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DIFFERENT METHODS OF MEASURING THE PROBLEMS EXPERIENCED BY
SIGNIFICANT OTHERS OF SUBSTANCE ABUSERS

by
Christine Perugini

A Thesis

Submitted for partial fulfillment of the requirements of the
Master of Arts Degree
of
The Graduate School
at
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Advisor

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ABSTRACT

Christine Perugini

DIFFERENT METHODS OF MEASURING THE PROBLEMS EXPERIENCED BY
SIGNIFICANT OTHERS OF SUBSTANCE ABUSERS

2005/06

Dr. Mary Louise E. Kerwin

Master of Arts in Mental Health Counseling and Applied Psychology

The purpose of this study was to examine responses to two administration formats of an assessment instrument. Specifically, this study examined responses to oral and written administrations of an instrument designed to examine the problems of significant others of substance abusers. Participants were part of a larger treatment study conducted at the Treatment Research Institute and consisted of two significant others of substance abusers. Participants were given both an oral and written administration of the Significant Other Checklist (SOC; Kirby et al., 2005) at intake of the larger treatment study. The SOC (Kirby et al., 2005) seeks to examine problems along the dimensions of emotional, relationship, family, financial, health, legal, and physical violence problems. Paired t-tests were conducted between both administrations on each of the seven subscales of the SOC (Kirby et al., 2005). Currently, results indicate no significant difference between the oral and written administration of the SOC although, these results are still exploratory due to a small sample size. Further, preliminary data indicates that significant others reported more problems on the written administration of the SOC in the dimensions of emotional, relationship, financial, and legal problems.

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CHAPTER 1

INTRODUCTION

Assessment is an important aspect of counseling psychology. How a clinician assesses a client's problem will impact the treatment chosen and its implementation. Assessment instruments may aid a clinician in assessing a variety of difficulties experienced by child, adolescent, adult, and elderly clients (Cicchetti, 1994). Many different assessment measures may be available for a given difficulty that a client is experiencing and these different instruments may vary in their reliability and validity. According to Switzer, Wisniewski, Belle, Dew, and Schiltz (1999), the reliability and validity of an instrument will impact the measurement obtained from the instrument. They state that clinicians utilizing instruments with poor reliability and validity may obtain a measurement that may not be assessing the construct it was designed to measure and may contain measurement errors. Measurements from such instruments may provide clinicians with inaccurate information concerning a client's difficulty. Therefore, the outcome of a clinician's assessment of a client's difficulty may also contain errors (Kaplan & Saccuzzo, 2005).

Assessment instruments may be available in a variety of different formats for a particular difficulty a client may experience. Therefore, it is important to examine the impact that assessment format has on the reliability and validity of an instrument. One way of examining the reliability and validity of instruments in different formats is to use a multi-method comparison. Multi-method comparisons seek to examine the relationship

between different methods of responding to different instruments that measure the same or similar constructs (Cole, Martin, Peeke, Henderson, & Harwell, 1998). These comparisons will provide information regarding the reliability, validity, and ease of administration of each instrument. Therefore, when an instrument has been developed in different formats, it is important to examine the relationship between the responses to these measures to determine the affect that assessment format may have on the measurements obtained.

Reliability and Instrument Format

According to Switzer et al. (1999), the reliability of an instrument refers to the instrument's ability to assess a true measurement of a construct rather than errors in measurement. The reliability of an instrument can be examined by various methods. For example, the test-retest reliability of an instrument is obtained from examining the relationship between two administrations of the same instrument over a short period of time. If an instrument is reliable, a strong relationship between the two measurements should emerge. The reliability of an instrument will affect the measurement obtained by the instrument. Clinicians that utilize instruments that do not demonstrate adequate reliability may receive a measurement containing a large amount of measurement error. These measurements may provide a clinician with information that contains errors. Consequently, the reliability of an instrument may affect a clinician's assessment and treatment of a client's difficulty.

The format of an instrument may affect an instrument's reliability. One format of an assessment instrument that may affect its reliability is an interview format. The reliability of interview instruments may be affected by the agreement between multiple

observers of the same interview data (Hasin, 1991; Sanson-Fisher, & Martin, 1981).

Multiple interviewers may utilize different criteria to obtain and score information sought by an interview instrument. Consequently, multiple interviewers may not receive and score interview data in the same manner. As a result, the reliability of the instrument may be affected. Results of a meta-analysis by Conway, Jako, and Goodman (1995) of selection interviews indicate that more structured interviews displayed higher inter-rater reliability coefficients when interviews were conducted separately. These results indicate that the reliability of an interview may improve by providing more structure to the interview.

The self-report written questionnaire format of an instrument may also affect an instrument's reliability. According to Greene (1941), self-report questionnaires may be affected by an individual's ability to evaluate him- or herself accurately. Individuals may not have the ability to evaluate themselves objectively and as a result; the reliability of the instrument may be affected because the measurement obtained may not be a consistent measure of the construct. Self-report questionnaires may also be affected by response bias. A response bias refers to an individual's tendency to respond to test items in a certain manner regardless of the content of the items (Guilford, 1954). An individual may tend to respond to items in social appropriate ways. These responses may not accurately reflect a true measurement of the construct being assessed. The measurement obtained may contain errors in measurement due to the response bias of the individual.

Validity and Instrument Format

According to Switzer et al. (1999), the validity of an instrument refers to how accurately an instrument measures the construct it was designed to measure. The validity

of an assessment instrument will also affect the measurement obtained by the instrument by how accurately the instrument measures the construct it is intended to measure. Clinicians utilizing instruments with inadequate validity may not be obtaining a true measurement of the construct they seek to measure. Therefore, clinicians may misinterpret the meaning of the measurement obtained by the instrument. This information gathered by clinicians may impact a clinician's assessment and treatment of a client's difficulties.

The format of an assessment instrument may impact the validity of the instrument. The validity of an interview format instrument can be affected by certain characteristics an interview such as irrelevant interview questions, the timing and structure an interview, interviewer characteristics and behaviors, the responses of an interviewee, and the recording procedures of the interviewer (Hutchinson & Wilson, 1992). These characteristics of an interview may impact how accurately an interview instrument measures the construct it is intended to measure. Zedeck, Tziner, and Middlestandt (1983) conducted a study of the reliability and validity of interviews in a national defense organization. Results of this study indicate that the interview decision was not predictive of evaluations 12 weeks later. These results indicate how the characteristics of an interview may affect the validity of the interview.

The self-report written questionnaire format of an assessment instrument may also impact an instrument's validity. According to Greene (1941), self-report written questionnaires may contain ambiguous items that require an individual to make ratings on complex constructs. An individual may be unclear as to the meaning of the ambiguous test items. As a result, the validity of an instrument may be affected due to the possibility

that the measurement obtained may not accurately measure the construct it is intended to measure.

The Multi-Method Approach

One approach used to make comparisons between different instruments is multi-method comparisons. Multi-method studies have been utilized to examine the psychometric properties of assessment instruments, specifically, the validity of assessment instruments. Multi-method studies have examined the relationship between the responses of multiple instruments to examine the validity of the instruments (Cole, Gondoli & Peeke, 1998; Cole et al., 1998; Haynes, Jensen, Wise & Sherman, 1981; Mitchell & Quittner, 1996). Using the multi-method approach, items measuring similar constructs on all instruments that correlate strongly indicate that the items are measuring the same or similar constructs. Therefore, providing support for the convergent validity of the measure. Conversely, items measuring dissimilar constructs on all measures that do not correlate strongly indicate that the items are measuring different constructs. Therefore, providing support for the discriminant validity of the measure. Multi-method studies have focused on assessing different constructs, but they all seek to examine the convergent and discriminant validity of assessment measures.

Cole et al. (1998) sought to examine the convergent and discriminant validity of parent and teacher measures of child competency. Specifically, teachers completed the Teacher's Rating Scale of Child's Actual Behavior (TRS; Harter, 1985). A reworded version of the TRS was administered to parents and was called the Parent's Rating Scale (PRS). In sum, different forms of the Teacher's Rating Scale of Child's Actual Behavior were administered to teachers and parents to examine the relationship between teacher

and parent perceptions of child competency. Results of a confirmatory factor analysis indicate acceptable discriminant validity of the factor structure of both measures. Specifically, item responses on both measures loaded onto the construct on which they were designed to load. The factors of academic competence, social acceptance, athletic competence, physical appearance, and behavioral conduct emerged. These findings correspond to the design of the measures. Results also indicate differences between parent and teacher ratings. Specifically, larger factor loadings emerged for teacher ratings on the factors of social acceptance, physical appearance, and behavioral conduct. These results suggest that teachers are different reporters, and perhaps may be more accurate reporters of a child's social acceptance, physical appearance, and behavioral conduct.

Similarly, Haynes et al. (1981) also sought to examine the validity of an assessment measure using a multi-method approach. Specifically, they sought to examine the criterion-related and discriminant validity of a marital intake interview in both separate and joint interview formats. Specifically, participating couples responded to either a separate or joint interview that assessed marital satisfaction. All couples then responded to self-report questionnaires assessing marital satisfaction. Results indicate significantly greater correlations between separate interviews and the criterion self-report assessment measures. Results also indicate that for couples receiving either format of the interview, the interview was able to detect differences between clinical and non-clinical couples on measures of sex, satisfaction with communication, and satisfaction with affection. In sum, the results of this study suggest acceptable criterion-related and

discriminant validity for an intake interview designed for couples entering marital counseling.

Research utilizing the multi-method approach has also focused on examining the validity of different assessment measures between different groups of people. Cole et al. (1998) sought to compare the convergent and discriminant validity of assessment measures of depression and anxiety between white and black children. Specifically, child responders completed both self-report and peer nomination formats of depression, anxiety, and social acceptance measures. Teachers also completed ratings of child depression, anxiety, and social acceptance. Results indicate acceptable convergent and discriminant validity of measures of depression, anxiety, and social acceptance between white and black children. No significant differences were found between ethnic groups and depression, anxiety, and social acceptance measures. Also, there were no significant differences found between ethnic groups and self-report measures, peer-nominations, and teacher ratings. These results support the convergent and discriminant validity of measures of depression, anxiety, and social acceptance between white and black children.

Similarly, Mitchell and Quittner (1996) sought also to compare various assessment measures across different groups of people. Specifically, they sought to compare behavioral and attention problems between hearing impaired and non-hearing impaired children by using a multi-method approach of assessment. They sought to examine different methods of assessing behavioral and attention problems by utilizing different responders for each assessment method. Specifically, they sought to evaluate the behavioral and attention problems of hearing impaired and non-hearing impaired children by comparing parental ratings and teacher ratings of child behavior, and child

performance on a computerized Continuous Performance Test (CPT; Gordon, 1983) that assesses impulsivity, sustained attention, and selective attention. Results indicate that parents and teachers classified only 30% of children similarly. Results also indicate a strong relationship between behavioral problems both at school and at home, and attention problems measured on a CPT task.

Results of multi-method studies suggest that the multi-method design may be effective in examining the validity of assessment instruments (Cole et al., 1998; Cole, Martin, et al., 1998; Mitchell & Quittner, 1996; Haynes et al., 1981). Specifically, these results indicate that by utilizing multiple measures to measure a construct, the discriminant and convergent validity of the measures may be assessed. By examining the relationship between responses to different assessment measures, the utility of each assessment measures can then be assessed.

Comparisons Between Interviews and Questionnaires

One common multi-method comparison is between interviews and self-report questionnaires. Specifically, research has examined the relationship between instruments designed in both interview and questionnaire formats. Walsh (1968) sought to examine the relationship between an interview and questionnaire instrument designed to collect biographical information. Specifically, participants were college students that were assigned to respond to either an interview or a questionnaire format of an assessment instrument designed to elicit biographical information from the participant. In addition, half of the participants receiving each assessment method were given a social incentive to distort information. Participants receiving a social incentive were told that the study was interested in examining certain social characteristics of participants. The biographical

information obtained by these measures was then compared to the participant's biographical information on file at the university. Results of this study indicate no significant difference between assessment method and the accuracy of responses by the participants. Results also indicate no significant difference between the presence of a social incentive and the accuracy of responses by the participants. Although the results of this study suggest no significant difference in interview and questionnaire formats for eliciting basic biographical information, it is not known if these results would generalize as the information assessed by the instrument formats becomes increasingly personal to the participant.

Oei and Zwart (1986) also sought to examine the relationship between participant responses on interview and questionnaire formats of an assessment instrument. Specifically, they sought to examine the life events reported on interviews compared to life events reported on questionnaires. Participants consisted of psychiatric inpatients that were given a measure of life events in both an interview and questionnaire format. Results of this study indicate that participants reported significantly more events on the questionnaire format when compared to the interview format, for items that elicited information regarding marital problems, work conditions, education, and health.

Krohn, Waldo, and Chiricos (1975) also sought to examine the relationship between events reported by individuals and assessment format. Specifically, they sought to examine differences between reports of delinquent behaviors on an interview and questionnaire format of an assessment instrument. Participants were college students that were assigned to receive either an interview or a self-report checklist format of an assessment instrument designed to elicit information regarding delinquent behaviors.

Results of this study indicate that although the amount of delinquent behaviors reported was greater for those receiving the self-report checklist, these results were not statistically significant. These results suggest that although a greater number of delinquent behaviors were reported by participants receiving the self-report checklist format of the instrument when compared participants receiving the interview format; this difference was not large enough to detect a significant difference in assessment format.

Locke and Gilbert (1995) also sought to examine the relationship between the personal nature of items on an instrument and assessment format. Specifically, they sought to examine how different instrument formats and item sensitivity may affect the amount of self-disclosure elicited by an instrument. Participants consisted of college students who were given the M.M.P.I.-Hugo Short Form (MMPI-HSF; Hugo, 1971), the Drinking Habits Questionnaire (DHQ; Cahalan & Cisin, 1968) and a research evaluation form. Participants responded to the instruments in an interview, self-report questionnaire, or computerized format. Results of this study indicate a significant difference between assessment formats on the "F" scale of the MMPI-HSF, which assesses psychological problems. Specifically, these results suggest that participants in the questionnaire and computer assessment groups responded more deviant on this scale when compared to those receiving the interview format. Responses also indicate that those receiving the questionnaire format perceived the DHQ as containing more personal information than those receiving the interview and computerized formats. Results also suggest that participants in the computer group reported more enjoyment than the other two assessment formats. Also, participants that received the interview format reported significantly greater rates of preferring to be assessed in a different format when

compared to those receiving either the questionnaire or computerized formats. In sum, the results of this study by Locke and Gilbert (1995) indicate that when comparing interviews, questionnaires, and computerized assessment formats for assessing personal information, a questionnaire format may elicit more deviant responses, interviews may elicit a preference to other assessment formats, and computerized assessments may elicit more enjoyment.

Individuals may feel that the most personal information about themselves regards love and sex. Individuals may not feel as comfortable reporting love and sex information on assessment instruments. Therefore, the format of an instrument assessing issues of love and sex may affect the responses given by an individual to that instrument. Ellis (1947, 1948) sought to examine the relationship between instrument formats and information obtained regarding love relationships. Specifically, these studies examined the responses of college girls on both an interview and a self-report questionnaire formats of an instrument designed to examine love relationships. Participants were interviewed regarding love relationships in their lives and were then sent a self-report questionnaire one year later. The interview and questionnaire formats of the instrument contain items assessing the same information. Results of these studies indicate a significant difference in responses between the two formats of the assessment instrument. Specifically, respondents tended to respond to the self-report questionnaire with more self-incriminating information on both categorized and uncategorized responses. Although these results suggest a significant difference in responses between the interview and questionnaire formats of the assessment instrument, it is not known if the amount of time between the two administrations affected participant responses.

Information about the self that may be considered by many as the most private and personal is information regarding sexuality. The format of an assessment instrument may affect the amount of self-disclosure on assessment measures designed to elicit information on sexuality. Catania, McDermott, and Pollack (1986) sought to examine the interview and questionnaire formats of an assessment measure designed to elicit information regarding sexuality. Specifically, participants consisted of college students who completed a self-report questionnaire examining sexuality. Participants were then asked to volunteer for an interview concerning sexuality. Results of this study indicate that only 30% of participants completing the self-report questionnaire volunteered to be interviewed. Results also indicate that 24% of the total number of participants completing the self-report questionnaire partially responded to the questionnaire. These results suggest that when concerning information about their sexuality, many participants may not feel comfortable being interviewed or answering questionnaire items about the information.

Research results comparing responses to instruments in interview and questionnaire formats vary depending on the content of the instrument. One current limitation of this research is the consistency of the results. Some results indicate no significant differences between interview and questionnaire formats of instruments (Krohn et al., 1975; Walsh, 1968), while other results indicate that as the items on an instrument become increasingly personal, differences between the interview and questionnaire formats emerge (Catania et al., 1986; Ellis, 1947, 1948; Locke & Gilbert, 1995; Oei & Zwart, 1986). Consequently, the generalizability of these results to different instruments assessing different constructs is unknown. Therefore, future research should

seek to replicate these findings to further examine the relationship between responses to instruments in both interview and questionnaire formats. Another current limitation of the current research examining instruments in both self-report questionnaire and interview formats has been that many participants of this research consist of college students (Catania, et al., 1986; Ellis, 1947, 1948; Krohn, et al., 1975; Locke & Gilbert, 1995; Walsh, 1968). Therefore, the generalizability of these results to different populations of participants is not known. Future research should expand on these results by utilizing more diverse participants.

The Significant Other Survey and Significant Other Checklist

The Significant Other Checklist (SOC; Kirby et al., 2005) is a self-report checklist designed to measure the problems experienced by significant others of substance abusers due to a substance abuser's behaviors. This instrument assesses problems experienced by significant others of substance abusers along the dimensions of physical abuse, legal issues, emotional concerns, relationship issues, finances, health issues, and lifestyle issues. The SOC (Kirby et al., 2005) was developed to identify relevant items for the development of the Significant Other Survey (SOS; Kirby et al., 2003), which is a semi-structured interview that assesses the problems experienced by significant others of substance abusers.

The psychometric properties of the Significant Other Checklist have recently been examined. Kirby, Dugosh, Benishek, and Harrington (2005) sought to examine the internal consistency of the SOC. They also sought to examine if differences exist between the different relationships of significant others to a substance abuser and the amount of problems reported on the SOC. Participants of this study consisted of parents

and partners of current substance abusers. Participants completed either the current or lifetime version of the SOC at intake for a larger treatment study. The current version of the SOC assesses the problems experienced by a significant other of a substance abuser within the last thirty days. The lifetime version of the SOC assesses the problems experienced by a significant other of a substance abuser over the lifetime of the significant other. Results of this study indicate that internal consistency reliability coefficients for the SOC subscales range from .53 to .72 for the current version of the SOC. Also, results indicate that internal consistency reliability coefficients for the SOC subscales for the lifetime version range from .59 to .77. Results also suggest that 95% of the significant others reported at least one problem on either relationship, emotional, health, or financial subscales. Also, partners reported significantly more financial problems than parents regardless of living arrangement, on the current version of the SOC. In sum, the results of this study suggest acceptable internal consistency reliability coefficients for the SOC subscales and, significant others of substance abusers may experience a variety of problems represented on the SOC due to a substance abuser's behaviors.

The Significant Other Survey (SOS; Kirby et al., 2003) is a semi-structured interview that assesses the problems experienced by significant others of substance abusers due to a substance abuser's behaviors. The SOS was developed from relevant items identified on the SOC. The SOS assesses the problems experienced by significant others of substance abusers within the last thirty days. The SOS assesses problems experienced by significant others of substance abusers along the dimensions of emotional

concerns, relationship issues, family issues, legal issues, financial issues, health issues, and physical violence.

Recent research has examined the psychometric properties of the SOS. Benishek, Dugosh, Faranda-Diedrich, and Kirby (2006) sought to examine the reliability of the SOS. Participants of this study included significant others of substance abusers who were over 18 years old, did not currently have a substance abuse problem themselves, had contact with the substance abuser for 12 of the past 30 days, and had known the substance abuser for at least three months. Participants participated in two administrations of the SOS within a time period of two to three days between the two interviews.

Results of Benishek et al. (2006) indicate that inter rater reliability estimates for the SOS subscales range from .53 to 1.0. These estimates suggest good to excellent inter rater reliability for the subscales of the SOS. Results also indicate that internal consistency reliability estimates of the SOS range from .63 to .83. Internal consistency estimates of .60 and above were considered acceptable in this study. Item total correlations for the SOS subscales ranged from .28 to .49. Test-retest reliability coefficients ranged from -.03 to .97, with 85% of items falling above .40. Because the time between the two administrations of the SOS was a two to three day period and this measure seeks to measure the frequency of the problems experienced, these test-retest reliability coefficients can be considered low. Specifically, these reliability coefficients indicate that the measurement obtained by the SOS may contain a large amount of measurement error.

One possible cause of the low test-retest reliability of the SOS may be the long administration time of the SOS. The SOS has an administration time of an hour and a half. Because this measure has a long administration time, respondent's responses to this instrument may not be consistent over the administration period. Therefore, the measurements obtained may not be a consistent measurement of the problems experienced by significant others.

The low test-retest reliability of the SOS may impact the measurement obtained by the SOS. Specifically, the consistency of the measurement over time may be affected. The measurement obtained by the SOS may contain a large amount of measurement error and therefore, the ability of the measurement to reflect a true measure of the problems experienced by significant others of substance abusers is uncertain.

Benishek, Dugosh, Faranda-Diedrich, and Kirby (2005) also sought to examine the different problems reported by significant others on the SOS. Specifically, they sought to examine the frequency of problems experienced by parents compared to partners of substance abusers as reported on the SOS. Participants of this study consisted of significant others of substance abusers who were over 18 years old, did not currently have a substance abuse problem themselves, had contact with the substance abuser for 12 of the past 30 days, and had known the substance abuser for at least three months. Participants completed the SOS and received \$20. Results of this study indicate that significant others reported emotional, relationship, and financial problems most frequently. Also, significantly more partners than parents reported physical violence. Results also indicate that partners reported significantly more relationship problems within the last 30 days when compared to parents. Results of this study also suggest that

significant others that lived with the substance abuser reported significantly more family, emotional, relationship, and financial problems than significant others that did not live with the substance abuser.

Both the Significant Other Checklist (SOC; Kirby et al., 2005) and the Significant Other Survey (SOS; Kirby et al., 2003) are two recently developed assessment instruments that are designed to measure the problems experienced by significant others of substance abusers due to a substance abuser's behaviors. The Significant Other Checklist (SOC; Kirby et al. 2005) is a self-report written checklist and the Significant Other Survey (SOS, Kirby et al. 2003) is a semi-structured interview. Both measures examine various problems experienced by significant others of substance abusers such as relationship problems, emotional problems, physical violence problems, financial problems, legal problems, and health problems. Recent research on both the SOC and the SOS indicate acceptable internal constancy coefficients (Benishek et al., 2006, Kirby et al., 2005). Due to the low test-retest reliability of the SOS, the accuracy of a comparison between responses to the SOS and the SOC would be uncertain.

The purpose of this study is to examine if the format of the assessment instrument will affect significant other responses to the instrument. Specifically, this study will examine the relationship between the responses of significant others of substance abusers on the Significant Other Checklist (SOC; Kirby et al., 2005) when it is administered in both an oral and written formats. The interview and self-report written questionnaire formats of assessment measures may have varying effects on the reliability and validity of the instrument (Conway et al., 1995; Greene, 1941; Guildford, 1954; Hasin, 1991; Hutchinson & Wilson, 1992; Sanson-Fisher & Martin, 1981; Zedeck et al., 1983). Both

formats of the SOC will be given to significant others to assess the relationship between responses to the two formats. Research examining interview and self-report questionnaire formats of assessment measures indicates that as the content of the measure becomes more personal to the respondent, differences between the two assessment formats emerge (Catania et al., 1986; Ellis, 1947, 1948; Locke & Gilbert, 1995; Oei & Zwart, 1986). The subscales of both the SOC contain items that could be considered very personal to a significant other of a substance abuser. These subscales examine the frequency of various problems including physical violence, legal, relationship, family, and emotional problems. Therefore, it is hypothesized that there will be a significant difference in the amount of problems reported by significant others of substance abusers on the written version of the Significant Other Checklist (SOC; Kirby et al., 2005) when compared to the oral version of the Significant Other Checklist (SOC; Kirby et al., 2005).

CHAPTER 2

METHOD

Participants

Participants of this study were part of a larger treatment study conducted at the Treatment Research Institute in Philadelphia. Inclusion criteria for this study were that the participant was a significant other of a substance abuser who was resistant to treatment, were at least 18 years of age, were not currently in treatment themselves for substance abuse, and had lived with the substance abuser for at least one year. Exclusion criteria for this study included significant others who meet DSM-IV criteria for any psychotic disorder.

Participants of this study consisted of one male and one female, ranging in age from 58 to 61 (mean = 59.5). All Participants reported a religious preference of Catholic, a reported ethnicity of not Hispanic or Latino, and a reported race of white (n=2). One participant reported being married and one participant reported being divorced. The years of education of participants ranged from 14 years to 27 years (mean = 20.5), and one participant had received a high school or GED diploma and one participant had received a bachelor's degree. All participants in this study had been employed full time over the past three years. Currently, one participant was employed and one participant was unemployed. Of the participant employed, the length of the current employment was seven years with, an annual salary of \$20,000 a year, and had worked an average of 50 hours a week. Of the participant unemployed, the length of the unemployment was three months and, was not receiving any unemployment or welfare money. All participants

reported not receiving any pension, benefits, or social security money. The total income in the participants' households ranged from \$53,000 to \$95,000 (mean = \$74,000).

Measures

Significant Other Checklist. The Significant Other Checklist (SOC, Kirby et al., 2005) is a self-report measure designed to assess the problems experienced by significant others of substance abusers. The current version of the SOC assesses problems experienced by significant others along the dimensions of physical abuse, legal issues, emotional concerns, relationship issues, finances, health, and family issues. Internal consistency estimates range from .53 to .72 when assessing problems for the past thirty days. Internal consistency estimates range from .59 to .77 when assessing the lifetime occurrence of these problems (Kirby et al., 2005). Items require significant others to report the frequency of these problems on a 5-point scale, ranging from 0 meaning never to 4 meaning almost always. Each item also requires significant others to rate how much they are bothered by the problem on a 5-point scale, ranging from 0 meaning not at all to 4 meaning a great deal. A copy of the SOC can found in Appendix A.

Procedure

Participants were given the Significant Other Checklist (SOC, Kirby et al., 2005) during the intake assessment for the treatment study to assess the current problems experienced by participants due to a substance abuser's behaviors. Participants were given the Significant Other Checklist (SOC, Kirby et al., 2005) in both a and written format, and in an oral format. Both assessment formats will be administered within the same week.

Proposed Data Analysis

Paired t-tests were used to examine the data. Specifically, paired t-tests were conducted between both administrations on each of the seven subscales. A comparison of the total number of problems reported on both administrations was also compared. A total of eight comparisons between the two administrations were examined.

CHAPTER 3

RESULTS

Demographics

Significant others reported the mean number of family members of concern was 1.5. One significant other reported having one family member in recovery, while one significant other reported no family members currently in recovery. One significant other reported that a spouse was of most concern while one significant other reported that a child was of most concern. All significant others reported that the primary drug of the family member of most concern was alcohol.

Significant others reported a mean time they had known the substance abuser of 29.5 years, and all reported currently living with the substance abuser. One significant other reported that they had previously attended a group for significant others of substance abusers for two months, attending 4 group meetings. All significant others reported previously attending psychotherapy and the time spent in psychotherapy ranged from 11 to 15 months (mean = 13). Also, participants reported that the number of sessions attended ranged from 15 to 60 (mean = 37.5).

All participants reported that the substance abusers were male and ranged in age from 35 to 63 (mean = 49). All participants reported that the substance abusers' religious preference was Catholic, their ethnicity was not Latino, and their race was white (n=2). One participant reported that the substance abuser was married and one participant reported that the substance abuser had never been married. Significant others reported

that the years of education of the substance abuser rang from 11 to 12 (mean = 11.5). It was reported that one substance abuser held a high school diploma and, that one substance abuser did not hold any educational degrees. It was also reported that all substance abusers had been employed full time over the previous three-year period. Currently, one substance abuser was employed and one substance abuser was currently unemployed. Of the substance abuser currently employed, the length of the current employment was 10 years. The gross income of substance abusers ranged from \$6,000 to \$65,000 (mean = \$35,000) a year. One significant other had reported that the substance abuser's income had been included in the total income for the household.

All significant others reported no regular use of alcohol for intoxication, recreational drugs, and prescription medications not prescribed (n=2). Within the past 30 days, significant others reported using alcohol for a mean of three days. One significant other reported 40 years of regular tobacco use and reported using tobacco 30 days within the previous 30 days. One significant other reported one year of previous regular tobacco use and reported not using tobacco within the previous 30 days. One participant reported six years of regular use of prescription drugs and reported using prescription drugs eight days of the previous 30-day period.

Relationship between Oral and Written Administrations of SOC

Figure 1 displays the means of SOC subscale totals across both oral and written administrations. Regardless of administration format, significant others reported the most problems on the emotional (34.6%), relationship (27.8%), and family (14.3 %) subscales. Significant others reported the least amount of problems on the financial (4.4%) and legal (.2%) subscales.

Figures 2 and 3 depict the relationship between the oral and written administrations of the SOC. Figure 2 displays mean subscale scores at each administration and Figure 3 displays the mean total scores of each administration of the SOC. Preliminary data from Figure 2 indicates that significant others reported more problems on the written administration of the SOC on the emotional, relationship, financial, legal, subscales of the SOC when compared to the oral administration. Preliminary data from Figure 3 indicates that significant others reported a total of more problems on the written administration of the SOC when compared to the oral administration.

Table 1 displays the means and standard deviations of SOC subscales of both written and oral administrations. A paired t-test analysis was conducted on each subscale total across both oral and written administrations to address the hypothesis that significant others would report significantly more problems on a written administration of the SOC when compared to an oral administration. Results of a paired t-test on the emotional subscale between the oral and written formats of the SOC were $t(1,2) = .60$, $p > .05$. These results indicate no significant difference on the emotional subscale between the written and oral administrations of the SOC. Results of a paired t-test on the relationship subscale were $t(1,2) = 3.0$, $p > .05$. These results indicate no significant difference on the relationship subscale between the written and oral administrations of the SOC. Results of a paired t-test on the family subscale were $t(1,2) = -.273$, $p > .05$. These results indicate no significant difference on the family subscale between the written and oral administrations of the SOC. Results of a paired t-test on the financial subscale were $t(1,2) = 1.0$, $p > .05$. These results indicate no significant difference on the financial

subscale between the written and oral administrations of the SOC. Results of a paired t-test on the physical violence subscale were $t(1,2) = -1.0, p > .05$. These results indicate no significant difference on the physical violence subscale between the written and oral administrations of the SOC. Results of a paired t-test on the legal subscale were $t(1,2) = 1.0, p > .05$. These results indicate no significant difference on the legal subscale between the written and oral administrations of the SOC. Results of a paired t-test between the total scores on the SOC were $t(1,2) = -1.0, p > .05$. These results indicate no significant difference on the total scores on the SOC between the written and oral administrations of the SOC.

CHAPTER 4

DISCUSSION

The results of this study indicate that regardless of administration format, significant others are reporting high to moderate levels of distress, especially regarding emotional, relationship, and family functioning. Significant others reported overall feelings of sadness and hopelessness. They reported that they had gave up things that they enjoyed such as spending time with friends, and enjoying time spent with family. Significant others also reported engaging in arguments with family members about the substance abuser as well as, arguments the family had with the substance abuser.

Significant others also reported distress in their relationship with the substance abuser, which included engaging in arguments with the substance abuser and experiencing verbal abuse. They also reported a feeling of being distant from the substance abuser as well as, experiencing anxiety. Significant others also reported doing things for the substance abuser that the substance abuser should have done and feelings of guilt and embarrassment.

Results of this study also indicate that regardless of administration format, significant others experienced the least amount of problems along the dimensions of health, financial, legal, and physical violence problems. Specifically, problems such as providing the substance abuser with monetary support such as lending them money, or providing them with material support, were not reported as frequently. Also, problems such as being physically attacked or threatened, by the substance abuser were not

reported as frequently. Finally, significant others reported dealing with legal problems related to their loved one and experiencing medical problems less frequently.

Previous research with larger more diverse samples of significant others has indicated that emotional, relationship, and financial problems were reported most frequently on either the SOC or SOS (Benishek, et al., 2005; Kirby et al., 2005). Preliminary results of this study are similar in that significant others reported emotional followed by relationship problems most frequently. Although, results of this study indicate that participants reported family problems more frequently than financial problems. One explanation for this deviation from previous research is that these results are preliminary due to low sample size and, it is uncertain if these results would be similar with a more large diverse sample of significant others. Also, the SOC is a newly developed instrument and consequently, has undergone item revisions.

Understanding what types of problems significant others of substance abusers experience most frequently has implications for treatment providers. Specifically, treatment planning could be affected by these results by indicating to clinicians what the focus of treatment should be. Although significant others may experience more global and universal problems such as financial, health, and legal problems, they do not experience them as frequently as they do more personal problems. Further, these results could signal clinicians to focus more on problems that are more personal such as emotional, relationship, and family problems. As a result, clinicians should then plan and implement treatments for significant others that are designed to address the more personal problems that significant others are experiencing.

Contrary to the hypothesis, no statistical difference was found between the written and oral administrations of the SOC on significant other responses. However, by examining the mean number of problems reported by significant others, results indicate that they reported more problems on the written administration of the SOC on the emotional, relationship, financial, and legal subscales. Also, by examining the mean SOC total scores, preliminary results indicate that significant others reported more problems on the written administration of the SOC when compared to the oral administration. Due to a small sample size ($n=2$), the results at this time are not statistically significant.

Along the dimensions of health, physical violence, and family problems, preliminary results suggest no differences between oral and written administration formats. Although, according to existing research (Benishek, et al., 2005; Kirby et al., 2005), significant others tend to report health and physical violence problems less frequently. Furthermore, it is uncertain if these results indicate no significant difference in administration format along these dimensions or rather, if the lack of variability in scores between the two formats in these dimensions is due to the low frequency of the problems experienced.

Previous research has examined the differences between administration formats using instruments designed to examine various types of information, ranging from autobiographical information, delinquent behaviors, psychological symptomology, life events, love, and sex (Krohn et al., 1975; Walsh, 1968; Catania et al., 1986; Ellis, 1947, 1948; Locke & Gilbert, 1995; Oei & Zwart, 1986). This research has indicated that as the information on the instrument becomes increasingly personal to the responder,

differences between the two administrations begin to emerge. Preliminary results of this study are similar to that of previous research. These results indicate that significant others may feel that problems they experience in emotional, relationship, financial, and legal functioning are of a personal nature. Therefore, they may feel more comfortable reporting these problems on a written assessment compared to reporting these problems to another person. Previous research has examined the differences between administration formats with college students and psychiatric inpatients but, this current study is the first to examine this difference with significant others of substance abusers.

If these preliminary results reflect the results with an appropriately powered sample size, instrument development may be affected. Specifically, differences between how individuals respond to oral and written administrations of assessment measures may play a role in the type of administration format planned for an instrument or parts of an instrument. For example, if an instrument is examining information that may be considered personal to the responder, developers may choose a written administration format in order to have responders feel as comfortable as possible.

Future results of this study may also impact normative practice in mental health. Typically in most counseling settings, clinicians usually gain their understanding of a client through the use of clinical interviews. If future results of this study and others similar replicate these preliminary findings, it could signal a shift in normative practice in suggesting that clinicians should at times, utilize written assessment instruments in order to gain a more accurate understanding of clients. This shift may be more time consuming and costly to clinicians but, if the clinician will gain a more accurate understanding of the client, these changes should be made no matter what the cost or inconvenience. A

clinician's understanding of a client is very important in that it will affect diagnoses, treatment planning, and how the treatment is implemented. Furthermore, if a clinician does not have a clear and accurate understanding of a client, it is uncertain how effective the treatment provided will be.

Future results of this study may also affect treatment in that they may indicate which types of problems clients are comfortable disclosing early on in treatment. Specifically, if a client feels more comfortable in reporting these problems in written form, it can signal the clinician that the client may not feel comfortable discussing the problem yet. This could signal the clinician that the therapeutic relationship should be established before focusing in on problems that the client may consider personal in order to have the client feel as comfortable as possible. A client that is comfortable discussing problems of a personal nature with a clinician will be more motivated and receptive to change.

Limitations

One limitation of this study is the small sample size ($n=2$). Due to this small sample size, it is not known if a significant difference between an oral and written administration of the SOC exists when considering a larger, more diverse sample of significant others of substance abusers. Subject recruitment was a challenge because of the nature of the population being studied. Because this thesis project was part of a larger National Institute on Drug Abuse funded project, the recruitment of participants for this project was dependent upon the recruitment of participants for the larger study. The larger study is a treatment outcome study; it is not uncommon for therapists to require 6-12 months of training in the intervention before data collection can begin. At the time this

this project was proposed, therapists had been in training for 5 months; however, both therapists resigned from the larger project during the past 12 months. This slowed the recruitment of participants into the larger study, thereby affecting the recruitment of participants for this thesis project.

Another explanation for such a small sample size is general recruitment difficulties when working with this population. Significant others of substance abusers may feel embarrassed or ashamed of knowing a substance abuser. They may also feel embarrassed or ashamed about needing help to deal with the problems that arise due to a substance abuser's behaviors. As a result, they may not feel comfortable seeking treatment due to this stigma.

Another limitation of this study is that a computerized administration of the SOC was not administered. Computerized administrations are another format of administration. Adding this administration would have allowed the examination of differences among these three assessment formats. Due to the length of the assessment process of the larger treatment study, adding a computerized format of the SOC would have proved to be too time consuming for participants. It is not known how significant others would have responded to this format and if a significant difference would have emerged among oral, written, and computerized formats of the SOC.

Another limitation of this study is that both participants had received the written administration of the SOC before they received the oral administration of the SOC. The order of administrations was planned to be counterbalanced but was not due to recruitment difficulties. Therefore, the results of this study may have been affected.

Specifically, it is not known if administering the oral administration of the SOC prior to the written administration would yield the same results.

Future Directions

Future research should examine responses to oral, written, and computerized administrations of assessment instruments. Specifically, future research should examine if significant others and various other populations, respond similarly to all three administration formats. This research would prove useful in determining to which administration format significant others feel most comfortable disclosing their difficulties. This research would also prove useful in determining if these differences also exist when working with various types of populations experiencing distress.

Future research should also examine differences in responses to oral administrations with and without the administration present. Specifically, differences in responses should be examined when an administrator is administering the instrument in person, and when the administrator has audiotaped the instrument and the responder is responding to the instrument alone. By examining these responses to these two formats, it could be determined if responses differ when the responder is required to respond to the administrator compared to when the responder is alone when responding to the instrument.

Future research should also add other instruments to this design to further examine if a difference between administration formats exists and the possible reasons for this difference. Specifically, adding an instrument designed to examine a person's sociability would prove useful in examining if sociability affects the amount of information that is divulged in an interview. Further, adding an instrument of sociability

would examine if a significant difference emerges between written and oral administrations of an instrument regardless of how sociable the respondent may be. Also, including an instrument designed to examine the therapeutic relationship would prove useful in examining how much of the variability in scores between the two administrations can be attributed to the strength of the therapeutic relationship.

Future research should also examine how to assess what information a person may consider personal. One possibility for future research is to design an instrument to examine what types of information is considered personal to the responder. Specifically, items could represent different types of information and ask the responder to rate how personal they perceive the information to be. Also, responders could be asked to make ratings on how comfortable they would be disclosing the information to others. This research would be useful in determining if general patterns exist in what information is considered personal to others of various populations.

CHAPTER 5

REFERENCES

- Benishek, L. A., Dugosh, K. L., Faranda-Diedrich, T. M., & Kirby, K. C. (2005). The problems of parents and partners with a drug using loved one: Prevalence, quantify, and frequency across seven life domains. Manuscript submitted for publication.
- Benishek, L. A., Dugosh, K. L., Faranda-Diedrich, T. M., & Kirby, K. C. (2006). Development of the Significant Other Survey: An interview for family members of substance abusers. *American Journal of Family Therapy, 34*, 33-46.
- Cahalan, D. & Cisin, I. H. (1968). American drinking practices: Summary of findings from a national probability sample. *Quarterly Journal of Studies on Alcohol, 29*, 642-656.
- Catania, J. A., McDermott, L. J., & Pollack, L. M. (1986). Questionnaire response bias and face-to-face interview sample bias in sexuality research. *Journal of Sex Research, 22*, 52-72.
- Cicchetti, D.V. (1994). Guidelines, criteria, and rules of thumb for evaluating normed and standardized assessment instruments in psychology. *Psychological Assessment, 6*, 284-290.
- Cole, D. A., Gondoli, D. M., & Peeke, L. G. (1998). Structure and validity of parent and teacher perceptions of children's competence: A multitrait-multi-method-multigroup investigation. *Psychological Assessment, 10*, 241-249.

- Cole, D., Martin, J. M., Peeke, L., Henderson, A., & Harwell, J. (1998). Validation of depression and anxiety measures in white and black youths: Multitrait-multi-method analysis. *Psychological Assessment, 10*, 261-276.
- Conway, J. M., Jako, R. A., & Goodman, D. F. (1995). A meta-analysis of interrater and internal consistency reliability of selection interviews. *Journal of Applied Psychology, 80*, 565-579.
- Ellis, A. (1947). Questionnaire versus interview methods in the study of human love relationships. *American Sociological Review, 12*, 541-553.
- Ellis, A. (1948). Questionnaire versus interview methods in the study of human love relationships. II. Uncategorized responses. *American Sociological Review, 13*, 61-65.
- Gordon, M. (1983). *The Gordon Diagnostic System*. Boulder, CO: Clinical Diagnostic Systems.
- Greene, E. B. (1941). *Measurements of Human Behavior*. New York: The Odyssey Press.
- Guilford, J. P. (1954). *Psychometric methods*. New York: McGraw-Hill Book Company, Inc.
- Harrison, D. A., & McLaughlin, M. E. (1996). Structural properties of organizational self-reports: Field tests of connections predicted by cognitive theory. *Journal of Management, 22*, 313-338.
- Harter, S. (1985). *Manual for the Self-Perception Profile for Children*. Denver: CO, University of Denver.

- Hasin, D. (1991). Diagnostic interviews for assessment. *Alcohol Health and Research World, 15*, 293-303.
- Haynes, S. N., Jensen, B. J., Wise, E., & Sherman, D. (1981). The marital intake interview: A multi-method criterion validity assessment. *Journal of Consulting and Clinical Psychology, 49*, 379-387.
- Hugo, J. A. (1971). Abbreviation of the MMPI through multiple regression. *Dissertation Abstracts International, 32*, 1213B.
- Hutchinson, S. A., & Wilson, H. S. (1992). Validity threats in scheduled semi structured research interviews. *Nursing Research, 41*, 117-119.
- Kirby, K. C., Benisheck, L. A., Christoffel, T., Schwartz, R., Wosak, J., Manson, S. & Gutierrez, J. (2003). *Reliability of the first version of the Significant Other Survey*. Presented at the annual meeting of the College on Problems of Drug Dependence, Bal Harbour, FL.
- Kirby, K. C., Dugosh, K. L., Benishek, L. A., & Harrington, V. M. (2005). The Significant Other Checklist: Measuring the problems experienced by family members of drug users. *Addictive Behaviors, 30*, 29-47.
- Kaplan, R. M., & Saccuzzo, D. P. (2005). *Psychological testing: Principles, applications, and issues*. Belmont, CA: Thomson Wadsworth.
- Krohn, M., Waldo, G. P., & Chiricos, T. G. (1975). Self-reported delinquency: A comparison of structured interviews and self-administered checklists. *Journal of Criminal Law and Criminology, 65*, 545-553.
- Locke, S. D., & Gilbert, B. O. (1995). Method of psychological assessment, self-disclosure and experimental differences: A study of computer, questionnaire, and

- interview assessment formats. *Journal of Social Behavior and Personality*, 10, 255-263.
- Mitchell, T. V., & Quittner, A. L. (1996). Multi-method study of attention and behavior problems in hearing-impaired children. *Journal of Clinical Child Psychiatry*, 25, 83-96.
- Oei, I., & Zwart, F. M. (1986). The assessment of life events: Self-administered questionnaire versus interview. *Journal of Affective Disorders*, 10, 185-190.
- Sanson-Fisher, R. W., & Martin, C. J. (1981). Standardized interviews in psychiatry; issues of reliability. *The British Journal of Psychiatry*, 139, 138-143.
- Switzer, G. E., Wisniewski, S. R., Belle, S. H., Dew, M.A., & Schultz, R. (1999). Selecting, developing, and evaluating research instruments. *Social Psychiatry and Psychiatric Epidemiology*, 34, 399-409.
- Walsh, W. B. (1968). The validity of self-report: Another look. *Journal of Counseling Psychology*, 15, 180-186.
- Zedeck, S., Tziner, A., & Middlestadt, S. E. (1983). Interviewer validity and reliability: An individual analysis approach. *Personnel Psychology*, 36, 355-370.

Appendix A: Table 1

Significant Other Checklist (SOC) Subscale Results

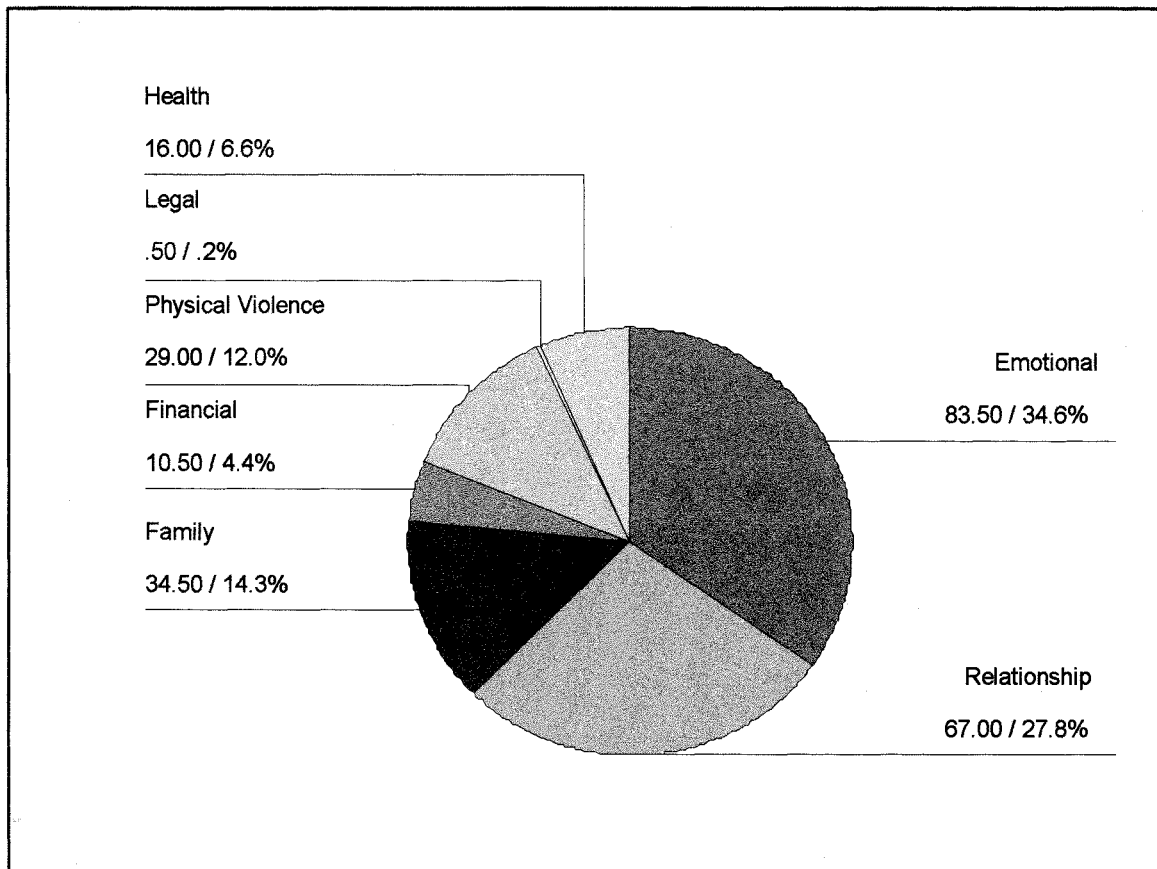
	Subscale Scores for Written Administration (n=2)		Subscale Score for Oral Administration (n=2)	
Subscales of SOC	Mean	Standard Deviation	Mean	Standard Deviation
Emotional	42.5	19.09	41	15.55
Relationship	35	9.89	32	11.31
Family	16.5	9.19	18	1.41
Financial	6.5	9.19	4	5.65
Physical	14	19.79	15	21.21
Violence				
Legal	5	.70	0	.00
Health	8	2.8	8	2.82
Total	123	11.31	118	4.24

Note. Mean subscale scores of both written and oral administrations of SOC. Scores are similar. This data is preliminary due to small sample size (n=2).

Appendix B: Figures

FIGURE 1

Subscale Totals for Significant Other Checklist (SOC)



The means for each subscale across both written and oral test administration are reported as well as the percentage of total problems reported.

FIGURE 2

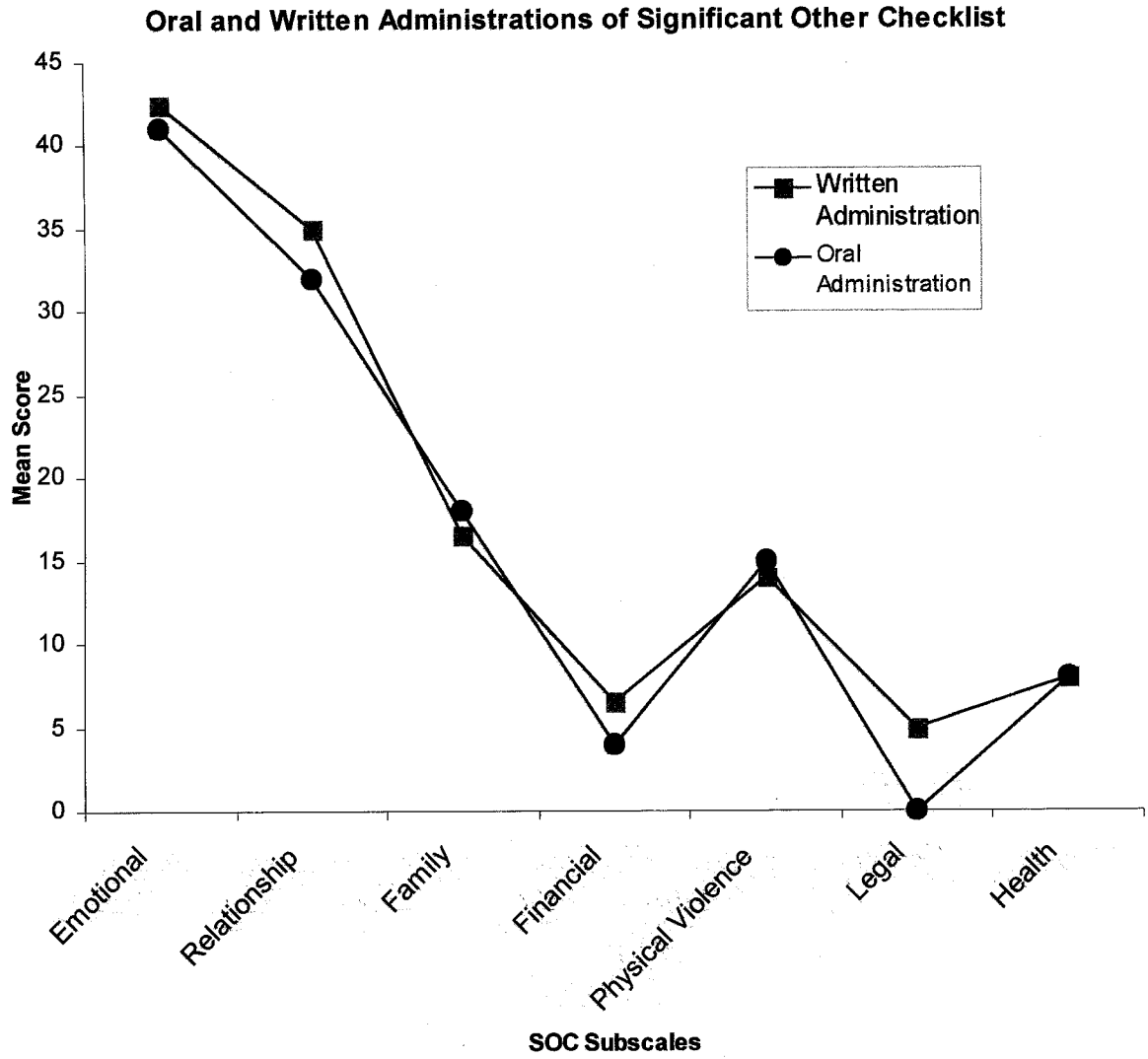
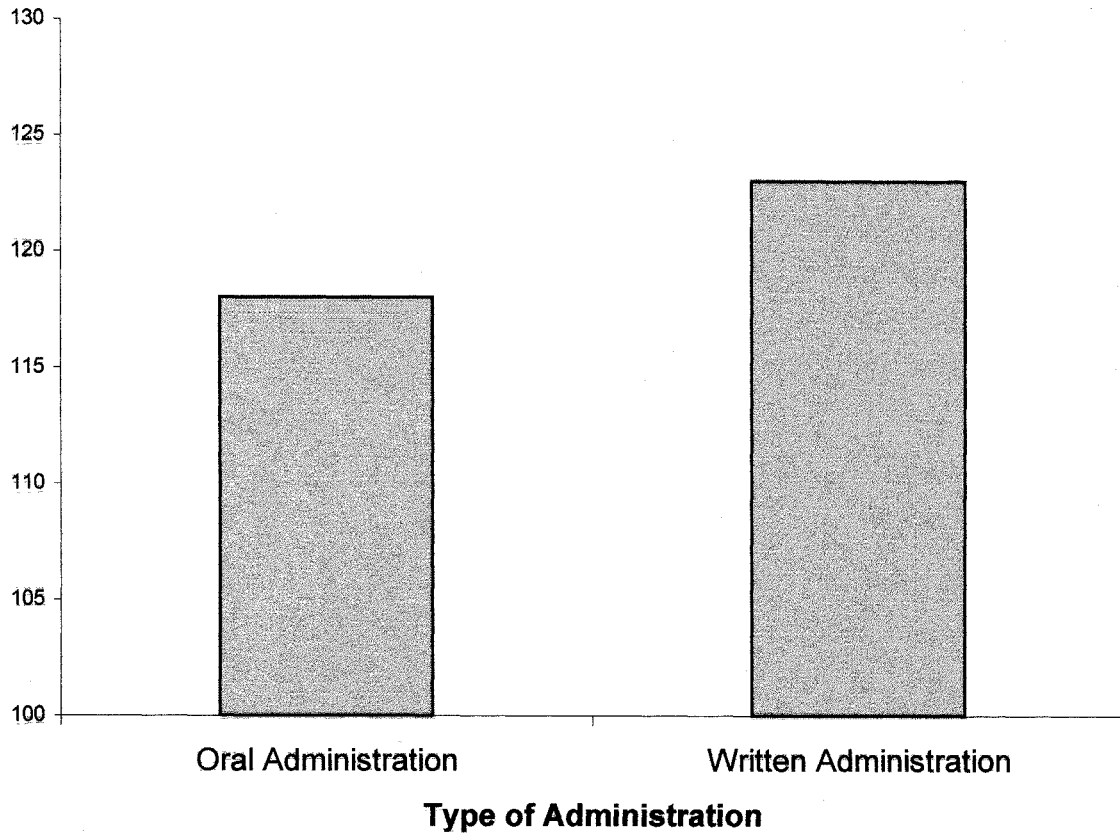


FIGURE 3

Mean SOC Total Scores



Appendix C: Significant Other Checklist (Kirby et al., 2005)

Significant Other Survey^{2nd ed.}

Below is a list of difficulties that are sometimes reported by people with a drug or alcohol abusing loved one. Please read each item and circle the number in the *first set of columns* on the right that most closely corresponds to how often you have experienced the difficulty in the **past 30 days**. Then, in the *second set of columns*, please circle the number that most closely describes how much the problem has bothered you in the **past 30 days**.

For example, if you have not experienced the problem in the past 30 days (see **question #1 below**), then you would circle 0/never in the *first column* and then would circle 0/not at all in the *second column*.

For example, if you have experienced the problem in the past 30 days (see **question #2 below**), then you would circle a number ranging from 1 to 4 in the *first column* and then would circle a number ranging from 0 to 4 in the *second column*.

		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
Emotional											
1	you had trouble sleeping	0	1	2	3	4	0	1	2	3	4
2	you had trouble eating (eating more or less than usual or having no appetite)	0	1	2	3	4	0	1	2	3	4

Please continue on to the next page to begin the survey.

Feel free to let the staff member know if you have any questions about the items, and remember that there are no right answers.

		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
Emotional – Past 30 days											
1	you had trouble sleeping	0	1	2	3	4	0	1	2	3	4
2	you had trouble eating (eating more or less than usual or having no appetite)	0	1	2	3	4	0	1	2	3	4
3	you felt guilty	0	1	2	3	4	0	1	2	3	4
4	you felt embarrassed	0	1	2	3	4	0	1	2	3	4
5	you felt angry	0	1	2	3	4	0	1	2	3	4
6	you felt anxious or worried	0	1	2	3	4	0	1	2	3	4
7	you felt sad or depressed	0	1	2	3	4	0	1	2	3	4
8	you felt hopeless	0	1	2	3	4	0	1	2	3	4
9	you had trouble concentrating	0	1	2	3	4	0	1	2	3	4
10	you felt you had too much responsibility for the welfare of family, friends and/or yourself	0	1	2	3	4	0	1	2	3	4

Relationship – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
11	you had arguments with your loved one	0	1	2	3	4	0	1	2	3	4
12	your loved one verbally abused you	0	1	2	3	4	0	1	2	3	4
13	you did things for your loved one that you think (s)he should have done for himself/herself	0	1	2	3	4	0	1	2	3	4
14	you spent a lot of time thinking about how to help your loved one with his/her problem	0	1	2	3	4	0	1	2	3	4
15	you gave up doing things that you wanted to do because of your loved one's problem	0	1	2	3	4	0	1	2	3	4
16	you were disturbed because your loved one came home later than expected	0	1	2	3	4	0	1	2	3	4
17	you felt distant from your loved one	0	1	2	3	4	0	1	2	3	4

Family – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
18	your family members had arguments with your loved one	0	1	2	3	4	0	1	2	3	4
19	your family members argued with each other about your loved one	0	1	2	3	4	0	1	2	3	4
20	your loved one disrupted a family gathering	0	1	2	3	4	0	1	2	3	4
21	your relationship with your loved one interfered with relationships with other family members or friends	0	1	2	3	4	0	1	2	3	4
22	you did not have enough time with friends	0	1	2	3	4	0	1	2	3	4
23	you did not enjoy time with family members	0	1	2	3	4	0	1	2	3	4
24	you saw your loved one or his/her friends using alcohol in your home	0	1	2	3	4	0	1	2	3	4
25	you saw your loved one or his/her friends using drugs in your home	0	1	2	3	4	0	1	2	3	4
26	you found alcohol in your home	0	1	2	3	4	0	1	2	3	4
27	you found drugs in your home	0	1	2	3	4	0	1	2	3	4
28	you argued with your loved one about alcohol or drug use in your home	0	1	2	3	4	0	1	2	3	4

29	you argued with your loved one about drug paraphernalia in your home	0	1	2	3	4	0	1	2	3	4
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Financial – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		Never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
30	you lent your loved one money regardless of whether or not you expected to get it back	0	1	2	3	4	0	1	2	3	4
31	you provided your loved one with material support (such as food or clothing)	0	1	2	3	4	0	1	2	3	4
32	you paid fines or bills for your loved one	0	1	2	3	4	0	1	2	3	4
33	your loved one failed to provide you or your household with material support (such as food or clothing)	0	1	2	3	4	0	1	2	3	4
34	your loved one stole from you	0	1	2	3	4	0	1	2	3	4
35	you hid money, credit cards or the checkbook from your loved one	0	1	2	3	4	0	1	2	3	4
36	you spent all the money so that there was little left for your loved one to spend	0	1	2	3	4	0	1	2	3	4
37	you lost money (income) because you were not at work	0	1	2	3	4	0	1	2	3	4

People often have different definitions of physical violence. For the purpose of this survey, we would like you to view behaviors like pushing and shoving as a “physical attack.”

Physical Violence – Past 30 days		How often have you experienced the problem?					How bothered were you by the problem?				
		Never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
38	your loved one threatened to physically attack you	0	1	2	3	4	0	1	2	3	4
39	your loved one actually physically attacked you	0	1	2	3	4	0	1	2	3	4
40	your loved one actually physically hurt you	0	1	2	3	4	0	1	2	3	4
41	you threatened to physically attack your loved one	0	1	2	3	4	0	1	2	3	4
42	you actually physically attacked your loved one	0	1	2	3	4	0	1	2	3	4
43	you actually physically hurt your loved one	0	1	2	3	4	0	1	2	3	4
44	your loved one threatened to physically attack a family member other than you	0	1	2	3	4	0	1	2	3	4
45	your loved one actually physically attacked a family member other than you	0	1	2	3	4	0	1	2	3	4
46	your loved one actually physically hurt a family member other than you	0	1	2	3	4	0	1	2	3	4
47	another family member threatened to physically attack your loved one	0	1	2	3	4	0	1	2	3	4
48	another family member actually physically attacked your loved one	0	1	2	3	4	0	1	2	3	4
49	another family member actually physically hurt your loved one	0	1	2	3	4	0	1	2	3	4
50	your loved one injured him/herself on purpose	0	1	2	3	4	0	1	2	3	4

51	your loved one intentionally damaged or destroyed property or possessions	0	1	2	3	4	0	1	2	3	4
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	Legal – Past 30 days	How often have you experienced the problem?					How bothered were you by the problem?				
		never	rarely	occasionally	frequently	almost always	not at all	a little	somewhat	a lot	a great deal
52	you dealt with legal problems related to your loved one	0	1	2	3	4	0	1	2	3	4
	List other legal problems below - please print										
52a											
52b											
52c											
52d											
52e											

Health – Past 30 days											
53	experienced your own medical problems	0	1	2	3	4	0	1	2	3	4
54	took prescribed medication for a physical condition	0	1	2	3	4	0	1	2	3	4
	List other health problems below - please print										
54a											
54b											
54c											
54d											