TITLE: Anger Management Treatment Programs for Individuals who are Incarcerated, on Probation, or on Parole: Clinical Effectiveness and Guidelines

DATE: 19 May 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of anger management treatment programs for the reduction in recidivism in individuals who are incarcerated, on parole, or on probation?

2. What are the evidence-based guidelines regarding best practice for anger management treatment programs for the reduction in recidivism in individuals who are incarcerated, on parole, or on probation?

KEY FINDINGS

One randomized controlled trial and two non-randomized studies were identified regarding the clinical effectiveness of anger management treatment programs for the reduction in recidivism in individuals who are incarcerated, on parole, or on probation.

METHODS

A limited literature search was conducted on key resources including PubMed, Ovid PsychINFO, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and May 12, 2015. Internet links were provided, where available.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.
Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Adults and youth who are incarcerated, on probation, or on parole</th>
</tr>
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<tbody>
<tr>
<td>Intervention</td>
<td>Structured programs for anger management, either in an individual or group setting</td>
</tr>
<tr>
<td>Comparator</td>
<td>Any comparator</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Q1: Reduction in the risk of recidivism</td>
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<td></td>
<td>Q2: Best practice for anger management, recommended programs</td>
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<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines</td>
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RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One randomized controlled trial and two non-randomized studies were identified regarding the clinical effectiveness of anger management treatment programs for the reduction in recidivism in individuals who are incarcerated, on parole, or on probation. No evidence-based guidelines regarding best practice for anger management treatment programs for the reduction in recidivism in individuals who are incarcerated, on parole, or on probation were identified. In addition, no relevant health technology assessments, systematic reviews, or meta-analyses were identified.

Additional references of potential interest are provided in the appendix.

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials


Non-Randomized Studies


Guidelines and Recommendations
No literature identified.

PREPARED BY:
Canadian Agency for Drugs and Technologies in Health
Tel: 1-866-898-8439
www.cadth.ca
APPENDIX – FURTHER INFORMATION:

Systematic Reviews and Meta-analyses – Not Specific to Anger Management


Randomized Controlled Trials – Alternate Outcomes


Non-Randomized Studies

Alternate Population


Alternate Outcomes


Review Articles


See: Anger management, page 3

Effectiveness of violent offender treatment, page 7
Additional References
