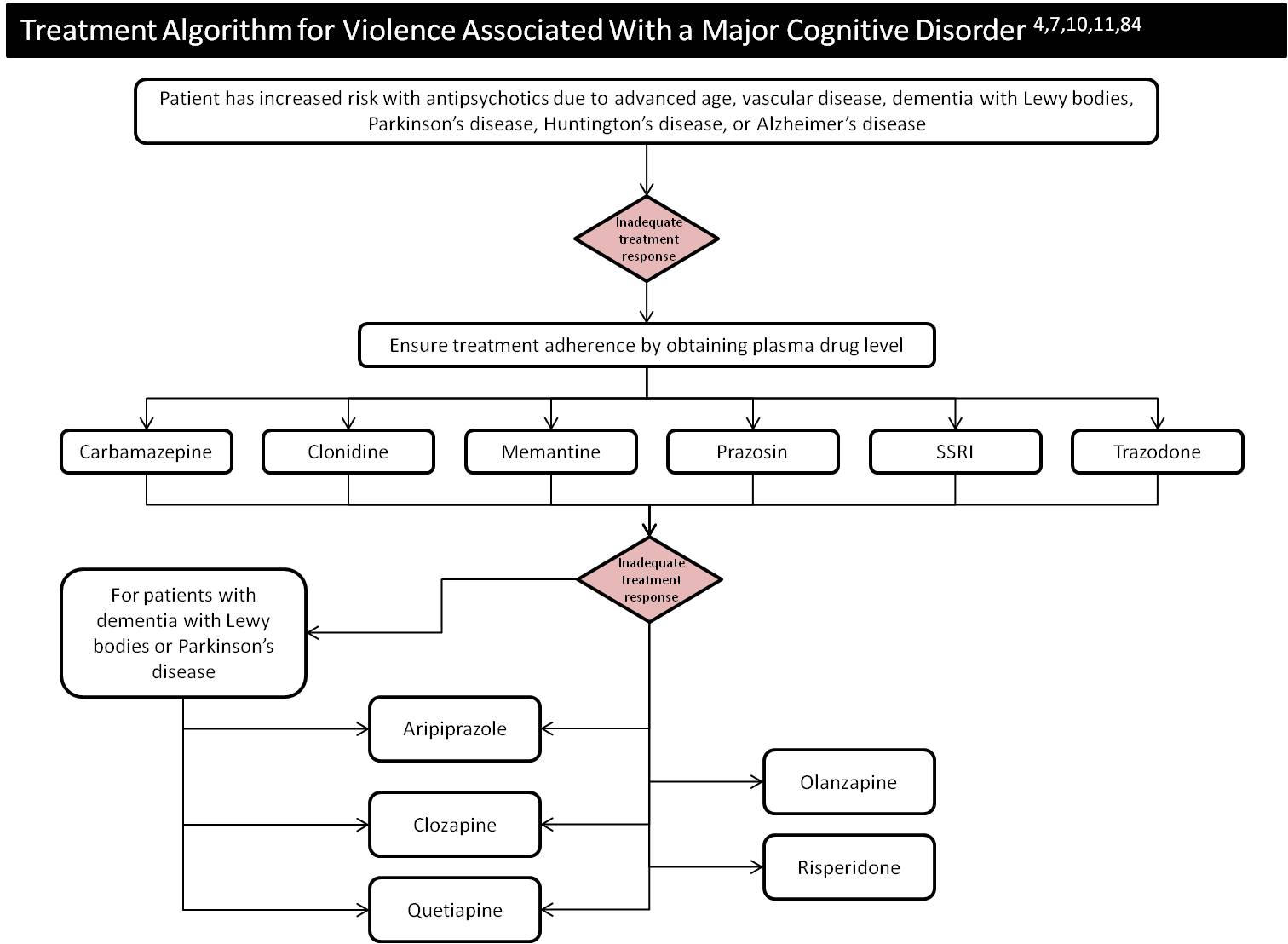
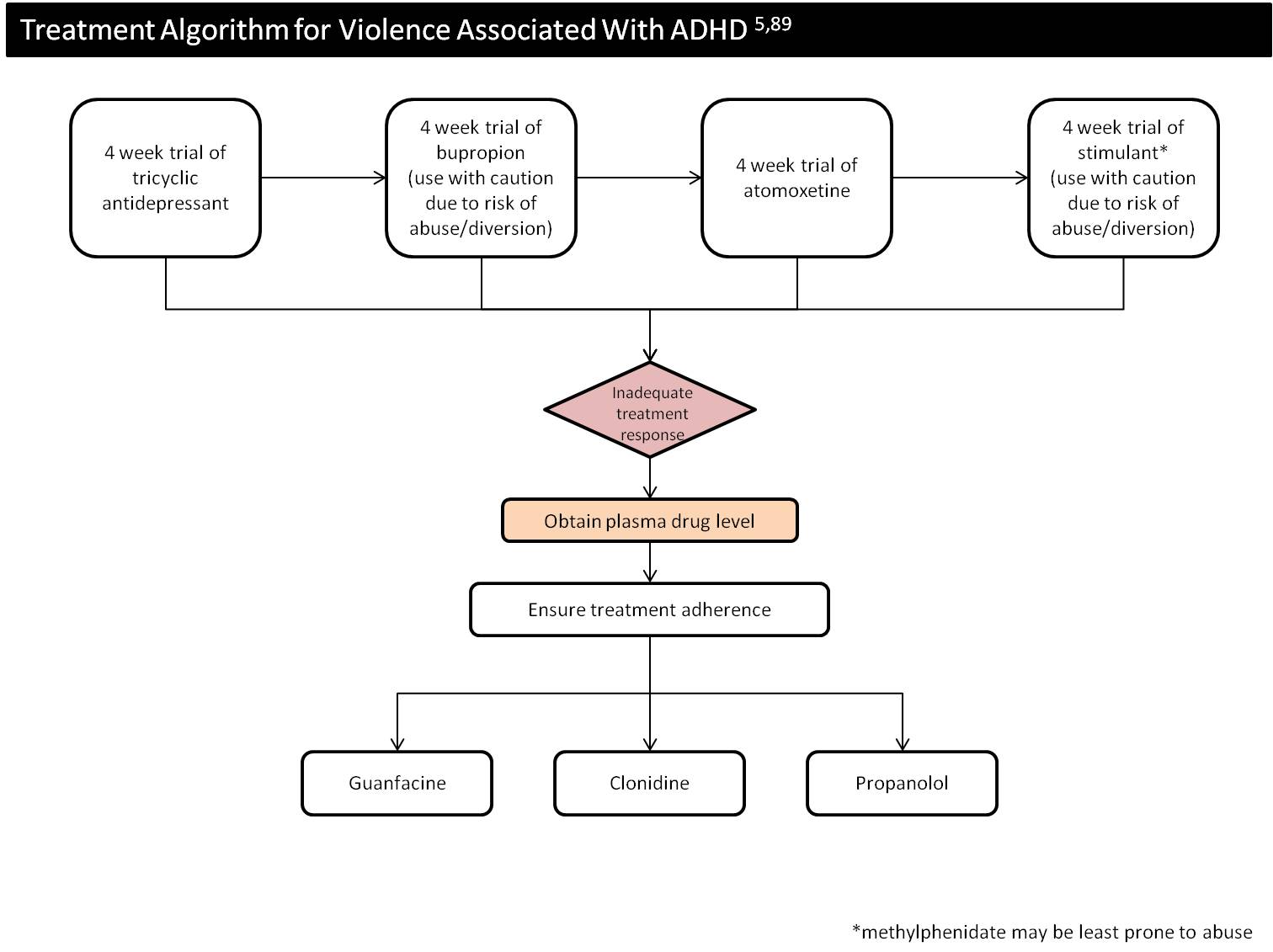
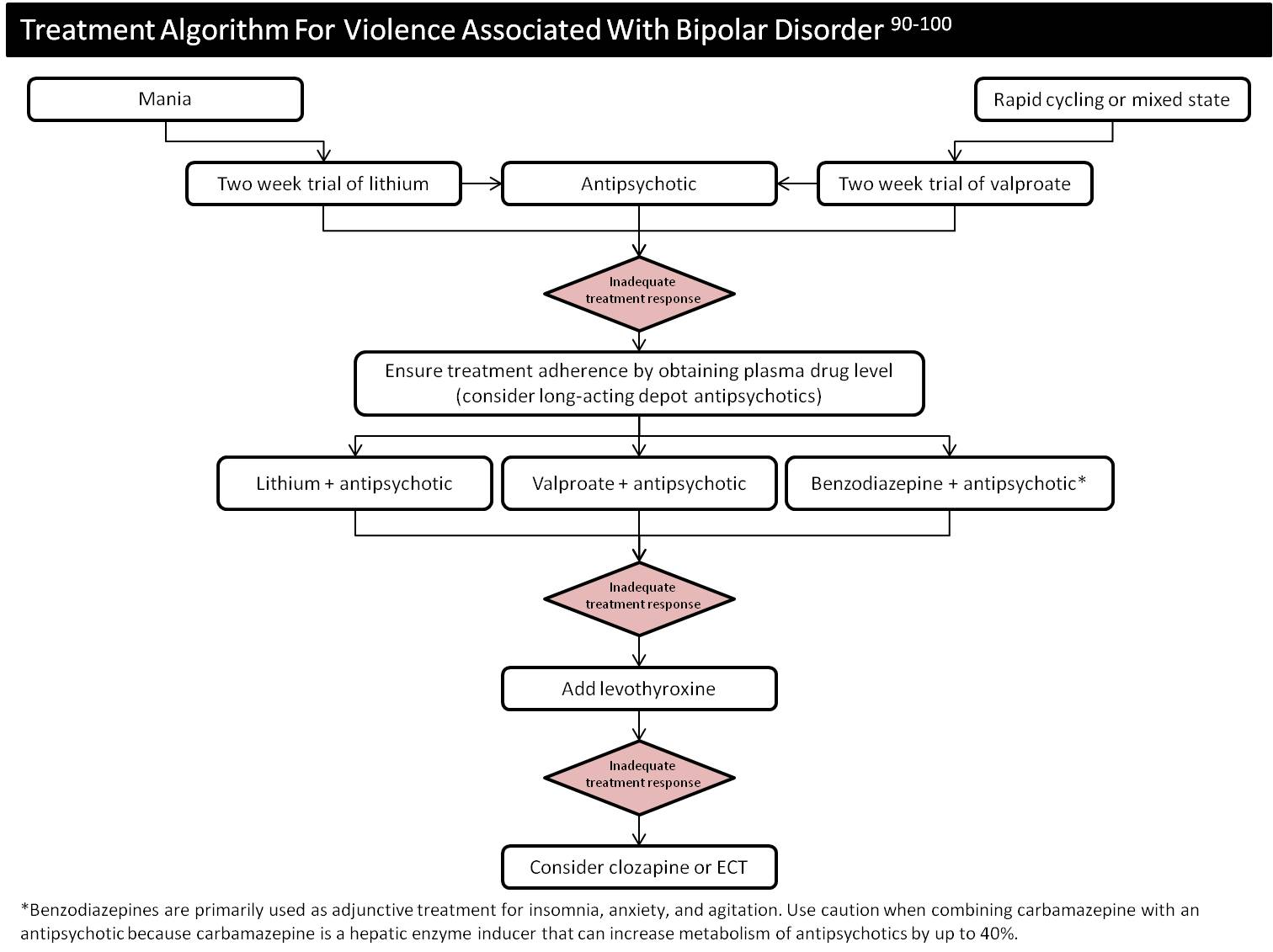
**SUPPLEMENTAL MATERIALS (to be made available online)**



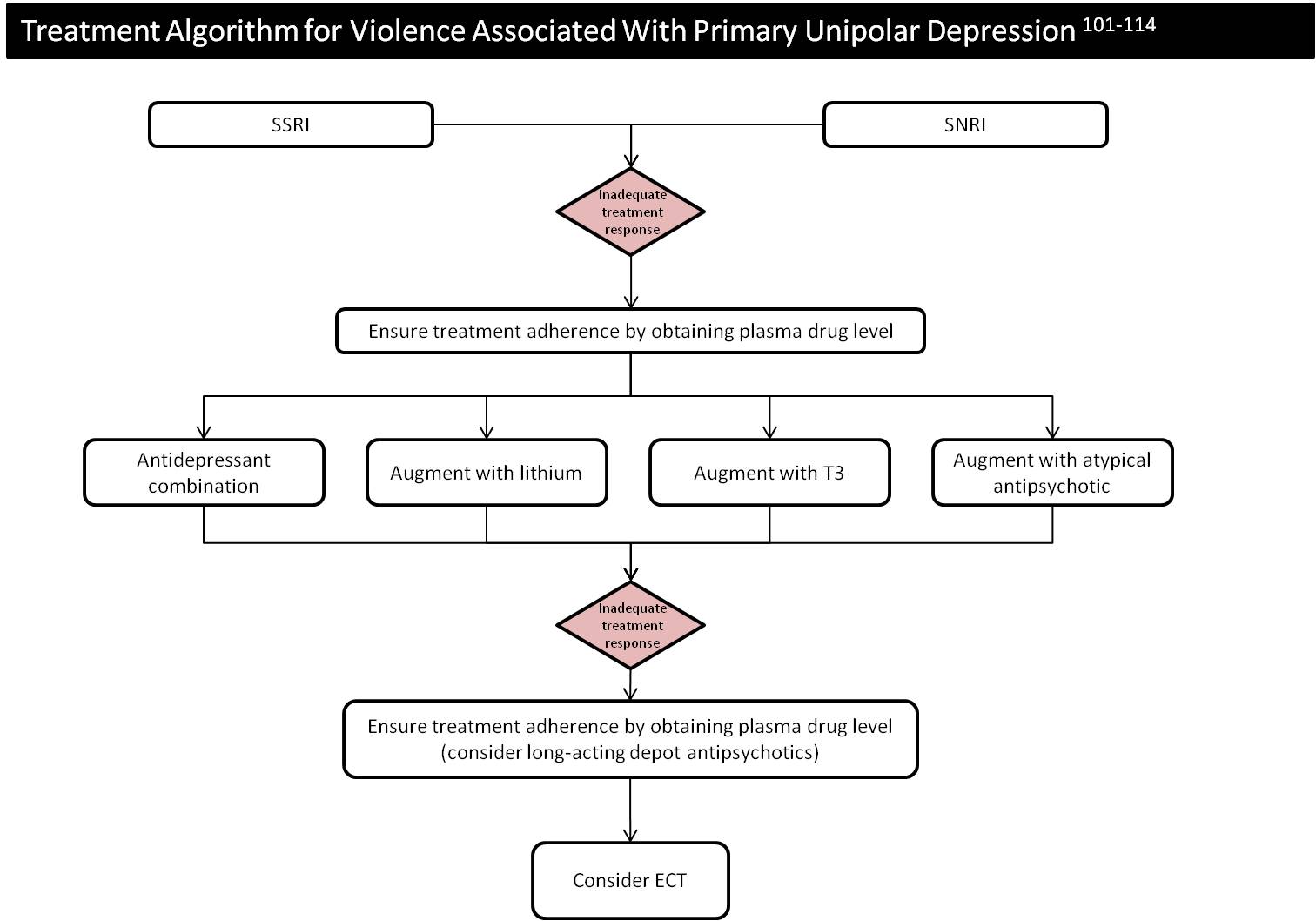
**Supplemental Figure 1. Treatment Algorithm for Violence Associated With a Major Cognitive Disorder**

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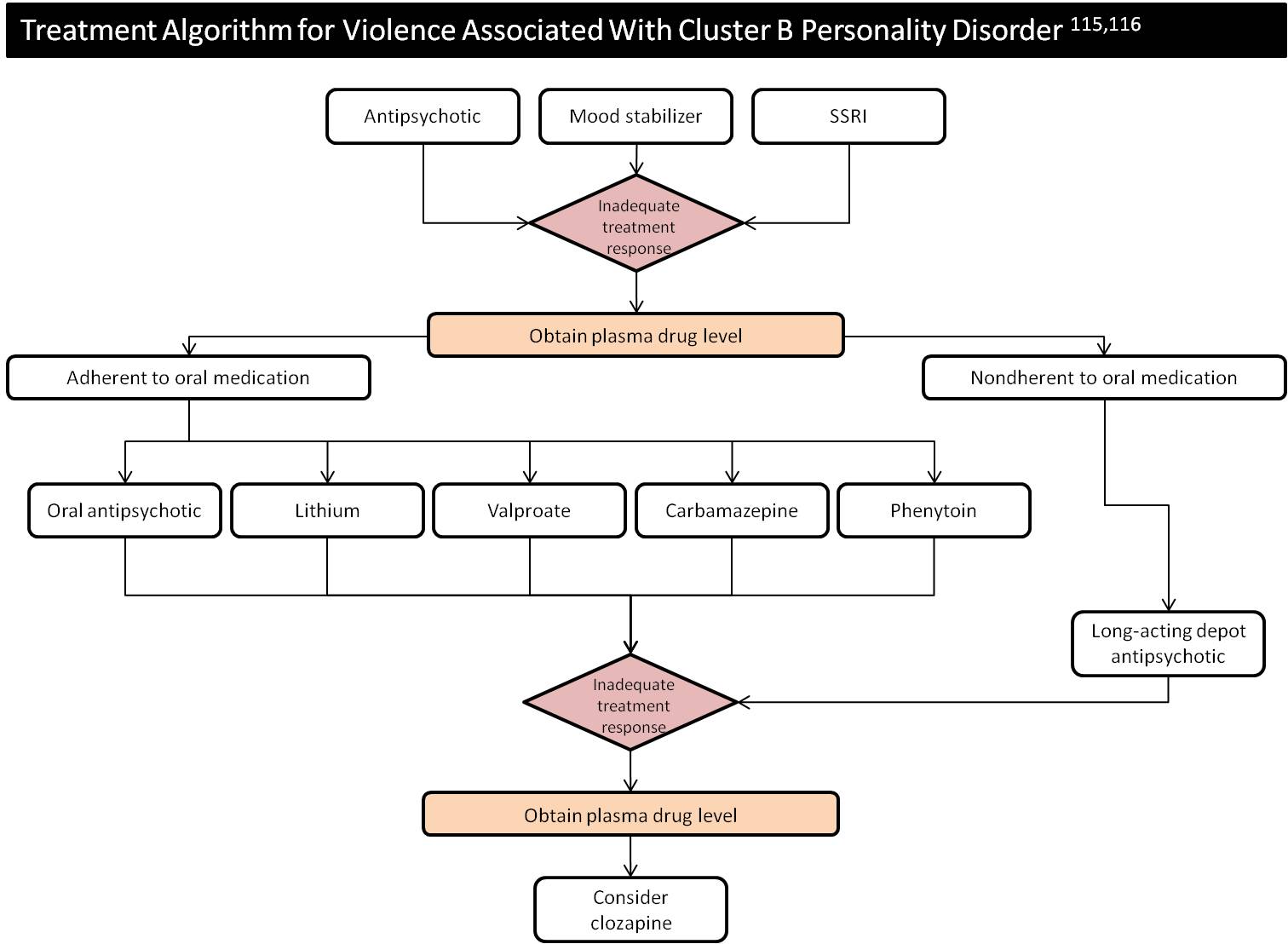
**Supplemental Figure 2. Treatment Algorithm for Violence Associated With ADHD**



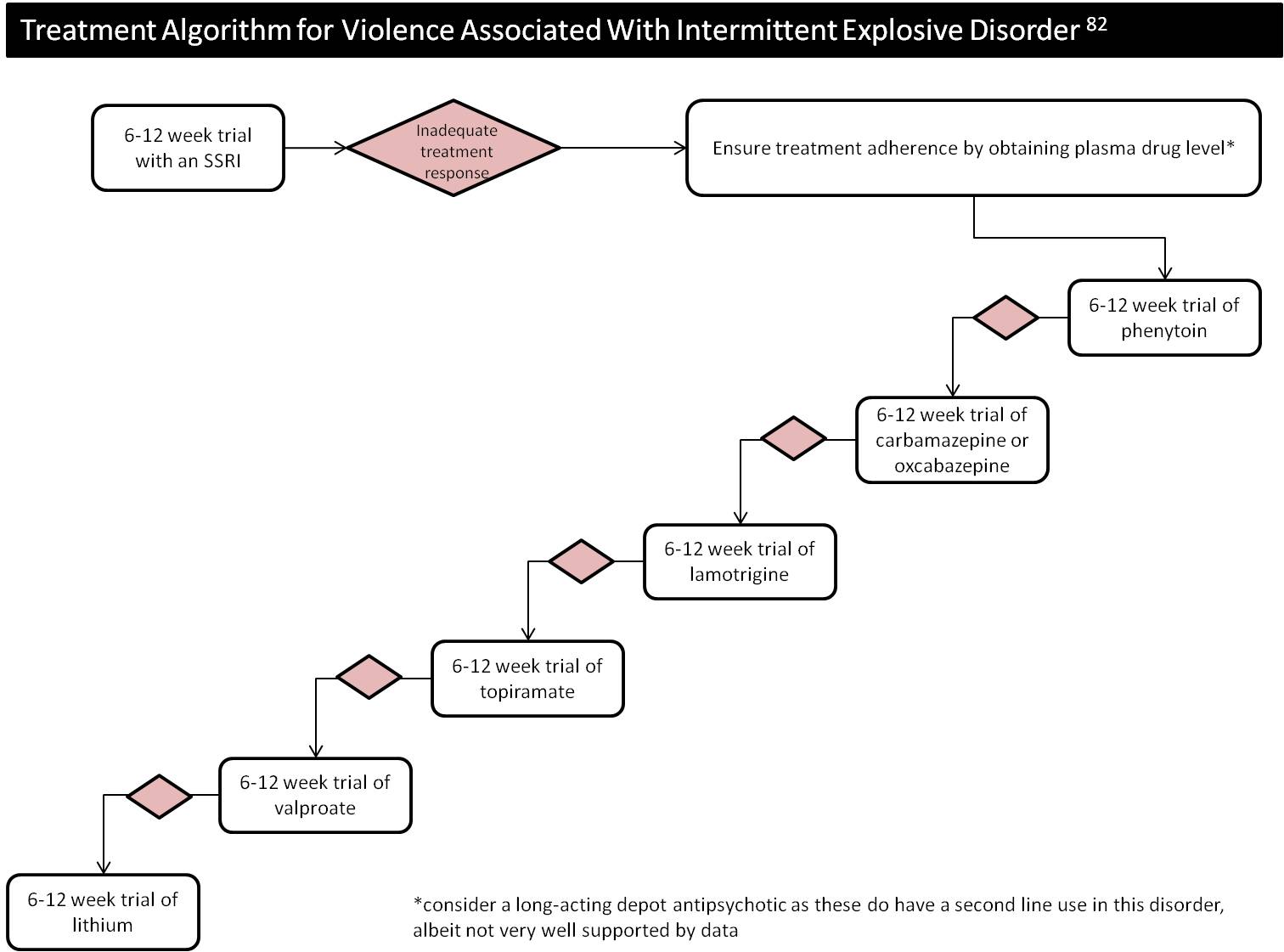
**Supplemental Figure 3. Treatment Algorithm for Violence Associated With Bipolar Disorder**



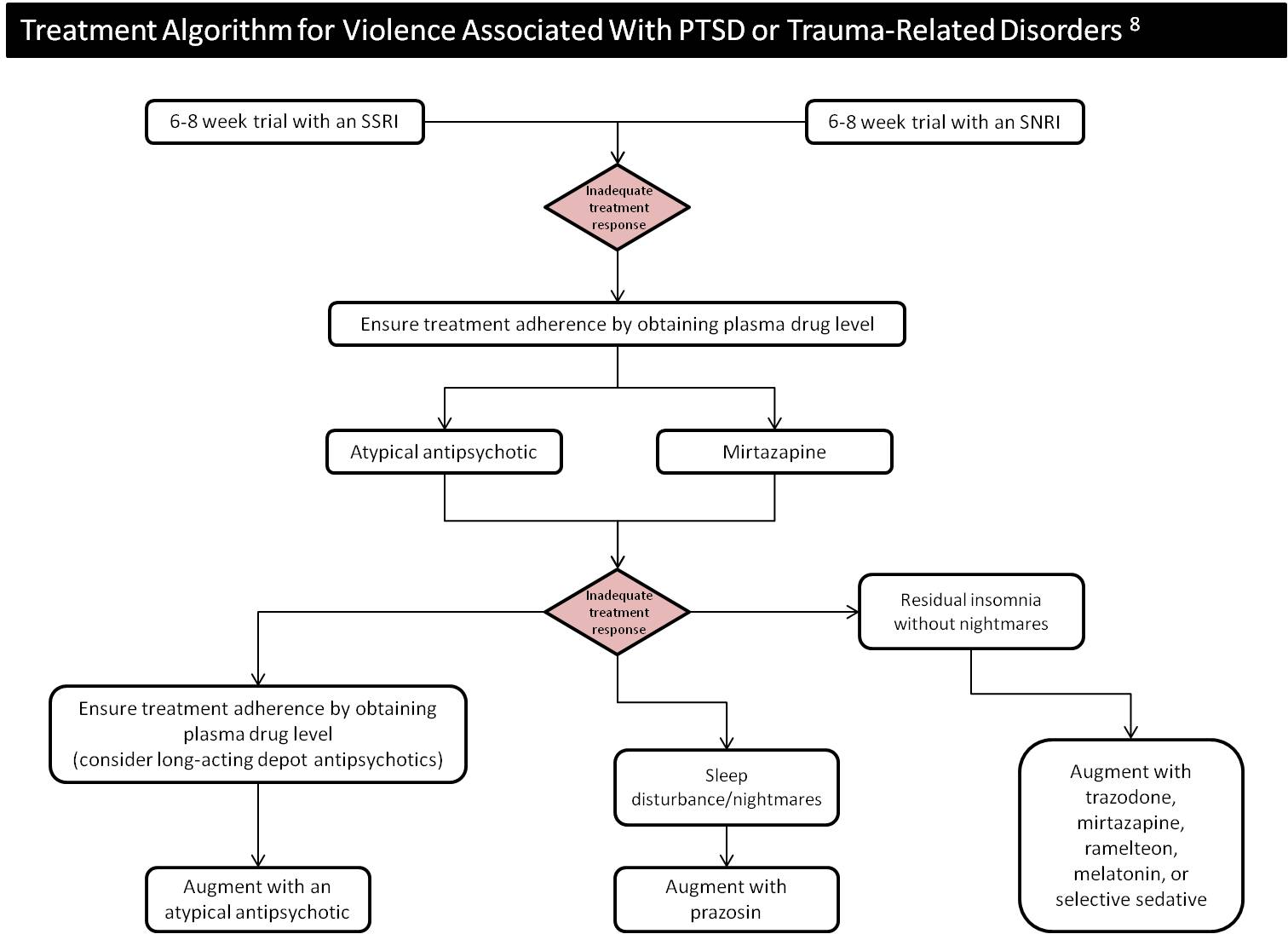
**Supplemental Figure 4. Treatment Algorithm for Violence Associated With Primary Unipolar Depression**



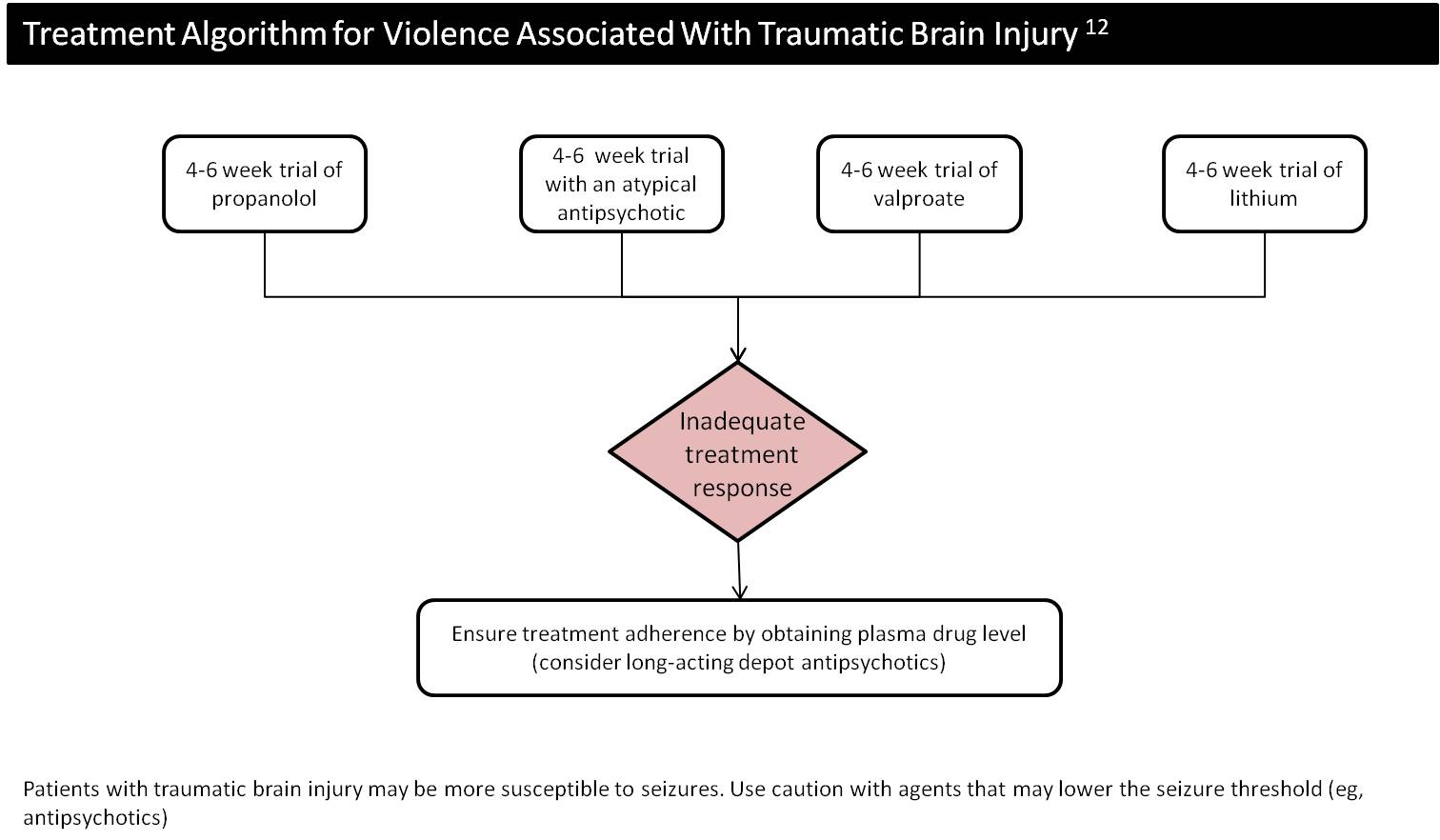
**Supplemental Figure 5. Treatment Algorithm for Violence Associated With Cluster B Personality Disorder**



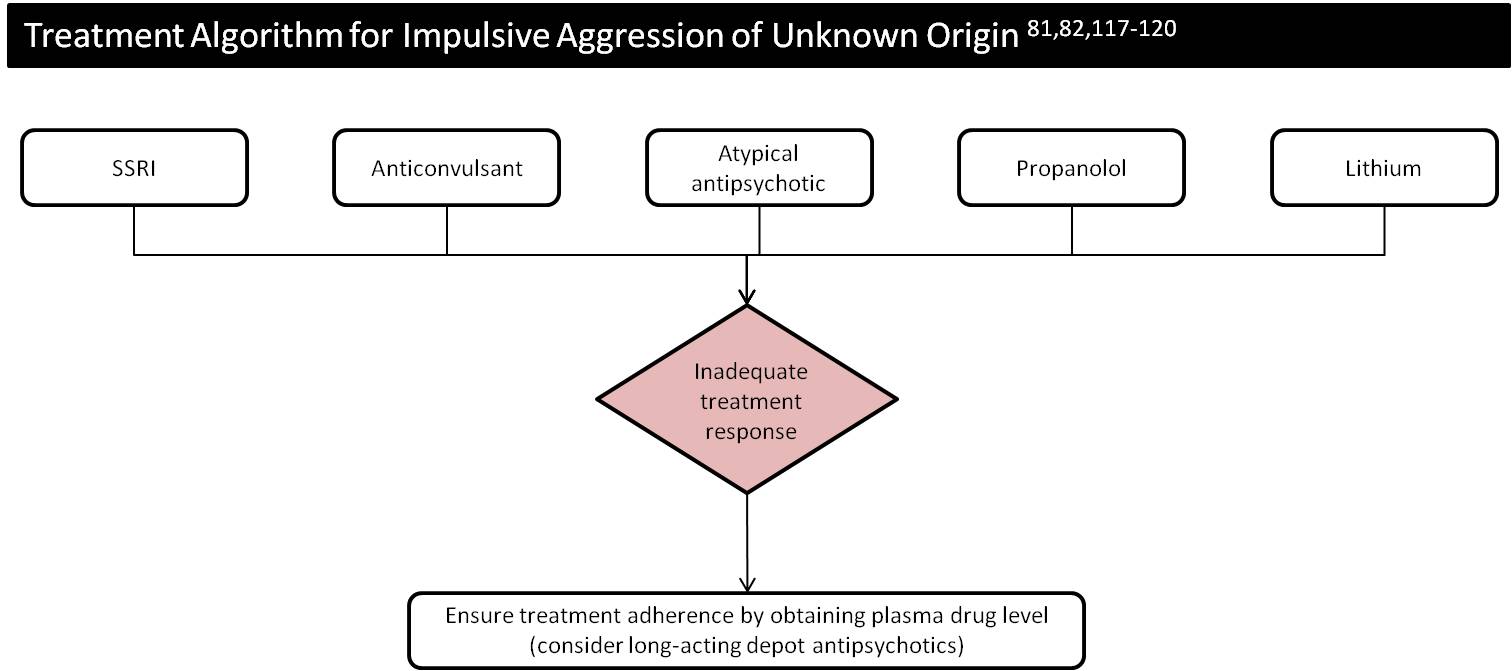
**Supplemental Figure 6. Treatment Algorithm for Violence Associated With Intermittent Explosive Disorder**



**Supplemental Figure 7. Treatment Algorithm for Violence Associated With PTSD or Trauma-Related Disorders**



**Supplemental Figure 8. Treatment Algorithm for Violence Associated With Traumatic Brain Injury**



**Supplemental Figure 9. Treatment Algorithm for Impulsive Aggression of Unknown Origin**

**Supplemental Table 1**. Violence Risk Assessment

|  |  |
| --- | --- |
| Decisions | Assessments |
| Psychosis present   * + Yes, administer the BPRS   + No, continue | * + BPRS   + Record Review   + Interview |
| Behavior suggests psychopathy   * + Yes, administer the PCL-R, and review record for more sources of impulsivity   + No, continue | * + PCL-R   + Record Review   + Interview |
| Substance Abuse or Dependence Diagnosis   * + Yes, complete drug history and UDS and review record for more sources of impulsivity   + No, continue | * + Record Review   + Interview   + Urine drug screen   + Consider substance use disorder treatment program consultation |
| Diagnosis of any cognitive disorder   * + Yes, administer executive functioning measures and review record for more sources of impulsivity   + No, continue | * + Trails A and B   + Wisconsin Card Sorting Test |
| Diagnosis of a mood disorder   * + Yes, rate symptoms and review record for more sources of impulsivity   + No, continue | * + Administer SCID if diagnosis unclear   + Depression Rating: Beck Depression Inventory, Hamilton Rating Scale for Depression   + Mania Rating: Young Mania Rating Scale |
| Diagnosis of PTSD or trauma related symptoms   * + Yes, administer trauma symptom measure and review record for more sources of impulsivity   + No, continue | * + Trauma Symptom Inventory (TSI-2)   + Interview |
| Diagnosis of TBI   * + Yes, and review record for more sources of impulsivity   + No, Continue |  |
| ADHD diagnosis.   * + Yes, Administer the Conners Adult ADHD Rating Scales and review record for more sources of impulsivity   + No, Continue | * + Conners Adult ADHD Rating Scales |
| Cluster B personality disorder diagnosis   * + Yes, administer structured interview if needed and review record for more sources of impulsivity * No, continue | * + SCID-II if diagnosis is unclear   + Interview |

**Supplemental Table 2**. Violence Risk Assessment Instruments

|  |  |  |
| --- | --- | --- |
| Instrument | Category | Description |
| COVR  Classification of Violence Risk | Actuarial | Interactive “classification tree” method that assesses potential personal, historical, contextual and clinical factors. |
| DASA  Dynamic Appraisal of Situational Aggression: Inpatient Version | Structured professional judgment | Created for use with psychiatric and forensic psychiatric inpatients to identify their risk for inpatient aggression in the very short term (i.e., 24 hours to one week). |
| HCR-20v3  Historical Clinical Risk Management-20 (version 3) | Structured professional judgment | Applied risk assessment tool using the SPJ approach; it consists of three main areas: historical, clinical, and risk management. |
| PCL-R  Psychopathy Checklist – Revised | Actuarial | Although originally created to measure the personality construct of psychopathy, this measure is used to assess future recidivism and violent offending. |
| START  Short Term Assessment of Risk and Treatability | Structured professional judgment | Clinical guide for dynamic assessment of risks, strengths and treatability. |
| SOAS-R  Staff Observation Aggression Scale- Revised | Observational rating scale | An observational rating measure completed by staff that monitors the frequency, nature, and severity of aggressive incidents. |
| VRAG  Violence Risk Appraisal Guide | Actuarial | 12-item scale that assesses the risk of violence within a specific time frame following release in violent mentally disordered offenders. |
| V-RISK-10  Violence Risk Screening-10 | Structured professional judgment | Screening measure that includes 10 items regarding historical, clinical, and future stress.Developed for patients in an acute psychiatric hospital. |
| VRS  Violence Risk Scale | Actuarial | Designed to monitor changes in risk and motivation to change using 6 static and 20 dynamic factors. |

**Supplemental Table 3**. Common Countertransference Reactions to Patients With Psychopathic Features

|  |  |
| --- | --- |
| Reaction | Description |
| Therapeutic nihilism | Devaluing patients, condemnation of all patients with psychopathy as being untreatable |
| Illusory treatment alliance | Opposite reaction to therapeutic nihilism, illusion that there is a treatment alliance when none exists |
| Fear of assault or harm (sadistic control) | Autonomic arousal and visceral reactions |
| Denial and deception (disbelief) | Not believing that the patient has a criminal history |
| Helplessness and guilt | Helpless and guilty when a patient does not change, despite earnest efforts |
| Devaluation and loss of professional identity | Feel despicable and devalued; experiencing symptoms of depression and burnout due to treatment failures |
| Hatred and the wish to destroy | Have spontaneous homicidal fantasies |
| Assumption of psychological complexity | Belief that all patients care to understand the origins of their maladaptive behaviors |

**Supplemental Table 4.Burnout Symptoms In Mental Health Professionals Who Work With Patients With Personality Disorders.**

|  |  |
| --- | --- |
| Depersonalization | Negative and cynical attitudes about patients (seeing them as deserving of their troubles) |
| Emotional exhaustion | Physical fatigue and feeling emotionally drained from job demands and distress |
| Sense of insufficient personal accomplishment | Feelings of competence and professional achievement |

**Supplemental Table 5**. Assessment of Reasons for Predatory Aggression

|  |  |
| --- | --- |
| Decisions | Assessments |
| Violent behavior is predatory and goal-directed (e.g. desire for external reward, stalking, dominance, sex, revenge  Inflict harm on victim)   * Yes, continue with predatory violence assessments and proceed to items 2 to 6) * No | Review prior history and assessments, including rap sheet   * + Frequency of violence   + Severity of violence   + Context of violence   + Collateral information   + Use of weapons   + Possession of contraband that can inflict bodily injury |
| Risk of harm to identifiable third parties   * If yes, warn and reasonable care to protect * No | * Risk Factors * Harm * Risk level |
| Violent behavior requires criminal arrest   * Yes * No |  |
| High likelihood of future violence   * Yes * No | * VRAG * HCR-20 (V3) |
| Psychopathy   * Yes * No | * PCL-R * PCL-SV |
| Presence of psychiatric disorders that are associated with instrumental aggression   * Yes * No | * Paraphilic Disorders * Cluster B Personality Disorders * Substance-Related and Addictive Disorders * Bipolar and Related Disorders |

**Supplemental Table 6**. The Central 8 Risk/Need Factors

|  |  |  |
| --- | --- | --- |
|  | **Major Risk/Need Factor** | **Treatment intervention goals** |
| The "Big" 4 | Antisocial Behavior | Build and reinforce nonviolence and noncriminal behaviors |
| Antisocial PersonalityPattern | Build self-control and delayed gratification;effective problem solving skills;teach anger management |
| Antisocial Cognition | Build flexible thinking, taking the viewpoint of others, values and moral reasoning; counter rationalizations with pro-social attitudes; build up a pro-social identity |
| Antisocial Associates | Gang intervention and prevention; address cognitions supportive of violence; replace pro-criminal friends and associates with pro-social friends and associates |
| The "Moderate" 4 | Family/Marital Circumstances | Teaching parenting skills, enhance warmth and caring |
| School/Work | Enhance work/study skills, nurture interpersonal relationships within the context of work and school; teach legitimate means of finding financial support |
| Leisure/Recreation | Encourage participation in pro-social recreational activities, teach pro-social hobbies and sports |
| Substance Abuse | Reduce substance abuse, enhance alternatives to substance use |

**Supplemental Table 7**. Risk-Need-Responsivity Model

|  |  |  |
| --- | --- | --- |
| Principles |  | Assessment Approaches |
| Risk Principle | * Duration or dosage of   treatment   * Higher intensity interventions, four contact hours per day | PCL-R  COVR  VRAG |
| Need Principle | * Pro-criminal or pro-violence attitude * Hostility (aggressive attribution styles) * Treatment compliance * Substance abuse * Impulsivity * Negative Attitudes * Excessively high self-esteem (egocentrism, sense of entitlement) * Sensation seeking | VRS  HCR-20  START  BIS-11  PAI |
| Responsivity Principles   * General * Specific | * Structured cognitive behavioral therapy * Personal, interpersonal, and social characteristics | * Self-Regulation * Programs address patient characteristics such as personality, motivation, culture, language, learning styles, abilities, strengths * Therapist flexibility, adjusting therapy to maximize change * What is in it for me? |

**Supplemental Table 8**. Measuring the Progress of Predatory Aggression Treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Program | Program Philosophy | Key Concepts | Goals |
| Reasoning and Rehabilitation | Cognition plays a decisive role in criminal behavior; maladaptive thinking is acquired via social and developmental experiences in the same way as pro-social behavior is learned | Focuses on interpersonal cognitive problem solving, social skills, negotiation skills, management of emotions, creative thinking, values enhancement, critical reasoning, skills in review and cognitive exercises. | Acquisition of adaptive thinking: developing skills to withstand ‘personal, situational, economic and interpersonal pressures towards illegal behavior.’ 124 |
| Enhanced Thinking Skills | How offenders think, including how they reason and solve problems, is an important factor in their criminal behavior. Introduce alternative ways of thinking and problem solving. | Training in impulse control, flexible thinking, taking the viewpoint of others, values and moral reasoning, general reasoning and interpersonal problem solving. | Developing awareness of how one reacts to problems and other people; learning a new thinking and problem solving approach can prevent offending. |
| Think First | Understanding the link between an individual’s offending behavior and cognitive skills; focuses first on the offending behavior and a complete analysis of criminal/violent event(s). | Target social problems, solving such issues as: problem awareness, alternative-solution thinking, consequential thinking, and perspective taking. | Acquisition of adaptive alternative-solution thinking. |