

The Evolution and Application of the 5 P'S Behavioral Risk Screening Tool

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The 5 P'S Screening Tool was developed by the Institute for Health and Recovery (IHR) to help identify alcohol and other drug use among pregnant and postpartum women. Based in Massachusetts, IHR's mission is to develop a comprehensive continuum of care for individuals, youth, and families affected by alcohol, tobacco, and other drug use, mental health problems, and violence/trauma. This overview of the IHR 5 P'S Screening Tool describes content design and implementation models in Massachusetts, as well as an innovative use of the 5 P'S via electronic medical records in California, and with Medicaid reimbursement in Virginia.

Development of 5 P'S Behavioral Risk Screening Tool

The IHR 5 P'S is based on Dr. Hope Ewing's 4 P's, which was designed to ask a pregnant woman about the alcohol and drug use of her **P**arents and **P**artner, as well as her own use in the **P**ast and **P**resent (Ewing, 1990). The 5 P'S expanded the 4 P's to include questions about "peers" and "smoking" for use by the *Alcohol Screening Assessment in Pregnancy* (ASAP) projects, funded by the federal Health Resources and Services Administration, Maternal and Child Health Bureau from 1999-2005. IHR further adapted the 5 P'S to include quantity and frequency questions for another prenatal screening project, *Fetal Alcohol Screening for Today* (Project FAST, 2004-2006), funded by the SAMHSA Fetal Alcohol Spectrum Disorders Center for Excellence. Additionally, a positive screen was redefined as a single positive answer to either **P**arents, **P**artner, or **P**ast use, even with negative responses to the **P**resent and **P**eers questions. However, providers continue to ask all 5 "P" questions to better assess risk, motivation to change, and relational impacts of abstinence from substance use during pregnancy.

As part of the national SBIRT (Screening, Brief Intervention, and Referral for Treatment) initiative to improve screening in health settings, the Massachusetts Department of Public Health contracted with IHR to further adapt the 5 P'S for utilization, training, and technical assistance in 32 community health centers across the state. Questions regarding "Emotional Health" and "Violence" were included, and a preamble was added in an effort to be trauma-informed by letting women know why these questions about their family and friends were being asked. This adaptation of the 5 P'S, the *IHR 5 P'S Behavioral Risk Screening Tool*, is directed toward women of childbearing age to positively impact pre-conceptual substance use.

The *IHR 5 P'S Behavioral Risk Screening Tool* is in the public domain and included in the forthcoming Massachusetts Department of Public Health's *FASD Prevention Toolkit* to be distributed statewide. Additional information about the utilization, outcomes and implementation of the 5 P'S in prenatal settings can be found in the ASAP curriculum (Watson, Barnes, Brown, Kennedy & Finkelstein, 2003) and in a previously published article (Kennedy, Finkelstein, Hutchins & Mahoney, 2004).

Innovative Use of 5 P'S Behavioral Risk Screening Tool

Although a number of sites across the country are using this new integrated screening tool, two innovations are noteworthy.

SANTA CLARA COUNTY, CALIFORNIA PERINATAL SCREENING AND ELECTRONIC MEDICAL RECORDS

The Coalition for Alcohol and Drug Free Pregnancies (CADFP) aims to raise the capacity of perinatal service providers in Santa Clara County, located in the Silicon Valley of San Francisco's Bay Area, to educate, identify risks, and

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Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Have you smoked any cigarettes in the past three months?

SMOKING

Did any of your parents have a problem with alcohol or other drug use?

PARENTS

Do any of your friends have a problem with alcohol or other drug use?

PEERS

Does your partner have a problem with alcohol or other drug use?

PARTNER

In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?

PAST

In the past month, have you drunk any alcohol or used other drugs?

1. How many days per month do you drink? _____
2. How many drinks on any given day? _____
3. How often did you have 4 or more drinks per day in the last month? _____

PRESENT

Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?

EMOTIONAL HEALTH

Are you currently or have you ever been in a relationship where you were threatened, controlled, physically hurt, or made to feel afraid?

VIOLENCE

prevent or treat perinatal substance use. An anonymous survey of 200 providers undertaken by the Santa Clara Public Health Department (2007) found that although 100% of providers asked their patients about tobacco use, only 11% asked about alcohol use, and 67% reported needing assistance to identify which women were using substances. With support from the Santa Clara County Department of Alcohol and Drug Services and technical assistance from IHR, CADFP provided training and technical assistance to providers to implement the IHR 5 P'S tool.

In 2010, the Comprehensive Perinatal Services Program in five Valley Health Center hospital clinics in Santa Clara County incorporated the 5 P'S into their electronic medical records. Patti Bossert, LCSW, of CADFP reports that while this is an exciting development, providers have been confronted with a steep learning curve and are gradually becoming more comfortable with entering data into the computer while conducting face-to-face interviews with women. This is so new that the data are not yet complete. However, over 40% of screened women have been identified as "at risk;" rates of depression are reported at 17%; and over 25% of the women's partners reportedly have a problem with alcohol or drug use (Coalition for Alcohol and Drug Free Pregnancies, 2010).

VIRGINIA BEHAVIORAL HEALTH RISK SCREENING AND MEDICAID

In 2008, as part of the Assuring Better Child Health and Development Initiative Screening Project, the Virginia Department of Health (VDH) and the Virginia Department of Medical Assistance Services (DMAS) developed a subcommittee to address issues of maternal depression and depression's impact on pregnancy and infant development. Since one of the barriers to depression screening was lack of reimbursement, the subcommittee recommended that Medicaid pay a separate fee for prenatal/postpartum depression screening, allow payment for up to 4 screenings per pregnancy/postpartum, and pay a separate fee for parental depression screening and referral, if indicated, in the child's medical home.

Concurrently, in 2009, DMAS staff began working with the Department of Behavioral Health and Developmental Services (DBHDS) on recommended tools for substance use screenings. In 2010, DBHDS, in collaboration with VDH, DMAS and IHR, adapted the 5 P'S to include three emotional health questions from the Edinburgh scale (Cox, Holden, & Sagovsky, 1987) to increase sensitivity for depression.

Virginia's Medicaid BabyCare program is currently working on updating policy to use this integrated tool; screening must be implemented by a physician, nurse practitioner or certified nurse midwife for reimbursement. The Medicaid Community Mental Health program in Virginia will also allow for licensed mental health/substance use disorder treatment providers to bill for substance use screenings using the 5 P'S integrated tool. The target populations to be screened are: (1) fee-for-service Medicaid or CHIP (Children's Health Insurance Program) enrolled pregnant women and mothers of infants up to age two (billed under the infant's benefit); and (2) fee-for-service Medicaid or CHIP enrolled women of childbearing age in Community Mental Health Programs.

Summary

Early identification of risky substance use and appropriate intervention can be effective in preventing problem or dependent use, and avoiding substance-exposed births. Co-occurring mental health conditions and violence/trauma are additional risk factors for substance misuse that can be addressed if identified. The integrated *IHR 5 P'S Behavioral Risk Screening Tool* provides a relationally-based opportunity to identify risk and offer brief interventions and/or referral for specialist assessment. This tool can be used in primary care (pre-conception) or prenatal health settings through self-administered questionnaires or face-to-face interviews. Innovations, such as enabling Medicaid reimbursement or utilizing electronic medical records, further encourage providers to implement this tool and support women to make healthy choices, for themselves and their children.

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