



Treatment Intervention Inventory



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Scale Interpretation Treatment Intervention Inventory

Scale Description

Scale Interpretation

Test Features

Applications

- Counseling and psychotherapy intake.
- EAP, HMO and agency referral programs.
- Program intake screening and evaluation.
- Adult evaluation, counseling and treatment agencies.

Description

The Treatment Intervention Inventory (TII) is designed for treatment referral and treatment intake. The TII consists of 162 items and can be completed in 35 minutes. The TII is an automated (computer scored) self-report assessment instrument or test. It is administered and scored on-site with reports available within 3 minutes. The TII is a

clinical test that assesses anxiety, depression, self-esteem, distress, substance (alcohol and other drugs), use and stress handling abilities while concurrently exploring family issues.

The TII is a test whose results can be used for program intake and/or referral for treatment. The TII provides an objective assessment of the client's situation and needs. It can be administered at intake, follow-up intervals and discharge. It's also appropriate for use in EAP, HMO and other screening-and-referral programs.

In addition to establishing client truthfulness and substance (alcohol and other drugs) involvement, the TII measures important counseling, treatment, recovery and relapse indicators. The TII provides a sound empirical basis for decision-making.

There have been several reviews of the poor performance of the interview and its paradoxical lack of reliability and validity. Interviews are at the mercy of client untruthfulness, denial and problem minimization. In contrast the TII Truthfulness Scale measures client truthfulness, identifies denial, quantifies problem minimization and reveals faking. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client may be trying to hide.

The Treatment Intervention Inventory (TII) was developed specifically for client screening and treatment intake. It is much more than just another alcohol or drug test. It measures important attitudes and behaviors overlooked by other screening tests.

Nine TII Scales

- 1. Truthfulness Scale:** measures how truthful the client was while completing the TII. This scale identifies denial, problem minimization and attempts to fake good.
- 2. Anxiety Scale:** measures nervousness, apprehension and somatic correlates of anxiety. This score varies directly with experienced symptoms.
- 3. Depression Scale:** measures dejected or self-deprecating emotional states that vary from normal to pathological. Melancholy and dysphoria are assessed.
- 4. Self-Esteem Scale:** reflects a person's explicit valuing and appraisal of self. It incorporates an attitude of acceptance-approval versus rejection-disapproval.
- 5. Distress Scale:** measures experienced pain, worry, sorrow and distress. Distress can involve both mental and physical strain. Distress is a common reason for people seeking counseling.
- 6. Family Issues Scale:** measures family stability, problems and concerns. The clients rate their own family and relationship stability.
- 7. Alcohol Scale:** measures the client's alcohol proneness and the severity of alcohol-related problems. Alcohol refers to beer, wine and other liquors.

8. **Drugs Scale:** measures illicit drug proneness and drug-related involvement. Drugs refer to marijuana, crack, cocaine, amphetamines, barbiturates and heroin. This scale measures the severity of drug use and abuse.
9. **Stress Coping Abilities Scale:** measures experienced stress in comparison to stress coping abilities. The scale measures how well the client copes with stress. Stress exacerbates emotional and mental health symptomatology. A Stress Coping Abilities Scale score at or above the 90th percentile identifies the presence of an established emotional or mental health problem.

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TII SCALE INTERPRETATION

There are several levels of Treatment Intervention Inventory (TII) interpretation ranging from viewing the TII as a self-report to interpreting scale elevations and scale inter-relationships.

The following table is a starting point for interpreting TII scale scores.

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

With reference to the above table, a problem is not identified until a scale score is at the 70th percentile or higher. **Elevated scale scores** refer to percentile scores that are at or above the 70th percentile. **Severe problems** are identified by scale scores at or above the 90th percentile. Severe problems represent the highest eleven percent (11%) of clients evaluated with the TII.

SCALE INTERPRETATION

The Treatment Intervention Inventory (TII) has been normed on thousands of clients. The TII measures a wide variety of attitudes and behaviors that are important for understanding troubled people.

Truthfulness Scale: measures how truthful the client was while completing the TII. The Truthfulness Scale identifies guarded and defensive people who attempt to “fake good.” **Score at or below the 89th percentile means that all TII scale scores are accurate.** Truthfulness Scale scores in the 70 to 89th percentile are accurate, yet they do reflect attempts to appear in an overly favorable light. If not consciously deceptive,

clients with elevated Truthfulness Scale scores are uncooperative, fail to understand that item or have a need to appear in a good light. Truthfulness Scale scores at or above the 90th percentile mean that all TII scale scores are inaccurate (invalid) because the client was minimizing problems or attempting to “fake good.” These scores represent the extreme and show that the client’s denial was so extreme that he/she invalidated the test.

One of the first things to check when reviewing a TII report is the Truthfulness Scale score. Truthfulness Scale scores override all other TII scale scores. Elevated Truthfulness Scale scores do not occur by chance. Indeed, a definite pattern of deviant Truthfulness Scale item responding is necessary to obtain an elevated score. The Truthfulness Scale score is evaluated independently and then overlaid across all other TII scale scores. Many evaluators now understand the importance of a Truthfulness Scale in their tests. Truthfulness Scales make accurate and meaningful assessment possible.

Anxiety Scale: measures a client’s fear, apprehension and worry. Anxiety is a complex term and is often described as having cognitive, somatic, emotional and behavioral components. When anxiety is frequent and intense it is maladaptive. Chronically recurring anxiety that seriously affects one’s life maybe clinically diagnosed as an anxiety disorder. A person scoring in the severe problem (90 to 100th percentile) range on the TII Anxiety Scale might be referred to a mental health professional for a diagnosis and treatment plan. Regardless of this individual’s other problems, their anxiety state should be treated.

Client’s scoring in the problem risk (70 to 89th percentile) range on the TII Anxiety Scale are typically experiencing fear, apprehension and worry. Although not incapacitating these anxiety states are unpleasant and can be stabilized with medication. Counseling might be another consideration. Or the client might benefit from the National Institute of Anxiety and Stress self-study course.

What’s interesting is that testing, assessment or an evaluation helped identify the problem and its intensity thereby facilitating an appropriate referral that would be in the client’s best interest. Admittedly, this example is rather straightforward, but it does illustrate the advantages of assessment driven treatment. The anxiety state was recognized so treatment (counseling, relaxation techniques or pharmacological medication) could be initiated. The Anxiety Scale can be interpreted independently or in combination with other TII scales.

Depression Scale: measures the severity of depression. Depression is a complex term. Some assessors use the terms “depressed mood” which refers to a state of non-clinical melancholia, whereas others refer to “clinical depression” which is disruptive to a person’s social functioning and activities of daily living.

Depression Scale scores in the problem risk (70 to 89th percentile) range are more characteristic of a depressed mood, yet they could be symptomatic of the early stages of a

clinical depression. A severe problem (90 to 100th percentile) Depression Scale score is indicative of a clinical depression and the client might be referred for a psychological examination.

The Treatment Intervention Inventory (TII) Depression Scale illustrates how “screening” works. For example, a test like the TII is administered to a group of people (clients) for the purpose of separating out those with problems (in this example depression). The TII also establishes “problem severity” so that it can be matched to “treatment intensity.” For example, clients that score in the Problem Risk (70 to 89th percentile) range could be referred to low intensity treatment programs like outpatient counseling, group treatment or prescribed medication. Then clients scoring in the Severe Problem Risk range on the Depression Scale could be referred for a psychological evaluation and/or more intensive treatment like intensive outpatient, inpatient treatment or medically supervised medication.

As with all TII scales the higher the score the more severe the problems. Concurrently elevated scales, particularly in the severe problem (90 to 100th percentile) range are a malignant sign and contribute to problem complexity. An elevated Depression Scale score with any “clustering” of elevated Anxiety, Self-Esteem or Distress Scale scores is particularly problematic regarding suicidal ideation. An elevated Depression Scale score would be of concern because substance abuse impairs judgment and can exacerbate symptomatology. An elevated Family Issues Scale would provide “contributing factors” insight. Impaired stress coping abilities would only further increase problem severity. The Depression Scale can be interpreted independently or in combination with other TII scales.

Self-Esteem Scale: measures the client’s explicit valuing and appraisal of self. Self-Esteem incorporates an attitude of self acceptance – approval versus rejection – disapproval. Self-acceptance includes recognition of one’s personal abilities along with acceptance of personal limitations. Lack of self-acceptance is problematic.

An elevated (70 to 89th percentile) Self-Esteem Scale score reflects a disapproving and rejecting attitude towards self to the extent that is interfering with the client’s self-actualization and adjustment. A Severe Problem (90 to 100th percentile) Self-Esteem Scale score reflects extreme self-alienation, feelings of worthlessness and sometimes psychic pain. Extreme self-rejection and disapproval are present. Extremely negative self-esteem can immobilize a person personally and socially.

An elevated Self-Esteem Scale score and concurrently elevated Anxiety, Depression and/or Distress Scale scores emphasizes the depth of this client’s problems. Consequently, elevated substance (alcohol and other drugs) abuse scale scores make the prognosis worse. The intent here is not to discuss all possible combinations of co-elevated scale scores as that would be a massive undertaking and time and space limitations do exist. Instead, the intent is to share some awareness as to how these TII

scales can interrelate. As with all TII scales, elevated TII scales, Self-Esteem is a complex construct that would be affected by any other elevated TII scale score. Many evaluators explore the impact of all elevated (70th percentile and higher) scale scores, while others focus on scales whose scores are in the Severe Problem (90 to 100th percentile) range. The Self-Esteem Scale can be interpreted independently, however, when there are also other elevated scale scores most evaluators would explore scale interrelationships.

Distress Scale: measures client discomfort, unhappiness and pain. Distress is one of the most common reasons people initiate counseling. By definition, distressed clients are very concerned, bothered and upset. As with all TII scales, but particularly with the Distress Scale, its magnitude or severity is important. Elevated scores mean that distress is now severe enough to interfere with the client's personal, social, work and life adjustment.

Distress Scale scores in the Problem Risk (70 to 89th percentile) range are problematic. The client is uncomfortable and hurting but does not know why. According to the DSM-IV criteria for depression the client must have a depressed mood, or loss of interest or pleasure in life. Symptoms are many and include changed appetite, disturbed sleep, mental or physical fatigue, feelings of hopelessness, anxiety, overwhelming sadness, decreased self-esteem, suicidal ruminations, excessive use of alcohol or drugs, etc. This list of symptoms indicates how the TII Anxiety Scale, Depression Scale, Self-Esteem Scale, Alcohol Scale, Drugs Scale, and the Stress Coping Abilities Scale interact with the Distress Scale.

Distress Scale scores in the Severe Problem (90 to 100th percentile) range indicate that the client is overwhelmed and desperate. Clustering of elevated scale scores is particularly important when examining Distress Scale scores. The client's profile changes dramatically when Alcohol Scale and/or Drugs Scale score are elevated with Distress Scale score. A general rule is the client's profile becomes more malignant as more TII scales are elevated. The Distress Scale can be interpreted independently or in combination with other TII scales.

Family Issues Scale: measures family stability problems and concerns. The client rates their own family and relationships stability. Family refers to parents, siblings and other residents of the home. Family problems represent a unique, but common adjustment difficulties milieu. Parent-child problems can create family distress. Sometimes there are struggles between siblings. Parental conflict and couple relationships are often problematic. Poor communication, discipline, conflict, lack of closeness, etc. are all possible (all necessary for appropriate referral) we leave "changing the structure of family relationships" and counseling or therapy to treatment professionals. The purpose of the TII is to assist the evaluator in identifying family issues and referring clients as warranted, for help.

An elevated Family Issues Scale score is at the 70th percentile or higher. A Problem Risk (70 to 89th percentile) scale score is indicative of family problems. In brief, this elevated scale serves as a red flag and alerts the evaluator to the presence of family problems. A Severe Problem (90 to 100th percentile) Family Issues Scale score is indicative of severe problems – as perceived by the client. The severity of the Family Issues Scale score influences referral, treatment intensity, like counseling, groups, workshops, couples therapy, family therapy, etc.

Alcohol Scale: measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. Alcohol is a licit substance. An elevated scale score refers to scale scores at or above the 70th percentile. Problem risk (70 to 89th percentile) Alcohol Scale scores are indicative of an emerging drinking problem. Problem risk scores do not occur by chance. An Alcohol Scale score in the Severe Problem (90 to 100th percentile) range identifies serious drinking problems.

Since a history of alcohol problems could result in an abstainer (current non-drinker) attaining a Low to Medium-Risk score, precautions have been built into the TII to correctly identify “recovering alcoholics.” Several TII Alcohol Scale items are printed in the “Significant Items” section of the report. These are self-admission items. Also, in the “Structured Interview” section of the report, client’s answers are set forth for review. **The client’s answer to the “recovery question” item 151 is printed in the TII report for easy reference.** In addition, the elevated score paragraphs in the TII report clearly state that the clients may be a “recovering alcoholic.” Most clients accept the objective and standardized Alcohol Scale score as accurate. This is particularly true when it is explained that elevated score do not occur by chance.

An elevated Alcohol Scale score in conjunction with other elevated TII scale scores exacerbates or magnifies the severity of the “other” elevated scale scores. When both the Alcohol Scale and the Drugs Scale scores are elevated, the higher score represents the client’s substance of choice. When both the Alcohol Scale score and the Drugs Scale score are in the Severe Problem (90 to 100th percentile) range the evaluator should explore polysubstance abuse. The Alcohol Scale can be interpreted independently or in conjunction with other TII scale scores.

Drugs Scale: measures drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, ecstasy, amphetamines, barbiturates, heroin, etc. These are illicit substances. An elevated (70 to 89th percentile and higher) scale score reflects problems. A Problem Risk (70 to 89th percentile) Drugs Scale score is indicative of emerging drug problems. A Drugs Scale score in the Severe Problem (90 to 100th percentile) range identifies serious drug problems. These severe problems usually have a history and pattern of abuse associated with them.

Similar to the Alcohol Scale, a history of drug-related problems could result in an abstainer or recovering (drug history, but not presently using or abusing drugs) drug user

attaining a Low to Medium Risk score. Precautions have been built into the TII report to correctly identify “recovering” drug abusers. Several TII items print as “Significant Items” when admitted to. Other drug-related items are printed in the “Structured Interview” section of the report. **The drug recovering item (#151) is printed in the TII report for easy reference.** In addition, elevated drug scale paragraphs clearly caution that the client may be “recovering.”

An elevated Drugs Scale score in conjunction with other elevated TII scale scores magnifies the severity of the other elevated scale score. When both the Drugs scale and the Alcohol Scale are elevated, the higher score represents the client’s substance of choice. When both the Drugs Scale and the Alcohol Scale are in the Severe Problem (90 to 100th percentile) range, explore polysubstance abuse. The Drugs Scale can be interpreted independently or in combination with other TII scale scores.

Stress Coping Abilities Scale: measures the client’s ability to cope effectively with tension, stress and pressure. This scale goes beyond whether or not the client is experiencing stress. The TII Stress Coping Abilities Scale measures how well the client handles stress. Two people in the same stress situation can handle stress differently. One person might be overwhelmed and the other person may handle stress well.

It is now known that stress exacerbates symptoms of mental and emotional problems. A Stress Coping Abilities Scale score in the Severe Problem (90 to 100th percentile) range very likely indicates the presence of an established (diagnosable) mental health problem. Client’s scoring in the severe problem range on the Stress Coping Abilities Scale could be referred to a certified/licensed mental health professional for a psychological examination and diagnosis.

Lower Stress Coping Abilities Scale scores warrant less intense referral alternatives like a stress management program, whereas more severe scorers would warrant a more intensive treatment referral like a psychological evaluation, diagnosis and treatment plan. The Stress Coping Abilities Scale can be interpreted independently or in conjunction with other elevated TII scale scores

UNIQUE FEATURES

Truthfulness Scale: Identifies denial, problem minimization and faking. It is now known that many clients attempt to minimize their problems. A Truthfulness Scale is a necessary component in contemporary tests. The TII Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, truthfulness studies and experienced staff judgment. The TII Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects the TII Truthfulness Scale is similar to the MMPI’s L and F-Scales. It consists of a number of items that most people agree or disagree with.

Truth-Corrected Scores: Have proven to be very important for assessment accuracy. This proprietary truth-correction process is comparable to the MMPI K-Scale correction. The TII Truthfulness Scale has been correlated with the other five scales. The Truth-Correction equation converts raw scores to Truth-Corrected scores. Truth-Corrected scores are more accurate than raw scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is attempting to hide.

Stress Coping Abilities Scale: measures how well the client handles stress, tension and pressure. And we now know that stress exacerbates emotional and mental health symptomatology. This scale is a non-introversive way to screen for established (diagnosable) mental health problems. A person scoring at or above the 90th percentile on the Stress Coping Abilities Scale should be referred to a certified mental health professional for a more comprehensive evaluation, diagnoses and treatment plan. This important area of inquiry is missed by many other assessment tests.

More than just another alcohol or drug test. In addition to alcohol and drugs the TII assesses other important areas of inquiry like truthfulness, denial and faking, family issues, emotional/mental health problems, etc. The TII is specifically designed for client screening.

Confidentiality: Client names can be deleted. This proprietary name deletion procedure involves a few keystrokes. Once client names are deleted, they are gone and cannot be retrieved. Deleting names does not delete demographics or test data, which is downloaded into the Treatment Intervention Inventory expanding database for subsequent analysis. The “delete names” procedure insures client confidentiality and compliance with HIPAA (federal regulation 45 C.F.R. 164.501) requirements.

Test Data Input Verification: allows the person that inputs test data from the answer sheet into the computer to verify the accuracy of their data input. In brief, test data is input twice and any inconsistencies between the first and second data entry are highlighted until corrected. When the first and second data entry match or are the same the staff person can continue. This proprietary Data Input Verification procedure is optional, yet strongly recommended by Professional Online Testing Solutions, Inc.

For more information

Some evaluator’s want more test-related information than others. If you want more in-depth Treatment Intervention Inventory information visit www.bdsltd.com. Upon entering this site there are navigational links in the left margin. Click on “Tests Alphabetically Listed” and scroll down to the Treatment Intervention Inventory. Click on the test(s) name and you will go directly to its webpage, which contains detailed test-related (description, unique features, research, example report and more) information.

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