

ANGER-AGGRESSION-VIOLENCE ASSESSMENT (AAVA)

Training Manual

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PRODUCT DESCRIPTION

The **Anger-Aggression-Violence Assessment (AAVA)** is an evidence based self-report assessment instrument or test that focuses on anger, aggression and violence, which are characterized as being on an emotional continuum. More specifically, continuum theory postulates shades (or intensities) of Anger-Aggression and violence exist as points on a continuum of emotional reactivity. This continuum theory is based on the theorem that as anger increases, it can evolve into aggression, which in turn can intensify and evolve into violence.

An emotionally reactive continuum

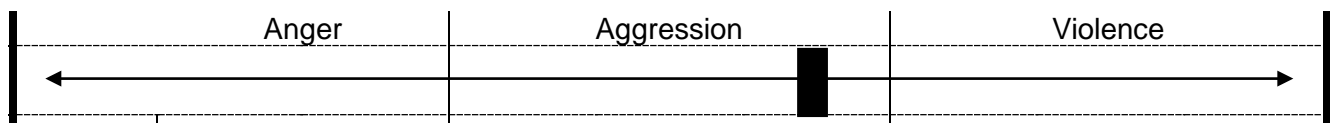
Obviously, the emotionally reactive continuum theory as stated here is an over-simplification nevertheless it does help conceptualize the Anger-Aggression-Violence Assessment (AAVA) tests purpose and use. The AAVA is designed for both clinical practice (patients) and criminal justice (offenders) risk assessment. Furthermore, probation and parole departments have welcomed the use of risk assessments

The Anger-Aggression-Violence Assessment (AAVA) instrument or test has seven domains (scales) which include:

AAVA Domain (Scales)

- Truthfulness scale
- Anger Scale
- Aggression Scale
- Stress Management Scale
- Alcohol Scale
- Drug Scale
- Violence Scale

Triad Scale: Anger-Aggression-Violence



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RISK LEVEL CLASSIFICATION

Each Anger-Aggression-Violence Assessment scale score is classified in terms of the risk it represents. These risk level classifications are individually calculated for each of the seven empirically based scales each time an Anger-Aggression-Violence Assessment is scored.

RISK LEVEL CLASSIFICATION

RISK RANGE

Low Risk

Medium Risk

Problem Risk

Severe Risk

A problem is not identified until a scale score is at (or above) the problem risk range. **Scores in the Problem Risk range represent problems for which specific intervention and/or treatment recommendations (or referrals) are made. Extreme or severe problems are identified with scale scores in the Severe Risk range.** Recommendations are intensified for severe problem scale scores.

ANGER

Anger is a normal emotion that everybody experiences. Sometimes anger can enhance a person's well-being and functioning. However, anger can become overwhelming or uncontrollable and lead to aggressive and violent behavior. Anger has been defined as a person's response to perceived threats against an individual or group (Lazarus, 1991). Anger can also evolve from hostility (Spielbeger, et al., 1985) or cynicism (Martin Watson & Wan, 2000). Intense or uncontrolled anger (rage) can affect one's relationships, jobs and daily life.

Because anger varies from person to person, and the situation they are in at any given time, it is difficult to describe a typical angry response (Avenill, 1983). Consequently, theoreticians have published contradictory lists of different types of anger. When experiencing extreme anger (e.g., rage) the loss of rationality often results in violence and legal issues.

Anger management is frequently recommended for people who engage in angry, aggressive and even violent behavior. A high anger range Triad Scale score identifies anger management candidates. The purpose of anger management is to teach the basics (techniques and strategies) necessary to express one's emotions in safe, healthy and satisfying ways. Most anger-management programs increase participant's anger awareness, along with anger management (relaxation, desensitization, cognitive awareness, assertive training, etc.); acceptance of change (reframing, cognitive restructuring, forgiveness, etc.); and learn relapse prevention skills.

In today's society anger and aggression are increasingly important areas of concern. They are reflected in threats of violence, relationship issues, social problems and arguments or fights. Exposure to violent media (movies, television, video games, etc.) has been associated with increased aggression (Anderson, et al., 2003). Media violence affects a person's physical, emotional and verbal behavior.

AGGRESSION

Aggression has been divided into various categories, which has fostered considerable disagreement. There are now numerous types of aggression depending upon the aggressor's intentions and the situation that caused the aggressive act. These categories, or dichotomous aggressions are allegedly classifications of aggression that are based upon the intentions of the aggressor and the situation that elicited the aggression.

Traditional discussions of aggression describe a series of dichotomous distinctions between types of aggression. Several aggression dichotomies are set forth below:

Violence has been described as “aggression in its most extreme form.” In other words, violence has been characterized as extreme aggression with the intent to injure or harm others. Some theorists argue that aggression is the result of extreme anger.

Proactive aggression refers to people who use aggression to attain a goal. For example, if a person wants something they simply take it. Some people use proactive aggression to obtain social goals (Dodge, 1991). Other proactive and reactive aggression differences include social cognitive correlations (Hubbard, Dodge, Cilley, Coie and Schwartz, 2006).

Reactive aggression is based upon anger. The primary goal is to harm someone. Reactive aggression is characterized by intense anger and it is emotionally driven. Reactive aggression is associated with interpersonal aggression, whereas proactive aggression is not (Dodge, Lockman, Harnish, Bates & Pettit, 1977). Reactive aggression is a reaction to provocation and is accompanied by anger (Pulickmen, 1996).

Affective aggression is also known as hostile or emotional aggression. It is usually impulsive and driven by anger. The affective aggressor's primary motive is to harm. Affective aggression occurs in reaction to perceived provocation. “Perceived” means the provocation may be real, imaged or assumed.

Instrumental aggression is goal directed and rationally or logically based. Its primary goal is not harming or injuring another. Instrumental aggression has been called assertiveness.

The above dichotomous aggression categories represent a sample of the many aggression dichotomies that exist. To varying degrees, the dichotomous logic or reasoning has also been applied to anger and violence. The aggression dichotomies are discussed to share their definitional issues, overlapping classifications and seemingly ubiquitous presence in the aggression (anger, violence) research literature. There are numerous types of aggression, which are allegedly classified in terms of the intentions of the aggressor and the situation that elicited the aggression.

Aggression (anger and violence) are samples as they are influenced by a wide variety of psychological, biological, genetic, cultural and interpersonal factors. **And as there are no psychiatric diagnoses for anger, aggression or violence in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), there are no “Anger Disorders,” “Aggressive Behavior Disorders,” or “Violence Disorders” diagnoses. Consequently, anger, aggression and violent behavior are often considered symptoms of a number of DSM-5 disorders like in Conduct Disorders, Oppositional Defiant disorders or intermittent explosive disorders.**

VIOLENCE

Violence has been described as extreme aggression. Violence is a multifaceted and complex behavior pattern. It is generally believed that intense anger, evolves into aggression, which is characterized by the aggressor's "intention" to injure or harm another (or others). And **violence has been defined as the "physical expression" of anger, aggression or rage.** Violence is aggression in its most extreme and unacceptable form.

Differentiating between aggression and violence can be difficult when describing the transition (or overlap) between these two emotions. In other words, when does aggression become violence? **Aggression is the intention (commitment to violence) to injure or harm another.** In contrast, **violence is the physical act (doing or performing violence) itself.**

Assessment of violent offenders is a complex and challenging task. Violent offenders are often suspicious, distrustful and resistant or uncooperative. Consequently, they often minimize, deny, disavow and recant earlier admissions. Violent offenders may also present as aggressive, hostile and non-compliant. These violent offenders characteristics underline (emphasize) the importance of the Anger-Aggression-Violence Assessment (AAVA) Truthfulness Scale.

Although most adults are not seriously aggressive or violent, the frequency rates of these acting-out behaviors is nevertheless alarming. Violence and its consequences represent a major public health problem in our society. Assessment, identification and treatment of aggression and violence are challenges for the courts, outpatient clinics, probation department, community treatment based programs and mental health professionals. The links between anger, aggression and violence are increasingly recognized in the psychological research literature. Virtually all probation and correctional systems have some form of an anger management program.

Violence offender assessment has several purposes: **1.** Accurately identify problems that warrant intervention or treatment. **2.** To prioritize realistic and effective intervention or treatment. **3.** When appropriate, to match problem severity with treatment intensity. **4.** To establish appropriate intervention (groups or classes) or treatment (counseling or psychotherapy) plans. And **5.** Document the client's (patient or offender) assessment results and recommendations.

Violence is not one behavior pattern, but several. This multifaceted and complex nature of violence has led to a number of classification systems. Behavior scientists have developed many of these classifications by grouping violence categories that have common etiological factors and functions in classification categories. Dichotomies have been developed independently. For example, aggression and violence. One approach classifies violence according to the underlying motivation of the offender. For example, **hostile** (motivated to harm, injure or damage), and **instrumental violence** (not motivated to cause harm, but could). **In both cases the distinction between these violent acts depend upon the aggressor's intent – not on the act itself.**

At the risk of being redundant, violence has been defined as "behavior involving physical force intended to hurt, damage or seriously harm someone or something." Violence is characterized as severe aggression (or aggressive) acts) intended to cause harm or damage. Violence classification systems are intended to guide prevention and control efforts. Each type of violence involves different causal mechanisms, which means they require different types of intervention and treatment. For example, **Relationship Violence** is influenced by interpersonal conflict, more so than the violence involved in an armed robbery by a stranger.

Combining violence risk factors dramatically increase the scope of violence risk. For reference, violence risk factors often include: regular loss of one's temper, frequent arguments, interpersonal friction, substance (alcohol/drug) abuse, vandalism (property destruction), harming living things (people, animals), frequent threats, family issues, etc. When any one (or cluster) of these behaviors interferes with a person's normal daily functioning or quality of life that person may have a serious violence problem.

TRUTHFULNESS SCALE

Truthfulness Scale: Self-report tests are subject to the danger of respondents not telling the truth. An important advance in psychological testing is the Truthfulness Scale, which measures client (patient/offender) honesty while they are completing their test. It would be naïve to believe all people taking tests always answer questions truthfully. Truthfulness scales identify self-protective and guarded people who attempt to deny, minimize or conceal information. This scale also identifies functionally illiterate individuals. Truthfulness Scales are of special importance in court-related, criminal justice (probation, incarceration, parole), and clinical (counseling, treatment) settings. The Truthfulness Scale is particularly important when assessing violent individuals.

TRUTH-CORRECTED SCORES

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

ALCOHOL SCALE

Alcohol Scale: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. An elevated (low problem) Alcohol Scale score is indicative of an emerging problem. An elevated Alcohol Scale score in the high problem range is indicative of an established problem. An Alcohol Scale score in the severe problem range identifies serious and established drinking problems.

DRUG SCALE

Drug Scale: Measures illicit (non-prescription) and licit (prescription) drug use and as warranted – abuse. Drugs refer to prescription and non-prescription drugs, such as marijuana, cocaine, crack, ice, amphetamines, barbiturates, heroin, etc. An elevated Drug Scale score (low problem) is indicative of an emerging problem. An elevated Drug Scale score in the high problem range is

indicative of an established problem. A Drug Scale score in the severe problem range identifies serious and established drug problems.

STRESS MANAGEMENT SCALE

Stress Management Scale: An elevated (problem risk range) Stress Management Scale score can exacerbate emotional and mental health symptoms. When a Stress Management Scale score is in the severe problem range, it is likely that the individual has a diagnosable mental health problem. The Stress Management Scale score can be interpreted independently or in conjunction with other elevated scale scores.

ORAL INSTRUCTIONS

Many clients tend to minimize their problems by under-reporting their substance (alcohol and other drugs) abuse and other problems. This emphasizes the importance of oral instructions to the client before beginning the Anger-Aggression-Violence Assessment. A straightforward approach is recommended. For example:

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

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

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

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

PRESENT, PAST OR FUTURE TENSE

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

STAFF MEMBERS SHOULD NOT TAKE THE AAVA

Sometimes a staff member wants to simulate the client and take the Anger-Aggression-Violence Assessment. **It is strongly recommended that staff do not take the Anger-Aggression-Violence Assessment.** The Anger-Aggression-Violence Assessment is not standardized on staff. And staff do not have the same mental set as a client. Staff would likely invalidate, distort or otherwise compromise their Anger-Aggression-Violence Assessment profile.

CONTROL OF AAVA REPORTS

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

CHECK ANSWER SHEETS FOR COMPLETENESS

Check the client's answer sheet to be sure it has been filled out correctly when it is turned in and before the client leaves. No items should be skipped and both true and false should not be answered for the same question. The client should be informed that each question must be answered in accordance with the instructions. And if necessary, be given the opportunity to correct or complete their answer sheet. **Skipped answers are scored by the computer in the deviant direction, as it is assumed that an item is omitted or skipped to avoid admitting a "negative" answer.**

RETEST

Anger-Aggression-Violence Assessment (AAVA) tests results are invalidated (not accurate, often due to problem minimization, denial and untruthful answers) when the AAVA Truthfulness Scale is in the Severe Problem range. When this occurs, it is recommended that the client be given the opportunity to be retested. Retest interval is determined by the assessor's opinion of the client's attitude, behavior, emotional and mental state. Retesting can occur immediately or several days or weeks later.

Prior to retesting, the test administrator should review the AAVA retest instructions with the client. A straightforward approach is recommended. For example,

Please answer all questions truthfully. It is important that you do not read anything into a question that isn't there. Last week, while completing another test, a client involved in a custody case said, "I cannot answer this question true or false." The question was "There are times when I worry about my court case or the charges made against me." When asked why not, the client replied, "If I answer true, you'll tell the judge that I am guilty because I'm worried; if I answer false you'll tell the judge that I don't care and I'll never get my kids."

*I told the client, "This test item doesn't ask you about your guilt or caring for your kids. The question simply asked if you are worried about your court case. When you interpreted the question to refer to your guilt or innocence, you were answering a different question. **Do not***

read anything into these questions that isn't there, because if you do you will invalidate the test. Simply answer the question as instructed, (i.e., True or False). There are no trick questions or hidden meanings. If you misinterpret or change questions you will invalidate the test.

A few minutes of oral instructions can put the client at ease while providing structure and clarifying the client's expectations. Do not tell the client they were lying – you will never win that argument. Note the above example reframes the issue from denial, problem minimization and noncompliance to reading questions correctly.

That said, nobody wants an invalid test. That is why problem tests (tests whose truth-corrected scores are in the problem risk range) are “truth-corrected” so test results are accurate and usable. Truthfulness Scale scores at or below the Problem Risk range are accurate. **Truthfulness Scale scores in the Severe Problem range are inaccurate and invalid due to client denial or attempts to fake good.**

If this was a retest, this person may not be “testable” at this time. However, an alternative approach includes using the Human Voice Audio program. Human Voice Audio is an automated computer presentation in which the questions are verbally read to the client (in English, Spanish, etc.) while simultaneously being presented on the computer monitor (screen). The Human Voice Audio program is available to you free or at no additional cost. For more information on the Human Voice Audio program it is discussed in this Training Manual. And additional information can be provided upon request. Our email address is info@bdsLtd.com and our toll free number is 1 (800) 231-2401.

DELETE CLIENT NAMES (CONFIDENTIALITY)

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

TEST DATA INPUT VERIFICATION

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

AAVA ADMINISTRATIVE MODES

The Anger-Aggression-Violence Assessment can be administered two ways: **1. Paper-Pencil test booklet format.** This is the most popular way clients are tested. Tests can be given individually or in group testing settings. Upon test completion, tests are scored and reports printed within 2½ minutes on-site. **2. Directly on the computer screen (monitor).** Upon test completion a few keystrokes score and print Anger-Aggression-Violence Assessment reports.

The Anger-Aggression-Violence Assessment is also available in the Windows format. In Windows the Anger-Aggression-Violence Assessment can be administered in three ways: **1. Paper-Pencil**, **2. Directly on Computer Screen**, and **3. Human Voice Audio** (is discussed next in this manual).

HUMAN VOICE AUDIO

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

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

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

SIGNIFICANT ITEMS

Some answers represent direct admissions to a problem or are highly unusual answers. These “significant” items are identified for easy reference. On the last page of the report significant items are identified and reported. Sometimes seeing these self-admissions or important self-report answers helps in understanding the client. There may be several significant items for a scale and a low scale score or vice versa. Significant items are only presented in the report to highlight or dramatize some answers.

How to Login

With your Username and Password you are now ready to login and begin testing. To login click the LOGIN button in the upper right corner.

Type in your username and password (both are case sensitive). Below these boxes click on the Login button, this takes you to your account page. On your first visit to this page you will see that you have 1 test credit in your account. We give you one free test credit to enable you to familiarize yourself with our tests and our website.

Click on the "Continue" button or the "Account Summary" button to go to your Account Summary Page.

The Account Summary Page shows Account History, Test Credits Used and Test Credits Available.

There is a drop down box to show the list of available tests and a link to print test booklets and answer sheets.

How to Administer a Test

Before you proceed, please be aware that there are *two test administration options described*.

1. Paper/Pencil Test Administration (Data Entry Method)

The first option is to print the test booklet and answer sheet, both of which are available in English and Spanish. The client then answers the questions on the answer sheet in pencil. The paper-pencil test administration option allows you to test in groups which can save considerable time. Some evaluators do not want to tie up their computers administering tests and prefer paper-pencil testing. When testing is completed the answer sheet data is entered online and a report is generated.

If the paper-pencil method is selected, click on the "Print Test Booklets" link on the screen and print the test booklet and answer sheet; both are available in English, Spanish and other languages.

2. On Screen Online (Internet) Test Administration

The second option is online (on the screen) test administration. This allows the client to sit at the computer and answer the test questions on the screen. Regardless of how tests are administered, all tests are scored and reports generated and printed while online.

Click on the name of the test to be administered. This takes you to the Main Menu page for the test selected.

How to Score a Test and Print a Report

When you have selected your preferred method of test administration click either "Administer Test to Client" (in which case the client would enter his/her answers on the screen), or "Enter Test from Answer Sheet" (client will use the paper/pencil method).

The next screen will be "Client Information" (name, age, sex, education etc.). When you have completed this information, click the "Information Correct" button which will take you to the "Court History" page. Depending on the test you have chosen some tests have a court history section, some do not. Each screen allows the option to choose "Cancel" or "Information Correct" to proceed.

After completing Court History, the next screen is for client answers to the test questions. If the client has used the on-screen method, the questions and answers will be displayed to the client on the screen. If the paper/pencil method was used to test the client, you may enter the answer sheet data at your convenience by typing 1 for true, 2 for false, etc. For multiple choice questions, enter 1, 2, 3 or 4.

Again, this screen allows the option to choose "Cancel" or "Information Correct." If "Information Correct" is chosen the option is still available to cancel or abort the entry and not charge the account. At the end of the test a notice will appear alerting you that one test credit is about to be used. To save the test record to the database click "Yes." To cancel or discard the test entry, click "No." *When "Yes" is selected, your account will then be charged 1 test credit.*

Highlight the client's name and click on the "Supervisor Options" button to proceed to that client's supervisor options page. Here you can print the report, verify the answer sheet data entered and delete the client's name. The default page that appears is the Print Report page. To print the report, click the "Continue" button. To verify the data entered or delete the client's name, click on the appropriate tab at the top and follow the instructions.

In summary, procedures are designed to be concise, easily followed and swiftly executed, so that they will not detract from test administration.

The test administration is now complete. However, you are still in the test Main Menu screen and if you wish to administer another test, click on the "Account Summary" link on the right of the screen. This will take you back to your account summary page where you may check for available test credits, purchase additional test credits, select other tests to administer or edit previously administered tests. Otherwise just close your browser window to exit the website.

How to Verify Data Entry

The Verify Data Input procedure allows you to enter the answers a second time for any particular client. This feature insures that the responses are input into the computer correctly.

From the main menu select the client's name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled "Verify Data Entry" and then click on the "Continue" button. You will now be presented with the answer grid so that you can re-input the answers.

As you input each answer, the computer will verify that it matches the answer you originally entered. If it does, the computer will automatically move on to the next response. However, if the answer you input does not match the original answer, you will be immediately alerted to the discrepancy between the two responses via a message box.

The message box will notify you as to which answer did not match the original input. The message box will display what the current answer is and what the original response was.

At this point you should review the answer sheet to verify what the correct response for that particular question is. You will then click "OK" if the answer input this second time is correct and the computer will accept this response and move on to the next answer.

If, after reviewing the answer sheet, you discover that you have erroneously input the wrong answer, click the "Cancel" button and the computer will allow you to enter the response again.

Continue with these steps until all answers have been input. Using this feature insures the accuracy of the data input.

How to Delete Client Names

This procedure allows the user to delete the client's name from the test record. Use this option to protect client confidentiality once you are done with the test record.

From the main menu select the client' name and then click on the "Supervisor Options" button. This will take you to the Supervisor Options page. Click on the tab labeled, "Delete Client Name" and then click on the "Continue" button. You will be given the opportunity to cancel this procedure at this time. USE WITH CAUTION! Once the name has been deleted it CANNOT be restored. When you are absolutely certain that you are ready to proceed, click on the "Continue" button. That's all there is to it. The name will be deleted from the record and you will be returned to the main menu. Notice that the name you just deleted is no longer visible in the client list.

Live Support Chat

Throughout our site, after you have logged in, you will find "Live Support" buttons. Clicking on these buttons will open a "Live Support" chat window that puts you in touch with an Online-Testing.com technical support staff member.

Support staff is available for these "Live Support" sessions between the hours of 8:00 a.m. and 4:00 p.m. Mountain Standard Time, Monday through Friday. If you need to leave your computer during the chat session, you can return within 24 hours and resume your online conversation.

TECHNICAL SUPPORT

If you have any questions Professional Online Testing Solutions, Inc. is only a telephone call away. Our telephone number is **(800) 231-2401**, fax **(602) 266-8227**, and E-mail **info@online-testing.com**. Our offices are open 8:00 a.m. to 4:00 p.m. Mountain Standard Time, Monday through Friday.

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