

# Health Professionals Making a Difference: Fetal Alcohol Spectrum Disorder, Alcohol and Substance Use in Pregnancy, and Breastfeeding

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# Motivational strategies: alcohol use and pregnancy

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# Session aims to:

In the context of alcohol and pregnancy:-

- Strategies for raising the issue
- Provide a framework for understanding change
- Increase awareness of motivational interventions
  - Theory
  - How to implement



# What do you think?



- Drinking alcohol when pregnant is ok
- When you are pregnant it is better to have a drink than popping pills.
- Getting drunk when pregnant should be illegal
- Pregnant women who drink excessively won't change their behaviour
- Trying to engage a pregnant woman about her drinking is like hitting your head against a brick wall.

# Barriers to Raising AOD Issues

- Lack of time
- Inadequate training
- Fear of antagonizing patients over a sensitive personal issue
- Alcohol is not a matter that needs to be addressed in the community
- 'Alcoholics' do not respond to primary care interventions
- Contradicts workers own attitude and personal use of alcohol.

# Responding to AOD

Shaw and Cartwright (1978)

- Role legitimacy -

I have the right to address issues

- Role adequacy -

I have sufficient knowledge and skills

- Role desirability -

My personal preference and attitudes are OK

- Role support -

I feel supported



# Raising the Issue and Engagement

- Routinely ask about alcohol and drug use
- Acknowledge widespread use and common way to relax, cope, and enjoy self.
- Can raise the subject in a general way or link it to a presenting concern

# Raising the issue- Examples

- 'It seems that you are under a lot of stress at the moment. What sorts of things do you do to help you cope?'
- 'Alcohol plays such a big part of the Aussie way of life it is now part of my job to ask all my clients about their alcohol use. Can you tell me about your drinking?'
- 'Many people will say a glass or two of wine is helpful when things start to get on top of them. I wonder if you find this a useful way to relax?'

# Stages in the change process



# Stages of Change

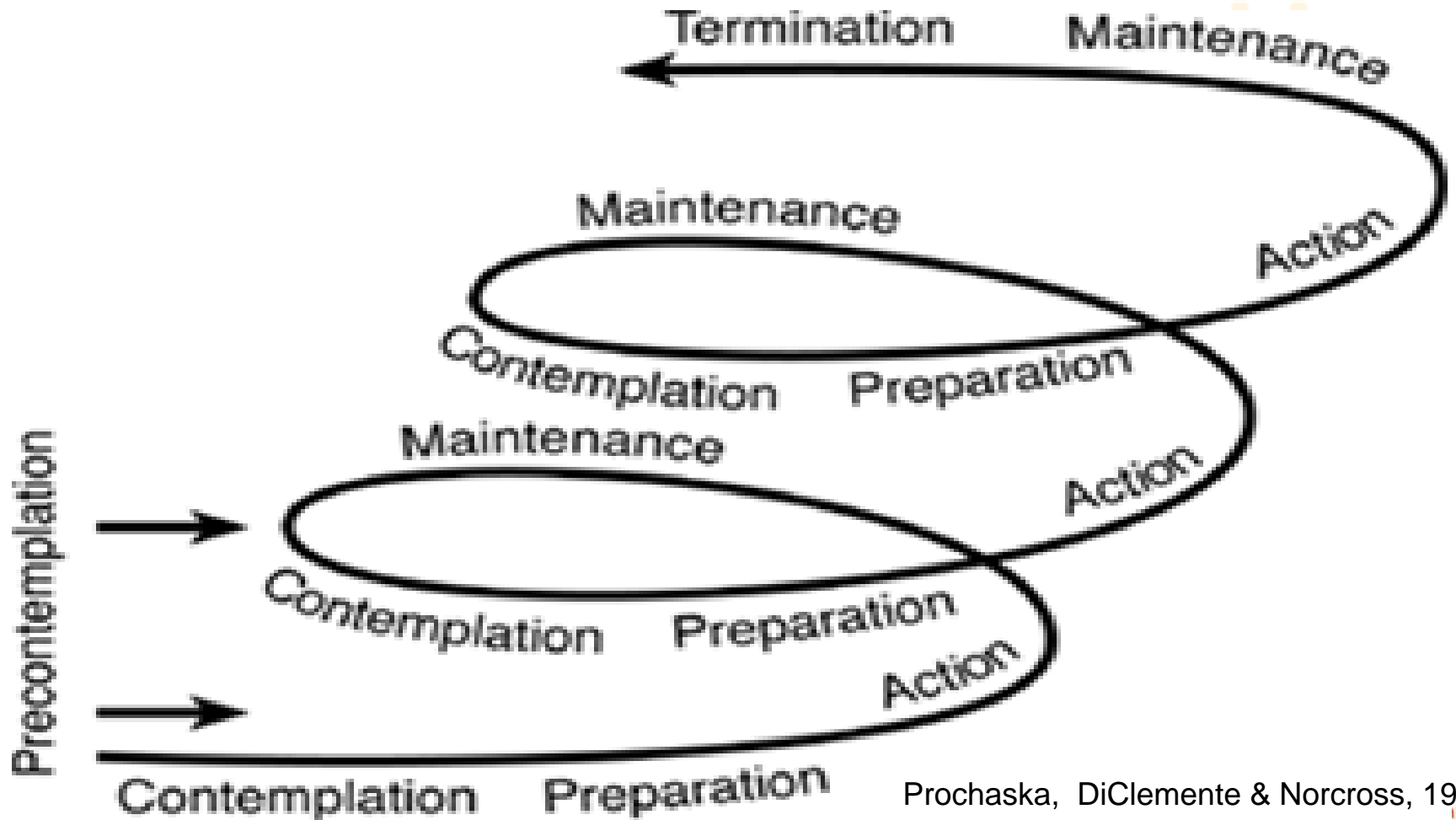


# Stages ...

- **Precontemplation** (Not considering cutting down or stopping)
- **Contemplation** (Considering cutting down or stopping soon)
- **Preparation** (Decided to change and planning for this)
- **Action** (Doing it and achieving the change)
- **Maintenance** (Change happening for more than 6 months)
- **Relapse** (Return to earlier stage vs slip/lapse)



# Stages of Change ...



Prochaska, DiClemente & Norcross, 1992

# strategies for clients

## Pre-contemplators:

Information about risks and advice about reducing the harm

## Contemplators:

Need to assess pros & cons to make an informed Decision

## Preparers:

Reinforcement about reasons for change and practical advice on how

# SOC strategies for clients

- **Actioners:**  
Problem solving & goal setting to progress change and relapse prevention strategies
- **Maintainers:**  
Assessment of useful strategies, potential difficulties, high risk situations that may lead to relapse & reinforcement of benefits and why made the change in the first place.
- **Relapsers:**  
Process associated feelings. Analyse the event and what learnt. Assess motivation & high risk situations. Problem solving & goal setting



# Case Studies:



Where are they in the Stage of Change?

# Carla

Carla is a 24 year old who enjoys binge drinking 4-6 drinks at a time on the weekends with her partner and friends. After seeing her GP recently she has found out she is pregnant. She continues to go out drinking with her friends because she says she doesn't want her pregnancy taking over her life.

# Sarah

Sarah is a 34 year old and is expecting her first child. Since finding out she was pregnant, she has attempted to cut down and stop drinking and has done pretty well over the last 8 weeks with only a few slip ups.

Recently she is finding it more difficult because her partner continues to drink and smoke each evening and is not providing her with the encouragement and support she needs.

# Deb



Deb has a 6 year old son and is expecting her second child. Prior to this pregnancy she was drinking 2-4 glasses several times a week and smoking cannabis occasionally. She has stopped using both, however her cravings for alcohol have increased.



# Assessment of Readiness to Change

(Health Behaviour Change Rollnick et al 1999)

Importance

*(Do I want to?)*



Readiness

*(Am I ready now!)*

Confidence

*(Can I?)*



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# Assessment of Readiness to Change

- **Importance**

“on a scale of zero to ten, zero being not important to you at all and ten being very important to you, how important is it to you to stop drinking?”

“What are the things that made you choose this score?”

# Assessment of Readiness to Change

- Confidence

“If you did decide to stop drinking today..., how confident are you that you can achieve this goal?”

“What made you put yourself at this score and not zero?”

“What are some things that you could do that would help you move to the next level?”

# Assessment of Readiness to Change

- Readiness

“on a scale of ..., how ready do you feel to stop drinking”

“What is helping your readiness be at level X and not at zero?”

“What are some things you could do that would help you move to the next level?”

# MOTIVATION



# Efficacy of Adapted Motivational intervention (AMI) (in Chapter 16: Burke, et al, in Miller and Rollnick, 2002)

- AMI is more effective than no treatment *but* no more successful than CBT or 12 Step therapy - 'Horses for Courses'
- AMI performs well as a "stand alone" as well as paired up with other treatments approaches (so you can add to your own counselling method eg: CBT, psychotherapy, systems etc )
- The quality of the helping alliance is crucial- accounts for 6-7% of outcome variance
- Brief AMI (1-4 sessions) is just as effective as longer interventions
- Client type: High anger clients AMI out-performed CBT and 12 Step, whereas Low anger clients = reverse



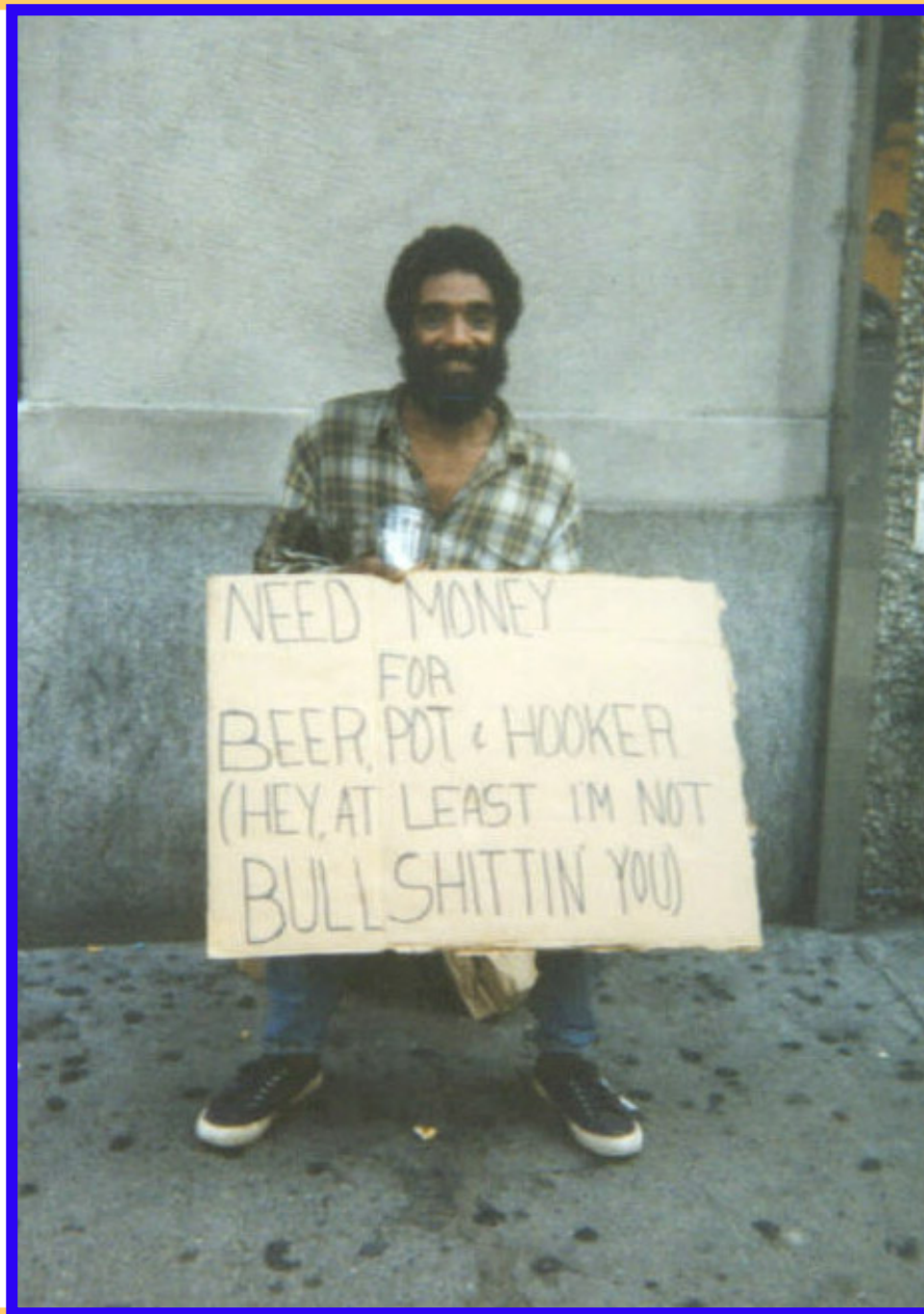


# Motivation

- What is motivation?
- Can a person's motivation to change be influenced?

# Traditional Approach

- Motivation is like a light switch its either on or off- you have it or you don't have it.
- If you are not motivated to change you will deny you have a problem.
- If you succeed in change it is because you followed the program or your counsellors instructions, but if you fail its because you were unmotivated.
- To start making progress you must first admit you have a problem



# Key Principles - Millers Approach

- All human behaviour is motivated
- It is the direction of the motivation that is important
- Ambivalence is often a feature of problematic behaviours
- How you communicate with a client can influence engagement.
- Targeting clients in the contemplation stage

# Millers Observations

- Take up one side of the argument then it only leaves the other side for the client whether they agree with it or not.
- Example to illustrate point.
- Need to help client explore both sides of the argument. Ambivalence is a normal, human condition central to decision-making
- Raising the ambivalence (cognitive dissonance) is a key to assisting someone in moving through the change process
- Psychological Law: “I learn what I believe as I hear myself speak”

# What is Motivational Interviewing?

“a directive client-centred counselling style that is designed to assist clients in exploring and resolving ambivalence to increase motivation for change.”

(Miller & Rollnick, 1995, 2002, Noonan and Moyers, 1997)



# The Spirit of MI - Negotiation

- Client-centred approach, expressing empathy
- A partnership that honours client's expertise and perspective
- Identify the resources and motivation within the client.
- Counsellor facilitates the client's self-belief in making an informed choice
- It is not about providing solutions
- Respect Client's Choice- Remain the same, drink more or drink less.



# Motivational Interventions - summary



## 4 key strategies:

- Express Empathy
- Develop Discrepancy
- Avoid Argumentation
- Support Self-Efficacy



# Demonstrate Case study into practice

- Present Pre-prepared Balanced sheet
- Demo - how not to counsel
- Feedback learning
- Demo - how to counsel
- Feedback learning

# Decisional Balance Sheet - Sarah

## Pros for change

- Wants a healthy baby as she didn't think she could get pregnant
- Don't want to waste money on drink when I could be buying stuff for the baby.
- I seem to have worse hangovers after drinking than I did before I was pregnant.

## Cons for change

- I get annoyed when I see my partner enjoying a drink and I am sober.
- I miss chilling out with a drink at the end of a hard day.
- It all seems like really hard work.

# Demonstration



# Challenges

- Time!!!!
- Adopting client centred, collaborative spirit of MI techniques
- Avoiding persuasion and prescriptive techniques
- Letting go of the 'reflex' to give information and solutions

(Resnicow, et. al, 2002)

# Adding guilt ...Especially in Pregnancy

## CALVIN AND HOBBS



I TRIED TO CATCH HIM, BUT I COULDN'T, AND NOW I'VE LOST MY BEST FRIEND!



WELL CALVIN, IF YOU WOULDN'T DRAG THAT TIGER EVERYWHERE THINGS LIKE THIS WOULDN'T HAPPEN.



THERE'S NO PROBLEM SO AWFUL THAT YOU CAN'T ADD SOME GUILT TO IT AND MAKE IT EVEN WORSE!



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# Tips: working with motivation & change



- **Remain Neutral**
- Support client to confront themselves
- Stay client-focused and manage own values
- Avoid coming from an 'expert' model
- Working partnership around collaboration between you and client
- **PRAGMATISIM** is essential



# Up-coming training

[www.doa.health.wa.gov.au](http://www.doa.health.wa.gov.au)

Training@DAO calendar

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# The end and thank you

## Any Questions?

