

## **Jesness Inventory–Revised (JI–R)**

*Carl F. Jesness, Ph.D.*

### **Interpretive Report**

<b>Client:</b>	<b>Randy Logan</b>
Age:	31
Gender:	Male
Duration:	4 minutes 11 seconds
Administration Date:	August 28, 2003



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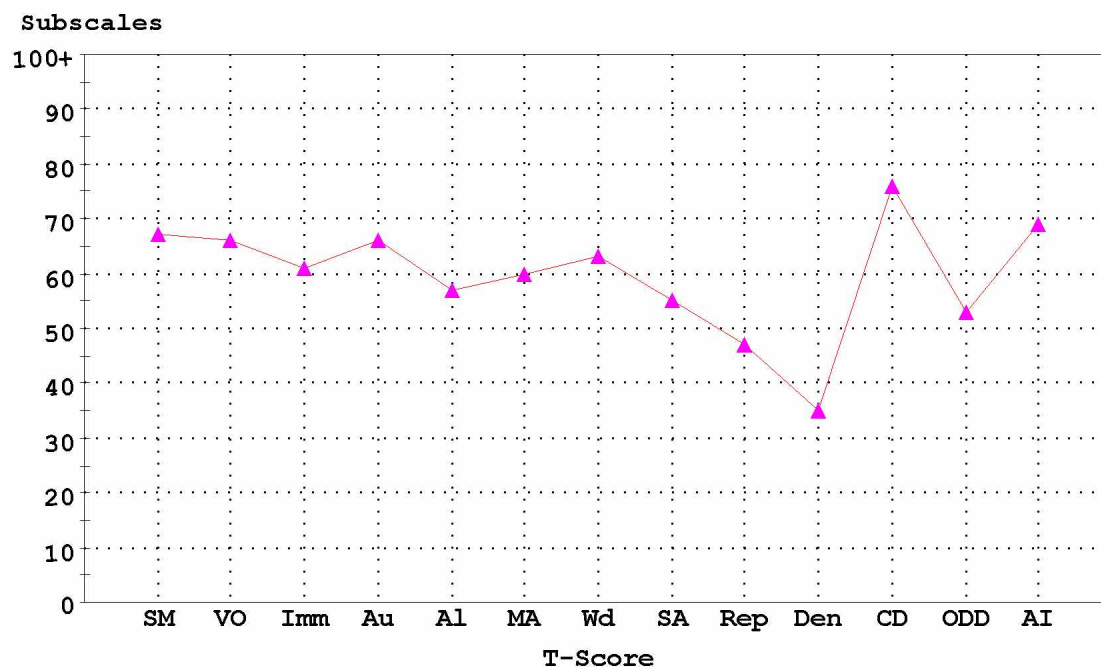
## Introduction

Jesness Inventory-Revised (JI-R) was designed to help caseworkers, psychologists, teachers, youth counselors, and parole and probation staff better understand the nature and differences that define the groups of people with whom they work.

This computerized report is an interpretive aid and should not be used as the sole basis for intervention or clinical diagnosis. This report works best when combined with other sources of relevant information (e.g., observation, historical information). Clinical acumen is required to detect interpretive subtleties that may exist for specific cases. The information contained in this report should be treated as confidential.

## JI-R T-scores

The following graph shows the respondent's T-scores for the personality scales, DSM-IV™ scales, and Asocial Index.



### Legend

SM = Social Maladjustment, VO = Value Orientation, Imm = Immaturity, Au = Autism,  
 Al = Alienation, MA = Manifest Aggression, Wd = Withdrawal-depression, SA = Social Anxiety,  
 Rep = Repression, Den = Denial, CD = Conduct Disorder, ODD = Oppositional Defiant Disorder,  
 AI = Asocial Index

## Conventional Scores

The following table lists the T-scores and raw scores for the personality scales, DSM-IV™ scales, and Asocial Index.

	SM	VO	Imm	Au	Al	MA	Wd	SA	Rep	Den	CD	ODD	AI
T-Score	67	66	61	66	57	60	63	55	47	35	76	53	69
Raw Score	35	22	14	15	10	16	14	11	4	7	9	7	28

(Legend - see page 2)

**SMx raw score = 16**

## I - Level Classification

The following table summarizes the T-scores and raw scores for the subtype scales.

	I - 2		I - 3			I - 4			
	AA	AP	CFM	CFC	MP	NA	NX	SE	CI
T-Score	75	67	42	65	43	48	44	39	41
Raw Score	37	31	22	21	12	20	34	35	20

AA = Unsocialized, Aggressive/Undersocialized, Active, AP = Unsocialized, Passive/Undersocialized, Passive, CFM = Immature Conformist/Conformist, CFC = Culture Conformist/Group-oriented, MP = Manipulator/Pragmatist, NA = Neurotic, Acting-out/Autonomy-oriented, NX = Neurotic, Anxious/Introspective, SE = Situational Emotional Reaction/Inhibited, CI = Cultural Identifier/Adaptive

**Classification: I-2 AA**

## Interpretive Guide for Jesness Inventory–Revised

### THE VALIDITY SCALES

**Lie (L) Scale** score = 2

The L scale measures the tendency of individuals to misrepresent themselves by presenting an unrealistically positive (i.e., good) image.

There was little to indicate that Randy was presenting an unrealistically positive image (the assessment is probably valid).

**Random Response (RR) Scale** score = 2

The RR scale measures inconsistencies in an individual's responses. Inconsistency in responses can be due to inattention, a negative attitude, or clinical problems of the respondent.

The RR score was low and, based on this score, there is no reason to consider the report invalid. Randy probably was not responding randomly or carelessly.

Examination of Randy's scores on the validity scales indicates that the responses to the Jesness Inventory–Revised can be considered valid.

## THE PSYCHOLOGICAL SCALES

### **Social Maladjustment (SM)** T-score = 67

Social Maladjustment is defined as the extent to which the individual shares attitudes expressed by persons who do not meet, in socially approved ways, the demands of living.

Randy's T-score for the SM scale was greater than or equal to 65 indicating the presence of social maladjustment. High scores in Social Maladjustment are usually associated with negative self-concept and sensitivity to criticism. Frequently these individuals feel misunderstood, unhappy, worried, and hostile. They are prone to distrust authority and tend to blame others for problems. Most important, they view as acceptable much behavior that is generally regarded as antisocial.

### **Value Orientation (VO)** T-score = 66

Persons scoring high in Value Orientation tend to share the attitude of persons who value "toughness," tend to blame failure on bad luck, seek thrills, and are inclined to be gang-oriented. For these individuals, frequently from lower socio-economic strata, internal tension and anxiety tend to manifest themselves in concrete external symptoms.

Randy's T-score was greater than or equal to 65, indicating a significant elevation on the Value Orientation scale. Randy shares many of the values described in the VO scale.

### **Immaturity (Imm)** T-score = 61

This scale measures the tendency to display attitudes and perceptions of self and others that are most typically held by persons of a younger age. Note that this scale pertains to attitudinal immaturity, not physical immaturity.

Randy's T-score was somewhat elevated. Commonly, persons with high immaturity scores will inaccurately evaluate people's motivations (including their own). They are inclined to repress or suppress problems and tend to be naive and rigid. For these individuals, anxiety sometimes manifests itself in somatic symptoms.

### **Autism (Au)** T-score = 66

Individuals scoring high on the Au scale tend to have their thinking unduly regulated by personal needs and are absorbed in self-centered, subjective mental activity.

Randy's T-score was greater than or equal to 65 indicating the presence of autistic thought. Commonly, persons with high Autism scores have unusual perceptions and make plans that are unrealistic. Such individuals have difficulty clearly distinguishing the "self" from the "non-self" or from objective reality. Some adolescents with high Au scores tend (usually unrealistically) to think they are smart, good-looking, and tough. Others admit to hearing things, daydreaming, and/or feeling that there is something wrong with their mind. In addition, individuals with high scores on the Au scale may be easily perturbed and may become hostile or aggressive.

### **Alienation (AI)** T-score = 57

Alienation measures the presence of distrust and estrangement in the person's attitudes towards others, especially those representing authority.

Randy's T-score was slightly elevated, but not sufficiently elevated to suggest a problem with alienation.

**Manifest Aggression (MA)** T-score = 60

The Manifest Aggression scale measures awareness of feelings of anger and aggression and a tendency to react quickly with emotion.

Randy's T-score was somewhat elevated on this scale, suggesting an awareness of feelings of anger and aggression. These feelings are often accompanied by hostile behavior. However, some individuals who are aware of such feelings are concerned about them and tend to display conforming, overcontrolled behavior. Individuals with high Manifest Aggression scores frequently feel disappointed with others, and are often frustrated by their inability to feel comfortable with themselves.

**Withdrawal-depression (Wd)** T-score = 63

Withdrawal-depression measures a tendency to isolate one's self from others and a perceived lack of satisfaction with self and others.

Randy's T-score was somewhat elevated on this scale, suggesting the possibility of problems of withdrawal and depression. Individuals with such scores on this scale sometimes feel depressed, sad, lonely, and misunderstood. They tend to deal with lack of satisfaction with self and others by passively withdrawing or by isolating themselves to escape the situation. The score in itself is not, however, indicative of antisocial values or behavior.

**Social Anxiety (SA)** T-score = 55

This scale measures perceived emotional discomfort (i.e., tension, anxiety), especially with respect to interpersonal relationships.

Randy's T-score for this scale was slightly elevated, but not sufficiently elevated to suggest a problem with Social Anxiety.

**Repression (Rep)** T-score = 47

Repression refers to an atypical exclusion of feelings or attitudes (especially of hostility) from consciousness.

Randy's T-score does not indicate a problem with repressed thoughts.

**Denial (Den)** T-score = 35

Denial measures an individual's reluctance to accept or acknowledge unpleasant aspects of reality which are found in day-to-day living.

Randy's score on the Denial scale was unusually low, which sometimes denotes low ego strength. This individual is somewhat prone to perceive and admit to personal and family problems, conflicts, and inadequacies. Such perceptions may, of course, reflect reality.

**Asocial Index (AI)** T-score = 69

The Asocial Index refers to a generalized predisposition to resolve problems of social and personal adjustment in ways ordinarily regarded as showing disregard for social customs and rules. The Asocial Index and the Social Maladjustment scale are the best measures of delinquency and adult criminal proneness.

Randy's scores were elevated on both the Asocial Index and the Social Maladjustment scale. This individual has attitudes that could potentially precipitate antisocial behavior.

**DSM-IV™ Scales**

New items have been included in the JI-R, along with existing items, that in combination measure behavior that can be linked to the DSM-IV™ diagnostic disorders of Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD). Although these scales cannot be used to establish diagnoses set out in the DSM-IV™, high scores on either of these subscales of the JI-R can provide valuable information on the individual being assessed.

**Conduct Disorder (CD) T-score = 76**

Individuals with a clinical diagnosis of Conduct Disorder display behavior, which is “repetitive” and “persistent” in four main areas: aggression to people and animals, destruction of property, deceitfulness or theft, and serious violations of rules.

Randy's T-score for the CD scale was greater than or equal to 65, indicating the presence of all or most of the behaviors or traits related to Conduct Disorder. High scores in Conduct Disorder are usually associated with negative and persistent behavior in the four main areas listed above. Most important, these individuals view as acceptable much behavior that is generally regarded as unacceptable.

**Oppositional Defiant Disorder (ODD) T-score = 53**

Individuals with a clinical diagnosis of Oppositional Defiant Disorder display a pattern of “negativistic, hostile, and defiant behavior”.

Randy's T-score for the scale does not indicate a problem with the behaviors associated with Oppositional Defiant Disorder.

## I-Level Classification

**AA-Undersocialized, Active**

Randy's JI-R profile was most similar to profiles of persons classified as AA. There are relatively few persons in this subtype. On the original JI, among serious delinquents, 5% were of this subtype. For nondelinquents, only 2% were this subtype. In an adult prison population, 3% were classified as AA. In a minimum security federal prison camp, only 1% were found to be AA. On this restandardized version (JI-R), 4.8 % of non-delinquents and 13.9% of delinquents/criminals were classified as AA. If testing of the JI-R is done under adverse, antagonistic conditions, a much higher percentage can be expected, in that an AA classification can result when a client is angry or indifferent during the testing.

Persons of this subtype tend to perceive the world in a concrete egocentric manner. At times their view of reality may appear quite distorted and their responses inappropriate. Those at this level of development show a somewhat limited understanding of individual differences. They often have difficulty explaining the behavior of others, tending to perceive hostility where none may exist. Their limited understanding of the world may make them feel that they are “passive receivers of life's impact” -- unfortunate things just happen to them. They likewise show little awareness of the impact of their own behavior on others. As a result they may behave somewhat ineptly and have poor relations, often related to their aggressiveness. They also tend to blame others for denying them things they want, for they are prone to define people as good or bad on the basis of whether or not people take care of them and/or give or withhold things they want.

**The following were found to be characteristic of this subtype within delinquent/criminal samples:**

**JI-R Profile:** Highly elevated, deviant profile (especially on Social Maladjustment, Value Orientation, Autism, Alienation, and Manifest Aggression); above average probability of being seen as suspicious (even paranoid), touchy, and unpredictable.

**Background:** School misbehavior was common; these individuals are usually from a deprived neighborhood. Highest self-reported delinquency, fighting, and drug use.

**School/Achievement:** Negative attitude toward school and teachers. Do not believe attendance at school is important.

**Perception of Family:** Often have distrustful attitudes toward some family members and perceive a lack of mutual affection; open conflict with parents is common.

**Self-Concept:** Negative, pessimistic, low morale, somewhat aware of feelings of anger and frustration but blame others for problems, and see others as hostile.

**Authority:** Negative, alienated; conflict with authority (police, teachers, counselors, etc.) can be expected; but some concern is shown over the way they treat others.

**Interpersonal Relations:** Often seek clique affiliation but may not be accepted; behavior is most extreme and volatile of any subtype in terms of hostility-aggression; many are irresponsible.

**Risk:** Among serious offenders, there is high risk of failure and chronicity; if violence was shown in the past, the probability is especially high for continued violence.

## Suggestions for Treatment

Experience indicates that with certain types of clients, some approaches to intervention or counseling are more effective than others. Decisions about treatment, however, should be made only after careful consideration of each individual case, and the following treatment approaches are offered as suggestions only.

A person classified as AA (Undersocialized, Active) will in most cases, depend on others for support, protection, and structure. Those classified at the I-2 level need repeated reassurance and initially may be distrustful. They require consistent and predictable guidelines and routines. During times of crisis or stress, the AA may respond in a hostile or disturbed manner, often accompanied by verbal abuse, swearing, and threatening. These moments of emotional upheaval need to be dealt with matter-of-factly and quickly, and without the limits imposed being interpreted as signs of hostility or rejection.

Counselors should assume a stance which is benign but authoritarian. They must apply limits in a supportive rather than punitive manner. Patience is an essential quality since it will be necessary to repeat instructions and explanations. Staff should be honest and supportive, but also decisive. They should be quick to reward any tentative attempts at self-control or self-responsibility.

Because individuals classified at the I-2 level tend to perceive the world as threatening, one aim of treatment should be the reduction of fear. To reduce fear, the structure provided to the individual should be supportive and clear. Simple routines should be established. Once the I-2 perceives his or her environment as nonthreatening, he or she may relax and interact more freely. If this happens, praise and recognition should be offered at every opportunity, no matter how insignificant the positive behavior may seem.

Another important goal of treatment is the reduction of any bizarre behavior. One method to use here is to ignore or reject the harmless bizarre acts, but to discourage misbehavior that could lead to problems with others. Insistence on conformity should be gradual. Basically, these individuals need to be taught to handle their feelings of frustration and anger in a less aggressive manner.

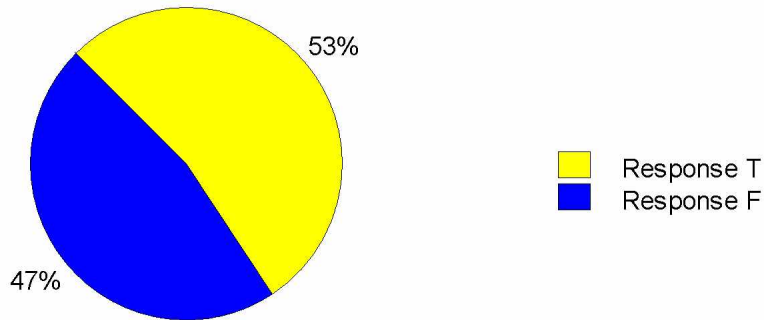
If the client is in school, the teacher should be encouraged to accept small increments of improvement and to use them to give praise and recognition in the hopes of inspiring greater effort. If possible, the support of parents and parental figures should be sought in the treatment process.

## Cautionary Remarks

The comments made in this narrative report should be used as an aid in the assessment and treatment process. Other sources of information (e.g., tests, observations, and historical information) should be used in conjunction with the information from the Jesness Inventory-Revised when assessing and treating an individual. The information contained in this report should be treated as confidential.

## Item Responses

The following response values were entered for the items.





Item	Response	Item	Response	Item	Response	Item	Response	Item	Response
1.	F	33.	F	65.	T	97.	F	129.	T
2.	F	34.	F	66.	F	98.	F	130.	F
3.	T	35.	T	67.	F	99.	T	131.	F
4.	T	36.	T	68.	F	100.	T	132.	T
5.	F	37.	T	69.	T	101.	T	133.	F
6.	T	38.	F	70.	F	102.	F	134.	T
7.	F	39.	F	71.	T	103.	F	135.	T
8.	T	40.	F	72.	F	104.	T	136.	T
9.	T	41.	T	73.	T	105.	F	137.	F
10.	F	42.	T	74.	T	106.	T	138.	F
11.	F	43.	F	75.	T	107.	T	139.	T
12.	T	44.	F	76.	F	108.	F	140.	F
13.	F	45.	T	77.	F	109.	F	141.	F
14.	T	46.	T	78.	T	110.	F	142.	F
15.	F	47.	F	79.	F	111.	T	143.	F
16.	T	48.	T	80.	T	112.	T	144.	T
17.	T	49.	T	81.	F	113.	F	145.	T
18.	F	50.	T	82.	T	114.	F	146.	F
19.	F	51.	T	83.	T	115.	T	147.	T
20.	T	52.	F	84.	T	116.	T	148.	F
21.	F	53.	T	85.	F	117.	F	149.	F
22.	T	54.	F	86.	F	118.	T	150.	F
23.	T	55.	T	87.	T	119.	T	151.	F
24.	F	56.	F	88.	T	120.	T	152.	T
25.	F	57.	T	89.	F	121.	F	153.	T
26.	T	58.	T	90.	T	122.	F	154.	T
27.	F	59.	T	91.	T	123.	T	155.	F
28.	T	60.	T	92.	F	124.	F	156.	T
29.	F	61.	T	93.	T	125.	T	157.	T
30.	T	62.	T	94.	T	126.	F	158.	T
31.	T	63.	F	95.	F	127.	T	159.	T
32.	F	64.	F	96.	T	128.	F	160.	F

### Response Key

T = True

F = False

A question mark (?) in the response column indicates that the question was omitted.

Date Printed: Thursday, August 28, 2003

**End of Report**