

# Identifying and Intervening in Risk:

*It's all about relationships...*

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# The *SART* System

- *S*creening
- *A*ssessment
- *R*eferral
- *T*reatment

# The 4Ps Plus

- *Parents* Did either of your parents ever have a problem with alcohol or drugs?
- *Partner* Does your partner have a problem with alcohol or drugs?
- *Past* Have you ever drunk alcohol?
- *Pregnancy*
  - In the month before you knew you were pregnant, how many *cigarettes* did you smoke?
  - In the month before you knew you were pregnant, how many *beers* did you drink?

Case #: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Patient's Phone #: \_\_\_\_\_

			Provide Domestic Violence Assessment	Provide Mental Health Education	Provide Tobacco Intervention and/or Substance Abuse Assessment
<i>Parents</i>	Did either of your parents have any problem with drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Partner</i>	Does your partner have any problem with drugs or alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	Have you ever felt out of control or helpless?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
	Does your partner ever threaten to hurt you or punish you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Yes		
<i>Past</i>	In the last 2 weeks, have you felt down, depressed, or hopeless?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	
	In the last 2 weeks, have you lost interest in things that used to be fun to you?	<input type="checkbox"/> No		<input type="checkbox"/> Yes	
<i>Pregnancy</i>	In the month before you knew you were pregnant, how many cigarettes did you smoke?	<input type="checkbox"/> None			<input type="checkbox"/> Any
	In the month before you knew you were pregnant, how much wine/beer/liquor did you drink?	<input type="checkbox"/> None			<input type="checkbox"/> Any

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If **Any**, complete the follow-up questions

**Follow-up Questions to 4Ps Plus**

- Sometimes a woman feels depressed, nervous, or stressed out. When this happens to you, do any of the following help you feel better or to relax?
  - Talk things over with friends or relatives?  No  Yes
  - Smoke cigarettes?  No  Yes
  - Smoke marijuana or pot?  No  Yes
  - Have a drink of beer, wine or other alcohol?  No  Yes
  - Take some type of pill or medication?  No  Yes
- And last month, about how many days a week did you usually drink beer, wine, or liquor?
 

Did not drink  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- During the month before you knew you were pregnant, about how many days a week did you usually use marijuana?
 

Did not use any drug  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- During the month before you knew you were pregnant, about how many days a week did you usually use any drug such as cocaine, heroin or meth?
 

Did not use any drug  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- And last month, about how many days a week did you usually use marijuana?
 

Did not use any drug  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- And last month, about how many days a week did you usually use any drug such as cocaine, heroin, or meth?
 

Did not use any drug  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week
- And last month, about how many days a week did you usually smoke cigarettes?
 

Did not smoke  Every day  3 to 6 days a week  1 or 2 days a week  Less than 1 day a week

Intervention and Referrals Made: Check all that apply

Refer for further evaluation 

<b>Referral</b>	<b>Referral Accepted?</b>	<b>Services not Available</b>
<input type="checkbox"/> Brief Intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Tobacco Cessation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Other. Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Date: \_\_\_\_\_ Screening Site: \_\_\_\_\_

Signature: \_\_\_\_\_

# Brief Intervention

- “I am concerned....”
- Abstain from drugs or alcohol
- “I see you are upset....”
- Come to consensus
- Refer: a “warm handoff”

# MIECHV Population

■ June 2012 – May 2014

■ N 459

■ Mean age 22.9 years

Range: 13 – 45 years

■ Sites

■ Cicero

■ Elgin

■ Englewood

■ Macon

■ Rockford

■ Vermillion

■ Decatur

# MIECHV Population

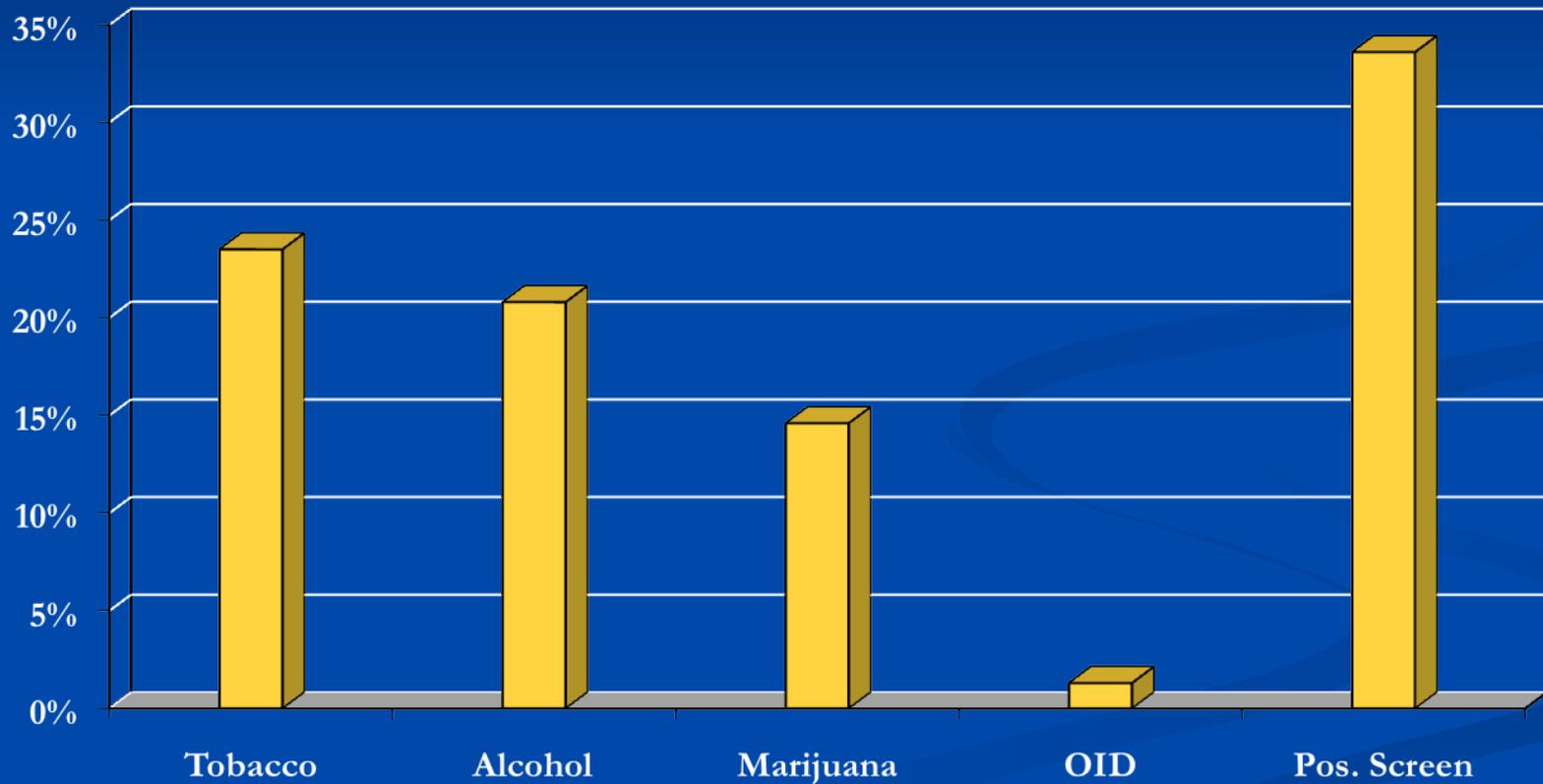
## ■ Race/ethnicity

■ African American	35%
■ Hispanic	32%
■ Caucasian	27%
■ Multiracial	3%
■ Other	3%

# Preliminary Screening Questions

- Parents have a problem with drugs or alcohol  
25.7%
- Partner have a problem with drugs or alcohol  
9.6%

# Screening Results: *ATOD*

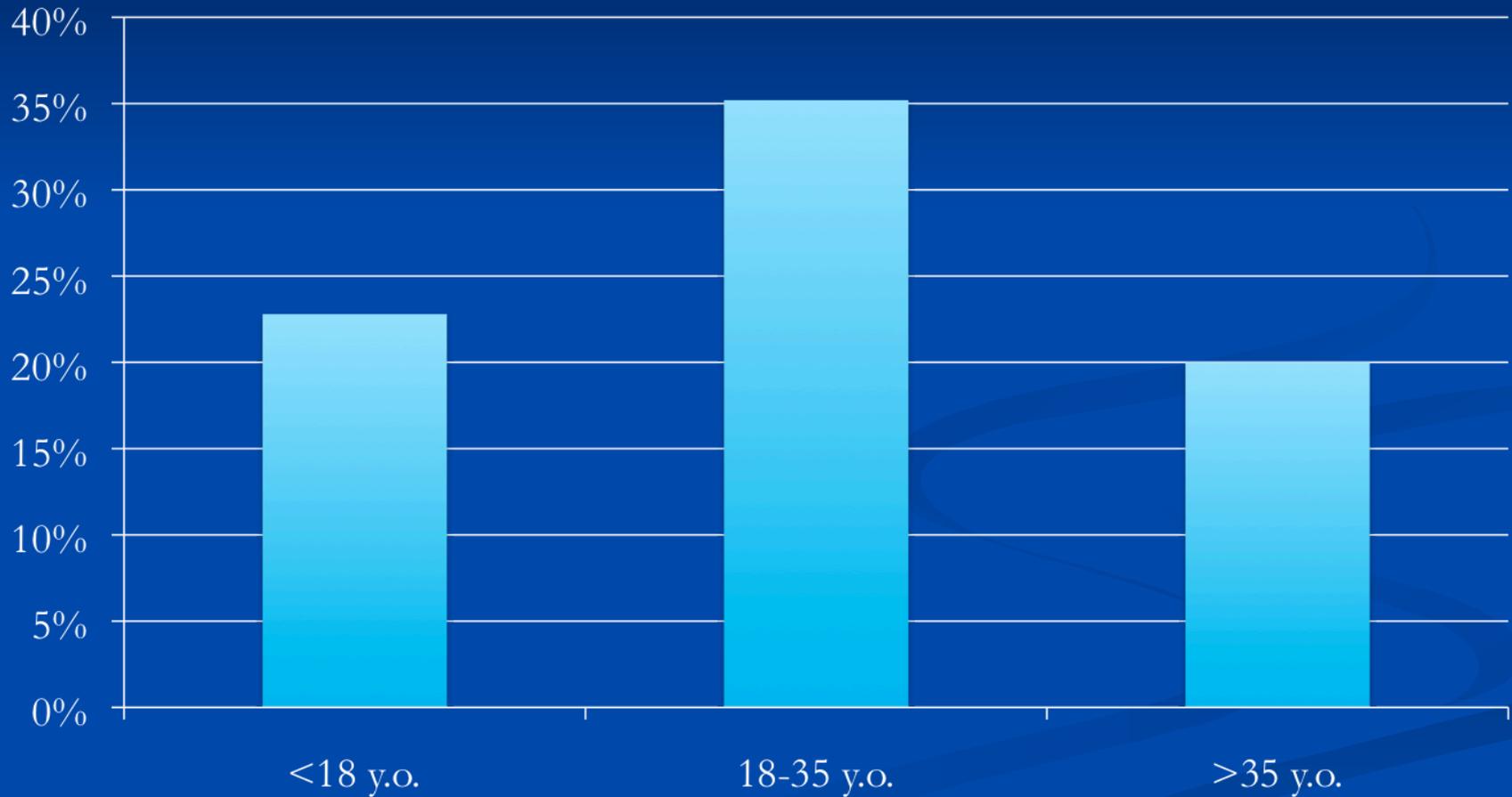


# Screening Results:

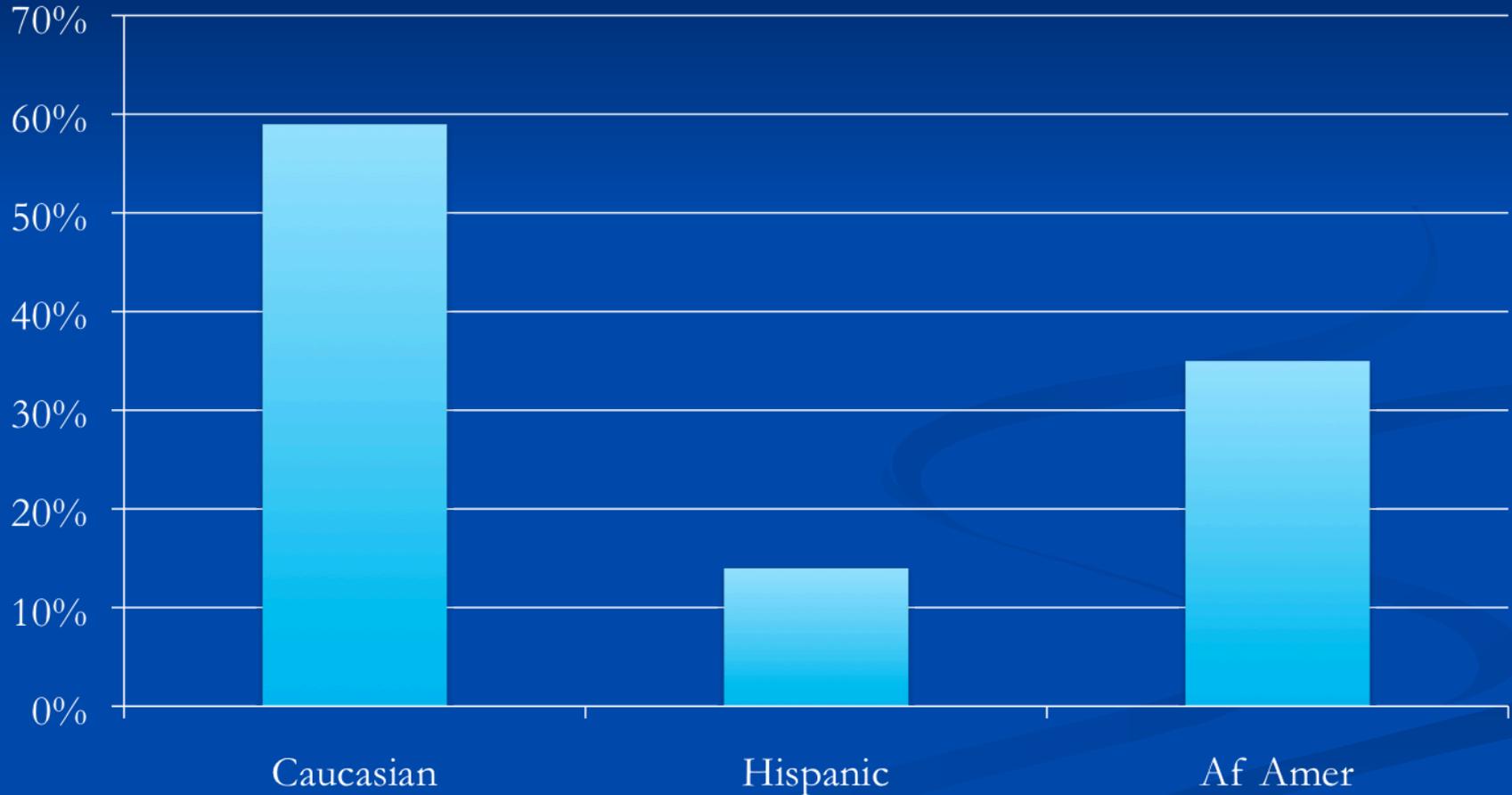
*Depression\* & Domestic Violence\**

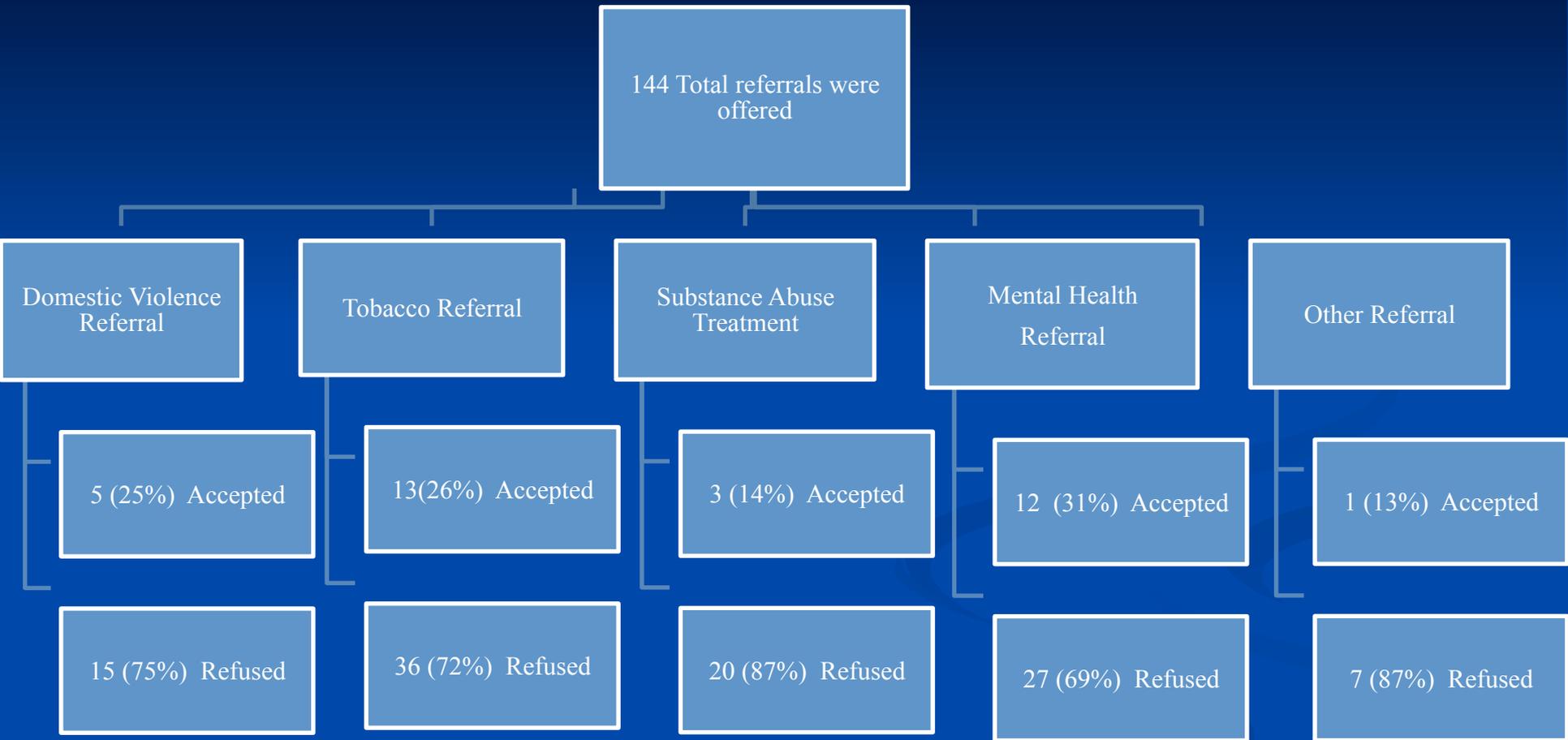


# Substance Use by Age



# Substance Use by Race/Ethnicity\*





# Common questions and concerns...

*Being relaxed is hard when trying to be true to the tool.*

*What if a woman gets upset?*

*What if the partner is in the room?*

*Questions are so personal...*

*When exactly should the screen be done?*



# Successes...

“Screening has made it possible for me to discover that a participant is smoking.”

“I have found that even when a parent will not admit to drug use, they are open to information, especially in the *I am concerned* book.”

“No refusals to answer questions.”

“They ask me their own questions.”

# Successes...

- “Especially positive experience when they are honest and ask for help.”
- “I was able to identify a high needs mother who was using tobacco products.”
- “The brief intervention booklet is very useful with families and helps them to make decisions to make better choices regarding their pregnancy.”
- “Now that I’ m used to it, the tool is easy to use.”
- No negative reactions from any clients reported.

# Common questions and concerns...

- “My challenge is to know if they are saying the truth.”
- “Others are present so I have to screen at next visit.”
- “...participants not wanting the referral.”
- “I’m finally getting over the feeling of gross intrusion into the client's life.”

*What information do you need? What can  
we do to support you?*

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