



Peer Assistance Services

Start believing.

Depression  
Pregnancy-related Depression  
and  
Screening and Brief Intervention for  
Alcohol and Drug Use

Title X Family Planning Conference

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June 2014

# Peer Assistance Services, Inc.

*Dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.*

Incorporated in 1984

# Acknowledgements

SBIRT Colorado is an initiative of the Governor, funded by the Substance Abuse and Mental Health Services Administration, administered by the Colorado Department of Human Services, Office of Behavioral Health and managed by Peer Assistance Services, Inc.

# **DEPRESSION & PREGNANCY-RELATED DEPRESSION**

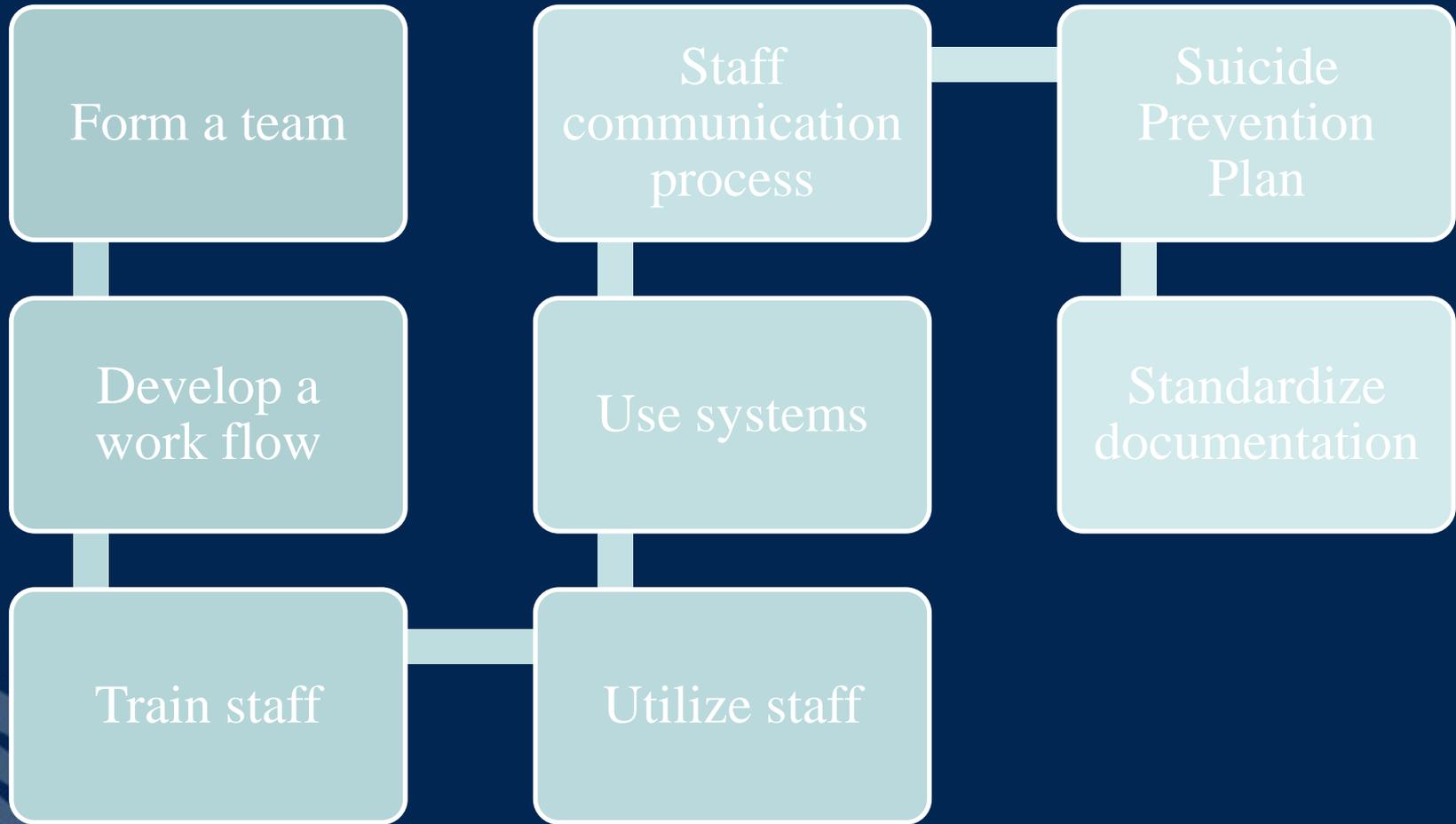
# Depression and Health

- Premature death
- New onset diabetes and CVD
- Young adults and depression
- Worse CVD and diabetes outcomes
- Optimal health going into pregnancy
- Pain – depression –risk for opioid misuse
- Alcohol and depression

# US Preventive Services Task Force

“USPSTF found good evidence that programs combining depression screening with **staff-assisted** depression care supports improve clinical outcomes ...”

# Staff-Assisted Care



# Brief Screening

## PHQ-2

1. *“In the past two weeks, have you had little interest or pleasure in doing things?”*
2. *“In the past two weeks have you felt down, depressed or hopeless?”*

**Yes to either question = higher risk**

**Complete full PHQ-9**

# PHQ-9 (available in many languages!)

To assist with diagnosis, assess severity, monitor treatment

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	No. at all	Several days	Most days half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns:     +  =

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)    **TOTAL:**

---

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all \_\_\_\_\_  
 Somewhat difficult \_\_\_\_\_  
 Very difficult \_\_\_\_\_  
 Extremely difficult \_\_\_\_\_

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at [rls8@columbia.edu](mailto:rls8@columbia.edu). Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

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# Treatment Planning

- Lifestyle
- Social support and engagement
- Mental health therapy
- Antidepressant medications



# Follow-Up & Monitoring

- Assist with connecting patients to other care providers (mental health, etc.)
- PHQ-9 to monitor response to treatment.
- Standardize follow-up documentation
- Coordinated communication with other care providers.
- Protocol for ongoing suicide risk assessment and intervention. Train all staff.

# Prevention of Recurrences

- Mindfulness practices
- Lifestyle
- Help patients develop learn to identify symptoms early
- Maintenance medication for some



# Why Pregnancy-Related Depression?

- Long-term negative outcomes for mom and child
- Promote protective factors and address risk factors
- Stigma and misunderstanding



# What is Pregnancy-related Depression?



Pregnancy-related depressive symptoms can occur during pregnancy through one year postpartum



- Anxiety symptoms commonly co-occur
- Mom may appear detached/hypervigilant
- May include intrusive/irrational thoughts
- Suicidal ideation may be present

**Baby Blues: ~80% of women may experience**

- Birth to 2 weeks postpartum
- Resolves in approx. 14 days
- Fluctuating emotions
- No suicidal ideation

# Starting the conversation

## Starting the Conversation

### 1. Address Stigma

- *"Many women feel anxious or depressed during pregnancy or postpartum."*
- *"A woman deserves to feel well."*
- *"Many effective treatment options are available."*

### 2. Explore Expectations

Pregnancy and postpartum experiences and expectations vary.

- *"How are you feeling about being pregnant/a new mother?"*
- *"What has surprised you about being pregnant/ a new mom?"*
- *"What has it been like for you to take care of your baby?"*
- *"What beliefs or practices related to pregnancy or soon after the baby is born are especially important to you?"*

### 3. Explore Social Support

- *"Who can you talk to that you trust?"*
- *"How have your relationships been going since becoming pregnant/a new mom?"*
- *"Who can you turn to for help?"*

# Screening for depression

- Who?
- When?
- What?

## What Brief Screening Tool to Start With

### **Edinburgh-3 Brief Screen**

*In the past 7 days:*

1. I have blamed myself unnecessarily when things went wrong:  
*Yes, most of the time (3) Yes, some of the time (2) Not very often (1) No, never (0)*
2. I have been anxious or worried for no good reason:  
*No, not at all (0) Hardly ever (1) Yes, sometimes (2) Yes, very often (3)*
3. I have felt scared or panicky for no good reason:  
*Yes, quite a lot (3) Yes, sometimes (2) No, not much (1) No, not at all (0)*

**Total score x 10/3 = screen score**

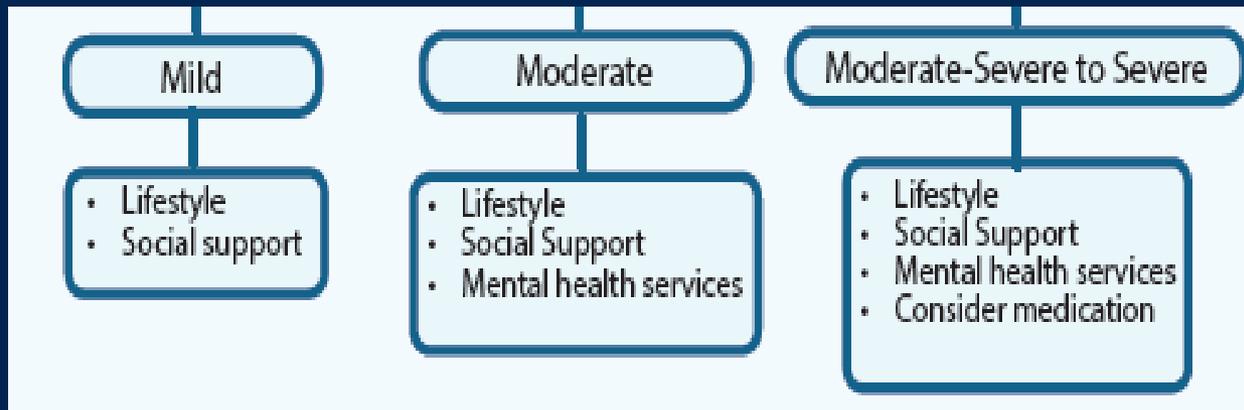
**Score  $\geq 10$  should receive further screening and assessment**

Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786

# Further assessment and diagnosis

- Medical causes of depression symptoms
- Other psychiatric symptoms and conditions
- Contributing factors

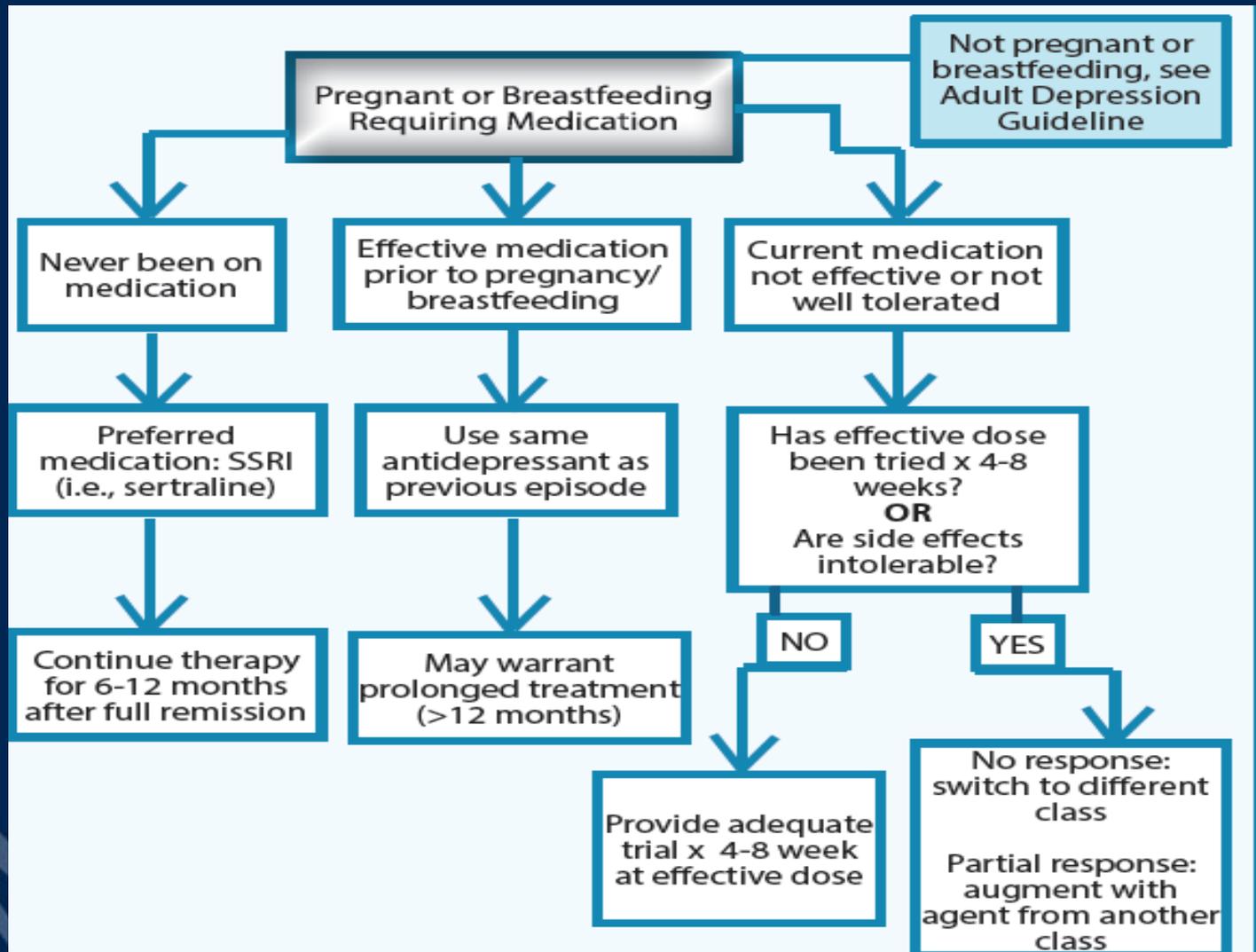
# Treatment planning



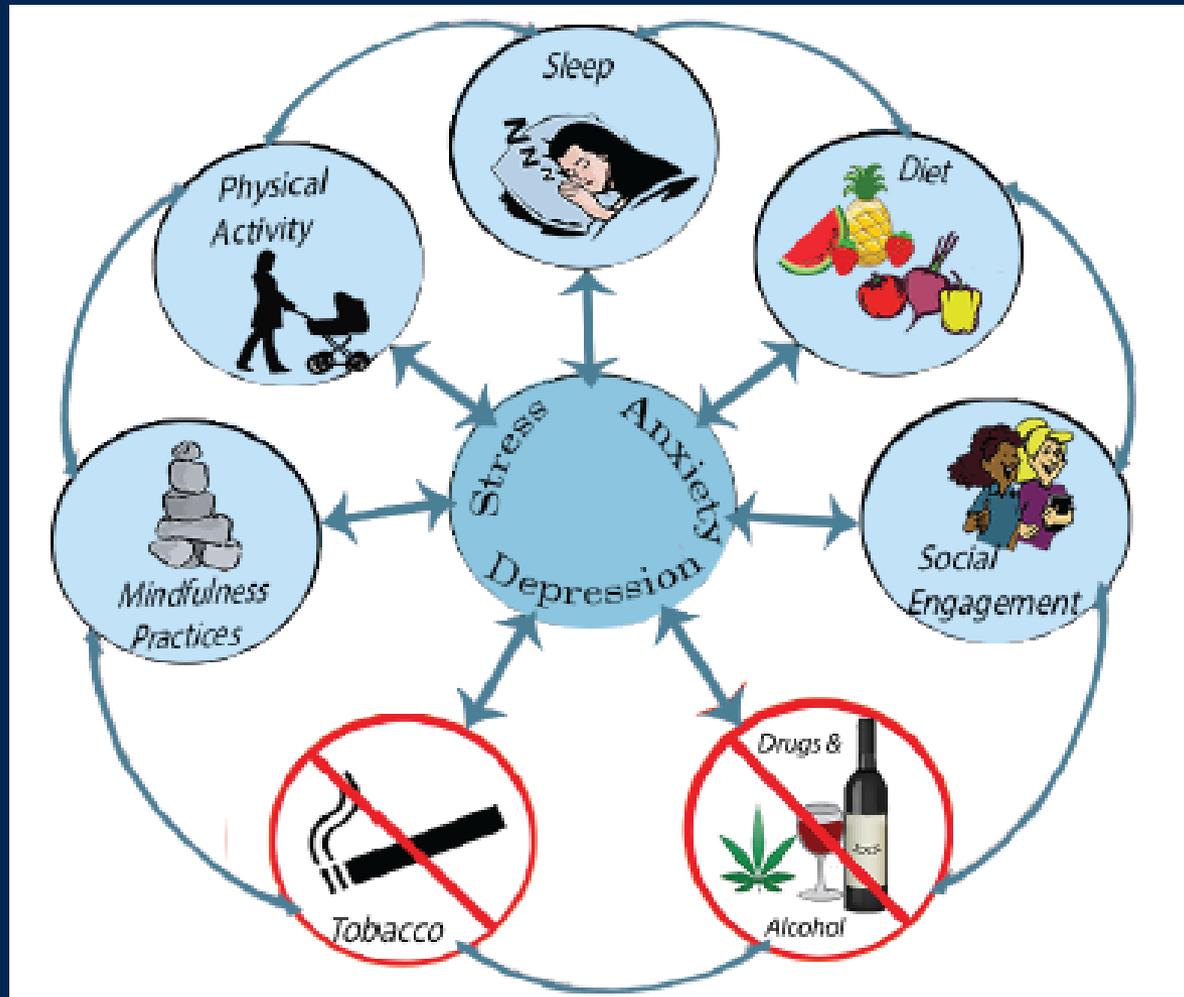
## Shared Decision-making: Talking Points

- *"What things could be contributing to how you're feeling?"*
- *"Untreated depression may be harmful to mom and baby."*
- *"Treatment and recovery times vary."*
- *"All medications have benefit and risk considerations."*
- *"What challenges may make it difficult to follow this treatment plan?"*

# Medication considerations



# Lifestyle: For prevention and treatment



# Key Points

- Form a depression care team.
- Engage patients in planning treatment.
- Educate patients about treatment response timeline.
- Follow-up to monitor care on a set timeline.
- Promptly intervene when treatment is not working.
- Standardize documentation to facilitate care.
- Compile information on referrals and resources.

[www.improvinghealthcolorado.org](http://www.improvinghealthcolorado.org)

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Screening Brief Intervention and Referral to Treatment

**SBIRT**

excessive alcohol consumption is the

# 3rd

leading cause of preventable death in the U.S.

Nearly

38

Million adults in the U.S. drink too much.

Only

1 in 6

adults ever talk with a doctor or other health professional about their drinking.

# A word about tobacco

*“Do you currently smoke  
or use any form of tobacco?”*

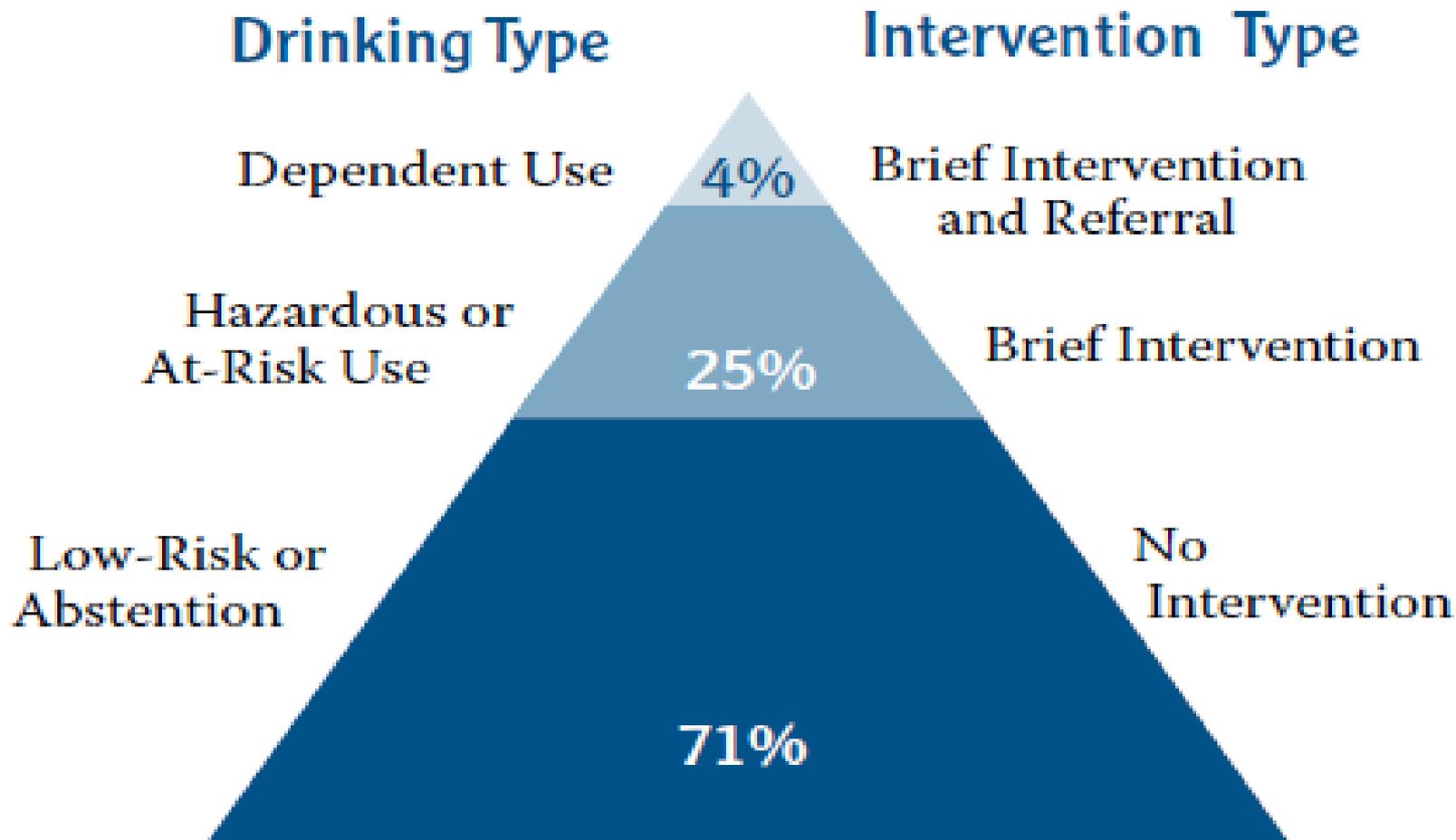
# Adolescents and Young Adults

- Earlier the initiation of substance use → greater risk of serious problems
- Substance use and depression
- Patterns of problematic alcohol use
- Risky sexual encounters
- LGBT individuals
- Marijuana and mental health

# Prevention

“A child who reaches his or her 21st birthday without using drugs, tobacco or alcohol is "virtually certain" never to slip into those habits.”

-Joseph A. Califano Jr.  
How to Raise a Drug-Free Kid



Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.

# Public Health Impact

Nondependent unhealthy alcohol use spread across the whole population accounts for the majority of the harm associated with alcohol.

***More than substance use disorders!***

## LOWER RISK DRINK LIMITS\*

	OCCASION	WEEKLY
WOMEN	3	7
MEN	4	14
OVER 65	3	7
LESS IS BETTER		

### IT'S SAFEST TO AVOID ALCOHOL IF YOU ARE

- taking medications that interact with alcohol
- have a health condition made worse by drinking
- underage
- planning to drive a vehicle or operate machinery
- pregnant or trying to become pregnant

# Standard Drink Sizes



**12 OZ. BEER**

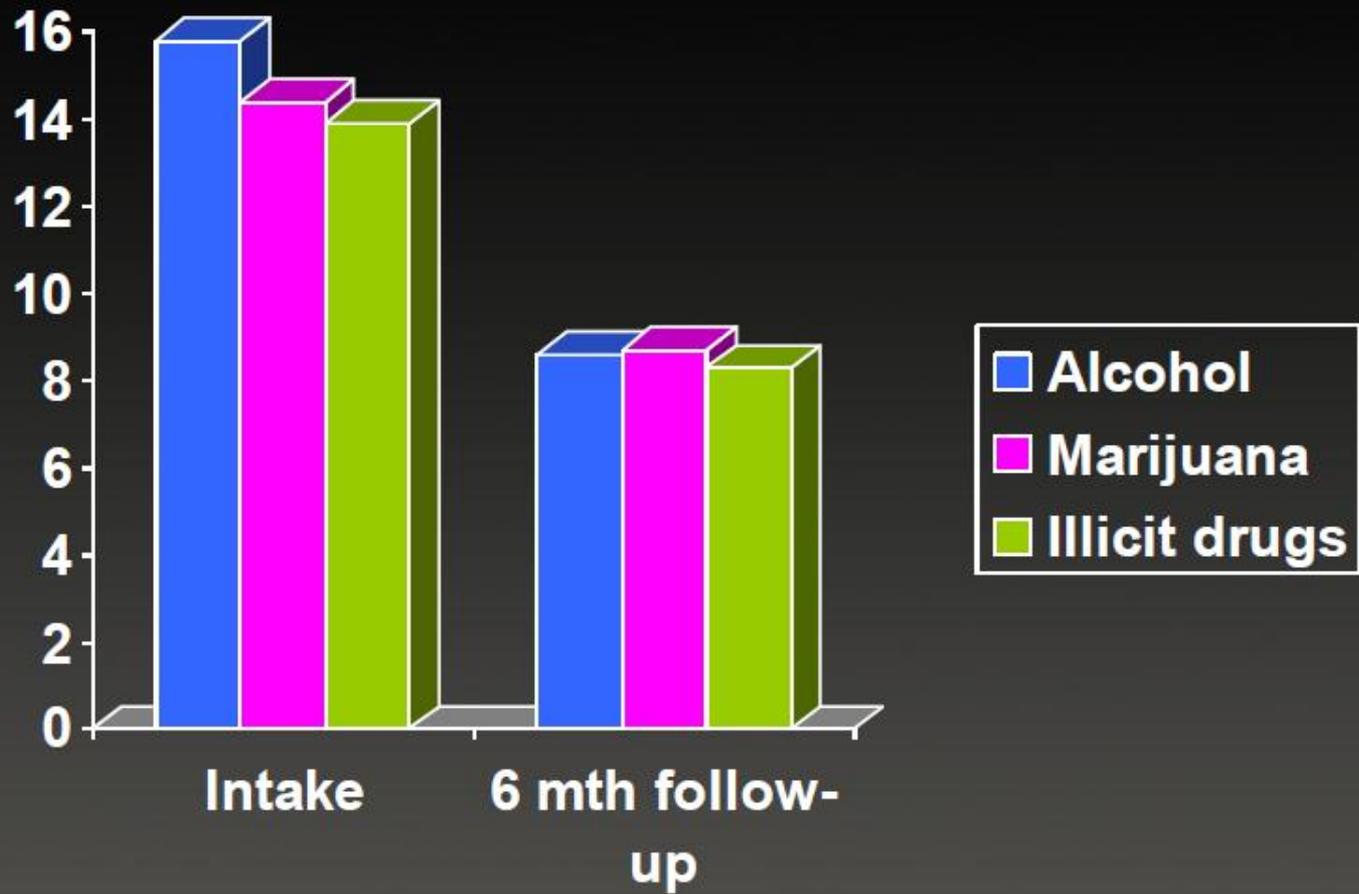


**5 OZ. WINE**



**1.5 OZ. LIQUOR**

Alcohol screening and brief counseling can reduce alcohol consumption by 25% in those who drink too much.



## SBIRT Colorado data 2007-2012

# Routine, universal screening of patients age 18+

*“How many times in the past year have you had X or more drinks in a day?”*

- X is 5 for men and 4 for women, and a response of 1 or greater is considered positive.
- Document the results in the patient record.

# For Patients who Screen Positive

- Interpret screening results and share with patients.
- Offer a brief intervention (conversation) to raise awareness and enhance motivation to cut back or abstain from alcohol use.

# CRAFFT

- Assesses alcohol and drugs
- Validated for ages 12-17
- Pre-screen + 6-item questionnaire

# Prescreen

**During the past 12 months, did you:**

1. Drink any alcohol (more than a few sips)?
2. Use any marijuana or hashish?
3. Use anything else to get high?

**C:** Have you ever ridden in a CAR driven by someone including yourself who was high or had been using alcohol or drugs?

**R:** Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in?

**A:** Do you ever use alcohol or drugs while you are by yourself or ALONE?

**F:** Do you ever FORGET things you did while using alcohol or drugs?

**F:** Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

**T:** Have you ever gotten into TROUBLE while you were using alcohol or drugs?

# CRAFFT Scoring

0: Positive reinforcement

0-1: Brief intervention

2+: Further assessment, intervention, and possible referral

# Further Assessment

1. “Tell me about your drinking or drug use. When did you start? What is it like now?”
2. “Have you had any problems at work, at school, at home, or with the law?” If yes, “Were you drinking or using drugs just before that happened?”
3. “Have you ever tried to quit or cut back? Why? How did it go? For how long did you stop? Then what happened?”

# Brief Intervention

# 4 Step Process

**Step 1: Raise the Subject**

**Step 2: Provide Feedback**

**Step 3: Enhance Motivation**

**Step 4: Negotiate and Advise**

# Step 1: Raise the Subject

**“Would you mind taking a few minutes to talk with me about your screening results OR about alcohol and your health?”**

***(ask permission to have the conversation)***

# Step 2: Provide Feedback

- Review reported substance use and consequences.
- Offer feedback on health or other potential effects of use.
- Link substance use to purpose of the visit.
- Offer educational resources from [www.LinkinCare.org](http://www.LinkinCare.org)
- Elicit the person's response to the feedback you provide.

# Step 3: Enhance Motivation

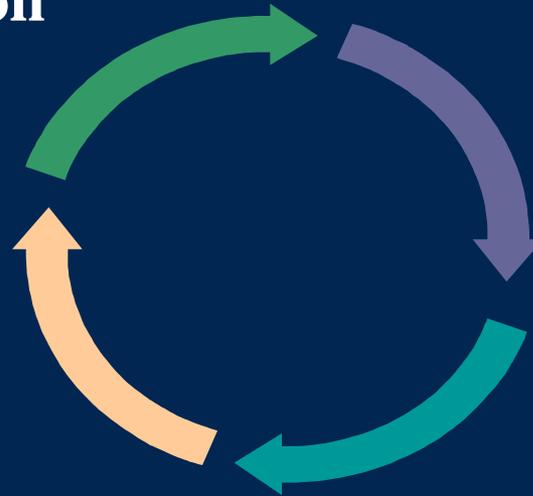
**Pre-Contemplation**

**Contemplation**

**Maintenance**

**Preparation**

**Action**



# Explore Pros and Cons

“What do you like about drinking?”

Followed by:

“What don’t you like about drinking?”

Then summarize both sides:

“So, on the one hand \_\_\_\_\_,  
and on the other hand, \_\_\_\_\_.”

# 0-10 Ruler: Readiness

“On a scale of 0 -10 how ready are you to make a change in your use?”

“What made you choose that number?”

“What makes you a 5 and not a lower number?”



# Assess Confidence

“On a scale of 0 -10, How confident are you that you could make a change?”

“What could help you feel more confident?”

Or

“What could help you move from a 5 to a higher number?”



# Step 4: Negotiate and Advise

**Elicit response:**

**“What are your thoughts about our discussion?”**

**Negotiate a goal:**

**“What steps would like to take next?”**

**Assist in developing a plan:**

**“What will be challenging for you?”**

**“How could you approach these challenges?”**

**Summarize:**

**“It sounds like your plan and next steps are \_\_\_\_.”**

**Thank the person:**

**“Thank you for having this conversation today.”**

# Harm reduction

- GOAL: Keep the door open to ongoing open communication.
- In adolescent: Start by giving a clear, strong, personalized message to abstain.
- Then ask what they think:
  - “*What do you think about this?*”

# If unwilling to abstain...

- If unwilling to abstain: Ask permission to discuss steps to protect self and others if they use alcohol or another drug.
  - Find out what they already know: “*What do you know about how alcohol can affect you?*”
  - Offer information about health risks.
  - Then ask: “*What do you think about this information?*”
  - Ask how they could reduce harm: “*What steps could you take to make it less likely that alcohol or marijuana will hurt you or another person?*”
  - **Repeat the advice to abstain. Important!**

[About LinkingCare.org](#)[Screening tools](#)[Find a provider](#)[Support services](#)[Facts for healthy living](#)[Resources](#)

LinkingCare.org  
Improving health. Changing lives.



## Recovery support



Dedicated to strengthening the health, resiliency and recovery of Coloradans through quality and effective behavioral health prevention, early intervention and treatment service, the [Colorado Division of Behavioral Health \(DBH\)](#) is responsible for a wide array of programs, services and mission-critical functions.

DBH operates with [six overarching goals](#) such as to continually improve the quality of prevention, intervention, and treatment services and to enhance knowledge, understanding, and awareness of behavioral health disorders. The creating of LinkingCare.org supports these important goals for the benefit of all Coloradans.

LinkingCare.org is a referral resource providing easy statewide access to information and services for substance use prevention, treatment and recovery in Colorado.

Understanding that risky substance use affects an individual's overall health, LinkingCare.org was created by the Division of Behavioral Health to encourage whole person care, improving the health and changing the lives of Coloradans by quickly connecting healthcare providers and individuals to substance use services. Future expansion will include a full continuum of behavioral health resources such as mental health and recovery support services.

### Why LinkingCare.org?

- Searching for a substance use provider?
- You want to find out if you drink too much?
- Looking for help in your recovery?
- Need information on the risks of substance use?

You'll find comprehensive substance use resources right here.

Know someone who might benefit from LinkingCare.org? [Share it with them.](#)

# PRACTICE!

[www.improvinghealthcolorado.org](http://www.improvinghealthcolorado.org)

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Peer Assistance Services

**CELEBRATING 30 YEARS**