**Frequently Asked Questions (F.A.Q.s)**

***Handling Home Visiting Challenges When Screening Women For Risky Health Behaviors***

**WHAT IF………**

**I’m Not Sure About The Screening Results?**

* If you suspect an individual isn’t being honest, wait and screen again at another visit.
* Be open and nonjudgmental. She can sense if you are judging her and will naturally feel defensive.
* Screen women periodically –over time things often change in people.
* Don’t worry if she isn’t 100% honest with you – if you suspect that she may have a problem, the most important thing is to refer her to someone who is skilled in assessment.

**She Doesn’t Identify Any Risk Areas Of Concern?**

* Recognize and support her accomplishments
* Educate her regarding the importance of remaining “risk “ free.
  + “Based on what you’ve said today, it seems like you are not at high risk of substance use problems. This could change, and if it does, let me know if you want to talk about it.”
* Let her know that help is available if something changes.

*For example:*

1. Substance Use If she’s a user but has been abstinent from tobacco/drugs/and alcohol during her pregnancy:
2. Congratulate her and acknowledge her achievement
3. Remind her of the importance of abstinence for her baby. Explain that abstinence can sometimes be hard to maintain. Let her know that, if things do change, support is always available and she should let you know.
4. Depression
   1. Let her know you are glad to hear her mood is fine.
   2. Explain that women’s moods sometimes change during pregnancy however and that, If she finds this happening to her, she should let you know
5. Intimate Partner Violence
   1. Explain that you are glad to hear that she feels safe and supported.
   2. Let her know that it is very important to her and the baby’s physical and emotional health that she continue to feel safe and supported. Let her know that it’s important to let you know if anything changes

**She’s Not Honest or Denies She Has A Problem?**

* + The tool is intended to encourage discussion between the woman and the provider
  + Remember - these are very difficult issues to discuss. What’s most important is that women know you are familiar with these issues and are willing and able to talk about them.
  + As women develop trust in their relationship with you, they may be more able to acknowledge their problems and come to you with concerns.

**WHAT SHOULD I DO IF…**

**Substance Use is a Concern?**

* Further assess her use and set goals
* If appropriate, discuss referral for treatment services
* Talk with her about any concerns or questions she might have about her use or the referral. Be sure to ask her to sign a release of information
* Help her make the connection by calling the referral while she is with you. Just giving a phone number rarely works.
* Talk with your supervisor for direction on how you can support her through the referral
* At the next visit, follow up to learn what has happened.
* Maintain contact with the substance use treatment provider to coordinate services and keep each other informed.
* Continue to provide encouragement and support.
* Learn more about substance abuse treatment and how you can support her treatment efforts.
* What if she’s not ready to stop substance use?
  + - Encourage her to keep track of how often and how much she is using
    - Have her pay attention to how use affects her
    - Make or re-make a list of pros and cons about changing
    - Deal with other priorities that may be in the way of changing
    - Encourage her to ask for support. Don’t wait for a crisis or to ‘hit bottom!’

**Emotional Health is a Concern?**

* If she’s pregnant: review or administer full Edinburgh Postnatal Depression Scale – 10.
* If she’s not pregnant: review or administer PHQ9.
* Discuss treatment options.
* Provide appropriate referrals. Help her connect with the provider.
* Develop a plan with her including a follow-up appointment.
* Follow up to see what happened with the referral.
* Work with the treatment provider to coordinate services and stay informed.
* Learn more about mental health concerns and how you can provide support.

**WHAT SHOULD I DO IF…**

**Tobacco Use is a Concern?**

* If she’s willing, aid her to develop a quit plan and arrange a follow up appointment.
* Assess her interest and need for medication (A combination of counseling & medication is significantly more effective than either alone.)
* Encourage her to use 1-800-QUIT NOW (1-800-784-8669) - A free and effective service!
* To register, fax her enrollment to 1-800-QUIT NOW
* Check out **Tobacco Intervention** for additional help and information regarding assessment & resources

**Intimate Partner Violence is a Concern?**

* Express concern for her safety
* Listen without judgment
* Let her know the abuse is **not** her fault – no one deserves to be abused!
* Assess safety.
* If needed, review or administer Abuse Assessment Screen (AAS) or Women’s Experience with Battering (WEB)
* Review options and referrals.
* Refer her to the local domestic violence program or the Statewide hotline: 1-800-838-8238. Explain that an advocate will help her develop a safety plan.
* For more information and resources for yourself, contact Project RADAR at 1-804-864-7705 or view: <http://www.vahealth.org/Injury/projectradarva/index.htm>

**She Doesn’t Follow Through With Referrals?**

* Help her set achievable goals
* Support any positive attempts to change
* Empathize with her struggle
* Convey a clear interest in her and her effort
* Avoid arguments. The client should be the one arguing for change.
* Encourage her to follow through with recommended referrals.
* Acknowledge that now may not be the best time, but invite her to talk further at another visit.

**Helpful Resources for Clients**

**TO LOCATE SERVICES FOR A BEHAVIORAL HEALTH CONCERN (Substance Use/Mental Health)**

* Virginia’s 40 Community Service Boards (CSB) provide public treatment for mental health, behavioral health and developmental disorders.
* All CSBs
  + Provide substance abuse treatment for pregnant and parenting women and their families.
  + Accord treatment priority to pregnant women that use substances and serve them within 48 hours of their request.
  + Depending on the CSB, mental health services may be more difficult to access if the woman does not have a serious or chronic mental health disorder
* To find the CSB that serves your client’s community go to:

[http://www.dbhds.virginia.gov/SVC-CSBs2009.asp#lo](http://www.dbhds.virginia.gov/SVC-CSBs2009.asp)

**TO LOCATE SERVICES FOR** DOMESTIC VIOLENCE

* Contact the Statewide hotline: 1-800-838-8238 or local services.

**TO LOCATE TOBACCO CESSATION SERVICES**

* 1-800-QUIT NOW (1-800-784-8669) - A free and effective service!

**TO LOCATE SERVICES WITHIN YOUR CLIENTS COMMUNITY**



* 2-1-1Virginia is the states Information and Referral System which collects, maintains and disseminates information on health and human services to the citizens of the Commonwealth.
* How 2-1-1 Works:
  + To reach a Community Resource Specialist, simply dial 2-1-1.
  + Let them know what services you are seeking and in what community.
  + Services are available in all languages. Virginia Relay (7-1-1) works with 2-1-1- to provide services for the deaf and hard of hearing.
* 2-1-1 VIRGINIA is also available on the web: 211virginia.org

**Resources for You**

* To learn more about the SBIRT model: <http://www.sbirt.samhsa.gov/>
* For additional web based instruction on the SBIRT model: <http://www.sbirttraining.com/>
* For additional web-based instruction on Motivational Interviewing:

[http://www.motivationalinterview.org/quick\_links/mitraining.html](http://www.motivationalinterview.org/)

* To learn more about the Federal Confidentiality Regulations and obtaining a Release of Information
  + Take Virginia Home Visiting’s web-based course on Confidentiality
  + Review the federal confidentiality regulations regarding substance use treatment (42CFR-2) and the Health Insurance Portability and Accountability Act ( HIPPA) that protects medical records:

[**http://www.samhsa.gov/HealthPrivacy/docs/SAMHSAPart2-HIPAAComparison2004.pdf**](http://www.samhsa.gov/HealthPrivacy/docs/SAMHSAPart2-HIPAAComparison2004.pdf)

* + For information on Virginia laws regarding perinatal substance use:

[www.dbhds.virginia.gov/documents/scrn-pw-VA-Legislation-Subst-Use-Preg.pdf](http://www.dbhds.virginia.gov/documents/scrn-pw-VA-Legislation-Subst-Use-Preg.pdf)

**What Else Can Home Visitors Do?**

* Use supervision to discuss questions and concerns you may have about screening, brief intervention and referral to specialty substance use treatment.
* Ask for more training if you find you need it.
* Take a course in Motivational Interviewing
* Practice, practice, practice –it may be uncomfortable at first to apply SBIRT; however, the more you do it the easier it will become and the better you will be.
* Talk with other Home Visitors about their experiences using SBIRT.
* Remain objective and supportive. This is especially important when working with families that have multiple needs.