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SUBSTANCE ABUSE QUESTIONNAIRE (SAQ) SAQ-ADULT PROBATION III SAQ-SHORT FORM ORIENTATION AND TRAINING MANUAL

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SAQ is an acronym for substance Abuse Questionnaire (SAQ). SAQ and the SAQ-Short Form both use this acronym.

By merging the latest in psychometrics with computer technology, the SAQ accurately assesses client attitudes and behaviors while identifying 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.

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SAQ-Adult Probation III

More than just another alcohol or drug test. In addition to alcohol and drugs the SAQ-Adult Probation III assesses other important areas of inquiry like truthfulness, violence proneness, antisocial attitudes, aggressiveness and stress coping abilities. This test is specifically designed for probationer (male and female) assessment, consequently it measures behaviors missed by other test.

The SAQ-Adult Probation III measures attitudes and behaviors that combine into a probationer profile. Paper-pencil test administration takes 25 to 30 minutes and tests are computer scored on-site with reports printed within 2 ½ minutes.

The SAQ-Adult Probation III includes seven (7) empirically based measures (scales):

1. TRUTHFULNESS SCALE: The Truthfulness Scale is a measure of how truthful the client was while completing the SAQ. 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. Offender 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 SAQ differentiates between licit (legal) and illicit (illegal) drug use.

4. AGGRESSIVITY SCALE: The Aggressivity Scale is a measure of the client's risk-taking behavior, acting out potential and aggressiveness. Aggressivity is an important trait in violent crimes. This scale helps detect the abstaining (no alcohol or drug involvement), yet irresponsibly aggressive client.

5. ANTISOCIAL SCALE: The Antisocial Scale measures antisocial behavior, e.g., lying, failure to pay bills, uncaring, irresponsible, impaired relationships and poor work histories. This scale is only in the SAQ-Adult Probation III

6. VIOLENCE SCALE: The Violence Scale measures the client's use of physical force to injure, damage or destroy. It identifies probationers that are dangerous to themselves or others. This scale is only in the SAQ-Adult Probation III.

7. STRESS COPING ABILITIES SCALE: The Stress Coping Abilities Scale is a measure of the client's ability to handle stress. Severely impaired stress coping abilities are indicative of other identifiable emotional and mental health problems.

Client scores on each of these seven objective scales are presented in SAQ-Adult Probation III reports. 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 SAQ-Adult Probation III profile.

The SAQ-Adult Probation III profile summarizes the respondent's percentile scores on each of these seven empirically based measures (scales). The SAQ-Adult Probation III profile makes this information available at a glance by graphically presenting scale scores in their risk related level classification category for each of the seven scales.

TRUTHFULNESS SCALE

I would be naïve to assume clients (respondents) always tell the truth, particularly while being evaluated. The literature consistently shows that people being interviewed, screened and tested tend to minimize their problems. Indeed, many clients attempt to “fake good.” This Truthfulness Scale identifies denial, problem minimization and attempts to fake good.

This Truthfulness Scale measures the truthfulness of the client while being tested. When the Truthfulness Scale score is below the 70th percentile – the client was truthful and test results are valid and accurate. Truthfulness Scale scores between 70th and 89th percentile reflect the clients tendency to minimize problem’s, yet they have been truth-corrected and are valid and accurate. In contrast, a Truthfulness Scale scores at pr above the 90th percentile is too extreme to be truth-corrected, consequently the scale scores are inaccurate and the test is invalid. Invalidity or inaccurate test results are many and include reading impairments, reading things into questions that aren’t there, emotional turmoil, massive denial, or attempts to “fake good.” Regardless of the reason, a Truthfulness Scale score at or above the 90th percentile means that the test is invalid and all scale scores are distorted and inaccurate. It should be emphasized that invalid Truthfulness Scale scores (90th percentile or above) do not occur by chance. A definite pattern of untruthfulness must occur to obtain an extreme (90th percentile or higher) Truthfulness Scale score.

TRUTH-CORRECTED SCORES

The Truthfulness Scale score determines how truthful the client (respondent) was while completing the test. The Truthfulness Scale was correlated with all other scale scores. These correlation coefficients enable the determination of error variance for each scale score. Truth-corrected scores allow problematic test scorers (70 to 89th percentile) to be accurately scored. Moreover, Truth-Corrected scores are more accurate than raw scores because they account for the measured amount of untruthfulness associated with each scale score. Raw scores may only reflect what the client wants you to know. Truth-Corrected score reveal what the client is trying to hide. A Truthfulness Scale score at or above the 89th percentile means that all other scale scores are accurate. A Truthfulness Scale score at or above the 90th percentile invalidates that test because all scale scores are severely distorted and could not be truth-corrected. These test scores are inaccurate.

RISK LEVEL CLASSIFICATION

Each SAQ-Adult Probation III scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the seven 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 an SAQ is scored.

COURT HISTORY

The SAQ-Adult Probation III answer sheet incorporates the following court history information:

1. Your age at your first arrest
2. Number of felony arrests
3. Number of times on probation
4. Number of probation revocations
5. Total number of times arrested
6. Number of times sentenced to jail
7. Number of times sentenced to prison
8. Number of alcohol-related arrests
9. Number of drug-related arrests
10. Number of months employed in last year

This information is merged with other scoring methodology to establish client risk, violence potential, etc. Client responses to these items (cited above) are printed in the SAQ-Adult Probation III report in the section titled "Additional Information (Provided by Client)". This enables staff to check the client's answers for accuracy and provides another truthfulness audit.

ORAL INSTRUCTIONS

Many clients (respondents) attempt to minimize their problems by substantially under-reporting their problems and concerns. This "under reporting" is in some ways related to the oral instructions given prior to testing. A straightforward, respectable and honest approach minimizes client's attempts to "fake good." For example, "this questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. There are no trick questions or "hidden meanings." Your available records may be checked to verify the accuracy of your answers. Please answer all questions truthfully.

Giving the client an example sometimes helps in understanding these instructions. The example you use will be influenced by your client, experience and motivation. All examples should be individualized to the assessment situation. The following example is offered to show how they can facilitate client understanding and cooperation.

"Last week a client told me while taking the MMPI that she could not answer an item "true" or "false." When questioned she identified the item as "I am attracted to members of the opposite sex." When questioned more clearly she replied , "If I answer true you will think I am a sex maniac. And if I answer false you will think I am a lesbian." I explained that this item does not ask about sex maniacs or lesbians. It simply asks if you are attracted to members of the opposite sex. When you interpret it to refer to "sex maniacs" and "lesbians" you were answering a different question. Do not read anything into these questions that is not there, because if you do you will likely invalidate the test results and may have to take it over. There are no trick questions.

How the client is approached prior to testing often determines whether-or-not they will cooperate

PAST, PRESENT AND 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 tense 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.

STAFF SHOULD NOT TAKE THIS TEST

Sometimes a staff member wants to "simulate" a client (respondent) and take the test. It is

strongly recommended that staff do not take the test because it was not standardized (normed) on staff. A staff member does not have the same mental set as the client. Staff will likely invalidate or otherwise distort their test results.

ASAM COMPATIBLE RECOMMENDATIONS

American Society of Addiction Medicine (ASAM) recommends four levels of intervention or recommended care based on the severity of the defendant's alcohol and/or other drug condition. And treatment within any level of care may be modified according to the severity of the defendant's substance-related condition. The SAQ-III Alcohol Scale and Drugs Scale scores represent the severity of the defendant's drinking and/or other drug condition.

ASAM states there are exceptions to DSM-IV classification-related levels of care. These defendants whose symptom severity warrants adjusting their recommended intervention or treatment are so reclassified. The SAQ-III works in a similar fashion. When SAQ-III defendants meet DSM-IV criteria for substance dependency or substance abuse they are so classified. Moreover, the severity of a defendant's substance condition is measured by the Alcohol Scale and Drugs Scale. And consistent with ASAM procedures, the severity of the defendant's condition determines recommended levels of intervention or treatment. Consistent with ASAM, the severity of a defendant's condition directly influences the recommended intervention or treatment timetable and recommended levels of interventions.

In summary, SAQ-III Alcohol Scale and Drugs Scale scores measures the severity of each defendant's substance (alcohol or other drug) related condition. It is emphasized the SAQ-III is to be used in conjunction with an interview, review of available records and experienced staff judgment. And, as a defendant moves through screening, adjudication of their cases, intervention, program intake and/or treatment -- the defendant's status is continually assessed and adjusted as warranted.

HIPAA COMPLIANCE

Confidentiality: Online-testing.com encourages test users to delete client/offender names from their database. 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 SAQ-Adult Probation III database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality and HIPAA (federal regulation 45 C.F.R. 164.501) requirement compliance. As a fail safe condition, any client name that have not been deleted for six are automatically deleted at that time.

RESEARCH

Reliability, validity and accuracy. The SAQ-Adult Probation III has a built-in database that insures inclusion of all tests administered in a confidential (no names) manner. Over 100,000 probationers test data are represented in the SAQ-Adult Probation III database. And these reliability, validity and accuracy statistics are reported in the manual titled: "SAQ: An Inventory of Scientific Findings." Annual database analysis has shown that SAQ-AP III scales maintain very high reliability coefficients and minimum interscale correlations.

For example, the internal consistencies (coefficient alpha) for SAQ-AP III scales are reported for 3,484 probationers screened in the year 2000. This is only one among many year 2000 samples (or studies).

SAQ-AP III Scales	Coefficient Alpha	Significance Level
Truthfulness	.88	p<.001
Violence	.85	p<.001
Antisocial	.86	p<.001
Aggressiveness	.86	p<.001
Alcohol	.94	p<.001
Drugs	.92	p<.001
Stress Coping Abilities	.92	p<.001

All SAQ-Adult Probation III scales have alpha coefficients well above the professionally accepted standard of .75 and are highly reliable. All of these coefficient alphas are significant at the p<.001 level.

SAQ-Adult Probation III research extends over 17 years. Many studies have been conducted on thousands (not just hundreds) of probationers using several validation methods. Early studies used criterion measures and were validated with many other tests, e.g., Minnesota Multiphasic Personality Inventory (MMPI) L-Scale, MMPI F-Scale, Prison Inmate Inventory, Defendant Questionnaire, 16PF, MMPI Psychopathic Deviate Scale, polygraph examination, MMPI Anxiety Scale, MAS (Taylor Manifest Anxiety) Scale, TSC-VII (Tension, Worry) Scale, etc. Much of this research is summarized in the “SAQ: An Inventory of Scientific Findings.” Subsequently many discriminant validity and predictive validity (treatment versus non-treatment) database studies support SAQ-Adult Probation III reliability, validity and accuracy.

SAQ-Adult Probation III norms are updated annually for each SAQ-AP III scale. Separate norms are available for gender (male and female), ethnicity (Caucasian, Black, Hispanic), geographic (state-by-state) regions, etc.

MINIMUM SCALE SCORES

When available, client (respondent) history is included in the Alcohol Scale and Drugs Scale scoring methodology to establish minimum scores. With regard to the Alcohol and Drugs Scale scores, a prior substance (alcohol and other drugs) abuse arrest automatically establishes a minimum score for the appropriate scale at the 40th percentile. The 40th percentile is the lowest “medium risk” severity score. Two priors automatically score at the 61st percentile, which is the upper medium risk range. Three priors automatically scores at the 80th percentile, which is the high medium risk score. Five or more priors automatically scores at the 89th percentile, which is the highest possible problem risk score.

When an Alcohol Scale or Drugs Scale score is higher than these minimum scores, the higher scale score overrides or supersedes the minimum score. In other words, the highest scale score is used in the tests report. The highest score – whether the scale score or the minimum score – is used.

When a client (respondent) has one or more prior arrests/convictions, the scale score can not be lower than that scales minimum score. And when client history is not available, the scale is scored in the usual manner, i.e., cumulative scale score.

Minimum scores are established for scales that demonstrated discriminant validity, e.g., Alcohol, Drugs, Violence, Suicide, Gamblers, etc.

SPECIAL (99% SCORES) REPORTS

When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words the SAQ 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.

REQUESTS FOR TESTS AND TEST REPORTS

If, or when, third parties (attorneys, relatives, agencies, etc.) request test-related materials they should be informed that all test materials (test booklets, manuals, etc.) are copyrighted. As appropriate, they may be allowed to review the clients report during normal working hours. However, they should not photocopy or remove it from the evaluator's office.

A similar procedure should be followed with the tests "Inventory of Scientific Findings."

CONTROL OF REPORTS

Online-testing.com reports contain confidential information. Some of the vocabulary may be misunderstood by the client (respondent) and others. For these reasons the client (respondent) should not be given their reports to read. Instead, a staff person can review the test results with the client, but not give the test report to the client to read or leave the premises with. The client (respondent) should never be allowed to remove a test booklet or report from the office. All test booklets are copyrighted and all test reports are privileged, highly sensitive and confidential.

RETEST

When a client (respondent) invalidates their test, it is recommended that they be given the opportunity to be retested. Prior to retesting the oral instructions must be carefully reviewed with the client. Emphasis should be placed upon "do not read things into the items that isn't there." If the retest is invalid, the client may not be testable at that time.

SIGNIFICANT ITEMS

Significant items are self-admissions or unusual self-report answers. Significant items are identified for reference. Sometimes they help in understanding the client. Significant items alone do not determine scale scores. Significant items are referenced toward the end of the test report for easy reference. Whatever the client's answer was to these multiple choice items, that answer is reproduced on the third page of the report.

EXPANDING DATABASE

A database is a large collection of data in a computer, organized so that it can be expanded, updated and retrieved for ongoing statistical analysis and research. Each test that is administered over online-testing.com's internet platform saves the test data b deletes the client's name and identification.

THREE VERSIONS OF THE SAQ

Each designed for a specific adult population

- I. Substance Abuse Questionnaire (SAQ) is designed for counseling and chemical dependency treatment programs. The SAQ contains 153 items, has a 6th grade reading level and takes 25 minutes to complete. It has six scales: Truthfulness, Alcohol, Drug, Resistance, Aggressivity and Stress Coping Abilities. The SAQ evaluates problem prone clients, identifies substance (alcohol and other drugs) abusers and recognizes the emotionally disturbed. The SAQ is used in counseling and chemical dependency treatment programs.**

- II. SAQ-Adult Probation III contains seven scales: Truthfulness, Violence, Alcohol, Drugs, Aggressivity, Antisocial and Stress Coping Abilities. SAQ-III contains 165 items, includes 7 scales and takes 30 to 35 minutes to complete. The SAQ-III is appropriate for adult probation, the courts and community corrections programs. Several courts and probation departments requested the inclusion of the Violence Scale and Antisocial Scale.**

- III. SAQ-Short Form is designed for high volume testing and use with the reading impaired. It is estimated that 20% of probationers are reading impaired. The Short Form consists of 64 items and can be read to an individual or group in 15 minutes. It contains four scales: Truthfulness, Alcohol, Drug and Risk.**

AN INTRODUCTION TO SCALE INTERPRETATION

1. Truthfulness Scale: Measures how truthful the probationer was while completing the test. It identifies guarded and defensive probationers 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 SAQ-Adult Probation III scales are inaccurate (invalid) because the probationer was overly guarded, read things into test items that aren't there, was minimizing problems or was caught faking answers. Probationers with reading impairments might also score in this 90 to 100th percentile scoring range.

If not consciously deceptive, probationers 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 probationer 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 SAQ-Adult Probation III report is the Truthfulness Scale score.

2. Violence (Lethality) Scale: Identifies probationers that are dangerous to themselves and others. Violence 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 score with an elevated Antisocial, Alcohol or Drugs Scale score. Substance (alcohol or other drugs) abuse and antisocial attitudes can contribute to a person's dangerousness. The more of these scales that are elevated with an elevated Violence Scale -- the worse the prognosis. An elevated Stress Coping Abilities Scale with an elevated Violence Scale provides insight regarding codeterminants and possible treatment recommendations. A severe problem Violence Scale score is a malignant sign with or without other scale elevations and describes a dangerous person. An elevated Violence Scale with an elevated Aggressiveness Scale score increases the probability of acting out. The Violence Scale score can be interpreted independently or in combination with other SAQ-Adult Probation III scales.

3. Antisocial Scale: Measures anti-social attitudes and behavior. Antisocial is defined as opposed to society or existing social organization and moral codes. Antisocial behavior refers to aggressive, impulsive and sometime violent actions that flout social and ethical codes as well as laws. This behavior pattern often begins with a conduct disorder involving lying, stealing, fighting, cruelty, truancy, vandalism and substance abuse. Elevated anti-social Scale scores are often associated with non-internalization of recognized conventions. Many high antisocial Scale scorers manifest a seeming inability to profit from experience.

An elevated Antisocial Scale in conjunction with an elevated Alcohol Scale, Drugs Scale or Violence Scale score would be a malignant sign prognostically. A severe problem Stress Coping Abilities scale score with an elevated severe problem Antisocial Scale suggest the possibility of a suspicious/paranoid mental health problem. And an elevated Antisocial Scale score suggests a rather negative flavor to acting out behaviors. The Antisocial Scale can be interpreted independently or in combination with other SAQ-Adult Probation III scales.

4. Aggressiveness Scale: Measures aggressive or outgoing behavior. Aggressiveness is defined as a social dominance and a tendency toward hostility. This condition is often characterized by

a lack of social concern for others. Aggressive conduct disorders are characterized by persistent, domineering, punitive and even assaultive verbal or physical conduct.

An elevated Aggressiveness Scale score is indicative of increased risk-taking behavior, acting out potential and impulsiveness. Severe problem scorers represent the extreme and can constitute a subgroup of antisocial personality disorders. Characteristics include lack of social concern, disrespect of others property and deliberate annoying of others. Severe problem scorers often cross the line between aggressive behavior and inappropriate acting out. Aggressive tendencies are particularly troublesome in people also scoring in the elevated Violence Scale range.

An aggressive person who is also antisocial and/or manifest an elevated Violence Scale score can be particularly dangerous. Substance (alcohol and other drugs) abuse tends to magnify a person's aggressive problem tendencies. A person with a severe problem Aggressiveness Scale score becomes more bothersome or distracting with a concurrently elevated substance abuse, Antisocial Scale or Stress Coping Abilities Scale score. The Aggressiveness Scale can be interpreted independently or in combination with other SAQ-Adult Probation III scales.

5. 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 89th percentile) Alcohol Scale score is indicative of an emerging drinking problem. An Alcohol Scale score in the severe problem (90 to 100th 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 SAQ-Adult Probation III to correctly identify "recovering alcoholics." The probationers answer to the "recovering" question (item #149) is printed on the last page of the report for easy reference. In addition, elevated alcohol Scale paragraphs caution staff to establish if the probationer is a recovering alcoholic.

Other Alcohol Scale items are printed as "significant items" when they are admitted to. For example: #18 (Admits has a drinking problem); #28 (In last year drinking was a problem); #44 (Admits has an alcohol problem); and #71 (Admits drinking is a serious problem).

Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the probationer's substance of choice.

Scores in the severe problem (90 to 100th percentile) range are a malignant sign. And Alcohol Scale scores in the severe problem range often magnify the behaviors associated with other elevated scale scores when the probationer has been drinking. The Alcohol Scale score can be interpreted independently or combination with other SAQ-Adult Probation III scales.

6. Drugs Scale: Measures drug use and the severity of abuse. Drugs refer to marijuana, ice, crack, cocaine, amphetamines, barbiturates and heroin. 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 history of drug-related problems (e.g., drug-related arrests, drug treatment, etc.) could result in an abstainer (current non-user) attaining a low to medium risk Drugs Scale score. For this reason pre-cautions have been built into the SAQ-Adult Probation III to insure correct identification of "recovering" drug abusers. Many of these precautions are similar to those discussed in the previous Alcohol Scale description. The probationer's answer to the "recovering" questions (item #149) is printed on the last page of the report for easy reference. In addition, elevated Drugs Scale paragraphs caution staff to establish if the probationer is a recovering drug abuser.

Other Drugs Scale items are printed as “significant items” when they are admitted to. For example: #47 (States still uses drugs); #63 (In last year had a drug problem); #90 (Admits to a drug problem); #101 (States is in drug treatment) and #104 (Admits is dependent on drugs).

Concurrently elevated Drugs and Alcohol Scale scores are indicative of polysubstance abuse, and the highest score usually reflects the probationer’s substance of choice.

A severe Drugs Scale score usually exacerbates or magnifies the effects associated with other elevated scores when the probationer uses drugs. A particularly dangerous situation exists when the Violence Scale score and the Drugs Scale score are in the severe problem range. Elevated Drugs Scale scores contribute to further impaired Stress Coping Abilities Scale scorers stress handling abilities. A severe problem Drugs Scale score is an even more problematic sign when any Aggressiveness, Violence or Antisocial Scales are also on the severe problem range. The Drugs Scale can be interpreted independently or in combination with other SAQ-Adult Probation III scales.

7. Stress Coping Abilities Scale: Measures one’s ability to cope effectively with tension, stress and pressure. 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 SAQ-Adult Probation III scales helps explain the probationer’s situation. When a probationer doesn’t handle stress well, other existing problems are often exacerbated. Such problem augmentation or magnification applies to substance (alcohol and other drugs) abuse, behavioral acting out and attitudinal problems.

When a Stress Coping Abilities Scale score is in the problem (70 to 89th percentile) range the probationer would benefit from a stress management program wherein effective stress coping strategies are taught. When a Stress Coping Abilities Scale score is in the severe problem (90 to 100th percentile) range it is very likely that the probationer has a diagnosable mental health problem. In these instances referral to a certified/licensed mental health professional is warranted for a diagnosis and treatment plan. As noted earlier, lower elevated scores suggest possible referral alternatives like stress management counseling. The Stress Coping Abilities Scale can be interpreted independently or in conjunction with other SAQ-Adult Probation III scale scores.

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

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Edward C. Birkel’s article “Accurate Intensive Supervision Probation Selection: Revisited” (Perspectives, Volume 24, November 4, Fall 2000) discusses the use of the SAQ-Adult Probation III in the selection of probationers for intensive supervision probation (ISP). “The results of this study demonstrate that accurate ISP offender selections can be achieved through the combined use of criminal history information and behavioral factors from offender assessment instruments or tests.” The tests used in this study are: SAQ-Adult Probation III, Driver Risk Inventory-II, ACDI-Corrections Version II (juvenile test), and the Domestic Violence Inventory.

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