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Michelle: Hello everyone, and welcome to today's webinar, TWEAK and 4Ps, to ensure healthy pregnancies and babies and an overview of substance abuse disorders screening tool. I'm Michelle Barillaro and I'm on the Healthy Start Epic Center Training and technical business team. I'll be moderating today's webinar. With me are other members of the Epic Center Team, as well as MCH division of Healthy Start and Perinatal Services staff. We have approximately 60 minutes today set aside for this webinar. This webinar is being recorded, and the recording, along with the transcript and slides will be posted to the Epic Center website following the webinar.

Before I introduce your great speaker for today, I wanted to let you know that we want your participation during this activity, so if at any point, if you have questions or comments, please type them in at the bottom left comment of your screen. We will only be taking questions via text, and we're going to answer them at the end. If we don't get to them by the end of the webinar, we're going to include them in a frequently asked questions document that we'll post with the webinar material on the Epic website. The only housekeeping reminder that I want to make is that you'll be asked to complete an evaluation survey at the end of the webinar. We appreciate your feedback, so please take a moment to complete it.

So now, let me introduce your speaker for today, Rekha Sreedhara. Mrs. Sreedhara has 11 years of work experience in the field of addiction. Her current work at the New Hampshire Center for Excellence, a project of JSI Research and Training Institute, involves the provision of technical assistance related to assessing needs and capacity to implement evidence based practices and facilitating action learning collaborative to promote delivery of best or better practices. Mrs. Sreedhara has also had six years of direct care experience in her work as a long-term substance abuse residential program for women and infants in Massachusetts. She is trained in a number of evidence based practices including the addiction severity index, the global appraisal of individual needs, technology transfer, government performance and result back, and MATRS treatment planning. She holds a Bachelor's of Arts in psychology and pre-medical studies from the College of the Holy Cross, and a Master's degree in

public health from the University of Massachusetts Worcester. Rekha, I'll now hand it over to you.

Rekha: Thanks, Michelle. So as Michelle mentioned I work for JSI Research and Training Institute. And I typically work on the Center for Excellence Project, and I focus on the treatment aspect of substance abuse and so a lot of my work is related to pregnant women and parenting women. So I'm very excited to be able to talk with you all today on how we can improve care for this population. So I want to tell you a little bit about what we're going to talk about in the next half hour. So I hope to provide you with an overview of what expert is, and why it's important to the population that we're speaking about: pregnant woman.

So I'll review two specific screening tools, the TWEAK and 4p, and how those can be used with pregnant populations to identify substance use, but also brief intervention strategies for engaging patients who might be at risk. So before we begin, I want to conduct a few polls, so a few questions to get a better sense with how familiar you are with substance abuse screening, what Expert is, as well as how to engage patients to be able to disclose information about their use of either alcohol and/or drugs. So Michelle, would you be able to pull that up for us?

Great. So first question, how much of a problem do you think substance use is among the pregnant women who you work with? I'll give you a few seconds to answer that. Okay, so it looks like 59% say somewhat of a problem, 27% very much a problem. So it looks like pretty much all of you believe it's a big problem among the pregnant population.

Okay, we can move to the next question. So how familiar are you with Expert? Wow, okay. So it looks like we have very few who know about Expert. So I think you'll gain a lot, then, from today's presentation because we will be providing a good overview of what that entails and how screening and intervention fits into that.

So our next question, have you used a substance abuse screening tool before? All right, so we got 61% who have responded with a yes, 38.5 a no.

And do you use motivational interviewing techniques with your patients? Okay, great. So it looks like pretty much everyone uses a motivational interviewing technique, so it looks like you're very familiar. All right, so let's get the slide here. Sorry about that. Okay, so I'm about to go over quite a bit of information, but in order to really understand screening and brief intervention, you have to understand it through the lens of the model of expert and how everything relates together, which is why I'm introducing screening and brief intervention through that lens. So hopefully by the end of this you'll get a better understanding for how to implement screening and brief intervention with the pregnant population, but as well as with other populations, too.

So it is important to note, though, that further training is required within each of these pieces, so with brief intervention, screening, referral to treatment, all of these require further training for you to really feel comfortable and utilize these practices within whatever setting you might be in. So with that, so what is Expert? So what is Expert? Expert stands for screening, brief intervention and referral to treatment. Essentially, it's a coordinated process. It's used to identify and reduce alcohol and other drug related problems, so some models we use, as I said, can be used with any population. It can be used with adolescents, men, women, other specialty populations, so in our case, with pregnant populations.

More recently, it's been used within the primary care setting, so you might have seen this even with your own primary care provider, they might have asked you questions about your drug and alcohol use, so it's been used a lot with the general population, but it's also being used more commonly with adolescents and pregnant population, primarily in an effort to intervene early.

SO why should we consider it specifically for the pregnant population? So, as you all mentioned, through the result of one of the questions through the poll, you know, it is a big problem amongst the pregnant population. We know that heroin and prescription drug use is on the rise to epidemic proportions and that's highly concerning, especially for pregnant women because you also have not only an individual involved, but you have a fetus involved as well, so you're talking about two people. So we need things that can help us to manage symptoms early and to be able to react in a way rather than to deal with the consequences after the fact. So really, it provides us with the opportunity for understanding what we can do. It's an opportunity to have a discussion, to provide education about potential health and safety risks that might be posed by alcohol and drug use.

So I want to be able to share a little bit of data, so you can get a better sense of the extent to how serious this really is. So, across 2012 and 2013 of pregnant women aged 15 to 44, 5.4% were current illicit drug users. So in 2012 to 2013, among pregnant women aged 15 to 44, an annual average of 9.4% reported current alcohol use. 2.3% reported binge drinking and 0.4% reported heavy drinking. So you can see here from both of these statistics that alcohol and drugs is a big problem among the pregnant population.

Additionally, as I had mentioned, it also affects neonates. So the implications might involve neonatal abstinence syndrome, it might involve the neonate developing fetal alcohol spectrum disorders, and a host of other problems. So the incidents of neonatal abstinence syndrome has risen from 1.2 to 3.39 per 1,000 hospital births per year from 2000 to 2009, and the neonatal intensive care unit admissions have increased from 7 to 27 cases per 1,000 in the United States between 2004 to 2013, and the median length of hospital stay has increased from 13 to 19 days. Additionally, the prevalence of fetal alcohol spectrum disorder in the United States is estimated to be between .5 and 2 per 1,000 births, with approximately 40,000 newborns that are affected by FASD each year.

So, these four stats that I just shared with you showed you how much of an issue this is, and why we need Expert to help to intervene quickly and early. And Expert can offer us a large return for a very small investment. It doesn't take very much to implement something like within whatever setting you might be working in. It just takes a little bit of practice, but it's definitely doable. And then, the last point, it helps to improve provider relationships, provider patient relationships, and we'll get more into that as we talk about screening and brief intervention, but these tools, techniques, really help to improve that as we all know, that's an important part of being a clinician, you want to be able to help a person, but you can only help them if there is that relationship that's established.

Okay, so now I want to talk to you a little bit about the components of Expert. So, the first part is screening. So screening really entails asking a series of questions related to the person's alcohol and drug use. So substance abuse screening for pregnant women should really be a routine part of the services that you offer. So, this approach decreases subjectivity, it decreases discomfort, bias. So ideally, pregnant women should be screened at each encounter, but at a minimum, I would say, once each trimester. So you want to be able to ask these questions consistently to avoid them feeling like you're pulling them out of a group of people when really you're trying to help. Ideally, how screening is handled will determine how the pregnant women react towards you and how they answer questions. I can't emphasize enough how important that is.

So if a woman fears adverse consequences, or judgmental attitudes, she will often delay or avoid prenatal care. A few years back, I had conducted some work with the Center for Excellence. We had conducted some focus groups with pregnant and parenting women and two of the top things that they had indicated was provider judgment along with fear of becoming involved with Child Protective Services. So that in itself, shows you that this contributes to why they didn't seek care, why they may have not disclosed substance use, or why they didn't do it either right away or maybe provided inaccurate information. So when you're asking these questions, you want to do it in a way that's very caring and comforting, non-judgmental. You want to be as supportive as possible.

But the other piece of it, too, is how you're responding to whatever their answer might be, both positive and negative. So if somebody says, "No, I don't want to answer these questions," how do you respond to that? Because you will have some people who just don't feel comfortable right away to answer questions, especially from someone, who maybe say they haven't met before. So you could potentially start off the conversation with something like, "In addition to some of the other health questions I'll be asking, do you mind if I ask you some questions related to alcohol and drugs?" So if for some reason, you know, the answer is no, then always respond back with that you're here asking these questions primarily because you want to be of help to her and that is there some way that you could help, what would those things be? So you want to ask questions that will make her feel as if you want to be that supportive person and as the trust develops over time, you will slowly see that she maybe be more willing to disclose information.

I have a little quote here from someone in our focus group. So someone had said, "I always wished I could have been able to say something to my doctor, because I was seeing a doctor, because I maybe could have gotten help and didn't have to reach that point of feeling the way I felt, but I was too scared." So when you choose a screening tool, it's really important to look at certain criteria. So you want to look at using tools that are reliable, that are offering consistent results. It should give you results that are accurate, that are sensitive, so meaning that does it have a high probability of identifying alcohol and drug use? Is it specific? Does it have a high probability of identifying there is no problem? So these are things that you should be looking for when you're either considering which tool to use.

Additionally, when you're asking the questions, you would want to make sure that you're asking the questions as they're written because when the tools are tested, the specificity and sensitivity is based off of this, so if you're changing how you're asking the questions, then that sensitivity and specificity no longer is the same if you're completely changing what that means, essentially, and how effective it is. So many screening tools are available to choose from. I

specifically chose to talk about the 4Ps and TWEAK screening tools primarily because it was specifically designed for pregnant populations, but there are other tools that you can choose from.

So for example, there's the PA and that is specifically for pregnant woman that screens for alcohol. So if you were to use the PA, you would need to use a drug screening as well. And then you have the DAS [SP] and the CAGE, with are other screening tools, but those are specifically for the general populations, but doesn't mean that you can't use them with pregnant women, so you can use it with pregnant women, it just hasn't been tested as much with pregnant populations, and the CAGE is specifically focused for alcohol; DAS is specifically focused on drugs.

So the 4Ps screening tool stands for parents, partners, past and pregnancy. It's a four question tool, it takes about two minutes of time, and it looks at recent and past drug use and alcohol use. The nice thing about it is it's on the public domain so it's free. You can easily Google it, there's a lot of research articles if you'd like to read through the specificity, sensitivity, how reliable it is, how it's been used, etc. And then also print out the tool, so that is available. And basically the tool, four questions, yes, no, and it's one point each, and if the woman answers yes to one or more questions, then that would require further assessment. So, the questions are, "Have you ever used drugs or alcohol during this pregnancy? Have you had a problem with drugs or alcohol in the past? Does your partner have a problem with drugs or alcohol? And do you consider one of your parents to be an addict or alcoholic?"

So as you can see, the questions are very straightforward and some people may be receptive to the questions and answer it without a problem, while others might be very hesitant to answer and may feel uncomfortable. So based on what we talked about a little while ago, it's really important to introduce the fact that you will be screening for alcohol and drug use in a supportive manner before you jump into these questions, because if you jump into these questions, it will backfire and you won't really have all that many people who would be willing to answer the question.

So the next tool is the TWEAK, and this stands for Tolerance, Worry, Eye opener, Amnesia and Cutdown. It's a five question tool. It takes about two minutes of time and looks at alcohol use. So, as I had mentioned, some look at both alcohol and drugs, while others look at alcohol and others just look at drugs. So this one just focuses on alcohol, so if you choose to use this one, you would need to use something like the DAS or some other tool to be able to find out more about their drug use. And this tool is available on the public domain.

So five questions, it's based off of a seven point scale, so the first two questions are two points. So your questions are, "How many drinks does it take to make you feel high? Have close friends or relatives worried or complained about your drinking in the past year? Do you sometimes take a drink in the morning when you first get up? Has a friend or family member ever told you about things you said or did while you're drinking that you could not remember? Do you sometimes feel the need to cut down on your drinking?" So that first question is about tolerance, so that's worth two points. So if she says that she can consume more than five or more drinks without falling asleep or passing out, she would get two points. And the second question is worth two points, that's the worry question. And the last three are a point each. So if the total score is two or more points, then she would be considered an at risk drinker.

Okay, so you've conducted your screening, you have the results, and you've identified either if they are an at-risk drinker or drug user or maybe both or maybe they don't seem to have a problem at all. So what do you do with this information? So the results of the screening needs to be shared with the patient, and then you need to make sure that you follow it with an appropriate response. So even if someone is not identified with risk for alcohol or drug problem, it's very important to recognize the behavior with that person, so you want to encourage them to continue the positive behavior. To make sure you recognize them and praise them for the fact that they aren't using alcohol and drugs. And you could even share some data with them, because you never know when someone could start picking up a drink or a drug, it could happen at any point. Just because someone is not using when you meet with them, doesn't mean the

next time you see them that they haven't started. So it's always good to reinforce the behavior and then you can share data.

So for those who you do identify as being at risk, this is where you would need to provide them with a time limited conversation. So usually it can be about ten minutes, so that you can really talk to them about what your findings are and kind of go from there. So a brief intervention, that's what you would call this. It's basically a method that uses techniques such as brief motivational interviewing, which many of you seem to be familiar with. You could also use cognitive behavioral therapy amongst many other techniques. And this, essentially, would help you assess and engage the patient in an effort to raise their awareness of substance abuse consequences and then hopefully motivate toward positive behavioral change.

So I specifically decided to focus on just telling a little bit more about motivational interviewing. I think this is the main technique people tend to primarily use, because it's more engaging compared to some of the other techniques that are out there. So I won't spend a lot of time on this because it seems like a lot of you do know about it and do use it in your current work, so there are five stages of change. Pre-contemplation, contemplation, preparation, action, and maintenance. And you're basically looking at the person's ambivalence. So you're seeing how ready are they to change? So you want to make sure it's a collaborative approach, it's person-centered and that you are working together to figure out what is best for the patient.

So you want to avoid closed questions, so this would be something like, "You don't use alcohol or drugs, do you?" Asking a question in that way basically sets up the patient for feeling like, "Oh, well, they're already assuming that I use," do you know? So how you ask the question is extremely important, so that's what MI reinforces, that you're changing the way you're speaking to someone in an effort to be more engaging and to solicit the information and the change that you hope to gain. So some other examples for how you could converse with a patient might be, "Do you mind if we talk about . . . ?" or, "What would you like to see different about your current situation?" Another

one might be, "What I hear you saying is . . . " So things like that can really help with how you have a conversation and a dialogue with someone.

And so, I have another quote here from someone in one of the focus groups that we conducted. "Something that I liked was that my primary carer was really open to me and able to identify with me on past stuff. It just made me feel so much comfortable around her. Obviously, not everyone is going to be able to do that, but it made her much more understanding of my situation. That worked." So, the other thing, too, I want to point out is it's a process. So not everyone is going to achieve the ultimate goal of abstaining fully from alcohol and/or drugs. Whatever step they make towards abstinence should be commended as positive. So the next time you meet with them, if they've reduced from five drinks to four drinks, that's something that you should definitely encourage them and praise them about, because that's one step forward. So while the goal is complete abstinence, that's a process, it's not something that happens right away, so it's important to keep in the back of your mind.

So from this side we talk about brief negotiated interview steps. So as you can see, there are four steps: Raise the subject, provide feedback, enhance motivation, and then negotiate and advise. So with step one, you want to really ask the person for permission so you don't just jump into what the issue is, it's more so you need to find out if it's okay to be able to talk about their alcohol and drug use, and then at that point you can get into more conversation and assess what's going on and then how you might be able to help them. And then you want to also look at how it connects to their pregnancy. So if for some reason the patient doesn't see how it connects to their pregnancy, then share the data with them to help them see that connection and it's okay if they don't see that connection, but to try to help them see how everything links together and to help them to see the bigger picture.

And then step three is about enhancing motivation. So here you want to just determine how ready they are and this is where you can use something, I don't know, I'm sure most of you might be familiar with this, the readiness ruler. If you indicated that you know about motivational interviewing, then I'm pretty

sure you know about the readiness ruler, but basically you're asking something like, "On a scale from 1 to 10, how ready are you to . . . ? " and then that question, based on what their response is will help you guide what the pros and cons are for alcohol and drug use.

And then, lastly, you're basically summarizing what they said in step three, so that you're ensuring them that you understood what they said and that you're working with them to help them figure out what makes the most sense for next steps. So then you can come up with next steps together and decide is something further needed? And then the last piece is referral to treatment. So we won't really spend any time on this, but basically after you've done your screening, you've conducted a brief intervention and then depending on what you learned in your brief intervention, then either brief therapy or some sort of specialty substance abuse treatment might be needed, but you'd only know that based on your brief intervention. And so if anything indicates that they do need therapy or some sort of specialized treatment, then that's where you would provide them with some referrals, but it's important to make sure that your referrals are active and that it's a warm hand off, meaning that you're not just giving them a list of treatment options, but that are you actually making the calls with them or having someone help them make these calls and that you're helping them fill out the paperwork or going through the interview process, or whatever it might be to actually get them into whatever the next step is. Because oftentimes, if you just hand a piece of paper to someone, that won't usually amount to very much. So, actively doing and researching with them and getting them to the next step is a must.

And also, too, being aware of what's available in your community. And then at each visit, you want to make sure that you follow up. So it's not just getting them into treatment, but it's also about making sure that you follow up, see how things are going, and see how you can be of help. Maybe they're encountering issues and maybe there's nothing that you can do about it personally, or within your practice, but at least you could be there to listen and sometimes that's all a person would need.

So with that, I know that was rushed and it was a lot of information, but I hope it helps you see how each of these work together and how screening and brief intervention fits into the larger picture of things and how Expert really helps provide for the care to pregnant women, but also in general, any population. So Michelle, I'll hand it over to you if there are questions.

Michelle: Thanks, Rekha. That was really great. So at this point we're going to move into the question and answer period. If you have any questions, please enter them into the chat window at the bottom of your screen. And while we wait for some questions to come in, I just wanted to remind our audience that the tools that we talked about today are available on the Healthy Start website evidence based practice inventory, so you can go there.

The first question that we've received is, "Rekha, do you have any suggestions for tobacco screening tools?"

Rekha: I don't. I typically focus on alcohol and drug use, so I don't know that I can specifically answer anything related to tobacco. I could definitely speak to my colleagues and see what's out there. I think that would be great.

Michelle: I think that would be great. Another question, "The evidence based practice database lists the tools as IHR's 5Ps. Is that the same as the 4Ps?"

Rekha: Can you repeat the question?

Michelle: Sure. "The healthy start evidence based practice database lists the tools as IHR's 5Ps. Is that the same as 4Ps?"

Rekha: I don't believe so. There are specifically four questions and each focuses on a specific part of a pregnant woman's life, so as we mentioned the parenting

and partner, and pregnancy, etc. So I'm thinking that they're two different screening tools.

Michelle: Okay, thanks. We have another question, which is to clarify where we can get the tools. So Rekha, I'm going to go ahead and post this out on the chat to everyone. These are the links for where everybody can go to grab those things. We have another question, Rekha, which is, "How do I work with someone who may not be very receptive to help?"

Rekha: So if someone is not receptive to wanting help, the best thing to do is to not force questions on them and to really have just an open conversation and it could be about anything. It doesn't need to be focused on alcohol and drugs, it can be simply about, maybe they have another child that's in the room with them. Focus around that child, or something that might be, something else that might be important to a patient. It's more about building the relationship and then ultimately you can get to finding out more about their alcohol and drug use. I mean, that's essentially what needs to happen and a lot of women are resistant at first because of the fact that they have experienced provider judgment and they are fearful of the fact of being involved with Child Protective Services, so therefore they don't want to set themselves up to potentially getting involved with something they don't want to be involved in. So it's just starting off with an open conversation that can be about anything and then slowly, as you feel the person is getting more comfortable, then you can try to squeeze your way into the questions that you're really hoping to ask.

Michelle: Great, thanks. Just a reminder if you have any other questions you can go ahead and chat them in, and while we wait and give people a minute to do that, I just want to remind everyone to mark their calendars, we have an upcoming webinar in July. On July 9, from 3:00 to 4:00 p.m. Eastern time we're going to have an Ask the Expert webinar on understanding the role of community health workers in Healthy Start stress, depression and resilience. You can get the registration information from the Epic Center [inaudible 00:43:01] or you can visit the Epic Center website. Speaking of the website, I just want to remind everyone that it's going to contain all of our recorded

Webinar information, including the transcript and slide presentation from all the webinars that have taken place. If there are any other questions, just go ahead and chat them in.

And before everyone leaves today, I just want to remind everyone to take a minute to complete the evaluation survey. You're going to get a link as we close the webinar. And seeing no more questions, I just want to thank Rekha again for this wonderful presentation and thank everyone for joining us today. So that concludes our webinar, thanks for your participation and I hope everyone has a great day.