



Defendant Questionnaire



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Scale Interpretation Defendant Questionnaire

Scale Description

Scale Interpretation

Test Features

Applications

- Defendant (misdemeanor and felony) assessment in drug courts
- Adult defendant assessment in court settings
- Help determine risk and assist in identifying appropriate supervision levels
- Help determine need and assist in identifying appropriate intervention, counseling and treatment alternatives
- Adult (male and female) probation and community corrections programs
- Substance (alcohol and other drugs) abuse intake screening and treatment

Description

The Defendant Questionnaire (DQ) is designed for defendant (misdemeanor or felony) assessment in court settings. The DQ is particularly useful in substance (alcohol and other drugs) abuse-related cases. It is also used in probation and community corrections program screening.

The DQ has 162 items and takes 35 minutes on average to complete. It has a sixth grade reading level. DQ reports are computer scored and printed on-site within 2½ minutes of test completion.

Seven DQ Scales

- 1. Truthfulness Scale:** measures how truthful the defendant was while completing the DQ. It would be naive to assume that defendants always tell the truth -- particularly in court-related settings. Defendants often attempt to minimize their problems and concerns. The Truthfulness Scale detects denial and faking.
- 2. Alcohol Scale:** measures alcohol use and severity of abuse. Alcohol refers to beer, wine and other liquors. This scale measures the severity of alcohol abuse while identifying alcohol-related problems.
- 3. Drugs Scale:** measures the severity of drug (marijuana, crack, ice, LSD, cocaine, amphetamines, barbiturates and heroin) use and abuse while identifying drug-related problems. This scale is independent of the Alcohol Scale.
- 4. Substance Abuse/Dependency Scale:** Substance (alcohol and/or other drugs) users are classified with DSM-IV criteria as abusers, dependent or non-pathological users.
- 5. Violence (Lethality) Scale:** measures the defendant's propensity for using force to injure, damage or destroy. This scale identifies people that are dangerous to themselves or others.
- 6. Antisocial Scale:** measures antisocial attitudes and behavior. It identifies defendants that are opposed to society and are aggressive, destructive and irresponsible. In general antisocial people are opposed to existing social organization and moral codes.
- 7. Stress Coping Abilities Scale:** measures the defendant's ability to cope effectively with stress, tension and pressure. Stress exacerbates emotional and mental health symptoms. This is a non-introversive way to screen diagnosable mental health problems.

Defendant Questionnaire Interpretation

1. **Truthfulness Scale:** Measures how truthful the defendant was while completing the test. It identifies guarded and defensive defendants who attempt to fake good. Scores at or below the 89th percentile mean that all DQ scales are accurate. Scale scores in the 70 to 89th percentile range are accurate because they have been Truth-Corrected. Truthfulness Scale scores at or above the 90th percentile mean that all DQ scales are inaccurate (invalid) because the defendant was overly guarded, read things into test items that aren't there, was minimizing problems, or was caught faking answers. Defendants with reading impairments might also score in this 90-100th percentile scoring range. If not consciously deceptive, defendants with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light. The Truthfulness Scale score is important because it shows whether or not the defendant answered DQ test items honestly. Truthfulness Scale scores at or below the 89th percentile indicate that all other DQ scale scores are accurate. One of the first things to check when reviewing a DQ report is the Truthfulness Scale score.

2. **Violence (Lethality) Scale:** Identifies defendants that are dangerous to themselves and others. Violence is defined as the expression of rage and hostility through physical force. Violence is aggression in its most extreme and unacceptable form. Elevated scorers can be demanding, sensitive to perceived criticism and are insightful about how they express their anger/hostility. Severe problem scorers should not be ignored as they are threatening and very dangerous. A particularly unstable and perilous situation involves an elevated Violence Scale with an elevated Antisocial, Alcohol or Drugs Scale score. Substance (alcohol or other drugs) abuse and antisocial attitudes can contribute to dangerousness. The more of these scales that are elevated with the Violence Scale -- the worse the prognosis. An elevated Stress Coping Abilities Scale with an elevated Violence Scale score provides insight regarding codeterminants and possible treatment recommendations. A severe problem Violence Scale score is a malignant sign with or without other scale elevations and describes a dangerous person. The Violence Scale score can be interpreted independently or in combination with other DQ scales.

3. **Antisocial Scale:** Measures anti-social attitudes and behavior. Antisocial is defined as opposed to society or existing social organization and moral codes. Antisocial behavior refers to aggressive, impulsive and sometimes violent actions that flout social and ethical codes such as laws, property rights, etc. This behavior pattern often begins with a conduct disorder involving lying, stealing, fighting, cruelty, truancy, vandalism, theft and substance abuse. Elevated Antisocial Scale scores are often associated with non-internalization of recognized conventions. Many high scorers manifest a seeming inability to profit from experience. An elevated Antisocial Scale score in conjunction with an elevated Alcohol Scale, Drugs Scale or Violence Scale score would be a malignant sign prognostically. A severe problem Stress Coping Ability Scale score with an elevated severe problem Antisocial Scale suggests the possibility of a suspicious/paranoid mental health problem. The Antisocial Scale can be interpreted independently or in combination with other DQ scales.

4. **Alcohol Scale:** Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit substance. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. 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 DQ to correctly identify “recovering alcoholics.”

Several DQ items are printed on the “significant items” section of the DQ report and again in the “structured interview” (pages 3 and 4) section for quick reference. Alcohol admission items include: #44 (in last year), #49 (has drinking problem), #55 (serious drinking problem), #153 (describes own drinking), #154 (motivation for alcohol treatment), etc. There are two alcohol recovering items: #34 (I am a recovering alcoholic) and #156 (I am a recovering alcoholic). In addition, the elevated Alcohol Scale score paragraphs clearly caution that the defendant may be “recovering.”

In intervention and/or treatment settings the defendant’s Alcohol Scale score helps staff work through defendant denial. Most defendants accept the objective and standardized Alcohol Scale score as accurate and relevant. This is especially true when it is explained that elevated scores don’t occur by chance. The defendant must answer a definite pattern of alcohol-related admissions for elevated scores to occur. And Alcohol Scale scores are based on thousands of defendant’s scores who have completed the DQ.

An elevated Alcohol Scale score in conjunction with other elevated scores magnifies the severity of the other elevated scores when the defendant drinks. For example, if you have a defendant with an elevated Violence Scale who also has an elevated Alcohol Scale score, that defendant is even more dangerous when drinking.

When both Alcohol and Drugs Scales are elevated, the higher score represents the defendant’s substance of choice. When both are in the severe problem range (or higher) explore polysubstance abuse. The Alcohol Scale can also be interpreted independently.

5. Drugs Scale: Measures drug use and the severity of abuse. Drugs refer to marijuana, cocaine, crack, ecstasy, ice, amphetamines, barbiturates and heroin. These are illicit substances. An elevated (70 to 89th percentile) Drugs Scale score is indicative of an emerging drug problem. A Drugs Scale score in the severe problem (90 to 100th percentile) range identifies serious illicit drug abusers.

Similar to the Alcohol Scale, a history of drug-related problems could result in an abstainer (drug history, but not presently using or abusing drugs) attaining a low to medium-risk score. Precautions have been built into the DQ to correctly identify “recovering” drug abusers.

Several DQ items are printed in the “significant items” and “structured interview” (pages 3 and 4) sections of the DQ report for quick reference. Drug admission items include: #72 (in last year), #78 (direct admission), #83 (in drug treatment), #100 (admits drug dependent), #157 (describes own drug use) and #159 (motivation for drug treatment). Recovering drug abuser items include: #89 (I am recovering) and #156 (I am a recovering drug abuser). In addition, the Drugs Scale score paragraphs clearly caution that the defendant may be “recovering.”

In intervention and treatment settings the defendant’s Drugs Scale score helps staff work through defendant denial in a similar way as explained earlier for the Alcohol Scale. And an elevated Drugs Scale score in conjunction with other elevated scale scores magnifies the severity of the other elevated scores when the defendant uses drugs. For example, an elevated Violence Scale in conjunction with an

elevated Drugs Scale score increases the severity and risk associated with the Violence Scale when the defendant uses drugs.

When both the Drugs and Alcohol Scales are elevated, the higher score represents the defendant's substance of choice. When both are in the severe problem range, explore polysubstance abuse. The Drugs Scale can also be interpreted independently.

6. **Substance Abuse/Dependency Scale:** classifies defendants as substance abusers, substance dependent or non-pathological substance users in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria.

The DQ Substance Abuse/ Dependency Scale is entirely based on DSM-IV classification criteria for substance abuse and dependency. When a defendant admits to one of the four DSM-IV abuse symptoms (criteria) that defendant is classified in the substance abuse category. When a defendant admits to three of the seven DSM-IV dependency symptoms (criteria) that defendant is classified in the substance dependency category. When a defendant does not meet DSM-IV criteria for abuse or dependency they are non-pathological substance users (if they use drugs).

There is an important difference between the DQ Substance Abuse/ Dependency Scale and the Alcohol and Drugs Scales. The Substance Abuse/Dependency Scale classifies people as abusers, dependent or non-pathological substance users (if they use drugs). The Alcohol Scale and Drugs Scale measure the severity of alcohol and drug use or abuse.

The American Society of Addiction Medicine (ASAM) states there can be exceptions to DSM-IV classification -- and these exceptions are made according to the severity of a person's substance abuse. The severity of a person's substance abuse determines their recommended level of intervention and/or treatment.

In summary, the Alcohol and Drugs Scales measure severity of substance (alcohol and other drugs) abuse, whereas the Substance Abuse/Dependency Scale classifies people as substance abusers or substance dependent. The Substance Abuse/Dependency Scale can be interpreted independently or in combination with DQ Alcohol and Drugs Scales.

7. **Stress Coping Abilities Scale:** Measures how well the defendant copes with stress. 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 DQ scales helps explain the defendant's situation. When a defendant doesn't handle stress well other existing problems are often exacerbated. Such problem augmentation applies to substance (alcohol and other drugs) abuse, attitudinal problems and acting-out behavior.

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 likely that the defendant has a diagnosable mental health problem. In these instances referral to a certified/ licensed mental health professional might be considered for a diagnosis and treatment plan. Lower elevated scores suggest possible referral alternatives like stress management counseling. The Stress Coping Abilities Scale score can be interpreted independently or in combination with other DQ scales.

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In conclusion, it was noted that there are several “levels” of DQ interpretation ranging from viewing the DQ as a self-report to interpreting scale elevations and inter-relationships. Staff can then put DQ test report findings within the context of the defendant’s life and court situation.

Unique Test Features

Truthfulness Scale: identifies denial, problem minimization and faking. It is now known that most defendants attempt to minimize their problems. A Truthfulness Scale is a necessary component in contemporary tests. The DQ Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, truthfulness studies and experienced staff judgment. The DQ Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects the DQ 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 DQ Truthfulness Scale has been correlated with the other six scales. The Truth-Correction equation then converts raw scores to Truth-Corrected scores. Truth-Corrected scores are more accurate than raw scores. Raw scores reflect what the defendant wants you to know. Truth-Corrected scores reveal what the defendant is attempting to hide.

Substance Abuse/Dependency Scale. This scale categorizes defendants as substance abusers or substance dependent in accordance with Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria. Such classification augments the Alcohol Scale and Drugs Scale **severity** of abuse measures. The American Society of Addiction Medicine (ASAM) notes there are exceptions to DSM-IV classification -- and these exceptions are made according to the severity of the client’s substance abuse. In other words, exceptions to DSM-IV substance (alcohol and other drugs) classification can be determined by the severity of abuse. The severity of a defendant’s substance abuse determines their recommended level of intervention or treatment.

Violence (Lethality) Scale. This scale identifies people who are a danger to themselves and others. Violence is defined as “the expression of hostility and rage through physical force directed against persons or property.” It is aggression in the extreme and an unacceptable form of behavior, which is why Professional Online Testing Solutions, Inc. includes the term “lethality” in parentheses. Measuring violence enables DQ users to identify people capable of harming themselves and others. Extremely violent (lethal) individuals score at or above the 90th percentile on the Violence Scale and these people are dangerous. This is a very important, yet often overlooked behavior pattern when screening defendants.

Antisocial Scale: measures the degree to which a person is opposed to society or moral codes. Antisocial tendencies refer to aggressive behavior that is either socially destructive or has socially undesirable consequences. Anti-social behavior often incorporates aggressive, impulsive and even violent actions that flout social and ethical codes such as laws. Antisocial behavior is characterized by a lack of judgment, a seeming inability to learn from experience and what used to be called sociopathic behavior. When a person manifests antisocial tendencies they are dangerous. When a person has antisocial tendencies with violence prone attitudes/ behaviors -- that person is particularly dangerous. This important scale provides considerable insight into defendant behavior yet it is often overlooked by other screening tests.

Stress Coping Abilities Scale: measures how well the defendant handles stress, tension and pressure. How well a person manages stress can effect their adjustment and mental health. We now know that stress exacerbates emotional and mental health problems. This scale is a non-introversive way to screen established (diagnosable) mental health problems. A defendant scoring at or above the 90th percentile on the Stress Coping Abilities Scale should be referred for a more comprehensive evaluation and diagnosis. This important area of inquiry is missed by many other defendant screening tests.

Confidentiality. Professional Online Testing Solutions, Inc. encourages test users to delete defendant names. This proprietary “name deletion” procedure involves a few keystrokes and insures client confidentiality. Once defendant 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 DQ 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 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. Entering DQ answer sheet responses into the computer can take 60 to 90 seconds. Consequently the data input verification procedure is done quickly.

Why select the DQ?

The DQ’s seven scales measure truthfulness, classify substance abuse and dependency in accordance with DSM-IV criteria, quantify the severity of alcohol and drug abuse, assess violence (lethality) potential along with antisocial tendencies and identifies the presence of mental health problems.

Defendant’s DQ reports are timely (available on-site in 2½ minutes), readable and easy to understand. Score-related recommendations are relevant and helpful. It’s reasonable to conclude the DQ is the state-of-the-art in contemporary defendant assessment and screening. And Professional Online Testing Solutions, Inc. doesn’t stop there! The DQ is very affordable at \$9.95 per test.

For more information

Some evaluator’s want more test-related information than others. If you want more in depth Defendant Questionnaire 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 Defendant Questionnaire. 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.

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