

in the Minnesota Multiphasic Personality Inventory (MMPI), which is arguably the most widely used personality test in the United States. For clarity, SAI scale scores below the 70th percentile are accurate. **Scale scores in the problem risk range (70 to 89th percentile) are automatically truth-corrected for accuracy.** Scores above the 90th percentile (severe problem range) are too distorted to be truth-corrected – they are invalid.

Sexual Adjustment Scale Score: Moderate Risk

Mr. John Doe's Sexual Adjustment Inventory (SAI) Sexual Adjustment Scale score is in the moderate risk (40 to 69th percentile) range, which means he is becoming aware of his sexual concerns. Left untreated sexual adjustment problems can worsen. Check Mr. Doe's sex-related scales for problematic (70th percentile and higher) scores. As a general rule, the higher the scale score the more serious the problem. Recommendation: Group outpatient counseling has several advantages that include: availability, relatively short involvement (±19 sessions), client (patient/offender) interaction and affordability. Among several effective therapies, Cognitive Behavior Therapy is the most popular among clinicians, psychotherapists and treatment staff.

Child Molest Scale Score: Problem Risk

Mr. John Doe's Child Molest Scale score is in the problem risk (70 to 89th percentile) range, which means he would benefit from child molester treatment. The courts, probation officers and mental health professionals refer sex offenders for treatment. Mr. Doe's self-admissions include: #xx, xx, xx, xx, xx, xx, xx, xx, xx. Check Mr. Doe's sex-related and non-sex-related scale scores. Comorbid problems can exacerbate other established problems. Mr. Doe needs prompt involvement in treatment (e.g., Cognitive Behavior Therapy). Without treatment, his child molestation could worsen.

Sexual Assault Scale Score: Moderate Risk

Mr. John Doe's Sexual Assault Scale score is in the moderate risk (40 to 69th percentile) range, which means some sexual frustration and aggressiveness are evident. However, an established pattern of sexually assaultive behavior is not evident. Even so, other sex-related Sexual Adjustment Inventory (SAI) scales (i.e., Sex-Item Truthfulness Scale) and Test Item (non-sex-related) Truthfulness scales like Violence, Antisocial, Alcohol, and Drug Scales could exacerbate Mr. Doe's sexual aggressiveness. Any recommendation would be contingent upon the pattern of elevated SAI scale scores.

Incest

Incest Classification: Low Risk

In the Sexual Adjustment Inventory (SAI) there are five incest-related questions. Mr. John Doe did not admit to or endorse any of these five incest-related items or questions, which means Mr. Doe does not have any incest-related concerns. Mr. Doe does not have an incest problem or concern. However, to be prudent, check the Sex-Item Truthfulness Scale score. If it is at or below the 89th percentile, Mr. Doe's sex-related (or incest-related) answers are within the truthful range. If the SAI Sex-Item Truthfulness Scale score is at or above the 90th percentile all scale scores (including the Incest Scale) are accurate. Mr. John Doe's incest-related scores are accurate. Consideration of Cognitive Behavior Therapy is recommended.

Exhibitionism Scale

Exhibitionism Scale Score: Low Risk

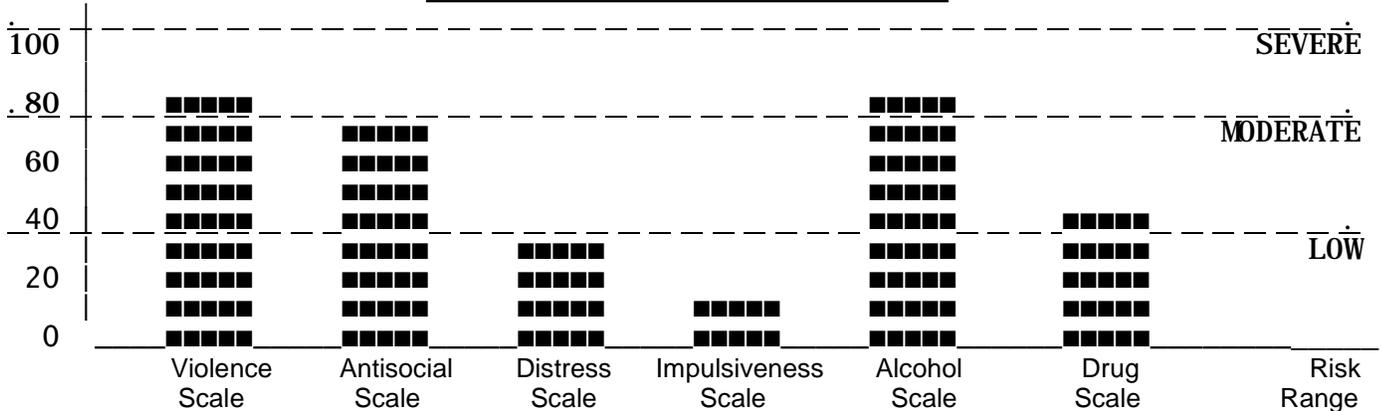
Mr. John Doe's Exhibitionism Scale score is in the low risk (zero to 39th percentile) range. Low risk scorers do not intentionally expose their sex organs (genitals) to unsuspecting strangers. "Recurrent exhibitionistic behavior" would classify as an exhibitionistic disorder. An antisocial history, antisocial personality disorder and substance (alcohol and drug) misuse could increase exhibitionistic risk. Exhibitionistic disorders occur less frequent in females. An important feature of this disorder is "recurrent sexual urges and fantasies." That said, Mr. Doe is not an exhibitionist.

TRANSITIONAL PARAGRAPH FROM SEX ITEM SCALES TO TEST ITEM SCALES.

Test Item Truthfulness Scales

When the Test Item (non-sex-related) Truthfulness Scale score is in the low and moderate risk range, all Test Item Truthfulness Scales (Violence Scale, Impulsiveness Scale, Distress Scale, Antisocial Scale, Alcohol Scale and Drug Scale) are accurate. A Test Item Truthfulness Scale score in the problem risk range means all Test Item Truthfulness Scales are automatically truth-corrected to insure accuracy. A Test Item Truthfulness Scale score in the severe problem range means all Test Item Truthfulness Scales are too distorted to be truth-corrected. These Test Item Truthfulness Scale scores are accurate.

TEST ITEM TRUTHFULNESS SCALES



TEST ITEM (NON-SEX-RELATED) TRUTHFULNESS SCALES

Non-Sex-Related Truthfulness

Test Item Truthfulness Scale Score: Problem Risk

Mr. John Doe's Sexual Adjustment Inventory (SAI) Test Item Truthfulness Scale score is in the problem (70 to 89th percentile) range, which means he is attempting to minimize some of his non-sex-related problems and concerns. When the Test-Item Truthfulness Scale score is in the problem risk range, all of the non-sex-related scales are truth-corrected to insure accuracy. **All Test-Item (non-sex-related) SAI scales (Violence Scale, Antisocial Scale, Distress Scale, Impulsiveness Scale, Alcohol Scale and the Drug Scale) are truth-corrected for accuracy.** The SAI's truth-correction methodology is similar to that used in the Minnesota Multiphasic Personality Inventory (MMPI), which is arguably the most widely used personality test in the United States.

Violence Scale

Violence Scale Score: Problem Risk

Mr. John Doe's Violence Scale score is in the problem risk (70 to 89th percentile) range, which means he has an established violence problem. Violence Scale admissions include: #X XX, XX, XX, XX, XX, XX, X XX, XX, XX, XX, XX, XX. The most widely used violence treatment programs are anger management, Cognitive Behavior Therapy, Motivational Interviewing and Multimodal Therapy. Treatment intensity should match violence severity. Cognitive Behavior Therapy is popular. Cognitive Behavior Therapy teaches how to understand and control aggression and how to manage violence. Mr. Doe needs help as he is easily angered and provoked and can be violent. Outpatient counseling is recommended.

Antisocial Scale

Antisocial Scale Score: Problem Risk

Mr. John Doe's Antisocial Scale score is in the problem risk (70 to 89th percentile) range, which means he has an antisocial problem. Problematic Antisocial Scale scorers are often callous, cynical, and show little remorse for their antisocial acts. For background, deceit and manipulation are central features of antisocial personality. Courts, the Department of Corrections and probation departments along with counseling settings are increasingly interested in clients (patients/offenders) antisocial thoughts and behavior. Among several effective psychotherapies, Cognitive Behavior Therapy is one of the most researched and successful treatment therapies for antisocial clients.

Distress Scale

Distress Scale Score: Moderate Risk

Mr. John Doe's Distress Scale score is in the moderate risk (40 to 69th percentile) range. Mr. Doe is experiencing some distress, but stress and depression are not focal issues. Recommendations: consider a "brief intervention" which involves 15 to 30 minutes of direct face-to-face staff-client (patient/offender) discussion. Sometimes straight talk helps. Adequate sleep, proper diet, regular exercise and awareness can also help reduce distress. Left untreated, distress can worsen and become debilitating. Self-help distress management articles and books are available in local bookstores and libraries and over the internet.

Impulsiveness Scale

Impulsiveness Scale Score: Low Risk

Mr. John Doe's impulsiveness Scale score is in the low risk (zero to 39th percentile) range, which means he is usually not impulsive. Impulsiveness is both a facet of personality and a major component of disorders like ADHD, antisocial personality, substance (alcohol/drug) abuse, bipolar disorders and borderline personality disorder (Wikipedia 2016). Mr. Doe does not do things on the spur-of-the-moment. Nevertheless, impulsiveness is often used in sex offender's rationalizations of how their sexual indiscretions occurred, e.g., "without thinking I impulsively reacted." That said, Mr. Doe does not do things on the spur-of-the-moment. He typically thinks before reacting.

Alcohol Scale

Alcohol Scale Score: Problem Risk

Mr. John Doe's Alcohol Scale score is in the problem risk (70 to 89th percentile) range. Drinking problems are present. Mr. Doe states (Q# XXX) that he is/is not a recovering alcoholic. Admission items include: #X XX, XX, XX, XX, XX, XX, X XX, XX, XX, XX, XX, XX. Recommendations: Outpatient research based treatment modalities include Motivational interviewing; Cognitive Behavior Therapy and Rational Emotive Behavior Therapy. These modalities are available in individual or group therapy settings. AA meetings might augment, but not replace treatment. Mr. Doe has a drinking problem that warrants treatment.

Drug Scale

Drug Scale Score: Moderate Risk

Mr. John Doe's Drug Scale score is in the moderate risk (40 to 69th percentile) range. Drug use may be present, but an established pattern of drug abuse is not evident. Drug problems are not focal issues. Assess Mr. Doe's Test Item (non-sex-related) Truthfulness Scale to determine his truthfulness while completing the non-sex-related scales. SAI's non-sex-related scales include the Test Item Truthfulness Scale, Violence Scale, Impulsiveness Scale, Distress Scale, Antisocial Scale, Alcohol Scale and the Drug Scale. Assuming Mr. Doe's Drug Scale score is valid (or truthful), no specific drug-related recommendations are made.