

## Development and Validation of the Stimulant Refusal Self-Efficacy Questionnaire (SRSEQ) in Stimulant Users in Treatment

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**Introduction and Aims:** No approved pharmacological agents are available to treat stimulant use disorder<sup>1-4</sup>. Psychosocial interventions, including cognitive behavioural therapy (CBT), are recommended as the first-line treatment. Key therapeutic targets of CBT-based substance use disorder treatment include drug refusal self-efficacy<sup>5,6</sup>, a core component of Social Cognitive Theory<sup>7</sup>. Currently, no validated measure of refusal self-efficacy specific to stimulants exists. This study aimed to develop and validate the Stimulant Refusal Self-Efficacy Questionnaire (SRSEQ).

**Design and Methods:** 207 stimulant users (Amphetamines 56.6%; MDMA/Ecstasy 28.6%; Cocaine 14.8%) attending an alcohol and drug outpatients clinic completed measures including the SRSEQ and Severity of Dependence Scale-Stimulant (SDS-S). Confirmatory factor analysis (CFA) using structural equation modelling (SEM) was conducted to test the theoretically-driven three-factor structure of the SRSEQ. Criterion validity was tested using path analysis to examine unique associations with stimulant dependence severity.

**Results:** The hypothesised three-factor structure was supported: Emotional Relief, Opportunistic, and Social Facilitation refusal self-efficacy. The three subscales were each significant unique predictors of stimulant dependence severity. While Opportunistic refusal self-efficacy was a relatively weaker predictor of dependence severity, it did not differ significantly from Emotional Relief ( $t [204] = 0.326, p = .745$ ) or Social Facilitation refusal self-efficacy ( $t [204] = 0.758, p = .450$ ).

**Discussions and Conclusions:** The three-factor structure of stimulant refusal self-efficacy is consistent with that previously identified for alcohol<sup>8,9</sup> and cannabis<sup>10</sup> refusal self-efficacy. The SRSEQ is a theoretically strong and valid assessment tool that is highly associated with stimulant dependence severity.

**Implications for Practice or Policy:** The SRSEQ may be a clinically useful tool to assist with treatment planning<sup>11</sup>. For example, increasing confidence to regulate negative affect may be particularly important for patients with low Emotional Relief refusal self-efficacy. For patients with low Social Facilitation refusal self-efficacy, enhancing social skills may increase confidence not to use during social events.

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