TII

Treatment Intervention Inventory and the TII-Juvenile

Training Manual

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Preface

Over the past decade we have witnessed dramatic changes in health care systems -- particularly in mental health and chemical dependency counseling agencies. There is now emphasis upon accurate problem identification and documented intervention or treatment. Decisions regarding intervention, changes in patient status, and continuation of treatment are subject to review. Provider accountability, utilization review and substantiation of decision making are here to stay.

The Treatment Intervention Inventory (TII) was developed to help meet these needs. TII research and development began in 1980 and has continued to the present. By merging the latest in psychometrics with computer technology, the TII provides an objective assessment which can corroborate treatment decisions.

The TII is an automated (computer scored) self-report test that can be given on the computer screen (monitor) or in paper-pencil format. Regardless of how the TII is administered, all TII tests are computer scored. Reports can be available on-site within three minutes of test completion.

In 1996 a juvenile version of the TII was completed. To distinguish between the adult version (TII) and the juvenile version (12 to 18 years) the acronym TII-Juvenile was adapted. The TII-Juvenile can be completed in 30 minutes. The nine scales in the TII have been kept in the juvenile version. The nine TII-Juvenile scales include: **1.** Truthfulness, **2.** Self-Esteem, **3.** Family Issues, **4.** Anxiety, **5.** Depression, **6.** Distress, **7.** Alcohol, **8.** Drugs and **9.** Stress Coping Abilities Scale. The same training manual is used for both the TII and the TII-Juvenile. Rather than keep referring to the TII and the TII-Juvenile, acronym TII shall apply to both the Treatment Intervention Inventory (TII) and the TII-Juvenile in this document.

The purpose of this manual is to describe the TII (and TII-Juvenile) while explaining how they work. As noted earlier references to the TII shall apply to both the TII and the TII-Juvenile.

TII and TII-Juvenile

In response to Professional Online Testing Solutions, Inc. test users requests the adult Treatment Intervention Inventory (TII) was revised for troubled youth (12 to 18 ± years) use. In 1996 a juvenile version of the TII was completed. The acronym TII-Juvenile is used to distinguish between the TII and the TII-Juvenile. Both TII and the TII-Juvenile incorporate the nine measures (scales): **Truthfulness, Anxiety, Depression, Self-Esteem, Stress Coping Abilities, Alcohol, Drugs, Family and Distress Scales.** The unique features discussed in this manual apply to both the TII and the TII-Juvenile.

Treatment Intervention Inventory (TII) & TII-Juvenile

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Product Description

The Treatment Intervention Inventory (TII) is a brief, easily administered and automated (computer scored and interpreted) test specifically designed for program intake, referral and post-treatment comparisons of adult counseling clients.

The TII requires a sixth grade reading level and can be administered in thirty minutes. The TII is a computerized, self-report assessment instrument that is administered and scored on-site. Reports can be available within five minutes of test completion. The TII has been researched and standardized on adult counseling clients.

Within minutes after test completion, the TII can generate an on-site, comprehensive report presenting nine empirically based measures (scales). These comprehensive reports explain attained scale scores and provide specific risk-related recommendations. TII reports also identify "client selected" needs and summarize a "multiple choice items."

The nine empirically based TII scales include**: Truthfulness Scale, Self-Esteem Scale, Anxiety Scale, Depression Scale, Stress Coping Abilities Scale, Family Scale, Distress Scale, Alcohol Scale and Drug Scale.** In addition, the TII includes a Treatment Needs Scale to reflect client perception of need.

The TII helps identify client need, substantiates intervention and referral and provides an objective pre-treatment and post-treatment comparison. **The time referent is thirty (30) days, consequently, the TII can be re-administered at 30 day intervals.**

Computerized assessment is far superior to the outdated practice of manual testing. Hand-scored tests have been notoriously slow and unreliable. In marked contrast, Professional Online Testing Solutions, Inc.' automated assessment instruments improve accuracy, save staff time and are cost effective. This dramatically improves the chances of successful intervention and treatment.

Nine Empirically Based Measures

The Treatment Intervention Inventory (TII) contains nine (9) empirically based measures called scales. These nine scales include:

1. TRUTHFULNESS SCALE: The Truthfulness Scale measures how truthful the client was while completing the test. This scale identifies self-protective, guarded and defensive people who minimize or even conceal information.

2. SELF-ESTEEM SCALE: This scale reflects a person's explicit valuing and appraisal of self. It incorporates an attitude of acceptance-approval versus rejection-disapproval.

3. ANXIETY SCALE: This scale measures nervousness, apprehension and somatic correlates of anxiety. The Anxiety Scale score varies directly with self-reported symptoms.

4. DEPRESSION SCALE: Depression is a dejected or self-depreciating emotional state that varies from normal to pathological. This scale measures depression, melancholy and dysphoria.

5. STRESS COPING ABILITIES SCALE: This scale measures a person's experienced stress in comparison to their coping abilities. It measures how well the client copes with stress.

6. ALCOHOL SCALE: Alcohol is a significant problem in our society. This scale measures client alcohol use and abuse. Alcohol-related problem risk is presented.

7. DRUGS SCALE: Drugs refers to marijuana, cocaine, crack, LSD, heroin, etc. This scale measures client drug use and abuse. Drugs refers to illicit

8. DISTRESS SCALE: Measures experienced trouble, pain, worry, sorrow, discomfort and distress. Distress involves mental or physical strain.

9. FAMILY SCALE: Measures family stability, problems and concerns. Client rates their own family and relationship stability versus problems.

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These 9 scales are included in both the adult TII and the juvenile version or TII-Juvenile. The adult TII has been modified for juvenile (12 to 17 years) assessment. The acronym TII will be used generically to apply to both the TII and the TII-Juvenile.

Risk Level Classification

Each TII scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the nine empirically based scales as follows:

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

Truthfulness Scale

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

Validity

Definition: Within the context of assessment, **validity** is a general term for accuracy of measurement. Valid test results are essentially free from error. They are accurate. In contrast, invalidity refers to distortion of test results due to errors in measurement. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, reading impairments, etc. An invalid tests results are distorted and not accurate.

When handed a TII report, staff should check the Truthfulness Scale score. If the Truthfulness Scale score is below the 70th percentile -- test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentiles are likely valid, but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are usually invalid.

Truth-Corrected Scores

Another sophisticated psychometric technique involves "truth-corrected" scores which are individually calculated for each of the nine TII scales every time a test is scored.

The Truthfulness Scale established how truthful the client was while completing the TII. Correlations between the Truthfulness Scale and all other scales have been statistically determined.

This procedure enables the TII to identify the error variance associated with untruthfulness and then apply it to each scale score, resulting in Truth-Corrected scores. Raw scores may only reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide. Truth-corrected scores are more accurate than raw scores.

Professionals across the country have endorsed the benefits of truth-corrected scores, calling it a "high tech solution to a very common down-to-earth need." This methodology is easy to use because the computer does all the work, actually calculating these 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. They are considered by many as essential to any self-report test.

Self-Esteem Scale

The Self-Esteem Scale consists of antonyms (opposite terms) which are rated on a five-point scale for self-description. This provides a rapid and accurate self-rating. Guilford (1954) and Garner (1960) noted that reliability of rating scales tends to be proportional to the number of scale points. Derogatis (1977) noted that self-perceptions of symptoms and personal problems are typically finite and established a 5-point scale in the SCL-90R. The TII employs a 5-point scale in the 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.

One of the earliest systematic applications of the antonym checklist methodology was that of Hartshorne and May (1930), who established 80 pairs of antonyms representing four types of conduct: honesty, service, persistence and inhibition. In 1936, Allport and Odbert published their monograph on trait names. R.B. Cattell (1943, 1946) in his early factorial studies of personality structure identified "12 primary source traits of personality." By the end of 1952, the Adjective Checklist was in its current 300 item format. Although trait ratings can be very useful, distinctions among traits can become blurred as more traits or factors are included. Also unilateral selection of adjectives may not be sufficiently sensitive to individual nuances or differences between one person and another. For these reasons, 50 antonyms were included in the TII that were derived in a rational manner for one trait, i.e., self-esteem, and a 5-point rating system was developed for rating each pair of antonyms. The rating scales bilateral rating is a unique and innovative feature. Self-esteem was selected as the construct to be measured because of its clinical importance.

Anxiety Scale

Anxiety is an unpleasant emotional experience characterized by non-directed fear. 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.

The Anxiety Scale provides a quantitative score that varies directly with client's self-reported symptoms. The presence, severity and magnitude of these symptoms is measured by clients answers.

Two symptom clusters--anxiety and depression--are clinically significant and consistently defined in clinical literature. Anxiety and depression represent the most commonly reported symptoms of distress in clinical and counseling settings. The interaction or blending of these symptoms clusters is evident in the definition of dysphoria, i.e., a generalized feeling of anxiety, restlessness and depression. Perceived distress represents the major reason people seek help or are referred for counseling and assistance.

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.

The Depression Scale reflects common symptoms and concerns. It provides a quantitative score that varies directly with client's self-reported symptoms and concerns.

Anxiety and depression are not mutually exclusive as any given case may represent both symptom clusters. For these reasons separate scales are included in the TII for anxiety and depression.

Stress Coping Abilities Scale

This scale measures the client's ability to cope with stress. How effectively one copes with stress determines whether or not stress affects one's overall adjustment. Stress exacerbates other symptoms of emotional, substance abuse and adjustment problems. Markedly impaired stress coping abilities are frequently correlated with identifiable mental health problems. Thus, the Stress Coping Abilities Scale facilitates evaluation of this important area of inquiry in a non-offensive and non-intrusive manner. A Stress Coping Abilities Scale score at or above the 90th percentile warrants consideration of a more comprehensive psychological evaluation.

The Stress Coping Abilities Scale is much more than just a measure of stress. It measures how well the client copes with stress. Two people can be in the same stressful situation, however, one person is overwhelmed and the other person handles it well. The Stress Coping Abilities Scale accounts for these different reactions to stress.

The Stress Coping Abilities Scale correlates significantly (.001 level of significance) in predicted directions with the following MMPI scales: Psychopathic Deviate (Pd), Psychasthenia (Pt), Anxiety (A), Manifect Anxiety (MAS), Ego Strength (ES), Social Responsibility (RE), Social Alienation (PD 4A), Social Alienation (SCIA), Social Maladjustment (SOC), Authority Conflict (AUT), Manifest Hostility (HOS), Suspiciousness/Mistrust (TSC-III), Resentment-Aggression (TSC-V), and Tension/Worry (TSC-VII). Stress exacerbates other symptoms of emotional problems. A high risk (90 to 100th percentile) Stress Coping Abilities score is indicative of markedly impaired stress coping abilities and very likely reflects identifiable emotional and mental health problems.

Alcohol Scale

The Alcohol Scale measures the client's alcohol proneness and alcohol-related problems. Alcoholism is a significant problem in our society. Woolfolk and Richardson noted in "Stress, Sanity and Survival" (1978) that alcoholism costs industry over 15.6 billion annually due to absenteeism and medical expenses. 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. Alcohol proneness, alcohol-related problems and alcohol abuse are evaluated. Alcohol refers to beer, wine and other liquors.

Drug Scale

The burgeoning awareness of the impact of illicit drugs emphasizes the need for any clinical assessment to differentiate between licit and illicit drugs. The Drug Scale is an independent measure of the client's drug-related problems. Without this type of scale, many drug abusers would remain undetected. The TII differentiates between "alcohol" and "drug" use and abuse.

The national outcry in the 1980's concerning cocaine momentarily obscured the fact that a number of other substances are also being abused, including marijuana, crack, cocaine, LSD, heroin, etc. This scale provides insight into areas of inquiry that may need to be pursued in counseling and treatment. The Drug Scale measures drug abuse and drug-related problems. Increased public awareness of drug abuse emphasizes the importance of the Drug Scale in the TII.

Distress Scale

Two symptom clusters -- anxiety and depression -- are clinically significant and consistently defined in clinical literature. Anxiety and depression represent the most commonly reported symptoms of distress in clinical treatment and counseling settings. The interaction or blending of these symptom clusters is evident in the definition of dysphoria, i.e., a general feeling of anxiety, restlessness and depression. **Perceived distress represents the major reason people seek help or are referred for counseling and treatment.**

Family Issues Scale

Family stability, problems and concerns are rated by the client. Client's rate their own family interactions and interpersonal relationships. This scale assesses one's family on a continuum from stable (no perceived problems) to problem oriented. Family relationships are often important in terms of treatment planning, therapeutic involvement, emotional support of endeavor and outcome. Family relationships represent important areas of inquiry in counseling and therapeutically oriented treatment programming.

Treatment Needs Scale

This scale includes a broad range of counseling and treatment options available in the community. Clients simply identify programs they would like to continue in or believe they would like to pursue. Treatment Needs represent a broader categorization of problem areas and concerns. Many people have more than one problem or concern, consequently, the client can select several options or programs from the 26 listed.

The Treatment Needs Scale obtains the client's opinion regarding needed or desired counseling and treatment options. Thus, the client's opinion can be compared with their empirically based TII scale scores. As noted earlier, "It is the patient's opinion with all its biases that is most relevant for the initiation and maintenance of treatment." The Treatment Needs Scale solicits and reports client opinions regarding assistance, counseling and treatment. The client's perception, opinion and motivation regarding counseling, intervention and treatment can not be excluded from the assessment process.

Staff Members Should Not Take the TII

Sometimes a staff member wants to simulate the client taking the TII. It is strongly recommended that staff do **not** take the TII. The TII 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 TII profile.

Control of TII Reports

Treatment Intervention Inventory (TII) reports contain confidential information. Some of the vocabulary may be misunderstood by the client and others. For these reasons the client should **not** be given his/her TII report to

read. **Instead we recommend a staff person review TII results with the client, but does not give the TII report to the client to read.** The client should **never** be allowed to remove a TII test booklet or report from the premises. TII test booklets and reports are privileged, highly sensitive and confidential.

Check Answer Sheet 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 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 instructions, and 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 these items were omitted to avoid admitting a "negative" response.**

Present, Past or Future Tense

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

Special Modified Report, or 99th Percentiles

When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words the TII report is modified due to the extremely inaccurate test protocol. And in place of the scale descriptions or paragraphs explaining scale scores, a one-page explanation of validity - invalidity is printed. A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 90th percentile. This modified report dramatizes the extremely high Truthfulness Scale score (95th percentile or higher). We will await user feedback before deciding to implement this 99th percentile procedure for Truthfulness Scale scores at the 90th and above percentile score.

Accurate - Inaccurate Profiles

The term "inaccurate" is being used instead of invalid. The term validity refers to accurate assessment. In contrast, invalidity refers to distortion of test results due to clients attitude, reading abilities, minimization of problems, reading things into the questions, denial and faking. However, many people do not understand the terms valid or invalid. Consequently we are substituting the terms **accurate** and **inaccurate** for valid and invalid.

Inaccuracy is defined in terms of a client's Truthfulness Scale score being at or above the 90th percentile. **A Truthfulness Scale score at the 90th percentile or above results in inaccurate tests results, and all scale scores should be considered inaccurate.** Yet, different accurate - inaccurate TII profiles can be identified. Five examples are discussed.

Example #1. An elevated (at or above the 90th percentile) Truthfulness Scale score with all other scale scores at or above the 90th percentile. This profile is often associated with impaired reading skills, acute emotional turmoil, or a very deviant response set . . . Further inquiry is needed with the client before deciding whether to retest. If emotionally upset, you may want to settle the client down before retesting. Although rare, some client's do not take the testing situation seriously and randomly respond. Regardless of the reason this TII profile is inaccurate and invalid.

Example #2. An elevated Truthfulness Scale score with at least one other scale score above the 69th percentile and one other scale score below the 40th percentile. This may be an accurate profile where the client was either inadvertently "reading things into the questions" or attempting to be "absolutely honest" . . .

After reviewing the instructions with the client this person would likely be retestable. However, a "focused interview" may be all that is needed to complete this assessment.

Example #3. An elevated Truthfulness Scale score with all scale scores at or below the 39th percentile. This client was attempting to minimize problems and "look good" but was detected by the Truthfulness Scale . . . **This is a classically invalid profile.** This client can be expected to be defensive and manifest denial. A direct approach is recommended, e.g., you were either attempting to minimize your problems or you were reading things into questions that weren't there. Retest would be contingent upon the client's attitude.

Example #4. A low risk Truthfulness Scale score with other scale scores variable is usually considered a valid profile. However, in very rare cases this represent a "test wise" client or staff member playing "beat the test." Earlier it was noted the TII was not standardized on staff and it was recommended they do not take the TII. Yet, some do. And it would be very rare or unusual for a client to be that "test wise." First year college students in psychology classes were asked to "lie but don't get caught" and were detected. This respondent's motivation needs to be established in interview.

Example #5. In very rare instances a client might answer all test items true or false. If all items are answered true the Truthfulness Scale would automatically be set to the maximum score. This response set is very rare. Similarly, **if all items were answered false** the Truthfulness Scale score would be very high. The very high Truthfulness Scale score shows the test protocol is inaccurate or invalid . . . Should either of these situations occur, straightforward inquiry is all that is usually needed to clarify the matter. Contingent upon the client's attitude, retesting might be considered after the oral instructions are reviewed.

Oral Instructions

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

"This questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. There are no trick questions or "hidden meanings." Your court records may be checked to verify the accuracy of your answers. Please answer all the questions honestly. Just answer each question truthfully.

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience and intent. Your example should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the client.

"Last week a client told me while taking the MMPI that he could not answer this question true or false. 'I am attracted to members of the opposite sex.' When asked why, the client replied, 'If I answer true you will think I am a sex maniac. If I answer false you will think I am a homosexual.' I told the client that this item does not ask about being a sex maniac or homosexual. It simply asks if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals you were answering different questions. Do not read anything into these questions that isn't there, because if you do, you will invalidate the test and you may have to take it over. Simply answer the questions true or false. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

Significant Items

Significant items are self-admissions or important self-report responses. Significant items are identified for reference. Sometimes they help in understanding the client. **Significant items alone do not determine scale scores.** Significant items are listed at the end of the TII report for the Alcohol, Drug, Violence and Antisocial Scales.

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 TII 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 the client's subjective attitude and motivation with their empirically based objective scale scores.** For example, a client may report "no problem" with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 90th percentile (severe range) score.

Test Data Input Verification

This procedure allows the person that is inputting the test data from the answer sheet into their computer to verify the accuracy of their data input. **In brief, the test data is input twice and any inconsistencies between that first and second data entries are highlighted until corrected.** When the first and second data entry match (or are the same) you may continue. This data input verification procedure is optional.

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

When you enter a test you may choose to perform the test data input verification procedure after all the test data has been entered. A message is displayed asking if you want to "verify" data input. **Type "y" for "yes" if you want to perform test data input verification, or type "n" for "no" and you will return to the main menu.**

Delete Client Names, Confidentiality

Professional Online Testing Solutions, Inc. encourages test users to delete client names when their evaluations are done. This proprietary "name deletion" procedure ensures client confidentiality and compliance with HIPAA (Federal Regulation 45 C.F.R. 164.501).

Please distribute this manual to all staff involved with the TII.

Thank You