SELF ASSESSMENT INDEX
(SAX)
Training Manual

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PREFACE

Over the past decade we have witnessed dramatic changes in our welfare programs. More recently the Personal Responsibility and Work Opportunities Reconciliation Act imposes several types of participation requirements on both individuals and states. It requires states to outline in their plans how they will require a parent or caretaker receiving Temporary Assistance to Needy Families (TANF) to engage in work once the state determines the client to be job-ready or once the recipient has received assistance for 24 months.

The goal is to help clients become gainfully employed within a 24 month period. To achieve this goal, clients need to be screened to determine their needs. And whenever clients can be helped to overcome problems, it is recommended that they be referred to vocational rehabilitation programs, substance (alcohol and other drugs) abuse treatment agencies and other service organizations.

There are a vast array of variables that effect client program success. These variables include work motivation/attitudes, emotional/mental health problems, stress management and substance (alcohol and other drugs) abuse. To determine which clients need help, an approach growing in popularity is to screen all clients with an objective and standardized screening instrument. Then, clients with identified problems can be referred to appropriate agencies/programs for remediation and help.

The Self-Assessment Index (SAX) is specifically designed to meet these client screening needs. The SAI consists of 103 items and takes 20 to 25 minutes to complete. It is more than just another alcohol or drug test. The SAI is designed specifically for screening clients for alcohol and drug problems, vocational rehabilitation needs as well as emotional/mental health problems. And as warranted clients are referred to appropriate treatment agencies for needed services. The SAI facilitates early problem identification, thereby permitting prompt resolution. Early problem identification improves client chances for successful program completion, continued recovery and sustained employment.

The Self-Assessment Index (SAX) provides specific recommendations (referrals) in each SAI report. These recommendations (referrals) increase in intensity as the measured severity of problems increases.

SAI (103 ITEMS & 20 to 25 MINUTES)

Scales	Measures
1. Truthfulness	Accuracy/Truthfulness
2. Alcohol	Alcohol abuse severity
3. Drug	Drug abuse severity
4. Work Index	Work attitude/motivation
5. Stress Coping	Stress coping abilities

Recommendations (referrals)

Referrals and recommendations vary according to the severity of the client's problem(s). For example, they may range from substance abuse education to inpatient treatment.

Since many public assistance and welfare agency staff are not licensed or certified healthcare providers, they may not be allowed to diagnose. For clients attaining very high (91st percentile and higher) alcohol, drug or stress coping scores, it is recommended that they be referred for a psychological or psychiatric evaluation. This recommendation (referral) is to obtain a Diagnostic and Statistical Manual (DSM-IV) diagnosis, related treatment plan and prognosis. Specific recommendations (referrals) are provided in each SAI report. The level of referral increases as problem severity increases.

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PRODUCT DESCRIPTION

The **Self-Assessment Index (SAX)** is a brief, easily administered and automated (computer scored) screening instrument or test specifically designed for client assessment.

The Self-Assessment Index (SAX) consists of 103 items and can be completed within 20 to 25 minutes with automated (computer scored) reports printed on-site within 2 minutes of completion. **The SAI is specifically designed to screen clients effected by alcohol and drug problems.** But the SAI is much more than just an alcohol or drug test. The SAI also screens work attitude, motivation and stress coping -- important behaviors missed by other tests. Specific scale and score-related recommendations (or referrals) are provided in SAI reports for each empirically based scale.

FIVE EMPIRICALLY BASED SAI SCALES

1. **Truthfulness Scale:** measures how open and truthful the client was while completing the test. This scale identifies guarded and defensive people who minimize their problems. And it will detect faking.
2. **Alcohol Scale:** measures the client's severity of alcohol use or abuse. Alcohol refers to beer, wine and other liquors. The Alcohol Scale is an objective measure of alcohol proneness.
3. **Drug Scale:** is an independent measure of the clients "other drug" use. This scale measures the severity of drug use, abuse and proneness. Drugs refer to marijuana, crack, LSD, cocaine, amphetamines, barbiturates and heroin.
4. **Work Index Scale:** identifies attitude and/or motivational factors that influence clients behavior. Many of these cloaked issues (value of work, work-related expenses, family responsibilities, people problems, transportation, frame of reference, influence of significant others, etc.) influence the chances of vocational rehabilitation, recovery and employment success.
5. **Stress Coping Abilities:** aside from substance (alcohol and other drugs) abuse, a common relapse trigger is stress -- or more specifically, how well the client copes with stress. High Stress Coping Abilities Scale scores (at or above the 91st percentile) correlate significantly with diagnosable emotional and mental health problems. Welfare recipients with high scores (at or above the 91st percentile) should be referred for a psychological evaluation to obtain a specific DSM-IV diagnosis, treatment plan and prognosis.

SAI diskettes contain 25 or 50 test applications. Diskettes are available in MS DOS or Windows applications. Diskettes contain all of the software necessary to perform all test scoring functions, build an expanding database and print reports.

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

RISK LEVEL CLASSIFICATION

Each SAI scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the five empirically based scales each time an SAI 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 client 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 may result 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 client being evaluated.

PROBABILITY STATEMENT

The statement on the first page of the SAI report that says **Percent of probability of obtaining and keeping a job:** is important because one of four possible answers will apply. The four probability statements essentially are **Good**, **Average**, **Below-Average**, and **Problematic**. These probability statements summarize SAI results. "**Problematic**" means the client has some serious attitude/motivation and/or substance (alcohol/drugs) abuse and/or emotional/mental health problems that need to be resolved. The SAI identifies "problems" so they can be worked through and no longer represent barriers to employment. "**Below-Average**" means some problems or areas of concern have been identified and should be cleared up. "**Average**" means that some less severe problems represent areas of concern that could become barriers to employability. "**Good**" means the client has a better than average probability of obtaining and maintaining employment.

When a "**problematic**" probability statement is presented staff should anticipate one or more scale scores at or above the 91st percentile (severe problem range) or a combination of 3 or more scale scores at or above the 70th percentile (problem range). "**Below-Average**" probability statements are usually associated with a combination of two or more scale scores in the 70 to 90th percentile (problem) range. An "**Average**" probability statement is usually associated with one scale score in the problem (70 to 90th percentile) range. And a "**Good**" probability statement typically means that no scale scores are at or above the 70th percentile.

This "probability score" methodology enables classification of a persons SAI profile into one probability estimate. **In brief, probability score classification enables staff to summarize a clients SAI results into one meaningful classification or statement, without detracting from scale interpretations and score-related recommendations.**

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 SAI.

When handed an SAI 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 SAI 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 SAI report is inaccurate and not valid.

When you have an inaccurate or invalid SAI you might consider reviewing the oral instructions with the client before retesting. This is discussed on page 5 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 SAI report the first time they are assessed.

TRUTH-CORRECTED SCORES

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the five SAI scales each time a test is scored. The Truthfulness Scale establishes how truthful the client was while completing the SAI. Correlations between the Truthfulness Scale and all other scales have been statistically determined. This score correcting procedure enables the SAI 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 client 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 SAI 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 to any self-report test.

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 measure's the severity of alcohol (beer, wine and other liquor) abuse. Alcohol abuse, alcohol proneness and alcohol-related problems are identified.

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 SAI 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. The Drug Scale measures the severity of drug use and/or abuse.

WORK INDEX SCALE

Experienced staff working with clients are aware of the many cloaked issues (other than just alcohol and drugs) that influence vocational, recovery and employment outcomes. Many of these issues result from the client's perception of the value of work, the expense (e.g., child care, transportation, clothes, etc.) associated with work, family responsibilities (e.g., mother, father, wage earner, wife, husband, daughter, son, etc.) and roles, intra-personal skills (e.g., people problems) transportation (access, cost, convenience, etc.) considerations, etc., etc. The interaction of many of these cloaked issues often impact upon the success of vocational rehabilitation programs, recovery and employment.

If a person doesn't want to work, or doesn't see any clear advantages to working or believes the time at work seriously detracts from their family relationships -- that person will have a very difficult time succeeding at vocational rehabilitation, recovery and sustained employment. At the risk of over-simplification, it is often many of these cloaked issues that interfere with client success.

STRESS COPING ABILITIES SCALE

How effectively one copes with stress determines whether or not stress negatively effects one's recovery, employment, program completion 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 emotional and mental health problems. The Stress Coping Abilities Scale facilitates evaluation of this important area of inquiry (emotional and 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 most client 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, treatment plan and prognosis.

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 Alienation (PD 4A), Social Alienation (SCIA), Social Maladjustment (SOC), Manifest Hostility (HOS), Suspiciousness/Mistrust (TSC-VII), Authority Conflict (AUT), Resentment-Aggression (TSC-V), and Tension/Worry (TSC-VIII). 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 SAI. A straightforward approach is recommend. 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 court 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

Welfare recipients 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 SAI

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

CONTROL OF SAI REPORTS

SAI 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 SAI report to read. Instead it is recommended that staff review SAI results with the respondent, but does not give the SAI report to the client to read. SAI test booklets and reports are privileged, highly sensitive and confidential. **No SAI-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**.

The Self-Assessment Index (SAX) answer sheet requests information regarding clients' alcohol and drug arrests history, as well as the number of treatment programs they have attended. SAI research has demonstrated that clients' history of alcohol and drug arrests significantly correlates with their scale scores for the Alcohol Scale and Drug Scale, respectively. Also significantly correlated with Alcohol and Drug scale scores is attendance in alcohol or drug treatment programs. Incorporating arrests and treatment information into scoring procedures ensures that each client's risk range score will reflect, as accurately as possible, their "true" risk, thereby reducing the chance of missing clients who try to "beat the system." When Alcohol and Drug scale scores are largely due to arrest or treatment information a statement to that affect is printed on the client's SAI report in the Significant Items section of the report. If the client does not have any history of arrests or treatment then the Alcohol and Drug scales are scored in their usual manner, i.e., adding up the number of deviant responses on each scale.

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. 5). It gains you nothing to make the client angry or defensive by saying "you weren't truthful." It helps to discuss the "example" you select for clearer understanding. 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 SAI. The SAI is written at a medium to high 5th grade reading level. A very resistant, angry or defiant person is usually not testable at that time. 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 been inadvertently reading 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 SAI (and we estimate that 9 percent will) consideration should be given to a retest so that accurate SAI scale scores are obtained.

HOW DOES THE SAI 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 SAI is designed to guard against response sets. When 95 percent of SAI 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 (all answers are false) would result in an elevated (91st percentile or higher) Truthfulness Scale score, whereas a positive response set (all answers are true) 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 SAI Computer Operating Guide or manual. We recommend you use "data input verification."

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 Alcohol Scale, Drug Scale and Work Index 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.

MULTIPLE CHOICE ITEMS

The last sequence of multiple choice questions 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 SAI 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.

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 SAI report is modified due to the extremely inaccurate test protocol. And in place of the scale description or paragraphs explaining the scale score, 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.