Probation Referral Outcome

Training Manual

www.probation-referral-outcome.com

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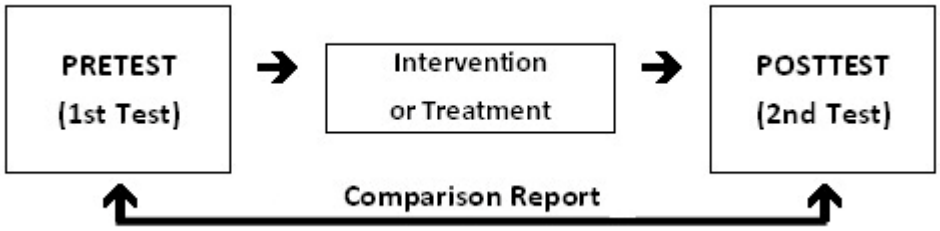
Probation Referral Outcome

PRODUCT DESCRIPTION

PRO uses and applications: probation departments, courts and treatment agencies.

The Probation Referral Outcome (PRO) is an outcome or treatment effectiveness test that is administered to probationers more than once. It is typically given the first time (pretest) prior to intervention or treatment or upon probationer admission into a treatment, or counseling program, (before treatment has occurred). Then, after treatment is completed, the Probation Referral Outcome (PRO) is administered to the same probationer again. This second testing is called the posttest (2nd test) which generates the "Comparison Report."

Probation Referral Outcome



The selection and composition of the Probation Referral Outcome (PRO) scales (measures) is important because they are PRO areas of inquiry or measures. The eight (8) areas of inquiry represented by the 8 PRO scales measure treatment effects, outcome or change. The 8 Probation Referral Outcome (PRO) scales (measures) are:

1. Truthfulness Scale
2. Violence Scale
3. Alcohol Scale
4. Drugs Scale
5. Depression Scale
6. Anxiety Scale
7. Self-Esteem Scale
8. Stress Management Scale

These scales represent common probationer problems and concerns.

Historically, when probationers (clients or offenders) completed prescribed intervention, counseling and treatment they were assumed to have been cured, rehabilitated and made well. Today these assumptions are being challenged because of no problem abatement, relapse and recidivism. Some probationers, for whatever reason, do not benefit or improve after intervention, counseling or treatment (hereinafter referred to collectively as treatment).

Distinguishing between probationers 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 and methodological opinions and viewpoints. To acknowledge, assuage and answer many of these questions, the Probation Referral Outcome (PRO) rationale is summarized.

Pretest - posttest baseline methodology is the foundation upon which the Probation Referral Outcome (PRO) is based. The PRO 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. A concern

with any assessment instrument or test is determining whether the respondent (probationer, client) was truthful while being tested. Treatment outcome (effectiveness or change) assessments are no exception. As noted by Kingi & Hauora (2003) the reliability of probationer answers are often questioned. That said, an important component of the Probation Referral Outcome (PRO) is its built-in Truthfulness Scale. Probationers often attempt to minimize their problems or portray themselves in an overly favorable light. When an excessive, inaccurate or invalid (90th percentile or higher) Truthfulness Scale score nullifies, voids or cancels a pretest (or posttest) report, that pretest-posttest comparison can't be made. At these times the usual pretest or posttest report is replaced with a one page explanation of why this situation makes pretest-posttest scale comparisons not possible. Probation Referral Outcome (PRO) pretest-posttest comparisons must have accurate (scores at or below the 89th percentile) Truthfulness Scale scores, i.e., both the pretest and posttest must be accurate.

Inclusion of other Probation Referral Outcome (PRO) scales was clear cut. The eight PRO scales assess common problems and disorders that are often involved in treatment settings. In the event that a probationer's treatment plan does not include any of PRO's eight scales or areas of inquiry, omitted problems/disorders would likely not be treated. For these reasons it is recommended that the PRO is included in 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 or the problems/disorders they represent in the patients treatment plan. And treatment plan exclusion should be noted in the "comments and recommendations" section in PRO reports. Exceptions to treatment plan inclusion should be noted in the "comments and recommendations" section in both the pretest and posttest reports. Such a recording procedure could help explain some "no change" or "negative change" comparison report results. Referral and treatment program omissions are discussed in the "Anomalies and Outliers" web page and in the Probation Referral Outcome (PRO) manual.

Another treatment effectiveness outcome consideration involves the pretest scale score. When the pretest score is at or below the 69th percentile or in the "no-problem" range there is likely little need for treatment. In some of these instances little change is likely. Such low pretest scale scores may also help explain some of the "little change" pretest-posttest scale comparisons.

Perhaps the most informative PRO resource is this website www.probation-referral-outcome.com. PRO test administration is via our internet (online) platform www.online-testing.com. If you have questions or suggestions, please call the Professional Online Testing Solutions, Inc. toll free number: 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 often remains, "Was treatment effective?" Did the probationer positively change? Treatment staff, referral sources, mental health professionals, victims, their families and many others want to know when treatment is effective and results in positive "change." Outcome research (or treatment effectiveness) has many applications that include relapse, recidivism and treatment effectiveness or outcome research.

Probation Referral Outcome (PRO) database research is ongoing. We hope it will facilitate test improvements and improved treatment outcome results. We support PRO inclusion in such research.

> **NOTE:** The Probation Referral Outcome (PRO) does not interpret, judge or state opinions about treatment program effectiveness or treatment outcome. It simply reports positive or negative changes in PRO scale scores. Indeed, the intent is to objectively report pretest – posttest **change**

Abstract

The Probation Referral Outcome (PRO) is administered to a client (offender, patient) 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 Probation Referral Outcome (PRO) is a multimodal or multiscale self-report assessment instrument or test. The eight Probation Referral Outcome scales (Truthfulness, Violence, 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 effectiveness we recommend consideration of the Probation Referral Outcome (PRO).

The Probation Referral Outcome (PRO)
Matching Problem Severity & Treatment Intensity

Objective, standardized and computer assisted assessment (screening, evaluation or testing) makes accurate, efficient and timely client screening possible. In most counseling and treatment settings, clients are screened to determine the presence of problems, and if problems are present to measure their severity. Contingent upon these assessment results, clients can then be referred to appropriate levels of intervention or treatment. Like emergency room triage, clients with serious problems are referred to more intensive treatment programs.

It has been shown that placing clients in wrong treatment intensity programs can be detrimental to both the client and society (Andrews, Bonta & Hoge, 1990). When low risk clients were placed in high risk (intensive) treatment programs, low risk clients had a higher likelihood of relapse. Low risk clients are better served in low intensity programs. Similarly, high risk (serious problems) clients benefit most when placed in intensive treatment programs.

This sounds obvious, yet is it? If an evaluator does not use a test containing a Truthfulness Scale, how does that evaluator determine if the client provided accurate and honest information? Some evaluators maintain that their education and experience enables them to make these determinations. Other evaluators are not as naïve and rely more on test truthfulness measures that have demonstrated reliability and validity. Few would dispute the statement that "many clients" minimize their problems and attempt to "fake good." It is important to know if obtained information is accurate. Only then can we rely upon such information to identify problems and determine their severity. Accurate assessment must be done to refer clients to appropriate counseling and treatment programs.

Automated (computer scored) assessment instruments or tests can establish client truthfulness (while being tested) and concurrently identify problems and their severity. Truthfulness Scales are considered by many as a necessary condition for client placement in intervention and treatment programs. Placement that will be most effective for them.

Probation Referral Outcome Scales

1. Truthfulness Scale: Measures how truthful the probationer was at both the pretest and posttest settings. This scale identifies denial, guardedness, problem minimization and attempts to fake good. Comparing pretest truthfulness to posttest truthfulness can provide considerable insight into a domestic violence probationer's situation and recovery.

2. Violence (Lethality) Scale: Identifies probationers that are a danger to themselves and others. This scale measures the use of force to injure, damage or destroy. Comparison of pretest and posttest Violence (Lethality) Scale scores focuses on the major behaviors that result in violence counseling/treatment.

3. Alcohol Scale: Measure the probationer's use and the severity of alcohol abuse. Alcohol refers to beer, wine and other liquors. Alcohol is all too often involved in violent settings. The Alcohol Scale measures a probationer's alcohol proneness and alcohol-related problems. This is an important area of inquiry when evaluating risk.

4. Drugs Scale: Measures illicit (illegal) and licit (prescription) drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, amphetamines, barbiturates and heroin. Illicit and licit drugs to have a growing presence in domestic violence settings.

5. Stress Management Scale: Measures the probationer's ability to cope with or manage their stress, anxiety and pressure. In addition, stress exacerbates emotional and mental health symptomatology. This scale is a non-introversive screen for established emotional and mental health problems.

6. Self-Esteem Scale: Self-esteem refers to a person's perception of himself or herself. It reflects an explicit valuing and appraisal of oneself**. Self-esteem incorporates an attitude of acceptance-approval versus rejection-disapproval of oneself**. The Self-Esteem Scale is descriptive of the person one believes oneself to be.

7. Depression Scale: Depression is described as a dejected or self-depreciating emotional state that varies from normal to pathological proportions. General symptoms such as melancholy and dysphoric mood are included in this definition, as are impaired social-vocational functioning and loss of interest in usual activities. In addition, thoughts of suicide and other cognitive as well as somatic correlates of depression are included in the Depression Scale.

8. Anxiety Scale: measures nervousness, apprehension and somatic correlation of anxiety. This score varies directly with experienced symptoms. Most definitions of anxiety include a sympathetically induced negative feeling associated with a sense of threat. General symptoms such as nervousness, apprehension and tenseness are included in this definition, as are panic, terror and somatic correlates of anxiety.

TRUTH-CORRECTED SCORES

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the eight PRO scales each time a test is scored. The Truthfulness Scale establishes how truthful the client was while completing the PRO. Correlations between the Truthfulness Scale and all other Scales have been statistically determined. This score correcting procedure enables the Probation Referral Outcome to identify error variance associated with untruthfulness and then apply it to Scale scores -- resulting in Truth-Corrected scores. **Raw scores may only reflect what the probationer wants you to know. Truth-Corrected scores reveal what the probationer is trying to hide. Truth-Corrected scores are more accurate than raw scores.** Truth-Corrected scores are similar to Minnesota Multiphasic Personality Inventory (MMPI) T-scores. The MMPI correlates the K scale with selected clinical scales. The clinical scales are then weighted with the K scale correlation equation. The MMPI L scale and the F scale correlate significantly (.001 level) with the PRO Truthfulness Scale.

Professionals across the country have endorsed the benefits of Truthfulness Scales and Truth-Corrected scores. This methodology is easy to use because the computer does all the work, actually calculating Truth-Corrected scores every time a test is scored. In the past many evaluators "turned off" on self-report tests because they were to easy to fake. Truthfulness Scales and Truth-Corrected scores have addressed this problem. And they are considered by many as very important, if not essential to any self-report test.

ORAL INSTRUCTIONS

Many clients tend to minimize their problems by under-reporting them. This emphasizes the importance of oral instructions to the client before beginning the Probation Referral Outcome. A straightforward approach is recommended. For example:

"This test 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 information you provide. 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 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 different questions**. 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 inadvertently change the questions in the test, you will invalidate the test."

Oral instructions are important. Do not just give the test to the client without providing some guidance as to how the client should proceed. We have found that when you treat clients with respect, and provide some direction or guidance as to what they are to do -- they cooperate positively. It's usually when a client feels he/she is not being dealt with respectfully or they are simply being told what to do -- that they become resistant, passive-aggressive or non-compliant.

RETEST

When a client's Truthfulness Scale score is at or above the 91st percentile that test is inaccurate or invalid. It is recommended that clients having an invalid test be given the opportunity to retest. Prior to retesting the oral instructions should be reviewed with the client. It helps to explain that the client may have inadvertently read things into questions that aren't there. It gains you nothing to make the client angry or defensive by saying "you weren't truthful." It helps to discuss the example (oral instructions) presented earlier. If this is a retest, the client may not be testable at this time.

Sometimes a client is not testable if the client is reading impaired. If a client can read the newspaper, they can be tested with the Probation Referral Outcome (PRO). The PRO is written at a high 5th grade -- low 6th grade reading level. A very resistant, angry or defiant person is usually not testable. Compassionate understanding, acceptance and rapport are often effective in relaxing the client. Sometimes it helps to explain "These are established procedures for everyone . . . " When dealing with denial, minimizing problems and faking simply discuss how the client "may have inadvertently read things into questions that isn't there." And some clients are emotionally disturbed or unstable. This is usually apparent in their demeanor, appearance and behavior. An emotionally upset or "stressed out" client may be appropriate for rescheduling.

Any Truthfulness Scale score at or above the 91st percentile invalidates that test **and all Scale scores included in the test.** If a client invalidates their Probation Referral Outcome (PRO) (and we estimate that 10 percent will) consideration should be given to a retest at a later date so that accurate PRO scores are obtained.

PRESENT, PAST OR FUTURE TENSE
Clients should answer test items as the questions are stated -- in present, past or future tense. Questions are to be answered exactly as stated. There are no trick questions. If an item inquires about the past -- it will be stated in past tense. If the item inquires about the present -- it will be stated in present tense. And if an item asks about the future -- it will be stated in future tense.

RISK LEVEL CLASSIFICATION
Each PRO scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the empirically based Scales each time a PRO is scored.

RISK LEVEL CLASSIFICATION

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 Risk**

A problem is not identified until a Scale's score (percentile) is at (or above) the 70th percentile. **Scores in the 70 to 90th percentile range represent problems for which recommendations (or referrals) are made. Severe problems are identified with Scale scores in the 91 to 100th percentile range**. Recommendations are intensified for severe problem scale scores.

STAFF MEMBERS SHOULD NOT TAKE THE PRO
Sometimes a staff member wants to simulate the client and take the PRO. **It is strongly recommended that staff do not take the PRO.** The Probation Referral Outcome is not standardized on staff. And staff do not have the same mental set as a client. Staff would likely invalidate, distort or otherwise compromise their PRO profile.

CONTROL OF REPORTS
Probation Referral Outcome (PRO) reports contain sensitive and confidential information. And some of the terms used in the report may be misunderstood by the probationer and others. For these reasons probationers should not be given their PRO report to read. Instead it is recommended that staff review PRO results with the probationer, but do not give the Probation Referral Outcome (PRO) report to the probationer to read. Probation Referral Outcome (PRO) test booklets and reports are privileged, highly sensitive and confidential. **No Probation Referral Outcome (PRO) related materials, including the PRO reports should be allowed to be removed from your office.**

DELETE CLIENT NAMES (CONFIDENTIALITY)
You have the option to delete client names, however, once you delete client names -- they are gone and cannot be retrieved. Deleting client names does not delete demographic information or test data. Deleting client names protects client's confidentiality. This procedure is explained on www.online-testing.com. This procedure ensures compliance with HIPAA regulation (45 C.F.R. 164.501).

TEST DATA INPUT VERIFICATION
You have the option of verifying the accuracy of test data input into the computer. In brief, the test data input verification procedure involves entering the test data twice. If the test data entry is the same the first and second (verification) time, then the test data was accurately entered. If there is a discrepancy between the first

and second test data input, each discrepancy (or inconsistent answer) will be highlighted until corrected. You can't proceed until all entries from the first and second data entries match. Test data entry takes less than two minutes.

SIGNIFICANT ITEMS

Some answers represent direct admissions to a problem or are highly unusual answers. These "significant" items are identified for easy reference. In the pretest and comparison report significant items are printed for the Violence Scale, Anxiety Scale, Depression Scale, Alcohol Scale and the Drug Scale. Sometimes seeing these self-admissions or important self-report answers helps in understanding the client. **Significant items alone do not determine Scale scores.** There may be several significant items for a scale and a low scale score or vice versa. Significant items are only presented in the report to highlight or dramatize some answers.

PRO SCALE INTERPRETATION

The Probation Referral Outcome (PRO) is a treatment outcome test that is administered to probationers more than once. It is typically given the first time (pretest) prior to probationer admission into a treatment, counseling or intervention program and before treatment has occurred. Then, after treatment is completed, the PRO is administered to the same probationer again. This second testing is called the posttest (2nd test) which generates the "Comparison Report." The PRO contains eight scales (measures): Truthfulness, Violence, Depression, Self-Esteem, Anxiety, Alcohol, Drugs and Stress Management. It consists of 165 items and takes 30 minutes to complete.

There are several levels of PRO scale interpretation ranging from viewing the PRO as a self-report to interpreting scale elevations and scale inter-relationships. The following table is a starting point for interpreting PRO scale scores.

Risk Ranges

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

A problem is not identified until a scale score is at the 70th percentile or higher. Elevated scale scores refer to percentile scores that are at or above the 70th percentile. Severe problems are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of probationers evaluated with the PRO.

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

accurate. One of the first things to check when reviewing a PRO report is the Truthfulness Scale score. The Truthfulness Scale can be interpreted independently. Truthfulness Scale scores override all other PRO scale scores.

Truthfulness Scale: Measures how truthful the probationer was at both the pretest and posttest settings. This scale identifies denial, guardedness, problem minimization and attempts to fake good. Comparing pretest truthfulness to posttest truthfulness can provide considerable insight into a probationer's current status.

Violence Scale: Identifies probationers that are dangerous to themselves and others. It is defined as the expression of rage and hostility through physical force. Violence is aggression in its most extreme and unacceptable form. Elevated scorers can be demanding, sensitive to perceived criticism and are insightless about how they express their anger/hostility. Severe problem scorers should not be ignored as they are threatening, very dangerous and at risk. A particularly unstable and perilous situation involves an elevated Violence Scale with an elevated Alcohol Scale or Drugs Scale score. The higher the elevation of these scale scores (e.g., Severe Problem range) with the Violence Scale -- the worse the prognosis. An elevated Stress Management Scale with an elevated Violence Scale score provides insight regarding co-determinants and possible treatment recommendations. Loss of control results in punitive consequences, whereas lack of control is anxiety-inducing. The Violence Scale score can be interpreted independently or in combination with other PRO scale scores.

Violence (Lethality) Scale: Identifies probationers that are a danger to themselves and others. This scale measures the use of force to injure, damage or destroy. Comparison of pretest and posttest Violence (Lethality) Scale scores focuses on the major behaviors that result in violence counseling/treatment.

Alcohol Scale: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious drinking problems. Since a history of alcohol problems could result in an abstainer (current non-drinker) attaining a low to medium-risk score, precautions have been built into the PRO to correctly identify "recovering alcoholics." It is prudent to check the probationer's answers to the self-rating of drinking (item #156) involvement and the "recovering alcoholic" (item #158) questions. In addition, the Alcohol Scale risk range paragraphs (printed for elevated scores) clearly state that the "recovering alcoholic" question be checked.

In intervention and treatment settings the probationer's Alcohol Scale score helps staff work through the probationer's denial. Most people accept the objective and standardized Alcohol Scale score as accurate and relevant in comparison to a person's subjective opinion. This is particularly true when it is explained that elevated scores don't occur by chance. The probationer must answer a definite pattern of alcohol-related admissions for elevated scores to occur. And scale scores are based on the scores of thousands of probationers who have completed the PRO.

An elevated Alcohol Scale score in conjunction with other elevated scores magnifies the severity of the other elevated scores. For example, if you have a probationer with an elevated Violence Scale who also has an elevated Alcohol Scale score, that person is even more dangerous when drinking. In summary, the Alcohol Scale can be interpreted independently or in conjunction with other elevated scores.

Alcohol Scale: Measures the probationer's use and the severity of alcohol abuse. Alcohol refers to beer, wine and other liquors. Alcohol is all too often involved in violent settings. The Alcohol Scale measures a probationer's alcohol proneness and alcohol-related problems. This is an important area of inquiry when evaluating violence.

Drugs Scale: Measures illicit drug use and the severity of abuse. Drugs refer to marijuana, cocaine, crack, ice, amphetamines, barbiturates and heroin. These are illicit substances. An elevated (70 to 89th percentile) Drugs

Scale score is indicative of an emerging drug problem. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies serious illicit drug abusers.

A history of drug-related problems could result in an abstainer (drug history, but not presently using drugs) attaining a low to medium-risk score. Precautions have been built into the PRO to correctly identify “recovering drug abusers” (item #158).

In intervention and treatment settings the probationer’s Drugs Scale score helps staff work through probationer denial. And an elevated Drugs Scale score in conjunction with other elevated scale scores magnifies the severity of the other elevated scores. For example, an elevated Violence Scale in conjunction with an elevated Drugs Scale score increases the severity and risk associated with the Violence Scale. In summary, the Drugs Scale can be interpreted independently or in conjunction with other elevated scales.

Drugs Scale: Measures illicit drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, amphetamines, barbiturates, heroin, etc. Illicit drugs have a growing presence in domestic violence settings.

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 probationer's life.

Other problems and disorders have been linked to anxiety. These include, but are not limited to, the other PRO 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. Anxiety appears to be inherent (or a component or factor) in many Diagnostic & Statistical Manual of Mental Disorders (DSM-IV) diagnoses. 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 independently. However, when other scales are also elevated, focus is then placed upon elevated scale elevations and interactions.

Anxiety Scale: measures nervousness, apprehension and somatic correlation of anxiety. This score varies directly with experienced symptoms. Most definitions of anxiety include a sympathetically-induced feeling associated with a sense of threat. General symptoms such as nervousness, apprehension and tenseness are included in this definition, as are panic, terror and somatic correlates of anxiety.

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 Probation Referral Outcome 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 PRO scale scores. Probationers with depression are at greater risk for suicide. Alcohol and drug abuse can also reflect attempts at self-medication. Other elevated (70th percentile and above) PRO 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, suicide ideation, impaired self-esteem and violence.

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.

Depression Scale: Depression is described as a dejected or self-depreciating emotional state that varies from normal to pathological proportions. General symptoms such as melancholy and dysphoric mood are included in this definition, as are impaired social-vocational functioning and loss of interest in usual activities. In addition, thoughts of suicide and other cognitive as well as somatic correlates of depression are included in the Depression Scale.

Stress Management Scale: Measures how well the probationer copes with stress. It is now known that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Management Scale score in conjunction with other elevated PRO scale scores helps explain the probationer's situation. For example, when a person doesn't handle stress well, other existing problems are exacerbated. This problem augmentation applies to substance (alcohol and other drugs) abuse, violence (lethality) and stress-related problems.

An elevated Stress Management Scale score can also exacerbate emotional and mental health symptomatology. When a Stress Management Scale score is in the severe problem (90 to 100th percentile) range it is likely that the probationer has a diagnosable mental health problem. Lower elevated scores suggest less intensive referral alternatives like a stress management class or program. In summary, the Stress Management Scale can be interpreted independently or in conjunction with other elevated scales.

Stress Management Scale: Measures the probationer's ability to cope with or manage their stress, anxiety and pressure. In addition, stress exacerbates emotional and mental health symptomatology. This scale is a non-introversive screen for established emotional and mental health problems.

Self-Esteem Scale: Measures the probationer's feelings of self-acceptance and self-worth. Self-Esteem reflects a probationer's explicit valuing and appraisal of self. Self-esteem incorporates an attitude of acceptance - approval versus rejection - disapproval. Self-esteem refers to a person's perception of self. The Self-Esteem Scale score represents the person one believes oneself to be. Negative self-esteem has been related to maladjustment. The theory goes: "the probationer sees themselves as bad or worthless and acts accordingly." An elevated (70 to 89th percentile) risk range score reflects impaired self-esteem. A pattern of self-rejection and disapproval is apparent. The probationer has a poor self-perception. Sometimes this is associated with guilt, remorse or shame. A severe problem (90 to 100th percentile) Self-Esteem Scale scores are often characterized by shame, humiliation, uncertainty and even unbearable worry. The probationer disapproves of himself or herself. Elevated Violence, Depression, Anxiety, Alcohol, Drug and Stress Management Scales with the Self-Esteem are problematic and could represent suicidal or homicidal ideation. And substance (alcohol and other drugs) abuse can foster even more disapproval of self. The higher these scale scores are, the more perilous and threatening the probationer's situation becomes. The Self-Esteem Scale can be interpreted independently or in combination with other PRO scales. Many professionals believe that a person's behavior is a reflection of their self-esteem. The concept of self-esteem is widely used in clinical settings.

Self-Esteem Scale: Self-esteem refers to a person's perception of himself or herself. It reflects an explicit valuing and appraisal of oneself. Self-esteem incorporates an attitude of acceptance-approval versus rejection-disapproval of oneself. The Self-Esteem Scale is descriptive of the person one believes oneself to be.

SCALE SUMMARY

In conclusion, it was noted that there are several levels of Probation Referral Outcome (PRO) interpretation ranging from viewing the PRO as a self-report to interpreting scale elevations and interrelationships. Scale scores can also be interpreted individually. Staff can then put PRO findings within the context of the probationer's life situation.

Anomalies & Outliers
Helpful Probation Referral Outcome Insights

Several Anomalies & Outliers paragraphs rotate in printed Probation Referral Outcome (PRO) reports. These revolving anecdotes, vignettes or narratives provide information and insights that are believed to be helpful in understanding the Probation Referral Outcome (PRO). In response to users' requests all Anomalies & Outliers paragraphs are presented on this webpage for your review.

- The Probation Referral Outcome (PRO) does not interpret, judge or state opinions about treatment program effectiveness. It simply reports positive and negative change. The intent is to objectively report pretest-posttest change.

- When comparing pretest - posttest scores, note when the pretest score is at or below the 69th percentile (non-problematic range). Since a pretest problem did not exist, posttest scale comparison would likely show little change.

- Treatment outcome or effectiveness is influenced by both the treatment program and probationer-related factors like commitment, motivation, cooperation and goals. Expecting all probationers to want positive change may be unrealistic, especially when treatment is court ordered or probation officer mandated.

- Non-treatment could result in no change or even negative change. When the PRO is not included in treatment intake (pretest) there is no baseline comparison for posttest scale scores. Problems and disorders not included in the treatment plan will likely go untreated, which emphasizes the importance of including the PRO in intake screening.

- The Probation Referral Outcome (PRO) is an automated computerized assessment instrument designed for clinical assessment at intake (pre-treatment) and again at the completion of treatment. It enables comparison of probationer status prior to, during and upon treatment completion. The Probation Referral Outcome (PRO) can be re-administered to the same probationer at important decision making points in the treatment program.

- In high volume settings it is often advantageous to "group test" with paper-pencil materials. Indeed most PRO users utilize paper-pencil tests. PRO test booklets and answer sheets can be downloaded at www.online-testing.com and photocopied. PRO tests can then be scored over the internet with reports printed within 2½ minutes.

- When Probation Referral Outcome (PRO) scales, or more specifically the problems and disorders they represent, are not specifically mentioned in the probationer's referral or treatment plan it is likely they won't be treated. To avoid this oversight we recommend that the Probation

Referral Outcome (PRO) "pretest report" be reviewed during program intake screening. Not being treated could help explain "no change" or even some negative outcome results.

- Although posttest scale scores are discussed in terms of their comparison to analogous pretest scores, they also represent the probationer's current or present problem status or intensity. Elevated (70th percentile and higher) scale scores may warrant consideration of continued or alternative treatment.

- It is important that the Probation Referral Outcome (PRO) be included in treatment intake screening. Intake administration of the PRO is called the pretest, and this serves as the baseline against which posttest scale scores are compared. It is important to include the PRO in treatment intake screening.

- A 90th percentile or higher Truthfulness Scale score can occur in a pretest or posttest. In either case, the PRO "Comparison Report" is negated, nullified or rendered null and void because an invalid (inaccurate) test can not be used in a meaningful baseline comparison.

- If you are interested in online (internet) testing and our treatment outcome or effectiveness tests visit www.online-testing.com. And there is www.probation-referral-outcome.com which discusses the Probation Referral Outcome (PRO).

- In a small percentage of cases, treatment or counseling can sensitize probationers to full disclosure or "baring their soul." Defense mechanisms (e.g., abreaction, catharsis, etc.) may be involved in extreme self-disclosure. This phenomenon, although very rare or uncommon, could result in some posttest scale scores being higher after treatment.

- When can the Probation Referral Outcome (PRO) be re-administered? The Probation Referral Outcome (PRO) 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 Probation Referral Outcome (PRO) prior to important treatment program changes.

- 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.

- 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.

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**. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

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