Motivating pregnant women to address substance use issues

A conversation with Marlene Thio-Watts

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Based on an interview conducted by Margaret Leslie of Breaking the Cycle (Toronto).

Our setting

Our pregnancy outreach program began in 1988. Our community saw the need for an alternate approach for prenatal education, especially for the Aboriginal and Metis community and others who felt uncomfortable accessing traditional prenatal services. Our program is located in a downtown storefront in an area surrounded by other agencies and services that our clients frequently utilize such as the food banks, the needle exchange, thrift stores, and the native health clinic. A friend, family member or a past client often introduces women to the program. Past clients are the largest referral source. Our program is very holistic and we work hard to make that clear – so that the program is not perceived as an FAS program.

Setting the right tone

Key to successfully identifying risk of substance use during pregnancy is using effective approaches and the right environment. It is important to set a tone of acceptance by not insisting on abstinence. If we didn't use a harm reduction model, we wouldn't be seeing the women we want to see – the women who are unable to stop using, but may be able to cut down or make other improvements in their situations. A big part of harm reduction is trying to see and understand the clients' situations through their lens – respecting and not judging where they are in their lives. It means we never take the client down a road where they don't want to go.

On top of this basic acceptance, we take a solution-focused, motivational approach with everything we do with clients. We assume they know what works for them. They are the experts. We try to understand what it is that they are doing that is making a difference in their lives and to identify their strengths. We work hard to help women see that they are capable of making changes in their lives, by magnifying the positives in what they are saying. We encourage them to keep practising what's working and explore new possibilities. We do this in a partnership conversation. It's a collaborative approach. Never do we interrupt that process by saying, "I know what's best" or send the message, "I'm the doer for you". As long as we're not telling them what to do and how to do it, we can't do harm.

If we want to provide the client with information that others have found to be helpful, we will introduce the idea by saying, "These are some things that other moms have said worked for them… that you might want to try." It's important to know and believe that women want to make positive changes. From my own experience in working

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with women, I know that they often make quantum leaps in changing behaviour. Pregnancy is such a window of opportunity for women… they almost always make positive shifts.

We also pay attention to our language, our positive ways of talking. For example, instead of talking about withdrawal, we will talk about signs of recovery, signs of your body becoming drug or alcohol free. We consciously make an effort to reframe language into positives. Instead of relapse, we refer to bumps along the road to recovery and discuss how hitting and dodging bumps along the road is a normal part of recovery. Language is so, so important. We will often refer to "recovery", as "discovery". We help women to explore what they have learned about themselves, and what works for them in dodging the bumps along the road.

Asking about substance use

We do the intake interview at the first visit. All members of our multidisciplinary staff team have been trained on a strengths-based approach to intake, and all counselling and education that we do. Learning solution-focused questioning is an integral part of orientation and training. Having all team members using the approach ensures that a client is received in the same way no matter which worker she sees. We inform clients that the first visit is going to take some time and that it shouldn't be rushed. The initial contact is crucial in developing a relationship… and to let them know what to expect in participating in the program. We give them a tour of our site, and introduce them to the team. We show them the child-minding room that they can access, the kitchen, and generally make them feel comfortable in our setting. Clients sign consents for release of information so they're very aware from the beginning that the information they tell us may be shared… with their doctor, the public health nurse and the hospital perinatal team.

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We find the clients to be quite comfortable in discussing their alcohol and drug issues. They're so relieved to finally have an opportunity to talk to someone… because there is rarely a woman, including myself, who didn't do something at the beginning of her pregnancy that she regretted. We provide a forum for her to talk about it where she feels safe, understood, non-judged, and where she can ask the questions that she wants to ask. We have resources at our fingertips to provide her with information that can help her to understand prenatal and fetal risks. We normalize discussion about substance use by talking about it in much the same way as we talk about how much milk they've been drinking. We explain that we ask the same questions of everyone.

From the beginning, we include her as a partner in the process by setting the intake chart where she can read along if she chooses and see what is being written. This helps her to feel comfortable with the intake process. The interview is fashioned so that we intersperse questions with education, getting to know them and building trust. Discussion starts with the demographic information, then goes on to obstetric history, health and nutritional status, then to caffeine and smoking, gradually leading in to alcohol and drug use. We make it a very gentle transition and in all cases, we take every opportunity to point out her strengths as she shares information.

Our intake questions are designed to show any positive shifts in behaviour. For example: "When was the last time you drank alcohol, if ever?" "How many times did you drink alcohol in a week before you knew that you were pregnant." "On average, in the past few weeks how many times a week did you drink alcohol?" Followed by, "Now, at this point in time, how many times a week on average do you drink alcohol?"

In almost every instance, they're going to tell you a reduced amount. This is the opportunity to give her encouragement with respect to the positive shift and to explore with her what she is doing differently. "Wow, that's great that you've been able to make that much of a change already. How have you done that?" They do not expect it. They're expecting a lecture and a judgment, and instead you recognize what a wonderful change they've made in their behaviour. By asking them how they've made the change, you're acknowledging that they're experts in their own lives and that they know what works for them.

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Building on strengths

Throughout the discussion, we look for and magnify the positives – this provides a solid base for the woman to set goals, and consider what she is going to be working on next. We finish the session letting her know, "The next time you come, I'll be asking you about what's different about your drinking since the last time we talked." We never refer exactly to their goals. We don't set them up for failure by asking them about details. For example, it would not be effective to say, "Last time you were here, you told me you were going to cut back and only drink one beer instead of the usual three. Did you do that?" Rather we would say, "What's been different about your alcohol use this past week. What have been your social supports? Tell me about a situation that you've been in where you might have been or were tempted to drink alcohol?" You are asking her to give you snapshots of her life to better understand the context of her life. All the while you show her that you're really confident in her to make a change, to make a difference. Every little thing she says that is positive, you magnify. For example, even if the person says to you, "I haven't been able to cut down, but I really want to try," you can magnify that with, "Tell me more about that? Is it new for you to be thinking about reducing? What is that like for you?"

Now if we do have a client who obviously has an issue come up in the middle of the intake interview and we can't finish it, then obviously, we don't continue. That happens often, where we get to the question about a miscarriage or they indicate that they've had other problems, like a SIDS death, and that's as far as we go. Rather than get into the rest of the history at that point, we finish it the next time. In other cases, someone may need to talk about options, or a client is just overwhelmed from having just realized they may have hurt their child and we stop there.

They're drawn in by the way the issue is normalized. We might say, "I'm sure that at some time during your pregnancy you will be going to parties and places where there's marijuana smoke, alcohol, and possibly other drugs; your partner and friends may be using around you. What's that going to be like for you? What's it been like so far?" This normalizes the issue and opens up a dialogue about her social supports, her lifestyle, her coping skills and strengths.

As part of our education, and alcohol and drug assessment, we ask clients about their knowledge and understanding of FAS. We refer to a picture of two brains – a six-week-old baby *normal* brain and a six-week-old baby brain affected with *fetal alcohol syndrome*. We have found that this picture invokes a lot of discussion and creates a climate for education and an opportunity to correct any misconceptions. For instance, when we ask them what they think FAS is, they'll usually mention learning disabilities or health problems, smaller build and a different facial appearance. Often they'll share, "I have a nephew who has FAS, and he is always getting into trouble and has difficulties with school." They seldom name brain damage. We use this as an opportunity to point out "all you have said is right on, but the major thing you've left out – is the difference in the

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brain; there is brain damage that's irreversible, and we show them a picture of a fetal brain affected by alcohol".

We find that this has a large impact… their response is usually "Oh, my!" It often sparks a huge dialogue and they will quite often refer to the photo again during other visits. When they attend later with a partner or friend they have stated, "What you told me about last time was just so amazing. Can you tell my friend about it?" Or, sometimes a client will point to it and go, "That's my brain. I'm affected." Because we have a number of our own Moms who are affected, we also ask a question in our intake about maternal drug or alcohol use along with paternal, sibling, and other family use. It provides another window of opportunity for them to talk with us about alcohol use within the context of their family.

In the event a client has had no past experience using alcohol they are sometimes surprised that you want to provide them with knowledge about FAS: "I don't need to know about FAS because I'll never drink when I'm pregnant." In these cases, we suggest they become ambassadors and give them the same information we give to everyone else because they may have a friend or someone who they will be able to provide with this same information. We use this opportunity to talk with her about how she can educate and provide support to friends or relatives who may become pregnant.

Options for ongoing care

We have learned in working with pregnant women that they often don't want to detox in the traditional manner. They prefer to detox at home, or temporarily live with a relative in another community where they can feel safe and secure. We will involve the physician, an alcohol and drug counsellor and the family in monitoring the situation where the woman may require medical intervention or assessment. Women have told us that they don't feel comfortable going to AA or NA when they're pregnant, so at times, we have had pregnant and parenting support groups meeting at our pregnancy outreach program. We help women explore what will work best for them. One woman asked one of our counsellors if she could come in every day and help us with cooking. She came in for three complete days to cook and spend time developing a relationship with our team. By the end of the three days, she felt she had broken her pattern of use. She felt safe and supported. This helped her to detox in a way that worked for her. Every individual woman has a different road to follow on her path of recovery. We need to be creative, and innovative. We need to provide a caring safe environment for people to do what they need to do. □

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