

Patient Name _____

Physician _____

SUBSTANCE ABUSE ASSESSMENT

	FACTOR	LOW RISK	MEDIUM RISK	HIGH RISK
1.	Prenatal Care			
2.	Mother's emotional and mental functioning			
3.	Sexually Transmitted Disease			
4.	Delay in seeking obstetrical care			
5.	Pregnancy complications			
6.	Mother's attachment/bonding			
7.	Parenting skills			
8.	Planning/preparation for infant's birth/hospital discharge			
9.	Behavior associated with substance abuse			
10.	Positive tox screen (mother)			
11.	Positive tox screen (infant)			
12.	Signs of withdrawal in infant			
13.	Special health care needs of infant			
14.	History of child abuse in infant's family			
15.	Strength of family support system			
16.	Sibling assessment			
17.	Environmental condition of the home			
18.	Domestic Violence			
	OVERALL RISK			

DOCUMENT SPECIFIC SERVICE REFERRAL PLAN:

- Alcohol/Drug Treatment: _____
 - Family/Community Svcs: _____
 - Financial Svcs: _____
 - Home Health, Public Health Nursing: _____
 - Child Abuse, DFCS: _____
 - Other: _____
- _____
- _____

Assessor's Signature _____

Date _____

Title _____

SUBSTANCE ABUSE ASSESSMENT GUIDE

FOR USE IN PRENATAL AND IN-HOSPITAL ASSESSMENTS

FACTOR	MEDIUM RISK	HIGH RISK
MOTHER		
1. Prenatal care	<ul style="list-style-type: none"> • Inconsistent, late, or no prenatal care • Inconsistent or no follow-up on medical advice 	
2. Emotional and mental functioning	<ul style="list-style-type: none"> • Current indicators of psychiatric problems which may pose risk to infant • Mother is receiving treatment for psychiatric disorder • Psychiatric disorder is transient or temporary, e.g., postpartum depression • Deteriorating mental health • Admission of psychiatric problems/reluctancy to seek treatment 	<ul style="list-style-type: none"> • Current acute psychiatric episode(s) which effect ability to provide minimal care or supervision or which place child in significant danger of physical harm • Psychiatric/developmental disability problems which impair ability to provide consistent care or supervision • Unwillingness to seek psychiatric treatment or observed/reported psychiatric/emotional problems • History of suicide attempts/currently making suicide attempts • Currently threatening to harm or actually harming the child • Delusional system which defines child as evil/dangerous/non-human • Inability to function independently • Not oriented to person, place, or time • Evasive, verbally hostile, or physically assaultive/threatening to service provider
3. Sexually Transmitted Diseases (STD)	<ul style="list-style-type: none"> • STD treated during pregnancy 	<ul style="list-style-type: none"> • STD found at the time of delivery
4. Delay in seeking obstetrical care when membranes ruptured, bleeding or premature labor began	<ul style="list-style-type: none"> • Delay causing medical complications for mother and infant 	
5. Pregnancy complication (Premature labor/abruptio placentae)	<ul style="list-style-type: none"> • Complications suspected/known to be associated with drug and/or alcohol abuse 	<ul style="list-style-type: none"> • Non-compliance with medical team resulting in infant endangerment
6. Attachment and bonding	<ul style="list-style-type: none"> • Inconsistent interaction with infant • Does not want to examine infant • Mother's behavior disruptive during visits • Irregular or no visits or calls while infant in hospital 	<ul style="list-style-type: none"> • Infant is ignored, belittled and/or shunned • Disregard for infant's safety • Observed parent/caretaker abusive treatment of infant

SUBSTANCE ABUSE ASSESSMENT GUIDE (Page 2)

FACTOR	MEDIUM RISK	HIGH RISK
MOTHER		
<p>7. Parenting skills regarding infant and/or other children</p>	<ul style="list-style-type: none"> • Requires constant reminder of child(ren)'s needs • History of general neglect • Physical discipline is caretaker's only response to misconduct 	<ul style="list-style-type: none"> • Level of care or supervision plan for infant and/or other children has repeatedly exposed child(ren) to danger and harm may have occurred • Administers discipline which is inappropriate, excessive or harsh in relation to child's age or misconduct • Pattern of physical discipline escalating in severity; violent/sadistic tendencies evident • Demonstrates only minimal knowledge of child's basic needs including nutrition, shelter, clothing, medical care, etc. • Demonstrates little or no knowledge of age appropriate child behaviors • Consistently sets expectations of infant too high or too low
<p>8. Planning/preparation for infant's birth/hospital discharge</p>	<ul style="list-style-type: none"> • Working phone or message phone and accurate address supplied after several requests • Multiple moves during child's hospitalization • Has applied for eligible needed health care benefits only after some prompting 	<ul style="list-style-type: none"> • No baby supplies and no realistic plan or follow through to obtain them • Working phone or message phone and address never supplied or false information supplied • Refuses to apply for eligible needed health care benefits
<p>9. Behavior associated with alcohol and/or drug abuse</p>	<ul style="list-style-type: none"> • History of arrest/incarceration for alcohol and/or drug abuse • Significant other appears under influence of drugs or alcohol • Admits alcohol and/or drug abuse, but is participating in a treatment program • Siblings prenatally exposed to drugs/alcohol • History of inability to care for infant due to alcohol and/or drug misuse or dependence 	<ul style="list-style-type: none"> • Evidence of drug/alcohol abuse by mother who is not participating in a treatment program • Alcohol and/or drug misuse poses risk to family's financial resources and affects ability to meet basic needs of infant • Drugs are sold, used or manufactured in the home
<p>10/11. Positive toxicology screen on infant and/or mother</p>	<ul style="list-style-type: none"> • Substances such as alcohol, amphetamines, cocaine/crack, codeine, heroin, marijuana, methadone, and PCP present in toxicology screen with no other indication of substance abuse 	<ul style="list-style-type: none"> • Substances such as alcohol, amphetamines, cocaine/crack, codeine, heroin, marijuana, methadone, and PCP present in toxicology screen with other corroborating indication of substance abuse
INFANT		
<p>12. Signs of withdrawal in infant</p>		<ul style="list-style-type: none"> • Seizures/abnormal neurological findings • Uncontrolled crying, increased irritability, trembling • Abnormal GI, persistent feeding problems • Mild sensory deficit, increased/decreased activity, • Requires medication for withdrawal
<p>13. Special health care needs of infant require especially diligent home care</p>		<ul style="list-style-type: none"> • Special home care/treatment for infant • Infant on monitor, apnea, at risk for SIDS • Low birthweight (below 2500 grams) • Frequent medical follow-up required • Special feeding needed

SUBSTANCE ABUSE ASSESSMENT GUIDE (Page 3)

FACTOR	MEDIUM RISK	HIGH RISK
ENVIRONMENT		
14. History of child abuse in infant's family	<ul style="list-style-type: none"> • Pattern of unsubstantiated CPS referrals involving infant's family members 	<ul style="list-style-type: none"> • Abuse of other child(ren) in the home suspected, substantiated, or pending investigation • Abandoned infant in hospital • Caretaker shows inability/unwillingness to provide supervision, food, shelter, hygiene, and meet educational and medical needs of child(ren)
15. Strength of family support system	<ul style="list-style-type: none"> • Extended family, friends and other support systems are only occasionally supportive of family and/or are dysfunctional themselves • Family views all potential support systems negatively • Caretaker rejected or ostracized by service agencies • Viable support systems are present in the community but interaction is limited by cultural or language differences or developmental disabilities • Family is disorganized; frequent conflict is causing family problems or dysfunction 	<ul style="list-style-type: none"> • Family has no positive interactions with others or has no substantial help or assistance from others • Inability of family and/or external support systems to meet minimum food, shelter, clothing and/or health care needs of the child • Immediate support persons are dysfunctional due to drug/alcohol abuse and/or psychiatric problems
16. Sibling assessment	<ul style="list-style-type: none"> • Previous history of other children failing to thrive • Siblings show ambivalence, apprehensiveness or suspicion toward caretaker • Role reversal evident; child assuming an inappropriate number of caretaker responsibilities • Previous history of children living outside of home with relatives, friends, or in foster care • Delay in obtaining needed medical care for other children 	<ul style="list-style-type: none"> • Child(ren) is currently court dependent and/or placed out of home • Child(ren) has special developmental and/or health care needs that are unmet
17. Environmental condition of the home	<ul style="list-style-type: none"> • Physical/structural problems, inoperable utilities, safety hazards or sanitation problems exist in the home 	<ul style="list-style-type: none"> • Family will imminently lose current residence, is homeless or is living in shelter • Home environment is an immediate and continuing threat to child(ren)'s safety and health
18. Domestic Violence	<ul style="list-style-type: none"> • Caretaker abused in prior adult relationships • Caretaker denies obvious physical abuse and has no reasonable explanation for injuries • Caretaker's partner exhibits behavior indicative of domestic violence 	<ul style="list-style-type: none"> • Caretaker admits domestic violence occurs