Survey of Pain Attitudes™

Longitudinal Report

Developed by

Mark P. Jensen, PhD, Paul Karoly, PhD,
and
PAR Staff

Client Information

Client Name :	Client Sample
Client ID :	123-465
Gender :	Female
Date of Birth :	03/25/1983
Age :	25
Report Date :	11/13/2008

Use of this report requires a complete understanding of the *Survey of Pain Attitudes* (SOPA) scales and its interpretation, applications, and limitations as presented in the SOPA Professional Manual. This report contains raw and standardized scores from the SOPA Rating Form. Users should refer to the SOPA Professional Manual for procedures and guidelines for the interpretation of this report. Users also should refer to the Professional Manual for information about the psychometric characteristics of the SOPA.

This report should be used as only one source of information about the individual being evaluated. In this respect, no decisions should be based solely on the information contained in this report. The raw and standardized scores contained in this report should be integrated with other sources of information when making decisions about this individual.

This report is confidential and is intended for use by qualified professionals who have sufficient knowledge of psychometric testing and of the SOPA. *This report should not be released to any individuals who are not qualified to interpret the results.*

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Survey of Pain Attitudes

The SOPA scales are divided into two general categories: (1) scales that measure Adaptive Beliefs – beliefs that are thought to contribute to less pain and disability over time, and (2) scales that measure Maladaptive Beliefs – beliefs that are thought to contribute to greater pain and disability over time. In general, research findings support these categorizations, although some scales tend to be more strongly associated with patient functioning than others (in particular, disability and harm-related beliefs have been shown to be associated with greater disability, and control beliefs have been shown to be associated with less disability). However, it is important to remember that what is adaptive or maladaptive for one person may not be adaptive or maladaptive for another.

There are two Adaptive SOPA scales: Control and Emotion.

- The **Control** scale assesses the extent to which a patient believes that he or she can control pain when it occurs.
- The **Emotion** scale assesses the extent to which a patient believes that his or her emotions have an impact on the experience of pain.

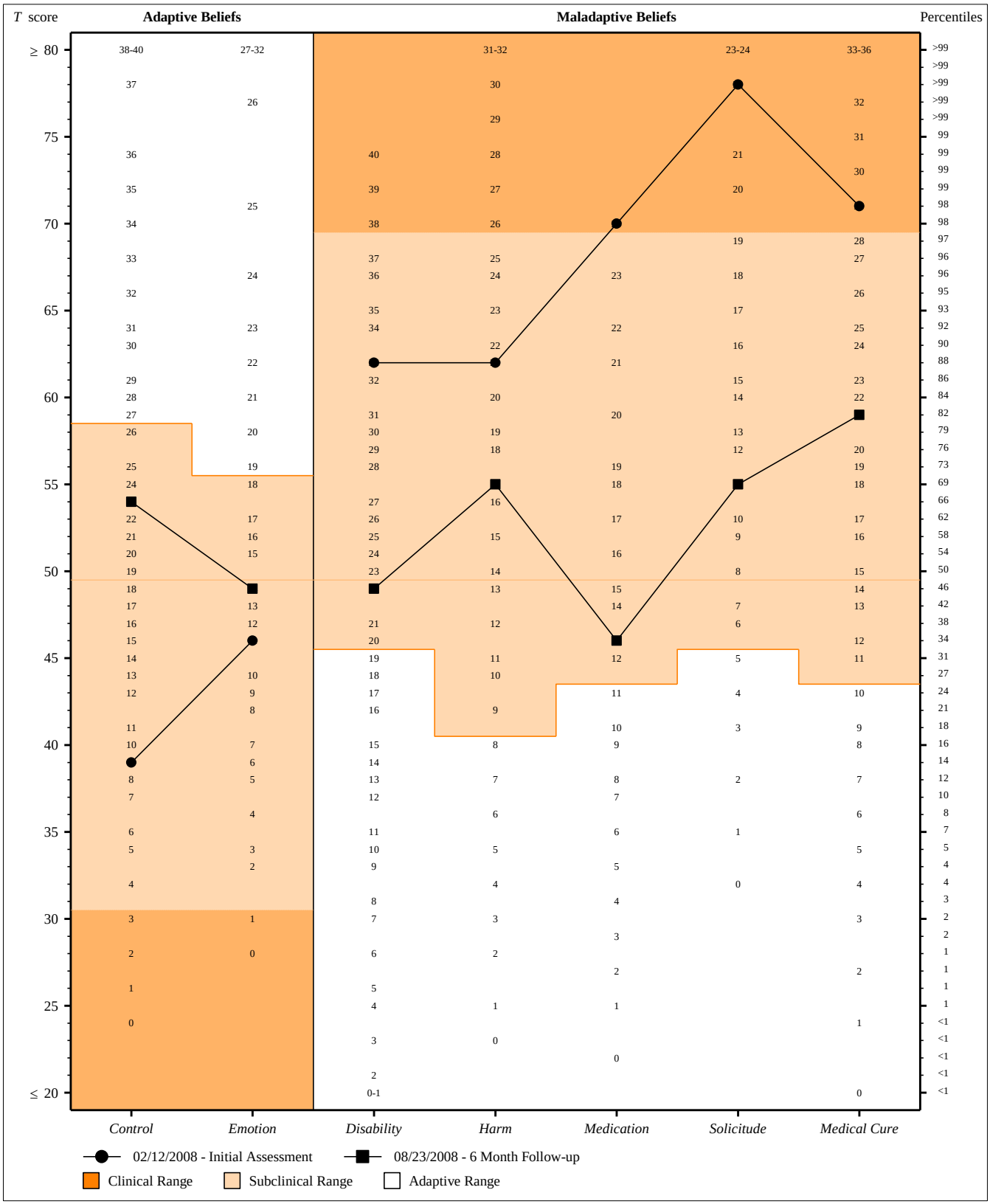
There are five Maladaptive SOPA scales: Disability, Harm, Medication, Solicitude, and Medical Cure.

- The **Disability** scale assesses the extent to which a patient believes he or she is disabled by pain.
- The **Harm** scale assesses the extent to which a patient believes that pain will lead to physical damage and that he or she should avoid exercise.
- The **Medication** scale assesses the extent to which a patient believes that medication is an appropriate treatment for his or her chronic pain.
- The **Solicitude** scale assesses the extent to which a patient believes that others, especially family members, should be solicitous in response to his or her experience of pain.
- The **Medical Cure** scale assesses the extent to which a patient believes in a medical cure for his or her pain problem, and also that it is the responsibility of the doctor to reduce or cure the pain problem.

Longitudinal Score Summary Table

Scale	***T* Scores**					
Test Date	**02/12/08**	**08/23/08**				
Adaptive Beliefs						
Control	39	54				
Emotion	46	49				
Maladaptive Beliefs						
Disability	62	49				
Harm	62	55				
Medication	70	46				
Solicitude	78	55				
Medical Cure	71	59				

SOPA Profile



Reliable Change Scores

The Reliable Change Score for each SOPA scale represents the difference between *T* scores on 02/12/2008 and 08/23/2008. A larger Change Score is more likely to reflect a true, meaningful change than is a small one. However, the clinician should view the Change Score as a general guideline only. Clinical judgment must always be a factor in determining the meaning of any changes observed. More specifically, other relevant information about the patient (e.g., medical history, related assessment results, changes in pain intensity, previous SOPA scores) should be considered when interpreting Change Scores. Interpretation should also consider patterns of change over time (e.g., progress being gained and then lost) that would not be evident from the Change Scores.

Positive Change Scores on the SOPA scales that assess beliefs considered adaptive (Control and Emotion scales) indicate improvement (i.e., increase in adaptive beliefs) whereas negative Change Scores indicate a decline (i.e., decrease in adaptive beliefs). On the other hand, positive Change Scores on the SOPA scales that assess beliefs considered maladaptive (Disability, Harm, Medication, Solicitude, and Medical Cure) indicate a decline (i.e., an increase in maladaptive beliefs) while negative Change Scores indicate an improvement (i.e., decrease in maladaptive beliefs).

The clinical relevance of the Change Scores (and associated *p* values) also depends on the Time 1 scores. For scales that were in the Adaptive Range initially, a reasonable goal would be to maintain scores in that range at Time 2. For scales that were in the Clinical or Subclinical Range initially, a goal to consider would be a change in the direction of the Adaptive Range.

Associated with each Change Score is a Probability Level (or *p* value) reflecting the likelihood that the difference is due to chance alone. Probability Levels that are small (e.g., $p < .05$) indicate that the change is statistically significant and unlikely to have occurred by chance alone or be due to random variation. Probability Levels that are large (e.g., $p > .20$) suggest that the change noted was not statistically significant, and perhaps not very meaningful. However, it is difficult for the Change Score of an individual, even when the difference between *T* scores is not due to chance or random variation, to reach statistical significance. For this reason, *p* values between .05 and .20 suggest the possibility that the change observed is not due to chance alone. Such Change Scores should be interpreted as potentially meaningful and important.

Reliable Change Score Summary Table

	08/23/2008	02/12/2008	08/23/2008 – 02/12/2008	
Scale	**Time 2 *T* score**	**Time 1 *T* score**	**Change Score**	**Probability Level**
Adaptive Beliefs				
Control	54	39	15	.05
Emotion	49	46	3	ns
Maladaptive Beliefs				
Disability	49	62	-13	.05
Harm	55	62	-7	ns
Medication	46	70	-24	.05
Solicitude	55	78	-23	.05
Medical Cure	59	71	-12	.20

Note: "ns" = not significant

End of Report