

PREVENTING FETAL ALCOHOL SPECTRUM DISORDER, PROMOTING WOMEN'S HEALTH







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IHE Consensus Development Conference on FASD Across the Lifespan
October 8, 2009

OUTLINE

- 6 foundational issues
- 4 levels of FASD prevention
- 2 systemic foundations to these practices
- Recommendations

Contextualizing FASD prevention in women's health and substance use

UNDERLYING ISSUES

Issue: There are barriers to discussing alcohol use with pregnant women

- Women report that guilt, shame and fears of losing their children to child welfare authorities prevent them from getting the help they need with alcohol problems

Poole, N., & Isaac, B. (2001). Apprehensions: Barriers to Treatment for Substance-Using Mothers. Vancouver, BC: British Columbia Centre of Excellence for Women's Health.

- Physicians report that they don't feel fully prepared to discuss substance use with women

Tough, S. C., Clarke, M. E., Hicks, M., & Clarren, S. (2005). Attitudes and approaches of Canadian providers to preconception counselling and the prevention of Fetal Alcohol Spectrum Disorders. Journal of FAS International, 3, e3.



Issue: Media portray substance-using mothers in highly negative ways (Canadian print media May 1999 to May 2000)

Representation of women's responsibility:

Mental illness	Woman abuse	Substance use
Out of woman's Control	Within her control	Deliberate


Representation of the system's responsibility:

Mental illness	Woman abuse	Substance use
System failing	Limited system failure	Not system's fault

Greaves, L., Varcoe, C. Poole, N., Morrow, M., Johnson, J., Pederson, A. & L. Irwin. (October 2002). *A Motherhood Issue: Discourses on Mothering Under Duress*. Ottawa, ON: Status of Women Canada.

Issue: Need to hear women's voices as to the impact of stigma and mothering policies (and to redesign systems accordingly)

"We're slipping through the cracks and everything else, and when you push and shove and take away the children and stuff, I mean, we're losing mothers in droves here, you know, so there's a flaw in the system."




Voice of a mother in treatment from *Mothering Under Duress* study

See also: Reid, C., Greaves, L. & N. Poole (2008). *Good, Bad, Thwarted or Addicted? Discourses of Substance-Using Mothers. Critical Social Policy, 28(2)*, 211-230
Greaves L. & Poole N. (2005) *Victimized or validated? Responses to substance-using pregnant women. Canadian Woman Studies Journal, Volume 24, Number 1, 87-95.*

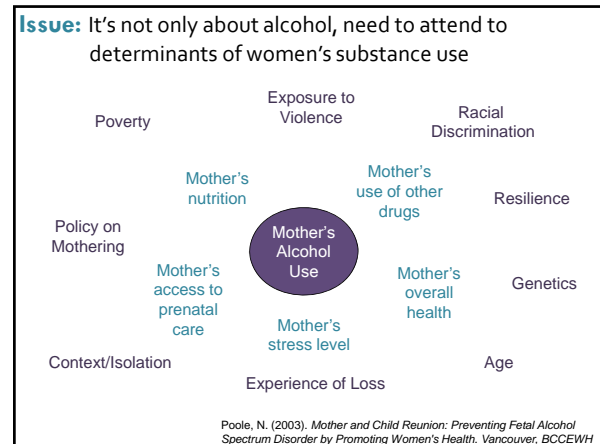
Issue: Need to attend to women's health and link the interests of the mother-child unit

A typical 1980s health message- externalize motivation



British Columbia Centre of Excellence for Women's Health

Women's Health. Everybody's Business



Issue: Need to address barriers and access to quality care and treatment for Aboriginal women

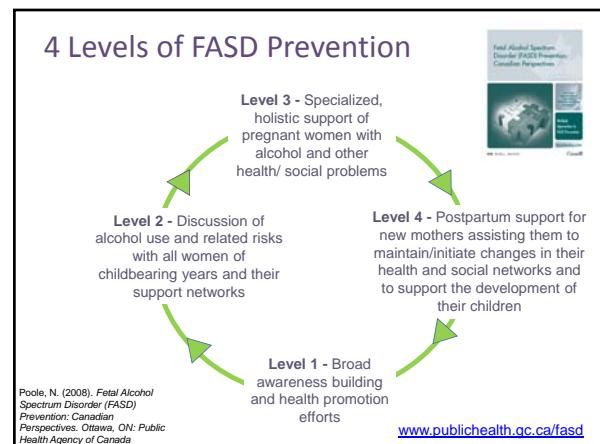


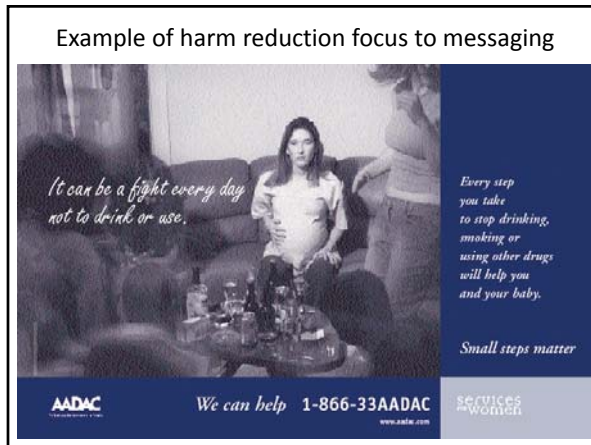
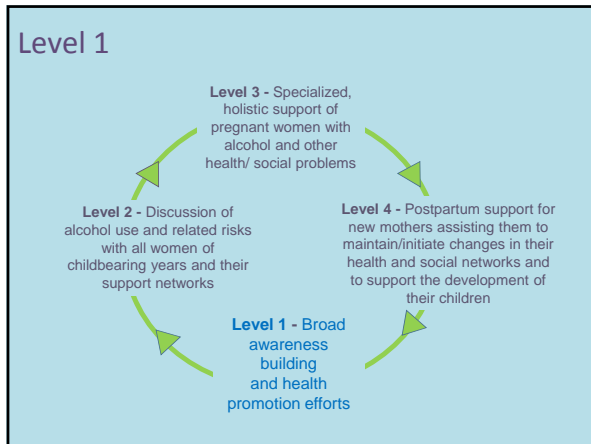
Poole, N., Gelb, K., & Trainor, J. (2009). *Preventing FASD through providing Addictions Treatment and related Supports for First Nations and Inuit Women in Canada - Summary*. Vancouver, BC: British Columbia Centre of Excellence for Women's Health

- Women's health issue summary**
- Need interventions that:**
- Address gender-specific barriers to care
 - Involve stigma reduction
 - Are women-centred - and link and enhance mother-child connection
 - Address needs of diverse women, and are culturally safe/relevant
 - Harm-reduction oriented - integrate social and vocational issues
 - Involve women in design of services

4 interlocking and mutually reinforcing levels of FASD Prevention

PROMISING PRACTICES



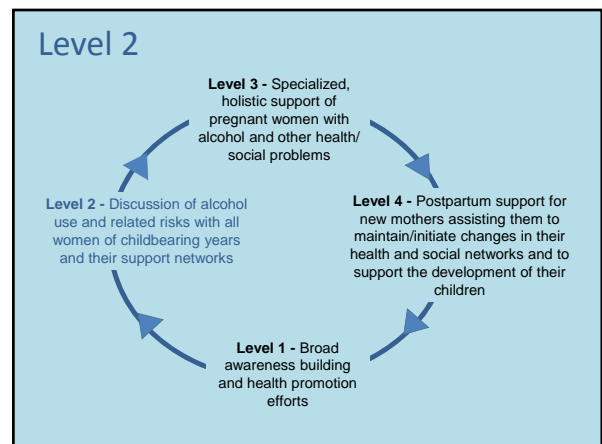


Community development processes

Prince George's 10 year community development process

- http://www.nfhs-pg.org/research/healthy_communities.html

Add PEI graphic






Double Exposure

The Project Team:
Tessa Parkes, Nancy Poole, Amy Salmon, Lorraine Greaves, and Cristine Urquhart.

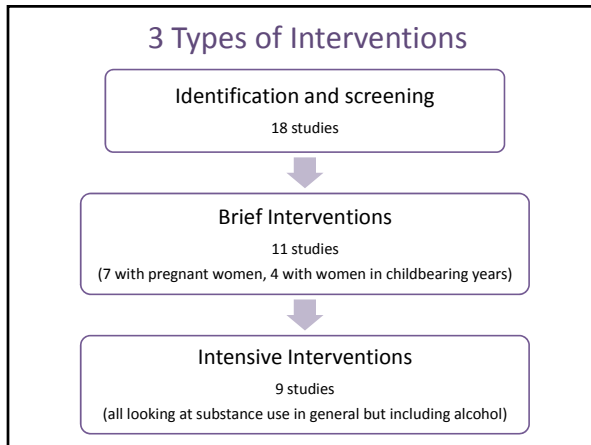

This project was conducted at the British Columbia Centre of Excellence for Women's Health, Vancouver, Canada and funded by the province of British Columbia.



Methodology

- Used NICE (UK) review methods and Canadian Better Practices approach (CTCRI)
- Studies involving women who were pregnant, postpartum or of childbearing age
- Key outcome was change in self-reported alcohol use but many other secondary outcomes also reported
- 38 studies reviewed in total

The wider literature on women's health and substance use was consulted to frame the results of the systematic review and provide a critical context with which to interpret the findings.

Screening




- 18 studies on identification and screening instruments
- Majority conclude that screening tools are more effective at identifying potential alcohol use than usual practice
- Assurances of confidentiality increases women's reporting of alcohol use
- No clear evidence on whether certain tools are better with different **sub-populations** of women

Brief Interventions

"...women in the brief intervention condition were 5-times more likely to be abstinent by the third trimester"
O'Connor and Whaley (2007)

- 1) with pregnant women
 - **5 out of 7 studies** found that the brief interventions reduced women's use of alcohol during pregnancy
- 2) with women of childbearing years
 - **in all four studies** reviewed (3 RCT's) BI's successful in reducing the risk of alcohol-exposed pregnancies amongst women in childbearing years

Double Exposure: A Better Practices Review on Alcohol Interventions During Pregnancy Vancouver, BC: British Columbia Centre of Excellence for Women's Health






Fostering the application of brief intervention

ActNow BC – Healthy Choices in Pregnancy

- A women's health promotion initiative funded by the provincial government to support the reduction of alcohol use in pregnancy - with a goal of increasing the number of women counselled about alcohol use in pregnancy

A collaboration of 3 provincial agencies to support the development of resource materials and professional education



HCIP Approach

1. Help healthcare and other service providers create a welcoming and effective support system for women and their families
2. Work collaboratively at every level – with women, across professions and services, among researchers, health system planners, service providers and policy makers
3. Focus on the evidence for what is working
4. Use technology to support knowledge exchange

Motivational Interviewing

Drs. William Miller and Stephen Rollnick

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

Over 180 clinical trials of MI and approx 800 publications on the MI website www.motivationalinterview.org

MI supports client/patient engagement, retention and completion of treatment

Empirical support for the use of MI with numerous health populations

For more research see www.motivationalinterview.org

Rollnick et al., 2008; Miller & Rollnick, 2002; Rubak et al., 2005

Research Highlights: Supporting the Health of Women in Childbearing Years using MI

- Project Balance (Ingersoll et al., 2005)
- Project Choices (Floyd et al. 2007)
- Case management enhanced with MI strategies (May et al., 2007)
- Influence of intention and self-efficacy on duration of breastfeeding (Wilhelm et al., 2008)
- MI-based group with college women (LaBrie et al., 2008)



Offering a 3 part framework

- ✓ Mother-centred
- ✓ Harm reduction oriented
- ✓ Collaborative / using Motivational Interviewing

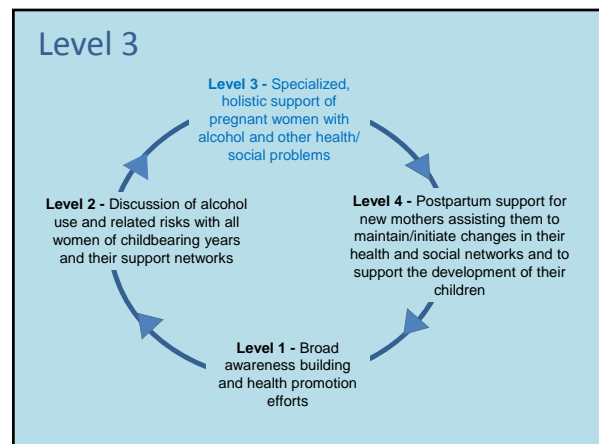



Level 2 summary

Examples of recommendations re Level 2 prevention

from Double Exposure pp 65-69,

- Establish safety and trust in conversations – and link identification of women who use alcohol to supportive action
- Tailor education for subpopulations of women with different drinking patterns
- Acknowledge the role of multiple stressors and the impact of these on women's alcohol use
- Acknowledge women's family roles as mothers and partners and how this affects her ability to focus on her own needs





Intensive Interventions


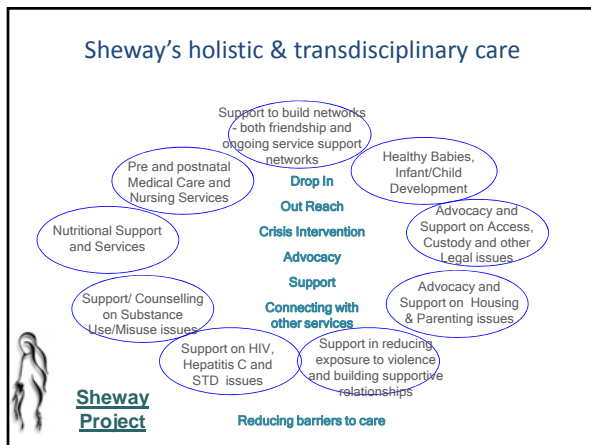
- All 9 studies found programming was successful in helping women reduce alcohol use in pregnancy, and improve outcomes for mothers and children
- Many other significant outcomes were achieved
- The program models specifically addressed barriers that usually prevent pregnant women engaging in services
- Values base of staff appeared critical to success

Double Exposure: A Better Practices Review on Alcohol Interventions During Pregnancy Vancouver, BC: British Columbia Centre of Excellence for Women's Health

Level 3

Based on the recognition that the health of women and their children is linked to the conditions of their lives and their ability to influence these conditions

- Provides services in a flexible, welcoming, non-judgmental, nurturing and accepting way
- Supports women's self determination, choices and empowerment
- Offers respect and understanding of First Nations culture, history and tradition
- Takes a harm reduction approach to substance use
- Links women and their families into a network of health-related, social, emotional, cultural & practical support





Role of maternity care

Fir Square Combined Care Unit, at BC Women's Hospital

Mother-centred care that in turn supports positive outcomes for infants

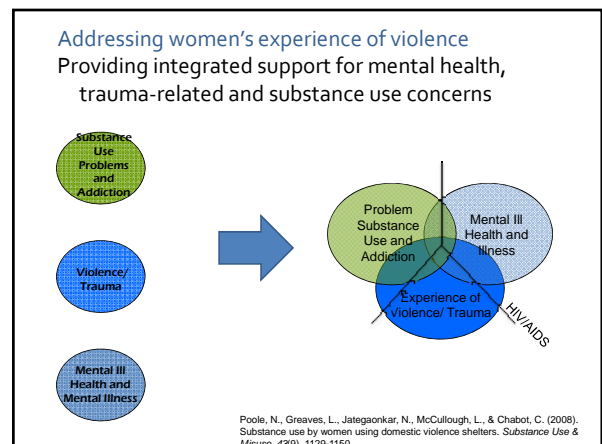
- Care centred on the mother child unit
- Shift from expectation that mothers adapt to systems - to reorganization of providers
- Continuity of care between community and hospital
- Work to support child protection and enhanced mothering capacity



Payne, S. (2007). In-Hospital Stabilization of Pregnant Women who Use Drugs. In N. Poole & L. Greaves (Eds.), *Highs and Lows: Canadian Perspectives on Women and Substance Use* (pp. 249-255).

Role of child welfare and addictions treatment

Attending to mothers and children in treatment & child welfare

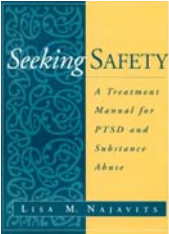


"Trauma informed" systems and services

- Recognize the impact of violence and victimization on development, coping strategies, addictions and mental health problems
- Integrate this knowledge into all aspects of service delivery

Harris, M., & Fallet, R., D. (2001). *Using Trauma Theory to Design Service Systems*. San Francisco, CA: Jossey Bass.

And providing trauma specific interventions



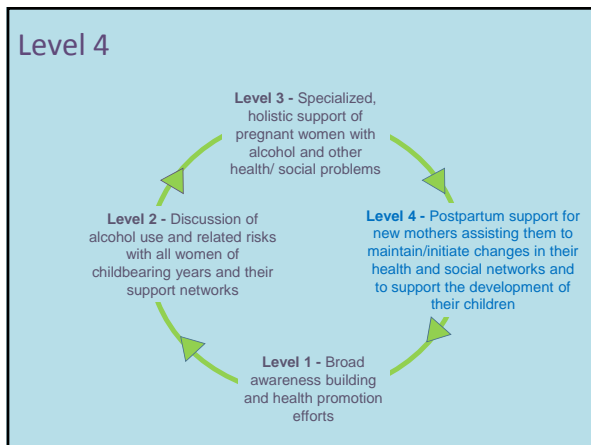
Najavits, L. M., Rosier, M., Nolan, A. L., & Freeman, M. C. (2007). A new gender-based model for women's recovery from substance abuse: Results of a pilot outcome study. *American Journal of Drug & Alcohol Abuse*, 33(1), 5-11.

Level 3 summary

Examples of recommendations re Level 3 prevention

from *Double Exposure* pp 65-69,

- Provide support to reduce harms related directly and indirectly to substance use. Work with women to identify their own goals for change
- Appreciate how common violence against women in relationships is.
- Address women's multiple substance use including tobacco
- Increase accessibility of care through transdisciplinary care integrated in multiple settings



Level 4 – Linked postpartum support

- Home visitation** by nurses postpartum
- Stop FASD, P-CAP, Key Worker and other mentoring programs** – by lay and paraprofessional advocates who work with women who have had a child with FASD, for 3 years – helping women negotiate the service system to improve their health and the health and wellbeing of their children
- Holistic mother and child programming** - such as CAPC programs

Grant, T. M., Ernst, C. C., Streissguth, A., & Stark, K. (2005). Preventing alcohol and drug exposed births in Washington State: Intervention findings from three Parent-Child Assistance Program sites. *American Journal of Drug and Alcohol Abuse*, 31(3), 471-490.

Example - Breaking the Cycle – linking mother and child care

Motz, M., Leslie, M., Pepler, D., J. Moore, T. E., & Freeman, P. A. (2006). Breaking the Cycle: Measures of Progress 1995-2005. *Journal of FAS International, Special Supplement*, 4(622).

Leslie, M. (Ed.). (August 2007). *BTC Compendium, The Roots of Relationship (Vol. 1)*. Toronto, ON: Mothercraft and Breaking the Cycle.

Linking FASD prevention with intervention, policy, leadership . . .

FOUNDATIONS

FASD Strategic Plan (BC)

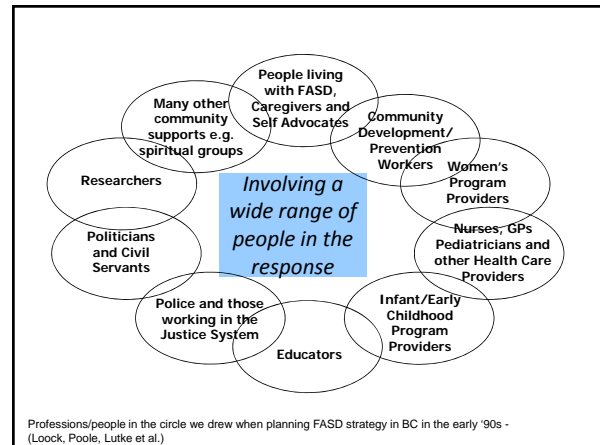
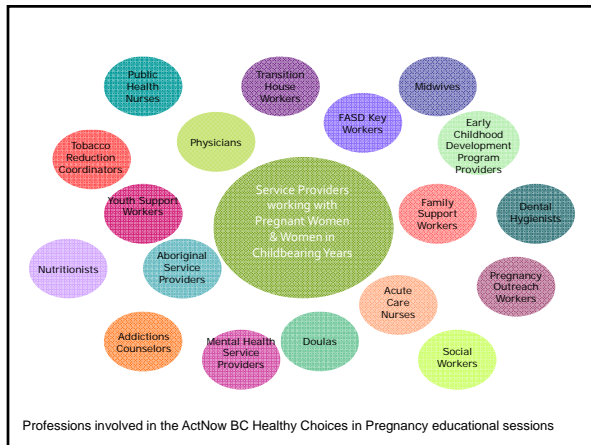
Principles:

1. **Respect, Compassion and Cultural Sensitivity**
2. **Comprehensiveness**
3. **Collaboration, Inclusion and Capacity Building**
4. **Balance** – Efforts are directed equally to FASD prevention through provision of support to women, and to intervention through provision of support to those affected and their families.
5. **Evidence based**

Government of British Columbia. (2003). *Fetal Alcohol Spectrum Disorder: A Strategic Plan for British Columbia*. Victoria, BC: Ministry for Children and Family Development

6 areas of BC's Strategic Plan

1. **Public awareness:** Community development, health promotion and public awareness strategies to raise awareness of FASD as a life-long disability and the risks associated with alcohol and substance use during pregnancy.
2. **Early identification and support for women:** Early identification, intervention and support for all pregnant women who use alcohol, their partners and support systems.
3. **Focused intervention:** Focused intervention with high risk pregnant and parenting women and their partners and support systems.
4. **Timely diagnosis, assessment and planning:** Timely diagnosis, assessment and planning for children, youth and adults affected by FASD.
5. **Comprehensive and lifelong intervention and support:** Comprehensive and lifelong intervention and support for children, youth and adults affected by FASD, their families and support systems.
6. **Leadership and co-ordination:** Leadership and co-ordination of FASD initiatives at the community, regional, provincial and national levels.




Use of virtual communities to engage in discussion on the complex changes needed

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www.coalescing-vc.org

Recommendations



- Bring a women's health lens to the prevention of FASD – apply this lens when undertaking research, evidence reviews, health promotion, brief and intensive support, treatment, knowledge translation and policy
- A subset of applying this lens is to recognize the inextricable linkage of women's health and child wellbeing, and to demonstrate respect for women as mothers
- Continue to expand the practice and evidencing of 4 complex and interlocking levels of FASD prevention that exemplify women-centred care
 - ✓ See the 24 recommendations from *Double Exposure*
- Ground FASD prevention in inclusive community processes, and strategic plans that link prevention and intervention initiatives



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www.canfasd.org

www.bccwh.ca
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www.womenshealthdata.ca

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