Talking with Women about Alcohol and Pregnancy

Presenter: Cristine Urquhart, MSW, RSW
Date: September 28, 2011

Session Goals
Participants will learn:
- Skills for supporting engagement and guiding principles for the conversation
- How to raise the topic and a strategy for collaboratively setting the agenda
- How to share information about alcohol and pregnancy in a trauma-informed way
- Questions for self-reflection to assist integration of approach into current practice

Outline
- Context
- Integrated framework
- MI Skills & strategies
- Moving forward
The FASD Learning Series is part of the Alberta government's commitment to programs and services for people affected by FASD and those who support them.

**CONTEXT**


**4 Levels of FASD Prevention**

- **Level 1** Broad awareness building and health promotion efforts
- **Level 2** Discussion of alcohol use and related risks with all women of childbearing years and their support networks
- **Level 3** Specialized, holistic support of pregnant women with alcohol and other health/social problems
- **Level 4** Postpartum support for new mothers assisting them to maintain/initiate changes in their health and social networks and to support the development of their children

Poole, 2008
Continuum of Support Model for First Nations and Inuit Women with Substance Use Concerns

Continuum of Support

Supporting Pregnant Women
- Midwives
- Physicians
- Public Health Nurses
- Transition House Workers
- Tobacco Reduction Coordinators
- Youth Support Workers
- Aboriginal Service Providers
- Early Childhood Development Program Providers
- Nutritionists
- Peer Support Workers
- Addictions Counsellors
- Mental Health Service Providers
- Doula
- Social Workers
- FASD Key Workers

Supporting Pregnant Women & Women in Childbearing Years with Alcohol and Related Concerns
- Acute Care Nurses
- Substance Use Treatment and Support for First Nations and Inuit Women at Risk of Having a Child Affected by FASD. Vancouver, BC: British Columbia Centre of Excellence for Women's Health

Alcohol use in childbearing years

Canadian Addiction Survey 2004

- 15% of young women 18-19 yrs & 11% of women 20-24 yrs reported heavy, frequent drinking
- Women of highest income more likely to be drinkers (86% vs 67% for lower) and women of highest income more likely to drink 1 to 3 times a week (33% vs 21.6%)
- Women with a university degree had almost twice the odds of current drinking (81.9%) than those who had not completed high school (63.4%)

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Alcohol use in pregnancy

**Canadian Maternity Experiences Survey 2009**
- 10.5% reported consuming alcohol during pregnancy
- Binge drinking reported by 11% of women before they knew they were pregnant

**Aboriginal Peoples Survey 1993**
- Drinking alcohol is less common among Aboriginal than non-Aboriginal women, however binge drinking is more common among Aboriginal women

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Alcohol use in pregnancy

**Report from SAMHSA 2009**
- 19% of women used alcohol in their first trimester, 7.8% second trimester, 6.2% third trimester
- Of the women in their first trimester: 8% binge drank, 21.8% smoked cigarettes, 4.6% used marijuana

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Resumption of use postpartum

**Report from SAMHSA 2009**
Rapid resumption of substance use noted in first 3 months postpartum

<table>
<thead>
<tr>
<th>Substance</th>
<th>Third Trimester</th>
<th>3 Months Postpartum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>6.2%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>1%</td>
<td>10%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>13.9%</td>
<td>20.4%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1.4%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>
**Health impacts**

- Women are more likely than men to develop cirrhosis after consuming lower levels of alcohol over a shorter period of time.
- Heavy alcohol use has been found to significantly contribute to the development of osteoporosis, breast cancer, reproductive problems, heart disease and stroke and alcohol-induced brain damage.


**Low risk drinking guidelines**

Noted in the SOGC Guidelines (2010)

- No more than 2 standard drinks on any one day.
- No more than 9 standard drinks/week for women (14 for men).
- Guidelines do not apply under a number of circumstances, including if a woman is pregnant, trying to get pregnant or breastfeeding.

**A unique difference**

- The risk of alcohol use during pregnancy causing birth defects and developmental disabilities in children – is often considered the most profound sex/gender difference in alcohol use.
Impact of the intersections

- Women who use alcohol also smoke, and women who are poor also smoke and women with abuse histories are more likely to drink alcohol and smoke.
- Health risks are heightened for women who use multiple substances.

Women and Alcohol: A Women’s Health Resource

www.hcip-bc.org

“Low risk drinking guidelines are based on research on the average person, however the effects of alcohol vary greatly from one person to the next.”

“Past and current experiences of violence are commonly linked to women’s use of alcohol and other substances.”
What print resources are available to support your conversations?


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Barriers

Mothering policy

Study of barriers to accessing treatment by mothers

• Shame (66%)
• Fear of losing children (62%)
• Fear of prejudicial treatment on the basis of their motherhood status (60%)

**Stigma – Mothering & substance use**

**Representation of women’s responsibility**

<table>
<thead>
<tr>
<th>Mental illness</th>
<th>Woman abuse</th>
<th>Substance use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of woman’s control</td>
<td>Within her control</td>
<td>Deliberate</td>
</tr>
</tbody>
</table>

**Representation of the system’s responsibility in the 3 ‘cases’**

<table>
<thead>
<tr>
<th>Mental illness</th>
<th>Woman abuse</th>
<th>Substance use</th>
</tr>
</thead>
<tbody>
<tr>
<td>System failing</td>
<td>Limited system failure</td>
<td>Not system’s fault</td>
</tr>
</tbody>
</table>


**Engaging with women around alcohol**

- In a survey of physician practices in Ontario most respondents indicated that they talked to patients about drinking/smoking/drug use prior to conception (97.6%)

**However...**

- 43% of women surveyed in the 2009 Ontario FASD Awareness survey indicated that they received no information or misinformation (8%) about alcohol in pregnancy

**Implications for Ontario: Awareness of FASD 2009**

Self-reflection questions

- In what way, if at all, has your understanding of women and alcohol shifted?
- What might this mean for your practice?
- What message are women given about how they will be treated when they access your service/program?
- What influence might you have to reduce barriers at the policy, program or personal level for women?

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**Recommended framework**

- Women-Centred
- Harm Reduction Oriented
- Collaborative/Motivational Interviewing

**Women-Centred approach**

- Focus on the woman’s own health pre, during and post-pregnancy and encourage internal motivation for change
- Acknowledge the negative social responses to pregnant women’s substance use and assist in dealing with stigma, punishment and blame


**It’s Not Only About Alcohol**

- Poverty
- Mother's Alcohol Use
- Mother’s stress level
- Mother’s overall health
- Resilience
- Genetics
- Age
- Experience of Loss
- Context/Isolation
- Mother's use of other drugs
- Mother's nutrition
- Mother's access to obstetrical care
- Policy on Mothering
- Exposure to Violence
- Racial Discrimination

The story of the highest risk mothers

Study of Birth Mothers of 160 children with FAS. Of the 80 interviewed:

- 100% seriously sexually, physically or emotionally abused
- 80% had a major mental illness
- 80% lived with men who did not want them to quit drinking


Continuum of Substance Use

Non-Problematic - recreational, social or other use that has negligible health or social impact

Beneficial - use that has positive health, social or social impact e.g. pharmaceuticals, coffee/tea to increase alertness, moderate consumption of red wine, ceremonial use of tobacco

Problematic - use that begins to have negative health consequences for individual, friends/family, or society: impaired driving, binge consumption

Substance Use Disorders - Clinical disorders per DSM IV criteria

Principles of Harm Reduction

- Pragmatism
- Human rights
- Focus on harms not only the substance
- Provide a variety of options, doors and support
- Priority of immediate goals
- Involvement of women who use substances
Need to recognize that addiction can be “a way of adapting to desperately difficult situations. People cannot be ‘cured’ of adaptive strategies unless better alternatives are available to them.”

Alexander, B. K. (1991)

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**Interconnections for girls**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Odds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy smoking (within 30 days)</td>
<td>2.5</td>
</tr>
<tr>
<td>Binge drinking (within 30 days)</td>
<td>1.7</td>
</tr>
<tr>
<td>Cocaine use (ever)</td>
<td>3.4</td>
</tr>
<tr>
<td>Diet pill use (within 30 days)</td>
<td>3.7</td>
</tr>
<tr>
<td>Laxative use &amp; / or vomiting (within 30 days)</td>
<td>3.7</td>
</tr>
<tr>
<td>More than three sex partners (within 90 days)</td>
<td>3.3</td>
</tr>
<tr>
<td>Pregnancy (ever)</td>
<td>3.9</td>
</tr>
<tr>
<td>Considered suicide (within 1 year)</td>
<td>5.7</td>
</tr>
<tr>
<td>Attempted suicide (within 1 year)</td>
<td>8.6</td>
</tr>
</tbody>
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**Barriers to collaborative conversations**

- Physicians report that they don’t feel fully prepared to discuss substance use with women
- Women fear judgment and losing their children
- The approach taken – making assumptions about what she knows, offering information and advice without asking permission


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Cristine Urquhart - Talking with Women about Alcohol and Pregnancy
Not all conversations are equal

In a recent survey of physicians and nurse practitioners in Saskatchewan, “while 95.6% of physicians and 95.1% of nurse practitioners reported that they “always” or “sometimes” ask pregnant women about alcohol use, 39.9% of physicians and 34.1% of nurse practitioners reported “rarely” or “never” using brief motivational techniques when engaging pregnant women about alcohol use.”


Motivational Interviewing (MI)

MI is a
• collaborative
• person-centered
• form of guiding
• to elicit and strengthen motivation for change.


Communication Styles

Guiding

Following

Directing


Motivational Interviewing

Drs. William Miller and Stephen Rollnick

First described by Dr. Miller in 1983 as a brief intervention for problem drinking

Over 200 clinical trials

Approx. 1000 publications on the MI website

www.motivationalinterview.net

www.motivationalinterviewing.org

Research indicates that MI is:

- A brief intervention
- Effective in supporting patient engagement, retention and completion of treatment
- Learnable
- Effective cross-culturally
- Measurable
- Complimentary to other treatment approaches


Supporting the health of women in childbearing years

- Project Choices

- Balance Intervention
Supporting the health of women in childbearing years

- Case management enhanced with MI strategies

- The Power of You

Spirit of MI

- Collaborative
- Evocative (draw out)
- Respect (honour)
- Autonomy

'Trauma-informed' systems and services

- Take into account knowledge of the impact of trauma
- Integrate this knowledge into all aspects of service delivery

**Parallel principles**

<table>
<thead>
<tr>
<th>Motivational Interviewing</th>
<th>Trauma-Informed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative</td>
<td>Collaborative</td>
</tr>
<tr>
<td>Respect autonomy</td>
<td>Maximize choice</td>
</tr>
<tr>
<td>Evocative</td>
<td>Consumer Input</td>
</tr>
<tr>
<td>Understand / Listen</td>
<td>Recognize the impact of trauma and violence</td>
</tr>
<tr>
<td>Empower</td>
<td>Empower</td>
</tr>
<tr>
<td>Resist the righting reflex</td>
<td>Emphasis on safety and avoiding revictimization</td>
</tr>
</tbody>
</table>


**Self-reflection questions**

- How are these frameworks reflected in your program/practice/conversations with women?
- What are the guiding principles of your program/practice?
- What areas might need more support? What would that look like?
- What sort of training opportunities are available to you/your staff/community partners?
Ambivalence is when you feel two ways about something.

*In MI, lack of change is not denial, stubbornness, or stupidity but often….Ambivalence.*

**Ambivalence**

![Diagram showing status quo, pros (toward change), and cons (away from change).]

**Decisional balance**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change</td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>Costs</td>
</tr>
<tr>
<td>Change</td>
<td></td>
</tr>
</tbody>
</table>
The myth of the unmotivated person

- No person is completely unmotivated
- When we argue one side, the person takes the other
- Service providers influence motivation for change
- Motivation for change is formed in the context of relationships

Pause and avoid persuasion

- Resist the ‘righting reflex’
- Honour the ambivalence
- Shifting thinking from “Why isn’t she motivated?” to “For what is she motivated?”
- Use the decisional balance tool or ask about the good/not so good

Self-reflection questions

- How do you know when your righting reflex is coming up? How do you manage it?
- Consider a time when you were able to make a change successfully. What helped? What got in the way? How might this inform your work with women around making changes to their alcohol use? (or other areas of their lives)
Recognizing Change Talk

Desire – I want to
Ability – I could
Reason – I have good reason
Need – I need to

Commitment – I will

Map of Change Talk

Desire → Commitment → Behaviour Change

Ability → Taking Steps

Reason
Need

Find the change talk

1. I wish that something could be different.
2. I like to hang out with my friends and have a few drinks on the weekend.
3. I was able to stop drinking for a month after the car accident.
4. I really want my baby to be healthy.
5. I don’t see what the big deal is. My neighbor's kids are fine and she smoke and drank through her pregnancies.
6. I have already cut down from what I used to drink.
7. I will stop drinking.

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Skills for supporting engagement

- Affirm
- Reflective Listening
- Open Questions
- Summary

Open-questions
- Tell me about your children.
- Where does alcohol fit in your life?
- What have you noticed about how you respond when you are really stressed?
- What concerns you most about your health?
- Why might you want to make this change?
- What are you already doing to take care of yourself?
- What do you think will happen if nothing changes?
- What makes you think that you need to do something about...?
- What is the best thing that could happen if you make this change?

Supporting Change:
Preventing Fetal Alcohol Spectrum Disorder
Clip – Making the links
www.hcip-bc.org
Skill examples from DVD clip

Open Questions
- What feels hopeless?
- How have things been going since she was born?
- What do you know about how alcohol can affect your mood?

Affirmation
- It’s a huge accomplishment. A lot of people wouldn’t have been able to do that. (quit drinking)
- It took a lot of courage for you to stand up for yourself like that.

Skill examples from DVD clip

Reflection
- Things didn’t turn out like you planned.
- Takes your worries away.

Summary
- You’ve had a lot of stuff come at you recently. It’s perfectly normal that you would want to drink. You said before that alcohol helps you escape for a while, what else does it do for you?

In the Moment Exercise

1. “Ya, I admit, I drink more than I should sometimes.”

Reflection:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
In the Moment Exercise
2. “I try to stay away from the hard stuff...usually it's just beer and coolers.”

Reflection:

In the Moment Exercise
3. “I'm not drinking enough to cause any problems with my pregnancy.”

Reflection:

In the Moment Exercise
4. “The person who has a problem with drinking is my boyfriend.”

Reflection:
In the Moment Exercise

5. “If I stopped drinking right now, I know it couldn’t hurt things, especially for the baby.’

Reflection:

Strategies for building engagement & motivation

- Opening statement
- Agenda setting
- Provide information
- Assess readiness

Opening Statement

“Our time today may be different than with other people who have talked to you. I am not here to tell you what to change or how to change, but rather to find out what is going on in your life and help you make the changes you decide to make.”

“Everyone has different experiences and different reasons for coming here. I’d like to know more about your experiences so that I can be most helpful to you in working toward your goals. Tell me a little about how alcohol fits in your life.”

Collaborative agenda setting

It is vital to focus on areas that a woman CAN control such as:

- Connection with others
- Alcohol
- Nutrition
- Parenting


Ask – Provide - Ask

Ask
- Find out what the woman knows: “What have you heard about …?”
- Ask permission: “Would you like to know more about the effect of … on …?”

Provide information
- Use general statements such as, “Generally people feel…” or “What happens to most people…”

Ask
- Inquire about how she understands the information: “What do you make of this?” or “How does this fit with your experience…”

Considerations

When someone directly asks for information
- Implicitly given permission to provide info
- Offer several options, ideas of what others have done

Circumstances when informing is ethically/medically required
- Announce: “There is something that we need to talk about.”
- First Choice: “There is something that I need to tell you, but before I go ahead, is there something you would like to discuss first?” or “I really want to hear how you are feeling about it first.”
- Prefacing: “This may or may not concern you…”

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Assess Readiness

Importance

Confidence

Readiness

“Why are you a ___ and not a zero?”

“What would it take for you to go from a ___ to (higher number)?”

Rollnick et al., 1999

Guidelines for building relationship

- Be non-judgmental and empathetic
- Ask her what she knows, dispel myths
- Work to understand the benefits of substance use for her
- Encourage all small steps for change
- Keep asking, keep encouraging
- Talk about the benefits for both her and for her children


FASD-informed adaptations

- Be flexible
- Use more multiple choice and closed-ended questions
- Keep reflections simple
- Repetition – use summary
- Visual – agenda setting, rulers
FASD-Informed adaptations

- Simplify – fewer options
- Ask permission to offer suggestions
- Work together on activities
- Write things down
- Keep checking in – elicit what she has heard & how it relates to her situation


Self-reflection questions

- Begin to notice how many questions you ask & whether they are closed or open. How do women respond when they are asked a number of questions in a row? How might you integrate more reflections throughout your conversation?
- What would your opening statement sound like?
- What are some of the key topics you would include on an agenda setting chart? How might you integrate this tool into your practice? What adaptations would need to be made?
- How will you remind yourself to ask permission before providing advice?

Moving forward
Virtual Communities

www.coalescing-vc.org

Discussion Guide

www.coalescing-vc.org

10 key resources on FASD prevention

Healthy Choices in pregnancy website, quick reference sheet
www.hcpc.bc.ca/documents/ListofFASDResources8Sept2011.pdf

http://knowledges.cmnh.net/primary_care/toolkits/addiction_toolkit_alcohol/Pages/fsq_pregnancy.aspx
FASD-informed resource for smoking

The First Approach – FASD-informed reduced smoking techniques: For service providers working with women who may be FASD affected

www.aware.on.ca/first-approach/first-approach-resources

MI Resources


Self-reflection questions

- What are you already doing that is working to engage women around alcohol and pregnancy?
- What is staying with you from this presentation?
- What else might you add, integrate or refine in your conversations with women about alcohol & pregnancy?
- If you could share one piece of information from this presentation with colleagues or community partners, what would it be and why?
- Where do you get support for the work that you do?

Native American Prayer to Describe MI

Guide me to be a patient companion
To listen with a heart as open as the sky
Grant me vision to see through her eyes
And eager ears to hear her story
Create a safe place and open meadow in which we may walk together
Make me a clear pool in which she may reflect
Guide me to find in her your beauty and wisdom
Knowing your desire for her to be in harmony – Healthy, loving, and strong
Let me honour and respect her choosing of her own path
And bless her to walk it freely
May I know once again that although she and I are different
Yet there is a peaceful place where we are one


Contact Information

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Please take the time to fill out the online evaluation.

Thank you!