

Defendant Questionnaire

DQ Training Manual

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

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Product Description

The Defendant Questionnaire (DQ) is an automated (computer scored) self-report assessment instrument or test. The DQ contains 137 items, takes approximately 30 minutes to complete and is computer scored within 3 minutes on-site. **The DQ is designed for misdemeanor and felony courts, drug courts, family courts, municipal courts, county courts, probation departments and substance (alcohol and other drug) abuse-related offender assessment.**

The DQ evaluates defendant truthfulness, identifies faking and analyzes important defendant behaviors. The DQ measures substance (alcohol and other drugs) use, abuse, dependency and severity of risk. It quantifies violence (lethality) potential and antisocial tendencies. And the DQ measures the defendant's ability to cope with stress. The DQ is much more than just an alcohol or drug test.

The DQ is designed for defendant assessment in court-related and probation settings. The DQ is particularly useful in substance (alcohol and/or drug) related cases.

Seven Empirically Based Measures

1. Truthfulness Scale: This scale measures how honest or truthful the defendant was while completing the DQ. This scale identifies guardedness and faking. A Truthfulness Scale score at the 90th percentile or higher means the DQ report is not useable due to measurement error caused by the defendant's attitude (defensiveness), reading limitations or behavior (minimizing or faking). In these instances (Truthfulness Scale scores at or above the 90th percentile) a special one-page Truthfulness Scale (invalid) report is printed that discusses invalidity. In contrast, Truthfulness Scale scores at or below the 89th percentile are accurate. The Truthfulness Scale detects attempts to "fake good."

2. Alcohol Scale: This scale measures alcohol use, severity of abuse and alcohol-related problems. Alcohol refers to beer, wine or other liquors which are legal or licit substances. The Alcohol Scale is a measure of the defendant's alcohol use, alcohol proneness and alcohol-related problems. This scale measures severity of use or abuse.

3. Drug Scale: This scale measures drug (marijuana, crack, cocaine, LSD, ice, barbiturates, amphetamines, heroin, etc.) use, severity of abuse and drug-related problems. It measures illicit (illegal) and licit (prescription) drug use and the severity of abuse.

4. DSM-5 Substance Use Scale: Substance (alcohol and/or drug) users are classified with DSM-5 criteria as no substance use disorder or as having a substance use disorder. This is an added feature. This is a DSM-5 classification scale, rather than a measurement scale.

5. Antisocial Scale: This scale measures antisocial attitudes and behaviors, which incorporates hostile, unsociable, emotionally blunted, uncaring, resistant and irresponsible attitudes. The term antisocial has replaced the term sociopath in the Diagnostic and Statistical Manual (DSM) literature. Other behaviors often demonstrated in antisocial defendants include lying, failure to pay bills, irresponsible attitudes and unnecessary "conning" of others.

6. Violence (Lethality) Scale: This scale measures the defendant's propensity for using force to injure, damage or destroy. It identifies defendants who are a danger to themselves or others. Violence may involve physical and/or emotional abuse.

7. Stress Management Scale: This scale measures the defendant’s ability to manage or cope with or effectively manage their experienced stress, tension and pressure. Some people handle stress more effectively than others. Stress Management Scale scores at or above the 90th percentile reflect extremely impaired or lacking stress management skills and are indicative of identifiable emotional or mental health problems. Defendants scoring in the 70 to 90th percentile range would benefit from learning more effective coping and stress management strategies. They would benefit from attending “stress management classes.”

SUMMARY

A defendant’s score on each of the Defendant Questionnaire (DQ) 7 scales (measures) is calculated and presented in each DQ report. Each of these scores and their associated behaviors is explained in each DQ report. Each scale score is presented, explained and specific score-related recommendations are provided.

Optical Scanner Scoring

Optical Scanner Scoring: With a full letter size color scanner, customized scannable answer sheets were developed specifically scanner scanning. They can be used for automated data entry. The defendant fills in the boxes on the answer sheet and the sheet is scanned, entering the response data (answers) automatically into the program. This is especially useful for agencies with a high volume of defendants and/or agencies that test large groups. It eliminates the need for manual data entry. Use of this option requires the scanner hardware and the scannable answer sheets. Initial scannable answer sheets can be obtained from Behavior Data Systems, Ltd. or one of its subsidiaries Risk & Needs Assessment, Inc., or Professional Online Testing Solutions, Inc., and then you can for minimal cost have your scan answer sheets printed. **Please coordinate with us if you are planning to use a scanner.**

Human Voice Audio Option

Human Voice Audio Reading: This DQ test administration mode is new and innovative. The client sits before the computer with earphones on. Earphones ensure clarity while eliminating distractions. The “arrow keys” allow the client to switch back and forth between questions and answers. As each question or answer is highlighted it is read to the client. The client can go back and forth as many times as needed. When the client selects an answer the program advances to the next question. **Reading can be in any language**, e.g., English or Spanish. To make other languages available Behavior Data Systems (BDS) would need to be notified so they can incorporate other languages other than English and Spanish. This innovative approach to reading impaired assessment resolves many bilingual, cultural and reading impaired screening problems. Windows testing requires a CD-ROM, earphones and computer audio capability. The DQ can be programmed for human voice test administration in most, if not all languages. **Internet (online at www.online-testing.com) testing Human Voice Audio does not require a CD-ROM, but a high speed internet connection is needed.**

DSM-5 Criteria

The Defendant Questionnaire (DQ) helps classify defendants into substance (alcohol and/or other drugs) use, abuse classification categories. Concurrently, Defendant Questionnaire (DQ) Alcohol Scale and Drug Scale scores show the severity of each defendant’s substance (alcohol and other drug) related condition. DSM-5 Substance Use Disorder **severity** is based upon the number of the 11 DSM-5 symptom criteria endorsed. When “none or one” of the 11 symptom criteria are endorsed (admissions) the DUI offender **Does not meet substance use disorder criteria**. When “two or three” symptom criteria are endorsed the DUI offender’s substance use disorder severity is classified **Moderate**.

Problem severity is identified by the endorsement of “four or five” of the 11 symptom criteria. A **severe** substance use disorder is identified by the presence of **six or more** of the 11 symptoms.

Staff Should Not Take the DQ

Sometimes a staff member might want to simulate the defendant and take the DQ. It is strongly recommended that staff do **not** take the DQ. The DQ is not standardized on staff. Staff members do not have the same mental set as defendants. Staff would likely invalidate, distort or otherwise compromise their DQ profile. Staff should **not** take the DQ.

Significant Items

Significant items are self-admissions or important self-report responses. Significant items are identified for reference. Sometimes they help in understanding the defendant. **Significant items alone do not determine a defendant’s scale score.** Significant items are listed near the end of the DQ report for the Alcohol, Drug, Violence and Antisocial Scales. Significant items permit comparison of the defendant’s self-perception with their objective scale scores. These differences are often explained in interview and can provide added insight as well as defendant understanding. Yet, there can be few significant items and a high scale score or vice versa.

Multiple Choice Items

The last sequence of multiple choice items reflect important self-report motivational, attitudinal and perceptual information. Client answers to Section 3 items are printed on the last page of the DQ report. These answers represent the defendant’s perception of his or her situation and needs, consequently they may differ from objective scale scores. **This enables comparison of subjective defendant attitude and motivation with their empirically based and objective scale scores.** For example, defendants may report “no problem” with regard to their alcohol-related problems and drinking even though their score on the Alcohol Scale may be above the 90th percentile (severe problem) range.

Expanding Database

A database of client test-related information can be very useful. It makes possible ongoing cost effective research while also providing the capability for annual test program summary.

Used diskettes/USB flash drives are returned (without defendant names) to Risk & Needs Assessment, Inc. and test data is downloaded into the DQ database. (Refer to the Delete Client Names procedure, which describes how defendant names can be deleted before returning DQ diskettes/USB flash drives). Annual database analysis ensures accuracy and fairness.

The same DQ database enables annual testing program summary. Annual summary reports describe the population that was tested in terms of demographics, court history, assessment accuracy, percentile admissions to selected items and much more.

Truthfulness Scale

Self-report tests and interviews are vulnerable to the respondent not telling the truth. An important advance in testing is the Truthfulness Scale, which measures how honest the defendant was while completing the test. It would be naive to believe that all people taking tests always answer questions truthfully. **The Truthfulness Scale detects defensiveness, guardedness and faking.** This scale also detects functionally illiterate defendants. A Truthfulness Scale is particularly important in court-related settings, since the outcome of a person’s test results can affect their level of supervision, nature of

intervention and life situation. The Truthfulness Scale identifies attempts to fake or under report problems and concerns.

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 may be due to denial, faking, minimizing problems, emotional instability, etc.** An invalid test is distorted due to any of the above reasons and the scale scores are not accurate.

When reviewing a DQ report, check the Truthfulness Scale score. **A Truthfulness Scale score at or below the 89th percentile is indicative of valid and accurate results. In contrast, a Truthfulness Scale score at or above the 90th percentile reflects invalid or inaccurate DQ results.**

Oral Instructions

It is now clear that many defendants tend to minimize their alcohol and/or other drug-related problems, by substantially under-reporting their alcohol and/or other drug use. Consequently, the oral instructions to the defendant or offender before he or she begins the DQ are important. A straightforward approach is recommended. For example:

"This questionnaire 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 defendant 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. The following description 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 defendant 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 defendant. Some agencies type out oral instructions for the staff so that they can have them as a ready reference.

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 entry are highlighted until corrected. When the first and second data entry match (or are the same) you may continue. This Data Input Verification feature is optional.

You may enter client test data and print reports continuously 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 one or a few tests that were entered from a diskette. 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 entries made the second time. If the test data entry is the same the first and second (verification) times--then the test data was accurately entered. However, if there is a discrepancy between the first and second (verification) data entries--there is a data error or input discrepancy that should be checked. Keep in mind that an input error could be made either time, i.e., the first or second time data was entered. To know which is the correct data, you will need to refer to the clients original answer sheet.

When you enter a new test you may choose to perform the test data input verification procedure after all of the response (test) data has been entered. A message is displayed asking if you want to “verify data input”. **Type “y” if you want to perform the test data input verification procedure or type “n” to 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 the client names from a diskette -- they are gone and can not be retrieved. We recommend you only use this option before returning the used diskette. Deleting client names does not delete demographic information or test data. It only deletes the client names when you use this option.

This option is provided in the supervisor task menu. It allows you to delete the client names from the diskette. This procedure would only be done after all tests on the diskette have been used and you are ready to return the diskette to Risk & Needs Assessment, Inc. **This option is provided for you to protect client confidentiality.** Please be advised that once the names have been deleted, there is no way for you to retrieve them.

Control of DQ Reports

Defendant Questionnaire (DQ) reports contain a lot of confidential defendant-related information. However, some of the vocabulary used and/or statements made in the DQ report may be misunderstood by the defendant. For these reasons we recommend the defendant should **not** be given his or her DQ report to read. **Instead, we recommend a staff person review DQ results with the defendant, but does not give the DQ report to the defendant to read.** The defendant should **never** be allowed to remove a DQ report from the premises. DQ reports are privileged, highly sensitive and confidential.

Check Answer Sheet for Completeness

Check the defendant’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.**

Valid - Invalid Profiles

Invalidity is defined in terms of a client attaining a Truthfulness Scale score in the 90 to 100 percentile range. Yet, even with this type of a Truthfulness Scale score you can identify different valid-invalid test profiles. Five examples are given for clarification.

Example #1: An elevated (at or above the 90th percentile) Truthfulness Scale score with all other DQ scale scores at or above the 90th percentile. This profile is often associated with impaired reading skills, acute emotional turmoil, or a deviant response set.

Further inquiry is needed with the defendant before deciding whether to retest. If the defendant is emotionally upset, you might want to settle the defendant down before retesting. Although relatively rare, some defendant's do not take the testing situation seriously and might randomly respond to test questions. Regardless of the reason, this DQ test profile is invalid.

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

Example #3: An elevated Truthfulness Scale score with all other scale 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, guarded and manifest denial. A direct approach is recommended, e.g., "you were either attempting to minimize your problems or you were reading things into the questions that weren't there." Retest would be contingent upon the defendant'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 instances, this could represent a "test wise" defendant or staff member playing "beat the test." Earlier it was noted that staff members do not have the same mental set as an offender and it was recommended that they do not take the DQ. It would be unusual and rare for a defendant to be that "test wise." First year college students in psychology classes were asked to "lie but don't get caught" and were detected. The respondent's motivation should be established on the basis of the overall assessment.

Example #5: In very rare instances, a defendant might answer all items True or False. If **all items are answered True**, on all scales, the Truthfulness Scale score would **automatically** invalidate the test. This type of a response set is so rare, and the response pattern so unusual, that we simply mention it for future reference. Similarly, if the defendant **answers all items False**, the Truthfulness Scale score would be very high (around the 99th percentile). In both cases (all true or all false) all test findings are invalidated and a special one-page invalid report is printed. The high Truthfulness Scale score would indicate that the test protocol is invalid. Each of these situations represents a very rare occurrence. Yet, should they occur, straightforward inquiry with the respondent is all that is usually needed to clarify the matter. Contingent upon the defendant's attitude, retesting might be considered after the oral instructions are reviewed with the defendant.

It should be noted that the "significant items" and the "multiple choice item" sections of the DQ report are independent of the scale scores and reflect the defendant's perception, attitudes and opinions. Even when you have an invalid DQ report, helpful information can sometimes be obtained from the "significant items" and "multiple choice items." In these instances it is advisable to also review the defendant's court record.

Retest

Defendant Questionnaire (DQ) tests results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the DQ 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 DQ 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.**

Specific to Windows Diskettes and USB Flash Drives

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 & Needs' copyrighted and proprietary 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 DQ database.

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

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 the 50 test 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/USB flash drives.

And the number of the test being scored on your diskette prints out at the bottom of page 3 of your Windows DQ report. This also is a reminder regarding what test you are using on your diskette. Because Windows diskettes/flash drives have a limited number of tests (25 or 50) the number of the test used prints so you can keep track of the number of tests you have used.

Diskette Expiration Date

Test diskettes/USB flash drives are dated and active for a one year period starting with the date you first use 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/USB flash drives 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 test diskette, 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/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 diskettes/USB flash drives in the field.

How The DQ Windows System Works

To establish a Behavior Data Systems, Ltd. (BDS) or a www.online-testing.com account, contact BDS at 1 (800) 231-2401 or by E-mail info@bdsltd.com.

Upon establishing your account with BDS you will be provided user instructions: Training Manual, test booklets, answer sheets (can be photocopied on-site), updates, annual summary reports upon request, and support services at no additional cost. We encourage clients to photocopy and distribute Training Manuals to all staff that will be involved with the DQ. Online-Testing.com users will be able to print these documents from the account page. Do not let defendants take any test booklets out of the testing area. All test booklets are to be secured and maintained in your testing area.

Regardless of how tests are administered, all tests are computer scored on-site within 2½ minutes of test data (answers) entry. Diskettes/USB flash drives contain all of the software needed to perform all test scoring functions, build an expanding database and print reports. Used diskettes/USB flash drives, even damaged diskettes/USB flash drives are to be returned to BDS within a year of their receipt on-site. Most users return diskettes/USB flash drives when the tests on them are used up. It is important to return used diskettes/USB flash drives.

Diskettes/USB flash drives 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 copyright law. Each diskette is dated, numbered and tracked.

Technical Support

For more information call our toll free number **1 (800) 231-2401**. Our fax number is **(602) 266-8227**. Our E-mail address is info@bdsLtd.com. You are invited to visit our website at www.bdsLtd.com.

Specific to Internet Testing Only

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 Purchase Test Credits

- A. The link to PayPal is located on your Account Summary Page. Click on the "Click Here to Purchase Test Credits" button. You can also call 800-231-2401 to discuss other payment options.
- B. To add more test credits to your account follow the PayPal instructions.
- C. If you do not have a credit card call us at 1 (800) 231-2401 to discuss alternative payment arrangements.

How to Administer a Test

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

1. Paper/Pencil Test Administration

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 on the screen and a report is generated and may be printed while online.

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. 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 will 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 www.online-testing.com 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 and our Live Chat are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

DQ Interpretation

The following table is a starting point for interpreting DQ 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%

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 problems** are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of defendants evaluated with the DQ. The DQ has been normed on thousands of defendants. And this normative sample continues to expand with each DQ test that is administered.

SCALE DESCRIPTION

1. Truthfulness Scale: Measures how truthful the defendant was while completing the test. It identifies guarded and defensive defendants who attempt to fake good. Scores at or below the 89th percentile mean that all DQ scales are accurate. Scale scores in the 70 to 89th percentile range are accurate because they have been Truth-Corrected. **Truthfulness Scale scores at or above the 90th percentile mean that all DQ scales are inaccurate (invalid) because the defendant was overly guarded, read things into test items that aren't there, was minimizing problems, or was caught faking answers.** Defendants with reading impairments might also score in this 90-100th percentile scoring range. If not consciously deceptive, defendants with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light. The Truthfulness Scale score is important because it shows whether-or-not the defendant answered DQ test items honestly. **Truthfulness Scale scores at or**

below the 89th percentile indicate that all other DQ scale scores are accurate. One of the first things to check when reviewing a DQ report is the Truthfulness Scale score.

2. Violence (Lethality) Scale: Identifies defendants that are dangerous to themselves and others. Violence is defined as the expression of rage and hostility through physical force. Violence is aggression in its most extreme and unacceptable form. Elevated scorers can be demanding, sensitive to perceived criticism and are insightful about how they express their anger/hostility. **Severe problem scorers should not be ignored as they are threatening and very dangerous.** A particularly unstable and perilous situation involves an elevated Violence Scale with an elevated Antisocial, Alcohol and/or Drugs Scale score. Substance (alcohol or other drugs) abuse and antisocial attitudes can contribute to dangerousness. **The more of these scales that are elevated with the Violence Scale -- the worse the prognosis.** An elevated Stress Management Scale with an elevated Violence Scale score provides insight regarding codeterminants and possible treatment recommendations. A severe problem Violence Scale score is a malignant sign with or without other scale elevations and describes a dangerous person. The Violence Scale score can be interpreted independently or in combination with other DQ scales.

3. Antisocial Scale: Measures anti-social attitudes and behavior. Antisocial is defined as opposed to society or existing social organization and moral codes. Anti-social behavior refers to aggressive, impulsive and sometimes violent actions that flout social and ethical codes such as laws, property rights, etc. This behavior pattern often begins with a conduct disorder involving lying, stealing, fighting, cruelty, truancy, vandalism, theft and substance abuse. **Elevated Antisocial Scale scores are often associated with non-internalization of recognized conventions.** Many high scorers manifest a seeming inability to profit from experience. An elevated Antisocial Scale score in conjunction with an elevated Alcohol Scale, Drugs Scale or Violence Scale score would be a malignant sign prognostically. A severe problem Stress Management Scale score with an elevated severe problem Antisocial Scale suggests the possibility of a suspicious/paranoid mental health problem. The Antisocial Scale can be interpreted independently or in combination with other DQ scales.

4. Alcohol Scale: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit substance. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious drinking problems.

Since a history of alcohol problems could result in an abstainer (current non-drinker) attaining a low to medium-risk score, precautions have been built into the DQ to correctly identify “recovering alcoholics.”

Several DQ items are printed on the “significant items” section of the report and again in the “multiple choice items” (pages 3 and 4) section for quick reference. Alcohol admission items include: #26 (in last year), #42 (has drinking problem), #62 (serious drinking problem), #113 (describes own drinking), #104 (motivation for alcohol treatment), etc. **There are two alcohol recovering items: #67 (I am a recovering alcoholic) and #114 (I am a recovering alcoholic).** In addition, the elevated Alcohol Scale score paragraphs clearly caution that the defendant may be “recovering.”

In intervention and/or treatment settings the defendant’s Alcohol Scale score helps staff work through defendant denial. Most defendants accept the objective and standardized Alcohol Scale score as accurate and relevant. This is especially true when it is explained that elevated scores don’t occur by chance. The defendant must answer a definite pattern of alcohol-related admissions for elevated scores to occur. And Alcohol Scale scores are based on thousands of defendant’s scores who have completed the DQ.

An elevated Alcohol Scale score in conjunction with other elevated scores magnifies the severity of the other elevated scores when the defendant drinks. For example, if you have a defendant with an elevated Violence Scale who also has an elevated Alcohol Scale score, that defendant is even more dangerous when drinking.

When both Alcohol and Drugs Scales are elevated, the higher score represents the defendant's substance of choice. When both are in the severe problem range (or higher) explore polysubstance abuse. The Alcohol Scale can also be interpreted independently.

5. Drugs Scale: Measures drug use and the severity of abuse. Drugs refer to marijuana, cocaine, crack, ice, amphetamines, barbiturates, heroin, etc. These are illicit substances. An elevated (70 to 89th percentile) Drugs Scale score is indicative of an emerging drug problem. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies serious illicit drug abusers.

Similar to the Alcohol Scale, a history of drug-related problems could result in an abstainer (drug history, but not presently using or abusing drugs) attaining a low to medium-risk score. Precautions have been built into the DQ to correctly identify "recovering" drug abusers."

Several DQ items are printed in the "significant items" and "multiple choice items" (pages 3 and 4) sections of the DQ report for quick reference. Drug admission items include: #15 (in last year), #87 (direct admission), #51 (in drug treatment), #91 (admits drug dependent), #115 (describes own drug use) and #106 (motivation for drug treatment). **Recovering drug abuser items include: #83 (I am recovering) and #114 (I am a recovering drug abuser).** In addition, the Drugs Scale score paragraphs clearly caution that the defendant may be "recovering."

In intervention and treatment settings the defendant's Drug Scale score helps staff work through defendant denial in a similar way as explained earlier for the Alcohol Scale. **And an elevated Drugs Scale score in conjunction with other elevated scale scores magnifies the severity of the other elevated scores when the defendant uses drugs.** For example, an elevated Violence Scale in conjunction with an elevated Drugs Scale score increases the severity and risk associated with the Violence Scale when the defendant uses drugs.

When both the Drugs and Alcohol Scales are elevated, the higher score represents the defendant's substance of choice. When both are in the severe problem range explore polysubstance abuse. The Drugs Scale can also be interpreted independently.

6. Substance Use Disorder Scale: Substance use disorders span a wide variety of problems arising from substance use, and cover 11 different criteria:

1. Taking the substance in larger amounts or for longer than the you meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use of the substance
4. Cravings and urges to use the substance
5. Not managing to do what you should at work, home or school, because of substance use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational or recreational activities because of substance use
8. Using substances again and again, even when it puts the you in danger
9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance

10. Needing more of the substance to get the effect you want (tolerance)
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

The DSM 5 allows assessors to specify how severe the substance use disorder is, depending on how many symptoms are identified. Two or three symptoms indicate a mild substance use disorder, four or five symptoms indicate a moderate substance use disorder, and six or more symptoms indicate a severe substance use disorder.

The American Society of Addiction Medicine (ASAM) states there can be exceptions to DSM classifications -- and these exceptions are made according to the **severity** of a person's substance abuse. The severity of a person's substance abuse determines their recommended level of intervention and/or treatment.

In summary, the Alcohol and Drugs Scales measure **severity** of substance (alcohol and other drugs) abuse, whereas the Substance Use Disorder Scale **classifies** people as no problem, mild, moderate or severe substance use disorder.

7. Stress Management Scale: Measures how well the defendant manages or copes with stress. It is now accepted that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Management Scale score in conjunction with other elevated DQ scales helps explain the defendant's situation. When a defendant doesn't handle stress well other existing problems are often exacerbated. Such problem augmentation applies to substance (alcohol and other drugs) abuse, attitudinal problems and acting-out behaviors.

An elevated Stress Management Scale score can also exacerbate emotional and mental health symptomatology. When a Stress Management Scale score is in the severe problem (90 to 100th percentile) range it is likely that the defendant has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional might be considered for a diagnoses and treatment plan. Lower elevated scores suggest possible referral alternatives like stress management counseling or classes. The Stress Management Scale score can be interpreted independently or in combination with other DQ scales.

In conclusion, it was noted that there are several "levels" of DQ interpretation ranging from viewing the DQ as a self-report to interpreting scale elevations and inter-relationships. Staff can then put DQ test report findings within the context of the defendant's life and court situation.

From the beginning the intent has been to develop a practical, psychometrically sound and helpful test. Practical in terms of time. Psychometrically sound in terms of reliability, validity and accuracy. And helpful in terms of the information obtained. It's gratifying to know that many others associated with defendant assessment agree that we have attained these goals. Our mission is now to maintain the DQ's state-of-the-art reputation.