



Preventing Alcohol-Exposed Pregnancies: Tools and Strategies for the Social Work Practitioner

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Alcohol Use by Women

- Social standard
- Depressant
- Teratogen
- Over half of U.S. women (53.6%) of reproductive age report using alcohol.
- **Binge drinking** reported by women varies by age group:
 - overall rate is 18%
 - up to 29% of women aged 21-24 report binge drinking.



Who is At-Risk for an Alcohol-Exposed Pregnancy?

- Women of reproductive age at risk of an alcohol-exposed pregnancy are those who:
 - **Consume alcohol**
 - Are **sexually active** with a male partner, and
 - Are **not using contraception effectively**.
- About **half of all pregnancies** are unplanned.
 - Unaware of their pregnancy or lacking access to care, women may drink well into the first or second trimester.
- Alcohol-exposed pregnancies occur in **every** demographic and socio-economic group.

Drinking during Pregnancy

- **Among pregnant women**, 1 in 10 report drinking alcohol, while 3.1% report binge drinking.
- **Drinking while pregnant** was highest among:
 - women aged 35-44 years (18.6%)
 - unmarried college graduates (13.0%)
- Prenatal exposure to alcohol is the sole cause of fetal alcohol spectrum disorders (FASD).
- Alcohol-exposed pregnancies occur in every demographic and socio-economic group.

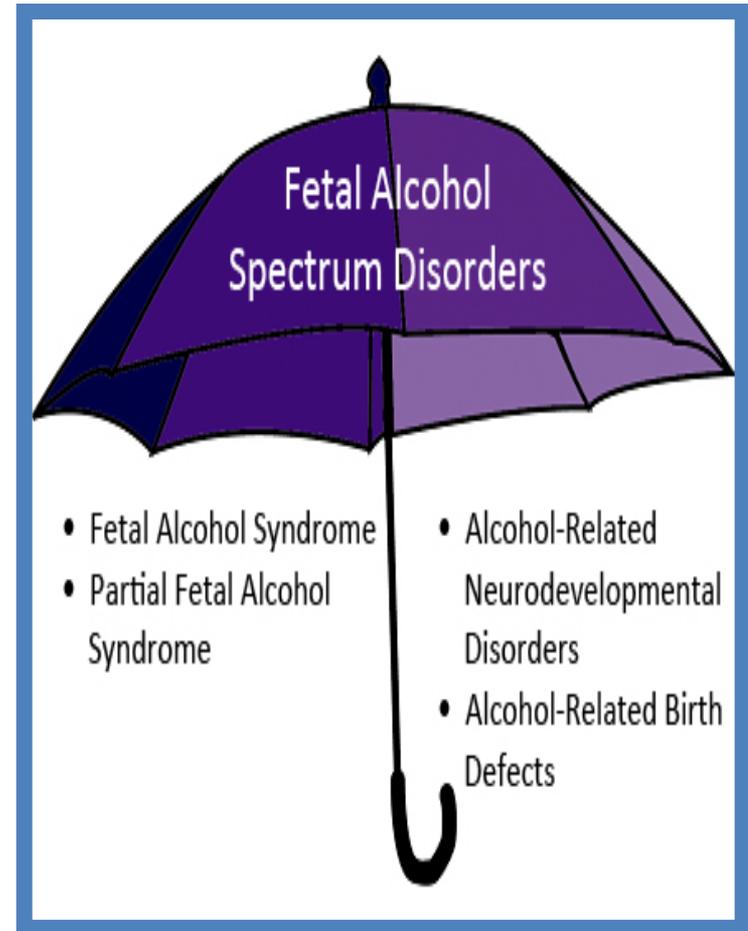
Why do Women Drink While Pregnant?

- **Don't know** that they're pregnant
- **Conflicting advice** about safety of drinking while pregnant
- Alcohol as **coping mechanism**
 - Experiences of sexual, physical, domestic abuse
 - Pregnant women experiencing domestic violence report higher instances of substance use
 - Life stressors: job, housing, money....
- Partner does not support alcohol abstinence
- Need help to stop (**alcohol use disorder**)

FAS? FASD?



Wattendorf, D. MAJ, MC, USAF, and Muenke, M, *National Human Genome Research Institute, National Institutes of Health, Bethesda, Maryland. Am Fam Physician.* 2005 Jul 15;72(2):279-285.



Texas Office for Prevention of
Developmental Disabilities

“Fetal Alcohol Spectrum Disorders” is NOT a diagnostic category, but rather an umbrella term describing a range of effects that can occur in a person who was exposed to alcohol prenatally.

FASD: Perspectives on Prevalence

Birth defect	Prevalence
Down syndrome	1.2/1000 births
Cleft lip +/- palate	1.2/1000 births
Spina bifida	1/1000 births
Autism	12.5-14/1000*
Fetal Alcohol Syndrome (FAS)	6-9/1000*
All FASDs	24-48/1000*

(May, 2014)

Impact of Exposures Varies from Individual to Individual

- Vulnerability of a particular fetus
- Maternal Factors: nutrition, age, health
- Amount and frequency matter
- Has mother had a previous child who was exposed to alcohol or other drugs?
- Access to diagnostic assessments are difficult

REMEMBER:

**Not all children with an
FASD are born to a woman
with an alcohol use
disorder!**

Missed and Mis-Diagnoses

- Oppositional Defiant Disorder (ODD)
- ADHD, ADD
- Bipolar disorder
- Intermittent Explosive Disorder
- Autism Spectrum Disorder (including Asperger's Syndrome)
- Depression
- Conduct Disorder
- Reactive Attachment Disorder
- Traumatic Brain Injury
- Antisocial Personality Disorder
- Borderline Personality Disorder



Understanding FASD & Stigma

- Experiences of biological mothers:
 - Guilt, denial, shame, anger are normal.
 - Circle of Hope (NOFAS) is a good resource.
- Factors contributing to alcohol use during pregnancy may include:
 - intimate partner violence
 - mental health conditions
 - experiences from previous pregnancies, etc.
- Women often drink before they know they are pregnant.
- Women report receiving incorrect information about drinking during pregnancy.
- Some women may have alcohol use disorders and need support to stop drinking.

Evidence-based Prevention

The Importance of Prevention

- FASDs are 100% preventable.
- Many women are able to and choose to stop drinking alcohol once they learn about FASD.
- There is no cure for an FASD — it is lifelong.
- FASD affects individuals, families, communities, and systems.
- FASD is often a “hidden” disability.
 - *Opportunities for identification and intervention may be missed.*



Why does this Matter to Social Workers?

- New models of health care are expanding the role of the social worker in health-related practice settings:
 - “Integrated care,” “Interprofessional teams,” “Patient-centered Medical Homes”, “Accountable Care Organizations”
 - Social workers are well positioned and well trained to deliver screening and behavioral health interventions.
- Social workers practice in a range of settings reaching women at risk of alcohol-exposed pregnancy, as well as families, children, and adults affected by FASD.

SOCIAL WORKERS CAN
TOTALLY DO THIS!!!!

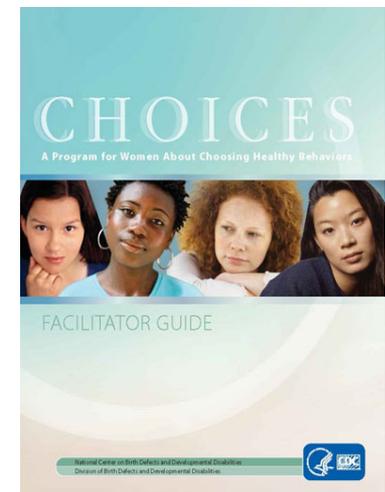
Evidence-based Practices

- Primary Interventions for Preventing Alcohol-Exposed Pregnancies / FASD
 - Alcohol SBI / SBIRT – Madras et al, 2009
 - CHOICES – Floyd et al, 2007; Velasquez et al, 2010
- Secondary Interventions for families/youth affected by FASD
 - Parent-Child Assistance Program (PCAP) – Therese Grant, Ph.D.
 - Parents and Children Together – Ira Chasnoff, M.D.
 - Families Moving Forward – Heather Carmichael Olson, Ph.D.
 - Math Interactive Learning Experience – Claire Coles Ph.D., et al
 - Good Buddies – Mary J. O'Connor, PhD

Bertrand, J., Interventions for Children with Fetal Alcohol Spectrum Disorders Research Consortium. Interventions for children with fetal alcohol spectrum disorders (FASDs): Overview of findings for five innovative research projects. (2009). Research in Developmental Disabilities. Sep-Oct;30(5):986-1006. doi:10.1016/j.ridd.2009.02.003

CHOICES

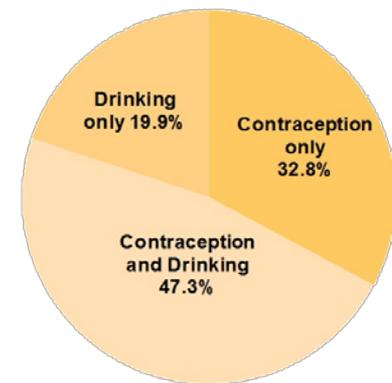
- Goal: Reduce the risk of an alcohol-exposed pregnancy
- How: Providing information and tools to help women reduce their drinking and/or increase use of effective contraception
- Non-pregnant women ages 14 to 44, drinking at risky levels AND not using effective contraception
- Uses goal-oriented, client-centered counseling style, “Motivational Interviewing”
 - Prepare client to consider changing
 - Enhance and maintain client motivation to change
 - Recognizes ambivalence



CHOICES (cont.)

- CHOICES has been adapted for 2-4 sessions and delivered in both primary care and specialty settings.
- It is an evidenced-based intervention listed in SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).
- The CHOICES curriculum package with training DVD is available free of charge from the CDC and additional information can be found at <https://www.cdc.gov/fasd>.

Women in the CHOICES study (Floyd et al, 2007) chose to reduce their risk for AEP by reducing drinking and/or using effective contraception as follows:



Alcohol, Screening, & Brief Intervention (SBI)

- Alcohol screening and brief intervention (SBI) is a clinical preventive service that identifies and helps clients who may be drinking too much.
- Purpose of SBI:
 - Intended to meet public health goal of reducing harms and societal costs associated with risky drinking
- Uses a system's approach to:
 - Incorporate alcohol SBI into day-to-day practice
 - Identify barriers and facilitators to implementation
 - Identify methods to overcome barriers and create solutions
 - Evaluate the uptake of alcohol SBI in the practice setting

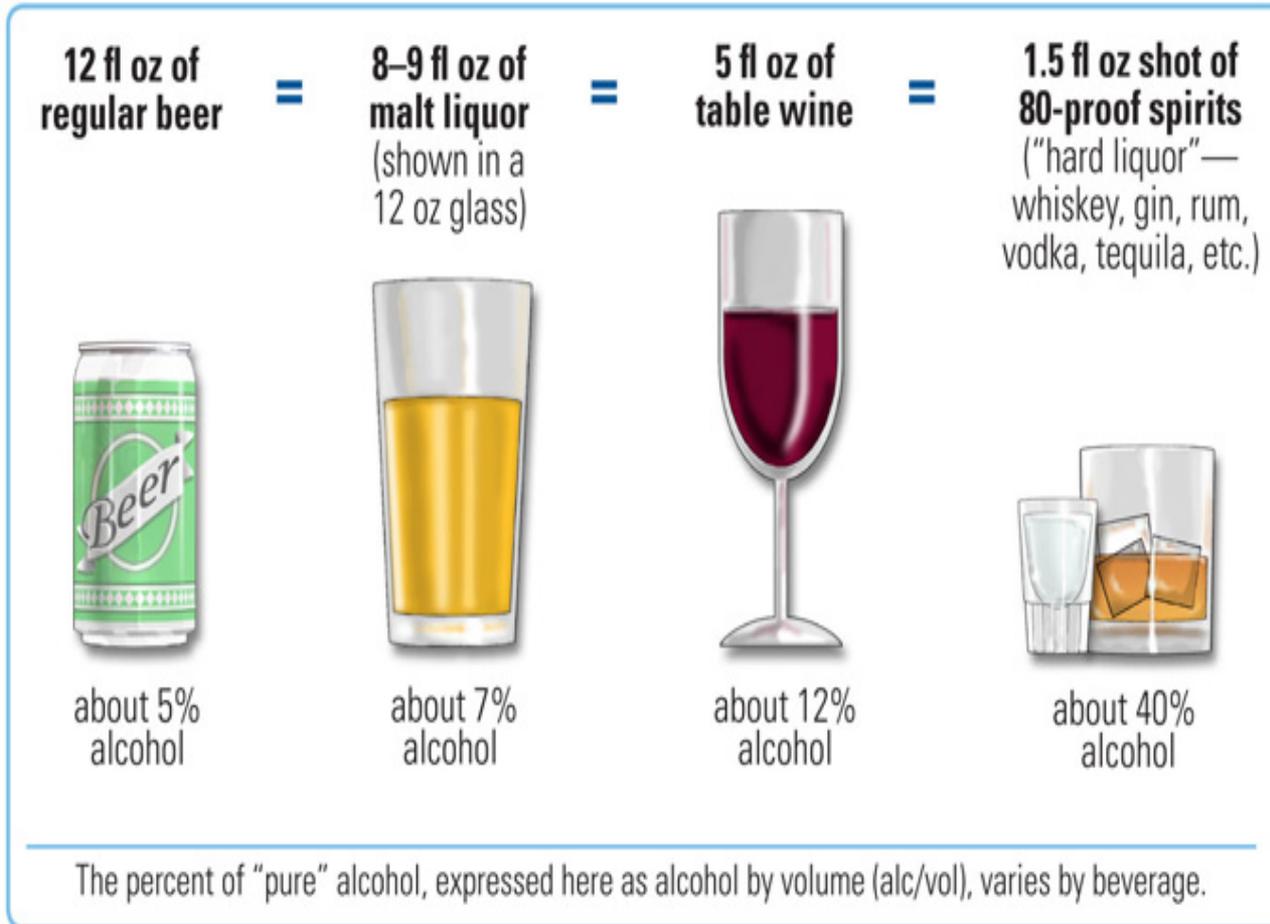
SBI Rationale

- Previous research demonstrates that brief intervention is effective in primary care practices.
- The overall program is cost-effective and beneficial.
- Effective although simple and brief.
- Target for brief interventions is non-dependent risky drinker.
- Should also screen, motivate, and refer those who are alcohol dependent.

Screening Instruments

- Single question alcohol screen:
 - “How many times in the past year have you had X (5 for men; 4 for women) or more drinks in a day?”
- USAUDIT-C
- USAUDIT

What is a Standard Drink?



Risky Drinking Limits for Healthy Adults

Healthy men ages 21-65	No more than 4 drinks on any single day (*5 or more drinks consumed within 2 hours is binge drinking) No more than 14 drinks a week
All healthy women ages 21 and older Healthy men over age 65	No more than 3 drinks on any single day (*4 or more drinks consumed within 2 hours is binge drinking) No more than 7 drinks a week

Adapted from: *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step by Step Guide for Primary Care Practices* (CDC, 2014)

Alcohol Use Disorders Identification Test

Instrument USAUDIT

Instructions: Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Place an X in one box to answer. Think about your drinking **in the past year**. A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

QUESTIONS	0	1	2	3	4	5	6	Score
1. How often do you have a drink containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year			
Total								

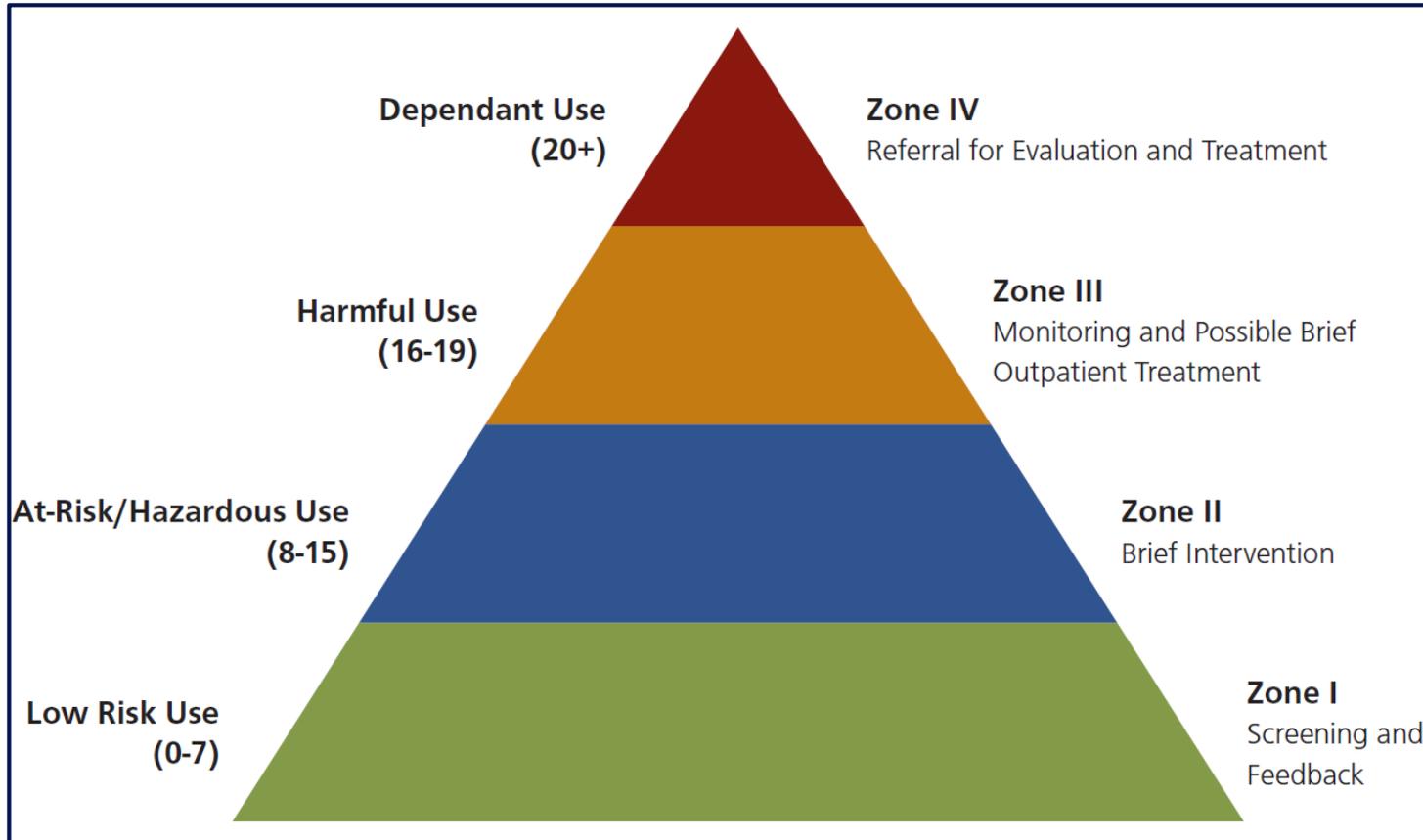
Babor, T. F., Higgins-Biddle, J. C., & Robaina, K. (2017). USAUDIT—The Alcohol Use Disorders Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners. HHS Publication No. (SMA) pending. Rockville, MD: Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment.

Interpreting the US AUDIT

Risk Level	Intervention	USAUDIT Score	Possible AUD (DSM-5, ICD-10)
Zone I	Feedback	0–6/7 (Women/Men)	None
Zone II	Feedback/brief intervention	7/8–15 (Women/Men)	Mild AUD, hazardous use
Zone III	Feedback/monitoring/brief outpatient treatment	16–19	Moderate AUD, harmful use
Zone IV	Referral to evaluation and treatment	20–40	Moderate/severe AUD, alcohol dependence

Babor, T. F., Higgins-Biddle, J. C., & Robaina, K. (2017). USAUDIT—The Alcohol Use Disorders Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners. HHS Publication No. (SMA) pending. Rockville, MD: Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment.

The Drinker's Pyramid



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Protocol for Brief Intervention

1) Raise subject:

“If it’s okay with you, could we talk about the annual screening form you filled out today?”

2) Provide feedback:

“I am concerned about how your drinking may affect your health and possibly the health/mental health problem you came in for today.” “It is recommended that you consume no more than 3 drinks per day for women and 4 per day for men.”

3) Assess readiness to change:

“Are you ready to cut back your use?”

a. If Yes: **Proceed** to plan

b. If No: “Have you ever done anything while drinking that you later regretted?” ***If client not ready, BI will end here.**

4) **Negotiate a plan:**

- a. “Let’s set a drinking goal, what do you think will work best for you?”
(Try to make it within limits but keep it realistic)
 - i. Enter goal: # drinks per week and per day
 - ii. Write down goal on handout and give to client
- b. “Can you think of anything that might get in the way of achieving your goal?”
 - i. Write down barriers on handout

5) **Set up a follow up appointment 4-6 weeks out**

At follow up reassess goal and if client needs further assistance

The Role(s) of the Social Work Practitioner

ADVOCACY

- Client advocate
- Policy maker education
- Material development
- Explain human and cost savings/benefits
- Promote person-focused thinking
- Encourage self-advocacy
- Actively fight stigma

LEADERSHIP

- Champions & leaders in implementing evidence-based practices
- Developing systems change
- Promote collaboration
- Model social justice principles
- Celebrate innovation
- Big picture impact

Why social workers are made for this . . .

- Our **core values** call us to:
 - Help people and address social problems
 - Respect the inherent dignity and worth of every person
 - Promote and support self-determination
- We are **specialists in collaboration** (e.g., working on an interdisciplinary team) & helping to bridge differing perspectives.
- Our #1 ethical responsibility is “**Commitment to Clients**” and promotion of their well-being.
- FASD is a complex issue that crosses all of our systems of care — social workers can and should make an impact!

Sources:

- Babor, T. F., Higgins-Biddle, J. C., & Robaina, K. (2017). USAUDIT—The Alcohol Use Disorders Identification Test, Adapted for Use in the United States: A Guide for Primary Care Practitioners. HHS Publication No. (SMA) pending. Rockville, MD: Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment.
- Bertrand, J., Interventions for Children with Fetal Alcohol Spectrum Disorders Research Consortium. Interventions for children with fetal alcohol spectrum disorders (FASDs): Overview of findings for five innovative research projects. (2009). *Research in Developmental Disabilities*, Sep-Oct;30(5):986-1006. doi:10.1016/j.ridd.2009.02.003
- Centers for Disease Control and Prevention [CDC]. (2016, February 2). CDC Vital Signs: Alcohol and Pregnancy. Retrieved 6/06/16: <http://www.cdc.gov/vitalsigns/fasd/index.html>
- CDC. (2016, February 2). CDC's Alcohol Screening and Brief Intervention Efforts. Retrieved 06/06/16: <http://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>
- CDC. (2014). *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices*. Atlanta, GA: CDC, National Center on Birth Defects & Developmental Disabilities.
- CDC. (2013, October 11). CDC Vital Signs: Binge Drinking: A Serious, Under-recognized problem among women and girls. Retrieved 6/06/16: <http://www.cdc.gov/vitalsigns/bingedrinkingfemale/>
- CDC. (2011). *CHOICES: A Program for Women about Choosing Healthy Behaviors*. Atlanta, Georgia: CDC, NCBDD.
- Floyd, L., Sobell, M., Velasquez, M. M., Nettleman, M., Sobell, L., Mullen, P. D., von Sternberg, K., Skarpness, B & Nagaraja, J., and the Project Choices Efficacy Study Group (2007). Preventing Alcohol Exposed Pregnancies: A randomized controlled trial. *American Journal of Preventive Medicine*, 32(1), 1-10.
- Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites.... *Drug and Alcohol Dependence*, 99(1-3), 280-295. doi:10.1016/j.drugalcdep.2008.08.003
- National Organization on Fetal Alcohol Syndrome (NOFAS). <http://www.nofas.org/>
- Velasquez, M. M., Ingersoll, K., Sobell, M., & Sobell, L. C. (2016). *Women and Drinking: Preventing Alcohol-Exposed Pregnancies*. Advances in Psychotherapy – Evidence-based Practices. Boston, MA: Hogrefe Press.
- Velasquez, M. M., Ingersoll, K. S., Sobell, M. B., Floyd, R. L., Sobell, L. C. , & von Sternberg, K. (2010). A dual-focus motivational intervention to reduce the risk of alcohol-exposed pregnancy. *Cognitive and Behavioral Practice*, 17(2), 203-212.

Questions and Answers