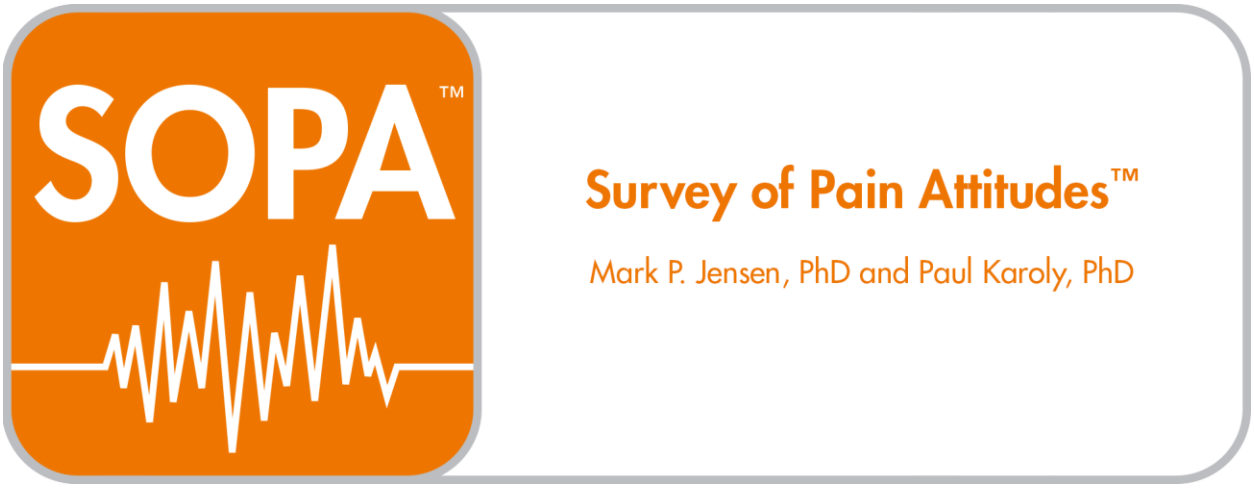

Generated by PARiConnect

Score Report

Client name:	SOPA Sample
Client ID:	SOPA
Gender :	Female
Date of birth:	(not specified)
Age:	28
Test date:	11/14/2013

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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Version: 1.10.013

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.

Inconsistency Score

Inconsistency score	Protocol Classification
10	Acceptable

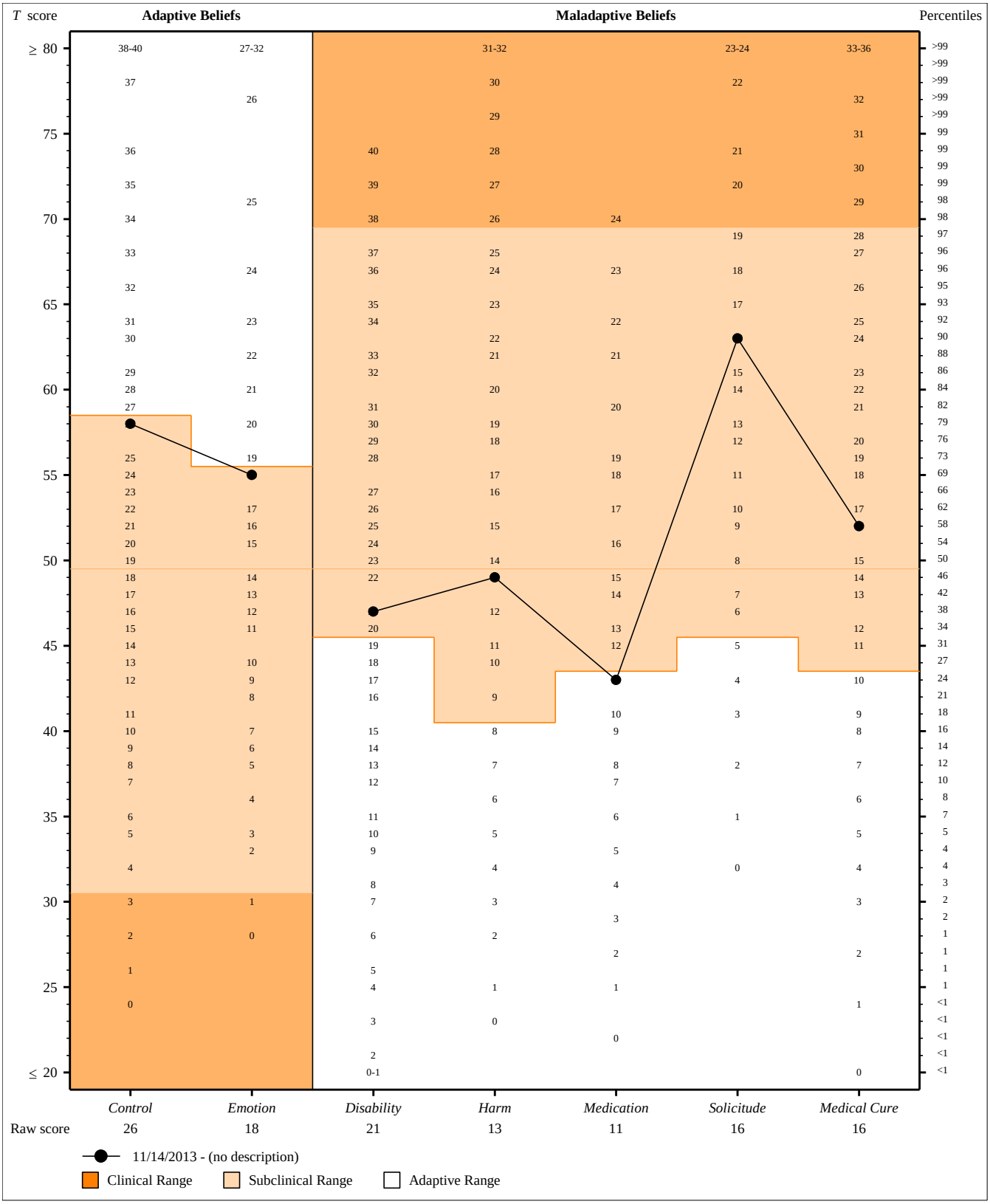
The Inconsistency score was found to be within the acceptable range.

SOPA Score Summary Table

Note: The *T* scores and percentiles that are presented in the following table are based on a group of patients with chronic pain assessed prior to multidisciplinary treatment.

Scale	Raw score	*T* Score	%ile
Adaptive Beliefs			
Control	26	58	79
Emotion	18	55	69
Maladaptive Beliefs			
Disability	21	47	38
Harm	13	49	46
Medication	11	43	24
Solicitude	16	63	90
Medical Cure	16	52	58

SOPA Profile



Overview of Results

The comments concerning current levels of pain coping are based on comparisons of Ms. Sample's responses with those of the SOPA standardization sample. Ms. Sample's responses are classified into one of three ranges: Clinical, Subclinical, and Adaptive. The Clinical Range is defined as 2 standard deviations from the mean of the SOPA standardization sample, in the direction of what is considered to be maladaptive (i.e., 2 standard deviations above the mean for the Maladaptive Beliefs scales and 2 standard deviations below the mean for the Adaptive Beliefs scales). The Subclinical Range falls between the Adaptive and Clinical ranges, and reflects scores that are similar to those of patients who are seeking chronic pain treatment but are not as extreme as scores in the Clinical Range. The Adaptive Range is defined relative to the average score of patients who have completed multidisciplinary pain treatment. The Adaptive Range is above (or higher than) the average score of pain patients for the Adaptive Beliefs scales (Control and Emotion) and below (or lower than) the average score for the Maladaptive Beliefs scales (Disability, Harm, Medication, Solicitude, and Medical Cure).

When considering Ms. Sample's scores relative to the standardization sample, it is useful to consider whether there is room for improvement (e.g., an increase in a Adaptive Beliefs or decrease in the Maladaptive Beliefs), and whether, in the clinician's judgment, focus on making a change in these beliefs would benefit the patient. In making this judgment, it may be useful to remember that the Maladaptive belief scales (in particular, those measured by the Disability and Harm scales) tend to show stronger and more consistent associations with patient functioning than the Adaptive Belief scales do. It is also important to remember that what is adaptive for one patient may not be adaptive for another. Each patient's unique situation must always be considered when interpreting a belief score and then making decisions about treatment goals based on those scores.

Clinical Range

None of the SOPA scales were found to be within the Clinical Range.

Subclinical Range

Relative to the SOPA standardization sample, Ms. Sample's Control, Emotion, Disability, Harm, Solicitude, and Medical Cure scales fall within the Subclinical Range. As described earlier, scores in this range are similar to those of patients who have not participated in training to enhance chronic pain self-management skills. Although they do not reach the Clinical level, such scores suggests that there may be room for improvement in the beliefs assessed by these scales.

Based on the findings of Ms. Sample's Adaptive Beliefs scales that were found in the Subclinical Range, she might benefit from skill training and encouragement to *increase*

the beliefs that she has control over pain and its effects and that emotions can affect pain.

Based on the findings of Ms. Sample's Maladaptive Beliefs scales that were found in the Subclinical Range, she might benefit from skill training and encouragement to *decrease* the beliefs that one is necessarily disabled by pain, that pain is a signal of damage, that others should be more solicitous when she is experiencing pain, and that it is the responsibility of health care professionals, and not the patient, to manage her chronic pain condition.

Adaptive Range

Relative to the SOPA standardization sample, the Medication scale falls within the Adaptive Range. As described earlier, scores in this range are similar to patients who have completed multidisciplinary pain treatment.

Based on the findings of Ms. Sample's Maladaptive Beliefs scale that was found in the Adaptive Range, treatment goals could center on maintaining the current low level of the belief that analgesic medications are an appropriate treatment approach for chronic pain management.

SOPA Item Response Table

Item	Response	Item	Response	Item	Response	Item	Response
1.	ST	**16.**	SU	**31.**	SU	**46.**	ST
2.	VT	**17.**	N	**32.**	VU	**47.**	VU
3.	SU	**18.**	SU	**33.**	N	**48.**	ST
4.	N	**19.**	ST	**34.**	ST	**49.**	SU
5.	SU	**20.**	VU	**35.**	N	**50.**	VU
6.	VT	**21.**	SU	**36.**	ST	**51.**	N
7.	ST	**22.**	ST	**37.**	VU	**52.**	ST
8.	VU	**23.**	N	**38.**	ST	**53.**	VT
9.	N	**24.**	N	**39.**	ST	**54.**	ST
10.	VT	**25.**	N	**40.**	VU	**55.**	VT
11.	N	**26.**	SU	**41.**	N	**56.**	ST
12.	SU	**27.**	ST	**42.**	VT	**57.**	ST
13.	VT	**28.**	ST	**43.**	SU		
14.	VT	**29.**	N	**44.**	VT		
15.	VT	**30.**	N	**45.**	ST		

***** End of Report *****