

# ADS<sup>TM</sup>

---

## Anger Disorders Scale (ADS)

*Raymond DiGiuseppe, Ph.D. & Raymond Chip Tafrate, Ph.D.*

### Interpretive Report

Client's Name: John Sample  
Age: 30  
Gender: Male  
Norm Group Option: Age and Gender Group  
Test Duration: 2 minutes 9 seconds  
Administration Date: October 18, 2004

**PSYCHOLOGICAL ASSESSMENTS AUSTRALIA**  
**PO Box 27,**  
**JANNALI NSW 2226**  
**T: (02) 9589 0011**  
**F: (02) 9589 0063**  
**E: [infopaa@psychassessments.com.au](mailto:infopaa@psychassessments.com.au)**  
**[www.psychassessments.com.au](http://www.psychassessments.com.au)**

## Introduction

The Anger Disorders Scale (ADS) is a 74-item, self-rated inventory that helps identify clinically dysfunctional anger in individuals ages 18 and older. ADS 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. The scale discriminates individuals with identified clinical anger problems from non-clinical “normal” individuals. 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.

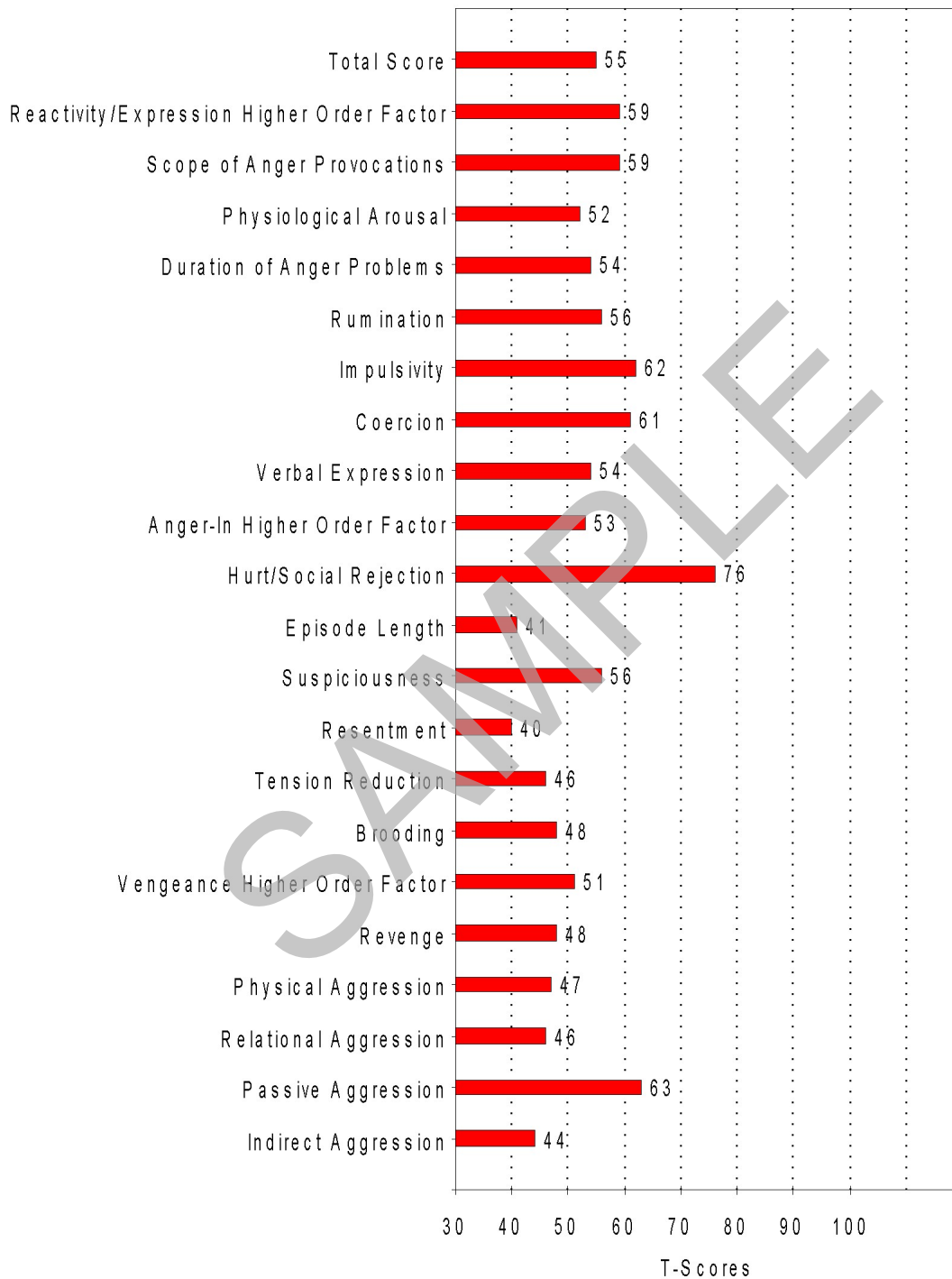
## Cautionary Remarks

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.

SAMPLE

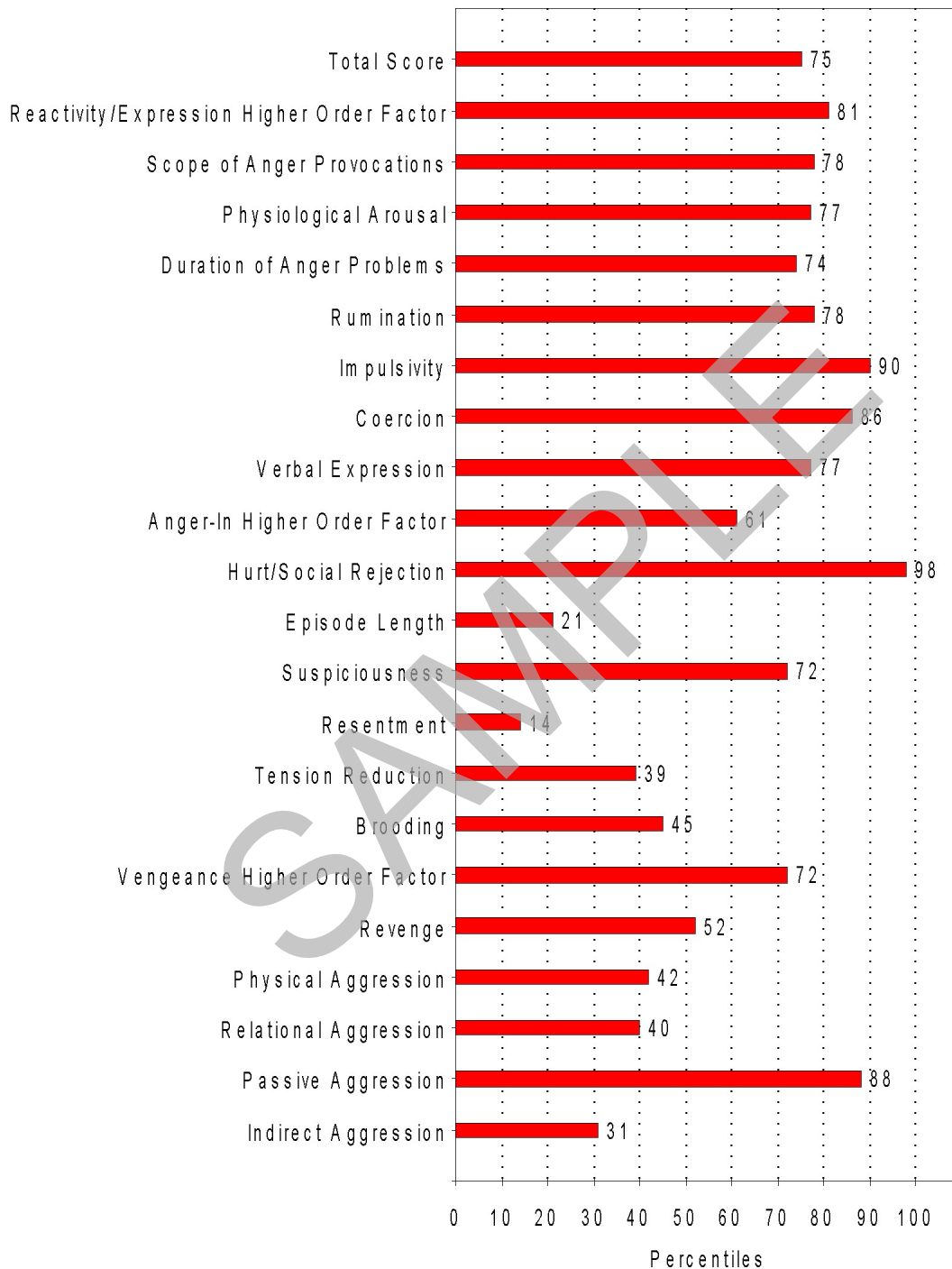
## ADS T-Scores

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



## ADS Percentiles

The following graph displays John's percentiles for each of the ADS 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	35	55	75	Mild anger pathology
Reactivity/Expression Higher Order Factor	15	59	81	Mild anger pathology
Scope of Anger Provocations	12	59	78	Mild anger pathology
Physiological Arousal	7	52	77	Mild anger pathology
Duration of Anger Problems	7	54	74	No indication of anger pathology
Rumination	8	56	78	Mild anger pathology
Impulsivity	6	62	90	Moderate anger pathology
Coercion	12	61	86	Mild anger pathology
Verbal Expression	10	54	77	Mild anger pathology
Anger-In Higher Order Factor	14	53	61	No indication of anger pathology
Hurt/Social Rejection	24	76	98	Severe anger pathology
Episode Length	3	41	21	No indication of anger pathology
Suspiciousness	10	56	72	No indication of anger pathology
Resentment	4	40	14	No indication of anger pathology
Tension Reduction	6	46	39	No indication of anger pathology
Brooding	11	48	45	No indication of anger pathology
Vengeance Higher Order Factor	7	51	72	No indication of anger pathology
Revenge	7	48	52	No indication of anger pathology
Physical Aggression	3	47	42	No indication of anger pathology
Relational Aggression	3	46	40	No indication of anger pathology
Passive Aggression	12	63	88	Mild anger pathology
Indirect Aggression	4	44	31	No indication of anger pathology
Positive Impression	23	N/A	N/A	Responses do not indicate a positive response bias.

## Validity of the Report

John's score on the Positive Impression Index indicates that he did not appear to answer the ADS with the intention of providing a favorable impression. The Positive Impression Index has been validated only with correctional populations. If John is not a correctional inmate, this conclusion may not apply. More than one measure of impression management should be used along with the Positive Impression Index.

## Profile Summary

An overall examination of the profile reveals that the ADS Total Score, one or more of the higher order factors, and one or more of the subscales 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 Higher Order Factor  
Scope of Anger Provocations  
Hurt/Social Rejection  
Physiological Arousal  
Rumination  
Impulsivity  
Coercion  
Verbal Expression  
Passive Aggression

## Examination of Scale Scores and Suggestions for Intervention

ADS 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.

### **Total Score: T-score=55, Percentile=75**

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

**Reactivity/Expression Higher Order Factor: T-score=59, Percentile=81**

The Reactivity/Expression higher order factor is a composite of the following subscales: Scope of Anger Provocations, Physiological Arousal, Duration of Anger Problems, Rumination, Impulsivity, Coercion, and Verbal Expression.

John received an ADS Reactivity/Expression higher order factor percentile of 81, indicating mild anger pathology in this area. A score of this magnitude suggests that he may react with verbal attacks or nasty responses when angered. It is unlikely that John uses other forms of aggression to express his anger. Assessors should evaluate the possibility that he lacks the knowledge or skill to respond assertively to conflict. His anger episodes are likely intermingled with periods of calm. He may ruminate when angered until he releases his anger by verbal attacks toward others. Therefore, although he may appear to have good romantic and parenting relationships, they may be punctuated by verbal outbursts. He may have high physiological arousal during these episodes and poor impulse control. John may have had anger problems in the past, and his anger may be triggered across a range of provoking stimuli.

**Scope of Anger Provocations: T-score=59, Percentile=78**

The Scope of Anger Provocations subscale measures the breadth of stimuli that elicit anger.

John received an ADS Scope of Anger Provocations percentile of 78. A score of this magnitude suggests mild anger pathology in this area.

**Physiological Arousal: T-score=52, Percentile=77**

The Physiological Arousal subscale measures the respondent's self-report of the degree of sympathetic physiological symptoms he/she experiences when angry.

John received an ADS Physiological Arousal percentile of 77. A score of this magnitude suggests mild anger pathology in this area.

**Duration of Anger Problems: T-score=54, Percentile=74**

The Duration of Anger Problems subscale measures the length of time that anger has been a problem as noticed by the respondent or his/her significant others.

John received an ADS Duration of Anger Problems percentile of 74, indicating no significant anger pathology in this area.

**Rumination: T-score=56, Percentile=78**

The Rumination subscale measures excessive preoccupation or attention to thoughts concerning the transgressions that trigger anger.

John received an ADS Rumination percentile of 78. A score of this magnitude suggests mild anger pathology in this area.

**Impulsivity: T-score=62, Percentile=90**

The Impulsivity subscale measures the respondent's awareness of the degree to which anger leads to impulsive behavior.

John received an ADS Impulsivity percentile of 90, indicating moderate anger pathology in this area. A score of this magnitude suggests that his anger may lead to impulsive behavior that has negative consequences. John's score reflects impulsivity, beliefs in the inability to control anger, and thoughts of losing control when angry. High scores on this subscale are often related to high scores on the Physical Aggression subscale. Treatment should focus on building impulse control skills. Anger management training, including self-instructional training that involves the rehearsal of coping statements when exposed to imagined anger triggers, should be considered. Some respondents who score high on this subscale may spend a great deal of energy avoiding possible anger-provoking events for fear of losing control. Teaching appropriate expression of anger could be part of the treatment plan for such individuals.

**Coercion: T-score=61, Percentile=86**

The Coercion subscale reflects the respondent's tendency to use anger to control others or to accomplish his/her desires in interpersonal relationships.

John received an ADS Coercion percentile of 86. A score of this magnitude suggests mild anger pathology in this area.

**Verbal Expression: T-score=54, Percentile=77**

The Verbal Expression subscale measures the tendency of the respondent to insult, threaten, engage in loud arguments with, or make subtly insulting or sarcastic comments toward others.

John received an ADS Verbal Expression percentile of 77. A score of this magnitude suggests mild anger pathology in this area.

**Anger-In Higher Order Factor: T-score=53, Percentile=61**

The Anger-In higher order factor is a composite of the following subscales: Hurt/Social Rejection, Episode Length, Suspiciousness, Resentment, Tension Reduction, and Brooding.

John received an ADS higher order Anger-In factor percentile of 61, indicating no significant anger pathology in this area.

**Hurt/Social Rejection: T-score=76, Percentile=98**

The Hurt/Social Rejection subscale assesses the degree to which hurt or social rejection elicits anger episodes.

John received an ADS Hurt/Social Rejection percentile of 98, indicating severe anger pathology in this area. A score of this magnitude suggests that he may be sensitive to criticism, have many interpersonal problems, and may experience comorbid or alternating depression. John may be too sensitive to criticism and respond to criticism with denial and by blaming the targets of his anger. Respondents who score high on this subscale may also score high on the Suspiciousness subscale. Treatment should focus on cognitive restructuring to develop different interpretations of negative or neutral feedback from others.



**Episode Length: T-score=41, Percentile=21**

The Episode Length subscale measures the respondent's self-report of how long, on average, his/her anger episodes last.

John received an ADS Episode Length percentile of 21. Although this score indicates no significant anger pathology in this area, if John has problems with anger in other areas, a score of this range indicates that he may have quick acceleration but brief duration anger episodes, with a quick return to baseline arousal. He probably does not hate or ruminate about his anger triggers and will likely give up his anger easily. John is likely to be insensitive to others' reactions or responses to his anger and expect that others forgive him for verbal or physical aggression because his anger was short-lived. Treatment should focus on motivational interviewing strategies that focus on the negative consequence of anger outbursts. Also, self-instructional training that includes the rehearsal of coping statements when exposed to imagined anger triggers should be considered.

**Suspiciousness: T-score=56, Percentile=72**

The Suspiciousness subscale measures the extent to which the respondent believes that people harbor hostile intentions toward him/her.

John received an ADS Suspiciousness percentile of 72, indicating no significant anger pathology in this area.

**Resentment: T-score=40, Percentile=14**

The Resentment subscale measures an attitude of hostility based on the belief that one has not received a fair share of life's rewards or that life has treated one unfairly and others better.

John received an ADS Resentment percentile of 14, indicating no significant anger pathology in this area.

**Tension Reduction: T-score=46, Percentile=39**

The Tension Reduction subscale measures the motivation to relieve the sympathetic tension usually associated with anger.

John received an ADS Tension Reduction percentile of 39, indicating no significant anger pathology in this area.

**Brooding: T-score=48, Percentile=45**

The Brooding subscale measures the respondent's tendency to hold in or suppress angry feelings from public view.

John received an ADS Brooding percentile of 45, indicating no significant anger pathology in this area.

**Vengeance Higher Order Factor: T-score=51, Percentile=72**

The Vengeance higher order factor is a composite of the following subscales: Revenge, Physical Aggression, Relational Aggression, Passive Aggression, and Indirect Aggression.

John received an ADS Vengeance higher order factor percentile of 72, indicating no significant anger pathology in this area.

**Revenge: T-score=48, Percentile=52**

The Revenge subscale measures the respondent's desire to seek revenge against those at whom he/she is angry.

John received an ADS Revenge percentile of 52, indicating no significant anger pathology in this area.

**Physical Aggression: T-score=47, Percentile=42**

The Physical Aggression subscale assesses the tendency to actively express one's anger through physical aggression, such as hitting or striking out.

John received an ADS Physical Aggression percentile of 42, indicating no significant anger pathology in this area.

**Relational Aggression: T-score=46, Percentile=40**

The Relational Aggression subscale assesses how frequently the respondent attempts to exclude from his/her social support network, alienate, defame, or denigrate those at whom he/she gets angry.

John received an ADS Relational Aggression percentile of 40, indicating no significant anger pathology in this area.

**Passive Aggression: T-score=63, Percentile=88**

The Passive Aggression subscale measures the respondent's propensity to express his/her anger by failing to complete tasks, requests, or other activities expected by significant others, employers, or family members at whom they are angry.

John received an ADS Passive Aggression percentile of 88. A score of this magnitude suggests mild anger pathology in this area.

**Indirect Aggression: T-score=44, Percentile=31**

The Indirect Aggression subscale measures the respondent's involvement in covert attempts to damage a person's property or career.

John received an ADS Indirect Aggression percentile of 31, indicating no significant anger pathology in this area.

**Integrating Results**

ADS results must be incorporated with other information before drawing any conclusions. It is recommended that a comprehensive evaluation 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 John'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.	3	16.	1	31.	1	46.	1	61.	3
2.	3	17.	4	32.	1	47.	2	62.	2
3.	3	18.	1	33.	3	48.	1	63.	1
4.	5	19.	2	34.	1	49.	1	64.	3
5.	1	20.	1	35.	3	50.	1	65.	1
6.	1	21.	3	36.	5	51.	1	66.	1
7.	3	22.	3	37.	2	52.	3	67.	1
8.	1	23.	1	38.	1	53.	3	68.	1
9.	3	24.	4	39.	2	54.	1	69.	1
10.	1	25.	1	40.	1	55.	3	70.	1
11.	5	26.	2	41.	1	56.	1	71.	3
12.	3	27.	1	42.	2	57.	3	72.	1
13.	1	28.	1	43.	5	58.	1	73.	1
14.	5	29.	2	44.	1	59.	4	74.	1
15.	4	30.	1	45.	2	60.	1		

The pie graph below shows the distribution of responses.



Date Printed: Monday, October 18, 2004

**End of Report**