Whenever there is a risk of suicide, the ASIQ can quickly assess the need to take preventive action or further evaluate. The ASIQ is extremely useful as a part of intake or during treatment.

- Self-report measure; 25 items screen for suicidal ideation.
- Provides a 7-point rating scale with a built-in scoring key.
- Total score with corresponding T score and percentiles for comparison.
- Normative data collected from 2,000 normal adults, college students, and psychiatric outpatients.
- Internal consistency coefficients range from .96 to .97; retest coefficients range from .85 to .95.

Aggression Questionnaire (AQ)

by Arnold H. Buss, Ph.D. and W. L. Warren, Ph.D.

Purpose: Offers a quick, practical way to screen large groups or individuals for aggressive tendencies

Ages / Grade: 9 to 88 years

Administration Time: 10 minutes

Format: Self-report

Norms Based on an age-stratified sample of 2,138 individuals; separated by sex for Verbal and Physical Aggression Scales

This self-report inventory makes it possible--and practical--to routinely screen children and adults for aggressive tendencies. The Aggression Questionnaire (AQ) measures an individual's aggressive responses and his or her ability to channel those responses in a safe, constructive manner. Because it takes just 10 minutes to complete, the AQ can be administered quickly to large numbers of people.
The AQ is a full revision of the Buss-Durkee Hostility Inventory, a longtime standard for assessing anger and aggression. It consists of just 34 items, scored on the following scales:

- Physical Aggression
- Hostility
- Verbal Aggression
- Indirect Aggression
- Anger

A Total Score is also provided, along with an Inconsistent Responding Index. Standardization is based on a sample of 2,138 individuals, ages 9 to 88, and norms are presented in three age sets: 9 to 18, 19 to 39, and 40 to 88. In addition, norms for the Verbal Aggression and Physical Aggression scales are separated by sex.

Written at a third-grade reading level, AQ items describe various characteristics related to aggression. The respondent simply rates each item on a 5-point scale ranging from "Not at all like me" to "Completely like me." Because it is brief and easy to read, the scale can be used with virtually anyone, including respondents who have difficulty with more complex verbal measures. The test can be hand scored in minutes. Or it can be administered and scored using the AQ CD, which also allows you to print out a detailed interpretive report on the spot.

In clinical settings, the AQ's five subscale scores provide a level of detail that is particularly useful for treatment planning and outcome measurement. In correctional settings, the simplicity of the AQ makes it an excellent choice for documenting need for service and focusing rehabilitation efforts. In other institutional settings--schools, businesses, military installations, and geriatric or convalescent hospitals--it can be used for both screening and program evaluation. Brief and inexpensive, the AQ makes large-scale screening of aggression a realistic option.

**Attitudes Toward Guns and Violence Questionnaire™ (AGVQ™)**

**BENEFITS**

Provides insight on why specific individuals are attracted to guns and violence

**AGES**

6 to 29 years

**ADMIN TIME**

5-10 minutes

**FORMAT**

Self-report

**SCORES**

Provides total score, plus scores for 4 subscales
NORMS

Based on an age-stratified sample of 1,745 individuals in school and community settings.

The AGVQ measures the attitudes of young people, ages 6 to 29, toward guns, physical aggression, and interpersonal conflict. Composed of just 26 items and written at a third-grade reading level, this unique self-report inventory can be administered in just 5 to 10 minutes.

AGVQ items focus on violence-related issues, with an emphasis on guns. (The test form is titled “What’s Your Opinion?”) In addition to a total score, the test yields scores for the following subscales:

- Aggressive Response to Shame
- Comfort With Aggression
- Excitement
- Feelings of Power/Safety

AGVQ scores correlate with student and teacher reports of aggressive behavior and interpersonal problems. The test complements instruments that focus on behavior by providing information about internal processes underlying aggression, as well as violence potential that has not yet been manifested in action. For clinicians who do need a measure of aggressive behavior, the AGVQ Kit includes an Aggressive Behavior Checklist (ABC).

Used in mental health, juvenile justice, and school settings, the AGVQ lets you accurately target intervention and prevention programs. And, following intervention, it serves as a measure of program effectiveness. Quick and inexpensive, the AGVQ is an important addition to any program intended to reduce violence.

Axis II Personality Checklist™ (A-II™)

By John H. Wineman, PhD

BENEFITS

Allows clinicians to quickly determine whether a client has symptoms of any of 10 DSM-IV Axis II personality disorders

AGES

Older adolescents and adults
The Axis II Personality Checklist (A-II) is a rapid and effective way to gather and organize information regarding the possible presence of personality disorders in older adolescents and adults. Checklist items ask about beliefs, attitudes, and behaviors that characterize each of the 10 DSM-IV Axis II personality disorders:

Cluster A
- Paranoid
- Schizoid
- Schizotypal

Cluster B
- Antisocial
- Histrionic
- Narcissistic
- Borderline

Cluster C
- Avoidant
- Dependent
- Obsessive-Compulsive

Composed of 184 yes-or-no items written at a fifth-grade reading level, the A-II takes only 10 to 20 minutes to complete so it is useful to the clinician almost instantly.

The client simply checks “Yes” in response to those items that describe behaviors, beliefs, or attitudes that describe him or her, and “No” to those items that do not. Responses are automatically transferred to a four-page Interview Guide. The Interview Guide contains critical item designations, a Consistency Check, groupings of the items that correspond to DSM-IV personality disorders, and a list of Axis-II general diagnostic criteria.
The primary purpose of the Checklist is to help generate hypotheses about a client’s personality functioning. The A-II can be administered before an initial interview to help establish the most fruitful direction for the interview and follow-up evaluation. Endorsed items can be discussed in depth during the interview. The clinician can save time by discussing with the client those behaviors or attitudes that are self-defeating or that interfere with therapeutic progress. A client’s A-II responses offer a shared focus for specific therapeutic objectives aimed at decreasing reported behaviors and increasing appropriate alternatives.

Many items on the Checklist may indicate an Axis I disorder as well as a personality disorder. Endorsement of these items may suggest one or more Axis I disorders, in which case the clinician may want to supplement the interview with the adult symptom screening form of the Problem Behavior Inventory for Axis I disorders.

**Bar-On EQ-i® Emotional Quotient-Inventory**

Reuven Bar-On, Ph.D.

*Description*

The Bar-On Emotional Quotient Inventory (EQ-i®) is the first scientifically validated and most widely used Emotional Intelligence assessment in the world. Based on more than 20 years of research worldwide, the EQ-i examines an individual’s social and emotional strengths and weaknesses.

Respondents self-report on their life and workplace performance in key areas of emotional skill that have been proven to contribute to proficiency in complex business activities such as conflict resolution and planning. By identifying the areas that need improvement, the client can immediately begin developing those areas. At the same time, areas where the client excels can be leveraged to their full potential to maximize effectiveness in daily tasks.

*Scales & Forms*

- Intrapersonal
- Interpersonal
- Stress Management
- Adaptability
- General Mood
- Positive Impression
- Inconsistency Index

**Clinical Assessment of Depression™ (CAD™)**

Bruce A. Bracken, PhD and Karen Howell, PhD
Purpose: Comprehensively assess depressive symptomatology
Age range: 8 to 79 years
Admin: Self-report; Individual or group
Admin time: 10 minutes
Scoring time: 20 minutes

The CAD is a 50-item self-report instrument that is sensitive to depressive symptomatology throughout the life span. It is closely aligned with the hallmarks of depression in children, adolescents, and adults as well as the additional seven criteria for major depressive episodes listed in the DSM-IV-TR™.

A single form is appropriate for individuals ages 8 to 79 years

- The CAD Total Scale, symptom scales (i.e., Depressed Mood, Anxiety/Worry, Diminished Interest, Cognitive and Physical Fatigue), and critical item clusters (i.e., Hopelessness, Self-Devaluation, Sleep/Fatigue, Failure, Worry, Nervous) represent a well-defined and theoretically supported measure of depressive symptomatology.

- Three validity scales—Inconsistency, Negative Impression, and Infrequency—make the assessment more efficient than other well-known depression assessment scales (e.g., BDI®-II, Hamilton Depression Inventory).

- Critical item clusters identify behaviors with known risk factors for potential self-harm.

- An optional scoring program, the CAD-SP, scores and profiles an individual’s performance on the CAD Rating Form after hand-entry of an individual’s demographic information and item responses.

Clinical Assessment Scales for the Elderly™ (CASE™)

Cecil R. Reynolds, PhD and Erin D. Bigler, PhD

Purpose: Comprehensive measure of acute psychopathology in the elderly
Age range: 55 to 90 years
Admin: Individual or group
Admin time: 20-40 minutes to administer; 10 minutes to score
Scoring time: 10 minutes
The CASE is designed to assist the clinician in the diagnosis of DSM-IV™ Axis I clinical disorders in individuals from ages 55 to 90 years. The CASE consists of a self-rating form (Form S) and an other-rating form (Form R) that can be completed by a knowledgeable caregiver (e.g., spouse, child, home health care worker, sibling). Form R is especially useful to verify the information provided by the patient or when the patient is unable to complete the assessment due to physical or cognitive difficulties.

- Developed specifically to assess for the most prominent DSM-IV disorders among the elderly.
- Normed on a U.S. Census-matched sample of 2,000 adults, ages 55-90 years.
- Consists of 10 clinical scales: Anxiety (ANX), Cognitive Competence (COG), Depression (DEP), Fear of Aging (FOA), Obsessive-Compulsive (OCD), Paranoia (PAR), Psychoticism (PSY), Somatization (SOM), Mania (MAN), and Substance Abuse (SUB).
- Includes a valuable Fear of Aging scale that assesses an individual's level of apprehension about the aging process.
- CASE items are free of gender or ethnic bias.
- Contains three validity scales especially useful to identify feigning and for forensic assessments.

Administration and Scoring

Patients and knowledgeable caregivers can complete the CASE in 40 minutes or less. Scoring and profiling are easy. CASE raw scores are converted to T scores using the age-appropriate normative tables. The T scores are then plotted on the CASE Profile Form to provide a graphic overview of the patient's clinical status or a comparison of multiple profiles when available.

Reliability/Validity

- Total normative group of 2,000 adults, matched to U.S. census data for gender, geographic region, educational level, and ethnicity (normative data are based on 1,000 each of Form S and Form R).
- Construct validity of CASE Form S is demonstrated by correlations with the MMPI-2, Beck Depression Inventory (BDI), Beck Hopelessness Scale (BHS), and both the State and Trait scales of the State-Trait Anxiety Inventory (STAI). A group of dementia patients were evaluated using the CASE Form R and the Cognitive Behavior Rating Scales (CBRS).
- Studies of gender and ethnic bias indicate no clinically significant differences as a function of gender or of ethnicity among Caucasians, African Americans, and Hispanics.
- Validity scales for Forms S and R include measures of positive and negative distortion and dissimulation (L scale), infrequently endorsed items (F scale), and detection of random responding, failure to comprehend the items, and lack of cooperation (V scale).
Clinician-Administered PTSD Scale™
(CAPS™)

By Frank W. Weathers, PhD, Elana Newman, PhD, et al

BENEFITS
CAPS provides a clear picture of symptom severity and enough information to make a PTSD diagnosis if warranted. CAPS-CA assesses the frequency and intensity of 17 PTSD symptoms and their impact on developmental, social, and academic functioning.

AGES
16 years and up for CAPS, 8 to 15 years for CAPS-CA

ADMIN TIME
25-45 minutes for CAPS, 45 minutes for CAPS-CA

FORMAT
Structured interview for CAPS, Semi-structured for CAPS-CA

SCORES
Different scoring rules can be applied to different assessment tasks (e.g., screening versus diagnosis)

PUBLISH DATE
2004

Developed at the National Center for PTSD, the Clinician-Administered PTSD Scale (CAPS) has become the "gold standard" for assessing posttraumatic stress disorder in individuals over age 15. This user-friendly structured interview is ideal for screening, differential diagnosis, confirmation of a PTSD diagnosis, or identifying Acute Stress Disorder.
DSM-IV Criteria for PTSD

The CAPS consists of 30 carefully worded interview questions that target DSM-IV criteria for PTSD without leading the respondent. These items assess core PTSD symptoms and related issues:

- Reexperiencing Symptoms
- Avoidance and Numbing Symptoms
- Hyperarousal Symptoms
- Trauma-Related Guilt
- Dissociation
- Subjective Distress
- Functional Impairment
- Onset
- Duration
- Symptom Severity
- Symptom Improvement
- Response Validity

The interview gives you a clear picture of symptom severity and sufficient information to determine whether a current or lifetime diagnosis of PTSD is indicated. In addition, the CAPS includes a protocol for assessing Criterion A, a diagnostic requirement that the patient has experienced at least one traumatic event involving both life threat or serious injury and an overwhelming emotional response. The scale also offers an optional Life Events Checklist, with just 17 items, that can be completed by the patient to help identify precipitating traumatic events.

While the CAPS is designed for use with older adolescents and adults, there is a version of the interview that is appropriate for use with children and younger adolescents (ages 8 to 15). The Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA) is a semistructured interview that assesses the frequency and intensity of PTSD symptoms and their impact on developmental, social, and academic functioning. It helps clinicians evaluate reports of exposure to trauma, assess overall symptom severity, and determine whether a current or lifetime diagnosis of PTSD is indicated. Like the adult form, the CAPS-CA is sensitive to clinical change and therefore useful in monitoring treatment progress.
International Acceptance

Although initially developed with combat veterans, the CAPS has been successfully used with many trauma populations, including victims of rape, car accidents, incest, torture, cancer, and the Holocaust. It has gained international acceptance because it is psychometrically sound and because it is flexible and easy to use. The CAPS provides several administration and scoring options suited to various clinical needs. For example, you might choose a comprehensive administration or assess Criteria A-F only. You might check just the 17 core symptoms or measure symptoms within various time frames. You might choose to obtain continuous severity scores for individual symptoms, symptom clusters, or the entire PTSD syndrome. In addition, different scoring rules (lenient to stringent) can be used for different assessment tasks (screening versus diagnosis, for example).

Supported by 10 years of research, the CAPS is a highly useful and flexible tool for evaluating PTSD.

College Adjustment Scales (CAS)

William D. Anton, PhD, James R. Reed, PhD

This 108-item rating scale is designed to identify college students who are experiencing psychological and adjustment problems.

Screens for problems frequently experienced by college students

- Self-scoring carbonless answer sheet includes a profiling area.
- Normative data were collected from 1,146 students enrolled in colleges and universities

Conflict Tactics Scales™ (CTS™)

By Murray A. Straus, PhD, Sherry L. Hamby, PhD, et al.
BENEFITS
A quick, practical, targeted, and widely accepted assessment of domestic violence

AGES
Adults

ADMIN TIME
10 minutes

FORMAT
Self-report or interview

PUBLISH DATE
2003

The Conflict Tactics Scales (CTS) have been used for decades to evaluate violence within families and intimate relationships. The widespread use of these scales has resulted in a proliferation of adapted forms and some confusion about their clinical and research application. This Handbook clarifies the situation by compiling and organizing—in a single source—the large body of information about the CTS. In addition, it presents two updated versions of the instrument that serve as standard forms.

The first of these is the Revised Conflict Tactics Scales (CTS2), which brings the instrument up to date by correcting the psychometric shortcomings of the original. It is the recommended form for assessing partner violence. The second form, the Conflict Tactics Scales: Parent–Child Version (CTSPC), is the recommended form for evaluating child maltreatment and parent-to-child violence.

A New Handbook With Practical Tips on Administration and Scoring

The Handbook describes the evolution of the CTS2 and CTSPC, provides examples of their use in various settings, discusses their psychometric properties, and offers practical guidance regarding administration and scoring. It also includes survey results from a number of groups for comparative purposes. Because the CTS is not a typical psychological test, the Handbook does not include broad-based standard scores or information about diagnostic interpretation.

Updated Forms That Quantify the Level of Abuse in Families

The CTS2 and CTSPC can each be completed in just 10 minutes. The CTS2 includes 78 items, half referring to the respondent’s behavior and half to the partner’s behavior. Using an 8-point scale, the respondent simply indicates how often each behavior has occurred. This produces “Self” and “Partner” scores for the following dimensions:

- Negotiation
- Psychological Aggression
• Physical Assault
• Sexual Coercion
• Injury

The test form includes space to record scores from an appropriate comparison sample selected from the Handbook.

The CTSPC is composed of 35 items, most focusing on the respondent’s behavior with his or her child, several inquiring about the parent’s own experiences as a child. These items yield scores for the following areas:

• Nonviolent Discipline
• Psychological Aggression
• Physical Assault
• Weekly Discipline
• Neglect
• Sexual Abuse

Both forms identify and quantify the level of abuse in families—specifically with regard to wife beating and child abuse. Although the scales include items that describe constructive conflict tactics and verbal aggression, their primary focus is on physically aggressive acts of intimidation and coercion.

The Standard Survey Tool for Assessing Domestic Violence

In addition to providing useful information, the CTS2 and CTSPC meet the practical needs of family therapists, social workers, and other mental health professionals. First, they take only a few minutes to administer (in a self-report or interview format) and can be easily added to standard intake procedures. Second, they target specific actions and therefore do not require that respondents recognize their own behavior as violent in order to answer questions about it. Third, they can be completed by one partner or by both partners separately.

Coping Responses Inventory (CRI)

Rudolf H. Moos, PhD
Purpose: Identify and monitor coping strategies

Age range: 12 to 90 years

Admin: Individual or group

Admin time: 10-15 minutes

Scoring time: 5 minutes

A brief self-report inventory, the CRI identifies the cognitive and behavioral responses an individual used to cope with a recent problem or stressful situation.

Forms are customized to your client’s age

- The CRI–Adult is for clients older than 18 years of age; the CRI–Youth is for clients ages 12-18 years. Each has its own manual and set of forms.
- The Actual Form surveys the individual’s actual coping behavior, whereas the Ideal Form surveys preferred coping styles. The Ideal Form may be used to compare actual and preferred coping styles, to set treatment goals, and to monitor progress.
- Both forms are written at a 6th-grade reading level.

Identify strategies and monitor treatment

- Helps you identify and monitor coping strategies in adults and adolescents, develop better clinical case descriptions, and plan and evaluate the outcome of treatment.
- Eight scales cover the areas of approach coping styles (Logical Analysis, Positive Reappraisal, Seeking Guidance and Support, and Problem Solving) and avoidant coping styles (Cognitive Avoidance, Acceptance or Resignation, Seeking Alternative Rewards, and Emotional Discharge).
- An excellent resource for clinicians and for researchers involved in teaching, research, and/or grant writing, the manual supplement includes a review of studies that have utilized the CRI to examine coping and well-being in children, adolescents, and adults.

Detailed Assessment of Posttraumatic Stress™ (DAPS™)
John Briere, PhD

Purpose: Assess traumatic exposure and symptoms of posttraumatic stress

Age range: 18 to 91 years

Admin: Individual or group

Admin time: 20-30 minutes; 15-20 minutes to score

Scoring time: 20 minutes

The DAPS is a self-report instrument that assesses peri- and posttraumatic symptoms and associated features related to a specific traumatic event.

Features and benefits

- A 104-item measure, the DAPS generates a tentative diagnosis of posttraumatic stress disorder (PTSD) or acute stress disorder in considerably less time than is required for a structured diagnostic interview. This diagnosis can then be confirmed by a clinical interview.

- Assesses both current and lifetime history of DSM-IV-TR™ trauma exposure as well as the severity and clinical significance of the client’s posttraumatic symptoms, including dissociative, cognitive, and emotional responses.

Test structure

- Includes three PTSD symptom clusters (Reexperiencing, Avoidance, and Hyperarousal) and three associated features of PTSD (Trauma-Specific Dissociation, Suicidality, and Substance Abuse).

- The Professional Manual provides data from the normative sample of trauma-exposed adults from the general population, as well as two validity samples: trauma-exposed adults in a clinical/community sample and a university validity sample.

- Two validity scales identify overreporting and underreporting of psychological symptoms.
Dimensions of Self-Concept, Form W (DOSC-W)

Quick Facts

Forms: Standard
Range: Adult
Length: 90 items
Norms: Adult
Administration Time: 15-35 minutes. Total administration time should not exceed 55 minutes.
Scoring Options: Hand-scoring instructions included on Profile Sheets

Self-Concept Diagnostic for Workers in Business and Industry

The Dimensions of Self-Concept, Form W (DOSC-W) was created to extend self-concept assessment to the adult worker. This form of the instrument includes the scales from the original versions as well as an additional scale to assess job stress.

- Assess self-esteem in employed adults
- Promote self-awareness
- Help individuals improve job performance

The DOSC-W Scales:
1. Level of Aspiration
2. Anxiety
3. Job Interest and Satisfaction
4. Leadership and Initiative
5. Identification vs. Alienation
6. Level of Job Stress

Eating Disorder Inventory™–3 (EDI™-3)

David M. Garner, PhD

Purpose: Provides a standardized clinical evaluation of symptomatology associated with eating disorders

Age range: 13 to 53 years
A revision of one of the most widely used self-report measures of constructs shown to be clinically relevant in individuals with eating disorders, the EDI-3 includes enhancements that make the instrument more consistent with the psychological domains identified by modern theories to be most relevant.

Consistent with prior editions, yet significantly updated

- The EDI-3 consists of 91 items organized into 12 primary scales: Drive for Thinness, Bulimia, Body Dissatisfaction, Low Self-Esteem, Personal Alienation, Interpersonal Insecurity, Interpersonal Alienation, Interoceptive Deficits, Emotional Dysregulation, Perfectionism, Asceticism, and Maturity Fears.

- Yields six composites: one that is eating-disorder specific (i.e., Eating Disorder Risk) and five that are general integrative psychological constructs (i.e., Ineffectiveness, Interpersonal Problems, Affective Problems, Overcontrol, General Psychological Maladjustment).

- The item set from the original EDI, as well as items from the 1991 revision (EDI-2), has been carefully preserved so that clinicians and researchers can compare data collected previously with data from the EDI-3.

- The EDI-3 has clinical norms for adolescents in addition to U.S. and international adult clinical norms. It also provides multisite nonclinical comparison samples.

- The easy-to-use Percentile/T-Score Profile Forms include critical item sets that allow for the development of a more meaningful clinical picture.

EDI-3 Symptom Checklist aids in diagnosis

An independent and structured self-report form, the EDI-3 SC is easy to complete and provides data regarding frequency of symptoms (i.e., binge eating; self-induced vomiting; exercise patterns; use of laxatives, diet pills, and diuretics) necessary for determining whether patients meet DSM-IV-TR™ diagnostic criteria.

EDI-3 Referral Form is designed for allied health professionals

- An abbreviated form of the EDI-3, the EDI-3 RF can be administered in 5-10 minutes (and scored in 15 minutes) and includes behavioral symptom questions to help identify individuals with potential eating disorders or pathology, including the three scales that compose the Eating Disorder Risk Composite (i.e., Drive for Thinness, Bulimia, Body Dissatisfaction).

- Referral indexes are used to identify individuals who have or are at risk for eating disorders. These indexes are based on the individual’s body mass index (BMI) only; on BMI plus responses to EDI-3 questions about excessive eating concerns; and on responses to behavioral questions pertaining to eating disorder pathology.
Emotions Profile Index

The Emotions Profile Index is a personality test designed to yield information about certain basic personality traits and personality conflicts in an individual’s life. It reveals problem areas and provides the examiner with insights into the nature of the difficulties.

A circular profile is used to display the relative strengths of the basic personality traits. This profile allows the examiner to compare these traits, to see their relative importance for the individual, and to identify major conflicts between traits. The circular profile thus provides a concise, dynamic description of some of the major forces acting in the personality. A Bias score is included which indicates the subject’s tendency to describe himself in socially desirable or undesirable ways.

The EPI has been used in a variety of contexts. These include: clinics, mental hospitals, vocational guidance centers, classroom demonstrations, counseling and psychotherapy, diagnostic evaluations and research. The basic personality traits measured by the EPI may be described by the following sets of bipolar terms:

- Timid vs. Aggressive
- Trustful vs. Distrustful
- Controlled vs. Dyscontrol
- Gregarious vs. Depressed

The EPI is a 62 – item forced – choice test. It is composed of 12 trait items, which are paired in all possible combinations (four pairs are omitted because of a duplication of scoring of measurement categories).

The person taking the test is simply asked to indicate which of two paired words is more descriptive of him; for example, is he more shy or more gloomy? The choices are scored in terms of the emotions implied by the trait word; for example, shyness implies fear, while gloominess implies sadness.

Designed for adolescents and adults, the test provides norms based on 1,000 normal men and women. Data are also given for special groups. The test takes only 10 – 15 minutes to complete, and it can be hand scored in less than 5 minutes.

This is an excellent tool for counseling and guidance, therapy and diagnostic evaluations.

Firestone Assessment of Violent Thoughts™ (FAVT™)

Robert W. Firestone, PhD and Lisa A. Firestone, PhD

Purpose: Assess the underlying thoughts that predispose violent behavior

Age range: 18 to 75 years
Designed on the basic hypothesis that an individual’s thought process strongly influences his or her behavior, the FAVT measures different types of thoughts that have been found to predispose an individual to violent behavior.

Determine if violent individuals need to be separated from prospective targets

- Derived directly from clinical material gathered from violent individuals, FAVT items represent thoughts experienced prior to committing violent acts.

- FAVT items are organized into five levels (i.e., Paranoid/Suspicious, Persecuted Misfit, Self-Depreciating/Pseudo-Independent, Overtly Aggressive, Self-Aggrandizing) and two theoretical subscales (i.e., Instrumental/Proactive Violence, Hostile/Reactive Violence), allowing you to better understand the client and thus offer more targeted treatment.

- Data on two reference groups (i.e., Incarcerated, Anger Management) provide you with valuable information for making level-of-care/restriction decisions and for identifying the appropriate intervention intensity.

- Change score tables are provided across four different levels of significance for four normative groups and two reference groups so that you can judge the significance of a change over two administrations.

- The FAVT is ideal for use (a) as a screening device of violence potential within normal, clinical, and forensic settings; (b) as a threat assessment measure; (c) in the identification of violent thoughts and subsequent clinical intervention; and (d) for monitoring an individual’s level of change or progress at regular intervals or at key points in the treatment process.

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**Garos Sexual Behavior Inventory™ (GSBI™)**

By Sheila Garos, PhD

**BENEFITS**

Provides a focused yet versatile measure of sexual behavior and adjustment—particularly useful in forensic settings but also helpful in marriage counseling, addiction treatment, and sexual abuse/trauma assessment
This empirically derived measure helps clinicians detect disorders of sexual frequency and control—what are commonly referred to as “deviant,” “impulsive,” “compulsive,” or “addictive” sexual behaviors. Validated with sex offenders, the new Garos Sexual Behavior Inventory (GSBI) is especially useful in forensic settings, where it can identify inmates with potentially deviant sexual interests and inform decisions about intervention and treatment.

Yet the GSBI is sufficiently versatile that it can also be used in couples counseling to uncover differences in sexual values, feelings, and comfort levels—differences that may be causing conflict within a relationship. In addition, the inventory is helpful with clinical groups known to have difficulty with sexuality: individuals with drug or alcohol problems, victims of sexual abuse, and those diagnosed with eating disorders.

**Masking Scales Reduce the Potential for Defensive Responding**

Composed of 70 items describing various sexual attitudes and behaviors, the GSBI includes both Main scales and Masking scales, as well as an Inconsistent Responding index:

**Main Scales**

- **Discordance**
  Overall sexual adjustment; shame, fear, or internal conflict about sexual behavior and interests

- **Sexual Obsession**
  Preoccupation with sex and sexual stimuli

- **Permissiveness**
  Attitudes and values about sex—conservative or unconventional

- **Sexual Stimulation**
  Level of comfort with sexual stimulation or arousal
Masking Scales

- Sexual Control Difficulties
- Sexual Excitability
- Sexual Insecurity

Items on the Masking scales focus on relatively common sexual difficulties, while those on the Main scales ask about more atypical behaviors. The former serve to obscure the latter, making them less obvious to the test taker and thereby reducing the potential for defensive responding. However, the Masking scales do have value in their own right. The information they provide is useful in couples therapy, personal development counseling, and other non-forensic applications.

A Carefully Designed Test Form Protects Privacy

Appropriate for adults 18 years of age and older, the GSBI can be completed in just 20 to 30 minutes. Items, written at a sixth-grade reading level, are easy to understand and answer. Clients simply indicate the extent of their agreement on a 5-point response scale. A specially designed AutoScore™ Form (titled Sexual Attitudes Inventory) protects the privacy of respondents. Test items do not appear on the AutoScore™ Form. Instead, they are printed on a separate reusable Administration Card, thereby ensuring that sensitive information remains confidential.

The test generates normalized T-scores for the Main and Masking scales, making it easy to compare scores across scales and across tests. Normative data are based on a nonclinical group, spanning ages 17 to 104, with roughly equal numbers of males and females. In addition, the test manual provides average scores for clinical and correctional subgroups—sex offenders, substance abusers, and sexual addicts.

Used With Sex Offenders or in Couples Therapy, the GSBI Informs Treatment Decisions

In validation studies, the GSBI successfully differentiated incarcerated sex offenders from incarcerated non–sex offenders, indicating that it can reliably identify individuals who may engage in sexually deviant or offending behavior. The constructs measured by the GSBI are particularly relevant to disorders of sexual frequency and control.

Versatile and easy to administer, the GSBI measures sexual adjustment and behavior in people with varying degrees of psychopathology. It has proven useful to forensic specialists, mental health professionals, and marriage and family therapists. Whether the test is used with sex offenders or sexually incompatible couples, GSBI scores help clinicians select appropriate treatment.

Interpersonal Behavior Survey™ (IBS™)

By Paul A. Mauger, PhD, David R. Adkinson, MA, et al.
BENEFITS

Distinguishes between assertive and aggressive behaviors, identifying excesses and deficits in each

AGES

Adolescents and adults

ADMIN TIME

45 minutes for Full Form; 30 minutes for Short Form; 10 minutes for Screening Form (composed of first 38 items on Short Form)

FORMAT

Self-report

NORMS

Sex-specific for a general sample of 800, with separate for adolescents, college students, and African Americans

PUBLISH DATE

1980

The IBS identifies interaction styles that may lead to conflict at home, on the job, or in school. Used in individual and group therapy, assertiveness training, marriage and family counseling, and career guidance, the IBS measures various dimensions of assertive and aggressive behavior on the following scales:

- General Aggressiveness
- Conflict Avoidance
- Frankness
- Hostile Stance
- Dependency
- Praise (Giving/Receiving)
- Expression of Anger
- Shyness
- Requesting Help
- Disregard for Rights
- General Assertiveness
• Refusing Demands
• Verbal Aggressiveness
• Self-Confidence
• Denial
• Physical Aggressiveness
• Initiating Assertiveness
• Infrequency
• Passive Aggressiveness
• Defending Assertiveness
• Impression Management

Written at a sixth-grade reading level, the IBS is commonly used in marriage and family counseling to identify interaction styles that lead to conflict. In individual or group therapy, it is used to help people distinguish assertive from aggressive behavior. It is an excellent pre- and post treatment measure because the items, written in the present tense, are highly sensitive to change.

- See more at: http://www.wpspublish.com/store/p/2817/interpersonal-behavior-survey-ibs/#sthash.uNbxc8ld.dpuf

Manchester Personality Questionnaire 14.2

The MPQ is a multiple-choice questionnaire measuring 14 personality traits:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Low Score Description</th>
<th>High Score Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Originality</td>
<td>Implements ideas and changes</td>
<td>Originates Action, Invents</td>
</tr>
<tr>
<td>Rule consciousness</td>
<td>Keeps to rules, reduces risk</td>
<td>Challenges assumptions, takes risk</td>
</tr>
<tr>
<td>Openness to change</td>
<td>Practical, grounded, task oriented</td>
<td>Imaginative, change oriented, experimental</td>
</tr>
<tr>
<td>Assertiveness</td>
<td>Holds back ideas, gives way to others</td>
<td>Assertive, persuasive, convincing</td>
</tr>
<tr>
<td>Social confidence</td>
<td>Less comfortable in social</td>
<td>Fits in quickly interacts</td>
</tr>
<tr>
<td></td>
<td>situtation</td>
<td>effectively</td>
</tr>
<tr>
<td>------------------</td>
<td>------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Empathy</td>
<td>Individualistic, self-reliant</td>
<td>Supportive, sensitive, considerate</td>
</tr>
<tr>
<td>Communicativeness</td>
<td>Reserved, quiet, distant from people</td>
<td>Communicative, open, expressive</td>
</tr>
<tr>
<td>Independence</td>
<td>Sociable, group oriented</td>
<td>Self-contained, works well alone</td>
</tr>
<tr>
<td>Rationality</td>
<td>Intuitive, spontaneous</td>
<td>Logical, reflective, systematic</td>
</tr>
<tr>
<td>Competitiveness</td>
<td>Accommodating, less committed to career</td>
<td>Committed to career, contesting</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>Radical, challenging, expedient</td>
<td>Conscientious, preserving</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Less methodical, less detail oriented</td>
<td>Quality driven, detail oriented, methodical</td>
</tr>
<tr>
<td>Decisiveness</td>
<td>Cautious, slower to take initiative</td>
<td>Decisive, controlling</td>
</tr>
<tr>
<td>Apprehension</td>
<td>Calm, relaxed</td>
<td>Apprehensive, worried</td>
</tr>
</tbody>
</table>

**Big Five Factors**

<table>
<thead>
<tr>
<th></th>
<th>situtation</th>
<th>effectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creativity</td>
<td>Adaptive, pragmatic, implementation focused</td>
<td>Innovative, change oriented, non-conformist</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>Individualistic, self-reliant, independent</td>
<td>Participative, rational, team player</td>
</tr>
<tr>
<td>Achievement</td>
<td>Accommodating, expedient</td>
<td>Quality driven, achieving, conscientious</td>
</tr>
<tr>
<td>Extroversion</td>
<td>Reserved, socially inhibited, introvert</td>
<td>Communicative, outgoing, extrovert</td>
</tr>
<tr>
<td>Resilience</td>
<td>Apprehensive, worried, anxious</td>
<td>Calm, stable, decisive</td>
</tr>
</tbody>
</table>

**Marital Satisfaction Inventory™, Revised (MSI™-R)**
Widely used to assess the nature and extent of conflict within a marriage or relationship, the MSI-R helps couples communicate hard-to-express feelings, providing an easy, economical way to gather information about a broad range of issues. Because the items refer to “partner” and “relationship” rather than “spouse” and “marriage,” the test is useful with both traditional and nontraditional couples. The MSI-R can be administered and hand scored in just 25 minutes. Yet it addresses every important aspect of the relationship. Each partner responds to 150 true/false items (129 if the couple has no children), which cover the following dimensions of marital interaction:

- Affective Communication
- Role Orientation
- Problem-Solving Communication
- Aggression
- Family History of Distress
- Time Together
- Dissatisfaction With Children
- Disagreement About Finances
- Conflict Over Child Rearing
- Sexual Dissatisfaction
- Global Distress

Two additional scales indicate inconsistency and a tendency to respond in an unrealistically positive manner. Quickly Compare the Concerns of Each Partner Scores for both partners can be plotted on a single profile (on the AutoScore Answer Form) using sex-specific norms. This gives you a quick, graphic
comparison of the two sets of scores. The profile illuminates the primary concerns of each partner, clearly indicating differences in their perceptions of the relationship.

The test was standardized on a sample of 2,040 people (1,020 intact couples), ranging in age from late teens through early nineties and approximating the U.S. population in regard to geographic region, education, and ethnicity. Help Couples Articulate Their Discontent The MSI-R is an excellent way to begin marital therapy. Administered prior to the first interview, it helps couples articulate their discontent. And it gives you clear guidelines for subsequent treatment. In addition, the test can help identify relationship issues that may be contributing to individual or family problems, such as depression, substance abuse, or trouble with children or adolescents. It can also be used in premarital counseling and with separated couples who are considering reconciliation.

Maryland Addictions Questionnaire™ (MAQ™)

By William E. O'Donnell, PhD, MPH, Clinton B. DeSoto, PhD et al.

BENEFITS

Tells you how severe the addiction is, how motivated the patient is, how to best treat the problem, and how likely relapse is

AGES

17 years and up

ADMIN TIME

15-20 minutes for Full Form; 5 minutes for Short Form

FORMAT

Self-report

NORMS

Based on a large sample of people receiving substance abuse treatment at outpatient clinics, residential facilities, or halfway house programs

PUBLISH DATE

1997
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 the CD. This software scoring option gives 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.

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**Measures of Psychosocial Development (MPD)**

Gwen A. Hawley, PhD

**Purpose:** Assess personality development through eight stages of life

**Age range:** 13 to 86 years

**Admin:** Individual or group

**Admin time:** 15-20 minutes

**Scoring time:** 15 minutes

This Eriksonian-based instrument provides a measure of the positive and negative attitudes associated with each of eight developmental stages, the status of conflict resolution at each stage, and an index of overall psychosocial health.

**Focus on healthy personality development and growth instead of pathology**

- Attitudes that describe the basic dimensions of personality are measured by eight Positive and eight Negative scales.
- The direction and degree of resolution between the Positive and Negative scales is reflected in the eight Resolution scales.
- Three Total scales provide measures of overall psychosocial adjustment.
Normed on a sample of 2,480 males and females ages 13-86 years, the MPD is useful in a variety of clinical, counseling, training, and research settings.

Millon™ Clinical Multiaxial Inventory—III

Based on Dr. Theodore Millon's ground-breaking theory of personality and psychopathology, the MCMI–III test provides one of the most well-researched and widely used measures of adult psychopathology available today. Now updated to include the Grossman Facet Scales, this powerful tool has gained even greater strength.

Valued for its brevity, the MCMI–III instrument helps quickly and accurately assess DSM–IV-related personality disorders and clinical syndromes. A hallmark of this proven instrument is its treatment oriented Interpretive Report which presents an integrated view of results. Mental health professionals around the world have come to rely on the MCMI–III test as indispensable support for personalized therapy that focuses on returning patients to long-term healthy functioning.

New Facet Scales Help Identify Underlying Issues

The MCMI–III test provides valuable support to psychologists and other qualified mental health professionals in clinical, counselling, medical, forensic and other settings in which individuals are being assessed for emotional, behavioural, or interpersonal difficulties. This theoretically grounded instrument can be used to help:

- Assess the interaction of Axis I and Axis II disorders based on the DSM–IV classification system
- Identify the deeper and pervasive personality characteristics underlying a patient's overt symptoms
- Gain an integrated understanding of the relationship between personality characteristics and clinical syndromes to facilitate treatment decisions

Key Features

- To facilitate more precise therapy planning, three facet scales have been added for each MCMI–III personality scale. The new facet scales were developed by Seth Grossman, PsyD, using factor analytic techniques within the framework of Dr. Millon's theory. These scales help clinicians pinpoint specific personality processes (e.g., self-image, interpersonal conduct, cognitive style) that are the key elements composing overall elevations on the personality scales.
- To help clinicians readily put test results to work, the Interpretive Report includes a Treatment Guide that provides short-term, focused treatment options as well as a convenient Capsule Summary of test results.
- Unlike some other measures of personality and psychopathology, the MCMI–III Interpretive Report provides an integrated interpretation of the scales, including a description of the patient's personality characteristics and an assessment of clinical syndromes within the context of those characteristics.
Taking only 25 minutes to complete, the MCMI–III instrument is designed to obtain the maximum amount of information with a minimal amount of patient effort. As the need for efficient and accurate differential diagnosis of complex disorders grows, mental health professionals have increasingly come to value the MCMI–III test's brevity.

**Norms**

The extensive normative sample for the MCMI–III test consists of 998 males and females with a wide variety of diagnoses. This group includes patients seen in independent practices, clinics, mental health centres, forensic settings, residential facilities, and hospitals.

**Interpretive Report**

The Interpretive Report records the patient's demographic information and graphically presents the base rate scores for all scales, including the new Grossman Facet Scales.

The integrated interpretation provided by this report includes a description of the patient's personality characteristics, an assessment of clinical syndromes, a listing of possible DSM–IV diagnoses, and treatment recommendations based on individual results.

**Mental Status Checklist™ for Adults**

*John A. Schinka, PhD*

**Purpose:**

Helps assess the mental status of adults

**Format:**

Paper and pencil

**Age range:**

18 years to 60 years

Consists of 120 items typically included in a comprehensive mental status exam of adults.

**Multidimensional Self-Esteem Inventory (MSEI)**

*Edward J. O'Brien, PhD and Seymour Epstein, PhD*
Purpose: Measure global self-esteem and its eight components

Age range: 18 to 65 years

Admin: Individual

Admin time: 15-30 minutes

Scoring time: 15 minutes

The MSEI, based on a coherent model of self-concept and self-esteem, measures global self-esteem and its eight components: competence, lovability, likability, personal power, self-control, moral self-approval, body appearance, and body functioning.

Two unique scales, one easy-to-use rating form

- Identity Integration scale measures global self-concept.
- Defensive Self-Enhancement scale differentiates between “truly high” and “defensively high” self-esteem.
- The two-part carbonless rating form enables you to quickly score results.

Normed on 785 college students, the MSEI features scales that have good internal consistency reliability coefficients.

NEO™ Inventories: NEO™ Five-Factor Inventory-3 (NEO™-FFI-3)

Paul T. Costa, Jr., PhD and Robert R. McCrae, PhD

Purpose: Obtain a quick assessment of general personality in adolescents and adults

Age range: 12 to 99 years

Admin: Individual or group

Admin time: 10-15 minutes

Scoring time: 5 minutes
The NEO-FFI-3 is a 60-item version of the NEO-PI-3 that provides a quick, reliable, and accurate measure of the five domains of personality (Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness). All updates made in the NEO-PI-3 are reflected in this instrument.

Understand an individual’s basic emotional, interpersonal, experiential, attitudinal, and motivational styles

- Fifteen of the 60 NEO-FFI items have been replaced to improve readability and psychometric properties.
- Self-report (Form S) and observer rating (Form R) forms are available.
- Separate adolescent and adult norms are available.
- The NEO Style Graph Booklet and Your NEO Summary feedback sheets provide an innovative way to give feedback to respondents based on their NEO profiles.

**NEO PI-R™**

**NEO Personality Inventory-Revised**

*Paul T. Costa, Jr., PhD, and Robert R. McCrae, PhD*

**Purpose:**

Provides a detailed assessment of normal personality

**Format:**

Paper and pencil, Professional report service

**Age range:**

17 years to 89 years

**Time:**

30-40 minutes

The NEO PI-R, the standard questionnaire measure of the Five Factor Model (FFM), provides a systematic assessment of emotional, interpersonal, experiential, attitudinal, and motivational styles—a detailed personality description that can be a valuable resource for a variety of professionals. The NEO PI-R is a concise measure of the five major domains of personality, as well as the six traits or facets that define each domain. Taken together, the five domain scales and 30 facet scales of the NEO PI-R, including the scales for the Agreeableness and the Conscientiousness domains, facilitate a comprehensive and detailed assessment of normal adult personality. Although the manual has been updated with the introduction of the NEO-PI-3, NEO PI-R norms and forms have not changed.

**Administration/Scoring**

The NEO PI-R is self-administered and is available in two parallel versions. Each version contains 240 items and three validity items, and requires a 6th-grade reading level.
• Form S, designed for self-reports, is appropriate for use with adults, including individuals of college age.

• Form R, designed for observer reports, is written in the third person for peer, spouse, or expert ratings. It can be used as an alternative measure or as a supplement to self-reports from adult clients.

• Each item is rated on a 5-point scale.

• 2-part carbonless answer sheet, usable with either form, eliminates the need for separate scoring keys or templates.

• Self-carbon page of the answer sheet contains item values for rapid computation of scale raw scores.

• Three profile forms facilitate score-plotting and conversion to T-scores.

• 1-page "Your NEO Summary" feedback sheet gives clients easy-to-understand information about the five domains of personality.

• Internal consistency coefficients for both Forms R and S range from .86 to .95 for domain scales and from .56 to .90 for facet scales.

• The NEO PI-R is validated against other personality inventories as well as projective techniques.

• The NEO PI-R also can be scored and/or administered electronically using the NEO Software System™.

• The NEO Job Profiler helps make hiring decisions by weighing candidate's traits against the qualities needed for success in a given position.

• The NEO Style Graph Booklet provides an innovative way to provide feedback to respondents based on their NEO profiles. Each graph shows clients how their particular FFM domain results interact with each other and form different areas of their personality. It is helpful in occupational and clinical settings.

• The NEO Problems in Living Checklist offers additional information about NEO Inventories results and aids clinicians in planning treatment and assessing progress. Spotlighting particular problems individuals may be facing depending on their test outcomes, it is excellent for providing information about client problems, setting goals, and planning interventions.

• The Your NEO Summary feedback sheet enables you to give clients a summary of their NEO performance.

**NEO™-PI-3**

*NEO™ Personality Inventory-3*

*Paul T. Costa, Jr., PhD, and Robert R. McCrae, PhD*

Purpose:

Provides a detailed assessment of general personality in adolescents and adults
Format:
Paper and pencil, Online administration and scoring via PARiConnect

Age range:
12 years to 99 years

Time:
30-40 minutes to administer; 15 minutes to score

Features and benefits
- The NEO-PI-3 is a revision of the revised NEO Personality Inventory (NEO PI-R™), the standard questionnaire of the FFM. In addition to measuring the five major domains of personality (Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness), the NEO-PI-3 gives insight into the six facets that define each domain.

- Retaining the reliability and validity of the NEO PI-R, the NEO-PI-3 features new normative data. A total of 38 items from the NEO PI-R have been revised or edited to lower the reading level and make the instrument more appropriate for younger examinees or adults with lower educational levels.

- The two-part carbonless hand-scorable answer sheet, usable with either Form S (for self-reports) or Form R (for observer reports), eliminates the need for separate scoring keys or templates. Completed scannable answer sheets can be sent to PAR for scoring and interpretation, or they can be used with the On-Site Scanning Module of the NEO Software System™. The NEO-PI-3 also can be scored and/or administered electronically using the NEO Software System.

New in this edition
- A Professional Manual addresses the NEO-PI-3, NEO-FFI-3, and NEO PI-R.

- Separate adolescent (12-20 years) and adult (21 years and older) norms are available.

- Profile forms have been made larger and more user-friendly. A separate profile form for combined-sex norms is now available.

- The NEO Problems in Living Checklist aids clinicians in planning treatment by spotlighting particular problems individuals may be facing; it is excellent for setting goals and planning interventions.

- The NEO Style Graph Booklet shows clients how their results form different areas of their personality.

- The NEO Job Profiler aids employers in finding the right candidate for a job based on personality traits needed in order to be successful in the position.

- The Your NEO Summary feedback sheet enables you to give clients a summary of their NEO performance.
Armand W. Loranger, PhD

Purpose: Comprehensive assessment of normal and abnormal personality traits

Age range: 18 to 74 years

Admin: Self-report; Individual or group

Admin time: 60-90 minutes for the OMNI; 35-45 minutes for the OMNI-IV

Scoring time: 15-20 minutes

The 375-item OMNI measures both normal and abnormal personality traits. Composed of seven factor scales, it assesses 25 normal traits (Normal scales) and 10 abnormal traits (Personality Disorder scales). Derived directly from the OMNI, the 210-item OMNI-IV measures abnormal personality traits and assesses personality disorders; it comprises 10 Personality Disorder scales.

Features and benefits

- Personality Disorder scales are based on the DSM-IV Axis II personality disorder criteria.
- A Variable Response Inconsistency scale identifies item response inconsistencies; a Current Distress scale assesses the respondent's mental state during the 7 days preceding the test date.
- Both tests require a 4th-grade reading level.
- Both tests demonstrate internal consistency reliability and concurrent validity.

Test structure

The OMNI and the OMNI-IV must be scored using the OMNI Software System, which is included in all OMNI kits. The tests can be administered on-screen (using a Counter Serial Number), or you may handenter responses into the software. The software generates an interpretive report that includes a broad range of information about the individual's personality characteristics and deviations from normality using the language and typology of the DSM-IV Axis II classification of personality disorders.
Covers such areas as social, appearance, school, religion, legal, crises, emotions, vocational, finances, sex, attitude, family and home, health, and habit. Designed for adults ages 18-60 years. Recommended for clinical and counseling settings.

Personality Assessment Inventory™ (PAI®)

Leslie C. Morey, PhD

Purpose: Get a comprehensive assessment of adult psychopathology

Age range: 18 to 89 years

Admin: Individual or group

Admin time: 50-60 minutes to administer; 15-20 minutes to score

Scoring time: 20 minutes

This objective inventory of adult personality assesses psychopathological syndromes and provides information relevant for clinical diagnosis, treatment planning, and screening for psychopathology.

Features and benefits

- **Unique, efficient scale structure.** All 22 scales are nonoverlapping, promoting high discriminant validity. Scale development was content-driven.

- **Fast, cost-effective administration.** Clients generally complete the 344 items in less than an hour.

- **Can be used with low-reading level populations.** The PAI requires only a 4th-grade reading level; an audio administration CD is also available.

- **No scoring keys needed.** A two-part carbonless Answer Sheet provides scores for all 344 items.
• **Hand-scoring is fast and easy.** Scales and subscales can be hand scored in only 15-20 minutes.

• **Provides strategies for interpretation.** The Professional Manual includes an expanded discussion of administration considerations and a variety of strategies for the interpretation of clinical data.

• **Portable materials.** The handy PAI Administration Folio provides a hard surface for both the Item Booklet and Answer Sheet for situations in which no desk or tabletop is available.

## Test structure

The 344 PAI items constitute 22 nonoverlapping scales covering the constructs most relevant to a broad-based assessment of mental disorders: four validity scales, 11 clinical scales, five treatment scales, and two interpersonal scales. To facilitate interpretation and to cover the full range of complex clinical constructs, 10 scales contain conceptually derived subscales.

• **Clinical scales provide critical diagnostic features of 11 important clinical constructs.** These 11 scales may be divided into three broad classes of disorders: those within the neurotic spectrum, those within the psychotic spectrum, and those associated with behavior disorder or impulse control problems.

• **Treatment scales indicate potential complications in treatment.** These five scales include two indicators of potential for harm to self or others, two measures of the respondent’s environmental circumstances, and one indicator of the respondent’s motivation for treatment.

• **Interpersonal scales provide valuable information regarding the client’s relationships and interactions.** Interpersonal style is assessed along two dimensions: a warmly affiliative versus a cold rejecting style, and a dominating/controlling versus a meekly submissive style.

• **Two scales assess pathology.** The Borderline Features scale is the only PAI scale that has four subscales, reflecting the factorial complexity of the construct. The Antisocial Features scale includes three subscales: one assessing antisocial behaviors and the other two assessing antisocial traits.

• **Critical Items form alerts you to issues that require immediate attention.** This form lists 27 items (distributed across nine content areas) that suggest behavior or psychopathology that may demand immediate attention. They are identified as critical based on two criteria: indications of a potential crisis situation and a very low endorsement rate in normal individuals.

## Technical information

• Reliability and validity are based on data from a U.S. Census-matched normative sample of 1,000 community-dwelling adults, 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. Reliability studies indicate that the PAI has a high degree of internal consistency across samples—results are stable over periods of 2-4 weeks (median alpha and test-retest correlations exceed .80 for the 22 scales). Validity studies
demonstrate convergent and discriminant validity with more than 50 other measures of psychopathology.

Problem Experiences Checklist

Adult Version
by Leigh Silverton, Ph.D.

This time-saving checklist gives the clinician a quick picture of the client's life situation, indicating what kind of difficulties he or she is experiencing. Given at the time of the initial intake interview, it helps pinpoint problems and identifies areas for subsequent discussion.

More than 200 problems and troubling life events are listed under the following headings: Marital-Relationship; Children-Parents; Financial-Legal; Bereavement; Personal Habits; Work Adjustment; Life Transition; Beliefs and Goals; Painful Memories; and Emotions. The client simply checks the problems that he or she is experiencing.

Requiring just 10 to 15 minutes to complete, this convenient checklist guides and simplifies the screening interview.

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

Scott O. Lilienfeld, PhD
Professional Manual by Scott O. Lilienfeld, PhD and Michelle R. Widows, PhD
Software by Scott O. Lilienfeld, PhD, Michelle R. Widows, PhD, and PAR Staff

Purpose: Assess psychopathic personality traits
Age range: 18 to 86 years
Admin: Individual or group
Admin time: 15-25 minutes
Scoring time: 20 minutes
The PPI-R is a 154-item self-report measure of both global psychopathy and the component traits of psychopathy.

- Can detect response styles such as positive or negative impression management and random or careless responding.
- Rather than focusing exclusively on antisocial or criminal behaviors, the PPI-R measures the continuum of psychopathic personality traits.
- Standardized and validated for use with men and women in a community/college sample that reflects 2002 U.S. Census data for race/ethnicity, educational background, and geographic area. Also includes normative data for a male offender sample.
- Useful in a variety of settings, particularly correctional facilities, forensic practice, substance abuse treatment centers, and research.

Software portfolio included

Developed as a faster way to score and profile the PPI-R, the unlimited-use PPI-R Software Portfolio generates a comprehensive score report, which displays the individual’s demographic information and includes a scoring summary table, T-score profile, validity scale tables, and an item response table.

PTSD and Suicide Screener™ (PSS™)

John Briere, PhD

Purpose: Quickly screen for PTSD and suicide risk

Age range: 18 to 99 years

Admin: Self-report; Individual or group

Admin time: 1-5 minutes to complete; 5 minutes to score

Scoring time: 5 minutes

Features and benefits

- The one-page self-report form consists of only 14 items, requiring just a few minutes to administer and score.
• The PSS is helpful in determining PTSD and suicide risk for individuals exposed to a variety of traumas, including childhood abuse, adult sexual or physical assaults, disasters, motor vehicle accidents, shootings and stabbings, burns, life-threatening illnesses, invasive medical procedures, and events associated with military deployment.

Test structure

• The PSS consists of two scales: PTSD Risk (PR) and Suicide Risk (SR). The PR scale consists of eight items from the DAPS that, together, tap into aspects of all PTSD symptom clusters in both the DSM-IV-TR™ and the DSM-5™ and best predict PTSD status. The SR scale consists of four items from the DAPS Suicidality scale that best index suicidal thoughts and behaviors.

• The PSS generates risk indices based on empirically derived cutoff scores.

Technical information

• Samples included a stratified, random normative sample of 446 trauma-exposed individuals from the general population and a clinical sample of 69 trauma-exposed individuals.

• The PSS has good sensitivity and specificity for a DSM-IV-TR diagnosis of PTSD.

• Reliability analyses indicated that both PR and SR scales are internally consistent, with alpha coefficients of .87 and .91, respectively.

Reynolds Depression Screening Inventory™ (RDSI™)

William M. Reynolds, PhD and Kenneth A. Kobak, PhD

Purpose: Quickly screen for symptoms of depression in ages 18-89 years

Age range: 18 to 89 years

Admin: Individual or group

Admin time: 5 to 10 minutes

Scoring time: 5 minutes

The 19 items of the RDSI measure the severity of contemporary depressive symptoms. Although a formal diagnosis is not provided, empirically derived cutoff scores identify individuals who may be at risk for more serious, diagnostic forms of depression.
Quickly assesses DSM-IV™-specified symptomatology for major depressive disorder

- Development sample consisted of 531 nonreferred community adults and 324 psychiatric outpatients (including 150 outpatients diagnosed with major depression).
- Highly reliable and internally consistent, with high alpha coefficients (.93 and .90 for the community and psychiatric outpatient samples, respectively). Test-retest reliability of the RDSI also is very high (rtt = .94).
- The RDSI showed a high correlation with the BDI® ($r = .94$) and the Hamilton Depression Rating Scale clinical interview ($r = .93$).

Trauma Symptom Inventory™-2 (TSI™-2)

John Briere, PhD

Purpose: Evaluate acute and chronic posttraumatic symptomatology

Age range: 18 to 88 years

Admin: Individual or group

Admin time: 20 minutes

Scoring time: 20 minutes

A broadband measure, the TSI-2 is designed to evaluate posttraumatic stress and other psychological sequelae of traumatic events, including the effects of sexual and physical assault, intimate partner violence, combat, torture, motor vehicle accidents, mass casualty events, medical trauma, traumatic losses, and childhood abuse or neglect.

Features and benefits

- New scales, subscales, and factors. Three scales (Insecure Attachment, Somatic Preoccupations, and Suicidality) and several subscales, as well as four summary factors (Self-Disturbance, Posttraumatic Stress, Externalization, and Somatization), are new or have been significantly reconfigured.
- Improved validity scales. New items assess clients’ tendencies to deny symptoms that are commonly endorsed, to over-endorse unusual or bizarre symptoms, or to respond in an inconsistent or random manner; the instrument now addresses malingering.
• New norms. An all-new standardization sample comprised 678 individuals whose demographics closely matched those of the U.S. Census.

Test structure

• A 136-item carbonless form assesses a wide range of potentially complex symptomatology, ranging from PTSD, dissociation, and somatization to insecure attachment styles, impaired self-capacities, and dysfunctional behaviors.

• Eight critical items help identify issues that potentially represent severe psychological disturbance or danger to the respondent or others.

• The TSI-2-A is a 126-item alternate version that does not contain any sexual symptom items.

Technical information

The validation sample consisted of five non-overlapping clinical groups: combat veterans, individuals with borderline personality disorder, sexual abuse victims, victims of domestic violence, and incarcerated women. A sample of subjects simulating PTSD was used to test malingering.