

Anger Assessment

85 total questions

Below are the questions that will comprise the MARET Anger Assessment. We have finally created this tool in an effort to help those who deal with anger issues – especially court-mandated counseling. It is likely that a number of sub-categories will be generated from these questions. For now, we have put the questions in distinct categories. We will publish a final assessment article when this assessment is ready to use.

For now, please read through this material and feel free to respond to us. We need all of the input that we can get from you. If you believe that we have omitted an important area or question, please let us know as soon as possible. We will be moving ahead with this assessment quickly.

We will need to standardize this assessment. We have a few ideas about how to do that but we are open to your input regarding that process also. We will need a few hundred responses in order to standardize this assessment. Let us know if you have any ideas about how we can obtain quick results so that we can publish a standardized anger management assessment.

Summary of Assessment Categories

- Intermittent Explosive Disorder (10 questions)
- Memory Loss (possible psychosis) (5 questions)
- Physiological Symptoms (6 questions)
- Associated Emotions (13 questions)
- Anxiety (15 questions)
- Abuser Indicators (20 questions)
- Anger Behaviors (16 questions)

Diagnostic criteria for 312.34 Intermittent Explosive Disorder

A. Several discrete episodes of failure to resist aggressive impulses that result in serious assaultive acts or destruction of property.

B. The degree of aggressiveness expressed during the episodes is grossly out of proportion to any precipitating psychosocial stressors.

*Most individuals who suffer from anger issues can be clinically diagnosed with **Intermittent Explosive Disorder** (312.34). The questions below cannot be used to diagnose this **Disorder** but they can give the therapist a good idea that the **Disorder** is present. The therapist should use the DSM criteria to make the official diagnosis when this score is high.*

[Intermittent Explosive Disorder Questions – 10 questions – 40 possible points]

1. I have had significant impulses that have resulted in me physically hurting other people.

2. I have been arrested for physical violence against another person.
3. Anger comes upon me suddenly and I cannot stop my violent reaction.
4. I have had significant episodes where I have serious desire to harm another person.
5. Anger overcomes me suddenly.
6. I have had significant episodes where I have a desire to destroy property.
7. I have been arrested for property damage or destruction.
8. I have had episodes where I have destroyed property because of my anger.
9. I feel that my anger is more extreme for some situations than it should be.
10. I get extremely mad at things that should be no big deal.

Memory Loss (possible psychosis)

- Descriptive of blinding anger, anger that causes complete or partial memory loss for a significant period of time after the anger event
- Inability to remember what was said or done during the blackout period

Many people who have issues with anger report that they “black out” or suffer from an inability to remember anything that they said or did while they were in a rage. This may begin prior to the actual explosion of anger and may last for hours after the anger event – even into the next day. This may be an indication of some type of psychotic event transpiring (although it is not mandatorily diagnosed as psychotic rage). When a person is blinded by anger, others may be in extreme danger and the therapist should consistently monitor the client’s behavior patterns when in a bland rage.

[Memory Disruption Questions—5 questions – 20 possible points]

1. There are times I cannot remember what I do while I am mad.
2. There are times when I get mad and cannot remember what caused the anger.
3. There are times when my anger causes me to lose my memory for a long period of time.
4. I have had to ask people what I’ve done while I was mad because I could not remember.
5. People have told me that I said or did things while I was mad that I don’t remember.

Physiological Symptoms

- Palpitations
- Muscle tension
- Changes in breathing
- Shaking
- Face flushed
- Voice tense
- Fists clench

There are common physical symptoms that accompany anger. These will not indicate an anger disorder by themselves. They do, however, help define the dimensions of any anger that exists.

[Physiological Symptom Questions – 6 questions – 24 possible points]

1. I feel that my heart beats faster when I get mad.
2. My muscles get tense when I get mad.

3. My hands shake when I get mad.
4. I can feel my face get flushed when I get mad.
5. I feel that my voice sounds tense when I get mad.
6. I clench my fists when I get mad.

Emotions that may be Associated with Anger

- Frustration
- uncontrolled anger
- bitterness
- excessive shame
- guilt
- envy
- jealousy
- greed
- suspicious
- inferior
- persistent agony
- poor will power
- laziness

There are common feelings that are associated with those who have anger issues. Again, these do not necessarily indicate an anger disorder by themselves. However, combined with all the other factors they can indeed point to an anger disorder.

[Emotion Questions – 13 questions – 52 possible points]

1. Frustration is associated with my anger.
2. I have no control over my anger.
3. I feel that I am a bitter person.
4. I feel that I have a lot of shame.
5. I feel guilty.
6. I have a lot of envy.
7. I am a jealous person.
8. I feel that I am greedy.
9. I am suspicious of the motives of others.
10. I have feelings of inferiority.
11. I feel that I am in agony a lot.
12. I have little will power to change my behaviors.
13. I feel that I am lazy.

Anxiety Measurement Using QuikTest Criteria

*Individuals with anger management issues usually have anxiety scores that are elevated above normal. Thus, we use the long-tested **QuikTest** Anxiety index to measure anxiety states in the client.*

[Anxiety Questions – 15 questions – 60 possible points]

1. I feel courageous.
2. I feel excitable.
3. I have cramps in my arms or legs.
4. I have frequent mood swings.
5. I feel I have a rapid pulse.
6. I get annoyed or irritated.
7. I have a dry mouth.
8. I am forgetful.
9. I feel I have shaky hands.
10. I have nightmares.
11. I am calm.
12. I am composed.
13. I fear bodily disease.
14. I am confused.
15. I get tired easily.

Possible abuser indicators

- Do you get into physical fights with others?
- Do you punch, hit, or kick inanimate objects or pets?
- Do you frequently slam doors, sometimes to the point of damaging them?
- Do you throw, break, or destroy objects to relieve your anger?
- Do you stomp your feet in anger?
- Do you yell until you're hoarse? Do you often say things that you regret later?
- Do you face confrontation with sarcasm?
- Do you often say things that you later regret?
- Do you shy away from confrontation?
- Do you keep your feelings to yourself?

Many individuals with explosive anger issues abuse other people – especially domestically. Explosive anger should be a “red flag” for the therapist to assess whether or not domestic violence is also happening. A high score in this section leans in the direction of the angry person also being an abuser. We know that violence against property is a “proxy” for abuse of people.

[Abuser Indicator Questions – 20 questions – 80 possible points]

1. I get into physical fights with people when I disagree with them.
2. The police have been called because of my treatment of other people.
3. I have been arrested for domestic violence.
4. I have been arrested for threats against someone.

5. I punch things when I get mad.
6. I kick things when I get mad.
7. I have hurt a pet when I was mad.
8. I slam doors when I get mad.
9. I throw things when I get mad.
10. I feel some satisfaction or relief when I break something when I'm mad.
11. I yell until I start to lose my voice.
12. I say things that I regret later when I am mad.
13. I stomp my feet when I get mad.
14. I get sarcastic when I am confronted.
15. I try to stay away from confrontation.
16. I get a certain satisfaction when I'm mad at someone.
17. I like the feeling of controlling others when I'm mad.
18. I keep my feelings to myself.
19. People deserve my anger.
20. I don't understand the feelings of other people.
21. I don't care about the rights of other people.

Anger Behaviors

- Loss of temper on a daily basis
- Frequent physical fighting
- Justification for anger events
- Increase in use of drugs or alcohol
- Always thinking about detailed plans to commit acts of violence
- Enjoying hurting others
- Carrying a weapon
- Having been a victim of bullying
- Poor school performance
- History of discipline problems or frequent run-ins with authority

These are common behaviors associated with anger issues. Anyone who scores using these questions has an anger issue. The more indicators that exist, the more out of control the anger is.

Anger Behavior Questions – 16 questions – 64 possible points

1. I lose my temper on a daily basis.
2. I get into physical fights.
3. I feel that I can justify my anger.
4. At least occasionally, I use drugs.
5. At least occasionally, I use alcohol excessively.
6. When I use drugs I get angry easier.
7. When I'm drunk, I get angry easier.
8. I have planned a violent act against another person.
9. I have planned the destruction of someone's property.
10. I enjoy hurting other people.

11. I enjoy destroying the property of other people that I don't like.
12. I carry some type of weapon.
13. I was bullied at some time in my life.
14. I did not do well in school.
15. I have had a number of confrontations with legal authorities like police.
16. I have a history of discipline problems since childhood.

Other Therapist Considerations

When a therapist is convinced that a client has a significant anger management issue, other significant factors must be considered. Eventually, these will be incorporated as suggestions in the printout document for the assessment results. For now, the therapist should consider these issues carefully when anger management is an issue.

Intermittent Explosive Anger Diagnosis

When the therapist recognizes that the client has criteria that meet ***Intermittent Explosive Disorder***, the therapist must rule out these factors. Technically, IED cannot be diagnosed if any of these factors are present.

- Antisocial Personality Disorder
- Borderline Personality Disorder
- Psychotic Disorder
- Manic Episode (most likely associated with Bipolar Disorder)
- Conduct Disorder (if client is under 18 years old)
- Anger issues are not due to the direct physiological effects of a substance (while the substance is being used and the client is in an altered state)
- Anger issues are not due to a general medical condition

Other Factors that Contribute to Anger Disorders

There are other factors that complicate anger disorders. These factors may magnify the anger state or may actually be factors directly causing the anger issues.

Drug/Alcohol Abuse – Drugs and alcohol addiction or consistent intoxication may lead to the development of an angry lifestyle. While a person who is directly under the effects of a drug or alcohol substance cannot be diagnosed with IED, the addicted person may develop an overall angry state that persists even when the substance is not being engaged in.

Childhood Trauma – This is a major cause of anger dysregulation. Many individuals who were abused by angry parents will develop the same behavior patterns as they themselves become adults.

Frustration – Constant frustration is a contributor to anger behaviors. It is likely that an individual with low frustration tolerance will also have elevated anxiety. Relaxation techniques may be of some benefit if the individual can develop the discipline to use the techniques effectively. That, in itself, may be a difficult process.

Boundary Issues – Individuals with boundary issues often feel the need to control the behavior and even the thinking of other people. Their inability to completely do so – and the insecurity that comes along with that – often results in frustration that can lead to significant anger.

Denial – Many individuals with significant anger issues will deny that they have anger issues. Since they are unable to face and recognize their anger, they will perpetuate it.

Procrastination – When an individual procrastinates, they often develop a lower resistance to frustration.

Self Esteem Issues – Individuals with self esteem and self worth issues often have a lower tolerance to frustration and will lash out in anger when they feel that they are being attacked by others.

While reading through these comments, the therapist should recognize that frustration is a key element in the perpetuation of the anger disorders. While it may not be the root cause, it is certainly a contributor toward the continuation of the anger pattern.

MARET Systems International desperately needs your feedback on this assessment tool while it is in development.

What is missing?

What is potentially wrong with the tool?

What more do you want?

What type of results do you want?

Do you want to see an anger management program developed?

What else can you tell us that is important for this tool's development?

How often would you use this tool?

Do you currently counsel anger issues on a regular basis?

If so, what do you use at the current time for assessment and treatment?

How do you think we can standardize this assessment? We need 200 or 300 results quickly.