



# **Fetal Alcohol Exposure: Time to Know, Time to Act**

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## **Supporting Pregnant Women Who struggle with Alcohol Use**

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## Strategies for Service Providers

### Working With Women in the Precontemplation Stage of Change

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1. **Raise doubts or concerns** in the woman about her substance use. This is sometimes called “cognitive dissonance”. Use reflection to amplify the woman’s concerns. This means you:
  - listen for any concerns she expresses
  - repeat the concerns back to her in the same or different words

2. **Avoid scare tactics.** Highlight her anxieties without increasing them.

**Do** say *“Do you have any concerns about your health or your pregnancy?”* **Don’t** use scare tactics. *“You will have an FAS baby”.*

3. **Create optimal level of anxiety.** Offer factual information about the risks of substance use during pregnancy. Be objective, sensitive, and honest. Too much anxiety can prevent change. On the other hand, some women might want to be reassured that heavy use is risk-free. Anxiety can motivate pregnant women to change. It’s your job to find the right level between too much and too little anxiety.

**Do** say *“Has any one ever spoken to you about the possible effects of alcohol use during pregnancy?”*

This allows you to explore any information she has heard. It allows you to discover the source of the information and its validity. Then, you can clarify and provide her with accurate information. This could be pamphlets, a physician referral, or Motherisk.

4. **Explore why other people** say the pregnant woman has a problem. Refer to the areas in her life she believes contribute to her alcohol use.

**Do** ask *“So when your partner raises concerns about your drinking, what reasons does he give?”*

**Don’t** say *“Everyone else sees that you have a problem .why don’t you?”*

5. **Avoid action statements** about changing her substance use. At this point, you are trying to move her to the contemplation stage, not to action. In precontemplation, she does not see herself as having to change her substance use. Your job is to help her change her viewpoint, not change her behaviour. Discuss any other sources of distress, such as threat of apprehension of this child or others, relationship loss, job loss, or legal problems

6. **Roll with resistance.** Meet resistance with reflection. Never use confrontation. It makes the woman feel defensive.

## Strategies for Service Providers Working With Women in the Contemplation Stage of Change

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1. **Reassure her** that her confused feelings are typical.

**Do** say *“Many pregnant women I know were confused in the contemplation-stage but eventually they changed their substance use.”*

**Don’t** say *“You’ve given me a lot of your reasons to quit .now all you have to do is stop drinking.”*

2. **Tip the scale.** There are several strategies you can use here. The goal is to tip the balance in favour of the positive aspects of change.

**Strategy #1: Reflect both sides of her ambivalence,** but place greater stress on the perceived problems.

**Do** say *“So on the one hand, you don’t think you have a problem with alcohol, but on the other hand, your drinking is starting to scare you and you worry about yourself and your baby.”*

**Don’t** say *“You’ve got a serious problem with alcohol if you’re that worried about all the effects it can have.”*

**Strategy #2: Examine** all her reasons for change.

Help her identify her own reasons for change, rather than reasons others give her. Encourage discussion. Find a natural link between external motivators and internal ones she is unaware of or finds difficult to express; for example:

**Do** make this link: *“CA S is threatening to take your baby because they’re concerned your alcohol use will lessen your ability to be a good parent. You’ve talked a lot to me about how important it is to you to be a good parent. What changes do you think you need to make so you can be a better parent?”*

**Don’t** say *“CA S will take your baby because you can’t be a good parent when you drink. So your choice is clear .quit drinking or lose your baby.”*

Other strategies that help you change extrinsic to intrinsic motivation are to:

- show curiosity about the woman
- show interest and maintain it over time
- take a holistic approach and discuss all her issue areas, not only substance use
- reframe negative external motivators and give them a positive meaning, such as:

**Do say** *“So it feels like your husband is always nagging you about your drinking. Your marriage must be important to you since you came to see me today.”*

**Don't say** *“So your husband thinks you should quit drinking. Why don't you agree with him?”*

**3. Recognize that ambivalence has consequences for you, too.** Remember: ambivalence is the primary characteristic of the woman in contemplation. Here are some traps service providers should try to recognize and avoid:

- **you underestimate her ambivalence.** You push the woman too hard, too fast, which leads to resistance.
- **you overprescribe.** You give too much advice which leaves the woman overwhelmed or takes away her personal choice and control
- **you don't give enough direction.** You don't give feedback or advice when she asks for it

Don't move ahead too quickly .resist the temptation to be action stage focussed. Your task is to move the woman, gently and persuasively, to the preparation stage of change.

## Motivational Strategies for Service Providers

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- 1 **Express empathy** through reflective listening. Use gentle persuasion but understand that the final responsibility for change is up to the woman. Communicate respect for and acceptance of the woman's feelings.

**Emphasize the benefits of any reduction in substance use.** It's never too late in her pregnancy to make small changes in her substance use. Provide her with ideas about how to make changes or shifts in her substance use.

**Acknowledge the positive role substance use can play** in the woman's life, such as stress management, support in social interactions and self-medication of trauma or abuse. Also, this will show the woman you are open and non-judgmental. It will also help her begin to examine her substance use.

**Do** ask *"What are some of the benefits you get from drinking?"*

**Don't** ask *"Why do you continue to drink when there are so many negative consequences?"*

**Use gentle strategies.** Maintain an empathic and non-judgmental approach to the woman's perception of her situation. Keep her involved with you. Use these strategies:

- express concern
- establish a trusting relationship
- ask permission
- keep the door open

**Do** congratulate the woman for her attendance. *"Thank you for making the effort to come in today. I know it must have been difficult to talk about these things."*

**Don't** rush the woman to solutions. *"So you're here to find out how to quit drinking."*

Ask questions about her life in a direct but non-threatening way. Remember: many factors can contribute to negative birth outcomes.

**Do** ask *"Can you tell me about any time in your life someone hit you, shouted at you, or harmed you in any other way? How often does this happen?"*

**Don't** ask *"Does anyone abuse you?"*

- 2 **Avoid argument.** Direct confrontation can turn into a power struggle. Instead, work together to negotiate a change plan. Be non-judgmental and supportive. Listen rather than tell.

**Be straight-forward and matter-of-fact.** Don't alarm the woman about her substance use, but provide factual information about the range of effects substances can have. Some statements you can make *in a neutral, non-judgmental tone of voice* are:

- "It's up to you what you're going to do about your substance use. No one can decide this for you."
- "No one can change your substance use for you. Only you can."
- "You can decide to go on using substances or to change."

**Avoid blame.** Many pregnant women who use substances *intend* to change, but lack the skills necessary to make change. Some service providers might misread this as lack of intent. Instead, you need to work with the woman to find the necessary skills.

3. **Roll with resistance.** Don't oppose it. This leads to argument or defensiveness.

Adjust to resistance by changing your strategies. There are many different types of resistance that are sometimes easy to identify, but more difficult to identify at other times. Pregnant women who are resistant might argue, interrupt, deny, or ignore.

Try to view resistance as an opportunity to keep the woman involved, to engage her in the process of change. Resistance is counter-productive. It causes people to feel angry, stop listening, or drop out. **You can decrease resistance if you:**

- express empathy
- remain non-judgmental and respectful
- encourage the woman to talk and stay involved with you
- emphasize her personal choice and control

4. **Develop discrepancy** between the woman's goals and her current behaviour. Her ability to recognize this contradiction is a powerful motivator to change. Reflect the contradiction between her goals for the future and her current behaviour. Help her recognize the conflict between where she is now and where she hopes to be.

**Do** say *"On the one hand, your long-term goal is to go back to school and finish your college degree. But on the other hand, you say that if you've been drinking, you can't get up in the morning".*

**Don't** say *"You want to go back to school but you drink every day. there's no way you can manage a course load until you stop drinking".*

5. **Support self-efficacy.** Focus on the woman's strengths. Support the hope and optimism needed to make change.

**Encourage her belief in her ability to change** or "self-efficacy". It is the belief that you can make lasting changes and therefore have more control over your life. Encourage any small reduction in high-risk behaviours, such as substance use. Help her take credit for those changes. Emphasize and reinforce any small steps the woman is able to make towards change.

Some statements a pregnant woman might make in the ***precontemplation*** stage are:

- Example #1:** My partner said he'd leave me if I didn't come to see you.  
**Example #2:** I think I might be pregnant, I haven't had a period in a few months. My social worker says I should quit drinking just in case, but I only have a couple of beers on the weekends.  
**Example #3:** I was told by my Children's Aid worker that if I didn't come see you, I would lose this baby just like I did my first baby.  
**Example#4:** My family told me that I have a drinking problem. They're a problem, not my drinking. If everyone got off my back, I would be just fine.

***Sample service provider responses to women in precontemplation:***

- "Do you have any concerns about your health or your pregnancy?"
- "Has any one talked to you about possible effects of alcohol during pregnancy?"
- "Let's find out how your alcohol use compares with other women your age."
- "What are some of the benefits you get when you drink?"
- "So when your partner raises concerns about your drinking, what reasons does he give?"
- "Thank you for making the effort to come in today. I know it must have been difficult to talk about these things."
- "Can you tell me about any time in your life someone hit you, shouted at you, or harmed you in any other way? How often does this happen?"

***Responses to avoid:***

- Don't make general statements. "Pregnant women who drink have FAS babies."
- Don't use scare tactics. "You will have an FAS baby".
- "Why do you continue to drink when there are so many negative consequences?"
- "Everyone else sees that you have a problem .why don't you?"
- Don't rush the woman to solutions. "So you're here to find out how to quit drinking."
- Don't ask "Does anyone abuse you?"

### ***Examples of reflection statements:***

- Woman:** I don't plan to quit drinking any time soon.
- Service provider:** You don't think that abstinence would work for you right now.
- Woman:** I know that you want me to give up drinking completely, but I'm not going to do that.
- Service provider:** You can see that alcohol might be a problem, but you're not willing to think about quitting altogether.
- Woman:** I don't know why my husband is worried about my drinking. I don't drink any more than any of my friends.
- Service provider:** So your husband is worrying needlessly?

Some statements a pregnant woman might make in the ***contemplation*** stage are:

- Example #1:** Sometimes I worry about the effect my drinking will have on my baby ***but*** my sister drank every day and her kids are fine.
- Example #2:** I only use on the weekends but sometimes I think about it all week. I want to stop ***but*** I really enjoy it.
- Example #3:** I know I ***should*** quit, but I'm not sure I ***want*** to quit. What should I do?
- Example #4:** I know I should quit drinking when I'm pregnant ***but*** it really helps when I feel stressed.

### ***Sample service provider responses to women in contemplation:***

- “Many pregnant women were confused in the contemplation stage but eventually they changed their alcohol use.”
- “So on the one hand, you don't think you have a problem with alcohol, but on the other hand, your drinking is starting to scare you and you worry about yourself and your baby.”
- CAS is threatening to take your baby because they're concerned your alcohol use will lessen your ability to be a good parent. You've talked a lot to me about how important it is to you to be a good parent. What changes do you think you need to make so you can be a better parent?”
- “So it feels like your husband is always nagging you about your drinking. Your marriage must be important to you since you came to see me today.”
- “What makes you think that if you decide to make a change, you could do it?”
- “So let me summarize: when you first came in, you were wondering if you could be successful with the changes you're contemplating. As we talked, you told me that over the last week, there have been several days when you didn't drink. You said those days really made you feel more confident in your ability to continue to cut back on your drinking. Am I understanding you correctly?”

***Responses to avoid:***

- “You’ve given me a lot of your reasons to quit .now all you have to do is stop drinking.”
- “You’ve got a serious problem with alcohol if you’re that worried about all the effects it can have.”
- “CAS will take your baby because you can’t be a good parent when you drink. So your choice is clear .quit drinking or lose your baby.”
- “So your husband thinks you should quit drinking. Why don’t you agree with him?”
- “I know you can quit drinking. I really believe you can do it.”
- “I knew you could stop drinking. Good for you. Let’s try to go a whole week next time.”

Some statements a pregnant woman might make in the ***preparation*** stage are:

- Example #1:** I’ve really thought about it and I know I have to do something about my drinking problem. I just don’t know where to begin.
- Example #2:** I’ve decided to stop drinking because of my baby.
- Example #3:** Now that I’m pregnant, I have to stop smoking but it will be really hard.

***Sample service provider responses to women in preparation:***

- “On the one hand, your long-term goal is to go back to school and finish your college degree. But on the other hand, you say that if you’ve been drinking, you can’t get up in the morning”.
- “Can you think of any event or situation that would cause you to hit a rough spot in your change plan? What can you do to make sure you keep on with the plan?”
- “This is only my opinion, but I know this treatment program has worked for other pregnant women like you.

***Responses to avoid:***

- “You want to go back to school but you drink every day .there’s no way you can manage a course load until you stop drinking”.
- “Let’s make a list of everything that could possibly go wrong.”
- “This is the only treatment program you should try.”

Some statements a pregnant woman might make in the **action** stage are:

- Example #1:** This is really hard. I wasn't hung over the other day and that was new.  
**Example #2:** Sometimes I wonder if I can keep this up – it's so weird.  
**Example #3:** My family isn't being supportive. I guess they've seen this all before.  
**Example #4:** Now that I'm sober I have to do something about my partner who hits me. I can't take it anymore.

***Sample service provider responses to women in action:***

- “When you were drinking, you met up with your friends every Friday night in the bar. Now you want to avoid the bar scene. Are there other ways you can think of to reward yourself at the end of the week?”
- “You hoped that your family would be really pleased, but they don't seem to trust that your change is for real.”

***Responses to avoid:***

- “You should cut off all contact with your old friends. You need to find something else to do on Friday nights.”
- “You've tried to quit drinking many times before. It's no wonder your family doesn't believe you this time.”

Some statements a pregnant woman might make in the **maintenance** stage are:

- Example #1:** I feel so guilty that I've been able to stop drinking for this baby, but I didn't for my other kids.  
**Example #2:** My son is having problems at school. I went to see his teacher and she said he's really angry with me. He told her that, when I was drinking, I was never around but now that I'm sober, I want to set all kinds of rules. I was really hurt. I feel terrible about what's happened.  
**Example #3:** I was thinking about when I used to drink and how that must have been really hard for my family.  
**Example #4:** I really feel better these last few months since I've quit drinking. But I'm still wondering if abstinence is really necessary.

***Sample service provider responses to women in maintenance:***

- “I'm glad you've decided to talk to a counsellor about your history of trauma. Would you like me to phone and make an appointment for you?”
- “Let's look back over your life when you were drinking and compare that with now. What are the costs and benefits of sobriety?”

***Responses to avoid:***

- “Here's the phone number for the Sexual Assault Crisis Centre. Give them a call and find out how they can help.”
- “Your life is so much better now that you're sober. Why would you want to start drinking again?”

## **Making Connections: Understanding the Lives of Substance Involved Pregnant and Parenting Women**

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### ***Domestic Violence***

Pregnancy can be a vulnerable time for many women, especially those who live with abusive partners. The Society of Obstetricians and Gynecologists of Canada estimates that 4 to 17% of pregnant women experience violence; however, many pregnant women do not report abuse so these percentages are likely to be underestimates. A Saskatchewan study showed that, of women who are physically abused, 40% reported that the abuse began during pregnancy. The frequency and severity of abuse often increases during pregnancy. This has many consequences. For example, pregnant women who experience domestic violence are three and a half times more likely to enter prenatal care very late, if at all. They are also more likely to use alcohol and other drugs in response to the violence in their lives.

### ***Trauma***

The relationship between substance abuse and history of trauma is surprisingly common. Trauma can include physical or sexual abuse. Among First Nations, the residential school system created tremendous trauma. While estimates vary, the average estimate is that, for women in substance abuse treatment, about 2/3 of women will have histories of trauma. Women with trauma histories are likely to feel depressed and anxious and may use alcohol and other drugs to cope. Abstinence does not guarantee that trauma issues will be resolved. In fact, some women find that, when they become abstinent, trauma issues become more difficult to deal with. Service providers need to be sensitive to trauma issues and have supports in place to assist the woman should she require them.

### ***Poverty***

It is difficult to estimate exactly how many pregnant and parenting women live in poverty in Canada. In 1998, the poverty rate in Canada was reported as 16.4% and half of those live thousands of dollars below the poverty line. In fact, the number of people at less than 50% of the poverty line has almost doubled in the last ten years. Women in prime child bearing years are at great risk of living in poverty. Women between 18 and 24 years of age have a poverty rate of 24.9% and women between 25 and 34 years of age have a poverty rate of 18.5%. Family type is the most important determinant of the risk of poverty. Single mothers with children under 18 have the highest poverty rate. More than half (54.2%) of families headed by single parent mothers live in poverty. However, age is also a factor. The poverty rate for families led by single parent mothers under 25 years old is 85.4%.

## ***Substance Involved Partners, Family, and Friends***

Some substance involved pregnant and parenting women live in situations where substance use is the norm. Their partners, family, or friends may be substance users. For these women, it may be more difficult to change their own substance use. Other people may pressure them to continue to use. Family and friends may minimize the harm caused by substance use.

## ***Women Stories***

“The nurse came to help my baby but I didn’t want to spend that time for myself and my issues .the nurse was there to take care of the baby’s needs - not mine. Even when things were difficult I downplayed it because I grew up in a family where you don’t ask for help. Besides my ex would sit in the bedroom and listen to everything I said to the nurse. He made sure I never said anything that made him look bad. Meanwhile he was abusing me and had encouraged me to drink with him through my pregnancy.”

“Before I found out I was pregnant I would binge drink a couple times a week . probably 7 or more drinks at a time. During my pregnancy I planned to quit drinking because I know what can happen to your baby. I was getting a disability cheque and my partner figured he should have half of it. So he would take it and go to the beer store and sit and drink a case of beer in front me. He would go to the bar 4 or 5 times a week and he wanted me to go with him because he didn’t want me out of his sight. He was so controlling. He would say ‘you can have two drinks but no more’. I would say no but he would order them and insist I drink them. This happened through out the course of my pregnancy. Otherwise I hardly drank at all, but I wanted to. It was summer and it was so hot .I wanted a beer.”

“I wasn’t strong .I needed the alcohol to deal with everything. But I was afraid to say anything. So instead I sent clues to people because I knew I needed help but no one picked up on them.”

“When I was pregnant, I tried not to prostitute my body but I was using over \$500 a day. I felt like my baby was a gift from God, but I still couldn’t quit using. I found a good doctor at a high risk clinic. I couldn’t stop using but I was eating. I was doing everything I could. I was honest about my use and I went to all my appointments. The baby’s father was supportive .he made sure I attended all my appointments. The doctor told me to get lots of food and take prenatal vitamins. He told me to eat spinach. I didn’t have time to cook it so I ate spinach raw out of the bag like I was eating a bag of chips. There were moments when I had sobriety. I tried really hard. My baby was born healthy.”

“During my second pregnancy I knew I shouldn’t use .especially the PCP and acid but it was so much easier to be high. During the earlier part of my pregnancy it was easier to use. I didn’t feel pregnant and so I didn’t feel as guilty. But when I

was 8 months pregnant I would use and look at my pregnant body and know I shouldn't. Then getting high was really pointless because I was so guilty I was miserable high and I was miserable sober .it was easier to be miserable high. My husband would say don't worry .it's ok .the baby will be fine. When I wasn't high, I would just sit there and watch TV. Using drugs helped me function."

## **Supporting Pregnant Women Who Struggle With Alcohol Use Time to Know, Time to Act Conference Synopsis**

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Women may continue to drink during pregnancy because they are unaware of the harm they may be causing, because they are addicted, or because it helps them cope with poverty, violence, or despair. This session will help participants understand the process of changing drinking behaviour, and how concrete, sensitive supports can make a difference.

There are a variety of circumstances that can impact on the lives of many pregnant women who use substances. These circumstances include: increased risk of depression, high levels of stress and low levels of social support, and greater socioeconomic consequences as a result of domestic violence or other forms of abuse. The social conditions and personal characteristics that lead to any one of these concerns in isolation are similar, if not identical, to those that lead to all of the other problems; furthermore, they are likely to occur in combination and as such the consequences for the women are intensified. The intertwined concerns can lead to negative consequences in the health and well-being for both mother and infant.

Pregnancy can be a vulnerable time for many women, especially those who live with abusive partners. The frequency and severity of abuse often increases during pregnancy. This has many consequences. For example, pregnant women who experience domestic violence are three and a half times more likely to enter prenatal care very late, if at all. They are also more likely to use alcohol and other drugs in response to the violence in their lives.

The relationship between substance abuse and history of trauma is surprisingly common. Women with trauma histories are likely to feel depressed and anxious and may use alcohol and other drugs to cope. Abstinence does not guarantee that trauma issues will be resolved. In fact, some women find that, when they become abstinent, trauma issues become more difficult to deal with.

Women in prime child bearing years are at great risk of living in poverty. Family type is the most important determinant of the risk of poverty. Single mothers with children under 18 have the highest poverty rate.

Some substance involved pregnant and parenting women live in situations where substance use is the norm. Their partners, family, or friends may be substance users. For these women, it may be more difficult to change their own substance use. Other people may pressure them to continue to use. Family and friends may minimize the harm caused by substance use.

When providing support to substance-involved pregnant and parenting women, a series of best practices can be identified including to:

- **provide protective factors.** Even when a pregnant woman is unable to abstain from her substance use, elimination of other risk factors is critically important
- **address stigma, shame, and prejudice.** Attitudes that blame, shame, and pathologize women with substance use problems deter substance involved pregnant and parenting women from seeking the help they need.
- **acknowledge the role of trauma and address relational issues.** Trauma issues, compounded by poverty, violence, and depression, are clearly linked to women's use of substances and their subsequent ability to access help.
- **treat women with respect and dignity.** It is easy to blame women who use substances but unless they can be supported to deal with poverty, racism, domestic violence, childhood sexual abuse, and other issues that they are now medicating themselves against, women who continue to use substances will be pushed underground.
- **take a harm reduction approach and allow setbacks.** Build on empowerment and self-esteem, recognizing and celebrating small successes. Work with substance involved women through the stages of change and provide protective factors when she is unable to abstain. Never ask a woman to leave a program because of non-compliance, poor performance, or relapse. Instead, encourage her to stay involved.
- **make women a priority for addiction treatment,**
- **provide or make linkages to support comprehensive service.**
- **involve children,** One of the main issues for substance involved pregnant and parenting women is always child care and child protection issues.
- **focus on relationship building.** A primary focus must be on relationship building between women and their children. Support and programming must address the imperative of keeping women together with their children during treatment as much as possible.

Effective strategies include stages of change approaches, which can be summarized by stating that pregnant women who use alcohol need different kinds of help, depending on which stage of change they are in. Service providers can identify which stage of change a woman is in based on what she says; providers can then modify their counselling strategy to meet that stage of change. The goal of the service provider is not to move women immediately to the action stage, but rather to move women to the next stage of change. Motivational counselling techniques can be applied at each stage of change to facilitate this movement. Motivational counselling involves specific strategies, including supporting self-efficacy, rolling with resistance, avoiding argument, developing discrepancy, and expressing empathy.