PERSONAL EXPERIENCE SCREENING QUESTIONNAIRE (PESQ)

Manual

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Three factors motivated the development of the Personal Experience Screening Questionnaire (PESQ). First, adolescent drug abuse evaluation and treatment services are greatly expanding and diversifying because of heightened interest in the early detection of drug problems. Second, there is an increasing need for standardized and validated screening tools for service providers in preassessment and intake settings. Finally, there are few adolescent drug abuse screening tools available.

Inadequacies in the assessment of adolescent chemical dependency have been summarized by Owen and Nyberg (1983), who conclude that existing assessment tools often lack adequate psychometric properties or are exclusively alcohol oriented (Winters, 1990). The increasing pressure on the health care system to identify drug abusing teenagers, the inadequacies in adolescent drug abuse assessment, and the need for a short and effective tool provided the impetus for constructing the PESQ.

The PESQ was developed with the following specific objectives in mind:

1. To provide an adolescent-specific instrument. At present, assessment practices in the adolescent field, including screening procedures, often rely on adult-based alcoholism assessment instruments. The use of adult screening tools prevents the detection of features that distinguish adolescent drug involvement from adult drug involvement. Using instruments designed for adult assessment hinders the development of adolescent models of drug use, and reduces the overall effectiveness of efforts to identify and treat problems associated with adolescent drug involvement.

2. To create a standardized instrument. The adolescent chemical dependency treatment field often relies heavily on idiosyncratic, subjective, in-house questionnaires (Owen & Nyberg, 1983). The development of a standardized tool containing norms on groups for which the tool was intended was of primary importance.

3. To measure more than adolescent alcohol use. Existing adolescent screening tools are inadequate to some degree because they typically focus on alcohol use only (e.g., Adolescent Alcohol Involvement Scale, Mayer & Filstead, 1979). Because many teenagers are polydrug users, a screening questionnaire should account for the full range of psychoactive substances.

4. To screen for response distortion tendencies. Response distortion is potentially a serious problem for self-report instruments, especially in the area of substance abuse. Although most screening tools do not attempt to control sources of inaccurate self-report, it is important to identify respondents who exhibit exaggerated response tendencies. The PESQ contains items designed to detect inaccurate self-reporting (faking good and faking bad, inattention, random responding, etc.) within the limits imposed by the use of a short instrument.

5. To provide a screening tool suitable for clinical use. Many clinical and evaluation settings do not have available the professional expertise or the time necessary to conduct a lengthy diagnostic evaluation. It was important to supplement the assessment battery with a quick screening tool that would be easy to administer and score, and would not require a great deal of professional experience to use.

Content Coverage

The 40-item PESQ consists of three parts. Part I contains 21 questions: 18 items tap drug involvement problem severity and 3 items address faking bad response tendencies (infrequency). Part II contains 8 psychosocial items that pertain to problems common in chemically involved teenagers, and 5 items that address faking good
response tendencies (defensiveness). The 7 items in Part III provide a brief drug use history (frequency and onset).

Scales
- **Problem Severity** (18 items: 1–8, 10–14, 16–20). This scale gives a global measure of problem severity by reflecting the extent to which the individual is psychologically and behaviorally involved with drugs. High scores on this scale suggest symptoms indicating drug dependence and drug abuse, such as use in multiple settings, loss of control, restructuring of activities to accommodate drug use, and others. Low scores on this scale suggest relatively infrequent use limited to social settings.

- **Defensiveness** (5 items: 22, 24, 26, 29, 31). The basis for this set of items was the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960), a frequently used measure of defensiveness (faking-good response tendencies). The items have been slightly modified to make them appropriate for an adolescent population.

- **Infrequency** (3 items: 9, 15, 21). These items refer to extremely unlikely drug use behavior (e.g., use while driving a racing boat), and are therefore expected to have very low rates of endorsement. A high score on this scale is likely to be associated with faking bad, or may reflect inattentive or random responding.

Other Content Areas
- **Psychosocial Indicators** (8 items: 23, 25, 27, 28, 30, 32, 33, 34). This set of items pertains to personal or environmental problems often associated with adolescent drug use. Item coverage includes emotional distress, problems with thinking, and physical and sexual abuse.

- **Drug Use History** (6 items: 35–41). Four of these items (35–38), following the format used in national surveys of American high school seniors (Johnston, Bachman, & O’Malley, 1989), summarize frequency of use of alcohol, marijuana, and other drugs during the past 12 months. Responses to the three final items indicate when, if ever, the examinee first used drugs and first used them regularly, and whether he or she smokes cigarettes.

Applications and Limitations

The PESQ was designed as a brief screening tool to aid professionals and service providers in the identification of teenagers likely to need a drug abuse assessment referral. It is not intended to provide a complete clinical picture or formal diagnosis, or to serve as a basis for treatment referral decisions. The PESQ was instead constructed to indicate whether a teenager should be referred for a comprehensive assessment. The PESQ was specifically designed to predict problem severity scores on the larger Personal Experience Inventory (PEI) (Winters & Henly, 1989). Because the PESQ and the PEI are related, a high score on the PESQ is likely to be associated with a high score on the PEI problem severity scales.

The PESQ is relatively simple to administer and takes a short time to complete and score, making it a useful tool for large group studies. Schools, for example, may wish to use the PESQ to evaluate the extent of drug use problems among their students. The PESQ can also be used in research: Experimental groups can be defined on the basis of high and low scores on the Problem Severity scale. For outcome studies, the PESQ can serve as a simple pre- and posttreatment assessment measure.

PESQ users should have an adequate understanding of the test’s applications and limitations, and should be knowledgeable about the contents of this Manual. In addition, users should follow the testing guidelines provided in the Standards for Educational and Psychological Testing (American Psychological Association, 1985) and should have sufficient knowledge of test administration and interpretation issues.