SELF ASSESSMENT INDEX

Orientation and Training Manual

PREFACE

Over the past decade we have witnessed dramatic changes in our welfare programs. More recently the Personal Responsibility and Work Opportunities Reconciliation Act imposes several types of participation requirements on both individuals and states. It requires states to outline in their plans how they will require a parent or caretaker receiving Temporary Assistance to Needy Families (TANF) to engage in work once the state determines the welfare recipient to be job-ready or once the recipient has received assistance for 24 months.

The goal is to help welfare recipients become gainfully employed within a 24 month period. To achieve this goal, welfare recipients need to be screened to determine their needs. And whenever welfare recipients can be helped to overcome problems, it is recommended that they be referred to vocational rehabilitation programs, substance (alcohol and other drugs) abuse treatment agencies and other service organizations.

There are a vast array of variables that effect welfare recipient program success. These variables include work motivation/attitudes, emotional/mental health problems, stress management and substance (alcohol and other drugs) abuse. To determine which welfare recipients need help, an approach growing in popularity is to screen all welfare recipients with an objective and standardized screening instrument. Then, welfare recipients with identified problems can be referred to appropriate agencies/programs for remediation and help.

The Self-Assessment Index (SAI) is specifically designed to meet these welfare recipient screening needs. The SAI consists of 103 items and takes 20 to 25 minutes to complete. It is more than just another alcohol or drug test. The SAI is designed specifically for screening welfare recipients for alcohol and drug problems, vocational rehabilitation needs as well as emotional/mental health problems. And as warranted welfare recipients are referred to appropriate treatment agencies for needed services. The SAI facilitates early problem identification, thereby permitting prompt resolution. Early problem identification improves welfare recipient chances for successful program completion, continued recovery and sustained employment.

The Self-Assessment Index (SAI) provides specific recommendations (referrals) in each SAI report. These recommendations (referrals) increase in intensity as the measured severity of problems increases.

SAI (103 ITEMS & 20 to 25 MINUTES)

Scales	Measures	Recommendations (referrals)
1. Truthfulness	Accuracy/Truthfulness	Referrals and recommendations vary according to the severity of the welfare recipient's problem(s). For example, they may range from substance abuse education to inpatient treatment.
2. Alcohol	Alcohol abuse severity	
3. Drug	Drug abuse severity	
4. Work Index	Work attitude/motivation	
5. Stress Coping	Stress coping abilities	

Since many public assistance and welfare agency staff are not licensed or certified healthcare providers, they may not be allowed to diagnose. For clients attaining very high (91st percentile and higher) alcohol, drug or stress coping scores, it is recommended that they be referred for a psychological or psychiatric evaluation. This recommendation (referral) is to obtain a Diagnostic and Statistical Manual (DSM-IV) diagnosis, related treatment plan and prognosis. Specific recommendations (referrals) are provided in each SAI report. The level of referral increases as problem severity increases.

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PRODUCT DESCRIPTION

The **Self-Assessment Index (SAI)** is a brief, easily administered and automated (computer scored) screening instrument or test specifically designed for welfare recipient assessment.

The Self-Assessment Index (SAI) consists of 103 items and can be completed within 20 to 25 minutes with automated (computer scored) reports printed on-site within 2 minutes of completion. **The SAI is specifically designed to screen welfare recipients effected by alcohol and drug problems.** But the SAI is much more than just an alcohol or drug test. The SAI also screens work attitude, motivation and stress coping -- important behaviors missed by other tests. Specific scale and score-related recommendations (or referrals) are provided in SAI reports for each empirically based scale.

FIVE EMPIRICALLY BASED SAI SCALES

1. **Truthfulness Scale:** measures how open and truthful the welfare recipient was while completing the test. This scale identifies guarded and defensive people who minimize their problems. And it will detect faking.

2. **Alcohol Scale:** measures the welfare recipient's severity of alcohol use or abuse. Alcohol refers to beer, wine and other liquors. The Alcohol Scale is an objective measure of alcohol proneness.

3. **Drug Scale:** is an independent measure of the welfare recipients "other drug" use. This scale measures the severity of drug use, abuse and proneness. Drugs refer to marijuana, crack, LSD, cocaine, amphetamines, barbiturates and heroin.

4. **Work Index Scale:** identifies attitude and/or motivational factors that influence welfare recipients behavior. Many of these cloaked issues (value of work, work-related expenses, family responsibilities, people problems, transportation, frame of reference, influence of significant others, etc.) influence the chances of vocational rehabilitation, recovery and employment success.

5. **Stress Coping Abilities:** aside from substance (alcohol and other drugs) abuse, a common relapse trigger is stress -- or more specifically, how well the welfare recipient copes with stress. High Stress Coping Abilities Scale scores (at or above the 91st percentile) correlate significantly with diagnosable emotional and mental health problems. Welfare recipients with high scores (at or above the 91st percentile) should be referred for a psychological evaluation to obtain a specific DSM-IV diagnosis, treatment plan and prognosis.

SAI diskettes contain 25 or 50 test applications. Diskettes are available in MS DOS or Windows applications. Diskettes contain all of the software necessary to perform all test scoring functions, build an expanding database and print reports.

Staff report writing, substantiation of decision-making and record keeping needs are met with these reports.

SAI diskettes contain proprietary copyrighted software programs and all rights are reserved. All SAI diskettes, including damaged diskettes are to be returned to Behavior Data Systems, Ltd.

RISK LEVEL CLASSIFICATION

Each SAI scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the five empirically based scales each time an SAI is scored.

RISK LEVEL CLASSIFICATION

PERCENTILE RANGE	**RISK RANGE**
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
70 to 90th percentile	**Problem Risk**
91 to 100th percentile	**Severe Risk**

A problem is not identified until a scale score (percentile) is at (or above) the 70th percentile. Percentile scores are obtained from a database of welfare recipient score distributions. **Scores in the 70 to 90th percentile range represent problems for which specific intervention and/or treatment recommendations (or referrals) are made. Severe problems are identified with scale scores in the 91 to 100th percentile range**. Recommendations are intensified for severe problem scale scores.

Alcohol, Drug and Stress Coping Scale scores in the 91 to 100th percentile range (severe problem) are frequently accompanied with a recommendation for a comprehensive psychological (or psychiatric) evaluation. Such a recommendation may result in a licensed or certified health care provider conducting an evaluation and including a DSM-IV diagnoses, treatment plan and prognosis in their reports. With elevated scores (at or above the 91st percentile) it is very likely that formal DSM-IV diagnoses will apply to the welfare recipient being evaluated.

PROBABILITY STATEMENT
The statement on the first page of the SAI report that says **Percent of probability of obtaining and keeping a job:** is important because one of four possible answers will apply. The four probability statements essentially are **Good**, **Average**, **Below-Average**, and **Problematic**. These probability statements summarize SAI results. "**Problematic**" means the welfare recipient has some serious attitude/motivation and/or substance (alcohol/drugs) abuse and/or emotional/mental health problems that need to be resolved. The SAI identifies "problems" so they can be worked through and no longer represent barriers to employment. "**Below-Average**" means some problems or areas of concern have been identified and should be cleared up. "**Average**" means that some less severe problems represent areas of concern that could become barriers to employability. "**Good**" means the client has a better than average probability of obtaining and maintaining employment.

When a "**problematic**" probability statement is presented staff should anticipate one or more scale scores at or above the 91st percentile (severe problem range) or a combination of 3 or more scale scores at or above the 70th percentile (problem range). "**Below-Average**" probability statements are usually associated with a combination of two or more scale scores in the 70 to 90th percentile (problem) range. An "**Average**" probability statement is usually associated with one scale score in the problem (70 to 90th percentile) range. And a "**Good**" probability statement typically means that no scale scores are at or above the 70th percentile.

This "probability score" methodology enables classification of a persons SAI profile into one probability estimate. **In brief, probability score classification enables staff to summarize a welfare recipients SAI results into one meaningful classification or statement, without detracting from scale interpretations and score-related recommendations.**

TRUTHFULNESS SCALE
A Truthfulness Scale score is considered necessary, if not essential, in any objective assessment instrument or test. In most intake, referral and treatment settings clients are cooperative. However, it

would be naive to assume all welfare recipients answer all questions truthfully. All interview and self-report test procedures are subject to the dangers of untrue answers, whether due to guardedness, defensiveness or deliberate faking. The Truthfulness Scale measures how truthful the welfare recipient was while completing the SAI.

When handed an SAI report staff should check the Truthfulness Scale score. If the Truthfulness Scale score is at or below the 90th percentile -- test results are valid and accurate. However, if the Truthfulness Scale score is at or above the 91st percentile -- test results are not accurate and the report is invalid. Truthfulness Scale scores in the 70 to 90th percentile range are accurate due in part to Truth-Correction, but should be used cautiously and verified (corroborated) whenever possible.

Summary: Truthfulness Scale scores at or below the 90th percentile indicate that the SAI report (and scale scores contained therein) is accurate and valid. Truthfulness Scale scores at or above the 91st percentile mean the welfare recipient was overly guarded, defensive, minimizing problems or faking -- to the extent that the SAI report is inaccurate and not valid.

When you have an inaccurate or invalid SAI you might consider reviewing the oral instructions with the welfare recipient before retesting. This is discussed on page 5 under the heading "Oral Instructions." Approximately 10 percent of the people tested will provide Truthfulness Scale scores at or above the 91st percentile, i.e., an inaccurate or invalid SAI report the first time they are assessed.

TRUTH-CORRECTED SCORES

A sophisticated psychometric technique involves "Truth-Corrected" scores which are individually calculated for each of the five SAI scales each time a test is scored. The Truthfulness Scale establishes how truthful the welfare recipient was while completing the SAI. Correlations between the Truthfulness Scale and all other scales have been statistically determined. This score correcting procedure enables the SAI to identify error variance associated with untruthfulness and then apply it to scale scores -- resulting in Truth-Corrected scores. **Raw scores may reflect what the client wants you to know. Truth-Corrected scores reveal what the welfare recipient is trying to hide. Truth-Corrected scores are more accurate than raw scores.** Truth-Corrected scores are similar to Minnesota Multiphasic Personality Inventory (MMPI) T-scores. The MMPI correlates the K scale with selected clinical scales. The clinical scales are then weighted with the K scale correlation equation. The MMPI L (fake good) scale and the F (almost everyone agrees with) scale correlate significantly (.001 level) with the SAI Truthfulness Scale.

Professionals across the country have endorsed the benefits of Truthfulness Scales and Truth-Corrected scores. This methodology is easy to use because the computer does all the work, actually calculating Truth-Corrected scores every time a test is scored. In the past many evaluators "turned off" on self-report tests because they were to easy to fake. Truthfulness Scales and Truth-corrected scores have addressed this problem. And they are considered by many as very important to any self-report test.

ALCOHOL SCALE

The Alcohol Scale measures the respondent's alcohol use, abuse and proneness. Alcoholism is a significant problem in our society. Woolfolk and Richardson noted in "Stress, Sanity and Survival" that alcoholism costs industry over 15.6 billion annually due to absenteeism and medical expenses. And today's estimates are much higher. The harm associated with alcohol abuse -- mental, emotional and physical -- is well documented. The cost and pain associated with alcohol problems are staggering.

The Alcohol Scale measures the welfare recipient's alcohol use and abuse. It measure's the severity of alcohol (beer, wine and other liquor) abuse. Alcohol abuse, alcohol proneness and alcohol-related problems are identified.

DRUG SCALE

The burgeoning awareness of the impact of illicit drugs (marijuana, crack, cocaine, LSD, amphetamines, barbiturates and heroin) emphasizes the need to differentiate between licit and illicit drugs. The Drug Scale is an independent measure of the welfare recipient's drug abuse, drug proneness and drug-related problems. Without this type of scale many drug abusers would remain undetected. The SAI differentiates between "alcohol" and "drug" use and abuse.

The national outcry in the late 1980's concerning cocaine momentarily obscured the fact that a number of other substances are also being abused. These "drugs" include marijuana, crack, LSD, amphetamines, barbiturates and heroin. The Drug Scale measures illicit drug use, drug abuse severity and drug-related problems. The Drug Scale measures the severity of drug use and/or abuse.

WORK INDEX SCALE

Experienced staff working with welfare recipients are aware of the many cloaked issues (other than just alcohol and drugs) that influence vocational, recovery and employment outcomes. Many of these issues result from the welfare recipient's perception of the value of work, the expense (e.g., child care, transportation, clothes, etc.) associated with work, family responsibilities (e.g., mother, father, wage earner, wife, husband, daughter, son, etc.) and roles, intra-personal skills (e.g., people problems) transportation (access, cost, convenience, etc.) considerations, etc., etc. The interaction of many of these cloaked issues often impact upon the success of vocational rehabilitation programs, recovery and employment.

If a person doesn't want to work, or doesn't see any clear advantages to working or believes the time at work seriously detracts from their family relationships -- that person will have a very difficult time succeeding at vocational rehabilitation, recovery and sustained employment. At the risk of over-simplification, it is often many of these cloaked issues that interfere with welfare recipient success.

STRESS COPING ABILITIES SCALE

How effectively one copes with stress determines whether or not stress negatively effects one's recovery, employment, program completion and overall adjustment. Stress exacerbates other symptoms of emotional, substance abuse and adjustment problems. Markedly impaired (91st percentile or above) stress coping abilities are significantly correlated with identifiable emotional and mental health problems. The Stress Coping Abilities Scale facilitates evaluation of this important area of inquiry (emotional and mental health problems) in a non-offensive and non-introversive manner.

A Stress Coping Abilities Scale score at or above the 91st percentile warrants consideration of referral for a comprehensive psychological evaluation. It is very likely that the welfare recipient with a Stress Coping Abilities Scale score at the 91st percentile or higher manifests a diagnosable (identifiable) emotional or mental health problem. Since most welfare recipient evaluators are not licensed or certified healthcare providers they should not diagnose DSM-IV problems. Consequently, referral for a psychological or psychiatric evaluation should include a request for a DSM-IV diagnosis, treatment plan and prognosis.

The Stress Coping Abilities Scale correlates significantly (.001 level of significance) in predicted directions with the following Minnesota Multiphasic Personality Inventory (MMPI) scales: Psychopathic Deviate (Pd), Psychasthenia (Pt), Anxiety (A), Manifest Anxiety (MAS), Ego Strength (ES), Social Alienation (PD 4A), Social Alienation (SCIA), Social Maladjustment (SOC), Manifest Hostility (HOS), Suspiciousness/Mistrust (TSC-VII), Authority Conflict (AUT), Resentment-Aggression (TSC-V), and Tension/Worry (TSC-VIII). Stress coping abilities correlate significantly with stress exacerbated symptoms of emotional problems.

ORAL INSTRUCTIONS
Many welfare recipients tend to minimize their problems by under-reporting their substance (alcohol and other drugs) abuse and other problems. This emphasizes the importance of oral instructions to the welfare recipient before beginning the SAI. A straightforward approach is recommend. For example:

"This test contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. **There are no trick questions or "hidden meanings."** 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. Your example 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."

Oral instructions are important. Do not just give the test to the client without providing some guidance as to how the welfare recipient should proceed. We have found that when you treat welfare recipients with respect, and provide some direction or guidance as to what they are to do -- they cooperate positively. It's usually when a client feels he/she is not being dealt with respectfully or they are simply being told what to do -- that they become resistant, passive-aggressive or non-compliant.

PRESENT, PAST OR FUTURE TENSE
Welfare recipients should answer test items as the questions are stated -- in present, past or future tense. Questions are to be answered exactly as stated. There are no trick questions. If an item inquires about the past -- it will be stated in past tense. If the item inquires about the present -- it will be stated in present tense. And if an item asks about the future -- it will be stated in future tense.

STAFF MEMBERS SHOULD NOT TAKE THE SAI
Sometimes a staff member wants to simulate the client and take the Self-Assessment Index. **It is strongly recommended that staff do not take the SAI.** The SAI is not standardized on staff. And staff do not

have the same mental set as a welfare recipient. Staff would likely invalidate, distort or otherwise compromise their SAI profile.

CONTROL OF SAI REPORTS
SAI reports contain sensitive and confidential information. And, some of the terms used in the report may be misunderstood by the respondent and others. For these reasons welfare recipients should **not** be given his/her SAI report to read. Instead it is recommended that staff review SAI results with the respondent, but does not give the SAI report to the welfare recipient to read. SAI test booklets and reports are privileged, highly sensitive and confidential. **No SAI-related materials should be allowed to be removed from your office.**

CHECK ANSWER SHEETS FOR COMPLETENESS
Check the client's answer sheet to be sure it has been filled out correctly 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. The client should be informed that each question must be answered in accordance with the instructions. And if necessary, be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that an item is omitted or skipped to avoid admitting a "negative" answer**.

The Self-Assessment Index (SAI) answer sheet requests information regarding welfare recipients' alcohol and drug arrests history, as well as the number of treatment programs they have attended. SAI research has demonstrated that welfare recipients' history of alcohol and drug arrests significantly correlates with their scale scores for the Alcohol Scale and Drug Scale, respectively. Also significantly correlated with Alcohol and Drug scale scores is attendance in alcohol or drug treatment programs. Incorporating arrests and treatment information into scoring procedures ensures that each welfare recipient's risk range score will reflect, as accurately as possible, their "true" risk, thereby reducing the chance of missing welfare recipients who try to "beat the system." When Alcohol and Drug scale scores are largely due to arrest or treatment information a statement to that affect is printed on the welfare recipient's SAI report in the Significant Items section of the report. If the welfare recipient does not have any history of arrests or treatment then the Alcohol and Drug scales are scored in their usual manner, i.e., adding up the number of deviant responses on each scale.

RETEST
When a client's Truthfulness Scale score is at or above the 91st percentile that test is inaccurate or invalid. It is recommended that welfare recipients with invalid tests be given the opportunity to retest. Prior to retesting the oral instructions should be reviewed with the client. It helps to explain that the welfare recipient may have inadvertently read things into questions that aren't there (refer to oral instructions, pg. 5). It gains you nothing to make the client angry or defensive by saying "you weren't truthful." It helps to discuss the "example" you select for clearer understanding. If this is a retest, the client may not be testable at this time.
Sometimes a welfare recipient is not testable if the client is reading impaired. If a client can read the newspaper, they can be tested with the SAI. The SAI is written at a medium to high 5th grade reading level. A very resistant, angry or defiant person is usually not testable at that time. Compassionate understanding, acceptance and rapport are often effective in relaxing the client, if sincere. Sometimes it helps to explain "These are established procedures for everyone . . . " When dealing with denial, minimizing problems and faking simply discuss how the welfare recipient "may have been inadvertently

reading things into questions that isn't there." And some clients are emotionally disturbed or unstable. This is usually apparent in their demeanor, appearance and behavior. An emotionally upset or "stressed out" client may be appropriate for rescheduling.

Any Truthfulness Scale score at or above the 91st percentile invalidates that test **and all scale scores included in the test.** If a client invalidates their SAI (and we estimate that 9 percent will) consideration should be given to a retest so that accurate SAI scale scores are obtained.

HOW DOES THE SAI PROTECT AGAINST RESPONSE SETS?
Response "sets" are relatively rare and encountered when the welfare recipients answers all items true or false. Such "sets" can occur when the welfare recipient doesn't care about test results, or in very rare cases the response set may reflect psychopathology. The SAI is designed to guard against response sets. When 95 percent of SAI answers are all true (or all false), the Truthfulness Scale score is automatically set at the 99th percentile. This is to alert the evaluator that something unusual (like a response set) has occurred. A negative response set (all answers are false) would result in an elevated (91st percentile or higher) Truthfulness Scale score, whereas a positive response set (all answers are true) would result in all scale scores being elevated (91st percentile or higher). Also the type of items are deliberately varied (True-False, Ratings and Multiple Choice). Different types of items and responses help avoid response sets.

DELETE CLIENT NAMES (CONFIDENTIALITY)
You have the option to delete client names from the diskette before returning it to Behavior Data Systems, Ltd. Once you delete client names from a diskette -- they are gone and can not be retrieved. Deleting client names does not delete demographic information or test data. Deleting client names protects welfare recipients confidentiality. This procedure is explained in the Computer Operating Guide or manual.

TEST DATA INPUT VERIFICATION
You have the option of verifying the accuracy of test data input into the computer. In brief, the test data input verification procedure involves entering the test data twice. If the test data entry is the same the first and second (verification) time, then the test data was accurately entered. If there is a discrepancy between the first and second (verification) time the test data is entered, each discrepancy (or inconsistent answer) will be highlighted until corrected. You can't proceed until all entries from the first and second data entries match. Test data entry takes less than two minutes. This verification procedure is discussed in the SAI Computer Operating Guide or manual. We recommend you use "data input verification."

SAI ADMINISTRATIVE MODES
With MS-DOS the SAI can be administered two ways: **1. Paper-Pencil test booklet format.** This is the most popular way welfare recipients are tested. Tests can be given individually or in group testing settings. Upon test completion, tests are scored and reports printed within two minutes on-site. **2. Directly on the computer screen (monitor).** Upon test completion a few keystrokes score and print SAI reports. The SAI is also available in the Windows format. In Windows the SAI can be administered in four ways: **1. Paper-Pencil**, **2. Directly on Computer Screen**, **3. Optical Scanner** are used in some high volume testing settings. Optical scanner capability can be provided upon request. **4. Human Voice Audio** is discussed next in this manual.

HUMAN VOICE AUDIO

This Audio (Human Voice) Reading test administration mode is a new proprietary test administration feature. The client sits before the computer with earphones on. Earphones ensure clarity while eliminating distractions. The "arrow keys" allow the client to switch back and forth between questions and answers. As each question or answer is highlighted it is read to the client. The client can go back and forth as many times as needed. When the client selects an answer the program advances to the next question. Reading can be in any language, e.g., English, Spanish or Native American.

To make other languages available Behavior Data Systems, Ltd. would need the translator and reader provided for recording at your agency/offices. This innovative approach to reading impaired screening resolves most bilingual, cultural and reading impaired screening problems. Yet, it does require CD-ROM, earphones and computer audio capability. The SAI can be programmed for human voice test administration in most, if not all languages. We prefer to limit Automated (Human Voice) Reading options to a maximum of two languages per computer.

TEST NUMBER REMINDERS

Test number reminders will be displayed on the screen when you are scoring the **40**[th], **45**[th] and **48**[th] tests. When you choose to enter a new test for these three specific test numbers, a message will be briefly 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 the diskette. They give you sufficient time to re-order. We want to avoid any disruption in your testing program and last minute phone calls for overnight deliveries of new diskettes.

The number of the test being scored on your diskette prints out on your SAI 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 from 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 **10**[th], **11**[th] and **12**[th] 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 returned 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.

EXPANDING DATABASE

A database is a large collection of data in a computer, organized so that is can be expanded, updated and retrieved rapidly for statistical analysis or annual summary reports. A database of test-related information can be very useful.

Used SAI diskettes are returned (without client names) to Behavior Data Systems and test data is downloaded into the SAI expanding database. Annual database analysis ensures ongoing research and accuracy of assessment. And, the SAI database enables presentation of ongoing test program summary reports which describe the population that was tested in terms of demographics, assessment accuracy and much more.

SIGNIFICANT ITEMS

Some answers represent direct admissions to a problem or are highly unusual answers. These "significant" items are identified for easy reference. On the last page of the report significant items are printed for the Alcohol Scale, Drug Scale and Work Index 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.

STRUCTURED INTERVIEW

The last sequence of multiple choice questions are called a "structured interview" because they reflect important self-report motivational, attitudinal and perceptual information. Client answers to Section 3 multiple choice items are printed on the last page of the SAI report. These answers represent the client's perception of his/her situation and needs; consequently, they may differ from objective scale scores. This enables comparison of client's subjective attitude and motivation with their empirically based objective scale scores. For example, persons may report "no problem" with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 91st percentile (severe problem) range.

The last sequence of items (Section 3) represent the structured interview. Again it is emphasized that the answers that are printed in the SAI report structured interview section are the welfare recipients answers - - with all their subjectivity.

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 SAI report is modified due to the extremely inaccurate test protocol. And in place of the scale description or paragraphs explaining the scale score, a one-page explanation of validity - invalidity is printed. A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 91st percentile. The special 99% procedure only occurs when Truthfulness Scale scores are at or above the 95th percentile.

WINDOWS PRINTERS

Some newer printers are "Windows printers" and require Windows in order to print,. If your SAI is a DOS application, the report may not print. We have converted the SAI to a Windows application so it is available in DOS or Windows. If you have one of these newer printers there is a "File" option which is located on the Select Output Device menu that enables you to use your printer. The SAI report is written to a file, such as "report.txt" on the SAI diskette. You can then use a word processor application, like Notepad, to print the report. There is no need to exit the SAI program, simply bring up Notepad, open "report.txt" and print. Close Notepad and you are back to the SAI Main Menu.

HOW TO EXIT THE PROGRAM

Before you remove or swap a data disk (25 or 50 tests) from the disk drive you <u>must</u> first Exit the Testing Program. This exit option is located at the bottom of the Main Menu. **It is very important to exit the software program before removing the diskette. If you exchange disks without exiting properly you may damage the diskette. And, the diskette's built-in counter will malfunction if you don't exit properly.** Diskette damage means you have to exchange or swap disks, which is a needless inconvenience.

When to exit the testing program:

1. When you have used all the tests on a disk and before inserting a new disk.

2. When you want to switch from the test you are using to another test's disk.

3. Anytime you want to remove a disk from the disk drive.

How to exit the program:

1. Return to the Main Menu.

2. Highlight the Exit Application (windows), or Exit to System (DOS) option by using the arrow key.

3. Press Enter.

4. Remove the diskette (25 or 50 tests) from the disk drive.

HELPFUL HINTS

To help make your utilization of Behavior Data Systems SAI test trouble-free, the following helpful hints are offered.

1. Your secret code is "y".

2. Check your computer often to make sure the file system is intact. Windows has a ScanDisk procedure to check your system and correct errors if they exist. If the file system is corrupt it may damage the file system on the (25 or 50 test) disk.

3. Check your numlock key. Laptop and notebook computers number keys overlap some letter keys. To set the Numlock key (Windows version) at the Main Menu click "Option" at the top of the screen, then click "Numlock Always On." The check means Numlock is always on. Click on it to turn it off.

4. Exit the test program before removing your data disk. Always exit the program before removing a disk from the disk drive even when you have filled up a disk and want to start a new one. If you swap disks without exiting properly you may render both disks unusable because the built-in test counter will malfunction.

5. Be sure you have the correct data disk in the drive for the test program you want to use.

6. Check your computer date before you start a new data disk. Change it to the correct date if necessary.

7. Read the messages and program notes that display on the screen. They provide helpful hints for using the program and entering data.

8. Be careful to enter information correctly the first time. It is easier and less time consuming to check your entry as you go than to edit information later on.

9. Enter one test at a time. For each client tested, enter their answer sheet then print the client report immediately. This will avoid entering clients more than once or reprinting their reports.

10. If you must edit a client's test item answer (Window version), use the down-arrow key to get to the test item you wish to change.

11. Be sure your printer has been installed and is working properly. In Windows 95/98 do the following: a) Click Start, highlight Settings then click Printers, b) your printer should appear in the Printers window if it is installed, c) click on your printer icon, click File on the menu bar then click Properties, d) click Print Test Page. If your printer is not displayed it is not installed. Double click Add Printer to install your printer. If the test page did not print, Windows Print Troubleshooting will help solve your printer problem. To use Print Troubleshooting, click Start, click Help then Print Troubleshooting.

HOW THE SYSTEM WORKS

To establish a Behavior Data Systems account call **(800)231-2401**, fax **(602) 266-8227**, E-mail **bds@bdsltd.com**, or write. Request your user's license and test unit fee. Once your account is

established, orders are accepted by phone, fax or E-mail. Payment is expected within 30 days of receipt of ordered materials.

When you establish your Behavior Data Systems license you will be provided: SAI Orientation and Training Manual, One-Page Quick Start, Computer Operating Guide Manual, test booklets, answer sheets (can be photocopied), updates, annual summary reports on request and support services at no additional cost. Test booklets are reusable.

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

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

TECHNICAL SUPPORT

If you have any questions Behavior Data Systems is only a telephone call away. Our telephone number is **(800) 231-2401**, fax **(602) 266-8227**, and E-mail **bds@bdsltd.com**. 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 you call simply let the person answering the telephone know why you are calling and she will connect you with the appropriate staff person who can help.

<u>**Please distribute this manual to all staff involved with the SAI.**</u>

It is very important that all staff having any involvement with the Self-Assessment Index (SAI) read this manual. Please distribute this SAI Orientation and Training Manual to staff.

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