



# Prison Inmate Inventory



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## Scale Interpretation Prison Inmate Inventory

Scale Description

Scale Interpretation

Test Features

### Applications

- Prison (penitentiary or reformatory) inmate (male and female) assessment.
- Helps determine inmate risk, establish supervision levels and readiness for status or classification changes.

### Description

The Prison Inmate Inventory (PII) is designed for prison inmate (male and female) assessment. The PII has 161 items and takes approximately 35 to 40 minutes to complete. PII reports are scored and printed on-site. The PII has 10 measures (scales): **1.** Truthfulness Scale, **2.** Violence (**Lethality**) Scale, **3.** Antisocial Scale, **4.** Adjustment Scale, **5.** Self-Esteem Scale, **6.** Judgment Scale, **7.** Distress Scale, **8.** Alcohol Scale, **9.** Drugs Scale, and **10.** Stress Coping Abilities Scale. The PII has been standardized on thousands of inmates. It is a popular prison inmate screening instrument or test.

## PRISON INMATE INVENTORY

### Objective and accurate inmate screening

#### Ten PII Scales

The Prison Inmate Inventory (PII) contains 10 separate measures (scales) that are standardized and normed on the prison inmate (male and female) population. These include:

1. **Truthfulness Scale** measures how truthful the inmate was while completing the test. It identifies guarded and defensive inmates who attempt to minimize problems or fake their answers. It identifies “faking good.”
2. **Violence (Lethality) Scale** measures the use of force to injure, damage or destroy. It identifies inmates that are dangerous to self and others.
3. **Antisocial Scale** measures antisocial attitudes and behavior. It identifies inmates that are opposed to society and social norms.
4. **Adjustment Scale** measures the inmate’s ability to cope with incarceration. It evaluates the inmate’s emotional and social adjustment.
5. **Self-Esteem Scale** describes the person one believes oneself to be. This scale measures inmate worthiness or feelings of self-worth.
6. **Judgment Scale** measures an inmate’s ability to draw conclusions from events and the actions of people around them. Inmate risk increases as judgment decreases.
7. **Distress Scale** measures inmate discomfort, unhappiness and pain. Distress incorporates anxiety, depression and concern.
8. **Alcohol Scale** measures alcohol proneness and severity of alcohol-related problems. Alcohol refers to beer, wine and other liquor.
9. **Drugs Scale** measures drug abuse proneness and the severity of drug-related problems. Drugs include marijuana, crack, cocaine, ecstasy, amphetamines, barbiturates and heroin.
10. **Stress Coping Abilities Scale** measures an inmate’s ability to handle stress. Stress exacerbates emotional and mental health symptoms. This is a non-introversive way to screen for diagnosable mental health problems.

The PII assesses attitudes and behaviors, yielding an inmate profile. Paper-pencil test administration takes an average of 35 to 40 minutes and tests are computer scored on-site with reports printed on-site within 3 minutes.

## Advantages of Screening

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

Prison Inmate Inventory Risk Ranges		
Risk Category	Risk Range Percentile	Total Percentage
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
<b>Problem Risk</b>	<b>70 - 89%</b>	<b>20%</b>
<b>Severe Problem</b>	<b>90 - 100%</b>	<b>11%</b>

Reference to the above Risk Range table shows that a problem is not identified until a scale score is at the 70<sup>th</sup> percentile or higher. These risk range percentiles are based upon the thousands of inmates that have taken the Prison Inmate Inventory. This procedure is eminently fair and it avoids extremes, i.e., over-identification and under-identification of problems.

A state, department or corrections system policy might refer clients with identified “severe problems” for further evaluation, intervention or treatment services. In this case 11% of the inmates screened (Severe Problem) would be referred. **In this example 89% (contingent upon adopted policy) of the inmates screened would not be referred for additional (and expensive) services.**

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

**Staff Member Input:** Some people advocate fully automated assessment. Online-Testing.com does not. The PII is to be used in conjunction with experienced staff judgment. When available, court and corrections records should be reviewed because they can contain important information not provided or incorrectly provided by the inmate. Experienced staff should also interview the inmate. For these reasons the following statement is contained on each PII report: “No diagnosis or decision should be based solely upon PII results. The PII is to be used in conjunction with experienced staff judgment and review of available records.”

## Unique PII Features

**Truthfulness Scale** identifies denial, problem minimization and faking. It is now clear that many inmates attempt to minimize their problems. A Truthfulness Scale is now a necessary component in contemporary inmate tests. The PII Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, truthfulness studies and experienced staff judgment. The PII Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects the PII 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.

**Stress Coping Abilities Scale** measures how well the inmate handles stress, tension and pressure. How well a person handles stress can affect their adjustment and mental health. We now know that stress exacerbates emotional and mental health symptomatology. This scale is a non-introversive way to screen for established (diagnosable) mental health problems. An inmate

scoring at or above the 90<sup>th</sup> percentile on the Stress Coping Abilities Scale might be referred for a more comprehensive evaluation, diagnosis and treatment plan. This important area of inquiry is missed by many other inmate screening procedures.

**More than just another alcohol or drug test.** In addition to alcohol and drugs the PII assesses other important areas of inquiry like truthfulness, denial and faking, violence (lethality) proneness, antisocial attitudes, self-esteem, feelings of distress and judgment. The Stress Coping Abilities Scale was discussed earlier. The PII is specifically designed for inmate (male and female) assessment. It provides the information needed for understanding inmate attitudes and behavior.

**Three ways to give the PII.** The PII can be administered in three different ways: **1.** Paper-Pencil test booklet format is the most popular testing procedure. PII English and Spanish test booklets and answer sheets are available at no added cost. **2.** PII tests can be given directly on the computer screen. And **3.** Human voice audio in English and Spanish is available. This involves a computer, a headset and the inmate uses the up-down arrow keys. As the inmate goes from question to answer with the arrow keys the question or answer is highlighted on the monitor (screen) and simultaneously read to the inmate. These three administration modes are discussed in the “PII: Orientation and Training Manual.” Each test administration mode has some advantages and some limitations. Online-Testing.com offers these three testing modes so test users can select the administration mode that is optimally suited to their needs.

**Reading Impaired Assessment.** Reading impaired inmates represent 20+ percent of inmates tested. This represents a serious problem to many inmate assessment procedures. Accordingly, Online-Testing.com has developed an alternative for dealing with this problem: Human Voice Audio.

**Human Voice Audio** presentation of the PII in English and Spanish helps resolve many reading and cultural difference issues. Inmates’ passive vocabularies are often greater than their active vocabularies. Hearing items read out loud often helps reduce both cultural and communication problems. This PII administration mode requires a computer, earphones and simple instructions regarding how to operate the up-down arrow keys on the computer keyboard.

**Confidentiality:** Once inmate names are deleted they are gone and cannot be retrieved. Deleting inmate names does not delete demographics or test data, which is downloaded into the PII database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures inmate confidentiality and meets HIPAA requirements.

**Test Data Input Verification** allows the person that inputs the test data from the answer sheet into the computer to verify the accuracy of their data input. In brief, test data is input twice and any inconsistencies between the first and second data entry are highlighted until corrected. When the first and second data entry match or are the same the staff person can continue. This proprietary Test Data Input Verification procedure is optional, yet it is strongly recommended by Online-Testing.com.

## **PII Interpretation**

An example 4-page Prison Inmate Inventory (PII) report follows this discussion of PII interpretation. It is provided as a ready reference to augment this dialogue. There are several levels of PII interpretation ranging from viewing the PII as a self-report to interpreting scale elevations and scale inter-relationships.

The following table is a starting point for interpreting PII scale scores.

### SCALE RANGES

Risk Category	Risk Range Percentile	Total Percentage
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
<b>Problem Risk</b>	<b>70 - 89%</b>	<b>20%</b>
<b>Severe Problem</b>	<b>90 - 100%</b>	<b>11%</b>

A problem is not identified until a scale score is at the 70<sup>th</sup> percentile or higher. **Elevated scale scores** refer to percentile scores that are at or above the 70<sup>th</sup> percentile. **Severe problems** are identified by scale scores at or above the 90<sup>th</sup> percentile. Severe problems represent the highest 11 percent of inmates evaluated with the PII. The PII has been normed on over 50,000 inmates. And this normative sample continues to expand with each PII test that is administered.

### SCALE INTERPRETATION

**1. Truthfulness Scale:** Measures how truthful the inmate was while completing the test. It identifies guarded and defensive inmates who attempt to fake good. Scores at or below the 89<sup>th</sup> percentile mean that all PII scales are accurate. Scale scores in the 70 to 89<sup>th</sup> percentile range are accurate because they have been Truth-Corrected. Scores at or above the 90<sup>th</sup> percentile mean that all Prison Inmate Inventory (PII) scales are inaccurate (invalid) because the inmate was overly guarded, read things into test items that aren't there, was minimizing problems, or was caught faking answers. Inmates with reading impairments might also score in this 90-100<sup>th</sup> percentile scoring range. If not consciously deceptive, inmates 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 inmate answered PII test items honestly. **Truthfulness Scale scores at or below the 89<sup>th</sup> percentile indicate that all other PII scale scores are accurate.** One of the first things to check when reviewing a PII report is the Truthfulness Scale score.

**2. Violence (Lethality) Scale:** Identifies inmates that are dangerous to themselves and others. It 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, Drugs or Judgment Scale score. Substance abuse, antisocial attitudes and poor judgment can contribute to dangerousness. **The more of these scales that are elevated with the Violence Scale -- the worse the prognosis.** An elevated Adjustment Scale or Stress Coping Abilities Scale provides insight regarding codeterminants and possible treatment recommendations. A severe problem Violence Scale score in conjunction with an elevated Distress Scale and/or Self-Esteem Scale suggests suicidal ideation should be explored. The Violence Scale score can be interpreted independently or in combination with other PII scales.

**3. Antisocial Scale:** Measures antisocial 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. Continuing, a severe problem Self-Esteem Scale score and/or Distress Scale score accompanying a severe problem Antisocial Scale score could be a suicidal ideation or explosive warning. The elevations of the Self-Esteem and Antisocial Scale would help determine if the inmate's hostility is internalized (self-esteem) or externalized (antisocial). An accompanying elevated Judgment Scale score would be another malignant prognostic sign. The Antisocial Scale can be interpreted independently or in combination with other PII scales.

**4. Adjustment Scale:** Measures the inmate's ability to adjust to incarceration, which can be a very stressful experience. Inmate adjustment requires modification of the inmate's attitudes and behavior. Stressors vary widely from a controlled environment (along with frustration, humiliation and monotony) to a myriad of emotion provoking events. **When the Adjustment Scale is elevated -- review other PII scales.** For example, is the inmate also dangerous (Violence Scale), antisocial (Antisocial Scale), suffering from a substance abuse (Alcohol and Drugs Scale) problem, or manifesting poor feelings of self-worth (Self-Esteem Scale)? **An elevated Adjustment Scale suggests one level of intervention, whereas an Adjustment Scale score in the severe problem range suggests other intervention options.** An elevated Adjustment Scale score with an elevated Distress Scale score is suggestive of environmental conflict. Similarly, elevated Alcohol and/or Drugs Scale scores could identify focal issues impacting upon the inmate's adjustment. The Adjustment Scale can be interpreted independently or in combination with other PII scales.

**5. Self-Esteem:** Measures an inmate's feelings of self-worth. This scale is a reflection of the inmate's self-acceptance, self-approval, and self-respect. The concept of self evolves from self-evaluation of one's ability, personal worth, attainment of goals and achieving one's potential. The circumstances **preceding** their incarceration and present environmental milieu results in many inmates having impaired self-esteem. This is another example of the importance of standardizing the PII on inmates. Self-Esteem Scale scores are based on thousands of inmates scores. **An elevated (70 to 89<sup>th</sup> percentile) Self-Esteem Scale score indicates impaired self-esteem, whereas scores in the serious problem (90 to 100<sup>th</sup> percentile) range reflect established feelings of worthlessness and loss of self-respect.** An elevated Self-Esteem Scale score with Adjustment and/or Distress Scale score even higher is suggestive of severe environmental conflict or suicidal ideation. In contrast, concurrently elevated Judgment, Antisocial or Violence Scale scores are often associated with acting out. When these scales are higher than the Self-Esteem Scale (e.g., in the severe problem range) they suggest a very dangerous inmate. The ubiquitous nature of self-esteem in the clinical literature emphasizes its importance in inmate intervention/treatment programming. And as discussed earlier, the Self-Esteem Scale can be interpreted independently or in combination with other scales.

**6. Judgment Scale:** Measures an inmate's ability to formulate opinions or draw conclusions from the actions of people and events around them. Distortions in judgment are often maladaptive and based on faulty motives due to peer pressure, concrete thinking, psychopathology or infantile wishes. Judgment Scale scores indicate the types of decisions inmates make in their lives. The relationship between "judgment" and "intelligence" is an

empirical question that needs further study. However, we know that very high (severe problem) Judgment Scale scores may result from an inmate not understanding test items, which is usually detected by the Truthfulness Scale score. It also appears that Judgment Scale scores are often interactive with other PII scale scores. **In general, as judgment decreases -- inmate risk increases.** The Judgment Scale can also be interpreted independently of other scales.

**7. Distress Scale:** Measures inmate discomfort, unhappiness and pain. Distressed inmates are very concerned, bothered and upset. Distress is one of the most common reasons people initiate counseling or psychotherapy. And it often serves as the beginning point in clinical inquiry. **The magnitude of the Distress Scale is important.** Elevated scores indicate something is wrong. Distress Scale scores in the severe problem (90 to 100<sup>th</sup> percentile) range indicate the inmate is hurting, overwhelmed and desperate. A severe problem Distress Scale score in conjunction with a severe problem Self-Esteem Scale and/or Stress Coping Abilities Scale suggests very serious emotional problems and is usually a malignant sign. The Distress Scale can also be interpreted independently of other PII scales.

**8. 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 89<sup>th</sup> percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100<sup>th</sup> 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 PII to correctly identify “recovering alcoholics.” Several PII items are printed in the “significant items” and again in the “structured interview” (page 4) sections of the PII report for quick reference. These “recovering alcohol” items include the following: inmate substance abuse history (item 137), drinking self-description (item 140), inmate’s desire for alcohol treatment (item 141), inmate’s self-admission to a drinking problem (item 142), **and the inmate’s answer to the “recovering alcoholic” question (item 143).** In addition, the risk range paragraphs (printed for elevated Alcohol Scale scores) clearly state that the inmate may be a “recovering alcoholic.”

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

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

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

**9. Drugs Scale:** Measures drug use and the severity of abuse. Drugs refer to marijuana, cocaine, crack, ice, amphetamines, barbiturates and heroin. These are illicit substances. An elevated (70 to 89<sup>th</sup> percentile) Drugs Scale score is indicative of an emerging drug problem. A Drugs Scale score in the severe problem (90 to 100<sup>th</sup> 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 PII to correctly identify “recovering drug abusers.” Several PII items are printed in the “significant items” and again in the “structured interview” (page 4) sections of PII reports for easy reference. These “recovering drug abuser” items include the following: inmate substance abuse history (item 137), drug use self-description (item 140), admission to a current drug problem (item 142), **inmate’s answer to the “recovering drug abuser” question (item 143)**, and self-description of the inmate’s drug use (item 144). In addition, the elevated Drugs Scale score paragraphs (in the PII report) clearly state that the inmate may be a “recovering” drug abuser.

In intervention and treatment settings the inmates Drugs Scale score helps staff work through inmate 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 inmate 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 inmate uses drugs.

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

**10. Stress Coping Abilities Scale:** Measures how well the inmate 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 PII scales helps explain the inmate’s situation. When an inmate doesn’t handle stress well other existing problems are often exacerbated. Such problem augmentation applies to substance abuse, behavioral acting-out and attitudinal problems.

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 100<sup>th</sup> percentile) range it is very likely that the inmate has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional might be warranted for a diagnoses 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 Prison Inmate Inventory scales.

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

**Confidentiality.** Online-Testing.com encourages test users to delete client names. Once client names are deleted they are gone and cannot be retrieved. Deleting client names does not delete demographics or test data which is downloaded into each tests expanding database for subsequent analysis. **This proprietary “name deletion” procedure involves a few keystrokes and insures client confidentiality and compliance with HIPAA (federal regulation 45 C.F.R. 164.501) requirements.**