

**ANGER-AGGRESSION-VIOLENCE ASSESSMENT  
CONFIDENTIAL REPORT**

**NAME:** Ms. Jane Doe  
**AGE :** 42      **GENDER:** Female  
**EDUCATION/GRADE :** High School Graduate  
**MARITAL STATUS :** Married

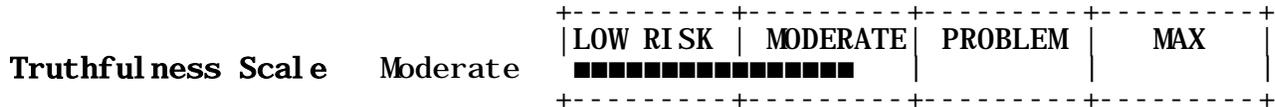
**LAST 4 DIGIST OF SSN:** 1234  
**ETHNICITY/RACE :** Caucasian  
**DATE OF BIRTH :** N/A  
**DATE AAVA SCORED:**04/13/2022

Anger-Aggression-Violence Assessment (AAVA) results are confidential and should be considered working hypotheses. No diagnosis or decision should be based solely upon AAVA results.

**Self-Reported History**

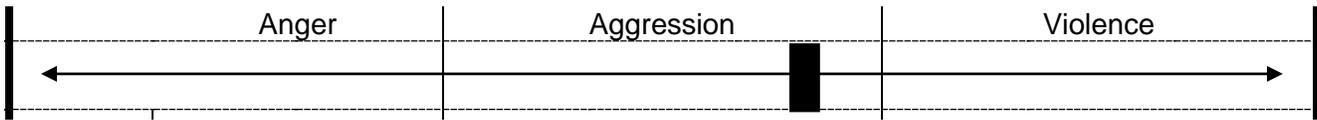
Number of DUI/DWI arrests:.....0      Age of first arrest:.....0  
 Number of alcohol-related (not DUI/DWI) arrests:....0      Number of assault arrests: .....0  
 Number of drug-related (not DUI/DWI) arrests:.....0      Number of domestic violence arrests:..... 1  
 Attendance at anger-mgmt. classes:..... Yes      Counseling for anger, aggression or violence:..... No

**Scales (Domains)**



Ms. Doe's Truthfulness Scale score is in the **moderate risk** range, which means her Truthfulness Scale score is within the acceptable range. Ms. Doe is aware of why she was being evaluated, and this awareness contributed to her cautious and prudent answers. Although some defensiveness and guardedness is apparent an established pattern of recalcitrance and evasiveness is not evidence. That said, Ms. Doe's scale scores are accurate and can be used in formulating his treatment plan. These accurate scales include the Anger, Aggression, Violence, Alcohol, Drug and Stress Management (coping abilities) scales.

**Triad Scale: Anger-Aggression-Violence**



**Triad Scale**

The Triad (Anger-Aggression-Violence) Scale is conceptualized as a single emotional continuum in which “anger” can increase and become “aggression,” which can increase and evolve into “violence.” Violence is a more severe emotion than aggression, which is more severe than anger. In other words, when an individual scores in the low aggression range, that score is more severe than a high anger score. Similarly, a low violence score is higher or more severe than a high risk Aggression Scale score.

Ms. Doe's Triad (Anger-Aggression-Violence Assessment) Scale score is in the **moderate** aggression range, which means she would benefit from outpatient counseling. Two popular therapies are: Applied Behavior Analysis (ABA) which enhances a patient's social acceptance and quality of life by teaching positive behaviors that replace aggression and Cognitive Behavior Therapy (CBT) which can be used by individuals or in group counseling settings. Without counseling or treatment Ms. Doe's aggression will likely worsen. Carefully review Ms. Doe's other Alcohol, Drug and Stress (Coping) Management scale (domain) scores, as co-morbidity would complicate her treatment program. For background, there is no psychiatric diagnosis for aggression in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5).

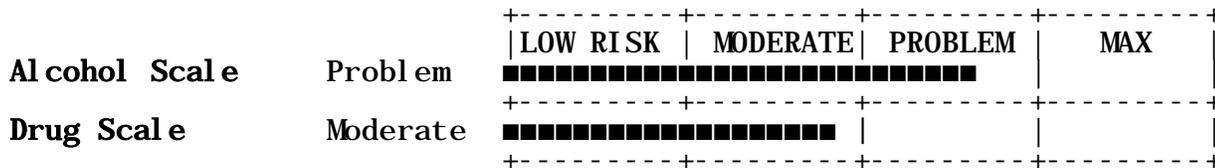
**ADDITIONAL INFORMATION**

**Anger-Aggression-Violence Assessment**

Anger, aggression and violence are interrelated concepts, which are related to verbal or physical activities that cause mental or physical discomfort or pain. Anger is an uncomfortable emotion characterized by antagonism. In the Anger-Aggression-Violence Assessment (AAVA) anger is a precursor to aggression (the intent is to psychologically harm another) which is viewed as a precursor to violence (the intent is to cause physical harm to another). It should be understood that there is disagreement on these classifications and definitions. The U.S. Federal Bureau of Investigation (FBI) defines violence as “any criminal offense that uses force, or the threat of force which includes assault, robbery and sexual assault.” That said, the Triad Scale is conceptualized as a continuum from anger, through aggression to violence. A low Triad Scale score is in the anger range, whereas a high Triad Scale score is in the violence range.

**Alcohol Scale**

Ms. Doe’s Alcohol Scale score is in the **problem range**, which means she has a drinking problem. If she is “recovering” (item #129), she will need relapse prevention assistance. The recommended level of care includes outpatient treatment (e.g., cognitive behavior therapy) augmented with (not replaced by) Alcoholics Anonymous (AA) meetings. Several psychotherapy approaches have demonstrated efficacy in alcohol treatment. These treatment programs include outpatient cognitive behavior therapy, contingency contracting, coping skills training and combined behavioral intervention. Without treatment Ms. Doe’s alcohol-related problem will likely worsen. Ms. Doe needs outpatient psychotherapy for her drinking problem.



**Drug Scale**

Ms. Doe’s Drug Scale score is in the **moderate risk** range. Moderate risk scorers have usually had some involvement with drugs, but do not manifest an established pattern of illicit drug use or abuse. Clarification of drug abuse consequences may be all that is needed to help Ms. Doe curtail her drug use or abuse. A “brief intervention” involving 15 to 20 minutes of direct face-to-face staff-client (patient/offender) discussion, may serve as a wake-up call. Sometimes straight talk helps. At this time Ms. Doe’s answers to the AAVA Drug Scale questions do not indicate that she has a serious drug-related problem. To complete this substance use” assessment also check Ms. Doe’s Alcohol Scale score.

**Stress Management Scale**



Ms. Doe’s Stress Management (coping) Scale answers place her in the **moderate risk** range, which means her stress management concerns are becoming apparent. Ms. Doe would benefit from reading a stress management book. Many do-it-yourself books are available at local bookstores or libraries and articles are accessible on the Internet. Two people can be in the same stressful situation, yet one person handles their experienced stress well, while the other person is overwhelmed. In this example, the issue is not “are they experiencing stress,” but how well do they “manage their experienced stress.” Other low intensity or prophylactic interventions (stress management counseling or classes) might be preventive in nature.

**SUPPLEMENTAL INFORMATION**

**Truthfulness Scale**

Upon completion of a self-report test the question is always the same, "Was the client (offender or patient) truthful when answering questions?" The Anger-Aggression-Violence Assessment (AAVA) Truthfulness Scale helps answer that question. Client (patient, offender) truthfulness has been associated with positive treatment outcome (Barber, et al, 2001). Denial accompanies lack of accountability and resistance (Simpson, 2004). Problem minimization has also been linked to lack of treatment progress (Murphy & Baxter, 1997), treatment dropout (Evans, Libo & Hser, 2008), and recidivism (Nunes, et al, 2007; Grann & Wedin, 2002). Research shows that truthfulness is an important factor in diagnosis, treatment and recidivism. Research citations are available on [www.anger-aggression-violence.com](http://www.anger-aggression-violence.com).

**Significant Items**

Ms. Doe's Anger-Aggression-Violence Assessment (AAVA) answers are unusual in that he did not trigger any (or very few) "Significant Items." For background, "significant items" are direct admissions or unusual answers. Ms. Doe's AAVA answers indicate he has no, or very few, anger-aggression-violence concerns. His AAVA Truthfulness Scale score should answer the question "Is Ms. Doe into massive denial?" If so, consider a "brief intervention" which involves 15 to 30 minutes of direct face-to-face staff-client (patient/offender) discussion, then retest. That said, significant items can provide added insight into a client's situation and needs. As a general rule, the fewer significant items the less severe-related problems.

**Impulsiveness**

Ms. Doe's Impulsivity (or impulsiveness) Scale score is in the **low risk** range, which means she is not usually an impulsive person. For background, there is some disagreement regarding the definition of impulsiveness. We use Wikipedia's (2015) definition, "Impulsiveness is a tendency to act on a whim, displaying behavior characterized by little or no forethought, reflection, or consideration of the consequences." Research has linked impulsiveness with disruptive behaviors, criminal offenses and patient's decision making. That said, Ms. Doe is not an impulsive person.

COMMENTS: \_\_\_\_\_  
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STAFF MEMBER SIGNATURE

\_\_\_\_\_  
DATE

**AAVA RESPONSES**

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51-100 FFFFFFFFT TFFTFTFTFF FFTFTFTFTT TTF311232 1213322131  
101-135 3211313233 2123243141 4424424444 41434