

Prison Inmate Inventory

PII

Training Manual

PRISON INMATE INVENTORY

TABLE OF CONTENTS

Product Description	1	Present, Past and Future Tense	7
Ten PII Scales	2	Special (99% Scores) Reports.....	7
Risk Level Classification.....	3	Staff Should Not Take the PII.....	7
Truthfulness Scale	3	Validity.....	7
Truth-Corrected Scores	4	Accurate - Inaccurate Profiles.....	7
Violence Scale	4	Oral Instructions.....	8
Antisocial Scale	4	“Recovering” Inmates	9
Adjustment Scale.....	4	Evaluator’s Recommendations	9
Self-Esteem Scale	4	Time Referent.....	10
Distress Scale.....	5	Rating Forms Versus Self-Report	10
Judgment Scale	5	Significant Items	10
Stress Coping Abilities Scale	5	Multiple Choice Items.....	10
Alcohol Scale.....	6	Retest.....	10
Drug Scale	6	Time Savings.....	10
Control of PII Reports	6	Staff Efficiency	11
Check Answer Sheet for Completeness.....	7	Test Data Input Verification	11
		Delete Client Names (Confidentiality)	11

Product Description

The **Prison Inmate Inventory (PII)** is a computerized test that can be completed in 30 minutes. It requires a sixth grade reading level and is available in English and Spanish. **The PII can be re-administered at six month intervals.** It can be given directly on the computer screen or in paper-pencil format. Regardless of how the PII is administered, all PII tests are scored on diskettes or over the internet at www.online-testing.com, which generate PII reports within minutes on-site. Diskettes contain all of the software needed to perform all test scoring functions and print reports.

The ten empirically based PII scales include: **Truthfulness Scale, Violence Scale, Antisocial Scale, Adjustment Scale, Self-Esteem Scale, Judgment Scale, Alcohol Scale, Drug Scale, Distress Scale and Stress Coping Abilities Scale.**

The PII helps identify inmate adjustment, substantiates need, and provides objective classification assessment. Computerized assessment is far superior to the outdated practice of manual testing. Hand-scored tests have been notoriously slow and unreliable. In marked contrast, the Prison Inmate Inventory (PII) improves accuracy, saves staff time, and is cost effective. This dramatically improves the chances of accurate inmate assessment.

Some inmate risk and needs evaluation procedures have involved corrections officers' inmate ratings. In the past decade many of these staff rating procedures have been beneficial. However, they involve considerable staff time and are based on the assumption that the rater has complete knowledge of inmate items being rated. Many of these items may require detailed familiarity with the inmate's records, as well as intimate knowledge of the inmate's personal life, (e.g., inmate sexual adjustment). Staff time demands, lack of familiarity with inmate records and absence of personal inmate knowledge can contribute to rating errors.

Similarly, in decades past, many corrections personnel were "turned off" to self-report tests because there was no way to tell if the inmate was lying. **The PII has a built in Truthfulness Scale that identifies self-protective, guarded and defensive inmates who attempt to deny, minimize problems, or fake their answers.** Many believe Truthfulness scales are an important advancement in testing because they measure how truthful the inmate was while completing the test. However, the PII doesn't stop there!

Correlations between the PII Truthfulness Scale and all other PII scales have been established and identify the error variance associated with untruthfulness. This error variance is then applied to each scale score, resulting in Truth-Corrected scores. Raw scores may only reflect what the inmate wants you to know. **Truth-Corrected scores reveal what the inmate is trying to hide.** Truth-Corrected scores are more accurate than raw scores.

In addition to saving staff time and money, the PII is accurate. The PII is standardized on the inmate population it is designed to test. To maintain the highest degree of accuracy possible, Online-Testing.com re-standardizes the PII annually. The PII is re-standardized annually on all inmates tested - - at no additional cost. The PII is individually standardized on large volume prison inmate populations, whereas, small prison inmate populations are combined. These very desirable PII features are provided free. When was the last time your assessment procedure was standardized? At no additional cost?

As noted earlier the PII is designed specifically for prison inmates. However, there is one type or class of prison inmate that is not included in the PII standardization sample: Inmates incarcerated under a

death sentence. Death sentence inmates were simply not represented in the PII normative or standardization sample. In contrast, sex offenders might be administered the Sexual Adjustment Inventory (SAI) and/or the PII. The PII is designed specifically for inmates and has been normed and standardized on the general inmate population.

PII research and development began in 1980 and has continued to the present. The proprietary PII database ensures continued research, development, and annual restandardization. By merging the latest in psychometrics with computer technology, the PII accurately assesses inmate attitudes and behavior. It identifies inmate risk and need. Corrections staff can now objectively gather a vast amount of relevant information prior to inmate decision making. Staff can now identify inmate risk and need and formulate specific intervention and remediation strategies.

PII users are cautioned not to attempt to copy the PII or attempt loading these programs on a hard disk drive, as these diskettes are copy-protected and such acts would damage the program on the diskette, rendering it unusable. Attempts to copy these programs are also a violation of federal copyright laws.

The purpose of this manual is to describe the PII and explain how it works. Throughout this manual, emphasis is placed on understanding the PII and the assessment system it represents.

Ten Empirically Based PII Scales

The Prison Inmate Inventory (PII) is designed for inmate risk assessment and needs identification. PII reports help determine inmate risk, establish supervisory levels and identify readiness for classification or status changes.

The Prison Inmate Inventory (PII) contains ten (10) empirically based measures called scales. These ten scales include: **Truthfulness Scale, Violence Scale, Antisocial Scale, Adjustment Scale, Self-Esteem Scale, Judgment Scale, Alcohol Scale, Drug Scale, Distress Scale and the Stress Coping Abilities Scale.** Each of these scales is described below.

1. **TRUTHFULNESS SCALE:** The Truthfulness Scale measures how truthful the inmate was while completing the test. This scale identifies guarded and self-protected inmates who minimize or attempt to fake results.
2. **VIOLENCE SCALE:** Measures use of physical force to injure, damage or destroy. This scale identifies inmates that are a danger to themselves or others.
3. **ANTISOCIAL SCALE:** Measures antisocial behavior, e.g., chronic lying, uncaring, irresponsible, boastful and impaired relationships. Antisocial behavior is often incapacitating in society.
4. **ADJUSTMENT SCALE:** Assesses the inmate's adjustment. Given the inmate's history, this scale establishes their risk of problem prone adjustment behavior.
5. **SELF-ESTEEM SCALE:** Describes the person one believes oneself to be. This scale gives a sense of the inmate's dignity and feeling of self-worth.
6. **ALCOHOL SCALE:** Measures the inmate's alcohol proneness and alcohol-related problems. Alcohol refers to beer, wine and other liquor.

7. **DRUG SCALE:** Measures the inmate's drug abuse proneness and drug-related problems. Drugs refer to marijuana, cocaine, crack, amphetamines, barbiturates and heroin.
8. **DISTRESS SCALE:** Incorporates measures of both anxiety and depression. Distress is the most commonly identified reason for initiating counseling.
9. **JUDGMENT SCALE:** Inmate risk increases as judgment decreases. Judgment involves understanding and affects decision making.
10. **STRESS COPING ABILITIES SCALE:** Stress exacerbates other emotional, attitudinal and behavioral problems. Stress incorporates anxiety, tension, and perceived pressure.

Risk Level Classification

Each Prison Inmate Inventory (PII) scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the ten empirically based scales as follows:

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

An inmate's score on each of the ten scales is calculated and classified in the appropriate risk range each time an inmate is tested. These attained scores and associated risk ranges are clearly set forth in PII reports.

Truthfulness Scale

An important advancement in testing has been the development of the Truthfulness Scale, which measures how truthful the inmate was while completing the test. It would be very naive to believe that everybody taking tests always answers questions truthfully. **The Truthfulness Scale detects denial, minimizing problems and faking.** The Truthfulness Scale identifies attempts to "fake good" or under report problems and concerns.

When reviewing a Prison Inmate Inventory (PII) report you should check the Truthfulness Scale score. **A Truthfulness Scale score at or below the 89th percentile is indicative of accurate, truthful and valid results. In contrast, a Truthfulness Scale score at or above the 90th percentile reflects inaccurate and invalid PII results.** Reasons for inaccurate results are many and include reading impairments, reading things into questions that are not there, emotional turmoil, denial and faking. **Regardless of the reason, a Truthfulness Scale score at or above the 90th percentile means scale scores are inaccurate and likely distorted.**

Truth-Corrected Scores

The Truthfulness Scale establishes how truthful the inmate was while completing the PII. The amount of error variance associated with untruthfulness is determined for each scale and then applied to each scale resulting in Truth-Corrected scores. **Truth-Corrected scores are more accurate than raw scores because they account for the measured amount of untruthfulness while the inmate**

completed the PII. Raw scores may only reflect what the inmate wants you to know. Truth-Corrected scores reveal what the inmate is trying to hide. Truth-Corrected scores are more accurate than raw scores.

Violence Scale

The Violence Scale measures the probability of an inmate using physical force to injure, damage, or destroy. This scale establishes whether or not the inmate is a danger to self or others.

Although conflict and its consequences are inescapable parts of human existence, individuals differ widely in both their ease in developing conflict, and in the nature and severity of its results. The Violence Scale identifies the extreme, i.e., the inmate that is considered dangerous or potentially violent. Pathologically violent inmates are a threat to themselves and society.

Antisocial Scale

The Antisocial Scale measures antisocial behavior, e.g., chronic lying, failure to pay debts, uncaring about others, irresponsible and seemingly unable to maintain gainful employment. The term “antisocial” usually means harmful to society, unsociable and hostile. Antisocial individuals seem to be chronically in trouble with society. Antisocial tendencies manifest themselves in lack of loyalty, problems with authority, and problems with society in general.

Adjustment Scale

Inmate adjustment incorporates items referring to the inmate’s criminal history, attitude, early arrest record, adjustment, authority and behavioral problems. The Adjustment Scale assesses the adjustment the inmate represents in terms of incarceration status, compliance and adjustment problems. The inmate’s arrest and probation history contribute to the adjustment assessment.

The PII is standardized on the inmate population itself. This means that inmates’ attained scale scores are established in comparison to all other inmates tested. Online-Testing.com encourages standardization of the PII on a statewide basis, so that inmate scores are truly representative of inmates (or peers) at that inmate’s facility or prison. This procedure of statewide prison standardization ensures more objective, accurate and fair assessment.

Self-Esteem Scale

The Self-Esteem Scale consists of terms which are rated to describe inmate self-esteem. This is a rapid procedure of self-rating wherein the inmate describes his or her own self-esteem in commonly used everyday vocabulary.

Self-esteem refers to a person's perception of self. It reflects an explicit valuing and appraisal of oneself. Self-esteem incorporates an attitude of acceptance-approval versus rejection-disapproval of oneself. The Self-Esteem Scale score is descriptive of the person one believes oneself to be. Many believe that a person's behavior is a reflection or expression of their self-concept. Negative self-esteem has been related to maladjustment and offender self-concepts. The theory goes, "the offender sees himself as bad or worthless and acts accordingly."

Distress Scale

The Distress Scale consists of items symptomatic of anxiety and depression. These two symptom clusters -- anxiety and depression -- represent the most commonly reported symptoms of distress in

counseling settings. Anxiety refers to tension, stress and pressure. Depression refers to a dejected and self-deprecating emotional state. The blending of these symptom clusters is clear in the definition of dysphoria, i.e., a generalized feeling of anxiety, restlessness, and depression.

The Distress Scale provides a quantitative score that varies directly with the inmate's self-reported symptoms. Anxiety and depression symptoms are not mutually exclusive. Distress refers to unhappiness, discontent, dissatisfaction, worry, apprehension, anxiety and depression.

Judgment Scale

The Judgment Scale consists of items that incorporate understanding and comprehension. Understanding incorporates logical and comprehension abilities. Judgment incorporates a person's ability to compare facts or ideas, to understand their relationships and to draw correct conclusions.

Judgment provides the individual with a self-regulatory mechanism. With judgment, an inmate is able to object or agree to what he and others are about to do. In this context, judgment offers the inmate an alternative to modify the course of his or her ongoing behavior.

Without judgment, people could not develop self-evaluation in terms of "right" and "wrong." There wouldn't be pride or remorse, nor conflict either before or after one's actions. Guilt would not be possible. In brief, judgment is necessary for a person to evaluate their situation and decide upon future action. Inmate "risk" goes up as judgment decreases. In contrast, inmates with good judgment would be considered less of a "risk."

Stress Coping Abilities Scale

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

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

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

Alcohol Scale

The Alcohol Scale measures the inmate's alcohol proneness and alcohol-related problems. Alcoholism is a significant problem in our society. Woolfolk and Richardson noted in "Stress, Sanity and Survival" that alcoholism costs industry over 15.6 billion annually due to absenteeism and medical expenses. The harm associated with alcohol abuse--mental, emotional and physical--is well documented. The cost and pain associated with alcohol problems are staggering.

The Alcohol Scale measures the inmate's alcohol use and abuse. Alcohol proneness, alcohol-related problems and alcohol abuse are evaluated. Alcohol refers to beer, wine and other liquors.

Drug Scale

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

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

Control of PII Reports

The PII report is designed for staff use. Although some inmates might want to read their PII reports, it is strongly recommended that reports only be reviewed orally. It is not recommended that PII reports be given to inmates to read or take back to their cell. It is not recommended that inmates take any PII materials (test booklet, answer sheet, or report) out of the testing office.

In most cases, it is a mistake to allow inmates to read their PII reports because they will typically get "hung up" on a word or term. It also places them in a defensive posture. It is recommended that PII results be explained, without giving the inmate the report to read. Results should be discussed within the context of the inmate's overall situation. **It should be emphasized that no inmate decision is based solely on PII results. The PII is used in conjunction with available records, interview, and experienced staff judgment.**

As a component of the overall review and assessment process, PII results must remain confidential. An institutional policy of not giving out PII reports and/or related materials to inmates should be established and followed.

Check Answer Sheet for Completeness

Check the inmate's answer sheet for completeness when it is turned in and before the inmate leaves. No items should be skipped and both true and false should not be answered for the same question. In these instances, the inmate should be informed that each question must be answered in accordance with the instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped or omitted answers are scored by the computer in the deviant direction, since it is assumed that these items were omitted to avoid admitting a "negative" response.**

Present, Past and Future Tense

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

Special (99% Scores) Reports

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

Staff Should Not Take the PII

It is recommended that staff members do not take the PII test. Staff members do not have the same mental set as an inmate, consequently, they will likely invalidate or distort "their" PII profile. And the PII is not standardized on staff. The PII is standardized on inmates.

Validity

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

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

Accurate – Inaccurate Profiles

Invalidity is defined in terms of an inmate attaining a Truthfulness Scale score in the 90 to 100 percentile range. Yet, even with this type of a Truthfulness Scale score, you can identify different valid-invalid test profiles. Five examples are given for clarification.

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

Example #2: An elevated Truthfulness Scale score with at least one other scale score above the 69th percentile and at least one other scale score below the 40th percentile. This may be a valid profile where the inmate was either inadvertently "reading things into the questions" or attempting to be "absolutely honest." After reviewing the instructions, this inmate would likely be retestable. However, a "focused interview" may be all that is needed to complete this assessment.

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

Example #4: A low risk Truthfulness Scale score with other scale scores variable is usually considered a valid profile. However, in very rare instances, this could represent a "test wise" inmate or staff member playing "beat the test." Earlier it was noted that staff members do not have the same mental set as an inmate and it was recommended that they do not take the PII. It would be unusual and rare for an inmate to be that "test wise." First year college students in psychology classes were asked to "lie but don't get caught" and were detected. The inmate's motivation should be established on the basis of the overall assessment.

Example #5: In very rare instances, an inmate might answer all items True or False. If all items are answered True, the Truthfulness Scale score would be very low (around the sixth percentile) and all other scale scores would be very high (around the 99th percentile). This type of a response set is so rare, and the response pattern so unusual, that we simply mention it for future reference. Similarly, if the inmate answers all items False, the Truthfulness Scale score would be very high (around the 99th percentile) and other scores would be very low. The high Truthfulness Scale score would indicate that the test protocol is invalid. Each of these situations represents a very rare occurrence. Yet, should they occur, straightforward inquiry with the inmate is all that is usually needed to clarify the matter. Contingent upon the inmate's attitude, retesting might be considered after the verbal instructions are reviewed.

Oral Instructions

Oral instructions to inmates before they begin their PII are important. A straightforward approach is recommended. For example:

"We would like you to complete this inventory so that we can better understand your situation and needs. Please answer all questions honestly. It is also important that you do not read anything into these questions that is not there. Just answer each question truthfully. There are no trick questions."

Giving the inmate an example often helps them understand. The example you use will be influenced by your inmate 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. We obviously recommend that you develop an example that is appropriate to your inmate assessment needs.

Last week an inmate told me while taking the MMPI (a clinical test) that he could not answer this question True or False. "I am attracted to members of the opposite sex." When asked why, the

inmate 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 inmate that "this test does not ask you about being a sex maniac or a homosexual. It only 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. There are no trick questions or hidden meanings. Simply answer each question True or False." If the inmate misinterprets or changes the meaning of test questions, the test will be invalidated.

A few minutes of oral instructions can put the inmate 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 inmate. Some agencies type out oral instructions for the staff so they can have a ready reference. Other agencies discuss different types of instructions that are appropriate to their inmate population.

“Recovering” Inmates

An inmate who does not presently engage in alcohol or other drug abuse may score above zero, but would score in the low risk range. However, experimentation, casual use or prior involvement with alcohol and other drugs will result in an elevated score. That is why a follow-up interview is recommended. **In addition, a significantly elevated score (above the 70th percentile) on the Alcohol or Drug Scale could be obtained by a recovering alcohol or drug abuser.** Consequently the inmate should be asked if he or she is recovering, and if recovering, "how long have they been abstaining" from alcohol or other drug use.

Item #143 asks if the inmate is a “recovering” alcoholic and/or drug abuser and the inmate answer is printed on page 3 of the PII report.

Evaluator’s Recommendations

Space has been provided in the PII report for staff member observations and recommendations. In most instances, these observations and recommendations will be consistent with PII findings. However, in some instances the staff member will have an observation or recommendation that differs from the PII report. **This is OK!** The staff member may obtain important information from another source (inmate, relative, records, etc.) which influences their recommendations. In these situations it is recommended that the staff member document this additional source of information in writing along with related recommendations in the space provided in the PII report.

Time Referent

All evaluation procedures and tests have a built-in time referent that is used by the respondent to answer questions. Time referents may vary from one's lifetime to smaller time intervals. The PII is designed with a six month time referent. Thus, the PII can be re-administered to inmates at six month intervals.

Rating Forms Versus Self-Report

Staff rating of inmates is highly influenced by the rater's knowledge of the inmate, rater's training in rating procedures, adequate time for accurate ratings and the absence of bias or prejudice. Some inmate rating forms require information that may not be available to the rater, e.g., inmate's pre-incarceration adjustment, inmate's emotional stability (or even psychopathology) and opinions about the inmate's sex life. Much of this "rater knowledge" can go beyond inmate observation and often requires access to inmate records and involves time consuming review. In many instances, questions have been raised about inter-rater reliability, client Truthfulness, accuracy, and fairness.

In contrast, self-report tests (like the PII) do not involve a lot of staff time, as the inmate rates himself or herself and this can be done in group testing settings. **The Truthfulness Scale and Truth-Corrected scores address the problem of some inmates not telling the truth.**

Multiple Choice Items

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

Multiple Choice Items

The last sequence of multiple choice questions reflect important self-report motivational, attitudinal and perceptual information. Client answers to Section 3 multiple choice items are printed on the last page of the PII report. These answers represent the inmate's perception of his/her situation and needs, consequently they may differ from objective scale scores. **This enables comparison of the inmate's subjective attitude and motivation with their empirically based objective scale scores.** For example, an inmate may report "no problem" with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 90th percentile (severe range) score.

Retest

When an inmate invalidates their PII, it is recommended that they be given the opportunity to be retested. **Prior to retesting the oral instructions should be reviewed.** If the retest is invalid, the inmate may not be testable at that time.

Time Savings

The PII provides relevant self-report information in a timely manner, thereby facilitating a "focused interview". The focused interview may require 30 minutes to complete, with no compromise in effectiveness or quality. **Focused interviews "zero in" on inmate's problems and concerns.** Problem areas are identified so the interview can focus on areas of concern.

Staff Efficiency

With the Prison Inmate Inventory (PII), staff time required for data gathering, interviews, ratings, scoring, and interpretations is significantly reduced -- with no compromises in the quality of inmate risk and needs assessment.

The PII computer software handles all of the scoring, calculations, and interpretations within three minutes. These automated PII scoring and interpretive procedures ensure objectivity, reliability, and accuracy. **Few corrections officers would have the time, let alone the inclination, to repetitively acquire and process such a vast amount of information.** PII reports do provide space for staff input and recommendations. Thus, in one document (PII report) we have the inmate's self-report, objective and empirically based classification, staff recommendations, and inmate risk, as well as needs assessment. **In other words, staff report writing, substantiation of decision making and record keeping needs are met with PII reports.**

Test Data Input Verification

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

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

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

Delete Client Names (Confidentiality)

You have the option to delete client names. This is optional. If you want to use this option, remember that once you delete client names -- they are gone and can not be retrieved. Deleting client names does not delete demographic or test data. When you use this option it only deletes inmate names. **This option is provided to protect client confidentiality.** Once the names have been deleted, there is no way for you to retrieve them.