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substance-abusing parents and hyperactivity, and at 16, psychopathic personality, blunt affect, delinquency and serious violent offending. Reactive aggression was uniquely characterized at the age of 16 by impulsiveness, hostility, social anxiety, lack of close friends, unusual perceptual experiences and ideas of references. The findings confirm and expand the differential correlations of proactive-reactive aggression and show that this short but reliable and valid instrument of self-expression can be used to assess proactive and reactive aggression in samples of children and adolescents. PMID:20798781 Validity and reliability of reactive-proactive questionnaire on aggression in Turkish adolescents ERIC Educational Resource Information Centre Cenkseven-Onder, Fulya; Avci, Rasi; Çolakkioglu, Oguzhan 2016-01-01 The aim of this study was to adapt the Reactive-Proactive Aggression Questionnaire (RPQ), developed to measure two dimensions of aggression that are reactive and proactive, into Turkish and to test the validity and reliability of the Turkish form. The study group consisted of students at four high schools in Adana, Turkey, and 485 students... Aggression and violence against primary care physicians – survey of questionnaires conducted across the country. PubMed Vordenwülbecke, Florian; Feistle, Maximiliane; Mehring, Michael; Schneider, Antony; Linde, Klaus 2015-03-06 International studies show that aggressive behavior against primary care physicians is not uncommon. To date, no systematic study of the nature and frequency of such occurrences has been carried out in Germany. The four-page questionnaire was sent to a random sample of 1,500 primary care physicians nationwide. It contained questions about the type, frequency, severity and location of aggressive behavior against doctors. 831 (59%) 1,408 correctly submitted questionnaires could be included in the analysis. 91% of respondents (95% confidence interval [CI], 89%-93%) said they were subject to aggressive behaviour at some point in their career as primary care physicians, 73% (95% CI, 70%-76%) in the previous 12 months. Severe aggression or violence was experienced by 23% (95% CI, 20%-25%) career and 11% (95% CI, 8%-13%) the previous year. The vast majority of respondents said they felt safe in their offices. 66% of women and 34% of male respondents said they did not feel safe on home visits while on duty. The frequency and extent of aggression and violence against primary care physicians in Germany are comparable to those reported by international studies. Strategies need to be developed to tackle this problem. In particular, the issue of security in the event of an emergency call needs to be addressed. Lack of correspondence between reactive proactive questionnaire and impulsive scale of premeditated aggression among forensic psychiatric outpatient clinics. PubMed Smeijers, Danique; Brugman, Suzanne; von Borries, Katinka; Verkes, Robbert-Jan; Bulten, Erik 2018-05-15 The most questionable bimodal classifications of aggressive behavior are impulsive/premeditated difference measured by impulsive scale of premeditated aggression and reactive/proactive difference as measured by reactive proactive questionnaire. The concepts of these classifications are often used interchangeably, assuming that reactive aggression is equal to impulsive aggression and that proactive aggressive behavior is the same as premeditated aggression. Correspondence or discrepancy between classifications/aggression questionnaires, however, is insufficiently known. Therefore, the current study looked at correspondence between RPQ and IPAS in a sample of 161 forensic psychiatric outpatients (FPO) with severe aggressive behavior. Correlation analysis revealed limited correspondence between RPQ and IPAS. Cluster analyses came from three clusters from RPQ and IPAS: these clusters did not match in 60.3% of cases. Furthermore, the idea that RPQ measures the aggression of traits, while IPAS estimates that state aggression Check. This study shows that subtypes of aggression measured using RPQ and IPAS correspond only partially and should not be used interchangeably. Furthermore, it has been suggested that RPQ focuses more on really aggressive behavior and IPAS more on emotions and their regulation. Future research is needed to clarify in more detail the applicability of both questionnaires. © 2018 Wiley Periodicals, Inc.

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