



SUBSTANCE ABUSE QUESTIONNAIRE (SAQ)



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Scale Description

Scale Interpretation

Test Features

SUBSTANCE ABUSE QUESTIONNAIRE

The **Substance Abuse Questionnaire (SAQ)** is an adult substance (alcohol and other drugs) abuse assessment instrument or test that also assesses aggressiveness, resistance, and stress handling abilities. The SAQ has 153 items, takes 25 to 30 minutes to administer and reports are available on-site within 2½ minutes of test data input. The SAQ is an adult (male and female) automated (computer-scored) self-administered test. The SAQ has six measures or scales: **1.** Truthfulness Scale, **2.** Alcohol Scale, **3.** Drugs Scale, **4.** Aggressiveness Scale, **5.** Resistance Scale and **6.** Stress Coping Abilities Scale.

Applications

- Adult court and probation department (misdemeanor and felony) assessment.
- Substance (alcohol and other drugs) abuse screening.
- Counseling and treatment intake screening.
- Agency, counseling and professional mental health evaluations.

Six Scales (Measures)

The six SAQ scales are described as follows:

- 1. Truthfulness Scale:** Measures how truthful the client was while completing the SAQ. It identifies denial, defensiveness, problem minimization, and attempts to fake good.
- 2. Alcohol Scale:** Measures the client's alcohol proneness and alcohol-related problems. Alcohol refers to beer, wine and other liquor.
- 3. Drugs Scale:** Measures illicit drug use and the severity of abuse. Drugs refer to marijuana, crack, cocaine, amphetamines, barbiturates, and heroin.
- 4. Aggressiveness Scale:** Measures the client's self-assertiveness, social dominance, and tendency to act out.
- 5. Resistance Scale:** Measures the client's resistance, uncooperativeness, and defensiveness. It's advantageous for staff to know how cooperative the client will be in intervention, treatment, and supervisory settings.
- 6. Stress Coping Abilities Scale:** Measures one's ability to cope effectively with tension, stress, and pressure. Stress exacerbates emotional and mental health symptoms. This is a non-introversive way to screen for the presence of established emotional and mental health problems.

The SAQ is much more than just a test for alcohol and drug use or abuse. It also measures client truthfulness when tested along with client aggressiveness, resistance, and stress handling abilities. Many of these important behaviors are missed by other tests.

Why Use the SAQ?

A concise, objective, and standardized assessment instrument that provides substance (alcohol and other drugs) use and abuse information along with other attitudinal, behavioral and stress handling abilities is rare. When identifying substance use/abuse, it's very important to know if the client was being truthful. And, from a supervisory and counseling/treatment perspective, it's equally important to establish how aggressive and resistant the client will be. When screening patients, defendants and probationers, it facilitates intervention and outcome to identify the presence of established emotional and mental health problems. When a client scores at or above the 90th percentile on the Stress Coping Abilities Scale, that client very likely has a serious emotional/mental health problem and should be referred for a comprehensive psychological evaluation, diagnosis, and treatment plan. Obviously, all clients don't have serious problems, yet you need to screen the clients in your program to identify those that do.

At one sitting of approximately 30 minutes' duration, staff can acquire a vast amount of important and helpful information. As noted earlier, early problem identification facilitates timely intervention, referral, and treatment outcome.

Advantages of Screening

Screening and assessment instruments filter out individuals with problems that may require referral for more comprehensive evaluation, appropriately respond to different levels of supervision, or benefit from different types of counseling and treatment programs. This filtering system works as follows:

SAQ Risk Ranges

Risk Category	Risk Range Percentile	Total Percentile
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 -100%	11%

Reference to the above table shows that a problem is not identified until a scale score is at or above the 70th percentile. These risk range percentiles are based upon the many clients and patients that have completed the SAQ. This procedure is fair and avoids extremes such as over-identification and under-identification of problems.

Using the above table for reference (contingent upon adopted policy), 11% of the people screened (Severe Problem) could be referred for evaluation, treatment, or additional services. **In this example, 89% of the people screened would not be referred for additional (and often unnecessary, as well as expensive) services.**

Savings (dollars) would be large with no compromises in clients receiving appropriate evaluation and/or treatment services. Indeed, it is likely that more clients would receive help. Without a screening program, there is usually more risk of over or under-utilization of additional professional services.

Test Booklets

SAQ test booklets are provided free. These booklets contain 153 items and are written at a 5th to 6th grade reading level. If a person can read the newspaper, they can read the SAQ.

Reports

In brief, SAQ reports summarize the client's self-report history, explain what attained scores mean and offer specific score-related recommendations.

Within 2½ minutes of test data entry, automated (computer-scored) 3-page reports are printed on-site. These reports summarize a lot of information in an easily understood format. For example, reports include an SAQ profile (graph), which summarizes all scale scores at a glance. Also included are scale scores, an explanation of what each score means and specific score-related recommendations. In addition, significant items (direct admissions) are highlighted, and answers to a built-in interview (last sequence of items) are presented. Emphasis is placed on having meaningful reports that are easily understood and helpful.

Reliability and Validity

The SAQ has a proprietary built-in database that insures inclusion of administered SAQ tests in a confidential (no names) manner. SAQ reliability, validity, and accuracy statistics are reported in the document titled "SAQ: An Inventory of Scientific Findings." Annual database analysis further demonstrates that SAQ scales have high reliability and validity coefficients.

For example, inter-scale consistencies (coefficient alphas) for SAQ scales are reported in the following table for 3,184 clients tested with the SAQ. This is one among many samples.

SAQ Reliability (N=3,184, 2002)

SAQ Scales	Coefficient Alpha	Significance Level
Truthfulness Scale	.88	p<.001
Alcohol Scale	.93	p<.001
Drugs Scale	.91	p<.001
Aggressiveness Scale	.86	p<.001
Resistance Scale	.85	p<.001
Stress Coping Abilities	.95	p<.001

All SAQ scales have alpha coefficients well above the professionally accepted standard of .80 and are highly reliable. And, all coefficient alphas are significant at the p<.001 level.

Early validity studies used criterion measures and were validated with other tests like the Minnesota Multiphasic Personality Inventory (MMPI) L-Scale and F-Scale, 16PF, SAQ-Adult Probation III, Defendant Questionnaire, Taylor Manifest Anxiety, etc. Much of this research is summarized in the document titled “SAQ: An Inventory of Scientific Findings.” Subsequently, database analysis based studies further support SAQ reliability, validity, and accuracy.

Staff Member Input

The SAQ is to be used in conjunction with experienced staff judgment. When available, court records and counseling or treatment records should be reviewed. Experienced staff should also interview the client. For these reasons, the following statement is contained in each SAQ report: “SAQ reports are confidential and are considered working hypotheses. No diagnosis or decision should be based solely upon SAQ results. The SAQ is to be used in conjunction with experienced staff judgment.”

Unique SAQ Features

Truthfulness Scale: Identifies denial, problem minimization, and faking. It is now clear that many probationers attempt to minimize their problems. A Truthfulness Scale is now a necessary component in contemporary probationer tests. The SAQ Truthfulness Scale has been validated with the Minnesota Multiphasic Personality Inventory (MMPI), polygraph exams, other tests, experienced staff judgment and truthfulness studies. The Truthfulness Scale has been demonstrated to be reliable, valid and accurate. In some respects, the SAQ Truthfulness Scale is similar to the MMPI’s L and F-Scales. It consists of a number of items that most people agree or disagree with.

Truth-Corrected Scores: Have proven to be very important for assessment accuracy. The proprietary truth correction program is comparable to the MMPI K-Scale correction. The SAQ Truthfulness Scale has been correlated with the 5 other scales. The truth correction equation then converts raw scores to Truth-Corrected scores. Truth-Corrected scores are more accurate than raw scores. Raw scores reflect what the client wants you to know. Truth-Corrected scores reveal what the client is trying to hide.

Aggressiveness Scale: Is often defined in terms of punitive behavior. And, we are familiar with the aggressive-frustration hypothesis that postulates aggressive behavior is largely a response to frustration. The Aggressiveness Scale refers to a person's ranking on an outgoing to assaultive behavior scale. High risk scores on the Aggressiveness Scale manifest strong self-assertiveness, social dominance and a tendency toward hostility.

Resistance Scale: Measures defensiveness, non-compliance and oppositional behavior. This scale score varies directly with the suspect's attitude, feelings and outlook. This scale also measures defensiveness, resistance to help and uncooperativeness. Some people resist help, whereas others accept it.

Stress Coping Abilities Scale: Measures how well the probationer handles stress, tension and pressure. How well a person manages stress can effect their adjustment and mental health. We now know that stress exacerbates emotional and mental health problems. This scale is a non-introversive way to screen established (diagnosable) mental health problems. A probationer scoring at or above the 90th percentile on the Stress Coping Abilities Scale should be referred for a more comprehensive evaluation and diagnosis. This important area of inquiry is missed by other probationer screening tests.

More than just another alcohol or drug test. In addition to alcohol and drugs, the SAQ assesses other important areas of inquiry like truthfulness, denial and faking, aggressiveness and stress coping abilities. The SAQ is specifically designed for substance abuse assessment. It provides the information needed for understanding probationer attitudes and behavior.

Reading Impaired Assessment. Reading impaired probationers represent 20+ percent of probationers tested. This represents a serious problem to many other probationer tests. In contrast, Behavior Data Systems has developed an alternative for dealing with this problem, i.e., a short form of the SAQ and "human voice audio."

Confidentiality: Behavior Data Systems encourages test users to delete probationer's names from diskettes before they are returned to Behavior Data Systems. Once probationer names are deleted, they are gone and cannot be retrieved. Deleting probationer names does not delete demographics or test data, which is downloaded into the SAQ database for subsequent analysis. This proprietary name deletion procedure involves a few keystrokes and insures client confidentiality.

Test Data Input Verification: Allows the person that inputs test data from the answer sheet into the computer to verify the accuracy of their data input. In brief, test data is input twice, and any inconsistencies between the first and second data entries are highlighted until corrected. When the first and second data entries match, staff can continue. This proprietary Test Data Input Verification procedure is optional, yet it is strongly recommended by Behavior Data Systems.

Inventory of Scientific Findings: Much of the SAQ research has been gathered together in one document titled "SAQ: An Inventory of Scientific Findings." This document summarizes SAQ research - as the studies were completed. This innovative chronological reporting format was established largely because of the SAQ database, which permits annual database analysis of all tests administered. It also allows the reader to observe the evolution of the SAQ into its current state-of-the-art position.

Orientation and Training Manual: The "SAQ: Orientation and Training Manual" (O&T Manual) explains how the SAQ works. This manual is a must read for staff that will be using the SAQ. O&T Manual content includes, but is not limited to, the following: instructions for testing, an explanation of how scores are derived, a description of how court and corrections information is used, specifies unique SAQ features and much more.

SUBSTANCE ABUSE QUESTIONNAIRE SCALE INTERPRETATION

This test interpretation is provided as a ready reference to augment this dialogue. There are several levels of interpretation ranging from viewing the Substance Abuse Questionnaire (SAQ) as a self-report to interpreting scale elevation and scale inter-relationships.

The following table is a starting point for interpreting SAQ scale scores.

SCALE RANGES		
Risk Category	Risk Range Percentile	Total Percentage
Low Risk	0 - 39%	39%
Medium Risk	40 - 69%	30%
Problem Risk	70 - 89%	20%
Severe Problem	90 - 100%	11%

A problem is not identified until a scale score is at the 70th percentile or higher. **Elevated** scale scores refer to percentile scores that are at or above the 70th percentile. **Severe problems** are identified by scale scores at or above the 90th percentile. Severe problems represent the highest eleven percent of clients evaluated with the SAQ, which has been normed on thousands of male and female clients. And this normative sample continues to expand with each test that is administered.

SCALE INTERPRETATION

1. Truthfulness Scale: Measures how truthful the client (male or female) was while completing the test. This scale identifies guarded and defensive people who attempt to fake good. Truthfulness Scale scores in the 70 to 89th percentile range are accurate. Truthfulness Scale scores at or above the 90th percentile mean that all SAQ scales are inaccurate (invalid) because the client was overly guarded, read things into test items that aren't there, was minimizing problems or was caught faking answers. Clients with reading impairments might also score in this 90 to 100th percentile scoring range.

If not consciously deceptive, clients with elevated Truthfulness Scale scores are uncooperative, fail to understand test items or have a need to appear in a good light. The Truthfulness Scale is important because it shows whether-or-not the client answered test items honestly.

Truthfulness Scale scores at or below the 89th percentile indicate that all other scale scores are accurate. One of the first things to check when reviewing an SAQ report is the Truthfulness Scale score. Was the client truthful when taking the test? Or conversely, was the client in denial, minimizing problems or attempting to “fake good” while completing the test? In other words, was the client truthful (honest, sincere or guileless) when answering SAQ test items?

2. Alcohol Scale: Measures alcohol use and the severity of abuse. Alcohol refers to beer, wine and other liquor. It is a licit or legal substance. An elevated (70 to 89th percentile) Alcohol Scale score is indicative of an emerging or problematic drinking problem. An Alcohol Scale score in the Severe Problem (90 to 100th percentile) range identifies serious drinking problems.

Other Alcohol Scale items are printed as “significant items” when they are admitted to. Severely elevated Alcohol and Drugs Scale scores indicate polysubstance abuse and the highest score usually identifies the client’s substance of choice.

Alcohol Scale scores in the Severe Problem (90 to 100th percentile) range are a malignant sign. Indeed, Alcohol Scale scores in the Severe Problem range often exacerbate or magnify the behaviors associated with other elevated scale scores when the client drinks. The Alcohol Scale score can be interpreted independently or in combination with other SAQ scales.

3. Drugs Scale: Measures drug use and the severity of abuse. Drugs refer to marijuana, ice, crack, ecstasy, amphetamines, cocaine, barbiturates, heroin, etc. An elevated (70 to 89th percentile) Drugs Scale score identifies emerging drug problems. A Drugs Scale score in the Severe Problem (90 to 100th percentile) range identifies established drug problems.

Admissions to Drugs Scale items are printed as “Significant Items.” Concurrently elevated Drugs and Alcohol Scale scores are indicative of polysubstance abuse, and the highest score usually reflects the probationer’s substance of choice.

A Severe Problem Drugs Scale score usually exacerbates or magnifies the behaviors associated with other elevated scores when drugs are being used. A particularly dangerous situation exists when the Drugs Scale and the Aggressiveness Scale are elevated. In these instances the client can inappropriately act out. Elevated Drugs Scale score can contribute (exacerbate) to impaired stress coping abilities. Elevated Drugs Scale score are often associated with increased resistance. A general rule is co-elevated scale scores are problematic. And when co-elevated scale scores are in the Severe Problem range problematic behaviors are usually exacerbated. Co-elevated scale scores in the Severe Problem range are a malignant (very dangerous) pattern.

4. Aggressiveness Scale: Measures the client’s self-assertiveness, aggressive or outgoing behavior. Aggressiveness usually refers to social dominance with a hostile tendency. Aggressive conduct disorders are characterized by persistent, domineering, punitive and even assaultive verbal and physical conduct.

An elevated Aggressiveness Scale score is indicative of increased acting out behavior and impulsiveness. Severe Problem (90 to 100th percentile) scorers represent the extreme and can represent a problematic lack of social concern. Severe problem scorers sometimes cross the line between aggressive behavior and inappropriate acting out.

An aggressive person who also manifests substance (alcohol and other drugs) abuse exacerbates impaired judgment and associated acting out -- a malignant combination. At the least these people can be bothersome and distracting.

Elevated Aggressiveness Scale and Resistance Scale score can codetermine defiance, rebelliousness, confrontational and protesting behaviors. The Aggressiveness Scale can be interpreted independently or in combination with other SAQ scales.

5. Resistance Scale: measures client uncooperativeness, defensiveness and resistance to help. This scale score varies directly with client’s attitude. Some people resist involvement/help with others, whereas others are more accepting.

In authoritarian environments (e.g., school, jobs, etc.) as well as counseling milieus decisions regarding cooperation versus resistance are made. Conscious resistance can incorporate passive features like withholding of information or involvement, whereas unconscious resistance has been studied from several theoretical positions (e.g., psychoanalysis, other personality themes). This Resistance Scale measures client resistance and leaves theoretical interpretations to the evaluator.

An elevated (70 to 89th percentile) Resistance Scale score identifies defensive, non-compliant or oppositional attitudes and behavior. These uncooperative people respond best to structure and clarification of expectations as well as consequences. Yet they can be fault finding and critical.

A Severe Problem (90 to 100th percentile) range, Resistance Scale score reflects extreme non-compliance, resistance and even defiance. These clients can be hostile, cooperate grudgingly and can be antagonistic. They tend to be unfriendly, alienated and spiteful.

The Resistance Scale measures client defensiveness and uncooperativeness. These people resist authority and being told what to do. They tend to be contrarian and are protective of personal information. Their resistance impacts their relationships and relations with authoritarian figures.

Resistance can be viewed as a character trait. In other words, resistant personality pattern characterized by uncooperative behavior and unchanging rebelliousness. This is a behavior pattern in which noncompliance is often dominant. Character traits are enduring aspects of a person's personality and can be difficult to change. As such, the Resistance Scale might only be exacerbated (not diminished) by other SAQ scale scores. You can expect people with elevated Resistance Scale scores. These individuals typically don't like being told what to do. The Resistance Scale can be interpreted independently or in combination with other SAQ scales.

6. Stress Coping Abilities Scale: Measures the client's ability to cope effectively with stress, tension, and pressure. It is now understood that stress exacerbates symptoms of mental and emotional problems. Thus, an elevated Stress Coping Abilities Scale score in conjunction with other elevated SAQ scale scores can help in understanding the client's situation. Such problem augmentation applies to substance (alcohol and other drugs) abuse, resistance or aggressiveness.

When a Stress Coping Abilities Scale score is in the problem (70 to 89th percentile) range the client would likely benefit from completing a stress awareness and management program.

When a Stress Coping Abilities Scale score is in the Severe Problem (90 to 100th percentile) range it is very likely that the client has a diagnosable mental health problem. In these instances consideration should be given to referral to a certified/licensed mental health professional for a comprehensive evaluation and diagnosis, if warranted.

The Stress Coping Abilities Scale is a non-introversive way to screen emotional and mental health problems. Elevated scores provide considerable insight into how the client handles perceived stress, distress, impaired morale, low self-esteem and substance abuse. The Stress Coping Abilities Scale can be interpreted independently or in conjunction with other SAQ scale scores.

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In conclusion, it was noted that there are several "levels" of SAQ interpretation ranging from viewing the SAQ as a self-report to interpreting scale elevations and inter-relationships. Staff can then utilize SAQ findings within the context of the client's situation.