



ACDI-Correction Version II



www.online-testing.com

Scale Interpretation ACDI-Corrections Version II

Scale Description

Scale Interpretation

Test Features

Applications

- For juvenile courts and pre-sentence investigation
- Family and juvenile drug courts
- Juvenile (male and female) probation departments
- Juvenile assessment, counseling and treatment agencies/providers
- Juvenile community corrections

The ACDI-Corrections Version II is an automated (computer scored on-site) juvenile assessment instrument or test. It consists of 140 items and takes 25 to 30 minutes to complete. Version II has seven measures (scales): **1.** Truthfulness Scale, **2.** Alcohol Scale, **3.** Drugs Scale, **4.** Violence Scale, **5.** Distress Scale, **6.** Adjustment Scale and **7.** Stress Coping Abilities Scale.

Seven Scales (Measures)

The seven ACIDI-Corrections Version II scales are described as follows:

- 1. Truthfulness Scale:** measures the juvenile's truthfulness while completing the test. It identifies denial, guardedness, problem minimization and faking. The Truthfulness Scale detects attempts to fake good.
- 2. Alcohol Scale:** measures alcohol use, the severity of abuse and the presence of alcohol-related problems. Alcohol refers to beer, wine and other liquors.
- 3. Drugs Scale:** measures illicit drug use and abuse. Drugs refer to marijuana (pot), crack, cocaine, amphetamines, barbiturates and heroin. This scale is independent of the Alcohol Scale.
- 4. Violence (Lethality) Scale:** measures the use of force to injure, damage or destroy. This scale identifies the youth's danger to self and others. Recent adolescent violence concerns contributed to the inclusion of this scale.
- 5. Distress Scale:** measures strain imposed by pain, worry, anxiety, depression, physical torment or suffering. Distress is the most common reason for juveniles to seek counseling.
- 6. Adjustment Scale:** measures the youth's ability to adapt, conform and function. This scale recognizes personal and social stressors at home, school and in authority relationships. It incorporates personal and social forces involved in adapting to one's environment.
- 7. Stress Coping Abilities Scale:** measures the youth's ability to cope with stress, anxiety and pressure. Stress exacerbates symptoms of emotional and mental health problems. This scale is a non-introversive way to screen for the presence of established emotional and mental health problems.

ACDI-CORRECTIONS VERSION II INTERPRETATION

There are several levels of ACIDI-Corrections Version II (Version II) interpretation ranging from viewing the Version II as a self-report to interpreting scale elevations and inter-relationships.

The following table is a beginning point for interpreting ACIDI-Corrections Version II scores.

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 (serious) problems are identified by scale scores at or above the 90th percentile. Severe problems represent the highest 11 percent of juveniles evaluated with Version II. Version II has

been normed on over 45,000 troubled youth. And this Version II sample continues to expand with each Version II test that is administered.

SCALE INTERPRETATION

1. **Truthfulness Scale:** measures how truthful the juvenile was while completing the test. It identifies guarded and defensive youth who attempt to “fake good.” Scores at or below the 89th percentile mean that all Version II scales are accurate. Scores in the 70 to 89th percentile are accurate because they have been Truth-Corrected. Truthfulness Scale scores at or above the 90th percentile mean that all Version II scales are inaccurate (invalid) because the juvenile was overly guarded, manifesting denial, read things into Version II test items that aren’t there, was minimizing problems, or was caught attempting to fake answers. Youth’s with a reading impairment might also invalidate their test with a Truthfulness Scale score in the severe problem (90 to 100th percentile) range. The reason for invalidation can usually be determined with a few questions regarding the juveniles schooling, reading ability and motivation. If not consciously deceptive, youth with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light.

Truthfulness Scale scores at or below the 89th percentile indicate that all other scale scores are accurate. When reviewing a Version II report one of the first things to check is the Truthfulness Scale score. A Truthfulness Scale score at or above the 90th percentile does not occur by chance.

2. **Violence (Lethality) Scale:** measures the juvenile’s propensity for using force to injure, damage or destroy. This scale identifies youth that are a danger to themselves and others. Violence is operationally defined as the expression of hostility and rage through physical force. Violence is aggression in its most extreme and unacceptable form. Elevated scorers are demanding, overly sensitive to perceived criticism and insightful about how they express their anger/ hostility. They often have poor school records and feel emotionally isolated.

Severe problem scorers are typically erratic, angry, easily provoked and dangerous. A particularly unstable and perilous situation exists when the youth manifests an elevated Violence Scale score in conjunction with an elevated Alcohol Scale and/or Drugs Scale score. Here we have increased probability of acting-out behaviors combined with impaired judgment.

In combination with an elevated Violence Scale, an elevated Distress Scale score increases the probability of suicidal ideation. Elevated Adjustment Scale and/or Stress Coping Abilities Scale scores in conjunction with an elevated Violence Scale score provides insight regarding codeterminants and possible treatment alternatives. The more of these scales that are elevated with the Violence Scale -- the worse the prognosis. Elevated scale interrelationships are important when interpreting scale elevations. Any scale scores in the severe problem range should not be ignored and this is especially true of the Violence Scale. The Violence Scale score can be interpreted independently or in combination with other Version II scales.

3. **Alcohol Scale:** measures alcohol use and/or abuse. Alcohol refers to beer, wine and other liquors. An elevated (70 to 89th percentile) Alcohol Scale is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies serious alcohol-related problems.

A history of alcohol-related arrests could result in an Alcohol Scale score in the low or moderate risk range. To determine if the juvenile is a “recovering” alcoholic Version II users should check items #57 (admission to drinking problem), #131 (self-description of drinking) and #133 (the “recovery” question). For reference, other items also could be checked (e.g., #15, 21, 33, 39, 51, 96, 132). Admissions to these items are printed on page 3 of the Version II report.

In conjunction with an elevated Alcohol Scale, an elevated Violence Scale represents a dangerous combination, e.g., a violent predisposition with impaired judgment. When both the Alcohol and Drugs

Scales are elevated, the highest score usually represents the juvenile's substance of choice. When both are in the severe problem range explore polysubstance abuse. An elevated Distress Scale with an elevated Alcohol Scale could reflect emerging suicidal ideation or a frustration - aggressive explosive acting out. A higher Alcohol Scale score may be a focal issue, whereas a higher Distress Scale might be indicative of a troubled youth's attempt to "self-medicate." An elevated Adjustment Scale in combination with an elevated Alcohol Scale helps identify codeterminants. The amplitude of an elevated Stress Coping Abilities Scale score and an elevated Alcohol Scale score are important. An elevated (70 to 89th percentile) Stress Coping Abilities Scale score reflects impaired stress handling abilities and drinking may be of an "escape-avoidance" nature, whereas a score in the severe problem range suggests the presence of an identifiable (diagnosable) mental health disorder. In the latter case drinking may be part of the psychopathology. In summary, the Alcohol Scale can be interpreted independently or in combination with other ACDI-Corrections Version II scales.

4. Drugs Scale: measures illicit drug use and abuse. The Drugs Scale measures the severity of drug abuse. Drugs refer to marijuana, crack, cocaine, ice, LSD, amphetamines, barbiturates and heroin. This scale is independent of the Alcohol Scale described above. An elevated (70 to 89th percentile) Drugs Scale score is indicative of an emerging drug problem. Elevated Drugs Scale scores do not happen by chance. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies severe drug-related problems.

A history of drug arrests could result in a Drugs Scale score in the low or moderate risk range. To determine if the juvenile is a "recovering" drug abuser Version II users should check items #29 (drug use admission), #78 (drug abuse problem) and #133 (the "recovery" question). For reference, other items could also be checked (e.g., #23, 85, 53, 91). Admissions to these items are printed on page 3 of the Version II report.

In intervention and treatment settings the youth's Drugs Scale score helps work through denial. And an elevated Drugs Scale score in conjunction with other elevated Version II scores magnifies the severity of the other elevated scores. For example, an elevated Violence Scale in conjunction with an elevated Drugs Scale score identifies a very dangerous person.

When both the Drugs and Alcohol Scales are elevated, the higher score represents the youth's substance of choice. When both of these scores are in the severe problem range poly-substance abuse is indicated.

An elevated Distress Scale in combination with an elevated Drugs Scale reflects a troubled youth on the verge of being overwhelmed. The height of the Distress Scale is important as scores in the severe problem range can be indicative of suicidal/homicidal ideation. As noted earlier with alcohol, an elevated Adjustment Scale in combination with an elevated Drugs Scale helps identify codeterminants. And the height of an elevated Stress Coping Abilities Scale and an elevated Drugs Scale scores are important. An elevated Stress Coping Abilities Scale score reflects impaired stress coping abilities and drug use may be experimental, whereas a score in the severe problem range points to an identifiable (diagnosable) mental health disorder. In this case (severe problem) drug use/abuse is likely a part of the symptomatology. In summary, the Drugs Scale can be interpreted independently or in combination with other ACDI-Corrections Version II scales. In most cases a drug problem (elevated scale score) magnifies the risk associated with other elevated Version II scale scores.

5. Distress Scale: measures the youth's pain, suffering, anxiety and depression. Distress incorporates unhappiness, dissatisfaction, worry and pain. Distress is the most common reason for juveniles to voluntarily seek counseling. Distress has broad applications in adjustment, intervention, counseling and outcome. And it often serves as the beginning point in clinical inquiry. The magnitude (or severity) of the Distress Scale is important. Elevated scores indicate something is wrong. The youth is concerned, bothered and upset. Distress Scale scores in the severe problem (90 to 100th percentile) range indicate the youth is hurting, on the verge of being overwhelmed and is becoming desperate.

A severe problem Distress Scale in conjunction with any other Version II scale in the severe problem range is a malignant sign and needs to be dealt with carefully. This is the profile of a suicidal/homicidal prone individual. The Distress Scale can be interpreted independently or in combination with other ACIDI-Corrections Version II scales.

6. Adjustment Scale: measures the youth's ability to adapt, conform and function. This scale recognizes personal and social stressors at home, school and in ones peer group relationships. Juvenile adjustment requires modification of the youth's attitudes and behavior. Stressors vary widely from the home and school environment (along with anxiety, frustration and competition) to a myriad of emotion provoking events. When the Adjustment Scale is elevated -- carefully review other Version II scales. Other Version II scales include violence, substance abuse, distress and stress coping abilities.

An elevated Adjustment Scale suggests one level of intervention (e.g., lifestyle adjustment), whereas a score in the severe problem (90 to 100th percentile) range suggests other more fundamental intervention options. An elevated Distress Scale score with an elevated Adjustment Scale score is suggestive of poor emotional morale in a problem prone environmental milieu, e.g., school, home and/or peer group. An elevated Adjustment Scale in combination with an elevated Stress Coping Abilities Scale reflects a troubled youth who doesn't cope well with his environment. In this case the youth might benefit most from stress management training, emotional support of endeavor and lifestyle adjustment. The Adjustment Scale can be interpreted independently or in combination with other ACIDI-Corrections Version II scales.

7. Stress Coping Abilities Scale: measures the youth's ability to cope with stress, anxiety and pressure. It is now accepted that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Coping Abilities Scale score in conjunction with other elevated Version II scales helps explain the youth's situation. When a juvenile doesn't handle stress well other existing problems are often exacerbated.

Such problem augmentation applies to substance abuse, behavioral acting-out and attitudinal problems. And an elevated Stress Coping Abilities Scale score can also exacerbate emotional and mental health symptomatology. When a Stress Coping Abilities Scale score is in the severe problem (90 to 100th percentile) range it is very likely that the juvenile has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional is warranted for a diagnosis, prognosis and treatment plan. The Stress Coping Abilities Scale can be interpreted independently or in combination with other ACIDI-Corrections Version II scales.

* * * * *

In conclusion it was noted that there are several "levels" of ACIDI-Corrections Version II interpretation ranging from viewing Version II as a self-report to interpreting scale elevations and interrelationships. Scale scores can be interpreted individually. Staff can then put Version II findings within the context of the juvenile's life.

Test Features

Truthfulness Scale measures how truthful and open the juvenile was while completing the ACIDI-Corrections Version II. This scale identifies denial, problem minimization and faking. Many troubled youth attempt to minimize their problems. A Truthfulness Scale is a necessary component in contemporary juvenile assessment. The ACIDI-Corrections Version II Truthfulness Scale has been validated with other tests, truthfulness studies and the Minnesota Multiphasic Personality Inventory (MMPI) L and F scales. It consists of a number of items that most juveniles agree or disagree with. This

important scale has been demonstrated to be reliable, valid and accurate. Much of this normative research is reported in the document titled “ACDI: An Inventory of Scientific Findings.”

Truth-Corrected Scores have proven to be very important in enhancing assessment accuracy. This proprietary truth-correction program is comparable to the MMPI K-Scale correction methodology. The ACDI-Corrections Version II Truthfulness Scale has been correlated with the other six Version II scales. The Truth-Correction equation then converts raw scores to truth-corrected scores. Truth-Correction scores are more accurate than raw scores. Raw scores reflect what the juvenile wants you to know. Truth-Corrected scores reveal what the juvenile is trying to hide.

Violence (Lethality) Scale measures the juvenile’s propensity for using force to injure, damage or destroy. It identifies the youth’s danger to self and others. The burgeoning awareness of adolescent violence (lethality) in our society resulted in the inclusion of the Violence Scale in the ACDI-Corrections Version II. When screening violence or lethality potential is important -- we recommend you use the ACDI-Corrections Version II.

Distress Scale measures the youth’s experienced pain, suffering, anxiety and depression. The blending of symptom clusters is clear in the definition of dysphoria, i.e., a generalized feeling of anxiety, restlessness and depression. Distress incorporates unhappiness, dissatisfaction, worry apprehension, etc. The Distress Scale also incorporates items symptomatic of anxiety and depression. Distress has broad applicability in adjustment, intervention, counseling and outcome.

Stress Coping Abilities Scale measures how well the juvenile handles stress, tension and pressure. This scale goes beyond establishing whether-or-not a juvenile is experiencing stress. It determines how well the youth handles or copes with stress. How well a person handles stress can effect their adjustment and mental health. Stress exacerbates emotional and mental health symptomatology. Consequently, this scale is a non-introversive way to screen established (diagnosable) mental health problems. A juvenile scoring at or above the 90th percentile on the Stress Coping Abilities Scale could be referred for a more comprehensive evaluation and diagnosis as warranted. This important area of inquiry is missed by many other juvenile screening instruments.

More than just another alcohol or drug test. In addition to alcohol and drugs the ACDI-Corrections Version II assesses other important areas of inquiry like truthfulness, violence (lethality), distress, adjustment and stress coping abilities. The ACDI-Corrections Version II is designed specifically for juvenile (male and female) assessment. It provides the information needed for understanding juvenile attitudes and behavior.

Advantages of Screening

Screening or assessment instruments filter out individuals with serious problems that may require referral for a more comprehensive evaluation and/or treatment. This filtering system works as follows:

ACDI-Corrections Version II		
Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 - 100%	11%

Reference to the above Risk Range table shows that a problem is not identified until a scale score is at the 70th percentile or higher. These risk range percentiles are based upon the thousands of troubled youth that have taken the ACIDI-Corrections Version II. This procedure is eminently fair and it avoids extremes, i.e., over-identification and under-identification of problems and risk.

Budgetary savings (dollars) would be large with no compromises in needy youth receiving appropriate evaluation and/or treatment services. Indeed, more needy youth would receive help. Without a screening program there is usually more risk of over or under utilization of additional professional services.

Confidentiality: Users are strongly encouraged to delete client names from after they have completed a client assessment. This proprietary "name deletion" procedure involves a few keystrokes and insures client confidentiality. Once clients' names are deleted, they are gone and cannot be retrieved. Deleting client names does not delete demographics or test data, which is downloaded into the tests database for subsequent analysis. This "name deletion" procedure insures confidentiality and compliance with **HIPAA (federal regulation 45 C.F.R. 164.501) requirements.**

Test Data Input Verification: This proprietary program allows the person that inputs the 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 may continue. Use of this data entry verification procedure is optional, yet it is strongly recommended.

Database

The ACIDI-Corrections Version II (Version II) system contains a proprietary built-in database. All of Version II's test data is downloaded into the Version II database. This expanding database allows ongoing research and test program summary features that were not readily available before. Ongoing research insures quality control. Testing program summaries provide for program self-evaluation.

Built-in database. Version II permits ongoing research and annual program summary -- at no additional cost. Advantages of this proprietary database are many and include database (research) analysis and annual testing program summary reports. Annual summary reports provide information that permit testing program review.

Scale Interpretation

For more information

Some evaluator's want more test-related information than others. If you want more in depth ACIDI-Corrections Version II information visit **www.bds ltd.com**. Upon entering this site there are navigational links in the left margin. Click on "Tests Alphabetically Listed" and scroll down to the ACIDI-Corrections Version II. Click on the tests name and you will go directly to its webpage, which contains a lot of test-related (description, unique features, research, example report and more) information.

For more in-depth ACIDI-Corrections Version II information visit www.bds ltd.com