PsychPress

Talent Management Psychologists

Forensic Catalogue

Welcome

to

Psych Press prides itself on being Australia's leading 'one-stop shop' for world class psychological based assessment solutions. With a professional and outstanding customer service team, we are committed to search far and wide to locate and deliver to you any psychological assessment you may wish to purchase.

Since our establishment in 1992 we have been offering our loyal customers who include psychologists of all disciplines, mental health counsellors, educators and trainers, the best quality and largest range of products. With a focused team of dedicated customer service staff, you can be assured that you will receive personal attention and service at all times as we make every effort to meet your individual requirements.

We recognise that superior psychological products are essential to achieve success. Therefore, we have made it our mission to improve the available resources in a commercially viable manner by establishing relationships and engaging in developing assessments with leading commercial and research organisations around the world. An example of such a relationship was the development of the Australian Version of Cattell's popular personality questionnaire (based on the 16 Factor Model). The Australian version was developed by Psych Press over a three year period, in conjunction with the Institute for Personality and Ability Testing (IPAT) to reflect Australian item content, terminology and norms. We also maintain very strong relationships with Western Psychological Services (WPS), Psychological Assessment Resources (PAR), Multi-Health Systems (MHS) and the American Psychiatric Publishing Inc. (APPI) and many other research institutions. We have also published a Post Traumatic Stress Scale (PTSS), Customer Service Predictor (CSP), a Retail Screening Questionnaire (RSQ), an Emotional Reasoning Questionnaire (ERQ) and many more assessments.

Psych Press intends to continue its superb service offering by actively seeking new tests, acquiring additional data on existing tests, and supporting research to further develop the usefulness of the assessment development products which we publish or distribute.

We look forward to meeting your professional needs and encourage you to comment on your impressions of our products and services, as well as any ideas you may have for the future by e-mailing us at info@psychpress.com.au or calling one of our consultants directly on **1300 308 076** or **03 9670 0590**.

We look forward to our next contact with you!

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Alcadd Test, Revised (AT)
by Morse P. Manson, Ph.D

This objective paper-and-pencil test assesses extent of alcoholic addiction, measuring specific areas of maladjustment. It also yields Alcoholic Probability Index, which tells you how likely it is that, the individual taking the test is a member of an alcoholic population. It is easily administered in just 510 minutes. The *Alcadd* demonstrates high reliability and validity and is an excellent tool for diagnosis, therapy, and research

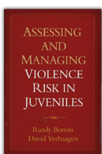
Antisocial Process Screening Device (APSD)
Paul J. Frick, Ph.D. & Robert D. Hare, Ph.D.

In recent years, societal concerns over the dramatic rise in juvenile crime—especially violent crime—has reaffirmed the importance of research in this area. Children who commit antisocial, delinquent, and violent acts constitute a heterogeneous group in terms of the types of antisocial behaviors they exhibit, the causes of their behavior problems, and the developmental course of their antisocial behavior.

The APSD assessment detects antisocial processes in young populations so that preventative measures can be taken before tendencies lead to crime and other destructive behaviors. Based on the highly popular Hare PCL–R™ assessment, the APSD screens for Antisocial Personality Disorder or psychopathy. The child is rated on a dimensional scale that probes the characteristic psychopathic pattern of interpersonal, affective, and behavioral symptoms. In addition to the parent (APSD–P) and teacher (APSD–T) forms, a combined form (APSD–C) allows you to integrate and reconcile the responses of multiple informants.

The normative samples consisted of 1,120 nonreferred and nonadjudicated elementary school children from the third, fourth, sixth, and seventh grades. Raw scores are plotted on a Profile Form included with QuikScore™ Forms for conversion to *T*-scores.

Assessing and Managing Violence Risk in Juveniles
Randy Borum, PsyD and David Verhaagen, PhD



From leading experts in the field, this book is an excellent resource for mental health practitioners working with youth at risk for violent behavior. The text provides a comprehensive framework for evaluating juveniles in the justice system or those whose behavior in school, therapy sessions, or other contexts raises concern about violence. Detailed case examples illustrate the authors' scientifically grounded approach to selecting appropriate instruments, analyzing and communicating assessment results, and designing effective interventions. Special problems addressed include bullying, sexual aggression, fire setting, and homicide. The book also examines the development of aggressive conduct problems and their connections to other emotional and behavioral disorders. The book also suggests practical ways to translate assessment findings into an effective treatment plan.

Ackerman-Schoendorf Scales of Parent Evaluation of Custody (ASPECT)

Marc J. Ackerman, PhD, Kathleen Schoendorf, PsyD

Easy to use and interpret, ASPECT offers a practical, standardized, and defensible approach to child custody evaluations. It draws information from a variety of sources, reducing the likelihood of examiner bias.

ASPECT produces an overall score, the Parental Custody Index (PCI), which guides custody decisions. It not only tells you which parent is more effective, it also tells how much more effective that parent is. If neither parent is effective, the PCI will reflect that, too.

In addition, ASPECT differentiates situations in which one parent should obtain full custody from those in which joint custody is appropriate; it has also proven effective in identifying parents who need supervision during child visitation. Consistent with APA Guidelines for Child Custody Evaluations, ASPECT requires the clinician to answer 56 yes-or-no questions based on information obtained from the following sources: the ASPECT Parent Questionnaire; interview with and observation of each parent with and without the child; and scores obtained from tests routinely used for child custody evaluation and an IQ measure for the child (these tests are not included in the ASPECT kit).

Adolescent SASSI-A2 (SASSI-A2)

The SASSI Institute

The SASSI-A2 replaces the SASSI Adolescent Kit and components. It takes only 15 minutes to administer and score and requires only a 3rd-grade reading level. The SASSI-A2 is proven to be effective even with individuals who are unable or unwilling to acknowledge relevant behaviors (ages 12-18 years).

New Features

- **Improved Accuracy:** Empirically validated as a screening instrument for Substance Use Disorders (for both substance dependence and substance abuse):
  - 94% overall accuracy rate for substance use disorders.
  - 96% accuracy rate for substance dependence.
  - 90% accuracy rate for substance abuse.
- **User's Guide:** Easy-to-understand instructions for administration, scoring, and interpretation.
- **Manual:** Comprehensive information on development, reliability, and validity.

Five New Scales

- **Family & Friends Risk Scale (*FRISK*)** -- Measures the extent to which the adolescent is part of a family/social system that is likely to enable substance misuse.
- **Attitudes Toward Substance Use (*ATT*)** -- Measures the adolescent's attitudes and beliefs regarding substance use.
- **Symptoms of Substance Misuse (*SYM*)** -- Measures the consequences of substance misuse and loss-of-control in usage.
- **Validity Check (*VAL*)** -- Identifies some individuals for whom further evaluation may be valuable even though the Adolescent SASSI-A2 indicates they have a low probability of having a substance use disorder--abuse or dependence.
- **Secondary Classification Scale (*SCS*)** -- Helps distinguish between substance abuse and dependence; and, like high *VAL* scores, serves as an indication that further assessment may be of value for some individuals with negative test results.

Carlson Psychological Survey (CPS)
Kenneth A. Carlson, PhD

The CPS assesses and classifies criminal offenders and others who have come before the criminal justice or the social welfare system. Appropriate for adolescents and adults, the CPS is quite useful with anyone presenting behavioral or substance abuse problems.

Description

This 50-item questionnaire with a 5-category response format also has space for additional respondent comments. The average reading level of the items is 4th grade, and test time is about 15 minutes. The CPS is appropriate for research/evaluation regarding effects of intervention programs.

The scale scores provided represent four content areas and one validity check: Chemical Abuse; Thought Disturbance; Antisocial Tendencies; Self-deprecation; and Validity. The CPS uses special hand-scorable sheets to categorize and sum individual responses. The profile sheet graphically displays the five scale scores in standardized form. An outstanding feature of the CPS is the information it offers for classifying respondents.

Using multivariate statistical techniques, 18 offender types are identified and described in detail in the manual. Also included are descriptive summaries, presentence reports, sample case histories, psychological and psychiatric reports, and data regarding institutional behaviour and four-year post-release adjustment. Studies on reliability, validity, correlations with the MMPI, and sensitivity to treatment effects are all reported.

Checklist for Child Abuse Evaluation (CCAE)
Joseph Petty, PhD

This valuable information-gathering tool is used for investigating and evaluating children and adolescents who may have been abused or neglected. You may obtain extensive data for preparing clinical reports or standard documents in the clinical file. The Checklist is transferable to all pertinent professionals to eliminate repetitive stressful questioning of the child. Using the Checklist will also enhance the possibility of providing legally sound conclusions.

Psychologists, social workers, and other professionals involved in child abuse investigations and evaluations will agree that this checklist provides an excellent survey of child abuse symptomatology.

Description

The 264-item, 40-page CCAE contains 24 sections including:

- Child's Historical & Current Status.
- Emotional Abuse (child & witness reports).
- Sexual Abuse (child & witness reports).
- Physical Abuse (child & witness reports).
- Neglect (child & witness reports).
- Child's Psychological Status.
- Credibility/Competence of the Child.
- Conclusions in 6 Categories.
- Case-specific Treatment Recommendations & Issues.
- When conducting an evaluation, you can use the entire checklist or only those sections applicable to the specific situation.

Chemical Dependency Assessment Profile (CDAP)

L. Michael Honaker, Ph.D., Thomas Harrell, Ph.D., & Anthony Ciminero, Ph.D.

Key Areas Measured:
History of Dependancies
Patterns and Reinforcement Dimensions of Use
Beliefs About Use and Dependency
Self-Concept and Interpersonal Relations

The Chemical Dependency Assessment Profile (CDAP) questionnaire saves you valuable time as it efficiently documents details about your client's drug and alcohol use. The CDAP is for individuals 16 and older who are being assessed for alcohol and chemical dependency problems. It investigates alcohol use, use of other substances, and mixed or poly-drug abuse patterns. It evaluates a spectrum of alcohol and substance use, including:

- History of dependencies
- Patterns and reinforcement dimensions of use
- Beliefs about use and dependency
- Self-concept and interpersonal relations

You can administer the CDAP questionnaire on your computer or print the paper-and-pencil version to have the client complete it, and then enter the results into the CDAP program. A report is generated that organizes information for treatment planning and case conceptualization.

Child Abuse Potential Inventory (CAP)

Joel S. Milner, PhD

The CAP Inventory was designed primarily as a screening tool for the detection of physical child abuse by protective services workers in their investigations of reported child abuse cases. The CAP Inventory is a 160-

item, reliable and valid objective self-report screening instrument that can assist protective services workers in making case decisions. It contains a total of 10 scales. The primary clinical scale (Abuse) can be divided into six factor scales: Distress, Rigidity, Unhappiness, Problems With Child and Self, Problems With Family, and Problems With Others. In addition, the CAP Inventory contains three validity scales: Lie, Random Response, and Inconsistency.

The CAP Inventory is appropriate for use as a preliminary screening tool in cases where a group of high-risk patients have been identified and the professional desires to quickly screen this identified population for a subgroup of individuals who are most likely to be at-risk for physical child abuse. Intervention/treatment programs have successfully used the CAP Inventory at pre- and post-treatment and on a follow-up basis to assist in program evaluation.

- Overall, the 77-item CAP Abuse scale has high internal consistency reliabilities (i.e., .92-.96 for controls and .95-.98 for abusers); temporal stability estimates for the abuse scale are also adequate (i.e., .91 and .75 for one-day and three-month intervals, respectively).
- *The Child Abuse Potential Inventory Manual, 2nd Ed.* includes information about administration, scoring, and interpretation procedures.
- *An Interpretive Manual for the Child Abuse Potential Inventory* provides additional information for interpretation of the CAP Inventory, including applications, limitations and related issues, scale descriptions, and references.
- The CAP Inventory Form VI is a four-page test booklet with test items printed in large type for easy reading. Raw Score Summary Sheets provide a form for recording all the raw data generated from a client's CAP Inventory; Inconsistency Scale Scoring Sheets are used with the Inconsistency Scale Transparent Scoring Template to obtain an Inconsistency Scale Score

Cigarette Use Questionnaire (CUQ)

by Ken C. Winters, Ph.D.

Quickly determine what factors contribute to a smoker's addiction

Cigarette smoking is one of the most persistent addictions. Only 6% of smokers who try to quit succeed for more than a month. These odds can be improved, however, if health professionals identify and address the personal and environmental factors that sustain addiction.

The *Cigarette Use Questionnaire* (CUQ) helps clinicians evaluate, refer, and treat people who wish to quit smoking or must do so for health reasons. It is intended to measure factors related to cigarette use for the purpose of discussing, planning, and evaluating effective smoking cessation treatment and for research about cigarette use. This straightforward self-report questionnaire can be administered to individuals or groups in only 10 minutes. With 44 items written at a fifth-grade reading level, the CUQ generates the following scores:

- Nicotine Addiction
- Environmental Cues
- Negative Emotional Relief
- Readiness for Change

In addition, two validity scores alert clinicians to defensiveness and inconsistent responding on the client's part.

CUQ scores correlate with frequency, intensity, and duration of cigarette smoking, and with participation in smoking cessation treatment. Norms are based on a nationally representative sample of 609 adults, aged 18 to 83.

Increase the likelihood of success

Research shows that therapy is more effective when it's individualized. This is why the CUQ is such a powerful smoking cessation tool. For each smoker, the test identifies personal and situational factors related to cigarette use, making it easier for clinicians to understand the particular addiction and plan effective treatment. The personalized assessment provided by the CUQ increases the odds of success in any smoking cessation program -- particularly those that employ a cognitive-behavioral approach.

Clarke Sex History Questionnaire for Males-Revised (SHQ-R)

Ron Langevin, Ph.D. & Dan Paitich, Ph.D.

Twenty-three scales (including two validity scales) provide a comprehensive sexual history to help evaluate an offender's risk to others and potential for rehabilitation. The SHQ–R questionnaire determines a respondent's specific sexual experiences and also investigates his history of voyeurism, sexual dysfunction, exhibitionism, transvestism, toucheurism, fetishism, frotteurism, fantasy, sexual abuse, and exposure to pornography.

The SHQ–R Technical Manual contains specific descriptions of the various samples on which the instrument was normed. Ask a Client Service Specialist for a free brochure.

Comprehensive Reports provide a graphical representation of the rating results on each scale.

Classification of Violence Risk™ (COVR™)

John Monahan, PhD, Henry J. Steadman, PhD, Paul S. Appelbaum, MD, Thomas Grisso, PhD, Edward P. Mulvey, PhD, Loren H. Roth, MD, MPH, Pamela Clark Robbins, BA, Steven Banks, PhD, and Eric Silver, PhD

The COVR is an interactive software program designed to estimate the risk of an acute civil psychiatric patient becoming violent to others over the next several months after discharge into the community. The program guides the evaluator through a brief chart review and a 10-minute interview with the patient. The COVR then generates a report that contains a statistically valid estimate of the patient's violence risk, including the confidence interval for that estimate and a list of the questions used to produce the estimate.

Because a number of variables might be potential risk factors for violence among people with a mental disorder, the authors assessed personal factors (e.g., demographic and personality variables), historical

factors (e.g., past violence, mental hospitalizations), contextual factors (e.g., social support, social networks), and clinical factors (e.g., diagnosis, specific symptoms). Patients in acute psychiatric facilities (*N* = 1,136) were assessed on 106 potential risk factors for violent behavior and were followed for 20 weeks in the community after discharge from the hospital.

The COVR is based on a "classification tree" method. A classification tree approach prioritizes an interactive and contingent model of violence--one that allows many different combinations of risk factors to classify an individual at a given level of risk. Each assessment is individualized; the particular questions asked depend on the answers given to prior questions. This approach contrasts with a regression approach in which a common set of questions is asked of everyone being assessed, and every answer is weighted to produce a score that can be used for purposes of categorization.

The program was designed to be administered to individuals ages 18-60 years, from a wide variety of racial/ethnic backgrounds and psychiatric diagnoses, and from different regions of the U.S.

Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation.

HCR-20: Assessing Risk for Violence (Version 2) (HCR-20)

Christopher D. Webster, PhD, Kevin S. Douglas, LLB, PhD, Derek Eaves, MD, Stephen D. Hart, PhD

The HCR-20 is a 20-item checklist to assess the risk for future violent behavior in criminal and psychiatric populations. Items were chosen based on a comprehensive review of the literature and input from experienced forensic clinicians. The HCR-20 includes variables which capture relevant past, present, and future considerations and should be regarded as an important first step in the risk assessment process. The manual provides information about how and when to conduct violence risk assessments, research on which the basic risk factors are based, and key questions to address when making judgments about risk.

Violence is defined as "actual, attempted, or threatened harm to a person or persons." The professional who completes the HCR-20 Coding Sheet must first determine the presence or absence of each of the 20 risk factors according to three levels of certainty (i.e., Absent, Possibly Present, Definitely Present). In some settings, responsibility for the assessment may be divided among several different professionals.

The 20 Items Are Divided Into Three Sections:

- 10 Historical Items (previous violence, age at first violent offense, family and vocational background, etc.).
- Five Clinical Items (current symptomatology and psychosocial adjustment).
- Five Risk Management Items (release and treatment plan, necessary services and support).

Historical information serves as an anchor for risk assessments because there is a strong predictive link between past and future violent behavior. Such information should be verified carefully, as historical considerations may modify analyses of clinical and situational factors. In some cases, it may be necessary to contact friends or family members of the individual for verification of past events. The five clinical variables

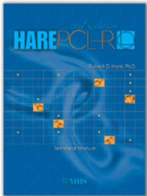
can be assessed at regular intervals so that risk level may be modified accordingly. The risk management items focus on predicting how individuals will adjust to future circumstances, and this is directly related to the context within which the individual will be living.

The final judgment regarding the risk for future violence (Low, Moderate, and High) should be based on a careful analysis of the 20 risk factor items. Any statements of risk should take into consideration the base rate of violence in the particular population or setting (e.g., low, moderate, or high risk relative to other correctional inmates).

Now Available!
HCR-20 Violence Risk Management Companion Guide
This handy volume provides brief descriptions of violence intervention strategies. Section One covers general issues pertaining to violence risk assessment and management using the HCR-20. Section Two suggests intervention and management strategies that stem from the Clinical ("C") factors of the HCR-20. Section Three addresses strategies that stem from the Risk Management ("R") factors. Section Four offers practical assistance to people interested in using the HCR-20 for planning and tracking risk management activities.

Hare Psychopathy Checklist-Revised: 2nd Ed. (PCL-R™)

Robert D. Hare, PhD



This second edition of the PCL-R supplants its predecessor as the accepted standard for conducting forensic assessments of psychopathy. Revisions are based on the large numbers of articles, reports, presentations, and dissertations that have appeared since the original instrument was published in 1991.

The PCL-R is a 20-item symptom-construct rating scale designed to assess psychopathic (antisocial) personality disorders in forensic populations (ages 18 years and older). The PCL-R Rating Booklet facilitates rating the 20-item scale; the Quikscore™ Form is used to record the ratings, obtain the scores, and profile the results. The ratings are based on responses to the semi structured interview and on a review of collateral information.

As in the original version, the PCL-R: 2nd Ed. provides a Total score that is important for the overall assessment of psychopathy. The Total score can be interpreted dimensionally in terms of degree of match to the prototypical psychopath, or it can be used categorically to help identify or diagnose psychopaths. This new edition retains the original two factors that reflect the two major facets of psychopathy: the callous, selfish, remorseless use of others (Factor 1), and a chronically unstable and antisocial lifestyle (Factor 2). The interpretive power of the PCL-R has been enriched through the evolution of four subfactors. Factor 1 and Factor 2 have been divided into two empirically derived and validated subfactors: Factor 1a, Interpersonal (4 items); Factor 1b, Affective (4 items); Factor 2a, Impulsive Lifestyle (5 items); and Factor 2b, Antisocial Behavior (5 items).

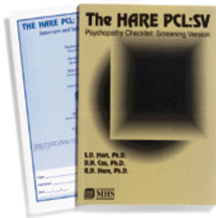
The PCL-R is highly reliable and has impressive concurrent, predictive, and construct validity. Ratings are made using a semistructured interview and a review of collateral information. Scoring is based on the degree to which a person's personality/behavior matches the Rating Booklet items. The Manual provides item descriptions, scoring procedures, extensive reliability and validity information, and normative data. New large-sample descriptive and validation data are provided for use of PCL-R with male and female offenders,

substance-abusers, sex offenders, African American offenders, and forensic psychiatric clients.

Percentile and *T*-score tables are provided for male and female offenders, for male forensic psychiatric patients who have been assessed with the standard PCL-R procedure (interview plus file information), and for male offenders and forensic psychiatric patients whose assessments are based solely on file reviews. New research findings derived from confirmatory factor analysis and item response theory are presented along with the implications of these findings for research, clinical, and forensic purposes.

Hare Psychopathy Checklist: Screening Version (PCL:SV)

Stephen D. Hart, PhD, David N. Cox, PhD, Robert D. Hare, PhD



The PCL: SV offers a quick, cost-effective way to assess the interpersonal, affective, and social deviance symptoms of psychopathy in both forensic and nonforensic populations. This is an abbreviated version of the Hare Psychopathy Checklist-Revised (PCL-R).

Highly correlated with the PCL-R, the PCL: SV was not designed to replace the PCL-R, but rather to provide an efficient tool to screen for the possible presence of psychopathy. Cutoff scores indicate when to follow up the PCL: SV with the complete PCL-R, thereby providing a more detailed and reliable assessment of psychopathy.

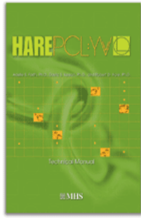
The PCL: SV provides a 12-item scale based on a subset of the PCL-R items that can be completed in under 1 1/2 hours. In forensic populations, the PCL: SV functions as a screening tool for psychopathy; in civic settings, it can be used in psychiatric evaluations, personnel selection, and community studies. Norms are available for the following populations:

- Forensic nonpsychiatric.
- Forensic psychiatric.
- Civil psychiatric.
- Noncriminal nonpsychiatric.

The PCL: SV should only be administered and interpreted by individuals who are familiar with the theory and research documented in the PCL-R.

Hare Psychopathy Checklist: Youth Version (PCL: YV™)

Adelle E. Forth, PhD, David S. Kosson, PhD, Robert D. Hare, PhD



The PCL: YV is a 20-item rating scale for the assessment of psychopathic traits in male and female offenders, ages 12-18 years. Based on the Hare Psychopathy Checklist--Revised (PCL-R™), the PCL: YV uses a semistructured interview and collateral information to measure interpersonal, affective, and behavioral features of psychopathy. It yields dimensional scores for clinical purposes, and also may be used to classify individuals into groups for research purposes.

Items in the PCL:YV include Impression management, grandiose sense of self worth; stimulation seeking; pathological lying; manipulation for personal gain; lack of remorse; shallow affect; callous/lack of empathy; parasitic orientation; poor anger control; impersonal sexual behavior; early behavior problems; lacks goals; impulsivity; irresponsibility; failure to accept responsibility; unstable interpersonal relationships; serious criminal behavior; serious violations of conditional release; and criminal versatility.

The PCL: YV consists of a Technical Manual, Interview Guide, QuikScore™ Forms, and Rating Booklet. The Technical Manual provides the information needed to administer, score, and interpret the PCL: YV; it also provides information on the psychometric properties of the PCL: YV.

The Interview Guide includes the interview questions recommended to elicit information. Space is provided for the interviewer to note responses. The interview covers the domains of school adjustment, work history, career goals, psychiatric history, health, family life, interpersonal relationships, drug use, attitudes toward self and others, and childhood and adolescent antisocial behavior.

The QuikScore™ Form is used to record the ratings of the individual on each of the 20 PCL: YV items. Then, the rater can easily obtain total scores for the PCL: YV and convert them into percentile ranks or *T* scores.

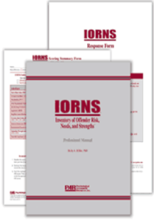
The Rating Booklet contains the rating criteria detailed in the Technical Manual. It is designed to be a convenient, self-contained administration and rating guide for examiners who do not wish to carry the manual.

- The PCL: YV provides clinicians with a standardized method of assessing the presence of traits and behaviours central to the construct of psychopathy.
- The PCL: YV provides researchers with a reliable and valid measure of psychopathy in adolescents.
- The length of time it takes to administer a complete PCL: YV assessment depends on a number of factors, including the length of the interview, familiarity with the case, the amount of chart information to review, and whether collateral interviews need to be conducted.
- The standard PCL:YV administration procedure consists of a semistructured interview, which takes approximately 2 hours to complete and may be spread over several sessions; and a review of collateral information, such as institutional files, court documents, police reports, school records, psychiatric, psychological, and social work assessments, and interviews with parents, siblings, relatives, and peers. Data were collected from 2,438 youth in three countries. The 19 different samples of adolescents included institutionalized offenders (detained in correctional or inpatient facilities); offenders on probation or in open custody or arrested youth referred for outpatient evaluation; and youth in the community (including conduct-disordered youth attending a treatment program).

Overall, the PCL: YV showed sound psychometric properties, based on samples across a variety of settings. The internal consistency of the PCL: YV was .85-.94 across the settings.

Inventory of Offender Risk, Needs, and Strengths™ (IORNS™)

Holly A. Miller, PhD



The IORNS is a 130-item self-report measure that assesses static risk, dynamic risk/need, and protective strength factors as they relate to recidivism, treatment need, and management.

The IORNS provides index and scale scores that are internally consistent and stable over time, in addition to content subscales that aid in interpretive specificity. The IORNS indexes, scales, and subscales demonstrate good convergent and discriminant validity with self-report, interview, and objective criminal history measures of antisocial behavior, psychopathy, personality pathology, substance use, depression, and anxiety among numerous male and female offender samples.

The IORNS consists of the four IORNS indexes, 10 scales, 14 subscales, and two validity scales. *T* scores, percentiles, confidence intervals, and qualitative classifications (i.e., low, average, high, very high) are provided for the normative samples. Given low or high endorsement of certain items, percentiles and percentile classifications are recommended for interpretation.

Special Features

- Is the only instrument that assesses all three types of factors (static, dynamic, and protective factors) important to recidivism by providing a more comprehensive risk assessment than is currently available through concomitant assessment.

- Can be group administered at offender intake, thereby reducing clinician burden.

- Can be administered and scored by persons who do not have training in forensic or clinical psychology or psychiatry, with supervision and interpretation by a licensed or certified professional.

- Written at a 3rd-grade reading level.

- Standardized and validated with offenders (men ages 18-75 years and women ages 18-60 years). Offender samples included incarcerated and probated general and sexual offenders.

- Community adult/college normative sample also provided (men and women ages 18-75 years). The community adult/college normative group approximates U.S. Census proportions (U.S. Bureau of the Census, 2003) for race/ethnicity and educational status.

- The validity of the IORNS is based on multiple sources of evidence, including content validity, convergent and discriminant validity, and internal structure of the measure via factor analysis.

- Constructs of interest were chosen based on their relationship between recidivism, desistance, or protection and criminal behaviour.

- The IORNS demonstrated significant correlations with self-reported criminal history variables, including number of nonviolent and violent crimes and number of times in jail/prison among male and female offenders. The IORNS also was significantly related to numerous self-reported criminal, familial, and substance use history variables (e.g., past physical and sexual abuse) among female offenders.

- Evidence for construct validity of the IORNS was further demonstrated through significant correlations with the following measures within various offender groups:
    - Level of Service Inventory-Revised (LSI-R)
    - Sexual Offender Needs Assessment Rating Scale (SONAR)
    - Personality Assessment Inventory™ (PAI®)
    - Psychopathy Checklist-Revised (PCL-R)
    - Psychopathic Personality Inventory™-Revised (PPI™-R)
    - Levenson's Self-Report Psychopathy Scale (LSRP)
    - Self-Report Psychopathy Scale-II (SRP-II)
    - Substance Abuse Subtle Screening Inventory-3 (SASSI-3)
    - Center for Epidemiologic Studies Depression Scale (CES-D)
    - State-Trait Anxiety Inventory (STAI)
    - Factor analysis supports separate Dynamic Need and Protective Strength factors

IORNS Materials

The IORNS materials consist of the Professional Manual, the Carbonless Response Form, and the Scoring Summary/Profile Form.

Jesness Inventory--Revised (JI-R)

Carl F. Jesness, PhD

The JI-R is a restandardized version of the Jesness Inventory (JI) with new norms based on large and diverse samples of approximately 3,500 general population individuals and 1,000 offenders/delinquents (ages 8 years to adult). An easy-to-understand, 160-item true/false questionnaire, the JI-R provides valuable information about functioning across a variety of different areas. It has 11 personality subtype scales that measure key traits and attitudes, including Social Maladjustment, Manifest Aggression, Value Orientation, Withdrawal-Depression, Immaturity, Social Anxiety, Autism, Repression, Alienation, Denial, and Asocial Index.

The JI-R also provides subtype evaluation with nine distinct subtype areas. The subtype system not only helps you understand the individuals being assessed, but also leads to specific suggestions about treatment and risk. The nine subtypes are Undersocialized/Active, Undersocialized/Passive, Conformist, Group-Oriented, Pragmatist, Autonomy-Oriented, Introspective, Inhibited, and Adaptive.

This revision to the JI includes two new scales: the Conduct Disorder and Oppositional Defiant Disorder scales. These new scales are fully normed and add to the clinical diagnostic utility of the Jesness scale. The JI-R also contains validity scales to assess potentially invalid response patterns. There is a Lie scale, as well as a Random Response scale that can be easily scored and interpreted when using the inventory.

The JI-R Technical Manual describes the development of the scales, new norms and validation, and provides information on administration, use, and interpretation. Scoring time is greatly reduced using the JI-R Scoring Templates.

Level of Service Inventory-Revised (LSI-R)

Don Andrews, Ph.D. & James Bonta, Ph.D.

The LSI–R™ is a quantitative survey of attributes of offenders and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI–R helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism. The 54 items are based on legal requirements and include relevant factors needed for making decisions about risk and treatment. The LSI–R Manual explains the use of the LSI–R and summarizes research studies on its reliability and validity.

The LSI–R can be used by probation and parole officers and correctional workers at jails, detention facilities, and correctional halfway houses to assist in the allocation of resources, help make decisions about probation and placement, make appropriate security level classifications, and assess treatment progress.

Profile Reports provide security classification information based on the overall assessment score.

Comparative Reports show progress over time. Free option with Profile Reports.

Group Reports provide summary information for a group of offenders. Free option with Profile Reports

Level of Service Inventory-Revised: Screening Version (LSI-R:SV)

Don Andrews, Ph.D. & James Bonta, Ph.D.

The LSI–R: SV is a screening instrument ideal for use when a complete LSI–R™ assessment may not be feasible, due to time constraints or insufficient staff resources. The LSI–R: SV consists of eight items selected from the full LSI–R (see page 108). It provides a brief summary of dynamic risk areas that may require further assessment and possible intervention.

Research with the LSI–R: SV shows it is predictive of a variety of outcomes important to offender management. Among probation samples, the LSI–R: SV scores predicted violent recidivism and violations while under community supervision. Among incarcerated offenders, scores have predicted success in correctional halfway houses and institutional misconduct.

Profile Reports summarize the addressed items and indicate whether a full LSI-R assessment is necessary.

Level of Service/Case Management Inventory (LS/CMI)

Don Andrews, Ph.D., James Bonta, Ph.D., & J. Stephen Wormith, Ph.D.

Meet the fourth generation of risk assessment and the most comprehensive and current product of its kind.

The Level of Service/Case Management Inventory (LS/CMI) is the next step from the LSI–R inventory. It combines risk assessment and case management into one evidence-based system. All the necessary tools are here in one single application.

The LS/CMI helps probation officers, psychologists, and correctional workers to assess offenders' rehabilitation needs. The interview guide allows you to survey the offender's attributes and life situation, enabling you to assess his or her risk of recidivism and produce a quantitative assessment of the factors most relevant to the level of service, supervision, and programming required.

A case management plan provides a summary of the criminogenic and noncriminogenic needs, as well as special responsivity considerations to be targeted during supervision. A progress record provides a running log of activities designed to measure changes in the client's situation resulting from case management strategies. A discharge summary sums up the offender's status at discharge and any recommendations for the future.

The LS/CMI was normed on 157,947 North American youth and adult offenders—60,156 U.S. adult and youth offenders from 10 jurisdictions, and 97,791 Canadian community and institutionalized adult and youth offenders.

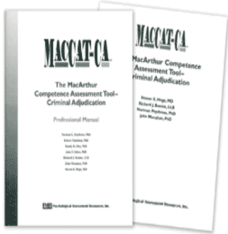
Profile Reports provide security classification information based on the overall assessment score.

Comparative Reports compare results of two to four assessments. They are useful in determining risk/need changes over time. Free option with Profile Reports.

Case Management Reports provide an administrative summary of the criminogenic and noncriminogenic needs of the offender. These reports also list special responsivity considerations and a discharge summary where applicable. Free option with Profile Reports.

MacArthur Competence Assessment Tool-Criminal Adjudication (MacCAT-CA™)

Steven K. Hoge, MD, Richard J. Bonnie, LLB, Norman G. Poythress, PhD, John Monahan, PhD



The MacCAT-CA is a 22-item structured interview for the pretrial assessment of adjudicative competence. This instrument uses a vignette format and objectively scored questions to standardize the measurement of three competence-related abilities.

- Understanding capacity for factual understanding of the legal system and the adjudication process.
- Reasoning ability to distinguish more relevant from less relevant factual information and ability to reason about the two legal options: pleading guilty or not guilty.
- Appreciation capacity to understand his or her own legal situation and circumstances.

The MacCAT-CA begins with the presentation of a brief vignette describing a hypothetical crime upon which the eight Understanding and the eight Reasoning items are based. The 16 items involve queries about prosecution of the hypothetical defendant. This approach was designed to introduce legal issues in a way that distances the defendant from the specifics of his/her own case. The six Appreciation items query defendants about their attitudes and beliefs concerning the legal process involved in their own cases.

The format of the MacCAT-CA Interview Booklet facilitates easy administration, recording, and scoring of the defendant's responses. Items appear on the right-hand page of the Booklet. The facing page contains scoring criteria for that item. The examiner assigns a value of 0, 1, or 2 based on the scoring criteria. The final page of the Booklet is a Scoring Summary form for transferring and summing the item scores for Understanding, Reasoning, and Appreciation. The MacCAT-CA Professional Manual presents guidelines for the clinical interpretation of these three measures based on a national norming study of 729 defendants. Score ranges are provided for three levels of impairment (none or minimal, mild, or clinically significant) for each measured ability. The MacCAT-CA Interview Booklet also provides space for examiners to record case-specific observations that may be relevant for follow-up.

The professional manual presents important findings from the MacArthur "field studies" and the NIMH "norming" study that support the use of the MacCAT-CA in clinical evaluations of adjudicative competence. The MacCAT-CA has been validated with three groups of criminal defendants with the following characteristics: (a) randomly selected jail inmates whose competence was not in doubt, most of whom had neither active nor prior mental health problems (*n* = 197), (b) jail inmates whose competence was not in doubt, but who were currently receiving treatment for a variety of mental disorders (*n* = 249), and (c) adjudicated incompetent to proceed as a result of mental illness (*n* = 283).

The MacCAT-CA is considered appropriate for use with both felony and misdemeanor defendants ages 18 years and older. It may be used in inpatient, outpatient, forensic, and correctional settings both prior to, and subsequent to, adjudication of competence to proceed with the criminal process. It may also be used to assess treatment progress with respect to restoration of competency.

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Manson Evaluation, Revised (ME)
by Morse P. Manson, Ph.D. and George J. Huba, Ph.D.

This widely used test (more than 350,000 administered) identifies maladjusted individuals, including alcoholics. It measures seven personality characteristics: Anxiety, Depressive Fluctuations, Emotional Sensitivity, Resentfulness, Incompleteness, Aloneness, and Interpersonal Relations. In addition, it tells you how likely it is that the respondent belongs to a population prone to alcohol abuse.

Written at a fourth-grade reading level and administered to individuals or groups in just 5-10 minutes, the *Manson Evaluation* has high reliability and validity. It is an excellent instrument for personnel screening, diagnosis, therapy, research, and alcohol abuse programs.

Maryland Addictions Questionnaire (MAQ)
by William E. O'Donnell, Ph.D., MPH, Clinton B. DeSoto, Ph.D., and Janet L. DeSoto, Ed.D.

Brief, economical, and easy to administer and score, the MAQ is one of the best treatment planning tools you'll find. Administered at intake, it quickly tells you how severe the addiction is, how motivated the patient is, which treatment approach is most likely to work, what the risk of relapse is, and whether treatment may be complicated by cognitive difficulties, anxiety, or depression.

Find out if the patient will benefit from treatment.
The MAQ can be used with anyone aged 17 or older who can read at a fifth-grade level. It is a self-report inventory composed of 111 items on the following scales:

Substance Abuse Scales
- Alcoholism Severity
- Drug Abuse Severity
- Craving
- Control
- Resentment

Summary Scores
Emotional Distress
Resistance to Treatment
Admission of Problems

Treatment Scales
Motivation for Treatment
Social Anxiety
Antisocial Behavior
Cognitive Impairment
Affective Disturbance

Validity Scales
Inconsistent Responding
Defensiveness

The test gives you standard scores and percentiles for each of these scales. Based on the relative elevation of the Summary Scores, it also assigns the patient one of six Summary Codes, indicating his or her ability to benefit from treatment.

Determine treatment readiness, treatment approach, and relapse risk.
The MAQ can be completed in just 15 to 20 minutes. (A 30-item Short Form, which includes the scales Alcoholism Severity, Drug Abuse Severity, Craving, Control, and Affective Disturbance, can be completed in only 5 minutes.) While the AutoScore™ Answer Sheet makes hand scoring quick and easy, the test can also be computer scored using WPS TEST REPORT Mail-In Answer Sheets, CD, or FAX Service. All of these computer options give you an interpretive report full of concrete, specific information about the most productive treatment approach, the patient's treatment readiness, relapse risk, and related problems.
Norms are based on a large sample of people receiving substance abuse treatment at outpatient clinics, residential facilities, or halfway house programs.
The MAQ is brief yet multidimensional, the items are easy to complete, the scales are easy to interpret, and the results facilitate treatment planning. All of this makes it the ideal intake measure for patients entering an addiction treatment program.

Miller Forensic Assessment of Symptoms Test™ (M-FAST™)
Holly A. Miller, PhD

The M-FAST is a brief 25-item screening interview for individuals ages 18 years and older that provides preliminary information regarding the probability that he/she is feigning psychiatric illness. Most malingering and symptom validity instruments assess malingered cognitive and/or neuropsychological deficits. The M-FAST focuses exclusively on malingered psychiatric illness.

The brief interview format saves valuable clinical time and provides considerable flexibility for the clinician to determine when, where, and to whom the M-FAST should be administered. The M-FAST may be integrated into a larger evaluation with minimal difficulty.

The M-FAST also facilitates rapid identification of individuals who require additional assessment. When the M-FAST results indicate a probability of feigning, a more comprehensive assessment instrument (e.g., the Structured Interview of Reported Symptoms) can be administered to obtain more detailed and definitive information.

The seven M-FAST scales operationalize response styles and interview strategies that have been demonstrated to successfully identify individuals who are attempting to feign psychology: Reported vs. Observed (symptoms) (RO), Extreme Symptomatology (ES), Rare Combinations (RC), Unusual Hallucinations (UH), Unusual Symptom Course (USC), Negative Image (NI), and Suggestibility (ES).

The M-FAST Professional Manual provides information about administration, scoring, and interpretation (with illustrative case examples). M-FAST results provide interpretive information at three distinct levels:

- The M-FAST Total score provides an estimate of the likelihood that the respondent is malingering psychopathology.
- M-FAST scale scores provide information about the nature of the individual's response styles that can help to explain *how* he/she is attempting to malinger mental illness. The UH, RC, RO, and ES scales have been found to consistently differentiate malingerers (both simulators and known or suspected malingerers) from honest responders.
- Responses to individual items also provide valuable interpretive information.

The M-FAST was developed and validated with both simulation and known-groups samples. The validity of the instrument also has been demonstrated across genders, ethnic groups (Caucasian and African American), and settings (e.g., V.A. hospitals, correctional institutions, and inpatient/outpatient treatment facilities).

Personality Assessment Inventory (PAI)

Leslie C. Morey, Ph.D.

This objective inventory of adult personality assesses psychopathological syndromes and provides information relevant for clinical diagnosis, treatment planning, and screening for psychopathology. Since it was first introduced in 1991, the PAI has been heralded as one of the most important innovations in the field of clinical assessment.
The 344 items constitute 22 nonoverlapping full scales covering the constructs most relevant to a broad-based assessment of mental disorders: 4 validity scales, 11 clinical scales, 5 treatment scales, and 2 interpersonal scales. To facilitate interpretation and cover the full range of complex clinical constructs, 10 full scales contain conceptually derived subscales (click on link below for more information).
No Scoring Keys Needed...
Clients with 4th-grade reading skills can usually complete the PAI in less than 1 hour, rating each of the 344 items on a 4-point scale ranging from false, not at all true, to very true. Responses are entered on a 2-

part carbonless Answer Sheet. The bottom page of the Answer Sheet provides scores for all 344 items. Full scales and subscales can be scored in only 15-20 minutes.
For situations where no desk or table top is available, the PAI Administration Folio holds both the Item Booklet and Answer Sheet and provides a hard surface so your clients can easily complete the inventory.
To provide interpretation relative to the standardization sample of 1,000 community-dwelling adults, PAI scale and subscale raw scores are translated to T scores. Transformed T scores have a mean of 50 and a standard deviation of 10, so that T-score values greater than 50 lie above the mean in comparison to scores of individuals in the standardization sample. Therefore, T scores greater than or equal to 70 (2 standard deviations above the mean) will quickly alert you to a pronounced deviation from typical responses of adults in the normative sample. PAI Profile Forms allow you to rapidly translate raw scores to T scores and plot the pattern of test results. The Adult Profile Form also contains a blue line demarcating the distribution of scores for a large sample of clinical cases. This feature facilitates comparison of an individual's scores with those in the clinical sample.
The Critical Items Form (CIF) lists 27 items (distributed across 7 content areas) that suggest behavior or psychopathology that may demand immediate attention.
Reliability and validity are based on data from a census-matched normative sample of 1,000 community-dwelling adults (matched on the basis of gender, race, and age), a sample of 1,265 patients from 69 clinical sites, and a college sample of 1,051 students.
Because the PAI was normed on adults in a variety of clinical and community settings, profiles can be compared with both normal and clinical populations. Combined-sex normative data are provided. Reliability studies indicate that the PAI has a high degree of internal consistency across samples: results are stable over periods of 2 to 4 weeks (median alphas and test-retest correlations exceed .80 for the 22 full scales). Validity studies demonstrate convergent and discriminant validity with more than 50 other measures of psychopathology.

PAI®-CS On-Site Scanning Module

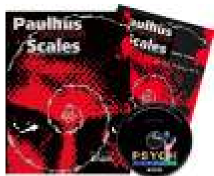
John F. Edens, PhD, Mark A. Ruiz, PhD, and PAR Staff

- Requires prior installation of the PAI®-SP (V.3.0 or higher) and the PAI-CS.
- Administer the PAI-CS using the PAI-CS scannable Answer Sheet.
- Scan the Answer Sheet (requires compatible Pearson Assessments "pencil-read" optical scanner) and the PAI-CS software will generate the report.

Requirements: Prior installation of the PAI-SP and the PAI-CS Module (V.3.0 or higher); OpScan® or iNSIGHT™ OMR scanner (autofeeder recommended)

Paulhus Deception Scales (PDS)

Delroy L. Paulhus, Ph.D.



The PDS is a 40-item instrument that identifies individuals who, when administered instruments, distort their responses. It is designed to be administered concurrently with other instruments. Items are phrased in contemporary, gender-neutral language.

The PDS was normed on 1,457 subjects—441 from the general North American population, 289 college students, 603 prison entrants, and 124 military recruits.

PDS for Windows Reports provide statistical, textual, and graphical interpretations of a respondent's results.

Personal Experience Inventory (PEI)
A Measure of Substance Abuse in Adolescents

by Ken C. Winters, Ph.D. and George A. Henly, Ph.D.

The PEI helps you identify, refer, and treat teenagers with drug and alcohol problems. It is particularly useful because it covers all forms of substance abuse, assesses both chemical involvement and related psychosocial problems, and documents the need for treatment.

This convenient self-report inventory, used with more than 100,000 adolescents in facilities throughout the country, documents chemical involvement in 12- to 18-year-olds and identifies personal risk factors that may precipitate or sustain substance abuse.

Problem Severity Scales	**Drug Use, Frequency, Duration, and Age of Onset**
Personal Involvement With Chemicals	Alcohol
Effects From Drug Use	Amphetamines
Social Benefits of Drug Use	Marijuana or Hashish
Personal Consequences of Drug Use	Quaaludes
Polydrug Use	Barbiturates
Transituational Drug Use	LSD
Psychological Benefits of Drug Use	Other Psychedelics
Social-Recreational Drug Use	Tranquilizers
Preoccupation With Drugs	Cocaine/Crack

Loss of Control

Psychosocial Scales

Negative Self-Image
Psychological Disturbance
Social Isolation
Uncontrolled
Rejecting Convention
Deviant Behavior
Absence of Goals
Spiritual Isolation
Peer Chemical Involvement
Sibling Chemical Use
Sibling Chemical Use
Family Pathology
Family Estrangement

Inhalants
Heroin
Other Opiates

Problem Screens

Family Chemical Dependency
Sexual Abuse
Physical Abuse
Eating Disorder
Suicide Potential
Psychiatric Referral

In addition, five validity scales alert you to response distortion, including defensiveness, "faking bad," and inattentive responding. Norms, based on nearly 2,000 adolescents, are provided by age and sex for both drug clinic populations and regular high school samples. So you can see where the teenager stands in relation not only to the most extreme cases but also to average adolescents.

The PEI is routinely used in substance abuse treatment programs, student assistance programs, juvenile rehabilitation centers, and private practice. Reinforcing the trend toward earlier intervention, the PEI makes it easier to evaluate the many adolescents who are entering the health care system at younger ages, with more poorly defined problems. It permits more specialized treatment. And it documents the need for treatment--for insurance companies, the juvenile justice system, and parents.

Psychopathic Personality Inventory™-Revised (PPI™-R)

Scott O. Lilienfeld, PhD

The PPI-R is a 154-item self-report measure of both global psychopathy and the component traits of psychopathy. Like the original PPI, the PPI-R is construct valid, time efficient, and can detect response styles potentially relevant to psychopathy (i.e., positive or negative impression management, random or careless responding). Rather than focusing exclusively on antisocial or criminal behaviors, the PPI-R measures the continuum of psychopathic personality traits present in a range of individuals and can be used in both clinical (e.g., forensic) and nonclinical (e.g., student, community) settings.

Special Features

- Self-report measure with 4th-grade reading level.
- Focuses on psychopathic personality traits and behaviors rather than antisocial and criminal behaviors exclusively.
- Provides both offender and community/college normative samples.

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- Takes less time to administer than other published psychopathy measures.

- Cost-effective to use in correctional and forensic settings and for both individual and group assessments.

The PPI-R was standardized and validated for use with men and women from ages 18-86 years. Community adults in the community/college sample reflect 2002 U.S. Census data (U.S. Bureau of the Census, 2002) for race/ethnicity, educational background, and geographic area. In addition, the PPI-R includes normative data for a male offender sample, should users wish to compare respondents to incarcerated offenders (e.g., for management purposes). The instrument is useful in a variety of settings, particularly correctional facilities, forensic practice, substance abuse treatment centers, and research.

Reliability and Validity

- Internal consistency is adequate for the PPI-R Total score and the PPI-R Content scale scores, with coefficient alpha ranging from .78-.92 for the community/college sample. For the offender sample, internal consistency estimates for the Total and Content scale scores ranged from .72-.84.

- Temporal stability of PPI-R Total and Content Scale scores ranged from .82-.93 for a subset of the community/college sample over an average test-retest period of 19.94 days.

- Evidence for construct validity of the PPI-R also was obtained via significant correlations with Hare's Self-Report Psychopathy Scale-II (SRP-II) Total score and Levenson's Self-Report Psychopathy Scale primary and secondary psychopathy scores in the community/college and offender samples.

- Evidence of construct validity was also obtained via significant correlations between the PPI-R and self-report measures of pathological and nonpathological personality functioning, *DSM-IV*™ Antisocial Personality Disorder, interpersonal problems, sensation-seeking, substance use, and offense variables.

- Exploratory factor analyses using the community/college sample yielded a three-factor model of psychopathology: Self-Centered Impulsivity, Fearless Dominance, and Coldheartedness.

Risk-Sophistication-Treatment Inventory™ (RSTI™)

Randall T. Salekin, PhD

One of the major challenges within the juvenile justice system is tailoring psychological assessment services to the specific needs of the court. Clinicians working within the court system are frequently called upon to evaluate children and adolescents and to provide the court with recommendations regarding rehabilitation, delinquency, and transfer. The RSTI helps the clinician to address important juvenile justice issues and to provide vital information to juvenile court judges, child and adolescent forensic psychotherapists, parole officers, and other correctional authorities for making important legal decisions.

The RSTI is a semistructured interview and rating scale designed to help clinicians assess juvenile offenders ages 9-18 years in three important areas: risk for dangerousness, sophistication-maturity, and treatment amenability. Each of these areas is measured by a scale that is composed of 15 items. Additionally, each scale contains three content areas or clusters.

- The Risk for Dangerousness scale consists of the Violent and Aggressive Tendencies, Planned and Extensive Criminality, and Psychopathic Features clusters.
- The Sophistication-Maturity scale consists of the Autonomy, Cognitive Capacities, and Emotional Maturity clusters.
- The Treatment Amenability scale consists of the Psychopathology-Degree and Type, Responsibility and Motivation to Change, and Consideration and Tolerance of Others clusters.

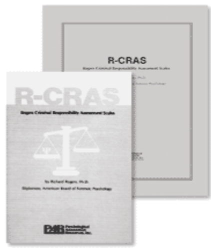
The RSTI materials include the Professional Manual, the semistructured Interview Booklet, and the Rating Form. The Professional Manual provides detailed information regarding the reliability and validity of the instrument and includes six case studies that provide examples of appropriate scoring and interpretation of the results.

The questions in the 32-page Interview Booklet are designed to help obtain background, clinical, and historical information, as well as a sample of the juvenile's behavioral and psychological functioning. Optional probes are provided throughout the interview in case the juvenile gives incomplete responses. The clinician takes detailed notes throughout the interview and data collection process and uses this information when rating and scoring the inventory. The Rating Form enables the clinician to score the items by reviewing and synthesizing information from the entire interview, as well as from other collateral sources (e.g., school records, police records, detention records, previous treatment records, consultations with parents/guardians). Each item is rated on a 3-point scale reflecting the extent to which the individual demonstrates the specific characteristic. Proper administration and coding of the RSTI requires considerable professional knowledge and skill with juvenile offenders.

Data for the RSTI normative sample was collected so that the sample would represent young offenders (ages 9-18 years) across a variety of juvenile justice settings. The sample included detained and nondetained youth; juveniles who were transferred to adult court; youth who remained in juvenile court; violent and nonviolent offenders; and first-time and chronic offenders. Normative data are provided by gender in the Appendixes of the Professional Manual. Using these data, scale raw scores are converted to *T* scores and percentiles. Additionally, within each scale, the three cluster raw scores are converted to percentile ranges.

Rogers Criminal Responsibility Assessment Scales (R-CRAS)

Richard Rogers, PhD, ABPP



The R-CRAS provides the forensic psychologist or psychiatrist with an empirically based approach to evaluating criminal responsibility. This instrument allows you to quantify the impairment at the time of the crime, to relate the impairment to the appropriate legal standard, and to render an expert opinion with respect to that legal standard. Part I establishes the degree of impairment on psychological variables significant to the determination of insanity. Part II aids in rendering an accurate opinion on criminal responsibility with the ALI standard, and also includes experimental decision models for guilty-but-mentally-ill (GBMI) and M'Naghten standards.

The average alpha coefficient of the R-CRAS summary scales is .60. The mean reliability coefficient for individual variables is .58, with each variable achieving significance. Overall percentage of agreement for the decision variables is 91% with an average kappa coefficient of .81.

Validation studies indicate a high level of accuracy for classifying sane and insane subjects. The R-CRAS is designed for use by professionals with experience in forensic evaluations or those who will be supervised by a qualified professional.

Rorschach® Interpretation Assistance Program: Version 5 Forensic Edition (RIAP5™ FE)

Irving B. Weiner, PhD, PAR Staff

The unlimited-use RIAP5 FE is an addition to the Rorschach Interpretation Assistance Program: Version 5 (RIAP5™). The RIAP5 provides both an Interpretive Report and a Client Report. The RIAP5 FE adds a considerable amount of flexibility by providing a specialized Forensic Report. This report is not intended to replace the basic RIAP5 Interpretive Report. Clinicians are advised to draw on both the Interpretive Report and the Forensic Report to arrive at their conclusions.

The Forensic Report is focused on the forensic issues of criminal responsibility and competency to stand trial, personal injury, and parental fitness/child custody. The three types of Forensic Reports are: Criminal Case Issues, Personal Injury Case Issues, and Family Law Case Issues. Each report begins with a section on validity and malingering. The software allows clinicians to select which sections of the Forensic Report to include for a specific individual.

This software was developed to assist clinicians in using the Rorschach when conducting specific types of forensic evaluations, including:

Criminal Case Issues

- Competency to stand trial.
- Sanity at the time of an alleged offense.
- Advisability of probation or parole (including consideration of dangerousness, suicide risk, and amenability to treatment).

Personal Injury Case Issues

- Posttraumatic stress disorder and other anxiety disturbances.
- Affective and cognitive features of depression.
- Psychotic loss of contact with reality.

Family Law Case Issues

- Effective parenting with regard to psychological disturbance, coping skills, and interpersonal accessibility.

In addition to the Forensic Report, the RIAP5 FE also includes a reference list that allows clinicians to review a selected category of references organized according to forensic issues. Clinicians can print out specific sections of the reference list in order to help them further evaluate the applicability of their findings and to prepare testimony based in part on the Rorschach data. The reference list primarily includes articles and chapters focusing on the Rorschach Inkblot Method, but additional references regarding basic forensic psychology issues are listed.

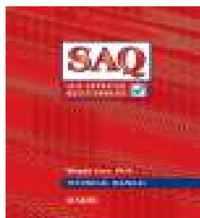
Special Features

- The RIAP5 FE Forensic Report was written by leading Rorschach scholar, Irving B. Weiner, PhD. He has published extensively on the use of the Rorschach in forensic assessments.
- The software includes a categorized, on-screen reference list.
- Rorschach Response Recording Forms facilitate and document Rorschach responses.
- The RIAP5 FE includes unlimited-use software on CD-ROM, on-screen Software Manual, and RIAP5 FE Manual Supplement.

Requirements: Windows® 2000/XP/Vista™; NTFS file system; 15-30MB hard drive space; CD-ROM drive for installation; Internet connection or telephone for software activation

Self-Appraisal Questionnaire (SAQ)

Wagdy Loza, Ph.D.

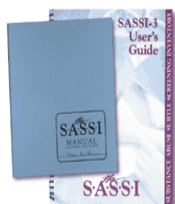


The SAQ is the first multidimensional self-administered questionnaire designed to predict violent and nonviolent offender recidivism among correctional and forensic populations. It assists with the assignment of these populations to appropriate treatment/correctional programs and institutional security levels. It can be used as a pre- and post-treatment measure to help you gage progress and make decisions. With its short administration time, the SAQ is ideal for inmates with short sentences who would not normally warrant a lengthy assessment.

The SAQ is an empirically based, theoretically and rationally derived assessment. From a Total score, risk is assessed as Low, Low-Moderate, High-Moderate, or High. Scale scores flag case management or program concerns, and responses to certain items indicate specific needs. Normative data consisted of inmates from American and Canadian institutions.

SASSI-3: Substance Abuse Subtle Screening Inventory (SASSI-3)

Franklin G. Miller, James Roberts, Marlene K. Brooks, Linda E. Lazowski



The SASSI-3 is a brief and easily administered screener that helps to identify individuals ages 18 years and older who have a high probability of having a substance abuse disorder and provides information to help select appropriate treatment. The SASSI-3 subscales also provide clinically useful information regarding an individual's attitude toward the assessment, as well as defensiveness, emotional pain, ability to acknowledge problems, and risk of legal problems.

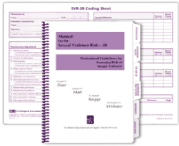
- Accurate, inexpensive, and simple to administer.
- Effective even when individuals are unable or unwilling to acknowledge relevant behaviors.
- Appropriate for individuals or group administration to both genders.
- Useful in a variety of settings including addiction treatment centers; criminal justice programs; employee assistance programs; and education, mental health, medical, and vocational programs.
- Produces reliable results using both test-retest and internal consistency methodologies; corresponds closely with independent clinical diagnoses (94% for overall accuracy).
- No significant gender difference was found in SASSI-3 accuracy; additionally, an individual's level of functioning did not have a significant impact on the accuracy of the SASSI-3.

Spanish SASSI Version

The Spanish SASSI requires a 5th-grade reading level and takes only 15 minutes to administer and score. The samples used to validate the Spanish SASSI were comprised primarily of males 18 years and older. The Administration and Scoring Instructions provide information on the development of the Spanish SASSI, detailed instructions on administration and scoring, and guidelines for interpreting the results. The Development and Validation of the Spanish SASSI provides information on the accuracy of Decision Rule results, demographic characteristics of the sample, and identification of substance dependence versus abuse.

Sexual Violence Risk-20 (SVR-20)

Douglas R. Boer, PhD, Stephen D. Hart, PhD, P. Randall Kropp, PhD, Christopher D. Webster, PhD



The SVR-20 is a 20-item checklist of risk factors for sexual violence that were identified by a review of the literature on sex offenders. The checklist was developed to improve the accuracy of assessments for the risk of future sexual violence. Sexual violence is defined broadly as "actual, attempted, or threatened sexual contact with a person who is nonconsenting or unable to give consent." The goals of the SVR-20 guidelines include the following:

- Make risk assessments more systematic.
- Increase agreement among evaluators.
- Provide detailed guidelines grounded in the scientific literature.
- Assist in the planning and delivery of interventions (treatment and supervision).
- Objectively evaluate the adequacy of risk assessments.

Risk assessment does not fall exclusively within the domain of any profession or discipline. Risk assessments are routinely conducted by correctional, psychological, and medical professionals, as well as by multidisciplinary teams. Evaluators need to understand the factors associated with general crime and violence as well as those associated with sexual violence. The SVR-20 manual provides information about how and when to conduct sexual violence risk assessments, research on which the basic risk factors are based, and key questions to address when making judgments about risk.

The SVR-20 specifies which risk factors should be assessed and how the risk assessment should be conducted. The list of risk factors is: (a) empirically related to future sexual violence; (b) useful in making decisions about the management of sex offenders; (c) nondiscriminatory; and (d) reasonably comprehensive without being redundant. The 20 factors essential in a comprehensive sexual violence risk assessment fall into three main categories: Psychosocial Adjustment, History of Sexual Offenses, and Future Plans. The actual risk for sexual violence depends on the combination (not just the number) of risk factors present in a specific case. Coding of the SVR-20 involves determining the presence/absence of each factor and whether there has been any recent change in the status of the factor. This item-level information is integrated into a summary judgment of the level of risk (Low, Moderate, or High), which can easily be translated into an action plan.

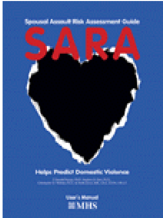
Developed primarily for use in criminal and civil forensic contexts, the SVR-20 is appropriate for use in cases where an individual has committed, or is alleged to have committed, an act of sexual violence:

- Pretrial release decisions.
- Presentence assistance to judges.
- Development of treatment programs at correctional intake.
- Prior to discharge to assist in post-release management.
- Custody/access assessment.

- Determination of need for a community warning.
- Quality assurance or critical incident reviews.
- Education and training.

Spousal Assault Risk Assessment Guide (SARA)

P. Randall Kropp, Ph.D., Stephen D. Hart, Ph.D., Christopher D. Webster, Ph.D., & Derek Eaves, M.B.



Key Areas Measured:
Criminal History
Psychosocial Adjustment
Spousal Assault Risk
Alleged/Most Recent Offense

The Spousal Assault Risk Assessment Guide (SARA) helps criminal justice professionals predict the likelihood of domestic violence. The tool is a quality-control checklist that determines the extent to which a professional has assessed risk factors of crucial predictive importance according to clinical and empirical literature.

With 20 items, the SARA assessment screens for risk factors in individuals suspected of or being treated for spousal or family-related assault. The SARA can help determine the degree to which an individual poses a threat to his/her spouse, children, another family member, or another person involved.

The instrument can be used by members of various boards or tribunals (e.g., parole and review boards, professional ethics committees, etc.), lawyers, victims' rights advocates, and also prisoners' rights advocates.

The SARA was normed on 2,309 adult male offenders—1,671 probationers and 638 inmates.

Structured Assessment of Violence Risk in Youth™ (SAVRY™)

Randy Borum, PsyD, Patrick Bartel, PhD, and Adelle Forth, PhD

The SAVRY is composed of 24 items in three risk domains (Historical Risk Factors, Social/Contextual Risk Factors, and Individual/Clinical Factors), drawn from existing research and the professional literature on adolescent development as well as on violence and aggression in youth. Each risk item has a three-level rating structure with specific rating guidelines (*Low, Moderate,* or *High*). In addition to the 24 risk factors, the SAVRY also includes six Protective Factor items that are rated as either *Present* or *Absent*.

The SAVRY is useful in the assessment of either male or female adolescents between the ages of 12 and 18 years. It may be used by professionals in a variety of disciplines who conduct assessments and/or make intervention/supervision plans concerning violence risk in youth.

The SAVRY is not designed to be a formal test or scale; there are no assigned numerical values nor are there any specified cutoff scores. Based on the structured professional judgment (SPJ) model, the SAVRY helps assist in structuring an assessment so that the important factors will not be missed and, thus, will be emphasized when formulating a final professional judgment about a youth's level of risk.

Features of the SAVRY

- Systematic--The primary domains of known risk and protective factors are addressed, with clear operational definitions provided.
- Empirically Grounded--Items are based on the best available research and guidelines for juvenile risk assessment practice.
- Developmentally Informed--Risk and protective factors are based on their relationship to adolescents, not to children or adults.
- Treatment-Oriented--Items have direct implications for treatment, including the consideration of dynamic factors that can be useful targets for intervention in risk reduction.
- Flexible--Allows consideration of case-specific factors, along with those factors derived from research.
- Practical--Time-efficiency of the instrument offers the evaluator essential information for a competent and complete assessment.

Reliability

- Interrater reliability for the SAVRY, using trained student raters (intraclass correlation coefficient [ICC]) was .81 for the SAVRY Risk Score and .77 for the Summary Risk Rating.

Validity

- In the initial validation study, the SAVRY Risk Total correlated significantly with the Youth Level of Service/Case Management Inventory (YLS/CMI) and the Hare Psychopathy Checklist: Youth Version (PCL:YV) among offenders .89 and .78, respectively. The SAVRY Protective Factors, as a whole, were negatively correlated with both of these measures.

- Significant correlations have been found in other studies between the SAVRY Risk Total scores and measures of violence among young male offenders in Canada (.32 in one study and .25 in another) and among high-risk Native American youth (.56 for sample, .72 for females; Fitch, 2002).

Structured Interview of Reported Symptoms (SIRS)

Richard Rogers, PhD, ABPP, R. Michael Bagby, PhD, Susan E. Dickens, MA

The SIRS is a structured interview designed to detect malingering and other forms of feigning of psychiatric symptoms. It may be used in inpatient or outpatient settings to address both clinical and forensic issues. Appropriate for ages 18 years and older.

Description

The SIRS consists of eight primary and five supplementary scales for the assessment of feigning, including a scale to assess defensiveness; the content of each scale varies so that endorsement of items on a particular scale does not reflect any specific mental disorder.

The 16-page Interview Booklet contains 172 items, 32 of which are Repeated Inquiries to detect inconsistency of responding. The content covers a wide range of psychopathology, as well as symptoms that are unlikely to be true. The SIRS is designed to detect 13 response styles commonly associated with feigning, and allows for classification as feigning (definite or probable) or honest, as well as identification of inconsistent and other problematic response styles that have implications for therapeutic dynamics and other treatment considerations.

Reliability/Validity

The SIRS has been validated with clinical, community, and correctional populations. Classification rates generalize across sociodemographic and diagnostic groups. Construct validity is demonstrated through factor analyses and correlational evidence of convergent and discriminant validity with MMPI validity scales and *M* test scales. Interrater reliability estimates range from .89-1.00. Internal consistency reliability coefficients for subscales range from .66-.92.

Administration

The SIRS may be administered by any mental health professional with formal training in structured interviews. Administration and scoring can be completed in under one hour. Primary scale scores are plotted on the front page of the booklet.

Structured Inventory of Malingered Symptomatology™ Software Portfolio (SIMS™-SP)

Michelle R. Widows, PhD, Glenn P. Smith, PhD, and PAR Staff

The SIMS-SP is used to score and interpret the Structured Inventory of Malingered Symptomatology™ (SIMS™). The software provides an Interpretive Report based on either an on-screen administration of the SIMS or hand entry of an individual's item responses or scale raw scores (entered by the clinician). Program functionality includes navigation tools (e.g., menu system, Quickstart dialog box, Toolbar, Status Bar), file handling, and report editing.

On-screen administration of the SIMS-SP is simple and convenient. Step-by-step instructions guide the respondent through the entire process. The software also provides the option for the respondent to view and/or hear the instructions as well as each of the 75 items.

Special Features of the SIMS-SP

- Provides an overall score (i.e., SIMS Total score) for likely feigning, along with scale scores within five domains: Psychosis (*P*), Neurologic Impairment (*NI*), Amnestic Disorders (*AM*), Low Intelligence (*LI*), and Affective Disorders (*AF*).
- Interpretive report provides profile of the SIMS Total score as well as the five scale scores.
- Interpretive text discusses the likelihood of feigning based on the SIMS Total score and the scale scores, with recommendation for further evaluation of feigning/malingering.
- Provides visual and/or audible on-screen administration for clients who may have reading difficulties.
- Includes built-in, easy-to-use report editing features and an optional password feature to ensure the privacy and security of client data during on-screen administration and for general security of data.

Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation and counter update.

Structured Inventory of Malingered Symptomatology™ (SIMS™)

Glenn P. Smith, PhD, Professional Manual by Michelle R. Widows, PhD, and Glenn P. Smith, PhD

The SIMS is a 75-item, true/false screening instrument that assesses for both malingered psychopathology and neuropsychological symptoms. The instrument reduces clinician burden and increases assessment efficiency by serving as a screen for malingering and by reducing hands-on administration time. In addition to serving as a screening measure, the SIMS can be used as part of a battery of tests providing convergent evidence of malingering, rather than relying on a single instrument for diagnosis. The SIMS also is recommended as part of a comprehensive approach to the evaluation in which alternative hypotheses for response patterns are to be considered.

The SIMS is an excellent tool for forensic clinicians working with competency and Not Guilty by Reason of Insanity (NGRI) evaluations, forensic researchers, clinicians who evaluate disability and workers' compensation issues, as well as mental health providers in inpatient settings. It demonstrates sensitivity, specificity, and efficiency across both simulation and known-groups designs with honest responders, psychiatric patients, and clinical malingerers. The SIMS is written at a 5th-grade reading level and is appropriate for ages 18 years and older.

The SIMS consists of a Professional Manual and the SIMS Response Form (a two-part carbonless form). The clinician compares raw scores to empirically derived and validated clinical cutoff scores indicative of likely malingering. Interpretations for each scale score and the Total score are provided in the Professional Manual. Based on the comparison to the clinical cutoff scores, the individual may be referred for more extensive evaluation.

The SIMS provides five scale domains as well as an overall score for probable malingering (i.e., Total score):

- Psychosis (*P*)
- Neurologic Impairment (*NI*)
- Amnestic Disorders (*AM*)
- Low Intelligence (*LI*)
- Affective Disorders (*AF*)

Reliability and Validity

- Internal consistency alpha coefficients for all SIMS scales range from .82 (*P* scale) to .88 (Total score).
- Test-retest reliability was adequate (r = .72) for the Total score over a 3-week interval.

- The SIMS demonstrated moderate to high correlations with other indexes of malingering, including the MMPI-2 validity scales (*r* range = -.47-.50), the SIRS Scales (*r* range = .43-.80), and the M Test (*r* range = .58-.67).

- The SIMS has demonstrated very good utility in identifying malingering across multiple studies. In the SIMS cross-validation sample, efficiency was .95, while sensitivity was .96 and specificity was .88.

Test of Memory Malingering (TOMM)

Tom N. Tombaugh, Ph.D.

Based on research in neuropsychology and cognitive psychology, the TOMM is a visual recognition test designed to help psychologists and psychiatrists distinguish between malingered and true memory impairments. Research has found the TOMM to be sensitive to malingering and insensitive to a wide variety of neurological impairments, which makes it very reliable. It is not transparent as a malingering test.

Extensive data has been collected on a number of groups that include cognitively intact individuals (aged 16 to 84) and clinical samples that include individuals with no cognitive impairment, as well as those with cognitive impairment, aphasia, traumatic brain injury, and dementia.

TOMM for Windows Reports present scores and summarizer results for each TOMM administration.

Trauma Symptom Checklist for Children™ (TSCC™)

John Briere, PhD

The TSCC is a self-report measure of posttraumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events (e.g., physical or sexual abuse, major loss, natural disaster, or witness violence).

The 54-item TSCC includes two validity scales (Underresponse and Hyperresponse), six clinical scales (Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns), and eight critical items. The alternate 44-item version (TSCC-A) is identical to the TSCC, except it makes no reference to sexual issues (and has no Sexual Concerns scale) and includes seven Critical Items.

This instrument is suitable for individual or group administration. Item responses on a 4-point scale are entered on the top page of the carbonless test booklet. Item responses are automatically transferred to the scoring page underneath, allowing for easy hand scoring. Profile Forms allow for conversion of raw scores to age- and sex-appropriate *T* scores and graphing the results.

The TSCC scales are internally consistent (alpha coefficients for clinical scales range from .77-.89 in the standardization sample) and exhibit reasonable convergent, discriminant, and predictive validity in normative and clinical samples. The TSCC was standardized on a group of over 3,000 inner-city, urban, and suburban children and adolescents from the general population. Data from trauma and child abuse centers are also provided.

The comprehensive Professional Manual provides information on test materials, administration, scoring, interpretation, psychometric characteristics, and normative data.

Trauma Symptom Checklist for Young Children™ (TSCYC™)

John Briere, PhD

Because exposure to traumatic events (e.g., child abuse, peer assaults, community violence) is an unfortunate part of many children's lives, psychological tests for trauma effects have become an important part of the child-focused assessment battery. Following the success of the Trauma Symptom Checklist for Children™ (TSCC™) in evaluating older children (ages 8 to 16 years), the new Trauma Symptom Checklist for Young Children (TSCYC) is the first fully standardized and normed broadband trauma measure for children as young as 3 years of age.

Eight years in the making, and tested by clinicians and researchers throughout North America, the TSCYC is a 90-item caretaker-report instrument, with separate norms for males and females in three age groups: 3-4 years, 5-9 years, and 10-12 years. Caretakers rate each symptom on a 4-point scale according to how often the symptom has occurred in the previous month. Unlike most other caretaker-report measures, the TSCYC contains specific scales to ascertain the validity of caretaker reports (Response Level and Atypical Response), as well as providing norm-referenced data on the number of waking hours the caretaker spends with the child in the average week (*0-1 hours* to *Over 60 hours*).

The TSCYC contains eight Clinical scales: Anxiety, Depression, Anger/Aggression, Posttraumatic Stress-Intrusion, Posttraumatic Stress-Avoidance, Posttraumatic Stress-Arousal, Dissociation, and Sexual Concerns, as well as a summary posttraumatic stress scale (Posttraumatic Stress-Total). These scales provide a detailed evaluation of posttraumatic stress, as well as information on other symptoms found in many traumatized children. The PTSD Diagnosis Worksheet incorporates information from the TSCYC to assist the user in evaluating PTSD criteria in younger children, and provides a possible PTSD diagnosis in children 5 years of age or older (sensitivity = .72, specificity = .75). The TSCYC is appropriate for English-speaking caretakers, including those who have a relatively low reading level (Flesch-Kincade score = 6.8).

The TSCYC materials consist of the Professional Manual, Item Booklet, Answer Sheet, and age- and gender-specific Profile Forms. Once the TSCYC is administered to the caretaker, the Answer Sheet is hand-scored by the examiner using the Scoring Sheet and the PTSD Diagnosis Worksheet. Resulting raw scores are converted and plotted as *T* scores, depending on the child's gender and age. The PTSD Diagnosis Worksheet aids the user in ascertaining the PTSD status of the child according to the *DSM-IV-TR*™. The Professional Manual includes several examples of how to score and interpret the TSCYC.

- Norms are based on a stratified national standardization sample of 750 children.
- Internal consistency for the Clinical scales in the standardization sample ranged from .78-.92, with an average clinical alpha coefficient of .86. Similar results were found in clinical and child abuse treatment samples.
- Homogeneity-corrected test-retest correlation coefficients for TSCYC scales ranged from .68-.96, with a median coefficient of .88.
- Discriminant, predictive, and construct validity have been demonstrated for the TSCYC in multiple samples and studies.
- Different TSCYC scale patterns have been found to predict different forms of trauma exposure in a published study of traumatized children.

Trauma Symptom Checklist™ Software Portfolio (TSC™-SP)

John Briere, PhD and PAR Staff

The unlimited-use TSC-SP software automatically scores the TSCC™, the TSCC-A™, or the TSCYC™ when the client's responses are entered by the clinician. It will generate a score report and graphic profile of the results, which can be printed by any Windows®-compatible printer or exported for word processing. For convenient ordering, the TSC-SP software is sold as 3 separate CD-ROMs--(1) TSCC only, (2) TSCYC only, and (3) TSCC and TSCYC combined.

Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

Trauma Symptom Inventory™ Scoring Program (TSI-SP™)

John Briere, PhD, PAR Staff

This unlimited-use software, now available on CD-ROM:

Scores and profiles the 13 TSI scales (10 clinical and 3 validity scales).

Provides three additional summary factor scales that indicate the relative extent to which the respondent is experiencing reduced or insufficient internal resources, general posttraumatic distress, and dysphoric affect.

Enables exporting of the TSI profile into a Windows® Bitmap image format; the Score Summary Report uses Windows fonts, enhancing the appearance of the report. Enter item responses and the computer automatically scores the test and produces a Score Summary Report that includes raw scores and T scores for each scale, as well as a profile of all 13 scales.

Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

Trauma Symptom Inventory™ (TSI™)

John Briere, PhD

The TSI, a 100-item test, is designed to evaluate posttraumatic stress and other psychological sequelae of traumatic events, including the effects of rape, spouse abuse, physical assault, combat, major accidents, natural disasters, and the lasting sequelae of childhood abuse.

It includes 10 clinical scales that measure the extent to which the respondent endorses trauma-related symptoms. These, in turn, can be subsumed under three broad categories of distress (trauma, self, and dysphoria). These scales include:

- Anxious Arousal
- Dissociation Behavior
- Depression
- Sexual Concerns
- Anger/Irritability
- Dysfunctional Sexual Behavior
- Intrusive Experiences

- Impaired Self-Reference
- Defensive Avoidance
- Tension Reduction

Additionally, in contrast to other trauma measures, the TSI contains three validity scales (Response Level, Atypical Response, and Inconsistent Response), which assess the respondent's tendency to deny symptoms that others commonly endorse, to overendorse unusual or bizarre symptoms, and to respond to items in an inconsistent or random manner.

The 12 critical items also help you identify potential problems, such as suicidal ideation or behavior, substance abuse, psychosis, and self-mutilatory behavior, that may require immediate follow-up.

TSI-A Version
The alternate item version (TSI-A) is identical to the TSI except it makes no references to sexual issues. It has no Sexual Concerns scale and includes only the critical items.

Reliability/Validity
The TSI is highly reliable. The 10 clinical scales are internally consistent (mean alpha coefficients of .86, .87, .84, and .85 in standardization, clinical, university, and U.S. Navy samples, respectively), and exhibit reasonable convergent, predictive, and incremental validity. In the standardization sample, TSI scales predicted independently assessed posttraumatic stress disorder status in over 90% of cases. Similarly, in the psychiatric inpatient sample, TSI scales correctly identified 89% of those independently diagnosed with Borderline Personality Disorder.

Administration/Scoring
The TSI Professional Manual is comprehensive and contains information on materials, administration, scoring, interpretation, psychometric characteristics, and normative data. Norms were derived from a nationally representative sample of over 800 adults from the general population and over 3,500 Navy recruits. Separate norms for males and females, ages 18-54 and 55+ years, make the TSI appropriate for all adult sex-by-age combinations.

Responses to the 100 items are entered on the carbonless, hand-scorable answer sheet. Profile forms for males and females allow conversion of raw scores to *T* scores. A graph of the profile may be drawn to portray the respondent's scores relative to general population scores.

Uniform Child Custody Evaluation System (UCCES)

Harry L. Munsinger, JD, PhD, Kevin W. Karlson, JD, PhD

The UCCES was developed by two forensic psychologists with law degrees and extensive experience in child custody evaluation to meet the need for a uniform custody evaluation procedure for mental health professionals. The UCCES consists of a Manual and 25 forms that provide a systematic method for gathering data necessary to determine the child's best interest, organizing information, presenting relevant data in an organized and logical manner, writing logical evaluation reports, and testifying in court.

The 25 forms are organized into three categories.

1) General Data and Administrative Forms-One of each of these 10 forms should be completed for each custody evaluation.

- UCCES Checklist contains a list of all the steps involved in completing a UCCES evaluation. It serves as a time-management and quality control tool; helps to organize, manage, and record all major events; documents all procedures; and verifies that all important steps were taken.
- Initial Referral Form provides a convenient and systematic way to maintain records of all parties and issues as well as the billing schedule.
- Chronological Record of all Case Contacts Form.
- Case Notes Form.
- Consent for Psychological Services to Child(ren) Form.
- Authorization to Release Information Form.
- Suitability for Joint Custody Checklist.
- Collateral Interview Form.
- Consent for Evaluation of Minor(s) Form.
- UCCES Summary Chart for noting significant entries from other completed forms.

2) Parent Forms-One of each of these nine forms should be completed for each parent.

- Parent's Family/Personal History Questionnaire.
- Parent Interview Form.
- Parenting Abilities Checklist.
- Suitability for Joint Custody Interview.
- Analysis of Response Validity Checklist.
- Behavioural Observations of Parent-Child Interaction Form.
- Home Visit Observation Form.
- Agreement Between Parent and Evaluator Form.
- Explanation of Custody Evaluation Procedures for Parents and Attorneys.

3) Child Forms-These six forms should be completed for each child.

- Child History Questionnaire (one for each parent to complete).

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- Child Interview Form.
- Child Abuse Interview Form.
- Abuse/Neglect Checklist.
- Child's Adjustment to Home and Community Checklist.
- Parent-Child Goodness of Fit Observation Form and Checklist.

The Manual presents an overview of child custody evaluation research, discusses the requirements for a comprehensive custody evaluation, describes each of the 25 forms, and provides helpful suggestions for testifying as an expert witness.

Victoria Symptom Validity Test (VSVT™)

Daniel Slick, PhD, Grace Hopp, MA, Esther Strauss, PhD, Garrie B. Thompson, PhD

Suitable for use in both outpatient and inpatient settings, the VSVT is a computerized test that uses a forced-choice (two-alternative) model to assess possible exaggeration or feigning of cognitive impairments.

- The VSVT unlimited-use software administers the test, calculates all scores, and produces a 6-page report of the test results.

- Large, full-page graphs of your client's VSVT performance, as well as graphs of the performance of relevant comparison groups, can be easily viewed or printed for display.

- The 48 VSVT items are presented in three blocks of 16 items each; items are classified as either Easy or Difficult, depending on whether the study number and the foil share any common digits.

- The Total Items Correct score is used to classify a respondent's performance; the type and number of items answered correctly, the response latency, and the right-left preference provide information that also can be used to help interpret VSVT performance.

- Test interpretation compares the respondent's performance to what is expected to occur on the basis of chance alone; this binomial-based approach to respondent classification minimizes the risk of false positives.

- Results confirm the clinical and forensic utility of the VSVT for identifying respondents who are attempting to exaggerate or feign cognitive impairments.

Requirements: Windows® 2000/XP/Vista™; NTFS file system; CD-ROM drive for installation; Internet connection or telephone for software activation

Youth Level of Service/Case Management Inventory (YLS/CMI)

R. D. Hoge, Ph.D. & D. A. Andrews, Ph.D.

Key Areas Measured:
Prior and Current Offense
Family
Education
Peers
Substance Abuse
Leisure/Recreation
Personality/Behavior
Attitudes/Orientation

The YLS/CMI, derived from the LSI–R, helps probation officers, youth workers, psychologists, and social workers identify the youth's major needs, strengths, barriers, and incentives; select the most appropriate goals for him or her; and produce an effective case management plan.

Profile Reports provide classification information based on the overall assessment score.

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