

Anger Disorders Scale (ADS)

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Profile Report

Client's Name:

Age Gender: Norm Group Option: Test Duration: Administration Date:

John Sample 30 Male Overali 2 minutes 9 seconds October 18, 2004

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Introduction

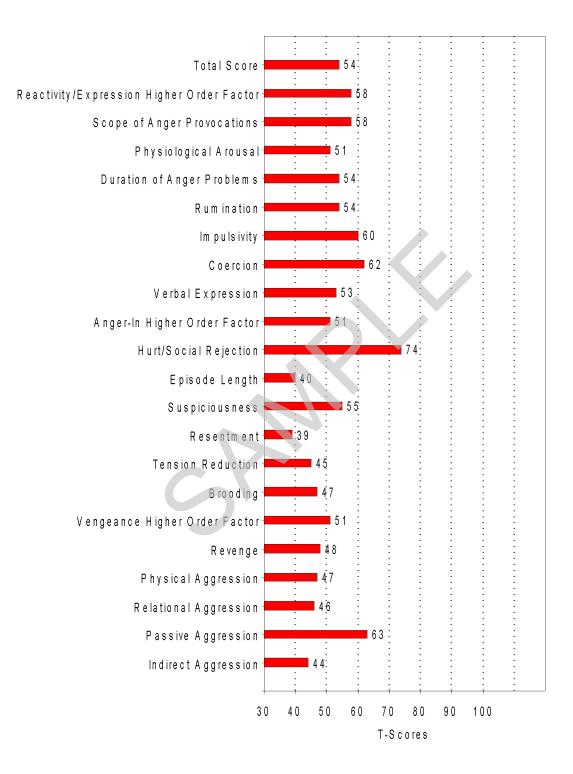
The Anger Disorders Scale (ADS) is a 74-item, self-rated inventory that helps identify clinically dysfunctional anger in individuals ages 18 and older. ADS T-scores and percentiles are based on a normative sample of 1,197 individuals and may be calculated using one of the following sets of norms: overall, 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.

ADS T-Scores

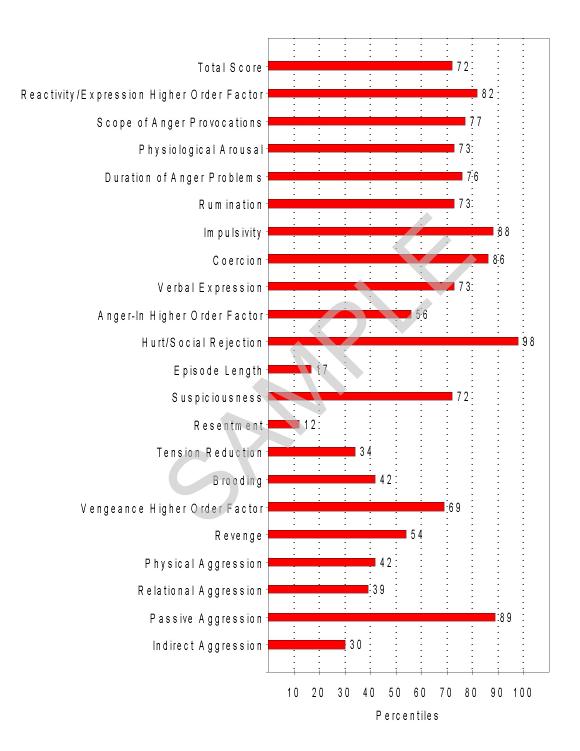
The following graph displays John's T-scores for each of the ADS scales.





ADS Percentiles

The following graph displays John's percentiles for each of the ADS scales.





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	R a w S c o r e	T - Score	Percentile	G u i d e l i n e		
Total Score	35	54	7 2	No indication of anger pathology		
Reactivity/Expression Higher Order Factor	15	58	82	M ild anger pathology		
Scope of Anger Provocations	12	58	77	M ild anger pathology		
Physiological Arousal	7	51	7 3	No indication of anger pathology		
Duration of Anger Problems	7	54	76	M ild anger pathology		
R u m in a tio n	8	54	73	No indication of anger pathology		
lm pulsivity	6	60	88	M ild anger pathology		
Coercion	12	62	86	M ild anger pathology		
Verbal Expression	10	53	73	No indication of anger pathology		
Anger-In Higher Order Factor	14	51	56	No indication of anger pathology		
Hurt/Social Rejection	24	74	98	Severe anger pathology		
Episode Length	3	40	17	No indication of anger pathology		
Suspiciousness	10	55	72	No indication of anger pathology		
R esentm ent	4	39	12	No indication of anger pathology		
Tension Reduction	6	4 5	3.4	No indication of anger pathology		
Brooding	11	47	42	No indication of anger pathology		
Vengeance Higher Order Factor	7	51	69	No indication of anger pathology		
Revenge	7	48	54	No indication of anger pathology		
Physical Aggression	3	47	4 2	No indication of anger pathology		
R elational Aggression	3	4 6	39	No indication of anger pathology		
Passive Aggression	12	63	89	M ild anger pathology		
Indirect Aggression	4	4 4	30	No indication of anger pathology		
Positive Impression	23	N/A	N/A	Responses do not indicate a positive response bias.		

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 does not suggest problems with anger. However, one or more of the higher order factors and one or more of the subscales are in the range indicating anger pathology.

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 Duration of Anger Problems Impulsivity Coercion Passive Aggression

Integrating Results

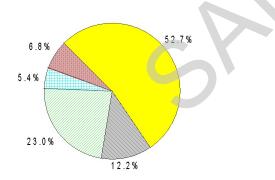
ADS results must be incorporated with other information before drawing any conclusions. It is recommended that a comprehensive evaluation include direct clinical observation of the individual, information from other relevant assessments, and information about the individual's background and family history. 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.

ltem #	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



Response	1
Response	2
Response	3
Response	4
Response	5

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