NOFSW Handouts

Sample

It is common for people to experience the following symptoms.
How often have you experienced each of the following in the last month?
Please check the box that applies on a scale from 0-3, with 0 being Never and 3 being Often

Symptom	Never - - - - - - - - - - Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3.Weight loss (without dieting)				
4.Stomach problems				
5. . Feeling isolated from others				
6. "Flashbacks" (sudden, vivid, distracting memories)				
7. Restless sleep				
8. Anxiety attacks				
9. Loneliness				
10. Nightmares				
11. "Spacing out" (going away in your mind				
12. Sadness				
13. Dizziness				
14. Trouble controlling your temper				
15. Waking up early in the morning				
16. Uncontrollable crying				
17. Fear of men				
18. Not feeling rested in the morning				
19. Trouble getting along with others				
20. Memory problems				
21. Desire to physically hurt yourself				
22. Fear of women				
23. Waking up in the middle of the night				
24. Passing out				
25. Feeling that things are "unreal"				
26. Unnecessary or over-frequent washing				
27. Feelings of inferiority				
28. Feeling tense all the time				
29. Desire to physically hurt others				
30. Feelings of guilt				
31.Feeling that you are not always in your body				
32. Having trouble breathing				

TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	O	O
2. Did you try to control or cut down on your drug use but were unable to do it?	O	O
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	O	O
4. Did you have a strong desire or urge to use drugs?	O	O
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	O	O
6. Did you continue using drugs even when it led to social or interpersonal problems?	O	O
7. Did you spend less time at work, school, or with friends because of your drug use?	O	O
8. Did you use drugs that put you or others in physical danger?	O	O
9. Did you continue using drugs even when it was causing you physical or psychological problems?	O	O
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	O	O
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	O	O
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	O	O
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	O	O

12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]

- O None
- O Alcohol
- O Cannaboids – Marijuana *(weed)*
- O Cannaboids – Hashish *(hash)*
- O Synthetic Marijuana *(K2/Spice)*
- O Opioids – Heroin *(smack)*
- O Opioids – Opium *(tar)*
- O Stimulants – Powder Cocaine *(coke)*
- O Stimulants – Crack Cocaine *(rock)*
- O Stimulants – Amphetamines *(speed)*
- O Stimulants – Methamphetamine *(meth)*
- O Synthetic Cathinones *(Bath Salts)*
- O Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*
- O Dissociative Drugs – Ketamine/PCP *(Special K)*
- O Hallucinogens – LSD/Mushrooms *(acid)*
- O Inhalants – Solvents *(paint thinner)*
- O Prescription Medications – Depressants
- O Prescription Medications – Stimulants
- O Prescription Medications – Opioid Pain Relievers
- O Other (specify) _____

13. How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
a. Alcohol	O	O	O	O	O
b. Cannaboids – Marijuana *(weed)*	O	O	O	O	O
c. Cannaboids – Hashish *(hash)*	O	O	O	O	O
d. Synthetic Marijuana *(K2/Spice)*	O	O	O	O	O
e. Opioids – Heroin *(smack)*	O	O	O	O	O
f. Opioids – Opium *(tar)*	O	O	O	O	O
g. Stimulants – Powder cocaine *(coke)*	O	O	O	O	O
h. Stimulants – Crack Cocaine *(rock)*	O	O	O	O	O
i. Stimulants – Amphetamines *(speed)*	O	O	O	O	O
j. Stimulants – Methamphetamine *(meth)*	O	O	O	O	O
k. Synthetic Cathinones *(Bath Salts)*	O	O	O	O	O
l. Club Drugs – MDMA/GHB/Rohypnol *(Ecstasy)*	O	O	O	O	O
m. Dissociative Drugs – Ketamine/PCP *(Special K)*	O	O	O	O	O
n. Hallucinogens – LSD/Mushrooms *(acid)*	O	O	O	O	O
o. Inhalants – Solvents *(paint thinner)*	O	O	O	O	O
p. Prescription Medications – Depressants	O	O	O	O	O
q. Prescription Medications – Stimulants	O	O	O	O	O
r. Prescription Medications – Opioid Pain Relievers	O	O	O	O	O
s. Other (specify) _____	O	O	O	O	O

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

O *Never* O *1 time* O *2 times* O *3 times* O *4 or more times*

15. How serious do you think your drug problems are?

O *Not at all* O *Slightly* O *Moderately* O *Considerably* O *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

O *Never* O *Only a few times* O *1-3 times/month* O *1-5 times per week* O *Daily*

17. How important is it for you to get drug treatment now?

O *Not at all* O *Slightly* O *Moderately* O *Considerably* O *Extremely*

Correctional Mental Health Screen for Women (CMHS-W)

Questions	No	Yes
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?		
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?		
3. Some people find their mood changes frequently-as if they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?		
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?		
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?		
6. Do you find that most people will take advantage of you if you let them know too much about you?		
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?		
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)		

Correctional Mental Health Screen for Men (CMHS-M)

QUESTIONS	NO	YES
1. Have you ever had worries that you just can't get rid of?		
2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?		
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?		
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?		
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?		
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?		
7. Do you tend to hold grudges or give people the silent treatment for days at a time?		
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?		
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?		
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?		
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)		
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?		

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Brief Resilience Scale (BRS)

Please respond to each item by marking <u>one box per row</u>		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 2	I have a hard time making it through stressful events.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 3	It does not take me long to recover from a stressful event.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 4	It is hard for me to snap back when something bad happens.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
BRS 5	I usually come through difficult times with little trouble.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
BRS 6	I tend to take a long time to get over set-backs in my life.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Scores on Outcome Measures

Measure	Score and Range of Scoring	Notes
Brief Resilience Scale	2.9 on a range of 1-5, with higher scores indicating greater resilience	The score is slightly less than the neutral category indicating fairly low resilience
Trauma Symptoms Inventory	39 mean severity total out of a possible 96 with higher scores indicating greater trauma	This seems high, but need to consult scoring of the scale. Please note we even reduced the scale by seven items
TCU Drug Screen	Mean of 8.0 out of 13 possible indicators. A score of 3 or more indicates a problem per DSM criteria. 78% of inmates in the survey met that minimum score. 25% had all 13 indicators.	This is a very high number of average indicators
Correctional MH Screen Men (Converted to self-report)	7.4 out of possible 12 symptoms	This is a very high number of indicators
Correctional Mental Health Screen Women (converted to self-report)	5.8 out of 8 possible symptoms	This is a very high number of indicators