

## Screening and Intervention/Treatment Tools for Substance Use Disorders and Pregnancy

### BRIEF SCREENING TOOLS

Tool	Description	Questions	Source
4 P's Plus Test	This screening tool is often used to start the discussion about alcohol and drug use since it naturally flows from the family history. The original 4 P's test was designed to rapidly identify obstetric patients in need of intervention. <sup>1</sup> A "yes" answer to any question was considered positive. The modified 4 P's Plus screen adds two questions to the current pregnancy and a positive answer to either identifies 34% of drug and alcohol users. <sup>2</sup> With a positive answer about "partner," 65% were found to need drug treatment.	Parents: Did either of your parents ever have a problem with alcohol or drugs?  Partner: Does your partner have a problem with alcohol and 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/glasses of wine or liquor did you drink?	Chasnoff IJ, Hung WC. The 4 P's Plus. Chicago, ILL: NTI Publishing; 1999
T-ACE	This screening tool can be used alone or in combination with the 4 P's Plus test. If there was a positive answer to questions about Past and Current Pregnancy in the 4 P's Plus, then follow up with the T-ACE test. <sup>3</sup> A score of 2 or more points indicates at-risk drinking in pregnancy.	T: Tolerance: How many drinks does it take you to feel high? More than 2 drinks is a positive response – score 2 points A: Annoyed: Have people annoyed you by criticizing your drinking? Yes - score 1 point C: Cut down: Have you ever felt you ought to cut down on your drinking? Yes – one point E: Eye Opener: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? Yes – score 1 point.	Sokol RJ, Martier SS, Ager JW, The T-Ace questions; practical prenatal detection of risk drinking. Am J Obstet Gynecol 1989;160:863-870
TWEAK	This is used for alcohol screening in the current pregnancy. In this screening tool, a drink is 1 ounce of alcohol. A score of 2 or more is a positive screen. <sup>4</sup>	T Tolerance: How many drinks can you hold? If five or more drinks, score 2 points. W Worried: Have close friends or relatives worried or complained about your drinking in the past year? Yes – 1 point. E Eye Opener: Do you sometimes take a drink in the morning when you wake up? Yes - 1 point. A Amnesia: Has a friend or family member ever told you about things you said or did while drinking that you could not remember? Yes- 1 point. K Cut sown: Do you sometimes feel the need to cut down on your drinking? Yes – 1 point.	Chan AW, Pristach EA, Welte JW, Russell M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. Alcohol Clin Exp Res 1993;17:1188-1192
NIAAA Questionnaire	The National Institute of Alcohol Abuse and Alcoholism (NIAAA questions) has established guidelines for at-risk drinking in non-pregnant women and men.	Do you drink? Do you use drugs? On average, how many days per week do you use alcohol (liquor, wine, or beer)? On a typical day when you drink, how many drinks do you have?  Positive score: More than 14 drinks per week for men. More than 7 drinks per week for women.  What is the maximum number of drinks you had on any given occasion during the past month?  Positive score: More than 4 – men, or 3 women.	<a href="http://www.niaaa.nih.gov">http://www.niaaa.nih.gov</a>
TWO ITEM SCREEN	Current alcohol or other drug problems can be detected in nearly 75% of young and middle-aged patients by asking two questions in this conjoint screening tool. <sup>5</sup>	1. "In the last year, have you ever drank or used drugs more than you meant to?" 2. "Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?"	Brown RL, Leonard T, Saunders LA, Papasouliotis O. A two item conjoint screen for alcohol and other drug problems. J Am Board Fam Prac 2001;14:95-106

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5 A's	An approach to smoking cessation counseling, performed for 5-15 minutes by a trained clinician, which can improve cessation rates by 30% to 70% among pregnant smokers. This approach has been endorsed by the March of Dimes, American College of Obstetricians and Gynecologists, American Academy of Pediatrics and the Association of Women's Health, Obstetric and Neonatal Nurses.	<ol style="list-style-type: none"> <li>1. Ask about tobacco use</li> <li>2. Advise to quit</li> <li>3. Assess willingness to make a quit attempt</li> <li>4. Assist in quit attempt</li> <li>5. Arrange follow-up</li> </ol>	<a href="http://www.acog.org">http://www.acog.org</a>
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The two screening tools with the highest sensitivity and specificity for both alcohol and drug use in a current pregnancy are the 4 P's PLUS and the TWO ITEM Screen. Each can be easily integrated into the initial history or as part of the present issues at each prenatal visit. At the minimum, the screen should be used in each trimester and postpartum. Conjoint screening is best; patients may be forthright with answers to nicotine use of legal substances (alcohol and nicotine) but are often less than candid with respect to drug use. By combining the two, patients tend to be more open in their answers.

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*A positive questionnaire or drug screen for substance use should trigger some form of intervention and/or referral.*

### BRIEF INTERVENTION

<b>FRAMES Intervention</b>	<p>This approach was used in a World Health Organization study to assess the efficacy of brief interventions.<sup>6</sup> The study evaluated male heavy drinkers from 12 countries with obvious cultural differences in alcohol use. A 15-minute intervention resulted in a decrease in alcohol use of 27% compared to 7% among controls. Moreover, the FRAMES approach, with its emphasis on responsibility and self-efficacy, dovetails well with a treatment approach that enhances self-motivation.</p> <p>If the patient does not alter behavior after a brief intervention, she should be referred for more extensive treatment.</p>	<p>F - Feedback about the adverse effects of drugs or alcohol. This allows for patient education.</p> <p>R - Responsibility for a change in behavior: "Only you can decide that you want to stop using. If you do, how would your life be better?"</p> <p>A - Advise to reduce or stop use: "For the next 2 weeks, stop using, and let's see how you feel."</p> <p>M - Menu of options: "If you find that not using for the next 2 weeks is impossible, then we should consider other options."</p> <p>E - Empathy is central to the intervention. "This must be really hard to do."</p> <p>S - Self-efficacy: "I am impressed that you are considering making this change. Your strong determination is going to help you succeed."</p>	<p>World Health Organization Brief Intervention Study Group. A cross national trial of brief interventions with heavy drinkers. Am J Public Health 1996;86:948-955</p>
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### MOTIVATIONAL INTERVENTION

Motivational Enhancement Therapy (MET), developed by Miller, is the foundation for supporting the addict through her stages of change. The MET approach starts with the premise that the responsibility for change rests squarely on the patient's shoulders. Integrating motivational enhancement therapy (MET) with the Stages-of-Change approach becomes a powerful therapeutic alliance. This approach is actually easy to do within each prenatal visit and takes very little time. The basic interviewing skills include: the ability to express empathy, avoid argumentation and to motivate the patient to move from one stage to the next. What follows is a template from a highly successful motivational approach.

#### *Stages of Change:*

<p><b>Precontemplation Stage:</b> (First prenatal visit)</p> <ol style="list-style-type: none"> <li>The patient will most likely present with a positive urine toxicology screen and the best approach is to show her the results of the test.</li> <li>Thus, she immediately is confronted with the consequences of her drug use, one of which is to explicitly state that if the baby ultimately tests positive, Child Protective Services (CPS) will intervene.</li> <li>The motivational step in this stage is, "name one way your life would be better if you weren't using drugs." Most patients will state they will feel better or be better mothers. <u>It's most important to elicit something very specific and a common response is, "I'll have more money."</u> This is an excellent answer with which to work because it simultaneously reveals the costs of the behavior and the benefits of change. In contemplating this answer, the patient easily moves to the next stage.</li> <li>Some patients will have stopped their substance use as soon as they found out they were pregnant. In this group it is important to:             <ol style="list-style-type: none"> <li>record the date of last use,</li> <li>stress the importance of staying clean, and</li> <li>tell them you are proud they chose to stop.</li> </ol> </li> <li><b>NOTE: Avoid "Shame Based" Statements:</b> Although well-intentioned, many clinicians have used an approach characterized as "shame based," especially obstetrical nurses.<sup>7</sup> For example, they may ask, "how can you do this to your baby?" This question invokes shame and despair and is a set-up for relapse. Be especially aware to avoid statements like, "don't you want to get clean for your baby?"</li> <li><b>Self Recovery:</b> Likewise, if her motivation to change is for the baby, then what is often observed after delivery is relapse and resentment and this creates a setting for child abuse. <u>The keystone of recovery is that the patient commits to get clean for herself.</u> A motivational statement might state, "if you get clean for yourself, then we don't have to worry about the baby."</li> </ol>	<p><b>Contemplation Stage:</b> (2<sup>nd</sup>-3<sup>rd</sup> visit)</p> <ol style="list-style-type: none"> <li>Review her drug screen.</li> <li>Have the patient make a list of <u>other ways</u> her life will be better, emphasizing that she will have more money. "If you have more money, what will you buy for yourself?" Keep it simple, inexpensive and related to herself – it is critical that she reward herself for her good choices. Later, she can be reminded that she can now afford to buy some baby clothes.</li> </ol> <p>This may be a good time to make a <u>Change Plan Worksheet</u>.<sup>8</sup> This will encourage the patient to keep her recovery plan in focus, strengthen the commitment to change and also serve as a guide to help the clinician support and recapitulate her progress. The worksheet is optional and may not be appropriate for all patients. It has six questions:</p> <ol style="list-style-type: none"> <li>The changes I want to make are...</li> <li>The most important reasons I want to make these changes are...</li> <li>The steps I plan to take in changing are...</li> <li>The ways other people can help me are...</li> <li>I will know that my plan is working if...</li> <li>Some things that could interfere with my plan are...</li> </ol>
<p><b>Preparation or Decision Stage:</b> (4<sup>th</sup> to 6<sup>th</sup> visit):</p> <ol style="list-style-type: none"> <li>Review her urine screens and note that many patients will stop using entirely on their own by this time. If she has stopped using tell her you are proud of her choice to stop.</li> <li>Look for indicators she is ready to change:</li> </ol>	<p><b>Action Stage:</b></p> <ol style="list-style-type: none"> <li>Review her urine screens and acknowledge whether she is still using in a matter-of-fact manner or tell her you are proud that she tested "clean."</li> <li>Ask if she did what she said she would do – went to the AA meeting, stopped using or cut down</li> </ol>

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<p>a. she appears less resistant</p> <p>b. she stops asking questions about the substance use, and</p> <p>c. she may appear to be more relaxed and peaceful.</p> <p>3. Now is the time to discuss specific preparations to get clean. For example, she may say she “could” go to an A.A. meeting. Ask her to pick a specific meeting, e.g. Tuesday evening at 8 PM at a specific place. Then ask if she will to go to that meeting. The majority of patients who get to this stage will, in fact, do what they commit to do.</p>	<p>substantially.</p> <p>3. Document the action with, “your last use was on (date).” Be sure to compliment her on her courage and effort to get clean. Patients are most empowered by the supportive clinician.</p> <p>4. Encourage her to create a RECOVERY PROGRAM - some kind of regular support such as therapy, counseling, workshops, family support, parenting classes and most importantly, 12 Step groups specific to her addiction.</p> <p>5. 12 Step groups enhance abstinence and reduce the rate of relapse. Compared to programs that require abstinence as the entry into the recovery process where relapse exceeds 90%, the risk of relapse in the action stage is about 40 %.</p> <p>6. <u>Remember, abstinence is action.</u></p>
<p><b>Maintenance Stage:</b></p> <p>1. Drug screens are negative</p> <p>2. Maintains abstinence</p> <p>3. Has a recovery program</p> <p>4. It is critical to reinforce her conduct and continue to build motivation for change and to strengthen her commitment to change. Encourage the patient to continue her support meetings and tell her that you are proud of her.</p> <p>5. Patients who stay abstinent for 4-5 years and complete 9 of the 12 Steps in any 12 Step group have rates of relapse as low as 5 %.<sup>9</sup></p>	<p><b>Relapse is a Part of Recovery:</b></p> <p>1. Almost always caused by stress and it is expected. <u>Relapse is not failure.</u></p> <p>2. Ask – “what did the relapse cost?” This recreates the consequences of her actions and gives her the opportunity to be accountable for her conduct.</p> <p>3. Accountability is very foreign to addicts and the ability to “own her part” in the relapse will bring her right back into the action stage and enhance self esteem.</p> <p>4. This is one of the major benefits of MET over traditional cognitive behavioral therapy (CBT). The focus of MET is on personal choice, especially regarding future drug use whereas CBT views addiction as a disease beyond the patient’s control.</p> <p>5. In relapse, the MET patient gets another chance to make choices and many choose to remain abstinent thereafter. Sometimes, it takes more than one relapse to enter recovery. And there are those unfortunates who appear to be beyond help. Do not give up. Many patients relapse 5-6 times before they can reenter the Action stage.</p>

**Termination Stage:** The hallmark of termination is no longer a temptation to use. The patient will often state they no longer dream of using. This appears to be most valid for “smoking addictions” including nicotine, marijuana and cocaine. It is estimated that 20-30% of patients may reach this stage. For all practical purposes, the pregnant addict will never reach this stage.

### RESOURCES

<p>American College of Obstetricians &amp; Gynecologists (ACOG) 409 12<sup>th</sup> Street SW Washington, D.C. 20024-2188 Phone: 202-484-3321 Fax: 202-479-6826 Website: www.acog.org</p>	<p>Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) 2000 L Street, N.W., Suite 740 Washington, D.C., 20036 Phone: 202-261-2400 Fax: 202-728-0575 Website: www.awhonn.org</p>	<p>American Society of Addiction Medicine Website: www.asam.org</p>	<p>National Abandoned Infants Assistance (AIA) Resource Center University of California, Berkeley 1950 Addison, Suite 104 #7402 Berkeley, CA 94720 Phone: 510-643-8390 Fax: 510-643-7019 Website: www.aia.berkeley.edu</p>	<p>National Institute on Drug Abuse (NIDA) Website: www.nida.nih.gov</p>
<p>National Organization on Fetal Alcohol Syndrome (NOFAS) 900 17<sup>th</sup> Street, NW, Suite 910 Washington, DC 20006 Phone: 202-785-4585 Fax: 202-466-6456 Website: www.nofas.org</p>	<p>Substance Abuse and Mental Health Services Administration (SAMHSA) 11420 Rockville Pike Rockville, MD 20857 Phone: 240-747-4817 Fax: 240-747-5466 Website: www.samhsa.gov</p>	<p>Office on Women’s Health 200 Independence Avenue, SW 730B Washington, DC 20201 Website: www.4woman.gov</p>	<p>National Clearinghouse on Child Abuse and Neglect Information 330 C Street, SW Washington, DC 20447 Phone: 703-385-7565 Fax: 703-385-3206 Website: www.nccanch.acf.hhs.gov</p>	<p>National Institute on Alcohol Abuse and Alcoholism (NIAAA) 5635 Fishers Lane, MSC 9304 Bethesda, MD 20892-9304 Phone: Fax: Website: www.niaaa.nih.gov</p>

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- <sup>1</sup> Morse B, Gehshan S, Hutchins E. Screening for substance abuse during pregnancy: improving care, improving health. Washington, DC: National Center for Education in Maternal and Child Health; 1977.
- <sup>2</sup> Chasnoff IJ, Hung WC. The 4 P's Plus. Chicago, ILL: NTI Publishing; 1999.
- <sup>3</sup> Sokol RJ, Martier SS, Ager JW, The T-Ace questions; practical prenatal detection of risk drinking. *Am J Obstet Gynecol* 1989;160:863-870.
- <sup>4</sup> Chan AW, Pristach EA, Welter JW, Russell M. Use of the TWEAK test in screening for alcoholism/heavy drinking in three populations. *Alcohol Clin Exp Res* 1993;17:1188-1192.
- <sup>5</sup> Brown RL, Leonard T, Saunders LA, Papasouliotis O. A two item conjoint screen for alcohol and other drug problems. *J Am Board Fam Prac* 2001;14:95-106.
- <sup>6</sup> World Health Organization Brief Intervention Study Group. A cross national trial of brief interventions with heavy drinkers. *Am J Public Health* 1996;86:948-955.
- <sup>7</sup> Sellick CS, Redding BA. Knowledge and attitudes of registered nurses toward perinatal substance abuse. *JOGNN* 1998;27:70-77.
- <sup>8</sup> Miller WR. Motivational enhancement therapy with drug abusers. National Institute on Drug Abuse (ROI-DA08896) 1996. A therapist manual in the public domain: <http://motivationalinterview.org/clinical/METDrugAbuse.PDF>
- <sup>9</sup> Carnes P. A gentle path through the twelve steps; a classic guide for all people in recovery. Center City, Minnesota; Hazeldon 1993.