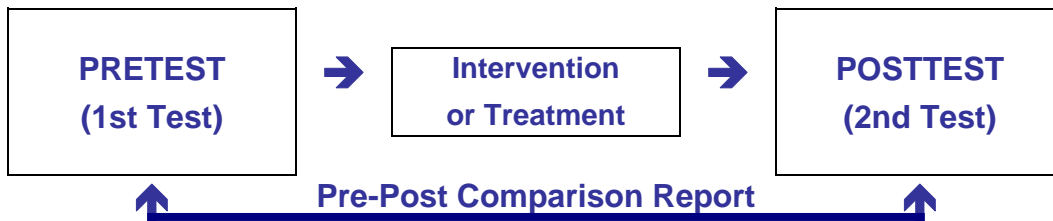


PRE - POST INVENTORY & Juvenile Pre-Post

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Preface

Pre-Post Inventory and Juvenile Pre-Post

The Pre-Post Inventory is used when you want to know if counseling or treatment was successful. The same test is administered twice. The pretest (or 1st test) serves as a baseline for posttest comparison. Upon posttest, the computer compares pretest and posttest scale scores and generates a "Comparison Report."

Availability

The Pre-Post Inventory is only offered on the www.online-testing.com website. This means that the Pre-Post Inventory is available 24/7. Advantages include convenience, accessibility and affordability.

Pre-Post Rationale

The Pretest-posttest paradigm involves testing before and after treatment with pre-post differences attributed to the intervening treatment. One test is administered twice: once before treatment and then again upon treatment completion. The pretest serves as the baseline for posttest comparison.

Historically it was enough to know the client (patient, offender or victim) completed their assigned treatment protocol. It was assumed when treatment (classes, meetings, counseling or psychotherapy) was completed, the client was better.

These assumptions are being challenged. Many people (courts, probation departments, evaluators, referral agencies, treatment staff, victims and others) including the patients and their families want to know if treatment was effective. And insurance carriers, managed care administrations, state and county overseers, program managers, regulators, oversight committees and tax payers also want to know if treatment was effective.



The Pre-Post Inventory helps answer the "Was treatment effective?" question. It's 8 scale pre-post comparisons reflect client, patient, offender or victim change during treatment. The Pre-Post Inventory is a treatment effectiveness test.

NOTE: The Pre-Post does not interpret, judge or state opinions about treatment program effectiveness or treatment outcome. It simply reports positive or negative changes in Pre-Post scale scores. Indeed, the intent is to objectively report pretest – posttest **change**.

Pre-Post Inventory

The Pre-Post Inventory is a test that is administered to a client more than once. It is typically given the first time (pretest) upon client admission into a treatment, counseling or intervention program, and before treatment has occurred. Then, after treatment is completed, the Pre-Post Inventory is administered to the same client again. This second testing is called the posttest (2nd test) which generates the "Comparison Report." The Pre-Post Inventory contains eight scales (measures): Truthfulness, Depression, Self-Esteem, Anxiety, Distress, Alcohol, Drugs and Stress Management. It consists of 161 items and takes 30 minutes to complete.

Historically, when a person completed a prescribed counseling or treatment program they were assumed to be cured, rehabilitated or made well. Today these assumptions are being challenged. Some people, for whatever reason, do not benefit or improve from intervention, counseling or treatment (hereinafter referred to as treatment).

Distinguishing between people that benefit from treatment and those that do not is a challenging task. Earlier approaches found that treatment staff opinions can be subjective and diverse (Broome, Flynn, Knight & Simpson, 2007). And any objective approach to identifying positive or negative treatment effects is subject to theoretical, methodological and meaningfulness opinions and viewpoints. To acknowledge, assuage and answer many of these questions, the Pre-Post Inventory rationale is summarized.

Pretest – posttest baseline methodology is the foundation upon which the Pre-Post Inventory is based. The Pre-Post Inventory is administered prior to or upon treatment program intake. This test administration is called the pretest or pre-treatment test. Then the same test is administered again upon treatment completion and this is called the posttest. The pretest serves as the baseline or test against which the posttest is compared. The same test is administered twice.

Many mental health professionals, treatment staff, program administrators and others accept baseline theory and methodology, whereas others may not. If you don't accept baseline methodology you should not use the Pre-Post Inventory.

The composition of the Pre-Post Inventory scales (measures) is important because they are the Pre-Post Inventory's outcome measures. The eight areas of inquiry represented by the eight Pre-Post Inventory scales are the areas of inquiry that measure treatment outcome or change. The eight Pre-Post Inventory scales (measures) are:

- | | |
|-----------------------|----------------------------|
| 1. Truthfulness Scale | 5. Self-Esteem Scale |
| 2. Anxiety Scale | 6. Alcohol Scale |
| 3. Depression Scale | 7. Drug Scale |
| 4. Distress Scale | 8. Stress Management Scale |

These eight scales (measures) represent common referral problems, issues and disorders.

A concern with any assessment instrument or test is determining whether the respondent was truthful while being tested. Treatment outcome assessments are no exception in that the accuracy and reliability of client (patients, offenders) answers is often questioned (Kingi & Hauora, 2003). An important and unique component of the Pre-Post Inventory is its built-in Truthfulness Scale. Clients (patients, offenders) often attempt to minimize their problems or portray themselves in an overly favorable light. When this happens, assessment results are not accurate or useful; indeed they may be misleading, because they are distorted. The Pre-Post Inventory Truthfulness Scale identifies client (patient, offender) denial, problem minimization and attempts to "fake good." Other Pre-Post Inventory scales were included because of their prominence in intervention,

counseling and treatment settings. Stress or the improper management of stress seems to underlie many, if not most, other disorders. Inclusion of the other Pre-Post Inventory scales was clear-cut. The eight Pre-Post Inventory scales assess common problem areas and disorders that are often involved in most treatment settings. In the event that a patient's treatment plan does not include any of these eight areas of inquiry, omitted problems/disorders will likely not be treated. It is recommended that the Pre-Post pretest be administered as part of a treatment program intake screening. Then decisions can be made about including elevated (70 to 89th percentile) and severely elevated (90 to 100th percentile) pretest scale scores (more specifically the problems/disorders they represent) in the patient's treatment plan. Exceptions to treatment plan inclusion should be noted in the "comments and recommendations" section of the pretest and comparison reports. Such a procedure would often help explain "no change" or "negative change" comparison report results. Referral and treatment program omissions are discussed in the www.pre-post-inventory.com, or www.juvenilepre-post.com website on the "Anomalies and Outliers" webpage. In some instances, non-treatment may explain little or even negative pre-post scale score change.

No one treatment outcome or effectiveness test is appropriate for use in all treatment settings or milieus.

Another consideration is the pretest scale score. When the pretest score is at or below the 69th percentile it is in the "no-problem" range, which means there may be little need for treatment. Said another way, there may be little room for change. This should be noted; in these instances little or no positive change would be likely. Such low pretest scale score situations may help explain "little change" and "negative change" pretest-posttest scale comparisons.

These caveats are intended to help Pre-Post Inventory users understand the test and its applications. Perhaps the most informative Pre-Post Inventory resource is its website www.pre-post-inventory.com (www.juvenile-pre-post.com). If you have questions or suggestions, please call Professional Online Testing Solutions, Inc. at 1 (800) 231-2401 or email us at info@online-testing.com.

Numerous studies (Andrews, Bonta & Hoge, 1990; Freidmann, Hendrickson, Gerstein & Zhang, 2004) have demonstrated the importance of matching problem severity with treatment intensity. Other studies attest to the value of intervention, counseling and treatment (Bergin & Garfield, 1994). However, after completion of treatment the question remains "Was treatment effective?" "Did the client positively change?" Mental health professionals, treatment staff, program administrators, referral agencies, patients and their families want to know when treatment results in positive change. Other treatment advantages are many and include relapse research, decreased recidivism, acknowledging treatment effectiveness, etc.

Pre-Post Inventory database research is ongoing. We hope it will facilitate test improvements, updates and improved treatment outcome results in the future. We would like the Pre-Post Inventory to be included in such research. Our test user feedback is important. Contact us by phone, email or letter with suggestions, questions and concerns.

Abstract

The Pre-Post Inventory is administered to a client (patient, offender) twice – once before entering treatment (pretest) and again upon treatment completion (posttest). The same test is administered twice. Pretest scale scores serve as a baseline for subsequent posttest test comparison. The Pre-Post Inventory is a multimodal or multiscale self-report assessment instrument or test. The eight Pre-Post Inventory scales (Truthfulness, Distress, Anxiety, Depression, Self-Esteem, Alcohol, Drugs and Stress Management) scores are evidence based. They provide a broad and relevant outcome spectrum for assessing treatment-related change. When interested in client change or treatment outcome, we recommend consideration of the Pre-Post Inventory.

References

- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52.
- Bergin, A. E. & S. L. Garfield, eds. (1994). *Handbook of Psychotherapy and Behavior Change, 4th Edition*. New York: Wiley.
- Friedmann, P. D., Hendrickson, J. C., Gerstein, D. R. & Zhang, Z. (2004). The effect of matching comprehensive services to patients' needs on drug use improvement in addiction treatment. *Addiction*, 99 (8): 962-972.
- Kingi, T. K. & Hauora, T. P. (2003). Developing Measures to Monitor the Impact of Outcomes on a Specific Cultural Group such as Maori. Massey University, Auckland NZ.

Eight Pre-Post Inventory Scales

1. **Truthfulness Scale:** measures client truthfulness while they are being tested. Identifies denial, and attempts to fake good.
2. **Depression Scale:** measures dejected or self-deprecating emotional states that include melancholy and dysphoria.
3. **Anxiety Scale:** measures nervousness, apprehension and somatic correlates of anxiety.
4. **Distress Scale:** measures the severity of physical and mental suffering. Distress includes pain, misery, suffering, and apprehension.
5. **Self-Esteem Scale:** measures a person's explicit valuing and appraisal of self. Acceptance-approval versus rejection - disapproval.
6. **Alcohol Scale:** measures alcohol (beer, wine and other liquors) use and when appropriate the severity of abuse.
7. **Drug Scale:** measures illicit drug use and when appropriate the severity of abuse.
8. **Stress Management Scale:** measures stress (tension, pressure) management skills.

NOTE: The Pre-Post Inventory does not interpret, judge or state opinions about treatment program effectiveness or treatment outcome. It simply reports positive or negative changes in Pretest and Posttest scale scores. Indeed, the intent is to objectively report pretest – posttest **change**

How the Pre - Post Inventory Works

The following table summarizes how the Pre - Post Inventory is used to make pre - post test comparisons. Normally only a pretest and one posttest comparison is performed. However, if desired, a third (or subsequent) test may be done and this third test is again compared to the pretest or the first test administration.

SCALE INTERPRETATION

The Pre-Post Inventory is a test that is administered to a client more than once. It is typically given the first time (pretest) upon client admission into a treatment, counseling or intervention program, and before treatment has occurred. Then, after treatment is completed, the Pre-Post Inventory is administered to the same client again. This second testing is called the posttest (2nd test) which generates the "Comparison Report." The Pre-Post Inventory contains eight scales (measures): Truthfulness, Depression, Self-Esteem, Anxiety, Distress, Alcohol, Drugs and Stress Management. It consists of 161 items and takes 30 minutes to complete.

There are several levels of Pre-Post Inventory interpretation ranging from viewing the scales as self-reports to interpreting scale elevations and understanding scale interrelationships. Overlaying client change can be disconcerting unless attention is judiciously apportioned or divided between client "risk" and client "change."

When Pre-Post Inventory pretest and posttest comparisons are of interest, the following statements summarize pretest and posttest options. When a scales pretest score is higher than its posttest score, positive improvement (+) or change occurred. In contrast, when a scales pretest score is lower than its posttest score, negative (-) change or worsening has occurred. That said, the remainder of this discussion will emphasize Pre-Post Inventory scale understanding. The Pre-Post Inventory is used to assess the effects of counseling and treatment on clients and patients. The term "client" and "patient" are used interchangeably as synonyms. The following table is a starting point for interpreting Pre-Post Inventory 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%

With reference to the above table, a problem is not identified until a scale score is at the 70th percentile or higher. Elevated (70th percentile or higher) scale scores refer to problem and severe problem scores. Severe problem scores represent the highest eleven (11%) percent of clients evaluated with the Pre-Post Inventory. The same test (Pre-Post Inventory) is administered twice, at treatment intake (pretest) and again at treatment completion (posttest).

SCALE INTERPRETATION

Truthfulness Scale: measures how truthful the patient (client) was while completing the Pre-Post Inventory. This scale identifies guarded and defensive people that attempt to deny or minimize their problems and fake good. Truthfulness Scale scores at or below the 89th percentile mean that all Pre-Post Inventory scale scores are accurate. In contrast, Truthfulness Scale scores at or above the 90th percentile mean that all scale scores are inaccurate and invalid due to client denial, problem minimization and attempts to fake good. If not consciously deceptive, clients with elevated (70th percentile and higher) Truthfulness Scale scores are resistant, uncooperative or fail to understand test items. The Pre-Post Inventory is written at a high 5th grade to low 6th grade reading level. If somebody can read the newspaper they can complete the Pre-Post Inventory. One of the first things to check when reviewing a Pre-Post Inventory report is the Truthfulness Scale score.

Truthfulness Scale scores in the 70 to 89th percentile range are accurate because they have been Truth-Corrected. This procedure is similar to that used in the Minnesota Multiphasic Personality Inventory (MMPI); the most widely used personality test in the United States and likely the world. As noted earlier, Truthfulness Scale scores at or above the 90th percentile are inaccurate due to client denial, attempts to minimize problems and attempts to fake good. If not consciously deceptive, clients with elevated Truthfulness Scale scores are often uncooperative and resistant. The Truthfulness Scale can be interpreted independently or in terms of its influence on other scale scores. And invalid Truthfulness Scale scores (90th percentile and higher) overrides all other Pre-Post Inventory scale scores.

Anxiety Scale: measures excessive worry about everyday real life problems. Worries are excessive, pervasive and pronounced. They can become focal sources of concern and interfere with relationships, social functioning, occupational performance and other activities. An elevated (70th percentile and higher) Anxiety Scale score reflects disruptive anxiety and worry. The higher the Anxiety Scale score the more severe the problem. Severe (90 to 100th percentile) Anxiety Scale scores are associated with intense, pervasive and pronounced apprehension and worries that can seriously disrupt ongoing life activities. Acute feelings of tension, agitation and apprehension along with anxious expectations permeate the client's life.

Other problems and disorders have been linked to anxiety. These include, but are not limited to the other Pre-Post Inventory scales (or more specifically the problems and disorders they represent). For example, recent or prolonged substance (alcohol and other drugs) abuse could result in a Substance-Induced Anxiety Disorder. There is also an Adjustment Disorder with Anxiety or With Anxiety and Depressed Mood. Anxiety appears to be inherent (or a component or factor) in many Diagnostic & Statistical Manual of Mental Disorders (DSM-IV) diagnosis. Some maintain that any kind of discomfort or illness can foster anxiety and fear. First year college students often refer to anxiety as "non-directed fear."

The Anxiety Scale can be interpreted individually. However, when other scales are also elevated, focus is then placed upon elevated scale interactions.

Depression Scale: depression is one of the most commonly occurring mental health disorders affecting the U.S. population. Signs of depression include chronic sadness, loss of interest and pleasure in daily activities (e.g., social, occupational, recreational, etc.), depressed concentration and feelings of worthlessness. The Pre-Post Inventory Depression Scale identifies depression and quantifies symptom severity.

The higher the Depression Scale score the more severe the depression. Elevated (70th percentile and higher) Depression Scale scores identify patients in the early to middle stages of depression. A severe Depression Scale score (90 to 100th percentile) represents severe depression.

The Depression Scale score can be interpreted as a self-report or in terms of its interactions with other Pre-Post Inventory scale scores. People with depression are at greater risk for suicide. Alcohol and drug abuse can also reflect attempts of self-medication. Other elevated (70th percentile and above) Pre-Post Inventory scale scores usually mean there is an interaction effect that can exacerbate reactions among the elevated scale scores. More specifically, the problems and disorders represented by the elevated scores can interact. Such interaction can contribute to exacerbated or magnified problems.

Depression symptoms are especially dangerous when combined with co-morbid problems and disorders like substance (alcohol and drug) abuse, intense anxiety, acute distress, suicide ideation and impaired self-esteem. Each of the co-morbid disorders is represented in the Pre-Post Inventory as a scale or measure: Anxiety Scale, Distress Scale, Alcohol Scale, Drug Scale, Self-Esteem Scale and the Stress Management Scale.

Depression is treatable. Contingent upon symptom severity, treatment approaches often combine psychotherapy with prescribed medication. An integrated treatment approach should incorporate co-morbid disorders when

present. Several effective psychotherapies are available. Cognitive Behavioral Therapy (CBT) is popular and effective when treating depression.

Distress Scale: measures pain (physical and mental), misery and suffering. Distress is a common reason why people seek counseling and psychotherapy. Distress incorporates "great pain," anxiety and acute physical and/or mental suffering. At lower intensity it has been described as discomfort; whereas at high levels of intensity it is often described as extreme, acute or intense pain and suffering.

An elevated (70th percentile and higher) Distress Scale score identifies people with problematic distress (pain, suffering). This level of distress is problematic in that it interferes with a person's overall adjustment and lifestyle. Severe problem (90 to 100th percentile) scorers report severe pain, suffering and distress. Severe distress can be incapacitating and result in extreme emotionality, conflict and confusion.

Reactions to extreme distress are diverse. Distress can vary from mild downheartedness to despair. Other reactions include emotional withdrawal, over reactivity or sensitivity. At the extreme, there may be a pervasive and distressing feeling of estrangement. These extreme distress reactions can occur in almost anybody, particularly after shock.

When the Distress Scale score and the Stress Management Scale score are elevated (70th percentile and higher), the probability of an identifiable (diagnosable) mental health problem increases. The higher their elevations, the greater the probability of a diagnosable disorder.

Other elevated (70th percentile and higher) Pre-Post Inventory scale scores in conjunction with a severe problem (90 to 100th percentile) Distress Scale score can identify important areas of inquiry. For example, a severe problem Self-Esteem Scale score in conjunction with an elevated (70th percentile and higher) the Distress Scale identifies a lonely distressed person that disapproves of and rejects themselves. In this example, suicidal ideation is possible. And, if there is also an elevated Alcohol or Drug Scale score, the probability of suicide is further increased.

The Distress Scale can be interpreted individually. However, when other scales are also elevated, focus is then placed upon elevated scale interactions.

Self-Esteem Scale: measures patient's feelings of self-acceptance and self-worth. Self-esteem refers to a person's appraisal of self. The concept of self-esteem is often addressed in clinical settings because an individual's actions or behaviors can be viewed as a reflection of their self-esteem.

Negative or low self-esteem underlies many mental health problems, including those represented by Pre-Post Inventory scales (Depression, Anxiety, Distress, substance (alcohol and other drugs) abuse and Stress Management). Negative or low self-esteem has been associated with impaired abilities to adapt appropriately to one's environment. Poor self-esteem has been characterized by feelings of guilt, shame, humiliation and remorse. An elevated (70th percentile or higher) Self-Esteem Scale score co-occurring with other elevated Pre-Post Inventory scale scores underlies the seriousness of these interactions. A Self-Esteem Scale score in the 70th percentile or higher (elevated score) reflects problematic or poor self-esteem. A severe (90th percentile or higher) Self-Esteem Scale score is descriptive of severely impaired self-esteem. Untreated negative self-esteem can grow and expand until it negatively impacts upon a person's life. Self-Esteem is treatable.

Self-Esteem Scale scores can be interpreted individually or in conjunction with other Pre-Post Inventory scale scores. Many view self-esteem as a gauge or measure of mental health or well being.

Alcohol Scale: measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquors. It is a licit substance. An elevated (70th percentile and higher) Alcohol Scale score is indicative of a drinking

problem. The higher the score the more serious the problem. Alcohol Scale scores in the severe problem (90 to 100th percentile) range identify established and very serious drinking problems (e.g., alcoholism).

Since a history of alcoholism could result in an abstainer (current non-drinker) attaining a low to medium Alcohol Scale score, precautions have been built into the Pre-Post Inventory to identify "recovering" alcoholics. The client's answer to the "recovering" question (item #154) is printed in the Alcohol Significant Items section of the pretest and comparison reports. Other Alcohol Scale admissions are also printed as "significant items," e.g., #36, 64, 69, 91, etc. in the pretest and comparison reports.

Concurrently elevated Alcohol and Drug Scale scores indicate polysubstance abuse and the highest score reflects the client's substance of choice. Alcohol and Drug Scale scores in the severe problem (90 to 100th percentile) range are a malignant sign. Elevated (70th percentile and higher) Alcohol Scale scores can exacerbate or magnify other elevated scale scores. This interaction can contribute to a mutual exacerbation syndrome. For example, a client with an elevated Alcohol Scale score that also has an elevated Distress Scale score can be even more self-destructive when drinking.

The Alcohol Scale can help staff work through client denial. Most clients defer to the objective and standardized Alcohol Scale score rather than what they often perceive as a staff members subjective opinion. This is particularly true when it is explained that elevated scores do not occur by chance. The patient must answer a definite pattern of alcohol-related admissions for an elevated score to occur. And scale scores are based upon thousands of patients (clients) Alcohol Scale scores. In summary, the Alcohol Scale can be interpreted independently or in conjunction with other elevated Pre-Post Inventory scale scores.

Drug Scale: measures drug use and the severity of abuse. Drugs refer to marijuana, crack, ice, cocaine, ecstasy, amphetamines, barbiturates, heroin, etc. These are illicit substances. An elevated (70 to 89th percentile) Drug Scale score is indicative of drug abuse or a drug-related problem. A Drug Scale score in the severe problem (90 to 100th percentile) range identifies established and severe drug abusers. Similar to the Alcohol Scale, a history of drug abuse could result in a current drug abstainer (drug history but not presently using drugs) attaining a low to medium score. Precautions have been built into the Pre-Post Inventory to correctly identify "recovering" drug abusers. The patients answer to the "recovering" questions (item #154) is printed in the Drug Significant Items section of the pretest and comparison reports. Other drug admissions (e.g., #39, 43, 53, 62, 86, etc.) are also printed as "significant items" in the pretest and comparison reports.

Concurrently elevated scale scores can reflect co-occurring disorders. Concurrently elevated Drug Scale and Alcohol Scale scores reveal polysubstance abuse with the highest score identifying the patient's substance of choice. Co-occurring disorders are a malignant sign. Drug abuse can exacerbate symptoms of other elevated Pre-Post Inventory scales. For example, clients with an elevated Drugs Scale score and an elevated Depression Scale score can become even more depressed, emotionally overwhelmed and even suicidal when abusing drugs.

The Drugs Scale can also help patients work through their drug-related denial. Patients often accept evidence based findings as opposed to people's subjective opinions. This is particularly true when it is explained that no Pre-Post Inventory scale score is based on any one or two admissions. Indeed, they are positively receptive when they know any elevated score involves a pattern of admissions. In summary, the Drug Scale can be interpreted independently. However, when other elevated scale scores are present the elevated Drug scale is invariably analyzed in terms of multiple scale interpretations.

Stress Management Scale: measures the client's ability to positively manage stress, tension and pressure. It is now understood that unmanaged or severe stress exacerbates or magnifies other disorders and their symptoms. Thus, an elevated Stress Management Scale score in conjunction with other elevated Pre-Post Inventory scale scores can help in understanding patient's problems and situations. Such problem augmentation applies to substance (alcohol and other drugs) abuse, attitudinal problems, other disorders and even acting out behaviors.

When the Stress Management Scale score is in the problem (70 to 89th percentile) range, that client would benefit from completing a stress management program. Stress management is learned. Therefore, in "stress management programs" or classes participants learn to recognize their stress and positively intervene. Stress management techniques, procedures and strategies are taught.

When the Stress Management Scale score is in the severe problem (90 to 100th percentile) range co-existing problems and disorders are likely. Co-occurring disorders complicate treatment because they also need to be included in the client's treatment plan. And in many severe problem cases, treatment needs may exceed stress management classes. In these instances outpatient psychotherapy may be needed. Among several affective psychotherapies, Cognitive Behavioral Therapy (CBT) is effective and popular.

The Stress Management Scale is a non-introversive way to screen client problems. Elevated (70th percentile and higher) Stress Management Scale scores can provide considerable insight into how the client is managing the stress they are experiencing in their lives. Stress usually accompanies increased distress, substance abuse, anxiety, depression and impaired self-esteem. The Stress Management Scale can be interpreted independently. However, when other Pre-Post Inventory scale scores are also elevated (70th percentile or higher) scale elevations and interrelationships become important.

In conclusion, the Pre-Post Inventory is a counseling or treatment effectiveness test. The same test is administered twice, at the beginning of treatment (pretest) and annually or at the completion of treatment (posttest). Pretest scale scores serve as a baseline for comparison to posttest scale scores.

Parties interested in more Pre-Post Inventory information can visit www.online-testing.com. Our telephone number is (602) 234-3506 and our email address is hl@online-testing.com.

Risk Level Classification

Each Pre - Post Inventory 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:

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

It is recommended that staff members do not take the Pre - Post Inventory test. Staff members do not have the same mental set as a client; consequently they may invalidate or distort "their" Pre - Post Inventory profile. Also, a person who does not presently engage in alcohol or other drug abuse may score above zero, but they would score in the low risk range. This would be rare or unusual because of the tests "here-and-now" orientation. Yet, to be safe 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 #11 and #61 in the Pre - Post Inventory ask if the respondent is a "recovering alcoholic" or "drug abuser," i.e., True = Recovering.** And a "True" response is printed out as an Alcohol and Drug Scale "Significant item." These client answers are printed in the significant item section of the Pre - Post Inventory report.

Significant Items

Significant items represent self-admissions or unusual 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 page 3 of the Pre - Post Inventory report for the Alcohol, Distress, Drugs and Resistance Scales. Significant items augment scale scores and sometimes provide

a more complete understanding of the client. Significant items permit comparison of the client's self-perception and attitude with their objective scale scores.

Multiple Choice Items

Multiple Choice Items reflect important self-report motivational, attitudinal and perceptual information. These client responses are always printed on the last page of the Pre - Post Inventory 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 self-reported motivation and attitudes with the client's objectively attained scale scores.** For example, a person may report "no problem" with regard to their alcohol-related drinking pattern, even though their score on the Alcohol Scale is above the 90th percentile (severe problem) range. On the other hand, it is also important to note when the multiple choice item responses are consistent with their corresponding objective scale scores.

Evaluator's Recommendations

Space has been provided in the Pre - Post Inventory report for the staff member's observations and recommendations. In most instances, these observations and recommendations will be consistent with Pre - Post Inventory findings. However, in some instances the evaluator will have an observation or recommendation that differs from the Pre - Post Inventory 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 any additional source(s) along with related recommendations in the space provided.

Expanding Database

Copyrighted Pre - Post Inventory software was designed with the capability of "**saving**" the data from each test in a confidential (no names) manner for ongoing research and analysis. No client names appear in Pre - Post Inventory research or annual program summary reports. Data is downloaded into the Pre - Post Inventory database for subsequent analysis and client names are removed. **The expanding Pre - Post Inventory database is statistically analyzed each year.** This feature represents a unique advantage of the Pre - Post Inventory. The database insures ongoing research at no additional cost to the Pre - Post Inventory user. As the Pre - Post database continues to grow; new and exciting research discoveries and innovative software remedies are anticipated. Gender (male/female) differences have already been identified (and remedies developed) by this procedure.

Gender Specific Norms

Research identified significant gender (male/female) differences on three of the Pre - Post Inventory scales. Based on this research, gender specific norms (separate male and female scoring procedures) have been established in the Pre - Post Inventory software program for the Truthfulness (Validity) Scale, Alcohol Scale and the Resistance Scale. Significant gender differences were not observed on the Drug Scale, Distress Scale, Self-Esteem Scale or the Stress Coping Abilities Scale. It is important to note that these gender differences may vary from state to state. Thus, it is very important that gender specific research continues. This is an example of how the annual analysis of database research is important.

Truth-Corrected Scores

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

more accurate than raw scores because they account for the measured amount of untruthfulness of the client while completing the Pre - Post Inventory.

Truthfulness Scale

A Truthfulness Scale is considered necessary, if not essential, in any objective assessment instrument. In most intake, referral, treatment and outcome settings clients are cooperative. Yet, it would be naive to assume all clients answer test questions truthfully. **All interview and self-report test procedures are subject to the dangers of untrue answers due to defensiveness, guardedness or deliberate falsification (faking).**

A Truthfulness Scale score in the 70 to 89th percentile range indicates the client was minimizing their problems and concerns, or may have been “reading things into questions.” These Pre - Post Inventory profiles should be reviewed carefully. However, Truth-Corrected scale scores should be accurate. **A Truthfulness Scale score at or above the 90th percentile shows that the Pre - Post Inventory profile is invalid.** This means the associated scale scores are also invalid and distorted due to defensiveness, “reading things into questions that aren’t there,” reading impairments, minimization or faking. Whatever the reason, these test results are not accurate.

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. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, minimization, reading impairments, etc. An invalid test means test results are distorted and not accurate.

When handed a Pre - Post Inventory 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, because of "Truth-Correction" -- but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are invalid.

Present, Past or Future Tense

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

Special Modified Report or 99th Percentiles

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 Pre - Post 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).**

Pre - Post Inventory Report

Pre - Post Inventory reports are designed to meet the needs of counseling, intervention and treatment programs. The standard three page Pre - Post Inventory 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 Pre - Post Inventory reports.**

Pre - Post Inventory reports have been individualized to be in compliance with each state and agencies needs.

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

In addition to the one test admission report, the Pre - Post Inventory can be used to provide a **comparison report** -- between two test administrations. The Pre - Post can be administered to the same client two **or more times**. **When this test and retest option is selected the Pre - Post Inventory is administered before treatment or counseling and then re-administered to the same client again during or after treatment or counseling.** This unique application as a pre-treatment and post-treatment test enables objective comparison of the client's pre - and - post status. And, a uniquely individualized report is computer scored and generated. This report compares the clients pretest and posttest scores on many important objectively determined scale scores. In addition the clients rating of program effectiveness is included.

This comparison of Pre - Post Inventory results before and after treatment provides a standardized and objective comparison of test results. This special **comparison report** is often desired by third party funders, insurance providers, managed care agencies, Board of Directors and treatment staff themselves.

Pre - Post Test Comparison

Separate tests are used for the pretest and the posttest. Pretest tests are required for administration of the first test (pretest). And, posttest tests are required for the posttest (second and subsequent tests), **and** pre-post comparison.

To understand **outcome measures** we need to distinguish between “traditional testing” and “outcome assessment.” These complex topics will be simplified.

Traditional Tests use a juvenile's past (e.g., juvenile records, school performances and family/social adjustment) history, along with current test scores (e.g., ACEDI-Corrections Version II scale scores) and a staff interview to predict the youths future behavior: **History + Test Scores + Interview = Prediction**. This is a forward oriented process, i.e., **Past + Present = Future Prediction**. The future orientation begins when the traditional testing has been completed. Traditional tests measure the severity of problems.

Outcome Assessment differs from traditional testing in that you want to compare where the youth is at now (after intervention/treatment) as opposed to where the juvenile was at before intervention or treatment.



Outcome Comparison Requirements

- 1. Eliminate before pretest history.** If you include “history” in your assessment instrument scoring, you inadvertently set a history-related score below which a juvenile's score will not drop. In other words the history component of a score establishes a lower limit for that youth's score.
- 2. You need a baseline for comparison.** Scores in a test without history weighting can measure attitudes and behavior **in the here-and-now** or at the time of testing. Since there is no history factor the here-and-now scores can reflect where the juvenile is at when tested. This measurement (i.e., pretest scores) becomes the standard or baseline for comparison. You know where the youth scored before intervention/treatment, so you can compare posttest scores with pretest scores **if you use the same instrument**. The comparison is between the posttest and the original pretest. You want to see if the youths test scores stay the same, improve or deteriorate after intervention/treatment. **Pretest versus Posttest = Outcome.**

3. The Pre-Post Inventory was designed specifically for outcome analysis. It meets the above requirements for an outcome instrument. Instead of only measuring the severity of problems, the Pre-Post Inventory established a baseline for subsequent comparison in the pre-post test configuration.

Oral Instructions

The literature is clear that many clients tend to minimize their problems by substantially under-reporting their alcohol and drug use or violent acts. This emphasizes the importance of oral instructions to the client before he/she begins the Pre - Post. A straightforward approach is recommended. For example:

“This questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. There are no trick questions or “hidden meanings.” Your records may be checked to verify the accuracy of your answers. Please answer all the questions honestly. 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. Your example 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 question true or false. ‘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 item does not ask about being a sex maniac or homosexual. It simply asks if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals you were answering different questions. 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.”

Audio (Human Voice) Option

This **Audio (Human Voice) Reading** test administration mode is a proprietary administration mode. The client sits before the computer with earphones or speaker on. Earphones ensure clarity while eliminating distortions. 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 of test items can be in any language, e.g., English, Spanish or Native American.**

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.

There are two ways in which you may perform the test data input verification procedure: **1) after a new test has been entered, or 2) by choosing the option from the Supervisor Data Entry task menu.** The verification procedure compares test items entered the first time with the second data entry. If a discrepancy exist between the first and second (verification) data entries the inconsistency is highlighted until corrected. If an error is highlighted the error could be made either when the first data entry was done or when the second data entry was done. To know which is correct you will need to refer to the answer sheet.

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 -- they are gone and can not be retrieved. We recommend you only use this option! 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.

Retest

If clients invalidate their Pre - Post Inventory, it is recommended that they be given the opportunity to be retested. Prior to retesting, the oral instructions should be reviewed. If the retest is still invalid, the client may be untestable at that time.

Time Savings

The Pre - Post Inventory is specifically designed for client status as well as pre-treatment and post-treatment comparisons. It provides a vast amount of relevant information quickly and accurately. The Pre - Post Inventory facilitates a "focused" interview that can result in significant savings in staff time with no compromise in the quality of the service being provided.

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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.

Anomalies & Outliers

Helpful Pre-Post Inventory Insights

Several Anomalies & Outliers paragraphs rotate in printed Pre-Post Inventory reports. These revolving anecdotes, vignettes or narratives provide information and insights are believed to be helpful in understanding the Pre-Post Inventory.

- When comparing pretest – posttest scores you should note when the pretest score is at or below the 69th percentile (non-problematic range). Since a pretest problem did not exist, posttest improvement may be hard to come by. Indeed, in this case any below 69th percentile score would likely show little or negative change.
- It is important to remember that treatment outcome is influenced by both the treatment program and client-related factors like motivation, attitude, cooperation, commitment, acceptance and goals. Expecting all clients to want positive change may be unrealistic, especially when treatment is court ordered.
- No change or negative pre-post comparison scores could reflect non-treatment. When a patient’s treatment plan does not include the problem or disorder represented by an omitted scale, it is likely that such problems/disorders will not be treated. Scale exceptions should be noted in the “comments and recommendations” section of the report. It is recommended that the Pre-Post Inventory be administered as part of the intake screening.
- The Pre-Post Inventory is an automated computerized assessment instrument designed for clinical assessment at intake (pre-treatment) and completion of treatment. It enables comparison of client status prior to, during and upon treatment completion. The Pre-Post Inventory can be re-administered to the same client at important decision making points in the treatment program.
- In many testing settings it may be advantageous to “group test” with paper-pencil materials. You can download Pre-Post Inventory test booklets and answer sheets at www.online-testing.com. and then photocopy them. If you have any questions call us at 1 (800) 231-2401 or email us at hl@online-testing.com.
- In a small percentage of cases, treatment or counseling can sensitize clients to full disclosure or "baring their soul." Defense mechanisms (e.g., abreaction, catharsis, etc.) may be involved in extreme self-disclosure. This phenomenon could result in some posttest scale scores being higher after treatment.
- If you are interested in online (internet) testing and our treatment outcome tests visit www.online-testing.com; for patient problem intensity (client risk) go to www.bds ltd.com, and for offender risk visit www.riskandneeds.com.
- Although posttest scale scores are discussed in terms of their relationship with analogous pretest scores, they also represent the client’s current or present problem intensity. These posttest scores may warrant consideration and review prior to completing or closing the patient’s treatment plan.
- The Pre-Post Inventory focuses upon scale scores “change.” Did posttest scale scores (after treatment) change when compared to the client’s pretest (before treatment) scale scores? If so, how?

- When can the Pre-Post Inventory be re-administered? The Pre-Post Inventory should be re-administered prior to treatment program alteration or change. Traditionally it is administered again prior to program completion. Some treatment programs utilize 6 or 12 month re-administration review. Others administer the Pre-Post Inventory prior to important treatment program changes.
- A 90th percentile or higher Truthfulness Scale score can occur in a pretest or posttest. In either case, the Pre-Post Inventory "Comparison Report" is negated, nullified or rendered null and void because an invalid (inaccurate) test can not be used in a meaningful baseline comparison.
- When comparing pretest - posttest scores it is important to note when the pretest score is at or above the 70th percentile (problem threshold). Posttest improvement (lower posttest score) could occur, yet the posttest scale score might still be at the 70th percentile or above (i.e., in the problem range).
- When Pre-Post Inventory scales, or more specifically the problems and disorders they represent are not specifically mentioned in the patient's referral or treatment plan it is likely they won't be treated. To avoid this oversight we recommend that the "pretest report" be reviewed during program intake screening. Not being treated could help explain "no change" or negative outcome results.
- Co-occurring disorders (more than one scale score in the severe problem range) always complicates diagnostic and treatment alternatives. There are several levels of interpretation ranging from viewing a scale's answers as a self-report to interpreting scale elevations and scale interrelationships.
- More than just another alcohol or drug test. In addition to alcohol and drugs, the Pre-Post Inventory assesses other important areas of inquiry like truthfulness, self-esteem, depression, anxiety, substance abuse, distress and stress coping abilities. This test is designed for counseling and treatment outcome or treatment effectiveness.
- Report terminology varies. Scale risk is equated to treatment intensity, medium risk may be paraphrased as average risk, scale graphs are referred to as profiles and severe risk is described as maximum (or max) risk. Other synonyms include answer – response validity – accuracy, item - question, etc.
- Risk range classification is straightforward: low risk (0 to 39th percentile), medium (40 to 69th percentile), problem (70 to 89th percentile) and severe problem (90 to 100th percentile). Yet, evaluator experience and judgment are needed to interpret borderline scores, co-occurring disorder effects, and scale interrelationships.

TECHNICAL SUPPORT

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

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