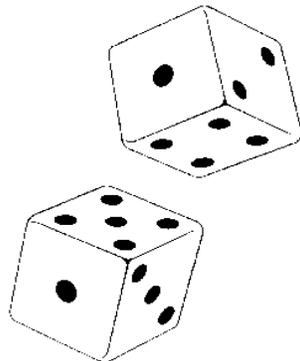


GAI

Gambler Addiction Index

Training Manual



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

Preface

Gambler Addiction Index (GAI) research and development began in 1995. The copyrighted GAI database insures continued future research and development.

By merging the latest in psychometrics with computer technology the GAI accurately assesses client behavior and identifies client risk as well as need. Assessment staff can now objectively gather a vast amount of relevant information, identify client problems and formulate specific intervention and treatment strategies.

GAI diskettes/USB flash drives contain copyrighted software programs and all rights are reserved. Clients are cautioned not to attempt to copy GAI diskettes/USB flash drives, nor attempt loading these programs on a hard disk drive, as these diskettes/USB flash drives are copy-protected and such acts would damage the program on the diskette, rendering it unusable. Attempts to copy these programs is also a violation of federal copyright law. All diskettes/USB flash drives, including used, damaged or recalled diskettes/USB flash drives, are to be returned to Behavior Data Systems.

The GAI is a self-report test that is completed by the client, either individually or in group settings. There are no forms or questionnaires to be completed by the staff. GAI's are scored and interpreted by the computer which generates printed GAI reports on-site within minutes of test completion. These reports eliminate the need for tedious, time consuming and error prone hand scoring. Staff report writing, substantiation of decision making and record keeping needs are met with GAI reports.

Gambler evaluators may or may not be clinicians or diagnosticians. Their role may be to identify gambler risk and related substance (alcohol and other drugs) abuse prior to recommending intervention. For example, intervention could include an education program, further clinical evaluation or treatment, court-related sanctions or levels of supervision. Other gambler evaluations may be administered by psychiatrists, psychologists and counselors.

Gambler assessment is not to be taken lightly as the decisions made can be vitally important. The decision as to whether or not a test protocol indicates a client is suicidal can be a life or death issue. That is why GAI research is ongoing in nature, so we can provide the gambler evaluator with the most accurate data possible. It should be noted that GAI test results are working hypotheses. No decision should be based solely on GAI results.

The purpose of this manual is to describe the GAI and explain how it works. It is a GAI training manual. All GAI users should read this document.

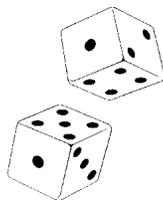
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Table of Contents

| | |
|--|--------|
| Product Description | Page 1 |
| Seven Empirically Based Measures..... | Page 1 |
| Risk Level Classification | Page 2 |
| Validity | Page 2 |
| Truthfulness Scale..... | Page 2 |
| Accurate - Inaccurate Profiles..... | Page 2 |
| Oral Instructions | Page 3 |
| Special (99% Scores) Reports..... | Page 4 |
| Check Answer Sheets for Completeness | Page 4 |
| GAI Reports | Page 4 |
| Significant Items | Page 5 |
| Multiple Choice Items | Page 5 |
| Evaluator's Recommendations | Page 5 |
| Expanding Database | Page 5 |
| Retest | Page 5 |
| Test Data Input Verification | Page 6 |
| Delete Client Names, Confidentiality..... | Page 7 |
| Test Number Reminders | Page 7 |
| Diskette Expiration Date..... | Page 7 |
| Summary: How the Systems Works | Page 7 |
| Technical Support..... | Page 8 |

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| | |
|--|---------|
| How To Login..... | Page 8 |
| How To Administer a Test..... | Page 9 |
| How to Score and Print a Report | Page 9 |
| How to Verify Data Entry..... | Page 10 |
| How to Delete Client Names | Page 10 |
| Live Support Chat..... | Page 11 |
| Technical Support..... | Page 11 |
| Scale Description and Interactions | Page 11 |



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Product Description

The Gambler Addiction Index (GAI) is a brief, easily administered and automated (computer scored and interpreted) test specifically designed for Gambler's risk assessment and screening.

Within minutes after test completion, the GAI can generate a comprehensive report presenting seven empirically based measures (scales), explaining attained risk levels and making specific recommendations. GAI reports multiple choice responses, set forth “significant items” and provide space for staff recommendations.

The GAI is a test designed specifically for use with clients having a gambling problem. It can be completed in 30 minutes and reports can be printed on-site within 3 minutes of test completion.

GAI diskettes/USB flash drives contain 25 or 50 test applications. Tests can be given directly on the computer screen or in paper-pencil test booklet format. Regardless of how the tests are administered, all tests are computer scored on-site and reports are available within minutes of test completion. **Diskettes/USB flash drives contain all of the software necessary to perform all test scoring functions, build an expanding database and print reports.** Staff report writing, substantiation of decision-making and record keeping needs are met with these reports.

Diskettes/USB flash drives contain proprietary (copyrighted) software programs and all rights are reserved. **All diskettes/USB flash drives, including damaged diskettes/USB flash drives, are to be returned to Behavior Data Systems, Ltd..**

Seven Empirically Based Measures

The GAI includes seven (7) empirically-based measures (scales):

- 1. TRUTHFULNESS SCALE:** The Truthfulness Scale is a measure of how truthful the client was while completing the GAI. This scale identifies self-protective, recalcitrant and guarded people who minimize or even conceal information. It detects denial, minimization and faking.
- 2. ALCOHOL SCALE:** The Alcohol Scale is a measure of the client's alcohol proneness and alcohol-related problems. Alcohol is all too often a part of the gambler's environment. Many gamblers also have alcohol related problems and concerns.
- 3. DRUG SCALE:** The Drug Scale is an independent measure of the client's other drug abuse proneness and drug-related problems. Without a Drug Scale many drug (marijuana, cocaine, crack, amphetamines, barbiturates, heroin, etc.) abusers would remain undetected. The GAI differentiates between licit (legal) and illicit (illegal) drug use.
- 4. STRESS COPING ABILITIES SCALE:** The Stress Coping Abilities Scale is a measure of the client's ability to handle stress. Severely impaired stress coping abilities are indicative of other identifiable emotional and mental health problems.
- 5. DSM-IV GAMBLING SCALE:** is based upon individual's admissions DSM-IV pathological gambler criteria. The GAI classifies gamblers as “No Gambling Problem,” “Social,” “Problem,” or “Pathological” and concurrently measures the severity of gambler problems.
- 6. SUICIDE SCALE:** The Suicide Scale identifies suicide prone individuals. Many gamblers are overwhelmed, desperate and potentially dangerous to themselves. A high suicide rate is reported in the gambler literature.

7. GAMBLING SEVERITY SCALE: measures gambling involvement on a continuum from none or some gambling (low risk, zero to 39th percentile), through social gambling (medium risk, 40 to 69th percentile), to problem gambling (problem risk, 70 to 89th percentile) and severe problem (90 to 100th percentile) gambling. **The Gambling Severity Scale measures the severity of gambling problems.**

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

Risk Level Classification

Each GAI scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the seven empirically based scales as follows:

| <u>PERCENTILE RANGE</u> | <u>RISK RANGE</u> |
|-------------------------------|----------------------------|
| 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 |

It is recommended that staff members do not take the GAI test. Staff members do not have the same mental set as a gambler, consequently they may invalidate or distort "their" GAI profile. Also, a person who does not presently engage in gambling 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 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. **Question #165 asks recovering alcoholics and drug abusers if they are a recovering alcoholic, recovering drug abuser or both. Question #162 asks about desire for gambling treatment and #166 asks the client to rate their gambling problem.**

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 errors in measurement because of the client'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 by the client's attitude or behavior and results are not accurate.

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 client 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 settings, since the outcome of a person'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.**

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 client's 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 client'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 GAI 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 client before deciding whether to retest. If emotionally upset, you may want to settle the client down before retesting. Although rare, some client's do not take the testing situation seriously and randomly respond. Regardless of the reason this GAI 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 client was either inadvertently "reading things into the questions" or attempting to be "absolutely honest" . . . After reviewing the instructions with the client this person 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 scale scores at or below the 39th percentile. This client was attempting to minimize problems and "look good" but was detected by the Truthfulness Scale . . . **This is a classically invalid profile.** This client 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 client'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" client or staff member playing "beat the test." Earlier it was noted the GAI was not standardized on staff and it was recommended they do not take the GAI. Yet, some do. And it would be very rare or unusual for a client 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 client 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 client's attitude, retesting might be considered after the oral instructions are reviewed.

Oral Instructions

It is now clear that many Gamblers' minimize their gambling, emotional, alcohol and other drug-related problems. They substantially under-report their gambling, as well as alcohol and other drug use. This is why the oral instructions to the offender before he or she begins the GAI 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 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. 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 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 your invalidity ratio 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.

Special (99th % Scores) Reports

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

Check Answer Sheet for Completeness

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

Control of GAI Reports

The standard GAI report is designed for the Gambler evaluator. It is **not** recommended that this GAI report be given to the Gambler offender. It is **not** recommended that the client takes any GAI materials, including the report out of the office. Indeed, do not allow the client to read the GAI report, or take any GAI materials out of your office. However, you can review and explain the clients GAI results orally.

GAI reports are designed to meet the needs of Gambler risk evaluation and screening programs. The standard GAI 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 GAI reports.**

Significant Items

Significant items represent self-admissions or important self-report responses. They are provided for reference and alone do not determine the respondent's scale score. For example, **a person could have a high scale score and few significant items.** Significant items are printed on the GAI report for the **Gambling Severity, Alcohol, Drugs, Gambler and Suicide Scales.** Significant items augment scale scores and sometimes provide a more complete understanding of the client. Significant items permit comparison of the client's perception and attitude with their objective scale scores.

Multiple Choice Items

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

Evaluator's Recommendations

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

Expanding Database

Copyrighted GAI software was designed with the capability of "**saving**" the data from each test in a confidential (no names) manner for ongoing research and analysis. This is one of the reasons why used diskettes/USB flash drives are returned to Behavior Data Systems, Ltd. No client names appear in GAI research or annual program summary reports. Returned diskettes/USB flash drives are downloaded into the GAI database for subsequent analysis and client names, if not already deleted, are removed. **The expanding GAI database is statistically analyzed each year.** This feature represents a unique advantage of the GAI. The database insures ongoing research at no additional cost to the GAI user. As the GAI database continues to grow, new and exciting research discoveries and innovative software remedies are anticipated.

When receiving a GAI 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 define invalid or inaccurate reports.**

Retest

Test results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the test's 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 retest instructions with the client. A straightforward approach is recommended. For example,

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

*I told the client, "This test item doesn't ask you about your guilt or caring for your kids. The question simply asked if you are worried about your court case. When you interpreted the question to refer to your guilt or innocence, you were answering a different question. **Do not read anything into these questions that isn't there**, because if you do you will invalidate the test. Simply answer the question as instructed, (i.e., True or False). There are no trick questions or hidden meanings. If you misinterpret or change questions you will invalidate the test.*

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

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

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

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 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 the second data entry. If a discrepancy exists 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 GAI 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, Confidentiality

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/USB flash drives to Behavior Data Systems. Deleting client names does not delete demographic or test data. When you use this option it only deletes client names. **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 of 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/USB flash drives.

And the number of the test being scored on your diskette prints out in your GAI report. This procedure is a reminder regarding what test you are using on your diskette.

Diskette Expiration Date

Test diskettes/USB flash drives 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/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.

Summary: How the System Works

You order your computerized diskettes/USB flash drives from Behavior Data Systems, Ltd. (BDS). Once your account is established, purchase orders are accepted by telephone **(800) 231-2401**, FAX **(602) 266-8227**, or by writing **Behavior Data Systems, Ltd., P.O. Box 44256, Phoenix, Arizona 85064-4256**. Payment is expected within 30 days of receipt of ordered materials, unless other arrangements have been made. We recommend you keep one month’s supply of tests (diskettes/USB flash drives) on hand to avoid any disruption of your testing program. In the bottom right hand corner

of each test report, the number of the test you are using (on your diskette) is presented for your information.

Upon establishing your account with Behavior Data Systems, Ltd. (BDS) you will be provided with user instructions, orientation and training manuals, test booklets and answer sheets. **Please distribute copies of these training manuals to your staff.** Test booklets are reusable. Inform Behavior Data Systems as to how many test booklets you will need to be operational, they are replaced when they wear out. Answer sheets may be photocopied on-site. Support services are available by calling **(800) 231-2401**.

Tests can be given directly on the computer screen or in paper-and-pencil test booklet format. Regardless of how the tests are administered, all tests are computer scored on-site and reports can be available within minutes of test completion. Diskettes/USB flash drives contain all of the software necessary to perform all test scoring functions, build an expanding database and print reports. Staff report writing, substantiation of decision making and record keeping needs are met with these reports. **Used diskettes/USB flash drives, even damaged diskettes/USB flash drives, are returned to Behavior Data Systems, Ltd.**

Diskettes/USB flash drives contain copyrighted software programs and ALL RIGHTS ARE RESERVED. Do not attempt to copy the diskette or load the software programs on a hard disk drive. Such an act would be in violation of copyright law. **All diskettes/USB flash drives, including damaged diskettes/USB flash drives, are to be returned to Behavior Data Systems, Ltd.** Each diskette is dated and numbered. You should establish procedures so diskettes/USB flash drives are not lost, damaged, or left unattended. Testing programs and diskettes/USB flash drives are upgraded annually, so if you have a diskette for over a year contact Behavior Data Systems, Ltd. to exchange it for a current diskette. Partially used diskettes/USB flash drives will be credited to your account.

Technical Support

If you have any questions or problems Behavior Data Systems, Ltd. is only a telephone call away. Our telephone number is (800) 231-2401, fax (602) 266-8227, e-mail info@bdsLtd.com and our physical address is Behavior Data Systems, Ltd., P.O. Box 44256, Phoenix, Arizona 85064-4256. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

When prompted your secret code is “y”

www.online-testing.com

How to Login

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

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

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

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

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

How to Administer a Test

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

1. Paper/Pencil Test Administration (Data Entry Method)

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

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

2. On Screen Online (Internet) Test Administration

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

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

How to Score a Test and Print a Report

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

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

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

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

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

"Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

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

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

How to Verify Data Entry

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

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

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

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

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

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

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

How to Delete Client Names

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

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

Live Support Chat

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

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

Technical Support

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

GAI SCALE INTERPRETATION

There are several levels of GAI interpretation ranging from viewing the GAI as a self-report to interpreting scale elevations and scale inter-relationships.

The following table is a starting point for interpreting GAI 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% |

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

SCALE INTERPRETATION

1. Truthfulness Scale: measures how truthful the gambler was while completing the test. It identifies guarded and defensive people who attempt to "fake good." Truthfulness Scale scores at or below the 89th percentile mean that all GAI scale scores are accurate. When the GAI Truthfulness Scale score is in the 70 to 89th percentile range other GAI scale scores are accurate because they have been Truth-Corrected. In contrast, when the Truthfulness Scale score is at or above the 90th percentile this means that **all** GAI scales are inaccurate (invalid) because the gambler was overly guarded, read things into test items that aren't there, was minimizing problems, or was caught faking answers. If not consciously deceptive, gamblers with elevated Truthfulness Scale scores are usually uncooperative (likely in a passive-aggressive manner), fail to understand test items or have a need to appear in a good light.

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

2. Gambling Severity Scale: measures gambling involvement on a continuum from none or some gambling (low risk, zero to 39th percentile), through social gambling (medium risk, 40 to 69th percentile), to problem gambling (problem risk, 70 to 89th percentile) and severe problem (90 to 100th percentile) gambling. **The Gambling Severity Scale measures the severity of gambling problems.**

Problem gamblers (70 to 89th percentile) manifest emerging gambler problems. These individuals are losing control over their gambling. Problem gamblers are experiencing gambling-related problems (not just losing money) and their consequences go beyond DSM-IV pathological gambling criteria. Consequently most, if not all, other GAI scales directly interact with the Gambling Severity Scale. There is general consensus that gamblers are often negatively affected by substance (alcohol and other drugs) abuse, experienced stress and even suicidal ideation. The question often becomes “which came first?” Are the gambler’s problems exacerbated by substance abuse, ineffective stress coping abilities and emotional problems or vice versa?

How do the Gambling Severity Scale and the DSM-IV Gambling Scale Differ?

DSM-IV Gambling Scale criteria only pertains to pathological gambling. A person admitting to 5 or more of the DSM-IV criteria is classified a “pathological gambler.” Fisher (1996) included admissions to 3 or 4 criteria to identify “problem gamblers.” And GAI methodology extended this logic to include people admitting to 1 or 2 of these criteria being classified as “social gamblers.” The DSM-IV criteria methodology is a classification system.

3. DSM-IV Gambling Scale: is based upon individual’s admissions to ten DSM-IV pathological gambler criteria. This procedure stipulates that a person admitting to 5 or more of the DSM-IV criteria is classified as a pathological gambler. Fisher (1996) in her university of Plymouth publication identified people admitting to 3 or 4 of the 10 DSM-IV criteria as “problem gamblers.” Expanding this logic, people admitting to 1 or 2 of these 10 criteria are designated “social gamblers” in the GAI’s DSM-IV Gambling Scale.

Since the DSM-IV ten criteria represent the “gold standard” for identifying pathological gamblers, the ten criteria were reworded and reformatted for use in the GAI’s DSM-IV Gambling Scale. This DSM-IV criteria procedure is a classification procedure, whereas the Gambling Severity Scale is a gambler problem “severity” measure. The GAI now classifies gamblers as “No Gambling Problem,” “Social,” “Problem,” or “Pathological” and concurrently measures the severity of gambler problems. Comparison of these two methodologies classification-measurement procedures helps in understanding their relationship.

| CLASSIFICATION-MEASUREMENT COMPARISON | | |
|---------------------------------------|---|-----------------------------------|
| DSM-IV Gambling Scale | Gambling Severity Scale | Synonyms/Classification |
| 1 or 2 admissions |0 to 69 th percentile |abstainer, social gambler |
| 3 or 4 admissions |70 to 89 th percentile |Problem gambler |
| 5+ admissions |90 to 100 th percentile |Very serious or pathological |

A growing debate appears to be focusing on the measurement or classification models used. On the one side is DSM-IV diagnostic criteria and on the other side is a continuum measurement model that

measures gambler problem severity. Toce et al. (2003) in their adolescent article note “these different measurement models may serve different purposes and are conceptually compatible with each other.” With the inclusion of the GAI DSM-IV Gambling Scale, the GAI is one of the few tests containing both assessment models.

4. Alcohol Scale: measures alcohol use and the **severity** of 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 established and serious drinking problems. Elevated Alcohol Scale scores do not occur by chance.

A history of alcohol problems (e.g., alcohol-related arrests) could result in an abstainer (current non-drinker) attaining a low to medium risk scale score. Consequently safeguards have been built into the GAI to identify “recovering alcoholics.” For example, the gambler’s self-reported court history is summarized on the first page of the GAI report. And on page 3 of the report the gambler’s multiple choice (items 159 to 166) answers are printed for easy reference. **The gambler’s answer to the “recovering alcoholic” question (item 165) is printed on page 3 of the GAI report.** Items numbered 45, 72, 86 and 115 refer to present tense alcohol-related admissions. In addition, elevated Alcohol Scale paragraphs caution staff to establish if the offender is a recovering alcoholic. If recovering, how long?

Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the gambler’s substance of choice. Scores in the severe problem (90 to 100th percentile) range are a malignant prognostic sign. Elevated Alcohol Scale, Drugs Scale and Suicide Scale scores identify a particularly dangerous gambler. Here we have a suicidal individual who is even further impaired when drinking or using drugs.

Stress exacerbates emotional and mental health symptomatology and alcohol abuse magnifies these problems even further. Consequently, alcohol abuse magnifies the pathology associated with GAI scales.

In intervention and treatment settings the Alcohol Scale score can help staff work through gambler denial. More people accept objective standardized assessment results as opposed to someone’s subjective opinion. This is especially true when it is explained that elevated scores do not occur by chance. The Alcohol Scale can be interpreted independently or in combination with other GAI scales.

5. Drugs Scale: measures drug (marijuana, ice, crack, ecstasy, cocaine, amphetamines, barbiturates and heroin) use and severity of drug abuse. An elevated (70 to 89th percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies established drug problems and drug abuse.

A history of drug-related problems (e.g., drug-related arrests) could result in an abstainer (current non-user) attaining a low to medium risk Drugs Scale score. For this reason precautions have been built into the GAI to insure correct identification of “recovering” drug abusers. Many of these precautions are similar to those discussed in the above Alcohol Scale description. **And the gambler’s answer to the “recovering drug abuser” question (item 165) is printed on page 3 of the GAI report.** Items numbered 21, 74, 81, 107, 117 and 122 refer to present tense drug-related admissions. In addition, elevated Drugs Scale paragraphs caution staff to establish if the gambler is a recovering drug abuser. If recovering, how long?

Concurrently elevated Drugs and Alcohol Scale scores are indications of polysubstance abuse, and the highest score reflects the gambler’s substance of choice. Very dangerous gamblers are identified when both the Drugs Scale and the Suicide Scale are elevated. Any Drugs Scale score in the severe problem (90 to 100th percentile) range should be taken very seriously. And elevated GAI Scale scores can be

exacerbated when the gambler is also abusing drugs. The Drugs Scale can be interpreted independently or in combination with other GAI scales.

6. Suicide Scale: In almost every act of suicide, there are hints of suicidal thinking before the suicide occurs. Currently, one of the major obstacles in suicide prevention is not remediation, rather it is in identification. Most individuals who are contemplating suicide are acutely aware of their intentions. On the other hand the suicidal person may be unaware of their own lethality. Yet, they usually give many hints of their intention. Most suicidal acts stem from a sense of emotional isolation and some intolerable emotion. Many believe suicide is an act to stop an intolerable existence. Unfortunately, each of us defines “intolerable” in our own way. Yet, in almost every case there are precursors to suicide. Recognizing these clues is a necessary first step in suicide prevention.

The Suicide Scale in the GAI assesses verbal clues such as “I can’t stand it anymore” and behavioral clues like “successive approximations” of involvement with instruments of suicide like razors, pills, and the like along with moods such as depression or emotional isolation. An elevated Suicide Scale score can reflect early symptoms of emotional detachment, defiance and loss of interest or withdrawal. Substance (alcohol and other drugs) abuse is often associated with the suicidal act. It’s like striving for numbness of mind, a non-think state that can facilitate an impulsive act. A person’s attitude, particularly if resistant and negativistic can foreshadow emotional isolation and “giving up” or “internalization.” Although depression is the most recognized synonym for suicide-it is not the only one. Consequently, the presence of emotional or mental health problems should not be ignored. Elevated Stress Coping Abilities Scale scores often reflect the presence of these problems.

To accurately identify suicidal individuals, we must combine separate symptoms. No one symptom by itself would necessarily be a good suicide predictor. And to a large extent that is what the GAI does. When you have an elevated Suicidal Scale score, particularly in the severe problem (90 to 100th percentile) range, with another elevated scale score the assessor must consider suicide a possibility and take appropriate steps. The higher the scores, the more serious the situation.

The assessor’s judgment and experience will influence decisions involving the client’s family, friends, support group, counseling and/or treatment.

7. Stress Coping Abilities Scale: measures the gambler’s ability to cope effectively with stress, tension and pressure. How well a person manages stress affects their overall adjustment. A Stress Coping Abilities Scale score in the elevated (70th percentile and higher) range provides considerable insight into co-determinants while suggesting possible intervention programs like stress management, lifestyle adjustment, gamblers anonymous or counseling.

A gambler scoring in the severe problem (90 to 100th percentile) range on the Stress Coping Abilities Scale should be referred to a mental health specialist for further evaluation, diagnosis and a treatment plan. We know that stress exacerbates emotional and mental health problems. The Stress Coping Abilities Scale is a non-introversive way to screen for established (diagnosable) mental health problems. And gambling, particularly when one is losing, can be a very stressful experience.

A particularly unstable and perilous situation involves an elevated Stress Coping Abilities Scale with an elevated Alcohol Scale, Drugs Scale or Suicide Scale. Poor stress coping abilities along with substance (alcohol or other drugs) abuse in a suicide prone individual defines high risk. **The higher the elevation of these scales - the worse the prognosis.** The Stress Coping Abilities Scale can be interpreted independently or in combination with other GAI scales.

In conclusion, it was noted that several levels of GAI interpretations are possible, they range from using the GAI as a self-report to interpreting scale elevations and inter-relationships. Staff can then put a gambler’s GAI findings within the context of the gamblers’ life situation.