
SELF-AUDIT

Orientation and Training Manual

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SELF-AUDIT

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PREFACE

The **Self-Audit** contains 160 items and takes 30 minutes to complete. The Self-Audit incorporates nine measures (scales): **1. Truthfulness Scale**, **2. Distress Scale**, **3. Morale Scale**, **4. Self-Esteem Scale**, **5. Resistance Scale**, **6. Alcohol**, **7. Drugs**, **8. Violence** and **9. Stress Coping Abilities Scale**.

NINE SELF-AUDIT MEASURES

1. Truthfulness Scale: measures how truthful the client was while completing the Self-Audit. This scale identifies minimization of problems, defensiveness and faking. This scale also identifies clients that are telling the truth.

2. Distress Scale: measures experienced physical and/or mental pain, hurt and suffering. Distress is narrowly interpreted to avoid general expressions of unhappiness.

3. Morale Scale: measures a person's outlook which is characterized by feelings of happiness, satisfaction, self-confidence, enthusiasm and belonging. Morale is broadly interpreted so that it represents a person's outlook.

4. Self-Esteem Scale: measures a client's explicit valuing and appraisal of self. This scale incorporates an attitude of acceptance-approval versus rejection-disapproval of self.

5. Resistance Scale: measures client defensiveness, non-compliance and oppositional behaviors. This scale varies directly with the client's attitudes, feelings and outlook.

6. Violence (Lethality) Scale: measures the juvenile's dangerousness to self and others. Lethality is an important area of inquiry in domestic violence and faking.

7. Alcohol Scale: measures alcohol use, abuse and related problems. Alcohol refers to beer, wine and other liquors.

8. Drug Scale: measures illicit drug use, abuse and related problems. Drugs refer to marijuana, crack, cocaine, amphetamines, barbiturates and heroin.

9. Stress Coping Abilities Scale: measures the client's ability to cope effectively with stress. High scores (90th percentile and above) are indicative of identifiable emotional or mental health problems.

PRODUCT DESCRIPTION

The **Self-Audit** is a brief (160 items), easily administered (30 minutes) and automated (computer scored) assessment or screening instrument (test). The Self-Audit is designed for victim assessment.

The Self-Audit consists of 160 items and can be completed in 25 to 30 minutes. Automated (computer scored) reports are printed on-site within 3 minutes. **The Self-Audit is designed specifically to screen victims of mental and/or physical abuse.** In addition to client truthfulness the Self-Audit screens distress, morale, self-esteem, resistance, substance (alcohol and drug) abuse and stress coping abilities. Specific score related recommendations are provided in Self-Audit reports.

Staff report writing, substantiation of decision-making and record keeping needs are met with these reports.

Self-Audit diskettes contain proprietary and copyrighted software programs and all rights are reserved.

RISK LEVEL CLASSIFICATION

Each Self-Audit scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the nine empirically based scales each time a Self-Audit is scored.

RISK LEVEL CLASSIFICATION	
PERCENTILE RANGE	RISK RANGE
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 90th percentile	Problem Risk
91 to 100th percentile	Severe Risk

A problem is not identified until a scale score (percentile) is at (or above) the 70th percentile. Percentile scores are obtained from a database of victim score distributions. **Scores in the 70 to 90th percentile range represent problems for which specific intervention and/or treatment 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.

Alcohol, Drug and Stress Coping Scale scores in the 91 to 100th percentile range (severe problem) are frequently accompanied with a recommendation for a comprehensive psychological (or psychiatric) evaluation. Such a recommendation results in a licensed or certified health care provider conducting an evaluation and including a DSM-IV diagnoses, treatment plan and prognosis in their reports. With elevated scores (at or above the 91st percentile) it is very likely that formal DSM-IV diagnoses will apply to the victims being evaluated.

TRUTHFULNESS SCALE

A Truthfulness Scale score is considered necessary, if not essential, in any objective assessment instrument or test. In most intake, referral and treatment settings clients are cooperative. However, it would be naive to assume all clients answer all questions truthfully. All interview and self-report test procedures are subject to the dangers of untrue answers, whether due to guardedness, defensiveness or deliberate faking. The Truthfulness Scale measures how truthful the client was while completing the Self-Audit.

When reading a Self-Audit report staff should check the Truthfulness Scale score. If the Truthfulness Scale score is at or below the 90th percentile -- test results are valid and accurate. However, if the Truthfulness Scale score is at or above the 91st percentile -- test results are not accurate and the report is invalid. Truthfulness Scale scores in the 70 to 90th percentile range are accurate due in part to Truth-Correction, but should be used cautiously and verified (corroborated) whenever possible.

Summary: Truthfulness Scale scores at or below the 90th percentile indicate that the Self-Audit report (and scale scores contained therein) is accurate and valid. Truthfulness Scale scores at or above the 91st percentile mean the client was overly guarded, defensive, minimizing problems or faking -- to the extent that the Self-Audit report is inaccurate and not valid.

When you have an inaccurate or invalid Self-Audit you might consider reviewing the oral instructions with the client before retesting. This is discussed later in this manual under the heading "Oral Instructions." Approximately 10 percent of the people tested will provide Truthfulness Scale scores at or above the 91st percentile, i.e., an inaccurate or invalid Self-Audit report.

TRUTH-CORRECTED SCORES

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the nine Self-Audit scales each time a test is scored. The Truthfulness Scale establishes how truthful the client was while completing the Self-Audit. Correlations between the Truthfulness Scale and all other scales have been statistically determined. This score correcting procedure enables the Self-Audit to identify error variance associated with untruthfulness and then apply it to scale scores -- resulting in Truth-Corrected scores. **Raw scores may reflect what the client wants you to know. Truth-Corrected scores reveal what the respondent 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 (fake good) scale and the F (almost everyone agrees with) scale correlate significantly (.001 level) with the Self-Audit 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 too easy to fake. Truthfulness Scales and Truth-Corrected scores have addressed this problem. And they are considered by many as very important to any self-report test.

VIOLENCE SCALE

The Violence Scale measures the client's use of physical force to injure, damage, or destroy. It identifies individuals that are dangerous to themselves and others. An ever-present concern when evaluating anyone is lethality or violence potential. Violence is a significant problem in our society. The harm associated with violence -- mental, emotional, and physical -- is often under-reported by victims and family. And, there are some people who are "violence prone." They are sensitive to perceived criticism, seek revenge, and overtly try to hurt, harm, or even destroy.

ALCOHOL SCALE

The Alcohol Scale measures the respondent's alcohol use, abuse and proneness. Alcoholism is a significant problem in our society. Woolfolk and Richardson noted in "Stress, Sanity and Survival" that alcoholism costs industry over 15.6 billion annually due to absenteeism and medical expenses. And today's estimates are much higher. The harm associated with alcohol abuse -- mental, emotional and physical -- is well documented. The cost and pain associated with alcohol problems are staggering.

The Alcohol Scale measures the client's alcohol use and abuse. It measures the severity of alcohol (beer, wine and other liquor) abuse. Alcohol abuse, alcohol proneness and alcohol-related problems are identified.

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DRUG SCALE

The burgeoning awareness of the impact of illicit drugs (marijuana, crack, cocaine, LSD, amphetamines, barbiturates and heroin) emphasizes the need to differentiate between licit and illicit drugs. The Drug

Scale is an independent measure of the client's drug abuse, drug proneness and drug-related problems. Without this type of scale many drug abusers would remain undetected. The Self-Audit differentiates between "alcohol" and "drug" use and abuse.

The national outcry in the late 1980's concerning cocaine momentarily obscured the fact that a number of other substances are also being abused. These "drugs" include marijuana, crack, LSD, amphetamines, barbiturates and heroin. The Drug Scale measures illicit drug use, drug abuse severity and drug-related problems.

MORALE SCALE

The Morale Scale measures a person's outlook in terms of satisfaction, self-confidence, enthusiasm and happiness. Morale is broadly interpreted to reflect a more general expression of happiness and wellbeing. Many believe that a person's morale or outlook is reflected in their behavior. Negative morale has been related to introversion and even maladjustment. In contrast, positive morale has been related to achievement and mental health. The theory, in an over simplification, is "how one feels about himself/herself is manifest in their outlook – which in turn is manifest in their behavior.

SELF-ESTEEM SCALE

The Self-Esteem Scale consists of terms which are rated to describe victim self-esteem. This is a rapid procedure of self-rating wherein the victim describes his or her own self-esteem in commonly used everyday vocabulary.

Self-Esteem refers to a person's perception of self. 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 score is descriptive of the person one believes oneself to be. Many believe that a person's behavior is a reflection or expression of their self-concept. Negative self-esteem has been related to maladjustment and victim self-concepts. The theory goes, "the client sees himself/herself as bad or worthless and acts accordingly."

DISTRESS SCALE

The Distress Scale consists of items symptomatic of experienced physical and/or mental pain, hurt and suffering. Distress is narrowly interpreted to avoid the general expression of unhappiness or worry. The Distress Scale provides a quantitative score that varies directly with the victim's self-reported symptoms. This definition of distress incorporates clients with medical problems, chronic pain and suffering as well as people experiencing mental anguish and pain.

RESISTANCE SCALE

The Resistance Scale measures client defensiveness and uncooperativeness. This scale varies directly with the client's attitude. The Resistance Scale is a measure of the client's resistance to authority and staff help. Resistance to others influences relationships in the therapeutic setting itself. For example, staff – client relationships are important to treatment involvement, compliance and relationships.

STRESS COPING ABILITIES SCALE

How effectively one copes with stress determines whether or not stress negatively affects one's recovery and overall adjustment. Stress exacerbates other symptoms of emotional, substance abuse and adjustment problems. Markedly impaired (91st percentile or above) stress coping abilities are significantly correlated with identifiable mental health problems. The Stress Coping Abilities Scale facilitates evaluation of this important area of inquiry (mental health problems) in a non-offensive and non-introversive manner.

A Stress Coping Abilities Scale score at or above the 91st percentile warrants consideration of referral for a comprehensive psychological evaluation. It is very likely that the client with a Stress Coping Abilities Scale score at the 91st percentile or higher manifests a diagnosable (identifiable) emotional or mental health problem. Since many evaluators are not licensed or certified healthcare providers they should not diagnose DSM-IV problems. Consequently, referral for a psychological or psychiatric evaluation should include a request for a DSM-IV diagnosis.

The Stress Coping Abilities Scale correlates significantly (.001 level of significance) in predicted directions with the following Minnesota Multiphasic Personality Inventory (MMPI) scales: Psychopathic Deviate (Pd), Psychasthenia (Pt), Anxiety (A), Manifest Anxiety (MAS), Ego Strength (ES), Social Responsibility (RE), Social Alienation (PD 4A), Social Alienation (SCIA), Social Maladjustment (SOC), Manifest Hostility (HOS), Suspiciousness/Mistrust (TSC-VI), Authority Conflict (AUT), Resentment-Aggression (TSC-V), and Tension/Worry (TSC-VI). Stress coping abilities correlate significantly with stress exacerbated symptoms of emotional problems.

ORAL INSTRUCTIONS

Many clients tend to minimize their problems by under-reporting their substance (alcohol and other drugs) abuse and other problems. This emphasizes the importance of oral instructions to the client before beginning the Self-Audit. 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 accuracy of your answers. Just answer each question truthfully."

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience, and intent. 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 a different question. **Do not read anything into these questions that isn't there, because if you do, you will invalidate the test and may have to take it over.** Simply answer the questions True or False. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

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.

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.

STAFF MEMBERS SHOULD NOT TAKE THE Self-Audit

Sometimes a staff member wants to simulate the client and take the Self-Audit. **It is strongly recommended that staff do not take the Self-Audit.** The Self-Audit 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 Self-Audit profile.

CONTROL OF SELF-AUDIT REPORTS

Self-Audit reports contain sensitive and confidential information. And some of the terms used in the report may be misunderstood by the respondent and others. For these reasons clients should not be given his/her Self-Audit report to read. Instead it is recommended that staff review Self-Audit results with the respondent, but does not give the Self-Audit report to the client to read. Self-Audit test booklets and reports are privileged, highly sensitive and confidential. **No Self-Audit-related materials should be allowed to be removed from your office.**

CHECK ANSWER SHEETS FOR COMPLETENESS

Check the client's answer sheet to be sure it has been filled out correctly when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. The client should be informed that each question must be answered in accordance with the instructions. And if necessary, be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that an item is omitted or skipped to avoid admitting a "negative" answer.**

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 with invalid tests 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 (refer to oral instructions, pg. 6). 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 Self-Audit. The Self-Audit 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, if sincere. 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 Self-Audit (and we estimate that 10 percent will) consideration should be given to a retest so that accurate Self-Audit scale scores are obtained.

HOW DOES THE SELF-AUDIT PROTECT AGAINST RESPONSE SETS?

Response “sets” are relatively rare and encountered when the clients answers all items true or false. Such “sets” can occur when the client doesn’t care about test results, or in very rare cases the response set may reflect psychopathology. The Self-Audit is designed to guard against response sets. When 85 percent of Self-Audit answers are all true (or all false), the Truthfulness Scale score is automatically set at the 99th percentile. This is to alert the evaluator that something unusual (like a response set) has occurred. A negative response set would result in an elevated (91st percentile or higher) Truthfulness Scale score, whereas a positive response set would result in all scale scores being elevated (91st percentile or higher). Also the type of items are deliberately varied (True-False, Ratings and Multiple Choice). Different types of items and responses help avoid response sets.

DELETE CLIENT NAMES (CONFIDENTIALITY)

You have the option to delete client names from the diskette before returning it to Behavior Data Systems, Ltd. Once you delete client names from a diskette -- they are gone and can not be retrieved. Deleting client names does not delete demographic information or test data. Deleting client names protects clients confidentiality. This procedure is explained in the Computer Operating Guide or manual.

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 (verification) time the test data is entered, 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. This verification procedure is discussed in the Self-Audit Computer Operating Guide or manual.

SIGNIFICANT ITEMS

Some answers represent direct admissions to a problem or are highly unusual answers. These “significant” items are identified for easy reference. On the last page of the report significant items are printed for the Distress Scale, Morale Scale, Resistance Scale, Alcohol Scale and 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.

STRUCTURED INTERVIEW

The last sequence of multiple choice questions are called a “structured interview” because they reflect important self-report motivational, attitudinal and perceptual information. Client answers to Section 3 multiple choice items are printed on the last page of the Self-Audit report. These answers represent the client's perception of his/her situation and needs; consequently, they may differ from objective scale scores. This enables comparison of client's subjective attitude and motivation with their empirically

based objective scale scores. For example, persons may report "no problem" with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 91st percentile (severe problem) range.

The last sequence of items (Section 4, items 140 through 160) represent the structured interview. Again it is emphasized that the answers that are printed in the Self-Audit report structured interview section are the client's answers -- with all their subjectivity.

SPECIAL (99% SCORES) REPORTS

When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words the Self-Audit report is modified due to the extremely inaccurate test protocol. And in place of the scale description 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 91st percentile. The special 99% procedure only occurs when Truthfulness Scale scores are at or above the 95th percentile.

HELPFUL HINTS

- 1. Your secret code is "y".**
- 2. Check your numlock key.** Laptop and notebook computers number keys overlap some letter keys. To set the Numlock key (Windows version) at the Main Menu click "Option" at the top of the screen, then click "Numlock Always On." The check means Numlock is always on. Click on it to turn it off.
- 3. Read the messages and program notes that display on the screen.** They provide helpful hints for using the program and entering data.
- 4. Be careful to enter information correctly the first time.** It is easier and less time consuming to check your entry as you go than to edit information later on.
- 5. If you must edit a client's test item answer, use the down-arrow key to get to the test item you wish to change.**
- 6. Be sure your printer has been installed and is working properly.**

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