

Instructions for Administration of the Simple Screening Instrument

The SSI is effective for adults and juveniles; is highly sensitive and detects all substances; and requires 10 to 15 minutes for completion.

1. The SSI shall be administered face-to-face by a trained probation officer or case monitor.
2. The SSI shall be completed in conjunction with the presentence investigation (PSI) or predisposition investigation (PDI) as part of the body of the investigation. It shall be incorporated into the identified substance use section of the investigation. A copy of the SSI shall be attached to the investigation.
3. If a substance use is suspected and no PDI or PSI is ordered, the probation officer/case monitor shall administer the SSI and use the results as a screen for further evaluation, referral, or modified order of probation.
4. The SSI shall be utilized as a tool of case management guiding the probation officer/case monitor regarding the need for referral for a substance use evaluation.
5. If the court orders a substance use evaluation prior to a **Simple Screening Instrument (SSI)** (Attachment 2) being completed, this instruments shall be administered for data purposes in conjunction with a referral for an evaluation. In the event the court has already ordered and received a completed substance use evaluation, a SSI shall still be completed for case management purposes.
6. Administration of the SSI:
Explain purpose to client.
 - Ask questions in a straightforward manner.
 - Probe, listen, and empathize.
 - Pause between questions; allow time to discuss when appropriate.
 - Generally, adhere to the exact wording.
 - Feedback responses to offender when appropriate.
 - Don't "lead" the individual into answers.
7. Scoring the SSI:
 - DO NOT score questions #1 and #15 - too general.
 - DO NOT score questions #17 and #18 - gambling. *
 - DO NOT score observational items.
 - Persons with substance use concerns will usually score 4 or higher -- refer for substance use evaluation.
 - Score of less than 4 does not rule out a substance use problem; use observations to assist with a decision to refer for a substance use evaluation.

* If either #17 or #18 on the SSI is answered "Yes," refer for gambling evaluation.

SIMPLE SCREENING INSTRUMENT

<i>Interviewer reads the following to the client: "The questions that follow are about your use of alcohol and other drugs. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months."</i>		
In the past 6 months,		
1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin, or other opiates, uppers, downers, hallucinogens, or inhalants.)	Yes	No
a. When did you first use alcohol or other drugs (excluding tobacco)?	___/___/___	
b. When did you last use alcohol or other drugs (excluding tobacco)?	___/___/___	
2. Have you felt that you use too much alcohol or other drugs?	Yes	No
3. Have you tried to cut down or quit using alcohol or other drugs?	Yes	No
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)	Yes	No
5. Have you had any of the following?		
a. Have you ever had blackouts or other periods of memory loss?	Yes	No
b. Have you ever injured your head after drinking or using drugs?	Yes	No
c. Have you ever had convulsions, delirium tremens ("DT's")?	Yes	No
d. Have you ever had hepatitis or other liver problems?	Yes	No
e. Have you ever felt sick, shaky, or depressed when you stopped drinking or using?	Yes	No
f. Have you ever experienced a crawling feeling under the skin after you stopped using drugs?	Yes	No
g. Have you ever been injured after drinking or using?	Yes	No
h. Have you ever used needles to shoot drugs?	Yes	No
i. Have you ever been depressed or suicidal?	Yes	No
6. Has drinking or drug use caused problems between you and your family or friends?	Yes	No
7. Has drinking or drug use caused problems at school or at work? (Including attendance.)	Yes	No
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)	Yes	No
9. Have you lost your temper or gotten into arguments or fights while using alcohol or drugs?	Yes	No
10. Have you needed to drink or use drugs more and more to get the effect you want?	Yes	No
11. Have you spent a lot of time thinking about or trying to get alcohol or drugs?	Yes	No
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?	Yes	No
13. Have you felt bad or guilty about your alcohol or drug use?	Yes	No
The next questions are about your lifetime experiences.		
14. Have you <u>ever</u> had a drinking or drug problem?	Yes	No
15. Have any of your family members <u>ever</u> had a drinking or drug problem?	Yes	No
16. Do you feel that you have a drinking or drug problem <u>now</u> ?	Yes	No
The next questions are about your experience with gambling.		
17. Have you ever had to lie to people important to you about how much you gambled?	Yes	No
18. Have you ever felt the need to bet more and more money?	Yes	No

SIMPLE SCREENING INSTRUMENT (cont'd)

Scoring for SSI (For official use only)		
Individual ID: _____		Date: _____
Location: _____		
Items 1, 15, 17 & 18 are NOT scored. The following items are scored as a 1 (yes) and 0 (no):		
___2	___7	___12
___3	___8	___13
___4	___9	___14
___5 (any items listed)	___10	___16
___6	___11	
Total Score: _____		Score Range: 0-14
<u>Preliminary interpretation of responses:</u>		
Score	Degree of Risk for AOD Abuse	
0-1.....	None to low	
2-3.....	Minimal	
>/=4.....	Moderate to high: Refer for further substance abuse evaluation	

Observation Checklist for Interviewer: Did you observe any of the following while screening this individual?

a. Needle track marks	Yes	No
b. Skin abscesses, cigarette burns, or nicotine stains	Yes	No
c. Tremors (shaking and twitching of hands and eyelids)	Yes	No
d. Unclear speech: slurred, incoherent, or too rapid	Yes	No
e. Unsteady gait: staggering or off balance	Yes	No
f. Dilated (enlarged or constricted (pinpoint) pupils)	Yes	No
g. Scratching	Yes	No
h. Swollen hands or feet	Yes	No
i. Smell of alcohol or marijuana on breath	Yes	No
j. Drug paraphernalia such as pipes, paper, needles, or roach clips	Yes	No
k. "Nodding out" (dozing or falling asleep)	Yes	No
l. Agitation	Yes	No
m. Inability to focus	Yes	No
n. Burns on the inside of the lips	Yes	No

Interviewer Comments: _____

