



# manual and protocol

manual and protocol for assessment,  
scoring and use of the  
NEXUS 1.1 and the MfT-C

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gerard schippers  
theo broekman

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**english edition**  
miles cox





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MATE: Measurements in the Addictions for Triage and Evaluation  
<http://www.mateinfo.eu>

Reference:

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## Preface and Introduction

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Criminal behaviour is in many cases associated with the use of psychoactive substances. Regular use and dependency on substances is viewed as including a criminogenic factor, which can trigger or aggravate further criminal activity. Rehabilitation of criminal offenders may therefore include reducing substance misuse and the treatment of addictive behaviours, because there are effective techniques for addressing both these and for the prevention of relapse into criminal activity. There is also evidence that for some people treatment for these behaviours is more effective when it is combined.

To indicate probation and court-ordered treatment, there should be a good instrument for identifying offenders who regularly misuse alcohol or drugs or have a substance dependence disorder. It would make sense to choose an instrument that is comparable to instruments for identifying non-criminal individuals with substance use disorders. We therefore decided to develop the MATE-Crimi. The MATE-Crimi is an extension of the MATE (Measurements in the Addictions for Triage and Evaluation), which was originated in the Netherlands. The MATE is designed to assist in diagnosis and allow triage and treatment planning to be carried out in a psychometrically sound and efficient manner at the beginning of a treatment for a substance use disorder. Detailed information about the background, design, and development of the ten modules of the MATE can be found in the MATE Manual and Protocol (Schippers, Broekman, & Buchholz, 2011).

In 2005-2006, a pilot study on the applicability of the MATE-Crimi as an assessment tool was executed on behalf of the Dutch Foundation for Addiction Rehabilitation (SVG) and financed by the Dutch Ministry of Justice. The MATE-Crimi is used with persons for whom there were indicators that the person probably had a substance related disorder. In the pilot study, the MATE-Crimi proved to be applicable both in clinical practice and in the probationary service. Thus, the report reaches the following conclusions:

“The MATE-Crimi provides information that served professionals as a guide for choosing and assigning individuals to specific substance use interventions. This happened through reliance on results that the same instrument provided in voluntary addiction treatment. In almost all cases, both rehabilitation and addiction treatment can be planned with the use of the MATE-Crimi” (Broekman et al., 2006, p. 39).

Owing partly to these results, an implementation study was conducted in three institutions for addiction treatment where regular use of the MATE-Crimi as assessment tool was introduced and evaluated. Zeegers et al. (2009) submitted a report on this study. Based on the results, a revised version of the NEXUS module, NEXUS 1.1, was created. This manual was created for the application of the two modules, that in addition to the ten MATE modules make up the MATE-Crimi. These modules are the NEXUS and the Motivation for Treatment (MfT-C) scale. For the implementation of MATE-Crimi, these guidelines should be used together with the Manual and Protocol for MATE 2.1 (Schippers, Broekman, & Buchholz, 2011).

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Theo G. Broekman

Amsterdam/Nijmegen  
March 2012

### Foreword to the English Edition

The MATE-Crimi is a valuable new member of the MATE family of assessment instruments. An extension of the MATE, it assesses relationships among substance use, criminal behaviour, and motivation for treatment.

In addition to the English Edition, the MATE family of instruments is available in Dutch and German, and translations into other languages are underway. The English Edition is intended to be the master edition on which other versions are based.

W. Miles Cox  
Editor of the English Edition

Bangor, United Kingdom  
April 2012



# Manual

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## General description

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The MATE-Crimi is intended for people who have problems with alcohol, drugs, or gambling, and who have shown criminal behaviour or have done something serious that is forbidden and who have been in contact with the police and/or the criminal justice system. Accordingly, the MATE-Crimi is intended for people who are potentially eligible for interventions that address both aspects of the problem. In a non-judicial context the MATE-Crimi can also be used to assess the occurrence of criminal behaviour.

The MATE-Crimi consists of the MATE (Schippers et al. 2010, 2011) and two additional modules. The MATE (Measurement in the Addictions for Triage and Evaluation) is an instrument that comprises modules, and its objective is to collect as concisely but as completely as possible all possible information about a person that is necessary to allocate him or her to an appropriate treatment and subsequent evaluation. The MATE comprises the following ten modules:

1. Substance use
2. Indicators for psychiatric or medical consultation
3. History of treatment for substance use disorders
4. Substance dependence and abuse
5. Physical complaints
6. Personality
7. Activities and participation; care and support (MATE-ICN)
8. Environmental factors influencing recovery (MATE-ICN)
- Q1. Craving
- Q2. Depression, anxiety, and stress

In order for the MATE to be applicable for assigning individuals in whom criminal behaviour plays a roll to an intervention or a treatment, the MATE was expanded to include two additional modules. The NEXUS is the first additional component; it is an instrument for assessing the relationship between criminal behaviour and substance use. The MfT-C is the second new component; it is a self-report questionnaire for assessing the person's motivation for treatment. This means whether the person, to the extent that he or she recognizes them, has problems with substance use and whether he or she would like to have treatment or some other form of assistance.

### Module 9. Relationship between substance use and criminal behaviour: NEXUS

The NEXUS is a *rating* instrument for assessing the relationship between substance use and criminal behaviour, and with it the following can be established:

1. whether because of criminal behaviour in the past five years, the person has been in contact with the police or the criminal justice system;
2. whether a pattern is discernible in the offences committed (e.g. whether they occurred occasionally or only once);
3. whether, and if so, what the connection is between the pattern of criminal behaviour and the use of psychoactive substances.

The NEXUS comprises 12 items. The main item, at the end, is an assessment of the relationship between substance use and criminal behaviour. In 2005, Schippers and Broekman developed the first version of the NEXUS. In this manual and guidelines, the revised version of the NEXUS (NEXUS 1.1) that is based on the results from Zeegers et al. (2009) is presented.

### Module Q3. Motivation for treatment: MfT-C

The MfT is a self-report questionnaire for assessing motivation for treatment. This questionnaire covers several dimensions: problem recognition, desire for help, and readiness for treatment. The instrument is based on the idea that problem recognition leads to a desire for help, which, in turn, is transformed into readiness for treatment.

The MfT was originally an American instrument, which was translated into Dutch and psychometrically evaluated (De Weert-Van Oene et al., 2002). The MfT-C is a slightly adapted version for a target population that is not yet in treatment. The scale Treatment Readiness of the original

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MfT is based on one general item and seven items rating the treatment that the person is currently undergoing. In the MfT-C these seven items are replaced rating the treatment that he or she *might consider going into*.

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## Use of the MATE-Crimi

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First of all, the intended purpose of the MATE is to allocate patients to treatment (Triage) and to evaluate substance use treatment. Accordingly, the MATE-Crimi includes the complete MATE; all of the application possibilities for the MATE also apply to the MATE-Crimi. For application of the MATE, we refer to the manual and guidelines for MATE 2.1, especially pages 11 to 20. In the manual, we give suggestions for various applications of the MATE-Crimi.

The MATE-Crimi is intended primarily for making decision about treatment of addiction and related circumstances, also in a legal context. Among other recommendations, the MATE-Crimi can be used for making decisions about the intensity of treatment. This includes, for example, questions about whether inpatient or outpatient treatment is to be recommended. The MATE-Crimi is not specific for indicating judicial accommodation, nor for measures for security and protection.

## The MATE-Crimi scores

With the MATE, 20 MATE-specific scores can be calculated. The MATE-Crimi yields five additional scores: One score for Module 9. Relationship between substance use and criminal behaviour and four scores for Module Q3. Motivation for treatment.

### *Relationship between substance use and criminal behaviour [S9.1]*

The score on *Relationship between substance use and criminal behaviour* [S9.1] can be one of the following results:

1. C → S: C(riminal) behaviour in the first place,
2. S → C: S(ubstance) use in the first place,
3. C ↔ S: Relationship between C and S in the first place,
4. C ↯ S: No relationship.

### *Problem Recognition General [SQ3.1]*

*Problem Recognition General* [SQ3.1] is the extent to which the person perceives that his or her substance use (or gambling) is in general a problem (PR1, 'Problem Recognition'). This scale is a subscale of the Problem Recognition scale (Simpson & Joe, 1993; see also de Weert-Van Oene et al., 2002; Buchholz et al., 2010).

### *Problem Recognition Specific [SQ3.2]*

*Problem Recognition Specific* [SQ3.2] is the extent to which the person experiences a number of specific problems and sees that substance use (or gambling) is the cause of these problems (PR2, 'Problem Recognition'). This scale is likewise a subscale of the Problem Recognition scale (Simpson & Joe, 1993; see also de Weert-Van Oene et al., 2002; Buchholz et al., 2010).

### *Desire for Help [SQ3.3]*

The subscale *Desire for Help* [SQ3.3] describes the need for help that the person has because of problems with substance use (DH, 'Desire for Help'). This scale is the original DH scale (Simpson & Joe, 1993; de Weert-Van Oene et al., 2002).

### *Treatment Readiness [SQ3.4]*

The subscale *Treatment Readiness* [SQ3.4] measures the extent to which the person because of problems with his or her substance use is ready to undergo treatment. This scale is an adapted version of the original TR scale (Simpson & Joe, 1993; de Weert-Van Oene et al., 2002).

## **Recommendations based on the MATE-Crimi**

### **Assignment with use of the MATE-Crimi to substance abuse treatment and to interventions, which target substance use and the criminal behaviour.**

The MATE-Crimi is designed to facilitate decisions about whether substance abuse treatment alone or a treatment that targets both substance use and criminal behaviour is necessary. A distinction must be made between:

- ▶ Addiction treatment in the context of health care
- ▶ Interventions in a legal context, which are focused on substance use.
- ▶ Interventions in a legal context, which are focused on the criminal behaviour.

The MATE was developed for treatment allocation to addiction treatment in the context of health care. In the Netherlands, a recommendation is made for one of four levels of care depending on the specific scores obtained from the MATE (Merkx et al., 2007; 2010). Each level of care corresponds to a particular level of intensity of addiction treatment. In addition to reducing substance use or attaining abstinence, an addiction treatment can include other auxiliary interventions and treatment for accompanying physical illnesses and comorbid disorders as well as ways to deal with social problems.

A behavioural intervention in a legal context, which is focused on substance use can be suitable for persons for whom criminal behaviour is associated, whether it is caused or aggravated by the use of psychoactive substances or is otherwise interrelated with the substance use. In this case, an intervention is necessary, although it will not be executed as part of the addiction treatment in general health care.

Interventions in a legal context, which are focused on the criminal behaviour are directed toward the prevention of re-offending (criminal recidivism). If, however, the criminal behaviour is clearly related to substance use, it stands to reason that these interventions should be combined with interventions directed at the addictive behaviour.

The treatment of substance use disorders in a legal context does not differ significantly from addiction treatments in health context. However, because the treatment goals are not exactly the same, a distinction should be made for the indication. Also, in the client's perception, the distinction is important because the stigma associated with addiction is possibly greater than the stigma associated with treatment that is being carried out in a legal context. Nevertheless, the goal of reducing the substance use can often be meaningfully combined with the goal of decreasing the criminal behaviour.

The MATE-Crimi can be used to determine (a) whether a treatment in the context of health care is indicated; (b) if it is, which level of care can be recommended and which ancillary interventions are necessary; (c) whether behavioural interventions directed towards substance use and/or criminal behaviour are indicated, and in case they are, in which connection.

### **Execution of the treatment recommendation**

In preparing a treatment recommendation with the MATE-Crimi, the following order should preferably be observed:

1. Scores of the NEXUS Module 9. Relationship between substance use and criminal behaviour
2. Scores of Motivation for Treatment, Module Q3. Motivation for treatment
3. Suggestions for the level of care for the intensity of the addiction treatment.
4. Suggestions for ancillary medical, psychosocial, and societal interventions.

## 1. NEXUS

With the NEXUS, a person can be matched to one of the following types:

1.  $C \rightarrow S$  The criminal, inappropriate, or antisocial behaviour is at the forefront; it is primary and the use of psychoactive substances allows this behaviour.
2.  $S \rightarrow C$  The use of psychoactive substances is primary and the criminal behaviour is primarily a consequence of the use.
3.  $C \leftrightarrow S$  There is not, or there no longer is, a difference in how dominant the criminal behaviour and the substance use are. Their influence is reciprocal.
4.  $C \nleftrightarrow S$  There is no demonstrable connection between the pattern of criminal behaviour and the substance use.  
They do not influence each other.

Among the four types from the NEXUS, the following recommendations can be derived:

If the person is classed as  $C \rightarrow S$  (1), then the treatment should be directed primarily at the criminal, inappropriate, or antisocial behaviour and not, or only secondarily, at the substance use. Allocation to an intervention for the reduction of substance use is therefore *not* useful. Only if after a successful treatment for criminal, inappropriate, or antisocial behaviour the addictive behaviour continues can an assignment to addiction treatment be considered.

If the person is typed as  $S \rightarrow C$  (2), then the treatment or care should be directed primarily at the addictive behaviour and only secondarily at the criminal, inappropriate, or antisocial behaviour. Thus, allocation should be made to an addiction treatment. If after successful treatment of the addiction, the criminal, inappropriate, or antisocial behaviour continues, assignment to an intervention in this area should be considered.

If the person is characterized as  $S \rightarrow C$  (3), an integrated treatment would make sense. That is, the treatment or care must be directed both at the criminal, inappropriate, or antisocial behaviour and at the substance use. Assignment to an institution for general addiction treatment is a possibility if an integrated treatment in this institution is possible. In general, the treatment should not be at Level-of-Care 1, but should be at least at Level-of-Care 2.

If no connection between substance use and criminal behaviour has been established,  $C \nleftrightarrow S$ , it would not make sense to treat the substance use and criminal behaviour as related or to give priority to both of them. In this case, more comprehensive diagnostics might make sense for finding out whether still another factor that influences both the substance use and the criminal behaviour (e.g. another kind of psychopathology) has a part to play.

## 2. MfT-C (Motivation for Treatment)

The MfT-C yields four specific scores, namely: *Problem Recognition General* [SQ3.1], *Problem Recognition Specific* [SQ3.2], *Desire for Help* [SQ3.3] [en?] *Treatment Readiness* [SQ3.4]

With the help of the Scoring Form, it can be determined whether the person's scores on these scales are classed as low.

Disregarding score SQ3.2 in this respect, from the scores on the remaining scales, the following suggestions can be derived:

*No motivation needed*

If none of scores SQ3.1, SQ3.3, or SQ3.4 turn out to be low, the person can readily be referred to an addiction treatment.

*Motivation for Treatment*

If the score on the *Problem Recognition General* [SQ3.1] is low (regardless of the scores on the remaining scales), a pretreatment that is directed at increasing the person's motivation should be arranged. Examples of this are the *Drinker's Check-Up* (Miller, Sovereign, & Krege, 1988) and *Kicking the Habit. In an upward Spiral* (Posma, Cramer, & Schippers, 1998)

*Clarification and Explanation*

If *Problem Recognition General* [SQ3.1] is not low, but the scores *Desire for Help* [SQ3.3], and *Treatment Readiness* [SQ3.4] are low, additional clarification and explanation should be given about what treatment can offer the person. This clarification is directed at removing resistance to the treatment and inducing positive expectations about it.

### *3. Treatment indication and suggestions for assignment to a level of care.*

In order to be able to make good use of the MATE-Crimi, the points that follow are relevant.

Among other reasons, the MATE was developed in order to make decisions about recommending the appropriate level of addiction treatment. This is explained extensively on pages 16-18 of the MATE 2.1 Manual and Protocol. The manual gives special attention to the decision tree that is used in many places in the Netherlands (De Wildt et al., 2002). Appropriate management of the decision tree and proper application of the MATE scores require training and experience in addiction treatment allocation (triage).

The decision tree is used to assign individuals to one of four levels of care, depending on the number of addiction-specific prior treatments and the presence of psychiatric or physical comorbidities, as well as the degree of social disintegration.

Not everyone who has problems with substance use or criminal behaviour must be treated for the addiction. To make the decision who is, the following considerations can be important. Persons whose score high on MATE dimension scores Severity of the addiction, Severity of psychiatric comorbidity, or Severity of social disintegration or who have previously undergone an addiction treatment can be recommended for an addiction treatment.

For the remaining persons, an intervention in a judicial context outside general addiction treatment can be meaningful. When choosing an intervention within an addiction or a judicial context, the severity of the dependence as well as the person's motivation for treatment can be considered. However, generally valid criteria for making these decisions are yet to be developed.

Treatment allocation (triage) using the MATE scores leads to a recommendation for allocation to a level of care. The precise assignment of these levels of care to specific treatment programmes is not given at the same time. Instead, assignment to specific treatment programmes at the various level of care will depend on the possibilities for referral that are actually available.

#### *Treatment decisions based on individual MATE scores.*

In the MATE 2.1 Manual and Protocol, suggestions are given for other applications of the MATE scores, among others the indication of concomitant treatments along with the treatment for substance dependence. See, for example, the indications for physical and psychiatric consultation (page 15). Moreover, it makes sense to suggest interventions based on the need for assistance that was ascertained in the individual domains of the MATE-ICN. The MATE Manual does not provide specific suggestions about this; they, therefore, must be developed through experience.



# Protocol

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## Assessment Protocol

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This manual describes all of the arrangements and features that are necessary for conduct Module 9. Relationship between substance use and criminal behaviour (NEXUS) and Module Q3. Motivation for treatment (MfT-C). The first part contains general directions and explanations.

In the following two parts, specific information for the two modules is presented.

## **General Instructions**

In what follows, an example for the introductory text is given.

### **Example of an introduction**

*“I would like to conduct a short interview with you about criminal behaviour. In this way, you and I can consider whether there is a connection with the use of alcohol or drugs, as far as that is applicable. Of course, the answers that you give will be strictly confidential. They will be used only within the institution to determine whether and, if so, which kind of help would most benefit you. All clients will be asked the questions, not just you. If I already know certain things because they are in your file, you, of course, do not need to repeat. I would appreciate it if you are as honest as possible in your answers. If there are questions that do not apply to you or if you would really prefer not to answer, you can, of course, so indicate. The interview will last approximately a quarter of an hour. After that, I would like to ask you to fill out a questionnaire. It is about something else, namely whether you see your substance use as a problem and whether you would like to have help for it.*

We recommend that this introduction be used verbatim insofar as possible. Should you deviate from it, in any case make sure that the following information is covered:

- Aim of the interview.
- Length of the interview.
- That all questions are standard.
- That the interview is confidential.
- Inform the client that you are aware of and use the contents of the file;
- Inform the client that besides the interview a questionnaire must also be filled out.

### **Problems, questions, and tips**

If the interview is conducted outside a judicial context, the issue should be addressed as to why questions about criminal behaviour are being asked. It could be mentioned that one considers it their social responsibility to obtain not only an overview of the person's alcohol and drug use, but also of other forms of problematic behaviour, because in many people the two kinds of behaviour are related and because the institution also has resources for helping the person to prevent the recurrence of criminal behaviour and to deal with its possible consequences.

## Module 9. Relationship between substance use and criminal behaviour

The NEXUS is an assessment instrument in which the interviewer is free to choose the most appropriate way to obtain the required information. If the information that is needed is known with certainty, the answer can be recorded without having to ask the corresponding question. A general rule is that questions do not have to be asked verbatim. Only questions that are in italics have to be asked verbatim. For the remainder of them, the interviewer can ask the questions in his own words and obtain the information through good listening skills, including the information that is needed for the assessment of the NEXUS.

There is, therefore, quite a lot of latitude in the manner in which the information is compiled. If a file or another form of data is available from an instrument that was already administered, the information that is already available can be used. If there is no file or you do not have the record or other information at your disposal, the information can be obtained by inquiring.

### Offences and pattern of criminal behaviour: Items 1 - 3

#### Item 1a-d: Criminal behaviour

This is a start-and-filter item. If the answer to a, b, c and d is 'no', the rest of the interview can be omitted.

The question that may be asked for 1d is:

*«In the past five years, have you committed an offence, have you been in conflict with the law or have you done something that was forbidden?»*

- ↳ It is possible that the person confesses something that has not yet been reported to the police or led to court action. Even so, the answer is 'yes'.
- ↳ If you have knowledge of a crime that the person committed but has not stated, then encourage the person to state it anyway. For example, "In your file (or elsewhere) it is mentioned that you were involved in . . . That goes with this question, so will it all right with you if I record it here?" If the person continues to deny, follow it up at least once, for example, "The way I understood you, you do not see it as a crime. But perhaps you indeed know the behaviour that is intended here. We are concerned with the connection to the use of alcohol and drugs. Is it all right with you if I ask some questions about it?"

If it is a serious offence that has not yet been reported, the question might arise as to whether the interviewer must notify the judiciary or the police. According to the discretion of the treatment staff, the interviewer is not obligated to notify, so as not to harm the therapeutic relationship. Only in exceptional circumstances is there such an obligation, namely if there is a threat to other people or because of other significant circumstances. Also if the interviewer can infer from the information obtained that there exists the possibility of a serious crime occurring in the future, this creates a duty of disclosure. Obviously, the person must be legally informed about this.

#### Item 2 Column A: Criminal behaviour during the last five years

*«What is it about, or why did you do that?»*

As circumstances require, name the categories if the person spontaneously reports little.

'Yes' can be entered under multiple categories.

- ↳ In cases of violence against persons, if this includes *domestic violence*, this must also be listed under a separate category. Domestic violence is violence that is committed against a(n) (ex)partner, family members, or friends of the victim's family. Family friends are persons who maintain a friendly relationship with the victim or with someone from the victim's immediate neighbourhood and who encounters the victim in a domestic atmosphere. The 'domestic' in domestic violence does not refer to the place where the violence occurs but to the person who commits the violence (Van Dijk et al., 1997).

- ↳ *Arson, which category is that?*  
Arson aimed at or dangerous for people falls into (a) Violence against people, otherwise it falls into (d) Vandalism and indecent behaviour.
- ↳ *Into which category are sexual offences placed?*  
Sexual assault and rape fall under (a) Violence against people; exhibitionism falls under (d) Vandalism and indecent behaviour.
- ↳ *Into which category are fraud and imposture placed?*  
They fall under (c) Property crime.

### Item 2, Column B: Criminal behaviour constitutes a lifetime pattern

Here it must be established whether a pattern of criminal behaviour can be recognized. One can speak about a pattern of behaviour if a certain criminal behaviour repeats itself and happens under similar circumstances, perhaps under the influence of the same substances, in a similar manner, and for similar motives. Behaviour should be placed here only if it has occurred at least once in the last five years and thus should be indicated in Column A. In order to assess whether the behaviour is part of a pattern and therefore must be indicated in Column B, not only the last five years must be assessed, but the person's entire life. How often it had to occur in order to be part of a pattern is not precisely defined. If in doubt, a rule of thumb is that this almost always means three or more times.

Ask, for example:

*«Has that occurred more often?»*

Of course, an answer is given only for the categories of criminal behaviour that were checked in Item 2. If the criminal behaviour has occurred more frequently, the item must be answered with 'yes'. If there is no pattern and the same criminal behaviour has not been repeated under similar circumstances nor for more or less the same motives, you should enter 'no'. If a pattern was not established, do not complete the remainder of the NEXUS.

For any kinds of criminal behaviour that have occurred more frequently, ask about the type of behaviour and the circumstances. Continue questioning in order to find out whether it was the same kind of violence, against the same kind of people, the same kind of theft, the same kind of vandalism, etc. You might also ask about motives (because of money, anger, impulsivity, etc.).

Possible questions:

*«Do you want to say something more about what happened?»*

*«What were the circumstances? In what way did it happen?»*

*«What happened then?»*

*«What did you want to accomplish?»*

*«Were other people involved?»*

*«Were the incidents similar?»*

### Item 3: Choice of the pattern of criminal behaviour

If for one person several criminal patterns of behaviour are established, one of them must be selected. At the top of the list in Item 2 are the patterns that in general are considered to be most serious and are given priority. One can deviate from this order, for example when the more serious pattern is not currently playing a role, a lower-placed pattern is dominant, or in this case it is judged to be more serious.

Tick the letter that appears before the pattern of criminal behaviour: a / b / c / d / e / f.

Formulate the selected pattern so that it is clear for the interviewer and the client what is being discussed in the interview and what terminology should be used. Write this formulation on the dotted line.

### **pattern of criminal behaviour under the influence of a substance: Item 4**

#### **Item 4a: Pattern of criminal behaviour occurs under the influence of alcohol or drugs**

The question that can be asked is:

*«If the [—pattern of criminal behaviour—] occurred, were you mostly under the influence of alcohol or drugs?»*

The goal of asking this question is to establish whether alcohol or drug use forms a part of this pattern of behaviour. That means that usually when this pattern of behaviour occurred, (excessive) alcohol and/or drug use played a role before or during the commission of the crime.

#### **Item 4b: Substances**

After that, ask which psychoactive substance(s) were used in these situations and enter them here.

#### **Item 4c: Relationship between the pattern of criminal behaviour and the intoxication**

This item establishes whether the pattern of criminal behaviour exclusively while the person is under the influence of substances. Probably this can be judged only after some questions have been asked about what happened previously. Ask if necessary about the exact circumstances and for some examples.

Questions that can help with this are:

*«Each time were you under the influence of substances?»*

*«Each time did you use before you committed the offence?»*

*«Were alcohol or drugs always involved?»*

*«If both occur, you can ask: Would it have been different if you had drunk or used?»*

☞ If the pattern of criminal behaviour *is driving while under the influence of alcohol or drug*, the answer is usually Yes.

### **Motives, effects, and context: Items 5-10**

Items 5 to 10 inclusive are concerned with motives for the pattern of criminal behaviour, the substance use, and the connection between them. They are necessary in order to be able to answer Item 12.

Items 5, 6, and 7 are concerned with substance use as motives for criminal behaviour and for criminal behaviour as a consequence of substance use. These items are indicative of a dominance of substance use.

Items 8 and 9 are concerned with criminal behaviour as a motive for substance use. These items are indicative of a dominance of criminal behaviour.

Item 10 describes an interlocking of criminal behaviour, substance use, and the social environment.

All of these questions can be answered exclusively with 'yes' or 'no'.

The questions for these items do not have to be asked verbatim. In making your decision, take into account all of the information that you have gathered about the pattern of behaviour up to now.

The point of all the question is whether something usually, most of the time is the case.

For example, you can begin with some general questions:

*«What was the background for this action?»*

*«How did you become involved?»*

*«How did you feel?»*

*«Why did you need it?»*

Do not ask more questions than necessary in order to be able to enter Yes or No.

☞ If an item is not applicable for a person (for example, Item 5 Financing the Substance Use, if vandalism or drinking under the influence is the pattern of criminal behaviour), you can enter 'No' without asking the corresponding question.

*Dominance of the substances, motives, and effects: Items 5, 6, 7*

**Item 5: The pattern of criminal behaviour serves primarily to finance the person's own substance use.**

Establish whether the criminal behaviour leads to financial gain, which is used to finance the person's substance use.

Questions that can be asked:

- «Did it bring something in for you?
- «Did you earn something from it?
- «What did you use the proceeds for?

↳ If the proceeds were not used primarily for the person's own substance use, the answer is 'No'.

**Item 6: Substance use lowers the inhibitions or increases impulsive behaviour and thus abets the pattern of criminal behaviour**

Determine whether the substance use lowers the inhibition threshold for committing the criminal behaviour. Lowering the inhibition threshold means that through substance use, normal inhibitions that discourage certain behaviour (because of shame or fear, for example) can be reduced. The behaviour can normally be seen in the person, but if the person is not using the substance it is less pronounced or occurs more infrequently. With substance use, however, the person becomes more daring. The substance use can also serve to reinforce existing impulses.

The person does not deliberately bring about these psychopharmacological effects.

Possible questions:

- «Would you have also done that if you had not used?
- «How did the substance use ensure that you will engage in the behaviour more often?
- «Are you embarrassed after it has happened?
- «Does using reduce your sense of shame?

**Item 7: Substance use causes the pattern of criminal behaviour**

Determine whether the substance use causes the criminal behaviour. This concerns criminal behaviour that is caused solely by the use of substances. In contrast to Item 6, which has to do with established behaviour, here we are talking about behaviour that the person does not usually exhibit. While under the influence, the person becomes someone else.

Estimate how 'alien' the behaviour is while the person is under the influence. Here we are also talking about psychopharmacological effect that the person does not deliberately produce.

In your evaluation, also use the answers that were given to the questions in Item 6.

*Dominance of the criminal behaviour. Motive: Items 8, 9*

**Item 8: Substance use with the goal of facilitating the pattern of criminal behaviour**

As in Item 6, here we are concerned with the disinhibiting or enhancing effect of the substances. In contrast to Item 6, the person deliberately seeks these effects. He or she drinks, for example, in order to gain Dutch courage to dare to perform the criminal behaviour, or he or she uses drugs to be able to act more aggressively.

Possible questions:

- «Do you notice that things are simpler if you have used?
- «Do you also use for these reasons?

**Item 9: Both substance use and the pattern of criminal behaviour occur out of a need for suspense and excitement.**

The answer is yes if the feeling of suspense and excitement is an important element of the use and the criminal behaviour, and an experience that the person therefore seeks. It does not matter whether the feeling from using occurs in a group or the person is alone.

If the use has an especially relaxing effect (i.e., if this is how the person experiences it), then the answer here is no, but in this case the answer to Item 8 might be yes.

Possible questions:

*«Do you have a need for suspense and excitement?»*

*«Were you tense or excited?»*

*«Would you then also use if you did not have that feeling or if you had it to a much lesser degree?»*

Linkage between substance use and criminal behaviour. Item 10

**Item 10: Substance use and pattern of criminal behaviour are part of a lifestyle or the social environment.**

The person has a lifestyle or is involved in a social network in which substance use and criminal behaviour are normal and therefore is also expected of the person.

It can, for example, be related to what is considered necessary in order to belong to a group or a clique. It will then usually be about use that takes place in the group, or use that the group has explicit knowledge about.

Possible questions:

*«What would have happened if you had not used?»*

*«Was there use in the group to which you belonged?»*

*«What did the group members think about your use?»*

Genesis. Item 11

**Item 11: Order of age of appearance in the life of the person**

Determine at what age the criminal behaviour and the problematic substance use first occurred. A rough estimate is sufficient because it is all about the order of occurrence in the life of the person.

Possible questions:

*«How old were you when you for the first time were in conflict with the police or the law or you did things that were forbidden?»*

*«How old were you when for the first time you used substances regularly?»*

In 11a enter the age of first appearance of the criminal behaviour and in 11b the age when problematic substance use started.

It is concerned with criminal behaviour in general, not the pattern of criminal behaviour per se.

Problematic substance use is substance use that had led to problems or is inappropriate for the person's age.

Typing:  $C \rightarrow S, S \rightarrow C, C \leftrightarrow S, C \nleftrightarrow S$

### Item 12: Characterising the relationship between substance use and the pattern of criminal behaviour

This is the core item of the interview. It must be chosen from four types, namely:

1.  $C \rightarrow S$  The criminal, inappropriate, or antisocial behaviour is at the forefront; it is primary and the use of psychoactive substances allows this behaviour.
2.  $S \rightarrow C$  The use of psychoactive substances is primary and the criminal behaviour is primarily a consequence of the use.
3.  $C \leftrightarrow S$  There is not, or there no longer is, a difference in how dominant the criminal behaviour and the substance use are. Their influence is reciprocal.
4.  $C \nleftrightarrow S$  There is no demonstrable connection between the pattern of criminal behaviour and the substance use.  
They do not influence each other.

Do not ask the person any questions about this; instead, judge for yourself and tick one of the four alternatives. Items 5-10 are designed especially for a judgement to be made at item 12. If that does not lead to a clear result, refer also to items 4 and 11 in making your judgement. It is about the relationship in general.

## **Module Q3. Motivation for treatment**

The questionnaire is filled out by the person him- or herself. The questions are related to the present, in this moment.

### **Example of an introduction**

*“I would like to ask you now to fill out this questionnaire yourself. Read the explanations at the beginning of the questionnaire. Tick the box beside the answer that best applies to you. Give only one answer per line, and do not leave out any question. If while answering the questions you would like to know something else, you can ask me anytime.”*

Make sure that the person has understood the instructions. In case the person asks questions from time to time about one of the items, explain it in the following way:

First, read the question. If the person has not understood it, explain the concepts that were not understood. If the person cannot read, both the questions and the answer categories can be read out loud.

### **Interpretation**

The scores of the scales of the MfT-C, can be interpreted with the help of threshold values. These values are based on the 20th percentile from the Dutch pilot study (Broekman et al., 2006). With this instrument, one can interpret the specific values as follows: A value that is *lower or the same* as the threshold value indicates strikingly low problem recognition, desire for help, or readiness for treatment, as this occurs in only one out of five people from a comparable population.

## Protocol for scoring

The following table explains the Scoring Form form for the NEXUS and the MfT-C

Module	Score	Scoring and calculation	Range min-max	Result	Threshold value [MD]: used in the MATE dimension scores
9. Relationship between substance use and criminal behaviour	<i>Relationship between substance use and criminal behaviour</i> [S9.1]	1 = C → S, 2 = S → C, 3 = C ↔ S, 4 = C ↔ S	1-4	.....	
<b>Explanation</b>	Write down the conclusion of item 12				
Q3. Motivation for treatment	Scoring of the items	Score the items #11,#12,#17,#19,#20 from 5 (strongly disagree) to 1 (strongly agree). Score all the other items from 1 (strongly disagree) to 5 (strongly agree).			
	<i>Problem Recognition General</i> [SQ3.1]	Sum of the 4 item values (#1,#2,#8,#9). Divide by 4.	1 – 5	.....	≤2,25
	<i>Problem Recognition Specific</i> [SQ3.2]	Sum of the 5 item values (#3,#4,#5,#6,#7). Divide by 5.	1 – 5	.....	≤2,25
	<i>Desire for Help</i> [SQ3.3]	Sum of the 7 item values (#10,#13,#15,#16,#19,#21,#23). Divide by 7.	1 – 5	.....	≤3,0
	<i>Treatment Readiness</i> [SQ3.4]	Sum of the 8 item values (#11,#12,#14,#17,#18,#20,#22,#24). Divide by 8.	1 – 5	.....	≤3,0
<b>Explanation</b>	<p>A coding sheet can be obtained from <a href="http://www.mateinfo.eu">http://www.mateinfo.eu</a>.</p> <p>In case of missing values, a mean estimate can be made when for SQ3.1 and SQ3.2 no more than 2 and for SQ3.3 and SQ3.4 no more than 4 responses are missing.</p> <p>The threshold values were chosen on the bases of previous research with offenders (20th percentile from the MATE-Crimi pilot study (Broekman et al., 2006).</p>				



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# Assessment Form

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Assessed by: .....

Date of assessment: 

d	d	m	m	y	y	

Person no: 

--	--	--	--	--	--

Age: 

--	--	--	--

Gender:  ♂

♀

1. Substance use	2
2. Indicators for psychiatric or medical consultation	3
3. History of treatment for substance use disorders	3
4. Substance dependence and abuse	4
5. Physical complaints	5
6. Personality	6
7. Activities and participation; care and support (MATE-ICN)	7
8. Environmental factors influencing recovery (MATE-ICN)	10
9. Relationship between substance use and criminal behaviour	11
Q1. Craving	13
Q2. Depression, anxiety, and stress	14
Q3. Motivation for treatment	15

**Symbol or typography****Instruction / explanation**

The MATE is an assessment instrument. The assessor evaluates the information obtained from it and is free to choose the most appropriate way to obtain the required information. If the information needed for an item is known with certainty, the answer can be filled in without asking any questions. Most questions do not have to be asked word for word. Exceptions are the modules marked 'L'(literally) or 'Q'(self-report questionnaire).

<b>L</b> (literally)	Questions must be asked word for word. Explanations should be given only when absolutely necessary or when a question has not been clearly understood.
<b>Q</b> (self-report questionnaire)	The person fills in the questionnaire independently. If the person is unable to do this, the assessor should help by reading out the questions.
<b>T</b> (time frame)	The time frame for the assessment.
<i>«Probe question»</i>	Probe questions that might be used to find out information about the person are placed in italics and start with double angled brackets.
† Assessment/characteristics/explanation	Text that is preceded by a cross and is in a different font is meant to be either: † an assessment instruction, † a statement of characteristics to which the assessor should pay attention, or † an explanation to the assessor. Such text should not be used literally.
<u>underscored text</u>	Denotes a <u>core concept or concepts</u> of the item. These can be used when it is necessary to obtain further information.
[—substance—] [—substance/behaviour—]	Fill in the Primary-problem substance or behaviour
Yes      No	Circle Yes or No.
.....	Write down the number.
.....	Write down an explanation (free format).

**1. Substance use**

† Mark this if you do not fill in the use during the past 30 days, but from an earlier period of 30 days.

«I will begin by asking about the substances you might use. We will consider two periods, the past 30 days and your lifetime. Under 'lifetime' we would like to know how many years you have used the substance regularly. Under 'the past 30 days' we would like to know how many days you used the substance during that time and how much you used on a typical day.  
 «I will start with alcohol.  
 Did you drink alcohol in the past 30 days?  
 If so, on how many days did you drink, and how much did you drink on a day?  
 † Continue with the other substances.

		Past 30 days			Lifetime
		Number of days used in the past 30 days	Amount used on a typical day of use		Total number of years of regular use
		† Fill in the number of days of use. (Every day is 30; 1 day each week is 4, etc. If there have been no days of use, fill in '0')	† Fill in the number of glasses, cigarettes, grams, or pills on a typical day of use.		† With alcohol, nicotine, gambling, use standard units. With other substances circle the unit you use.
					† NB: Always fill in this column, even when the substance has never been used; in that case fill in a '0'. † Less than a year: fill in 0.25 (3 months), 0.5 (6 months) or 0.75 (9 months).
Alcohol	General use	.....	.....	standard drinks (ca. 10 grams of alcohol)	standard drinks in a week male: > 28; female: > 21
	† Higher use: fill in only if there was alternating use in the past 30 days, for instance, much higher use at the weekend than typical use during the week. Higher use	.....	.....		
Nicotine	Cigarettes, cigars, pipes, snuff	.....	.....	cigarettes, cigars, pipes, chews or pinches	Daily
Cannabis	Marijuana, hashish, bhang, ganja	.....	.....	grams, joints, stickies	Regular use means: Weekly (1 or more times a week)
Opioids	Methadone	.....	.....	mg, pills	
	Heroin	.....	.....	grams, shots, smokes, sniffs	
	Other opioids such as codeine, Darvon, Demerol, Dilaudid, morphine, opium, Percodan	.....	.....	grams, shots, smokes, sniffs, pills	
Cocaine	Crack cocaine	.....	.....	grams, pipes	
	Cocaine powder	.....	.....	grams, wrappers, sniffs, shots	
Stimulants	Amphetamines, khat, Ponderal, Ritalin, speed, betel nut	.....	.....	grams, pills, sniffs, shots, pipes	
Ecstasy/XTC	MDMA, MDEA, MDA 2-CB, etc.	.....	.....	mg, pills	
Other	For instance: psychedelics, inhalants, poppers, GHB, mushrooms. Name them here:  .....	.....	.....	mg, gram	
Sedatives	Tranquilizers, sleeping pills, barbiturates, benzodiazepines, Seconal, Valium, Librium, Xanax, Quaaludes	.....	.....	mg, pills	
Gambling	Name gambling activity here:  .....	.....	.....	euros spent (gross)	

«Have you ever injected a substance?»  Ever injected  Still injects  Never injected

† The Primary-problem substance or behaviour is the one of which is judged by the person and the assessor to be causing the most problems. If this is unclear, then choose in this order (1) cocaine, (2) opioids, (3) alcohol, (4) other drugs and sedatives, (5) cannabis, (6) gambling or nicotine. If the use of nicotine or gambling is the problem for which the person is seeking help, nicotine or gambling is the primary substance or behaviour.

† [Primary-problem substance or behaviour] =

.....

30 days

Lifetime

Regular use means

## 2. Indicators for psychiatric or medical consultation

### Medications currently being prescribed

		«What are these medications, and what dosages have been prescribed for you?»	«For which disorders have these medications been prescribed?»
At present	«Have you been prescribed any medications for an addiction?»	Yes No <i>[Handwritten: No]</i>	Addiction
	«Have you been prescribed any medications for psychological or psychiatric problems?»	Yes No <i>[Handwritten: No]</i>	<i>[Handwritten: No]</i>
	«Have you been prescribed medications for any other illnesses?»	Yes No <i>[Handwritten: No]</i>	<i>[Handwritten: No]</i>

### Current or recent (within the past year) psychiatric or psychological treatment

12 months	«Are you now undergoing psychiatric or psychological treatment (or have you been during the past year)?»	Yes	«What treatment are (were) you in?»	† State whether coordination with current treatment has been arranged. Comment.
		No <i>[Handwritten: No]</i>		Yes No <i>[Handwritten: No]</i>

### Characteristic / Question / Observation

Characteristic	Characteristic / Question / Observation	Yes	No
Suicide risk	Wish «In the past month, did you think that you would be better off dead or wish that you were dead?»	Yes	No
	Plan, attempt «In the past month, did you make plans to commit suicide or make a suicide attempt?»	Yes	No
Psychotic symptoms	Hallucinations «In the past month, did you see or hear things that other people couldn't see or hear?»	Yes	No
	Delusions † Paranoid «In the past month, did you think that other people were conspiring against you?»	Yes	No
Confusion	† Makes a confused, disoriented impression; is forgetful	Yes	No
Physical health	† Unhealthy appearance, very pale or puffy face, suffusions, difficulty walking, oedematous legs, emaciation or abdominal obesity, abscesses, effects of scratching	Yes	No
Intoxication/ withdrawal symptoms	† Trembling, incoordination, slurred speech, staggering gait, psychomotor retardation or agitation, insults, severe sweating, vomiting, pupillary anomalies	Yes	No
Physical disease	«Do you have a severe or contagious disease, such as heart problems, diabetes, hepatitis, or HIV?» <i>[Handwritten: No]</i>	Yes	No
Pregnancy ♀	«Are you pregnant?»	Yes	No

## 3. History of treatment for substance use disorders

### Treatments for substance use disorder during the past 5 years

Count only treatments that focused on addictive behaviours conducted by a professional and in which an agreement was made to change the substance use. Methadone maintenance, simple detox, crisis hospitalisation, etc. do not count as treatment.

5 years	«Have you ever been in treatment for addiction?»	Yes	«If yes, how many treatments in the past 5 years?»		
		No	Number outpatient past 5 years	.....	Number inpatient past 5 years
	† Comment if desired.	<i>[Handwritten: No]</i>			

L

Number

Question

CIDI Number

† NB: 'in the past 12 months' may refer to something that began earlier and is continuing.

[—substance—] =

12 months

1	In the past 12 months, did you find you began to need <u>much more</u> [—substance—] to get the same effect or that <u>the same amount of</u> [—substance—] <u>had less effect</u> than it once had?	Yes	No
h2b			
2	In the past 12 months, have you <u>wanted to stop</u> or <u>without success, tried to stop or cut down</u> on [—substance—] ?	Yes	No
h4A+B			
3	In the past 12 months, have you <u>spent a lot of your time using, getting, or getting over</u> [—substance—] ?	Yes	No
L15A			
4	In the past 12 months, have you <u>often used</u> [—substance—] <u>in larger amounts or for a longer period than you intended</u> or found it difficult to stop using [—substance—] before you became intoxicated or high?	Yes	No
L16B			
5	In the past 12 months, did <u>stopping or cutting down</u> [—substance—] <u>make you feel sick or unwell</u> or did you use [—substance—] or another substance like it to keep from having problems?	Yes	No
L17A+B			
6	In the past 12 months, did you <u>continue to use</u> [—substance—] <u>after you knew that it was causing you health problems or emotional or psychological problems?</u>	Yes	No
L18B+L19B			
7	In the past 12 months, have you <u>given up or greatly reduced important activities</u> in order to <u>get or to use</u> [—substance—] -- activities like sports, work, or associating with friends or relatives?	Yes	No
L20			
8	In the past 12 months, did using [—substance—] frequently <u>interfere with your work</u> at school, on a job, or at home?	Yes	No
L8			
9	In the past 12 months, have there been times when you used [—substance—] <u>in situations where you could get hurt</u> , -- for example, while riding a bicycle, driving a car or boat, operating a machine, or anything else?	Yes	No
L10			
10	In the past 12 months, has your use of [—substance—] <u>led to problems with the police?</u>	Yes	No
L9A			
11	In the past 12 months, did you <u>continue to use</u> [—substance—] <u>after you knew that it was causing problems with your family, friends, at work, or at school?</u>	Yes	No
L9			

Always

Often

Sometimes

Rarely

Never

**5. Physical complaints**

L T 30 days		«In the past 30 days, how often did you experience:				
		Never	Rarely	Sometimes	Often	Always
1	Poor appetite	0	1	2	3	4
2	Tiredness/fatigue	0	1	2	3	4
3	Nausea (feeling sick)	0	1	2	3	4
4	Stomach pains	0	1	2	3	4
5	Difficulty breathing	0	1	2	3	4
6	Chest pains	0	1	2	3	4
7	Joint/bone pains	0	1	2	3	4
8	Muscle pains	0	1	2	3	4
9	Numbness/tingling	0	1	2	3	4
10	Tremors/shakes	0	1	2	3	4

L

† Be aware that the statement has to apply in general, often, normally, not only with specific persons or in specific situations.

Usually, generally

T

1	In general, do you have difficulty making and keeping friends?	Yes	No
2	Would you normally describe yourself as a loner?	Yes	No
3	In general, do you trust other people?	Yes	No
4	Do you normally lose your temper easily?	Yes	No
5	Are you normally an impulsive sort of person?	Yes	No
6	Are you normally a worrier?	Yes	No
7	In general, do you depend on others a lot?	Yes	No
8	In general, are you a perfectionist?	Yes	No

The MATE-ICN is the section of the MATE that is based on the ICF (International Classification of Functioning, Disability, and Health). From the ICF, a core set of domains and factors is selected. Problems, limitations, and need for care are assessed for these domains in Module 7, and environmental factors influencing recovery are assessed in Module 8. ICN refers to ICF-Core set and Need for care.

With regard to activities and participation, the ICF makes a distinction between performance and capacity. The MATE-ICN evaluates an individual's performance rather than his or her capacity. Performance refers to the execution of activities and participation, and capacity refers to the ability to execute them.

An individual's performance can be supported by the use of facilities or other environmental factors. A person who does not have the capacity to do household activities, but for whom these activities have been taken care of by others, would be judged not to have a performance limitation in this domain. If support is provided by an organisation, the supporting activities are scored on the item 'Care and support of services'.

Limitations are scored on a five-point scale, ranging from 0 (none) to 4 (complete). The degree of limitation can vary in intensity ('not noticeable' to 'full disruption of daily life'), in frequency ('never' to 'constantly'), or duration ('less than 5% of the time' to 'more than 95%').

The following figure depicts the scale.

Score	0	1	2	3	4
Degree of limitation	None	Mild	Moderate	Severe	Complete
Intensity	Not noticeable	Tolerable	Interference with daily life	Partial disruption of daily life	Full disruption of daily life
Frequency	Never	Rarely	Occasionally	Frequently	Constantly
Duration	0-4%	5-24%	25-49%	50-95%	96-100%

#### Ruler

The figure shows that the extreme scores, 0 (none) and 4 (complete), represent only a small part of the scale (5% of each side). For a score of 0 or 4 to be given, the degree of limitation must be quite obvious. The score 2 (moderate) reaches no more than half of the scale (50%). This means that when the limitation is more than 50%, the score 3 applies.

External factors are scored according to the extent of the positive effects (i.e. facilitators) or negative effects (i.e. barriers) as 0 (none), 1 (mild), 2 (moderate), 3 (substantial), or 4 (profound).

In the MATE protocol, anchor points based on these scales are given for all domains and factors to help with the scoring.

Some domains (e.g. spirituality) or factors might not be relevant for every individual. If a person does not find a domain relevant, the score '0' is given for that domain.

All assessments must be made within the context of health. Information that is not related to the person's physical and/or mental health should not be scored.

The need for care assesses (a) whether the assessor thinks the person needs (additional) care or support in performing a given activity or in participating, (b) whether the person thinks he or she needs (more) care, and, if any one of these is scored Yes, (c) whether it is considered the task of the institution to offer the care in question.

The person's functioning over the past 30 days is assessed, regardless of whether or not this period is representative of the person's life.

30 days

ICF Component d: Activities and participation and Component e: Care and support of services		Limitation in performance / has difficulty in	Component e: Care and support from services	Amount of Care and support	NEED FOR CARE		
CHAPTER	Component d: Activities and participation  <b>In the past 30 days, how much difficulty did the person have in</b>	† Fill in the extent of the limitation: 0: None/NA 1: Mild 2: Moderate 3: Severe 4: Complete	<b>How much care or support did the person receive?</b>	† Fill in the amount of care: 0: None/NA 1: Mild 2: Moderate 3: Substantial 4: Complete	Do you think (additional) care is needed?	Does the person think (additional) care is needed?	Is the institution able and willing to offer the care needed?
INTERPERSONAL INTERACTIONS AND RELATIONSHIPS	Creating and maintaining:  d770 intimate relationships «Did you have difficulties with your partner (or did you find it difficult not having a partner)?» .....		NA		Yes No	Yes No	Yes No
	d7600 parent-child relationships «Were there any difficulties in your relationship with your child(ren)?» † Look for signs of neglect or abuse. .....		e5750,e5800,e5500 How much support did the person receive for this, e.g. from children and family services? .....		Yes No	Yes No	Yes No
	d750,d760 informal social relationships and family relationships «Did you have difficulties with your family or friends?» .....		NA		Yes No	Yes No	Yes No
	d740 formal relationships «Did you have difficulties relating to your employer, professionals, service providers, or health-care workers?» .....		NA		Yes No	Yes No	Yes No
	d710-d720 General interpersonal interactions «Did you find it difficult to make contacts with other people or to get along with others?» .....		NA		Yes No	Yes No	Yes No
	MAJOR LIFE AREAS	d810-d859 Education, work, and employment «Did you have difficulties acquiring or keeping a job or with educational activities?» .....		e5850,e5900 How much support did the person receive for this, e.g. from employment services or educational services? .....		Yes No	Yes No
d870 Economic self-sufficiency «Did you have difficulties with economic self-sufficiency; were you short of money for your everyday expenses?» .....			e5700 How much support did the person receive for this, e.g. through welfare benefits or debt management? .....		Yes No	Yes No	Yes No
COMMUNITY, SOCIAL AND CIVIC LIFE	d920 Recreation and leisure «Was it difficult for you to find free time or to engage in free-time activities, for example, relaxation or sport?» .....		NA		Yes No	Yes No	Yes No
	d930 Religion and spirituality «Did you have difficulties participating in religious or spiritual activities or organizations that might help you find self-fulfilment, meaning, or religious or spiritual value?» .....		NA		Yes No	Yes No	Yes No
DOMESTIC LIFE	d610 Acquiring and maintaining a place to live «Were you without a place to live, or did you have other problems with housing?» .....		e5250 How much support did the person receive for this, e.g. from housing services or supported housing? .....		Yes No	Yes No	Yes No
	d620-d640 Household tasks «Did you find it difficult to do household chores, such as shopping, preparing meals, or doing housework?» .....		e5750 How much support did the person receive for this, e.g. from community care? .....		Yes No	Yes No	Yes No

## 7. Activities and participation; care and support (MATE-ICN)

30 days

ICF Component d: Activities and participation and Component e: Care and support of services		Limitation in performance / has difficulty in	Component e: Care and support from services	Amount of Care and support	NEED FOR CARE		
CHAPTER	Component d: Activities and participation	† Fill in the extent of the limitation: 0: None/NA 1: Mild 2: Moderate 3: Severe 4: Complete	<b>How much care or support did the person receive?</b>	† Fill in the amount of care: 0: None/NA 1: Mild 2: Moderate 3: Substantial 4: Complete	Do you think (additional) care is needed?	Does the person think (additional) care is needed?	Is the institution able and willing to offer the care needed?
SELF-CARE	<u>d510,d520,d540</u> Self-care «Did you have difficulty with self-care, such as washing, caring for parts of your body, or dressing?» .....		<u>e5750</u> How much care or support is provided to the person through professional services with self-care (d510,520,540), ensuring physical comfort (d5700), or managing diet and fitness (d5701), e.g. from community care or street nurses?				
	<u>d5700</u> Ensuring one's physical comfort «Did you have difficulty finding a safe place to sleep, or with wearing protective clothing?» .....				Yes	Yes	Yes
	<u>d5701</u> Managing diet and fitness «Did you find it difficult to eat or drink healthily or to look after your physical condition?» .....				No	No	No
	<u>d5702a</u> Seeking and following advices and treatment by healthcare «Did you have difficulties following medical advice or cooperating with your treatment? Did you avoid visiting a doctor, even when you really needed to go?» .....			<u>e5800</u> To what extent was the person encouraged to or supervised in asking for and following advice and treatment (monitoring therapy compliance)? .....	Yes	Yes	Yes
	<u>d5702b</u> Protecting oneself from health risks due to risky behaviour «Have you put your health at risk because of your risky behaviour? Did you have unprotected sexual contacts with casual partners; did you drive or walk in traffic while under the influence. If you are using drugs, did you use unsterile needles?» .....			NA	No	No	No
GENERAL TASKS AND DEMANDS	<u>d230</u> Carrying out daily routine «Did you find it difficult to plan, manage, or complete your daily routine?» .....		<u>e5750</u> How much support did the person receive for this, e.g. from day-care centres? .....		Yes	Yes	Yes
	<u>d240</u> Handling stress and other psychological demands «Did you find it difficult to cope with stress in difficult situations or with tasks that required a lot of responsibility?» .....		NA		Yes	Yes	Yes
LEARNING AND APPLYING KNOWLEDGE	<u>d1</u> Learning and applying knowledge «Did you find it difficult to learn new things, or to solve problems or make decisions?» .....		NA		Yes	Yes	Yes
	† This might be caused by low intelligence or a cognitive or emotional disorder. Give your general impression. .....				No	No	No

30 days

ICF Component e: Environmental factors		Influence on recovery	NEED FOR CARE		
CHAPTER	Component e: Environmental factors  <b>Taking the past 30 days into consideration, what environmental factors are having or might have a positive or negative influence on the person's recovery?</b>	† Fill in the extent of influence: 0: None/NA 1: Mild 2: Moderate 3: Substantial 4: Profound	<b>Specify the factor:</b> † Environmental factors make up the physical, social and attitudinal environment. These factors are external to the person.		
			Do you think (additional) care is needed?	Does the person think (additional) care is needed?	Is the institution able and willing to offer the care needed?
SUPPORT AND RELATIONSHIPS	e310-e325 Partner, family, friends, acquaintances, neighbours, colleagues, etc.				
	Positive influence «Are there people in your environment who are supportive and who are having a positive influence on you and your recovery?»	..+.....	.....		
	Negative influence «Are there people in your environment who are having a negative influence on you and your recovery?» † Consider contacts who encourage substance use. † NB: Write negative influence from attitudes under Societal attitudes (e460).	.....	Yes Yes Yes No No No		
	Loss of a relationship during the past year with negative influence «During the past year, did you lose an important relationship (for example, because of death or divorce) that resulted in a negative influence on you and your recovery?»	.....	Yes Yes Yes No No No		
ATTITUDES	e460 Societal attitudes				
	Negative influence «Are you affected by societal opinions and beliefs about people with psychiatric disorders that have a negative influence on you and your recovery?»	.....	Yes Yes Yes No No No		
SERVICES, SYSTEMS AND POLICIES	e5500 Legal services				
	Positive influence «Are you in contact with any legal professional or involved in any legal matter that is having a positive influence on you and your recovery?» † For example, getting legal assistance, having positive contacts with probation services, in treatment or getting support as a result of legal measures.	..+.....	.....		
	Negative influence «Are you in contact with any legal professional or involved in any legal matter that is having a negative influence on you and your recovery?» † For example, harassed by police, imprisoned without access to care, under threat of legal measures.	.....	Yes Yes Yes No No No		
OTHER ENVIRONMENTAL FACTORS	e598 Other environmental factors † Don't write down external factors that have been written down already.				
	Other environmental factors having a positive influence «Are there any other environmental factors that are having a positive influence on you and your recovery?»	..+.....	.....		
	Other environmental factors with negative influence «Are there any other environmental factors that are having a negative influence on you and your recovery?»	.....	Yes Yes Yes No No No		

## 9. Relationship between substance use and criminal behaviour

† In large part, the NEXUS can be assessed from written records or from the results of other tests that have already been given. If no records are available or you cannot obtain them, query the person about the subject.

For some topics that are presented in italics as sample questions. For additional information consult the manual.

1	a	The person is incarcerated.	Yes	No
	b	The person has a suspended sentence or is under supervised probation.	Yes	No
	c	There is a criminal case against the person.	Yes	No
	d	In the last five years, the person has done something illegal. <i>«In the past five years, have you committed an offence, have you been in conflict with the law or have you done something that was forbidden?»</i>	Yes	No

† If all of the first items (1a, 1b, 1c, and 1d) were answered with NO, stop with the NEXUS. No conclusion can be drawn if in the last five years there was no criminal behaviour.: Stop

2 Criminal behaviour  
 † (A) First, check whether the categories of criminal behaviour (a – f) occurred during the past five years.  
 † (B) Next, check to see whether there is a pattern with respect to the criminal behaviour, i.e., whether more or less the same behaviour was carried out under similar circumstances and for the same motives. A pattern might extend over a longer period than five years.

		A	B
Categories of criminal behaviour		Criminal behaviour during the last five years	Criminal behaviour constitutes a lifetime pattern
a	Violence against people † Murder, manslaughter, threats of armed violence, abuse, rape  † If it is also related to domestic violence, tick here: <input type="checkbox"/>	Yes    No	Yes    No
b	Violence against people with property crime † Robbery	Yes    No	Yes    No
c	Property crime † Theft/burglary	Yes    No	Yes    No
d	Vandalism and indecent behaviour	Yes    No	Yes    No
e	Manufacturing, possession of large quantities, trading or contraband of illegal drugs	Yes    No	Yes    No
f	Risky behaviour on the road, driving while under the influence	Yes    No	Yes    No

† If there is no pattern (no “yes” under 2B) Stop

3 Pattern of criminal behaviour † The remainder of the NEXUS refers to the pattern of criminal behaviour that is identified in the preceding questions. If there are multiple entries, the uppermost one is selected. An exception can be made if it, for example, is shown to no longer be current, or if a pattern named further down is more dominant or in this case is judged to be more severe.	† Circle the letter of the pattern selected: a / b / c / d / e / f  † Paraphrase the description of the pattern:  .....
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4	a	The [—pattern of criminal behaviour—] occurred while the person was under the influence of substances. <i>«If the [—pattern of criminal behaviour—] occurred, were you mostly under the influence of alcohol or drugs?»</i>	Yes	No
	b	If yes, under the influence of? † Several answers are possible	<input type="checkbox"/> alcohol <input type="checkbox"/> cannabis <input type="checkbox"/> opiates <input type="checkbox"/> cocaine <input type="checkbox"/> stimulants <input type="checkbox"/> Ecstasy/XTC <input type="checkbox"/> Other substances: .....	
	c	The [—pattern of criminal behaviour—] occurs exclusively when the person is under the influence of substances	Yes	No

The following three items indicate generally dominance of substance use ( $S \rightarrow C$ , 5, 6, 7).

5	The main function of the [—pattern of criminal behaviour—] is to finance the person's own substance use.	Yes	No/NA
6	The psychopharmacological effects of the consumed substances facilitate the [—pattern of criminal behaviour—] without the person intending it. † The psychopharmacological effects of the consumed substances lower the inhibitions or serve to strengthen impulses without the person being aware of these effects or intentionally seeking them.	Yes	No
7	The psychopharmacological effects of the consumed substances evoke the [—pattern of criminal behaviour—]. † Being under the influence of the substance changes the person; if the person is not under the influence, there is no propensity for the [—pattern of criminal behaviour—].	Yes	No

The following two items indicate generally dominance of criminal behaviour ( $C \rightarrow S$ , 8, 9).

8	The substances are used with the intention of facilitating the [—pattern of criminal behaviour—]. † The psychopharmacological effects of using the substances are to lower the inhibitions or intensify impulsivity, and these effects are deliberately sought. Enhancing courage or guts, reinforcing impulses.	Yes	No
9	Both the substance use and the [—pattern of criminal behaviour—] result mainly from the person's need for suspense and excitement.	Yes	No

The following item indicates generally an interweaving between substance use and criminal behaviour  $C \leftrightarrow S$  (10).

10	The substance use and the [—pattern of criminal behaviour—] can first of all be seen as part of the person's lifestyle or social milieu. † Think, for example, about the association with a criminal or antisocial milieu in which certain behaviour is expected from the person.	Yes	No
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Genesis

11	The temporal sequence of substance use and criminal behaviour in the development of the person is: † This item pertains to criminal behaviour and problematic substance use in general, not to the current use or current behaviour per se.		
a	Criminal behaviour developed at the age of:	.....	
b	Problematic substance use developed at the age of:	.....	

Draw a conclusion about the relationship between criminal behaviour and substance use. Use primarily Items 5 to 10 inclusive. If this is not sufficient for the assessment, then also include Item 4 and Item 11 in your assessment. Choose one of the following four typologies.

12	The relationship between [—pattern of criminal behaviour—] and substance use can be categorized as:	† Tick only one of the four possibilities:
1	The criminal, inappropriate, or antisocial behaviour is at the forefront; it is primary and the use of psychoactive substances allows this behaviour.	<input type="checkbox"/> $C \rightarrow S$
2	The use of psychoactive substances is primary and the criminal behaviour is primarily a consequence of the use.	<input type="checkbox"/> $S \rightarrow C$
3	There is not, or there no longer is, a difference in how dominant the criminal behaviour and the substance use are. Their influence is reciprocal.	<input type="checkbox"/> $C \leftrightarrow S$
4	There is no demonstrable connection between the pattern of criminal behaviour and the substance use. They do not influence each other.	<input type="checkbox"/> $C \nleftrightarrow S$

**Q** The questions below ask you about your thoughts and feelings about [—substance/behaviour—] and about using or not using.

The questions concern only the *past 7 days*. Answer the questions based on what you thought, felt, and did during the past week. Circle the number before the answer that best applies to you.

[—substance/behaviour—] =  .....

- T** 7 days
- 1 How much of your time when you're not using is occupied by ideas, thoughts, impulses, or images related to using?
    - 0 None.
    - 1 Less than 1 hour a day.
    - 2 1-3 hours a day.
    - 3 4-8 hours a day.
    - 4 More than 8 hours a day.
  
  - 2 How frequently do these thoughts occur?
    - 0 Never.
    - 1 No more than 8 times a day.
    - 2 More than 8 times a day, but most hours of the day are free of these thoughts.
    - 3 More than 8 times a day and during most hours of the day.
    - 4 These thoughts are too numerous to count, and an hour rarely passes without several such thoughts occurring.
  
  - 3 How much distress or disturbance do these ideas, thoughts, impulses, or images related to using cause you when you're not using?
    - 0 None.
    - 1 Mild, infrequent, and not too disturbing.
    - 2 Moderate, frequent, and disturbing, but still manageable.
    - 3 Severe, very frequent, and very disturbing.
    - 4 Extreme, nearly constant, and disabling distress.
  
  - 4 How much of an effort do you make to resist these thoughts or try to disregard or turn your attention away from these thoughts as they enter your mind when you're not using? (Rate your effort made to resist these thoughts, not your success or failure in actually controlling them.)
    - 0 My thoughts are so minimal that I don't need to actively resist them. If I do have thoughts, I always make an effort to resist them.
    - 1 I try to resist them most of the time.
    - 2 I make some effort to resist them.
    - 3 I give in to all such thoughts without attempting to control them, but I do so with some reluctance.
    - 4 I completely and willingly give in to all such thoughts.
  
  - 5 How strong is the drive to use [—substance/behaviour—]?
    - 0 No drive to use [—substance/behaviour—].
    - 1 Some pressure to use [—substance/behaviour—].
    - 2 Strong pressure to use [—substance/behaviour—].
    - 3 Very strong drive to use [—substance/behaviour—].
    - 4 The drive to use [—substance/behaviour—] is completely involuntary and overpowering.

**Q2. Depression, anxiety, and stress**

**Q** Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the *past week*.  
There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of the time

3 = Applied to me very much, or most of the time

Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of the time	Applied to me very much, or most of the time
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7 days

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (e.g., in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

### Q3. Motivation for treatment

Circle the answer that shows how much you agree or disagree each item describes you or the way you have been feeling lately.

In your opinion, your (drug/alcohol) use is	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
1 . . . . A problem for you	<input type="checkbox"/>				
2 . . . . More trouble than it's worth	<input type="checkbox"/>				
3 . . . . Causing problems with the law	<input type="checkbox"/>				
4 . . . . Causing problems in thinking or doing your work	<input type="checkbox"/>				
5 . . . . Causing problems with your family or friends	<input type="checkbox"/>				
6 . . . . Causing problems in finding or keeping a job	<input type="checkbox"/>				
7 . . . . Causing problems with your health	<input type="checkbox"/>				
8 . . . . Making your life become worse and worse	<input type="checkbox"/>				
9 . . . . Going to cause your death if you do not quit soon	<input type="checkbox"/>				
The next questions ask you about your views on treatment and other kinds of help for your substance use. If you are already in a treatment programme, these questions are about your current treatment.					
	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
10 You need help in dealing with your drug/alcohol use	<input type="checkbox"/>				
11 You have too many outside responsibilities to go into treatment now.	<input type="checkbox"/>				
12 Undergoing treatment seems too demanding for you.	<input type="checkbox"/>				
13 It is urgent that you find help immediately for your drug/alcohol use	<input type="checkbox"/>				
14 Going into treatment may be your last chance to solve your drug/alcohol problems.	<input type="checkbox"/>				
15 You are tired of the problems caused by drug/alcohol	<input type="checkbox"/>				
16 You will give up your friends and hangouts to solve your drug/alcohol problems	<input type="checkbox"/>				
17 Going into treatment will not be very helpful to you.	<input type="checkbox"/>				
18 You plan to stay in treatment for a while.	<input type="checkbox"/>				
19 You can quit using drugs/alcohol without any help	<input type="checkbox"/>				
20 You will go into treatment because someone else is making you do it.	<input type="checkbox"/>				
21 Your life has gone out of control	<input type="checkbox"/>				
22 Treatment can really help you.	<input type="checkbox"/>				
23 You want to get your life straightened out	<input type="checkbox"/>				
24 You want to be in a treatment programme.	<input type="checkbox"/>				



Assessed by:  .....

Date of assessment: 

d	d	m	m	y	y

Person no: 

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Module	Score	Scoring and calculation	Range min-max	Result	Threshold value [MD]: used in the MATE dimension scores
2. Indicators for psychiatric or medical consultation	Characteristics of physical comorbidity [S2.1]	1 point for each Yes on physical health, intoxication, physical disease, pregnancy. Total.	0 - 4	.....	
	Undergoing psychiatric or psychological treatment [S2.2]	1 point for medication for psych. problems, 1 point for recent psych. treatment. Total.	0 - 2	.....	= 2[MD]
	Characteristics of psychiatric comorbidity [S2.3]	2 points for suicide plan/attempt, 1 point for each Yes on hallucinations, delusions, confusion. Total.	0 - 5	.....	≥ 2[MD]
4. Substance dependence and abuse	Dependence [S4.1]	1 point for each Yes on the first 7 items (1-7). Total.	0 - 7	.....	≥ 3
	Abuse [S4.2]	1 point for each Yes on the last 4 items (8 -11). Total.	0 - 4	.....	≥ 1
	Severity of dependence/abuse [S4.3]	1 point for each Yes, except for Item 1 and Item 10 (they don't count). Total.	0 - 9	.....	≥ 8[MD]
5. Physical complaints	Physical complaints [S5.1]	Sum of the 10 item values.	0 - 40	.....	
6. Personality	Personality [S6.1]	1 point for a No answer on Item 3, 1 point for each Yes answer on the other items. Total.	0 - 8	.....	≥ 4
7+8 MATE-ICN	Limitations - Total [S7.1]	Sum of the values of the 19 limitation items.	0 - 76	.....	
	Limitations - Basic [S7.2]	Sum of the values of these 8 items: d610 Acquiring and maintaining a place to live; d620-d640 Household tasks; d510,d520,d540 Self-care; d5700 Ensuring one's physical comfort; d5701 Managing diet and fitness; d5702a Seeking and following advices and treatment by healthcare; d5702b Protecting oneself from health risks due to risky behaviour; d230 Carrying out daily routine	0 - 32	.....	≥ 12[MD]
	Limitations - Relationships [S7.3]	Sum of the values of these 5 items: d770 Intimate relationships; d7600 Parent-child relationships; d750,d760 Informal social relationships and family relationships; d740 Formal relationships; d710-d720 General interpersonal interactions	0 - 20	.....	
	Care and support [S7.4]	Sum of the values of the 8 Care and support items.	0 - 32	.....	
	Positive external influences [S8.1]	Sum of the values of these 3 items: e310-e325+ Partner etc.; e5500+ Legal factors; e598+ Other factors..	0 - 12	.....	
	Negative external influences [S8.2]	Sum of the values of 5 items: e310-e325- Partner etc.; Loss of relationship; e460- Societal attitudes ; e550- Legal factors; e598- Other factors.	0 - 20	.....	≥ 10[MD]
	Need for care [S8.3]	1 point for each Yes either from the assessor or from the person on the question about care needs (15 in Module 7 and 5 in Module 8). Total.	0 - 20	.....	
Q1. Craving	Craving [SQ1.1]	Sum of the 5 item values.	0 - 20	.....	≥ 12[MD]
Q2. Depression, anxiety, and stress	Depression [SQ2.1]	Sum of the 7 item values (#3,#5,#10,#13,#16,#17,#21). Multiply the sum by 2.	0 - 42	.....	≥ 21
	Anxiety [SQ2.2]	Sum of the 7 item values (#2,#4,#7,#9,#15,#19,#20). Multiply the sum by 2.	0 - 42	.....	≥ 15
	Stress [SQ2.3]	Sum of the 7 item values (#1,#6,#8,#11,#12,#14,#18). Multiply the sum by 2.	0 - 42	.....	≥ 26
	Depression Anxiety Stress - Total [SQ2.4]	Sum of SQ2.1, SQ2.2, and SQ2.3	0 - 126	.....	≥ 60[MD]

Module	Score	Scoring and calculation	Range min-max	Result	Threshold value [MD]: used in the MATE dimension scores
9. Relationship between substance use and criminal behaviour	Relationship between substance use and criminal behaviour [S9.1]	1 = C → S, 2 = S → C, 3 = C ↔ S, 4 = C ↔ S	1-4		
Q3. Motivation for treatment	Scoring of the items	Score the items #11,#12,#17,#19,#20 from 5 (strongly disagree) to 1 (strongly agree). Score all the other items from 1 (strongly disagree) to 5 (strongly agree).			
	Problem Recognition General [SQ3.1]	Sum of the 4 item values (#1,#2,#8,#9). Divide by 4.	1 – 5		≤2,25
	Problem Recognition Specific [SQ3.2]	Sum of the 5 item values (#3,#4,#5,#6,#7). Divide by 5.	1 – 5		≤2,25
	Desire for Help [SQ3.3]	Sum of the 7 item values (#10,#13,#15,#16,#19,#21,#23). Divide by 7.	1 – 5		≤3,0
	Treatment Readiness [SQ3.4]	Sum of the 8 item values (#11,#12,#14,#17,#18,#20,#22,#24). Divide by 8.	1 – 5		≤3,0