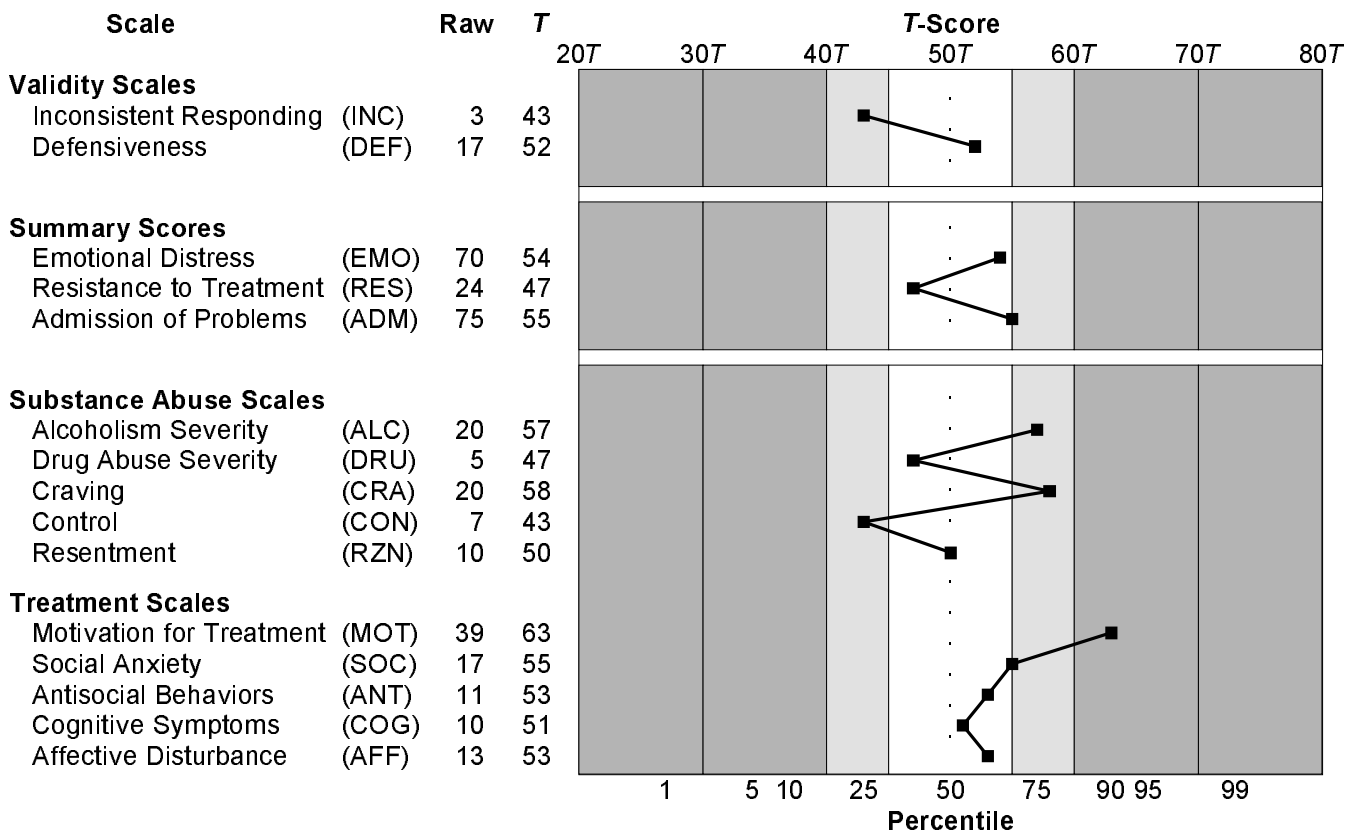


Maryland Addictions Questionnaire (MAQ)
 A WPS TEST REPORT by William E. O'Donnell
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 12031 Wilshire Blvd., Los Angeles, California 90025-1251
 Version 1.110

ID Number: 351
Age: 29
Education: 12
Gender: Male
Ethnicity: Not Entered
Name: Sample

Administration Date: 5/15/97
Processing Date: 5/15/97
Examiner ID Number: 99
Examiner Name: O'Donnell
Summary Code: 312

This interpretive report for the MAQ is designed to aid in substance abuse diagnosis and treatment planning. The *T*-scores are based on norms that provide a comparison of this client's MAQ scores with the scores of others entering substance abuse treatment programs. The user should be familiar with the material presented in the MAQ Manual (WPS Product No. W-323B). No diagnostic or treatment decisions should be made solely on the basis of this report without confirming information from independent sources.



**T*-Score ranges: <40=*T*Very Low 40-44=*T*Low 45-55=*T*Average 56-60=*T*High >60=*T*Very High.

Validity

The Inconsistent Responding and Defensiveness scores are designed to reveal atypical approaches to giving MAQ responses.

Inconsistent Responding

The Inconsistent Responding (INC) score is based on an evaluation of the client's responses to MAQ items with similar content. This individual's INC score of 43*T* suggests that he gave reasonably consistent responses to the MAQ items.

Defensiveness

The Defensiveness (DEF) score is related to a person's willingness to admit to the small faults or flaws that most people acknowledge readily. This individual's DEF score of 52*T* is typical of most individuals entering substance abuse treatment. DEF item responses that may merit further inquiry with this individual are listed at the end of this report.

Summary Scores

The Emotional Distress, Resistance to Treatment, and Admission of Problems summary scores provide a broad indication of whether MAQ responses point to the presence of problems and whether help in addressing problems is desired.

Emotional Distress

The Emotional Distress (EMO) summary score reflects the overall level of turmoil and stress the client is experiencing at the present time. This client's EMO score of 54*T* is average compared with others entering substance abuse treatment. He is able to acknowledge distress and is likely to characterize substance use as a problem, but he is not overwhelmed by his current difficulties. Thus he is likely to have sufficient drive and energy available to participate in and benefit from substance abuse treatment.

The most pressing aspect of this client's current level of emotional distress is a craving for alcohol or other drugs.

Resistance to Treatment

The Resistance to Treatment (RES) summary score is based on the level of willingness to acknowledge difficulties in general and sense of control over substance use as expressed in a person's MAQ responses. RES scores above 40*T* usually indicate at least some resistance to treatment. The RES score of 47*T* obtained by this client is average compared with others entering substance abuse treatment. He may acknowledge that he requires help to control a substance abuse problem.

Admission of Problems

The Admission of Problems (ADM) score reflects an individual's openness to admitting substance abuse problems and to seeking help for problems. This client's ADM score of 55*T* is high compared with others entering substance abuse treatment. This individual was most open in his desire to obtain help for a substance abuse problem and least open about any drug abuse problem.

Summary Code

The MAQ summary code provides additional information about what is likely to be the most productive treatment approach for a particular client. The MAQ summary code for this individual is 312, indicating that the primary focus of his MAQ responses was admission of problems, followed by emotional distress and then resistance to treatment. He is likely to respond well to support and encouragement, and also to reassurance that his distress will ease with time and abstinence. He is a good candidate for participation in a 12-step program.

Substance Abuse Scales

The Substance Abuse Scales—Alcoholism Severity (ALC), Drug Abuse Severity (DRU), Craving (CRA), Control (CON), and Resentment (RZN)—are designed to help confirm the presence of an alcohol or drug abuse problem, to reveal when the client is minimizing such a problem due to denial or a resentful attitude about being in treatment, and to help evaluate relapse risk.

Substance Abuse Problems

This client's ALC score of 57T is high and his DRU score of 47T is average compared with those entering substance abuse treatment. To determine the accuracy of these scores, it is important to examine them in light of what is known about this client's substance abuse history. The client may underestimate or minimize these problem areas, although his low CON score of 43T does not suggest that this is the case.

This RZN score of 50T is average and does not indicate that the client has minimized problems simply as a result of resentment about being in treatment. He answered the question "Do you have a problem with alcohol?" YES, and answered the question "Do you have a problem with drug abuse?" YES. This client's other item responses related to alcohol and drug use, which may merit further inquiry, are listed at the end of this report. Any item responses associated with a resentful attitude about being in treatment are also listed at the end of this report.

Relapse Risk

This client's CRA score of 58T is high, and places this client at relatively high risk for relapse following the initial stages of treatment. It is particularly important to prepare this client with strategies for coping with cravings during treatment and to provide him with aggressive support and follow-up focused on the problem of cravings. The situations associated with craving that this client has indicated are a particular problem for him are listed at the end of this report.

This client should be encouraged to identify specific external influences that may lead to relapse. He should be encouraged to identify strategies that have helped him cope with such experiences in the past without resorting to substance use. It is important to enlist his help in developing realistic strategies for coping with such experiences in the future. Anti-craving medications or mood stabilizers may play a role in such strategies.

Additional information present in this client's MAQ responses should be taken into

account when addressing relapse risk factors in treatment planning. He reports having good reasons for getting drunk or high ("A little bit"). These reasons should be identified, and effective coping strategies that do not involve substance use should be developed. He reports that his problems force him to drink or use drugs ("Moderately"). He will need help and support developing alternative ways of dealing with such problems. The client reports feeling that his life is stressful ("Moderately"). He will derive particular benefit from learning effective stress management techniques. Because he reports that it is difficult for him to ask for help ("Moderately"), the client's treatment program should include helping him to discover and practice relatively nonthreatening yet appropriate and effective ways in which to obtain help and support. He reports being discouraged about the future ("A little bit"), and such discouragement will need to be supplanted by positive, attainable goals if treatment gains are to be maintained over the long term.

The client has reported that he drinks alone ("Moderately"), is lonely ("A little bit") and is shy ("Quite a bit"). He also reports that he is a loner ("Moderately") and feels isolated ("A little bit"). This suggests a tendency to withdraw and become socially alienated. Extra outreach efforts may be required over the long term to help him stay involved in treatment.

The client's MAQ responses suggest that it may be difficult for him to participate in 12-step programs. He indicated that he becomes uneasy in a room full of people ("Moderately"), is uncomfortable in meetings ("Moderately") and finds it difficult to talk at meetings ("Moderately"). It might be helpful to clarify the source of such feelings so that the client does not automatically discount a potentially effective treatment option.

On the positive side, the client has given some responses that are associated with a positive long-term prognosis. He has described himself as wanting to stay sober or clean ("Extremely"), willing to attend A.A. or N.A. meetings ("Extremely"), powerless over alcohol or drugs ("Extremely") and willing to admit to being addicted to alcohol or drugs

(“Extremely”).

Treatment Scales

The Treatment scales—Motivation for Treatment (MOT), Social Anxiety (SOC), Antisocial Behaviors (ANT), Cognitive Symptoms (COG), and Affective Disturbance (AFF)—provide additional information about an individual’s readiness to participate in substance abuse treatment, and about additional problems that may need to be addressed in order for treatment to be effective.

Treatment Readiness

The MOT score of 63*T* for this client is very high compared with those entering substance abuse treatment. His responses to items on the MOT scale can be found at the end of this report. Items to which the client responded “Not at all” may reveal potential threats to treatment effectiveness, while his responses to other items reveal ways in which he can accept help and areas where he may be ready to set specific treatment goals.

Other Treatment-Related Issues

The Social Anxiety (SOC) and Antisocial Behaviors (ANT) scales provide measures of difficulties with social interaction that may interfere with participation in a substance abuse treatment program.

The SOC score of 55*T* for this client is average compared with those entering substance abuse treatment.

The ANT score of 53*T* for this client is average compared with those entering substance abuse treatment. It is important to consider ANT responses in terms of their consistency with the client’s known history.

Item responses from both the SOC and ANT scales that reflect specific issues that may present problems for this client are listed at the end of this report.

Additional Problems

The MAQ Cognitive Symptoms (COG) and Affective Disturbance (AFF) scales screen for problems in two areas where people entering substance abuse treatment are likely to experience difficulty.

The COG score of 51*T* for this client is average compared with those entering substance abuse treatment. The specific symptoms reported by this individual are listed at the end of this report. These symptoms may be related to substance withdrawal. Nevertheless, it will be useful to determine if the client’s history includes head injury, stroke, brain tumor or other neurological illness, the presence of a prior learning disability, or a previous requirement for special education. If his cognitive symptoms do not recede along with other symptoms of withdrawal following 3 or 4 weeks of abstinence, a full neuropsychological evaluation is recommended.

Cognitive impairment may interfere with this client’s ability to benefit from educational components of treatment, and it may be best to delay such activities until his cognitive symptoms improve. Personality difficulties related to cognitive impairment may limit his ability to interact constructively with others in the rehabilitation environment. If symptoms of impaired cognitive functioning persist, he may benefit from placement in very structured treatment and community environments.

The AFF score of 53*T* for this client is average compared with those entering substance abuse treatment. The difficulties reported by this individual are listed at the end of this report.

MAQ Item Responses For Content Review

The client's responses to particular items may be especially important in interpreting his MAQ results and formulating an effective treatment plan. Discussion with the client of his responses to these items is likely to be fruitful both in clarifying the meaning of his test results and in focusing initial treatment efforts in ways that will be most relevant and useful to him.

Alcoholism Severity (ALC)

25. I have been a problem drinker.	4 - Extremely
11. It is difficult for me to stop drinking once I start.	3 - Quite a bit
16. My family has complained about my drinking.	3 - Quite a bit
50. I have had difficulty controlling my drinking.	3 - Quite a bit
39. I sometimes drink alcohol when I am alone.	2 - Moderately
9. I have had "the shakes" after stopping drinking.	1 - A little bit
24. I have drunk alcohol for a couple of days without sobering up.	1 - A little bit
29. I have forgotten what I did after drinking.	1 - A little bit
33. I have lost friends because of my drinking.	1 - A little bit
84. I have drunk alcohol before noon.	1 - A little bit

Control of Alcohol Use

13. I remember everything I do after drinking.	2 - Moderately
1. My judgment is OK when I drink.	1 - A little bit
6. I can stop drinking any time I choose.	0 - Not at all
19. I am able to drink alcohol normally.	0 - Not at all
22. My drinking is different from that of real alcoholics.	0 - Not at all
31. I am a social drinker.	0 - Not at all
51. I can control my drinking by willpower alone.	0 - Not at all

Drug Abuse Severity (DRU)

5. I have used cocaine.	2 - Moderately
2. I have used marijuana (pot).	1 - A little bit
20. I have abused narcotics.	1 - A little bit
27. I have a history of drug abuse.	1 - A little bit

Control of Drug Use

15. I can control my drug use.	2 - Moderately
100. I am a casual drug user.	2 - Moderately
104. Occasional drug use is OK.	0 - Not at all

Craving (CRA)

4. Certain situations make me want to drink or use drugs.	3 - Quite a bit
26. Certain people make me crave alcohol or drugs.	3 - Quite a bit
65. I am tempted to drink or use drugs when something good happens.	3 - Quite a bit

- | | |
|--|------------------|
| 8. I want to drink or use drugs at certain times of the day. | 2 - Moderately |
| 18. I feel like drinking or using drugs when I am angry. | 2 - Moderately |
| 30. I sometimes have an urge or desire to drink or use drugs. | 2 - Moderately |
| 57. I feel like drinking or using drugs when I become upset. | 2 - Moderately |
| 23. I feel like drinking or using drugs when I am sad or blue. | 1 - A little bit |
| 43. I feel like drinking or using drugs when I am lonely. | 1 - A little bit |
| 88. Financial pressures make me want to drink or use drugs. | 1 - A little bit |

Resentment (RZN)

- | | |
|---|------------------|
| 37. I resent people telling me how much I can drink. | 2 - Moderately |
| 69. I can drink a lot of alcohol and not get drunk. | 2 - Moderately |
| 98. My problems force me to drink or use drugs. | 2 - Moderately |
| 41. I drink or use drugs because I want to. | 1 - A little bit |
| 47. I have good reasons for getting drunk or high. | 1 - A little bit |
| 75. Everyone gets drunk or high once in a while. | 1 - A little bit |
| 89. It is my right to drink or use drugs as much as I want. | 1 - A little bit |

Motivation For Treatment (MOT)

- | | |
|--|-----------------|
| 35. I am open to advice for my alcohol or drug problems. | 4 - Extremely |
| 44. I feel that I am powerless over alcohol or drugs. | 4 - Extremely |
| 58. I really want to stay sober and clean. | 4 - Extremely |
| 66. I am willing to attend A.A. or N.A. meetings. | 4 - Extremely |
| 70. I have admitted that I am an alcoholic or drug addict. | 4 - Extremely |
| 76. I want to get help for my problems. | 4 - Extremely |
| 90. I would like to be honest about my problems. | 4 - Extremely |
| 97. I want to change my life. | 4 - Extremely |
| 106. I am willing to try suggestions made to me. | 4 - Extremely |
| 82. I feel that other people are trying to help me. | 3 - Quite a bit |

Social Anxiety (SOC)

- | | |
|---|------------------|
| 77. I am a shy person. | 3 - Quite a bit |
| 55. I find it difficult to ask people for help. | 2 - Moderately |
| 71. I have difficulty talking to people. | 2 - Moderately |
| 80. I feel uneasy going into a room full of people. | 2 - Moderately |
| 103. I feel uncomfortable in crowds. | 2 - Moderately |
| 107. I have a hard time talking at public meetings. | 2 - Moderately |
| 110. I tend to be a loner. | 2 - Moderately |
| 48. It is difficult for me to talk about myself. | 1 - A little bit |
| 63. I feel fearful when I meet strangers. | 1 - A little bit |

Antisocial Behaviors (ANT)

- | | |
|---|-----------------|
| 61. I have been in trouble with the police. | 3 - Quite a bit |
| 62. I have been in a jail, detention center, or prison. | 3 - Quite a bit |
| 72. I have often been in physical fights with others. | 2 - Moderately |

- | | |
|---|------------------|
| 38. I have deliberately destroyed other people's property. | 1 - A little bit |
| 78. I have failed to repay debts. | 1 - A little bit |
| 92. I have a history of lying, using an alias, or "conning" others. | 1 - A little bit |

Cognitive Symptoms (COG)

- | | |
|--|------------------|
| 34. My mind works slowly. | 1 - A little bit |
| 49. My thinking becomes blocked. | 1 - A little bit |
| 56. I get confused easily. | 1 - A little bit |
| 64. I have trouble remembering important things. | 1 - A little bit |
| 68. I have difficulty paying attention. | 1 - A little bit |
| 74. My mind won't stay on any one thing. | 1 - A little bit |
| 79. I am easily distracted. | 1 - A little bit |
| 86. My reactions are slow. | 1 - A little bit |
| 96. I have trouble concentrating. | 1 - A little bit |
| 99. I do things slowly. | 1 - A little bit |

Affective Disturbance (AFF)

- | | |
|---|------------------|
| 7. I tend to worry all the time. | 2 - Moderately |
| 17. I feel depressed most of the time. | 2 - Moderately |
| 87. My life is very stressful. | 2 - Moderately |
| 3. I often feel sad and blue. | 1 - A little bit |
| 10. I think about death and dying often. | 1 - A little bit |
| 12. I often feel lonely and isolated. | 1 - A little bit |
| 21. I frequently feel anxious and afraid. | 1 - A little bit |
| 42. I feel quite discouraged about my future. | 1 - A little bit |
| 81. I frequently feel keyed-up and tense. | 1 - A little bit |
| 95. I often feel frightened and scared. | 1 - A little bit |

Item Responses

1.	1	15.	2	29.	1	43.	1	57.	2	71.	2	85.	0	99.	1
2.	1	16.	3	30.	2	44.	4	58.	4	72.	2	86.	1	100.	2
3.	1	17.	2	31.	0	45.	0	59.	0	73.	0	87.	2	101.	0
4.	3	18.	2	32.	2	46.	2	60.	3	74.	1	88.	1	102.	0
5.	2	19.	0	33.	1	47.	1	61.	3	75.	1	89.	1	103.	2
6.	0	20.	1	34.	1	48.	1	62.	3	76.	4	90.	4	104.	0
7.	2	21.	1	35.	4	49.	1	63.	1	77.	3	91.	0	105.	0
8.	2	22.	0	36.	1	50.	3	64.	1	78.	1	92.	1	106.	4
9.	1	23.	1	37.	2	51.	0	65.	3	79.	1	93.	2	107.	2
10.	1	24.	1	38.	1	52.	0	66.	4	80.	2	94.	0	108.	0
11.	3	25.	4	39.	2	53.	2	67.	2	81.	1	95.	1	109.	0
12.	1	26.	3	40.	0	54.	0	68.	1	82.	3	96.	1	110.	2
13.	2	27.	1	41.	1	55.	2	69.	2	83.	3	97.	4	111.	0
14.	0	28.	0	42.	1	56.	1	70.	4	84.	1	98.	2		

Alcohol: Y

Drug abuse: Y

Response Key

0 Not at all
1 A little bit
2 Moderately
3 Quite a bit
4 Extremely
Y Yes
N No
- Missing Response

Number of Missing Responses: 0

This report was generated based on WPS TEST REPORT Microcomputer Data Entry.

END OF REPORT