

## Role play: Amy

### For the health professional:

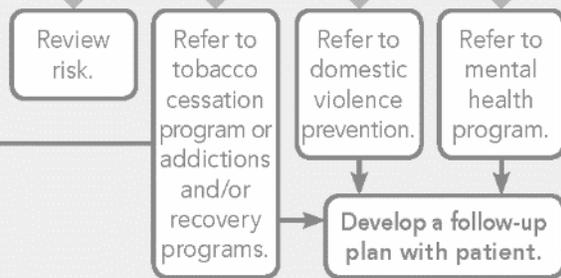
Amy is a 26 year old pregnant female being seen for a first trimester check-up. Below is the 5Ps screening tool, which you can administer verbally to Amy and record her answers.

Women and their children’s health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children’s health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	<b>PARENTS</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do any of your friends have a problem with alcohol or other drug use?	<b>PEERS</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your partner have a problem with alcohol or other drug use?	<b>PARTNER</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	<b>PAST</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Check YES if she agrees with any of these statements. - In the past month, have you drunk any alcohol or used other drugs? - How many days per month do you drink? _____ - How many drinks on any given day? _____ - How often did you have 4 or more drinks per day in the last month? _____	<b>PRESENT</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	<b>TOBACCO</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	<b>EMOTIONAL HEALTH</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	<b>VIOLENCE</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### PROVIDER USE ONLY

Brief Intervention/Brief Treatment	Y	N	NA
Did you <b>State</b> your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Advise</b> to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Check</b> patient’s reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Refer</b> for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Provide</b> written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## For the patient:

You are a 26 year old pregnant female being seen for a first trimester check-up. You found out you were pregnant when you used a pregnancy test kit 7 weeks ago at home and it turned out positive. You are about 13 weeks pregnant.

*Did any of your parents have a problem with alcohol or other drug use?* No. Both your parents drank alcohol when you were living at home, but you never heard of any “problems.”

*Do any of your friends have a problem with alcohol or other drug use?* You can think of one friend who you think uses meth too often. He’s an ex-boyfriend you stay in touch with. When you dated two years ago, he got you to use meth twice, but you didn’t use after that. A number of your other friends drink and smoke marijuana, but you don’t think they have a problem with it.

*Does your partner have a problem with alcohol or other drug use?* Your current boyfriend and you have been together for almost a year. He is most likely the person who got you pregnant. He smokes marijuana 3-4 times a week, but doesn’t seem to have a problem from using marijuana.

*In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?* No. You’ve been smoking marijuana 2-4 times a week for several years, and used to drink on occasion, but you can’t think of any times when there have been “difficulties” from your use. Your marijuana use feels very normal to you.

*In the past month, have you drunk any alcohol or used other drugs?* Yes. You haven’t stopped smoking marijuana after you got pregnant because you’re pretty sure it can’t hurt your baby. You like to smoke after work and sometimes on the weekends. You like how marijuana makes you feel relaxed and less worried about things. However, your boyfriend doesn’t think it’s good to smoke pot when you’re pregnant, so you do it only when he isn’t around. No one else knows you still smoke marijuana after you became pregnant.

You answer “No” to the remaining questions. You are surprised to hear from your doctor that smoking marijuana poses health risk to your baby, and are a little skeptical. Quitting using marijuana feels hard, but you also want to have a healthy baby. You are a 5 on the readiness ruler.

**For the observer:**

**Brief Intervention Observation Sheet**

Did the health professional . . .

**Raise  
subject**

- |   |     |    |
|---|-----|----|
| 1) Ask patient for permission to discuss substance use? | Yes | No |
| 2) Ask the patient to describe substance use patterns?  | Yes | No |

**Provide  
feedback**

- |   |     |    |
|---|-----|----|
| 3) Ask patient if he/she sees a connection between his/her substance use and health concerns (if relevant)? | Yes | No |
| 4) Review the results of the screening form?  | Yes | No |
| 5) Express concern and inform patient of risks of use?  | Yes | No |

**Enhance  
motivation**

- |   |     |    |
|---|-----|----|
| 6) Discuss patient's pros and cons of use?                  | Yes | No |
| 8) Ask patient to select a number on the "Readiness Ruler"? | Yes | No |
| 9) Ask patient why he/she did not pick a lower number?      | Yes | No |

**Negotiate  
plan**

- |  |     |    |
|--|-----|----|
| 8) Elicit a plan of behavior change by asking what steps the patient is ready to take (if patient is ready)? | Yes | No |
| 9) Re-state the medical recommendation?  | Yes | No |

10) To what degree did the health professional use a guiding style of communication?

**Not at all**

**Very much**

1            2            3            4            5            6            7