

# Innovative Strategies in Multiple Risk Screening

Webcast  
Tuesday, April 18, 2006  
2:00-3:30pm Eastern

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Moderator:  
**Johannie Escarne,  
MPH**

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## The CRT Screen for Behavioral Health Risks in Pregnancy

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## Purpose

The purpose of this project was to expand the *4P's Plus Screen for Substance Use in Pregnancy*® to include screening for depression and domestic violence.

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## Research Development of the *4P's Plus*®

- Medicaid-eligible women
  - Odds ratios
  - *CART* analysis
- Studies of motivating factors to screen
- Clinical trials
- Validity data
- Comparative trials vs. urine toxicologies

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## Depression Questions

- Over the past two weeks, have you felt down, depressed, or hopeless?
- Over the past two weeks, have you felt little interest or pleasure in doing things?
- Over the past two weeks, have you been feeling more anxious or worried than usual?
- Have you ever suffered from or been treated for depression in the past?

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## Domestic Violence Questions

- As a child, were you ever injured as a result of punishment or made to do something sexual that you did not want to do?
- How often does your partner shame you or put you down or call you names?
- How often do you feel afraid in your relationship?
- How often have you been forced to do anything sexual that you didn't want to do?

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## Domestic Violence Questions

- Does your partner have a history of violence or has he threatened to hurt himself, you, or others?
- How often does your partner threaten to hurt you or punish you?
- Have you ever felt manipulated by your partner?
- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year?
- Have you ever felt out of control or helpless?

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## Process of Question Evaluation

- Step 1: Data analysis
  - Key issue: Does the question identify women at risk?
- Step 2: Case worker/patient feedback
  - Key issue: Is the question acceptable and useful in clinical practice?

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## Process of Question Evaluation

- Step 1: Data analysis
  - Key issue: Does the question identify women at risk?

N = 176

1. Screens administered to pregnant women
2. Follow up with clinical interview for substance abuse, Edinburgh, domestic violence evaluation

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## Depression

	Correct Class'n	Sens'ity	Spec'ty	+ PV	- PV
Anxious	92%	77%	94%	63%	97%
Lost interest	91%	69%	94%	60%	96%
Treated depress'n	90%	15%	100%	100%	90%
Felt down	89%	77%	91%	53%	97%

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## Domestic Violence

	Correct Class'n	Sens'ity	Spec'ty	+ PV	- PV
Helpless	78%	27%	93%	54%	81%
Manipulated	79%	12%	100%	100%	79%
Partner history	None				
Hit, kicked	None				

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## Domestic Violence

	Correct Class'n	Sens'ity	Spec'ty	+ PV	- PV
Partner shame you	None	---	---	---	---
Feel afraid	None	---	---	---	---
Threaten you	None	---	---	---	---
Forced sex	None	---	---	---	---
History as child	88%	0%	94%	0%	92%

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## Process of Question Evaluation

- Step 2: Case worker/patient feedback
  - Key issue: Is the question acceptable and useful in clinical practice?

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## Questions' Feedback

- "Shame" is hard to interpret
  - Hard to differentiate from guilt
  - Confusion as to what shame means
- Reluctance to "complain" about their partner
  - More likely to accept "inadequacy" in themselves
  - Not likely to blame their partner

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## Questions' Feedback

- Strong denial around domestic violence
  - Even when case worker suspected DV in home
- Hard time getting partner out of exam room
  - Especially true for Latina population
  - Women tend to speak up to support the man's staying

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## Questions' Feedback

- Strong support for asking questions regarding past couple of weeks
  - Poverty brings its own sadness
  - Tend to live "in the moment"
  - Rarely look forward to things

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## Questions' Feedback

- Cultural issues: deportation
  - Hispanic women are in country illegally
  - Police investigation would cause them to be deported
- Cultural issues: "afraid"
  - Not one woman answered this question positively
  - Women fought back
  - Did not see themselves as "afraid"
  - Resistance to word "afraid" especially evident in low SES African American clients

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## Next Steps

- Data analysis
  - Prevalence
  - Validity
  - Cross-reference
- Feedback from case workers, patients
- Final questions chosen

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## Preconception Screening and Assessment Project (PSAP)- Screening, Assessment and Service Delivery in Community Health Centers

Barbara Gottlieb MD, MPH  
Cindy Engler RN, MPH

funded by the Maternal and Child Health Bureau

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## Overview

- Goals and objectives
- Background and rationale
- Development of the tool
- The settings
- Findings
- Next steps

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## PSAP Goal: Improve the health of reproductive age women

- Tool
  - Multiple risk assessment in single tool
  - Brief
  - Culturally appropriate
- Process
  - Link screening to assessment, education and intervention
- Enhanced capacity
  - Role of primary care provider
- Replicable in diverse settings
  - Collaboration with Boston PHC and Mass DPH

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## Background and rationale

- Racial disparities in infant mortality
- Focus on the health of women prior to pregnancy
- Importance of mental health, domestic violence and substance abuse
- Many tools in individual domains; few integrated tools
- Tools developed for prenatal settings not applicable to primary care

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## Why screen in Primary Care?

- Safety-net/pivotal point of health care
- Long term relationship
- Population-based/community oriented
- Integrated with range of health-related activities

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### Trends affecting Primary Care in the 21<sup>st</sup> Century

- Gate-keeper = broad responsibilities for diagnosis and management
- Role of the PCP in behavior change
- Newer/safer pharmacologic treatments
- Loss of capacity in mental health
- On-going shortages in addictions, domestic violence
- Socio-economic, racial disparities
- Time, productivity pressures

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### Gaps and needs

- Consistent tools for screening & assessment (within and across sites)
- Linkage between screening, assessment, referral and follow-up
- Tools appropriate to primary care
  - Culturally appropriate (valid)
  - Efficient (realistic)
  - Comprehensive
- Provider training
- Capacity building

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### Tool Development

- Principles
- "Experts" review literature, recommend tools
- Screening Working Group review, recommend, revise
- Community Advisory Group
- Focus groups of consumers
- Provider in-put

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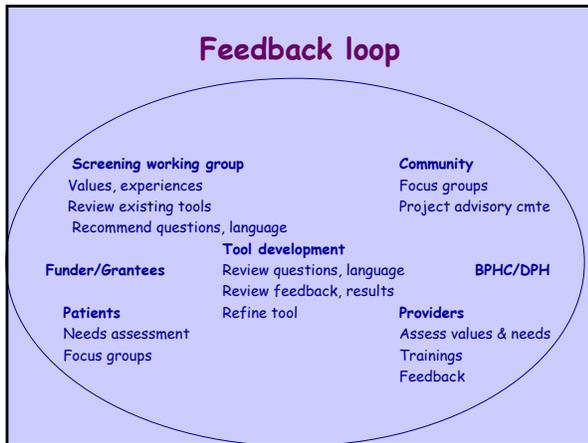
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- ### Screening Working Group - Process
- Getting on the same page
  - Review of tools
  - Screening-assessment-brief intervention
  - Revisions and refinements

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### Getting on the same page

Problem/Strategy	DV	Depression	Substance abuse
Definition	Phys, emot'l Mental	Depressive symptoms	Use, abuse, Dependence
Detection	<1 min, validated Current, past Immediate danger	<2 min, validated Measure severity Stratify need	< 2min, validated Measure severity Stratify need
Referral process	Differs by site	Triage system Brief referral form Rapid response	Triage system Brief referral form Multiple systems
Capacity	Differs by site	Triage system PC training MH-PC systems	Triage system PC training PC-MH-ext systems
Follow-up Case management	Differs by site	Tracking Feedback to PC	Tracking Feedback to PC

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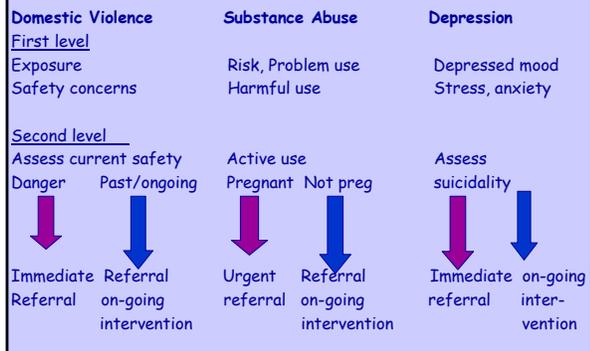
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## Screening, assessment and intervention




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## Provider Feedback -2 Messages

- Time - as little as possible - preferably - none
- Capacity - don't generate expectations that can't be met

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## Project Advisory Committee (PAC)

- Community board members, community members, providers, behavioral health experts
- Review data and experience of project
- Assist in design/implementation of the project plan
- Review data collected by evaluator
- Review training needs

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**PAC Discussions**

- Is there support for screening and comfort with questions?
- Culture: what message would you give to providers?
- Who would they prefer to do the screening?
- Should women with negative screens receive any education?

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**PAC Feedback**

- Agreement that routine screening is not being done
- Agreement that there is a need to incorporate a brief screening tool into routine primary care
- Providers report they need a tool
- Routine screening for depression helps reduce stigma

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**PAC Feedback (cont.)**

- Trust/comfort with primary care provider the most important key in screening
- *"I want to be treated like a whole person"* - Important to bring mind, body, spirit together in primary care
- Change language that indicates judgment ("problem", "illegal")
- Keep tool at current length - brief!

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### Focus Groups

- 6 Focus groups led by individual representing the cultural background of group
- Are the questions clear and easy to understand?
- What might make a woman feel uncomfortable with being asked these questions?
- What changes to the questions or to the lead-in sentences would you make to increase the patient's level of comfort or to make it easier to understand?

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### Focus Groups - General Feedback

- Agreement that questions about mental health, substance use, and domestic violence should be asked in primary care
- Communication skills and relationship between provider and patient are key
- Repeating same questions feels like "trick" to get positive response
- State upfront - *everyone* is asked, and stress confidentiality

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### Depression

- The questions are clear, easy to understand
- "Had little interest or pleasure doing things?"
  - Vietnamese: needs cultural interpretation
  - Some felt might need explanation, but would keep question
- 22% of responses were positive, with 5% nearly every day

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## Focus Groups: Depression

- Don't ask, won't tell...
- By asking, PCPs demonstrate mental health is as important as physical health
- "When things in life are difficult" - takes responsibility off of woman (no judgment)
- Language is clear, understandable, simple

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## Substance/Alcohol

- "Many people have a problem with alcohol or drug use. Have any of your friends, your parents, or your partner or husband had a problem with alcohol or drug use?"
  - Fear negative impact on family members
  - Feel providers can be too invasive—this is an example
  - The word "problem" here is judgmental
  - Ask questions about alcohol/drug use directly
- Changed to "*Many people have found that drug use has caused difficulties in their life. In the past or currently, have you had difficulties in your life due to alcohol or drug use?*"
  - **2% of responses are positive**

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## Focus Groups: Alcohol/SA

- Fear: admitting problem, legal repercussions
- Need to ask in non-judgmental way
- Discomfort with language that indicates any judgment ("problem", "illegal"...)
- Negative response to questions about family and friends
- Reframe as a common medical question

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### Focus Groups: Domestic Violence

- Important to ask, and difficult to answer
- Start with questions on safety/emotional abuse, end with questions on physical violence
- Need to ask about emotional and/or verbal abuse

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### Domestic Violence

- "Do you use any other drugs? (illegal or drugs that were not prescribed for medical reasons)"
  - The word "illegal" stands out, feels too judgmental
- Changed to "Do you use any other drugs to get high"
- 2% of responses are positive
  - Since pilot changed to "do you use any other drugs" (eg..marijuana, cocaine, oxycodone...)
- "Do you drink alcohol"
  - 30% of responses are positive

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### Challenges

- "Cultural differences"
  - Consultants - providers
  - DV-s/a-depression
- Buy-in
- Time constraints in primary care
- Capacity constraints in mental health
- Defining boundaries between screening, assessment and intervention

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## The tool

- 9 questions, 1 page
- Parallel language, format and process across domains
- Consistent, replicable language
- Introductory, normalizing statements
- Left side - screening questions
- Right side- assessment & intervention
- Screen-communicate-educate-advise

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## The Tool



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## Depression

A thumbnail image of the PSAP Screening Tool form, showing the 'Depression' section. The form includes a header with 'Department', 'Tobacco User', 'Language', and 'Race'. Below this is a title 'PSAP Screening Tool' and a subtitle 'Because so many women are affected by depression, substance use, and chronic illness, I ask all my female patients about these issues.' The main content is a series of screening questions with checkboxes for 'Yes' and 'No' and radio buttons for 'More than half the time' and 'Less than half the time'. The questions are: 1. 'Over the last 2 weeks how often have you been bothered by the following problems: a. Not little interest or pleasure in doing things? b. Feel down, sad, depressed or hopeless? c. Feel nervous, anxious, on edge, or worrying a lot about different things? d. Sleep things?'. To the right of these questions is a 'Consider' section with checkboxes for 'History of mental health condition', 'Recently started or changed health condition', 'Concurrent medications', and 'Recent bereavement'. Below this is a 'Safety' section with a checkbox for 'Have you had thoughts that you would be better off dead or of harming yourself in any way?'. At the bottom, there is a 'Total score' section with a checkbox for 'Please call me back if you have any questions' and a checkbox for 'Please call me back if you have any questions'. The form also includes a 'Treatment recommendations' section with checkboxes for 'Counseling', 'Medication', and 'Referral to case manager'.

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**Provider feedback on PSAP Tool  
-Improves screening process**

- Most providers aware of depression, substance abuse and domestic violence
  - But - inconsistent practice
- No systematic way of asking screening questions during annual P/E
- Patients prefer to have these questions asked by the provider

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**Provider Feedback -  
Standardization and Consistency**

- Standardized timing - ask at every physical exam (new, annual)
- Consistent wording
  - ask the questions the same way every time
  - especially helpful in a second language

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**Provider Feedback - Sensitivity,  
validity**

- Yields positive responses at expected rates
- Patients understand the questions
- Works the same in English and in Spanish

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### Provider Feedback - Easy to use

- Become accustomed to asking the questions the same way
- Also useful in episodic (quick) visits

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### Findings

- Site 1  
Pilot began September 24, 2004
  - Site 2  
Pilot began October 19, 2004
- Based on approximately 1000 women

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### Findings - depression

- Baseline rates (by chart review)
  - 12%
- PSAP rates
  - 23% any risk of depression
    - 15% Mild-moderate (score 3-5)
    - 7% Severe (score > 5)

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### Findings -Substance use

- Baseline rates (by chart review)
  - 3% substance or alcohol abuse
- PSAP rates
  - 26%\* *any use* of alcohol, substance

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### Findings -Domestic Violence

- Baseline rates (by chart review)
  - 2% history or current
- PSAP rates
  - 14% history or current

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### Education and intervention - Sites 1 & 2 Depression

- Positive screens

	1 - Eng	1 - Sp	2 - Eng	2 - Sp
Educ	15%	20%	11%	7%
Referral	14%	18%	6%	12%
Med	6%	6%	5%	4%
Case Mg	2%	4%	0%	1%
Any f/u	76%	87%	69%	52%

- Negative screens

Any f/u	12%	14%	4%	7%
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**Education and intervention - Sites 1 & 2  
Substance Abuse**

▪ Positive screens

	1 - Eng	1 - Sp	2 - Eng	2 - Sp
Educ	55%	21%	21%	4%
Goal set	2%	2%	10%	2%
Referral	1%	0%	6%	2%
F/u appt	1%	0%	7%	3%
Any f/u	43%	32%	31%	11%

▪ Negative screens

Any f/u	61%	19%	6%	5%
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**Education and intervention - Sites 1 & 2  
Domestic violence**

▪ Positive screens

	1 - Eng	1 - Sp	2 - Eng	2 - Sp
Educ/sup	55%	21%	5%	9%
Referral	2%	2%	4%	8%
F/u appt	1%	0%	3%	4%
Any f/u	52%	56%	30%	53%

▪ Negative screens

Any f/u	8%	16%	1%	1%
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**Any positive screen**

- Site 1      44.3%
- Site 2      52.4%
- Combined   46.3%

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### What have we learned so far?

- The tool
  - It works
  - It is acceptable to patients and community
  - It presents challenges to providers
- The process (screening followed by assessment and intervention)
  - Parallel to other areas of questioning and assessment in primary care
  - Providers need efficient access to resources and referrals

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### What have we learned so far?

- We're on the right track
  - Multiple risk screening is needed for reproductive age women
  - Screening tools needed for all ages, genders in primary care
- Culture change in health practices take time
  - Patients accept change more readily than providers
  - Barriers must be continually assessed, acknowledged and addressed

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### Next steps

- Continue to implement and refine the tool
- Improve access to resources and referrals
- Record review to assess interventions and outcomes
- Additional pilot in unfunded primary care setting
- *Large pilot*
  - *Multiple, diverse settings*
  - *Compare strategies for implementation*
  - *Explore applications to electronic records*

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### Acknowledgements

- Providers and staff at Martha Eliot and Joseph Smith Health Centers
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- Boston Public Health Commission and Massachusetts Department of Public Health
- Maternal and Child Health Bureau

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