Characteristics Table for The Clinical Question: What are the best interventions for adult offenders and/or individuals who have elevated levels of the ASPD construct?

Comparisons Included in this Clinical Question

Anger management vs control
VANNOY2004

Anticonvulsants vs placebo
GOTTSCHALK1973
HOLLANDER2003
MATTES2005
MATTES2008
NICKEL2005B
STANFORD2005

Antidepressants vs placebo
COCCARO1997A

Any intervention including SLT components [Drug / alcohol users and primary focus]
JOHNSON1995

Group based cognitive and behavioural intervention vs control
ARMSTRONG2003
LIAU2004
PORPORINO1995
ROSS1988
VAN VOORHIS2004

Lithium vs placebo
SHEARD1976

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
ARMSTRONG2003 Study Type: RCT Study Description: Offender RCT Type of Analysis: Completers Blindness: Open Duration (days): Setting: US Instiution (Prison) Notes: Details on randomisation not reported. Info on Screening Process: 129 randomised into the treatment arm and 127 into the control arm. In the treatment arm, 4 could not speak English, 4 refused treatment and 11 were released prior to transfer.In the control arm, 25 were exposed to treatment.	n= 212 Age: Mean 20 Range 15-22 Sex: all males Diagnosis: Exclusions: If the offender was not (a) between the ages of 15 and 22 (b) a resident of the jail and (c) if they could not speak English. Baseline: Significant group differences were found for the percentages of African Americans and Caucasians	**Data Used** Length of time until recidivism Number of recidivists (any time period) Notes: TIME PERIOD: from first release until the end of data collection. DROP OUTS: 15% (intervention); 20% (control); only report means for the 65/110 who received > 30 days of treatment.	**Group 1 N= 110** Moral reconation therapy - 3 sessions per week, approximately 1 to 1 1/2 hours duration. Delivered by correctional counselors and officers. Targeted at moral development, self-control and reducing association with delinquent peers. Group therapy. **Group 2 N= 102** No treatment - Participants resided in the general population as opposed to the institutional facilities.	21% (N=54) had four or more prior arrests. Of these, 43% (N=110) for violence, 48% (N=123) for a property offence and 32% (N=82) for a drug offence.

Results from this paper:
1.1 Well covered
1.2 Not reported
1.3 Not addressed
1.4 Not addressed
1.5 Poorly addressed
1.6 Not addressed
1.7 Adequately covered
1.8 15% (intervention); 20% (control)
1.9 Poorly addressed
1.10 Not applicable

2.1 +

COCCARO1997A

Study Type: RCT

Type of Analysis: ITT

Blindness: Double blind

Duration (days): Mean 84

Setting: Outpatient

Info on Screening Process: 64 entered 2-week, placebo lead-in phase; 40/64 (63%) met OAS-M criteria and were randomized.

n= 40

Age: Mean 38

Sex: 28 males 12 females

Diagnosis:
100% Personality disorder by DSM-IIIR

100% Impulsive aggressive by OAS-M

10% ASPD by DSM-IIIR

Exclusions: - no DSM-III-R diagnosis of PD
- life history of mania, hypomania, schizophrenia, delusional disorder
- current major depression
- dependent on alcohol or other drugs
- did not score sufficiently high on at least 1 anger, 1 agression subscales of the self report Anger, Irritability and Aggression Questionnaire (AIAQ)
- scored < 15 on OAS-M and < 6 on OAS-M Irritability subscale score during 2-week single-blind, placebo lead-in phase

Baseline: No significant differences at baseline.

Data Used
OAS-Modified (observer rated)

Notes: TAKEN AT: baseline and weekly. DROP OUTS: TREATMENT - 48%; PLACEBO - 31%.

Group 1 N= 20

Fluoxetine - Initial dose of fluoxetine - 20mg/day up to first 4-weeks. Could be raised to 40 mg if score on OAS-M did not decrease by 25%. Maximum dose of 60 mg/day.

Group 2 N= 20

Placebo

Results from this paper:
1.1 Well covered
1.2 Not reported
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Not addressed
1.7 Well covered
1.8 TREATMENT - 48%; PLACEBO - 31%
1.9 Well covered
1.10 Not applicable

2.1 +

GOTTSCHALK1973

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 180

Setting: US, Maryland
Institution (prison)

Notes: Details on randomisation not reported.

Info on Screening Process: Details not provided.

n= 42

Age: Mean 25

Sex: all males

Diagnosis:
100% Offenders

Exclusions: - inmates who had not reported violations of disciple rules in the previous 6 months

Notes: OFFENDERS AND ASPD CONSTRUCT (rule breaking)

Baseline: Statistical test at baseline not conducted but groups had similair hostility scores at baseline.

Data Used
Hostility outward scale (from speech sample)

Notes: TAKEN AT: baseline and 1-,2-,3-,4-,5-,6-months.

Group 1 N= 24

Diphenylhydantoin. Mean dose 300mg - (DPH) Daily by mouth for a 6-month period.

Group 2 N= 18

Placebo - 24mg of DPH daily to avoid informing participants that a placebo was given. Uniform in taste and appearance, individually coded at a hospital pharmacy.

Results from this paper:
1.1 Adequately addressed
1.2 Not reported
1.3 Not addressed
1.4 Well covered
1.5 Adequately addressed

1.6 Not addressed
1.7 Adequately addressed
1.8 [None reported]
1.9 Not addressed
1.10 Not applicable

2.1 +

HOLLANDER2003 Study Type: RCT Type of Analysis: not-ITT Blindness: Double blind Duration (days): Mean 84 Setting: Outpatient (19 sites)	n= 233 Age: Mean 27 Range 19-67 Sex: 169 males 64 females Diagnosis: 100% Impulsive aggressive by OAS-M 41% Personality disorder by DSM-IV 4% ASPD Exclusions: - not 18-65 - no DSM-IV diagnosis of PD, intermittent explosive disorder or PTSD - does not have (on average) 2 physical/verbal aggressive outbursts per week for last month - aggressive behaviour is premeditated or for tangible objective - < 15 on OAS-M aggressive subscale - receiving psychotherapy but without a stable psychotherapy schedule for last 3-months - bipolar disorder - major depressive disorder - history of schizophrenia/psychotic disorder - symptoms of dementia - homicidal/suicidal - impulsive aggression from head trauma or other medical condition - pregnant or lactating females - unstable medical conditions Notes: Baseline severity of OAS-M (Agression): TREATMENT - 43.7 (66.7); CONTROL - 33.7 (66.5) Baseline: No significant differences between groups at baseline on the OAS-M Aggression score.	**Data Used** OAS-Modified (observer rated) Notes: TAKEN AT: baseline, weekly, telephone visits at weeks 5 and 7. DROP OUTS: total = 5.3%	**Group 1 N= 116** Divalporex - Inititated at 500 mg/day, twice daily, increased by 250mg every 3-7 days during the first 3 weeks of treatment. **Group 2 N= 117** Placebo	

Results from this paper:
1.1 Adequately addressed
1.2 Not reported
1.3 Not addressed
1.4 Not addressed
1.5 Well covered
1.6 Well covered
1.7 Well covered
1.8 Total = 5.6%
1.9 Not addressed
1.10 Not addressed

2.1 +

JOHNSON1995				

Study Type: RCT Blindness: Open Duration (days): Followup: 4-month Setting: Probation	n= 134 Age: Sex: all males Diagnosis: Exclusions: Those not referred after intial drug screening for Addiction Severity Index diagnosis whose drug problem score was not 5+	**Data Used** Revocations/absconsions Notes: TAKEN AT: 8-months, average (includes intervention time i.e. since intake into programme).	**Group 1 N= 47** Cognitive skills - Specialised Drug Offender Programme = drug offenders probation programme with max caseload of 50 + cognitive model (group therapy, 35 sessions x 2 hour). **Group 2 N= 51** Specialized drug offender program - drug offenders probation programme with max caseload of 50. No additional training. **Group 3 N= 36** TAU - Regular probation services; caseload of 160.	
Results from this paper: 1.1 Well covered 1.2 Adequately covered 1.3 Not addressed 1.4 Not addressed 1.5 Adequately addressed 1.6 Not addressed 1.7 Adequately addressed 1.8 [Not reported] 1.9 Not addressed 1.10 Not applicable 2.1 +				
LIAU2004 Study Type: RCT Study Description: [Offender search] Type of Analysis: Completers Blindness: Open Duration (days): Mean 60 Followup: 6-month Setting: US Halfway house Notes: Details on randomisation not reported. Info on Screening Process: 43/359 (12%) referred clients declined participation resulting in 316 offenders.	n= 316 Age: Mean 30 Range 18-61 Sex: 224 males 92 females Diagnosis: 100% Offenders Exclusions: None reported. Baseline: There were no significant differences between the treatment and comparison groups on any of the pretest measures.	**Data Used** Recidivism (6 months) **Data Not Used** Young Adult Self-Report Form - only 67/276 collected at post-assessment Institutional misconduct - incident reports - do not report SD Notes: TAKEN AT: pre- and post-assessment and recidivism at 6-months post-release. DROP OUTS: 19/163 (12%, treatment); 132/153 (14%, control); recidivism data for 250/276 completers.	**Group 1 N= 163** Psychoeducational - EQUIP: psychoeducational group therapy including sessions on thinking errors, anger management + social skills. Homework. 1 x 1 hour sessions/week (approx for 2-months). **Group 2 N= 153** Control - Received all programming available at the facility except for the EQUIP psycho-educational i.e. employment services, substance-absuse education, academic skills development, case management and life skills education.	The community correctional facility does not accept sexual offenders, arsonists or any offender who has committed a violent offence in the past 3 years; 48% drug offences, 33% property offences, 4% public offences and 2% family offences.
Results from this paper: 1.1 Well covered 1.2 Not reported 1.3 Not addressed 1.4 Not addressed 1.5 Well covered 1.6 Well covered 1.7 Adequately addressed 1.8 12% (treatment); 14% (control) 1.9 Not addressed 1.10 Not applicable 2.1 +				
MATTES2005				

Study Type: RCT Study Description: Last observation carried forward for all participants who had baseline scores; 2 participants did not have baseline scores. Type of Analysis: non-ITT Blindness: Double blind Duration (days): Mean 70 Setting: Outpatient Notes: Details on randomisation procedure not reported Info on Screening Process: 376 - 214 decided not to participate, 94 did not meet inclusion criteria. 48 randomised; 45 had had an adequate trial.	n= 45 Age: Mean 42 Sex: 36 males 9 females Diagnosis: 33% ADHD by DSM-IV 22% Intermittent Explosive Disorder by DSM-IV Exclusions: - schizophrenia, bipolar, epilepsy, dementia, mental retardation, substance abuse (prior 6 months) - need for treatment with antipsychotics, anticonvusants or psychotropic medication - antidepressants other than anxiolytics, stimulants or hypnotics - significant risk of severely injuring others/self - current psychiatric or neurological conditions which required specific treatment and clinically stable unless current clinical symptom = impulsive agression Baseline: Differences between groups on verbal aggression at baseline where the placebo group scored higher.	**Data Used** OAS-Modified (observer rated) Notes: DROP OUTS: 24/ 48 completed study (14 TREATMENT; 10 PLACEBO); 45/48 completed 4 weeks of treatment (analysis on these participants)	**Group 1 N= 21** Oxcarbazepine - Initial dose = 150mg/day, increased by 150-300 mg/d after 2-4 days to at least 1200 mg/day (if tolerated) with a maximum of 2400 mg/day. **Group 2 N= 24** Placebo	
Results from this paper: 1.1 Adequately addressed 1.2 Not reported 1.3 Not addressed 1.4 Well covered 1.5 Poorly addressed 1.6 Poorly addressed 1.7 Well covered 1.8 TOTAL: 53.3% 1.9 Not addressed 1.10 Not applicable 2.1 +				
MATTES2008 Study Type: RCT Study Description: Last observation carried forward for all participants who had baseline scores; 2 participants did not have baseline scores. Type of Analysis: non-ITT Blindness: Double blind Duration (days): Mean 70 Setting: Outpatient Notes: Details on randomisation not reported. Info on Screening Process: Details not provided.	n= 40 Age: Mean 45 Range 21-64 Sex: 35 males Diagnosis: 32% ADHD by DSM-IV 100% Impulsive aggressive Exclusions: - no recurrent incidents of aggression - aggressiveness is not grossly out of proportion to the provocation or precipitating psychosocial stressors - aggressiveness is premeditated or for tangible objective - causes neither marked distress in the individual nor impairment in occupational/interpersonal functionning - aggressiveness is accounted for by another mental disorder, medical condition or direct physiologic effects of a substance - not 18-65 - women of childbearing potential who do not practice effective contraception - lifetime history of schizophrenia, bipolar, epilepsy, dementia, mental retardation, autism, substance abuse in prior 6 months - need for treatment with antipsychotics, anticonvulsants,	**Data Used** OAS-Modified (observer rated) Notes: DROP OUTS: 34/40 completed four-weeks of tiral; 19/40 completed full trial.	**Group 1 N= 20** Levetiracetam. Mean dose 1738mg - Initial dose: 250 mg/day, increased by 250 mg/day after 1-week to at least 1000 mg/day, with a maximum of 3000 mg/day by week 6. **Group 2 N= 20** Placebo	

	mood stabilisers or a recent change in psychotropic medication - patients on antidepressants other than anxiolytics, stimulants or hypnotics - current psychiatric or neurologic conditions that required specific treatment unless adequately treated and with clinically stable symptoms unless unstable symptom is impulsive aggression Notes: ASPD CONSTRUCT: impulsive aggression Baseline: No significant differences between groups on aggression ratings			

Results from this paper:
1.1 Poorly addressed
1.2 Not reported
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Poorly addressed
1.7 Well covered
1.8 TOTAL: 47.5%
1.9 Not addressed
1.10 Not applicable

2.1 +

NICKEL2005B				
Study Type: RCT Type of Analysis: Completers Blindness: Double blind Duration (days): Mean 54 Setting: GERMANY Outpatient Notes: Randmomisation procedure not detailed Info on Screening Process: Details not given	n= 42 Age: Mean 29 Sex: all males Diagnosis: 100% Borderline Personality Disorder by DSM-IV 100% Anger problems Exclusions: - less than 18 years old - not perceived excessive burdens caused by their life situations that produced feelings of constantly increasing anger - acute psychosis - severe major depression - bipolar - current use of topiramate or other psychotropic medication - participation in psychotherapy - somatically ill - suicidal - addictive illness Notes: ASPD CONSTRUCT: anger Baseline: No significant differences	**Data Used** State Trait Anger Expression Inventory (Self) Notes: TAKEN AT: baseline and weekly. DROP OUTS: TREATMENT - 0; PLACEBO -2/24 (8.3%).	**Group 1 N= 22** Topiramate - Beginning - 50 mg/day; 6th week - titrated to 250mg/day and then stayed constant. **Group 2 N= 22** Placebo - Identical capsules	Not funded.

Results from this paper:
1.1 Adequately covered
1.2 Not reported
1.3 Not addressed
1.4 Well covered
1.5 Well covered
1.6 Poorly addressed
1.7 Adequately addressed
1.8 TREATMENT - 0; PLACEBO -2/24 (8.3%)
1.9 Not addressed

1.10 Not addressed

2.1 +

PORPORINO1995

Study Type: RCT

Study Description: Those who could be tracked at follow-up; includes non-completers

Type of Analysis: Completers*

Blindness:

Duration (days):

Followup: 6-month

Setting: Institution (Prison)

n= 757

Age: Mean 31

Sex:

Diagnosis:
100% Offenders

Exclusions: - not randomised to treatment/WLC
- not released under community supervision of at least 6-months had elapsed

Baseline: Significant difference such that more time passed for those cases actually assigned to treatment as compared to control.

Data Used
Readmission to prison

Notes: DROP OUTS: 446/757 completed treatment (19% dropout). FOLLOW-UP: 6-month

Group 1 N= 550
Reasoning and Rehabilitation - Up to 8 per group.

Group 2 N= 207
Waitlist

Results from this paper:
1.1 Adequately addresseed
1.2 Adequately addressed
1.3 Not adequately reported
1.4 Not addressed
1.5 Adequately addressed
1.6 Poorly addresed
1.7 Adequately addressed
1.8 446/757
1.9 Adequately addressed
1.10 Not applicable

ROSS1988

Study Type: RCT

Type of Analysis: Unclear

Blindness: Open

Duration (days):

Followup: 5-month

Setting: CANADA, Ontario
Community (Probation)

Notes: Randomisation process not reported.

Info on Screening Process: Details not repoted.

n= 62

Age:

Sex: all males

Diagnosis:
100% Offenders

Exclusions: - if probationers did not have a Level of Supervision Inventory (LSI) classification as a high-risk offender.

Notes: High-risk probationers

Baseline: Cognitive group had a slightly lower LSI score than other and a higher number of pervious convictions.

Data Used
Recidivism

Notes: TAKEN AT: 9 months (since admission to treatment i.e. during intervention) RECIDIVISM: that resulted in conviction.

Group 1 N= 22
Cognitive skills - R&R. Group therapy. 80 hours. Run by probation officers.

Group 2 N= 17
Life Skills Training - 80 hours. Training in areas such as money management, leisure activities, family and criminal law, employment-seeking skills, alcohol & drug education. Run by probation officers.

Group 3 N= 23
TAU - Regular probation services without extra interventions.

Results from this paper:
1.1 Not addressed
1.2 Not reported
1.3 Not addressed
1.4 Not addressed
1.5 Adequately addressed
1.6 Not addressed
1.7 Well covered
1.8 [Details not provided]
1.9 Not addressed
1.10 Not addressed

2.1 +

SHEARD1976

Study Type: RCT

Blindness: Double blind

Duration (days): Mean 90

Setting: Institution (Prison)

Notes: Details on randomisation not reported.

Info on Screening Process: 159 referrals, 101 suitable, 80 remained in study long enough to receive medication, 14 dropped out; final sample = 66.

n= 66

Age: Mean 19

Sex: all males

Diagnosis:
100% Offenders

Exclusions: - not convicted for serious aggressive crime
- no history of chronic assaultive behaviour and/or chronic impulsive antisocial behaviour
- poor physical health with renal, cardiac or organic brain disease
- inability to comprehend the written material
- sentence insufficient to complete trial
- no termination of psychoactive medication

Notes: OFFENDERS AND ASPD CONSTRUCT: offending history is assaultive and antisocial in nature.

Baseline: Baseline statsitcs are not examined.

Data Used
Minor institutional infractions
Major institutional infractions
Notes: DROP OUTS: TOTAL = 16/80 (20%)

Group 1 N= 34
Lithium - Goal to maintain 24-hour serum lithium levels in the range: 0.6-1.0 mEq/liter. 5 capsules/day with carrying doses.

Group 2 N= 32
Placebo

Results from this paper:
1.1 Poorly addressed
1.2 Not reported
1.3 Not addressed
1.4 Well covered
1.5 Poorly addressed
1.6 Not addressed
1.7 Adequately addressed
1.8 TOTAL = 16/80 (20%)
1.9 Not addressed
1.10 Not applicable

2.1 +

STANFORD2005

Study Type: RCT

Study Description: *Blind was broken at final visit to discuss effectiveness of drug.

Type of Analysis: Completers

Blindness: Double blind*

Duration (days): Mean 42

Setting: US

Notes: Randomly assigned using a random number table.

Info on Screening Process: 43/183 met inclusion criteria; 57 refused to participate; 29 completed full trial.

n= 29

Age: Mean 33

Sex: all males

Diagnosis:
100% Impulsive aggressive by BDHI

59% ASPD

Exclusions: - women
- in the past 6 months, did not fail to resist aggressive impulses that resulted in serious assaultive acts or destruction of property
- the degree of assaultiveness was not grossly out of proportion to precipitating psychosocial stressors
- 2 such episodes occurred during the month prior to entering the study
- did not score 8+ on the Irritability subscale of the Buss-Durkee Hostility Inventory (BDHI)
- verbal IQ < 80
- diagnosis of bipolar or thought disorder
- use of psychoactive medication
- history of medical/neurologic problems
- non-native English speaker
- liver enzymes not within normal limits

Notes: ASPD CONSTRUCT: impulsive aggression

Data Used
Overt Aggression Scale (OAS; observer-rated)
Notes: TAKEN AT: 2-,4-,6-weeks. DROP OUTS: 3/11 PLACEBO; 2/9 Phenytoin; 2/9 Carbamazepine; 2/9 Valproate.

Group 1 N= 7
Phenytoin. Mean dose 300mg

Group 2 N= 7
Carbamazepine. Mean dose 450mg - (CBZ)

Group 3 N= 7
Valproate - (VPA)

Group 4 N= 8
Placebo - Dextrose. Adnministered in identical, unamrked capsules obtrained from a local pharmacy.

	measures			
Results from this paper: 1.1 Well covered 1.2 Adequately addressed 1.3 Not addressed 1.4 Adequately addressed 1.5 Well covered 1.6 Poorly addressed 1.7 Well covered 1.8 3/11 (27.3%) PLACEBO; 2/9 (22.2%) Phenytoin; 2/9 (22.2%) Carbamazepine; 2/9 (22.2%) Valproate. 1.9 Not addressed 1.10 Not applicable 2.1 +				
VAN VOORHIS2004 Study Type: RCT Type of Analysis: Completers and drop out Blindness: Open Duration (days): Mean 245 Followup: 9-month Setting: US, Georgia Community (Probation) Notes: Details on randomisation not reported. Info on Screening Process: Details not reported.	n= 468 Age: Mean 30 Range 18-62 Sex: all males Diagnosis: Exclusions: -Parolees with IQ scores lower than 80 and with a history of sex offences or severe substance abuse. Note: despite screening, 27 parolees (6%) had an IQ below 80 Baseline: There was no significant differences between the groups on level or risk of reoffending, number of prior incarcerations, prior felony convictions or prior violent offences.	**Data Used** Technical violations at 9 months Technical violations at 6 months Technical violations at 3 months Re-arrest/revocation at 9 months Notes: TAKEN AT: 3, 6 and 9 months after intervention. DROP OUTS: 60% completed R&R recidivism data on 100% of sample.	**Group 1 N= 232** Reasoning and Rehabilitation - R&R consists of 35 lessons that cover: problem solving, creative thinking, social skills, management of emotions, negotiation skills, values enhancement and critical reasoning. Manual with detailed lesson plans. Group therapy. **Group 2 N= 236** TAU - No further details on control group; regular probation services`. All participants could engage in other psychosocial programmes in both groups; no significant differences in groups on additional programme attendance.	All participants had at least one prior felony on record with: (a) at least one violent offence (51%) and (b) at least one prior prison sentence (46%). Classification of risk: 47 (10%) at high risk; 365 (78%) at medium risk; and 56 (12%) as low risk
Results from this paper: 1.1 Adequately covered 1.2 Not reported 1.3 Not addressed 1.4 Not addressed 1.5 Well covered 1.6 Well covered 1.7 Well covered 1.8 40% in treatment arm did not complete treatment; data for 100% of sample 1.9 Not addressed 1.10 Not applicable 2.1 +				
VANNOY2004 Study Type: RCT Type of Analysis: Completers Blindness: Open Duration (days): Mean 84 Setting: US Institution (Prison) Notes: Details on randomisation not reported. Info on Screening Process: Details not reported.	n= 29 Age: Mean 35 Range 21-50 Sex: all males Diagnosis: 100% Offenders Exclusions: None reported. Notes: Low security prison Baseline: None reported.	**Data Used** State Trait Anger Expression Inventory (Self) Notes: TAKEN AT: pre- and post-intervention. DROP OUTS: 5/15 (treatment arm) Report only state-anger and trait anger; report the mean difference for pre- and post-test-scores and the standard deviation of means differences for each group (Table 1).	**Group 1 N= 15** Anger Control Training - 12 weekly group meetings, 1.5 hours per week. Completion of treatment was considered as attending 9/12 sessions. Therapy based on Buddhist principles. **Group 2 N= 14** Waitlist	No details on prior offences reported.

Results from this paper:

1.1 Well covered
1.2 Not reported
1.3 Not addressed
1.4 Not addressed
1.5 Not addressed
1.6 Not addressed
1.7 Adequately addressed
1.8 33% (treatment arm)
1.9 Not addressed
1.10 Not applicable

2.1 +

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
ANDERSON2002	Design: non-RCT
BARKWELL1976	Intervention/comparisons: not relevant [matching versus not matching offender to probation officer]; data: not extractable
BARO1999	Design: non-RCT
BELLUS1999	Design: non-RCT
BONTA2000	Design: non-RCT
BRICK1962	Outcomes: not relevant
BUCKLEY2007	Population: bipolar disorder
BURKE2003	Method: drop out > 50% in treatment group
BURNETTE2003	Design: no comparison group
BURNETTE2004	Design: no comparison group
BURNETTE2004A	Design: no comparison group
BURNETTE2005	Design: non-RCT
CAHILL2003	Population: Not elevated levels of anger
CANN2003	Design: non-RCT
CANN2006	Design: non-RCT
CHEREK2002	Design: not a clinical trial
COOPER2006	Intervention/comparison: not relevant
CORTONI2006	Design: non-RCT
CRAFT1987	Population: learning diability (<70)
DAVIS1976	Design: non-RCT
DEMARET1991	Method: looks at implementation but not the effects of implementation
DOWDEN1999	Data: number of non-completers unclear so cannot do ITT analysis
FALSHAW2003	Design: non-RCT
FINN1998	Data: none reported
FLECK2001	Data: none on post-intervention
FOSTER1989	Population: frontal lobe dysfunction; design: non-RCT
FRIENDSHIP2002	Design: non-RCT
FRIENDSHIP2003	Population: Sex offenders
FRIENDSHIP2003A	Population = sex offenders
GERRA2006	Design: non-RCT

HAGILIASSIS2005	Population: has significant physical impariment
HALL2004	Design: non-RCT
HARENKO1992	Population: Alzheimer's disease
HEDDERMAN1996	Design: non-RCT; comparison: no attempt to match for risk
HENNING1996	Design: non-RCT
HOLLIN1986	Method: N is equal or less than 10 in group
HOLLIS2007	Comparison: no useable group
HOMANTB1976	Comparison: not relevant
HUGHEY1996	Data: not extractable
JOHNSON2001	Intervention: not relevant
KOWNACKI1995	Method: number of participants in intervention and/or control = 10 or less
LAMBIE2003	Population: not all offenders
LARSON1989	Method: N<10
LION1979	Data: none reproted
LITTLE1993	Design: non-RCT
MANN2004	Comparison: not untreated
MARQUES2005	Population: Sex offenders
MARQUIS1996	Data: not reported for intervention/comparison
MARTIN1995A	Method: number of participants in intervention and/or control = 10 or less
MATTES1990	Data: reported for both randomised and non-randomised patients
MAYFIELD2008	Intervention: unclear; population: unclear (may be SMI).
MONNELLY2003	Data: not extracatable
MONTGOMERY	Quality: no information on comparison group
MOTUIK1996	Method: number of participants in intervention and/or control = 10 or less
PALAMARA1986	Design: non-RCT
PELISSIER2001	Outcome: data reported as estimates and no details are given on how they were derived.
PHIPPS2003	Comparison: none
POLASCHEK2005	Data: non-RCT
PORPORINO1991	Design: non-RCT
PORPORINO2002	Design: non-RCT
PUGH1993	Outcomes: not relevant; data: not extractable
RATEY1992	Population: includes schizophrenia
RAYNOR1995	Design: non-RCT
REIST2003	Design: non-RCT
SHEARD1971	Data: missing
SOHANPAL2007	Population: learning disability (<70)
SONG1994	Data: only estimated not observed
SORGI1992	Population: chronic psychotics; outcomes: not relevant
STANFORD2001	Data: does not report pre-crossover data
STERMAC1986	Data: not extractable
TENNANT1998	Comparison group: none

VOLAVKA1990	Population: includes schizophrenia
WALTERS1999	Data: not extractable
WATT1998	Non-RCT
WHITE1985	Population: <18 years old; learning disability ranging from moderate to predominant
WORMITH1984	Data: not extractable
ZARCONE2001	Population: mixed child and adult population; learning disabilitily (<70)
ZISOOK1978	Population: does not have elevated ASPD construct

References of Included Studies

ARMSTRONG2003 (Published Data Only)

Armstrong, T.A. (2003) The effect of moral reconation therapy on the recidivism of youthful offenders: a randomized experiment. Criminal Justice and Behaviour, 30, 668-687.

COCCARO1997A (Published Data Only)

Coccaro, E.F. & Kavoussi, R.J. (1997) Fluoxetine and impulsive aggressive behavior in personality-disordered subjects. Archives of General Psychiatry, 54, 1081-1088.

GOTTSCHALK1973 (Published Data Only)

Gottschalk, L.A., Covi, L. & Uliana, R. (1973) Effects of diphenylhydantoin on anxiety and hostility in institutionalized prisoners. Comprehensive Psychiatry, 14, 503-511.

HOLLANDER2003 (Published Data Only)

Hollander, E., Tracy, K.A., Swann, A.C., et al. (2003) Divalproex in the treatment of impulsive aggression: efficacy in cluster B personality disorders. Neuropsychopharmacology, 28, 1186-1197.

JOHNSON1995 (Published Data Only)

Johnson, G. & Hunter, R.M. (1995) Evaluation of the specialized drug offender program. In Thinking Straight: The Reasoning and Rehabilitation Program for Delinquency Prevention and Offender Rehabilitation (eds. R.R. Ross & R.D. Ross), pp. 214-234. Ontario: Air Training and Publications.

LIAU2004 (Published Data Only)

Liau, A.K., Shively, R., Horn, M., et al. (2004) Effects of psychoeducation for offenders in a community correctional facility. Journal of Community Psychology, 32, 543-558.

MATTES2005 (Published Data Only)

Mattes, J.A. (2005) Oxcarbazepine in patients with impulsive aggression: a double-blind, placebo-controlled trial. Journal of Clinical Psychopharmacology, 25, 575-579.

MATTES2008 (Published Data Only)

Mattes, J.A. (2008) Levetiracetam in patients with impulsive aggression: a double-blind, placebo-controlled trial. Journal of Clinical Psychiatry, 69, 311-315.

NICKEL2005B (Published Data Only)

Nickel, M.K., Nickel, C., Kaplan, P., et al. (2005B) Treatment of aggression with topiramate in male borderline patients: a double-blind, placebo-controlled study. Biological Psychiatry, 57, 495-499.

PORPORINO1995

Robinson, D. (1995) The Impact of Cognitive Skills Training on Post-Release Recidivism Among Canadian Federal Offenders. Ottawa: Correctional Service Canada.

*Porporino, F.J. & Robinson, D. (1995) An evaluation of the Reasoning and Rehabilitation programme with Canadian federal offenders. In Thinking Straight: The Reasoning and Rehabilitation Program for Delinquency Prevention and Offender Rehabilitation (eds. R. R. Ross & R. D. Ross), pp. 155-193. Ontario: Air Training and Publications.

ROSS1988 (Published Data Only)

Ross, R.R., Fabiano, E.A. & Ewles, C.D. (1988) Reasoning and Rehabilitation. International Journal of Offender Therapy and Comparative Criminology, 32, 29-35.

SHEARD1976 (Published Data Only)

Sheard, M.H., Marini, J.L., Bridges, C.I., et al. (1976) The effect of lithium on impulsive aggressive behavior in man. American Journal of Psychiatry, 133, 1409-1413.

STANFORD2005 (Published Data Only)

Stanford, M.S., Helfritz, L.E. & Conklin, S.M. (2005) A comparison of anticonvulsants in the treatment of impulsive aggression. Experimental and Clinical Psychopharmacology, 13, 72-77.

VAN VOORHIS2004 (Unpublished and Published Data)

Van Voorhis, P.V., Spruance, L.M., Ritchey, P.N., et al. (2004) The Georgia cognitive skills experiment: a replication of Reasoning and Rehabilitation. Criminal Justice and Behavior, 31, 282-305.

VANNOY2004 (Published Data Only)

Vannoy, S.D & Hoyt, W.T. (2002) Evaluation of an anger therapy intervention for incarcerated adult males. Journal of Offender Rehabilitation, 39, 39-57.

References of Excluded Studies

ANDERSON2002 (Published Data Only)

Anderson, J.L. (2003) Overview of the Illinois DOC high-risk parolee re-entry program and 3-year recidivism outcomes of program participants. Cognitive-Behavioral Treatment Review, 11, 4-6.

BARKWELL1976 (Published Data Only)

Barkwell, L.J. (1976) Differential treatment of juveniles on probation: an evaluative study. Canadian Journal of Criminology and Corrections, 18, 363-378.

BARO1999 (Published Data Only)

Baro, A.L. (1999) Effects of a cognitive restructuring program on inmate institutional behavior. Criminal Justice and Behavior, 26, 466-484.

BELLUS1999

Bellus, S.B., Vergo, J.G. Kost, P.P., et al. (1999) Behavioral rehabilitation and the reduction of aggressive and self-injurious behaviors with cognitively imparired, chronic psychiatric inpatients. Psychiatric Quarterly, 70, 27-37.

BONTA2000 (Published Data Only)

Bonta, J., Wallace-Capretta, S. & Rooney, J. (2000) A quasi-experimental evaluation of an intensive rehabilitation supervision program. Criminal Justice and Behavior, 27, 312-329.

BRICK1962 (Published Data Only)

Brick, H., Doub, W.H. & Perdue, W.C. (1966) Effects of amitriptyline on depressive and anxiety states in penitentiary inmates. Diseases of the Nervous System, 23, 572-578.

BUCKLEY2007 (Published Data Only)

Buckley, P.F., Paulsson, B. & Brecher, M. (2007) Treatment of agitation and aggression in bipolar mania: efficacy of quetiapine. Journal of Affective Disorder, 100, S33-S43.

BURKE2003 (Unpublished Data Only)

Burke, C., Keaton, S. & Pennell, S. (2003) Addressing the Gender-Specific Needs of Girls: an Evaluation of San Diego's WINGS Program. San Diego: San Diego's Regional Planning Agency.

BURNETTE2003 (Published Data Only)

Burnette, K.D., Swan, S., Robinson, K.D., et al. (2003) Effects of MRT © on male juvenile offenders participanting in a therapeutic community. Cognitive-Behavioral Treatment Review, 12, 2-5.

BURNETTE2004 (Published Data Only)

Burnette, K.D., Swan, E.S., Robinson, K.D., et al. (2004) Treating youthful offenders with moral reconation therapy©: a recidivism and pre-posttest analysis. Cognitive Behavioral Treatment Review, 3/4, 14-15.

BURNETTE2004A (Published Data Only)

Burnette, K.D., Leonard, A., Robinson, K.D., et al. (2004) Outcome study on the Tennessee Prison for Women Therapeutic Community Program utilizing moral reconation therapy ©. Cognitive-Behavioral Treatment Review, 13, 1-5.

BURNETTE2005 (Published Data Only)

Burnette, K.D., Prachniak, K.J., Leonard, A., et al. (2005) Effects of moral reconation therapy on female felony offenders in a prison-based therapeutic community. Cognitive-Behavioral Treatment Review, 14, 1-4.

CAHILL2003

Cahill, S.P., Rauch, S.A., Hembree, E.A., et al. (2003) Effect of cognitive-behavioral treatment for PTSD on anger. Journal of Cognitive Psychotherapy: An International Quarterly, 17, 113-129.

CANN2003 (Unpublished Data Only)

Cann, J., Falshaw, L., Nugent, F., et al. (2003) Understanding What Works: Accredited Cognitive Skills Programmes for Adult Men and Young Offenders. Home Office Research Findings Number 226. London: Home Office.

CANN2006 (Unpublished Data Only)

Cann, J. (2006) Cognitive Skills Programmes: Impact on Reducing Reconviction Among a Sample of Female Prisoners. Home Office Researh Findings 276. London: Home Office.

CHEREK2002 (Published Data Only)

Cherek, D.R., Lane, S.D., Pietras, C.J. (2002) Effects of chronic paroxetine administration on measures of aggressive and impulsive responses of adult males with a history of conduct disorder. Psychopharmacology, 159, 266-274.

COOPER2006 (Published Data Only)

Cooper, C., Eslinger, D.M. & Stolley, P.D. (2006) Hospital-based violence intervention programs work. The Journal of Trauma, 61, 534-539.

CORTONI2006 (Unpublished Data Only)
Cortoni, F. Nunes, K. & Latendresse, M. (2006) An Examination of the Effectiveness of the Violence Prevention Program. Canada: Correctional Service of Canada.

CRAFT1987 (Published Data Only)
Craft, M., Ismail, I. A., Krishnamurti, D., et al. (1987) Lithium in the treatment of aggression in mentally handicapped patients: a double-blind trial. British Journal of Psychiatry, 150, 685-689.

DAVIS1976 (Published Data Only)
Davis, E.D., Sturgis, D.K. & Braswell, M.C. (1976) Effects of systematic human relations training on inmate participants. Rehabilitation Counseling Bulletin, 20, 105-109.

DEMARET1991 (Published Data Only)
De Maret, W.F.N. (1991) Time to think: social/cognitive skills programming in transition in New Mexico. Journal of Correctional Education, 42, 107 -110.

DOWDEN1999 (Unpublished Data Only)
Dowden, C. & Serin, R. (2001) Anger Management Programming for Offenders: the Impact of Program Performance measures. Canada: Correctional Service Canada.
*Dowden, C., Blanchette, K. & Serin, R. (1999) Anger management programming for federal male inmates: an effective itnervention. Canada: Correctional Service Canada.

FALSHAW2003 (Published Data Only)
Falshaw, L., Friendship, C., Travers, R., et al. (2003) Searching for 'What Works': An Evaluation of Cognitive Skills Programmes. Home Office Research Findings No. 206. London: Home Office.

FINN1998 (Published Data Only)
Finn, P. (1998) The Delaware Department of Correction Life Skills Program. National Institute of Justice.

FLECK2001 (Published Data Only)
Fleck, D., Thompson, C.L. & Narroway, L. (2001) Implementation of the problem solving skills training programme in a medium secure unit. Criminal Behaviour and Mental Health, 11, 262-272.

FOSTER1989 (Published Data Only)
Foster, H.G., Hillbrand, M. & Chi, C.C. (1989) Efficacy of carbamazepine in assaultive patient with frontal lobe dysfunction. Progress in Neuro-Osychopharmacology and Biological Psychiatry, 13, 865-874,

FRIENDSHIP2002 (Unpublished Data Only)
Friendship, C., Blud, L., Erikson, M., et al. (2003) Cognitive-behavioral treatment for imprisoned offenders: an evaluation of HM Prison Service's cognitive skills programmes. Legal and Criminological Psychology, 8, 103-114.
*Friendship, C., Blud, L., Erikson, M & Travers, R., et al. (2002) An Evaluation of Cognitive Behavioural Treatment for Prisoners. Home Office Research Report Findings 161. London: Home Office.

FRIENDSHIP2003 (Published Data Only)
Friendship, C., Mann, R. & Beech, A. (2003) The Prison-Based Sex Offender Treatment Programme - An Evaluation. Home Office Research Findings 205. London: Home Office.

FRIENDSHIP2003A (Published Data Only)
Friendship (2003A) The Prison-Based Sex Offender Treatment Programme - An Evaluation. Home Office Research Findings Number 205. London: Home Office.

GERRA2006 (Published Data Only)
Gerra, G., Petta, Di G., D'Amore, A., et al. (2006) Effects of olanzapine on aggressiveness in heroin dependent patients. Progress in Neuro-Psychopharmacology & Biological Psychiatry, 30, 1291-1298.

HAGILIASSIS2005
Hagiliassis, N., Gulbenkoglu, H., Young, S., et al. (2005) The anger management project: a group intervention for anger in people with physical and multiple disabilities. Journal of Intellectual and Development Disability, 30, 86-96.

HALL2004 (Published Data Only)
Hall, E.A., Prendergast, M.L., Wellisch, J. (2004) Treating drug-abusing women prisoners: an outcomes evaluation of the Forever Free Program. The Prison Journal, 84, 81-105.

HARENKO1992 (Published Data Only)
Harenko, A., Elovaara, S., Hagert, G.U., et al. (1992) Zuclopenthixol and thioridazine in the treatment of aggressive, elderly patients: a double-blind, controlled, multicentre study. International Journal of Geriatric Psychiatry, 7, 369-375.

HEDDERMAN1996 (Published Data Only)
Hedderman, C. & Sugg, D. (1996) Does Teating Sex Offenders Reduce Reoffending? Home Office Research Findings Number 45. London: Home Office.

HENNING1996 (Published Data Only)

Bush, J. (1995) Teaching self-risk management to violent offenders. In What Works: Reducing Reoffending (ed. J McGuire), pp. 139-154. Chichester, UK: John Wiley & Sons.

*Henning, K. & Frueh, B.C. (1996) Cognitive-behavioral treatment of icnarcerated offenders: An evaluation of the Vermont Department of Corrections' cognitive self-change program. Criminal Justice and Behavior, 23, 523-541.

HOLLIN1986 (Published Data Only)

Hollin, C.R., Huff, G.J.H., Clarkson, R., et al. (1986) Social skills training with young offenders in a borstal: an evaluative study. Journal of Community Psychology, 14, 289-299.

HOLLIS2007 (Published Data Only)

Hollis, V. (2007) Reconviction Analysis of Programme Data Using Interim Accredited Programmes Software (IAPS). RDS NOMS Research and Evaluation. London: National Probation Service.

HOMANTB1976 (Published Data Only)

Homant, R.J. (1976) Therapy effectiveness in a correctional institution. Offender Rehabilitation, 1, 101-113.

HUGHEY1996 (Published Data Only)

Hughey, R. & Klemke, L.W. (1996) Evaluation of a jail-based substance abuse treatment program. Federal Probation, 60, 40-44.

JOHNSON2001

Johnson, S.L., Van de Ven, J.T.C. & Grant, B.A. (2001) Institutional Methadone Maintenance Treatment: Impact on Release Outcome and Institutional Behaviour. Addictions Research Centre. Research Branch Correctional Service Canada.

KOWNACKI1995 (Published Data Only)

Kownacki, R.J. (1995) The effectiveness of a brief cognitive-behavioral program on the reduction of antisocial behaviour in high-risk adult probationers in a Texas community. In Thinking Straight: The Reasoning and Rehabilitation Program for Delinquency Prevention and Offender Rehabilitation (eds. R. Ross & R. Ross), pp. 249-257. Ontario: Air Training and Publications.

LAMBIE2003 (Unpublished Data Only)

Lambie, I.D. & Stewart, M.W. (2003) Community Solutions for the Community's Problem: an Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment Programmes. Wellington, New Zealand: Department of Corrections.

LARSON1989 (Published Data Only)

Larson, K.A. (1989) Problem-solving training and parole adjustment in high-risk young adult offenders. The Yearbook of Correctional Education, 279-299.

LION1979 (Published Data Only)

Lion, J.R. (1979) Benzodiazepines in the treatment of aggressive patients. Journal of Clinical Psychiatry, 40, 70-71.

LITTLE1993 (Published Data Only)

Little, G.L. Robinson, K.D. & Burnette, K.D. (1993) Cognitive behavioral treatment of felony drug offenders: a five-year recidivism report. Psychological Reports, 73, 1089-1090.

MANN2004 (Published Data Only)

Mann, R.E., Webster, S.D., Schofield, C., et al. (2004) Approach versus avoidance goals in relapse prevention with sexual offenders. Sexual Abuse: a Journal of Research and Treatment, 16, 65-75.

MARQUES2005 (Published Data Only)

Marques, J.K., Wiederanders, M., Day, D.M., et al. (2005) Effects of a relapse prevention program on sexual recidivism: final results from California's sex offender treatment and evaluation project (SOTEP). Sexual abuse: a Journal of Research and Treatment, 17, 79-107.

MARQUIS1996 (Published Data Only)

Marquis, H.A., Bourgon, G.A., Armstrong, B., et al. (1996) Reducing recidivism through institutional treatment programs. Forum on Corrections Research, 8, 3-5.

MARTIN1995A (Published Data Only)

Martin, A. & Hernandez, B. (1995) PEIRS: the efficacy of a multifaceted cognitive program for prison inmates. In Thinking Straight: The Reasoning and Rehabilitation Program for Delinquency Prevention and Offender Rehabilitation (eds. R. Ross & R. Ross), pp. 289-409. Ontario: Air Training and Publications.

MATTES1990 (Published Data Only)

Mattes, J.A. (1988) Carbamazepine vs. propranolol for rage outbursts. Psychopharmacology Bulletin, 24, 179-182.

Mattes, J.A. (1990) Comparative effectiveness of carbamazepine and propranolol for rage outbursts. Journal of Neuropsychiatry, 2, 159-164.

MAYFIELD2008 (Unpublished Data Only)

Mayfield, J. & Lovell, D. (2008) The dangerous mentally ill offender program: three-year felony recidivism and cost effectiveness. Oylmpia: Washington State Institute for Public Policy.

MONNELLY2003 (Published Data Only)

Monnelly, E.P., Ciraulo, D.A., Knapp, C. (2003) Low-dose risperidone as adjunctive therapy for irritable aggression in posttraumatic stress disorder. Journal of Clinical Psychopharmacology, 23, 193-196.

MONTGOMERY (Published Data Only)

Montgomery House. Montgomery House Violence Prevention Programme: Referral Package . Hamilton, New Zealand: Montgomery House.

MOTUIK1996 (Published Data Only)

Motuik, L., Smiley, C. & Blanchette, K. (1996) Intensive programming for violent offenders: a comparative investigation. Forum on Corrections Research, 8, 10-12.

PALAMARA1986

Palamara, F., Cullen, F.T. & Gersten, J.C. (1986) The effect of police and mental health intervention on juvenile deviance: specifying contingencies in the impact of formal reaction. Journal of Health and Social Behavior, 27, 90-105.

PELISSIER2001 (Published Data Only)

Pelissier, B., Rhodes, W., Saylor, W., et al. (2001) TRIAD drug treatment evaluation project. Federal Probation, 65, 3-7.

PHIPPS2003 (Published Data Only)

Phipps, P. & Gagliardi, G.J. (2003) Washington's Dangerous Mentally Ill Offender Law: Program Selection and Services. Washington: Washington State Institute for Public Policy.

POLASCHEK2005 (Published Data Only)

Polaschek, D.L.L., Wilson, N.J., Townsend, M.R., et al. (2005) Cognitive-behavioral rehabilitation for high-risk violent offenders: an outcome evaluation of the violence prevention unit. Journal of Interpersonal Violence, 20, 1611-1627.

PORPORINO1991 (Unpublished Data Only)

In Thinking Straight: The reasoning and rehabilitation program for delinquency prevention and offender rehabilitation. (eds. R. Ross & R. Ross), pp. 261-286. Ontario: Air Training and Publications.

Porporino, F.J., Fabiano, E.A. & Robinson, D. (1991) Focusing on Successful Reintegration: Cognitive Skills Training for Offenders. In Thinking Straight: The Reasoning and Rehabilitation Program for Delinquency Prevention and Offender Rehabilitation (eds R. Ross & R. Ross), pp. 261-286. Research and Statistics Branch: The Correctional Serivce Canada.

PORPORINO2002 (Published Data Only)

Porporino, F.J., Robinson, D., Millson, B. et al. (2002) Treatment of substance users in controlled environments: an outcome of prison-based treatment programming for substance users. Substance Use and Misuse, 37, 1047-1077.

PUGH1993 (Published Data Only)

Pugh, D.N. (1993) The effects of problem-solving ability and locus of control on prisoner adjustment. International Journal of Offender Therapy and Comparative Criminology, 37, 163-176.

RATEY1992 (Published Data Only)

Rately, J.J., Sorgi, P., O'Driscoll, G.A., et al. (1992) Nadolol to treat aggression and psychiatric symptomatology in chronic psychiatric inpatients: a double-blind, placebo-controlled study. Journal of Clinical Psychiatry, 53, 41-46.

RAYNOR1995 (Published Data Only)

Knott, C. (1995) The STOP programme: Reasoning and Rehabilitation in a British setting. In What Works: Reducing Reoffending (ed. J. McGuire), pp. 115-126. Chichester, UK: John Wiley & Sons.

*Raynor, P., Sutton, D. & Vanstone, M.(1995) The STOP program. In Thinking Straight: The Reasoning and Rehabilitation Program for Delinquency Prevention and Offender Rehabilitation (eds. R. Ross & R. Ross), pp. 261-286. Ontario: Air Training and Publications.

REIST2003 (Published Data Only)

Reist, C., Nakamura, K., Sagart, E., et al. (2003) Impulsive aggressive behavior: open-label treatment with citalopram. Journal of Clinical Psychiatry, 64, 81-85.

SHEARD1971 (Published Data Only)

Sheard, M.H. (1971) Effect of lithium on human aggression. Nature, 230, 113-114.

SOHANPAL2007 (Published Data Only)

Sohanpal, S.K., Thomas, C., Soni, R. (2007) The effectiveness of antidepressant medication in the management of behavior problems in adults with intellectual disabilities: a systematic review. Journal of Intellectual Disability Research, 51, 750-765.

SONG1994 (Published Data Only)

Song, L. & Lieb, R. (1994) Preliminary Recidivism Rates: the Twin Rivers Sex Offender Treatment Program (Revised). Washington: Washingon State Institute for Public Policy.

SORGI1992 (Published Data Only)

Sorgi, P., Ratey, J., Knoedler, D., et al. (1992) Depression during treatment with beta-blockers: results from a double-blind placebo-controlled study. Journal of Neuropsychiatry, 4, 187-189.

STANFORD2001 (Published Data Only)

Houston, R.J. & Stanford, M.S. (2006) Characterization of aggressive behavior and phenytoin response. Aggressive Behavior, 32, 38-43.

*Stanford, M.S., Houston, R.J., Mathias, C.W., et al. (2001) A double-blind placebo-controlled crossover study of phenytoin in individuals with impulsive aggression. Psychiatry Research, 103, 193-203.

STERMAC1986 (Published Data Only)

Stermac, L.E. (1986) Anger control treatments for forensic patients. Journal of Interpersonal Violence, 1, 446-457.

TENNANT1998 (Published Data Only)

Tennant, A. & Hughes, G. (1998) 'Men talking' about dysfunctional masculinity: an innovative approach to working with aggressive, personality disordered offender patients. Psychiatric Care, 5, 92-99.

VOLAVKA1990 (Published Data Only)

Volavka, J., Crowner, M., Brizer, D. (1990) Tryptophan treatment of aggressive psychiatric inpatients. Society of Biological Psychiatry, 28, 728-732.

WALTERS1999 (Published Data Only)

Walters, G.D. (1999) Short-term outcome of inmates participating in the lifestyle change program. Criminal Justice and Behavior, 26, 322-337.

WATT1998 (Published Data Only)

Watt, B.D. & Howells, K. (1998) Skills training for aggression control: evaluation of an anger management programme for violent offenders. Legal and Criminological Psychology, 4, 285-300.

WHITE1985 (Published Data Only)

White, T.J.R. & Aman, M.G. (1985) Pimozide treatment in disruptive severely retarded patients. Australian and New Zealand Journal of Psychiatry, 19, 92-94.

WORMITH1984 (Published Data Only)

Wormith, J.S. (1984) Attitude and behavior change of correctional clientele. Criminology, 22, 595-618.

ZARCONE2001 (Published Data Only)

Zarcone, J.R., Hellings, J.A., Crandall, K., et al. (2001) Effects of risperidone on aberrant behavior of persons with developmental disabilities: I. a double-blind crossover study using multiple measures. American Journal on Mental Retardation, 106, 525-538.

ZISOOK1978

Zisook, S., Rogers, P.J., Faschingbauer, T.R., et al. (1978) Absence of hostility in outpatients after administration of halazepan - a new benzodiazepine. The Journal of Clinical Psychiatry, 75, 683-686.