Maternal Substance Use: Intervening Early

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Disclosures

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Objectives

- Understand the reasons for prenatal screening
- Awareness of the scope and impact of maternal substance use
- Screening tools: 5 P'S Behavioral Health Screening Tool
- Using SBIRT
- Understand what a brief intervention is and how it is done
- What we are doing: Changing the culture from catching to caring

Lecturing Objectives…

- Greek sophists- all lessons should appeal to reason (*logos*) and emotion (*pathos*)
- Cicero- lessons should
  - Prove
  - Delight
  - Persuade

The Scope of the Problem

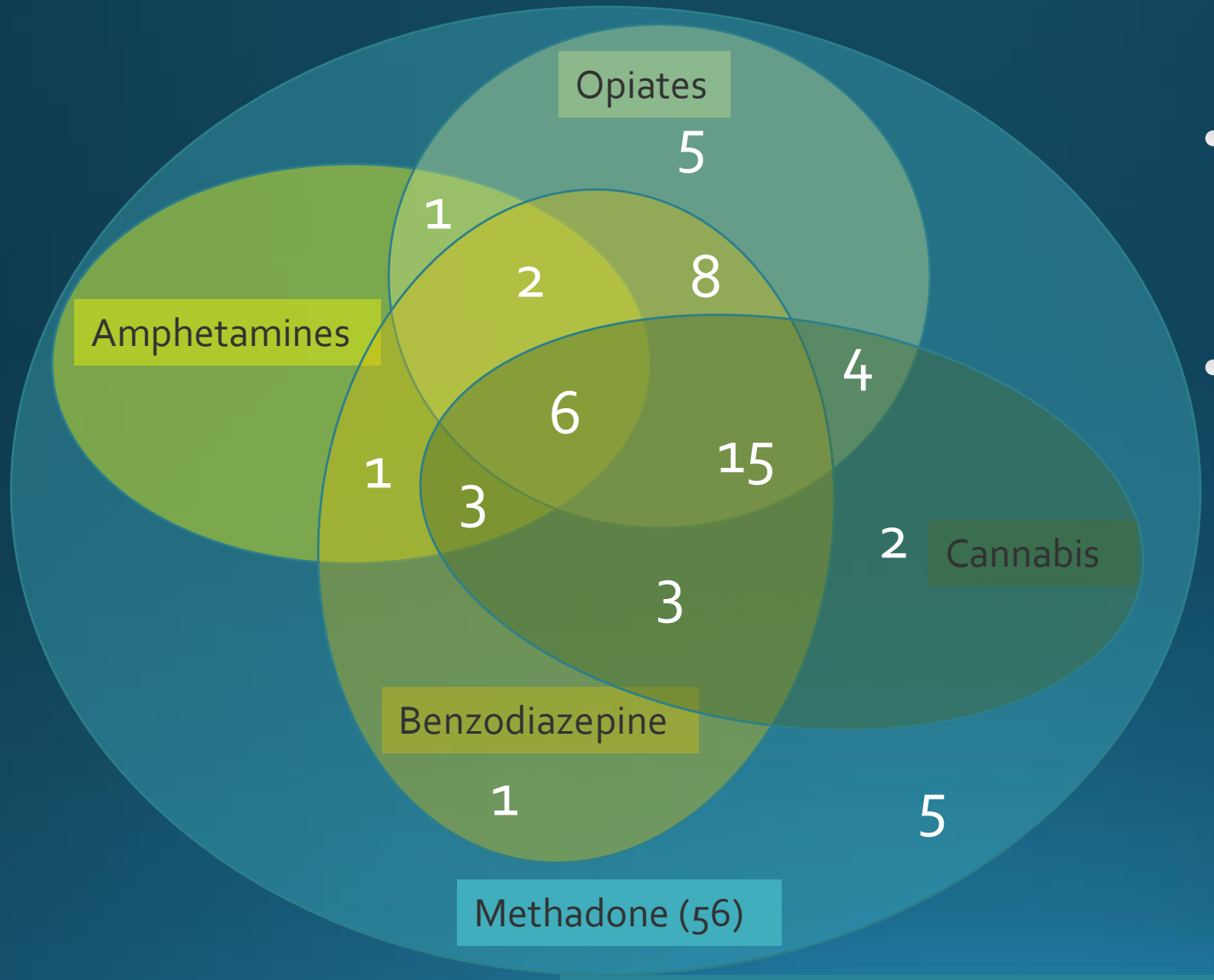
Alcohol and Drug Use During Pregnancy

Rates of Substance Use for Women
How do these compare to the women you work with?

Substance	Pregnant Women	Non-Pregnant women	Samaritan Rates
Tobacco	16.8%	26.7%	8-25%
Alcohol (current drinkers)	11.8%	45.9%	
Illicit Drug Use	5.9%	10.9%	10%
Misuse of Prescription Drugs		2.4%	
Marijuana	2.5%	4.9%	50%?

SAMHSA, National Survey on Drug Use and Health, 2012, Ages 12+ in the US, past month use
Samaritan Health Survey, 2014.
United States Department of, H., et al., *National Survey on Drug Use and Health, 2013*. 2014

In utero drug and alcohol exposure in infants born to mothers prescribed maintenance methadone*



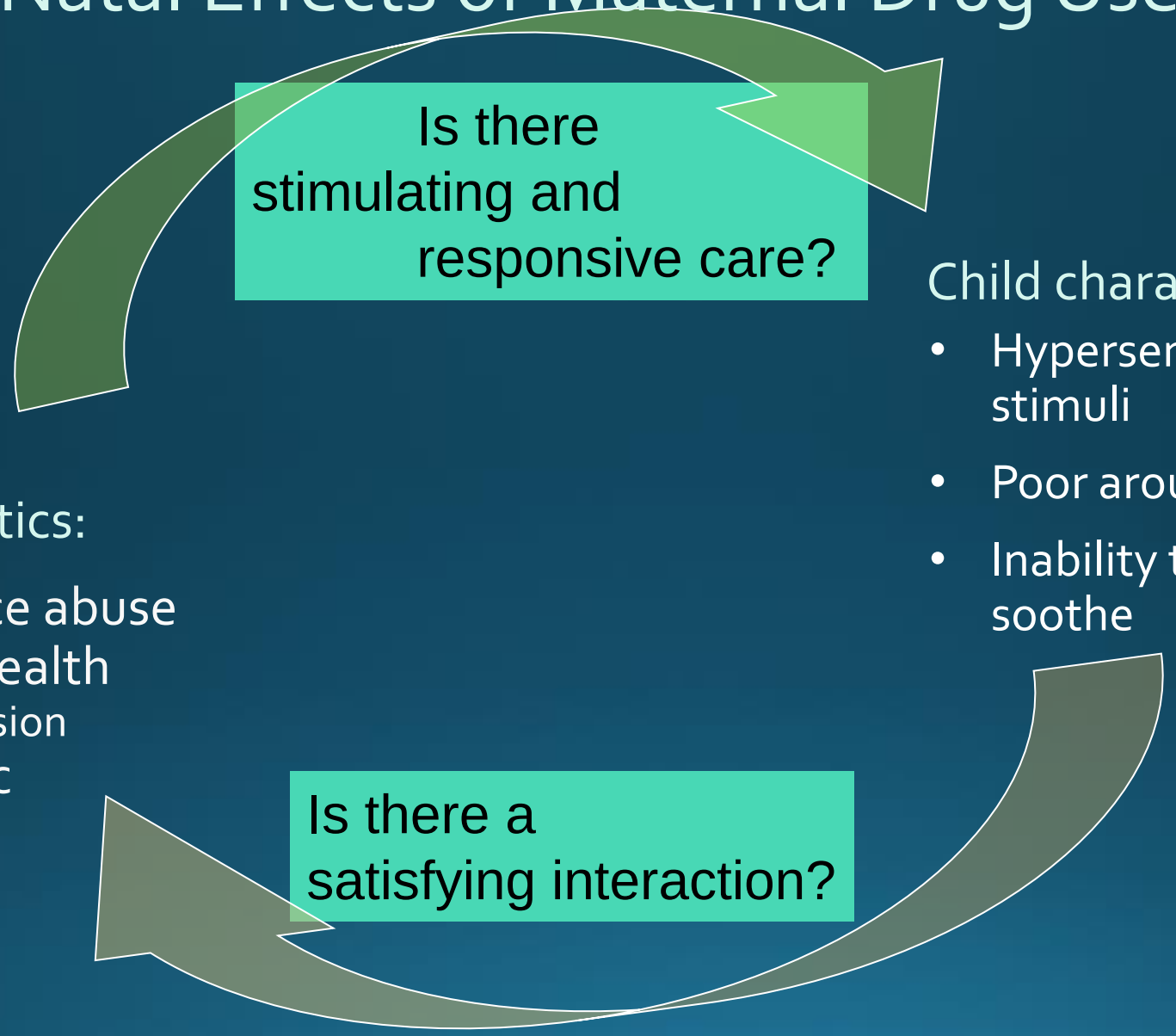
- 91% also used illicit drugs
- 47% used excess alcohol

*McGlone L, et al. Arch Dis Child Fetal Neonatal Ed 2013

Outcomes linked to in utero substance use

http://www.sbirtoregon.org/

Post Natal Effects of Maternal Drug Use*



*Zuckerman et al.PedClinNorthAm; 38(6);Dec..1991.

Children Whose Parents Abuse Drugs & Alcohol:

Children with *prenatal exposure* to illicit drugs:

- 2.7 greater chance of abuse
- 4.2 greater chance of neglect
  - Lack of Essential Food
  - Lack of Hygienic Home & Care
  - Inappropriate Sleeping Conditions
  - Lack of Medical / Dental Treatment
  - Lack of Supervision

- Trauma Exposure and the Drug Endangered Child,
  - PTSD: 59.9%* DEC group vs. 27.3% non-DEC

Jaudes. Association of drug abuse and child abuse. CAN 1995. Sprang G, et al. Journal of Traumatic Stress, 2008.

Children Whose Parents Abuse Drugs Alcohol:

- Alcohol or drug use is a factor in 50-79% of child welfare cases in which young children are removed from custody (1, 2).

1. Testa, M. & Smith, (2009). Prevention and drug treatment. In C. Paxson & R. Haskin (Eds.), The Future of Children: Preventing Child Maltreatment, 19(2), 147-168.
2. Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: overlap, gaps, and opportunities. Child Maltreatment, 12(2), 137-149.

Why can't she stop using?

Understanding Addiction

Addiction is a chronic brain disease of brain reward, motivation, memory and related circuitry **and not simply a behavior problem.**

Understanding Addiction

- Addiction affects the brain's reward circuitry and neurotransmitters.
- Addiction is not a choice.
- Addictive behaviors are a manifestation of the disease, not a cause.
- Relapse is a natural stage in the progression of recovery.
- Knowledge of adverse consequences is not enough to make someone stop using, most pregnant women want to stop using alcohol or drugs, but feel unable to do so.

Screening: the details

Using the Screening Tool/ SBIRT

Rationale for Prenatal Universal Screening

Universal screening eliminates biases and "educated guessing" on the part of the practitioner.

Women are more likely to seek treatment for substance abuse problems when they are pregnant than at any other time in their lives.

Screening everyone normalizes the process and makes it easier to initiate a conversation with every woman; it is just a normal part of the process

What is the goal of screening?

A. Catch women using drugs.
B. Open the door to conversations on sensitive, challenging topics.
C. Take babies away from mothers using substances.
D. Encourage healthy pregnancies.
E. Connect with resources.

Barriers to Screening

- Time
- Lack of referral resources
- Discomfort with the topic
- Fear of alienating the patient

Empathy: It makes all the difference

Brene Brown, Power of Empathy

What is SBIRT?

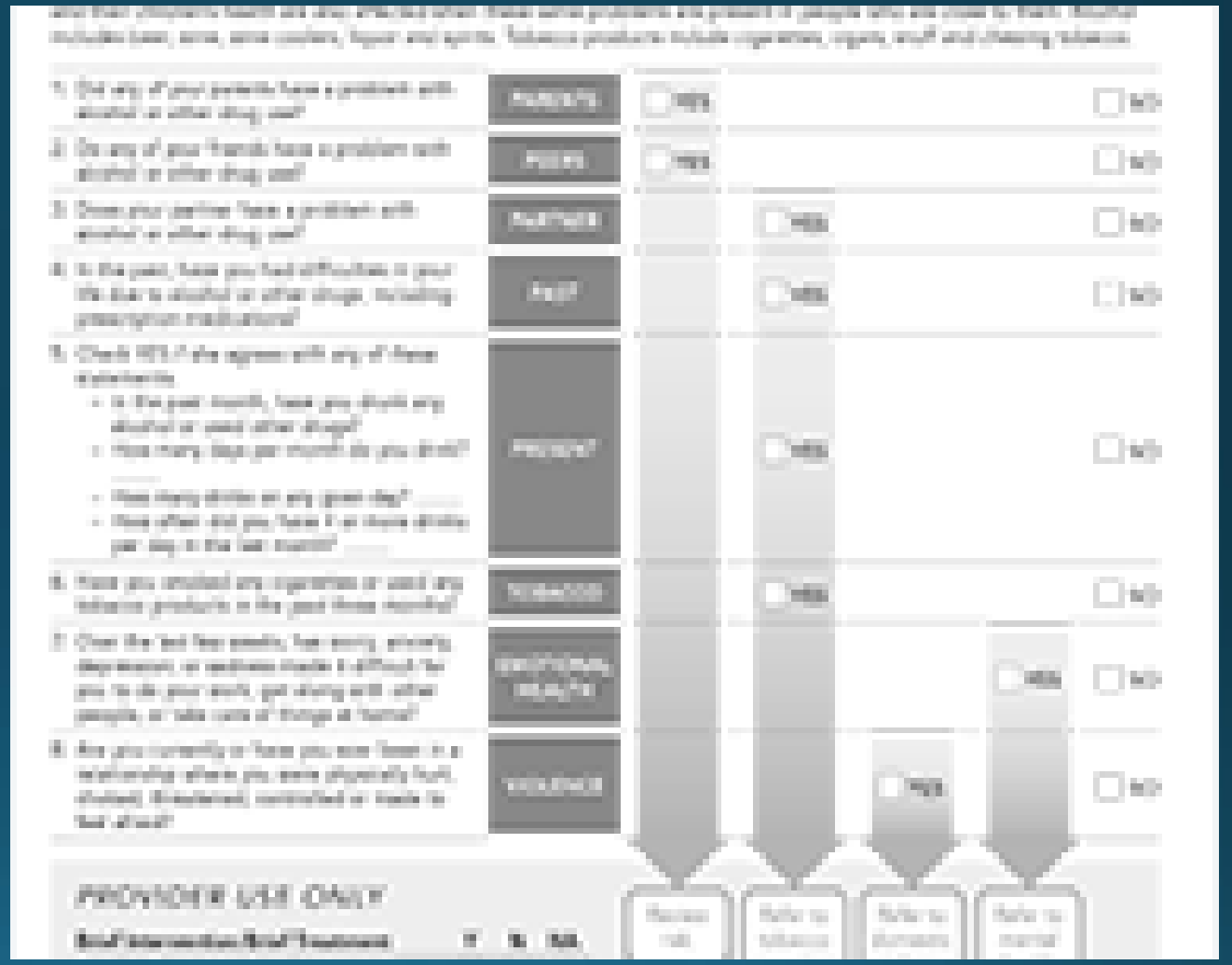
Screening, Brief Intervention, and Referral to Treatment is a comprehensive, **integrated public health** approach to the delivery of early intervention and treatment services. It is used to identify and intervene with –

-persons with substance use disorders
- persons whose use places them at risk

SBIRT provides clinicians with tools, language and a model to effectively help women who are using during pregnancy

5 Ps Screening Tool

- Designed specifically for women
- Based on Dr. Hope Ewing's 4 P's (Parents, Partner, Past and Pregnancy)
- Public Domain
- Each **P** represents a documented risk
- Easy and effective tool



Institute for Health and Recovery

How to administer the screening

- Verbal administration is recommended
- May be embedded in existing office forms or part of a fuller pregnancy needs assessment as a self-administered written questionnaire.
- Let the woman know that she doesn't have to answer any question she may be uncomfortable with

Introducing the questions

"Julie, I would like to as you a few personal questions that we ask all of our pregnant women to make sure we provide the best health care possible for you and your baby. If there are any questions you feel uncomfortable answering, feel free to let me know, and we will just move on to the next question. Is it okay if we start?"

Positive Health Message

- Provide a positive health message to all women screened
- Share the results of her screening
- Provide positive feedback and reinforcement
- Offer educational handouts and make a statement about the only safe use being no use of substances while a woman is pregnant
- Keep the door open and normalize talking about drug/alcohol/mental health as a routine part of care

"Thank you for answering these questions. The results based on your answers indicate you are not at-risk at this time. You are making healthy choices for both you and your baby around substance use. What do you know about the risks of using substances while pregnant? (Listen & fill in any gaps. Provide each woman with the educational handout on substance use during pregnancy) End with a statement like this: "For the best health of babies and mothers, we strongly recommend that pregnant women do not use alcohol, marijuana or tobacco during their pregnancy. Safe levels of usage have not been established."

Risks of Screening

- Screening for alcohol ok
- Screening fro drugs- not ok
  - Fear of psychological, legal and social implications and lack of protection by provider
  - Avoid or disengage from prenatal care , manipulate drug tests

How to avoid these risks:

- Nonjudgmental environment
- Trauma informed care

- Womens Perspectives on screening for alcohol and drug use in prenatal care, Roberts, Womens Health Issues, 2010 20(3),193-200

Screening Does Not Provide

A Diagnosis

Brief Intervention

How to have the conversation in a way that is more likely to facilitate change.....

Brief Interventions

- Brief motivational and awareness raising intervention delivered to women answering yes to any of the questions on the screening tool
- Range from 5-15 minutes (typically around 7 min.)
- Provided immediately following the screening

Who can deliver the Brief Intervention?

- Nurses
- Providers
- Behavioral Health Specialist
- Maternal Care Coordinators
- Medical Assistants

Communication Styles

Directing	Guiding	Following
Teach Instruct Lead	Draw out Encourage motivate	Listen Understand Go along with

Common Reactions to Righting Reflex	
Angry	Afraid
Agitated	Helpless, overwhelmed
Oppositional	Ashamed
Discounting	Trapped
Defensive	Disengaged
Justifying	Not come back – avoid
Not understood	Uncomfortable
Procrastinate	Not heard

Essential Elements of a BI

- Providing feedback
- Eliciting from the patient their own reasons for change and understanding their perspective
- Provide clear and respectful advice
- Honors the person's autonomy
- Uses an empathic style
- If patient is open, negotiating a change plan & establishing a follow-up plan
- Referral for individuals who need specialty services

Rollnick, Miller, Butler, 2008, & Miller, Forcehimes, Zweben, 2011

4 Steps of the Brief Intervention

- Raise Subject
- Provide Feedback
- Enhance Motivation
- Change Plan/Referral

Case Study: Mary

- 20 year-old woman
- G2P1 in for her first prenatal visit when she is 15 weeks
- Living in a home with friends previously homeless
- Employed part-time at a supermarket
- Les, the father of her unborn child is living with her and excited about the pregnancy

Screening Results : Mary

- Mary smokes a pack of cigarettes a day, but she has cut down to 3-4 a day since learning she is pregnant
- Les drinks beer and smokes marijuana.
- She "only" smokes marijuana because her sister told her that was safer than drinking during pregnancy. She has stopped drinking alcohol.
- Mary is ambivalent about having the baby. She is having the baby since Les really wants her to.
- Smoking marijuana at the end of the day helps her relax
- She does not report partner violence but she does report feelings of anxiety and being worried "a lot."

STEP 1

Raise the Subject
Build Rapport

- Ask permission to discuss the patient's substance use, DV, MH concerns
- Seek to understand the patient's perspective – explore her concerns
- Review how substances fit into her life and assess severity of use
- Discuss MH or DV issues and offer a referral if indicated

Assess the level of risk and use

Ask about the quantity and frequency of use

"Walk me though a typical week, what does your use of _____ look like?"

"Tell me a little more about how marijuana fits into your life."

Explore the patient's perspective

"What concerns do you have about your _____ use?"

"What difficulties have you had in relation to your ____ use?"

"What has helped you stop drinking alcohol?"

Tips for Raising the Subject

Use reflective listening to demonstrate understanding and compassion.

"*Your baby's health is important to you and that is why you decided to quit drinking.*"

"*Things are pretty stressful for you right now and so smoking marijuana helps you relax and gives you a time out.*"

Explore the pros and cons of change if the patient seems less ready to make a change.

Rolling with Resistance

- Prevents a breakdown in communication between participant and counselor
- Avoid arguing for change. Do not directly oppose resistance.
- New perspectives are offered but not imposed.
- Resistance is a signal for the counselor to respond differently. Resistance during motivational interviewing is expected and should not be viewed as a negative outcome.

Rolling with Resistance

- Patient: “I don’t want to stop using marijuana, it’s not doing any harm. I read stuff on the internet.”
- You: “But you should know that it is bad for your baby.”
- Patient: “Don’t judge me.”

vs.

- Patient: “I don’t want to stop using marijuana, it’s not doing any harm. I read stuff on the internet.”
- You: “Others may be telling you it does harm, but you don’t think it does based on your research.”
- Patient: “My mother always tells me it’s going to affect the baby.”

STEP 2

Provide Feedback

- Ask the patient what she knows about the effect of substance use on pregnancy and her baby
- Listen carefully to what she knows and fill in any gaps in knowledge
- Provide a clear recommendation about abstinence being the only safe choice
- Discuss the patient's reaction to the information
- Provide the educational handout

Screening Results : Mary

- Mary smokes, but she has cut down
- She “only” smokes marijuana. She has stopped drinking alcohol.
- Smoking marijuana at the end of the day helps her relax

You ask what she knows about marijuana and tobacco use in pregnancy and fill in gaps, informing that there is no known safe amount. She is surprised to learn that and now concerned.

Tips for Providing Feedback

- For woman who are readily acknowledging they need to change and/or accept a referral for help you may move directly into Step 3 & 4
- Provide information in manageable chunks and avoid using medical jargon
- Find out what the information means to the woman before moving on in the interview

STEP 3

Enhance Motivation

- Assess the woman's level of readiness to make a change or accept a referral to treatment
- Explore (using open-ended question) what is most important to the woman and help her identify her own reasons to change
- Listen for and reflect her reasons and ability for change

Ambivalence

Change Talk

Sustain Talk

How does MI work?

- Ambivalence is the key issue to be resolved to create movement towards change
- People become more committed towards change when they hear themselves talk change
- Conversations about change that are grounded in respect, collaboration and empathy create the conditions for change to occur
- Guiding the conversation to elicit and affirm change talk is a “critical element” of MI

The MI Shift

From feeling **responsible** for changing patients' behavior to **supporting** them in thinking & talking about their own **reasons** and means for behavior change.

MI Strategies for Enhancing Motivation

Readiness Rulers

"On a scale of 1-10 (with 1 being not important at all and 10 being very important) how important is it to you to stop using _____?"

Follow-up Question

"Why are you at a ___ and not a ___ (lower number)"?

Looking Forward

"What most concerns you about what will happen if you are unable to stop using _____ during your pregnancy?"

Tips for Enhancing Motivation

- Keep the interview patient-centered
- Express empathy through reflective listening
- Listen closely for Change Talk
- When you hear Change Talk, explore it, & reflect it.
- Use the Brief Intervention tools to **guide the conversation**, but not in place of the conversation

(This is not an intervention)

STEP 4

Change Planning/ Referral

- If the patient is open and willing to accept a referral to treatment – discuss possible options.
- Facilitate a Warm Hand Off to A&D Navigator or other behavioral health service provider
- Discuss alternative options and develop a change plan with patients who are not ready to accept a referral

Referral

Example : *From some of your answers on this questionnaire, it looks as if you may be feeling down lately/having some difficulties with substance use/ be in a relationship that is difficult. I have someone who you could talk to discuss some ideas or ways to help with this. We can call that person right now and you could either talk to her on the phone or that person may be able to come over and talk to you while you are here in the hospital/clinic. Would you be interested in that?*

- "Someone who can help" **not** "counselor", "social worker", "rehab provider"

What if the Person Does not want a referral?

- Ask for permission to keep the door open to discuss drug and alcohol use at subsequent visits
- Let the person know that it is their decision and you will be here to support them if they decide they want additional support to make changes.
- Document refusal of the referral in the chart

Standardized Verbal Consent

"As part of routine, universal screening, we recommend urine drug testing for all of our OB patients. We do this because we want you to have a safe and healthy pregnancy. If you are using substances, it is important that we know so that we can appropriately care for you, your pregnancy, and your newborn after delivery. If you are using substances, we can help you get treatment. Sometimes it is necessary to notify DHS if a pregnant woman is using substances. If DHS does get involved, they have the same goal as we do, to make sure you and your baby are healthy and safe and to help you with any needed services. Do you have any questions about this test?

DHS Involvement

- Recommended to notify DHS if a pregnant woman is using substances or if there are other concerns that may affect the baby.
- Must notify DHS if there is a concern that the baby has been exposed to substances or if there is a concerning social situation.
- Goal is to have services available during pregnancy if needed.
- Work with local DHS screeners/ CPS workers to make plans.
- In Oregon, it is not illegal to use drugs/ alcohol during pregnancy.

Patient Literature

Used to facilitate the conversation

- Neonatal Withdrawal
- 10 Reasons not to Drink, Smoke or Use Drugs During Pregnancy
- Drugs and Alcohol and Breastfeeding
- Marijuana

Data Collection/ Program Assessment

- Integration into EHR system
- Billing/ coding
- CCO metrics
- Outcomes: Drug free moms/ babies, DV/ IPV and mental health concerns addressed
- Ongoing evaluation: What is working, what needs improvement

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Additional learning:

- Motivational interviewing training:
  - https://search.yahoo.com/search?fr=mcafee&type=C211US978D20150207&p=motivatinal+interviewing+smoking+university+of+florida
- NIDA Blending Initiative – "Talking to Patients about Health Risk Behaviors."
- This program provides a unique forum where the CME course and the Patient Simulation jointly provide practical guidance for physicians and other clinicians in effective Motivational Interviewing techniques that will facilitate conversations with patients to address Health Risk Behaviors. Self-paced 1.5 hours course – free – CMEs are available. http://www.drugabuse.gov/blending-initiative/cme-ce/unaccredited-talking-to-patients-about-health-risk-behaviors
- Motivational Interviewing Website – this website provides resources for those seeking information on Motivational Interviewing. It includes general information about the approach, as well as links, training resources, and information on reprints and recent research. www.motivationalinterviwing.org
- BMJ Learning: Motivational Interviewing in brief consultations 1-hour self-paced learning module http://learning.bmj.com/learning/module-intro/.html?moduleID=10
- Miller, W.R., Rollnick, S. (2013) Motivational Interviewing: Helping People Change. The Guilford Press. New York. London
- http://www.motivationalinterview.org/ This site has several video clips as well as reading materials.
- http://store.samhsa.gov/shin/content//SMA13-4212/SMA13-4212.pdf This is an easy to read publication on enhancing motivation to change.

Additional learning:

- SBIRT Oregon – Oregon Health and Science University maintain this website. This website presents information and tools designed to help organizations implement SBIRT. There are several video demonstrations of the Brief Negotiated Interview. http://www.sbirtoregon.org/
- The BNI-ART Institute – This website has several videos and resources for delivering brief interventions using the Brief Negotiated Interview. http://www.bu.edu/bniart/
- CDC Guide: Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices National Center on Birth Defects and Developmental Disabilities. This step-by-step guide was developed by the CDC to help primary care organizations implement screening and brief intervention for risky alcohol use. The guide can be downloaded at www.cdc.gov/ncbddd/fasd/alcohol-screening.html
- http://www.integration.samhsa.gov/clinical-practice/sbirt/training-other-resources This site provides links to other training resources for specific SBIRT tools.
- http://www.sbirttraining.com/SBIRT-core This program has been developed through collaboration between the American Society of Addiction Medicine (ASAM) and the National Institute for Drug Abuse (NIDA), On-line, on–demand program, Cost: $75, AMA PRA Category 1 CME (4 hours).
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