Psychotherapeutic Intervention For Anger Management In Women Prisoners: A Single Group Repeated Measures Study With Follow-Up

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ABSTRACT

Aim: To evaluate the follow-up effectiveness of CBT for Anger Management in Women Prisoners The purpose of this study was to determine whether this CBT would achieve early benefits in health-related outcomes and whether these improvements would be maintained for 3 months follow-up. Methodology: The subjects of the present research were 23 women prisoners through screening tests were found to be high on anger disorder scale were selected who have committed differed types of crime i.e. Murder, Attempt to Murder, Kidnapping, Drug Supply, and Naxalites were from Central Jail Raipur, Chhattisgarh in India. To examine the problem pre and post-intervention design with a control group were taken. The Intervention group received twelve weeks of Cognitive Behavioral Therapy. To examine the problem baseline, post and follow-up experimental design opted. The group was received twelve weeks of Cognitive Behavioral Therapy. Who have completed baseline to follow-up their data were analyzed implying GLM Repeated measure analysis of (ANOVA).

Results: There were significant improvement in sub six domain of AADS and Participants in the program recorded significant improvements in Impulsiveness Neurological Domain, Behavioural Domain, and Physical/Arousal Domain post-intervention, which were maintained to 3 months follow up. Conclusion: effective role of anger management programmed through therapeutic intervention in women prisoners.

Keywords: Anger Disorder (AD), Adult Anger Disorder Scale (AADS), Cognitive Behavioural Therapy (CBT), Women Prisoners, General Linear Model (GLM).

INTRODUCTION

Anger is a natural and general human emotion, exceeds routine anger a daily experience and encounters in a number of interpersonal, family, social and occupational situations [2,18]. Anger disorder is known as Intermittent explosive disorder falls in the category of Impulse to Control Disorders, failure to control impulsive Behavioural, Result showed that in serious assaults, property destruction, or in the form of repeated verbal aggression in the form of angry tantrums or tirades. Another person in these behaviors includes threatening or causing the injury and taking a break purposeful object or damage. [17], Intermittent explosive disorder is one of several impulse control disorders characterized by problems controlling emotions and behaviors and results in behavior that violate social norms and the rights of others [9], Characterized by violent rages and destruction of property, persons with IED can cause self to injury and harm others [14]. A person who can be appeared if they have three aggressive outbursts that result in damage to property or physical assault that involves injury within a 12 to month period it diagnosed with IED. In general, outbursts last for less than 30 minutes and are impulsive, not premeditated by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition [1]. Impulsive, repeated violent behavior or angry verbal wrath, is the inclusion of aggressive, sudden episodes, which reaction is out of proportion to
the situation. Road Rage, throwing domestic abuse, objects or break, or furious that tantrums can be a sign of intermittent tissue disorders [15].

General Anger Disorder with the agreement or without him, refers to a characteristic pattern and others and negative attitudes towards the world, on the other hand, irrational thinking. Because a diverse array of stressors and events trigger anger [6,16], the intermittent explosive disorder affects adults to 16.0 million Americans from 11.5 to 7.3 percent in their lifetime. [17], This is mismanagement of anger for a long time, a process in which normal, existential anger outrage over time, increases the bitterness, hatred, and destructive rage [20]. It is recognized as a significant social problem adequate clinical attention and systematic research [3].

**Cognitive-Behavioral Therapy Applied to Anger**

The present article's anger and aggression review the current meta-analysis of psychosocial interventions. Results show that cognitive-behavioral therapy anger and aggression is the most commonly transmitted interference for both. The non-clinical and performance of constant mental least moderate effectiveness anger treatment between the two populations, while less consistent results aggression treatment [13].

Cognitive-behavioral anger management programs employing structures are now in widespread use. Randomized controlled trials, literature review and meta-analysis of a wide range of literature as showed that and highlight the effectiveness of anger management strategies [5,7,4,12,23,18,8,11,3].

**Purpose of study**

The aim of this study was to determine whether the AD throw CBT would achieve immediate improvements in Anger management related outcomes following program involvement and whether these improvements would be maintained for 3 months after course completion.

**METHODOLOGY**

Study design: A group (within-subjects) was used to determine changes with the use of study repeated measures time.

**Participants**

In the present study 125 women, prisoners have undergone screening tests through AADS in under to identify anger disorder. Those subjects who received high scores on AADS were considered as having anger disorder. In this study 23 women, prisoners were identified as higher anger disorder and they have introduced intervention programs at Central Jail Raipur Chhattisgarh in India and aged ranged from 18 to 62 years, and the ability to speak and understand Hindi and Chhattisgarhi.
Instruments utilized within the Study

Adult Anger Disorder Scale (AADS) Hindi version developed by Preeti Pansari and Dr. Prabhavati Shukla. It measures the six domains: Impulsiveness/Neurological Domain, Cognitive/Thought Domain, Emotional Domain, Behavioral Domain, Physical/Arousal Domain and Provocations Domain. The dimensions consisted of 68 items each to be rated on the five-point rating scale.

Intervention

Research was conduct among 23 higher anger of women prisoners for CBT of anger management, followed that they were pre-tested on the AADS After pre-testing the Intervention group was given 12-week cognitive-behavioral anger management group treatment. Each of the 12 90-minute weekly sessions. (Pre-intervention), after the 12-week program (post-intervention), with follow up periods at 3 months.

Data analysis

The pre, post-intervention, 3-month follow-up scores for the outcome measures data were analyzed using SPSS version 20. One way (repeated measures) analysis of variance (ANOVA) with time (baseline, post-intervention, and 3 months follow up) as the independent variable was utilized. Mauchly’s Test of Sphericity was performed on all data. When the Mauchly’s statistic was significant, measuring repeated ANOVA for the univariate approach with sphericity, this was corrected with the Greenhouse – Geiger adjustment.

RESULTS

A total of 23 participants with a mean (SD) age of 43.22 (12.16) were enrolled in the study. Nineteen participants completed data collection at all time-points.

Table 1 Results for outcomes: Six Sub of AADS at baseline, pre-intervention, post-intervention and 3 months follow up. Data are mean (SD).

<table>
<thead>
<tr>
<th>Sub area of AADS</th>
<th>Baseline Mean (SD)</th>
<th>Post Mean (SD)</th>
<th>Follow-Up Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impulsiveness Neurological Domain</td>
<td>26.00 (4.01)*</td>
<td>18.10 (4.12)*</td>
<td>14.90 (4.63)*</td>
</tr>
<tr>
<td>Cognitive/Thought Domain</td>
<td>24.10 (4.67)*</td>
<td>19.00 (4.60)*</td>
<td>19.68 (2.00)</td>
</tr>
<tr>
<td>Behavioural Domain</td>
<td>36.47 (5.90)*</td>
<td>22.73 (4.50)*</td>
<td>30.58 (2.45)*</td>
</tr>
<tr>
<td>Emotional Domain</td>
<td>15.52 (2.30)*</td>
<td>12.68 (3.72)*</td>
<td>13.73 (2.78)</td>
</tr>
<tr>
<td>Physical/Arousal Domain</td>
<td>26.94 (5.79)*</td>
<td>20.84 (4.84)*</td>
<td>16.42 (4.71)*</td>
</tr>
<tr>
<td>Provocation Motive Domain</td>
<td>26.00 (305) *</td>
<td>19.80 (5.15)</td>
<td>18.37 (5.97)</td>
</tr>
</tbody>
</table>

*Significantly different to pre-intervention (p < 0.05). Repeated measures ANOVA
Intervention of Experimental Group
Result shows that Decreasing mean scores in six sub domain of Adult Anger Disorder Scale: Impulsiveness Neurological Domain, Cognitive/Thought Domain, Behavioural Domain, Emotional Domain, Physical/Arousal Domain signify improvement, while non-signify Provocation Motive Domain and below mentioned in the six sub-area of AADS.

Impulsiveness Neurological Domain
Impulsiveness Neurological stable during the pre-intervention period. The Impulsiveness Neurological Domain numerical rating score of subscale of AADS decreased significantly from a mean (SD) of 26.00 (4.01) pre-intervention to 18.10 (4.12) post-intervention, and 14.90 (4.63) at Follow-Up after 3 months which was statistically significant (Table 1). Impulsiveness Neurological Domain score showed a significant decrease throughout the course of the CBT.

Cognitive/Thought Domain
Cognitive/Thought Domain had a significant reduction from a mean (SD) of 24.10 (4.67) pre-intervention during the 12-week intervention a mean (SD) of 19.00 (4.60) Post-Intervention and this level was maintained at a mean (SD) of 19.68 (2.00) follow-up after 3 months. Cognitive/Thought Domain improved significantly post-intervention and was maintained non-significantly improvement of CBT of 3 months Follow-up (Table 1).

Behavioural Domain
Result shows that the Behavioural Domain stable during the pre-intervention period. The Behavioural Domain numerical rating score of subscale of AADS decreased significantly from a mean (SD) of 36.47 (5.90) pre-intervention to 22.73 (4.50) post-intervention, however, there was a small rebound to 30.58 (2.45) at 3 months which was statistically significant (Table 1). Behavioural Domain score showed a significant decrease throughout the CBT.

Emotional Domain
Emotional Domain stable during the pre-intervention period. The Emotional Domain numerical rating score of subscale of AADS decreased significantly from a mean (SD) of 15.52 (2.30) pre-intervention to 12.68 (3.72) post-intervention, however, there was a small rebound to 13.73 (2.78) follow-up after 3 months (Table 1). Emotional Domain score showed a non-significant decrease throughout the course of the study.

Physical/Arousal Domain
Physical/Arousal Domain stable during the pre-intervention period. The Physical/Arousal Domain numerical rating score sub-area of AADS were decreased significantly from a mean (SD) of 26.94 (5.79) pre-intervention to 20.84 (4.84) post-intervention, however, there was a small rebound to 16.42 (4.71) Follow-Up after 3 months which was statistically significant (Table 1). Physical/Arousal Domain score showed a significant decrease throughout the course of the study.

Provocation Motive Domain
Provocation Domain stable during the pre-intervention period. The Provocation Domain numerical rating score of subscale of AADS decreased non-significantly during the pre-intervention control period. Post-intervention, non-significant reduction were observed from
mean (SD) 26.00 (305), 19.80 (5.15), and 18.37 (5.97). Further non-significant improvements in health distress were observed at 3 months (Table 1).

**DISCUSSION**

This, one of the first studies of AD specifically for women prisoners demonstrated significant improvements in some, but not all, aspects of sub-area of AADS measured. This results from all of the domains of 3 sub-area of anger disorder scale these are Impulsiveness Neurological Domain, Behavioural Domain, and Physical/Arousal Domain are signify improvement of baseline to follow-up at the 3 months while the scores showed significant decrease throughout the course of the CBT. Cognitive/Thought Domain, Emotional Domain, and Provocation Motive Domain are significant improvement baseline to post of mean and SD scores are decreased and non-significant improvement of mean and SD scores follow-up after 3 months. Only one of a domain of subscale of AADS of provocation motive domain is a non-significant improvement of all baseline, post-test, and follow-up test of mean and SD scores are decreased in the CBT.

Results need to be interpreted with caution. Control-term improvement can be attributed to the knowledge of the participants in that they were closely involved in the CBT in the future and look forward to supporting environment with qualified health professionals providing reassurance. However, as for Impulsiveness Neurological, Behavioural and Physical/Arousal, it is plausible that greater knowledge and understanding of disorder gained during the CBT, in addition to CBT strategies, could reduce Impulsiveness Neurological, behavior and Physical/Arousal felt in relation to AD. Other studies evaluating the effect of meta-analysis results showed that yet the last 20 years has seen an accumulation of research on the efficacy of cognitive-behavioral therapy in the treatment of anger problems. Present study was to evaluate the overall effectiveness of such cognitive-behavioral treatments for anger by using the methodology of Meta-analysis that CBT statistically significantly reduces anger [3,19].

**LIMITATION**

A number of limitations should be noted that dropout of women prisoners due to released, and transferred to other jail. This was a small sample study within which the author also served as a therapist and conducted admittedly limited adherence monitoring.

**CONCLUSIONS**

In conclusion, implementing an AD CBT demonstrated significant benefits. Any contact with a supportive health care provider with a specific disorder focus appears to be beneficial for prisoners with AD. There appears to be an additional benefit of adding health professional intervention and CBT. Improvements in Impulsiveness Neurological Domain, Behavioural Domain, and Physical/Arousal Domain have signified improvement of baseline to follow-up at the 3 months while the scores showed significant decrease throughout the course of the CBT.

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The authors do not declare any potential conflict with respect to the research of this, the author and/or publication.

REFERENCE:


