

FASD PREVENTION AND HEALTH PROMOTION RESOURCES

FASD Prevention and Health Promotion Resources

Module 2

Brief intervention and motivational interviewing

May 2017



Review Module 1: What is FASD?

Module 1 aimed to increase:

- i. Knowledge and understanding of the consequences of drinking alcohol, smoking tobacco and substance misuse during pregnancy.
- ii. Knowledge and understanding of the important role of health professionals in preventing harm from drinking alcohol, smoking tobacco and substance misuse during pregnancy.



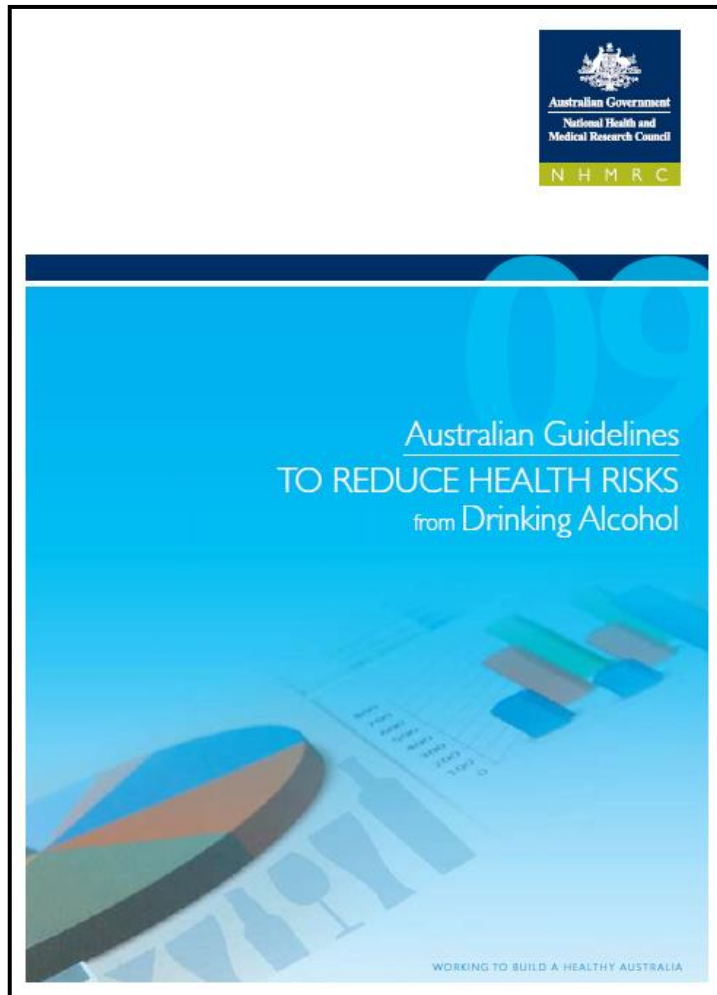
Module 2: Learning objectives

Module 2 aims to increase:

- i. Confidence in using brief interventions and motivational interviewing techniques with antenatal clients for alcohol consumption, tobacco smoking, and substance misuse during pregnancy.
- ii. Knowledge of the AUDIT-C screening tool.



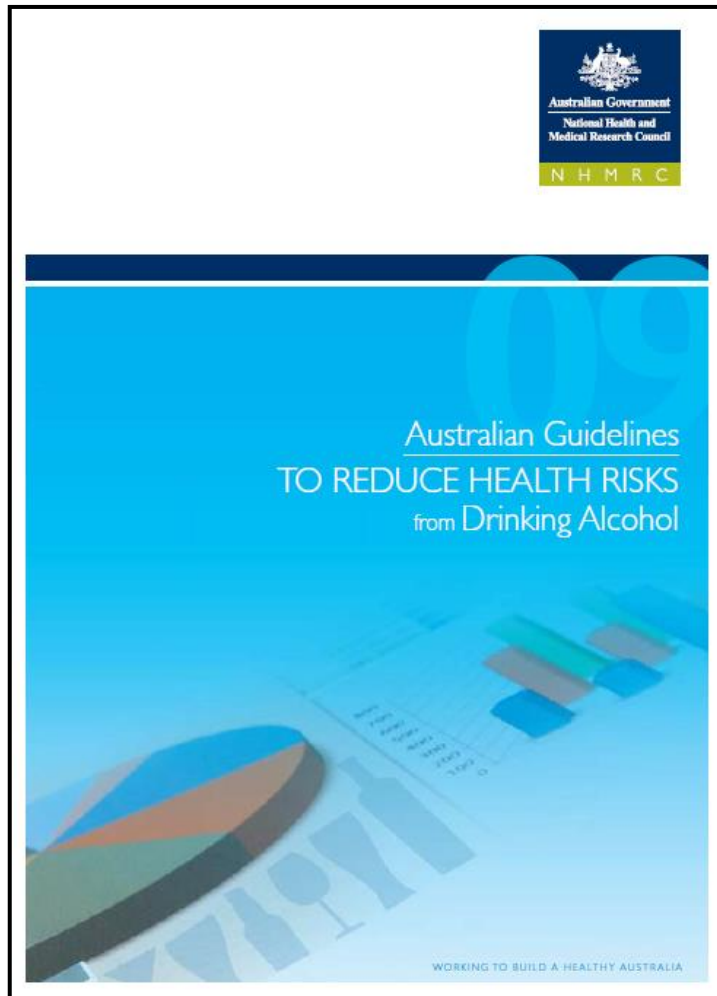
Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹



General population

1. No more than 2 standard drinks a day reduces risk of long term disease or injury
2. No more than 4 standard drinks on a single occasion to reduce risk of alcohol-related injury
3. Not drinking is the safest option for young people under 18 years of age

Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹

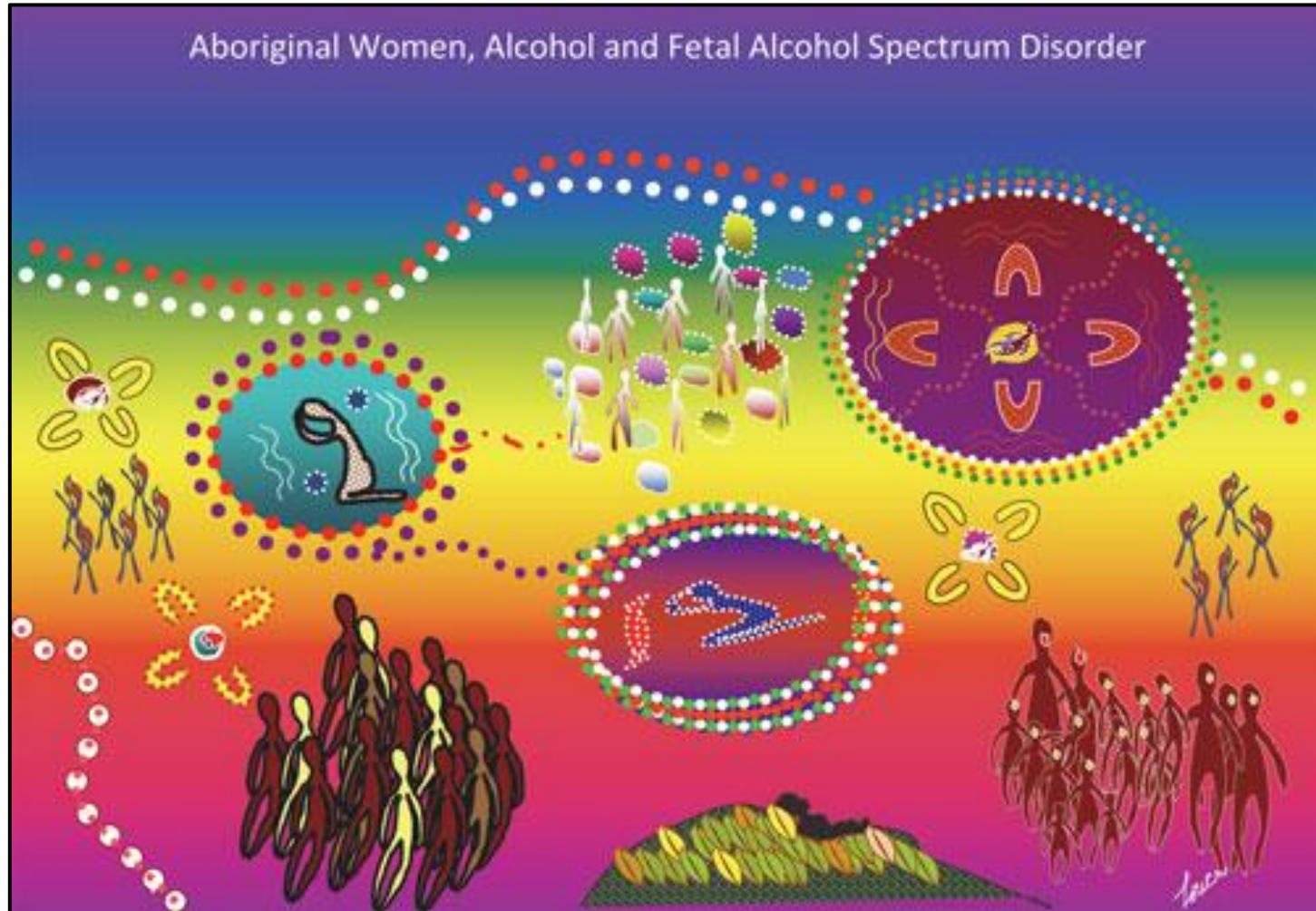


4. Pregnancy and Breastfeeding

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- B. For women who are breastfeeding, not drinking is the safest option

Many factors influence women's behaviour during pregnancy²



Individual level influencers

- Genetic predisposition for addictive behaviours
- Environment of alcohol use or abuse
- Knowledge of the effects of alcohol on the fetus, and FASD
- Stressors and coping mechanisms
- Age and previous pregnancies
- Other examples?



Organisational level influencers



- Role of beverage/alcohol industry in awareness
- Availability of health facilities and practitioners
- Accessibility to bars and other locations that sell alcohol
- Other examples?

Alcohol companies in Australia spend an estimated \$125 million a year on alcohol advertising on direct television, radio, outdoor, and print media alone³

Community level influencers

Cultural norms related to use of alcohol in Australia



Other examples?

Public policy influencers

- Funding for programs/services to raise awareness of the impact of drinking during pregnancy
- Funding for support services
eg alcohol rehabilitation, mental health programs
- Regulations related to selling/access of alcohol products and the definition of alcoholic beverage
eg taxes, availability
- Other examples?



Current practices

Group discussion

- How do you engage your clients in a conversation about their lifestyle, health concerns and behaviour change?
- When do you usually do this?
- Do you use any resources to guide these conversations with your clients?



Why brief interventions?

Good evidence

- As good as Cognitive Behavioural Therapy in decreasing alcohol and drug use

Many health issues

- Alcohol consumption during pregnancy
- Smoking cessation
- Unsafe sex

Best practice

- Honours a client's right to determine what happens to them
- Recommended in current national prevention and treatment guidelines:
 - Supporting smoking cessation: A guide for health professionals (RACGP, 2014)
 - Guidelines for preventive activities in General Practice 9th ed (RACGP, 2016)
 - CARPA Standard Treatment Manual 6th ed (CARPA, 2014)



Brief interventions for a healthy pregnancy

Who should be offered brief interventions?

- Women of child-bearing age as part of pre-conception care⁴
- Women consuming risky amounts of alcohol (*2+ standard drinks/day or 4+ standard drinks on a single occasion*) or smoking or using drugs
- Antenatal clients, at every visit

How?

- Listen to the client's story in their own words
- Avoid judging or blaming
- Provide information on the risks and consequences of drinking behaviour
- Use Motivational Interviewing techniques



Motivational Interviewing^{5,6}

- **The client is the expert on themselves**
 - Express empathy
 - Develop discrepancy between current behaviour and goals/values
 - Roll with resistance to avoid argument, confrontation
 - Encourage confidence in ability to change

Motivational Interviewing

vs.

Authoritative approach

Facilitator

vs.

Expert

Collaboration

vs.

Confrontation

Autonomy

vs.

Authority



Motivational interviewing techniques⁷

Tips for active listening (OARS)

Open ended questions “Tell me about...”

Affirm what they are saying

“I can see that staying off the smokes last week was really hard. Good on you for staying strong”

Reflect back what they have said to you

“So, it sounds like you don’t think your drinking is an issue, but your sister is worried about you”

Summarise to ensure you are both on the same track

“Let me see if I understand so far...”



How do you feel about brief interventions and Motivational Interviewing?

Group discussion

How important do you think it is to use brief interventions & Motivational Interviewing with antenatal clients?

How confident do you feel to use brief interventions & Motivational Interviewing with antenatal clients?



The 5 A's approach⁹

5A's	Techniques / tools
Ask – All antenatal clients about alcohol, smoking, other drugs	Embed into routine care for all clients
Assess - Level of risky behaviour, readiness for change	Screening tools to assess how many standard drinks, readiness for behaviour change
Advise - Provide information on risk factors	Current national guidelines Dependent on stage of readiness for change
Assist - Work with client to develop goals and targets	Motivational interviewing, OARS Dependent on stage of readiness for change
Arrange - Referral to other services, organise follow-up	Link with appropriate services in your area Record in client file



5 A's video clip⁹

Let's watch a health professional go through the
5A's with a pregnant client:

https://www.youtube.com/watch?v=9g36z2v_vMk&feature=youtu



Ask

Group discussion

- When is it important to ask young women about:
 - Alcohol
 - Smoking
 - Drug use
 - Contraception
- What are the challenges in asking your antenatal clients about these behaviours?
- How can you feel more comfortable discussing these topics with your antenatal clients?



Barriers to asking about alcohol use in pregnancy

Health professionals may feel:

- Unsure how to ask, or are concerned about the response
- They lack time to raise the issue
- They lack knowledge about FASD
- It is not their role and are unprepared to give advice
- They lack skills in brief intervention and motivational interviewing
- That it is not relevant to the woman or is of low priority
- Unsure about conflicting recommendations
- Unsure of effective screening tools or referral services



Overcoming barriers

Group discussion

- Do it later in the consult when relationship built
- Normalise it “I ask everyone about how much they drink”
“These questions are part of standard practice at this visit”
- Other suggestions?



Assess – alcohol consumption

Why do we use alcohol consumption screening tools?

- Standardised way of identifying risk
- Reliable way to assess risk for a range of people
- Can be good for tracking progress over time
- Can be referred to later on to assist with FASD diagnosis
- In research, makes comparing across services easier



Assess – alcohol consumption using AUDIT-C

AUDIT-C questions

Source of reported information on alcohol use: Birth mother Other (please specify)

1. How often did the birth mother have a drink containing alcohol during this pregnancy?

Unknown	Never	Monthly	2-4 times	2-3 times	4 or more times
	[skip Q2+Q3]	or less	a month	a week	a week
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. How many standard drinks did the birth mother have on a typical day when she was drinking during this pregnancy?

Unknown	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. How often did the birth mother have 5 or more standard drinks on one occasion during this pregnancy?

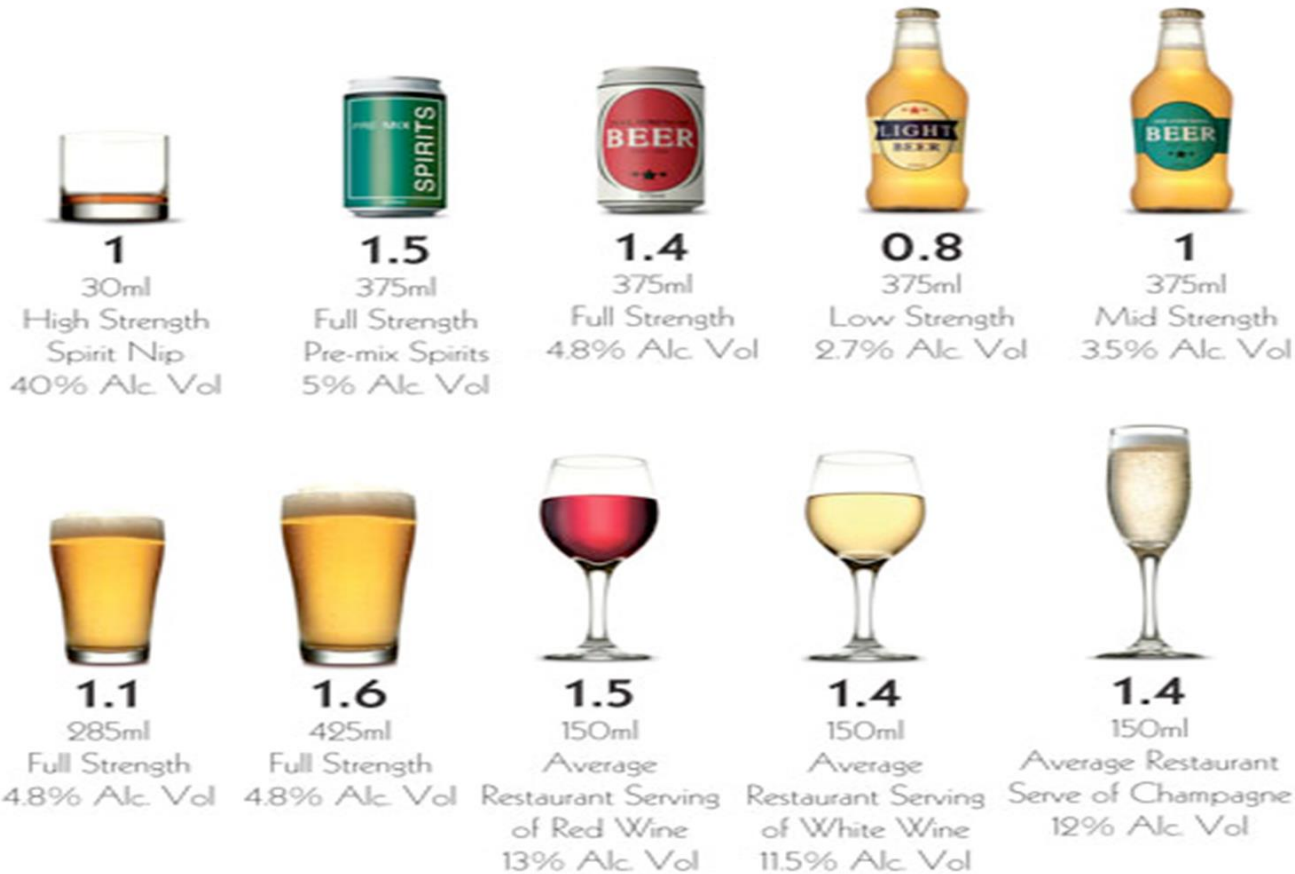
Unknown	Never	Less than	Monthly	Weekly	Daily or
		monthly			almost daily
<input type="checkbox"/>	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

AUDIT-C score this pregnancy: (Q1+Q2+Q3)= ____ Scores= 0=no exposure 1-4= confirmed exposure 5+= confirmed high-risk exposure

From the Australian Guide to the Diagnosis of FASD
Bower & Elliot (2016)



Assess – Standard drinks



These are only an approximate number of standard drinks.
Always read the container for the exact number of standard drinks.

Assess – Stage of change¹⁰

Whether a person is ready to change determines the support we offer

Stages of Change

- Pre-contemplation Not ready
- Contemplation Unsure
- Preparation Getting ready
- Action Taking steps
- Maintenance Sticking with the change
- Relapse Learning from slip-ups



Assess – Readiness for change

What is needed for someone to change?

1. They want to change

Your role: Instil the importance of change

2. They feel they can change

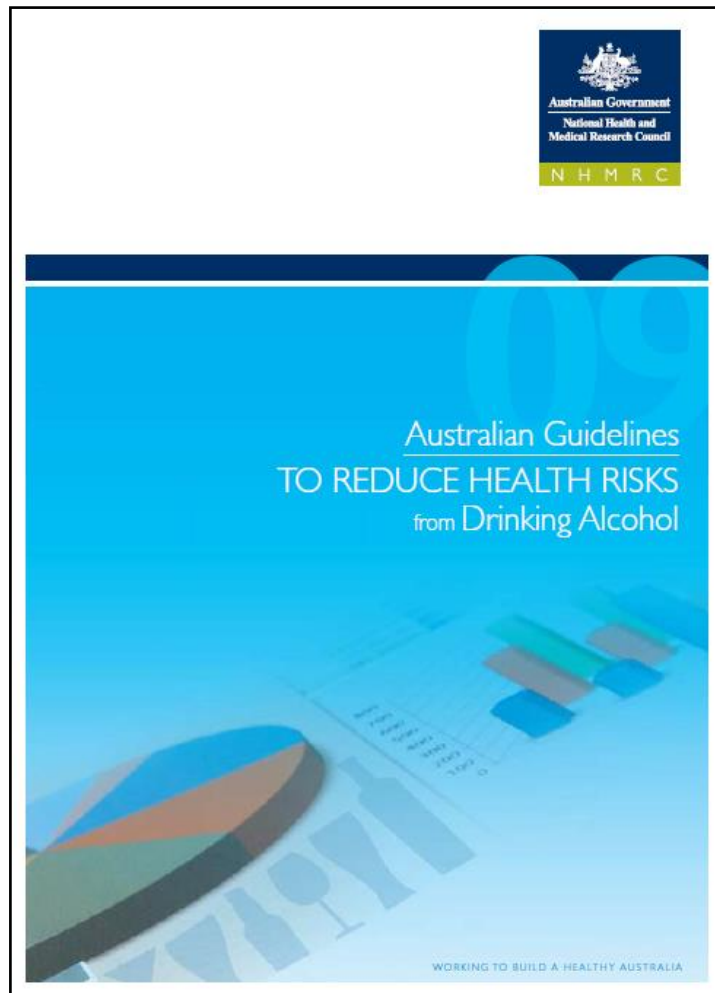
Your role: Increase confidence they can change

3. They feel now is the right time to prioritise action

Your role: Create a change plan



Advise - Australian Guidelines to Reduce Health Risks from Drinking Alcohol¹



Guideline 4.

Pregnancy and Breastfeeding

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

- A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.

- B. For women who are breastfeeding, not drinking is the safest option

Advise – Alcohol and breastfeeding¹

Time taken for alcohol to be cleared from breast milk (hours:minutes)

Maternal weight (kg)	Australian standard drinks						
	1	2	3	4	5	6	7
50	1:51	3:43	5:35	7:27	9:18	11:11	13:03
59	1:42	3:26	5:09	6:52	8:36	10:19	12:02
66	1:37	3:15	4:53	6:31	8:10	9:48	11:26
70	1:33	3:07	4:41	6:15	7:50	9:24	10:57

Time is calculated from the beginning of drinking

Feedsafe app – calculates time until alcohol has cleared from breast milk

Advise – Stage of change and actions

Pre-contemplation	Provide advice about harm minimisation Offer support when ready to change in the future
Contemplation	Identify positive reasons to change and risks of not changing Increase confidence to change
Preparation	Set goals together Take steps towards change
Action	Encourage and celebrate the change
Maintenance	Support the change Help identify strategies to prevent relapse
Relapse	Help get back to 'getting ready' or 'changing' without becoming demoralised



Assist – Decisional balance

Pre-contemplation, Contemplation or Preparation

Assist your client to identify:

Good things about changing

What makes it hard to change

vs

vs

Bad things about
staying the same

What would make it easy to
change



Assist – Open-ended questions

Pre-contemplation, Contemplation or Preparation

Help clients think about change and feel more motivated:

- How do you feel about your alcohol use?
- What are some of the good things about your alcohol use?
- What worries you about your alcohol use?
- What might be some benefits of you stopping or reducing the amount of alcohol that you drink?



Assist – Create a change plan

Preparation, Action and Maintenance

Strengthen commitment to change by:

- Ensuring the client is drives the ‘change plan’
- Assisting the client to set their own goals
- Having the client identify support people in their lives
- Discussing what services you can offer and other local services



Arrange

Arrange a follow-up visit to check-in with the client's progress

- Ideally follow-up within 1-2 weeks
- Arrange a referral, if needed
 - another staff member or program within your clinic
 - a specialist or clinic
 - a local program



Arrange

Group discussion

What support services does your health service offer?

- Are these meeting community need or are new services needed?
- What can other staff at your service provide?
- What visiting services do you have?
- What external services are there to support clients?
- Are these culturally appropriate, accessible, affordable?



Brief intervention example - Smoking

ASK – about smoking eg “I can see you still have that cough, can we talk about your smoking?”

ASSESS – the client’s smoking status and their readiness to change



Brief intervention example - Smoking

<p>PRE-CONTEMPLATION Woman comes in with chest infection</p>	<p>ADVISE – that smoking may have contributed to their infection and it's best to quit ASSIST – provide a brochure with quit information ARRANGE – follow-up at next appointment</p>
<p>CONTEMPLATION Client comes in for a fluvax, knows they should stop smoking but aren't ready</p>	<p>ADVISE – Every cigarette is harmful, I'm available when ready to talk about quitting ASSIST – client to explore the benefits of quitting and difficulties they're experiencing ARRANGE – follow-up at next appointment</p>
<p>PREPARATION Client comes in for first antenatal check, wants to stop quitting but feels will need help</p>	<p>ASSIST – them to create a change plan, identify challenges and how they can deal with them ARRANGE – Nicotine replacement and referral to support services eg QuitLine</p>



Brief intervention example - Smoking

<p>ACTION Client comes in for second antenatal check, has been using NRT successfully</p>	<p>ADVISE – baby’s health is benefitting. ASSIST – celebrate their achievements. Revisit their change plan, discuss their challenges and how they can overcome these. ARRANGE – follow-up at next visit.</p>
<p>MAINTENANCE Client comes in for glucose tolerance test, is off the smokes and NRT</p>	<p>ADVISE - ASSIST – Celebrate! Reinforce that this is the best thing they can do for their health. Talk about what’s been difficult and how they’ve dealt with it. ARRANGE – follow-up at next visit.</p>
<p>RELAPSE Client comes in for baby check, you notice they’re smoking again</p>	<p>ADVISE – this is a normal part of the process. ASSIST – them to see how they quit before and that they can do it again. Offer support for when they are ready to quit again. ARRANGE - follow-up at next visit or QuitLine</p>



Module 2: Review

Module 2 aimed to increase:

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Finishing up

Any questions?

