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)
    o Males 12-15 = 30+
o Males 16-18 = 35+
o Females 12-15 = 30+
o 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