Prison Inmate Inventory:
Inmates Risk & Needs Assessment

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Abstract
The Prison Inmate Inventory (PII) is a prison inmate assessment test that accurately measures inmate risk of violence (lethality), substance (alcohol and drugs) abuse, antisocial attitudes, emotional and mental health problems. There were 5,852 prison inmates used in this study. Reliability analyses showed that all PII scales had very high alpha reliability coefficients of between .87 and .94. PII scales were validated in several tests of validity. Discriminant validity was shown by significant differences on PII scale scores between first and multiple offenders. The Violence Scale and Antisocial Scale were validated by direct admissions of violent and antisocial behavior, respectively. The Violence Scale correctly identified 99% of violent inmates. The Antisocial Scale identified 92% of inmates who admitted being antisocial. The Alcohol Scale correctly identified 95% of the inmates that had been treated for alcohol problems. The Drugs Scale accurately identified 98% of inmates that had drug problems. PII classification of inmate risk was shown to be very accurate. All PII scale scores were within 2.2% of predicted risk range percentile scores. This study demonstrated that the PII is a reliable, valid and accurate prison inmate assessment test.

Introduction

In recent years a trend toward changing inmate behavior has emerged as a means to reducing crime. Positively changing inmate behavior would lead to reductions in recidivism and in turn prison over-crowding. To develop effective supervision, intervention and treatment programs prisons are turning to risk and needs assessment tests for screening inmates. Screening inmates to identify problems facilitates placement of inmates into appropriate supervision levels and intervention programs. This study sought to validate the prison inmate assessment or screening test called the Prison Inmate Inventory.

The first step in accurate risk assessment or screening is accurate and reliable inmate risk/need assessment (Fulton, Gendreau & Paprozzi, 1995). Risk and needs assessment usually involves a compilation of criminal history along with other history (Andrews, Bonta & Hoge, 1990). It is well known that many inmates have substance abuse problems, but these problems are not isolated from other prevalent inmate problems, such as personality and behavioral problems. Appropriate and effective inmate supervision and intervention programs must involve identifying these other important personality problems in addition to substance abuse problems.

According to Andres, Bonta and Hoge (1990), dynamic (or changing) variables, such as inappropriate behavior, negativistic attitudes, violence (lethality) risk, must be accurately identified to predict recidivism. In prison populations these variables include substance (alcohol and other drugs) abuse, violence, antisocial thinking, self-esteem, resistant attitudes, distress (mental and physical), aggressiveness, judgment, stress coping abilities and in some cases sexual adjustment. Gendreau (1994) notes that measurement of these dynamic variables is important for positive behavioral change.

A widely used prison inmate assessment test is the Prison Inmate Inventory (PII). The PII is a multidimensional test that was developed to meet the needs of prison screening and assessment. PII scales measure violence (lethality) tendencies (Violence Scale), antisocial attitudes (Antisocial Scale), alcohol and drug abuse severity (Alcohol & Drugs Scales), risk of continuing problem-prone behavior (Adjustment Scale), distress, anxiety and depression (Distress Scale), judgment and understanding (Judgment Scale), self-esteem (Self-Esteem Scale) and emotional or mental health problems (Stress Coping Abilities Scale). In addition, there is the Truthfulness Scale to measure inmate truthfulness while completing the test. Inmates who deny or minimize their problems are detected with the Truthfulness Scale. Truthfulness Scale scores determine the factors used for truth-correcting other scale scores. Truth-corrected scores are more accurate than raw scores. A test that is multidimensional lends itself to recidivism prediction. A reliable, valid and accurate test is essential for measuring inmate risk and need. The present study investigated the reliability, validity and accuracy of the PII.

Violence, antisocial attitudes, adjustment, distress, self-esteem and stress coping abilities are personality factors that are relevant to inmate risk. These factors are measured by the PII. Personality, attitude and behavioral factors, often referred to as "dynamic variables," are capable of change and are amenable to intervention and treatment. Positively changing inmates' personality, attitudes and behavior can lead to behavioral change, which in turn can lead to reductions in recidivism. Identification of problem prone inmates is the first step in directing inmates to appropriate programs aimed at helping inmates to positively change their behavior.

For ease in interpreting inmate risk, the PII scoring methodology classifies inmate scale scores into one of four risk ranges: low risk (zero to 39th percentile), medium risk (40 to 69th percentile), problem risk (70 to 89th percentile), and severe problem risk (90 to 100th percentile). By definition the expected percentages of inmates scoring in each risk range (for each scale) is: low risk (39%), medium risk (30%), problem risk (20%), and severe problem risk (11%). Inmates who score at or above the 70th

percentile are identified as having problems. For example, inmates' Alcohol Scale scores of 70 or above identify them as problem drinkers. Inmates scale scores at or above the 90th percentile identify severe problems. The accuracy of the PII in terms of risk range percentages was examined in this study.

This study sought to validate the PII in a sample of prison inmates that were processed as part of standard inmate assessment procedures in prison corrections services programs. Two methods for validating the PII were used in this study. The first method (discriminant validity) compared first and multiple offenders' scale scores. Multiple offenders were inmates with three or more arrests and first offenders had two or one arrest. A test that measures severity level ought to show on average that multiple offenders score higher than first offenders. It was hypothesized that statistically significant differences between multiple and first offenders would exist and PII scales would differentiate between first and multiple offenders. Multiple offenders would be expected to score higher on PII scales because having a third arrest is indicative of serious problems.

The second validation method (predictive validity) examined the accuracy at which the PII identified violent prone inmates, inmates with antisocial attitudes, problem drinkers and problem drug abusers. Tests that measure severity of problems should be able to predict if inmates have problems by the magnitude (severity) of their scores. Scores that fall in problem ranges should indicate that problems exist. To be considered accurate an inmate test must accurately identify problem individuals, drinkers or drug abusers. Accurate tests differentiate between problem and non-problem inmates. An inaccurate test, for example, may too often call non-problem drinkers problem drinkers or vice versa. In the PII, database information is used to determine accuracy because it is readily available. Responses to test items obtained from the inmates' serve as criterion measures because other such measures do not exist or would be difficult to obtain in the prison population.

Having been in alcohol treatment identifies inmates as having an alcohol problem. If a person has never had an alcohol problem it is very likely they have not been treated for an alcohol problem. However, there are some inmates who have an alcohol problem but have not been in treatment. Nevertheless, inmates that have been in alcohol treatment would be expected to score in the Alcohol Scale's problem range. In regards to drugs, violence and antisocial attitude, inmates direct admissions of problems were used as the criteria. Violence and antisocial attitudes are often subsumed under other criminal statutes.

For the predictive validity analyses inmates were separated into two groups, those who had treatment or admitted problems and those who have not had treatment or did not admit to problems. Then, inmate scores on the relevant PII scales were compared. It was predicted that inmates with an alcohol treatment history would score in the problem risk range (70th percentile and above) on the Alcohol Scale. Similarly, inmates that admit drug dependency, violence and antisocial problems are predicted to score higher than inmates not admitting to these problems. Non-problem is defined in terms of low risk scores (39th percentile and below). The percentage of inmates that have been in treatment or admit problems and also score in the 70th percentile range and above is a measure of how accurate PII scales are. High percentages of inmates with treatment and problem histories and elevated problem risk scores would indicate the scales are accurate. Because criterion measures were gotten from the PII database a lack of suitable criterion measures prevented carrying out predictive validity analyses on the other PII scales.

Method

Subjects

There were 5,852 inmates tested with the PII. There were 5,513 males (94.2%) and 339 females (5.8%). The ages of the participants ranged from 19 through 60 as follows: 19 & under (3.1%); 20-29 (36%); 30-39 (35.7%); 40-49 (20.4%); 50-59 (4.2%) and 60 & Over (0.5%). The demographic composition of participants was as follows. Race/Ethnicity: Caucasian (50.8%); Black (44.7%), Hispanic (1.3%) and Other (2.6%). Education: Eighth grade or less (8.6%); Some high school (34.3%); High school graduate/GED (44%); Some college (10.7%) and College graduate (1.6%). Marital Status: Single (53.8%); Married (33.7%); Divorced (8.8%); Separated (2.7%) and Widowed (0.7%).

Over 90 percent of the participants were arrested two or more times. Half (50.9%) of the inmates had six or more arrests. Half (49.9%) of the inmates had three or more felony arrests. Nearly one-third of the participants had two or more alcohol arrests and one-third of the inmates had two or more drug arrests. Forty percent of the inmates had their first arrest before the age of 17 and 73 percent were arrested by the age of 21.

Procedure

Participants completed the PII as part of inmate screening and assessment procedures. The PII contains ten measures or scales. These scales are briefly described as follows. The Truthfulness Scale measures the truthfulness of the respondent while taking the PII. The Alcohol Scale measures severity of alcohol use or abuse. The Drugs Scale measures severity of drug use or abuse. The Adjustment Scale measures risk of problem prone behaviors. The Violence Scale measures inmate proneness to commit violence. The Antisocial Scale measures antisocial behavior, e.g. lying, uncaring, irresponsible, unsocial, emotionally blunted, needless conning, etc. The Distress Scale incorporates measures of anxiety and depression. Distress is the most common reason for counseling. The Judgment Scale measures understanding and affects decision-making. The Self-esteem Scale measures inmates' sense of dignity and feelings of self-worth. The Stress Coping Abilities Scale measures ability to cope with stress. A score at the 90th percentile or higher on this scale identifies established emotional and mental health problems.

Results and Discussion

The inter-item reliability (alpha) coefficients for the ten PII scales are presented in Table 1. All scales were highly reliable. All of the alpha reliability coefficients for all PII scales were at or above 0.87. These results demonstrate that the PII is a very reliable inmate assessment test.

Table 1. Reliability of the Prison Inmate Inventory (N=5,852)

PII SCALES	Coefficient Alphas
Truthfulness Scale	.88
Adjustment Scale	.90
Alcohol Scale	.94
Drug Scale	.94
Antisocial Scale	.89
Violence Scale	.88
Distress Scale	.87
Judgment Scale	.89
Self-esteem Scale	.88
Stress Coping Abilities	.90

All coefficient alphas are significant at p<.001.

In the following analyses the answer sheet item "Total number of times arrested" was used to define first offenders and multiple offenders (3 or more arrests). T-test comparisons were used to study the statistical significance between first and multiple offenders. There were 1,146 first offenders and 4,706 multiple offenders. The Alcohol and Drug Scales were also analyzed using alcohol and drug arrests. "Number of alcohol arrests" was used for the Alcohol Scale, which had 4,056 first offenders and 1,796 multiple offenders (2 or more arrests). "Number of drug arrests" was used for the Drug Scale, which had 3,918 first offenders and 1,934 multiple offenders (2 or more arrests).

Table 2. T-test comparisons between first offenders and multiple offenders (N=5,852).

PII Scale	First Offenders Mean	Multiple Offenders Mean	T-value	Level of significance
Truthfulness Scale	8.80	10.06	t = 6.45	p<.001
Adjustment Scale	24.63	34.23	t = 28.29	p<.001
Alcohol Scale	11.63	20.74	t = 26.86	p<.001
Drugs Scale	19.43	29.19	t = 23.12	p<.001
Antisocial Scale	20.23	29.23	t = 33.02	p<.001
Violence Scale	18.31	22.44	t = 11.78	p<.001
Distress Scale	19.07	21.89	t = 7.57	p<.001
Judgment Scale	10.92	15.59	t = 26.89	p<.001
Self-esteem Scale	10.39	6.35	t = 9.69	p<.001
Stress Coping Abilities	106.84	96.84	t = 6.94	p<.001
*Alcohol Scale	13.76	30.31	t = 49.46	p<.001
*Drugs Scale	23.29	35.35	t = 33.85	p<.001

*Note: Offender status defined by alcohol and drug arrests. The Self-esteem and Stress Coping Abilities Scales are reversed in that higher scores are associated with higher self-esteem and better stress coping skills.

Table 2 shows that mean (average) scale scores of first offenders were significantly lower than scores for multiple offenders on all PII scales. As expected, multiple offenders scored significantly higher than did first offenders on all PII scales. Truthfulness Scale results suggest that multiple offenders tried to minimize their problems or fake good when tested more than did first offenders. The PII accurately differentiated between first offenders and multiple offenders. These results support the validity of the Prison Inmate Inventory.

As shown in Table 2, both the Alcohol Scale and Drugs Scale demonstrate even greater differences than total number of arrests in scale scores between first offenders and multiple offenders. Both scales are significant at p<.001. The mean Alcohol Scale score for the multiple offender group was 30.31 while the first offender group mean score was 13.76. The mean Drugs Scale score for the multiple offender group was 35.35 while the first offender group mean score was 23.29. These results demonstrate that these PII scales, as do all PII scales, measure severity level of problem behavior. Higher PII scale scores mean more severity of problem behavior. These results support the hypothesis that multiple offenders, because of their history of arrests, score higher than offenders with little history of arrests.

These t-test results strongly support the discriminant validity of the PII. These results are important because they show that the PII scales do measure levels of severity. The inmates who were believed to have more severe problems (multiple offenders) scored significantly higher on these scales than first-time offenders. Multiple offenders scored significantly higher on the scales that measure personality and emotional factors (Distress, Judgment, Self-esteem and Stress Coping Abilities Scales) than did first offenders. Inmates who have multiple arrests demonstrate many problems beyond just the expected problem-prone behaviors. Multiple offenders exhibit emotional and personality problems and these problems must be addressed if these inmates are to be helped. Changing inmate problem-prone behavior entails resolving emotional and personality problems.

Relationships between inmates' criminal history and their PII scale scores are presented in

Table 3. Statistically significant correlation coefficients between PII scales and criminal history variables are measures that also help to validate PII scale scores. PII scales that measure problem-prone behavior were expected to be correlated with variables that indicate inmate problems, such as the number of times they have been arrested, their age at first arrest, probation and parole records. For example, the PII Alcohol Scale should be correlated with number of alcohol-related arrests and the Drugs Scale should be correlated with drug-related arrests. Inmate criminal history variables were obtained from PII answer sheets that were completed by the inmates.

The PII scales included in this analysis were the Adjustment, Alcohol, Drugs, Antisocial, Violence and Judgment Scales. These scales measure problem-prone behavior that can result in inmate arrests. The Truthfulness, Distress, Self-esteem and Stress Coping Abilities Scales are not included because these scales measure emotional and mental health factors.

These correlation results show that, as expected, the Alcohol Scale is highly correlated at the p<.001 level with alcohol-related arrests. The Drugs Scale is highly correlated (p<.001) with drug-related arrests. These results are in agreement with the discriminant validity results reported above. Significant correlation with alcohol and drug arrests supports the validity of the Alcohol and Drugs Scales, respectively. Age at first arrest is correlated best with the Adjustment, Antisocial, Violence and Judgment Scales. Total number of arrests is significantly correlated with all of the PII scales. Number of times on probation and number of times on parole are also correlated with all PII scales. These results show that criminal history variables are significantly correlated with the PII scales that measure problem-prone behaviors. These results support the validity of the PII scales. These PII scales measure problem prone behaviors.

Table 3. Relationships between Criminal History Variables and PII Scales

	Adjust-ment	Alcohol Scale	Drugs Scale	Anti-social	Violence Scale	Judg-ment
Age at first arrest	-.516	-.181	-.184	-.435	-.361	-.244
Total number of arrests	.274	.214	.173	.350	.188	.208
Times on probation	.250	.175	.184	.279	.191	.209
Times on parole	.188	.222	.243	.328	.147	.192
Alcohol arrests	.246	.417	.103	.193	.103	.167
Drug arrests	.111	.069	.258	.148	.076	.085

All correlation coefficients are significant at p<.01.

Predictive validity results for the correct identification of problem behavior (violence tendencies, antisocial attitudes, drinking and drug abuse problems) are presented in Table 4. Table 4 shows the percentage of inmates that had or admitted to having problems and who scored in the problem risk range. For the Alcohol and Drugs Scales criteria, problem behavior means the inmate had alcohol treatment or admitted drug dependence. For the Violence Scale criterion the inmate admitted to being a violent person. For the Antisocial Scale inmates admitted being antisocial. In these analyses scale scores in the Low risk range (zero to 39th percentile) represent "no problem," whereas, scores in the Problem and Severe Problem risk ranges (70th percentile and higher) represent alcohol, drugs, violence or antisocial problems.

The Alcohol and Drugs Scales accurately identified inmates who had been in alcohol treatment and admitted to having a drug dependency. The PII Alcohol Scale is very accurate in identifying inmates who have alcohol problems. There were 1,306 inmates who had been in alcohol treatment and these inmates were classified as problem drinkers. Of these, 1,234 inmates, or 94.5 percent, had Alcohol Scale scores at or above the 70th percentile. The Alcohol Scale correctly identified nearly 95 percent of the inmates categorized as problem drinkers. It is likely that some inmates have alcohol problems

but have not been in treatment. For these individuals scoring at or above the 70th percentile on the Alcohol Scale alcohol treatment is recommended.

The PII Drugs Scale was also very accurate in identifying inmates who have drug problems. There were 1,699 inmates who admitted being drug dependent, of these, 1,672 inmates, or 98.4 percent, had Drugs Scale scores at or above the 70th percentile. These results strongly substantiate the accuracy of the PII Drugs Scale.

Table 4. Predictive Validity of the PII

PII Scale	Correct Identification of Problem Behavior
Alcohol	94.5%
Drugs	98.4%
Violence	99.1%
Antisocial	92.3%

The Violence Scale accurately identified inmates (99%) who described themselves as a violent person. PII Violence Scale scores identified nearly all of the inmates who admitted being violent. Inmates who admitted being violent scored in the problem range. The direct admission of a violence problem validates the Violence Scale. The Antisocial Scale accurately identified (92%) inmates who admitted to being antisocial. Direct admission of antisocial attitudes validates the Antisocial Scale. The Alcohol and Drugs Scale accurately identified inmates who had alcohol and drug problems. The Alcohol Scale correctly identified nearly all (95%) of the inmates categorized as problem drinkers and the Drugs Scale correctly identified nearly all (98%) of the inmates categorized as problem drug users. In comparison to other tests, this is very accurate assessment. These results strongly support the validity of the PII Violence, Antisocial, Alcohol and Drugs Scales. The other PII scales were not included in these analyses because of a lack of direct admission or other criterion measures within the PII database.

Risk range percentile scores are derived from scoring equations based on inmates' pattern of responding to scale items, truth-corrected scores and criminal history, when applicable. These results are presented in Table 5. There are four risk range categories: Low Risk (zero to 39th percentile), Medium Risk (40 to 69th percentile), Problem Risk (70 to 89th percentile) and Severe Problem or Maximum Risk (90 to 100th percentile). Risk range percentile scores represent degree of severity. The higher the percentile score is the higher the severity of the inmate's problems.

Analysis of the accuracy of PII risk range percentile scores involved comparing the inmate's obtained risk range percentile scores to predicted risk range percentages as defined above. The percentages of inmates expected to fall into each risk range are: Low Risk (39%), Medium Risk (30%), Problem Risk (20%) and Severe Problem or Maximum Risk (11%). These percentages are shown in parentheses in the top row of Table 5. The actual percentage of inmates falling in each of the four risk ranges, based on their risk range percentile scores, was compared to these predicted percentages. The differences between predicted and obtained are shown in parentheses.

Table 5. Accuracy of PII Risk Range Percentile Scores

Scale	Low Risk (39% Predicted)		Medium Risk (30% Predicted)		Problem Risk (20% Predicted)		Severe Problem (11% Predicted)	
Truthfulness	39.1	(0.1)	28.0	(2.0)	21.3	(1.3)	11.6	(0.6)
Adjustment	39.1	(0.1)	29.8	(0.2)	20.6	(0.6)	10.5	(0.5)
Alcohol	39.7	(0.7)	29.0	(1.0)	19.7	(0.3)	11.6	(0.6)
Drugs	38.4	(0.6)	30.5	(0.5)	20.4	(0.4)	10.7	(0.3)
Antisocial	39.6	(0.4)	30.8	(0.8)	18.7	(1.3)	10.9	(0.1)
Violence	37.5	(1.5)	32.2	(2.2)	19.5	(0.5)	10.8	(0.2)
Distress	39.0	(0.0)	29.1	(0.9)	21.1	(1.1)	10.8	(0.2)
Judgment	39.5	(0.5)	29.8	(0.2)	20.0	(0.0)	10.7	(0.3)
Self-esteem	39.0	(0.0)	29.4	(0.6)	19.8	(0.2)	11.8	(0.8)
Stress Coping	39.2	(0.2)	30.1	(0.1)	19.8	(0.2)	10.9	(0.1)

As shown in Table 5, PII scale scores are very accurate. The objectively obtained percentages of participants falling in each risk range are very close to the expected percentages for each risk category. All of the obtained risk range percentages were within 2.2 percentage points of the expected percentages and most (38 of the 40) were within 1.5 percentage points. Only two obtained percentages were more than 1.5% from the predicted, and these were within 2.2 percent. These results demonstrate that the PII scale scores accurately identify inmate risk.

Conclusions

This study demonstrated that accurate inmate assessment is achieved with the Prison Inmate Inventory (PII). Results corroborate and support the PII as an accurate assessment or screening test for prison inmates. The PII accurately measures inmate risk of violence (lethality), substance (alcohol and drugs) abuse, antisocial behaviors, problem-prone behaviors, emotional and mental health problems. In short, the PII provides a wealth of information concerning inmates' adjustment and problems that contributes to understanding the inmates.

The PII is a statistically sound test that is built on fundamental scientific principals. Reliability results demonstrated that all ten PII scales are highly reliable. All alpha coefficients are at or above 0.87. Such high reliability coefficients are very impressive. Reliability is necessary in inmate assessment or screening tests for accurate measurement of inmate risk. Tests cannot be valid or accurate without being reliable. Evaluators can be confident that PII scale scores are reliable and can be reproduced on retest. These results demonstrate that the PII is a very reliable test for inmate assessment and screening.

Validity analyses confirm that the Prison Inmate Inventory measures what it purports to measure, that is, inmate risk. Results demonstrate that repeat offenders exhibit more problem-prone behavior than first offenders. The PII accurately identified inmates who have serious violence-related problems. Multiple offenders (having 3 or more arrests) scored significantly higher than first offenders (discriminant validity). Moreover, the Violence Scale identified 98% of the inmates who admitted having violence problems. The Antisocial Scale correctly identified 92% of inmates who admitted having antisocial attitudes. The Alcohol and Drugs Scales correctly identified inmates who have had treatment for alcohol and admitted drug dependence, 94% and 98%, respectively (predictive validity). And, obtained risk range percentages on all PII scales very closely approximated predicted percentages. The percentages of inmates in each of the four risk classifications (Low, Medium, Problem and Severe Problem) were nearly identical to predicted percentages. All PII scale classifications of inmate risk were within 2.2% of predicted risk range percentile scores. These results strongly support the validity of the PII.

Problem-prone individuals exhibit many characteristics that are identified with the PII.

Relationships between inmates' criminal history variables and PII scale scores demonstrate that the PII measures relevant behaviors that identify inmates as problem-prone. Identification of these problems and prompt intervention can reduce an inmate's risk of future arrests or recidivism. The PII facilitates understanding of inmate violence tendencies, substance abuse, antisocial attitudes, problem-prone behavior, and emotional and mental health problems. PII results also provide an empirical basis for recommending appropriate supervision level, intervention and treatment programs.

One of the most important decisions regarding an inmate is what supervision level, intervention program or treatment is appropriate for that inmate. The PII can be used to tailor intervention (levels of supervision and treatment) to each inmate based upon their assessment results. For example, scale scores in the low risk range suggest educational programs and minimum levels of supervision. Medium risk scores suggest counseling with medium levels of supervision, whereas, problem risk scores may require outpatient treatment along with increased supervision levels. Severe problem risk scores are often associated with intensive outpatient or even inpatient treatment. In short, the PII can be instrumental in establishing levels of supervision and when warranted recommend treatment and/or intervention options. Problem identification with appropriate treatment can reduce inmates' problem-prone behavior. This would lead to reductions in recidivism and future problem behavior.

Inmate risk of problem behavior is accurately measured with the PII. Relationships between inmate criminal history variables and PII scale scores show that the PII measures factors relevant to inmate risk. The Adjustment, Antisocial, Violence and Judgment scales correlate with variables that suggest problem-prone behavior, such as age at first arrest and total number of times arrested. At the same time many of the exacerbating conditions that act as problem-prone triggering mechanisms are also identified by the PII. The Alcohol and Drugs Scales measure substance abuse problems. The Distress, Self-esteem and Stress Coping Abilities scales measure emotional and mental health problems. PII scale scores measure inmate risk and identify inmate needs. The PII is an important tool for decision making regarding inmate supervision level, rehabilitation, and treatment. Positively changing inmate behavior can lead to reductions in recidivism and crime.

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