Quick Risk Screen (QRS)

Training
Manual

Courtesy of Behavior Data Systems, Ltd. and its subsidiaries
Risk & Needs Assessment, Inc.
and Professional Online Testing Solutions, Inc.

Preface

QRS is the acronym for Quick Risk Screen.

Quick Risk Screen research and development began in 1985 and continues to the present. The proprietary and copyrighted Quick Risk Screen database insures ongoing research and development.

By merging the latest in psychometrics with computer technology, the Quick Risk Screen accurately assesses client behavior and identifies client risk as well as need. Staff can now objectively gather a vast amount of relevant information, identify client problems and formulate specific intervention and treatment strategies early in a client's treatment.

Quick Risk Screen diskettes contain copyrighted software programs and all rights are reserved. Clients are cautioned not to attempt to copy Quick Risk Screen diskettes, nor 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 is also a violation of U.S.A. federal copyright law. **All diskettes, including used, damaged or recalled diskettes, are returned to BDS.**

The Quick Risk Screen (and its variations) is a self-report test that is completed by the client, either individually or in group settings. There are no forms or questionnaires to be completed by the staff. Quick Risk Screen's are scored and interpreted by the computer which generates printed Quick Risk Screen reports on-site within 3 minutes of test completion. These reports eliminate the need for tedious, time consuming and error prone hand scoring. **Staff report writing, substantiation of decision making and record keeping needs are met with Quick Risk Screen reports.**

Intake personnel, as well as court and client staff, are typically not clinicians or diagnosticians. Their role has been to identify risk and related substance (alcohol and other drugs) abuse prior to recommending intervention. For example, intervention could include an education program, further clinical evaluation or treatment, counseling, participation in an intervention program, court-related sanctions or increased levels of supervision. There are also instances in which the staff member might obtain important information from another source, e.g., interview with the victim, police report, court records, etc. That is why space is provided in Quick Risk Screen reports for staff observations and recommendations.

The purpose of this manual is to describe the Quick Risk Screen while concurrently explaining how they work. Quick Risk Screen scale scores are objective; structured interview responses are more subjective. Throughout this manual, emphasis is placed on understanding the Quick Risk Screen and the automated risk and needs assessment systems it represents.

Quick Risk Screen

Table of Contents

www.online-testing.com

Product Description

The Quick Risk Screen is a brief, easily administered and automated (computer scored) test. Within minutes after test completion, the Quick Risk Screen can generate comprehensive on-site reports that present empirically based measures (scales), explain attained risk levels and provide specific recommendations.

The Quick Risk Screen is designed for adult risk and needs assessment. The Quick Risk Screen contains four scales: Truthfulness Scale, Alcohol Scale, Drugs Scale, and the Risk Scale. The Quick Risk Screen has four scales.

Quick Risk Screen diskettes contain 25 or 50 test applications. Diskettes are with in the Windows environment. Tests can be given directly on the computer screen or in paper-pencil test booklet format. Regardless of how the tests are administered, all tests are computer scored on-site and reports are available within 3 minutes of test completion. **Diskettes contain all of the software necessary to perform all test scoring functions, build an expanding database and print reports.**

Many estimate that 20% or more of clients are reading impaired. BDS has also developed an audio (human voice) reading test administration option. The client sits before the computer with earphones on. The questions and answers are presented orally to the client who uses the "arrow keys" to highlight questions and answers that will be heard. The client may switch back and forth from question to answer as many times as needed. When the client selects an answer the program advances to the next question. The audio computer presentation requires a multimedia computer. These innovative approaches to reading impaired assessment are discussed in more detail later in this manual.

Diskettes contain copyrighted software programs and all rights are reserved. **All diskettes, including damaged diskettes, are to be returned to BDS.**

Our Internet Platform

Online-Testing was created to better meet evaluator needs. Our goal was to offer tests with proven quality and concurrently to eliminate the need for evaluators to maintain expensive test inventories. To achieve these goals we developed a state-of-the-art internet testing platform and partnered with Behavior Data Systems, Ltd. in order to use their superior tests. Largely because of the testing platform's speed in handling test selection; test purchases; test administration and scoring, there is no longer a need for test users to backlog tests for future use. Our Online-Testing program is available 24 hours a day; 7 days a week (including holidays) so that evaluators can purchase the tests they need - when they need them.

Four Empirically Based Measures

The Quick Risk Screen includes four empirically based measures (scales):

1. TRUTHFULNESS SCALE: The Truthfulness Scale is a measure of how truthful the client was while completing the Quick Risk Screen. This scale identifies self-protective, recalcitrant and guarded clients who minimize or even conceal information. This scale identifies minimization and detects faking.

2. ALCOHOL SCALE: The Alcohol Scale is a measure of the client's alcohol proneness and alcohol-related problems. Client risk evaluation and screening programs need an objective, reliable and valid measure of alcohol proneness and abuse. Alcohol refers to beer, wine or other liquor.

3. DRUG SCALE: The Drug Scale is an independent measure of the client's other drug abuse proneness and drug-related problems. Without a Drug Scale, many drug (marijuana, cocaine, crack, amphetamines, barbiturates and heroin) abusers would remain undetected. The Quick Risk Screen differentiates between licit (legal) and illicit (illegal) drug use.

4. RISK SCALE: Measures the extent to which the respondent is a danger to self or others. This scale is independent of substance abuse and identifies problem-prone individuals.

* * * * *

Client scores on each of these seven objective scales are presented in Quick Risk Screen. Each attained scale score is explained and associated behaviors described. In addition to these scale score explanations (paragraphs), all scale scores are presented graphically in the Quick Risk Screen profile.

The Quick Risk Screen profile summarizes the respondent's percentile scores on each of these four empirically based measures (scales). The Quick Risk Screen profile makes this information available at a glance by graphically presenting scale scores in their risk related level classification category for each of the four scales.

Risk Level Classification
Each Quick Risk Screen scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the four 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**

Scale scores are reported individually and concurrently classified in their appropriate risk range. Each scale score is independently calculated and classified each time a Quick Risk Screen is scored.

Truthfulness Scale

Identifies denial, problem minimization and attempts to fake good or falsify answers. It is now clear that many clients attempt to minimize their problems. Probation officers, counselors and mental health professionals need to know when they can trust the information provided. The Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI) L, F and K scales, polygraph exams, other tests and truthfulness studies. The Truthfulness Scale has been demonstrated to be reliable, valid and accurate.

Truth-Corrected Scores
Truth-Corrected scores have proven to be very important for assessment accuracy. This proprietary Truth-Correction methodology is comparable to the MMPI K-scale correction. In brief, the Truth-Correction equation converts raw scores to truth-corrected scores, which are more accurate than raw scores. Raw scores reflect what the client (client, patient) wants you to know. Truth-Corrected scores reveal with the client is trying to hide.

Reading Impaired Assessment
Reading impaired clients (clients) represent around 20 percent of clients tested. This becomes a serious problem for many other tests, interviews and questionnaires. In contrast, the Quick Risk Screen has a way of dealing with this problem: "Human Voice Audio." Discussed on www.riskandneeds.com and www.online-testing.com.

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 the client's attitude or test-taking behaviors. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, reading impairments, etc. An invalid test means test results are distorted and not accurate. Since the term "validity" is sometimes misunderstood, it is being replaced with the term **"accuracy"** and "invalidity" with the term **"inaccurate."**

When reviewing a Quick Risk Screen 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 percentile are likely valid, but should be interpreted cautiously. **Truthfulness Scale scores above the 90th percentile are invalid or inaccurate.**

Alcohol Scale
The Alcohol Scale measures a client's alcohol proneness and alcohol-related problems. This is an important area of inquiry when evaluating risk. A client's Alcohol Scale score is determined by his or her pattern of responding to alcohol items or test questions.

Alcohol refers to beer, wine or other liquors. **Discriminant validity of the Alcohol Scale is demonstrated by the fact that no other Quick Risk Screen scale correlates significantly with prior alcohol-related arrests**. Only the Alcohol Scale correlates significantly with the number of prior alcohol-related arrests.

Drug Scale
The Drug Scale measures a client's proneness to drug-related problems. The client's Drug Scale score is determined by his or her pattern of responding to drug items.

Drugs refer to illicit drugs, e.g., marijuana, cocaine, crack, amphetamines, barbiturates, ice and heroin. Discriminant validity of the Drug Scale is demonstrated by the fact that no other Quick Risk Screen scale correlates significantly with prior drug-related arrests. **Only the Drug Scale correlates significantly with the number of prior drug-related arrests.**

Staff Members Should Not Take the Quick Risk Screen
It is recommended that staff members do **not** take the Quick Risk Screen test. A staff member does **not** have the same mental set as an client, consequently, they may invalidate or distort "their" Quick Risk Screen profile. Moreover, the Quick Risk Screen has **not** been standardized or normed on staff.

"Recovering" Clients
A client 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 likely 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 client should be asked if he or she is "recovering," and if recovering, "how long have they been abstaining" from alcohol or other drug use.**

Quick Risk Screen Reports
Quick Risk Screen reports are designed to meet the needs of client evaluation and client department assessment programs. The standard Quick Risk Screen report concisely summarizes test data in an accurate and easily understood manner. Staff needs for report-writing, substantiation of decision-making and record-keeping are met with Quick Risk Screen reports.

Quick Risk Screen reports have been individualized to be in compliance with user's needs. In high volume testing settings, reports can be even further individualized to user's needs. For example, a client department may desire different scale score related recommendations. And, if so desired, Quick Risk Screen reports can be modified to better meet client department needs.

Control of Quick Risk Screen Reports
The standard Quick Risk Screen report is designed for client department, as well as court-related use. It is **not** recommended that Quick Risk Screen reports be given to the client or client. It is **not** recommended that the client take any Quick Risk Screen materials, including the report, out of the office. Quick Risk Screen reports are confidential and must be controlled. Quick Risk Screen tests and reports should **not** be taken out of the testing area.

Check Answer Sheet for Completeness
Check the client's answer sheet for completeness when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. In these instances the client 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 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 or Future Tense
Clients 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% Score) Report
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 Quick Risk Screen 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 or accuracy - inaccuracy 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.

Accurate-Inaccurate Profiles
Inaccuracy is defined in terms of a client 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 accurate-inaccurate test profiles. Five examples are given for clarification.

Example #1: An elevated (at or above the 90th percentile) Truthfulness Scale score with all other Quick Risk Screen 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 client before deciding whether to retest. If impaired reading abilities are evident, you might consider the Quick Risk Screen which can be orally administered to an individual or group in 10 minutes. If emotionally upset, you might want to settle the client down before retesting. Although relatively rare, some clients do not take the testing situation seriously and might randomly respond to test questions. Regardless of the reason, this Quick Risk Screen test profile is inaccurate.

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 client was either inadvertently "reading things into the questions" or attempting to be "absolutely honest." After reviewing the instructions, this client 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 client was attempting to minimize problems and "look good" but was detected by the Truthfulness Scale. **This is a classically invalid profile**. This client 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 client'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" client or staff member playing "beat the test." Earlier it was noted that staff members do not have the same mental set as an client and it was recommended that they do not take the Quick Risk Screen. It would be unusual and rare for a client 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 respondent's motivation should be established on the basis of the overall assessment.

Example #5: In very rare instances, a respondent might answer all items True or False. If all items are answered true, the Truthfulness Scale score would be automatically set to the maximum score 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 respondent answers all items False, the Truthfulness Scale score would be very high (around the 99th percentile) and other scale scores would be 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 respondent is all that is usually needed to clarify the matter. Contingent upon the client's attitude, retesting might be considered after the verbal instructions are reviewed.

It should be noted that the multiple choice and the significant items sections of the Quick Risk Screen report are independent of the scale scores and reflect the client's perception, attitudes and opinions.

Significant Items
Some answers represent direct admissions to a problem or are highly unusual answers. These "significant" items are identified for easy reference. These items are identified and printed by scale. Sometimes seeing these self-admissions or important self-report answers helps in understanding the client. **Significant items alone do not determine Scale scores.** There may be several significant items for a scale and a low scale score or vice versa. Significant items are only presented in the report to highlight or dramatize some answers.

Multiple Choice Items
Section 3 (multiple choice items) responses reflect important self-report motivational, attitudinal and perceptual information. Responses to these items (or the last sequence of test items) include multiple choice items. These client responses are always printed on page 3 of the report. They represent the client's perception of his or her situation and needs; therefore, they may differ from empirically based and objective scale scores**. This enables further comparison of client's motivation and attitudes with the client's objectively attained scale scores.** For example, persons may report "no problem" with regard to their alcohol-related drinking pattern, even though their score on the Alcohol Scale is above the 90th percentile (severe problem) range. On the other hand, it is also important to note when the responses are consistent with their corresponding objective scale scores.

Gender Specific Norms
Research identified significant gender (male/female) differences on Quick Risk Screen scales. Based on this research, gender specific norms (separate male and female scoring procedures) have been established in the Quick Risk Screen software program. All of these Quick Risk Screen scales have separate scoring procedures to account for male/female differences. It is important to note that these gender differences may vary. Thus, it is very important that gender specific research continues. This is an example of the importance of annual database research.

Oral Instructions
It is now clear that many substance abusing clients minimize their alcohol and/or other drug-related problems by substantially under-reporting their alcohol and/or other drug use. However, the oral instructions to the client before he or she begins the Quick Risk Screen are important. A straightforward approach is recommended. For example:

"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. Please answer all of the questions honestly. It is also important that you do not read anything into the questions that is not there. Your court records may be checked to verify the accuracy of your answers. Just answer each question truthfully."

Giving the client an example often helps them understand. The example that you use will be influenced by your client population, experience, and intent. It should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the client:

"Last week a client told me while taking the MMPI that he could not answer this true-false question, 'I am attracted to members of the opposite sex.' When asked why, the client replied, 'If I answer True, you will think I am a sex maniac. If I answer False, you will think I am a homosexual.' I told the client that this test item does not ask you about being a sex maniac or a homosexual. It simply asked if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals, you were answering a different question. Do not read anything into these questions that isn't there, because if you do, you will invalidate the test and may have to take it over. Simply answer the questions True or False. There are no trick questions or hidden meanings. If you misinterpret or change the questions in the test, you will invalidate the test."

A few minutes of oral instructions can put the client at ease while providing structure and clarifying client expectation. Such procedures can greatly reduce the number of invalid tests while making the assessment procedure more acceptable to the client. Some agencies type out oral instructions for the staff so that they can have them as a ready reference.

Expanding Database
Proprietary Quick Risk Screen software is designed with the capability of **"saving"** the test data from each test in a confidential (no names) manner for ongoing research and analysis. Diskettes are returned to BDS, consequently we offer a delete client names procedure. This "delete names procedure" is discussed under its own title. In brief deleting client names before returning diskettes ensures client confidentiality. No client names appear in Quick Risk Screen research or annual summary reports. Returned diskettes are downloaded into the Quick Risk Screen database for subsequent analysis and client names are removed. **The Quick Risk Screen expanding database is statistically analyzed each year.** This is a unique advantage of the Quick Risk Screen, and it is at no additional cost to Quick Risk Screen users. As the Quick Risk Screen database continues to grow, new and exciting research discoveries and innovative software remedies are anticipated.

To ensure accuracy and accommodate demographic differences, BDS encourages high volume agencies, and statewide departments to allow Behavior Data Systems, Ltd. to establish their own database. Smaller or low volume agencies' test results are combined with other small agencies for annual analysis. This enables test standardization on each client population and re-standardization on that agency or client department's population on an annual basis. This is a very desirable Quick Risk Screen feature and it is at no additional cost to Quick Risk Screen users.

Database
A database of client information and test data is very useful. It makes possible ongoing cost-effective research and also provides the capability to summarize results for administrative, budgeting and planning purposes. Behavior Data Systems, Ltd. copyrighted built-in expanding database provides both

a research and program summary capability. Copyrighted software "saves" the test data from each test that is administered. This data is downloaded in a confidential (no names) manner to the Quick Risk Screen database.

The Quick Risk Screen database provides a cost effective approach to ongoing research. Used diskettes are returned to BDS and test data is placed in the Quick Risk Screen database. The Quick Risk Screen database is analyzed annually. This means that on an annual basis the Quick Risk Screen is essentially restandardized. This ensures accuracy and fairness. Quick Risk Screen databases are established on a state as well as departmental/agency basis. Small volume test users incorporate their databases with others, while large volume departments can maintain their own databases.

These same databases provide a cost effective means by which testing programs can be summarized-again in a confidential (no names) manner. Annual summary reports describe the population that was tested. Population statistics, demographics, emerging trends and much more can be provided in these reports on an annual basis.

Retest
Test results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the test's Truthfulness Scale is at or above the 90th percentile. When this occurs, it is recommended that the client be given the opportunity to be retested. Retest interval is determined by the assessor's opinion of the client's attitude, behavior, emotional and mental state. Retesting can occur immediately or several days or weeks later.

Prior to retesting, the test administrator should review the retest instructions with the client. A straightforward approach is recommended. For example,

> *Please answer all questions truthfully. It is important that you do not read anything into a question that isn't there. Last week, while completing another test, a client involved in a custody case said, "I cannot answer this question true or false." The question was "There are times when I worry about my court case or the charges made against me." When asked why not, the client replied, "If I answer true, you'll tell the judge that I am guilty because I'm worried; if I answer false you'll tell the judge that I don't care and I'll never get my kids."*

> *I told the client, "This test item doesn't ask you about your guilt or caring for your kids. The question simply asked if you are worried about your court case. When you interpreted the question to refer to your guilt or innocence, 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. Simply answer the question as instructed, (i.e., True or False). There are no trick questions or hidden meanings. If you misinterpret or change questions you will invalidate the test.*

A few minutes of oral instructions can put the client at ease while providing structure and clarifying the client's expectations. Do not tell the client they were lying – you will never win that argument. Note the above example reframes the issue from denial, problem minimization and noncompliance to reading questions correctly.

That said, nobody wants an invalid test. That is why problem tests (tests whose truth-corrected scores are in the problem risk range) are "truth-corrected" so test results are accurate and usable. Truthfulness

Scale scores at or below the 89th percentile are accurate. **Truthfulness Scale scores at or above the 90th percentile are inaccurate due to client denial or attempts to fake good.**

If this was a retest, this person may not be "testable" at this time. However, an alternative approach includes using the Human Voice Audio program. Human Voice Audio is an automated computer presentation in which the questions are verbally read to the client (in English, Spanish, etc.) while simultaneously being presented on the computer monitor (screen). The Human Voice Audio program is available to you free or at no additional cost. And additional information can be provided upon request. Our email address is info@bdsltd.com and our toll free number is 1 (800) 231-2401.

Time Savings
The Quick Risk Screen is specifically designed for client risk evaluation and assessment. It provides a vast amount of relevant information quickly and accurately. The Quick Risk Screen facilitates a "focused" interview that can result in significant savings in time with no compromise in the quality of the service being provided.

Four Quick Risk Screen Administrative Modes
The Quick Risk Screen can be administered in four different ways: **1. Paper-Pencil test booklet format.** This is the most common way clients are tested. Testing might be individually administered or in group testing settings. Upon test completion, tests are scored and printed in three minutes per test on-site. **2. Directly on the computer screen (monitor) itself.** Upon test completion a few keystrokes scores and prints the Quick Risk Screen report. **3. Optical scanners are used in some high volume testing settings.** This testing mode involves customized answer sheets and the purchase of an optical scanner. Faster scanners usually cost more. **4. Human voice (computer audio) presentation.** Test items and answers are read to the client. This testing mode requires a multimedia computer, headphones and Windows 95 software. Users can select the test administration mode (or modes) that are suited to their needs. And readings can be in any desired language.

Audio (Human Voice) Option
The Quick Risk Screen Human Voice Audio program is free to BDS test users and is available in English and Spanish. Human Voice Audio requires a computer, earphones and simple instructions that explain how to operate the up-down arrow keys on the computer keyboard. The Human Voice Audio program helps overcome many reading and culturally different issues.

A client's passive vocabulary (what they hear and understand) is often greater than their active (or spoken) vocabulary. Hearing items read out loud often helps reduce reading, communication and cultural problems. This Human Voice Audio program is available free. Like any new program there may be questions. If you want clarification or answers to your questions email us at info@bdsltd.com.

Optical Scanner Option
With a TWAIN compliant, full letter size, color scanner, customized scannable answer sheets can be used for automated data entry or **optical scanner scoring**. The client fills in the answer sheet, which is then scanned by entering the answer sheet automatically into the computer program. This may be useful in high volume agencies that test in large groups. It eliminates manual scoring.

Use of this option requires scanner hardware and scannable answer sheets. Scannable answer sheets can be obtained from BDS at a nominal cost or the user can print their own according to BDS specifications. If you are planning to use optical scanning please coordinate with BDS as early as possible. Our fax number is (602) 266-8227 and it runs 24 hours a day.

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 entries 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.

You may enter client test data and print reports until the diskette is filled, or if you wish, you may check to verify that data entries from the answer sheet were accurate. You have the option of verifying any data that you enter, whether you wish to verify all tests or randomly pick a few tests to verify that were entered from a diskette. The choice is yours.

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.

Delete Client Names (Confidentiality)
You have the option to delete client names and Identification Numbers from the diskette before returning it. This is optional. If you want to use this option, remember that once you delete client names and ID# from a diskette -- they are gone and can not be retrieved. We recommend you only use this option before returning used diskettes to Behavior Data Systems, Ltd. Deleting client names and ID#'s does not delete demographic or test data. When you use this option it deletes only client names and ID#'s. **This option is provided to protect client confidentiality.** Once the names and ID#'s have been deleted, there is no way for you to retrieve them.

Test Number Reminders
Test number reminders will be displayed on the screen when you use the 40th, 45th and 48th tests. When you choose to enter a new test for these three specific test numbers, a message will be displayed to indicate the test number you are about to enter. The messages will only be displayed at these three times. These reminders are meant to inform you that you are reaching the end of a 50 test diskette. They give you sufficient time to reorder. We want to avoid any disruption in your testing program and last minute phone calls for overnight deliveries of new diskettes.

And the number of the test being scored on your diskette prints out at the bottom of page 3 of your Quick Risk Screen report. This also is a reminder regarding what test you are using on your diskette.

Diskette Expiration Date
Test diskettes are dated and active for a one year period starting with the date you receive the diskette. After the 13th month that you have had the diskette it will cease to operate. There are three reminders to inform you that you have reached the 10th, 11th and 12th month of using the diskette. The diskette will not work after the 13th month.

Test diskettes are constantly being updated and we want to ensure that you are using the most current test diskette. If you have reached the 12th month of using the diskette and have not used up all of the tests contained on the test diskette, you will be credited for any unused tests that remain on the diskette. Unused tests will be credited through the end of the 13th month. **After the 13th month you will not receive credit for unused tests that remain on expired diskettes**. This is a quality control procedure that is meant to be a benefit to you as well as to maintain current and updated diskettes in the field.

How the System Works
To establish a Behavior Data Systems, Ltd. account call **(800) 231-2401**, fax **(602) 266-8227**, E-mail **info@riskandneeds.com** or write. Request your user's license and test unit fee. Once your account is established -- orders are accepted by phone, fax, E-mail or letter. Payment is expected within 30 days of receipt of ordered materials.

Diskettes contain all of the software needed to perform all test scoring functions and print reports. **Used diskettes, even damaged diskettes are to be returned to BDS within a year of their receipt on-site.** It is important to return used diskettes.

Diskettes contain copyrighted and proprietary software and ALL RIGHTS ARE RESERVED. Do not attempt to copy the diskettes or load the software on a hard disk drive. Such an act would be in violation of U.S.A. federal copyright law. Each diskette is dated, numbered and tracked.

Review of Quick Risk Screen Reports
In most cases it is a mistake to allow clients to read their Quick Risk Screen reports because they will typically get "hung up" on a word or term. It also places them in a defensive posture. Such a procedure also implies the report determines the final decision, which is not the case. **It is recommended that Quick Risk Screen results, when reviewed, be explained, without giving the client the report to read.** Results should be discussed within the context of established assessment procedures and criteria.

Technical Support
If you have any questions or problems Behavior Data Systems, Ltd. is only a telephone call away. Our telephone number is (800) 231-2401, fax (602) 266-8227, e-mail **info@bdsltd.com** and our physical address is Behavior Data Systems, Ltd., P.O. Box 44256, Phoenix, Arizona 85064-4256. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

When prompted your secret code is "y"

----

www.online-testing.com
How to Login

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

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

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

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

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

How to Administer a Test

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

1. Paper/Pencil Test Administration (Data Entry Method)

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

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

2. On Screen Online (Internet) Test Administration

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

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

How to Score a Test and Print a Report

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

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

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

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

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

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

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

How to Verify Data Entry

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

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

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

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

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

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

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

How to Delete Client Names

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

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. USE

WITH CAUTION! Once the name has been deleted it CANNOT be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

<p style="text-align:center">Live Support Chat</p>

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

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

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

<p style="text-align:center">Professional Online Testing Solutions, Inc.</p>

<p style="text-align:center">Tel: 1 (800) 231-2401</p>

<p style="text-align:center">www.online-testing.com</p>

<p style="text-align:center">info@online-testing.com</p>