QUICK RISK SCREEN
(QRS)

State-of-the-Art Internet Testing

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Scale Description

Scale Interpretation

Test Features

QRS

The **Quick Risk Screen (QRS)** has 64 items and can be completed in 15 to 20 minutes. The Quick Risk Screen has four scales (measures): **1.** Truthfulness Scale, **2.** Alcohol Scale, **3.** Drugs Scale and **4.** Risk Scale. It is a concise, yet meaningful, objective and standardized assessment instrument or test. The Quick Risk Screen has been normed and standardized on thousands of defendants, clients and substance (alcohol and other drugs) abuse clients.

Applications

- Defendant (male and female) screening in court-related settings.

- An alternative test in high volume assessment and screening settings.

- Adult client test.

- Substance (alcohol and other drugs) abuse program intake screening.

Four Scales (Measures)

1. Truthfulness Scale: Determines how honest and truthful the client was while completing the test. This scale identifies denial, problem minimization and attempts to fake good.

2. Alcohol Scale: Measures the severity of alcohol use and abuse. Alcohol refers to beer, wine and other liquor. Alcohol is a legal or licit substance.

3. Drugs Scale: Measures the severity of illicit drug use and abuse. Drugs refer to marijuana, crack, cocaine, barbiturates, amphetamines and heroin.

4. Risk Scale: Measures the client's danger to self and others. This scale identifies problem prone people that manifest a pattern of taking unnecessary chances.

Why Use the Quick Risk Screen

A concise, objective, and standardized assessment instrument that provides substance (alcohol and other drugs) use and abuse information along with other attitudinal, behavioral and stress handling abilities is rare. When identifying substance use/abuse, it's very important to know if the client was being truthful. And, from a supervisory and counseling/treatment perspective, it's equally important to establish how aggressive and resistant the client will be. When screening patients, defendants and clients, it facilitates intervention and outcome to identify the presence of established emotional and mental health problems. When a client scores at or above the 90th percentile on the Stress Coping Abilities Scale, that client very likely has a serious emotional/mental health problem and should be referred for a comprehensive psychological evaluation, diagnosis, and treatment plan. Obviously, all clients don't have serious problems, yet you need to screen the clients in your program to identify those that do.

At one sitting of approximately 30 minutes' duration, staff can acquire a vast amount of important and helpful information. As noted earlier, early problem identification facilitates timely intervention, referral, and treatment outcome.

Advantages of Screening

Screening and assessment instruments filter out individuals with problems that may require referral for more comprehensive evaluation, appropriately respond to different levels of supervision, or benefit from different types of counseling and treatment programs. This filtering system works as follows:

Quick Risk Screen Risk Ranges

Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	**70 - 89%**	**20%**
Severe Problem	**90 -100%**	**11%**

Reference to the above table shows that a problem is not identified until a scale score is at or above the 70th percentile. These risk range percentiles are based upon the many clients and patients that have completed the Quick Risk Screen. This procedure is fair and avoids extremes such as over-identification and under-identification of problems.

Using the above table for reference (contingent upon adopted policy), 11% of the people screened (Severe Problem) could be referred for evaluation, treatment, or additional services. **In this example, 89% of the people screened would not be referred for additional (and often unnecessary, as well as expensive) services.**

Savings (dollars) would be large with no compromises in clients receiving appropriate evaluation and/or treatment services. Indeed, it is likely that more clients would receive help. Without a screening program, there is usually more risk of over or under-utilization of additional professional services.

Test Booklets

Quick Risk Screen test booklets and answer sheets are provided free. These booklets contain 64 items, which are written at a high 5th to low 6th grade level. If a person can read the newspaper, they can read the Quick Risk Screen. And, these booklets are available in English and Spanish.

Reports

In brief, Quick Risk Screen reports summarize the client's self-reported history, explain what attained scale scores mean and contain specific score-related recommendations.

Within 2½ minutes of test data entry, automated (computer-scored) 3-page reports are printed on-site. These reports summarize a lot of information in an easily understood format. For example, reports include an Quick Risk Screen profile (graph), which summarizes findings at a glance. Also included are scale scores, an explanation of what each score means and specific score-related recommendations. Significant items (direct admissions) are highlighted, and answers to the built-in structured interview (last sequence of items) are presented. Emphasis is placed on helpful and meaningful reports that are easily understood.

Reliability and Validity

The Quick Risk Screen has a proprietary built-in database that insures inclusion of administered Quick Risk Screen tests in a confidential (no names) manner. Quick Risk Screen reliability, validity, and accuracy statistics are reported in the document titled "Quick Risk Screen: An Inventory of Scientific Findings." Annual database analysis further demonstrates that Quick Risk Screen scales have high reliability and validity coefficients.

For example, inter-scale consistencies (coefficient alphas) for Quick Risk Screen scales are reported in the following table for 7,986 clients tested with the Quick Risk Screen. This is one among many samples.

Quick Risk Screen Reliability (N=7,986, 2002)

Table 1. Reliability of the Quick Risk Screen (N=7,986)

All coefficient alphas are significant at p<.001.

Quick Risk Screen SCALES	Coefficient Alphas
Truthfulness Scale	.85
Alcohol Scale	.89
Drugs Scale	.88
Risk Scale	.85

In the following analyses the answer sheet item "Number of misdemeanor convictions" was used to define first offenders and multiple offenders (2 or more convictions). T-test comparisons were used to study the statistical significance between first and multiple offenders. There were 4,798 first offenders and 3,187 multiple offenders.

Table 2. Comparisons between first offenders and multiple offenders.

Quick Risk Screen Scale	First Offenders Mean	Multiple Offenders Mean	T-value	Level of Significance
Truthfulness Scale	8.25	7.66	t = 5.94	p<.001
Alcohol Scale	2.69	5.29	t = 21.49	p<.001
Drugs Scale	7.18	8.54	t = 8.19	p<.001
Risk Scale	9.04	13.79	t = 30.12	p<.001

Table 2 shows that mean (average) scale scores of first offenders were significantly lower than scores for multiple offenders on all Quick Risk Screen scales with the exception of the Truthfulness Scale. Truthfulness Scale results suggest that first offenders tried to minimize their problems, or fake good when tested, more than did multiple offenders. The Quick Risk Screen accurately differentiated between first offenders and multiple offenders. These results support the validity of the Quick Risk Screen.

As shown in Table 2, Alcohol, Drugs and Risk Scales demonstrate significantly higher scale scores for multiple offenders. As expected, offenders with a history of criminal arrests and convictions have higher levels of severity than first-time offenders. These results demonstrate that these Quick Risk Screen scales discriminate between first offenders and multiple offenders. Higher Quick Risk Screen 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.

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

Quick Risk Screen Scales	Coefficient Alpha	Significance Level
Truthfulness Scale	.88	p<.001
Alcohol Scale	.93	p<.001
Drugs Scale	.91	p<.001
Risk Scale	.86	p<.001

All Quick Risk Screen scales have alpha coefficients well above the professionally accepted standard of .80 and are highly reliable. And, all coefficient alphas are significant at the p<.001 level.

Early validity studies used criterion measures and were validated with other tests like the Minnesota Multiphasic Personality Inventory (MMPI) L-Scale and F-Scale, 16PF, Quick Risk Screen-Adult Probation III, Defendant Questionnaire, Taylor Manifest Anxiety, etc. Much of this research is summarized in the document titled "Quick Risk Screen: An Inventory of Scientific Findings." Subsequently, database analysis based studies further support Quick Risk Screen reliability, validity, and accuracy.

Staff Member Input

The Quick Risk Screen is to be used in conjunction with experienced staff judgment. When available, court records and counseling or treatment records should be reviewed. Experienced staff should also interview the client. For these reasons, the following statement is contained in each Quick Risk Screen report: "Quick Risk Screen reports are confidential and are considered working hypotheses. No diagnosis or decision should be based solely upon Quick Risk Screen results. The Quick Risk Screen is to be used in conjunction with experienced staff judgment."

Unique Quick Risk Screen Features

Truthfulness Scale: Identifies denial, problem minimization, and faking. It is now clear that many clients attempt to minimize their problems. A Truthfulness Scale is now a necessary component in contemporary client tests. The Quick Risk Screen Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, experienced staff judgment and truthfulness studies. The Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects, the Quick Risk Screen Truthfulness Scale is similar to the MMPI's L and F-Scales. It consists of a number of items that most people agree or disagree with.

Truth-Corrected Scores: Have proven to be very important for assessment accuracy. The proprietary truth correction program is comparable to the MMPI K-Scale correction. The Quick Risk Screen Truthfulness Scale has been correlated with the 3 other scales. The truth correction equation then converts raw scores to Truth-Corrected scores. Truth-Corrected scores are more accurate than raw scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide.

More than just another alcohol or drug test. In addition to alcohol and drugs, the Quick Risk Screen assesses other important areas of inquiry like truthfulness, denial and faking, aggressiveness and stress coping abilities. The Quick Risk Screen is specifically designed for substance abuse assessment. It provides the information needed for understanding client attitudes and behavior.

Reading Impaired Assessment. Reading impaired clients represent 20+ percent of clients tested. This represents a serious problem to many other client tests. In contrast, Professional Online Testing Solutions, Inc. has developed an alternative for dealing with this problem, "human voice audio."

Confidentiality. Professional Online Testing Solutions, Inc. encourages test users to delete client's 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 the Quick Risk Screen database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality.

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

Training Manual: The "Quick Risk Screen Training Manual" explains how the Quick Risk Screen works. This manual is a must read for staff that will be using the Quick Risk Screen. Training Manual content includes, but is not limited to, the following: instructions for testing, an explanation of how scores are derived, a description of how court and corrections information is used, specifies unique Quick Risk Screen features and much more.

SUBSTANCE ABUSE QUESTIONNAIRE-SHORT FORM
SCALE INTERPRETATION

This test interpretation is provided as a ready reference to augment this dialogue. There are several levels of interpretation ranging from viewing the Substance Abuse Questionnaire-Short Form (Quick Risk Screen) as a self-report to interpreting scale elevation and scale inter-relationships.

The following table is a starting point for interpreting Quick Risk Screen scale scores.

SCALE RANGES		
Risk Category	**Risk Range Percentile**	**Total Percentage**
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 - 100%	11%

A problem is not identified until a scale score is at the 70th percentile or higher. **Elevated** scale scores refer to percentile scores that are at or above the 70th percentile. **Severe problems** are identified by scale scores at or above the 90th percentile. Severe problems represent the highest eleven percent of clients evaluated with the Quick Risk Screen, which has been normed on thousands of male and female clients. And this normative sample continues to expand with each test that is administered.

SCALE INTERPRETATION

1. Truthfulness Scale: Measures how truthful the client (male or female) was while completing the test. This scale identifies guarded and defensive people who attempt to fake good. Truthfulness Scale scores in the 70 to 89th percentile range are accurate. Truthfulness Scale scores at or above the 90th percentile mean that all Quick Risk Screen scales are inaccurate (invalid) because the client was overly guarded, read things into test items that aren't there, was minimizing problems or was caught faking answers. Clients with reading impairments might also score in this 90 to 100th percentile scoring range.

If not consciously deceptive, clients 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 is important because it shows whether-or-not the client answered test items honestly.

Truthfulness Scale scores at or below the 89th percentile indicate that all other scale scores are accurate. One of the first things to check when reviewing an Quick Risk Screen report is the Truthfulness Scale score. Was the client truthful when taking the test? Or conversely, was the client in

denial, minimizing problems or attempting to "fake good" while completing the test? In other words, was the client truthful (honest, sincere or guileless) when answering Quick Risk Screen test items?

2. Alcohol Scale: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit or legal substance. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging or problematic drinking problem. An Alcohol Scale score in the Severe Problem (90 to 100th percentile) range identifies serious drinking problems.

Other Alcohol Scale items are printed as "significant items" when they are admitted to. Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the client's substance of choice.

Alcohol Scale scores in the Severe Problem (90 to 100th percentile) range are a malignant sign. Indeed, Alcohol Scale scores in the Severe Problem range often exacerbate or magnify the behaviors associated with other elevated scale scores when the client drinks. The Alcohol Scale score can be interpreted independently or in combination with other Quick Risk Screen scales.

3. Drugs Scale: Measures drug use and the severity of abuse. Drugs refer to marijuana, ice, crack, ecstasy, amphetamines, cocaine, barbiturates, heroin, etc. An elevated (70 to 89th percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the Severe Problem (90 to 100th percentile) range identifies established drug problems.

A Severe Problem Drugs Scale score usually exacerbates or magnifies the behaviors associated with other elevated scores when drugs are being used. A particularly dangerous situation exists when the Drugs Scale and the Aggressiveness Scale are elevated. In these instances the client can inappropriately act out. Elevated Drugs Scale score can contribute (exacerbate) to impaired stress coping abilities. Elevated Drugs Scale score are often associated with increased resistance. A general rule is co-elevated scale scores are problematic. And when co-elevated scale scores are in the Severe Problem range problematic behaviors are usually exacerbated. Co-elevated scale scores in the Severe Problematic range are a malignant (very dangerous) pattern.

4. Risk Scale: Measures the client's use of physical force to injure, damage and destroy. The Risk Scale identifies people who are a risk to themselves and others. A problem risk (70 to 89th percentile) Risk Scale score identifies violence prone individuals. A Violence Scale score in the severe problem (90 to 100th percentile) range identifies very violent and dangerous people. Some people are "violence prone" and often have a chip on their shoulder. They are sensitive to perceived insults, want to "get even" and overtly act out with little provocation. Elevated Alcohol Scale and Drugs Scale with an elevated Risk Scale are dangerous combinations because each of these scales represents potential risk magnifiers. The Risk Scale can be interpreted individually or in combination with other Quick Risk Screen scale scores.

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In conclusion, it was noted that there are several "levels" of Quick Risk Screen interpretation ranging from viewing the Quick Risk Screen as a self-report to interpreting scale elevations and inter-relationships. Staff can then utilize Quick Risk Screen findings within the context of the client's situation.