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Evaluation of an intervention for incarcerated veterans:
Alternatives to Violence Project

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Abstract

Evaluation of an intervention for incarcerated veterans: Alternatives to Violence Project

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This study examines the effects on incarcerated veterans who participate in an Alternatives to Violence Project workshop, a group-based intervention that imparts communication, teamwork, and conflict resolution skills. The study attempts to answer the question “What is the effect of participating in AVP workshops on incarcerated veterans?” and hypothesizes that participation in AVP will improve incarcerated veterans’ experience of anger. The sample was comprised of veterans incarcerated in a county jail in the western US. The results suggest that participation in an AVP workshop has a therapeutically positive effect on participants by creating a sense of community, self-awareness, and self-empowerment, as well as improving several aspects of their experience of anger. Policy implications and directions for future research are discussed.

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Chapter 1. INTRODUCTION

Mass incarceration in the United States has contributed to the further marginalization of millions of individuals, including people of color, with low-income, or suffering from disabilities such as mental or substance use challenges (Beckett & Western, 2001; Prins, 2014; Western, 2006).

Veterans of the US armed forces who are at higher risk of mental health challenges and substance use disorders have not been immune to this trend (Blodget et al., 2013; Bronson et al., 2015). To date, however, research regarding the experiences of this population within the criminal legal system is limited, with even fewer studies focused on interventions related to veteran-specific factors that may have precipitated incarceration, such as PTSD-related problematic anger.

This study examines the effects on incarcerated veterans who participated in an Alternatives to Violence Project (AVP) workshop, a group-based intervention that imparts communication, teamwork, and conflict resolution skills. The study aimed to answer the question “What is the effect of participating in AVP workshops on incarcerated veterans?” by analyzing participant surveys and interviews with AVP facilitators and county staff. The study also hypothesizes that participation in AVP will improve incarcerated veterans’ experience of anger. The hypothesis was tested by analyzing participants’ pre- and post-workshop responses to an anger questionnaire. The sample was comprised of veterans incarcerated in a county jail in the western US between 2015 and 2017. The results suggest that participation in an AVP workshop has a therapeutically positive effect on participants by creating a sense of community, self-awareness, and self-empowerment, as well as improving several aspects of their anger.

This paper begins with a review of the psychological construct of anger, followed by an overview of research relating to incarceration, incarcerated veterans, veterans’ relations to

problematic anger and PTSD, and finally interventions for problematic anger. After a presentation of the study and analysis results, policy implications and directions for future research are discussed.

Chapter 2. LITERATURE REVIEW

2.1 Anger

Anger is a difficult psychological construct to define (Averill, 1982; Chesney, 1985; DiGiuseppe & Tafrate, 2007). A primary difficulty has been distinguishing anger from fear or its commonly attendant behaviors, such as aggression or violence (Cavill & Malcolm, 2007; DiGiuseppe & Tafrate, 2007). A recently helpful and comprehensive definition of anger that addresses this difficulty is from DiGiuseppe and Tafrate (2007):

“a subjectively experienced emotional state that is elicited by a perception of threat. It is associated with cognitions focused on others’ misdeeds and is communicated by a variety of behaviors influenced by social roles, learning history, and environmental contingencies.” (p. 31)

Anger is a naturally occurring state that serves a variety of adaptive functions, including self-defense, regulation of interpersonal behaviors, and motivation for goal-directed action (Harmon-Jones & Harmon-Jones, 2007). Anger is problematic when it evolves into a pattern of compromised cognitive or social functioning. Problematic anger, also known as anger dysregulation, is rooted in longstanding psychological distress, and often accompanied by social or personal circumstances that impair its control, such as stressful environments, trauma, and sometimes mental disorder (Cavell & Malcolm, 2007; Novaco, 2007). For individuals with trauma, anger can serve an instrumental function to protect oneself from further trauma or feelings associated with trauma, such as shame (Novaco, 2007). It can become problematic,

however, when it interferes with healing from trauma. Compared to research on other psychosocial conditions like depression or anxiety, there has been relatively scant progress in diagnosing, understanding, or treating problematic anger (DiGiuseppe & Tafrate, 2007). This is reflected in the fact that anger disorders (which problematic anger is considered) have never been included in any edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), America's most widespread diagnostic manual on mental health.

In contrast, aggression—or violence—is understood as “motor behavior enacted with the intent to do harm and the expectation that harm will occur” (DiGiuseppe & Tafrate, 2007, p. 31). Notably, not all violent acts entail precursors of anger, and most episodes of anger do not in fact result in violence (Averill, 1982). While anger may facilitate violence, it is not a sufficient or even necessary condition for it (Novaco, 1994, 1997, 2007). Other variables, such as the individual's coping strategies or the social norms of the environment, also bear on whether violence is exhibited (Cavell & Malcolm, 2007).

2.2 Incarceration and anger

Research shows a strong link between incarceration and self-reported experiences of anger (Bonta & Gendreau, 1990; Kroner & Reddon, 1995). In a longitudinal study of 133 males incarcerated in a Canadian prison without behavioral programming, Zamble & Porporino (1988) found that individuals experienced episodes of anger approximately twice per week in the initial phase of their incarceration, and with increasing frequency as individuals progressed further into their sentences. In a follow-up study of this sample, it was found that anger and loneliness were the only two reported feelings that had not decreased over a seven-year period (Zamble, 1992).

The correlation between incarceration and anger is the result of a confluence of factors, most important of which is the experience of incarceration itself. Confinement in US jails or prisons entails psychological adjustment to a stressful and often violent environment (Haney, 2001). Individuals may also have a heightened emotional responsivity to the differing social norms in prisons or even simply to the loss of freedom that incarceration typically imposes (Howells et al., 2004). People with mental health conditions are also disproportionately represented in the US criminal-legal system, with post-traumatic stress disorder (PTSD) among the most commonly reported conditions (Prins, 2014). As noted above, individuals who have experienced severe trauma can have longstanding psychological distress which can result in experiencing more or greater intensity anger than for individuals without such conditions (Novaco, 2007).

Incarcerated individuals generally experience trauma and traumatic experiences at a higher rate than the non-incarcerated population, both before and during incarceration (Wolff et al., 2014). Individuals in America's prisons and jails are likely to come from socially and economically disadvantaged circumstances, wherein traumatic experiences such as violence, crime, and severe substance use and health disparities are common (Guthrie, 1999; Western, 2006). PTSD and traumatic experiences are more likely to affect prisoners' relationships with one another, as well as with correctional staff, because of potentially compromised abilities to manage their individual stress and anxiety (Hochstetler et al., 2004). Murphy (2012) has shown that individuals with traumatic experiences before incarceration are more likely to both victimize and be a victim themselves of interpersonal violence during incarceration—fueling cycles of PTSD and its associate symptoms such as problematic anger—within the criminal-legal system.

This paper aims to add to the growing body of literature showing an interconnection between anger and incarceration.

2.3 Incarcerated veterans

Incarcerated veterans are a unique subpopulation of the criminal-legal system, representing approximately 8% of the national incarceration population (Bronson et al., 2015). Several prior studies have suggested that veterans are at greater risk for incarceration than non-veterans (Blodgett et al., 2013; McGuire et al., 2003; Pentland & Scurfield, 1982; Shaw et al., 1987). An individual veteran's risk of incarceration, however, may differ along several variables. For example, veterans from deployments following the 9/11 terrorist attacks are less likely than veterans from other eras to be incarcerated (Tsai et al., 2013). Conversely, veterans who are single or have less education are at greater risk of incarceration (Greenberg & Rosenheck, 2009).

Veterans are more likely than non-veterans to be incarcerated for a violent offense and more likely to be incarcerated for longer periods of time (Bronson et al., 2015; Greenberg & Rosenheck, 2012). In a study of veterans' self-reported reasons for interaction with the criminal-legal system, the most commonly identified are drug and alcohol use, difficulty adjusting to civilian life, and economic difficulties (Canada and Peters, 2017). Despite generally being at greater risk of incarceration, however, veterans' overall rate of incarceration appears to have declined in the past 40 years compared to non-veterans (Bronson et al., 2015).

Incarcerated veterans also experience a greater risk of negative social and health outcomes compared to their non-veteran peers. One study found that as many as 30% of veterans in prisons have experienced prior homelessness (Tasi et al., 2014). Veterans involved in the criminal-legal system are more likely to have serious medical needs such as hypertension or

diabetes, particularly among those older than 55 years (Williams et al., 2010). They are more likely to report a history of mental health problems, including twice as likely to report having a diagnosis of PTSD (Bronson et al., 2015; Greenberg & Rosenheck, 2012). One study from 2001 found that as many as 39% of jail-incarcerated veterans screened positive for PTSD during their incarceration (Saxon et al, 2001).

Barriers to accessing services compounds these negative outcomes. It is estimated that more than 20% of incarcerated veterans may not be eligible for Veterans Health Administration (VHA) services due to a disqualifying discharge status (Bronson et al., 2015). In a meta-analysis of the post-deployment healthcare needs of veterans, a RAND research group found a lack of research on reserve and dishonorably discharged veterans, and yet it is precisely these subgroups which report the highest incidences of mental health challenges (Tanielian & Jaycox, 2008).

In sum, the research suggests incarcerated veterans are more likely to have significant health disparities and be incarcerated for violent offenses. For those veterans with disqualifying discharge statuses, their marginalization may be especially acute without access to services like the VHA. The study here contributes to the still growing research on incarcerated veterans and their potential health disparities by investigating an intervention for engaging veterans in therapeutic and pro-social environments. The aim is to provide evidence that will reduce or eliminate these disparities.

2.4 PTSD and problematic anger among incarcerated veterans

Post-traumatic stress disorder (PTSD) has been identified as one of the most prevalent mental health conditions among incarcerated veterans (Bronson et al., 2015; Van Voorhees et al., 2015).

PTSD is a chronic mental health disorder with etiology in exposure to a potentially traumatic

event—for example, experiencing or witnessing death, injury, sexual violence, or the mere threat of these (Lancaster et al., 2015). It is associated with a cluster of symptoms, such as recurring sleep disturbances, difficulty concentrating, hypervigilance, and irritability (Lancaster et al., 2015). Evidence suggests that problematic anger is a strong component of PTSD symptoms (Chemtob et al., 1994; Elbogen et al., 2010; Howells et al., 2005; Jakupcak et al., 2007; Lasko, 1994). Problematic anger is a concerning aspect of PTSD, as it can interfere with mental health treatment and has strong links to aggressive behavior (Howells et al., 2005).

Research suggests that problematic anger is potentially a feature of all returning veterans. As Gerlock (1994) notes, because of anger's association with violence and aggression, it is one of the few emotions in military culture considered acceptable to express. Several studies have found increased levels of tension or problematic anger in veterans returning home, even among those without a PTSD diagnosis (Sayer, 2010; Vasterling, 2006; Worthen, 2012; Worthen & Ahern, 2014). There is evidence that up to half of all returning military members, regardless of combat-exposure or mental health diagnosis, may experience problems with managing anger (Taft et al., 2012; Worthen, 2012).

Worthern and Ahern (2014) theorize that the etiology of problematic anger is attributed to three features of transitional life for veterans: (1) the loss of structure and predictability of one's life environment; (2) PTSD; and (3) the residual effects of experiencing moral injury in deployment-related events. Litz and colleagues (2009) define *moral injury* as experiences in which there is “perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations” and result in lasting psychosocial-spiritual impact, such as grief or shame (p. 700). In other words, many veterans are susceptible to negative perceptions of oneself or the world as a result of experiencing the violence and extreme

conditions of deployment. The implication is that problematic anger has a rippling effect on potentially all veterans' re-entry process and the communities to which they return (Worthen, 2012). While veterans generally would benefit from therapeutic interventions for problematic anger, the review here suggests that it is incarcerated veterans in particular that could benefit most due to their marginalized health outcomes and greater likelihood to have committed violent offenses. The study in this paper helps contribute to this research by on interventions by investigating an intervention with promising potential to help veterans manage anger, among other potentially therapeutic outcomes.

2.5 Interventions for treating problematic anger

Interventions for anger vary widely in content and methods. While there are a few pharmacological treatments for problematic anger, most interventions are psycho-educational and take place in individual or group therapy settings. These interventions may be labeled “anger management”, “domestic violence class”, or appear under the guise of general psychotherapeutic counseling. In general, therapeutic interventions attempt to teach participants how to manage their reaction to situations that typically provoke anger (Hollenhorst, 1998). Narrative reviews and meta-analyses suggest that interventions for anger are, in general, moderately effective (Beck & Fernandez, 1998; Deffenbacher et al., 2002; Del Vecchio & O’Leary, 2004; DiGiuseppe & Tafrate, 2003; Edmondson & Conger, 1996; Novaco, 1997).

Because anger disorders do not appear in the DSM, however, there has been little attention to the clinical efficacy of these interventions (Lee & DiGiuseppe, 2018). As Bowman and Cohen (1996) argue, it is clinically difficult to justify assigning or evaluating treatment when the diagnostic tools are not rigorously applied. In an evidence-based review of anger

interventions, Glancy and Sain (2005) conclude that there is little guidance and no consensus on the best approach to treating anger. The few studies that do exist have primarily focused on relaxation-based or cognitive behavioral therapy modalities which target stress management and thinking patterns (Del Vecchio & Leary, 2004; Walrath, 2001).

Overall, the limited research on relaxation-based anger interventions suggests that they are moderately effective but research on other interventions is sparse (Del Vecchio & Leary, 2004; Kumierska, 2011). Despite the limitations, since the 1970's researchers have theorized and experimented with several targets to treat problematic anger. Novaco (2007), generally considered among the most influential theorists and researchers on anger, provides a helpful summary of how anger can be reduced:

“anger is diminished as one automatizes a thinking style that is incongruent with anger, develops increasingly more adaptive alternative responses to environmental demands, chooses low-conflict environments, maintains supportive social relationships, and invests in the future” (p. 20).

The most common interventions for problematic anger appear to target one or more of these aspects. Though it does not claim to address anger, the intervention investigated in this study contains many of the elements described by Novaco (2007) and discussed below.

2.6 The problems with treating “problematic anger” in the correctional setting

There is a clear need for treating problematic anger in the correctional setting. As described above, *problematic anger* is when there is a pattern of compromised cognitive or social functioning and is different from temporal anger that is managed and arises from specific circumstances. Untreated mental health conditions like problematic anger have a negative effect on people who are incarcerated and the communities to which they return following incarceration (Malik-Kane & Visser, 2008; National Commission on Correctional Health Care,

2002). Examples of these negative effects are illicit substance use, difficulties procuring employment, accessing needed services, and strained social relationships. Two problems, however, appear to plague current efforts to treat problematic anger in the correctional setting: (1) inattention to the personal circumstances of prisoners, and (2) lack of research on efficacy of treatment.

Despite the disproportionate number of individuals with mental health conditions in America's criminal-legal system, mental health treatment generally is not a priority for policymakers (Morgan et al., 1999). Treating problematic anger, however, appears to be an exception. Treatment in corrections is often guided by the Risk-Needs-Responsivity model (RNR), which attempts only to treat prisoners' risk of recidivism by addressing specific behavioral risk factors (Bonta & Andrews, 2007). "Antisocial behavior"—an imprecise and controversial term not supported by this author but nevertheless used frequently in the literature when discussing individuals in the criminal legal system (Glenn et al., 2013)—is considered by Bonta and Andrews (2007) to be one such risk factor and is indicated by aggressive behavior. Given the correlations between anger and aggression, anger is often made a treatment target but with little attention to the experience of the prisoner or the underlying reasons for their anger (Howells et al., 2005). In a survey of 113 state prison systems, Morgan and colleagues (1999) found that anger-related treatment groups were more common than any other type of psychotherapeutic group. In effect, many incarcerated people are required to participate in anger-related treatment simply because the nature of their crime or the recommendations of their counselor.

The lack of research about the efficacy of such interventions, however, means that their prevalence is ultimately unjust. In their comprehensive review of anger interventions, Howells

and colleagues (2005) conclude that “the literature relating to the effectiveness of anger management with offenders, particularly higher-risk offenders, is relatively thin, while that relating to other populations is convincing.” (p. 299). For incarcerated veterans, the problem is particularly acute. As Cash and colleagues (2018) point out, there are no interventions that target problematic anger among veterans with PTSD. Rosenthal and McGuire (2013) have called for veteran-specific interventions for incarcerated individuals that go beyond release planning and re-entry to support their military or trauma-related conditions. Because of its social-distancing effect, problematic anger can significantly interfere with other forms of physical and mental health treatment (Cash et al., 2018; Novaco, 2007). In effect, then, treatment for individuals in the criminal-legal system should prioritize treating problematic anger to ensure efficacy in treating other aspects of the client’s health. There is nothing in the literature, however, to suggest that this is actually the practice.

Moreover, mandated anger treatment in correctional settings is problematic because it fails to consider the personal circumstances of the prisoners themselves. Larger structural forces in the etiology of mass incarceration, for example, have resulted in increased system involvement for those suffering from addiction or homelessness (Beckett & Herbert, 2010; Travis & Western, 2014). This means more prisoners may be mandated to take anger-related therapy when in fact their personal circumstances had little to do with problematic anger and more to do with health conditions or lack of essential needs. As O’Hare (1996) points out in his critique of court-mandated services, evidence is lacking for mandated-treatment, and it may in fact harm clients by damaging client-provider rapport taking resources away from other services. A study of the experiences of individuals mandated to participate in anger management treatment supports this argument. It found that most individuals with prior violent offenses and mandated

to participate in anger treatment reported no benefit, and that instead participants were in need of essential services like food and housing (Feldman, 2016). Interventions for incarcerated individuals should therefore be voluntary as much as practical, avoid pathologizing potentially natural reactions to the injustices of mass incarceration (such as anger), and be supplemented with services to address prisoners' other needs.

2.7 Alternatives to Violence Project

An underexplored intervention that may benefit incarcerated veterans' problematic anger is Alternatives to Violence Project (AVP), an experiential workshop that teaches participants communication, teamwork, and conflict resolution skills through various group-based exercises and discussions. AVP was created in 1975 by incarcerated individuals and outside activists to help train prisoners in nonviolence (AVP Basic Manual, 2002). The workshops aim to "enable individuals to build successful interpersonal interactions, gain insights into themselves and find new and positive approaches to their lives" (AVP Basic Manual, 2002, p. A-4). Despite workshops taking place in 33 states and in 45 countries across the world over a span of several decades, there is relatively little empirical research on the effects of AVP (AVP USA, 2020; Tomlinson, 2007). The few existing studies on AVP suggest a link between workshop participation and reduction in participants' level of anger (Francis, 2005; Kayser et al., 2010; Sloane, 2003; Walwrath, 2001). There have been no studies that have examined the effects of AVP workshops on veteran participants in particular, despite the literature suggesting a connection between this population and anger.

The typical workshop structure is three days in length, eight hours per day, with a one-hour break for lunch and periodic 15-minute breaks each day. Workshop activities are derived

from AVP manuals, which contain hundreds of unique exercises, games, and discussion prompts. Most of these exercises encourage participants to use empathy or positive thinking to cognitively re-frame situations involving negative feelings towards oneself or others. Many other exercises focus on developing or practicing pro-social skills such as teamwork, communication, and reflection on the consequences of actions. Though these activities come from manuals, AVP should not be considered a *manualized* intervention, as every workshop is different in content (discussed below).

Because workshops are experiential and not didactic, they are conducted by facilitators whose role is to both participate and help guide workshop activities. Facilitators are advised by program manuals to offer minimal input and allow the exercises and participant interactions to motivate workshop content (AVP Basic Manual, 2002). Facilitators are typically unpaid volunteers who have participated in several AVP workshops themselves and have completed a facilitator training workshop. Facilitation is conducted by a team of at least two facilitators. The team is typically comprised of both “inside” facilitators (i.e. incarcerated individuals) and “outside” facilitators (i.e. non-incarcerated volunteers).

While workshop agendas are unique with discretion given to facilitators and input from participants, each workshop typically involves the four “building blocks” of AVP: (1) affirmation and self-esteem, (2) communication, (3) community and cooperation, and (4) conflict management (AVP Basic Manual, 2002). The general outline of the workshop and its building blocks are summarized in **Figure 2.7**. For the first day of the workshop, facilitators choose in advance the activities for building cooperation, community, and communication. For the second and third days of the workshop, which are based on affirmation, self-esteem, and conflict management, facilitators chose exercises based upon participant feedback on activities from the

previous day. Despite the uniqueness of each workshop, Garver and Reitan (1995) have theorized that each one contains a common set of elements, which are listed with a corresponding description in **Table 2.7**.

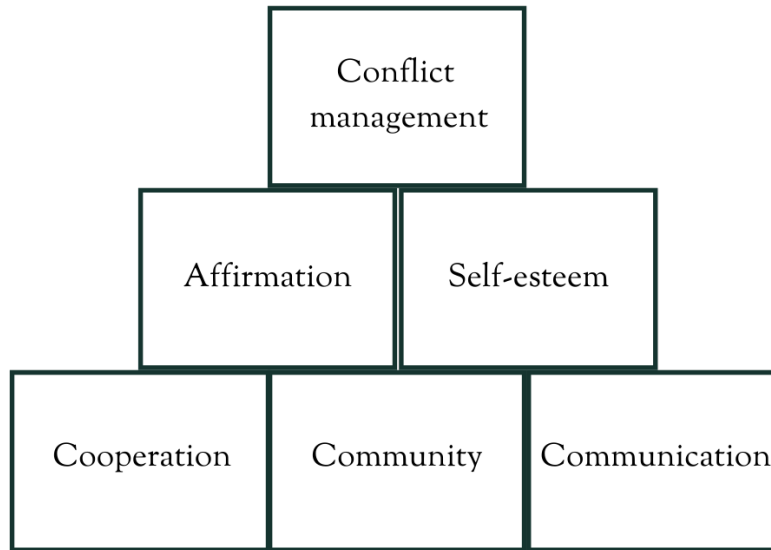


Figure 2.7. The “building blocks” of Alternatives to Violence Project workshops, corresponding to each day of the workshop, reproduced from AVP Basic Manual, 2002.

Table 2.7. Common elements of all Alternatives to Violence Project workshops, adapted from Garver & Reitan (1995).

| Element | Description |
|--|--|
| Voluntarism | Participants are in the workshop voluntarily and can choose which activities to participate in. |
| Teamwork | Willingness to cooperate with other participants to achieve goals of exercises. |
| Ground rules | Common set of guidelines that all participants agree to when participating in workshop. |
| Transforming Power | Jargon-term describing ability to “transform conditions of hostility and pugnacity into conditions of community and reconciliation” (p. 37). |
| Learning by experience | Exercises, games, and discussion will create conditions of learning, not lecturing or intellectualizing. |
| Spiritual focus | Non-sectarian inclusion of each participant’s individual beliefs. |
| Progressive focus and cumulative process | Workshop content and concepts build upon each other. |
| Light and Livelies | Incorporate of games to raise energy, focus, and engagement. |
| Varied pace | Mixture of exercises, games, and discussion throughout the workshop. |
| Feedback | Opportunities for participants to provide feedback to each other and the facilitators regarding the workshop |

AVP is a plausible intervention for anger because of its incorporation of several cognitive-behavioral elements—such as role-playing and cognitive reframing— identified by Beck and Fernandez (1998) as integral to successful anger interventions. These elements also happen to overlap with Andrews’ and Bonta’s (2003) description of successful interventions in the correctional setting generally. AVP is ideal from a social justice perspective, as it has no barriers to participation (i.e. does not require participants to meet specific criteria), participation is always voluntary, and workshops are facilitated by prisoners themselves who understand the lived experience of the participants. What is missing is research on the effects of AVP workshops on anger-related outcomes among incarcerated veteran. This study aims to address this gap.

Chapter 3. CURRENT STUDY

The current study aims to evaluate intervention effects of an AVP workshop on incarcerated veterans using a multi-method approach to address the following question: “What is the effect of participating in AVP workshops on incarcerated veterans?” It was hypothesized that participation in AVP will reduce incarcerated veterans’ experience of anger. Understanding the effectiveness of AVP can contribute to knowledge about services for incarcerated veterans while contributing to the still nascent research on AVP and interventions facilitated by participants (Tomlinson, 2007). The study also helps to address the gap in research on interventions conducted by individuals other than trained clinicians (Walwrath, 2001).

Chapter 4. METHODS

A multi-methods study was used to evaluate the impact that AVP workshops had on incarcerated

veterans and to evaluate the effects of the workshop on participants' anger. Several data collection strategies were used in the study (additional details can be found in the proceeding sections):

1. A pre-workshop and post-workshop test of participants' anger, using the STAXI-2 questionnaire;
2. A post-workshop survey that included an open-ended question about the most important thing that participants learned; and
3. Interviews with AVP facilitators and county staff that focused on their observations of the participating veterans and the workshops in general.

This study was approved for human subjects by the University of Washington Institutional Review Board.

4.1 Participants

The sample consisted of 95 unique incarcerated males in a county jail on the west coast of the United States. All participants self-identified as veterans of the US armed forces at the time of their admission to the facility. Discharge status was not verified. Participants' legal status, as well as any crime that they were charged with or convicted of was not collected. Participants ranged in age from 19 years to 59 years old and demonstrated a verbal understanding of English. Any physical or behavioral health diagnoses of the participants were unknown. A description of the study sample is provided in **Table 4.1**.

Table 4.1. Demographic characteristics of participant sample, n = 95.

| | Range | Mean (sd) |
|--|---------------|-------------------|
| Age* | 19-59 | 36.6 (10.6) |
| | Number | Percentage |
| Education | | |
| Without high school graduation or equivalent | 5 | 5.3 |
| High school graduation or equivalent | 40 | 42 |
| Some college and/or degree | 28 | 29.5 |
| No response provided | 22 | 23.2 |
| Marital status | | |
| Single | 36 | 37.9 |
| Divorced | 21 | 22.1 |
| Married | 19 | 20.0 |
| No response provided | 19 | 20.0 |

*n = 86 for age responses, nine missing total

4.2 Procedures

4.2.1 *Participant recruitment*

Incarcerated individuals self-selected to participate in the workshops. Individuals who self-disclosed their veteran status to jail admission staff were later approached by a volunteer chaplain who provided information about the workshops and invited interested participants to attend. The workshops were exclusively offered to veterans but were optional to attend. The Risk-Needs-Responsivity model was not used to determine eligibility.

Participants were told at the beginning of each workshop, and periodically throughout the workshop, that they had a right to decline participating in any exercise for any reason whatsoever. Participants were also notified that they could decline participating in multiple exercises and still obtain a certificate of completion of the workshop.

4.2.2 *Facilitation of workshops*

The evaluated workshops took place over a 28-month period. Workshops were offered on a monthly basis, were three days in length, approximately seven hours per day, and included a one-hour lunch break. They took place in a recreational room separate from the rest of the jail population. The author did not participate in, nor observe, any of the workshops. Based upon interviews with the facilitators, content of the workshops included all the typical elements described by Garver and Reitan (1995) (and found in **Table 1**) but included more than a regular amount of “grounding” exercises (i.e. brief mindfulness activities) to help alleviate anxiety symptoms that may have arisen during emotionally involved exercises or discussions.

Workshop facilitation teams were slightly different than typical in that there was not an “inside” facilitator on the facilitation team, i.e. no incarcerated individual to help facilitate the

workshop alongside the non-incarcerated facilitators. The absence of an incarcerated facilitator was due to the dynamic nature of the jail population which prevented any one incarcerated individual from staying in the jail long enough to complete the required workshops to become a facilitator. The facilitators in this study attempted to compensate for the absence of an inside facilitator by including at least one, but usually two, non-incarcerated veterans on the facilitation team.

4.2.3 *State-Trait Expression Inventory-2*

Each participant completed a State-Trait Anger Expression Inventory-2 assessment (STAXI-2) before and after participation in the workshop (Spielberger, 1999). Completion of STAXI-2 takes approximately 15 minutes and requires a sixth-grade reading level. When the respondent's reading is not equivalent to this level, the administrator is allowed to support the respondent by reading aloud the assessment items (precautions should be made to ensure respondent can understand verbal English) (Spielberger, 1999). STAXI-2 assessment before the AVP workshop was conducted by the following procedure:

- (1) When all participants were seated in the recreation room of the jail and ready for the workshop to begin, the lead facilitator of the workshop verbally informed participants that, if they were willing, they could complete a STAXI-2 survey before and after the workshop.
- (2) Participants were given a brief explanation of the content of the survey, told that completion of the survey would help the organization (Alternatives to Violence Project) understand the effect of the workshop, that the surveys were anonymous (and accordingly should be individually marked by the use of a personal alias), would not affect their ability to obtain a certificate for the workshop, and that they were not to disclose identifying information on the

survey. Participants were also instructed to write down at the top of the STAXI-2 the number of previous workshops that they had completed.

- (3) The lead facilitator then asked, “Does anybody have a question?” The lead facilitator attempted to answer any questions that participants then might have had.
- (4) Participants who were willing to complete the STAXI-2 survey demonstrated consent either verbally or by taking a STAXI-2 survey from a facilitator.
- (5) To ensure participant comprehension of the STAXI-2 questions, the lead facilitator then read each question aloud to the participants and instructed them to mark their individual response. Participants were told that they could ask questions to clarify any of the STAXI-2 items or instructions.

All participants who had completed a STAXI-2 before the workshop were also given the survey immediately following the completion of the workshop. They were verbally notified that completion of the assessment was optional, would not affect their ability to obtain a certificate for the workshop, and that they were not to disclose identifying information on the assessment. The facilitator then went through again steps 1-5 above for participants to complete the post-workshop STAXI-2.

To ensure confidentiality and the integrity of analysis, both STAXI-2 assessments and post-workshop surveys were completed anonymously by the participants, with no disclosure of identifying information. The author analyzing the measures did not participate in the workshops and did not meet or interact in any way with any of the individuals before or during their completion of the measures. STAXI-2 responses that were left blank by respondents were scored by the author according to instructions provided by STAXI-2 manual (Spielberger, 1999).

State-Trait Expression Inventory (STAXI) is a psychological assessment of anger and anger expression developed by Spielberger (1991). STAXI is among the most commonly used assessments of anger (Kumierska, 2011; Schamborg et al., 2014). STAXI-2, the most recent version of the STAXI assessments, is a 57-item self-report assessment, with every item consisting of a four-point Likert scale. Though containing 42 of the 44 items of its predecessor, STAXI-2 differs by including an additional 15 items which expand the state anger scale, as well as creating the new anger control-in scale.

STAXI-2 is an ideal instrument for measuring anger among incarcerated veterans given that it is a self-report measure that exhibits acceptable reliability and validity among a variety of populations, and shows strong internal reliability (Kumierska, 2011; Spielberger 1988, 1999; Spielberger & Reheiser, 2004). For prison populations, internal reliability has been assessed consistently above 0.70, while a significant test-retest reliability for this population has not yet been studied (Schamborg et al., 2014). Several previous studies of AVP workshops' effect on participants employed STAXI assessments (Francis, 2005; Kayser et al., 2010; Sloane, 2003; Walwrath, 2001).

STAXI-2 is used not only for assessments, but for determining the appropriateness of anger-related treatment and evaluating treatment progress (Watt & Howells, 1999). The 57 items comprise four scales of anger—each one a different aspect of anger. These scales are state anger, trait anger, anger control, and anger expression. *State anger* is defined as the intensity of angry feelings in the present moment, while *trait anger* is how frequently a person becomes angry in his or her daily experiences. *Anger expression* is composed of two parts, “in” and “out”. The former is a measure of a person's ability to suppress anger when experiencing angry emotions; the latter is a measure of a person's tendency to express anger in a problematic way i.e. assault or

destruction of property. Like anger expression, *anger control* has both “in” and “out” components, where the former is a measure of how often a person attempts to reduce angry feelings before they become problematic, while the latter is a measure of a person’s psychological effort to control the outward expression of anger. **Table 4.2** summarizes the descriptions of the six major STAXI-2 scales.

Table 4.2. The major scales of STAXI-2.

| Scale | Description | <i>n</i> items |
|-----------------------------|--|-----------------------|
| State Anger (S-Ang) | Experience of anger at point of assessment | 15 |
| Trait Anger (T-Ang) | Predisposition to experience anger | 10 |
| Anger Expression-Out (AX-O) | Outward verbal and/or physical expression of anger | 8 |
| Anger Expression-In (AX-I) | Inward suppression of angry feelings | 8 |
| Anger Control-Out (AC-O) | Control of outward expression of anger | 8 |
| Anger Control-In (AC-I) | Control of angry thoughts and feelings | 8 |

A normative sample of STAXI-2 results was established by 1,900 normal adults and hospitalized psychiatric patients (Spielberger & Reheiser, 2004). Respondents' scores can therefore be normalized for any of the given scales. Distribution of scores is markedly skewed towards the higher end for all of these scales, implying that the scales are less sensitive at distinguishing between lower-end scores (Spielberger, 1999).

The author calculated all scores and reproduced the scales based on documentation guidelines (Spielberger, 1999). Chronbach's alpha was calculated for each scale to determine reliability. Every scale demonstrated high reliability, with alpha scores generally above 0.9 and no lower than 0.83. The means and standard deviations of each item and scale, as well as Chronbach's alpha for each scale, are provided in **Appendix A**.

4.3.2 *Surveys*

Participants were invited to complete a post-workshop survey that is a quality assurance document created by AVP facilitators in an attempt to understand the general effect that the workshop had on participants. The survey asks participants to answer the following five prompts: (1) What I liked best about the workshop; (2) What I liked least about the workshop; (3) How I feel about the whole thing; (4) Suggestions for changes; and (5) What were the most important things you learned in this workshop? Due to jail restrictions on interviewing incarcerated individuals, the survey is the only available qualitative data from participants about their workshop experiences. Question five of the survey best summarizes the effect of the workshop on the individual participant so it was the only question coded and analyzed. The survey question

gives participants a chance to report on any aspects that the STAXI-2 results are unable to capture.

Seventy-eight of the participants completed surveys following completion of the AVP workshop. Eleven of these surveys contained no valid answer for question five, so were removed from the sample, leaving a total of 67 valid surveys for analysis.

4.3.4 *Interviews*

Semi-structured interviews were conducted with facilitators and others involved in implementing AVP workshops at the jail to contextualize findings that may have emerged in the STAXI-2 assessments and survey responses, as well as help answer the question “What is the effect of participating in an AVP workshop on incarcerated veterans?”. Interview questions came from an interview guide developed by the author that focused on the interviewee’s potential observations about the effects of the workshop on participants. Interviews took place in-person or over the phone. Interviews were recorded and automatically transcribed using Otter.ai recording and transcription software. Interview structure and techniques were guided by Patton (2002).

The interview sample consisted of four facilitators, one correctional staff, and one county veteran services administrator involved with the program, making a total of six interviews for analysis.

4.4 Data analysis

4.4.1 *State-Trait Anger Expression Inventory-2*

Statistical analysis was completed with IBM SPSS version 25 software. Means and standard deviations were calculated for all STAXI-2 items and scales. Scale reliability was examined

using Cronbach's alpha (α). Mean differences from pre- to post-workshop were examined for each scale using paired-samples t-tests. Cohen's d was calculated to examine effect sizes.

One-way ANOVAs were used to examine associations between education and marital status across the six scales. As **Table 2.7** shows, education and marital statuses had unequal levels and created potential for an unbalanced design. Levene's statistic was calculated for each demographic variable to determine if unbalanced design had an effect on the homogeneity of variance. Brown and Forsythe (1974) recommend basing Levene's statistic on the mean for symmetric and/or slightly tailed distributions, trimmed means for heavy-tailed ones, and medians for skewed ones. Since pre- and post-state anger scales were markedly skewed, and several other scales had moderate to heavy tails, all three bases for Levene's statistic in the ANOVA were tested and reported.

Several outliers were detected in exploratory analysis of the data, and are summarized in **Appendix B**, which shows the boxplots for each major STAXI-2 scale. Data were checked for measurement errors and outliers are assumed to be result of random variation in participants' scores. Outliers were included in the initial parametric tests for two compelling reasons: (1) extreme values and outliers on anger scales are a theoretically inevitable feature of the jail environment given the variety of mental health and personal challenges that jailed individuals experience, particularly incarcerated veterans which studies suggest may have higher incidences of anger symptoms related to PTSD and other prevalent diagnoses (Chemtob et al., 1994; Elbogen et al., 2010; Howells et al., 2005; Jakupcak et al., 2007; Lasko, 1994); and (2) AVP is a *group* intervention, where the basic theoretical assumption is that participants' dispositions inevitably affect others' (i.e. the content and process of the intervention literally comes from the

collective input of each individual), so excluding outliers in a group potentially misrepresents the scores of all individuals in that group (Garver & Reitan, 1995; Tomlinson, 2007).

4.4.2 *Surveys*

A content analysis was used to examine participant survey responses as outlined in Graneheim and Lundman (2003). The unit of analysis was the full written response to the question, which typically consisted of one-to-two sentences per respondent. Each unit was read and abstracted to one or more codes to summarize its manifest and latent content. Each unit and its corresponding code(s) were then reviewed to determine overlaps in codes, which were then consolidated into themes. Codes were mutually exclusive and synthesized and organized by theme according to their underlying meaning. Themes were then organized according to commonalities and grouped under common sub-categories of the larger category, “Most important thing learned by participants”.

4.4.3 *Interviews*

Interview content analysis was conducted using theory and techniques described in Patton (2002). Notes about the major points the interviewee conveyed were taken during the interview. Using the notes as a guide, an initial review of the interview transcriptions was then conducted by the author to develop a coding system, which was completed by labeling the ideas occurring within the major points made by the interviewee. The second review of the transcriptions was conducted by noting recurring regularities in the codes and consolidating them when it appeared logical to do so. Codes were then grouped under common descriptive themes,

To aid with testing the analysis for completeness, an initial draft of the interview results was sent to each interviewee with an invitation to submit comments about the plausibility of the findings (Patton, 2002). One interviewee responded.

Chapter 5. RESULTS

5.1 State-Trait Anger Expression Inventory-2

The results of the paired samples t-test and Cohen's d for each scale are shown in **Table 5.1.1**.

Table 5.1.1. Paired samples t-test of STAXI-2 scales.

| | Mean (sd) | S.E. Mean | 95% Confidence Interval | | t | Cohen's <i>d</i> |
|-------------------------------|--------------|-----------|-------------------------|-------|---------|------------------|
| | | | Lower | Upper | | |
| Pre S-Ang - Post S-Ang | 6.69 (9.89) | 1.01 | 4.68 | 8.71 | 6.60** | 0.68 |
| Pre T-Ang - Post T-Ang | 3.45 (5.90) | 0.61 | 2.25 | 4.66 | 5.70** | 0.42 |
| Pre AX-O - Post AX-O | 1.64 (4.54) | 0.47 | 0.72 | 2.57 | 3.53* | 0.36 |
| Pre AX-I - Post AX-I | 1.59 (4.83) | 0.50 | 0.60 | 2.57 | 3.21* | 0.33 |
| Pre AC-O - Post AC-O | -1.77 (5.25) | 0.54 | -2.84 | -0.70 | -3.28* | -0.34 |
| Pre AC-I - Post AC-I | -2.51 (5.38) | 0.55 | -3.60 | -1.41 | -4.54** | -0.47 |

* $p < 0.01$ ** $p < 0.001$

On average, incarcerated veterans had lower STAXI-2 scores following participation in an AVP workshop compared to scores before participation. The column showing means and t-statistics in Table 4 shows that every score exhibited a statistically significant change at a minimum alpha level of 0.01. The state and trait anger scores had the largest absolute change at 6.6 and 5.7, respectively, while the smallest were the two anger expression scores (both anger expression-in and -out) at 2.57. Cohen's *d* for each t-statistic shows that scores differed in terms of the size of their effect, but generally were small to moderate in size. **Tables 5.1.2** and **5.1.3** show ANOVA results for the effect of education and marital status, respectively, on post-workshop STAXI-2 scales.

Table 5.1.2. ANOVA results for effect of education status on post-workshop STAXI-2 scales.

| | Sum of Squares | df | Mean Square | F |
|----------------------------------|-----------------------|-----------|--------------------|----------|
| Post State Anger | | | | |
| Between Groups | 38.0 | 2 | 19.00 | .59 |
| Within Groups | 2253.26 | 70 | 32.19 | |
| Post Trait Anger | | | | |
| Between Groups | 20.62 | 2 | 10.31 | .27 |
| Within Groups | 2679.38 | 70 | 38.28 | |
| Post Anger Expression-Out | | | | |
| Between Groups | 3.05 | 2 | 1.53 | .06 |
| Within Groups | 1695.06 | 70 | 24.22 | |
| Post Anger Expression-In | | | | |
| Between Groups | 15.52 | 2 | 7.76 | .23 |
| Within Groups | 2368.81 | 70 | 33.84 | |
| Post Anger Control-Out | | | | |
| Between Groups | 65.18 | 2 | 32.59 | .77 |
| Within Groups | 2983.78 | 70 | 42.63 | |
| Post Anger Control-in | | | | |
| Between Groups | 125.94 | 2 | 62.97 | 1.71 |
| Within Groups | 2573.40 | 70 | 36.76 | |

Note: No F statistics were significant at $\alpha = 0.05$

Table 5.1.3. ANOVA results for effect of marital status on post-workshop STAXI-2 scales.

| | Sum of Squares | df | Mean Square | F |
|-----------------------------------|----------------|----|-------------|------|
| Post State Anger | | | | |
| Between Groups | 9.23 | 2 | 4.62 | 0.15 |
| Within Groups | 2296.18 | 73 | 31.45 | |
| Post Trait Anger | | | | |
| Between Groups | 10.32 | 2 | 5.16 | 0.11 |
| Within Groups | 3316.67 | 73 | 45.43 | |
| Post Anger Expression-Out | | | | |
| Between Groups | 37.40 | 2 | 18.70 | 0.75 |
| Within Groups | 1819.48 | 73 | 24.92 | |
| Post Anger Expression-In † | | | | |
| Between Groups | 40.75 | 2 | 20.37 | 0.58 |
| Within Groups | 2554.14 | 73 | 34.99 | |
| Post Anger Control-Out | | | | |
| Between Groups | 55.41 | 2 | 27.71 | 0.67 |
| Within Groups | 3038.00 | 73 | 41.62 | |
| Post Anger Control-In | | | | |
| Between Groups | 98.70 | 2 | 49.35 | 1.38 |
| Within Groups | 2619.25 | 73 | 35.88 | |

Note: No F statistics were significant at $\alpha = 0.05$

† Variance is assumed to be unequal

ANOVA results show no significant effects for education or marital status on any of the six scales. No F statistic was significant at 0.05 alpha level for either education or marital status. Anger expression-in was the only variable where the variance was not assumed to be equal. Since no results were significant, however, no further tests were conducted on this variable.

5.2 Surveys

Figure 5.2 shows the resulting category, themes, and codes from the survey analysis. A single response may have been labeled with multiple codes, if applicable. **Table 5.2** summarizes the results of the qualitative content analysis of responses to the question “What was the most important thing you learned from this workshop?”. There were 26 responses that expressed improvement of self, representing the smallest number of answers at 34.6% of total responses, while there were 32 responses that expressed an experience of community, representing 42.7% of responses. Fifty participants expressed learning awareness about different aspects of the self, which accounted for the largest proportion of answers at 66.7% of total responses. Learning self-control, awareness of one’s identity, and self-awareness of how to respond to others were the top three responses overall.

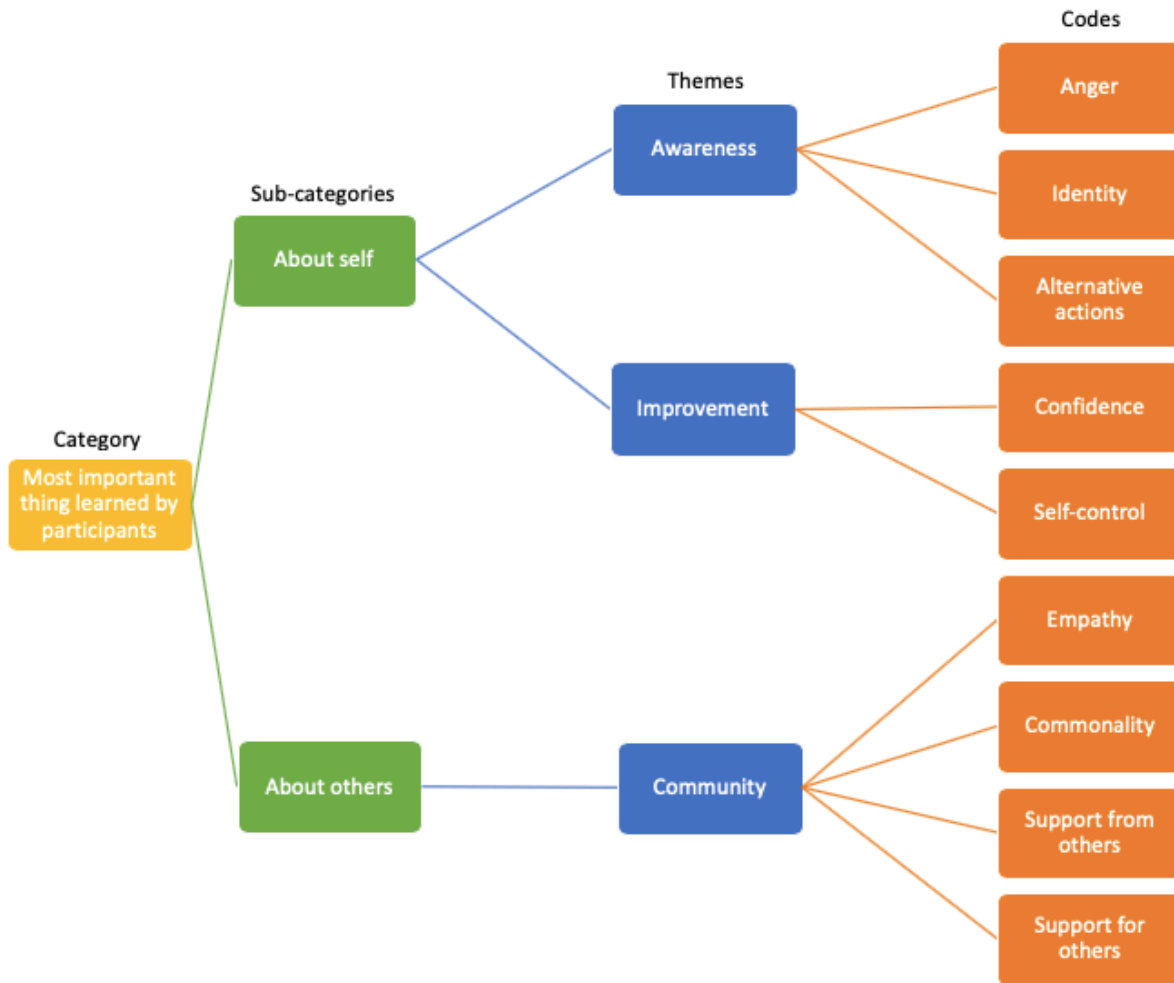


Figure 5.2. Category, sub-categories, themes, and codes of surveys.

Table 5.2. Survey response to “What was the most important thing you learned from this workshop?” n = 67.

| | Description | n | Percentage* |
|-----------------------------|--|----------|--------------------|
| Community | | | |
| Commonality | Identifying with, or understanding of, other people | 12 | 26.0 |
| Support from others | Thinking or feeling that other people care about you | 9 | 12.0 |
| Support for others | Believing in or actualizing care for other people | 11 | 14.7 |
| Awareness of self | | | |
| Alternative responses | A variety of successful ways to respond to the negative actions of others | 20 | 26.7 |
| Anger | Thoughts, feelings, and actions that are precursors to, and symptoms of, problematic anger | 9 | 12.0 |
| Identity | Personality traits, common attitudes and behaviors, and aspirational ideas of self | 21 | 28.0 |
| Improvement of self | | | |
| Confidence | Feeling less ashamed or more positive about self and capability | 4 | 5.3 |
| Self-control | Thinking and feeling more in control of own thoughts and actions | 22 | 29.3 |
| No response provided | | | |
| | | 11 | 14.7 |

*Percentages do not add up to 100% due to responses that contain multiple codes

5.3 Interviews

Below are the four major themes that emerged from semi-structured interviews with facilitators and staff involved with the workshops. The major themes are: (1) AVP workshops create a sense of helpful community among participants; (2) AVP is not mental health counseling, but does have therapeutic effects on participants, especially for PTSD-related symptoms; (3) some participants are personally challenged by prior substance use, emotional discomfort, and recent arrival to jail; and (4) facilitators and county staff have a positive relationship generally and are pleased with workshop outcomes. In general, interviewees reported that AVP is therapeutically helpful for participants and that facilitators and county staff worked positively to create successful workshop outcomes, despite the personal challenges experienced by some participants. Following each summary of the major themes below is a sample of representative responses.

1. AVP workshops create a sense of helpful community among participants.

The most common theme from interviews were observations of a helpful sense of community that was created and sustained throughout, and after, the AVP workshops. Nearly every interviewee observed that veterans in particular seemed prone to quickly forming a community and helping one-another. Some responses that were representative of this theme are the following.

- a. “The first workshop I went to, I was just floored by the community that was built. After that first day... they were all offering things that they said could help each other out.”
- b. “They feel more solidarity because now they have people they can talk to.”
- c. “I’m just really struck how... [the participants] respond to community and being treated and seen as an equal, and spoken to as an equal... They’re initially painfully withdrawn

and distrusting... Within hours, sometimes days, they're holding their heads high and laughing with people."

- d. "They're military men and they have all of these band of brother practices... They bond really quickly and very deeply. They come together a lot faster than almost you see in any other workshop."
- e. "A lot of exercises we do just bring commonality and allow participants to realize 'Oh, I'm not the only one addicted or homeless.' Until they see that, real healing can't take place."

2. *AVP is not mental health counseling, but does have therapeutic effects on participants, especially for PTSD-related symptoms.*

The second most common theme from interviews were reports of AVP having therapeutic effects on participants, such as imparting coping skills to manage stress or awareness of trauma symptoms. When discussing the therapeutic effects of workshops, interviewees typically pointed out that AVP was not actually mental health counseling but provided structure and direction for participants to explore and cope with their own personal challenges. This sense of self-empowerment seemed particularly attractive for veterans who might otherwise not engage therapeutic services. Below are responses representative of this theme.

- a. "A lot of veterans would benefit from counseling but getting them do that is another thing. [AVP] is one way of addressing that."
- b. "AVP is not counseling, but it teaches coping skills. That seems to be what our veterans are missing: learning how to cope with civilian life."
- c. "They feel like they got the skills, or starting to get the skills, to connect with their parents, their spouse, their children, or whatever. They're learning how to communicate to get their underlying needs met."
- d. "We've honestly had guys that are supposed to get released from jail on day two of the workshop. They can go home. And they will go to court and ask the judge to stay in jail so they can finish the workshop."

3. *Some participants are personally challenged by prior substance use, emotional discomfort, and recent arrival to jail.*

Most interviewees noted that participants are going through a variety of challenges as they participate in the AVP workshops, including the difficulty of recent incarceration and going through withdrawal from severe substance use. For other participants, there was initial avoidance or ambivalence about engaging due to the emotional discomfort about sharing vulnerable experiences. These circumstances were a challenge to some participants' engagement, as well as to the facilitation of the workshop by AVP facilitators. Representative responses of this theme are as follows.

- a. "They're in a really shocking transition. Suddenly incarcerated, confined and facing prison and court, and maybe tough love from parents, and being abandoned to the system from relatives and partners who are tired of it. So, there's sadness and shock and a lot of anger from that."
- b. "We have a lot of more visibly detoxing participants. Or, they don't know what their case is. We see a lot more feelings [in these jail workshops, as opposed to prison-based ones]. So, sometimes they might not be as engaged in the workshop."
- c. "Some of these guys are going to the bathroom five to six times per day. At first, we thought this was disruptive. But then we realized it's what these guys need to do [to deal with the emotional discomfort]."

4. *Facilitators and county staff have positive relationship generally and are pleased with workshop outcomes.*

Nearly every interviewee reported that the work done by both facilitators and county staff was critical to the successful outcomes observed in the workshops. Among the outcomes discussed most frequently was the county staff crediting the workshops with helping reduce the recidivism of this population. Some representative responses of this theme are the following.

- a. "When I first started, I could get a weekly report and get at any given time in that jail there were 75-90 veterans there. And now, I'm lucky to fill an eight-person AVP class

because there are so few [incarcerated] veterans. It's made a great difference in the population of the jail for our guys.”

- b. “Someone from the jail management came to the workshop graduation and congratulated them [the incarcerated veterans]. It was really nice for them to have that acknowledgement and support.”
- c. “I've been working here 30 plus years and it's nice to finally be involved in some type of program where they [the prisoners] get good tools—not just warehousing inmates. It feels awesome.”

Chapter 6. DISCUSSION

This study used a multi-methods approach to answer the question “What is the effect of participating in an AVP workshop on incarcerated veterans?”, as well as test the hypothesis that participation in AVP reduces incarcerated veterans’ experience of anger. The results indicate that AVP was helpful to incarcerated veterans, who learned by participating in the workshops better self-control, more awareness of their personal identity and alternative responses to the actions of others, in addition to feeling a sense of helpful community. The results of the STAXI-2 assessments also support the hypothesis that participation in AVP reduces incarcerated veterans’ experience of anger. Several research and practice implications are discussed below.

6.1 AVP accomplishes what it claims and empowers participants

The results of the participant surveys and interviews align with the outcomes the AVP workshop manuals claim to effect on participants, which is to “enable individuals to build successful interpersonal interactions, gain insights into themselves and find new and positive approaches to their lives” (AVP Basic Manual, 2002, p. A-4). The various responses encapsulating the theme of community, as well as the subtheme of awareness of alternative responses to others, suggest AVP supported participants’ successful interpersonal interactions with others. The two most

commonly reported survey responses—learning about self-control and awareness of one’s own identity—align with the AVP claim to enable participants to gain insight into themselves. Interview responses that noted a helpful effect on participants PTSD-related symptoms also fit into this outcome. The claim that the workshops help participants “find new and positive approaches to their lives” is supported by survey responses which reported a gain in awareness of alternative responses to others’ actions, as well as a gain in self-confidence. These positive responses are perhaps all the more remarkable in light of the major interview theme about the personal challenges of the participants, such as recovering substance use and the shock of recent incarceration. Overall, the qualitative results suggest that AVP workshops had a beneficial effect on several dimensions of participant’s personal lives and were in line with the outcomes that AVP actually purports to effect among participants—despite the many personal challenges participants may have faced being in jail.

Corrections policymakers should consider implementing AVP if they are challenged by dynamic jail populations but nevertheless wish to create a positive and pro-social environment. Policymakers who have heretofore been discouraged from offering programming due to the dynamic nature of the jail population—i.e. people entering and leaving quickly and experiencing a variety of issues, such as mental health and substance use challenges—should also consider implementing AVP, as the results suggest it is a way to create a positive impact on participants in relatively short amount of time (three days). A related implication is that this study is also the first of AVP to incorporate a sample of participants who were struggling with recent substance use. Though more research is necessary, these qualitative findings suggest that AVP has strong potential to serve individuals beyond corrections and into behavioral health settings.

6.2 AVP creates and enhances a therapeutic community

It is unsurprising but nevertheless notable that experiencing a sense of community was a common theme in survey responses and interviews. Cohesion and a sense of comradery are essential elements of military culture that are carried by service members beyond their enlistment period and into the rest of their civilian lives (Castillo, 2014). Prior research has also found that voluntary participation in a therapeutic group is more likely to lead to cohesion and optimistic feelings among participants (Vannoy & Hoyt, 2004; Yalom, 1995). The theme of community is notable, however, in that it was reported in over half of participants' responses to the question of the most important thing learned from the workshops and was the most common interview response from facilitators and county staff's observations about the workshops. Interview responses indicated that a sense of community was not present at the beginning of the workshops, but quickly emerged in the first and second days of the intervention. Interview responses 1(e) and 2(b) also suggest that the commonality that participants felt was related to their personal challenges in civilian life—such as addiction or homelessness—and not necessarily their military experience. In this light, AVP appears as an effective way to increase social bonding among disparate groups of prisoners, such as individuals from different backgrounds or opposing ideologies. This is valuable in an environment often marked by the constant threat of violence and subjugation. As interview response 4(c) suggests, AVP is a refreshing departure from the status quo of merely “warehousing” prisoners.

The theme of community is also notable because of its potential relation to the qualitative finding that AVP had a therapeutic effect on participants, and particularly on PTSD-related symptoms. The AVP curriculum does not claim to address participants' PTSD, nor do any manualized workshop exercises mention or involve PTSD-related content. However, there is

strong evidence to support a positive correlation between feeling a sense of community and alleviation of PTSD-related symptoms (Farwell & Cole, 2001; Goodman et al., 2005; Greenfield & Marks, 2010; Schultz et al., 2016). As Catherall (1986) explains, experiencing community allows individuals to feel a sense of approval from others and thus feel comfortable assuming the necessary “objective attitude of self-examination” in order to heal from PTSD (p. 472). The interview reports of therapeutic effects on participants’ PTSD-related symptoms is therefore supported by the preponderance of survey responses reporting a sense of community.

Discussions of PTSD specifically may have emerged in group discussions following exercises, or in participants’ free time in the evenings between workshop days. The fact that AVP does not portray itself as therapy—and is not perceived as such by facilitators or jail staff—suggests that it may be a useful starting place to engage incarcerated veterans or other individuals resistant to treatment of their traumatic experiences. This has important implications for policymakers of both veteran-services and corrections. AVP could be used at the outset of treatment as a way to foster engagement in services and maintain therapeutic relationships throughout the duration of rehabilitation.

6.3 AVP improves veterans’ experience of anger

The hypothesis that participation in AVP lowers incarcerated veterans’ experience of anger was supported by the results of the STAXI-2 assessments and, to a partial extent, the qualitative findings. The paired samples t-test of STAXI-2 scores suggests that on average participants’ feelings of anger were reduced and their expression or control of anger was improved. The results are perhaps all the more remarkable in the context of interview reports suggesting that participants frequently struggled with substance use or other personal challenges during the

workshops. As noted by Howells and Day (2003), successful anger interventions in the correctional setting often require time-consuming therapeutic alliances between facilitators and participants before treatment for anger can even begin. The results here suggest that AVP may be a promising exception to this challenge of correctional programs. This is further reason for policymakers to consider implementing AVP at the outset of individuals' incarceration in order to assist with future interventions that more specifically target problematic anger—or any other conditions, for that matter.

The state-anger score, which measures the participant's level of anger at the time of assessment, showed the largest reduction at 6.6 points lower than at the beginning of the workshop. Given that this scale only measures the participant's anger at a specific point in time, however, it is not as useful as the other scales in assessing fundamental change in the participant. For example, interview responses like 3(a) suggest that some participants may have reported abnormally high levels of anger at the beginning of the workshop due to the recent experience of being sent to jail. It is plausible that a participant's anger about such an experience would diminish as he got further away in time from the event. This suggests that future implementations of AVP in the jail environment should expect higher levels of anger among participants at the beginning of the workshops and be prepared to address it as it arises.

The more clinically useful trait anger score, which measures the participant's base-line disposition to become angry at any given time, saw on average a moderate reduction of 5.70 points. Several studies have found trait anger scores to predict aggression or aggression-related behavior (Deffenbacher et al., 1996; Giancola, 2002; Cornell, 1999). The reduction is comparable to the findings in Kayser and colleagues' (2014) AVP study using a sample of non-incarcerated veterans, which saw a 5.60 point reduction in trait anger among participants.

The major implication of this is that AVP appears to have an effect on participants' anger even though it does not purport to address it. Given that facilitators are not trained clinicians, AVP could be a low cost and low barrier intervention for correctional administrators to implement who wish to address anger among incarcerated individuals generally—not just veterans.

The reduction in trait anger is what would be expected in light of the qualitative findings in this study. As Novaco (2007) theorizes, “anger is diminished as one automatizes a thinking style that is incongruent with anger, develops increasingly more adaptive alternative responses to environmental demands, chooses low-conflict environments, maintains supportive social relationships, and invests in the future” (p. 20). Many of the reported outcomes of the workshops fit into Novaco's description, such as gained awareness of alternative responses to other's actions (e.g. developing adaptive alternative responses to environmental demands) and experiencing a sense of community (e.g. maintaining supportive social relationships). This suggests that, although AVP appears to impart other positive benefits on participants, it may also be used by as a successful intervention for problematic anger. The “experiential” style of AVP—e.g. learning by doing, incorporation of games, no lecturing or intellectualizing—may be a refreshing alternative to the standard CBT and didactic anger management coursework typically found in correctional settings and treatment places for individuals who commit domestic abuse. AVP may be a way to energize “anger management” programming while still imparting positive and pro-social benefits to participants.

Like the state and trait anger scores, incarcerated veterans' anger expression and control scores showed statistically significant improvement following participation in the AVP workshop. Anger expression-out measures the tendency to express anger in a problematic way,

while expression-in measures the participants ability to suppress anger when experiencing angry emotions. On average, participants reported a 2.57 decrease on both -in and -out measures after participating in the workshop, meaning that they were less likely to demonstrate their anger in an expressive way and more likely to be able to suppress it. These results align with the survey responses which reported the top two most common learning outcomes as improved self-control and awareness of alternative responses to others' actions. It should be noted, however, that anger expression is ultimately a descriptive measure subject to, for example, cultural variables and not pathology (Spielberger, 1988; Vannoy & Hoyt, 2004). Interpreting a decrease in anger expression as positive (or an increase as negative) should therefore be left to the participant himself in order to avoid inappropriate pathologizing of individual's own manner of expression.

Anger control-out measures the control of outward expressions of anger, while anger control-in measures the control of angry thoughts and feelings. On average participants reported an increase of 2.84 and 3.60 (respectively) after participation in the workshop. An increase is interpreted as more control of anger-related constructs, so is a positive outcome for individuals who wish to address problematic anger. Like the anger expression scores, these results align with survey responses which reported improved self-control, awareness of anger, and awareness of alternative responses to others' actions.

Importantly, use of these scores to classify incarcerated individuals should be done with caution, as previous studies have shown such classification unreliable based upon STAXI-2 alone (Foley et al., 2002). Best practice for a comprehensive understanding of individuals' anger and potential risk requires more than one assessment tool. While some of the qualitative results of this study suggest a link between participation in AVP workshops and a reduction in recidivism (e.g. 4(a)), research is ultimately inconclusive in finding a relationship between anger and

recidivism, or even criminogenic behavior generally (Loza & Loza-Fanous, 1999). With populations that are likely to have experienced severe forms of trauma, there should be added caution when extrapolating or diagnosing anger to prevent pathologizing otherwise symptomatic behavior of PTSD. The utility of these scores is in showing a difference between aspects of anger in participants before and after their participation in AVP—not diagnosing.

Marital status and education level were found to have no statistically significant relation to STAXI-2 scores among participants. It is unsurprising that marital status does not relate to STAXI-2 scores because there is nothing so far in the literature to indicate that such a relationship exists. However, some previous studies do suggest a negative relationship between education and frequency of experiencing anger (Mirowsky & Ross, 1995; Ross & Van Willigen, 1996; Schieman, 2000). Dalton and colleagues (1998), however, found that education was only minimally correlated with STAXI (pre-cursor to STAXI-2) scores among a population of prisoners, with the strongest correlation at 0.13 for a subscale of trait anger.

Overall, analysis of the STAXI-2 results strongly support that participation in AVP lowered incarcerated veterans' experience of anger. It is notable, however, that awareness of anger was the second least reported survey response among participants, accounting for only 12% of responses. Coupled with the STAXI-2 results, this suggests AVP workshops may only address anger tangentially. As noted, the most commonly reported outcomes from the workshop were about improved self-control, awareness of one's own identity, or possible responses to others' actions. The theme of community also figured highly in qualitative findings. This makes sense given that AVP manuals do not claim to effect participants' experiences of anger. The relatively low number of reports about gaining awareness of anger may simply be the result of priming participants with the concept of anger by administering the STAXI-2 assessment before

the surveys. The reduced scores of participants' anger after the AVP workshop therefore are likely only a byproduct of the salient outcomes found in the surveys and interviews.

6.4 Limitations and future research

This study is limited by several factors. The study design itself was limited to a single moment-in-time assessment study of participants' anger scores and reaction to the learning of the workshops. Random-controlled trials, non-random quantitative assignment, and longitudinal studies are all difficult to design and ethically problematic to implement with dynamic populations or those being held against their will, such as those found in a jail. As noted by Howells and colleagues (2005), "the question of whether treatment gains brought about by intervention (for example, anger reduction) endure over the months over the program is ended is a very important one for any psychological intervention" (p. 307). There is always possible bias for short-term post-treatment effects. Longitudinal analysis is needed to determine whether the reported gains endured for veterans throughout their time in custody or post-incarceration.

The author was also unable to conduct interviews with the participants themselves and analysis of their perspective relied solely on survey responses and STAXI-2 results. Interviews with participants would have further contextualized STAXI-2 and interview findings, as well as provided participants an opportunity to disclose aspects of the AVP workshop that were not captured by the assessment instruments. Considering Novaco's (2007) description of factors that diminish anger, this study did not utilize measurements to determine how participant's thinking style may have changed regarding their anger. This is further reason to incorporate interviews with participants in future research.

A second independent analysis of the interview responses with staff and facilitators was also not conducted. It is therefore unclear whether the interview analysis is reproducible, an important criterion of “completeness” outlined in Patton (2002). Future research should incorporate multiple interviewers when possible and conduct independent analyses of qualitative results to help validate findings.

Another limitation is that participants legal status was not known. Aggregated national data shows that most people in jails are not yet convicted and are confined due to violence-related charges (Sawyer & Wagner, 2019). For incarcerated veterans, they have above average rates of violence-related crimes (Bronson et al., 2015; Greenberg & Rosenheck, 2012). Since research is inconclusive about relational links between anger and aggressive behavior like criminally violent acts, future research on AVP should account for the participants’ legal status to control for offense-type in assessing pre- and post-STAXI-2 scores (Loza & Loza-Fanous, 1999).

This study also included several significant outliers in the STAXI-2 scores analysis which likely influenced results. The post state anger scale was the only scale that contained extreme outliers, which SPSS defines as three times more or less than the interquartile range relative to the first or third quartiles, respectively (i.e. extreme outlier $\leq Q1 - 3*IQR$; or $\geq Q3 + 3*IQR$). There were five extreme outliers in the post state anger scale.

Chapter 7. CONCLUSION

The results suggest that participation in an AVP workshop has a therapeutically positive effect on participants by creating a sense of community, self-awareness, and self-empowerment.

Results of the anger questionnaires suggest that AVP does indeed reduce important aspects of participants’ anger.

While more research is always needed, the study here provides evidence for the use of AVP to address problematic anger among incarcerated veterans, but perhaps more importantly to provide a sense of community, self-awareness, and ultimately self-empowerment. There was no evidence in this study to suggest that the results would not apply to other populations within the criminal legal system, or any group of people for that matter. Policymakers in all social service domains therefore should consider AVP as a way to create therapeutic community and empower their clients. But this is especially true for policymakers in the criminal legal system. In the wake of mass incarceration, more than simply releasing and reducing the number of incarcerated people is needed. For meaningful healing to take place, policymakers need to address the marginalization and disempowerment that so many in the criminal legal system have already experienced—especially among veterans who are at greater risk for health disparities and negative life outcomes. AVP may be one intervention to facilitate some of that healing.

APPENDIX A

Table A. Descriptive statistics of STAXI-2 variables.

| Item or scale (in bold) | Range | T1 | | T2 | |
|---|-------|---------------------|-------|---------------------|-------|
| | | Mean (sd) | Alpha | Mean (sd) | Alpha |
| State Anger ("How I feel right now") | -- | 23.22 (8.89) | 0.93 | 16.53 (5.02) | 0.96 |
| Item 1. I am furious | 1-4 | 1.27 (0.55) | -- | 1.04 (0.32) | -- |
| Item 2. I feel irritated | 1-4 | 1.89 (0.97) | -- | 1.22 (0.57) | -- |
| Item 3. I feel angry | 1-4 | 1.55 (0.74) | -- | 1.09 (0.39) | -- |
| Item 4. I feel like yelling at somebody | 1-4 | 1.38 (0.64) | -- | 1.05 (0.34) | -- |
| Item 5. I feel like breaking things | 1-4 | 1.33 (0.69) | -- | 1.08 (0.38) | -- |
| Item 6. I am mad | 1-4 | 1.78 (0.89) | -- | 1.11 (0.40) | -- |
| Item 7. I feel like banging on the table | 1-4 | 1.31 (0.64) | -- | 1.07 (0.36) | -- |
| Item 8. I feel like hitting someone | 1-4 | 1.35 (0.80) | -- | 1.05 (0.34) | -- |
| Item 9. I feel like swearing | 1-4 | 1.86 (1.08) | -- | 1.15 (0.51) | -- |
| Item 10. I feel annoyed | 1-4 | 2.05 (1.01) | -- | 1.21 (0.54) | -- |
| Item 11. I feel like kicking somebody | 1-4 | 1.32 (0.76) | -- | 1.05 (0.34) | -- |
| Item 12. I feel like cursing out loud | 1-4 | 1.69 (0.98) | -- | 1.09 (0.39) | -- |
| Item 13. I feel like screaming | 1-4 | 1.44 (0.80) | -- | 1.07 (0.36) | -- |
| Item 14. I feel like pounding somebody | 1-4 | 1.36 (0.78) | -- | 1.05 (0.34) | -- |
| Item 15. I feel like shouting out loud | 1-4 | 1.66 (0.99) | -- | 1.17 (0.54) | -- |
| Trait Anger ("How I generally feel") | -- | 21.04 (6.39) | 0.88 | 17.59 (6.38) | 0.92 |
| Item 16. I am quick tempered | 1-4 | 2.21 (0.85) | -- | 1.78 (0.77) | -- |
| Item 17. I have a fiery temper | 1-4 | 2.07 (0.88) | -- | 1.75 (0.85) | -- |
| Item 18. I am a hotheaded person | 1-4 | 1.73 (0.86) | -- | 1.51 (0.74) | -- |
| Item 19. I get angry when I'm slowed down by others' mistakes | 1-4 | 2.40 (0.96) | -- | 1.92 (0.82) | -- |
| Item 20. I feel annoyed when I am not given recognition for doing good work | 1-4 | 1.99 (0.91) | -- | 1.73 (0.78) | -- |
| Item 21. I fly off the handle | 1-4 | 1.78 (0.75) | -- | 1.57 (0.74) | -- |
| Item 22. When I get mad, I say nasty things | 1-4 | 2.47 (1.06) | -- | 2.01 (0.88) | -- |

| | | | | | |
|---|-----|---------------------|------|---------------------|------|
| Item 23. It makes me furious when I am criticized in front of others | 1-4 | 2.46 (1.07) | -- | 1.97 (1.01) | -- |
| Item 24. When I get frustrated, I feel like hitting someone | 1-4 | 1.77 (0.94) | -- | 1.49 (0.71) | -- |
| Item 25. I feel infuriated when I do a good job and get a poor evaluation | 1-4 | 2.16 (0.92) | -- | 1.91 (0.92) | -- |
| Anger Expression-Out ("How I generally react or behave when angry or furious") | -- | 17.54 (5.04) | 0.84 | 15.89 (4.76) | 0.83 |
| Item 27. I express my anger | 1-4 | 2.34 (0.81) | -- | 2.13 (0.73) | -- |
| Item 31. If someone annoys me, I'm apt to tell him or her how I feel | 1-4 | 2.44 (1.03) | -- | 2.28 (0.91) | -- |
| Item 35. I lose my temper | 1-4 | 1.99 (0.82) | -- | 1.95 (0.84) | -- |
| Item 39. I make sarcastic remarks to others | 1-4 | 2.37 (0.90) | -- | 2.05 (0.95) | -- |
| Item 43. I do things like slam doors | 1-4 | 1.95 (0.93) | -- | 1.74 (0.95) | -- |
| Item 47. I argue with others | 1-4 | 2.27 (0.92) | -- | 2.01 (0.86) | -- |
| Item 51. I strike out at whatever infuriates me | 1-4 | 1.88 (0.92) | -- | 1.77 (0.91) | -- |
| Item 55. I say nasty things | 1-4 | 2.29 (0.94) | -- | 1.97 (0.88) | -- |
| Anger Expression-In ("How I generally react or behave when angry or furious") | -- | 20.01 (4.88) | 0.79 | 18.42 (5.51) | 0.86 |
| Item 29. I keep things in | 1-4 | 3.06 (0.95) | -- | 2.82 (1.00) | -- |
| Item 33. I pout or sulk | 1-4 | 1.71 (0.82) | -- | 1.61 (0.75) | -- |
| Item 37. I withdraw from people | 1-4 | 2.75 (0.88) | -- | 2.56 (0.93) | -- |
| Item 41. I boil inside, but I don't show it | 1-4 | 2.61 (0.94) | -- | 2.37 (0.98) | -- |
| Item 45. I tend to harbor grudges that I don't tell anyone about | 1-4 | 2.44 (1.02) | -- | 2.11 (1.02) | -- |
| Item 49. I am secretly quite critical of others | 1-4 | 2.31 (0.94) | -- | 2.33 (0.95) | -- |
| Item 53. I am angrier than I am willing to admit | 1-4 | 2.45 (1.03) | -- | 2.28 (1.07) | -- |
| Item 57. I'm irritated a great deal more than people are aware of | 1-4 | 2.68 (1.04) | -- | 2.35 (1.04) | -- |
| Anger Control-Out ("How I generally react or behave when angry or furious") | -- | 21.75 (5.80) | 0.90 | 23.52 (6.16) | 0.92 |
| Item 26. I control my temper | 1-4 | 2.82 (0.95) | -- | 3.02 (0.98) | -- |
| Item 30. I am patient with others | 1-4 | 2.68 (0.94) | -- | 2.96 (0.97) | -- |
| Item 34. I control my urge to express my angry feelings | 1-4 | 2.44 (0.92) | -- | 2.74 (0.96) | -- |

| | | | | | |
|---|-----|---------------------|------|---------------------|------|
| Item 38. I keep my cool | 1-4 | 2.62 (0.97) | -- | 2.96 (0.97) | -- |
| Item 42. I control my behavior | 1-4 | 2.80 (0.91) | -- | 3.03 (0.92) | -- |
| Item 46. I can stop myself from losing my temper | 1-4 | 2.69 (0.96) | -- | 2.80 (1.02) | -- |
| Item 50. I try to be tolerant and understanding | 1-4 | 2.96 (0.93) | -- | 3.16 (0.83) | -- |
| Item 54. I control my angry feelings | 1-4 | 2.73 (0.95) | -- | 2.85 (1.00) | -- |
| Anger Control-In ("How I generally react or behave when angry or furious") | -- | 21.02 (5.85) | 0.90 | 23.53 (5.80) | 0.90 |
| Item 28. I can take a deep breath and relax | 1-4 | 2.37 (0.96) | -- | 2.78 (1.00) | -- |
| Item 32. I try to calm myself as soon as possible | 1-4 | 2.85 (0.97) | -- | 2.99 (0.97) | -- |
| Item 36. I try to simmer down | 1-4 | 2.73 (0.92) | -- | 3.02 (0.93) | -- |
| Item 40. I try to sooth my angry feelings | 1-4 | 2.48 (0.96) | -- | 2.87 (0.94) | -- |
| Item 44. I endeavor to become calm again | 1-4 | 2.57 (0.90) | -- | 2.99 (0.88) | -- |
| Item 48. I reduce my anger as soon as possible | 1-4 | 2.71 (0.97) | -- | 2.94 (0.91) | -- |
| Item 52. I do something relaxing to calm down | 1-4 | 2.60 (1.02) | -- | 2.93 (0.94) | -- |
| Item 56. I try to relax | 1-4 | 2.72 (0.93) | -- | 3.01 (0.96) | -- |

APPENDIX B

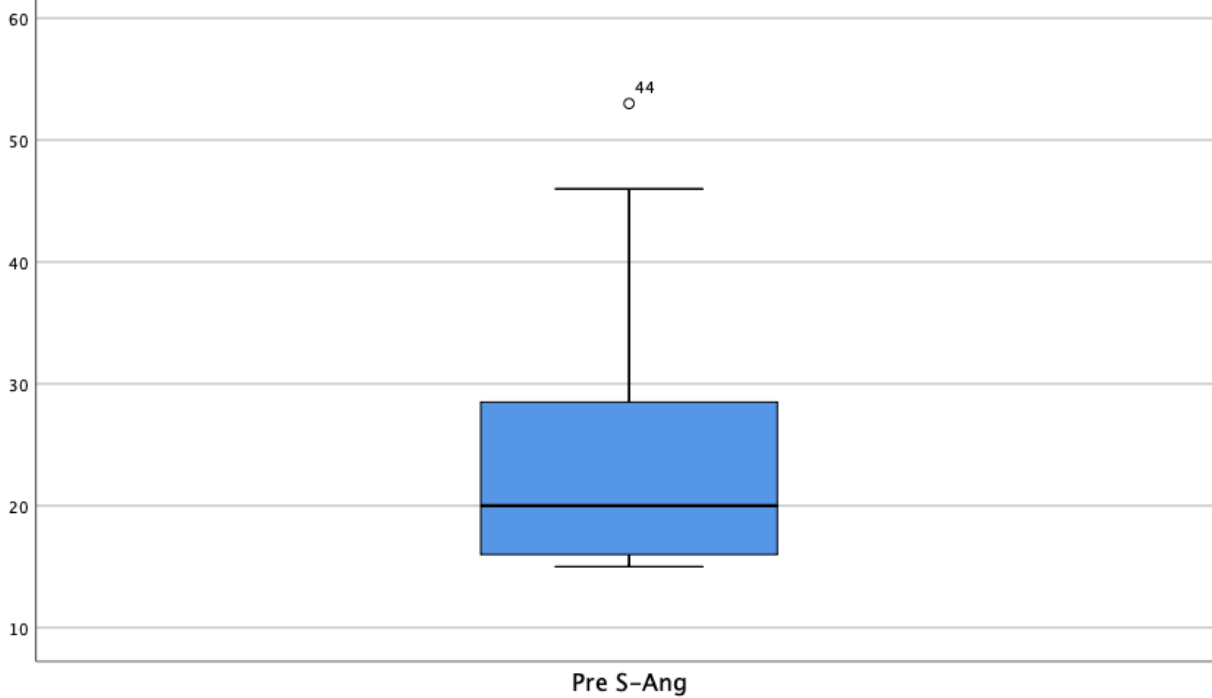
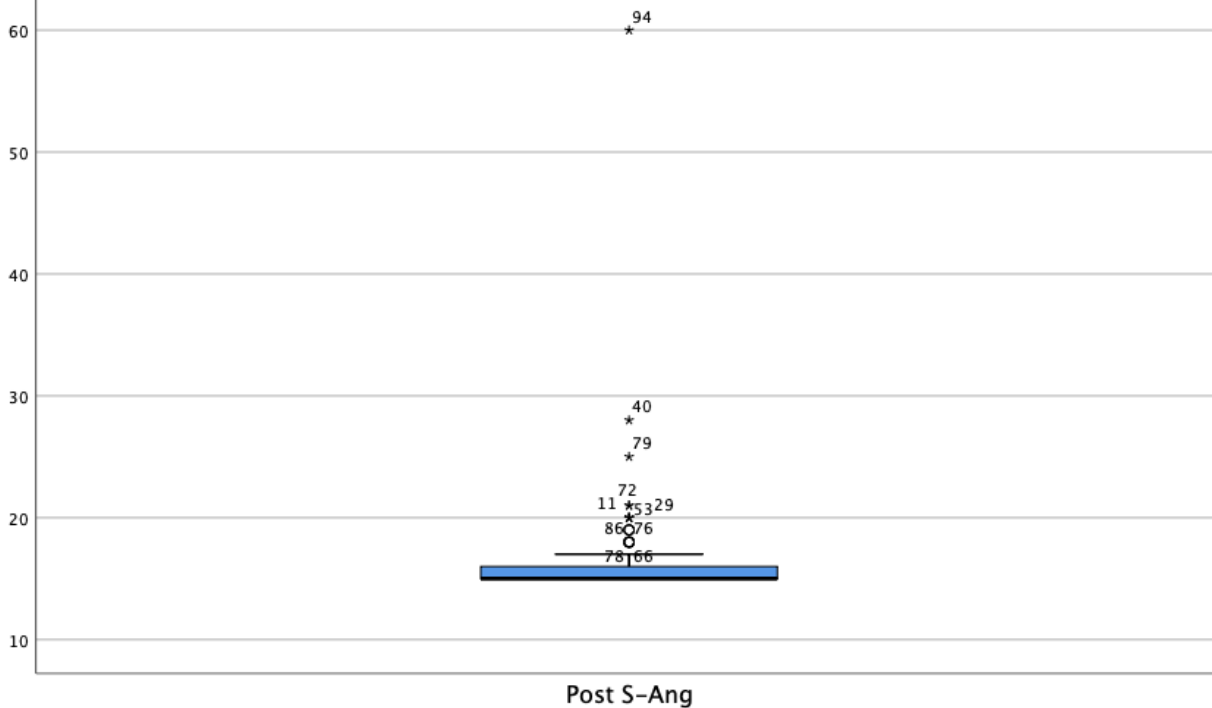
Figure B1. Pre-workshop state anger scale boxplot.**Figure B2.** Post-workshop state anger scale boxplot.

Figure B3. Pre-workshop trait anger scale boxplot.

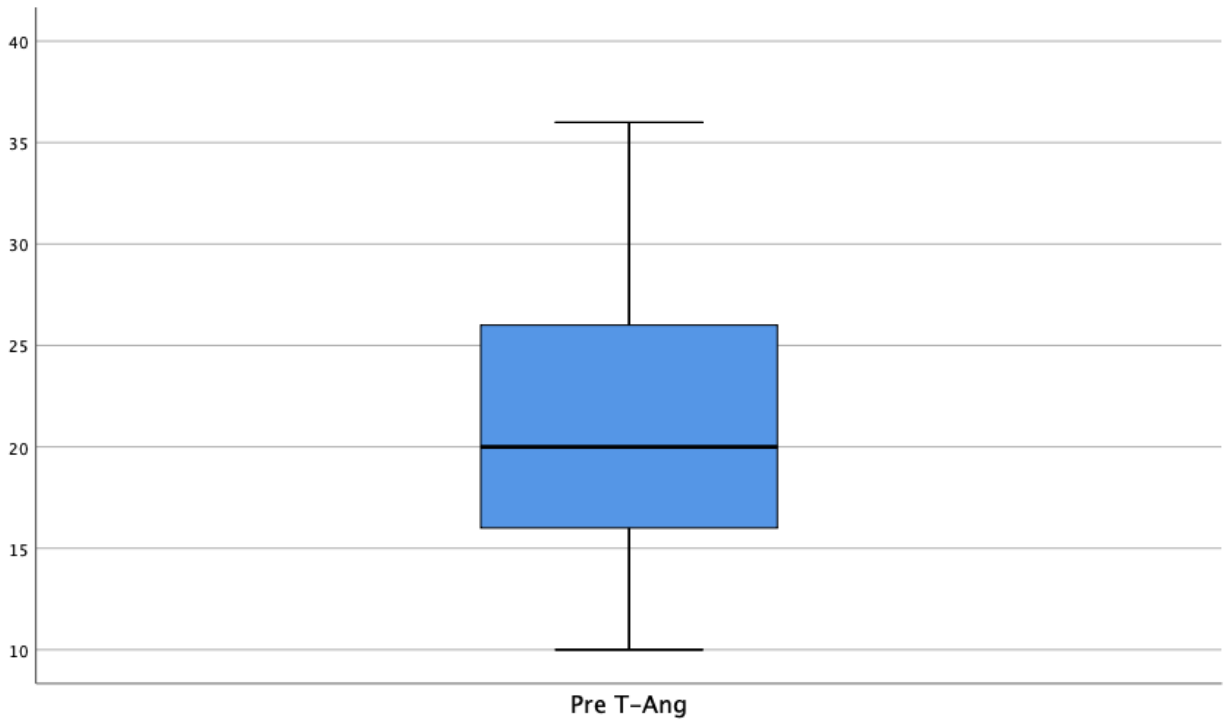


Figure B4. Post-workshop trait anger scale boxplot.

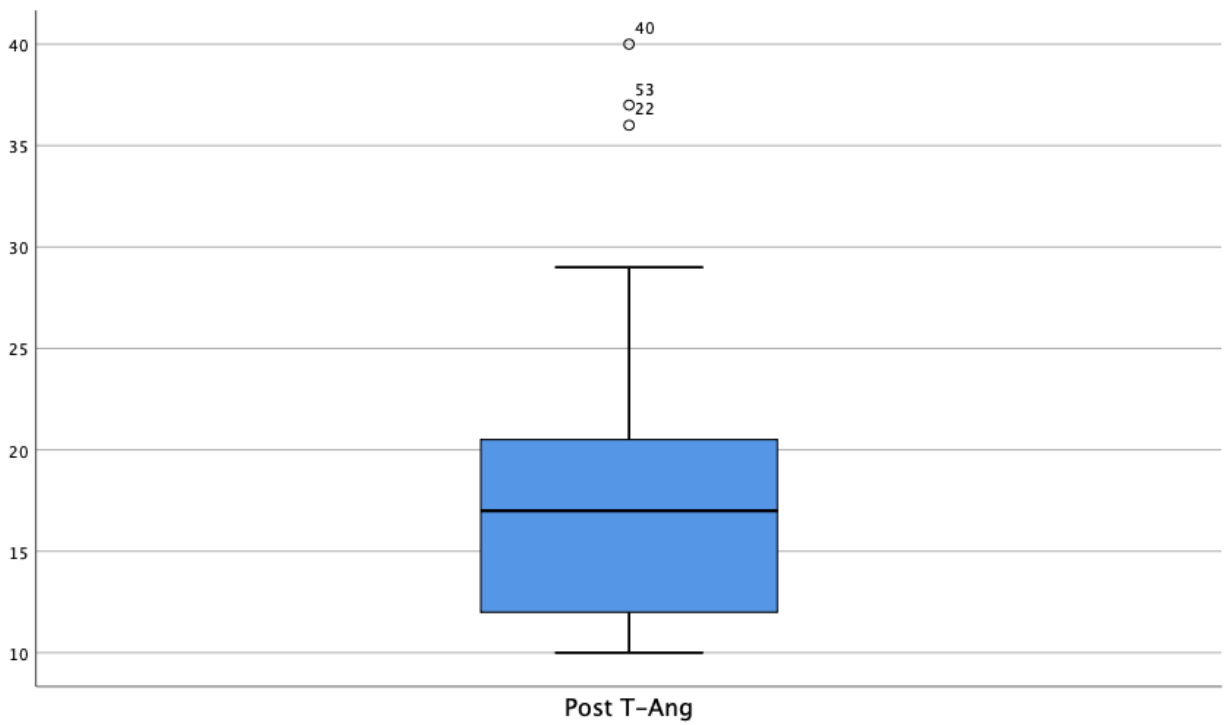


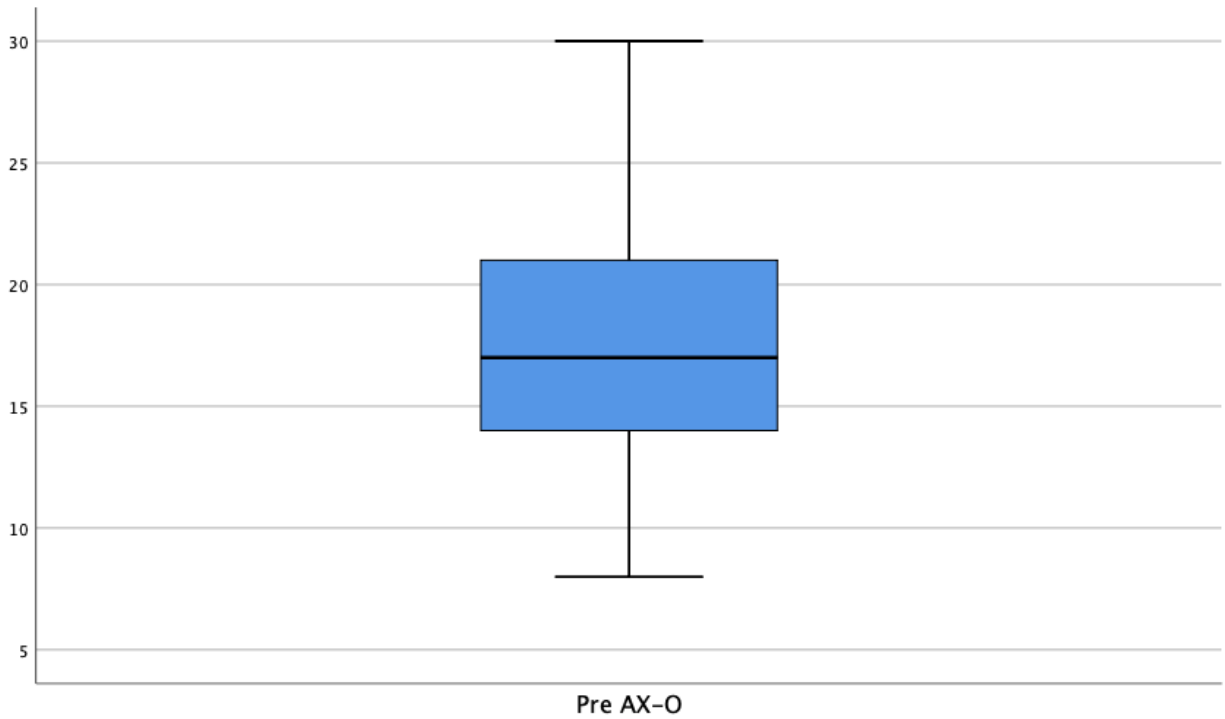
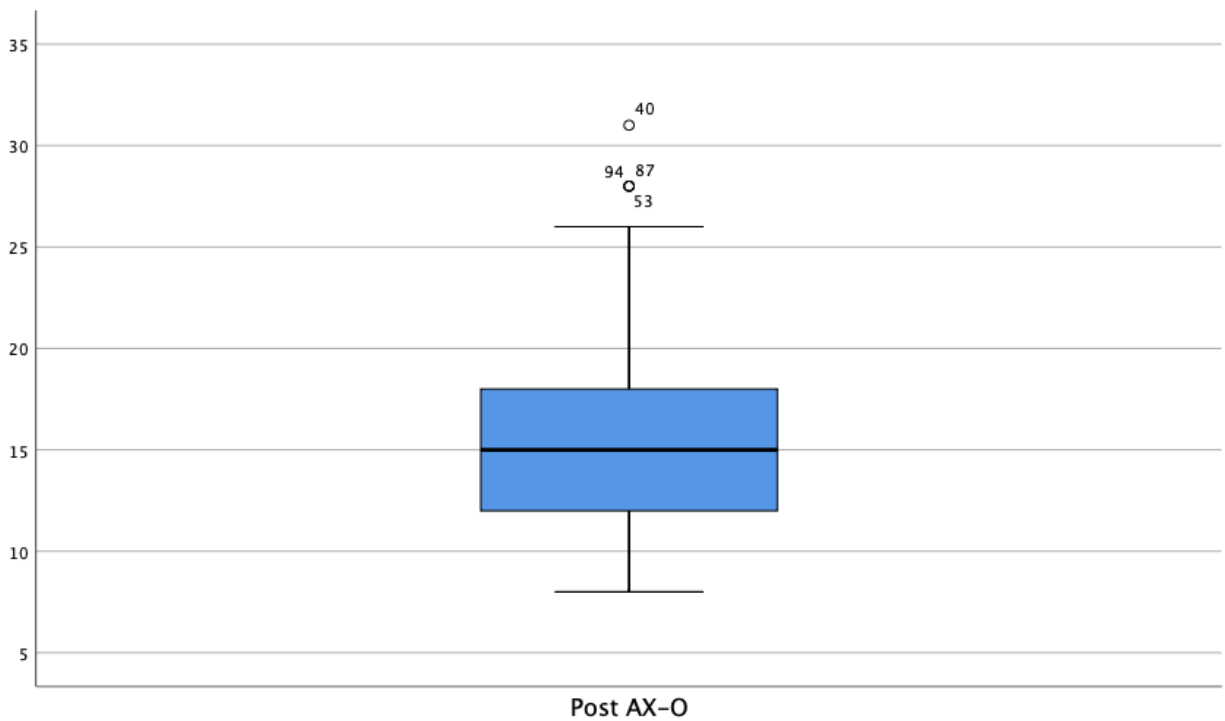
Figure B5. Pre-workshop anger expression-out scale boxplot.**Figure B6.** Post-workshop anger expression-out scale boxplot.

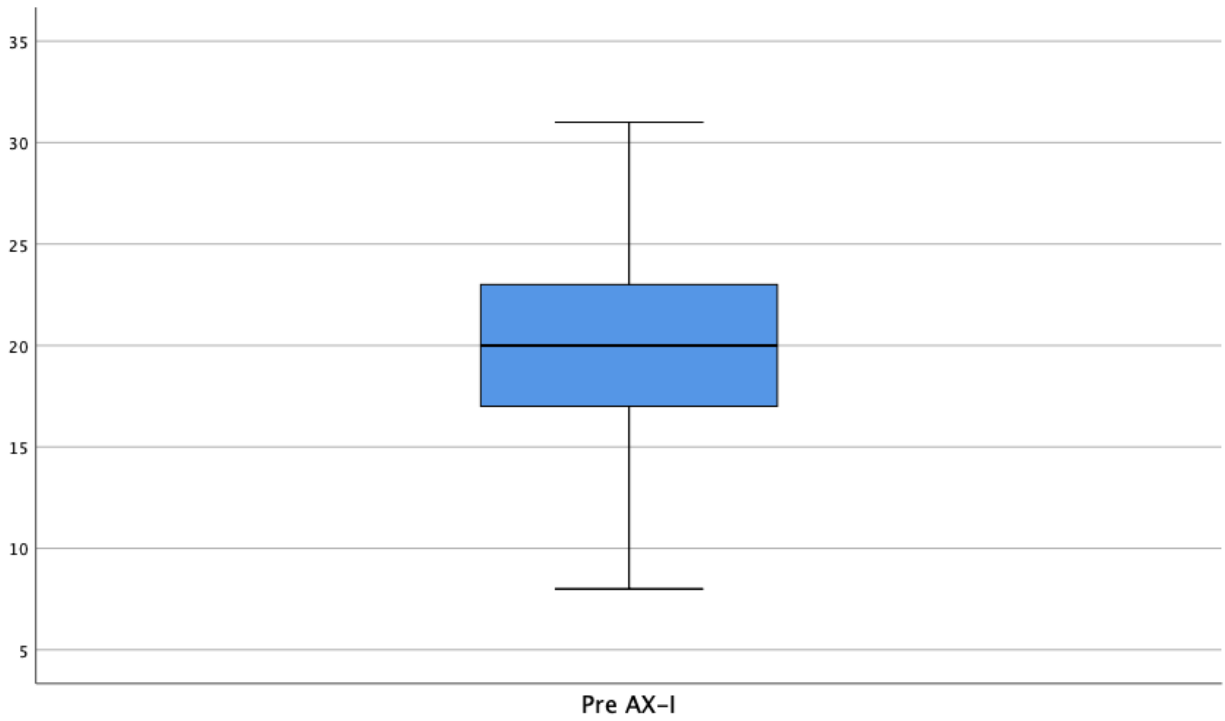
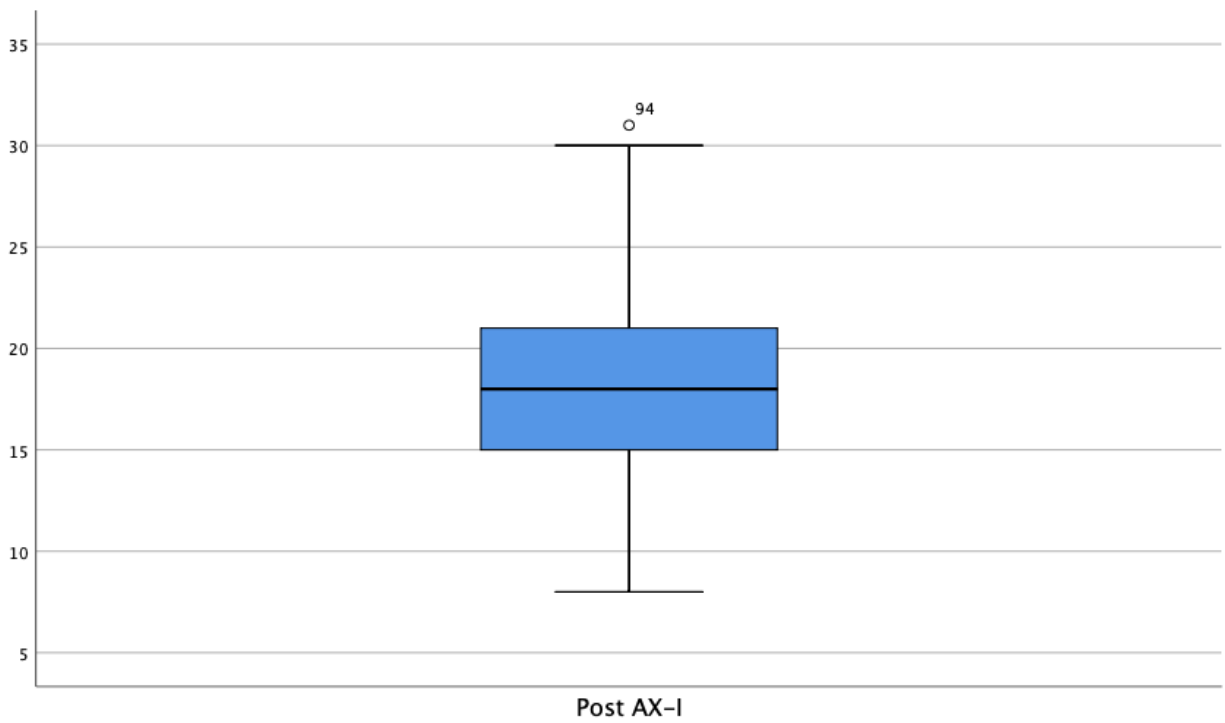
Figure B7. Pre-workshop anger expression-in scale boxplot.**Figure B8.** Post-workshop anger expression-in scale boxplot.

Figure B9. Pre-workshop anger control-out scale boxplot.

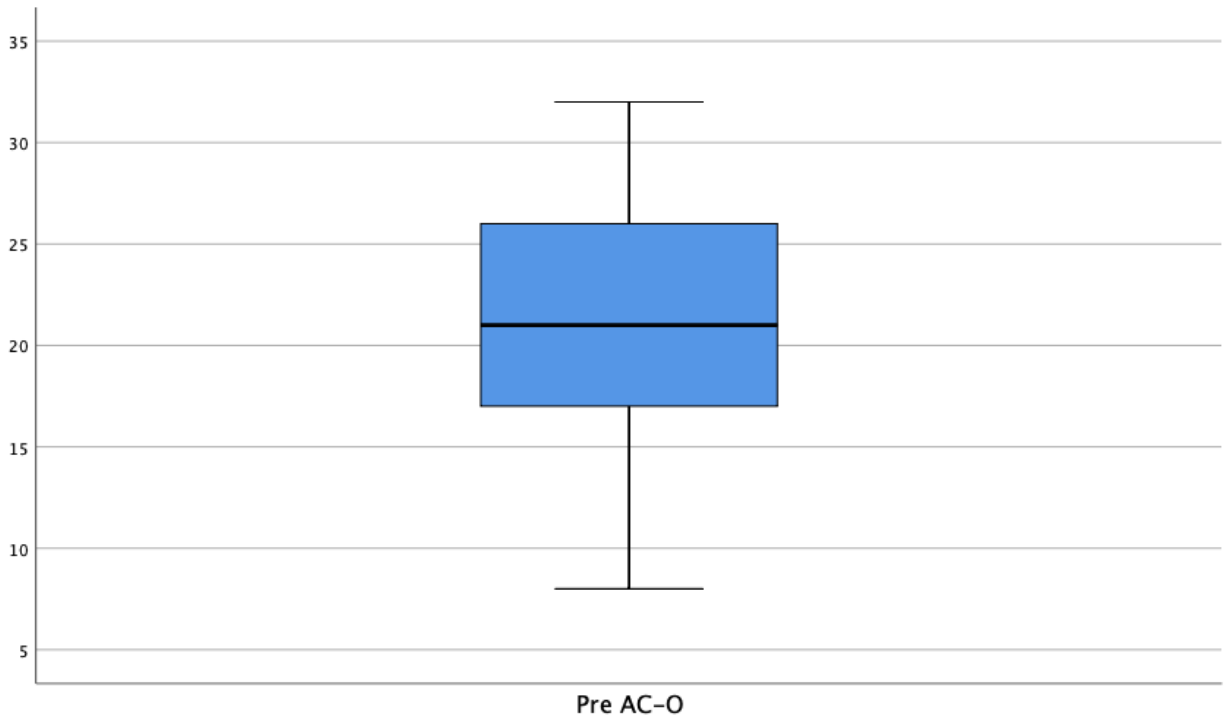


Figure B10. Post-workshop anger control-out scale boxplot.

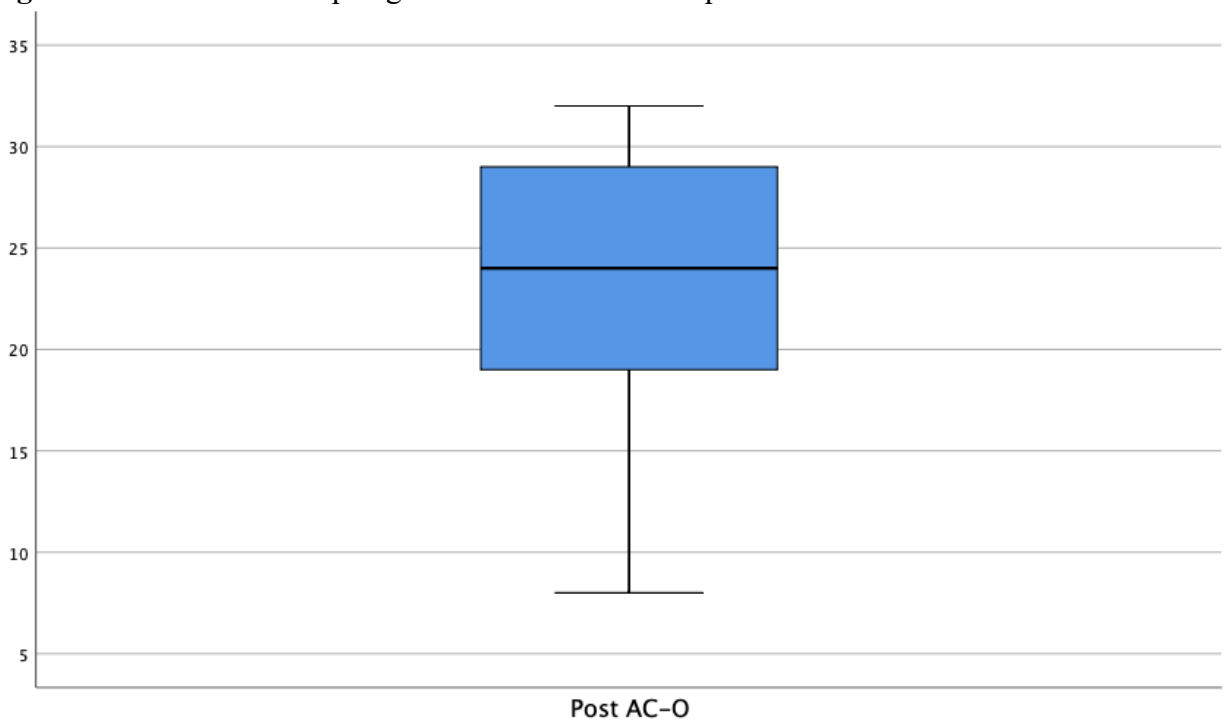


Figure B11. Pre-workshop anger control-in scale boxplot.

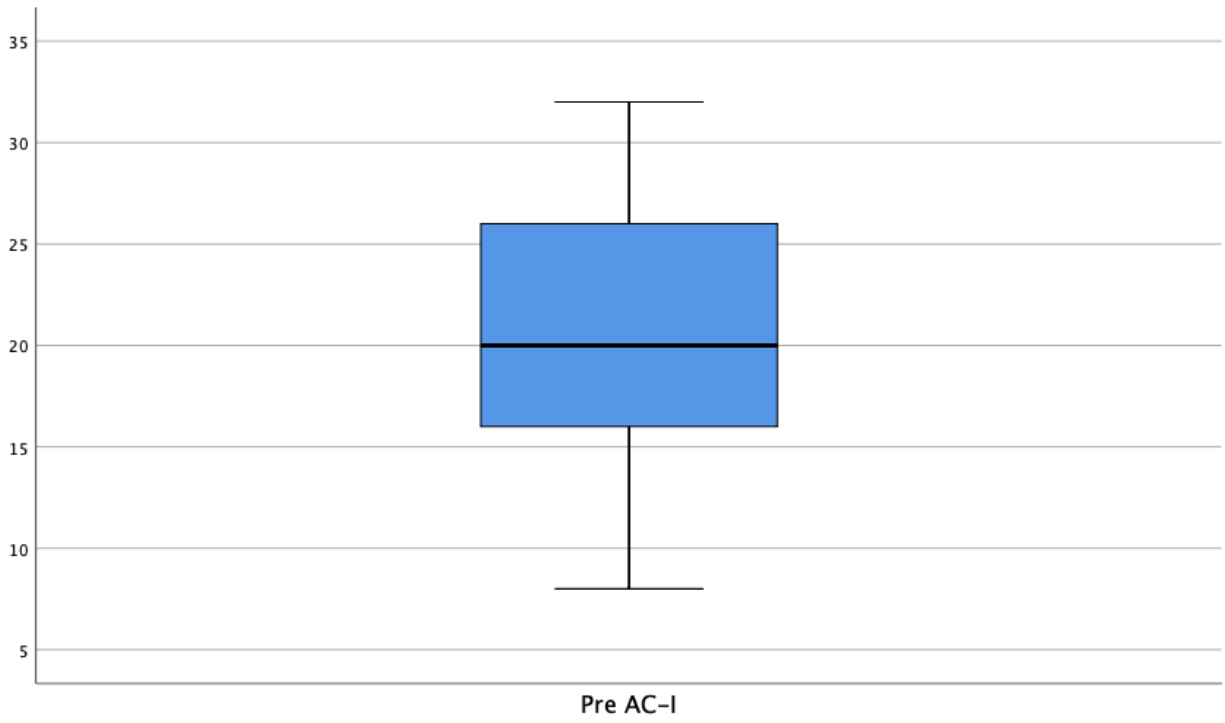
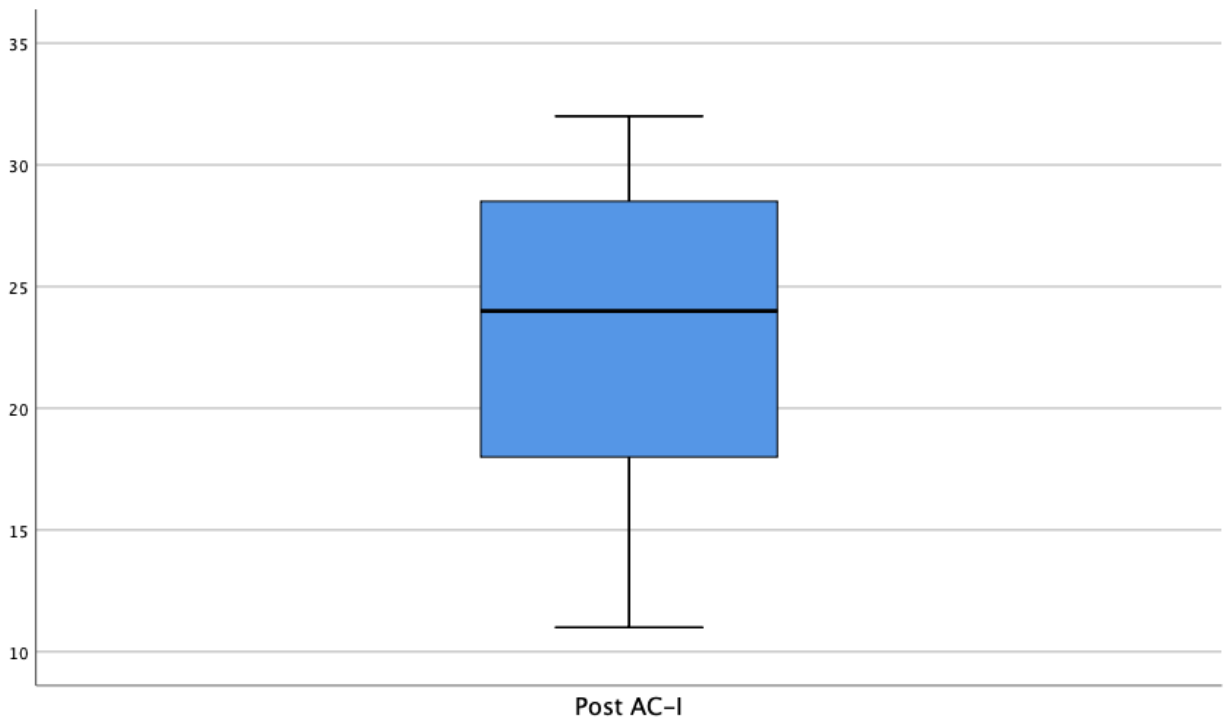


Figure B12. Post-workshop anger control-in scale boxplot



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