

ADSTM

Anger Disorders Scale: Short (ADS:S)

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Interpretive Report

Client's Name: Jane Sample
Age: 26
Gender: Female
Norm Group Option: Gender
Test Duration: 0 minutes 41 seconds
Administration Date: October 18, 2004

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Introduction

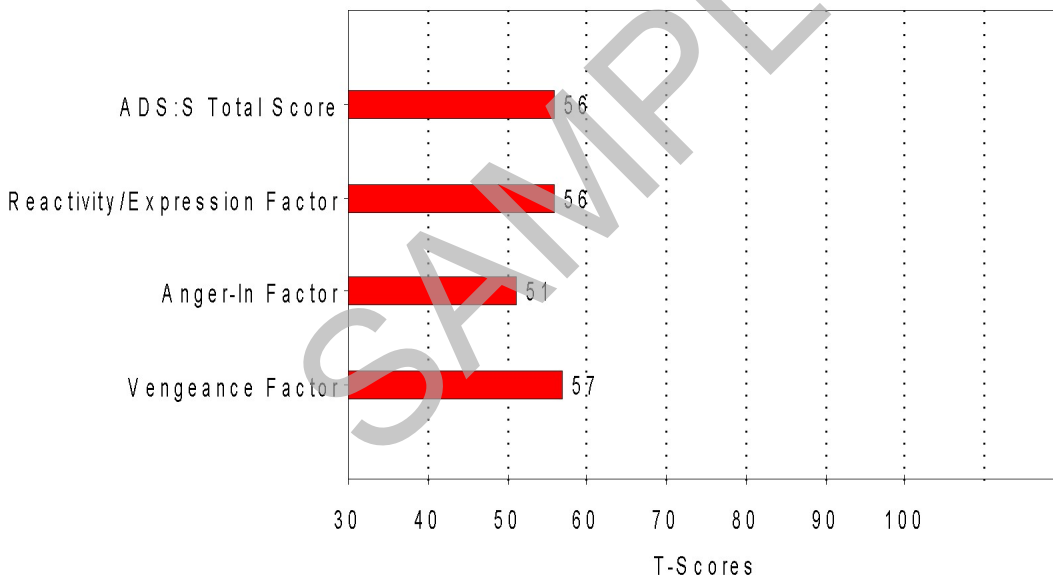
The Anger Disorders Scale: Short (ADS:S) is an 18-item, self-rated screening inventory that helps identify individuals ages 18 and older who may need a more comprehensive assessment for anger problems. ADS:S T-scores and percentiles are based on a normative sample of 1,197 individuals and may be calculated using one of the following sets of norms: overall, gender, age group (18–29, 30–49, or 50 and older), or age and gender group. This report provides information about the respondent's scores and how they compare with the scores of the normative sample of non-clinical individuals. See the ADS Technical Manual (published by MHS) for more information about this instrument and its results.

Cautionary Remarks

This computerized report is meant to act as an interpretive aid and should not be used as the sole basis for intervention or clinical diagnosis. This report works best when combined with other sources of relevant information (e.g., tests, observations, historical information). The report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Atypical interpretations must be explored in other ways on a case-by-case basis. The information contained in this report should be treated as confidential.

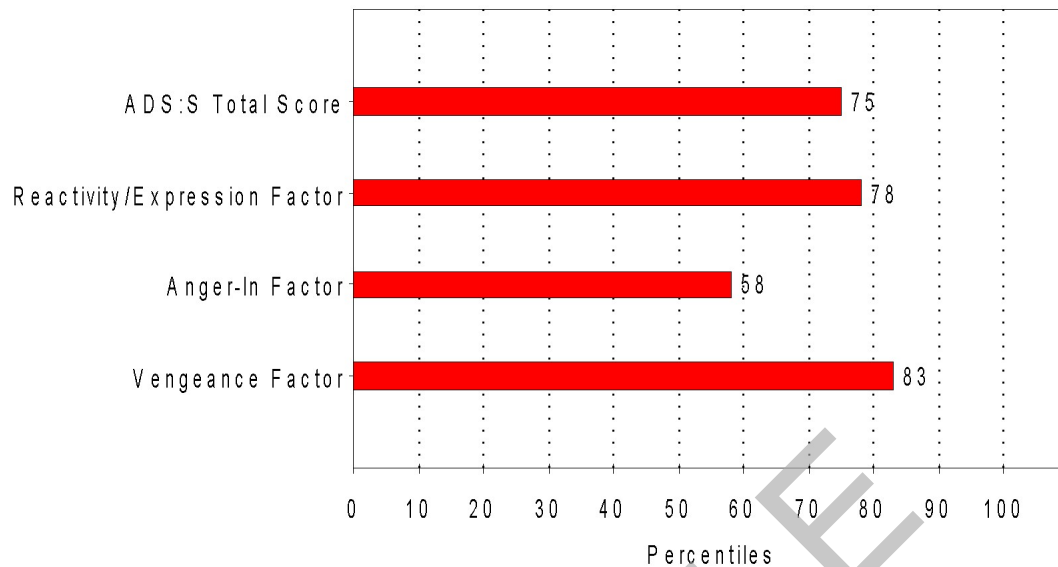
ADS T-Scores

The following graph displays Jane's T-scores for each of the ADS:S scales.



ADS Percentiles

The following graph displays Jane’s percentiles for each of the ADS:S scales.



Summary of Scale Scores

The following table presents raw scores, T-scores, percentiles, and interpretive guidelines for all obtained scores. Please refer to the ADS Technical Manual for more information on the interpretation of these results.

| Scale | Raw Score | T-Score | Percentile | Guideline |
|------------------------------|-----------|---------|------------|----------------------------------|
| Total Score | 37 | 56 | 75 | Mild anger pathology |
| Reactivity/Expression Factor | 15 | 56 | 78 | Mild anger pathology |
| Anger-In Factor | 14 | 51 | 58 | No indication of anger pathology |
| Vengeance Factor | 8 | 57 | 83 | Mild anger pathology |

Profile Summary

An overall examination of the profile reveals that the ADS:S Total Score and one or more of the factors are in the range indicating anger pathology. More specific information about the areas that are elevated may be obtained from the section “Examination of Scale Scores and Suggestions for Intervention.”

Elevated Scales

The following scale score(s) is/are elevated (75th percentile or above) and potentially could be cause for concern:

- Reactivity/Expression Factor
- Vengeance Factor

Examination of Scale Scores and Suggestions for Intervention

ADS:S scores corresponding to percentiles of 75 or above identify potential anger pathology. Lower cut-off values may be more appropriate for situations where an atypically high incidence of anger pathology is expected. In general, a percentile of 75 or above should be used as a cutoff guideline and not an absolute rule.

ADS:S Total Score: T-score=56, Percentile=75

Jane received an ADS:S Total Score percentile of 75, indicating mild anger pathology. A score of this magnitude suggests that she is likely to have some problems with anger. Jane's anger may not interfere with her functioning on a daily or weekly basis. However, other people in her life, such as co-workers, romantic partners, children, or parents may be frustrated from dealings with her anger. These problems will likely affect one or more areas of functioning. It is likely that Jane holds her anger in for long periods and then expresses her anger outwardly in a variety of ways such as physical, verbal, relational, passive, and indirect aggression.

Reactivity/Expression Factor: T-score=56, Percentile=78

This factor is a composite of items from the following areas: Scope of Anger Provocations, Physiological Arousal, Duration of Anger Problems, Rumination, Impulsivity, Coercion, and Verbal Expression.

Jane received an ADS:S Reactivity/Expression factor percentile of 78, indicating mild anger pathology in this area. A score of this magnitude suggests that she may react with verbal attacks or nasty responses when angered. It is unlikely that Jane uses other forms of aggression to express her anger. Assessors should evaluate the possibility that she lacks the knowledge or skill to respond assertively to conflict. Her anger episodes are likely intermingled with periods of calm. She may ruminate when angered until she releases her anger by verbal attacks toward others. Therefore, although she may appear to have good romantic and parenting relationships, they may be punctuated by verbal outbursts. She may have high physiological arousal during these episodes and poor impulse control. Jane may have had anger problems in the past, and her anger may be triggered across a range of provoking stimuli.

Anger-In Factor: T-score=51, Percentile=58

This factor is a composite of items from the following areas: Hurt/Social Rejection, Episode Length, Resentment, Suspiciousness, Tension Reduction, and Brooding.

Jane received an ADS:S Anger-In factor percentile of 58, indicating no significant anger pathology in this area.

Vengeance Factor: T-score=57, Percentile=83

This factor is a composite of items from the following areas: Revenge, Physical Aggression, Relational Aggression, Passive Aggression, and Indirect Aggression.

Jane received an ADS:S Vengeance factor percentile of 83, indicating mild anger pathology in this area. A score of this magnitude suggests that Jane may experience some persistent thoughts about revenge and may attempt to seek retribution either through physical, passive, indirect, or relational aggression. Her aggression may often interfere with her functioning. Other people in Jane's life, such as co-workers, romantic partners, children, or parents, may fear her explosive outbursts because of her past behavior. These problems could affect one or more areas of functioning.

Integrating Results

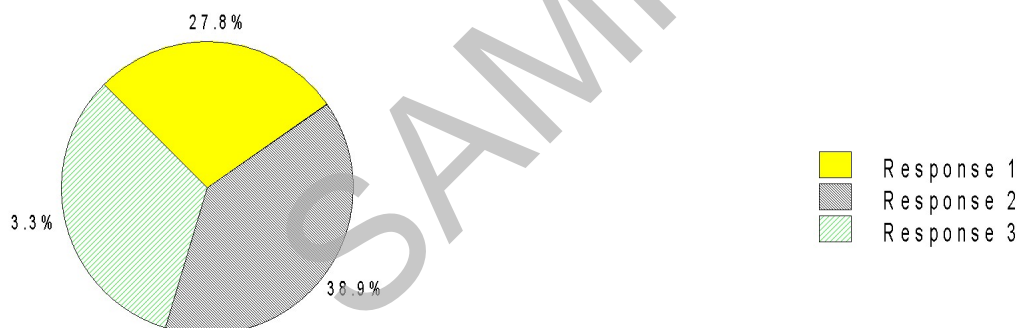
ADS:S results must be incorporated with other information before drawing any conclusions. Administration of the full version of the ADS is recommended when ADS:S scores indicate problems with anger. Results from the full ADS will provide more detail about specific problems areas. A comprehensive evaluation should include direct clinical observation of the individual, information from other relevant assessments, and information about the individual's background and family history. It is also important to consider any factors that may bias the reporting of symptoms, such as defensiveness or socially desirable responding.

Item Response Table

This table lists Jane's individual responses to each item. Omitted items are identified with a question mark.

| Item # | Response | Item # | Response | Item # | Response | Item # | Response | Item # | Response |
|--------|----------|--------|----------|--------|----------|--------|----------|--------|----------|
| 1. | 1 | 5. | 2 | 9. | 3 | 13. | 3 | 17. | 1 |
| 2. | 2 | 6. | 1 | 10. | 3 | 14. | 2 | 18. | 2 |
| 3. | 3 | 7. | 3 | 11. | 2 | 15. | 2 | | |
| 4. | 1 | 8. | 1 | 12. | 3 | 16. | 2 | | |

The pie graph below shows the distribution of responses.



Date Printed: Monday, October 18, 2004

End of Report