

State-Trait Anger Expression Inventory™ Interpretive Report (STAXI-2: IR™)

by
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Client Information

Name:	Sample Client
ID#:	123-45-6789
Test Date:	07/12/2000
Test Description:	intake evaluation
Birthdate:	07/20/1973
Age:	26
Gender:	Female
Education:	16 years
Occupation:	Teacher
Marital Status:	Married

Comments

This is the comments area for the test protocol.

Interpretive Caveats

The STAXI-2 was developed and standardized for use by psychologists and qualified professionals with adolescents and adults ages 16 years and older in a wide variety of settings. The STAXI-2 has been normed separately for males and females in three age groups, permitting greater interpretive specificity than many comparable self-report instruments.

The STAXI-2 may be administered by trained staff, but interpretation of the results, including those presented in this report, should only be undertaken by a professional trained in psychological testing, or who has completed certified training concerning the use of STAXI-2. Such training should include information on emotional states and personality traits, and their relation to health and behavior. Professionals trained in the use of the STAXI-2 are best able to interpret the results validly and appropriately.

This report is intended for use by qualified professionals. The interpretive statements should be considered only one source of information about the respondent, and should be verified wherever possible by additional testing or information from the respondent. Professionals who interpret the STAXI-2:IR need to be aware that the language used in generating hypotheses may be misunderstood by a respondent who does not share the professional's experience and perspective. For this reason, the report should not be given to the respondent, and feedback based on the interpretive report should be provided in ways that can easily be understood. Note that the STAXI-2 contains no validity scales. Therefore, if faking, malingering or other response biases are suspected, further testing is recommended to evaluate these possibilities.

Overview of the Report

This interpretive report is divided into the following three sections:

Section I provides statements on protocol validity, a score summary table for the STAXI-2 scales and subscales, each with equivalent percentiles, *T* scores, and designated score levels (i.e., *low*, *moderate*, *high*, or *very high*), an item response summary table, and a STAXI-2 profile based on percentiles.

Section II presents general interpretive information for each of the respondent's STAXI-2 scale and subscale scores. In addition, important scale and subscale interactions provide further information about the respondent.

Section III provides an overview of possible increased health or medical risks faced by the respondent as a result of her STAXI-2 scores.

Section I

This Score Summary Table presents the raw scores, percentiles, *T* scores, and score levels (low, moderate, high, very high) for each valid STAXI-2 scale and subscale. The percentile results are shown graphically on a following page; the raw scores for each of the 57 items are reported in the Item Response Summary Table.

STAXI-2 Score Summary Table

Scale/subscale	Raw score	Percentile	<i>T</i> score	Score level
State Anger				
<i>S-Ang</i>	22	85	58	high
<i>S-Ang/F</i>	7	60	48	low-moderate
<i>S-Ang/V</i>	10	90	66	high
<i>S-Ang/P</i>	5	50	40	low-moderate
Trait Anger				
<i>T-Ang</i>	19	65	52	moderate
<i>T-Ang/T</i>	5	30	42	moderate
<i>T-Ang/R</i>	11	80	56	high
Anger Expression and Anger Control				
<i>AX-O</i>	12	20	42	low
<i>AX-I</i>	16	55	50	moderate
<i>AC-O</i>	28	80	58	high
<i>AC-I</i>	24	50	50	moderate
<i>AX Index</i>	24	30	44	moderate

Note: "---" indicates a scale that is invalid due to an excessive number of missing items.

STAXI-2 Item Response Summary Table

State Anger		Trait Anger		Anger Expression and Anger Control			
Item	Response	Item	Response	Item	Response	Item	Response
1.	1	16.	2	26.	4	42.	3
2.	1	17.	1	27.	2	43.	1
3.	2	18.	1	28.	3	44.	3
4.	1	19.	3	29.	2	45.	2
5.	1	20.	3	30.	3	46.	3
6.	1	21.	1	31.	2	47.	2
7.	1	22.	2	32.	3	48.	3
8.	1	23.	2	33.	2	49.	2
9.	2	24.	1	34.	4	50.	4
10.	2	25.	3	35.	1	51.	1
11.	1			36.	3	52.	3
12.	2			37.	1	53.	2
13.	3			38.	4	54.	3
14.	1			39.	2	55.	1
15.	2			40.	3	56.	3
				41.	3	57.	2

STAXI-2 Validity

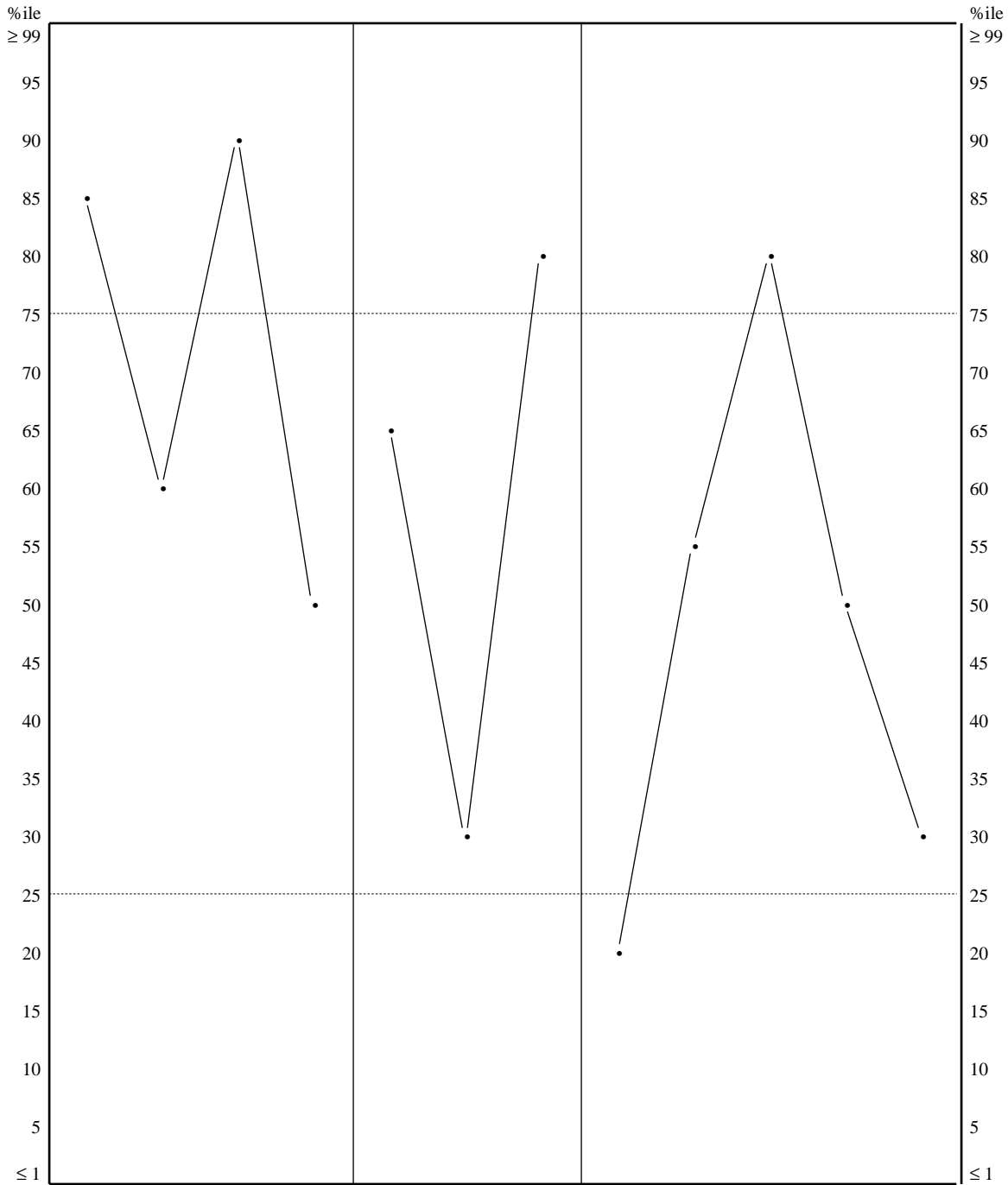
This participant has responded to 57 of the 57 STAXI-2 items. The Item Response Summary Table indicates the participant's actual rating for each item.

There are no missing data; therefore, all scales and subscales appear to be valid.

The examiner needs to be aware that the results presented in this interpretive report are based on the person's responses to the STAXI-2 items, which may have been influenced by extraneous events such as those listed below:

- ◆ Recent life events may have increased the person's stress (e.g., divorce, job loss, marriage)
- ◆ Cultural difference in the experience and expression of anger
- ◆ Use of an extreme or defensive response style
- ◆ Pressure in the respondent's environment against accurately reporting true anger level

Profile of STAXI-2 Percentiles



	S-Ang	S-Ang/F	S-Ang/V	S-Ang/P	T-Ang	T-Ang/T	T-Ang/R	AX-O	AX-I	AC-O	AC-I	AX Index	
Raw score	22	7	10	5	19	5	11	12	16	28	24	24	Raw score
%ile	85	60	90	50	65	30	80	20	55	80	50	30	%ile
T score	58	48	66	40	52	42	56	42	50	58	50	44	T score
Missing	0	0	0	0	0	0	0	0	0	0	0	0	Missing

Note: Age-specific norms for normal females have been used for the profile above.
 For additional normative information, refer to Appendix A in the STAXI-2 Professional Manual.

Note: '---' indicates a scale that is invalid due to an excessive number of missing items.
 '*' Indicates a scale with missing items.

Section II

This section of the STAXI-2:IR provides interpretive information about the meaning of the scores obtained by the respondent, and this information is presented in the same order as the scale and subscale scores in the Score Summary Table. Interpretive information is also provided for important interactions between STAXI-2 scales and subscales.

State Anger (*S-Ang*)

State Anger refers to the intensity of the individual's angry feelings either at (a) the time of testing, or (b) a time and situation specified by the test administrator (i.e., imagined anger provoking, anger management, or desensitization situations). The intensity of *S-Ang* may vary a great deal depending on the situation. The *S-Ang* scale has 3 subscales: Feeling Angry (*S-Ang/F*), Feel Like Expressing Anger Verbally (*S-Ang/V*), and Feel Like Expressing Anger Physically (*S-Ang/P*). Even though the respondent may have a total *S-Ang* score in the low to moderate range, it is possible that she might have a high score on one of the *S-Ang* subscales.

In interpreting *S-Ang* scores, it is important to note that the *S-Ang* scale and subscales have substantial floor effects, particularly for normal adults, thus the cut-off points for determining high and very high scores are somewhat higher than for the other STAXI-2 scales and subscales. Furthermore, there is widespread public awareness of the dangers of intense feelings of anger. Since most people usually report low levels of anger intensity at any point in time, individuals with high or very high scores on the *S-Ang* scale or subscales should be evaluated carefully to determine whether the risk of acting out their anger represents a potential danger to themselves or others. Adolescents, young adults, and patients in institutions often report more intense levels of anger than normal adults; high scores for members of these groups should be treated very seriously. *If there appears to be a significant risk of violent or aggressive behavior, a referral to an appropriate community or private agency anger management program should be made.* This person's *S-Ang* score is in the *high* range.

People with high *S-Ang* scores experience moderate to intense anger which may be manifested as a desire to scream or break things. Mild to moderate activation of the sympathetic nervous system with increased heart rate and blood pressure are possible. If she continues to experience intense anger, professional help may be needed to reduce the anger. It is likely that the high *S-Ang* score accurately reflects a momentary rather than a chronic state of being, because her *T-Ang* score is not elevated.

State Anger/Feeling Angry (*S-Ang/F*)

The *S-Ang/F* subscale reflects the intensity of a variety of angry feelings experienced by the STAXI-2 respondent during the testing situation. This person obtained an *S-Ang/F* score in the *low-moderate* range.

She does not report significant problems with annoyance, irritation, anger, or fury, and was probably not disrupted during the testing situation. Nevertheless, the extent to which she expresses angry feelings is related to the other *S-Ang* subscale scores and the Anger Expression and Anger Control scale scores.

State Anger/Feel Like Expressing Anger Verbally (*S-Ang/V*)

The *S-Ang/V* subscale measures the extent to which the respondent feels like expressing her anger verbally during the testing situation. This person's *S-Ang/V* score is in the *high* range. For women, the propensity to express anger verbally is closely related to the intensity of their angry feelings.

She reports fairly intense desires to express her anger verbally by swearing, cursing, yelling, or screaming. These feelings are above the average range and may vary somewhat in intensity. However, the likelihood that she will actually express this anger verbally will be reflected in her Anger Expression and Anger Control scale scores.

The desire to express her anger verbally appears to be a key feature contributing to her elevated *S-Ang* reaction. If the feelings persist without being resolved, there is likely to be increased pressure on her to express her anger verbally, and an intervention may be needed. Although she feels very angry and is inclined to express this anger verbally, her *T-Ang* score indicates this situation is likely to be relatively transitory.

State Anger/Feel Like Expressing Anger Physically (*S-Ang/P*)

The *S-Ang/P* subscale measures the intensity of the feelings to express anger physically that the respondent reported during the testing situation. This person's *S-Ang/P* score is in the *low-moderate* range.

Her low to moderate score on the *S-Ang/P* subscale reflects the fact that she reports *little or no* inclination to hit someone or to break things. In interpreting this scale, however, the highly skewed nature of the distribution should be taken into account. Small changes in scores yield different interpretations. Since she reports moderate levels of internal and external expression of her anger, she is unlikely to act on any feelings of expressing physical violence toward other people or property. If there are any reasons to doubt the accuracy of the self-report data, a more thorough evaluation of her potential for violence should be undertaken.

Trait Anger (*T-Ang*)

Trait Anger evaluates a person's general predisposition to become angry. The *T-Ang* subscales measure whether people have an overall angry or hotheaded temperament (*T-Ang/T*), or whether people tend to respond with anger when they feel they are being treated unfairly or being criticized by others (*T-Ang/R*). Trait Anger is one of the central variables of the STAXI-2 and is critical for understanding how often a person becomes angry in a variety of situations. This person obtained a *T-Ang* score in the *moderate* range.

People in this score range report that they are *sometimes* quick tempered. They do not block the experience of anger and report that they feel angry about as often as most people. Anger is generally seen as a signal that they need to take action to deal with the problem causing the anger. Unless there are elevations on *AX-O*, *AX-I*, or the *AX-Index*, this person would not be expected to get into trouble as a result of her angry feelings.

Trait Anger/Angry Temperament (*T-Ang/T*)

The *T-Ang/T* subscale measures anger that is experienced quickly and with little provocation. Angry temperament refers to a predisposition to experience anger and has little to do with situational factors. This respondent's *T-Ang/T* score is in the *moderate* range.

People who score in this range are about as likely as most people to experience anger in a variety of ways with little or no provocation. She may be able to use her anger experiences to guide problem-solving behavior and be more assertive than aggressive.

Trait Anger/Angry Reaction (*T-Ang/R*)

The *T-Ang/R* subscale measures the tendency to become angry or agitated when the respondent is criticized, receives negative feedback, or believes she is being treated badly. Her *T-Ang/R* score is in the *high* range.

This score indicates that she will frequently feel angry when she experiences criticism, negative comments, or the perception that others have gotten in her way or treated her poorly. The angry reaction is likely to occur regardless of whether the criticism or the events were real, unintended, or imagined by the respondent.

Because she is over-controlled in some aspects of her outward expression of anger and tends to overreact to what she perceives as criticism, she is going to have an extremely difficult time when she perceives she is being criticized or treated unfairly. She is likely to become anxious and guilty. If the situation causing the anger persists, she may become depressed because of her massive internal conflict. Treatment needs to focus on her hypersensitivity to others.

Anger Expression-Out (*AX-O*)

The Anger Expression-Out scale describes the extent to which a person expresses her emotional experience of anger in an outwardly negative and poorly controlled manner. This may involve the expression of hostile or aggressive actions (e.g., assaulting other people, destroying objects, and making rude gestures), or the anger may be expressed verbally (e.g., insults, the use of foul language, and shouting). Other people or objects may be targeted for hostile or aggressive behavior if they are seen as somehow related to the source or are simply nearby when the angry outburst occurs. This person's score on *AX-O* is in the *low* range.

People who have low *AX-O* scores report they almost never express their anger outwardly in negative ways either by directing their anger physically toward objects or people, or by using verbal hostility such as sarcasm, yelling, or threats. This person may be underreactive to others, and she may suppress, repress, or deny such feelings because they are uncomfortable. Such a person might be referred for therapy to help her get in touch with her feelings and improve emotional adaptation. However, given the extremely low score, the possibility of a response set should be evaluated.

Anger Expression-In (*AX-I*)

The *AX-I* scale measures the extent to which people hold things in or suppress anger when they are angry or furious. In some situations, if the experience of anger is unpleasant enough, the angry feelings are suppressed and replaced with guilt and, ultimately, with feelings of anxiety

and depression as the person blames herself for the problems surrounding the anger-provoking situation and “forgets” her anger. This person’s *AX-I* score falls in the *moderate* range.

Such people suppress their anger as much as most people in response to anger-provoking situations. This person suppresses anger in some situations and not in others, and she may be aware of the types of situations where the expression of anger is appropriate or will have fewer negative consequences.

She both suppresses and controls the suppression of her anger to a moderate extent. This pattern is seen in a generally favorable light as she allows herself to experience the anger and deal with it consciously and appropriately.

Anger Control-Out (AC-O)

AC-O involves the expenditure of energy to monitor and control the physical or verbal expressions of anger. This person’s *AC-O* score is in the *high* range.

People with high *AC-O* scores tend to work very hard psychologically in monitoring themselves to prevent any explosive manifestations of their anger. People who score in this range may not be in touch with their emotions, probably to overcontrol the way they express their anger, and may have trouble with awareness of other feelings. Such people say they “almost always” control their outward expressions of anger. Treatment considerations need to include teaching an awareness of emotions.

Her high *AC-O* score and moderate *AC-I* score suggest it is unlikely that she will act on her anger by being aggressive or hostile toward other people or objects. She may feel intensely angry, yet she has a strong need to not show any external signs of anger. There can be problems associated with overcontrol of the expression of anger if it prevents the person from recognizing the need to act on solving the problem causing the anger.

Anger Control-In (AC-I)

Anger Control-In measures how often a person attempts to relax, calm down, and reduce angry feelings before they get out of control. Because *AC-I* is a new scale for the STAXI-2, interpretations are based more on a rational analysis of the scale items, rather than research findings, and are therefore more limited. This person scored in the *moderate* range on the *AC-I* scale.

When angry or furious she often tries to keep calm, relaxed, and cool and to be patient, tolerant, and understanding of others. Like most people, this person is not always successful in doing this, but she may be aware of her anger. If so, she will be more able to deal with it constructively.

Anger Expression Index (AX Index)

The *AX Index* provides an overall estimate of the person’s tendencies to express anger either outwardly toward other people, or inwardly toward herself. It is based on the person’s responses to the *AX-O*, *AX-I*, *AC-O*, and *AC-I* items. If any of these scales are invalid, the *AX-Index* cannot be calculated. Furthermore, since one of the *AX-Index* components (*AC-I*) is new, interpretations based on the Index should be treated more cautiously. This person scored in the *moderate* range on the *AX Index*.

Her scores are within normal limits in terms of her overall anger expression and control. On some occasions she may express her anger externally and on other occasions she may suppress it.

Section III

Medical Health Issues

Several of the STAXI-2 scales have been linked to health problems, particularly coronary heart disease (CHD), including hypertension, blood pressure problems, and cardiovascular reactivity. Several studies have investigated the relationship between anger, lipid levels, platelet aggregation, and other indicators of CHD to determine whether a person's level or type of anger increases the risk of CHD when overwhelmed by anger and other emotions. The STAXI-2 scales that have been found to be most closely associated with cardiovascular and other medical or health problems are presented below together with a brief evaluation of the respondent's scores. Please note that not all of the problems are likely for all members of the same STAXI-2 groups; many studies are correlational and thus do not have clear causal links. Furthermore, many of the studies have been carried out with Caucasian males, further limiting the applicability of the results.

State Anger (*S-Ang*)

This person scored in the high or very high range on *S-Ang*. Her *S-Ang* score is more like people with hypertension than normotensives. However, it should be noted that males with addiction problems also show higher *S-Ang* scores than males without addiction problems. For both males and females, higher preoperative *S-Ang* scores have been associated with poorer postoperative outcome, and higher *S-Ang* scores before exercise are related to higher systolic blood pressure (SBP) after exercise. If any of these factors are relevant to this individual, a referral for cognitively based anger management training needs to be seriously considered before surgery or extensive exercise. No research findings are yet available for the *S-Ang* subscales.

Trait Anger (*T-Ang*)

This respondent's *T-Ang* score is in the low or moderate range. Thus, there is little chance that she will experience elevations in blood pressure, hypertension, or coronary heart disease problems as a result of being chronically angry.

However, some preliminary data on elevated *T-Ang/R* scores suggest that this person may be more prone to experience elevations in either diastolic blood pressure (DBP) or systolic blood pressure (SBP) as a function of her high anger reactivity.

Anger Expression-Out (*AX-O*)

This person's *AX-O* score is in the low or moderate range. This suggests she has no increased risk of developing hypertension or CHD problems related to the expression of anger outwardly toward other people or objects.

Anger Expression-In (*AX-I*)

AX-I is the single best predictor of blood pressure among the STAXI-2 scales and tends to be most closely associated with hypertension. There are suggestions of relationships to other CHD variables as well.

This person's *AX-I* score is in the low or moderate range, and there have been no negative health-related effects shown for this level.

Anger Control-Out (*AC-O*)

Anger Control-Out has been shown to be positively correlated with systolic blood pressure (SBP) and distinguishes male CHD patients from controls.

The respondent's *AC-O* score is in the high or very high range, suggesting that she has an increased risk of having elevated SBP and possibly a greater risk of CHD problems.