Alertness
- The client will teach on the subject of "Alertness."
- Open discussion
- Pass out homework

Week #8: Benevolence
    The client will teach on the subject of "Benevolence."
- Open discussion
- Pass out homework

Week #9: Complete review of all information

Relapse Prevention
Beat The Streets

This class emphasizes the importance of learning to avoid relapse through the eight essential relapse prevention skills.

Complete abstinence.
Not doing it alone
Accepting disappointments without picking up.
Coping with chronic stress.
Resisting the lure of easy money.
Avoiding going back to the old corner.
Resisting the pull of the street life.
Planning to handle offers.

Each class will consist of a video with various topics for discussion. The series is designed to be a pause and discuss class. The classes are filled with interaction and question and answer pauses throughout the video.

Week #1: Beat the Streets Pt 1. "Street smarts: Learning to avoid relapse"
- **The video emphasizes eight essential skills:**
- Complete Abstinence
- Not Doing it Alone
- Accepting Disappointments Without Picking Up
- Coping with chronic stress
- Resisting the lure of easy money
- Avoiding going back to the old corner
- Resisting the pull of the street life
- Planning to handle offers
- After the video we have an Open discussion
- Pass out homework (2 pg. "what you learned from the video)

Week #2: Beat the Streets Pt 2. "Back on the block early recovery"
- **The video focuses are on the first few weeks home after rehab or prison- when the decisions made are critical to lasting recovery. The teaching points include:**
- Avoid living with active users
- Create a support system and use it!
- Keep Busy
- Prepare to handle running into old friends who still use
- Prepare to cope with triggers in the old neighborhood
- After the video we have an Open discussion
- Pass out homework (2 pg. "what you learned from the video)

(20)

Week #3: Beat the Streets Pt 3. "Clean and sober in the city; recovering relationships"
- **The Video shows how to recognize, avoid and cope with relapse traps that come up in relationships during early recovery. (And beyond) the key points for the video are:**
- Coping with an unsupportive and dysfunctional family.
- Avoiding the trap of rescuing others
- Men's and woman's issues in early recovery
- Sober sex
- Dealing with guilt over past parenting mistakes
- Coping with the stress of parenting in recovery
- After the video we have an Open discussion
- Pass out homework (2 pg. "what you learned from the video)

Week #4: Beat the Streets Pt 4. "Catching Feelings, New Ways To Cope With Emotions"
- **The Video teaches new ways of dealing with feelings-without picking up. Emphasis on emotional dangers and their zones which are:**
- Anger.
- Shame
- Guilt
- Self-Pity
- Chronic illness like HIV/AIDS
- Feeling endangered by racism.
- After the video we have an Open discussion
- Pass out homework (2 pg. "what you learned from the video)

Week #5: Beat the Streets Pt 5. "Making it Happen: work, money, school, and good times"
- **The Video illustrates the importance of building a satisfying life for long-term recovery and relapse prevention, Which including:**
- Getting and keeping work
- Dealing with financial stress
- Going back to school
- Giving back to the community
- Having fun clean and sober
- Reclaiming your dreams
- After the video we have an Open discussion
- Pass out homework (2 pg. "what you learned from the video)

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APPENDIX C: CARDINAL RULES AND REPORTABLE BEHAVIORS

Cardinal Rules and Reportable Behaviors of ITC Program

<u>Cardinal Rules</u>

The purpose of Cardinal Rules in a therapeutic community is to protect the community from behaviors that threaten the viability of the community itself. Cardinal rules guard the integrity of the community, protect against dangers in the community, and ensure physical and psychological safety for the community members.

The following is a list of Cardinal Rules:

1. No physical violence, threats of physical violence, threatening hand gestures, or intimidation against another person.

2. No stealing.

3. No drugs, alcohol, or drug/alcohol/tobacco products (paraphernalia).

4. No contraband, as defined facility rules.

5. No sexual acting out or sexual or sexual physical contact.

6. No weapons of any kind.

7. No gang representations.

8. No destruction of property.

9. No refusal to participate in any assigned activities.

10. No profanity or profane gestures.

11. No walking out of encounter group or refusing sanctions.

12. No forming or attempts to form negative alliances with any community member(s) or ganging up on other community members (rat-packing) in any non-therapeutic manner.

13. No disrespect towards a community member or staff.

14. Any other rule staff deem appropriate.

Reportable Behaviors

- Any phone related issues
- Being inconsiderate*
- Bombarding with pull-ups*
- Care taking
- Communicating with any non-A wing offenders
- Control issues*
- Count issues: Not standing/sleep/light not on
- Debating*
- Dishonesty*
- Displaying non-verbals/mean mugging*
- Doing the criminal
- Fact-finding: (related to behaviors displayed)
- Failing to sign extra duty log
- Giving an awareness
- Gossiping*
- Horse playing (playing the freaks)
- Inappropriate: comments/conversation/sarcasm*
- Isolating*
- Negative attitude: passive aggressive/flat tire*
- Negative contracting
- Neglecting responsibility*
- Not getting on top of a pull up*
- Not giving proper response*
- Not honoring sanction*
- Not shaving
- Playing in the ranks
- Playing with/misuse of the pull-up system*
- Poor job performance*
- Poor presentation*
- Posturing*
- Processing/problem solving
- Profanity/cursing*
- Put downs/laughing at others expense*
- Reckless eyeballing
- Retaliatory pull-up*
- Running on self-will
- Selective programming
- Sleeping unauthorized
- Smoking/contraband
- Stealing
- Talking about sanctions or behaviors*
- Talking in a no-talk/talking while on a no-talk

- Using sign language to spell words to someone or used as gang symbols
- Vindictive behavior*
- Writing during prayer & meditation
- Any behavior staff/facilitators deem reportable (breaking structure)
- Mom and Popping*
- Knocking on the walls/communication through the vents
- Using a shutdown tactic

* - Reportable behavior that is considered anger related

APPENDIX D: ENCOUNTER GROUP

Encounter Group

1.) Scheduling

- Groups are part of a weekly schedule and not called spontaneously

2.) Structure

    a. One or two facilitators will conduct the meeting.

        o There will be a panel of staff and facilitators there to give additional feedback to the group

    b. Seating options:

        o Large circle – All chairs are arranged in a circle formation surrounding two chairs facing each other in the center of the circle. The chair to the right is designated for the group member who is being confronted. The chair on the left is for the group member who will actually do the confronting

3.) Process

    a. The facilitator conducting the group will ask everyone to stand for prayer. After prayer everyone sits down to listen to the facilitator explain what the purpose for encounter group is. The purpose of encounter group is to give each person being confronted help by addressing all of the behaviors/thinking errors that the see within the individual

    b. Each group member must sit on their hands (with their palms flush against their buttocks). This is to ensure that there is no aggressive or intimidating gestures being displayed.

    c. The facilitators will select who actually does the confrontation based on who will provide the best help for the individual/situation.

d. Once the individual is finished with the confrontation he is to say, "What you have been written up for, I am pulling you up." Once these words are recited, the person who's doing the confrontation is excused and all of the participants in the circle must raise their hands to be called on by the facilitator. It is at the facilitator's discretion how many people are to confront.

e. Once the confrontation is complete the facilitators and staff will have the opportunity to speak to the person being confronted.

f. After this process is complete, the "Learning Experiences"* will be given to the individual who was being confronted.

* - The ITC labelled this "Learning experience" instead of sanctions or booking slip, because we believe language has an effect on the brain. Therefore, if clients see the encounter group process as a learning experience then he/she will be more receptive. Words like sanction, booking/book, and disciplinary suggest that there is a punishment

4.) Learning Experiences

a. A learning experience must be consistent with whatever behavior was displayed

b. Types of learning experiences

    i. 5 to 10 page essays

    ii. 100 to 250 consistent sentences on paper

    iii. A cleaning detail

    iv. An announcement at A.M. and P.M. Development

    v. Microwave restriction

    vi. Wear a sign around their neck

    vii. Loss of recreation

        viii.   Telephone limit

         ix.   Eagles Watch

5.) Once encounter group is complete, staff or facilitators will be allowed to read a written

push up, which is the exact opposite of a written pull up.

    a.   Written pull up – a process that addresses negative behavior. The facilitators/staff

       will determine if the behavior displayed warrant immediate attention/action or can

       wait until encounter group.

    b.   Written push up – a process that addresses/rewards good behavior

6.) Once the written pull-ups and push-ups are complete the facilitators/staff will have the

last encouraging words. Participants will rise and recite the ITC creed.

<u>Encounter Group/Learning Experience Privilege Guidelines</u>

If you go to the chair you must abide by the following privilege restrictions:

-   No sleeping in on that weekend

-   Phase One dress code for the duration of your sign.

-   Seventy-two hour microwave restriction – you may use the microwave after the 72

   hours is up, even if you still have a sign on

-   Your written learning experiences must be turned in 72 hours after the start of

   encounter group. (No later than 10:55am lockdown count period on the day it is due).

-   Must use the ITC college rule paper that is handed out at the facilitators table to do

   your written learning experiences on.

-   Loss of T.V. and game privileges until your sign is up.

Encounter Group Rules

While every person is unique, many similarities are shared with each person. In group participants learn by sharing their own personal experiences whether they are good or bad. Group members also learn they are not alone in the personal struggles. With the help of the group, recognizing, understanding and hopefully, resolving certain problems are possible.

The following are basic ground rules that govern a group session. Your counselor/facilitator may add to these rules for the benefit of a particular group.

1. All Cardinal rules apply.

2. Only one person speaks at a time.

3. When the designed group leader, facilitator or counselor calls time out, that means everyone stops talking immediately.

4. Use personal pronouns when speaking (I, me, mine). You cannot verbally attack other group members.

5. Confidentiality is a must. What is said in group stays in group.

6. Listen attentively to everyone who shares.

7. Be as open and honest as you can while being sensitive to the needs of others.

8. You may not leave group unless you have permission from a staff person or a facilitator. (Note: Use the restroom prior to attending Encounter Group).

9. Be on time and groomed appropriately.

10. Minor rule sanctions apply to Group rules, except in instances of cardinal rules.

11. Any refusal of Learning Experiences/Sanctions, formal or informal will result in immediate referral to the Program Review Committee (PRC).

APPENDIX E: ANGER MANAGEMENT CURRICULUM

The Cost of Anger

NOTE: This session is designed to introduce the program before viewing videos. The purpose is to enhance motivation, readiness for the Program and for learning.

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Describe personal situations that have resulted in anger and negative consequences

...Discuss the behaviors they chose as a result of their angry feelings

...Identify the COSTS they have incurred when choosing negative behaviors

...Identify reasons for wanting change in their lives

DISCUSSION IDEAS: The program we are about to begin is designed to enable you to manage your anger in positive ways. It consists of videos, group discussions and worksheets. If you have an interest in change, it will give you the tools you need: specific, practical skills you can use to manage your anger. But skills require practice (think of a new sports skill). And change is often difficult and uncomfortable. Yet — if you want it badly enough — change is possible.

QUESTIONS for discussion:

* *Think of a time when you were angry, and acted in a negative way. Describe the situation and the consequences of your behavior.*

* *What are some of the costs (negative consequences) you have experienced as an result of angry behaviors?*
      (Some of the costs of anger discussed in the video are:
      Loss of freedom, jail/prison, loss of family, etc.)

* *Have there been costs to others (victims, your spouse, parents, children...)? Describe these costs in detail.*

* *Have the costs been painful enough for you to want to change?*

* *Does the feeling of anger cause negative results? Or is it what the person does with that feeling? (Can anger have positive results? Anger about injustice causes people to accomplish positive things.)*

ASSIGNMENT: Ask participants to complete the worksheet for this session (see the following page). Responses and observations can be discussed at the end of this session or the beginning of the next. Instruct participants to keep all completed worksheets throughout the program; they will provide a useful source for review and a personal anger management

What Has Anger Cost You?

*W*e look at anger as a bad thing. Anger is not bad. Anger can motivate someone to work for change in positive ways. How we choose to <u>react</u> to anger makes the difference. The actions we choose decide the result.

We all have a choice. This program can help you to learn new ways to manage your anger. If you truly want to change, be honest with yourself as you answer the questions. Change requires hard work; but change is possible.

Write about a personal situation where you were angry, and chose to react in a negative way. Be specific. Describe your actions.

_____

_____

_____

What did this negative behavior cost you?

_____

_____

_____

What did this negative behavior cost your family and people you care about?

_____

_____

_____

Was anyone else a victim of your negative actions? Describe who was hurt — physically or emotionally — and how they were hurt.

_____

_____

Did you think about these consequences <u>before</u> you reacted in a negative way? Explain your answer:

_____

_____

_____

When the behaviors we choose cause harm to us and others — and the pain is great — we may come to the realization that a change is necessary in our lives.

But change is not easy! Change is one of the most difficult things to do. Yet...

...*change is possible!*

Have you experienced loss and pain because of the ways you have handled anger? Is the pain or loss great enough to make you want to change? Explain:

_____

_____

_____

In the situation you described above, what could you have done differently? Could you have reacted in a way that would not have been harmful? Write about the positive choices you could have made.

_____

_____

_____

Today I can choose to change!

Self-Talk

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Understand and discuss these concepts:

- Before we act, we have thoughts, often in the form of "self-talk"
- Different self-talk creates different behaviors, different outcomes
- We have a choice about how we respond to confrontive situations

...Identify thoughts and self-talk which have resulted in destructive behaviors.

...Discuss using "self-talk" as a means of staying calm.

...Demonstrate the use of positive "self-talk."

VIEW Video Part I from the beginning through the end of Session One, Part A. The introduction of the video ends with an **OPTIONAL PAUSE** for discussion: *"What is the cost of anger in your life?"* (If you have discussed this topic in the Preview Session, you can continue viewing.) A second **OPTIONAL PAUSE** appears at the end of Part A: *"Can others make us angry? Or do we push our own buttons? What do you think?"* Lead a discussion on this topic.

QUESTIONS for discussion:

- *What is "self-talk"?*

- *How important is "self-talk" in our everyday lives? Why?*

- *Are you usually aware of your "self-talk"? Of how it affects your actions? Explain.*

- *Give some examples of self-talk which leads to negative consequences.*

- *When you begin to feel angry, there are many things you can say to yourself to stay calm. Can you think of some examples of calming "self-talk" statements?*

    Some examples:

    "If I let him take me there, I'll go back to jail."

    "Use a quiet voice this time and stay calm."

    "If I don't take care of myself, I can't take care of my kids."

    "Calm down and think just a minute before you do something crazy."

    "It isn't worth getting into. It just isn't worth it."

111

ASSIGNMENT: Ask students to complete the worksheets for this session (see the

What I say to myself:

Self-Talk

*W*e all have thoughts in our heads: "self-talk."

Sometimes we don't notice, but it's usually there.

In the story of the 3 men, each man must have had different *thoughts* — each must have <u>said something to himself</u> before he acted. What do you think each man said to himself?

The one who jumped out the window:

_____

_____

_____

The one who laughed and walked away:

_____

_____

_____

The one who shot the speaker:

_____

_____

_____

Your "self-talk" is based on what you believe about the world and yourself — and what you believe about using aggression. Self-talk can make your anger grow — or help to cool it. If you change your self-talk, you can change the way you react.

Continued

WORKSHEET For SESSION ONE   PART A: *Self-Talk Continued*

Write about two situations when your anger and aggression got you into trouble.

Situation 1: (Describe the situation briefly.)

_____

_____

Just before it happened, what did you say to yourself?

_____

_____

*W*hen you're in danger of becoming angry, it's important to use "self-talk" that "cools" your anger — and allows you to be in control of yourself. In the situation you wrote about above, <u>write positive "self-talk" statements</u> that could have changed the outcome.

_____

_____

Situation 2 (Describe the situation briefly.)

_____

_____

Just before it happened, what did you say to yourself?

_____

Using situation #2 above, <u>write positive "self-talk" statements</u> that could have changed the outcome.

_____

_____

Different self-talk

gets different results.

What do <u>you</u> tell yourself?

Beliefs,
Anger and Aggression

NOTE: Video Session One is divided into two group meetings; Parts A and B.

EQUIPMENT: Overhead Projector (or write on board)

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Understand and discuss these concepts:

- Our actions are based on what we say to ourselves: *Self-Talk.*
- Our self-talk is based on what we **believe** about the use of aggression.
- If we hold different beliefs, we will experience different outcomes.
- Discovering what beliefs we hold about using aggression is a valuable step in managing anger
- We can choose how to respond to confrontive situations.

...Identify beliefs that have resulted in negative behaviors.

VIEW Session One, Part B in Video Part I.

PART A: QUESTIONS for discussion:

- *In the video, the leader told the story of 3 men; each heard the same insulting statement. One jumped out the window; one laughed and walked away and one shot the speaker. In your opinion, <u>what caused each man to react differently?</u>*

- *People in the video said that each man had a different "core belief." Can you imagine what core belief each man might have had?*

  Some examples of core beliefs:

    "I'm worthless. I might as well give up."
    "No one disrespects me; I have to make him pay."
    "I don't give others the power to make me angry."

- *If someone disrespects me, do I have a choice about how I react?*

WORKSHEET for SESSION ONE   **PART B:** *Beliefs*

Looking at Your...

Beliefs
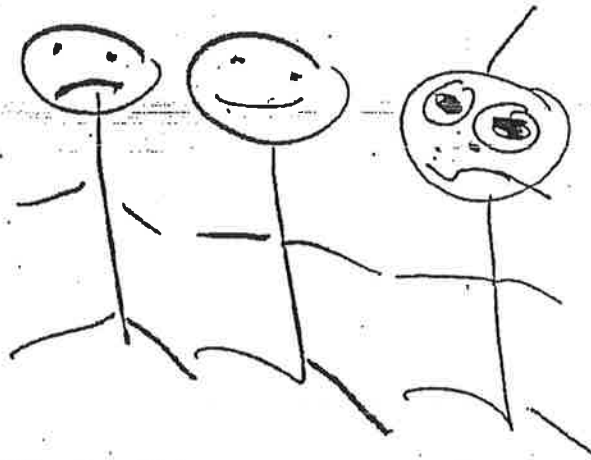
*I*n the video, they told the story of 3 men. Each man was told the same thing. One jumped out the window — another laughed and walked away — and the third man shot the person speaking. In your opinion, why did they react differently?

_____

_____

Do people have a choice about how they respond? Explain.

_____

_____

_____

Each man in the story had a different way of seeing it. If you were in the same situation (someone disrespects you), what would your view be?

_____

_____

_____

The way we look at the world — and ourselves — can be called a "core belief."
When someone "crosses your line," how do you view it? Can you say what your <u>core
belief</u> is about situations like that? <u>Write your belief below</u>.
    (Be honest; think back through your life: How have you usually reacted? What
might your belief be? You'll find some typical beliefs on the next page.)

_____

_____

_____

_____

    Can you think of a situation where your core belief got you into trouble? Briefly
state the situation, your belief, and the result:

_____

_____

_____

_____

    If you want different results — a different life — is it possible that you could
view such situations differently? If you held a different belief than the one above, what
might it be?

_____

_____

_____

_____

Continued...

What's Your

Belief?

Here are some typical BELIEFS people hold.

Draw a circle around those that might resemble yours. (Be honest; this exercise is only for you.)

What are the likely consequences of holding each belief?

If you need more space, use the back of this page.

"Other people are the cause of my problems."

    vs. "I am responsible for most of my problems."

Consequences:_____

"I have to be right all the time."

        vs. "I can listen to, and respect other's opinions and thoughts."

Consequences:_____

"He/she is my property."

        vs. "I do not own another human being."

Consequences:_____

"If anyone disrespects me, I have to punish them."

        vs. "I don't give others the power to make me angry."

Consequences:_____

"Life is unfair to me, so I take what I want."

        vs. "I need to work for the things I want in life."

Consequences:_____

"I have to fight every battle."

        vs. "Some battles aren't worth fighting; I have too much to lose."

Consequences:_____.117_____

LEADING SESSION TWO — *Feelings*

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Describe how anger can be used to mask other feelings
...Identify some of the feelings that are often 'underneath' the anger
...Name feelings that are difficult to express
...Discuss non-aggressive ways to express these underlying feelings

VIEW Session Two in Video Part I.

QUESTIONS for discussion:

- *Can someone tell me about a time when you got angry and it got out of control?* (After they tell the story:) *Can you remember what you were feeling just before you got angry?* (Try to bring out the prior feeling: fear of looking weak, fear of losing something, hurt, etc.)

- *So anger is often fed by other feelings. Underneath anger, there is often fear, hurt, frustration, disappointment....* (See the cartoon overhead, below.)

- *What are some feelings that are difficult to express?* (Explain that a feeling can be described in one word, whereas thoughts are described with a phrase.) Use an overhead to help participants identify feelings (Use the one titled, *"Just before you got angry, what were you FEELING?"*).

- *Some people believe it is more comfortable to get angry and act out rather than experience the fear, hurt or other painful feelings that come before it. What is your experience?*

NOTE: Handling painful feelings — without resorting to aggression — is included in the next session, *Dealing With Feelings*.

PROJECT AN OVERHEAD for this session

You can use any of three overheads for this session and the next, *Dealing With Feelings*. Each will help as you discuss different aspects of feelings and anger.
1) The cartoon (*"Anger can be a smokescreen, hiding other feelings"*)
2) *"What were you FEELING?"* — words to help identify and name feelings
3) *"Fear of..."* — an aid for discussing different kinds of fear

Suggestions for using overhead 3 above, a list of fears titled, *"Fear of...":*

- Why is it difficult to express some feelings? (Write responses on the board and discuss. Most responses will probably be based in FEAR. Refer to the overhead and discuss the different kinds of fear. *Which ones can you relate to? What is a positive way to deal with this fear?* (Notice it; feel it; stay with it; don't allow it to trigger anger. See Session Three, *Dealing With Feelings*.)

ASSIGNMENT: Ask students to complete the worksheets for this session (see the following pages). Responses and observations can be discussed at

WORSHEET For SESSION 2

Feelings:
Underneath My Anger

We often use anger to cover other feelings. We feel safer showing anger, while hiding the feelings underneath from ourselves and others.

Think of a time when anger got you into trouble. What was the situation?

HURT   FEAR

_____

_____

_____
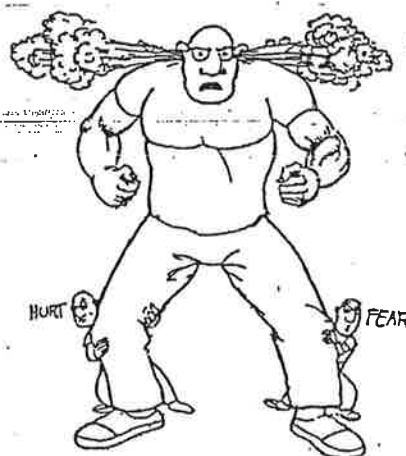
In the situation you described above, what was the feeling you were covering with your anger? (It can take some thought to identify it; the effort is worth it.)

_____

_____

Think of other situations when your anger went out of control. Write a word or two that will remind you of each situation. Next to that, see if you can identify the *feeling* that came before the anger.

Situation   What I felt *before* the anger

_____

_____

_____

_____

_____

Anger is not bad!

It's what we choose to DO with the anger that makes the difference.

The important thing to remember is that you have a choice in how you respond to angry feelings.

It's useful to identify the feeling underneath; it can help you learn to manage the anger.

> *"It takes more courage to go to that place of hurt and sadness than it does to go to the place of anger and rage."*

It is possible to deal with painful feelings without avoiding them through anger and aggression. NOT going to anger means facing our fears. And that isn't easy.

It takes making choices that may be uncomfortable or unfamiliar.

Think about the situation you described above, where your choice got you into trouble: **What could you have done differently** that would have prevented trouble for you or anyone else?

Choice 1: What I could have done:

_____

_____

_____

Choice 2: Another way I could have handled it:

_____

_____

Dealing with Feelings

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Describe an effective way of handling situations which trigger anger: (Instead of acting out in destructive ways, *experience the feeling* that comes before anger)

...Describe the difference between "experiencing the feeling" and ignoring or "stuffing" the feeling

...Discuss ways to deal with painful feelings: constructive alternatives to rage and violence

VIEW Session Three in Video Part I.

QUESTIONS for discussion:

- *In the video, Dolores said, "I didn't know how to deal with that feeling of* not hitting her...It was very uncomfortable because it was new." *Has anyone ever experienced that? Can you describe the feeling when you* don't *act out? (It can be quite painful.)*
  - *(If you haven't experienced it, imagine doing it. Picture the experience from beginning to end. How would it feel?)*
- *Some people avoid or cover painful feelings by getting angry. What are some other ways to deal with those feelings?*
  - (Some ideas: Walk away, breathe, talk to someone, tell yourself you're making a better choice — it takes courage to stay with the feeling — write your thoughts and feelings, be good to yourself.)
- *What is the difference between experiencing feelings and stuffing them?*
  - (Experiencing is a way to feel the pain — and then move on. Stuffing denies the feeling exists.)
- *What are some reasons we "stuff" or hold in our feelings?*
  - (Fear of feeling the pain; fear of letting the feelings out.)
- *What is the downside of "stuffing" feelings?*
  - (The feeling stays with you. Sooner or later, it causes trouble, such as depression, over-medicating, drug/alcohol abuse, harming oneself (mutilation), serious physical or emotional stress, explosive, violent behaviors.
- *What are some benefits of experiencing the feeling?*

PROJECT AN OVERHEAD: Choose among three overheads to aid in discussing important facets of this topic (see Overheads, Session Two).

ASSIGNMENT: Ask students to complete the worksheets for this session (see the following pages). Responses and observations can be discussed at

WORKSHEET for SESSION 3

Dealing with Feelings

"If I keep on doing the same thing...

I'll keep on getting the same results."

"I'll catch that tail one day!"

If you're not happy with the way your life is going, then you may want to do something different. If you keep on getting angry — and acting out — your life may stay as it is.

So <u>what can you do that different</u>?

Here's one way to make a change: *pay attention to feelings which lead to anger.*

When something happens, notice your feelings <u>before</u> you get angry. Are you afraid of looking weak? Afraid of losing respect? Are you feeling frustrated? Disappointed? Hurt?

It takes effort and practice to notice these feelings — and deal with them. These are <u>painful</u> feelings.

How can you deal with that pain? Experience it. Don't ignore it or stuff it. Just live with it. Feel it. That takes courage.

> *"I'm angry with myself 'cause I didn't do nothin' about it.*
> *I'm left feeling bad."*
>
> —— Betty in the video

When you DON'T use anger and aggression to cope with painful feelings — you're left with the pain.

It takes courage to deal with the pain.

WORKSHEET for SESSION 3 _Dealing With Feelings continued_

What feelings have you had which could lead to anger? How could you express those feelings in other ways?

_____

_____

_____

Here are some effective ways to deal with painful feelings:

EXPRESS THE FEELING:

TALK with someone you trust. Let them know how you feel. Talking can help you sort out your thoughts and release tension.

WRITE your thoughts and feelings. Describe what you felt and why. What could have happened if you had acted on your anger?

It seems simple, yet it is powerful. _Expressing painful feelings allows us to work through them and move on._

Are there trusted people you can talk with? List some here:

Name_____Phone #_____

Name_____Phone #_____

Name_____Phone #_____

Name_____Phone #_____

DEEP BREATHING:

Deep breathing helps you to relax and calm down. It increases oxygen in your body, enabling you to think more clearly. Controlling your breathing helps you control your thoughts and buys you time.

Try taking deep, slow breaths. Describe how it makes you feel:

_____

_____

Continued...

WORKSHEET for SESSION 3 _Dealing With Feelings   continued_

EXERCISE:

Negative emotions create stress and tension. Physical exercise like jogging, sports, a brisk walk, or even stretching can be a healthy release. The activity changes your body chemistry, your blood pressure, and your breathing; it can change your mood.   Be good to yourself when dealing with painful feelings.

What type of physical exercise could you do to help release your negative tension and stress?

USE POSITIVE SELF-TALK

Support yourself for making positive changes: _"Yes, I feel bad right now, but I'm taking a better path; if I had acted like I used to, things could have gone bad again quickly."_ Be proud that you have the courage to change. _"I'm changing my life for the better."_

When you're working to change and feel discouraged, what could you tell yourself?

QUIET TIME:

Spend quiet time alone, meditating, listening to soft music, or whatever helps you feel relaxed. It can give you a chance to put the day in perspective.

When and where could you have some quiet time alone?

Could you commit to trying this every day for a week?_____

Can you think of any other alternative to angry, aggressive behavior and feelings that might be helpful to you? Explain below:

BE PATIENT

Change takes time. (How long does it take to learn to master a new sport or play a musical instrument?) Stick with it and you'll see results. Your self-respect will grow. Your life can change.

Have you ever made a change for the better and felt good about it? Describe the situation. How did you feel?

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End of worksheet

Leading SESSION FOUR

Catch It Early:

Pictures In My Mind

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Discuss ways that feelings like jealousy can lead to anger and violent behavior

...Understand and discuss these concepts:
- Feelings like jealousy can generate visual thoughts: *"pictures in our minds"*
- These pictures can be based on reality or fantasy
- They can lead us to actions like "checking up" — and these actions feed and escalate our anger
- A key step in reducing anger is to notice the pictures and actions — and stop the outward behavior (*"Stop the act, starve the anger"*)

VIEW Video Part II from the beginning through the end of Session Four.

QUESTIONS for discussion:
- *What is jealousy?*
- *What causes us to feel that way?* Answers might include:
  — Fear of losing _____
  — Feelings of insecurity
  — Guilt about one's own behavior or fantasies
  Optional discussion: As we saw in the session on Feelings, anger can be an attempt to cope with painful feelings. It takes courage to experience the feelings — and not act aggressively.

- *Discuss a time when you felt jealous. What was the picture in your mind?*
- *Was the picture based in truth or fantasy?*
- *Did you take any actions like "checking up" on the person?*
- *What was the final result of those thoughts and actions? Did it lead to anger and violence? Did it make your life better or worse?*
- *If the same thing happened again, how could you make a different choice?*

DISCUSSION

Discuss this concept: The actions we take — based on suspicion — feed jealousy and anger. The more we "check up" on the person, the more jealous and angry we become.

A key way to reduce anger is to notice the pictures and actions — and stop the actions. "Stop the act, starve the anger."

ASSIGNMENT: Ask students to complete the worksheets for this session (see the following pages). Responses and observations can be discussed at the end of this session or the beginning of the next.

WORKSHEET For SESSION 4

Catch It Early:

Pictures In My Mind

*H*ow can we learn to manage our anger and make new choices? One way is to look back at times when our anger has gone out of control — and see how it happened.

One of the triggers for anger is painful feelings. Instead of experiencing the pain, we try to cope by getting angry.

One of those painful feelings is **jealousy**; it can easily lead to anger out of control. Feeling betrayed or abandoned or disrespected can cerainly be painful.

What happens when we feel those painful feelings? Sometimes we think about the person we're jealous of; we imagine them with someone else. And — if we're not careful — we find ourselves "checking up."

Jealous acts can take many forms:

— following your partner to work
— calling home often
— checking the caller ID or redial on the phone
— listening in on phone conversations
— hiding out to see who she/he talks to at lunch or breaks

What jealous acts or "checking up" have you done in the past?

_____

_____

_____

*I*n the video, Ed tells of a time when his wife was two hours late coming home. (He saw a picture in his mind of her in a motel with another man; it was his fantasy.) He called to check up. When she came home and told him there had been an accident on the highway, he believed the fantasy in his mind instead. It led to a fierce argument.

Notice What Happened To Ed:

- Instead of showing concern for his wife's safety, he pictured her with another man.

- THE PICTURE IN HIS MIND MOVED HIM TO A JEALOUS ACT.

WORKSHEET For SESSION 4 — *Pictures In My Mind, continued*

Has anything like that ever happened to you?

Describe a situation when you felt jealous.

_____

_____

_____

_____

What picture did you see in your mind?

_____

_____

What was your Jealous Act?

_____

_____

Was the end result helpful or harmful to you and others? Explain in detail.

_____

_____

_____

_____

> *"Look at what you do when you get jealous.*
> *And don't do it."*
> — James in the video

THE WAY TO REDUCE JEALOUSY, ANGER AND VIOLENCE
IS NOT TO DO THE JEALOUS ACT

STOP THE ACT!

Leading SESSION FIVE *Catch It Early: IN MY BODY*

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Identify the physical sensations that take place in our bodies when we become angry.

...Describe how to use these body changes as *early warning signs* that our anger is growing.

...Discuss remedies: ways to manage our anger, before we lose control.

VIEW Session Five in video Part II.

QUESTIONS for discussion:

- *Some people in the video said, in effect, "I get angry and I act; it's all over before I know it. There's no time to stop it." Has anyone had an experience like that?*

- *If anger explodes so quickly — if there's no time — how can we learn to control it?*

- *Have you ever realized that you were just starting to grow angry — before it was out of control? Explain and describe.*

- *When you get angry, what happens in your body? Can you notice any changes?*

    List responses on the board; take time to encourage as many responses as possible. Examples include heart and breathing speed up, butterflies in stomach, a "rush" or "high," sweating, jaw and muscles tighten, etc.

    Point out that when people get angry, the body changes in major ways: adrenaline flows, blood pressure increases, blood flows away from stomach to arms and legs, muscles tighten.... Each person might <u>feel</u> these changes in different ways.

- *Is it possible that I could <u>notice</u> these warning signs in my body — realize that I'm just <u>starting</u> to grow angry — and gain time to make a different choice? Explain.*

- *Suppose that you notice your own "Warning Signs" — you know that you're growing angry. What can you do to make a difference in how you choose to act?*

- *Is there a difference between <u>controlling</u> your anger and "<u>stuffing</u>" it?*
    (Stuffing anger can lead to later blowups "for no reason," depression, hurting oneself...)

ASSIGNMENT: Ask students to complete the worksheets for this session (see the following pages). Responses and observations can be discussed at

WORKSHEET For SESSION 5

Catch It Early:

In My Body
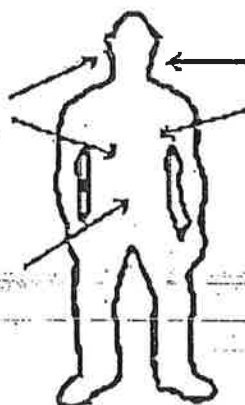
When a person gets angry, his body goes through major changes. If you can <u>notice</u> these changes, you have a valuable tool: a warning sign or "stop sign."

That warning can "buy you some time" — and give you the opportunity to make a different choice.

"If you understand what happens to you <u>before</u> you get angry, that's golden."

In the video, Mark described his warning sign as "shaking that I can't control." But then he was able to find <u>another</u> warning sign that happened even earlier: a nervous feeling in his chest.

Dolores said,

"I start <u>breathing fast</u>, I <u>hold my breath</u> and <u>clench my fists</u>. Then I start telling myself what I'm going to do."

But Dolores realized that it was already too late when she felt those signs. She remembered a feeling that came even earlier: when she first felt nauseous, *"like butterflies."*

When you get angry, what do you feel in your body? List at least 3 body changes you recognize in yourself.

_____

_____

Can you recall the very <u>first</u> change that happens — even before you get angry?

_____

Sometimes it feels like our reactions to anger are automatic. People say, "It happened so fast I didn't have time to think," or "That's just the way I am when I get angry. It just happens."

If you become aware of the "warning signs" in your body, you can catch yourself before you react in a harmful way.

You can <u>stop</u> yourself, <u>relax</u> and <u>choose</u> to do something different.

WORSHEET For SESSION 5 *Catch It Early: In My Body   Continued*

STOP

Stop — Relax — Choose

You just listed three warning signs that let you know it's time to STOP! What are some of the things you can do to help **your** body relax?

_____

_____

Breathe...

Talk to somebody

*Think about the people
        you   love*

Think about what you could LOSE

None of these things will help unless we remember to do them when it matters most. We have to want change so much that we're willing to give it serious thought....and to practice until we improve.

People in the video said they would not want to lose their freedom, their relationships with children, spouse, parents, the good things in their lives.

What are the things you would not want to lose?

_____

_____

_____

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Now you have the opportunity to make *different choices* —
— choices that can affect your life in a positive way

Skills For Cooling It:

Listen

NOTE: The skill has two parts: *Listening* and *Reflecting*. Both apply particularly when **hearing criticism**. *Reflecting* is discussed in the next session, Part B.

LEARNING OBJECTIVES: After completing the session, worksheets and follow-up discussion, students will be able to...

...Describe skills for staying cool under pressure — for example, when hearing criticism — and identify the benefits of these skills

> Skills include: Listening, not interrupting and non-aggressive attention (eye contact, body language)

...Demonstrate the ability to apply listening skills

...List at least two ways to listen attentively without communicating aggression

VIEW Session Six, Part A in Video Part III.

> (Note: You can choose to continue through *Part B*, the second half of this skill, discussed in the next group meeting. Participants might be more open to learning the skill of *Listening* when it's coupled with *Reflection*.)

QUESTIONS for discussion:

- *Describe an incident when someone criticized you and your response created serious trouble in your life.*
- *When someone says something critical to you, what is your usual response? What kind of result does that usually lead to? (Examples?)*
- *Is criticism always a personal "put down"? Give an example of when it is not.*
- *Why is it difficult to listen when we're being criticized?*
- *Think of a situation where someone is being criticized. What could that person do to stay cool? (Would that help keep the other person cool?)*

Listening exercise: Topic — **Talk about a time when someone criticized you.**
- Have participants choose a partner — or assign partners if that is more appropriate for your group. Have partners sit facing each other, comfortable position, feet flat on the floor.
- Assign letters A & B to partners. Person "A" will talk for 3 to 5 minutes while "B" listens.
  Switch after allotted time (give 1 minute warning before switching; explain there should be silence while switching). "B" talks while "A" listens.
- Share with your partner how you felt, what you were thinking at the time and how you reacted in that situation. What was the outcome?
- After exercise, solicit feedback from group on how they felt talking and listening.

ASSIGNMENT: Ask students to complete the worksheets for this session (see the

WORSHEET For SESSION 6   <u>Part A:</u>   <u>Listen</u>

Skills for Cooling It:

Listen

> *"I get mad and I'm gone; it's all over."*

Sometimes it feels as if anger "just explodes." If that happens to you — and if you want to change — <u>what can you do that's different?</u>

There is a valuable skill that sounds simple — maybe too simple. The truth is, it's very, very difficult to do. Yet it is powerful. The skill is *Listening*.

Here's what it takes:
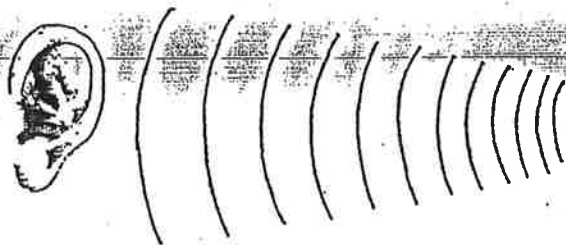
- Stay calm. Listen.
- DON'T RESPOND in a negative way (no words, gestures or body language: sighs, foot tapping, eyes rolling...
- Really take in what they're saying: eye contact, close attention.

Why is it powerful? Because it can *keep you cool* under pressure. And it can help keep the other person cool.

Keep it cool

> *"Listening is a key skill in life."*
>
> — Bill Bradley, basketball legend

Why is it difficult? Because <u>no one likes to hear criticism</u>. Many of us get defensive — or attack. If you can learn to listen when you're being criticized, you have a powerful new choice: you don't have to explode.

"Don't give that person the power to take you there."

WORKSHEET For SESSION 6 <u>Part A:</u> Listening *Continued*

Think of a time when you were talking to someone and you were interrupted.
How did that feel? What messages did you get from being interrupted?
Interrupting sends this message to the other person:

_____

_____

_____

List at least three ways you can show that you are listening attentively.

_____

_____

_____

"When you talk, you stop listening."

— Gloria

When we hear criticism, we often feel like defending or attacking. We're busy
thinking of what we want to say — and we're not listening.

If we speak before the other person is finished, we're <u>not listening</u>.

Here's a way to practice real listening: As you hear the other person, focus on
what he or she is saying; repeat it in your mind. Don't say anything until they're done.

Listen
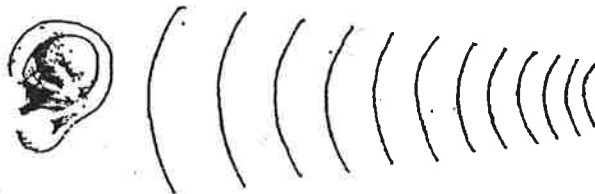
Listen even though it hurts —

Even though you feel angry —

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Just listen!

Leading SESSION SIX — Part B: The Skill of REFLECTING

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Describe the technique of reflective listening

...Identify the purpose and benefits of reflective listening

...Demonstrate this technique

VIEW Session Six, Part B in Video Part III.

QUESTIONS for discussion:

- *What was the video trying to teach?*
- *In the video, the first skill is to* Listen *calmly, without responding. The next step is,* Say what you heard. *Can you explain what that means? Can you demonstrate?*

   (We can try it now. I'll say something and you use the skill. For example: *"I'm upset. You've been late again."* What would you say? [Sample answer: *"What I hear you saying is..."*].)
- *Do you have to agree with the other person? If you DON'T agree, should you still repeat back what you heard?* (Yes.) *Why?* (See Benefits, below.)
- *What are the benefits of reflection (Say what you heard)?*

   Benefits include:
   - — Slows down — and cools — the situation; you gain time.
   - — The other person feels respected.
   - — The other person is more likely to listen to you.
   - — You don't misunderstand; you find out what the person actually means.
   - — You stay calm — and have a chance to think.

- *After viewing the video, do you think reflection (Say what you heard) is a technique you can use and benefit from? Why or why not? How could you practice and use these skills during the rest of today?*

OPTIONAL EXERCISE: Have group members practice *Listening* and *Reflection*. Use roleplay situations the group suggests, or the situations below. Ask the group to coach and offer helpful comments — and to be on the lookout for defensive attitudes.

- **Boss to Employee:** *"You're not turning out enough work and we're falling behind. Why do you think I pay you?"*
- **Wife to Husband:** *"Why don't you earn some decent money, like the other men do? I'm so tired of us working hard and never getting ahead."*
- **Parent to Adult Child:** *"Why do you put up with that no good drunkard husband of yours? You weren't brought up this way!"*

ASSIGNMENT: Ask students to complete the worksheets for this session (see the following pages). Responses and observations can be discussed at the end of this

WORKSHEET For SESSION SIX— Part B:

Skills for Cooling it:

Reflecting

— Say What You Heard

> *"You've got a flash point inside of you...*
>
> *And the question is...*
>
> *How can you save yourself from that eruption?"*
>
> — from the video

It's easy to get angry if someone says something you don't like. It's easy to keep on doing the same old thing — and getting the same results.

What's hard is to stay calm, to really <u>hear</u>, and let the other person know you understand how they feel. NOT that you agree with that person; just that you understand.
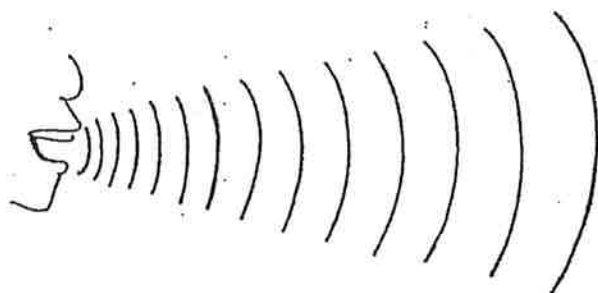
That's the skill: Listen, then...

...Say what

you heard.

What's in it for you? You cool things down. You gain some time to think without exploding. You let the other person feel respected — so they cool down too.

And there's another benefit: Often we think the other person is only "putting us down" — and we <u>don't hear what they're really saying</u>. If we check it out — *"What I understand is that you're saying...."* — we find out <u>exactly</u> what they're trying to say.

> *"...And I ask 'em, 'Is this what you're saying?'*
> *And if they say, 'Yeah,'*
> *I can accept that a lot more..."*
>
> — Joe in the video

There is still one more benefit to listening and reflecting what we hear: While it's hard — very hard — to hear things about ourselves we don't like, it is an *opportunity to grow.* Not many of us can do that — but those who can — become better human beings.

WORSHEET For SESSION 6 — <u>Part B:</u>   *Continued*

Imagine that someone important to you is giving you honest criticism. If you were to use the skills — *listen calmly and reflect (Say what you heard)* — how could that <u>benefit you</u>?

_____

_____

_____

Here is an opportunity to practice reflective listening: Write your response to the following statements:

"You aren't doing your share of work. I end up doing it all and I'm tired of it!"

Response:

_____

_____

_____

"If you were a better parent these kids wouldn't be so sick all the time! Why can't you take care of our kids the way you're supposed to? I'm really worried about them!"

Response:

_____

_____

_____

"You've been late too many times! Why can't you be responsible and do what you're supposed to do? It's a big waste of time when we have to wait for you! How do you expect anyone to trust you?"

Response:

_____

_____

_____

"Listening and reflecting...
...it's going to stop me from getting angry...
from getting to that place where I'm so used to going."

Leading SESSION SEVEN

Skills for Cooling It: ASSERTION

LEARNING OBJECTIVES: After completing the session, worksheet and follow-up discussion, students will be able to...

...Identify their aggressive body language and the message it sends to others

...Describe the difference between aggressive speaking (*"You" statements*) and assertive speaking (*"I" statements*)

...Demonstrate the use of "I" statements as an assertive form of communication

...Describe the benefits of using this assertive speaking skill

VIEW Session Seven in Video Part III; continue through the end of the video. At the end of this session there is an **OPTIONAL PAUSE** for discussion. It refers to a way of speaking which implies blame:

Narrator: *Starting with "You..." turns up the heat. Starting with "I..." cools it down. How does that work in your life?*

Discuss: *In the video, people realized that they tended to blame and provoke anger. Can you relate to that? Describe your experience.*

QUESTIONS for discussion:

- *Have you ever been told that you were aggressive? What, specifically, were you told?*

- *In the video, James talked about aggressive body language: how you stand, sit, look at people, even how you walk. When you're around someone who uses aggressive body postures, how does it make you feel? Why?*

- *We know from the video that aggressive body language and aggressive speaking are ways we provoke anger. Would it be useful to you to communicate in a way that cools things down instead of heating them up? Why? Talk about practical ways that you could do that.*

- *Suppose you want to talk with someone and ask them to change what they're doing. What's likely to happen if you start by saying, "You..." ? Give an example.* (Coach and help them to succeed.)

- *In the same situation, try starting with "I..."*
  Coach; be sure they say what they want, think or feel — NOT *"I think you are the problem,"* but *"I feel _____ when you _____."*

WORKSHEET For SESSION 7 — ASSERTION, _Continued_

Does your way of speaking usually heat things up — or cool them off?
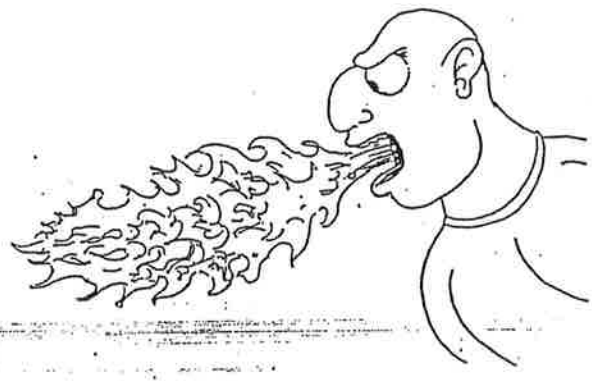
When you have something to say, can you say it in a way that does NOT invite anger?   We're all creatures of habit; we do things in the same way, over and over.

If we keep on doing the same things,

we'll keep getting the same results.

If you want to say what you want, think or feel — and NOT heat things up — it's wise to begin by saying, "I....".

"What I want..."
The way I feel..."
"I see it this way..."

Talk about <u>yourself</u> — how <u>you</u> feel about what's happening. Then you're more likely to get to the heart of what's <u>really</u> going on between you and the other person.

"Saying 'You, you, you...' is like accusing....you're putting blame..."
— Joe
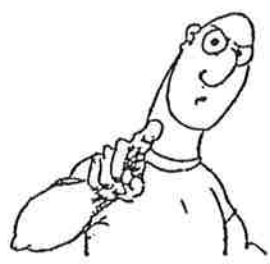
"When I begin with 'I...,' I take the power away from anger."
— James

WORKSHEET For SESSION 7

"Cooling It"

ASCII ASSERTION

As you walk through life, do you want to provoke anger in yourself and others — or discourage it.?

The way you stand and walk and look at people sends a message — before you say a word.

The message of aggressive body posture is, "I threaten you." It can provoke anger and abusive behaviors.

Think of times when you have used body language in aggressive, intimidating ways.

Body language
sends a message

In the column below, list a specific aggressive behavior you have used. **Aggressive Behavior** EXAMPLE: *Banged my fist on the table and stared directly into my wife's face (real close).*	In this column, write your <u>motive</u> for using this behavior <u>My Motive</u> (what I wanted to happen) EXAMPLE: *I wanted to frighten her, so she would do what I told her!*

If you need more space, use the back.

WORKSHEET For SESSION 7 — ASSERTION, *Continued*

Rewrite the following statements. Change these aggressive "YOU" statements into assertive "I" statements, free of blame and name calling.

(One good format is, *"I feel _____ when you _____."*)

1. *"What in the hell is wrong with you? Why can't you do what I've asked you to do a thousand times before?!!"*

_____

_____

_____

2. *"You did it again!! You know that pisses me off, when you walk away from me to talk to other people."*

_____

_____

_____

3. *"You always put other people before me; the kids, your folks, your friends. You'll never change!"*

_____

_____

_____

4. *"You're so lazy! You better get this place cleaned up now like you were told!"*

_____

_____

_____

Today I have a choice.

Leading The REVIEW SESSION

NOTE: The Review Session is the final meeting, held after all videos have been viewed at least once.

LEARNING OBJECTIVES: During this session, participants will be able to...

...Discuss and review what they have learned in the program

...Describe recent experiences in applying the content to everyday situations

...Identify their strengths and weaknesses in understanding and applying the content

...Receive help to improve their ability to recall and use the skills

QUESTIONS for discussion:

- *Think about the first day you came into this program. How are you different now? What have you learned?*

- *Which parts of the program have been useful to you?*

- *Describe experiences in using those skills.*

- *Have you been able to apply any of the skills and principles of the program to your relationships with your group here?*

- *What have you learned <u>about yourself</u> that will enable you to make better choices in your life?*

- *Are there parts of the program you have forgotten or found difficult to use?*

- *How important is it for you to realize that you do have choices about how to deal with your anger? To remember to <u>use</u> that freedom to choose?*

- *Are there any areas we have covered in these sessions that you would like to review — or that need clarification?*

PROJECT THE OVERHEAD for this session (lower half, labeled at bottom, *Fear and Review Session*). It summarizes the program content in brief. Discuss the last question, above.

> Using the overhead, **identify areas where review or additional practice is needed.** Then review and teach that content, allowing the group to supply answers whenever possible. You can review and draw on the Leader page for any session. Provide opportunities to practice content — verbally in the group, in pairs or through roleplay (see Leader pages for ideas).

ASSIGNMENT: The worksheet for this session reviews highlights of this program. It can serve as a reminder of ways to manage anger. Encourage participants to keep all worksheet they have completed during the program; they represent a *Personal Anger Management Plan*

Worksheet for The <u>REVIEW SESSION</u>

A Personal
Anger Management Plan

When you're on the spot — when it matters most — will you remember ways to manage your anger?

Here's a personal checklist to help you deal with anger successfully:

Notice what's happening with your...

If you need more space, write on the back.

...*THOUGHTS...SELF-TALK*

- What thoughts or SELF-TALK are a warning sign for me?

_____

_____

- What <u>calming</u> self-talk can I use instead?

_____

_____

_____

...*BELIEFS*

- What beliefs of mine have caused trouble for me and others?

_____

_____

- What beliefs would keep me out of trouble?

_____

_____

...*FEELINGS*

- Just before I get angry, what am I often feeling? What is the fear or hurt underneath?

_____

_____

- How could I stay with that hurt feeling and not cover it with anger?

_____

_____

Worksheet for The <u>REVIEW SESSION</u>, *continued*

...PICTURES IN MY MIND — JEALOUS ACTS

- What do I imagine — what pictures in my mind — are a warning sign for me?

  _____

  _____

- What jealous actions have I taken (checking up)? Acts of revenge?

  _____

  _____

- What can I do when I notice those pictures and actions?

  _____

  _____

...BODY REACTIONS

- As I grow angry, what are the FIRST signs in my body?

  _____

  _____

- What can I do when I notice those signs?

  _____

  _____

What else can I DO
to manage anger?

...Stop...breathe deep...cool out	*...Talk to someone*
...Think of what I could lose...	*...Stop the jealous act*
...Walk away	*...Listen — Reflect*
...Stay with the painful feeling	*...Avoid blame ("You...")*
	...Talk about "I...."

I have a choice. [143]

APPENDIX F: INMATE RECRUITMENT LETTER

Inmate Recruitment Letter

Date

Dear Intensive Therapeutic Community (ITC) Graduate:

The ITC program in the Missouri Department of Corrections is one in which we do not fully understands its impact. We do not really know how ITC affects the inmates. In order to find out more about ITC, we need your help.

I am a college professor at the University of Mississippi. I sent this letter to your Functional Unit Manager and asked her to read it to you. I want to know if you are interested in helping me with some new and exciting research. I want to find out how graduates of the ITC program are affected by the program.

I understand that you are an ITC graduate here at SECC. Are you willing to let us ask you a series of questions that are planned to look at the impact of ITC on you?

I think the interview will take one hour to 90 minutes to finish. If you agree to help, I will read an Informed Consent form to you. If you still want to help, you only need to sign the form and return it to your Functional Unit Manager, Ms. Brandi Merideth. I will then get in touch with prison staff to schedule a date and time to collect the Informed Consent form and complete the interview. I want you to know that I am not evaluating your individual answers. My focus is on the findings of all the inmates that we interview. I will not identify your individual feelings or the way you see things here at the prison. I will ask you to sign a Release Form so that I might be able to use one of your quotes. If I use one of your quotes in my final report, I will not use your name or any other information that might identify you.

I thank you very much for your help. If you want, I will give you a copy of the findings when I finish the report.

Sincerely,

Dr. Linda Keena
University of Mississippi

APPENDIX G: INFORMED CONSENT FORM

Consent to Help
Title: Intensive Therapeutic Community Evaluation at a Maximum Security Prison

Primary Investigator	**Graduate Student Researcher**
Dr. Linda Keena	Kelly McCall
Department of Legal Studies	Department of Legal Studies
207 Odom Hall	208 Odom Hall
The University of Mississippi	The University of Mississippi
(662) 915-1998	(662) 915-7902

INCLUDE THE FOLLOWING ONLY IF YOU ARE COLLECTING DATA EXCLUSIVELY FROM ADULTS
☐ *By checking this box I certify that I am 18 years of age or older.*

Description
This study looks at the impact of the Intensive Therapeutic Community (ITC) program on you. You must be 18 years old to participate in the study. You will be asked to complete an interview asking some specific questions about how ITC has affected you. The interview will be recorded. Some questions ask about sensitive topics, such as your criminal behavior and relationships. The Missouri Department of Corrections will not use the information you give in any way. Your help will not affect your possibility of parole or your status in the institution.

Risks and Benefits
This project does not involve any risks greater than those encountered in everyday life. By helping in this study, you will help us determine the effectiveness of offering ITC to prisoners. There will not be any direct benefits for you.

Cost and Payments
The interview should take approximately 60- 90 minutes to complete. There are no costs for helping us with this study. No payment will be given for your help.

Confidentiality
Your name will not be on the transcription of your interview. No one (except the interviewer) will know how you answered the interview questions. All transcriptions and forms will be kept in separate locations and locked in an office at the University of Mississippi Oxford campus. Your help will not be disclosed to any unauthorized person. We will not talk about or disclose any other information about your help. Your name will not be used in any reports or publications.

Right to Withdraw
You do not have to help with this study. You may stop helping at any time even if you have
already started the interview. Tell the researcher if you want to stop, or just stop answering
questions. You may also tell your Functional Unit Manager and she will notify the researcher.
Your help will not affect your possibility of parole or your standing with the Missouri
Department of Corrections.

The researchers may choose to end your help for any reason. This might be done to protect your
safety, your information, or the research data.

.IRB Approval
This study has been looked at by The University of Mississippi's Institutional Review Board
(IRB). The IRB has decided this study meets University, state, and federal rules about collecting
data with humans. If you have any questions or comments please ask your Functional Unit
Manager, Ms. Brandi Merideth, to contact the IRB at (662) 915-7482. The Southeast
Correctional Center administration has also reviewed and approved this study.

Statement of Consent
By signing below you are stating: I have read the above information. I have been given a copy
of this form. I have had an opportunity to ask questions, and I have received answers. I agree to
help in the study. I have marked YES if I want a copy of the results. I have marked NO if I do
not want a copy of the results.

_____	_____	_____	_____
DATE	Signature of Participant	YES	NO

_____   _____
DATE   Signature of Investigator

NOTE TO PARTICIPANTS: DO <u>NOT</u> SIGN THIS FORM

IF THE IRB APPROVAL STAMP ON THE FIRST PAGE HAS EXPIRED.

APPENDIX H: INTERVIEW SCHEDULE

Interview Schedule
SECC – Intensive Therapeutic Community
Interviewee Code Number __

ITC Background

I: Please state your name
R**:**

I: What crime are you currently incarcerated for, how long was your sentence and how much time have you served on that sentence?
R:

I: Have you been incarcerated in other camps prior to SECC? Were you placed there for your current sentence or on a different sentence (s)?
R:

I: Please list and explain all of the camps you have served time in and the crimes which led to each incarceration.
R:

 I: Please explain how you heard about ITC.
R:

I: Were you housed at SECC or did you specifically transfer to SECC in order to participate in ITC?
R:

 I: What was it that attracted you to the ITC program?
R:

I: What phase are you currently in?
R:

I: Were you ever de-phased, dismissed from, or voluntarily left the ITC program? Please explain.
R:

I: Please explain the selection criteria you had to meet to participate in ITC. Are the criteria too strict, too loose, or reasonably fair? Please explain.
R:

I: What is the highest level of education you have completed, e.g. high school diploma, GED, Associates Degree and etc.?
R:

Rules, Policies, and Adjustment

I: Did you have to cut your hair or shave a beard or mustache to enter ITC? If so, was that a problem for you? Please explain how it affected you.
R:

I: Did you use tobacco prior to participating in ITC? If so, how difficult was your adjustment?
R:

I: Was it difficult to adjust to limited television and game times upon entering the program? Please explain how it affected you.
R:

I: How easy or how difficult was it for you to begin the program at 5:30 a.m.?
R:

I: How did/do you feel about the canteen spending limits in the first three phases?
R:

I: How did you feel about not being able to communicate with general population inmates during the first three phases of the program?
R:

I: How difficult was it to learn not to speak unless spoken too? How well have you maintained the practice?
R:

I: Were the limited phone calls in Phases I and II difficult to adjust to? Please explain why they were or weren't difficult.
R:

I: How did you feel about the rule prohibiting visits for the first 30 days of Phase I?
R:

I: What adjustments, if any, did you have to make to meet the dress codes?
R:

I: How did you feel about the marching as your mandatory recreation?
R:

I: What was the most difficult part of your adjustment in the early phases of ITC?
R:

I: Do you have any comments or questions regarding the rules and regulations?
R:

Discipline

I: Have you ever "pulled up" (went to the chair) another participant? Please explain how you felt/feel "pulling up" another ITC participant.
R:

I: Were you ever pulled up (went to the chair)? How did you feel toward the offender who pulled you up?
R:

I: If/when you were in the chair; did other inmates address your behavior? If so, how did you feel when other inmates discussed your behaviors?
R:

I: Did you ever address another participant's behavior without pulling him up? Please explain why?
R:

I: What sanction(s), if any, did you receive in ITC? How effective were the sanction(s)? Please explain/address each one.
R:

I: What behaviors, if any, do you think should be removed from the list of prohibited behaviors? Are there any you think should be added?
R:

I: Do you have any questions or comments regarding ITC discipline?
R:

Curriculum

I: Had you participated in a twelve-step program, such as AA, prior to your participation in ITC?   If so, please explain the situation and discuss any impact it had on your drinking or drug use? Probe to see if the respondent participated in any other DOC substance abuse programs prior to ITC, e.g. 120 day program.
R:

I: Did participating in a twelve-step program affect you spiritually? If so, please explain.
R:

I: Which steps of the twelve-step program were emotionally hard for you? Please explain why they were hard.
R:
I: If you are released, will you participate in a twelve-step program? Why or why not?
R:

I: Did you consider yourself angry prior to participating in ITC? Please provide examples of your ability or inability to control anger prior to ITC.
R:

I: Have you learned new ways to respond to anger? Please explain.
R:

I: Did your anger change while or after participating? Please explain.
R:

I: What does it mean to "think like a criminal"?
R:

I: Did you think like a criminal prior to your participation in ITC? If so, please give me an example of how you would think like a criminal.
R:

I: Has your thinking changed since attending criminal thinking classes? If so, please explain the changes.
R:

I: If you have changed from criminal to conventional thinking, how difficult was the change? What helped you make that change?
R:

I: How do you think participating in the criminal thinking classes will affect you in the future?
R:

I: What changes, if any, would you make in the ITC curriculum?
R:

I: Do you have any questions or comments regarding the ITC curriculum?
R:

Concluding Questions

I: Do you view yourself differently after your participation in ITC? If so, please explain.
R:

I: Please discuss any changes in your attitude.
R:

I: Please explain any changes in your behavior.
R:

I: Has participating in ITC made you feel you were part of a community? If yes, please explain what that means to you.
R:

I: Do you think you hold your fellow participants accountable after participating in ITC? Please provide examples.
R:

I: Do you think your fellow participants hold you accountable? Please give examples.
R:

I: Please explain the 2 or 3 biggest changes that have resulted in your participation in ITC.
R:

I: Please describe how inmates, not in ITC, treat you or react to you.
R:

I: Do staff members treat you differently as an ITC participant? If so, please explain.
R:

I: Are you eligible for parole/release? If so, what impact, if any, will participation in ITC have in gaining your release?
R:

I: If released, how will your experiences in ITC affect your life outside of prison walls?
R:

I: What advice would you give an offender considering ITC?
R:

I: Do you have any additional comments or questions for me?
R:

I: Had you completed ICVC prior to participating in ITC? If no, what prevented you from completing ICVC as a general population offender?
R:

I: If yes, please explain.
R:

I: What message(s), if any, did you take from ICVC as part of ITC that you didn't realize previously?
R:

I: How compatible or incompatible is ICVC with the ITC curriculum? Please explain your answer.
R:

I: What impact, if any, did the Victim Impact Panel have when you completed ICVC as part of the ITC program?

R:

I: Is there anything you would like to add about your ICVC experience in ITC?

R:

I: Have your values changed since participating in ITC? If so, please explain how your values have changed?

R:

I: What, if any, behaviors have you changed as a result of your participation in ITC?

R:

I: How does the environment in ITC differ from General Population? Has the change in environment affected your values and/or your behavior? Please explain how the ITC environment has affected any changes.

R:

I: Did participation in ITC teach you new ways to behave and to respond to other's behavior? Please explain how you learned to behave or respond differently.

R:

I: Did you receive positive rewards in ITC (from facilitators, staff, friends & family, VICs), e.g. privileges, compliments, release from assignments or duties? If so, how did those rewards affect you?

R:

I: Compared to the general population, do you feel a different sense of community as an ITC participant? If so, please explain the different sense of community you experienced.

R:

I: Did you interact with any VICs in ITC? If so, what impact if any, did the VICs have on you personally or on the community as a whole?

R:

I: What was your original purpose in joining ITC? Did that purpose change with deeper involvement in the program? Please explain any changes in your purpose.

R:

Do you have any final questions or comments?
Thank you for your time and honesty.

VITA

Education:

University of Mississippi
August 2015- May 2017
Graduated with a Masters in Criminal Justice.

University of Southern Mississippi
August 2009- May 2013
Graduated with a Bachelor of Science in Sociology with Minors in Criminal Justice and Psychology.

Job Experience:

University of Mississippi
August 2015- May 2017
Graduate Assistant for the Department of Legal Studies

Honors:

Alpha Phi Sigma International Graduate Paper Competition
Second Place
Presented at the Academy of Criminal Justice Sciences 2017 Annual Meeting

Graduate Student of the Year for the Department of Legal Studies
University of Mississippi
2015-2017

Presentations:

Burleson, E. (2017, March). Cognitive-Behavioral Therapy in the ITC: Making Anger Management Work. Presented at Graduate Student Council Annual Research Conference, Oxford, MS.

Burleson, E. & Keena, L. (2017, March). Rewiring the Anger: Learning New Responses in the Therapeutic Community. Presented at Academy of Criminal Justice Sciences Annual Meeting, Kansas City, MO.