ANGER MANAGEMENT PROFILE

TRAINING MANUAL

Some people advocate fully automated assessment. Behavior Data Systems, Ltd. and its subsidiaries Risk & Needs Assessment, Inc. and Professional Online Testing Solutions, Inc. does not. The Anger Management Profile is to be used in conjunction with experienced staff judgment. When available, court records should be reviewed because they can contain important information that was not provided or was incorrectly provided by the client. Experienced evaluators should also interview the client. For these reasons the following statement is contained on each Anger Management Profile report: "No diagnosis or decision should be based solely upon Anger Management Profile results. The Anger Management Profile is to be used in conjunction with experienced staff judgment."

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Courtesy of Behavior Data Systems, Ltd. and its subsidiaries
Risk & Needs Assessment, Inc. and
Professional Online Testing Solutions, Inc.

Anger Management Profile

The Anger Management Profile is a test specifically designed for client assessment. The Anger Management Profile has 123 items and takes 30 minutes to complete. It is computer scored with reports printed within 2½ minutes on-site. The Anger Management Profile is standardized on clients (male and female) ranging in age from 17 to 74.

DESCRIPTION
The Anger Management Profile is designed for male and female assessment. The Anger Management Profile contains five measures (scales) that measure client truthfulness, anger severity, substance (alcohol and other drugs) use and abuse, and anger and stress handling abilities. The interaction of these five attitude and behavior scales largely determines the clients outlook and subsequent behavior.

The Anger Management Profile has been standardized on clients. More specifically, the Anger Management Profile' standardization studies involved people with anger problems.

FIVE ANGER MANAGEMENT PROFILE MEASURES (SCALES):

1. **Truthfulness Scale:** measures how truthful the client was while completing the Anger Management Profile. This scale identifies defensiveness, denial, attempts to "fake good" and problem minimization.

2. **Anger Scale:** measures the client's anger on a continuum from annoyance to rage.

3. **Alcohol Scale:** measures alcohol (beer, wine and other liquor) use and abuse. This scale measures the **severity** of alcohol abuse.

4. **Drugs Scale:** measures illicit drug (marijuana, crack, cocaine, ecstasy, amphetamines, barbiturates and heroin) use and abuse. This scale measures the **severity** of illicit drug abuse.

5. **Anger Management Scale:** measures how well the client copes with anger, stress, tension and pressure. Anger and stress exacerbates emotional problems. This scale is a non-introversive way to screen for established (diagnosable) emotional and mental health problems.

VALIDITY
Definition: Within the context of assessment, **validity** is a general term for accuracy of measurement. Valid test results are essentially free from error. They are accurate. In contrast, **invalidity** refers to distortion of test results due to the client's attitude or test-taking behaviors. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, reading impairments, etc. An invalid test means test results are distorted and not accurate. Since the term "validity" is sometimes misunderstood, it is being replaced with the term **"accuracy"** and "invalidity" with the term **"inaccurate."**

TRUTHFULNESS SCALE
It would be naïve to assume problem clients always tell the truth, particularly while being evaluated. The literature consistently shows that people being interviewed, screened and tested tend to minimize their problems. Indeed, many problem clients attempt to "fake good." This Truthfulness Scale identifies denial, problem minimization and attempts to "fake good."

This Truthfulness Scale measures the truthfulness of the client while being tested. When the Truthfulness Scale score is below the 70th percentile – the client was truthful and test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentile reflect the clients tendency to minimize problem's, yet they have been truth-corrected and their scores are valid and accurate. In

contrast, a Truthfulness Scale score at or above the 90th percentile is too extreme to be truth-corrected, consequently the scale scores are inaccurate and the test is invalid. Reasons for inaccurate test results are many and include reading impairments, reading things into questions that aren't there, emotional turmoil, massive denial, or attempts to "fake good." Regardless of the reason, a Truthfulness Scale score at or above the 90th percentile means that the test is invalid and all scale scores are distorted and inaccurate. It should be emphasized that invalid Truthfulness Scale scores (90th percentile or above) do not occur by chance. A definite pattern of untruthfulness must occur to obtain an extreme (90th percentile or higher) Truthfulness Scale score.

RISK LEVEL CLASSIFICATION

The Anger Management Profile scales scores are classified in terms of the risk range they represent. These risk level classifications are calculated individually for each of the empirically based scales as follows:

PERCENTILE RANGE	RISK RANGE
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 89th percentile	**Problem Risk**
90 to 100th percentile	**Severe Problem Risk**

A person who does not presently engage in alcohol or other drug abuse may score above zero, but would score in the low or medium risk range contingent upon their substance abuse history. In addition, an elevated score (above the 70th percentile) on the Alcohol or Drug Scale could be obtained by a "recovering alcoholic" or "recovering drug abuser," consequently the client should be asked if he or she is recovering, and if recovering, "how long have they been abstaining" from alcohol or other drug use. A similar approach can be utilized to explore "recovering client" history.

ORAL INSTRUCTIONS

Many problem clients attempt to minimize their problems by substantially under-reporting their problems and concerns. This "under reporting" is in some ways related to the oral instructions given prior to testing. A straightforward, respectable and honest approach minimizes client's attempts to "fake good." For example, "this questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. There are no trick questions or "hidden meanings." Your available records may be checked to verify the accuracy of your answers. Please answer all questions truthfully."

Giving the client an example sometimes helps in understanding these instructions. The example you use will be influenced by your client, experience and motivation. All examples should be individualized to the assessment situation. The following example is offered to show how they can facilitate client understanding and cooperation.

"Last week a client told me while taking the MMPI that she could not answer an item "true" or "false." When questioned she identified the item as "I am attracted to members of the opposite sex." When questioned more closely she replied, "If I answer true you will think I am a sex maniac. And if I answer false you will think I am a lesbian." I explained that this item does not ask about sex maniacs or lesbians. It simply asks if you are attracted to members of the opposite sex. When you interpret it to refer to "sex maniacs" and "lesbians" you were answering a different question. Do not read anything into these questions that is not there, because if you do you will likely invalidate the test results and may have to take it over. There are no trick questions."

How the client is approached prior to testing often determines whether-or-not they will cooperate.

ASAM COMPATIBLE RECOMMENDATIONS

American Society of Addiction Medicine (ASAM) recommends four levels of intervention or recommended care based on the severity of the defendant's alcohol and/or other drug condition. And treatment within any level of care may be modified according to the severity of the defendant's substance-related condition. The Anger Management Profile Alcohol Scale and Drugs Scale scores represent the severity of the defendant's drinking and/or other drug condition.

ASAM states there are exceptions to DSM-IV classification-related levels of care. These defendants whose symptom severity warrants adjusting their recommended intervention or treatment are so reclassified. The Anger Management Profile works in a similar fashion. When Anger Management Profile defendants meet DSM-IV criteria for substance dependency or substance abuse they are so classified. Moreover, the severity of a defendant's substance condition is measured by the Alcohol Scale and Drugs Scale. And consistent with ASAM procedures, the severity of the defendant's condition determines recommended levels of intervention or treatment. Consistent with ASAM, the severity of a defendant's condition directly influences the recommended intervention or treatment timetable and recommended levels of interventions.

In summary, Anger Management Profile Alcohol Scale and Drugs Scale scores measures the severity of each client's substance (alcohol or other drug) related condition. It is emphasized the Anger Management Profile is to be used in conjunction with an interview, review of available records and experienced staff judgment. And, as a client moves through screening, adjudication of their cases, intervention, program intake and/or treatment -- the client's status is continually assessed and adjusted as warranted.

HIPAA COMPLIANCE

Confidentiality: Online-Testing.com encourages test users to delete names from their database. Once client names are deleted they are gone and cannot be retrieved. Deleting client names does not delete demographics or test data which is downloaded into the Anger Management Profile database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality and HIPAA (federal regulation 45 C.F.R. 164.501) requirement compliance. As a fail safe condition, any client names that have not been deleted for twelve months are automatically deleted at that time.

PAST, PRESENT AND FUTURE TENSE

Clients should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered literally as they are presented. There are no trick questions. If an item wants to ask about the past, it will be stated in the past tense. If the item inquires about the present tense it will be stated in the present tense. And, if an item asks about the future, it will be stated in the future tense. Just answer each question or item as it is stated.

STAFF SHOULD NOT TAKE THIS TEST

Sometimes a staff member wants to "simulate" a problem client and take the test. It is strongly recommended that staff do <u>not</u> take the test because it was not standardized (normed) on staff. A staff member does not have the same mental set as the problem client. Staff will likely invalidate or otherwise distort their test results.

SPECIAL (99TH % SCORES) REPORTS

When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words, the Anger Management Profile report is modified due to the extremely inaccurate test protocol. And in place of the scale descriptions or paragraphs explaining scale scores, a one-page explanation of validity - invalidity is printed. A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 90th percentile. This modified report dramatizes the extremely high Truthfulness Scale score (95th percentile or higher).

CONTROL OF REPORTS

Online-Testing.com reports contain confidential information. Some of the vocabulary may be misunderstood by the problem client and others. For these reasons the problem client should <u>not</u> be given their reports to read. Instead, a staff person can review the test results with the client, but not give the test report to the client to read or leave the premises with. The problem client should never be allowed to remove a test booklet or report from the office. All test booklets are copyrighted and all test reports are privileged, highly sensitive and confidential.

CHECK ANSWER SHEET FOR COMPLETENESS

Check the client's answer sheet for completeness when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. In these instances the client should be informed that each question must be answered in accordance with the instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, since it is assumed that these items were omitted to avoid admitting a "negative" response.**

REQUESTS FOR TESTS AND TEST REPORTS

If, or when, third parties (attorneys, relatives, agencies, etc.) request test-related materials they should be informed that all test materials (test booklets, manuals, etc.) are copyrighted and proprietary. As appropriate, they may be allowed to review the clients report during normal working hours. However, they should not photocopy or remove it from the evaluator's office.

A similar procedure should be followed with the tests "Anger Management Profile: An Inventory of Scientific Findings."

READING IMPAIRED ASSESSMENT

Reading impaired clients represent around 20 percent of clients tested. This becomes a serious problem for many other tests, interviews and questionnaires. In contrast, the Anger Management Profile has developed a way of dealing with this problem: "Human Voice Audio."

RETEST

Anger Management Profile (AMP) tests results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the AMP Truthfulness Scale is at or above the 90th percentile. When this occurs, it is recommended that the client be given the opportunity to be retested. Retest interval is determined by the assessor's opinion of the client's attitude, behavior, emotional and mental state. Retesting can occur immediately or several days or weeks later.

Prior to retesting, the test administrator should review the AMP retest instructions with the client. A straightforward approach is recommended. For example,

> *Please answer all questions truthfully. It is important that you do not read anything into a question that isn't there. Last week, while completing another test, a client involved in a custody case said, "I cannot answer this question true or false." The question was "There are times when I worry about my court case or the charges made against me." When asked why not, the client replied, "If I answer true, you'll tell the judge that I am guilty because I'm worried; if I answer false you'll tell the judge that I don't care and I'll never get my kids."*

> *I told the client, "This test item doesn't ask you about your guilt or caring for your kids. The question simply asked if you are worried about your court case. When you interpreted the question to refer to your guilt or innocence, you were answering a different question. **Do not read anything into these questions that isn't there**, because if you do you will invalidate the test.*

Simply answer the question as instructed, (i.e., True or False). There are no trick questions or hidden meanings. If you misinterpret or change questions you will invalidate the test.

A few minutes of oral instructions can put the client at ease while providing structure and clarifying the client's expectations. Do not tell the client they were lying – you will never win that argument. Note the above example reframes the issue from denial, problem minimization and noncompliance to reading questions correctly.

That said, nobody wants an invalid test. That is why problem tests (tests whose truth-corrected scores are in the problem risk range) are "truth-corrected" so test results are accurate and usable. Truthfulness Scale scores at or below the 89th percentile are accurate. **Truthfulness Scale scores at or above the 90th percentile are inaccurate due to client denial or attempts to fake good.**

If this was a retest, this person may not be "testable" at this time. However, an alternative approach includes using the Human Voice Audio program. Human Voice Audio is an automated computer presentation in which the questions are verbally read to the client (in English, Spanish, etc.) while simultaneously being presented on the computer monitor (screen). The Human Voice Audio program is available to you free or at no additional cost. For more information on the Human Voice Audio program it is discussed in this Training Manual. And additional information can be provided upon request. Our email address is info@bdsltd.com and our toll free number is 1 (800) 231-2401.

SIGNIFICANT ITEMS
Significant items represent self-admissions or important self-report responses. They are provided for reference and do not determine the respondent's scale score. For example, a person could have a high scale score and few significant items or vice versa. Significant items are printed on the last page of AMP reports. Significant items augment scale scores and sometimes provide a more complete understanding of the client. Significant items permit comparison of the client's self-perception and attitude with their objective scale scores.

MULTIPLE CHOICE ITEMS
Multiple Choice responses reflect important self-report motivational, attitudinal and perceptual information. Responses to the last sequence of test items include the Multiple Choice items. These client responses are always printed on the last page of the AMP report. They represent the client's perception of his or her situation and needs; therefore, they may differ from empirically based and objective scale scores. This enables further comparison of client's motivation and attitudes with the client's objectively attained scale scores. For example, persons may report "no problem" with regard to their alcohol-related drinking pattern, even though their score on the Alcohol Scale is above the 90th percentile (severe problem) range. On the other hand, it is also important to note when the Multiple Choice responses are consistent with their corresponding objective scale scores.

EXPANDING DATABASE
A database is a large collection of data in a computer, organized so that it can be expanded, updated and retrieved for ongoing statistical analysis and research. Each test that is administered over **online-testing.com**'s internet platform saves the test data but deletes the client's name and identification.

DATABASE
A database of client information and test data is very useful. It makes possible ongoing cost-effective research and also provides the capability to summarize results for administrative, budgeting and planning purposes. Behavior Data Systems, Ltd. copyrighted built-in expanding database provides both a research and program summary capability. Copyrighted software "saves" the test data from each test that is administered. This data is downloaded in a confidential (no names) manner to the AMP database.

The AMP database provides a cost effective approach to ongoing research. Used diskette/USB flash drives are returned to BDS and test data is placed in the AMP database. The AMP database is analyzed annually. This means that on an annual basis the AMP is essentially restandardized. This ensures accuracy and fairness. AMP databases are established on a state as well as departmental/agency basis. Small volume test users incorporate their databases with others, while large volume departments can maintain their own databases.

These same databases provide a cost effective means by which testing programs can be summarized-again in a confidential (no names) manner. Annual summary reports describe the population that was tested. Population statistics, demographics, emerging trends and much more can be provided in these reports on an annual basis.

GENDER SPECIFIC NORMS
Research identified significant gender (male/female) differences on AMP scales. Based on this research, gender specific norms (separate male and female scoring procedures) have been established in the AMP software program. All of these AMP scales have separate scoring procedures to account for male/female differences. It is important to note that these gender differences may vary. Thus, it is very important that gender specific research continues. This is an example of the importance of annual database research.

TIME SAVINGS
The AMP is specifically designed for client risk evaluation and assessment. It provides a vast amount of relevant information quickly and accurately. The AMP facilitates an intake interview that can result in significant savings in time with no compromise in the quality of the service being provided.

FOUR AMP ADMINISTRATIVE MODES
The AMP can be administered in four different ways: **1. Paper-Pencil test booklet format.** This is the most common way clients are tested. Testing might be individually administered or in group testing settings. Upon test completion, tests are scored and printed in three minutes per test on-site. **2. Directly on the computer screen (monitor) itself.** Upon test completion a few keystrokes scores and prints the AMP report. **3. Optical scanners are used in some high volume testing settings.** This testing mode involves customized answer sheets and the purchase of an optical scanner. Faster scanners usually cost more. **4. Human voice (computer audio) presentation.** Test items and answers are read to the client. This testing mode requires a multimedia computer and headphones. Users can select the test administration mode (or modes) that are suited to their needs. And readings can be in any desired language.

AUDIO (HUMAN VOICE) OPTION
The Anger Management Profile Human Voice Audio program is free to BDS test users and is available in English and Spanish. Human Voice Audio requires a computer, earphones and simple instructions that explain how to operate the up-down arrow keys on the computer keyboard. The Human Voice Audio program helps overcome many reading and culturally different issues.

A client's passive vocabulary (what they hear and understand) is often greater than their active (or spoken) vocabulary. Hearing items read out loud often helps reduce reading, communication and cultural problems. This Human Voice Audio program is available free. Like any new program there may be questions. If you want clarification or answers to your questions email us at **info@bdsltd.com**.

OPTICAL SCANNER OPTION
With a TWAIN compliant, full letter size, color scanner, customized scannable answer sheets can be used for automated data entry or **optical scanner scoring**. The client fills in the answer sheet, which is

then scanned by entering the answer sheet automatically into the computer program. This may be useful in high volume agencies that test in large groups. It eliminates manual scoring.

Use of this option requires scanner hardware and scannable answer sheets. First scannable answer sheets are obtained from BDS at no cost or the user can print their own according to BDS specifications. If you are planning to use optical scanning please coordinate with BDS as early as possible.

TEST DATA INPUT VERIFICATION
This procedure allows the person that is inputting the test data from the answer sheet into their computer to verify the accuracy of their data input. **In brief, the test data is input twice and any inconsistencies between the first and second data entries are highlighted until corrected.** When the first and second data entry match (or are the same) you may continue. This data input verification procedure is optional.

You may enter client test data and print reports until the diskette/USB flash drive is filled, or if you wish, you may check to verify that data entries from the answer sheet were accurate. You have the option of verifying any data that you enter, whether you wish to verify all tests or randomly pick a few tests to verify that were entered from a diskette/USB flash drive. The choice is yours.

The verification procedure compares test items entered the first time with the second data entry. If a discrepancy exist between the first and second (verification) data entries the inconsistency is highlighted until corrected. If an error is highlighted the error could be made either when the first data entry was done or when the second data entry was done. To know which is correct you will need to refer to the answer sheet.

DELETE CLIENT NAMES (CONFIDENTIALITY)
You have the option to delete client names and Identification Numbers from the diskette/USB flash drive before returning it. This is optional. It is the test user's responsibility to delete their client's names. If you want to use this option, remember that once you delete client names and ID# from a diskette/USB flash drive -- they are gone and can not be retrieved. We recommend you only use this option before returning used diskette/USB flash drives to Behavior Data Systems, Ltd. Deleting client names and ID#'s does not delete demographic or test data. When you use this option it deletes only client names and ID#'s. **This option is provided to protect client confidentiality.** Once the names and ID#'s have been deleted, there is no way for you to retrieve them.

TEST NUMBER REMINDERS
Test number reminders will be displayed on the screen when you use the 40th, 45th and 48th tests. When you choose to enter a new test for these three specific test numbers, a message will be displayed to indicate the test number you are about to enter. The messages will only be displayed at these three times. These reminders are meant to inform you that you are reaching the end of a 50 test diskette/USB flash drive. They give you sufficient time to reorder. We want to avoid any disruption in your testing program and last minute phone calls for overnight deliveries of new diskette/USB flash drives.

And the number of the test being scored on your diskette/USB flash drive prints out at the bottom of page 3 of your AMP report. This also is a reminder regarding what test you are using on your diskette/USB flash drive.

DISKETTE EXPIRATION DATE
Test diskette/USB flash drives are dated and active for a one year period starting with the date you receive and use the diskette/USB flash drive. After the 13th month that you have had the diskette/USB flash drive it will cease to operate. There are three reminders to inform you that you have reached the 10th, 11th and 12th month of using the diskette/USB flash drive. The diskette/USB flash drive will not work after the 13th month.

Test diskettes/USB flash drives are constantly being updated and we want to ensure that you are using the most current test diskette/USB flash drive. If you have reached the 12th month of using the diskette/USB flash drive and have not used up all of the tests contained on the test diskette/USB flash drive, you will be credited for any unused tests that remain on the diskette/USB flash drive. Unused tests will be credited through the end of the 13th month. **After the 13th month you will not receive credit for unused tests that remain on expired diskette/USB flash drives**. This is a quality control procedure that is meant to be a benefit to you as well as to maintain current and updated diskette/USB flash drives in the field.

HOW THE SYSTEM WORKS
To establish a Behavior Data Systems, Ltd. account call **(800) 231-2401**, fax **(602) 266-8227**, E-mail **info@bdsltd.com** or write. Request your user's license and test unit fee. Once your account is established -- orders are accepted by phone, fax, E-mail or letter. Payment is expected within 30 days of receipt of ordered materials.

Diskette/USB flash drives contain all of the software needed to perform all test scoring functions and print reports. **Used diskette/USB flash drives, even damaged diskette/USB flash drives are to be returned to BDS within a year of their receipt on-site.** It is important to return used diskette/USB flash drives.

Diskette/USB flash drives contain copyrighted and proprietary software and ALL RIGHTS ARE RESERVED. Do not attempt to copy the diskette/USB flash drives or load the software on a hard disk drive. Such an act would be in violation of U.S.A. federal copyright law. Each diskette/USB flash drive is dated, numbered and tracked.

<p style="color:red;text-align:center;font-weight:bold;">When prompted your secret code is "y"</p>

www.online-testing.com

How to Login

With your Username and Password you are now ready to login and begin testing. To login click the LOGIN button in the upper right corner.

Type in your username and password (both are case sensitive). Below these boxes click on the Login button, this takes you to your account page. On your first visit to this page you will see that you have 1 test credit in your account. We give you one free test credit to enable you to familiarize yourself with our tests and our website.

Click on the "Continue" button or the "Account Summary" button to go to your Account Summary Page.

The Account Summary Page shows Account History, Test Credits Used and Test Credits Available.

There is a drop down box to show the list of available tests and a link to print test booklets and answer sheets.

How to Administer a Test

Before you proceed, please be aware that there are *two test administration options described.*

1. Paper/Pencil Test Administration (Data Entry Method)
The first option is to print the test booklet and answer sheet, both of which are available in English and Spanish. The client then answers the questions on the answer sheet in pencil. The paper-pencil test administration option allows you to test in groups which can save considerable time. Some evaluators do not want to tie up their computers administering tests and prefer paper-pencil testing. When testing is completed the answer sheet data is entered online and a report is generated.

If the paper-pencil method is selected, click on the "Print Test Booklets" link on the screen and print the test booklet and answer sheet; both are available in English, Spanish and other languages.

2. On Screen Online (Internet) Test Administration
The second option is online (on the screen) test administration. This allows the client to sit at the computer and answer the test questions on the screen. Regardless of how tests are administered, all tests are scored and reports generated and printed while online.

Click on the name of the test to be administered. This takes you to the Main Menu page for the test selected.

How to Score a Test and Print a Report

When you have selected your preferred method of test administration click either "Administer Test to Client" (in which case the client would enter his/her answers on the screen), or "Enter Test from Answer Sheet" (client will use the paper/pencil method).

The next screen will be "Client Information" (name, age, sex, education etc.). When you have completed this information, click the "Information Correct" button which will take you to the "Court History" page. Depending on the test you have chosen some tests have a court history section, some do not. Each screen allows the option to choose "Cancel" or "Information Correct" to proceed.

After completing Court History, the next screen is for client answers to the test questions. If the client has used the on-screen method, the questions and answers will be displayed to the client on the screen. If the paper/pencil method was used to test the client, you may enter the answer sheet data at your convenience by typing 1 for true, 2 for false, etc. For multiple choice questions, enter 1, 2, 3 or 4.

Again, this screen allows the option to choose "Cancel" or "Information Correct." If "Information Correct" is chosen the option is still available to cancel or abort the entry and not charge the account. At the end of the test a notice will appear alerting you that one test credit is about to be used. To save the test record to the database click "Yes." To cancel or discard the test entry, click "No." *When "Yes" is selected, your account will then be charged 1 test credit.*

Highlight the client's name and click on the "Supervisor Options" button to proceed to that client's supervisor options page. Here you can print the report, verify the answer sheet data entered and delete the client's name. The default page that appears is the Print Report page. To print the report, click the "Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

In summary, procedures are designed to be concise, easily followed and swiftly executed, so that they will not detract from test administration.

The test administration is now complete. However, you are still in the test Main Menu screen and if you wish to administer another test, click on the "Account Summary" link on the right of the screen. This will take you back to your account summary page where you may check for available test credits, purchase additional test credits, select other tests to administer or edit previously administered tests. Otherwise just close your browser window to exit the website.

How to Verify Data Entry

The Verify Data Input procedure allows you to enter the answers a second time for any particular client. This feature insures that the responses are input into the computer correctly.

From the main menu select the client's name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled "Verify Data Entry" and then click on the "Continue" button. You will now be presented with the answer grid so that you can re-input the answers.

As you input each answer, the computer will verify that it matches the answer you originally entered. If it does, the computer will automatically move on to the next response. However, if the answer you input does not match the original answer, you will be immediately alerted to the discrepancy between the two responses via a message box.

The message box will notify you as to which answer did not match the original input. The message box will display what the current answer is and what the original response was.

At this point you should review the answer sheet to verify what the correct response for that particular question is. You will then click "OK" if the answer input this second time is correct and the computer will accept this response and move on to the next answer.

If, after reviewing the answer sheet, you discover that you have erroneously input the wrong answer, click the "Cancel" button and the computer will allow you to enter the response again.

Continue with these steps until all answers have been input. Using this feature insures the accuracy of the data input.

How to Delete Client Names

This procedure allows the user to delete the client's name from the test record. Use this option to protect client confidentiality once you are done with the test record.

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. USE WITH CAUTION! Once the name has been deleted it CANNOT be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

Live Support Chat

Throughout our site, after you have logged in, you will find "Live Support" buttons. Clicking on these buttons will open a "Live Support" chat window that puts you in touch with an **Online-Testing.com** technical support staff member.

Support staff is available for these "Live Support" sessions between the hours of 8:00 a.m. and 4:00 p.m. Mountain Standard Time, Monday through Friday. If you need to leave your computer during the chat session, you can return within 24 hours and resume your online conversation.

TECHNICAL SUPPORT

If you have any questions Professional Online Testing Solutions, Inc. is only a telephone call away. Our telephone number is **(800) 231-2401**, fax **(602) 266-8227**, and E-mail **info@online-testing.com**. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

Anger Management Profile (AMP) Scale Description

There are several levels of Anger Management Profile (AMP) interpretation ranging from viewing the AMP as a self-report to interpreting scale elevations and scale inter-relationships.

The following table is a starting point for interpreting AMP scale scores.

SCALE RANGES

Risk Category	Risk Range Percentile	Total Percentage
Low Risk	**0 - 39%**	**39%**
Medium Risk	**40 - 69%**	**30%**
Problem Risk	**70 - 89%**	**20%**
Severe Problem	**90 - 100%**	**11%**

Truthfulness Scale: identifies denial, problem minimization and faking. It is now clear that many clients attempt to minimize their problems. A Truthfulness Scale is now a necessary component in contemporary client tests. The Anger Management Profile (AMP) Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, experienced staff judgment and truthfulness studies. The Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects the Anger Management Profile (AMP) Truthfulness Scale is similar to the MMPI's L and F-Scales. It consists of a number of items that most people agree or disagree with.

Truth-Corrected Scores have proven to be very important for assessment accuracy. The proprietary truth-correction program is comparable to the MMPI K-Scale correction. The Anger Management Profile (AMP) Truthfulness Scale has been correlated with the 4 other scales. The Truth-Correction equation then converts raw scores to truth-corrected scores. Truth-Corrected scores are more accurate than raw scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide.

Anger Scale: identifies people who are a danger to themselves and others. Violence is defined as "the expression of hostility, anger and rage through physical force directed against persons or property." Anger can be aggression in an extreme and unacceptable form. Measuring anger propensity enables AMP users to identify people capable of harming themselves and others. Extremely angry individuals

score at or above the 90th percentile on the Anger Scale and these people are often dangerous. This is a very important, yet often overlooked behavior pattern.

Anger Management Scale: measures how well the client manages anger, stress, tension and pressure. How well a person manages anger can effect their overall adjustment and mental health. Client's scoring at or below the 89th percentile would benefit from anger management classes or perhaps group counseling. A client scoring at or above the 90th percentile on the Anger Management Scale should be considered for more intensive anger management counseling. When co-occurring substance (alcohol or other drugs) use or abuse is present intervention and treatment becomes more complex. As a general rule, the higher the AMP scale score, the more severe the problem.

The Anger Management Scale does much more than just identify anger. The AMP Anger Management Scale measures how well the client manages, copes with or handles their anger.

Alcohol Scale: measures alcohol use and severity of abuse. Alcohol refers to beer, wine and other liquors. This scale measures the **severity** of alcohol abuse while identifying alcohol-related problems. When co-occurring, alcohol use can exacerbate anger.

Drugs Scale: measures the **severity** of drug (marijuana, crack, ice, LSD, cocaine, amphetamines, barbiturates and heroin) use and abuse while identifying drug-related problems. This scale is independent of the Alcohol Scale. When co-occurring, drug use can exacerbate anger.

More than just another alcohol or drug test. In addition to alcohol and drugs the Anger Management Profile (AMP) assesses other important areas of inquiry like truthfulness, denial and faking, anger issues and anger management abilities. The AMP is specifically designed screening clients with anger problems. It provides the information needed for understanding client attitudes and angry behavior.

Professional Online Testing Solutions, Inc.

Tel: 1 (800) 231-2401

www.online-testing.com

info@online-testing.com