

ACDI-Corrections Version II

Training Manual

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Preface

Adolescent Chemical Dependency Inventory (ACDI) research and development began in 1985 and has continued to the present. **ACDI is the acronym for the Adolescent Chemical Dependency Inventory and ACDI-Corrections Version II.**

The ACDI (105 items) contains five (5) scales: Truthfulness Scale, Adjustment Scale, Distress Scale, Alcohol Scale and Drug Scale. However, the reports for these two tests are different. The ACDI is appropriate for use in schools, counseling (individual or group) and chemical dependency (alcohol or drug) treatment programs.

The ACDI-Corrections Version II contains 140 items and in addition to the ACDI's five scales incorporates a sixth scale which is the **Violence (Lethality) Scale**, and a seventh scale, the **Stress Coping Abilities Scale**. Version II is longer than the ACDI and presents both treatment and probation recommendations. Version II is appropriate for both juvenile court and probation.

In summary, there are two versions of the Adolescent Chemical Dependency Inventory:

1. **ACDI:** for use in schools, juvenile counseling programs and troubled youth chemical dependency treatment.
2. **ACDI-Corrections Version II:** 7 scales, has a Violence Scale and Stress Coping Abilities, for court, probation and community corrections use.

ACDI diskettes contain copyrighted software programs and all rights are reserved. Users are cautioned not to attempt to copy ACDI diskettes, nor attempt loading these programs on a hard drive, as these diskettes are protected and such acts can damage the programs on the diskette rendering it unusable. Attempts to copy these programs is also a violation of federal copyright law. **All diskettes, including used damaged or recalled diskettes are to be returned to Professional Online Testing Solutions, Inc.**

ACDI's are self-report tests that are administered individually or in group testing settings. There are no forms or questionnaires to be completed by staff. ACDI's are computer scored and reports are printed on-site within three minutes of test completion. These reports eliminate tedious, time consuming and error prone hand scoring. Staff report writing, substantiation of decision making and record keeping needs are met with ACDI reports.

Some new proprietary features are included in this manual that may warrant special attention. These include, but are not limited to: Delete Client Names, to ensure confidentiality; test Data Input Verification, to ensure accuracy; and Four Administrative Modes, so users can select the test administrative mode of their choice.

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The **ACDI-Corrections Version II** is designed for juvenile probation and parole, court-related services and corrections programs. The ACDI-Corrections Version II report provides probation and treatment-oriented recommendations. The ACDI-Corrections Version II is appropriate for troubled youth between the ages of 12 and 17 years. It can be used to evaluate misdemeanor and felony charged defendants.

ACDI reports can be individualized to be in compliance with each state's and agency's needs. Recommendations desired in one city or state may not be appropriate in another. In high volume testing settings, reports can be even further individualized to user's needs.

Product Description

ACDI tests are available on 25 or 50 test diskettes. All the software needed to score and print ACDI reports is contained on these diskettes. Diskettes require a minimum of 640K memory and MS-DOS. Windows applications will be available in 1998. Tests can be given directly on the computer screen or in paper-pencil test booklet format. Regardless of how tests are administered, all tests are computer scored on-site. Reports are available within 3 minutes of test completion. Staff report writing, substantiation of decision-making and record keeping needs are met with these reports.

Diskettes contain proprietary copyrighted software programs and all rights are reserved. **All diskettes, including damaged and recalled diskettes, are to be returned to Professional Online Testing Solutions, Inc.**

FIVE ACDI SCALES (MEASURES)

- 1. Truthfulness Scale:** measures how truthful the juvenile was while completing the test. This scale identifies minimization, denial and faking.
- 2. Alcohol Scale:** measures alcohol use, abuse and alcohol-related problems. Alcohol refers to beer, wine and other liquor.
- 3. Drug Scale:** measures drug use, abuse and drug-related problems. Drugs include marijuana, crack, cocaine, amphetamines, barbiturates and heroin.
- 4. Adjustment Scale:** measures adapting at home, school, with peers. This scale recognizes personal and social adjustment.
- 5. Distress Scale:** measures experienced anxiety and depression. Distress is the most common reason for juvenile counseling.

The ACDI-Corrections Version II Scales

- 6. Violence (lethality) Scale:** measures use of physical force to injure, damage or destroy. Identifies the juvenile's danger to themselves and others.
- 7. Stress Coping Abilities:** Measures a person's ability to cope with stress. Stress exacerbates symptoms of emotional and mental health problems.

ACDI Corrections Version II

The ACDI-Corrections Version II has 140 items and takes 25 to 30 minutes to complete. It is appropriate for juvenile courts, juvenile probation and community corrections.

It contains two additional scales, the **Violence (lethality) Scale** and the **Stress Coping Abilities Scale**. The 7 ACDI-Corrections Version II scales include: Truthfulness Scale, Alcohol Scale, Drug Scale, Adjustment Scale, Distress Scale, Stress Coping Abilities Scale and the Violence (lethality) Scale.

5 and 7 Empirically Based Measures

The ACDI contains five (5) scales. The ACDI-Corrections Version II includes two additional scales which are the Violence (lethality) Scale and the Stress Coping Abilities Scale.

1. TRUTHFULNESS SCALE: The Truthfulness Scale is a measure of how truthful the client was while completing the ACDI. This scale identifies self-protective, recalcitrant and guarded clients who minimize or even conceal information. This scale is designed to detect denial and faking.

2. ALCOHOL SCALE: The Alcohol Scale is a measure of the juvenile's alcohol proneness and alcohol-related problems. Offender risk evaluation and screening programs need an objective, reliable and accurate measure of alcohol proneness, use and abuse. Alcohol refers to beer, wine or other liquor.

3. DRUG SCALE: The Drug Scale is an independent measure of the adolescent's "other drug" abuse proneness, use and drug-related problems. Without a Drug Scale, many drug (marijuana, cocaine, crack, heroin, amphetamines, barbiturates, etc.) abusers would remain undetected. The ACDI differentiates between licit (legal) and illicit (illegal) drug use.

4. ADJUSTMENT SCALE: The Adjustment Scale measures adjustment at home, school, with authority and peers. This scale recognizes the importance of personal and social factors in adapting to one's life situation. Adjustment refers to the juvenile's emotional balance, compromises with life and adaptation to their environment. This scale assesses the juvenile's adaptation to life conditions which confront them. The evolution of a healthy personality requires development of behavior necessary for adapting to life in our society.

5. DISTRESS SCALE: The Distress Scale measures experienced anxiety and depression. Distress is the most common reason for troubled youth counseling. The Distress Scale consists of items symptomatic of anxiety and depression. The blending of these symptom clusters is clear in the definition of dysphoria, i.e., a generalized feeling

5 and 7 Empirically

Based Measures, continued

of anxiety, restlessness and depression. Distress incorporates unhappiness, discontent, dissatisfaction, worry, apprehension, etc. Distress has broad applicability in adjustment, intervention and outcome.

ACDI-Corrections Version II

6. VIOLENCE SCALE: The Violence Scale measures the juvenile's use of physical force to injure, damage or destroy. In brief, it identifies the youth's danger to self and others. This is a unique scale in the ACDI-Corrections Version II.

7. STRESS COPING ABILITIES: Measures the juvenile's ability to cope with stress. Stress exacerbates mental health and emotional problems. A Stress Coping Abilities Scale score at the 90th percentile or above reflects identifiable emotional or mental health problems. Referral for a more comprehensive evaluation would be appropriate with juveniles scoring in the 90th or above percentile range.

The ACDI profile summarizes the respondent's percentile scores on each of these empirically based measures (scales). The ACDI profile makes this information available at a glance by graphically presenting scale scores and their related risk level classification category, for each of these scales.

Specific probation and treatment (as warranted) recommendations are made for each attained scale score. The ACDI is a highly individualized test with recommendations included that are appropriate to each scales severity score.

Risk Level Classification

Each ACDI scale score is classified in terms of the risk range it represents. 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 risk range. 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.

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 troubled youth's attitude or test taking behavior. 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. **When handed an ACDI report, staff should check the Truthfulness Scale score.** If the Truthfulness Scale score is below the 70th percentile--test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentile are likely valid, but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are invalid or inaccurate.

Truthfulness Scale

Self-report tests and interviews are subject to the danger of respondents not telling the truth. An important advance in testing is the Truthfulness Scale, which measures how honest the juvenile is while completing the test. It would be naive to believe that all people taking tests always answer questions truthfully. Truthfulness Scales identify self-protective and guarded people who attempt to deny, minimize or even conceal information. These scales can also detect functionally illiterate and visually impaired individuals. This feature is of special importance in court-related, probation and treatment settings, since the outcome of a juvenile's test results could affect their level of supervision, nature of intervention and life situation. **The Truthfulness Scale identifies attempts to fake or under report problems and concerns.**

Truth-Corrected Scores

Another sophisticated psychometric technique involves "truth-corrected" scores which are individually calculated for each of the ACDI scales every time a test is scored. **The Truthfulness (Validity) Scale establishes how truthful the client was while completing the ACDI.** Correlations between the Truthfulness Scale and all other scales have been statistically determined. This procedure enables the ACDI to identify and add back into each scale score the amount of error variance associated with a person's untruthfulness, resulting in "truth-corrected" scores. Raw scores may only reflect what the client wants you to know. Truth-corrected scores reveal what the client is trying to hide. **Truth-Corrected scale scores are more accurate than raw scores because they account for the measured amount of untruthfulness of the client while completing the ACDI.**

Professionals across the country have endorsed the benefits of truth-corrected scores, calling it a "high tech solution to a very common, down-to-earth need." **This methodology is easy to use because the computer does all the work, actually calculating these truth-**

Truth-Corrected

corrected scores every time a test is scored. In the past, many evaluators were "turned off" on self-report tests because they were too

Scores, continued

easy to fake.

Truthfulness Scale and Truth-Corrected scores have addressed this problem. They are considered by many as essential in any self-report test.

Staff Should Not Take These Tests

Sometimes a staff member wants to simulate the defendant taking the ACIDI. It is strongly recommended that staff do **not** take the ACIDI. The ACIDI is not standardized on staff. And staff do not have the same mental set as a defendant. Staff would likely invalidate, distort or otherwise compromise their ACIDI profile. The ACIDI is standardized on the juvenile (12 to 17 years) population itself.

Alcohol Scale

The Alcohol Scale measures a youth's alcohol proneness and alcohol-related problems. This is an important area of inquiry when evaluating risk. Alcohol refers to beer, wine and other liquor.

A juvenile's scale score is determined by his or her pattern of responding to that scale's items or test questions. For example, the Alcohol Scale has 21 scale items, and the client's score is obtained by adding up the number of scale items that were answered in a negative or deviant direction.

In summary, this empirically based scale is a measure of a person having alcohol-related problems. Alcoholism is a significant problem in our society. Alcoholism has been related to arrest records, illicit substance (drugs) abuse, emotional problems and impaired adjustment. The Alcohol Scale correlates (in the positive direction) with other recognized objective measures of alcohol use and abuse.

Drug Scale

A drug may be broadly defined as any chemical substance that affects living processes. This definition includes alcohol as well as marijuana, cocaine, crack, ice, heroin, amphetamines, barbiturates, LSD, etc. An important distinction between these substances is legality. The major licit (or legal) drugs are caffeine, nicotine and alcohol. These are generally socially accepted and legally marketed substances.

Increased public awareness of illicit (or illegal) substance abuse and its effects on people's lives is a growing concern. The burgeoning awareness of marijuana and cocaine abuse are but two examples of this concern about illicit substance use and abuse.

Drug Scale, continued

It is apparent that many people have been exposed to drugs in our society. Frequency and magnitude of drug use or abuse are important factors. The degree of severity of drug use or abuse is measured with the Drug Scale. The Drug Scale is scored by adding the number of

Drug Scale items that were answered in a deviant or negative direction. The Drug Scale correlates significantly (in the positive direction) with other objective measures of drug use and abuse.

Violence Scale

The Violence (Lethality) Scale measures the probability of an juvenile using physical force to injure, damage, or destroy. This scale establishes whether or not the juvenile is a danger to self or others.

Although conflict and its consequences are inescapable parts of human existence, individuals differ widely in both the ease in developing conflict, and in the nature and severity of its results. The Violence Scale identifies the extreme, i.e., the troubled youth that is considered dangerous or potentially violent. Pathologically violent juveniles are a threat to themselves and society.

ACDI-Corrections Version II

ACDI-Corrections Version II reports are designed to meet the needs of probation risk evaluation and needs assessment programs. The standard ACDI report concisely summarizes test data in an accurate and easily understood manner. Staff needs for report-writing, substantiation of decision-making and record-keeping are all met with ACDI reports.

ACDI reports can be individualized to be in compliance with each state's and department's needs. Recommendations desired in one city or state may not be appropriate in another. In high volume testing settings, reports can be even further individualized to user's needs.

Scale Interpretation

There are several levels of ACDI-Corrections Version II (Version II) interpretation ranging from viewing Version II as a self-report to interpreting scale elevations and inter-relationships.

The following table is a beginning point for interpreting Version II 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%

Scale Interpretation, continued

With reference to the above table, a problem is not identified until a scale score is at the 70th percentile or higher. **Elevated scale** scores refer to percentile scores that are at or above the 70th percentile. **Severe**

(serious) problems are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of juveniles evaluated with Version II. Version II has been normed on over 35,000 troubled youth. And this normative sample continues to expand with each Version II test that is administered.

SCALE INTERPRETATION

1. Truthfulness Scale: measures how truthful the juvenile was while completing the test. It identifies guarded and defensive youth who attempt to “fake good.” Scores at or below the 89th percentile mean that all Version II scales are accurate. Scores in the 70 to 89th percentile are accurate because they have been Truth-Corrected. Truthfulness Scale scores at or above the 90th percentile mean that all Version II scales are inaccurate (invalid) because the juvenile was overly guarded and manifesting denial, read things into Version II test items that aren’t there, was minimizing problems, or was caught faking answers. Youth’s with a reading impairment might also invalidate their test with a Truthfulness Scale score in the severe problem (90 to 100th percentile) range. The reason for invalidation can usually be determined with a few questions regarding the juvenile’s schooling, reading ability and motivation. If not consciously deceptive, youth with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light.

Truthfulness Scale scores at or below the 89th percentile indicate that all other scale scores are accurate. When reviewing a Version II report one of the first things to check is the Truthfulness Scale score. A Truthfulness Scale score at or above the 90th percentile does not occur by chance.

2. Violence (Lethality) Scale: measures the juvenile’s propensity for using force to injure, damage or destroy. This scale identifies youth that are a danger to themselves and others. Violence is operationally defined as the expression of hostility and rage through physical force. Violence is aggression in its most extreme and unacceptable form. Elevated scorers are demanding, overly sensitive to perceived criticism and insightful about how they express their anger/ hostility. They often have poor school records and feel emotionally isolated.

Severe problem scorers are typically erratic, angry, easily provoked and dangerous. A particularly unstable and perilous situation exists when the youth manifests an elevated Violence Scale score in conjunction with an elevated Alcohol Scale and/or Drugs Scale score. Here we have increased probability of acting-out behaviors combined with impaired judgment.

In combination with an elevated Violence Scale, an elevated Distress Scale score increases the probability of suicidal ideation. Elevated Adjustment Scale and/or Stress Coping Abilities Scale scores in

conjunction with an elevated Violence Scale score provides insight regarding codeterminants and possible treatment alternatives. **The more of these scales that are elevated with the Violence Scale -- the worse the prognosis.** Elevated scale interrelationships are important when interpreting scale elevations. Any scale scores in the severe problem range should not be ignored and this is especially true of the Violence Scale. The Violence Scale score can be interpreted independently or in combination with other Version II scales.

3. Alcohol Scale: measures alcohol use and/or abuse. Alcohol refers to beer, wine and other liquors. An elevated (70 to 89th percentile) Alcohol Scale is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious alcohol-related problems.

A history of alcohol-related arrests could result in an Alcohol Scale score in the low or moderate risk range. To determine if the juvenile is a “recovering” alcoholic Version II users should check items #57 (admission to drinking problem), #131 (self-description of drinking) **and #133 (the “recovery” question).** For reference other items also could be checked (e.g., #15, 21, 33, 39, 51, 96, 132). Admissions to these items are printed on page 3 of the Version II report.

In conjunction with an elevated Alcohol Scale, an elevated Violence Scale represents a dangerous combination, e.g., a violent predisposition with impaired judgment. When both the Alcohol and Drugs Scales are elevated, the highest score usually represents the juvenile’s substance of choice. When both are in the severe problem range explore polysubstance abuse. An elevated Distress Scale with an elevated Alcohol Scale could reflect emerging suicidal ideation or a frustration - aggressive explosive acting out. A higher Alcohol Scale score may be a focal issue, whereas a higher Distress Scale might be indicative of a troubled youth’s attempt to “self-medicate.” An elevated Adjustment Scale in combination with an elevated Alcohol Scale helps identify codeterminants. The amplitude of an elevated Stress Coping Abilities Scale score and an elevated Alcohol Scale score are important. An elevated (70 to 89th percentile) Stress Coping Abilities Scale score reflects impaired stress handling abilities and drinking may be of an “escape-avoidance” nature, whereas a score in the severe problem range suggests the presence of an identifiable (diagnosable) mental health disorder. In the latter case drinking may be part of the psychopathology. In summary, the Alcohol Scale can be interpreted independently or in combination with other ACIDI-Corrections Version II scales.

4. Drugs Scale: measures illicit drug use and abuse. The Drugs Scale measures the severity of drug abuse. Drugs refer to marijuana, crack, cocaine, ice, LSD, amphetamines, barbiturates and heroin. This scale is independent of the Alcohol Scale described above. An elevated (70 to

89th percentile) Drugs Scale score is indicative of an emerging drug problem. Elevated Drugs Scale scores do not happen by chance. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies severe drug-related problems.

A history of drug arrests could result in a Drugs Scale score in the low or moderate risk range. To determine if the juvenile is a “recovering” drug abuser Version II users should check items #29 (drug use admission), #78 (drug abuse problem) and #133 (**the “recovery” question**). For reference other items could also be checked (e.g., #23, 85, 53, 91). Admissions to these items are printed on page 3 of the Version II report.

In intervention and treatment settings the youth’s Drugs Scale score helps work through denial. **And an elevated Drugs Scale score in conjunction with other elevated Version II scores magnifies the severity of the other elevated scores.** For example, an elevated Violence Scale in conjunction with an elevated Drugs Scale score identifies a very dangerous person.

When both the Drugs and Alcohol Scales are elevated, the higher score represents the youth’s substance of choice. When both of these scores are in the severe problem range poly-substance abuse is indicated.

An elevated Distress Scale in combination with an elevated Drugs Scale reflects a troubled youth on the verge of being overwhelmed. The height of the Distress Scale is important as scores in the severe problem range can be indicative of suicidal/homicidal ideation. As noted earlier with alcohol, an elevated Adjustment Scale in combination with an elevated Drugs Scale helps identify codeterminants. And the height of an elevated Stress Coping Abilities Scale and an elevated Drugs Scale scores are important. An elevated Stress Coping Abilities Scale score reflects impaired stress coping abilities and drug use may be experimental, whereas a score in the severe problem range points to an identifiable (diagnosable) mental health disorder. In this case (severe problem) drug use/abuse is likely a part of the symptomatology. In summary, the Drugs Scale can be interpreted independently or in combination with other ACIDI-Corrections Version II scales. In most cases a drug problem (elevated scale score) magnifies the risk associated with other elevated Version II scale scores.

5. Distress Scale: measures the youth’s pain, suffering, anxiety and depression. Distress incorporates unhappiness, dissatisfaction, worry and pain. Distress is the most common reason for juveniles to voluntarily seek counseling. Distress has broad applications in adjustment, intervention, counseling and outcome. And it often serves as the beginning point in clinical inquiry. **The magnitude (or severity) of the Distress Scale is important.** Elevated scores indicate something is wrong. The youth is concerned, bothered and upset. Distress Scale

scores in the severe problem (90 to 100th percentile) range indicate the youth is hurting, on the verge of being overwhelmed and is becoming desperate.

A severe problem Distress Scale in conjunction with any other Version II scale in the severe problem range is a malignant sign and needs to be dealt with carefully. This is the profile of a suicidal/homicidal prone individual. The Distress Scale can be interpreted independently or in combination with other ACDI-Corrections Version II scales.

6. Adjustment Scale: measures the youth's ability to adapt, conform and function. This scale recognizes personal and social stressors at home, school and in one's peer group relationships. Juvenile adjustment requires modification of the youth's attitudes and behavior. Stressors vary widely from the home and school environment (along with anxiety, frustration and competition) to a myriad of emotion provoking events. **When the Adjustment Scale is elevated -- carefully review other Version II scales.** Other Version II scales include violence, substance abuse, distress and stress coping abilities.

An elevated Adjustment Scale suggests one level of intervention (e.g., lifestyle adjustment), whereas a score in the severe problem (90 to 100th percentile) range suggests other more fundamental intervention options. An elevated Distress Scale score with an elevated Adjustment Scale score is suggestive of poor emotional morale in a problem prone environmental milieu, e.g., school, home and/or peer group. An elevated Adjustment Scale in combination with an elevated Stress Coping Abilities Scale reflects a troubled youth who doesn't cope well with his environment. In this case the youth might benefit most from stress management training, emotional support of endeavor and lifestyle adjustment. The Adjustment Scale can be interpreted independently or in combination with other ACDI-Corrections Version II scales.

7. Stress Coping Abilities Scale: measures the youth's ability to cope with stress, anxiety and pressure. It is now accepted that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Coping Abilities Scale score in conjunction with other elevated Version II scales helps explain the youth's situation. When a juvenile doesn't handle stress well other existing problems are often exacerbated.

Such problem augmentation applies to substance abuse, behavioral acting-out and attitudinal problems. And an elevated Stress Coping Abilities Scale score can also exacerbate emotional and mental health symptomatology. **When a Stress Coping Abilities Scale score is in the severe problem (90 to 100th percentile) range it is very likely that the juvenile has a diagnosable mental health problem.** In these instances referral to a certified/licensed mental health professional is warranted for a diagnosis, prognosis and treatment plan. The Stress

Coping Abilities Scale can be interpreted independently or in combination with other ACIDI-Corrections Version II scales.

In conclusion it was noted that there are several “levels” of ACIDI-Corrections Version II interpretation ranging from viewing Version II as a self-report to interpreting scale elevations and interrelationships. Scale scores can be interpreted individually. Staff can then put Version II findings within the context of the juvenile’s life and corrections situation.

Control of Reports

The ACIDI report is designed for probation and parole departments, as well as for court-related use. It is **not** recommended that ACIDI reports be given to the juvenile offender. It is **not** recommended that the juvenile offender take any ACIDI materials, including the report, out of the office. Juveniles should **not** be given their ACIDI reports to read, nor should they take any ACIDI materials out of the staff members office.

Check Answer Sheet for Completeness

Check the juvenile'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 juvenile 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.**

Present, Past or Future Tense

Juveniles 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 know about the past, it will be stated in the past tense. If the item inquires about the present, 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 as it is stated.

Special (99% 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 ACDI 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 -or accuracy/inaccuracy - 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). We will await user feedback before deciding to implement this 99th percentile procedure for Truthfulness Scale scores at the 99th (as compared to the 95th) and above percentile score.

Accurate - Inaccurate Profiles

The term “inaccurate” is being used instead of invalid. The term validity refers to accurate assessment. In contrast, invalidity refers to distortion of test results due to defendants attitude, reading abilities, minimization of problems, reading things into the questions, denial and faking. However, many people do not understand the terms valid or invalid. Consequently we are substituting the terms **accurate** and **inaccurate** for valid and invalid.

Inaccuracy is defined in terms of a defendant’s Truthfulness Scale score being at or above the 90th percentile. **A Truthfulness Scale score at the 90th percentile or above results in inaccurate tests results, and all scale scores should be considered inaccurate.** Yet, different accurate - inaccurate ACDI profiles can be identified. Five examples are discussed.

Example #1. An elevated (at or above the 90th percentile) Truthfulness Scale score with all other scale scores at or above the 90th percentile. This profile is often associated with impaired reading skills, acute emotional turmoil, or a very deviant response set . . . Further inquiry is needed with the juvenile before deciding whether to retest. If emotionally upset, you may want to settle the youth down before retesting. Although rare, some juvenile’s do not take the testing situation seriously and randomly respond. Regardless of the reason this ACDI profile is inaccurate and invalid.

Example #2. An elevated Truthfulness Scale score with at least one other scale score above the 69th percentile and one other scale score below the 40th percentile. This may be an accurate profile where the defendant was either inadvertently “reading things into the questions” or attempting to be “absolutely honest” . . . After reviewing the instructions with the juvenile this person would likely be retestable. However, a “focused interview” may be all that is needed to complete this assessment.

Accurate - Inaccurate

Example #3. An elevated Truthfulness Scale score with all scale

Profiles, continued

scores at or below the 39th percentile. This defendant was attempting to minimize problems and “look good” but was detected by the

Truthfulness Scale . . . **This is a classically invalid profile.** This defendant can be expected to be defensive and manifest denial. A direct approach is recommended, e.g., you were either attempting to minimize your problems or you were reading things into questions that weren’t there. Retest would be contingent upon the juvenile’s attitude.

Example #4. A low risk Truthfulness Scale score with other scale scores variable is usually considered a valid profile. However, in very rare cases this represents a “test wise” defendant or staff member playing “beat the test.” Earlier it was noted the ACDI was not standardized on staff and it was recommended they do not take the ACDI. Yet, some do. And it would be very rare or unusual for a juvenile to be that “test wise.” First year college students in psychology classes were asked to “lie but don’t get caught” and were detected. This respondent’s motivation needs to be established in interview.

Example #5. In very rare instances a defendant might answer all test items true or false. If all items are answered true the Truthfulness Scale would automatically be set to the maximum score. This response set is very rare. Similarly, if all items were answered false the Truthfulness Scale score would be very high. The very high Truthfulness Scale score shows the test protocol is inaccurate or invalid . . . Should either of these situations occur, straightforward inquiry is all that is usually needed to clarify the matter. Contingent upon the juvenile’s attitude, retesting might be considered after the oral instructions are reviewed.

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 ACDI 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.

Evaluator’s Recommendations

Space has been provided in ACDI reports for staff member's observations and recommendations. In most instances, these observations and recommendations will be consistent with ACDI findings. However, in some instances staff members will have an observation or recommendation that differs from the ACDI report. This is OK! The staff member may obtain important information from another source (offender, relative, records, etc.) which influences their recommendations. In these situations it is recommended that the staff

member document in writing this additional source of information along with related recommendations in the space provided.

Multiple Choice Items

Multiple choice item 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 ACDI report. They represent the juvenile'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 item responses are consistent with their corresponding objective scale scores.

Expanding Database

Proprietary ACDI software was designed with the capability of "saving" the data from each test in a confidential (no names) manner for ongoing research and analysis. The "delete names" procedure is discussed later in this document. This is one of the reasons why used diskettes are returned to Professional Online Testing Solutions, Inc. **No client names appear in ACDI research or annual program summary reports.** Returned diskettes are downloaded into the ACDI database for subsequent analysis and client names are removed. The expanding ACDI database is statistically analyzed each year. This feature represents a unique advantage of the ACDI. The database ensures ongoing research at no additional cost to the ACDI user. As the ACDI database continues to grow, new and exciting research discoveries and innovative software remedies are anticipated.

Oral Instructions

It is now clear that juvenile probation clients minimize their alcohol and/or other drug-related problems by substantially under-reporting their alcohol and/or other drug use. However, the oral instructions to the juvenile before he or she begins the ACDI are important. A straightforward approach is recommended. For example:

"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. Please answer all of the questions honestly. It is also important that you do not read anything into the questions that is not there. Your court records may be checked to verify the accuracy of your answers. Just answer each question truthfully."

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience, and intent. It should be individualized to your situation and needs. Although not recommended for use with juveniles, the following example is presented for clarification as to how an example might be

included in your oral instructions to the client:

"Last week a client told me while taking the MMPI that he could not answer this true-false question, 'I am attracted to members of the opposite sex.' When asked why, the client replied, 'If I answer True, you will think I am a sex maniac. If I answer False, you will think I am a homosexual.' I told the client that this test item does not ask you about being a sex maniac or a homosexual. It simply asked if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals, 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 and you may have to take it over. Simply answer the questions True or False. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

A few minutes of oral instructions can put the client at ease while providing structure and clarifying expectations. Such procedures can greatly reduce the number of invalid tests while making the assessment procedure more acceptable to the client. Some agencies type out oral instructions for the staff so that they can have them as a ready reference.

Retest

If clients invalidate their ACDI, it is recommended that they be given the opportunity to be retested. Prior to retesting, the oral instructions should be reviewed carefully with the juvenile. If the retest is still invalid, the client may be untestable at that time.

Time Savings

The ACDI is specifically designed for offender risk evaluation and assessment. It provides a vast amount of relevant information quickly and accurately. The ACDI facilitates a "focused" interview that can result in significant savings in time with no compromise in the quality of the service being provided.

Focused Interview

The ACDI provides relevant self-report information in a timely (within minutes) manner, thereby facilitating a "focused interview." The focused interview may require up to 30 minutes to complete, with no compromise in effectiveness or quality. Focused interviews "zero in" on juvenile's problems and concerns. Problem areas are identified.

Four Administrative Modes

The ACDI can be administered in four different ways: **1. Paper-Pencil test booklet format.** This is the most common way defendant's are tested. Tests can be given individually or in group testing settings. Upon test completion, tests are scored and printed in three minutes on-site. **2. Directly on the computer screen (monitor) itself.** Upon test completion a few keystrokes scores and prints the ACDI report. **3. Optical scanners are used in high volume testing settings.** This

testing mode involves customized answer sheets and the purchase of a optical scanner. Faster scanners usually cost more. **4. Human voice (computer audio) presentation.** Test items and answers are read to the defendant. This testing mode requires a multimedia computer, headphones and windows 95 software. Users can select the test administration mode (or modes) that are suited to their needs.

Audio (Human Voice) Option

This **Audio (Human Voice) Reading** test administration mode is a new proprietary administration mode. The defendant sits before the computer with earphones on. Earphones ensure clarity while eliminating distortions. The “arrow keys” allow the juvenile to switch back and forth between questions and answers. As each question or answer is highlighted it is read to the defendant. The juvenile can go back and forth as many times as needed. When the juvenile selects an answer the program advances to the next question. **Reading of test items can be in any language**, e.g., English, Spanish or Native American.

To make other than English or Spanish languages available, Online-Testing would need the translator and reader provided for recording of their reading at your agency. This innovative approach to reading impaired screening resolves most bilingual cultural and reading impaired screening problems. Yet, it does require a CD-ROM, earphones and multimedia or computer audio capability. We prefer to limit automated (human voice) reading options to a maximum of three languages per computer.

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 that 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 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 accurately. The choice is yours.

There are two ways in which you may perform the test data input verification procedure: **1) after a new test has been entered**, or **2) by choosing the option from the Supervisor Data Entry task menu.**

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. The test data input verification procedure is discussed in the ACDI Computer Operating Guide.

When you enter a test you may choose to perform the test data input verification procedure after all the test data has been entered. A message is displayed asking if you want to “verify” data input. **Type “y” for “yes” if you want to perform test data input verification, or type “n” for “no” and you will return to the main menu.**

Delete Client Names

You have the option to delete client names from the diskette before returning it. This is optional. **If you want to use this option, remember that once you delete client names from a diskette -- they are gone and can not be retrieved.** We recommend you only use this option before returning used diskettes to Online-Testing. Deleting client names does not delete demographic or test data. When you use this option it only deletes juvenile names. The juvenile’s Identification Number will automatically be deleted.

This option is provided to protect client confidentiality. Once the names 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 on a 50 test diskette. 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 the diskette. They give you sufficient time to re-order. We want to avoid any disruption in your testing program and last minute phone calls for overnight deliveries of new diskettes.

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

Diskette Expiration Date

Test diskettes are dated and active for a one year period starting with the date you receive the diskette. **After the 13th month that you have had the diskette 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. The diskette will not work after the 13th month.

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

How The System Works

To establish a Online-Testing account call **(800) 231-2401**, fax **(602) 266-8227**, E-mail **Online-Testing@Online-Testingltd.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.

Upon establishing your Online-Testing account you will be provided user instructions, ACIDI Training Manual, One-Page Quick Start, Computer Operating Guide, test booklets, answer sheets (can be photocopied on site), updates, annual summary reports on request and support services **at no additional cost.** Test booklets are replaced at no additional cost as they wear out. Test booklets are reusable. **All test booklets are to be secured.** Do not let any juveniles take any test booklets out of your testing area.

Diskettes contain all of the software needed to perform all test scoring functions and print reports. **Used diskettes, even damaged diskettes are to be returned to Online-Testing within a year of their receipt on-site.** It is important to return used diskettes.

Diskettes contain copyrighted and proprietary software and ALL RIGHTS ARE RESERVED. Do not attempt to copy the diskettes 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 is dated, numbered and tracked.

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. Risk and Needs' copyrighted built-in expanding database provides both a

Database, continued

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 ACDI database.

The ACDI database provides a cost effective approach to ongoing research. Used diskettes are returned to Professional Online Testing Solutions, Inc., and test data is placed in the ACDI database. The ACDI database is analyzed annually. This means that on an annual basis the ACDI is essentially restandardized. This ensures accuracy and fairness. ACDI databases are established on a state as well as departmental basis. Small volume test users incorporate their databases with others, while large volume agencies can have 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.

Technical Support

If you have a problem or question, call Professional Online Testing Solutions, Inc.: (800) 231-2401. This number is operational during 8 a.m. to 4 p.m. (Mountain Standard Time), Monday through Friday.

In Closing

The Adolescent Chemical Dependency Inventory and Version II are automated (computer scored) self-report assessment instruments that are designed for use in juvenile probation departments. **They can be used to evaluate misdemeanor and felony charged defendants.** These reports are useful at presentence hearings, as a standardized juvenile screening procedure and on an as needed basis.
