

Veteran Information Profile (VIP)

An Inventory of Scientific Findings

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INTRODUCTION

VETERAN INFORMATION PROFILE

All veterans returning from deployment face civilian reintegration adjustments. When veterans (Army, Navy, Coast Guard, Marine Corps and Air Force) return from deployment, especially from war zones, they realize their civilian life is not the same as it was prior to their deployment. Post deployment transition or reintegration back into a veteran's civilian life is often more difficult than veterans and their loved ones anticipate.

Veterans face a myriad of changes after returning home from deployment. Pervasive reintegration issues are often complicated with poor self-esteem, depression, alcohol abuse, drug abuse and increased suicide risk. More than ever there is a need to identify transitional problems early. Indeed, successful reintegration is often contingent upon adequate screening or identification of these problems and their severity.

Among mental health issues affecting veterans, post-traumatic stress disorder (PTSD) has attracted the most attention. According to the Department of Defense (DOD), only three percent (3%) of returning veterans reported serious mental health problems in their post-deployment questionnaire, which was completed as they were preparing to return home. As Scott Shane (New York Times, January 30, 2005) pointed out, "Many returning service members did not disclose their mental health concerns at the time of their discharge in order to avoid being detained or held over at their bases." This factor alone likely contributed to underreporting of mental health problems.

The Veteran Information Profile (VIP) was developed to meet veteran screening needs. With the help of accurate assessment, civilian reintegration and mental health-related needs can be more effectively addressed.

This document is a cumulative research record of the evolution of the Veteran Information Profile (VIP) into a state-of-the-art clinical assessment instrument. It should be noted that research studies are presented chronologically, the same order each of the research analyses was done. No attempt has been made to incorporate all VIP research into this document. However, it is representative of the VIP's reliability, validity and accuracy.

The Veteran Information Profile (VIP) is an automated computerized assessment instrument designed for returning veteran assessment. The proprietary VIP database ensures continued research and development. The VIP is a brief, easily administered and

automated (computer scored) test that is designed for returning veteran assessment. It includes true/false and multiple choice items and can be completed in 30 to 35 minutes.

The VIP contains eight empirically based scales: Truthfulness, Civilian Reintegration, PTSD, Self-Esteem, Depression, Suicide, Alcohol and Drugs.

UNIQUE FEATURES

Truth Correction: A sophisticated psychometric technique permitted by computerized technology involves calculating *truth-corrected* scores for individual Veteran Information Profile (VIP) scales. The Truthfulness Scale establishes the respondent's level of truthfulness while completing the VIP. Correlations between the Truthfulness Scale and all other scales permit identification of error variance, which can then be added back into scale scores, resulting in truth-corrected scores. Raw scores may only reflect what the respondent wants you to know. Truth-corrected scores reveal what the respondent is trying to hide. **Truth-corrected scores are more accurate than raw scores.**

Risk Range Percentile Scores: Each VIP scale is scored independently of other scales. VIP scale scoring equations combine a respondent's pattern of responding to scale items, Truthfulness Scale and prior history that is contained on the VIP answer sheet. The Truthfulness Scale applies a truth-correction factor so that each scale score is referred to as a Truth-corrected scale score. These Truth-corrected scale scores are converted to the percentile scores that are reported in the respondent VIP report.

VIP scale percentile scores represent *degree of severity*, which is defined for scales as follows: **Low Risk** (zero to 39th percentile), **Medium Risk** (40th to 69th percentile), **Problem Risk** (70th to 89th percentile), and **Severe Problem** or **Maximum Risk** (90th to 100th percentile). The cumulative distributions of truth-corrected scale scores determine the cut-off scores for each of the four risk range and severity categories.

The American Society of Addiction Medicine (ASAM) advocates matching patients' addiction severity to commensurate levels of intervention and treatment. The VIP scales identify problems, and scale scores represent problem severity. VIP reports provide recommendations based on scores (problem severity).

VIP Database: Every time a VIP test is scored, the test data is automatically stored on the diskette or flash drive. Data from returned diskettes or flash drives are retrieved then saved in the VIP database. This applies to VIP diskettes or flash drives used anywhere in the United States and Canada. When the preset number of tests are administered (or used up) on an VIP diskette or flash drive, it is returned for replacement and the test data contained on these used diskettes or flash drives is input, in a confidential (no names) manner, into the VIP database for future analysis.

Tests administered and scored online are automatically stored in the VIP database.

The proprietary database allows all administered VIP tests' data to be retrieved for subsequent analysis and summary. Database analysis is a cost-effective way of ensuring ongoing research. The VIP database is statistically analyzed annually. This ongoing database research enhances quality control and assessment accuracy.

Confidentiality (Delete Respondent Names): Test users are encouraged to delete client names when their assessment process is completed. This proprietary name deletion procedure involves a few keystrokes. Once names are deleted they are gone and cannot be retrieved. Deleting names does not delete demographics or test data which is downloaded into the VIP database for subsequent analysis. This "name deletion" procedure insures confidentiality and compliance with HIPAA (federal regulation 45 C.F.R. 164.501) requirements.

VIP MEASURES (SCALES)

VIP scales were developed from large item pools. Initial item selection was a rational process based upon clearly understood definitions of each scale. Subsequently, items and scales were analyzed for final test selection. The original pool of potential test items was analyzed and the items with the best statistical properties were retained. **Final test and item selection was based on each item's statistical properties.** It is important that users of the VIP familiarize themselves with the definition of each scale. For that purpose a description of each VIP scale follows.

EIGHT VIP SCALES (MEASURES)

1. TRUTHFULNESS SCALE: The Truthfulness Scale measures the truthfulness of the respondent while they were completing the VIP. This scale identifies self-protective, defensive or guarded people that minimize or even fake answers. This type of scale is considered necessary, if not essential, in any objective assessment instrument. In most referral and treatment settings, respondents are cooperative and positively responsive to assessment procedures. However, it would be very naïve to believe that all respondents answer all assessment questions truthfully. All interview and self-report test information is subject to the dangers of untrue answers due to defensiveness, guardedness, or deliberate falsification. The Truthfulness Scale also identifies respondents that are reading impaired.

2. CIVILIAN REINTEGRATION SCALE: Identifies and measures military-to-civilian transitional problems. The Civilian Reintegration Scale pinpoints and assesses veterans' post-deployment challenges such as work-related problems (inability to gain or maintain employment, problems on the job, etc.), interpersonal conflict and financial issues. This is the focal scale of the VIP.

3. SUICIDE SCALE: The Suicide Scale identifies suicide prone veterans that are overwhelmed, desperate and potentially dangerous to themselves. This scale measures the

severity of suicide ideation but does not predict whether a veteran will commit or attempt suicide. Suicide risk factors include the Suicide Scale, along with depression, PTSD, alcohol or drug abuse and impaired self-esteem.

4. DEPRESSION SCALE: Identifies symptoms of depression and their severity. Depression is increasingly prevalent among returning veterans. Symptoms of a major depression include difficulty concentrating, persistent sad or irritable mood, sleeping difficulties, lack of interest/pleasure in previously enjoyed activities, feeling worthless or hopeless, recurrent thoughts of suicide, a physical slowing down and persistent headaches or chronic pain.

5. ALCOHOL SCALE: The Alcohol Scale measures the respondent's alcohol proneness and alcohol-related problems. This scale was developed with the assistance of experienced chemical dependency program staff. Item selection was based on relevance and comprehensiveness employing a rational consensual agreement procedure. Final item selection was based on each item's statistical properties.

Alcohol abuse is a significant problem in our society. The harm associated with alcohol use disorders - mental, emotional and physical - is well documented. The costs and pain associated with alcohol-related problems are astounding. Frequency and magnitude of alcohol use or severity of abuse are important factors in veteran screening. It is important to assess or measure the degree of severity of alcohol abuse, including dependency. This is done with the Alcohol Scale.

6. DRUGS SCALE: The burgeoning awareness of the impact of illicit drugs emphasizes the need for any clinical assessment to differentiate between licit and illicit drugs. The Drugs Scale is an **independent** measure of the respondent's drug-related problems. Without this type of scale many drug abusers would remain undetected. Thus, the Veteran Information Profile (VIP) differentiates between "alcohol" and "drug" abuse or licit versus illicit drugs. Increased public awareness of drug (marijuana, cocaine, crack, heroin, etc.) abuse emphasizes the importance of a drug scale. As with alcohol use, frequency and magnitude of drug use or abuse are important factors in veteran screening. It is important to assess or measure the degree of severity of drug abuse, chemical including dependency. This is done with the Drugs Scale.

7. POSTTRAUMATIC STRESS DISORDER (PTSD) SCALE: Measures Post-traumatic stress disorder (PTSD) symptoms and their severity. PTSD is an anxiety disorder that can occur after someone experiences a traumatic event that causes them intense fear, feelings of helplessness and horror and can stem from personally experienced or observed trauma. PTSD is widespread among returning veterans, especially for those that have served in combat zones.

8. SELF-ESTEEM SCALE: The Self-Esteem Scale establishes the respondent's feelings of self-acceptance and self-worth. Self-esteem refers to a person's appraisal of self. Positive self-esteem levels fall somewhere between self-centeredness and self-hatred. Neither extreme is healthy. The concept of self-esteem is often addressed in

clinical settings because, according to many clinicians, an individual's actions or behavior can be viewed as a reflection of their self-esteem. Counseling and psychotherapy can be used to develop healthy self-acceptance. Self-esteem is an important area of inquiry for returning veterans because the many experiences they have while deployed can impact their sense of self-worth. Negative or low self-esteem has been associated with an impaired ability to adapt appropriately to one's environment.

Summary: Perhaps the most complete description of the Veteran Information Profile (VIP) is contained on the website www.veteran-profile.com. Upon entering this website on the left of the homepage are navigational links. The "Veteran Information Profile" link provides a very comprehensive description of the VIP. And the "VIP Rationale" link explains the reasons or premise upon which the VIP is based.

Veteran Information Profile (VIP) research and development extends over two decades. Early research focused upon scale development, whereas recent research focuses upon the Veteran Information Profile (VIP), which consists of eight scales:

- Truthfulness Scale
- Civilian Reintegration Scale
- Self-Esteem Scale
- Depression Scale
- PTSD Scale
- Suicide Scale
- Alcohol Scale
- Drugs Scale

EMPIRICAL RESEARCH

The Veteran Information Profile (VIP) research studies were conducted with established Minnesota Multiphasic Personality Inventory (MMPI) scales as well as Polygraph examinations and other reports. Reliability and validity studies have been conducted on chemical dependency inpatients, outpatients, college students, job applicants, defendants, diversion program clients, adult probationers, DUI/DWI offenders, inmates and counseling patients.

Empirically based Veteran Information Profile (VIP) scales (or measures) were initially developed by statistically relating scale item configurations to known substance (alcohol and other drugs) abuse groups. A summary of some of this VIP research follows.

Chronological presentation enables the reader to follow the evolution of the VIP into a state-of-the-art assessment instrument or test.

VIP Risk Range Classification

Veteran Information Profile (VIP) scale scores are classified in terms of risk level. VIP risk level classification categories are presented as follows:

| <i>PREDICTED RISK RANGE PERCENTAGES FOR EACH VIP SCALE</i> | | |
|--|-------------------------|----------------------|
| RISK CATEGORY | RISK RANGE | PREDICTED PERCENTAGE |
| Low Risk | zero to 39th percentile | 39% |
| Medium Risk | 40 to 69th percentile | 30% |
| Problem Risk | 70 to 89th percentile | 20% |
| Severe Problem | 90 to 100th percentile | 11% |

Risk ranges were cognitively established. Standardization data is statistically analyzed where percentile scale scores are derived from obtained scale scores. These obtained scores come from sample populations administered the VIP. The cumulative distributions of truth-corrected scale scores determine the cut-off scores for each of the four risk range categories. Individual scale score calculations are automatically performed and results are presented in the VIP report numerically (percentile), by attained risk category (narrative) and graphically (VIP profile).

Each VIP scale is scored independently of the other scales. VIP scale scoring equations combine client pattern of responding to scale items, their Truthfulness Scale score and prior history (e.g., number of deployments, number of alcohol-related, drug-related and domestic violence arrests) obtained from VIP answer sheet responses. The Truthfulness Scale applies a truth-correction factor so that each scale score becomes a *truth-corrected* scale score. These truth-corrected scale scores are converted to the percentile scores that are reported in the VIP client report.

VIP scale percentile scores represent *degree of severity*, which is defined as follows: **Low Risk** (zero to 39th percentile), **Medium Risk** (40th to 69th percentile), **Problem Risk** (70th to 89th percentile), and **Severe Problem** or **Maximum Risk** (90th to 100th percentile). In terms of the VIP, severe problems include chemical dependency, heightened suicide risk and debilitating PTSD symptoms.

Unlike age and criminal history, scale scores vary along a continuum from low to high, and relate to risk level or degree of severity. It is not necessary to limit use of these scales to just problem/no problem outcomes. Scale scores or risk levels can be used to recommend type and level of intervention where levels of intervention correspond to levels of risk. Ideally, intervention and/or treatment recommendations for veterans are based on risk classification and levels of intervention or treatment are matched to levels of risk.

Predicted percentages for each scales risk range category can be compared to actual, attained percentile scores. This comparison is a way to establish VIP accuracy.

1. Relationships between Selected VIP Scales and Polygraph Examination

Many people use polygraph testing: law enforcement agencies, the courts (civil and criminal cases), the government (CIA and FBI in homeland security); parole and probation departments, etc. Polygraph use is authorized under the Employee Polygraph

Protection Act (EPPA) of 1988. The polygraph exam is most often used to determine the truthfulness or honesty of an individual while being tested. The Polygraph examination is more accurate as the area of inquiry is more "situation" specific. Conversely, the less specific the area of inquiry, the less reliable the Polygraph examination becomes.

Three Veteran Information Profile (VIP) scales were chosen for this study: the Truthfulness Scale, Alcohol Scale and Drugs Scale. The Truthfulness Scale was chosen because it is used in the VIP to measure the truthfulness or honesty of the respondent while completing the VIP. The Alcohol and Drugs Scales are well suited for comparison with the polygraph exam because of the situation specific nature of the scales. Alcohol and drug items are direct and relate specifically to alcohol and drug use. The comparison with the Truthfulness Scale is less direct because of the subtle nature of the Truthfulness Scale items as used in the VIP. The respondent's attitude, emotional stability and tendencies to fake good affect the Truthfulness Scale. It was expected that the Alcohol and Drugs Scales would be highly correlated with the polygraph results and the Truthfulness Scale would show a somewhat less but nonetheless significant correlation.

Method

One hundred and eighty-nine (189) job applicants (1995) were administered both the VIP scales and a Polygraph examination. Tests were given in a counterbalanced order, half of the applicants were given the VIP scales first and the other half of the applicants were administered the polygraph first. The subjects were administered the VIP scales and polygraph exam in the same room in the same session with the examiner present for both tests.

Results

The product-moment correlation results between the Polygraph exam and VIP scales indicated there was a significant positive correlation between the Truthfulness Scale and Polygraph exam ($r = 0.23$, $p < .001$). Similarly, significant positive relationships were observed between the Polygraph exam and the Alcohol Scale ($r = 0.54$, $p < .001$) and the Drugs Scale ($r = 0.56$, $p < .001$).

In summary, this study supports the validity of the VIP Truthfulness Scale, Alcohol Scale and Drugs Scale. There were strong positive relationships between the selected VIP scales and the Polygraph examination. The highly significant product-moment correlations between VIP scales and Polygraph examinations support the validity of the VIP Truthfulness, Alcohol and Drugs measures.

These results are important because the Polygraph exam is a direct measure obtained from the individual being tested rather than a rating by someone else. This is similar to self-report such as utilized in the VIP. The fact that there was a very strong relationship between Polygraph results and VIP scales supports the view that this type of information can be obtained accurately with self-report instruments.

These results indicate that the Veteran Information Profile (VIP) Truthfulness Scale is an accurate measure of the respondent's truthfulness or candidness while completing the VIP. The Truthfulness Scale is an essential measure in self-report instruments. That said,

there must be a way to determine the honesty or truthfulness of respondents' answers and to know if their answers are to be trusted. The Veteran Information Profile (VIP) Truthfulness Scale addresses this issue. The Truthfulness Scale measures truthfulness and then applies a correction to other scales based on the Truthfulness Scale score. The Truthfulness Scale and truth-corrected scores are described in the www.bdsltd.com website. The Truthfulness Scale helps ensure accurate assessment.

2. Validation of the VIP Truthfulness Scale

The Truthfulness Scale in the Veteran Information Profile (VIP) is an important psychometric scale. This score establishes how truthful the respondent was while completing the VIP. Truthfulness Scale scores determine whether or not VIP profiles are accurate and are integral to the calculation of Truth-corrected VIP scale scores.

The Truthfulness Scale identifies respondents that were self-protective, recalcitrant and guarded, as well as those that minimize or even conceal information while completing the VIP. Truthfulness Scale items are designed to detect respondents that try to "fake good" or put themselves into a more favorable light. These scale items are statements about oneself that most (if not all) people would agree to. The following statement is an example of a Truthfulness Scale item: "Sometimes I worry about what others think or say about me."

This preliminary study was done to determine if Truthfulness Scale items could differentiate between respondents that were honest from those that were trying to fake good. It was hypothesized that the group trying to fake good would score higher on the Truthfulness Scale than the group instructed to be honest.

Method

Seventy-eight Arizona State University college students (1995) enrolled in an introductory psychology class were randomly assigned to one of two groups. Group 1 comprised the "Honest" group and Group 2 comprised the "Faker" group. Group 1 was instructed to be honest and truthful while completing the Veteran Information Profile (VIP). Group 2 was instructed to "fake good" while completing the VIP, **but to respond in such a manner that their "faking good" would not be detected**. The VIP was administered to the students and the Truthfulness Scale was embedded in the VIP as one of its scales. Truthfulness Scale scores were made up of the number of deviant answers given to the Truthfulness Scale items.

Results

The mean Truthfulness Scale score for the Honest group was 2.71 and the mean Truthfulness Scale score for Fakers was 15.77. The results of the correlation (product-moment correlation coefficient) between the Honest group and the Fakers showed that the Fakers scored significantly higher on the Truthfulness Scale than the Honest group ($r = 0.27, p < .05$).

The Truthfulness Scale successfully measured how truthful the respondents were while completing the VIP. The results of this study reveal that the Truthfulness Scale accurately detects students that were “faking” from students that answered VIP Truthfulness Scale items honestly.

3. Validation of VIP Scales Using DWI Evaluator Ratings

This study (1997) was designed to demonstrate the relationship between VIP scales and driving while intoxicated (DWI) evaluator ratings, i.e., concurrent validity. Participating DWI evaluators had over six years’ expertise in DWI offender assessment. Evaluators were instructed to complete their normal and usual screening procedures “prior to rating” clients on the scales incorporated into the VIP, i.e., the Alcohol and Drug Scales. Evaluators were “blind” in the sense that they did not have any knowledge of scale scores at the time of their ratings.

Method and Results

There were 563 driving while intoxicated (DWI) offenders included in this study (1997). The participants completed the VIP as part of normal DWI screening and evaluation. Results of staff (evaluator) ratings and scale scores (Alcohol and Drug Scales) are presented in Table 1. As shown in the table below, the product-moment correlation coefficients between staff ratings and scale scores are statistically significant at $p < .001$.

Table 1. Agreement Coefficients between Evaluator Ratings and VIP Scale Scores (1997, N=563)

| <u>VIP SCALES</u> | <u>AGREEMENT COEFFICIENT</u> | <u>SIGNIFICANCE LEVEL</u> |
|-------------------|----------------------------------|-------------------------------|
| Alcohol Scale | .63 | $p < .001$ |
| Drug Scale | .54 | $p < .001$ |

It should be noted that these experienced evaluators invested considerable time in reviewing available records and interviewing each client. In contrast, scale scores were arrived at after 25 minutes of testing time. These results support the validity of the Alcohol and Drug Scales. Concurrent (criterion related) validity is demonstrated.

In addition, product-moment correlations were computed between these scales and the MAST, Sandler and Court Screening procedures used by these experienced evaluators. These results are represented in Table 2.

**Table 2. Product-moment correlations (1997, N=563)
Mast, Sandler, and Court Procedures**

| <u>VIP SCALES</u> | <u>MAST</u> | <u>SANDLER</u> | <u>COURT PROCEDURE</u> |
|-------------------|-------------|----------------|------------------------|
| Alcohol Scale | .68 | .46 | .80 |
| Drug Scale | .37 | .11 | .32 |

These results support the validity (criterion) of the VIP scales (Alcohol and Drug Scales). The highest coefficient was attained for the Alcohol Scale with Court Procedure,

indicating that both procedures are essentially reflecting the same information. The Court Procedure involved a review of court records (DUI priors, BAC level, substance abuse-related convictions, MAST results and Sandler scores). These findings support the validity of the VIP Alcohol and Drugs Scales.

Although researchers look for high coefficients, any positive correlation indicates that predictions from the test will be more accurate than guesses. Whether a validity coefficient is strong enough to permit use of the test as a predictor depends upon numerous factors, such as the importance of prediction and evaluation cost.

And, any statistic has a variation from one sample to another. Even if subjects are drawn randomly from the same population, criterion coefficients between variables will differ from sample to sample. Using a large sample makes the correlation more dependable. Correlations between a test and criterion are called validity coefficients, coefficients of productivity and concurrent validity. Concurrent validity procedures involve administering a test and comparing test results with identifiable criterion of performance (e.g., another test).

4. Validation of VIP Scales Using the Mortimer-Filkins Test

In this study (1999), VIP Alcohol and Drug Scale scores were validated with Mortimer-Filkins total scores. The Product-moment correlations are presented in Table 3. There were 1,299 participants included in the study.

Table 3. Product-moment correlations. (1999, N = 1,299)
Mortimer-Filkins versus VIP Alcohol And Drug Scales

| <u>VIP Measures</u> | <u>First Sample</u> <u>Coefficients</u> | <u>Second Sample</u> <u>Coefficients</u> |
|----------------------------|--|---|
| Alcohol Scale | .451 | .323 |
| Drug Scale | .240 | .237 |

The Mortimer-Filkins total score correlate highly significantly ($p < .001$) with the VIP Alcohol Scale and Drug Scale. These high correlations support the validity of the Alcohol and Drug Scales.

5. Validation of VIP Scales Using the MacAndrews Scale

This study (1999) evaluated relationships between the MacAndrews Scale (in the Minnesota Multiphasic Personality Inventory) and the VIP Alcohol Scale and Drug Scale. Product-moment correlations are reported in Table 4. There were 1,181 participants included in the study.

**Table 4. Product-moment correlations. (1999, N = 1,181)
MacAndrews Scale Versus VIP Alcohol and Drug Scales**

| <u>VIP Measures</u> | <u>MacAndrews</u> | <u>Significance Level</u> |
|---------------------|-------------------|---------------------------|
| Alcohol Scale | .1660 | P<.02 |
| Drug Scale | .1694 | P<.02 |

A positive correlation is demonstrated between the MacAndrews Scale and the VIP Alcohol Scale and Drug Scale. These results support the concurrent validity of the VIP Alcohol Scale and the Drug Scale.

6. Validation of the VIP Self-Esteem Scale

This study (2000) evaluated ratings between experienced counselors (mental health professionals) and the VIP Self-Esteem Scale. These counselors had at least 8 years experience and an MA degree in counseling. Two counselors rated each client's self-esteem. They reviewed client outpatient files containing court history, progress notes, diagnoses, MMPI and Incomplete Sentence materials. Each patient was interviewed for a minimum of 30 minutes. Product-moment correlation coefficients were calculated for each rater and are presented in Table 5.

**Table 5. Staff Ratings and VIP Self-Esteem Scale (2000, N=89)
Product-moment correlation coefficients significant at p<.05.**

| <u>VIP Scale</u> | <u>First Rater</u> | <u>Second Rater</u> |
|------------------|--------------------|---------------------|
| Self-Esteem | .11 | .18 |

The results of this study show that staff ratings of client's self-esteem and the VIP Self-Esteem Scale are statistically significant. These results support the accuracy of the VIP Self-Esteem Scale. Even though this study was completed over a six month period, all comparisons were significant.

7. Validation of the VIP with MMPI Scales as Criterion Measures

This study (2005) validated selected VIP scales using analogous scales from the MMPI. The VIP Truthfulness Scale was correlated with the MMPI L (Lie) Scale. The VIP Alcohol Scale and Drugs Scale were correlated with the MMPI MacAndrews Scale and Psychopathic Deviate Scale. The VIP PTSD Scale was correlated with the Taylor Manifest Anxiety (MAS) Scale, and the Psychasthenia (PT) Scale. The VIP Depression Scale was correlated with the MMPI Depression Scale. The VIP Self-Esteem Scale was correlated with the Psychasthenia (PT) and the Social Alienation (SOA) Scales.

Method and Results

The participants in this study (2005) were 100 adult chemical dependency inpatients. Tests were administered in counterbalanced order. Product-moment correlation coefficients between analogous VIP and MMPI scale scores are discussed individually.

The **Truthfulness Scale** (L, $r=0.72$) correlates highly significantly with the MMPI Lie (L) Scale. Although independent of each other, the MMPI - L Scale and the VIP - Truthfulness Scale are conceptually similar. Each consists of items that most people agree or disagree with. And, they both determine client truthfulness. The **Alcohol Scale** correlates significantly with the MacAndrews Alcohol (ALC, $r=0.58$) Scale and the Psychopathic Deviate (PD, $r=0.52$) Scale. The **Drugs Scale** correlates significantly with the MacAndrews (ALC, $r=0.62$) Scale and the Psychopathic Deviate (PD, $r=0.54$) Scale. High PD and ALC scores on the MMPI are often associated with substance abuse. The **PTSD Scale** correlates significantly with the Taylor Manifest Anxiety (MAS, $r=.56$), and the Psychasthenia (PT, $r=0.47$) Scale. The **Depression Scale** correlates significantly with the Depression (D, $r=0.57$) Scale. The **Self-Esteem Scale** correlates significantly with the Psychasthenia (PT, $r=0.34$) and the Social Alienation (SOA, $r=0.36$) Scale.

All correlations were highly statistically significant. These results support the validity of the VIP. Validity refers to a test measuring what it purports to measure.

8. Validation of the Veteran Information Profile (VIP) Depression Scale

Validity refers to a test's ability to measure what it is purported to measure. The quality of a test is largely determined by its validity. Concurrent validity correlates the independent scales of the test being validated with corresponding measures from another established test. This type of validation (concurrent validation) has been conducted in previous studies which are presented earlier in this document.

This study (2007) examined VIP statistics for data obtained from agencies that administered the VIP to outpatients and veterans throughout the United States. There were 3,387 clients included. VIP Depression Scale validity was examined.

Method

Participants in this study (2007) consisted of 3,387 clients. There were 2,238 (66.1%) males and 1,132 (33.4%) females. Demographic composition of the sample follows. Age: 19 & under (10.3%); 20-29 (38.4%); 30-39 (25.5%); 40-49 (18.8%); 50-59 (5.3%); 60 & over (1.1%). Ethnicity: Caucasian (81.0%); African American (10.0%); Hispanic (5.2%); Asian (0.4%); Native American (2.0%); "Other" (0.9%). Education: Eighth grade or less (2.4%); Some High School (21.0%); G.E.D. (10.7%); High School graduate (35.3%); Some college (21.1%); Technical/Business School (2.5%); College graduate (5.4%); Professional/Graduate School (0.6%). Marital Status: Single (54.1%); Married (19.5%); Divorced (16.9%); Separated (5.9%); Widowed (0.9%).

Predictive validity refers to a test's ability to predict observable "criterion" behaviors. In this analysis (2007), our prediction criterion was whether or not clients considered themselves to have significant depression pertaining to the construct measured by VIP scales. Direct self-admission test items were utilized. It was predicted that clients that admitted to having serious depression would be identified by their higher scores on the VIP Depression Scale. More specifically, it was predicted that a large percentage of

these clients would have Depression Scale scores that fell within the 70th and 100th percentile range (the High Risk range). In contrast, it was predicted that clients that claimed to have no depression symptoms would be identified by their lower scores on the relevant VIP scales; i.e. their scale scores would fall below the 70th percentile (the Low Risk range).

The results of the analysis confirmed these predictions. The majority (**97.6%**) of clients that rated their current depression symptoms as a serious problem scored in the High Risk range on the Depression Scale, and the majority (**83.6%**) of clients that rated their current depression symptoms as no problem scored in the Low Risk range.

These results indicate that the VIP Depression Scale accurately identifies clients that admit to having serious depression problems and clients that claim to have no problems pertaining to the construct (depression) measured by the Depression Scale. These findings support the predictive validity of the VIP Depression Scale.

9. Validation of the Veteran Information Profile (VIP) Depression Scale

This study (2009) validated the VIP Depression scales using an analogous scale from the MMPI. The VIP Depression Scale was correlated with the MMPI Depression Scale.

Method and Results

The participants in this study (2009) were 100 chemical dependency inpatients. Tests were administered in counterbalanced order. Product-moment correlation coefficients between the VIP and MMPI Depression scale scores are discussed individually.

The **VIP Depression Scale** attained a strong positive correlation with the MMPI Depression Scale (D, $r=0.66$). This correlation was statistically significant, which strongly supports the validity of the VIP Depression Scale. Validity refers to a test measuring what it is purported to measure. The VIP is an accurate assessment instrument. The VIP Depression Scale measures what it is designed to measure.

10. Reliability of the Veteran Information Profile (VIP)

This study (2010) was conducted to evaluate the reliability of the Veteran Information Profile (VIP). For this analysis, all respondents that were administered the VIP were veterans participating in public-sector counseling programs. Test data was then analyzed for inter-item reliability.

Method and Results

The Veteran Information Profile (VIP) was administered to 386 veterans in counseling programs. There were 335 males (86.8%) and 51 females (13.2%). The demographic composition of this sample is as follows: Age: 18 to 25 years (29.2%); 26 to 35 years (35.3%); 36 to 45 years (21.5%); 46 to 55 years (8.8%); and over 55 (5.2%). Ethnicity: Caucasian (83.2%); African American (8.0%); Hispanic (4.1%); Asian (0.8%); Native American (2.5%) and Other (1.4%). Education: 8th grade or less (14.6%); Some High

School (25.4%); High School Graduates/GED (39.3%); Some College (14.7%); Technical/ Business School (1.2%); College Graduates (3.6%); and Graduate/Professional Degrees (1.2%).

Reliability coefficient alphas are presented in Table 7.

Table 7. VIP Scale Reliability Coefficients (2010, N=386)
All coefficient alphas are significant at $p < .001$.

| Veteran Information Profile (VIP) | Coefficient |
|--|--------------------|
| <u>Scales</u> | <u>Alpha</u> |
| Truthfulness Scale | .87 |
| Civilian Reintegration Scale | .86 |
| Depression Scale | .89 |
| PTSD Scale | .87 |
| Self-Esteem | .86 |
| Suicide Scale | .87 |
| Alcohol Scale | .91 |
| Drugs Scale | .90 |

These findings support the reliability (internal consistency) of the Veteran Information Profile (VIP). In subsequent studies with a larger sample size, alpha coefficients are expected to improve even more.

SUMMARY

Areas for future research are many and complex. Veteran Information Profile (VIP) research continues to evaluate age, gender, ethnicity, education, etc. along with ongoing reliability, validity and accuracy research. Consistent with the foregoing, we encourage more research on demographic, cultural and environmental factors impacting on veteran adjustment, risk and need.

Future Veteran Information Profile (VIP) research will focus exclusively upon veterans (male and female) returning from war zone (e.g. Vietnam, Iraq, Afghanistan) deployment. The focus will continue to incorporate screening veterans (Army, Air Force, Navy, Marines, Coast Guard) returning from war zones.

The proprietary VIP cumulative database ensures that all administered VIP tests will be included in ongoing and future returning veteran reliability, validity and accuracy research. In other words, Professional Online Testing Solutions, Inc. (Online-Testing) internet

platform ensures that all administered VIP tests are included (veteran names are removed) in Online-Testing's database research.

Parties interested in conducting Veteran Information Profile (VIP)-related research should contact Professional Online Testing Solutions, Inc. Our commitment is to supporting future VIP research. VIP test users wanting to participate in research would, by virtue of being a test user, have the opportunity to have the VIP standardized on their particular sample or population.

Professional Online Testing Solutions, Inc. is committed to assisting and supporting Veteran Information Profile (VIP) research. Our contact information is:

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