

# **Juvenile Detention Exam**

## **Training Manual**

Professional Online Testing Solutions, Inc.

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# Juvenile Detention Exam

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## JUVENILE DETENTION EXAM

The Juvenile Detention Exam (JDE) is designed for juvenile risk and needs assessment. The JDE consists of 108 items and can be completed in 15 to 20 minutes or less. The JDE contains five scales: Truthfulness, Antisocial, Violence, Alcohol, and Drugs.

Many detention centers are overcrowded with limited facilities for juvenile assessment. These conditions set realistic assessment parameters. Tests must be short and provide meaningful information for juvenile supervision, treatment, and rehabilitation. The JDE was designed to meet these needs.

### FIVE JAIL INMATE INVENTORY SCALES OR MEASURES

**1. TRUTHFULNESS SCALE:** Measures how truthful the juvenile was while completing the JDE. This scale identifies faking and minimization.

**2. ANTISOCIAL SCALE:** This scale measures antisocial attitudes and behavior. For example, lying, uncaring, irresponsibility, lack of remorse, etc.

**5. VIOLENCE SCALE:** Measures use of force to injure, damage or destroy, measures anger, hostility and violence potential. It identifies juveniles dangerous to themselves or others.

**3. ALCOHOL SCALE:** Measures juvenile's alcohol proneness and alcohol-related problems. Alcohol includes beer, wine and other liquor.

**4. DRUGS SCALE:** This scale measures illicit drug use and drug-related problems. Drugs refers to marijuana, cocaine, crack, heroin, etc.

The Juvenile Detention Exam (JDE) is much more than just an alcohol or drug test. It gathers important self-report information quickly. JDE tests can be administered directly on the computer screen or in paper-and-pencil format. Regardless of how given, all JDE tests are scored on-site and also print reports in 2 minutes.

JDE diskettes contain 25 or 50 applications for on-site use. These diskettes contain all of the software needed. Software is menu driven so users simply follow instructions on the screen. Advisory messages assist throughout the scoring process.

The Juvenile Detention Exam (JDE) is completed by the juvenile individually or in group testing settings. Reports are available within minutes of test completion. This procedure eliminates tedious, time consuming and error-prone hand scoring. JDE screening is fast and accurate.

The Juvenile Detention Exam (JDE) is a brief, easily administered and automated test designed for juvenile risk and needs assessment. The JDE takes 15 to 20 minutes to complete, the responses are computer scored, and printed reports are available in 2 minutes. The JDE produces objective results that can be trusted.

## Five JDE Scales

The **Juvenile Detention Exam (JDE)** contains five (5) empirically based measures called scales. These five scales include: Truthfulness Scale, Violence (Lethality) Scale, Antisocial Scale, Alcohol Scale, and Drug Scale. Each of these scales is described below.

- 1. TRUTHFULNESS SCALE:** The Truthfulness Scale measures how truthful the juvenile was while completing the test. This scale identifies guarded and self-protected juveniles who minimize or attempt to fake results.
- 2. VIOLENCE SCALE:** Measures use of physical force to injure, damage or destroy, measures anger, hostility and violence potential. This scale identifies juveniles that are a danger to themselves or others.
- 3. ANTISOCIAL SCALE:** Measures antisocial behavior, e.g., chronic lying, uncaring, irresponsible, boastful and impaired relationships. Antisocial behavior is often incapacitating in society.
- 4. ALCOHOL SCALE:** Measures the juvenile's alcohol proneness and alcohol-related problems. Alcohol refers to beer, wine and other liquor.
- 5. DRUGS SCALE:** Measures the juvenile's drug abuse proneness and drug-related problems. Drugs refers to marijuana, cocaine, crack, amphetamines, barbiturates, and heroin.

## Risk Level Classification

Each Juvenile Detention Exam (JDE) scale score is classified in terms of the risk range it represents. These risk level classifications are calculated individually for each of the five empirically based scales as follows:

PERCENTILE RANGE	RISK RANGE
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 juvenile's score on each of the five scales is calculated and classified in the appropriate risk range each time a juvenile is tested. These attained scores and associated risk ranges are clearly set forth and explained in JDE reports.

## 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 juvenile's attitudes and behaviors. Invalidity may be due to juvenile guardedness, denial, faking, reading things into questions, emotional instability, or reading impairments. An invalid test's results are distorted and not accurate due to juvenile's attitude or behavior.

**When handed a JDE 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 percentiles are likely valid, but should be interpreted cautiously. Truthfulness Scale scores above the 90th percentile are usually invalid.

## Truth-Corrected Scores

Another sophisticated psychometric technique involves "truth-corrected" scores, which are individually calculated for each of the five JDE scales every time a test is scored.

The Truthfulness Scale establishes how truthful the applicant was while completing the JDE. Correlations between the Truthfulness Scale and all other scales have been statistically determined.

This procedure enables identification of the error variance associated with untruthfulness and then these values are applied to each scale score, resulting in Truth-Corrected scores. Raw scores may only reflect what the juvenile wants you to know. Truth-Corrected scores reveal what the juvenile is trying to hide. **Truth-Corrected scores are more accurate than raw scores.**

Professionals across the country have endorsed the benefits of truth-corrected scores, calling them 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 evaluators were "turned off" on self-report tests because they were too easy to fake. Truthfulness Scales and Truth-Corrected scores have addressed this problem and are considered by many as essential to any self-report test.

## Truthfulness Scale

A Truthfulness Scale is considered necessary, if not essential, in any objective assessment instrument. In most detention and juvenile settings, many juveniles are cooperative. However, it would be naive to assume all juveniles answer assessment questions truthfully. All interview and self-report test procedures are subject to the dangers of untrue answers due to defensiveness, guardedness, or deliberate faking. The Truthfulness Scale measures how truthful the juvenile was while completing the JDE. This scale detects guardedness, defensiveness or deliberate falsification. **It detects minimization and faking.**

## Violence Scale

The Violence (Lethality) Scale measures the tendency of a juvenile using physical force to injure, damage, or destroy. Measures anger, hostility and violence potential. 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 juvenile that is considered dangerous or potentially lethal. Pathologically violent juveniles are a threat to themselves and society.

## Antisocial Scale

The Antisocial Scale measures antisocial behavior, e.g., chronic lying, failure to pay debts, uncaring about others, irresponsibility and seemingly inability to maintain school attendance. The term antisocial usually means harmful to society, unsociable and hostile. Antisocial individuals seem to be chronically in trouble with society. Antisocial tendencies manifest themselves in lack of loyalty, problems with authority, and problems with society in general.

## Alcohol Scale

The Alcohol Scale measures the juvenile's alcohol proneness and alcohol-related problems. Alcoholism is a significant problem in our society. Woolfolk and Richardson noted in "Stress, Sanity and Survival"

that alcoholism costs industry over 15.6 billion annually due to absenteeism and medical expenses. These numbers have dramatically increased over the years. The harm associated with alcohol abuse--mental, emotional and physical--is well documented. The cost and pain associated with alcohol problems are staggering. The Alcohol Scale measures the juvenile's alcohol use and abuse. Alcohol proneness, alcohol-related problems and alcohol abuse are evaluated. Alcohol refers to beer, wine and other liquors.

## Drug Scale

The burgeoning awareness of the impact of illicit drugs emphasizes the need for any meaningful assessment to differentiate between licit and illicit drugs. The Drug Scale is an independent measure of the juvenile's drug-related problems. Without this type of scale, many drug abusers would remain undetected. The JDE differentiates between "alcohol" and "drug" use and abuse.

The national outcry in the 1980's concerning cocaine momentarily obscured the fact that a number of other substances are also being abused, including marijuana, crack, cocaine, amphetamines, barbiturates, LSD, heroin, etc. This scale provides insight into areas of inquiry that may need to be pursued in counseling or even treatment. The Drug Scale measures the severity of drug abuse and drug-related problems. Increased public awareness of drug abuse emphasizes the importance of the Drug Scale in the JDE.

## Control of JDE Reports

The JDE report is designed for staff use. Although juveniles may discuss JDE reports with staff, it is not recommended that JDE reports be given to the juvenile to read or take back to their cell. **It is not recommended that juveniles take any JDE materials (test booklet or answer sheet), including the computer generated report out of the testing office.**

In most cases, it is a mistake to allow juveniles to read their JDE reports because they will typically get "hung up" on a word or term. It also places them in a defensive posture. **It is recommended that JDE results be explained, without giving the juvenile the report to read.** Results should be discussed within the context of the juvenile's overall situation. It should be emphasized that no juvenile decision is based solely on JDE results. The JDE is used in conjunction with experienced staff judgment.

As a component of the overall review and assessment process, JDE results must remain confidential. An institutional or detention policy of not giving out JDE reports and/or related materials to juveniles should be established and followed. Inmates should **not** be given their JDE report to read.

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

## Staff Should Not Take the JDE

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

## Check Answer Sheet for Completeness

Check the juvenile's answer sheet to be sure it has been filled out correctly when it is turned in and before the juvenile leaves. No items should be skipped and true and false should not be answered for the same question.

The juvenile should be informed that each question must be answered in accordance with instructions, and be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that these items were omitted to avoid admitting a "negative" response.**

## Present, Past or Future Tense

Defendants should answer questions as the questions are stated -- in present tense, past tense or future tense. Questions are to be answered literally as they are presented. There are no trick questions. If an item wants to know about the past, it will be stated in the past tense. If the item inquires about the present, 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.

## 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 JDE report is modified due to the extremely inaccurate test protocol. And in place of the scale descriptions or paragraphs explaining scale scores, a one-page explanation of validity - invalidity is printed. A test protocol is inaccurate and invalid when the Truthfulness Scale score is at or above the 90th percentile. This modified report dramatizes the extremely high Truthfulness Scale score (95th percentile or higher). We will await user feedback before deciding to implement this 99th percentile procedure for Truthfulness Scale scores at the 90th and above percentile score.

## 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 juvenile's 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 juvenile'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 JDE 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 juvenile down before retesting. Although rare, some juveniles do not take the testing situation seriously and randomly respond. Regardless of the reason this JDE profile is inaccurate and invalid.

**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 juvenile 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 juvenile was attempting to minimize problems and “look good” but was detected by the Truthfulness Scale . . . **This is a classically invalid profile.** This juvenile 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 represents a “test wise” juvenile or staff member playing “beat the test.” Earlier it was noted the JDE was not standardized on staff and it was recommended they do not take the JDE. 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 juvenile 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 high. The very high (at or above the 90<sup>th</sup> percentile) 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 juvenile’s attitude, retesting might be considered after the oral instructions are reviewed.

## **Oral Instructions**

The literature is clear that many juveniles tend to minimize their problems by substantially under-reporting their alcohol and drug use or violent acts. This emphasizes the importance of oral instructions to the juvenile before he/she begins the JDE. A straightforward approach is recommended. For example:

**“This questionnaire contains a truthfulness measure to determine how cooperative and truthful you are while completing it. It is also important that you do not read anything into the questions that is not there. There are no trick questions or “hidden meanings.” Your court records may be checked to verify the accuracy of your answers. Please answer all the questions honestly. Just answer each question truthfully.**

Giving the juvenile an example often helps them understand. The example that you use will be influenced by your juvenile population, experience and intent. Your example should be individualized to your situation and needs. The following example is presented for clarification as to how an example might be included in your oral instructions to the juvenile.

**“Last week a juvenile told me while taking the MMPI that he could not answer this question true or false. ‘I am attracted to members of the opposite sex.’ When asked why, the juvenile 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 juvenile that this item does not ask about being a sex maniac or homosexual. It simply asks if you are attracted to members of the opposite sex. When you interpreted it to refer to sex maniacs or homosexuals you were answering different questions. 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.”**



## Significant Items

Significant items are self-admissions or important self-report responses. Significant items are identified for reference. Sometimes they help in understanding the juvenile. **Significant items alone do not determine scale scores.** Significant items are listed at the end of the JDE report for the Alcohol, Drug, Violence and Antisocial Scales.

## Structured Interview

The last sequence of multiple choice questions are called a “structured interview” because they reflect important self-report motivational, attitudinal and perceptual information. Juvenile answers to Section 3 multiple choice items are printed on the last page of the JDE report. These answers represent the juvenile’s perception of his/her situation and needs, consequently they may differ from objective scale scores. **This enables comparison of the juvenile’s subjective attitude and motivation with their empirically based objective scale scores.** For example, a juvenile may report “no problem” with regard to alcohol-related problems, even though the Alcohol Scale score is at or above the 90th percentile (severe range) score.

## Expanding Database

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

Used JDE diskettes are returned (without juvenile names) to Risk & Needs and test data is downloaded into the JDE expanding database. Annual database analysis ensures ongoing research and accuracy of assessment. And, the JDE database enables ongoing test program summary reports which describe the population that was tested in terms of demographics, court history, assessment accuracy and much more.

## Rating Form Versus Self-Report

Staff rating of juveniles is highly influenced by the rater's knowledge of the juvenile, rater's training in rating procedures, adequate time for accurate ratings and the absence of bias or prejudice. Some juvenile rating forms require information that may not be available to the rater, e.g., juvenile's pre-incarceration adjustment, juvenile's emotional stability (or even psychopathology) and opinions about the juvenile's sex life. Much of this "rater knowledge" can go beyond juvenile observation and often requires access to juvenile records and involves time consuming review. In many instances, questions have been raised about inter-rater reliability, validity, accuracy, and fairness.

In contrast, self-report tests like the JDE do not involve a lot of staff time, as juveniles rate themselves and this can be done in group testing settings. **The Truthfulness Scale and Truth-Corrected scores address the problem of some juveniles not telling the truth.**

## Retest

When a juvenile invalidates their JDE, it is recommended that they be given the opportunity to be retested. **Prior to retesting the oral instructions should be reviewed.** If the retest is invalid, the juvenile may not be testable at that time.

## Time Savings

The JDE is designed to provide a vast amount of relevant information quickly and accurately. The JDE facilitates a “focused interview” which may take 30 minutes to complete with no compromise in effectiveness or quality. **Focused interviews “zero in” on juvenile problems and concerns.** Problem areas are identified with the JDE so the interview can focus on those areas of concern. The JDE combined with the focused interview can result in significant time savings -- with no compromise in the quality of the services being provided. Some detention centers interview those juveniles with very high (90<sup>th</sup> percentile or above) scale scores which indicate severe juvenile problems and concerns.

## Four JDE Administrative Modes

The JDE can be administered in four different ways: **1. Paper-Pencil test booklet format.** This is the most common way juveniles are tested. Tests can be given individually or in group settings. Upon test completion, tests are scored and printed in two minutes on-site. **2. Directly on the computer screen (monitor).** Upon test completion a few keystrokes scores and prints the JDE report. **3. Online (internet) testing.** Access to the internet and clients can be tested paper-pencil or directly on the computer. **4. Human voice (computer audio) presentation.** Test items and answers are read to the juvenile. 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.

## Audio (Human Voice) Option

This **Audio (Human Voice) Reading** test administration mode is a new proprietary administration mode. The juvenile 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 juvenile. 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, Risk & Needs would need the translator and reader provided for reading at your agency so two tape recordings can be made. 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.

## 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 juvenile 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 from a diskette. The choice is yours.

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.**

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 JDE 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.**

## Delete Juvenile Names (Confidentiality)

**You have the option to delete juvenile names from the diskette before returning it.** This is optional. If you want to use this option, remember that once you delete juvenile names from a diskette - they are gone and can not be retrieved. We recommend you only use this option before returning used diskettes to Risk & Needs. Deleting juvenile names does not delete demographic or test data. When you use this option it only deletes juvenile names. **This option is provided to protect juvenile confidentiality.** Once the names have been deleted, there is no way for you to retrieve them.

## 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.

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

## Diskette Expiration Date

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

Test diskettes are constantly being updated and we want to ensure that you are using the most current test diskette. If you are reaching the 12th month of using the diskette and have not used up all of the tests contained on the test 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 12th month. **After the 12th 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.

## How the JDE System Works

To establish a Risk & Needs account call (800) 231-2401, fax (602) 266-8227, E-mail **HHL@RiskAndNeeds.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 Risk & Needs account you will be provided user instructions, JDE 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. Inmates should **not** take a test booklet to their cell.

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 Risk & Needs 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.

## Staff Efficiency

With the Juvenile Detention Exam (JDE), staff time required for data gathering, interviews, ratings, scoring, and interpretations is significantly reduced -- with no compromises in the quality of juvenile risk and needs assessment.

The JDE computer software handles all of the scoring, calculations, and interpretations within four minutes. These automated JDE scoring and interpretive procedures ensure objectivity, reliability, and accuracy. **Few detention staff would have the time, let alone the inclination, to repetitively acquire and process such a vast amount of information**. JDE reports do provide space for staff input and recommendations. Thus, in one document (JDE report) we have the juvenile's self-report, objective and empirically based classification, staff recommendations, and juvenile risk, as well as needs assessment. **In other words, staff report writing, substantiation of decision making and record keeping needs are met with JDE reports**.

## Scale Interpretation

There are several levels of scale interpretation ranging from viewing a test as a self-report to interpreting scale elevations and inter-relationships.

The following table is a starting point for interpreting Juvenile Detention Exam (JDE) scale scores.

**SCALE RANGES**

<b>Risk Category</b>	<b>Risk Range Percentile</b>	<b>Total Percentage</b>
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
<b>Problem Risk</b>	<b>70 - 89%</b>	<b>20%</b>
<b>Severe Problem</b>	<b>90 - 100%</b>	<b>11%</b>

A problem is not identified until a scale score is at the 70<sup>th</sup> percentile or higher. **Elevated scale scores** refer to percentile scores that are at or above the 70<sup>th</sup> percentile. **Severe problems** are identified by scale scores at or above the 90<sup>th</sup> percentile. Severe problems represent the highest 11 percent of juveniles evaluated with the Juvenile Detention Exam.

## SCALE INTERPRETATION

**Truthfulness Scale:** measures how truthful the juvenile was while completing the test. It identifies guarded and defensive youth's who attempt to minimize their problems or attempt to "fake good." Truthfulness Scale scores at or below the 89<sup>th</sup> percentile mean that all Juvenile Detention Exam (JDE) scale scores are accurate. Scale scores in the Problem Risk (70 to 89<sup>th</sup> percentile) range are accurate because they have been Truth-Corrected. This Truth-Correction procedure is similar to the Minnesota Multiphasic Personality Inventory (MMPI) K-scale methodology. Truthfulness Scale scores at or above the 90<sup>th</sup> percentile means that all Juvenile Detention Exam (JDE) scales are inaccurate (distorted or invalid) because the juvenile was in denial, overly guarded, minimized problems, attempted to "fake good," or read things into test items that aren't there. Juveniles with reading impairments might also score in the 90 to 100<sup>th</sup> percentile range.

If not consciously deceptive, juveniles with elevated Truthfulness Scale scores fail to understand test items (reading impairment), are resistant and uncooperative or have a need to appear in a good light. The Truthfulness Scale is particularly important because it show whether-or-not the juvenile answered Juvenile Detention Exam (JDE) test items honestly. **Truthfulness Scale scores at or below the 89<sup>th</sup> percentile indicate that all other Juvenile Detention Exam (JDE) scale scores are accurate.** One of the first things to check when reviewing a Juvenile Detention Exam report is the Truthfulness Scale score

**Violence (Lethality) Scale:** identifies the juveniles that are a danger to themselves and others. Violence has been defined as "the expression of hostility and rage through physical force." Violence is aggression in its most extreme and unacceptable form. Elevated (70<sup>th</sup> percentile and higher) scorers can be sensitive to perceived criticism, demanding, and insightful about how they express anger and hostility. **Severe problem scorers (90<sup>th</sup> percentile and higher) should not be ignored as they are a danger to themselves and others.**

A particularly unstable and perilous situation involves an elevated (70<sup>th</sup> percentile and higher) Violence Scale score with elevated Antisocial, Alcohol or Drugs Scale scores. Substance (alcohol and/or drugs) abuse and antisocial attitudes can exacerbate violence. The higher these scale scores the worse the prognosis. And, the more of these scales that are elevated with the Violence Scale, the worse prognosis.

A severe (90<sup>th</sup> percentile and higher) problem Violence Scale score is a malignant sign with or without other scale elevation and is descriptive of a dangerous person. The Violence Scale score can be interpreted independently or in combination with other Juvenile Detention Exam scale scores.

**Antisocial Scale:** measures antisocial attitudes. "Antisocial" is defined as "opposed to society or existing social organizations and moral codes." Antisocial behavior refers to aggressive, impulsive, and sometimes violent actions that flout social and ethical codes such as laws, property rights, etc. This antisocial behavior pattern often begins in early adolescence as a conduct disorder involving lying, cheating, stealing, fighting, cruelty, truancy, vandalism, substance abuse, etc. **Elevated Antisocial Scale scores are often associated with non-internalization of recognized conventions.** Many high scorers manifest a seeming inability to profit from experience.

An elevated Antisocial Scale score in conjunction with an elevated Alcohol, Drugs, or Violence Scale score would be a malignant sign. Elevated Alcohol and Drugs Scale scores in conjunction with an elevated Antisocial Scale score is particularly perilous and alarming because substance (alcohol and/or illicit drug) abuse can intensify and further increase antisocial thinking. Severe or (90<sup>th</sup> percentile and higher) Antisocial Scale and Violence Scale scores can externalize or focus much of the youth's hostility, angst and heinous intentions on society, the government and others. In summary, the Antisocial Scale can be interpreted independently or in combination with other Juvenile Detention Exam (JDE) scales.

**Alcohol Scale:** measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquors. An elevated (70 to 89<sup>th</sup> percentile) Alcohol Scale score is indicative of an alcohol problem in its early stages. An Alcohol Scale score in the severe problem (90 to 100<sup>th</sup> percentile) range identifies established and serious drinking problems.

Several alcohol admission items are printed in the "significant items" section of the Juvenile Detention Exam on page 3 of the report. The Multiple Choice items also are printed on page 3 of the report (#98 to 109) present the juvenile's answers, with all their biases. These juvenile answers allow comparison of the juvenile's subjective opinions with empirically based objective findings. Many of these multiple choice items refer to juvenile drinking and drug usage.

**There are two "alcohol recovering" items (#53 and #102) that give the juveniles an opportunity to clarify whether-or-not they are a "recovering alcoholic."** This is an important area of inquiry, particularly when the juvenile has an elevated (70<sup>th</sup> percentile and higher) Alcohol Scale score.

In detention, court, probation, and treatment settings, the juvenile's Alcohol Scale score helps staff work through juvenile denial. Most juveniles accept the objective and standardized Alcohol Scale score as accurate. This is especially true when it is explained that elevated scores do not occur by chance. And Alcohol Scale scores are based upon thousands of juveniles Alcohol Scale scores.

An elevated Alcohol Scale score in conjunction with other (Violence, Antisocial ad Drugs) elevated Juvenile Detention Exam Scale scores is noteworthy because alcohol can magnify or act as a triggering device for more intense violent, antisocial and substance abuse behavior.

As the number of elevated scale scores increases the prognosis decreases. And the higher the scales elevations the worse the risk becomes.

When both the Alcohol Scale and the Drugs Scales are elevated, the higher score represents the juvenile's substance of choice. When both scale scores are in the severe problem range explore polysubstance abuse. The Alcohol Scale can also be interpreted independently.

**Drugs Scale:** measures drug use and severity of drug abuse. Drugs refer to illicit drugs like marijuana, cocaine, crack, amphetamines, ice, ecstasy, barbiturates, heroin, etc. An elevated (70 to 89<sup>th</sup> percentile) Drugs Scale score is indicative of a drug problem in its early stages. A Drugs Scale score in the severe problem (90 to 100<sup>th</sup> percentile) range identifies serious and established drug problems

Similar to the Alcohol Scale, a history (court, prior arrests, treatment, etc.) of drug-related problems could result in an abstainer (drug history but not currently using or abusing drugs) attaining a score above zero but in the low risk range. Precautions have been built into the Juvenile Detention Exam (JDE) for correctly identifying "recovering" drug abusers.

Several drug admission items are printed in the “significant items” section of the Juvenile Detention Exam on page 3 of the report. Multiple Choice items (#98 to 109) also are printed on page 3 of the report. These Multiple Choice answers represent the juvenile’s answers, with all their biases. Multiple choice answers allow comparison of the juvenile’s subjective opinions with empirically based objective findings.

**There are two “drug recovering” items (#72 and #102) that give the juveniles an opportunity to clarify whether-or-not they are a “recovering drug abuser.”** This is an important area of inquiry, particularly when the juvenile has an elevated (70<sup>th</sup> percentile and higher) Drugs Scale score.

In detention, court, probation, and treatment settings, the juvenile’s Drugs Scale score helps staff work through juvenile denial. Most juveniles accept the objective and standardized Drugs Scale score as accurate. This is especially true when it is explained that elevated scores do not occur by chance. And Drugs Scale scores are based upon thousands of juveniles Drugs Scale scores.

An elevated Drugs Scale score in conjunction with other (Violence, Antisocial, and Alcohol Scale) elevated Juvenile Detention Exam Scale (JDE) scores is a malignant sign. Drug abuse can exacerbate or magnify violent and antisocial thinking and polysubstance abuse behavior. The higher these multi-scale scores the worse the prognosis. And the more elevated scales that are involved the worse the risk.

When both the Drugs Scale and the Alcohol Scales are elevated, the higher score represents the juvenile’s substance of choice. When both the Drugs Scale and the Alcohol Scale are in the severe problem range explores polysubstance abuse. The Drugs Scale can also be interpreted independently.

## CONCLUSION

There are several levels of Juvenile Detention Exam (JDE) scale interpretation ranging from viewing the test as a self-report to interpreting scale elevation ranging from viewing the test as a self-report to interpreting scale elevations and scale relationships. Due in part to space and time limitation we shall conclude this Juvenile Detention Exam scale interpretation.