

# Driver Impairment Index

**DII and DII-Dr**

## **Training Manual**

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## **PRODUCT DESCRIPTION**

The **Driver Impairment Index (DII) and the DII-Dr** are DUI violator screening instruments or tests. The DII and DII-Dr were designed specifically for California DUI client screening and are suitable for testing both adult and juvenile (underage) DUI violators.

The Driver Impairment Index (DII) is a DUI violator assessment instrument or test. The DII was designed for California DUI violator screening. DII and DII-Dr reports incorporate two information gathering systems: California's DUI system (number of DUI's, chemical test levels (or refusals) and court enhancements) and the DII Alcohol and Drugs Scales. The DII consists of 64 items or questions, and takes on average 9 or 10 minutes to complete. The DII-Dr contains four scales (Truthfulness, Alcohol, Drugs, and Driver Risk), has 74 items and takes around 12 minutes to complete. DII's and DII-Dr's are scored over the internet with two page reports printed within 2 minutes.

## **TWO CLASSIFICATION SYSTEMS**

### **California's DUI System**

The California DUI system combines an individual's total number of DUI convictions in the last 10 years, chemical test (breath, blood, urine) results (or refusals) and aggravating factors that can result in "sentence enhancements." Sentence enhancements include, but are not limited to, prior DUI convictions, elevated chemical test levels (or refusals), DUI's in double fine zones, bodily injury while the DUI was taking place, a juvenile (14 years of age or younger) in the vehicle, etc. Enhancements are serious DUI-related events that influence the severity of court penalties. The first page of the two page DII report, and the first page of the DII-Dr three page report summarizes the DUI violator's California DUI system status.

### **Alcohol & Drugs Measurement System**

Measurement of DUI violator's alcohol and other drug (licit and illicit) use, and when warranted, severity of abuse is accomplished with the DII's and the DII-Dr's Alcohol Scale and Drugs Scale. Objectively measured alcohol and other drugs use enables decision makers (courts, probation departments, licensed educational and counseling programs staff, and mental health professionals) to match problem severity with counseling-treatment intensity. Individuals with serious and established alcohol and/or drug problems benefit most when placed in intensive counseling and treatment programs. And DUI violators with less severe problems benefit most when placed in less rigorous education and/or counseling programs.

### **Alcohol & Drugs Screening**

The DII's and DII-Dr's Alcohol Scale and Drugs Scale filter out individuals with drinking and drug abusing problems. The filtering system works as follows:

<b>DII: Alcohol &amp; Drugs Scale</b>		
<b>Problem Severity</b>	<b>Problem Range</b>	<b>Total Percent</b>
Low	0 - 39 %	39 %
Medium	40 - 69 %	30 %
Problem	70 - 89 %	20 %
Severe Problem	90 - 100 %	11 %

The above table is a starting point for interpreting DII and DII-Dr Alcohol Scale and Drugs Scale scores. Reference to this table shows that "problems" are not identified until a scale score is at or above the 70th percentile. This methodology also applies to the DII-Dr's Driver Risk Scale. Percentile scores, including the 70th percentile, are determined from standardized DUI violator scores.

Risk range percentages were initially conceptualized from the psychometric literature. Subsequently, they have been endorsed by our peers and test users. When obtained risk range percentages are compared to these cognitively established risk ranges very close approximations are invariably attained. Classifying DUI violators according to pre-defined risk ranges provides an efficient and workable solution to offender risk. The percentage of DUI violators falling into each risk range closely approximates the predicted (cognitively established) percentages.

For example, Alcohol Scale risk ranges are: low risk, zero to 39th percentile; medium risk, 40 to 69th percentile; problem risk, 70 to 89th percentile; and severe problem, 90 to 100th percentile. Low problem severity should be matched with low intensity intervention/treatment programs. And high problem severity should be matched with high intensity intervention/treatment program placement. These "matches" are important for intervention/counseling/treatment success.

### **Matching Problem Severity & Treatment Intensity**

Objective, standardized and computer assisted assessment (screening, evaluation or testing) makes accurate, efficient and timely client screening possible. In most counseling and treatment settings, clients are screened to determine the presence of problems, and if problems are present to measure their severity. Contingent upon these assessment results, clients can then be referred to appropriate levels of intervention or treatment. Like emergency room triage, clients with serious problems are referred to more intensive treatment programs.

It has been shown that placing clients in wrong treatment intensity programs can be detrimental to both the client and society (Andrews, Bonta & Hoge, 1990). When low risk clients were placed in high risk (intensive) treatment programs, low risk clients had a higher likelihood of relapse. Low risk clients are better served in low intensity programs. Similarly, high risk (serious problems) clients benefit most when placed in intensive treatment programs.

This sounds obvious, yet is it? If an evaluator does not use a test containing a Truthfulness Scale, how does that evaluator determine if the client provided accurate and honest information? Some

evaluators maintain that their education and experience enables them to make these determinations. Other evaluators are not so naïve and rely more on test truthfulness measures that have demonstrated reliability and validity. Few would dispute the statement that "many clients" (patients, defendants or offenders) minimize their problems and attempt to "fake good." It is important to know if obtained information is accurate. Only then can we rely upon such information to identify problems and determine their severity. Accurate assessment must be done to refer clients to appropriate counseling and treatment programs.

Automated (computer scored) assessment instruments or tests can establish client truthfulness (while being tested) and concurrently identify problems and their severity. Truthfulness Scales are considered by many as a necessary condition for client placement in intervention and treatment programs that will be most effective for them.

### **TRUTHFULNESS SCALE**

All tests, interviews and questionnaires are subject to the danger of DUI violators not telling the truth. It would be very naïve to believe that DUI violators always truthfully answer alcohol, drugs and DUI related questions. Experienced probation officers, evaluators, mental health professionals and court personnel are acutely aware of DUI violators' reluctance to discuss their substance (alcohol and other drugs) use - particularly in court-related settings.

The Driver Impairment Index (DII) and DII-Dr's Truthfulness Scale measures the DUI violator's truthfulness while completing the DII. This Scale identifies guarded and defensive people that are in denial, attempting to minimize their problems or attempting to "fake good." If not consciously deceptive, DUI clients with elevated (70th percentile and higher) Truthfulness Scale scores are uncommunicative and try to appear in a good light. One of the first things to check when reviewing a DII or DII-Dr report is the Truthfulness Scale score.

Truthfulness Scale scores in the low risk (zero to 39th percentile) range demonstrate the DUI client's sincerity, honesty and truthfulness while completing the DII or DII-Dr. Truthfulness Scale scorers in the medium risk (40 to 69th percentile) range indicate the client is cautious and guarded, yet their answers are truthful. Truthfulness Scale scorers in the problem risk (70 to 89th percentile) range should be dealt with cautiously. Their problem risk score reflects attempts to rationalize, deny and equivocate. These scores are "truth-corrected," consequently these Scale scores are accurate.

One of the first major psychological tests to use a truthfulness measure and truth-corrected scores was the Minnesota Multiphasic Personality Inventory (MMPI), which has become the most widely used test in the United States and likely in the world. The MMPI's truth-correction methodology has been influential in psychometrics ever since. The DII and DII-Dr's Truthfulness Scale has been correlated with the Alcohol Scale, Driver Risk Scale and Drugs Scale. The Truth-Correction equation is similar to the MMPI's truth-correction methodology and converts Alcohol and Drugs Scale raw scores to truth-corrected scores. Truth-corrected scores are more accurate than raw scores. Raw scores may reflect what the client wants you to know, whereas truth-corrected scores reveal what the client is attempting to hide.

Despite truth-correction, these scores (70 to 89th percentile range) should be interpreted carefully. And Truthfulness Scale scores in the severe problem (90 to 100th percentile) range are inaccurate and invalidate the Alcohol and Drugs Scales. This severe distortion is due to the DUI client's

uncooperative attitude, denial, characterological armour, untruthfulness and attempts to minimize his/her problems.

### **ALCOHOL SCALE**

The Alcohol Scale measures alcohol use and the severity of abuse. Scale scores at or below the 69th percentile are not indicative of, nor do they stand for an established pattern of alcohol abuse. A rule of thumb is the higher the Scale score, the more serious the consequences. Thus, an Alcohol Scale score approaching the problem threshold or 70th percentile (e.g., 66, 67, 68 or 69th percentile) is indicative of early stage issues, whereas elevated (70 to 89th percentile) Alcohol Scale scores are representative of emerging drinking problems. An Alcohol Scale score in the severe problem (90 to 100th percentile) range identifies very serious and established drinking problems. DII and DII-Dr Alcohol Scale paragraphs present the DUI violator's Alcohol Scale score, explain what it means, and suggest score-related education-counseling recommendations.

Since a history of alcoholism could result in an abstainer or recovering alcoholic attaining a medium risk score, safeguards have been built into the Alcohol Scale to correctly identify "recovering alcoholics." There is a "recovery" question (#61) that when admitted to states "I am a recovering alcoholic" (item #70 in the DII-Dr). In addition, significant items (direct admissions to alcohol questions) are printed in the alcohol section of the DII-Dr report on page two and page three of the DII-Dr report.

### **DRUG SCALE**

The Drugs Scale measures drug use (licit and illicit) and the severity of abuse. Drug Scale scores at or below the 69th percentile do not signify an established history of serious drug use or abuse. Scores at or below the 39th percentile are descriptive of someone that may have experimented with social drugs. Although 40 to 69th percentile scorers typically don't have a "serious habit" or addiction - they have used drugs socially. The same rule of thumb applies to all DII and DII-Dr scale scores and that is the higher the score the more serious the problem. A Drug Scale score approaching the 70th percentile or problem threshold (e.g., 66, 67, 68 or 69th percentile) is indicative of early stage drug use. Elevated (70 to 89th percentile) scores signal emerging drug abuse problems. And a Drug Scale score in the severe problem (90 to 100th percentile) range identifies very serious drug abuse problems. DUI violator's attained Drug Scale score is set forth in the Drugs Scale paragraph. This score is then explained in terms of what it means and some score-related educational - counseling recommendations are offered.

Recovery drug abuse safeguards are similar to those set in place for recovering alcoholics. The DII recovery question admission "#61. I am a recovering drug abuser" (#70 on the DII-Dr) would be an important admission and printed in the report as a significant item.

When both the Drugs Scale and Alcohol Scale are elevated, the higher score usually represents the DUI violator's substance of choice. When both the Drugs Scale and the Alcohol Scale scores are in the severe problem (90 to 100th percentile) range, polysubstance abuse is likely. The Alcohol Scale and Drugs Scale can be interpreted independently or in terms of their interaction.

## **DRIVER RISK SCALE**

The Driver Risk Scale is a measure of the client's driver risk, independent of their involvement with alcohol or other drugs. This scale is helpful in detecting the abstaining, yet irresponsibly aggressive driver. Some people are simply dangerous drivers. These individuals would benefit from driver education and training. To adequately understand a DUI violator's driving risk it is important to know their driver attitude and aggressiveness.

## **TRUTH-CORRECTED SCORES**

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the three Driver Impairment Index Scales each time a test is scored. The Truthfulness Scale establishes how truthful the client was while completing the Driver Impairment Index. Correlations between the Truthfulness Scale and all other Scales have been statistically determined. This score correcting procedure enables the Driver Impairment Index 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 respondent 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 Driver Impairment Index 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 too 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.

## **PRIOR DUI's AND DUID's**

California has a DUI/DUID period of 10 years, calculated from arrest date to arrest date. This means that anyone arrested for drunk or drugged driving within 10 years of the last arrest date will be charged with a second (third, fourth, etc.) offense, with increased penalties and punishment. The court-imposed penalties for a second or third drunk driving conviction is much harsher than for a first offense.

## **BAC LEVEL**

California's Blood Alcohol Content (BAC) legal limits are 0.04% for juveniles and 0.08% for adults. A BAC of 0.15% is considered excessive. A BAC below legal limits does not necessarily mean that the person tested (breath, blood or urine) is a safe driver. Indeed many drivers are impaired when they have BAC levels lower than the legal limit. The impairments revealed or shown at the time a person is stopped may be enough to convict them of a DUI or DUID even without a BAC measurement.

## **ENHANCEMENTS**

When arrested for a DUI or DUI-D in California, "enhancements" or aggravating factors are taken into consideration at court. Enhancements can increase the penalty awarded by the court.

The DUI violator's age, excessive BAC, and chemical test refusal are just a few of the circumstances that determine driver's license suspension or revocation, jail time, fines, and even probation.

Utilizing "enhancements" to increase the severity of DUI court penalties is consistent with the philosophy that more serious DUI offenses should have more serious consequences. And most people working in the DUI field endorse this logic. However, there are instances when enhancements do not apply, yet the DUI violator has a severe alcohol and/or drug problem. And the opposite situation also occurs wherein enhancements do apply, yet the individual is not an alcoholic or chronic drug abuser. Admittedly such people are intoxicated, drunk, "high" or "under the influence." They should not have been driving and should be punished. Yet, does this person have a serious alcohol or drug problem? The answer to this question is important as it has been shown that matching problem severity with treatment intensity is an important factor in treatment effectiveness. It is suggested that the DII Alcohol Scale and Drugs Scale help answer these questions. Both the Alcohol Scale and the Drugs Scale identify substance use and measure the severity of abuse.

### **ORAL INSTRUCTIONS**

It is now clear that DUI offenders in court-related settings minimize their alcohol and other drug-related problems. They also substantially under-report their alcohol and other drug use. However, the oral instructions to the offender before he or she begins the DII or the DII-Dr are important. A straightforward approach is recommended. For example:

*"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. Please answer all of the questions honestly. It is also important that you do not read anything into the questions that is not there. 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. It 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."*

A few minutes of oral instructions can put the client at ease while providing structure and clarifying expectations. Such procedures can greatly reduce your invalidity ratio while making



the assessment procedure more acceptable to the client. Some agencies type out oral instructions for the staff so that they can have them as a ready reference.

### **PRESENT, PAST OR FUTURE TENSE**

Clients 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.

### **RISK LEVEL CLASSIFICATION**

Each Driver Impairment Index scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the empirically based Scales each time a Driver Impairment Index is scored.

<b>RISK LEVEL CLASSIFICATION</b>	
<b>PERCENTILE RANGE</b>	<b>RISK RANGE</b>
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
<b>70 to 89th percentile</b>	<b>Problem Risk</b>
<b>90 to 100th percentile</b>	<b>Severe Risk</b>

A problem is not identified until a Scale's score (percentile) is at (or above) the 70th percentile. Percentile scores are obtained from a database of DUI client score distributions. **Scores in the 70 to 89th 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 90 to 100th percentile range.** Recommendations are intensified for severe problem Scale scores.

### **STAFF MEMBERS SHOULD NOT TAKE THE ASSESSMENT -TEST**

Sometimes a staff member wants to simulate the client and take the Driver Impairment Index or DII-Dr. **It is strongly recommended that staff do not take the Driver Impairment Index (DII) or the DII-Dr.** The Driver Impairment Index or the DII-Dr are 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 Driver Impairment Index profile.

### **CONTROL OF DRIVER IMPAIRMENT INDEX REPORTS**

Driver Impairment Index 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 the client should not be given his/her Driver Impairment Index report to read. Instead it is recommended that staff review Driver Impairment Index or DII-Dr results with the respondent, but do not give the Driver Impairment Index (DII) or DII-Dr report to the client to read. Driver Impairment Index test booklets and reports are privileged, highly sensitive and confidential. **No Driver Impairment Index-related materials should be allowed to be removed from your office.**

## **RETEST**

When a client's Truthfulness Scale score is at or above the 90<sup>th</sup> 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). It gains you nothing to make the client angry or defensive by saying "you weren't truthful." It helps to discuss the example (oral instructions) presented earlier. 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 Driver Impairment Index (DII) or DII-Dr. The Driver Impairment Index and the DII-Dr are written at a high 5<sup>th</sup> grade to low 6<sup>th</sup> grade reading level. A very resistant, angry or defiant person is usually not testable. 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 inadvertently read things into questions that aren'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 90<sup>th</sup> percentile invalidates that test **and all Scale scores included in the test**. If a client invalidates their Driver Impairment Index or DII-Dr (and we estimate that 10 percent will) consideration should be given to a retest so that accurate Driver Impairment Index Scales scores are obtained.

## **DELETE CLIENT NAMES (CONFIDENTIALITY)**

You have the option to delete client names from your database. Once you delete client names -- they are gone and cannot be retrieved. Deleting client names does not delete demographic information or test data. Deleting client names protects client's confidentiality. This procedure ensures compliance with HIPAA regulation (45 C.F.R. 164.501).

## **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.

## **EXPANDING DATABASE**

A database is a large collection of data in a computer, organized so that it can be expanded, updated and retrieved rapidly for statistical analysis or annual summary reports. A database of test-related information can be very useful.

Driver Impairment Index and DII-Dr tests (without client names) are saved into the DII and DII-Dr expanding databases. Annual database analysis ensures ongoing research and accuracy of assessment. And, the DII and DII-Dr databases enable presentation of ongoing test program summary reports which describe the population that was tested in terms of demographics, assessment accuracy and much more.

### **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 and the Drug 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.

### **SCALE INTERPRETATION**

**Truthfulness Scale:** measures how truthful the DUI violator was while completing the test. It identifies guarded and defensive people who attempt to fake good. Truthfulness Scale scores at or below the 89<sup>th</sup> percentile mean that all DII and DII-Dr scale scores are accurate. When the DII or DII-Dr Truthfulness Scale score is in the 70 to 89<sup>th</sup> percentile range other DII and DII-Dr scale scores are accurate because they have been Truth-Corrected. In contrast, when the Truthfulness Scale score is at or above the 90<sup>th</sup> percentile this means that all DII scales are inaccurate (invalid) because the DUI offender or respondent was overly guarded, read things into test items that aren’t there, was minimizing problems, or was caught faking answers. If not consciously deceptive, offenders with elevated Truthfulness Scale scores are uncooperative (likely in a passive-aggressive manner), fail to understand test items or have a need to appear in a good light. **Truthfulness Scale scores at or below the 89th percentile mean that all other DII scale scores are accurate.** One of the first things to check when reviewing a DII or DII-Dr report is the Truthfulness Scale score.

**Alcohol Scale:** measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquors. An elevated (70 to 89<sup>th</sup> percentile) Alcohol Scale is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100<sup>th</sup> percentile) range identifies established and serious drinking problems. Elevated Alcohol Scale scores do not occur by chance.

A history of alcohol problems (e.g., alcohol-related arrests, DUI convictions, etc.) could result in an abstainer (current non-drinker) attaining a low to medium risk scale score. Consequently safeguards have been built into the DII and the DII-Dr to identify “recovering alcoholics.” **The DUI offender’s answer to the “recovering alcoholic” question (item 61 in the DII and item 70 in the DII-Dr) is printed in the report for easy reference.** In addition elevated Alcohol Scale paragraphs caution staff to establish if the offender is a recovering alcoholic. If recovering, how long? Obviously the DUI offender was arrested for a DUI.

Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse. The highest score usually identifies the offender’s substance of choice.

Scores in the severe problem (90 to 100<sup>th</sup> percentile) range are a malignant prognostic sign. Elevated Alcohol Scale, Drugs Scale and Driver Risk Scale scores identify a particularly dangerous driver. Here you have a person with poor driving skills who is even further impaired when drinking or using drugs.

In intervention and treatment settings the offender's DII or DII-Dr's Alcohol Scale score can help staff work through offender denial. More people accept objective standardized assessment results as opposed to someone's subjective opinion. The Alcohol Scale can be interpreted independently or in combination with other DII or DII-Dr scales.

**Drugs Scale:** measures drug use and severity of drug abuse. Drugs refer to marijuana, ice, crack, cocaine, ecstasy, amphetamines, barbiturates and heroin. An elevated (70 to 89<sup>th</sup> percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the severe problem (90 to 100<sup>th</sup> percentile) range identifies established drug problems and drug abuse.

A history of drug-related problems (e.g., drug-related arrests, prior DUI convictions, drug treatment, etc.) could result in an abstainer (current non-user) attaining a low to medium risk Drug Scale score. For this reason precautions have been built into the DII to insure correct identification of "recovering" drug abusers. Many of these precautions are similar to those discussed in the above Alcohol Scale description. **And the DUI offender's answer to the "recovering drug abuser" question (item 61 on the DII and item 70 on the DII-Dr) is printed in the DUI violator's report.**

Concurrently elevated Drugs and Alcohol Scale scores are indications of polysubstance abuse, and the highest score reflects the offender's substance of choice. Very dangerous drivers are identified when both the Drugs Scale and the Driver Risk Scale are elevated. Any Drugs Scale score in the severe problem (90 to 100<sup>th</sup> percentile) range should be taken seriously. The Drugs Scale can be interpreted independently or in combination with other DII scales.

### **When using the Driver Impairment Index-Dr**

**Driver Risk Scale:** measures driving risk, e.g., aggressive, irresponsible or careless drivers. This scale is independent of the Alcohol and Drugs Scales. Some people are simply poor drivers. Elevated (70 to 89<sup>th</sup> percentile) Driver Risk Scale scores identify problem prone drivers that would benefit from a driver improvement program. **Severe problem (90 to 100<sup>th</sup> percentile) scorers are simply dangerous drivers.** These are high probability accident prone drivers. When the Driver Risk Scale and the Alcohol Scale and/or Drugs Scale are elevated a person's poor driving abilities are further impaired by substance use or abuse. Other tests do not identify abstaining (non-drinking and non-drug use) dangerous drivers.

The Driver Risk Scale provides considerable insight into offender driving behavior and it is overlooked by other DUI tests. The Driver Risk Scale can be interpreted independently or in combination with the Alcohol Scale and Drugs Scale.

### How to Login

With your Username and Password you are now ready to login and begin testing. To login click the LOGIN button in the upper right corner.

Type in your username and password (both are case sensitive). Below these boxes click on the Login button, this takes you to your account page. On your first visit to this page you will see that you have 1 test credit in your account. We give you one free test credit to enable you to familiarize yourself with our tests and our website.

Click on the "Continue" button or the "Account Summary" button to go to your Account Summary Page.

The Account Summary Page shows Account History, Test Credits Used and Test Credits Available.

There is a drop down box to show the list of available tests and a link to print test booklets and answer sheets.

### How to Administer a Test

Before you proceed, please be aware that there are *two test administration options on this page*.

#### 1. Paper/Pencil Test Administration

*The first option* is to print the test booklet and answer sheet, both of which are available in English and Spanish. The client then answers the questions on the answer sheet in pencil. The paper/pencil test administration option allows you to test in groups which can save considerable time. Some evaluators do not want to tie up their computers administering tests and prefer paper/pencil testing. When testing is completed the answer sheet data is entered on the screen and a report is generated and may be printed while online.

If the paper/pencil method is selected, click on the "Print Test Booklets" link on the screen and print the test booklet and answer sheet; both are available in English, Spanish and other languages.

#### 2. Online (Internet) Test Administration

*The second option* is online (on the screen) test administration. This allows the client to sit at the computer and answer the test questions on the screen. Regardless of how tests are administered, all tests are scored and reports generated and printed while online.

Click on the name of the test to be administered. This takes you to the Main Menu page for the test selected.

#### 3. Optical Scanner Scoring

High volume DUI screening agencies have the option of optical scanner scoring. To meet this need the DII and DII-Dr have been programmed for optical scanner scoring via the online testing platform. However, it should be noted that this administration mode does require special

equipment (scanner) and customized answer sheets. Yet, it does provide fast and efficient scoring and generation of automated reports.

### **How to Score a Test and Print a Report**

*When you have selected your preferred method of test administration* click either "Administer Test to Client" (in which case the client will enter his/her answers on the screen), or "Enter Test from Answer Sheet" (client will use the paper/pencil method).

The next screen will be "Client Information" (name, age, sex, education etc.). When you have completed this information, click the "Information Correct" button which will take you to the "Court History" page. Depending on the test you have chosen, some tests have a court history section, some do not. Each screen allows the option to choose "Cancel" or "Information Correct" to proceed.

After completing Court History, the next screen is for client answers to the test questions. If the client has used the on-screen method, the questions and answers will be displayed to the client on the screen. If the paper/pencil method was used to test the client, you may enter the answer sheet data at your convenience by typing 1 for true, 2 for false, etc. For multiple choice questions, enter 1, 2, 3 or 4.

Again, this screen allows the option to choose "Cancel" or "Information Correct." If "Information Correct" is chosen the option is still available to cancel or abort the entry and not charge the account. At the end of the test a notice will appear alerting you that one test credit is about to be used. To save the test record to the database click "Yes." To cancel or discard the test entry, click "No." ***When "Yes" is selected, your account will then be charged 1 test credit.*** You will be asked to provide your password or the secret code (lower case y) to save a test.

Highlight the client's name and click on the "Supervisor Options" button to proceed to that client's supervisor options page. Here you can print the report, verify the answer sheet data entered and delete the client's name. The default page that appears is the Print Report page. To print the report, click the "Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

In summary, procedures are designed to be concise, easily followed and swiftly executed, so that they will not detract from test administration.

The test administration is now complete. However, you are still in the test Main Menu screen and if you wish to administer another test, click on the "Account Summary" link on the right of the screen. This will take you back to your account summary page where you may check for available test credits, purchase additional test credits, select other tests to administer or edit previously administered tests. Otherwise just close your browser window to exit the website.

### **How to Verify Data Entry**

The Verify Data Input procedure allows you to enter the answers a second time for any particular client. This feature insures that the responses are input into the computer correctly.

From the main menu select the client's name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled "Verify Data Entry" and then click on the "Continue" button. You will now be presented with the answer grid so that you can re-input the answers.

As you input each answer, the computer will verify that it matches the answer you originally entered. If it does, the computer will automatically move on to the next response. However, if the answer you input does not match the original answer, you will be immediately alerted to the discrepancy between the two responses via a message box.

The message box will notify you as to which answer did not match the original input. The message box will display what the current answer is and what the original response was.

At this point you should review the answer sheet to verify what the correct response for that particular question is. You will then click "OK" if the answer input this second time is correct and the computer will accept this response and move on to the next answer.

If, after reviewing the answer sheet, you discover that you have erroneously input the wrong answer, click the "Cancel" button and the computer will allow you to enter the response again.

Continue with these steps until all answers have been input. Using this feature insures the accuracy of the data input.

### **How to Delete Client Names**

This procedure allows the user to delete the client's name from the test record. Use this option to protect client confidentiality once you are done with the test record.

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. **USE WITH CAUTION!** Once the name has been deleted it **CANNOT** be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

### **Languages and Translations**

The Driver Impairment Index is available in English and Spanish. To discuss translating the Driver Impairment Index into other languages, contact us at [sheryl@online-testing.com](mailto:sheryl@online-testing.com). Test booklet and answer sheet translation for your specific population can be accommodated.

If you decide that your area population requires Korean, Tagalog, Vietnamese, Chinese, Russian, etc. language DII testing, we will gladly accommodate your language needs. Simply select a local translator who can translate the text and record the audio of the DII test booklet and answer sheet and Online-Testing will compensate (up to \$200.00) the translator of your choice. Once Online-Testing receives the DII text file and audio recording from the translator, we will create translated test booklets and answer sheets specifically for you. We will also set up the audio of your translated version online for your reading impaired clients.

### **Human Voice Audio**

Approximately 20 percent or more of California DUI clients have reading impairments. Others may have language and cultural challenges. In brief, a person's passive vocabulary is usually greater than their active (spoken) vocabulary. To help resolve these problems, Professional Online Testing Solutions developed "Human Voice Audio" in English and Spanish. This innovative program helps overcome reading, language and cultural barriers. To take advantage of this feature, a fast (T1 or higher) internet connection is required as slower connections do not allow this feature to perform optimally. The client wears earphones and uses the computer keyboards up-down keys to progress through the DII. DII questions and possible answers are presented on the monitor and concurrently read to the DUI client. When they answer a question the program moves to the next question. The client can repeat questions and answers for clarity. Human Voice Audio is provided upon request - free. Other languages will be available in our Human Voice Audio program in the future and they will also be provided free.

### **Live Support Chat**

Throughout our site, after you have logged in, you will find "Live Support" buttons. Clicking on these buttons will open a "Live Support" chat window that puts you in touch with an Online-Testing.com technical support staff member.

Support staff is available for these "Live Support" sessions between the hours of 8:00 a.m. and 4:00 p.m. Mountain Standard Time, Monday through Friday. If you need to leave your computer during the chat session, you can return within 24 hours and resume your online conversation.

Test modification and development requests should be emailed to Sheryl at [sheryl@online-testing.com](mailto:sheryl@online-testing.com).

### **TECHNICAL SUPPORT**

If you have any questions Professional Online Testing Solutions, Inc. is only a telephone call away. Our telephone number is **1 (800) 231-2401**, fax **(602) 266-8227**, and E-mail **info@online-testing.com**. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

[www.driver-impairment-index.com](http://www.driver-impairment-index.com)

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