



Sensitivity, Screening, and Support: Talking With Expectant Families About Alcohol Use

To make the most of this audiocast:

- **Review pages 1-4 before the conference begins.** These handouts are designed to help you prepare to participate.
- **Schedule some time for reflection and/or discussion after listening.** Use the *Applying the Information* handout (p.13) individually or with your team. Discussing information, strategies, and ideas as a team is a great way to think about what is already in place in your program. Team discussions can also help you think through next steps in discussing alcohol use with expectant families.
- **Use additional handouts** to discuss and share new information and to plan for the future.

Please Note:

The fact sheets on pages 8-11 were developed under funding from the Substance Abuse and Mental Health Administration (SAMHSA). They can be downloaded, copied and distributed for free. To find them and other fact sheets and resources related to FASD, go to <http://www.fasdcenter.samhsa.gov/grabGo/grabGo.aspx>

Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Objectives

During this call, panelists:

1. celebrate pregnancy as a unique window of opportunity for discussing alcohol use with families;
2. briefly describe the effects of alcohol on fetal development; and
3. offer approaches and strategies effective in addressing alcohol use with expectant families.



Photo courtesy of EHS NRC

Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Faculty

Amanda Perez, Moderator



Senior Writer and Training Specialist
Early Head Start National Resource Center

Angie Godfrey



Infant/Toddler Program Specialist
Office of Head Start

Dan Dubovsky



Fetal Alcohol Spectrum Disorders (FASD) Specialist
Substance Abuse and Mental Health Services Administration (SAMHSA) FASD Center for Excellence

Dan Dubovsky has worked in the fields of mental health and developmental disabilities for over 30 years. After receiving his Master's degree in Social Work, he worked as a therapist in a residential setting with children, adolescents and young adults with serious mental illness and other disabilities. Dan has presented regionally, nationally and internationally on Fetal Alcohol Spectrum Disorders (FASD), focusing especially on interventions for adults, adolescents, and children. In his current role, he provides training and technical assistance to individuals, families, programs, agencies, communities, and states on FASD. Dan has a keen interest in the provision of quality services to those with a fetal alcohol spectrum disorder, mental illness, and/or a developmental or other disability and their families. Dan's son Bill has been his mentor and best teacher.

Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Faculty (cont'd.)

Anne Reddy



Director

Rural America Initiatives Prenatal to Five Head Start Program

Anne Reddy, an enrolled member of the Oglala Sioux Tribe, is a former Head Start parent and grandparent. She began her career with young children in 1997 as a Disabilities Services Technician, and went on to obtain a Bachelors of Science in Human Services from Black Hills State University in 1999. After graduation, Anne taught in an Early Head Start classroom before taking the position of Director of Head Start for Rural America Initiatives, an American Indian Alaska Native program, 13 years ago. There, she serves both urban and rural communities in South Dakota in a prenatal-to-five program. Anne has served on the Advisory Committee for Western Dakota Technical Institute, the Advisory Committee for the Birth to Three program in South Dakota, and currently is a part of the School Readiness Task Force Committee for the State of South Dakota.

Nancy Whitney



Clinical Director

King County Parent Child Assistance Program (PCAP)

Nancy Whitney has been a mental health professional in community settings for 23 years, serving a variety of clients including those with mental illness as well as mental illness co-occurring with substance abuse. For the past 12 years, Nancy has worked with PCAP, a program of the University of Washington School of Medicine that offers home-based services to women who abuse alcohol or drugs during pregnancy. Nancy provides clinical supervision and contributes to PCAP's ongoing research and development of interventions for vulnerable populations, including those with FASD, even as she sees clients. A frequent trainer, Nancy has particular interest in supporting those who serve the community's most high-risk clients on topics including FASD, case management, and clinical interventions. She has co-authored research papers and a book chapter on these issues. Nancy is a Licensed Mental Health Counselor and a Clinically Certified Forensic Counselor.

Relevant Head Start Program Performance Standards

§ 1304.40 Family partnerships

(b) Accessing community services and resources.

(1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

(ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence.

(c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

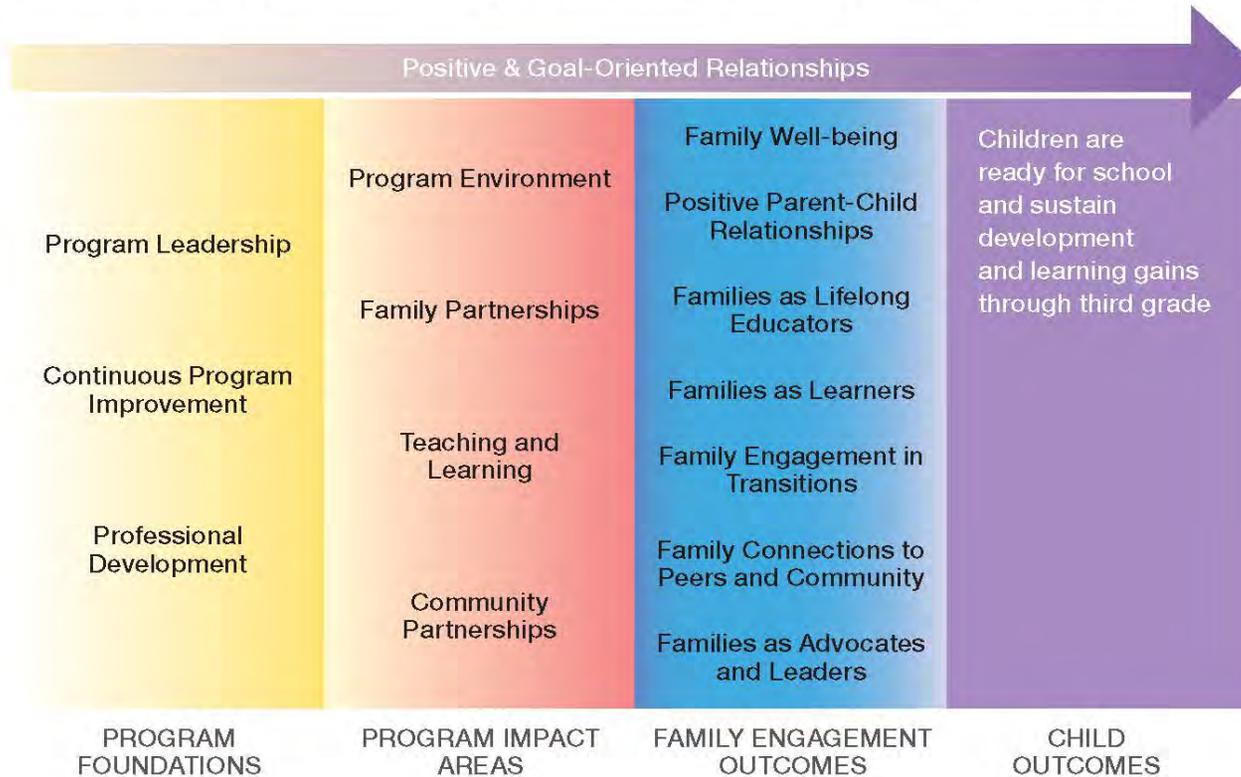
Sensitivity, Screening and Support: Talking with Expectant Families About Alcohol Use

Parent, Family, and Community Engagement Framework: Talking With Expectant Families About Alcohol Use

The National Center for Parent, Family, and Community Engagement (NCPFCE) published this framework to help staff consider how they support engagement in their programs.

PARENT, FAMILY, AND COMMUNITY ENGAGEMENT FRAMEWORK

When parent and family engagement activities are systemic and integrated across program foundations and program impact areas, family engagement outcomes are achieved, resulting in children who are healthy and ready for school. Parent and family engagement activities are grounded in positive, ongoing, and goal-oriented relationships with families.



Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Tips for Talking With Expectant Families About Alcohol Use

- 1. Seize the moment!** Research shows that families are often open to making healthy changes during pregnancy. In keeping with the *Standards*, use this time to share information and support families in getting help around alcohol use when necessary.
- 2. Look for early opportunities to build relationships.** The key to open conversations about alcohol and its effects on babies is a strong relationship with a family. Consider how to earn family trust early to enable these and other important conversations.
- 3. Ask permission.** Alcohol use can be a sensitive topic. Families might feel surprised, anxious, or even attacked as staff open these conversations. Give them control. Ask if you can share information about the effects of alcohol on fetal development or ask them questions about their own alcohol use. If they say no, come back to it at another time.
- 4. Learn what families have heard . . .** Sometimes, family members, friends and even service providers have told families that it is OK to drink alcohol during pregnancy. It is helpful to start these conversations knowing what information families already have.
- 5. . . .and share the latest information.** Tell families there has been a lot of new research that affirms the importance of not drinking during pregnancy. The Centers for Disease Control and Prevention (CDC) say that there is no known safe amount of alcohol or time to drink alcohol during pregnancy. This information is so important, it can be helpful to repeat it over time.
- 6. Avoid shame and blame.** Families want to make the best choices for their babies. Celebrate their wish for healthy babies and honor their efforts. Focus with families on what they do to avoid drinking and lessen the effects of any alcohol on the baby.



- 7. Normalize.** Families, worried about being judged, often feel more comfortable if staff acknowledge that drinking alcohol is legal, and many pregnancies in the United States are unplanned. Many times, women drink before they know they are pregnant.
- 8. Name the culprit.** Families can be sensitive to language. Talk about the harm that “alcohol” or “drinking” can do to fetal development rather than the harm “the mother” or “you” can do to a baby by drinking during pregnancy.

Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Tips for Talking About Alcohol Use in Pregnancy (cont'd.)

- 9. Affirm what families can do to support their children's health.** Even when a mother has used alcohol during pregnancy, there are a lot of things families can do to support their baby's development for the rest of the pregnancy and beyond! Early Head Start (EHS) can help. First, mothers can stop or, in extreme cases, lessen, their drinking. Attending prenatal appointments, eating healthy, and taking appropriate vitamins may be important strategies. Once the baby is born, screening and assessment (required in EHS programs!) can identify children who might benefit from early intervention. Connect families with community providers who can help.
- 10. Understand FASDs as a generational concern.** Fetal Alcohol Spectrum Disorders (FASDs), often undiagnosed, can severely impact an adult's functioning. Children of adults with FASDs are at high risk for FASDs themselves. Knowing the signs and symptoms of FASDs in adults and strategies for sharing information with those adults can help staff be more understanding and provide sensitive and responsive services.
- 11. Consider asking about alcohol use.** While not required by the *Standards*, routine information-gathering about alcohol use during pregnancy can offer families and staff guidance on how programs can best help. Ideally, these questions will be asked of all families, and will be simple and conversational.
- 12. Have a plan.** The *Standards* require that program staff provide prenatal education, but not intervention! It is essential that staff know what to do if families indicate a concern with alcohol. They should know their community partners and referral processes related to treatment for alcohol abuse. When community partners are not available, protocols for response - and training to support staff in responding - can be helpful. Brief interventions or motivational interviewing have been shown to be effective when offered by trained practitioners.
- 13. Engage social supports.** Fathers, extended family, and friends can have an impact on a mother's choice to drink alcohol during pregnancy. It can be helpful to learn about the people who will support a mother during pregnancy and, when appropriate, share information on FASDs with them as well. Encourage them to model abstinence as well as support mothers in abstaining! If there are no sober supports in a mother's life, work with her to build relationships that she can rely on for help in avoiding alcohol.

PREVENTING FASD: HEALTHY WOMEN, HEALTHY BABIES

Alcohol abuse is a serious public health concern. Did you know that alcohol can harm a fetus at any point in its development, often before a woman knows she's pregnant?



"Fetal alcohol spectrum disorders" (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with lifelong implications. The term FASD is not intended for use as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome (FAS), alcohol-related neurodevelopmental disorder (ARND), and alcohol-related birth defects (ARBD).

If women do not drink alcohol during pregnancy, FASD is 100 percent preventable. The Surgeon General issued an advisory in February 2005 to help share this important message and to urge health professionals to identify and assist women who are drinking or at risk of drinking during pregnancy.

WHO IS AT RISK?

Any pregnant woman who drinks alcohol is at risk of having a child with an FASD, regardless of her education, income, or ethnicity. Women who are at particularly high risk of drinking during pregnancy and having a child with an FASD include:

- Women with substance abuse or mental health problems
- Women who have already had a child with an FASD^{1,2}
- Recent drug users
- Smokers
- Women who have multiple sex partners
- Recent victims of abuse and violence

Alcohol is a potent teratogen, a substance that can damage a developing fetus. There is no known safe level of alcohol use during pregnancy, so pregnant women or women who may become pregnant should not drink any alcohol from conception to birth.

TREATMENT FOR WOMEN

Many women who need alcohol treatment may not receive it due to lack of money or child care, fear of losing custody of their children, or other barriers. For successful recovery, women often need a continuum of care for an extended period of time, including:

- Comprehensive inpatient or outpatient treatment for alcohol and other drugs
- Case management
- Counseling and other mental health treatment

Surgeon General's Advisory on Alcohol Use in Pregnancy

- A pregnant woman should not drink alcohol during pregnancy.
- A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to minimize further risk.
- A woman who is considering becoming pregnant should abstain from alcohol.
- Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.
- Health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

—Surgeon General Richard Carmona,
February 2005

- Medical and prenatal care
- Child care
- Transportation
- Followup pediatric and early intervention services for children
- Services that respond to women's needs regarding reproductive health, sexuality, relationships, and victimization

WHAT YOU NEED TO KNOW



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

- Other support services, such as housing, education and job training, financial support services, parenting education, legal services, and aftercare³

Research shows that residential substance abuse treatment designed specifically for pregnant women and women with children can have substantial benefits in terms of recovery, pregnancy outcomes, parenting skills, and women's ability to maintain or regain custody of their children.⁴

THREE WAYS TO PREVENT FASD

There are three main approaches to preventing FASD:⁵

- Increase public knowledge about FASD through general education, public service announcements, media attention, alcohol warning labels, posters, pamphlets, and billboards.
- Target women at risk by screening pregnant women and women of childbearing age for alcohol use, and by providing interventions with pregnant women who drink and with women who drink and do not use birth control. Brief interventions such as motivational interviewing may be effective at reducing risk.⁶
- Target women at highest risk through treatment of alcohol problems and strategies to encourage pregnancy prevention. Women at risk include those who abuse alcohol while pregnant or who are at risk of becoming pregnant, particularly women who have already given birth to a child with an FASD.

All three strategies are important, but targeting women at increased or highest risk may be more effective in reducing

alcohol use during pregnancy. Primary care providers, such as obstetricians/gynecologists and family doctors, play a key role in preventing FASD. They should:

- Talk to their patients about the dangers of drinking alcohol during pregnancy
- Identify women who are at risk by using screening tools such as T-ACE and TWEAK, which ask specific questions about drinking habits^{7,8}
- Refer to treatment and other support services women with drinking problems, pregnant women who drink, and women who are at risk of an alcohol-exposed pregnancy

A woman's partner, other family members, and friends can also help prevent FASD by:

- Sharing information with her about FASD and the importance of not drinking during pregnancy
- Modeling safe behavior by not drinking themselves
- Encouraging her to talk about problems in her life that may lead her to drink
- Helping her find treatment if she cannot stop drinking

CONCLUSION

Drinking during pregnancy can cause permanent damage to a fetus. However, FASD is 100 percent preventable. The only cause of FASD is prenatal exposure to alcohol. If a woman does not drink alcohol while she is pregnant, her baby will not have an FASD. Health care providers, families, friends, and other community members all have a role in addressing FASD.

REFERENCES

1. Project CHOICES Research Group. 2002. Alcohol-exposed pregnancy: Characteristics associated with risk. *American Journal of Preventive Medicine* 23(3):166-173.
2. Astley S.J.; Bailey, D.; Talbot, C.; et al. 2000. Fetal alcohol syndrome (FAS) primary prevention through FAS diagnosis: I. Identification of high-risk birth mothers through the diagnosis of their children. *Alcohol and Alcoholism* 35(5):499-508. <http://alcalc.oxfordjournals.org/cgi/content/full/35/5/499?ijkey=c42ab8b64760a79a7445ab6ef918dc01a3c78a&h>
3. Astley, S.J.; Bailey, D.; Talbot, C.; et al. 2000. Fetal alcohol syndrome (FAS) primary prevention through FAS diagnosis: II. A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol & Alcoholism*, 35(5):509-519.
4. Center for Substance Abuse Treatment. 2001. *Benefits of Residential Substance Abuse Treatment for Pregnant and Parenting Women: Highlights from a Study of 50 Demonstration Programs of the Center for Substance Abuse Treatment*. Rockville, MD: SAMHSA.
5. Stratton, K.; Howe, C.; and Battaglia, E., eds. *Fetal Alcohol Syndrome: Diagnosis, Prevention, and Treatment*. Washington, DC: National Academy Press, 1996.
6. Hindmeyer, N.S.; Miller, W.R.; and Manicke, M. 1999. Findings of a pilot study of motivational interviewing with pregnant drinkers. *Journal of Studies on Alcohol* 60(2):285-287.
7. Alvik, A.; Haldarsen, T.; and Lindemann, R. 2005. Consistency of reported alcohol use by pregnant women: Anonymous versus confidential questionnaires with item nonresponse differences. *Alcoholism: Clinical and Experimental Research* 29(8):1444-1449.
8. Moraes, C.I.; Viellax, E.F.; and Reichenheim, M.E. 2005. Assessing alcohol misuse during pregnancy: Evaluating psychometric properties of the CAGE, T-ACE and TWEAK in a Brazilian setting. *Journal of Studies on Alcohol* 66(2):165-173.

Stop and think. If you're pregnant, don't drink.

For more information, visit fasdcenter.samhsa.gov or call 866-STOPFAS.

www.stopalcoholabuse.gov



EFFECTS OF ALCOHOL ON A FETUS

"Of all the substances of abuse (including cocaine, heroin, and marijuana), alcohol produces by far the most serious neurobehavioral effects in the fetus."

—Institute of Medicine Report to Congress, 1996¹

Prenatal exposure to alcohol can damage a fetus at any time, causing problems that persist throughout the individual's life. There is no known safe level of alcohol use in pregnancy.



WHAT YOU NEED TO KNOW

WHAT IS THE SCOPE OF THE PROBLEM?

Alcohol is one of the most dangerous teratogens, which are substances that can damage a developing fetus.¹ Every time a pregnant woman has a drink, her unborn child has one, too. Alcohol, like carbon monoxide from cigarettes, passes easily through the placenta from the mother's bloodstream into her baby's blood (See Figure 1)—and puts her fetus at risk of having a fetal alcohol spectrum disorder (FASD). The blood alcohol level (BAC) of the fetus becomes equal to or greater than the blood alcohol level of the mother. Because the fetus cannot break down alcohol the way an adult can, its BAC remains high for a longer period of time.²

WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS?

"FASD" is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications. The term FASD is not used as a clinical diagnosis. It refers to conditions such as fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects. In the United States, about 130,000 pregnant women each year drink at levels shown to increase the risk of having a child with an FASD.³ Each year, as many as 40,000 babies are born with an FASD, costing the Nation up to \$6 billion annually in institutional and medical costs.⁴

HOW DOES ALCOHOL DAMAGE A FETUS?

Defects caused by prenatal exposure to alcohol have been

identified in virtually every part of the body, including the brain, face, eyes, ears, heart, kidneys, and bones. No single mechanism can account for all the problems that alcohol causes. Rather, alcohol sets in motion many processes at different sites in the developing fetus:

- Alcohol can trigger cell death in a number of ways, causing different parts of the fetus to develop abnormally.
- Alcohol can disrupt the way nerve cells develop, travel to form different parts of the brain, and function.
- By constricting the blood vessels, alcohol interferes with blood flow in the placenta, which hinders the delivery of nutrients and oxygen to the fetus.⁵
- Toxic byproducts of alcohol metabolism may become concentrated in the brain and contribute to the development of an FASD.⁶

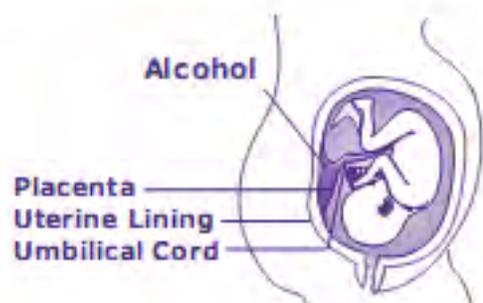


Figure 1: Transmission of alcohol to the fetus

Drinking at any time during pregnancy can harm the fetus. Figure 2 depicts developing parts and systems in the body of a fetus. These body parts and systems represent some of the sites that may be affected by alcohol.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

Drinking alcohol while pregnant can result in cognitive, social, and motor deficiencies and other lifelong problems.

Prenatal exposure to alcohol can cause permanent brain damage. The fetal brain can be harmed at any time, because the brain develops throughout pregnancy. Magnetic resonance imaging (MRI) reveals that some individuals who were prenatally exposed to alcohol have smaller brains. Some parts of the brain may also be damaged or missing, such as the basal ganglia, cerebellum, corpus callosum, and others. Resulting impairments may include, but are not limited to, the following:

- Mental retardation
- Learning disabilities
- Attention deficits
- Hyperactivity
- Problems with impulse control, language, memory, and social skills

Research is under way to learn more about the complex effects of alcohol on a fetus. Increased understanding may lead to improvements in prevention, diagnosis, and treatment of FASD.

Although many questions remain unanswered, this much is clear: **When a pregnant woman uses alcohol, her baby does, too.** That's why abstaining from drinking throughout pregnancy and during breastfeeding is the best gift a mother can give her child—it's a gift that lasts a lifetime.

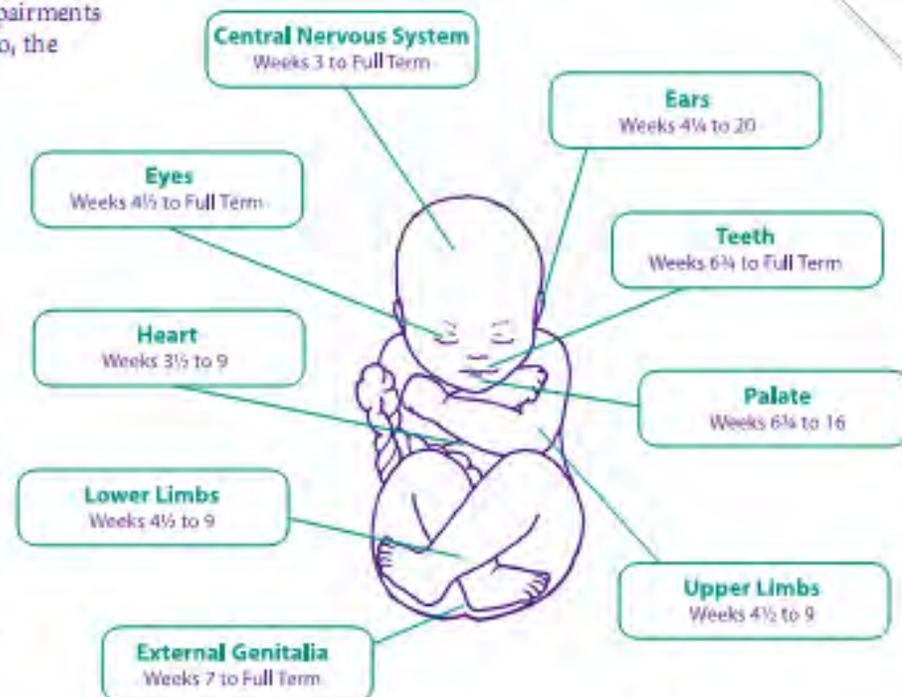


Figure 2: Periods of fetal development⁷

REFERENCES

1. Stratton, K.; Howe, C.; and Battaglia, F. 1996. *Fetal Alcohol Syndrome: Diagnosis, Epidemiology, Prevention, and Treatment*. Washington, DC: Institute of Medicine, National Academy Press. <http://books.nap.edu/html/fetal>.
2. Gillen, P. No date. Fetal Alcohol Syndrome Prevention presentation. Denver: Colorado Area Health Education Center.
3. Centers for Disease Control and Prevention. National Center on Birth Defects and Developmental Disabilities. August 2004. *Preventing Alcohol-Exposed Pregnancies*. www.cdc.gov/nceh/ddd/fas/fasprev.htm
4. Lupton, C.; Burd, L.; and Harwood B. 2004. Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetics* 127C (676):42-50.
5. University of Wisconsin. 2003. "Alcohol as a Teratogen—Fetal Alcohol Syndrome." www.uwec.edu/pieroch/FAS/FAS_.htm
6. Goodlett, C.R., and Horn, K.H. 2001. Mechanisms of alcohol-induced damage to the developing nervous system. *Alcohol Research & Health* 25(3):175-184.
7. Adapted from Moore, K.L., and Persaud, T.V.N. 1993. *The Developing Human: Clinically Oriented Embryology*. Philadelphia: W.B. Saunders, p. 156.

Stop and think. If you're pregnant, don't drink.

For more information, visit fasdcenter.samhsa.gov or call 866-STOPEAS.

www.stopalcoholabuse.gov



Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Opening the Conversation About Alcohol Use During Pregnancy. . .

The *Standards* require that staff offer prenatal education to expectant families on the risks of alcohol use during pregnancy. In an effort to link families with needed services and support healthy pregnancies, staff may also talk with mothers about their alcohol use. The following protocol, used in conversation after relationships have been developed, can support families and staff in identifying when a family might benefit from a referral for community services. The order of the questions matters. Often, women know that drinking during pregnancy can harm a baby. They worry that they will be judged if they share that they drank. The truth is that many women don't realize that they are pregnant when they are drinking. This protocol offers a sense of safety that can allow for open discussion and the earliest response to potential concerns. Staff should approach this conversation with sensitivity, understanding, and a nonjudgmental attitude. If concerns are identified, the staff person should know next steps, developed with the mental health specialist and/or other administrators, to offer meaningful support to the family and child.

What the staff person says

“Can you tell me a little bit about you alcohol use before you knew you were pregnant? What were you drinking? How often?”

“How far along in pregnancy were you when you found out that you were pregnant?”

“So, until you found out you were pregnant, you were drinking (fill in the blank) a day/a week?”

“Once you knew you were pregnant, did/how did your drinking change?”

“Based on what I have shared, do you have any ideas about how you might stop or reduce your drinking? How can I help?”

Why this question/statement helps

This question acknowledges that women may drink before they know they are pregnant.

This question helps the mother and staff member identify the amount of alcohol that may have affected the baby over time.

The staff member uses this statement to verify what he or she has heard, and to invite more conversation if that amount does not sound right to the mother.

This question allows the mother to celebrate the ways in which she has made changes to protect her baby.

This message offers clear information to the mother about the importance of minimizing the drinking, reminds the mother that the staff person is an available support, and opens a conversation about next steps.

Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Applying the Information

The questions below are meant as a guide for either personal reflection or group discussion. Ideally, teams will work together to consider the program's approach to talking with expectant families about alcohol use. While all staff should be invited to participate in discussions, remember that alcohol can be a sensitive topic. It might be helpful to let staff know that no one will be required to participate or comment.

1. How do you meet the requirements of the *Standards* listed on page 4 that focus on talking about alcohol use in pregnancy and supporting families in accessing intervention when necessary? What is working well about what you are currently doing? What is not working well?
2. How are staff prepared and trained to provide this information and support to families?
Direct service providers: Do you feel that you have the information and support you need to be effective in helping families stop or reduce their alcohol use during pregnancy? If not, what would help you be more effective?
3. Faculty shared the Centers for Disease Control and Prevention statement that there is no known safe amount of alcohol to use during pregnancy. Do you think that is true? Is that something you feel confident sharing with families? If not, what questions do you have? What might help you feel more confident about sharing that information?
4. Faculty talked about how important it is not to be judgmental about alcohol use. That can be hard to do! Consider your own feelings about alcohol use during pregnancy. Do your own feelings ever get in the way of your work? How so? *Managers:* How can you support staff to offer sensitive, accurate information and meaningful support to all of the families they serve?
5. Consider the *Tips for Talking With Expectant Families About Alcohol Use* on pages 6 and 7. In what ways are you already using these ideas in your program? What strategies did you hear that might enhance your work in discussing alcohol use with expectant families?
6. Have you ever known someone with a diagnosis of FASD? Remember that FASD is often undiagnosed. In Early Head Start programs, staff individualize for children – and also for families. How do you individualize for the adults you serve?
7. Consider the protocol for *Opening the Conversation* on page 12. Do you currently refer families for alcohol screening or screen for alcohol use in pregnancy? Do you ask questions about alcohol use? If so, how? How is that working in your program? If not, would a protocol like this be useful? What would be the challenges?
8. Consider your Community Assessment. How do you identify partners for work with families around alcohol use, particularly in pregnancy? Who are the important partners in your community? Are there gaps?
9. Do you have a clear plan for response if a family does seem to be struggling with alcohol use? If not, make a plan! *Direct service providers:* What would help you feel comfortable in your role of supporting families struggling with alcohol use? *Managers:* How can you work with staff to build a clear and meaningful plan of action?



Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Resource List

To locate potential partners in your community, go to:

Alcoholics Anonymous (A.A.)

How To Find A.A. Meetings

<http://www.aa.org/lang/en/subpage.cfm?page=28>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Substance Abuse Treatment Facility Locator

<http://www.findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jsp>

SAMHSA's Treatment Referral Helpline

1-800-662-HELP (1-800-662-4357)

1-800-487-4889 (TTY)

For more information, see the following resources:

Articles, Books, and Videos:

American Public Health Association and Education Development Center. 2008. *Alcohol Screening and Brief Intervention: A Guide for Public Health Practitioners*. Washington, DC: National Highway Traffic Safety Administration, U.S. Department of Transportation. Available on-line at [http://www.integration.samhsa.gov/clinical-practice/Alcohol screening and brief interventions a guide for public health practitioners.pdf](http://www.integration.samhsa.gov/clinical-practice/Alcohol%20screening%20and%20brief%20interventions%20a%20guide%20for%20public%20health%20practitioners.pdf)

Babor, Thomas F., and John C. Higgins-Biddle. 2001. *Brief Intervention for Hazardous or Harmful Drinking: A Manual for Use in Primary Care*. Washington, DC: World Health Organization. Available on-line at http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6b.pdf

Chang, Grace. No date. *Screening and Brief Intervention in Prenatal Care Settings*. Bethesda, MD: The National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health. Available on-line at <http://pubs.niaaa.nih.gov/publications/arh28-2/80-84.htm>

Contra Costa County. 2008. *Bridges to Care: Engaging Pregnant Women Who Use Alcohol and Drugs in Prenatal Care: A Resource Guide for Health Care Providers*. Contra Costa, CA: Author. Available on-line at http://cchealth.org/psap/pdf/bridges_to_care_resource_guide.pdf

Floyd, R. Louise, Shahul Ebrahim, James Tsai, Mary O'Connor, and Robert Sokol. 2006. "Strategies to Reduce Alcohol-Exposed Pregnancies." *Maternal & Child Health Journal* 10: 149-151.



Sensitivity, Screening and Support: Talking With Expectant Families About Alcohol Use

Resource List (cont'd.)

- Kotrla, Kimberly, and Sarah Martin. 2009. "Fetal Alcohol Spectrum Disorders: A Social Worker's Guide for Prevention and Intervention." *Social Work in Mental Health*, 7(5): 494-507.
- National Center on Health. 2012. *Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS)*. HHS/ACF/OHS/NCH. Available on-line at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental%20Health/Program%20Planning,%20Design%20%26%20Management/Mental%20Health%20Consultation/FacilitatingaRe.htm>
- National Center on Health. 2013. *Finding a Mental Health Provider for Children and Families in Your Early Head Start/Head Start Program*. HHS/ACF/OHS/NCH. Available on-line at <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Mental%20Health/Program%20Planning,%20Design%20%26%20Management/Mental%20Health%20Consultation/FindingaMental.htm>
- National Center on Parent, Family and Community Engagement. 2013. *Boosting School Readiness Through Effective Family Engagement*. HHS/ACF/OHS/NCPFCE. Available on-line at http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/center/pfce_simulation/assets/HEADSTART/html/course-summary.html
- Raymond, Neil, Charlotte Beer, Cristine Glazebrook, and Kapil Sayal. 2009. "Pregnant women's attitudes towards alcohol consumption." *BMC Public Health*, 9: 1-8.
- SAMHSA. No date. *Recovering Hope: Mothers Speak Out About Fetal Alcohol Spectrum Disorders* (video). Washington, DC. Author. Available on-line at <http://www.youtube.com/watch?v=m7zfJCW9Yco>
- SAMHSA. 1999. *Brief Interventions and Brief Therapies for Substance Abuse*. Washington, DC: Author. Available on-line at <http://store.samhsa.gov/product/TIP-34-Brief-Interventions-and-Brief-Therapies-for-Substance-Abuse/SMA12-3952>

Organizations:

The FASD Center for Excellence
<http://www.fascenter.samhsa.gov/index.aspx>

The March of Dimes
http://www.marchofdimes.com/pregnancy/alcohol_indepth.html

The National Center on Health
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health>

The National Center on Parent, Family and Community Engagement
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family>

The National Organization on Fetal Alcohol Syndrome
<http://www.nofas.org/>