

**Adolescent Chemical Dependency Inventory (ACDI)  
ACDI-Corrections Version II**

**Training  
Manual**

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## Preface

Adolescent Chemical Dependency Inventory (ACDI) research and development began in 1985 and has continued to the present. **ACDI is the acronym for the Adolescent Chemical Dependency Inventory and ACDI-Corrections Version II.**

The ACDI (105 items) contains five (5) scales: Truthfulness Scale, Adjustment Scale, Distress Scale, Alcohol Scale and Drug Scale. However, the reports for these two tests are different. The ACDI is appropriate for use in schools, counseling (individual or group) and chemical dependency (alcohol or drug) treatment programs.

The ACDI-Corrections Version II contains 140 items and in addition to the ACDI's five scales incorporates a sixth scale which is the **Violence (Lethality) Scale**, and a seventh scale the **Stress Coping Abilities Scale**. Version II is longer than the ACDI and presents both treatment and probation recommendations. Version II is appropriate for both juvenile court and probation.

In summary, there are two versions of the Adolescent Chemical Dependency Inventory:

1. **ACDI:** for use in schools, juvenile counseling programs and troubled youth chemical dependency treatment.
2. **ACDI-Corrections Version II:** 7 scales, has a Violence Scale and Stress Coping Abilities, for court, probation and community corrections use.

**As noted earlier the acronym ACDI will apply to the Adolescent Chemical Dependency Inventory and the ACDI-Corrections Version II.**

ACDI diskettes contain copyrighted software programs and all rights are reserved. Users are cautioned not to attempt to copy ACDI diskettes, nor attempt loading these programs on a hard drive, as these diskettes are protected and such acts can damage the programs on the diskette rendering it unusable. Attempts to copy these programs is also a violation of federal copyright law. **All diskettes, including used damaged or recalled diskettes are to be returned to Behavior Data Systems, Ltd.**

The ACDI's are self-report tests that are administered individually or in group testing settings. There are no forms or questionnaires to be completed by staff. ACDI's are computer scored and reports are printed on-site within three minutes of test completion. These reports eliminate tedious, time consuming and error prone hand scoring. Staff report writing, substantiation of decision making and record keeping needs are met with ACDI reports.

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# Adolescent Chemical Dependency Inventory (ACDI) and ACDI Corrections Version II

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The **ACDI-Corrections Version II** is designed for juvenile probation and parole, court-related services and corrections programs. The ACDI-Corrections Version II report provides probation and treatment-oriented recommendations. The ACDI-Corrections Version II is appropriate for troubled youth between the ages of 12 and 17 years. It can be used to evaluate misdemeanor and felony charged defendants.

ACDI reports can be individualized to be in compliance with each state's and agency's needs. Recommendations desired in one city or state may not be appropriate in another. In high volume testing settings, reports can be even further individualized to user's needs.

## Product Description

ACDI tests are available on 25 or 50 test diskettes. All the software needed to score and print ACDI reports is contained on these diskettes. Diskettes require a minimum of 640K memory and MS-DOS. Windows applications will be available in 1998. Tests can be given directly on the computer screen or in paper-pencil test booklet format. Regardless of how tests are administered, all tests are computer scored on-site. Reports are available within 3 minutes of test completion. Staff report writing, substantiation of decision-making and record keeping needs are met with these reports.

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

### FIVE ACDI SCALES (MEASURES)

- 1. Truthfulness Scale:** measures how truthful the juvenile was while completing the test. This scale identifies minimization, denial and faking.
- 2. Alcohol Scale:** measures alcohol use, abuse and alcohol-related problems. Alcohol refers to beer, wine and other liquor.
- 3. Drug Scale:** measures drug use, abuse and drug-related problems. Drugs include marijuana, crack, cocaine, amphetamines, barbiturates and heroin.
- 4. Adjustment Scale:** measures adapting at home, school, with peers. This scale recognizes personal and social adjustment.
- 5. Distress Scale:** measures experienced anxiety and depression. Distress is the most common reason for juvenile counseling.

### **The ACDI-Corrections Version II Scales**

- 6. Violence (lethality) Scale:** measures use of physical force to injure, damage or destroy. Identifies the juvenile's danger to themselves and others.
  - 7. Stress Coping Abilities:** Measures a person's ability to cope with stress. Stress exacerbates symptoms of emotional and mental health problems.
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## ACDI Corrections Version II

The ACDI-Corrections Version II has 140 items and takes 25 to 30 minutes to complete. It is appropriate for juvenile courts, juvenile probation and community corrections.

It contains two additional scales, the **Violence (lethality) Scale** and the **Stress Coping Abilities Scale**. The 7 ACDI-Corrections Version II scales include: Truthfulness Scale, Alcohol Scale, Drug Scale, Adjustment Scale, Distress Scale, Stress Coping Abilities Scale and the Violence (lethality) Scale.

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## 5 and 7 Empirically Based Measures

**The ACDI contains five (5) scales. The ACDI-Corrections Version II includes two additional scales which are the Violence (lethality) Scale and the Stress Coping Abilities Scale.**

**1. TRUTHFULNESS SCALE:** The Truthfulness Scale is a measure of how truthful the client was while completing the ACDI. This scale identifies self-protective, recalcitrant and guarded clients who minimize or even conceal information. This scale is designed to detect denial and faking.

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

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

**4. ADJUSTMENT SCALE:** The Adjustment Scale measures adjustment at home, school, with authority and peers. This scale recognizes the importance of personal and social factors in adapting to one's life situation. Adjustment refers to the juvenile's emotional balance, compromises with life and adaptation to their environment. This scale assesses the juvenile's adaptation to life conditions which confront them. The evolution of a healthy personality requires development of behavior necessary for adapting to life in our society.

**5. DISTRESS SCALE:** The Distress Scale measures experienced anxiety and depression. Distress is the most common reason for troubled youth counseling. The Distress Scale consists of items symptomatic of anxiety and depression. The blending of these symptom clusters is clear in the definition of dysphoria, i.e., a generalized feeling

## 5 and 7 Empirically

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## Based Measures, continued

of anxiety, restlessness and depression. Distress incorporates unhappiness, discontent, dissatisfaction, worry, apprehension, etc. Distress has broad applicability in adjustment, intervention and outcome.

### **\*ACDI-Corrections Version II\***

**6. VIOLENCE SCALE:** The Violence Scale measures the juvenile's use of physical force to injure, damage or destroy. In brief, it identifies the youth's danger to self and others. This is a unique scale in the ACDI-Corrections Version II.

**7. STRESS COPING ABILITIES:** Measures the juvenile's ability to cope with stress. Stress exacerbates mental health and emotional problems. A Stress Coping Abilities Scale score at the 90th percentile or above reflects identifiable emotional or mental health problems. Referral for a more comprehensive evaluation would be appropriate with juveniles scoring in the 90th or above percentile range.

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

**Specific probation and treatment (as warranted) recommendations are made for each attained scale score. The ACDI is a highly individualized test with recommendations included that are appropriate to each scales severity score.**

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## Risk Level Classification

Each ACDI scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the empirically based scales as follows:

<b>PERCENTILE RANGE</b>	<b>RISK RANGE</b>
0 to 39th percentile	Low Risk
40 to 69th percentile	Medium Risk
<b>70 to 89th percentile</b>	<b>Problem Risk</b>
<b>90 to 100th percentile</b>	<b>Severe Problem Risk</b>

A person who does not presently engage in alcohol or other drug abuse may score above zero, but would score in the low risk range. In addition, an elevated score (above the 70th percentile) on the Alcohol or Drug Scale could be obtained by a recovering alcoholic or recovering drug abuser, consequently the client should be asked if he or she is recovering, and if recovering, "how long have they been abstaining" from alcohol or other drug use.

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## Validity

**Definition:** Within the context of assessment, validity is a general term for accuracy of measurement. Valid test results are essentially free from error. They are accurate. In contrast, invalidity refers to distortion of test results due to troubled youth's attitude or test taking behavior. Invalidity may be due to guardedness, denial, faking, reading things into questions, emotional instability, reading impairments, etc. An invalid test means test results are distorted and not accurate. **When handed an ACDI report, staff should check the Truthfulness Scale score.** If the Truthfulness Scale score is below the 70th percentile--test results are valid and accurate. Truthfulness Scale scores between the 70th and 89th percentile are likely valid, but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are invalid or inaccurate.

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## Truthfulness Scale

Self-report tests and interviews are subject to the danger of respondents not telling the truth. An important advance in testing is the Truthfulness Scale, which measures how honest the juvenile is while completing the test. It would be naive to believe that all people taking tests always answer questions truthfully. Truthfulness Scales identify self-protective and guarded people who attempt to deny, minimize or even conceal information. These scales can also detect functionally illiterate and visually impaired individuals. This feature is of special importance in court-related, probation and treatment settings, since the outcome of a juvenile's test results could affect their level of supervision, nature of intervention and life situation. **The Truthfulness Scale identifies attempts to fake or under report problems and concerns.**

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## Truth-Corrected Scores

Another sophisticated psychometric technique involves "truth-corrected" scores which are individually calculated for each of the ACDI scales every time a test is scored. **The Truthfulness (Validity) Scale establishes how truthful the client was while completing the ACDI.** Correlation's between the Truthfulness Scale and all other scales have been statistically determined. This procedure enables the ACDI to identify and add back into each scale score the amount of error variance associated with a person's untruthfulness, resulting in "truth-corrected" scores. Raw scores may only reflect what the client wants you to know. Truth-corrected scores reveal what the client is trying to hide. **Truth-Corrected scale scores are more accurate than raw scores because they account for the measured amount of untruthfulness of the client while completing the ACDI.**

## Truth-Corrected

Professionals across the country have endorsed the benefits of truth-corrected scores, calling it a "high tech solution to a very common, down-to-earth need." **This methodology is easy to use because the computer does all the work, actually calculating these truth-corrected scores every time a test is scored.** In the past, many

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## Scores, continued

evaluators were "turned off" on self-report tests because they were too easy to fake.

Truthfulness Scale and Truth-Corrected scores have addressed this problem. They are considered by many as essential in any self-report test.

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## Staff Should Not Take These Tests

Sometimes a staff member wants to simulate the defendant taking the ACDI. It is strongly recommended that staff do **not** take the ACDI. The ACDI is not standardized on staff. And staff do not have the same mental set as a defendant. Staff would likely invalidate, distort or otherwise compromise their ACDI profile. The ACDI is standardized on the juvenile ( 12 to 17 years) population itself.

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## Alcohol Scale

The Alcohol Scale measures a youth's alcohol proneness and alcohol-related problems. This is an important area of inquiry when evaluating risk. Alcohol refers to beer, wine and other liquor.

A juvenile's scale score is determined by his or her pattern of responding to that scale's items or test questions. For example, the Alcohol Scale has 21 scale items, and the client's score is obtained by adding up the number of scale items that were answered in a negative or deviant direction.

In summary, this empirically based scale is a measure of a person having alcohol-related problems. Alcoholism is a significant problem in our society. Alcoholism has been related to arrest records, illicit substance (drugs) abuse, emotional problems and impaired adjustment. The Alcohol Scale correlates (in the positive direction) with other recognized objective measures of alcohol use and abuse.

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## Drug Scale

A drug may be broadly defined as any chemical substance that affects living processes. This definition includes alcohol as well as marijuana, cocaine, crack, ice, heroin, amphetamines, barbiturates, LSD, etc. An important distinction between these substances is legality. The major licit (or legal) drugs are caffeine, nicotine and alcohol. These are generally socially accepted and legally marketed substances.

Increased public awareness of illicit (or illegal) substance abuse and its effects on people's lives is a growing concern. The burgeoning awareness of marijuana and cocaine abuse are but two examples of this concern about illicit substance use and abuse.

## Drug Scale,

It is apparent that many people have been exposed to drugs in our society. Frequency and magnitude of drug use or abuse are important factors. The degree of severity of drug use or abuse is measured with

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**continued**

the Drug Scale. The Drug Scale is scored by adding the number of Drug Scale items that were answered in a deviant or negative direction. The Drug Scale correlates significantly (in the positive direction) with other objective measures of drug use and abuse.

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## **Violence Scale**

The Violence (Lethality) Scale measures the probability of an juvenile using physical force to injure, damage, or destroy. This scale establishes whether or not the juvenile is a danger to self or others.

Although conflict and its consequences are inescapable parts of human existence, individuals differ widely in both the ease in developing conflict, and in the nature and severity of its results. The Violence Scale identifies the extreme, i.e., the troubled youth that is considered dangerous or potentially violent. Pathologically violent juveniles are a threat to themselves and society.

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## **ACDI-Corrections Version II**

ACDI-Corrections Version II reports are designed to meet the needs of probation risk evaluation and needs assessment programs. The standard ACDI report concisely summarizes test data in an accurate and easily understood manner. Staff needs for report-writing, substantiation of decision-making and record-keeping are all met with ACDI reports.

**ACDI reports can be individualized to be in compliance with each state's and department's needs. Recommendations desired in one city or state may not be appropriate in another. In high volume testing settings, reports can be even further individualized to user's needs.**

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## **Minimum Scale Scores**

A juvenile's alcohol and drug arrests are included in the ACDI-Corrections Versions scoring methodology to establish "minimum" Alcohol Scale and Drug Scale scores.

With regard to the Alcohol Scale and Drug Scale scores, one substance (alcohol or other drug) arrest automatically establishes a minimum score for the appropriate scale at the 40th percentile, which is the lowest medium risk severity score. Two alcohol-related or drug-related arrests establishes a minimum score for the appropriate scale at the 60<sup>th</sup> percentile, which is the upper medium risk severity range. Three substance-related arrests established the minimum score for the appropriate scale at the 70th percentile, which is a low problem risk or severity score. Four or more substance-related arrests establishes a minimum score for the appropriate scale at the 89th percentile, which is the highest problem risk range severity score.

## **Minimum Scale**

**When an Alcohol Scale or Drug Scale score is higher than these minimum scores, the higher scale score supersedes the minimum score. In other words the higher scale score is used in the ACDI-Corrections Version II report. The higher score -- whether the**

## Scores, continued

scale score or the minimum score -- is used.

### ALCOHOL OR DRUG-RELATED ARRESTS SUMMARY

<u># Of Arrests</u>	<u>Minimum Scale Score</u>
1 arrest	40th percentile
2 arrests	60th percentile
3 arrests	70th percentile
4 or more arrests	89th percentile

When a juvenile has one or more alcohol-related or drug-related arrests, the appropriate scale score cannot be lower than the minimum scores, the higher scale score will be used. And when the number of alcohol-related or drug-related arrests is not available, the scale is scored in the usual manner, i.e., cumulative scale score.

Some court history items carry a minimum score for an associated scale. For example, a drug arrest requires a minimum score for the Drug Scale. If a client's score on a particular scale was influenced by a court history item, an asterisk is printed next to the scale score on the report. This is so staff will know the court history minimum score influenced the scale score. Below the test's profile, the asterisk note states "Minimum scale score." This shows the client's scale score is the result of a court history minimum score, rather than the client's pattern of test item responses.

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## Control of Reports

The ACDI report is designed for probation and parole departments, as well as for court-related use. It is **not** recommended that ACDI reports be given to the juvenile offender. It is **not** recommended that the juvenile offender take any ACDI materials, including the report, out of the office. Juveniles should **not** be given their ACDI reports to read, nor should they take any ACDI materials out of the staff members office.

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## Check Answer Sheet for Completeness

Check the juvenile's answer sheet for completeness when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. In these instances the juvenile should be informed that each question must be answered in accordance with the instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, since it is assumed that these items were omitted to avoid admitting a "negative" response.**

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## Present, Past or

Juvenile's should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered

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## Future Tense

literally as they are presented. **There are no trick questions.** If an item wants to know about the past, it will be stated in the past tense. If the item inquires about the present, it will be stated in the present tense. And, if an item asks about the future, it will be stated in the future tense. Just answer each question as it is stated.

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## Special (99% Scores) Reports

When the Truthfulness Scale score is at or above the 95th percentile all other scale scores are automatically set to the 99th percentile. In other words the ACDI report is modified due to the extremely inaccurate test protocol. And in place of the scale descriptions or paragraphs explaining scale scores, a one-page explanation of validity -or accuracy/inaccuracy - invalidity is printed. A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 90th percentile. This modified report dramatizes the extremely high Truthfulness Scale score (95th percentile or higher). We will await user feedback before deciding to implement this 99th percentile procedure for Truthfulness Scale scores at the 99th (as compared to the 95th) and above percentile score.

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## Accurate - Inaccurate Profiles

The term “inaccurate” is being used instead of invalid. The term validity refers to accurate assessment. In contrast, invalidity refers to distortion of test results due to defendants attitude, reading abilities, minimization of problems, reading things into the questions, denial and faking. However, many people do not understand the terms valid or invalid. Consequently we are substituting the terms **accurate** and **inaccurate** for valid and invalid.

Inaccuracy is defined in terms of a defendant’s Truthfulness Scale score being at or above the 90th percentile. **A Truthfulness Scale score at the 90th percentile or above results in inaccurate tests results, and all scale scores should be considered inaccurate.** Yet, different accurate - inaccurate ACDI profiles can be identified. Five examples are discussed.

**Example #1.** An elevated (at or above the 90th percentile) Truthfulness Scale score with all other scale scores at or above the 90th percentile. This profile is often associated with impaired reading skills, acute emotional turmoil, or a very deviant response set . . . Further inquiry is needed with the juvenile before deciding whether to retest. If emotionally upset, you may want to settle the youth down before retesting. Although rare, some juvenile’s do not take the testing situation seriously and randomly respond. Regardless of the reason this ACDI profile is inaccurate and invalid.

## Accurate - Inaccurate Profiles, continued

**Example #2.** An elevated Truthfulness Scale score with at least one other scale score above the 69th percentile and one other scale score below the 40th percentile. This may be an accurate profile where the

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defendant was either inadvertently “reading things into the questions” or attempting to be “absolutely honest” . . . After reviewing the instructions with the juvenile this person would likely be retestable. However, a “focused interview” may be all that is needed to complete this assessment.

**Example #3. An elevated Truthfulness Scale score with all scale scores at or below the 39th percentile.** This defendant was attempting to minimize problems and “look good” but was detected by the Truthfulness Scale . . . **This is a classically invalid profile.** This defendant can be expected to be defensive and manifest denial. A direct approach is recommended, e.g., you were either attempting to minimize your problems or you were reading things into questions that weren’t there. Retest would be contingent upon the juvenile’s attitude.

**Example #4. A low risk Truthfulness Scale score with other scale scores variable is usually considered a valid profile.** However, in very rare cases this represent a “test wise” defendant or staff member playing “beat the test.” Earlier it was noted the ACDI was not standardized on staff and it was recommended they do not take the ACDI. Yet, some do. And it would be very rare or unusual for a juvenile to be that “test wise.” First year college students in psychology classes were asked to “lie but don’t get caught” and were detected. This respondent’s motivation needs to be established in interview.

**Example #5. In very rare instances a defendant might answer all test items true or false. If all items are answered true** the Truthfulness Scale would automatically be set to the maximum score. This response set is very rare. Similarly, **if all items were answered false** the Truthfulness Scale score would be very very high. The very high Truthfulness Scale score shows the test protocol is inaccurate or invalid . . . Should either of these situations occur, straightforward inquiry is all that is usually needed to clarify the matter. Contingent upon the juveniles attitude, retesting might be considered after the oral instructions are reviewed.

## Significant Items

**Significant items represent self-admissions or important self-report responses.** They are provided for reference and do not determine the respondent's scale score. For example, a person could have a high scale score and few significant items or vice versa. Significant items are printed on the last page of ACDI reports. Significant items augment scale scores and sometimes provide a more complete understanding of the client. Significant items permit comparison of the client's self-perception and attitude with their objective scale scores.

## Evaluator’s Recommendations

Space has been provided in ACDI reports for staff member's observations and recommendations. In most instances, these observations and recommendations will be consistent with ACDI findings. However, in some instances staff members will have an

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observation or recommendation that differs from the ACDI report. This is OK! The staff member may obtain important information from another source (offender, relative, records, etc.) which influences their recommendations. In these situations it is recommended that the staff member document in writing this additional source of information along with related recommendations in the space provided.

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## Structured Interview

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

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## Expanding Database

Proprietary ACDI software was designed with the capability of "saving" the data from each test in a confidential (no names) manner for ongoing research and analysis. The "delete names" procedure is discussed later in this document. This is one of the reasons why used diskettes are returned to Behavior Data Systems, Ltd. **No client names appear in ACDI research or annual program summary reports.** Returned diskettes are downloaded into the ACDI database for subsequent analysis and client names are removed. The expanding ACDI database is statistically analyzed each year. This feature represents a unique advantage of the ACDI. The database ensures ongoing research at no additional cost to the ACDI user. As the ACDI database continues to grow, new and exciting research discoveries and innovative software remedies are anticipated.

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## Oral Instructions

It is now clear that juvenile probation clients minimize their alcohol and/or other drug-related problems by substantially under-reporting their alcohol and/or other drug use. However, the oral instructions to the juvenile before he or she begins the ACDI are important. A straightforward approach is recommended. For example:

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

Giving the client an example often helps them understand. The example

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that you use will be influenced by your client population, experience, and intent. It should be individualized to your situation and needs. Although not recommended for use with juveniles, the following example is presented for clarification as to how an example might be included in your oral instructions to the client:

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

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

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## **Retest**

If clients invalidate their ACDI, it is recommended that they be given the opportunity to be retested. Prior to retesting, the oral instructions should be reviewed carefully with the juvenile. If the retest is still invalid, the client may be untestable at that time.

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## **Time Savings**

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

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## **Focused Interview**

The ACDI provides relevant self-report information in a timely (within minutes) manner, thereby facilitating a "focused interview." The focused interview may require up to 30 minutes to complete, with no compromise in effectiveness or quality. Focused interviews "zero in" on juvenile's problems and concerns. Problem areas are identified.

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## **Four Administrative Modes**

The ACDI can be administered in four different ways: **1. Paper-Pencil test booklet format.** This is the most common way defendant's are tested. Tests can be given individually or in group testing settings. Upon test completion, tests are scored and printed in three minutes on-

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site. **2. Directly on the computer screen (monitor) itself.** Upon test completion a few keystrokes scores and prints the ACDI report. **3. Optical scanners are used in high volume testing settings.** This testing mode involves customized answer sheets and the purchase of an optical scanner. Faster scanners usually cost more. **4. Human voice (computer audio) presentation.** Test items and answers are read to the defendant. This testing mode requires a multimedia computer, headphones and windows 95 software. Users can select the test administration mode (or modes) that are suited to their needs.

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## **Audio (Human Voice) Option**

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

To make other than English or Spanish languages available, Behavior Data Systems would need the translator and reader provided for recording of their reading at your agency. This innovative approach to reading impaired screening resolves most bilingual cultural and reading impaired screening problems. Yet, it does require a CD-ROM, earphones and multimedia or computer audio capability. We prefer to limit automated (human voice) reading options to a maximum of three languages per computer.

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## **Test Data Input Verification**

This procedure allows the person that is inputting the test data from the answer sheet into their computer to verify the accuracy of their data input. **In brief, the test data is input twice and any inconsistencies between that first and second data entries are highlighted until corrected.** When the first and second data entry match (or are the same) you may continue. This data input verification procedure is optional.

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

## **Test Data Input Verification, continued**

There are two ways in which you may perform the test data input verification procedure: **1) after a new test has been entered**, or **2) by choosing the option from the Supervisor Data Entry task menu.**

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The verification procedure compares test items entered the first time with the second data entry. If a discrepancy exist between the first and second (verification) data entries the inconsistency is highlighted until corrected. If an error is highlighted the error could be made either when the first data entry was done or when the second data entry was done. To know which is correct you will need to refer to the answer sheet. The test data input verification procedure is discussed in the ACDI Computer Operating Guide.

When you enter a test you may choose to perform the test data input verification procedure after all the test data has been entered. A message is displayed asking if you want to “verify” data input. **Type “y” for “yes” if you want to perform test data input verification, or type “n” for “no” and you will return to the main menu.**

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## Delete Client Names

You have the option to delete client names from the diskette before returning it. This is optional. **If you want to use this option, remember that once you delete client names from a diskette -- they are gone and can not be retrieved.** We recommend you only use this option before returning used diskettes to Behavior Data Systems. Deleting client names does not delete demographic or test data. When you use this option it only deletes juvenile names. The juvenile’s Identification Number will automatically be deleted.

**This option is provided to protect client confidentiality.** Once the names have been deleted, there is no way for you to retrieve them.

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## Test Number Reminders

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

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

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## Diskette Expiration Date

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

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

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## How The System Works

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

Upon establishing your Behavior Data Systems account you will be provided user instructions, ACIDI Orientation and Training Manual, One-Page Quick Start, Computer Operating Guide, test booklets, answer sheets (can be photocopied on site), updates, annual summary reports on request and support services **at no additional cost.** Test booklets are replaced at no additional cost as they wear out. Test booklets are reusable. **All test booklets are to be secured.** Do not let any juveniles take any test booklets out of your testing area.

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

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

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## Database

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

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## Database, continued

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

The ACDI database provides a cost effective approach to ongoing research. Used diskettes are returned to Behavior Data Systems, Ltd., and test data is placed in the ACDI database. The ACDI database is analyzed annually. This means that on an annual basis the ACDI is essentially restandardized. This ensures accuracy and fairness. ACDI databases are established on a state as well as departmental basis. Small volume test users incorporate their databases with others, while large volume agencies can have their own databases.

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

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## Technical Support

If you have a problem or question, call Behavior Data Systems, Ltd.: (800) 231-2401. This number is operational during 8 a.m. to 4 p.m. (Mountain Standard Time), Monday through Friday.

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## In Closing

The Adolescent Chemical Dependency Inventory and Version II are automated (computer scored) self-report assessment instruments that are designed for use in juvenile probation departments. **They can be used to evaluate misdemeanor and felony charged defendants.** These reports are useful at presentence hearings, as a standardized juvenile screening procedure and on an as needed basis.

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You are invited to visit the Behavior Data Systems, Ltd. website:  
[www.bdsltd.com](http://www.bdsltd.com)