

Personal Experience Screening Questionnaire (PESQ)

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Overview

- ❖ Purpose of the PESQ
- ❖ Administration
- ❖ Reviewing
- ❖ Interpretation
- ❖ Measuring Symptom Improvement

Purpose of the PESQ

- ❖ Screen adolescents for substance abuse
- ❖ Help service providers make appropriate referrals
- ❖ Track outcomes overtime (i.e., substance abuse severity)
- ❖ Gather detailed substance use information (e.g., frequency, type, and severity of use)
- ❖ Identify treatment goals (e.g., reduce daily use of cigarettes, reduce substance abuse severity)

Administration

- ❖ Who Completes it:
 - BHS programs with a specialized AOD counselor(s) ONLY
 - “Using” - Client is currently using substances or has history of substance use
 - Youth ages 12-18
- ❖ Administered at Intake & Discharge
- ❖ 10 minutes to complete
- ❖ Measure based on their experiences in the last month (Except Part III)

Note: Forms are available in English & Spanish

Using the Measure to Engage Clients

- ❖ Complete the PESQ collaboratively (e.g., laugh about silly items, explain unclear items, use it as a dialogue to help the youth tell their story; complete as interview)
- ❖ Use the PESQ to jointly identify treatment goals
- ❖ Complete the PESQ before the last session so it can be reviewed with your client at discharge (instill self-efficacy or open dialogue about need for additional services) and used in discharge planning paperwork

Obtaining Accurate Information

- ❖ Consider completing it after a few sessions to first build rapport
- ❖ Readminister the PESQ in the middle of treatment if you believe the client was minimizing during the intake PESQ
- ❖ Complete it with their mental health clinician so everyone has the same information and understanding

Reviewing the Form for Critical Items

- ❖ 30. I think about killing myself
- ❖ 33. Someone in my family hits me when they are angry
- ❖ 34. I am afraid of someone because they have been sexual with me

Interpretation

Validation Scales

- ❖ **Infrequency (INF):**
 - Red Flag - Client may be “faking bad” or faking the severity of their substance use (perhaps for attention)
- ❖ **Defensiveness (DEF):**
 - Red Flag - Client may be “faking good” or minimizing their substance use

Problem Severity Scale

- ❖ **Problem Severity (PS):**
 - Measure of problem severity
 - Red Flag- Indicates potential need for substance abuse referral / treatment (client is likely to have a substance abuse problem)
 - Males 12-15 = 30+

- Males 16-18 = 35+
- Females 12-15 = 30+
- Females 16-18 = 34+
- If Infrequency and/or Defensiveness scales are a “red flag,” then interpret the substance use severity scale with caution

Identifying Clients at the Greatest Risk of Substance Problems

- ❖ Client meets clinical cutpoint on the problem severity scale (higher problem severity scores indicate possible drug dependence and drug abuse)
- ❖ Client reported trying “hard” drugs (e.g., heroin, cocaine)
- ❖ Client reported frequent substance use in past 12 months
- ❖ Client said they first used substances regularly at a younger age

Measuring Symptom Improvement

Measuring Symptom Improvement for Individual Clients

- ❖ Two ways to look at reported symptom improvement on the PESQ Problem Severity Scale from intake to discharge:
 - Do clients who start treatment above the clinical cutpoint, fall below the cutpoint at discharge?
 - Do clients report at least a 4-8 point decrease from intake to discharge (1/2 to 1 standard deviation)?

Measuring Symptom Improvement Systemwide

- ❖ Average change across all youth who had intake and discharge PESQ scores and were classified as ‘users’ in FY 15-16 was 7.5.
- ❖ This represents a moderate to large change reported in youth substance abuse symptoms from intake to discharge.

Additional Information

- ❖ Detailed PESQ scoring and administrative information: <https://psychiatry.ucsd.edu/research/casrc/resources/SOCE/Pages/Data-Entry-System.aspx>
- ❖ General PESQ Questions: soce@casrc.org

