

# **The SMART Guide**



***Motivational Approaches Within the Stages of Change  
for Pregnant Women Who Use Alcohol:***

***A Training Manual for Service Providers***



Written by:  
Wendy Reynolds, MSW  
Margaret Leslie, Dip.C.S., C.Psych.Assoc.



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The information contained in **The SMART Guide** is also based on the work of Dr. William Miller, who has developed and operationalized motivational counselling strategies over the past 20 years. In addition, our work is grounded in that of James Prochaska and Carlo diClemente and the Transtheoretical Model of the Stages of Change. References to these and other works are included in the training guide.

Why **The SMART Guide**? SMART is an acronym used in motivational counselling - all goals should be specific, measurable, attainable, realistic, and timely. We will show you more about this inside.

The original version of **The SMART Guide** was produced in 2000, funded by the Canada Prenatal Nutrition Program (CPNP), Health Canada, with thanks to Margaret Zubert, and Tina De Rita Oliveira, Program Consultants in Health Canada's Population and Public Health Branch (Ontario Region). **The SMART Guide** was subsequently reprinted three times before this update and reprint.

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Version française également disponible.

# The SMART Guide

## *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Manual for Service Providers*

### Chapter 1: Introduction

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#### Highlights of the Introduction

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##### Some facts

- **many women quit using alcohol** when they find out they're pregnant
- **many women are given the wrong information** about the effects of alcohol and other drugs
- **many factors can lead to negative birth outcomes**, including poverty, lack of food security, domestic violence, and other negative life events

##### How to ask questions

- be straightforward, non-judgmental, calm and direct
- facilitate an on-going discussion
- refer to other services as needed
- dispel myths
- ask questions more than once

##### The service provider's role in change

- increase self-efficacy
- internalize the locus of control
- use harm reduction strategies
- focus on both mother and infant
- recognize how alcohol use can be a positive coping mechanism

##### Motivational counselling

*The approach you take is one of the strongest indicators of whether a woman will change. It is just as important as the woman's personal characteristics and behaviour.*

##### Stages of change

*Pregnant women who use alcohol need different kinds of help, depending on the stage of change they're in.*



**Who is the training guide for?**

We developed this training guide for service providers who have direct contact with pregnant women. For example, you might work in:

- a CAP-C program
- a Canada Prenatal Nutrition Program
- an Aboriginal Head Start program
- a Brighter Futures program
- a Best Start program
- a Healthy Babies, Healthy Children program at a local health unit
- an addiction treatment agency

**What is the purpose of the training guide?**

The purpose of the training guide is to:

- **set the stage to intervene** in an empathic, non-judgmental way with pregnant women who use alcohol
- **describe the stages of change** a woman goes through when she uses alcohol
- help you **identify the stage of change** a woman is in
- **outline motivational techniques** that apply to each specific stage of change
- **provide approaches or strategies** you can use at each stage of change
- **lessen the anxiety** many service providers feel when they interact with pregnant women who use alcohol

**Before you start, here are some facts**

**Fact #1: Many women quit using alcohol when they find out they're pregnant.** This is true even if they are heavy or problem drinkers. This is especially true if they find out they're pregnant in their first trimester. This is often called the "teachable moment". If service providers say the right things in the right way to women at this moment, we can really increase the numbers who will quit drinking. And for those women who don't quit at the teachable moment, there are many ways to engage them both now and later on in their pregnancies. So it's important for you not to feel hopeless or helpless.

**Fact #2: Many women are given the wrong information about the effects of alcohol and other drugs.** This misinformation can come from anywhere - physicians, other helping professionals, friends, or family. For example, many women will say their friends or families told them it was OK to drink beer during pregnancy because it helps with breastfeeding later on. And their friends have the proof of their own healthy babies to show for it. It's important to understand this, because it helps service providers adopt a more non-judgmental attitude. Many pregnant women don't use alcohol because they're irresponsible. The fact is they might not have the right information.

**Fact #3: Many factors can lead to negative birth outcomes,** including poverty, lack of food security, domestic violence, and other negative life events. Pregnant women who use alcohol want to be treated within the context of their whole lives, not just as a pregnant person. Try to be conscious of the difficult situations in which many pregnant women find themselves. Try to address as many of her concerns as possible.

## Barriers to getting help

see **Apprehensions: Barriers to Treatment for Substance-Using Mothers** available from the BC Centre of Excellence for Women's Health [www.bccewh.bc.ca](http://www.bccewh.bc.ca)

## Supports that work

Women have reported the kinds of interventions or approaches that have been the most effective for them. This has been supported by research across the country. The **top barriers** to seeking help and support reported by pregnant women who use alcohol are:

- shame
- fear of child welfare services or having a child removed from their care
- fear of being treated prejudicially
- feelings of depression and low self-esteem
- the belief or hope they could change without help
- not having enough information about available services
- waiting lists at addiction treatment agencies

These barriers can lead to the following among pregnant women: half-truths to service providers and physicians, avoidance of prenatal care, and avoidance of addiction treatment. The consequences of these behaviours will often result in the woman's worst fear: having her children removed from her care.

On the other hand, the **top supports** reported by pregnant women who use alcohol are:

- supportive professionals
- supportive family members
- supportive friends/recovery group members
- children as motivators to get help
- health problems as motivators

Women appreciate holistic approaches. They want us to recognize the health of children is a shared responsibility with fathers and the larger community. Also, service providers must address the contextual issues (such as poverty or violence) that make a pregnant woman's life more challenging.

The challenges for service providers, then, are to :

- ensure a holistic approach
- provide a safe, comfortable environment
- eliminate barriers to getting support

## Before you start, set the stage

Fear prevents many service providers from asking questions. You might be afraid you're not an expert in addiction treatment. So you think you don't have the right skills. But remember: talking to women about their alcohol use is exactly like any other kind of conversation - you should be empathic, non-judgmental, a good listener, and able to give neutral suggestions.

### Ask yourself these questions:

- **Have I been impacted** personally by the misuse of alcohol and other drugs?
- **If I have been impacted**, does this affect my ability to work with pregnant women who use alcohol?
- **Do I have access** to accurate, research- and evidence-based information about the effects of alcohol and other drug use on pregnant women?
- **Am I able to remain non-judgmental**, empathic, respectful, and supportive when I encounter a pregnant woman who uses alcohol?
- **Am I able to adopt a holistic perspective** to assist a woman to improve her health?
- **Can I adopt a harm reduction approach** - in other words, can I provide her with assistance to **reduce** the harm associated with alcohol use rather than focusing only on **abstinence** or quitting alcohol use?
- **Can I overcome my personal beliefs** about a woman's need to change her alcohol use? Can I support her self determination and plans to change in a non-coercive and caring fashion?
- **Can I stay hopeful** while finding ways to encourage hope in a pregnant woman who uses alcohol?
- **Can I accept relapse** as a natural part of the stages of change and continue to work with her in a supportive manner?

## How to ask questions

be straightforward

Some service providers say they're afraid to ask questions because they think the woman will be angry with them. However, remember:

- if you ask questions about alcohol use in a **matter-of-fact** way, the woman is less likely to feel angry

be non-judgmental

- your attitude will usually determine a woman's reaction - if she perceives you to be **fair and open**, it is more likely she will be open with you

Another reason for hesitation could be this: you don't know what to do next if she says she uses alcohol. Again, remember:

be calm and direct

- **be neutral** in response and try not to feel overwhelmed
- suggest some **small steps** a pregnant woman can take - sometimes these small steps are all that's needed

think of a range of possibilities

**Do** say ***“Can you see yourself making any changes to your use of alcohol? What would they be?”***

**Don't** say ***“So your next step should be to quit drinking.”***

Here are some general approaches for asking questions:

ask as part of general health questions

- when you ask about sleeping patterns and eating habits, also ask about alcohol use, since these questions belong within the **context of overall health**

facilitate an on-going discussion

- **open-ended questions** (“how much do you drink?”) are always better than closed ones (“do you drink?”)

be prepared with follow-up questions

- if the woman says she uses alcohol, then ask other **probing questions** such as “how much do you use daily or weekly?”, “how long have you been doing this?”, and “when did you have your last drink?”

refer as needed

**Remember: it's not up to you to make a diagnosis. Refer the woman to the Motherisk telephone help line at 1-877-327-4636. Or refer her to a local addictions assessment or counselling service.**

## Dispel myths

separate fact from fiction

go to [www.motherisk.org](http://www.motherisk.org)

provide reliable written information

order **Give and Take** from AWARE at [www.aware.on.ca](http://www.aware.on.ca)

## Ask questions more than once

Remember: many women are given inaccurate information about alcohol use during pregnancy, either from professionals or from friends. Here are some ideas to help dispel myths:

### 1. Set the record straight.

- talk to the woman in a conversational, matter-of-fact way
- ask her what she's heard about alcohol use during pregnancy

### 2. Refer to factual, easy-to-read written information (such as the **Give and Take** booklet).

- review the relevant information with the woman
- leave the information with her so she can review the facts in private and in her own time
- remember: it takes time to digest new information

Sometimes helping professionals fall into the trap of asking questions about alcohol use only once. Then they heave a big sigh of relief and think "thank goodness, that's over with, I don't have to do that again." But remember:

- **every interaction** with a pregnant woman (regardless of whether or not she initially revealed it) should include questions about alcohol use
- continue to frame the questions in a **matter-of-fact** way and within the overall context of her health
- the **non-judgmental** approach is especially important for a woman who originally minimized her alcohol use - this woman needs to know you are always open and able to listen, if she decides to reveal her alcohol use later on in her pregnancy.

## Your role in change

increase self-efficacy

internalize the locus of control

use harm reduction strategies

focus on both mother and infant

alcohol use can be a positive coping mechanism

Remember the barriers to getting help - guilt, fear of being judged, and fear of losing the infant. Also remember that service providers are in a unique position to encourage change. You can:

- **provide a lot of positive feedback** for her decision to seek care for herself and her infant - continue to make positive statements at each visit (her belief in her ability to make change is the best predictor of successful change)
- **highlight the woman's ability to make choices** - this leads to higher self-efficacy and helps her believe the power to change is within herself - this is another effective tool in motivational approaches
- **be non-judgmental** - this means you listen attentively to the woman's concerns and refrain from negative comments and reactions
- **encourage any small changes** that reduce high risk behaviours
- **talk about alcohol use and pregnancy or parenting concerns** - pregnant women want to be treated as whole beings, not simply as pregnant women
- **be sensitive to trauma issues** - many women with alcohol use problems have histories of violence and sexual or physical abuse, especially those women who find it difficult to quit their alcohol use
- **address family issues** and offer support to family members where possible

**Remember: the approach you take is one of the strongest indicators of whether a woman will change. Your approach is just as important as the woman's personal characteristics and behaviour.**

## What are motivational approaches?

download **Enhancing Motivation for Change in Substance Abuse Treatment** from <http://hstat.nlm.nih.gov> Treatment Improvement Protocols, #35

Find out more at: <http://www.motivationalinterview.org/>

Motivational strategies have been developed primarily by Dr. William Miller. He says motivation is not a behaviour trait or personality characteristic of the individual. Instead, it is something determined by the interaction between client and service provider. We have adapted Miller's approach to focus on pregnant women. However, motivational approaches can be practised with anyone who has a substance use problem.

Motivational approaches:

- **are interactive** - they are based on the belief that everything the service provider does affects a pregnant woman's ability to make successful change
- **place equal responsibility for change on the service provider** - the service provider's characteristics are, in fact, one of the most important predictors of success in interactions with pregnant women
- **are centred on the pregnant woman and are empathic**
- **avoid labels**, such as "alcoholic" or "drug addict"
- **reduce resistance**, by meeting resistance with reflection rather than confrontation
- **foster a commitment to change** and bring the woman to greater awareness of, and responsibility for, her alcohol use
- **emphasize personal choice** regarding alcohol use, and personal control over decisions, by providing a range of possible alternatives for change
- **negotiate** (rather than impose) goals between the woman and the service provider
- **remove barriers to change** by providing child care, transportation, and any other accessibility issues a woman might face
- **accept relapse** as part of the process of change

**What are the basic principles of motivational approaches?**

Here are the five basic principles of motivational approaches:

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.
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.
3. **Roll with resistance.** Don't oppose it. This leads to argument or defensiveness. Adjust to resistance by changing your strategies.
4. **Develop discrepancy** between the woman's goals or values and her current behaviour. A powerful motivator to change is her ability to recognize contradictions between her current behaviour and her hopes for the future.
5. **Support self-efficacy.** Focus on the woman's strengths. Support the hope and optimism needed to make change.

**What are the basic strategies in motivational approaches?**

Here are the five basic strategies to use in motivational approaches:

1. **Ask open-ended questions.** Open-ended questions cannot be answered with a single word or phrase. For example, don't ask, "Do you like to drink?" Instead, ask, "What are some of the things you like about drinking?"
2. **Listen reflectively.** Show you have heard and understood the woman - repeat in your own words what she has said.
3. **Summarize** periodically what she has said up to that point.
4. **Affirm.** Support and comment on the woman's strengths, motivation, intentions, and progress.
5. **Elicit self-motivational statements.** The woman herself must make the statements about personal concerns and intentions to change. Don't say it for her. Try to encourage her to make these statements. (See Appendix 2.)

## What are the Stages of Change?

download more information about the **Stages of Change** from [www.uri.edu/research/cprc/TTM/StagesOfChange.html](http://www.uri.edu/research/cprc/TTM/StagesOfChange.html)

The Transtheoretical Model of the Stages of Change (usually called the Stages of Change) was developed by James Prochaska and Carlo diClemente. It is based on their observations of many types of problem behaviours, including alcohol and other drug use.

In the Stages of Change, change is not seen as a sudden event. People don't just wake up one morning and change their behaviour. The reality is that change happens in stages or cycles. There are six different stages people go through when they change. These stages are:

1. **precontemplation** you're not thinking about change
  2. **contemplation** you're thinking about change in the next little while
  3. **preparation** you've decided to change and want ideas about how to do it
  4. **action** you make a plan and change your behaviour
  5. **maintenance** you stick with your new changed behaviour but need support to maintain it
  6. **termination** you stick with your new changed behaviour and no longer need support
- relapse** you go back to your old behaviour - this can happen at any stage and can happen many times

**The most important point to remember is this: people, including pregnant women who use alcohol, need different kinds of help, depending on which stage of change they're in.**

# The SMART Guide

## *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Guide for Service Providers*

### Chapter 2: Precontemplation

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#### Highlights of Precontemplation

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##### The service provider's role in precontemplation

- **develop rapport and establish a relationship** - make sure the woman wants to come back again
- **raise consciousness of risks** involved in alcohol use without creating guilt or defensiveness
- **move her to the contemplation stage of change** - do not rush her to the action stage by providing advice or solutions

##### Precontemplation strategies for service providers

- raise cognitive dissonance
- avoid scare tactics
- create optimal level of anxiety
- avoid action statements
- roll with resistance

##### The service provider's role in creating resistance

- resistance is a predictor of poor outcomes
- resistance can signal many different things
- resistance is created by the service provider
- resistance is increased or decreased based on what you say and do

***In motivational approaches, resistance is not seen as a sign of defiance. Instead, resistance is seen from a positive rather than negative perspective. It is a signal to you to change strategies.***

##### Precontemplation issues for service providers

- don't try to rush the woman to the action stage of change
- don't avoid questions about alcohol use
- encourage any and all small changes that reduce high-risk behaviours
- recognize the context of a pregnant woman's life

***In precontemplation, relationship building - both your relationship with the woman and her relationship with her infant - is your most important job.***



## What is pre - contemplation?

precontemplation is not the same as denial

## The service provider's goals in pre-contemplation

Precontemplation is the first stage of change. Here are some descriptions of people in precontemplation:

- they don't think about change because they are **partially or completely unaware** that a problem exists, even though others think there is a problem
- they **don't intend to change** in the foreseeable future as they are unaware a problem exists
- they **don't think they need to** make changes
- they **don't recognize** they need help to make changes
- they are **too discouraged** to change

In the past, some people referred to the precontemplation stage as "denial". But denial has become a very negative and judgmental term. We now understand there are many strategies that can be offered to precontemplators. We also understand that people in precontemplation deserve support.

People can remain in precontemplation or early contemplation for years, rarely or never thinking about change. Often, it's a partner, a service provider, or someone else who finds the alcohol user's behaviour a problem.

In the Stages of Change, there are goals for the service provider associated with each stage. The primary goals for the service provider in the precontemplation stage are to:

- **develop rapport and establish a relationship** - make sure the woman wants to come back again
- **raise consciousness of risks involved** in alcohol use without creating guilt or defensiveness
- **move her to the contemplation stage of change** - do **not** rush her to the action stage by providing advice or solutions

## How to identify a pregnant woman in pre-contemplation

Here are some statements a pregnant woman might make when she is in the precontemplation stage of change:

**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.

### Precontemplator Profile

- ▶ Beth comes to see you with her partner. She is four months pregnant. Her first baby was taken into care about a year ago because she was drinking heavily. She comes because her midwife recommended it, but her mother disagrees because of Beth's previous experience with professionals.
- ▶ Currently, Beth drinks in a binge pattern. Beth has never had any treatment for alcohol use. Beth says she is not interested in addictions "programs" but would like more parenting supports. She is also very interested in the food, clothing, and other basic needs supports you provide.
- ▶ Beth reports attending prenatal classes and visits and has purchased things she needs for the baby. She is willing to discuss some life issues, but not others. She doesn't agree to make another appointment to see you, but does consent to you phoning her next week. She also signed consent for you to contact the midwife to let her know that Beth attended the appointment.

## Strategies for service providers

raise cognitive dissonance

use amplified reflection

avoid scare tactics

explore motivators to contact

create optimal level of anxiety

order “Different Directions: Understanding FAS”

produced by Breaking the Cycle and Ontario’s North for the Children. Order from [www.ontariosnorthforthechildren.com/index\\_files/fasorderform.htm](http://www.ontariosnorthforthechildren.com/index_files/fasorderform.htm)

Here are some strategies you can use with pregnant women in the precontemplation stage of change:

1. **Raise doubts or concerns** in the woman about her alcohol 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
- 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 FASD baby”.**

2. **Ask questions to explore reasons** why the woman came to see you. Has she tried to make changes before? What was the result of the attempt? How does she feel now about seeing you? If she feels coerced, talk about those feelings.
3. **Offer factual information** about the risks of alcohol 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.

compare consumption levels with norms  
go to  
<http://notes.camh.net/efeed.nsf/newform>

examine motivators to alcohol use

examine discrepancies

identify sources of distress

4. **Provide personalized feedback.** Avoid general information and refer specifically to the woman's use of alcohol. Compare her consumption pattern with the norm. Go to the web site of the Centre for Addiction and Mental Health for this information.

**Do say** *"Let's find out how your consumption patterns compare with other women your age."*

**Don't** make general statements. *"Pregnant women who drink will have an FAS8 baby."*

5. **Emphasize the benefits of any reduction in alcohol use.** It's never too late in her pregnancy to make small changes in her drinking. Provide her with ideas about how to make changes or shifts in her alcohol use.
6. **Acknowledge the positive role alcohol 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 alcohol use.

**Do ask** *"What are some of the benefits you get when you drink?"*

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

7. **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?"*

establish rapport

Discuss any other sources of distress, such as:

- threat of apprehension of this child or others
- relationship loss
- job loss
- legal problems

8. **Use gentle strategies.** Maintain an empathic and non-judgmental approach to the woman's perception of her situation. Your job with a pregnant woman in the precontemplation stage of change is to keep her involved with you. Use these strategies:

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

use commendations

**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."***

avoid action statements

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

keep a holistic focus

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

ask open-ended questions

**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?"***

9. **Emphasize relationship building.** Especially in precontemplation, there is no chit chat too small. For example, ask what did you do this morning? What did you have for breakfast? These questions are not for the purposes of assessment. They help to build a relationship and they show concern for the woman.

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

roll with resistance

use different kinds of reflection

## Kinds of resistance

resistance is a predictor of poor outcomes

<b>Examples of Reflection</b> (PW = Pregnant Woman/SP = Service Provider)	
<i>simple reflection</i>	
<b>PW:</b>	I don't plan to quit drinking any time soon.
<b>SP:</b>	You don't think that abstinence would work for you right now.
<i>double-sided reflection</i>	
<b>PW:</b>	I know that you want me to give up drinking completely, but I'm not going to do that.
<b>SP:</b>	You can see that alcohol might be a problem, but you're not willing to think about quitting altogether.
<i>amplified reflection</i>	
<b>PW:</b>	I don't know why my husband is worried about my drinking. I don't drink any more than any of my friends.
<b>SP:</b>	So your husband is worrying needlessly?

There are many different types of resistance. Sometimes it's easy to identify. But other times it can be more difficult. 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

## How to recognize and deal with resistance

resistance is a positive signal

resistance can signal many different things

resistance is created by the service provider

Resistance can happen at any stage of change. However, it is very likely to occur during precontemplation. Some service providers think resistance is a sign of defiance. But in motivational approaches, the viewpoint towards resistance is very different.

**In motivational approaches, resistance is not seen as a sign of defiance. Instead, resistance is seen from a positive rather than negative perspective. It is a signal to you to change strategies.**

From the pregnant woman's perspective, resistance can signal that:

- she views the situation differently from you
- she feels helpless to change or is in conflict about change
- she perceives you have taken away her control and personal choice in decision-making

From the service provider's perspective, resistance can signal that:

- **you need to slow down** - you have encouraged her to change too quickly, misjudged the importance of change to her, or over-estimated her confidence in or her readiness to change
- **you have been judgmental** or have labelled the woman (for example, an "alcoholic" or "in denial")
- **you need to roll with resistance** and avoid argument
- **you need to listen more carefully** or change direction

**Resistance can be increased or decreased based on what you say and do.**

## Pre-contemplation issues for service providers

For more information about alcohol use in pregnancy, go to [www.beststart.org](http://www.beststart.org)

Service providers are likely to feel anxious when they meet a pregnant woman who uses alcohol, especially if the woman is in precontemplation. This is an understandable feeling. You might:

- feel anxious because of the fetus - you worry about the effects of alcohol use on its development
- wonder when you need to report alcohol use to CAS
- be reluctant to ask a woman about her alcohol use

These anxious feelings can create a number of undesirable situations, including:

- **You try to rush the woman to the action stage of change.** You offer immediate solutions and direct her to make changes right away. Try to resist this impulse. It's likely to make her feel defensive, overwhelmed, or ashamed. Or she might not return to see you.
- **You avoid questions about alcohol use.** You're afraid you won't know what to do if she has an alcohol problem. But it's important to ask. The woman might not realize she has a problem. Or she might not realize there are solutions to it.

Remember: with women in precontemplation, your goals are to develop rapport, raise consciousness, and move her to the contemplation stage of change. You can achieve these goals if you:

1. **Encourage any and all small changes** that reduce high-risk behaviours. Feel encouraged by small changes, not hopeless and discouraged in the absence of complete change. You don't expect to see big changes in precontemplation.
2. **Recognize the context of a pregnant woman's life.** Many pregnant women have stressful lives. It's not only alcohol use that affects the health of pregnant women and their children. Poverty, lack of food security, violence, and lack of opportunity and support all contribute to negative birth outcomes. If you communicate your understanding of her life to a pregnant woman, she is more likely to respond favourably to you.

## **Pre- contemplation issues for women**

Even in the precontemplation stage of change, alcohol use issues arise for pregnant women. Some of these include:

- **She might begin to have questions or concerns** about her alcohol use. Many pregnant women do, even those who use alcohol heavily. The reason she comes into contact with you might not be her alcohol use. But take the opportunity to offer support and ask gentle questions.
- **She might be willing to contemplate change** when she finds out she's pregnant. Pregnancy is often a motivator to change. Look on page 4 of the Introduction for more information about the "teachable moment".
- **She might feel guilt**, thinking her alcohol use has harmed herself and her infant. Remember: guilt can present as defensiveness, hostility, or resistance. It is very important not to increase her guilt.
- **Talk about both the mother *and* the baby.** Talk about both alcohol use *and* pregnancy concerns. Let her know that both she and the baby are important. But help her make a connection to her infant. Alcohol use can cause her to detach from the baby. A self-protective thought process takes over. She comes to believe that her alcohol use affects only her own health, not the baby's.

**In precontemplation, relationship building - both your relationship with the woman and her relationship with her infant - is your most important job.**

# The SMART Guide

## *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Guide for Service Providers*

### Chapter 3: Contemplation

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#### Highlights of Contemplation

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##### The service provider's role in contemplation

- **help the woman “tip the scale”** in favour of change
- **normalize ambivalence** - reassure the woman that conflicting feelings and uncertainties are common during this stage of change
- **move her to the preparation stage of change** - it's very important to resist the urge to push the woman to the action stage

##### Contemplation strategies for service providers

- normalize ambivalence
- avoid commands - don't let statements sound like accusations
- show curiosity and interest
- avoid focus on the use of alcohol per se - illuminate the relationship between use and the reasons for use
- increase self-efficacy

*High self efficacy is a predictor of successful change*

##### Contemplation issues for service providers

- avoid blame
- explore the woman's values about change
- acknowledge the social context of alcohol use
- recognize that ambivalence has consequences for you, too
- recognize that the woman might have an inaccurate understanding of change

*Explore her expectations. Educate yourself about addiction treatment.  
Better outcomes occur when expectations about treatment are realistic.*



## What is Contemplation?

Contemplation is the second stage of change. Here are some descriptions of people in contemplation:

- they are **ambivalent about change** - they see both the negative and positive aspects to their alcohol use
- they **begin to see the positive aspects of change**, but are reluctant to give up their alcohol use completely
- they **simultaneously see reasons to change** and reasons *not to change*
- they continue to use alcohol but **consider the possibility of quitting** or cutting back in the near future
- they might **look for information** about alcohol use and its effects, **reexamine** their alcohol use, or **seek help** to support the possibility of change

avoid labels

show empathy and use reflection

A pregnant women in contemplation will sound unsure when she expresses concerns about her alcohol use. **Your response will determine if she risks voicing more concerns.** Don't define "alcoholism" if she reveals her alcohol use. If you do, she will be unlikely to give you any more information. If you use empathy and reflection, she will be more inclined to explore these and other worries.

## The service provider's goals in contemplation

The contemplation stage of change can be a very exciting time. You can see the movement toward change. The primary goals for the service provider in the contemplation stage are to:

- **help the woman "tip the scale"** in favour of change - we will discuss many strategies you can use
- **normalize ambivalence** - reassure the woman that conflicting feelings and uncertainties are common during this stage of change
- **move her to the preparation stage of change** - again, it's very important to resist the urge to push the woman to the action stage - she must be given the opportunity to experience each stage of change

## How to identify a pregnant woman in contemplation

Many pregnant women in contemplation will volunteer at least a few hesitant concerns about their alcohol use, often qualifying concerns with “but”. Here are some statements a pregnant woman might make when she is in the contemplation stage of change:

**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.

### Contemplator Profile

- ▶ Mary has made a few appointments to see you, but today is the first time she actually arrives. She is six months pregnant. She says she sees her physician and is able to identify her pattern of alcohol use.
- ▶ Mary has identified some changes in her consumption during the pregnancy. She was a daily drinker (12 to 18 beers per day) but now doesn’t drink as often or as much. She reports 12 to 18 beers four times per week.
- ▶ Mary has some friends who are supportive of sobriety during pregnancy but others who are not. She has been drinking in this way since she was 13 and she has made some treatment attempts, but she cannot imagine her life without alcohol. She has heard from her doctor that alcohol can harm her baby and she’s worried about that.

## Strategies for service providers

normalize ambivalence

avoid commands

use double-sided reflection

use decisional balance

change extrinsic to intrinsic motivation

Here are some strategies you can use with pregnant women in the contemplation stage of change:

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

**Do say** *“Many pregnant women were confused in the contemplation stage but eventually they changed their alcohol 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: Do a pros and cons chart with her.** Ask her to list the benefits of and the drawbacks to change. Also ask her to list the benefits of and the drawbacks to alcohol use. (Look at Appendix 1 for a sample decisional balance chart.) This is a good strategy for both of you. It's a concrete visual aid to help her make decisions. And it helps you see the negative and positive reasons for her alcohol use.

**Strategy #3: 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. Here is an example:

link external motivators to internal ones

**Do** make this link: *“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?”*

external motivation has limited impact

**Don’t** say *“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.”*

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

show curiosity and interest

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

be holistic

reframe

**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?”*

evoke self-motivational statements

3. **Create opportunities for her to talk about her motivation.** It’s crucial for people to express their motivations in their own words. Many service providers have a tendency to do this for the woman. Remember: people retain what **they** say, not what **you** say.

**Do** say *“What makes you think that if you decide to make a change, you could do it?”*

**Don’t** say *“I know you can quit drinking . I really believe you can do it.”*

Look at Appendix 2 for more sample questions to evoke self-motivational statements. As soon as you hear a self-motivational statement, ask the woman to elaborate.

emphasize personal choice and responsibility

contact Motherisk at 1-877-327-4636 or [www.motherisk.org](http://www.motherisk.org)

don't let statements sound like accusations

increase self-efficacy

high self-efficacy is a predictor of success

summarize self-motivational statements

4. **Be straight-forward and matter-of-fact.** Do not alarm the woman about her alcohol use. But provide factual information about the range of effects alcohol can have on the fetus. Here are some statements you can make *in a neutral, non-judgmental tone of voice*, that emphasize her choice and responsibility:

- “It’s up to you what you’re going to do about your alcohol use. No one can decide this for you.”
- “No one can change your alcohol use for you. Only you can.”
- “You can decide to go on drinking or to change.”

5. **Encourage her belief in her ability to change.** This is called “self-efficacy”. Self-efficacy is a critical factor in behaviour change. 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. Help her take credit for those changes. Emphasize and reinforce any small steps the woman is able to make towards change.

6. **Use summary statements.** Summarizing is very important in motivational approaches. It allows people to hear something three times: the woman says something, you reflect it, and then you summarize it later. This repetition provides a positive emphasis for the woman. It also allows for clarification on your part. Summarize at various intervals throughout each interaction with the woman.

**Do say** *“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?”*

**Don’t say** *“I knew you could stop drinking. Good for you. Let’s try to go a whole week next time.”*

concentrate on the reasons for use

avoid focus on the use of alcohol per se

illuminate the relationship between use and reasons for use

review the resistance strategies in Chapter 2

7. **Shift the focus.** An important strategy in motivational approaches is to shift the focus *from* the use of alcohol *to* the reasons for alcohol use. This is especially true in the contemplation stage of change. You will see the technique of shifting focus in all of the examples we have used in this section of the training guide. It might be helpful to review the examples with this in mind. Shifting focus is important because:

- the reasons for alcohol use are important issues that need to be addressed
- a woman in contemplation might be willing to discuss these issues rather than talk about the alcohol use directly
- it clarifies for the woman the relationship between her alcohol use and other issues in her life

Shifting focus is also important because it:

- provides another opportunity to use the strategy of personal choice and control
- helps reduce resistance by turning attention away from obstacles and barriers

**Remember: resistance doesn't end at precontemplation. It occurs in any stage of change.**

## Motivational technique: the timeline followback

go to [http://www.camh.net/Publications/CAMH\\_Publications/timeline\\_followbk\\_usersgd.html](http://www.camh.net/Publications/CAMH_Publications/timeline_followbk_usersgd.html)

help make connections

contact the Motherisk help line at 1-877- 327-4636

A timeline followback is an easy motivational technique anyone can use. You can order the timeline followback from the Centre for Addiction and Mental Health. Or use a calendar. You gather information on alcohol use and work backwards.

The process is simple. People simply review their alcohol use (amount and frequency) over a given period of time - say, in this case, since the woman found out she was pregnant - with the use of a calendar. On the calendar, she links her consumption with events, issues, or emotions as they occurred.

The timeline followback is helpful because it helps to:

- **identify patterns of alcohol use** and show the links to events in the woman's life or the progress of her pregnancy
- **move women along the stages of change** - one of the best ways to move a woman from contemplation to the preparation stage is to spend time with her and let her tell her story

Once the timeline followback is completed, discuss it with the pregnant woman. You want to highlight the relationship between events or issues and consumption patterns.

It also offers a good opportunity to encourage the woman to contact the Motherisk help line with her timeline in front of her. The help line can provide insights about possible effects on the fetus, depending on the timing of the consumption. The woman can contact Motherisk confidentially on her own or with you present. The choice is hers.

See Appendix 3 for a sample timeline followback calendar.

## Contemplation issues for service providers

understand the concept of impaired control

intrinsic motivators lead to lasting change

alcohol use is not an isolated phenomenon

recognize hazards and complications of ambivalence

calculate the extent of her ambivalence

avoid overprescription

provide direction when asked

Here are some issues you need to consider when you work with pregnant women in the contemplation stage of change:

1. **Avoid blame.** Many pregnant women who use alcohol *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.
2. **Explore the woman's values about change.** You cannot assume a pregnant woman's values about the benefits of change are the same as yours. You might believe change is positive and necessary, especially because of the baby. Don't try to impose your reasons for change on her. **Remember: extrinsic motivators don't work.**

**Your job ► help her identify intrinsic motivators, even though you might not agree with them**

3. **Acknowledge the social context of alcohol use.** Family, friends, and community norms all have an impact on the way a pregnant woman uses alcohol. If she changes her alcohol use, her whole life can potentially be disrupted. It's normal for people to fear change and expect life to be worse afterwards.
4. **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

**Your job ► don't move ahead too quickly - resist the temptation to be solution focussed**

## Contemplation issues for women

the prospect of change can be frightening

treatment expectations can be distorted

ensure correspondence between expectation and reality

Here are some issues for pregnant women in the contemplation stage of change:

1. **She might have an inaccurate understanding of change.** Here are some concerns a pregnant woman might have about quitting or cutting down on her alcohol use:

- she might believe she must change her whole life - move from her neighborhood or break ties with all her friends and family
- she might believe she has to change everything overnight, which is an overwhelming prospect
- she might have very unrealistic expectations about addiction treatment; for example, many people assume it involves lengthy stays as an in-patient; in fact, most involves out-patient visits or group support
- she might have made many unsuccessful attempts to change in the past, so the very thought of making another attempt to change reminds her of failure

**Your job** ▶ explore these expectations with the woman - then you will discover which actions might be negotiable and which are not

▶ educate yourself about addiction treatment options in your community - then you will be able to describe accurate information about treatment and you can begin a preliminary discussion about available options

**Better outcomes occur when expectations about addiction treatment are realistic. The contemplation stage is a good time to begin to explore expectations and to educate pregnant women about treatment.**

allow for the grieving process to occur

reassure with empathy and patience

2. **She might need to grieve the loss.** When you give up a way of life, it can be as intense as the loss of a close friend. Many women need time to grieve. If you push a woman too fast toward change, you can ultimately weaken her determination. Be patient and show empathy. Help women believe their losses will be replaced by gains.

**Your job ► explore the function alcohol serves in her life.**

Be prepared to address her needs if she quits drinking. For example, she might drink to cope with an underlying depression. So, before she quits drinking, supports must be in place to help with that.

# The SMART Guide

## *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Guide for Service Providers*

### Chapter 4: Preparation

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#### Highlights of Preparation

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##### The service provider's role in preparation

- **negotiate a change plan** that reflects the woman's values and goals
- **reduce barriers to change** - provide as many support services as possible
- **focus on self-efficacy** and reinforce any self-motivational statements she has previously made
- **continue to evaluate readiness to change** - if she is ready to move to the next stage (action), help the woman to initiate her change plan; if commitment fades, return with her to the contemplation stage

##### Preparation strategies for service providers

- avoid premature decision-making
- engage, don't dictate
- emphasize her control over the change process - present a menu of options and allow her to make her own choices
- take smaller steps if necessary
- avoid punishments or negative contingencies - rewards are highly effective reinforcers of abstinence
- keep her involved with you - avoid shame and blame

***Change is rarely linear. Ambivalence can occur at any stage of change. It may be necessary to return to the contemplation stage of change until the woman is ready to move to action.***

##### Preparation issues for service providers

- understand resistance
- don't allow yourself to become discouraged
- know the risks of withdrawal
- give your "best advice"
- understand the woman's need to prepare for change
- support her as she addresses on-going high risk issues



## What is preparation?

“Nothing is more motivating than being well prepared - a well prepared person is usually eager to get started.” William Miller

## The service provider's goals in preparation

Preparation is the third stage of change. Here are some descriptions of people in preparation:

- they show **decreased resistance** - they no longer argue, interrupt, oppose, or object
- they have **fewer questions** about the problem and **more questions** about how to change
- they have **reached a resolution** - are more peaceful, calm, relaxed, or settled - but this might occur only after a period of anguish or discomfort
- they **express self-motivational statements** that show optimism and an openness to change
- they **envision** life after change occurs and anticipate difficulties and advantages of change
- they **experiment** with possible change approaches

During the preparation stage, your goals broaden. The service provider's goals in the preparation stage are to:

- **negotiate a change plan** that reflects the woman's values and goals
- **reduce barriers to change** - provide childcare, transportation, telephone support, and advocacy with other support services when possible
- **focus on self-efficacy** and reinforce any self-motivational statements she has previously made
- **continue to evaluate readiness to change** - if she is ready to move to the next stage (action), help the woman to initiate her change plan; if commitment fades, return with her to the contemplation stage

**Remember: the stages of change do not always follow a straight path.**

## How to identify a pregnant woman in preparation

In this stage, the woman begins to consider alternatives. Her questions change from “Is there a problem” to “What can I do?”.

Here are some statements a pregnant woman might make when she is in the preparation stage of change:

**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:** I have to stop drinking but it’s going to be really hard.

**Example #4:** Now that I know I’m pregnant, I want to quit drinking. I hope my partner can quit, too.

### Preparation Profile

- ▶ Umme is six months pregnant and was referred by the Detox Centre. Her one other child was placed in foster care at birth because of the drinking and domestic violence that occurred during her first pregnancy.
- ▶ Umme has been in addiction treatment several times. She has managed periods of sobriety following each. She says she needs help now because her current treatment plan isn’t enough. She says she’s tired of living like this. She knows the reason she relapsed was because she didn’t know how to deal with a risky situation. She saw herself starting to drink again but couldn’t stop herself.
- ▶ Umme says she liked the way her life was when she wasn’t drinking. She wants to quit drinking again for herself and her baby. But she knows it’s hard to do on her own.

## Strategies for service providers

develop discrepancy

use double-sided reflection

avoid minimizing self-efficacy

ambivalence can occur at any stage of change

the appropriate level of anxiety is a motivator to change

support self-efficacy

anxiety plus belief equals change

Here are some strategies you can use with pregnant women in the preparation stage of change:

1. **Reflect the contradictions** between the woman's 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”*.

2. **Be prepared for ambivalence or resistance.** Preparation can be an uncomfortable stage (which is one reason why it is motivating). It’s difficult when you begin to see personal risk and problems. So a woman might become more anxious, depressed, or angry. The woman might deal with discomfort in one of two ways:
  - she decides to change her behaviour and makes a change plan *or*
  - she minimizes the risk and returns to the contemplation stage

Two things determine the route a woman will choose. The first is your ability to help her maintain a level of anxiety that neither overwhelms her nor minimizes the situation. The other is self-efficacy - her perception that:

- an effective, realistic change strategy is available
- she is capable of carrying it out

**This is called the  $a + b = c$  formula. “A” refers to the optimal level of anxiety. “B” refers to belief in the ability to change (or self-efficacy). “C” refers to successful change.**

envision and explore through goal-setting

avoid premature decision-making

change is rarely linear

engage, don't dictate

emphasize her control over the change process

take smaller steps if necessary

3. **Clarify her goals and strategies for change.** An important part of the early and middle preparation stage is to set goals. This discussion strengthens a woman's commitment to change.

**Strategy #1: Refer back to the decisional balance exercise.** (See Appendix 1.) This will help you determine whether the woman is ready for change. A woman is not ready for change if her goals are unrealistic. Or she overestimates her present abilities and resources. Don't allow the woman to set herself up for failure. Then, she might give up on change altogether. Or she might lose trust in your judgment and care.

**Delay the commitment process if the woman is not ready to change. Return to the contemplation stage with her. Remember: people move back and forth between the stages of change.**

**Strategy #2: Emphasize her personal choice and responsibility for change.** Help the woman make choices that are in her best interests. Remind her that:

- she has choices to make
- she is in control of the change process

This reinforces commitment to change. Reassure her she can adjust the pace of change. And she can choose to begin with smaller steps.

By now, the woman should be used to hearing statements from you that emphasize her personal choice and responsibility, such as:

- It's up to you what to do about this
- No one can decide this for you
- No one can change your drinking for you - only you can
- You can decide to go on drinking or to change

do your home work

support self-efficacy

present a menu of choice

allow her to make her own choices

4. Offer a menu of choice. Here's how:

- make sure you know about all local resources and what they provide for pregnant women
- assure her there are effective, acceptable, and realistic avenues for change available to her
- provide as many options for change as possible (called the "menu of choice")
- describe each of them
- allow the woman to select those options she perceives to be the most helpful

**Resistance is reduced and positive outcomes increased when you present a menu of choice. Women who choose their own best options are more likely to achieve successful change.**

After the woman has chosen her best option for change, it is your job to ensure that the change plan is S.M.A.R.T.

make the change plan S.M.A.R.T.

- |          |                   |  |
|----------|-------------------|--|
| <b>S</b> | <b>specific</b>   | decide if treatment is needed and what kind  |
| <b>M</b> | <b>measurable</b> | incorporate ways to measure success so women feel good about themselves and hopeful about change |
| <b>A</b> | <b>attainable</b> | include small steps or sub-goals which can be achieved before the next one is tackled            |
| <b>R</b> | <b>realistic</b>  | provide accurate information - change takes time and relapse is part of the change process       |
| <b>T</b> | <b>timely</b>     | develop a short rather than long-term plan and establish a start date                            |

negotiate if her plan seems unrealistic, too ambitious, or not ambitious enough

“The act of composing and signing a contract can be a small but important ceremony of commitment.” William Miller

rewards are highly effective reinforcers of abstinence

avoid punishments or negative contingencies

anticipate problems

develop alternative strategies

remain positive

avoid overwhelming

5. **Develop a contract.** A contract can be written or oral. It's a useful way to help women get started on their change plans. It's also another opportunity to discuss all her reasons for change. A contract should be:

- formal (written and signed) **or** informal (spoken, perhaps with a handshake) - it depends on the woman's literacy level and her own desires
- in her own words and ideas - avoid creating a contract for her
- framed in a positive way and include incentives or rewards - avoid negative contingencies or punishments

Consider the following points:

**Issue #1**      **Be sensitive to her history.** Some women have had negative experiences with contracts. This is most true when contracts include punishments.

**Issue #2**      **Include others in the contract.** Who is it with? Who else is involved? It might be a promise to herself, to a spouse, or to other family members. You can also be included in the contract. In this case, specify your roles and responsibilities.

6. **Lower barriers.** There might be several barriers in the way of change. One way to lower barriers is to predict them. Focus on events or situations likely to cause problems. Then include alternative strategies or solutions in the action plan.

**Do** say *“Can you think of any event or situation that would cause you to hit a rough spot in your change plan? What could you do to make sure that you keep on with the plan?”*

**Don't** say *“Let's make a list of everything that could possibly go wrong.”*

provide as much referral information as possible to reduce anxiety

keep her involved with you - avoid shame and blame

develop strategies to deal with potential barriers

question whether support networks encourage continued alcohol use

supportive people can learn motivational strategies

ask about effective social supports in the past, before alcohol use escalated

Other ways to lower barriers are to:

- **make referral phone calls** or give the woman time to make a referral call from your office - this is much more effective than handing the woman a piece of paper with the referral information written on it
- **let her know you're interested** in how everything goes - she should always feel she can contact you, no matter how her change plan works out
- **recognize that potential barriers exist in several areas** including family members (who might not support change), health problems (which might surface with change), and system problems (which includes treatment programs who refuse entry to pregnant women) - then, coping strategies can be built into the change plan

7. **Enlist social support.** Social support is critical to change. It can ensure change happens. And it can influence whether change is maintained. Take these steps:

- **Identify supportive people in her life.** These people should be included in her change plan, with a description of what each can do to help.
- **If she doesn't have support,** she might find supportive people in churches, community organizations, mentoring groups, or self-help groups. Include these in the change plan.

**A woman's success can be predicted by social support for change. A supportive person is someone who listens and is helpful, encouraging, and non-judgmental. This person should also have a shared interest in something other than alcohol use.**

“[Pregnant women] with a carefully drafted change plan, knowledge of both risky situations and barriers to getting started, and a group of supportive friends ... should be fully prepared and ready to move into action..” William Miller

8. **Initiate the change plan.** Start the change plan on the date specified. Your job is to make sure she understands she can return, call you for more support, or renegotiate her change plan if she needs to.

### Maria's Story

- ▶ Maria came to see you as soon as she found out she was pregnant. You referred her to an intensive addiction treatment centre which she completed. But she now says the only reason she went was because she was afraid of losing her baby.
- ▶ Maria now sees that sobriety is beneficial, she understands some of her triggers, and has learned some coping strategies. However, she still lives with a partner who has been abusive in the past and she has few positive social supports.
- ▶ Maria recognizes that her situation is still high risk but doesn't know what to do about it. She wants a more concrete change plan to address the other risk areas of her life that could lead her back to drinking.

## Motivational technique #1: the Change Plan Worksheet

A Change Plan Worksheet is another easy motivational strategy. It helps the woman focus on the details of her plan. Look at Appendix 4 to find the Worksheet. Here are some statements to consider in each section:

1. **The changes I want to make are:** Be specific. Include positive goals (I want to increase, improve, do more of something), not just negative ones (I want to stop, avoid, or decrease a behaviour).
2. **My main goals for myself in making these changes are:** What's likely to happen if I change? What's likely to happen if I don't change? What are the most important reasons why I want to change?
3. **The first steps I plan to take towards change are:** How can I reach the change I want to make? What are some specific, concrete first steps? When, where, and how will the steps be taken?
4. **Some things that could interfere with my plan are:** What specific events or problems could get in the way of my plan? What could go wrong? How will I stick with my plan in spite of these problems or setbacks?
5. **Other people could help me change in these ways:** What specific things can my support person do to help me? How will I arrange for this support?
6. **I will know that my plan is working if:** What do I foresee happening because of the changes I want to make? What benefits do I expect?

## Motivational technique #2: Confidence Rating

Another helpful strategy is to estimate both the woman's readiness to change (on a scale from 1 to 10 where 1 ' not ready and 10 ' very ready) and self-efficacy (on a scale from 1 to 10 where 1 ' no confidence and 10 ' most confidence). Ask her to rate herself on both readiness and self-efficacy for each change she wants to make. For example, on change #1, she might rate herself a "9" with respect to readiness, but only a "4" on self-efficacy . On another change, she might rate herself completely differently. This helps you guide her to the starting point on her change plan. See Appendix 5.

### Motivational technique #3: the Case History

**Success stories and models are very important - they motivate people to change. Provide a case history of another pregnant woman who made large and seemingly impossible changes by taking small steps one at a time.**

### Motivational technique #4: Going Public

The pregnant woman has decided to change and has started to set goals. But your job is not over. Ambivalence can reoccur at any point in the stages of change. Your job still remains to reinforce her commitment to change.

There are several ways to enhance commitment in the late preparation stage. One of these is called *“going public”*.

The strategy of going public helps in three ways:

- it helps the woman take responsibility for her change plan
- it helps her examine any remaining resistance to change
- it helps the woman check out the degree of support another person can provide to her

Going public is straightforward. The woman discloses her desire to change to at least one other person (besides you). This other person might be a spouse, friend, family member, coworker, church friend, or self-help group member.

### Motivational technique #5: Envisioning

Another way to enhance commitment in the late preparation stage is called *“envisioning”*. This is a powerful motivator to change.

Here is an exercise for envisioning change. Ask the pregnant women to picture herself after a year has passed and she has made all the changes outlined in her plan. She then describes this changed person to you.

Here is another exercise. Ask the woman to write a letter to herself. Date it in the future and describe what her life is like at that point. She then reads the letter aloud to you.

## Preparation issues for service providers

review the resistance strategies in Chapter 2

return to contemplation stage strategies if necessary

keep the woman involved with you

boost her self-efficacy

contact Motherisk at 1-877-327-4636 or [www.motherisk.org](http://www.motherisk.org)

give advice when asked

insert qualifiers

Here are some issues you need to consider when you work with pregnant women in the preparation stage of change:

1. **Understand resistance.** Resistance is a signal. You and the woman have different points of view. Resistance can be displayed in behaviour (such as missed appointments) rather than words. In the preparation stage, here are some reasons why a woman might become defensive:

- she is pushed to commit to change before she is fully ready
- her goals conflict with yours

**Your job** ▶ **continue to explore her ambivalence.** Reassess her stage of change. Adjust your strategies as required.

2. **Don't allow yourself to become discouraged.** Remember: most people move through the stages of change several times before successful change occurs.

**Your job** ▶ **continue to convey positive messages.** Reassure her. If her change plan isn't working, the two of you can find another that will. Let her know she can return to see you, no matter what happens.

3. **Know the risks of withdrawal** for both the mother and the fetus if her change plan includes detox or addiction treatment. It depends on the amount and frequency of her alcohol use. A medically supervised withdrawal might be required. In some cases with some drugs, withdrawal can be more harmful to the fetus than continued use.

4. **Give your "best advice".** An important part of your role is to provide your best advice, views, and opinions. But make sure the woman understands and feels she can disagree with you.

**Do say** *"This is only my opinion, but I know this treatment program has worked for other pregnant women like you."*

**Don't say** *"This is the only treatment program you should try."*

## Preparation issues for women

Here are some issues for pregnant women in the preparation stage of change:

1. **She will need to prepare for the changes**, not only the loss of alcohol, but also the loss of lifestyle. For example:
  - she might be uncertain about what her new lifestyle will bring, especially regarding loss of old friends, neighbourhoods, or any other changes that are part of her change plan
  - she might not have a positive response from people in her life regarding her change plans, so it might be the time to distance herself from these people
  - she might have to find new ways to focus on her change plan without becoming isolated from others
2. **She will need to address on-going high risk issues**, such as a history of trauma, abuse, domestic violence, anxiety, or depression. However, attachment issues with her infant must not be neglected as she tries to deal with these risk issues.

# The SMART Guide

## *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Guide for Service Providers*

### Chapter 5: Action

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#### Highlights of Action

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##### The service provider's role in action

- help her act on the achievable goals set out in the change plan
- provide positive feedback for any changes she makes
- refrain from negative comments or actions if she has a relapse
- acknowledge and find support for underlying issues that surface during this stage
- help her to move into the maintenance stage of change

##### Action strategies for service providers

- find new reinforcers of positive change
- strategize with the woman - don't instruct
- investigate and resolve barriers to change
- examine past quit attempts without blame
- support a realistic view of change through small steps
- remember that ambivalence and resistance can occur in the action stage

***A woman who feels ambivalent might appear to be non-compliant or show resistance, even in the action stage. Don't pressure her to continue with unrealistic goals.***

##### The service provider's role in relapse

- relapse doesn't mean change has been abandoned
- reinforce the importance of maintaining contact
- guilt over relapse leads to a woman's exit from the stages of change

***Relapse is a natural part of the stages of change. It doesn't mean the woman has failed. Relapse is a learning experience. Use it to find better ways to change.***

##### Action issues for service providers

- address unrealistic hopes and fears
- reduce or eliminate barriers to change where possible
- help the woman to grieve the loss of alcohol in her life
- help her enlist family and social support



## What is action?

Action is the fourth stage of change. Here are some descriptions of people in the action stage:

- they take **steps to change** but have not yet reached a stable state
- they **actively modify** their habits and environment to support their change plans
- they **make drastic lifestyle changes**
- they **face challenging situations and emotions** that can surface after they change their alcohol use
- they **reevaluate** their self-image, from a problem user to a safe user or non-user

## The service provider's goals in action

Some service providers feel that, when a woman reaches the action stage, she doesn't require as much support. In reality, she might need more support in the action stage. She might continue to be ambivalent about change. Or she might alternate between contemplation and action. Also, women in the action stage are suddenly faced with the reality of quitting or cutting back on their alcohol use. This is more difficult than simply thinking about action.

The primary goals for the service provider in the action stage are to:

- **help her act on the small, achievable goals** set out in the change plan
- **provide positive feedback** for any changes she makes
- **refrain from negative comments or actions** if she has a relapse
- **acknowledge and find support** for any underlying issues that surface during this stage
- **help her to move** into the maintenance stage of change

## How to identify a pregnant woman in action

In the action stage, the woman implements her change plan made in the preparation stage. Here are some statements a pregnant woman might make when she is in the action stage of change:

**Example #1:** This is really hard. I wasn't hung over the other day and that was new for me.

**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:** I have to do something about my partner who is hitting me. I can't take it now that I'm sober.

### Action Profile

- ▶ Ling attends your program regularly. She is open and able to identify the successes she has been able to achieve since she quit drinking (such as attending appointments, being on time, and maintaining stable housing). Her doctor says her pregnancy is going well.
- ▶ Other people notice her changes and they praise Ling for them, but she says she doesn't always believe them. Some days seem easier than others. She says she misses her old friends and her old neighbourhood but when she goes back to visit, she doesn't feel like she fits in any more.
- ▶ Ling is beginning to understand and ask questions about how to deal with her depression, instead of drinking. She says her older daughter doesn't trust her - she's always afraid Ling will start drinking again.

## Strategies for service providers

find new reinforcers of positive change

strategize with the woman

don't instruct

investigate and resolve barriers to change

use simple reflection

examine past quit attempts without blame

Here are some strategies you can use for pregnant women in the action stage of change:

1. **Work with her to find solutions.** Acknowledge all small steps towards change the woman has made. Provide positive feedback. Discover together what will strengthen her new changed behaviour.

**Do** say *“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?”*

**Don't** say *“You should cut off all contact with your old friends. You need to find something else to do on Friday nights.”*

2. **Be prepared to deal with other issues.** Other barriers and issues might arise when the woman starts to change. For example:
  - family and friends either don't trust, or do feel threatened by, the changes she makes - so they sabotage or don't support her
  - the woman's underlying issues, such as trauma, abuse, domestic violence, depression, or anxiety, might surface - so she feels overwhelmed or discouraged
3. **Reflect with empathy.** A woman in the action stage might feel very alone, especially if her friends and family don't support her changes.

**Do** say *“You hoped that your family would be really pleased, but they don't seem to trust that your change is for real.”*

**Don't** say *“You've tried to quit drinking many times before. It's no wonder your family doesn't believe you this time.”*

support a realistic view of change through small steps

ambivalence and resistance can occur in the action stage

provide support as she fits changes into the context of her life

relapse doesn't mean change has been abandoned

reinforce the importance of maintaining contact

guilt over relapse leads to an exit from the stages of change

4. **Review her goals.** Are they working? Or are they too ambitious? Is she ambivalent again? Remember: goal review is always an important strategy. The woman might be overwhelmed by the changes she is making. Reassure her she can slow down the pace of change and take smaller steps.

**A woman who feels ambivalent might appear to be non-compliant or show resistance, even in the action stage. Don't pressure her to continue with unrealistic goals.**

- Your job**
- ▶ emphasize her personal choice
  - ▶ remind her she can take smaller steps

5. **Reassure her that relapse is normal.** The action stage can last for several months. For some women, the short-term changes are relatively easy. But the change becomes difficult to maintain in the longer term. Relapse is a natural part of this process. (See page 7 of the Maintenance Stage.)

**Relapse is a natural part of the stages of change. It doesn't mean the woman has failed. Relapse is a learning experience. Use it to find better ways to change.**

- Your job**
- ▶ reassure her she can come back to see you, no matter what has happened
  - ▶ demonstrate your personal concern and interest
  - ▶ avoid shame, blame, and guilt at all costs
  - ▶ complete a functional analysis (see Appendix 6) and develop a coping plan.

6. **Rehearse coping strategies.** It's a good idea for the woman to roleplay her coping strategies with you. This will give her practice and experience. Then ask her to try her strategies in the real environment. She can evaluate their effectiveness and discuss this with you next time.

### **Keesha's Story**

- ▶ Keesha has been sober for several months. Then she had a stressful meeting with her CAS worker regarding custody of her newborn. She made plans to drink again. She got as far as the liquor store, but then changed her mind, turned around, and went home.
- ▶ Even though she didn't drink, Keesha found this experience to be very scary. It reminded her how precarious her sobriety is. She says it was almost as bad as actually drinking. It made her feel as if all the changes she had worked so hard to achieve were not effective after all. She is still coping with all the feelings that follow relapse even though she didn't in fact relapse.
- ▶ Keesha says her self-efficacy has been affected. She is unsure she can maintain her changes over the long term. She's afraid of what will happen the next time she has a bad day.

## Motivational technique #1: Functional Analysis

A functional analysis is another simple motivational strategy. It helps the woman understand the "triggers" (or antecedents) for her alcohol use in the past. It also helps her understand the effects (or consequences) she hoped to experience from alcohol use. The functional analysis can provide clues or insights about:

- the role of alcohol use in her life (called its "function")
- motivators to change
- barriers to change

With this information, you and the woman can then develop coping strategies for change.

**Step 1** ▶ Label two columns on a sheet of paper as "triggers" and "effects."

**Step 2** ▶ Ask the woman when she was most likely to use alcohol. Listen reflectively to make sure you understand. Write down each antecedent under the "triggers" column.

**Step 3** ▶ Ask the woman about the desired effects of her use of alcohol. Listen reflectively. Make sure not to show disapproval or disagreement. Write down each consequence in the "effects" column.

**Step 4** ▶ Point out how certain triggers lead to certain effects. Pick out an example from the "triggers" column. Show how it leads to an item from the "effects" column. Ask the woman to identify as many pairs as she can. (She can draw connecting lines on the paper.) It isn't necessary to pair all the entries.

**Step 5** ▶ Develop a coping plan. Discuss different options or ways she can move from the "triggers" to the "effects" column without using alcohol.

use the past tense to ask about antecedents

elicit perceptions or expectations about alcohol use, not necessarily actual effects or events

connect antecedents with consequences

emphasize freedom of choice

## Action issues for service providers

explore expectancies and determine discrepancies

do your homework

elicit expectations of addiction treatment

elicit concerns without being judgmental

dispel false hopes about addiction treatment

investigate and resolve barriers to change

Here are some issues for service providers in the action stage of change:

1. **Address unrealistic hopes and fears.** As part of her change plan, a pregnant woman might accept a referral to an addiction treatment program. On the one hand, she could believe treatment will “cure” all her problems. On the other hand, she might have concerns or misinformation about what will happen in treatment.

**Your job** ▶ **Find out what the treatment program offers.** Then, you can explain it to her fully. And you can deal with concerns or dispel misinformation.

▶ **Ask her to talk about her expectations.** For example, show her a list of concerns other women have expressed.

▶ **Allow her a chance to vent anxieties or negative reactions.** Assure her these feelings are normal.

▶ **Avoid being judgmental.**

▶ **Be honest about what treatment can and cannot do.** For example, it can't pay the rent, eliminate effects of sexual abuse, or counteract a lack of education. It can support the woman to be more effective when dealing with these issues.

2. **Reduce or eliminate barriers to change where possible.** As the woman's change plan progresses, the woman might experience or reveal other barriers. For example:

- she might not understand written materials used
- she could have problems with childcare and transportation
- she is intimidated by other participants
- she finds the change threatening or overwhelming

Shame or embarrassment might hold the woman back from telling you. Allow the woman the opportunity to discuss her concerns with you. Try to find mutually agreeable ways to overcome these barriers.

## Action issues for women

Here are some issues for pregnant women in the action stage of change:

1. **She might need to continue to grieve loss.** Both losses and gains occur in the action stage. For example, she could lose:

- friends or family who are unsupportive
- neighbourhood or community involvement
- the positive aspects of alcohol use
- the comforting rituals associated with alcohol use

**Remember: a pregnant woman still needs support in the action stage to achieve and maintain successful change**

2. **She should enlist family and social support.** The woman's relationships might be either positive or risky. Your job is to help her decide which relationships are supportive. Friends and family can provide many kinds of assistance including emotional, financial, practical (such as childcare), romantic, spiritual, and social support. However, people who provide support can also be sources of stress.

**Your job**   ▶ **Help the woman identify the different kinds of support she needs. Ask her:**

- what kinds of support do you want?
- what sources of support do you have?
- are there gaps in your support network?
- do you rely too heavily on one support?

▶ **Identify one person who can be an “early warning system”.** This person can learn to recognize the woman's triggers for alcohol use. And he or she can be prepared to intervene when these triggers arise. Make sure it's a responsible adult, not one of the woman's older children.

**Remember: it might not be practical for the woman to sever all ties with friends and family who use alcohol. Instead, help her develop strategies to deal with them.**

# The SMART Guide

## *Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol: A Training Guide for Service Providers*

### Chapter 6: Maintenance

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#### Highlights of Maintenance

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##### The service provider's role in maintenance

- assist in relapse prevention
- provide support around other issues that arise, either directly or by referral
- support lifestyle changes
- affirm her resolve and self-efficacy
- maintain supportive contact

##### Maintenance strategies for service providers

- use competing reinforcers - ultimately, reinforcers must be more attractive than alcohol use
- learn to use relapse prevention strategies
- identify high risk situations
- rehearse and evaluate alternate strategies

*After a relapse, people usually return to an earlier stage of change, often some level of contemplation. So, return to the strategies you used in precontemplation and contemplation.*

##### The service provider's role in relapse

- relapse doesn't mean change has been abandoned,
- reinforce the importance of maintaining contact
- guilt over relapse leads to a woman's exit from the stages of change

*Relapse is a natural part of the stages of change. It doesn't mean the woman has failed. Relapse is a learning experience. Use it to find better ways to change.*

##### Maintenance issues for service providers

- understand the difference between maintenance and termination
- learn to deal with your personal feelings about the woman's relapse
- support the woman as she engages in retrospective thinking or deals with other underlying issues



## What is maintenance?

Maintenance is the fifth stage of change. Here are some descriptions of people in maintenance:

- they **work to sustain the changes** they have made
- they **build a new lifestyle** to support the changes they have made
- they **learn to identify and plan strategies to deal with triggers** that lead to alcohol use
- they **identify risky situations** and practise new coping strategies to deal with them
- they **find new sources of support** for their new lifestyle
- they **look back over the past** which can bring up painful issues and lead to feelings of guilt and remorse

## The service provider's goals in maintenance

During the action stage, the pregnant woman implemented her change plan. In the maintenance stage, she must build a new lifestyle to support the changes. Her new lifestyle must be a satisfying replacement for the comforts and rituals of alcohol use. In the long run, she must make a wide range of lifestyle changes in order to maintain her new behaviour.

The primary goals for the service provider in the maintenance stage are to:

- **assist in relapse prevention**
- **provide support around other issues** that arise, either directly or by referral
- **support lifestyle changes**
- **affirm her resolve and self-efficacy**
- **maintain supportive contact**

## How to identify a pregnant woman in maintenance

Here are some statements a pregnant woman might make when she is in the maintenance stage of change:

- 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.

### Maintenance Profile

- ▶ This is Divania's ninth pregnancy. You have known her through several of them. She is working to maintain the changes she has made, such as her sobriety, stable housing, and budgeting. She is accessing regular prenatal health care, is thinking about her nutrition, and is making realistic plans for the future both for herself and her baby.
- ▶ This is Divania's first sober pregnancy - she says this is the first time she has felt the baby move and kick. She is trying to come to terms with these feelings.
- ▶ Divania acknowledges that some difficult situations have occurred recently. She is able to identify the coping strategies she has found helpful.

## Strategies for service providers

facilitate referrals

support self-efficacy

review goals

use competing reinforcers

ultimately, reinforcers must be more attractive than alcohol use

setbacks in one area can be offset by positive reinforcement from another area

Here are some strategies you can use for pregnant women in the maintenance stage of change:

1. **Make referrals as easy as possible for her.**

Many women will require counselling or support around other issues that might arise (such as grief and loss, trauma and abuse, depression and anxiety). Use motivational strategies when you make referrals.

**Do** say *“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?”*

**Don’t** say *“Here’s the phone number for the Sexual Assault Crisis Centre. Give them a call and find out how they can help.”*

2. **Continue to use motivational strategies.** The woman will need support and encouragement to maintain her changes. So your support of her self-efficacy is critical. Goal review will act as a reminder of her long term plan when she feels overwhelmed or discouraged.

3. **Identify alternatives to alcohol use.** These alternatives are sometimes called “competing reinforcers”. A competing reinforcer is a healthy alternative to alcohol use. It is something the woman enjoys or is a source of satisfaction to her.

- Your job**
- ▶ allow her to generate her own ideas
  - ▶ explore all areas of her life to find new reinforcers

**Remember: reinforcers should come from many sources and shouldn’t be the same type. A wide range of reinforcers means a wide menu of choice.**

get to know community services and resources

Here are some examples of competing reinforcers:

- **connect** to resources in her community related to pregnancy and parenting, such as libraries, family resource centres, and CPNP programs
- **do volunteer work** which fills time, connects the woman to new friends, and improves her self-efficacy
- **get involved** in a self-help group
- **set goals** to further education or vocational opportunities
- **spend more time** with families and significant others
- **participate** in spiritual or affordable social activities
- **socialize** with friends who don't use alcohol
- **learn new skills** or help her find inexpensive ways to participate in sports, art, music, and other hobbies

4. **Make linkages.** Other community service providers might be able to provide relapse prevention services. For example, your local addictions outpatient counselling agency probably provides relapse prevention strategies, either in a group or as individual counselling. Suggest to the woman that she become involved with this organization.

identify high risk situations

rehearse and evaluate alternate strategies

plan to end a relapse

relapse doesn't mean change has been abandoned

order Structured Relapse Prevention: An Outpatient Counselling Approach from the Centre for Addiction and Mental Health (CAMH) - call 1-800-661-1111 or go to their web site

[www.camh.net/Publications/Resources\\_For\\_Professionals/SRP/](http://www.camh.net/Publications/Resources_For_Professionals/SRP/)

## 5. Continue to assist in relapse prevention.

Relapse prevention is a motivational strategy that helps people to:

- recognize their personal high risk situations for alcohol use (in other words, the situations in which they might "relapse" or use alcohol again)
- prepare for and cope with these situations
- develop different strategies if they relapse

**Relapse is a natural part of change. It doesn't mean the woman has failed. Relapse is a learning experience. Use it to find better ways to make change.**

**Step 1** ▶ **Identify** high risk situations in which the woman might use alcohol.

**Step 2** ▶ **Plan** alternate strategies to use when she is in those situations.

**Step 3** ▶ **Rehearse** the new strategies. Roleplay them with the woman.

**Step 4** ▶ **Evaluate** the effectiveness of the new strategy in her everyday life. Did it work? If not, is there a different strategy she could use next time?

If the woman relapsed and used alcohol, you should:

- **reassure** her relapse is normal
- **encourage** her to come back to see you, no matter what has happened
- **demonstrate** your personal concern and interest
- **avoid** shame, blame, and guilt at all costs

Relapse in maintenance can be very traumatic for a pregnant woman. The relapse has implications for both the woman's and the baby's health. It can also have implications regarding the involvement of child protection services. Relapse at this stage can also be very traumatic for service providers.

## Special issue: understanding relapse

In motivational approaches, there is a very specific view of “relapse” or a return to alcohol use. Relapse is not a stage. It can occur at any point in the stages of change. It is seen as the rule, not the exception.

In the past, service providers tended to see relapse as “failure”. This meant they were often tempted to lecture, educate, or even blame and moralize (“I told you so”) when a person relapsed.

The new view of relapse considers it to be a normal part of change and recovery. Here are some of the new beliefs about relapse:

- **Relapse is a learning experience.** Relapse is not a failure. It doesn’t mean people have abandoned their commitment to change. Instead, people can learn new strategies for change with every relapse.
- **Recovery is complex.** Usually, people have longer and longer periods of abstinence between relapses. And the relapses grow shorter and less severe.
- **People can be helped in relapse.** In the past, service providers believed little could be done to help until the person decided to quit again. Instead, the point is to get the person back on track as soon as possible.

There are specific strategies you can use to support a pregnant woman who has relapsed. But remember, this time around, she might be more discouraged so you will need to:

- **encourage her**
- **increase self-efficacy again**
- **avoid confrontation or blame** - the woman might be defensive and rationalize her resumed use of alcohol

**After a relapse, people usually return to an earlier stage of change, often some level of contemplation. So, return to the strategies you used in precontemplation and contemplation.**

## Special issue: your role in coping with relapse

Just as there is a new view of relapse, there is a new role for service providers to help a pregnant woman cope with relapse. Overall, you want to help her get back on track. Here are some motivational strategies you can use:

- Your job**
- ▶ **Help** her move back into preparation and action. Avoid getting stuck in precontemplation or contemplation.
  - ▶ **Ask for** her perceptions and reactions to the resumed use of alcohol.
  - ▶ **Roll** with resistance. Avoid confrontation. Meet resistance with reflection.
  - ▶ **Elicit** self-motivational reasons for change (or her reasons to get back on track - see appendix 2).
  - ▶ **Explore** what she can learn from the experience. (A functional analysis of resumed alcohol use might be helpful. See Appendix 6.)
  - ▶ **Normalize** the experience. It is a common and temporary part of the recovery process. Have the woman talk about the advantages of abstinence.
  - ▶ **Use** reflective listening, not just a string of questions.
  - ▶ **Increase** her self-efficacy. Remember: the traditional view of relapse is one of failure. The woman probably feels some of this. Use the strategies discussed on page 7.
  - ▶ **Explore** her values, hopes, purpose, and goals. Ask a key question, such as: what does she want to do now? Then, move on toward a plan for renewed change.
  - ▶ **Make sure** you have supports in place for your reactions, too. It's normal for service providers to feel personally invested in the situation. See Sarah's story on page 11 of this chapter.

## Maintenance issues for service providers

Here are some issues you need to consider when you work with pregnant women in the maintenance stage of change:

1. **There are differing beliefs about maintenance and termination.** In some theories of addiction (for example, the illness model), maintenance is the final stage of change. But other theories say that people can reach the termination stage. This means that:
  - alcohol use (and its associated behaviour) is no longer part of the way the woman defines herself
  - she no longer requires support or treatment around the issue of alcohol use
  - she has exited the stages of change cycle
2. **Some women will stay in maintenance and others will terminate.** Neither of these is right or wrong, better or worse. It simply means you will need different strategies, depending on the woman's needs. Some women will always be in the maintenance stage of change. These women will:
  - need to cope actively with staying abstinent, often called being "in recovery"
  - need on-going support, probably best achieved through a self-help group such as AA

Women who terminate might need support for other issues in their lives. But the alcohol use has become a non-issue for them.

**Many women will terminate the stages of change. They will move past their history of alcohol use. This is not avoidance. Instead, their lives are centred on healthy alternatives to alcohol use.**

3. **You might have to deal with your personal feelings about the woman's relapse.** Relapse is especially difficult to deal with in the maintenance stage of change. You have developed a relationship with the pregnant woman and are likely to feel a connection to her success. Her relapse can feel like a personal failure to you.

#### Sarah's Story

- ▶ Sarah has been working with Kelly throughout her pregnancy. Kelly is now in the maintenance stage. Then, one day, she missed her appointment. She came to Sarah's office two hours later disheveled and obviously intoxicated. Kelly said she had been drinking steadily for two days.
- ▶ Sarah arranged for Kelly to be admitted to Detox, helped her gather some clothing and food, and then drove Kelly to the Detox Centre.
- ▶ On the way back to her office, Sarah began to feel emotionally overwhelmed. She began to question herself and wonder if she did everything possible for Kelly. She worried about Kelly, the baby, and herself. Sarah asked herself if she did the right thing choosing this job in the first place. She wondered if she could keep doing it.

In this situation, it's important to:

- **acknowledge your feelings**
- **talk to your coworkers** about your experience and feelings
- **talk to your supervisor** about your actions and the steps you took
- **access other more intensive supports**, as needed, either now or later
- **get as much information** as you can, which can help you deal with your feelings

For more information, go to [www.mothercraft.ca](http://www.mothercraft.ca). Look for "Nurturing Change" Under Publications and Resources

**Appendix #1**  
**Decisional Balance Sheet**

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<b>Changing My Drinking</b>	<b>Continuing to Drink</b>
<i>Benefits</i>	<i>Benefits</i>
<i>Costs</i>	<i>Costs</i>



## Appendix #2

### Sample Questions to Evoke Self Motivational Statements

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#### Problem Recognition

- What things make you think this is a problem?
- What difficulties have you had in relation to your drinking?
- In what ways do you think you or other people have been harmed by your drinking?
- In what ways has this been a problem for you?
- How has your drinking stopped you from doing what you want to do?

#### Concern

- What reasons for concern do you or other people have about your drinking?
- What worries you about your drinking? What can you imagine happening to you?
- How do you feel about your drinking?
- How much does that concern you?
- In what ways does this concern you?
- What do you think will happen if you don't make a change?

#### Intention to Change

- The fact that you're here indicates that at least a part of you thinks it's time to do something. What are your reasons for making a change?
- What makes you think you may need to make a change?
- If you were 100% successful and things worked out exactly as you would like, what would be different?
- What things make you think you should keep on drinking the way you have been?
- And what about the other side? What makes you think it's time for a change?
- What are you thinking about your substance use at this point?
- What would be the advantages of making a change?
- I can see you're feeling stuck at the moment. What's going to have to change?

#### Optimism

- What makes you think that if you did decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?



## Appendix # 3

### Timeline Followback

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<h1>July</h1>						
1 son fell down stairs and needed stitches	2	3	4 sister's birthday	5	6	7
8	9 bad day at work - was accused of stealing	10	11	12 found out I was pregnant	13 husband never came home	14
15 big fight with husband	16	17	18 bad day at work - argument with Mary	19	20 pay day	21
22	23	24 car accident	25 in pain	26 in pain	27 pay day still in pain	28 bored
29	30 feeling stressed	31 return to work				







## Appendix #5 Confidence and Self Efficacy Rating

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Change 1: \_\_\_\_\_

*Self efficacy*

1      2      3      4      5      6      7      8      9      10

*Confidence*

1      2      3      4      5      6      7      8      9      10

Change 2: \_\_\_\_\_

*Self efficacy*

1      2      3      4      5      6      7      8      9      10

*Confidence*

1      2      3      4      5      6      7      8      9      10

Change 3: \_\_\_\_\_

*Self efficacy*

1      2      3      4      5      6      7      8      9      10

*Confidence*

1      2      3      4      5      6      7      8      9      10

***Use this tool to help the woman determine which changes she is ready to tackle and her confidence in her ability to succeed in each. Incorporate this information into the action plan.***



## Appendix #6

### Functional Analysis

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<p style="text-align: center;"><b>Triggers</b></p> <p style="text-align: center;"><i>When are you most likely to drink?</i></p>	<p style="text-align: center;"><b>Effects</b></p> <p style="text-align: center;"><i>What are the effects you want when you drink in these situations?</i></p>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

**Step 1:** Have the woman fill in the table above. Here are some questions you can ask to prompt her responses.

*"Tell me about situations in which you have been most likely to drink in the past. Or tell me about times when you have tended to drink more. These might be when you were with specific people, in specific places, or at certain times of day, or perhaps when you were feeling a particular way."*

*"When else in the past have you felt like drinking?"*

*"What else have you liked about drinking in the past?"*

**Step 2:** Have the woman make links between certain triggers and corresponding effects. She can connect the triggers and effect by drawing lines across the columns.

**Step 3:** Discuss positive ways to get from the triggers to the effects without drinking.



## Appendix #6

### Functional Analysis

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<b>Triggers</b> <i>When are you most likely to drink?</i>	<b>Effects</b> <i>What are the effects you want when you drink in these situations?</i>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

**Step 1:** Have the woman fill in the table above. Here are some questions you can ask to prompt her responses.

*"Tell me about situations in which you have been most likely to drink in the past. Or tell me about times when you have tended to drink more. These might be when you were with specific people, in specific places, or at certain times of day, or perhaps when you were feeling a particular way."*

*"When else in the past have you felt like drinking?"*

*"What else have you liked about drinking in the past?"*

**Step 2:** Have the woman make links between certain triggers and corresponding effects. She can connect the triggers and effect by drawing lines across the columns.

**Step 3:** Discuss positive ways to get from the triggers to the effects without drinking.