MODULE FIVE

Supporting Women Who Drink During Pregnancy

Women's Personal Supports

Harm Reduction

Alcohol Risk Assessment

Motivational Interviewing

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Supporting Women Who Drink During Pregnancy

WOMEN'S PERSONAL SUPPORTS

Partners

Living in a stable, nurturing relationship is a protective factor against maternal drinking (Burd et al., 2003). The partner can influence maternal drinking by either being supportive or not of abstinence from alcohol during pregnancy or while trying to conceive. It has been shown that females have a harder time reducing alcohol consumption when their partner opposes the decision (Astley et al., 2000). Women who live in an abusive relationship are more likely to consume alcohol to cope with the violence and abuse (Leonardson & Loudenburg, 2003).

Family and Other Support People

Children learn from their family and friends. Families and other support people can help to reduce the incidence of FASD by educating children about responsible use of alcohol, birth control, and FASD (Gearing et al., 2005). Families and other support people can encourage and support women to not drink alcohol during pregnancies. Women who have a strong support network are less likely to drink during pregnancy (Astley et al., 2000).

Community

FASD can be addressed effectively if whole communities are ready to support preventative efforts and interventions (Wemigwans, 2008). Community members can play a part in helping to address the larger factors or social determinants of health that can influence a woman's drinking. See Module Nine: Prevention of FASD for more information on what communities can do to support women who are drinking during pregnancy and prevent FASD.

HARM REDUCTION

Harm Reduction is "any program, policy or intervention that seeks to reduce or minimize the adverse health and social consequences associated with drug and alcohol use without requiring an individual to discontinue drug or alcohol use" (Beirness, Jesseman, Notarandarea & Perron, 2008, pp 2). It does not exclude the possibility of the individual stopping his/her use in the future and can sometimes be one of the first steps to treatment or rehabilitation.

It may also be a set of non-judgmental strategies and approaches which aim to provide and/or enhance skills, knowledge, resources and support that people need to live safer, healthier lives (Alberta Non-Prescription Needle Use Consortium, 2000). Examples of harm reduction initiatives include: needle exchange programs, supervised injection sites and methadone maintenance.

Philosophy

The philosophy of harm reduction is based on individual's needs and allows care providers to meet the woman "where she is at". Service is provided without discrimination to those who continue to use drugs or alcohol, but who want to access services. A strength-based approach is used to assist women to build on their successes in reducing their use and improving their health (Alberta Non-Prescription Needle Use Consortium, 2000).

Harm reduction empowers people to increase their sense of self-control and personal choices. It provides options for those who may not see themselves as having any. It can encourage people to start envisioning a safer, healthier future and eventually take steps towards that vision (Alberta Non-Prescription Needle Use Consortium, 2000).

Key Principles of Harm Reduction

Beirness et al. (2008) list five key principles of harm reduction:

1. *Pragmatism:* There will always be some level of drug/alcohol use in society, no matter what policies, programs or interventions are in place so reducing use and/or making it safer in the short term may be more feasible than trying to eliminate drug/alcohol use altogether.

2. *Humane Values:* There needs to be respect for the individual's right to choose to use drugs/ alcohol, regardless of their drug of choice or mode of intake. This does not mean that there needs to be approval of the choice – just no moral judgment.

3. *Focus on Harms:* The main priority is the reduction of health risks to the individual and others. It neither excludes nor presumes abstinence. It may just mean the reduction of level of use (e.g., fewer times, smaller amounts, less harmful drug, alternative mode of intake, safer practices).

4. *Balancing Costs and Benefits:* The cost and benefits of harm reduction are looked at in order to prioritize funding and health initiatives. The analysis extends to the larger community and greater society rather than just the individuals using drugs/alcohol. The analysis looks at the differences between harm reduction, other interventions, and/or doing nothing at all.

5. *Priority of Immediate Goals:* Immediate needs are given priority. First steps include meeting the most achievable goals towards risk-free or discontinued use.

The Controversy of Harm Reduction

The term 'harm reduction' is sometimes mistakenly taken to be a euphemism for approval of increased drug use, decriminalization and/or legalization (Beirness et al., 2008). Some people feel that providing drug users with strategies to use more safely condones or approves the use of illegal substances. One of the biggest challenges in harm reduction is not to morally judge drug/alcohol use.

How to Reduce Harm for the Woman and the Fetus

Many people in society are aware of the relationship between alcohol use during pregnancy and FASD. As a result, there can be negative judgments towards women who continue to drink alcohol throughout their pregnancy.

Within the harm reduction framework, there are things that care providers can do to support women who continue to use alcohol during their pregnancy. They include (Leslie & Roberts, 2004):

- Discussing the role alcohol plays in her life and being prepared to address the needs created by her quitting. For example, if she drinks because she is depressed, then supports need to be in place for her to cope with her depression.
- Acknowledging the benefits of continuing to drink, such as stress management, social networking, and self-medication. This shows the woman that you are non-judgmental and empathetic. It also helps her to see why she drinks.
- Celebrating any reduction in alcohol use – reinforce that it is never too late to make small changes.
- Reviewing ways that she can reduce her alcohol use in any way – big or small.
- Recognizing what the woman's life circumstances are. There are many factors that can affect her choice to drink such as poverty, food insecurity and violence. (see Module Three: Alcohol, Women, and Pregnancy for more information)
- Talking about both the mother and the baby. This helps the woman connect to her fetus and may make the baby seem more real to her.
- Avoiding blame. Many of the women want to stop but do not have the skills or support to do so. This is not a lack of intent.
- Being aware of and sensitive to the woman's history. She may have experienced (or is currently experiencing) abuse (physical, sexual, emotional, psychological, etc.)
- Discussing the woman's values/beliefs about change. Do not assume that she will see change as a positive thing or even necessary for her and/or her baby.
- Acknowledging the social context of her alcohol use. Her family, friends and community norms may be using alcohol. She may fear that quitting or even reducing her intake will have a negative impact on her relationships.

Remember that empathy and openness can play a big role in effectively supporting women to reduce the harm of their alcohol intake during pregnancy.

ALCOHOL RISK ASSESSMENT (ARA)

Alcohol Risk Assessment is a tool to be used by professionals working directly in a supportive role with women who are of childbearing age.

Care providers can have an impact on influencing woman's behaviour and improving health outcomes by asking, advising and assisting women in regards to their alcohol use. Asking about alcohol use can provide a context for (Saskatchewan Prevention Institute, 2007):

- educating women about alcohol use during pregnancy
- identifying the woman's use of alcohol
- discussing the possibility of change if a woman is drinking
- referring to appropriate programs or treatments if necessary and desired by the woman

Routinely asking about alcohol use with women of childbearing years may help to reduce denial, shame, and/or stigma surrounding the topic of alcohol use during pregnancy. It is important to have this discussion with every woman, as often there are no signs of alcohol use.

Ask, Advise, Assist

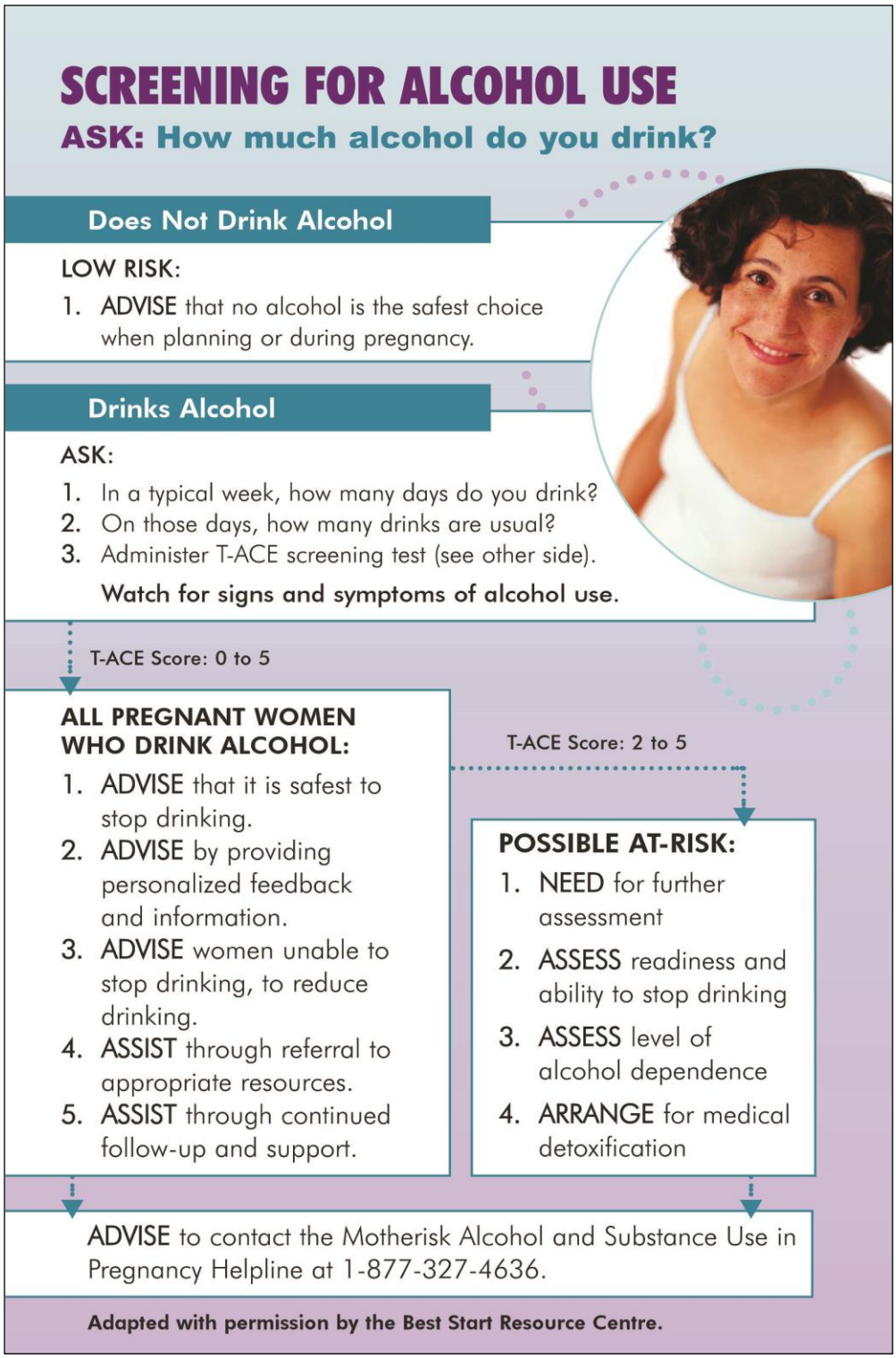
Asking

To avoid (or at least lessen) a woman feeling targeted when being asked about alcohol use, a care provider could explain that the question is part of a routine screen that is completed with every woman of childbearing years. See Module One: Values, Attitude and Stereotypes for more information. Discussion can begin by asking the woman:

"How much alcohol do you currently consume?" OR "How much alcohol do you drink?"

These questions imply that every woman drinks and poses no judgment on the answer. If the woman responds that she abstains from alcohol, reinforce that it is safest not to drink alcohol when planning a pregnancy, at risk of becoming pregnant, or during pregnancy. If the woman discloses alcohol use, ask about the frequency and quantity of consumption (see Figure 5.1). Follow up with the T-ACE questionnaire to determine the level of risk that the woman is at for alcohol dependency (see Figure 5.2)

Figure 5.1: Screening for Alcohol Use



(Adapted with permission by the Best Start Resource Centre, 2002)

When asking about alcohol use, it is important to (Saskatchewan Prevention Institute, 2007):

- Be non-judgmental
- Listen attentively
- Refrain from negative comments or reactions
- Be sensitive to broader issues/determinants of health (e.g., poverty, abuse)
- Make positive statements when appropriate to help the woman feel at ease

Advising

It is important to advise **all** women of childbearing years and particularly those who are pregnant, about the risks of alcohol use during pregnancy.

The message should be of alcohol abstinence. Some examples are:

- When planning a pregnancy and prior to conception, it is best not to drink.
- It is safest not to drink during pregnancy.
- If you are pregnant, it is safest to stop drinking.

It is important to remember that if a pregnant woman does disclose that she is drinking, it is most respectful to use a harm reduction approach in assisting her. A woman's guilt and self-criticism about her drinking behaviour may lead to feelings of inadequacy and increased alcohol use. Positive statements will increase her comfort level and encourage her to be open about her alcohol use. She may be struggling with quitting or reducing her intake and needs to be supported in whatever she is capable of doing (Saskatchewan Prevention Institute, 2007).

Assisting

It is vital to treat all women with respect, care, and dignity by using a non-threatening, sensitive approach. This needs to be apparent in all interactions with the woman whether it is in discussions, referrals to appropriate services, and/or treatment.

For women who are in the low-risk category – providing them with clear information in a non-judgmental manner can be effective in motivating cessation of alcohol use in pregnancy (Saskatchewan Prevention Institute, 2007). Women who are more involved with alcohol consumption may need more intensive counselling, support, or other forms of interventions to decrease or stop their usage.

T-ACE Risk Assessment

In 2007, the Saskatchewan Prevention Institute led a provincial Alcohol Risk Assessment Project (see Figure 5.2) to determine and educate about objective and reliable ways to conduct an alcohol risk assessment with women of childbearing years (Public Health Agency of Canada, 2004).

A number of screening tools have been developed to assess alcohol risk, but some are more sensitive than others in assessing alcohol use during pregnancy. A study found that T-ACE has a sensitivity of 76% in predicting periconceptual risk of drinking as compared to CAGE's 59% (Russell et al., 1996). The T-ACE tool aims to lessen denial and under-reporting of heavy drinking by pregnant women (Russell, 1994; Russell et al., 1996).

Figure 5.2: T-ACE Questionnaire

(Adapted from Sokol et al., 1989)

MOTIVATIONAL INTERVIEWING (MI)

Motivational Interviewing is defined as "a directive, client-centered counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence" (Saskatchewan Alcohol and Drug Services, 2006, pp 35). It is built on the model of change and is intensive in nature. It works very well with the philosophy of harm reduction.

Basic Principles of Motivational Interviewing

For the best results with Motivational Interviewing, all four principles stated below need to be incorporated in your work with women (Venner, Feldstein & Tafoya, 2006; Saskatchewan Prevention Institute, 2007).

1. *Express Empathy:* Use gentle persuasion but understand that the woman herself has the final responsibility for change. Communicate respect for and acceptance of the woman's feelings. Make an effort to truly understand what the woman is experiencing and accept her for who she is and the efforts she is making towards change. Reassure her that it is normal to feel unsure about change.
2. *Develop Discrepancy:* Change comes from the mismatch between her current behaviour and what she wants to achieve. A powerful motivator to change is her ability to recognize contradictions between her current behaviour and her hopes for the future. The client, not you, should bring up any reason for change. Your role is to listen for the woman's goals and values and reflect to her when her actions may interfere with moving towards her goals.
3. *Roll with Resistance:* Do not fight for change – it is the woman's sole choice whether or not she changes. Forcing her to make change may actually backfire and she may resist any of your assistance. Try not to argue with her – she has her own answers and solutions – your role is to help her realize them. When the client is showing signs of resistance – it is time to change your tactics.
4. *Support Self-efficacy:* Believe in your client and she will come to believe in herself. One of the greatest motivators for change is believing that she can succeed – the more supportive people in her life that believe – the more motivated she will be.

Helpful Hints for Motivational Interviewing

(From: Venner, Feldstein & Tafoya, 2006; Saskatchewan Prevention Institute, 2007)

- be a good listener – be present in the conversation
- honour and respect the woman you are working with
- be genuine, warm and caring to the woman you are working with
- see yourself as equal to and a partner of the woman you are working with
- understand that the answers and motivations lie within the woman, not you
- accept and expect that the woman will disagree with you and may challenge your thoughts and beliefs

- understand that making a decision to change is difficult
- understand that the process of change is often messy and does not always go according to plan
- be sensitive to the woman's verbal and non-verbal behaviour and be willing to change your behaviour to see if that will help the woman
- be willing to take some responsibility for your role in decreasing or increasing a woman's movement towards change in their drinking – but not all
- ask open-ended questions that cannot be answered with one word answers
- repeat back to the woman in your own words what she has said to show that you heard and understood her
- every now and then during the conversation, paraphrase what the woman has said up to that point to focus on her underlying motivations and any areas of ambivalence
- reinforce the woman's strengths, motivation, interventions, and progress

Table 5.1: The Difference Between Motivational Interviewing and Non-Motivational Interviewing

The Motivational Interviewing Way	The Non-Motivational Interviewing Way
Partnership: Counselling involves a partnership that honours the woman's natural wisdom and point of view. It may be important to include the wisdom and participation (attendance at sessions, help, support, etc.) of others in the woman's family, support networks, and community. The care provider provides an atmosphere that is open to change but does not force or require change.	**Confrontation:** Counselling involves pointing out and correcting the woman's problematic way of thinking through forcing her to 'wake up from denial' and see 'reality'.
Drawing Out: The woman has the tools (desire, reasons, needs, and ability to change) within herself. Encouraging a woman to describe and share her thoughts, goals, point of view, and values increases her natural motivation for change.	**Education:** The counsellor believes that the client does not have important information, insight, and/or skills that are necessary for change. The counsellor seeks to 'fill these holes' by providing the necessary information.
Independent Choice: The counsellor supports and encourages the woman's right to and ability to determine and follow her own chosen path. In some communities it may be important to know whether the woman's choice ought to involve the wisdom of others in the community. The counsellor does this through helping the client make informed choices.	**Authority:** The counsellor tells the woman what to do. The counsellor knows what the woman needs to do to 'fix' the problem.

(Adapted from: Miller & Rollnick, 2002 as cited in Venner, Feldstein & Tafoya, 2006)

Stages of Change

Motivation and change is a process. It is not based on 'will power' that someone either has or doesn't have. The Transtheoretical Model of Behaviour Change (Miller et al., 1994; Miller & Rollnick, 1991; Prochaska, 1984; Scholl, 2002) helps care providers and women understand the woman's readiness for change. There are six identified stages, including: precontemplation; contemplation; determination; action; maintenance; and relapse.

It is important to let the woman lead and not to push her through the stages of change. It is normal for a person to move through the stages at varying rates and they may not follow the order seen below. The goal is to meet the woman where she is at during each interaction (Venner, Feldstein & Tafoya, 2006).

Figure 5.3: A Stage Model of the Change Process
(Adapted from Miller et al., 1994; Miller & Rollnick, 1991; Prochaska, 1984)

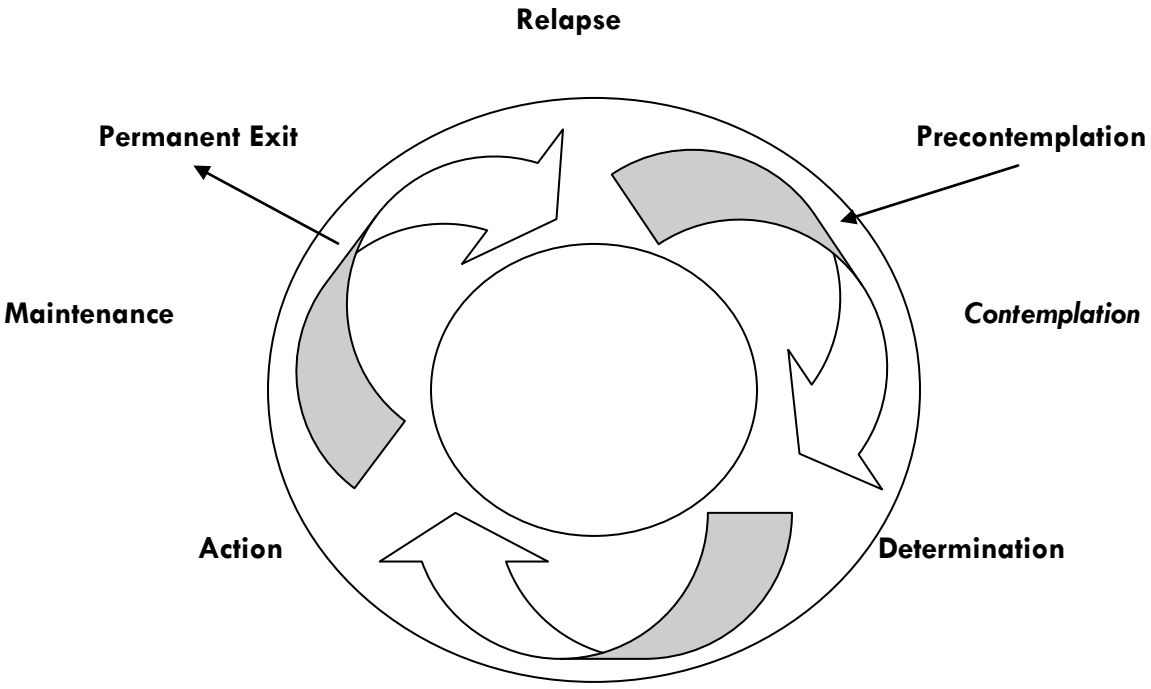


Table 5.2: Stages of Change

Stage of Change	Description	How to Help During this Stage
Precontemplation *"I don't have a problem."*	• No consideration of change at this point • No awareness that there is a problem or that her drinking may be causing challenges for others	• Build trust and establish a relationship with the woman • Use reflection to explore her thoughts/feelings about her life circumstances and how it relates to her drinking
Contemplation *"Drinking is causing some difficulties but I am not ready to change."*	• Woman is in state of ambivalence (uncertainty, having mixed emotions about changing) • Is the 'yes – but…' stage • Woman may be open to some information and guidance • May recognize that there may be a problem but not willing to change	• Goal is to help the woman see that she is able to solve her own issues and that the change will lead to a more positive quality of life • Talk about the pros/cons of drinking and of change • Continue to build relationship • Discuss change, recognizing and acknowledging how difficult it is to change and the struggle between wanting to change and wanting to stay the same • Discuss the pros/cons of all the options the woman has
Determination *"I am thinking I will try not to drink for one night to see how that goes."*	• Has decided to make a change and take some steps to do so	• Help her set goals and a plan of action to reach them and imagine what it will be like to stop drinking • Support her through any barriers that may hinder her achieving her goals • Encouragement is a big part of this stage

Action *"I am going to stop drinking today."*	• Actual behaviour change occurs	• Reinforce the positive – notice any progress and success no matter how small • Encourage self-evaluation, not self-criticism – move towards positive self-talk
Maintenance *"I haven't had a drink in ten days and I am going to try keeping it that way."*	• Is firmly established in her recovery • Is able to express positive thoughts, feelings and behaviours about herself and her recovery	• Discuss alternative social and recreational activities that will support her recovery • Explore relapse prevention strategies • Provide guidance and support for her to cope with any conflict with family and other supports that will arise with her behavioural change (they may not be as supportive of her change and feel threatened by her progress)
Relapse *"It was too hard not to drink at the party."*	• Starts to drink again – it may be one time or back to her original pattern of drinking	• Explain to woman that relapse is a normal part of recovery • Explore the factors/thoughts/feelings that led her to relapse
Permanent Exit	• Stays sober with no relapse	

CASE STUDIES

Case Study 5.1: Sarah

Sarah is a 25 year old single parent of three. She lives with her mother and sister who are supportive and provide care to her children. Sarah is expecting her fourth child in six years with the father of her other three children. Her partner no longer lives with the family as he continues to use alcohol and marijuana and she is trying to stop. Sarah is determined to stay clean during this pregnancy although she does have the occasional beer with her friends.

For this case study, reflect on the questions below:

1. Who are the supports in Sarah's life? How can they best support her decision to stay clean during this pregnancy?
    - *Her mother, sister and friends*
    - *They can support her by:*
        - *not drinking alcohol around her*
        - *having social events that do not involve alcohol*
        - *being aware of the risks of drinking alcohol during pregnancy*
        - *celebrating any reduction in alcohol consumption by Sarah*

2. As a professional, how can you support Sarah's desire to stay clean?
    - *Celebrating any reduction in alcohol consumption by Sarah*
    - *Using motivational interviewing techniques to help Sarah achieve her goal*
    - *Use the guiding principles of working with women: hope, respect, understanding, compassion and cooperation*

Case Study 5.2: Roy

Roy and his partner Gail just found out that they are expecting their first child. They like to drink with their friends and family on the weekends to have fun and relax. Roy is concerned that Gail will want to continue drinking during her pregnancy so that she doesn't feel left out. He has seen other women in the group pressured into having a drink by comments such as "my sister drank when she was pregnant with my niece, and my niece is "fine" and "one drink never hurt anyone". Roy is also concerned that he "may have damaged the baby" because of his drinking of alcohol.

For this case study, reflect on the questions below:

1. How can Roy support Gail not to drink during pregnancy?
    - *By being abstinent from alcohol himself*
    - *By bringing her non-alcoholic drinks when at social events where alcohol is being served*
    - *By sharing information about the risks of drinking alcohol during pregnancy with their family and friends*

2. How can you support Roy?
    - *By sharing information with him about alcohol, sperm and FASD*
    - *Celebrating his support of Gail*

3. Does Roy have reason to be concerned about his own alcohol use harming the baby?
    - *Paternal alcohol use cannot cause FASD*
    - *There have been some studies with animals that show that paternal use of alcohol is associated with some genetic conditions, birth defects, reduced fertility, and higher fetal mortality*
    - *There have also been some behavioural attributes associated with paternal alcohol use. These include: hyperactivity, changes in adult locomotor activity, decreased ability to deal with stress, and a variety of learning and memory deficits.*

Case Study 5.3: Chloe

Chloe is a 22 year old pregnant woman with a history of mental health issues and addictions to alcohol and multiple illicit drugs. She continues to use. This is Chloe's first pregnancy that she has not lost before 12 weeks. She is hopeful that she will be able to carry this baby to term. Her family is supportive and willing to care for the baby once it is born. Chloe is trying hard to reduce her drug and alcohol use.

For this case study, reflect on the questions below:

1. How can you support Chloe to have the healthiest pregnancy possible?
    - *Use harm reduction strategies to celebrate any reduction in substance use*
    - *If Chloe is willing, involve her family in her care*

2. What role can harm reduction play in your support of Chloe?
    - *Review ways that Chloe can reduce her substance use*
    - *Be open to hearing Chloe and learning about her life*
    - *Celebrate any reduction in her alcohol or drug use*
    - *Recognize Chloe's strengths and build on them*
    - *Be aware of and sensitive to Chloe's history*

3. What other professionals in your community might you be able to connect with to help you support Chloe?
    - *Depending on your role:*
        - *Mental health or addictions workers*
        - *Prenatal Outreach Programs*
        - *Nurse Practitioner*
        - *Physician*
        - *Social Worker*
        - *Public Health Nurse*

ACTIVITIES

Activity 5.1: Positive Versus Negative Statements

Purpose: To demonstrate the difference between positive and negative statements about alcohol use during pregnancy.

Materials:

- Flip chart paper and markers

Instructions:

- Read each statement to the group and have them discuss each statement in terms of whether it is positive or negative, and why this is the case.
- List positive and negative statements (either written out on flip chart paper or just read to group). For each statement discuss:
  1. *Is this a positive or negative statement?*
  2. *What might the impact of this statement be?*
  3. *Have the group develop a list of positive statements they could use with a woman who is drinking during pregnancy.*
- Some examples include:
  - If you stop drinking, you have a better chance of having a healthy baby.
    - *Positive*
    - *Provides the woman with information and an option*
  - You will feel healthier without alcohol and so will your baby.
    - *Positive*
    - *Provides the woman with information and an option*
  - If you really loved your baby, you would not drink so much.
    - *Negative*
    - *Judges the woman – if she drinks then she must not love her baby. She may not continue to access service.*
  - Your concern for your baby will help you be a good mother.
    - *Positive*
    - *Reinforces the positive actions of the mother.*
  - Your drinking has already damaged your baby.
    - *Negative*
    - *Judges and blames the woman. She may feel hopeless and that there is no point to stopping her drinking.*
  - Continued drinking will prevent your child from developing normally
    - *Negative*
    - *Judges and blames the woman. She may feel hopeless and that there is no point to stopping her drinking.*

Recognizing the Stages of Change

Purpose: To help identify the stage of change that a woman is in by analyzing what she says. This will allow you to apply motivational counselling strategies appropriate to the woman's stage of change.

Materials:

- Handouts with statements on it

Instructions:

- Divide the larger group into small working groups to discuss each statement and determine the appropriate stage of change that the individual is in.
  a. precontemplation
  b. contemplation
  c. preparation
  d. action
  e. maintenance
- For each statement, generate two or three statements you could make in response to the woman that would show you are in tune with her stage of change and are attempting to meet her at that stage.
  - My partner said he'd leave me if I didn't come to see you.
    - *Precontemplation – sees no reason for change, not aware of problem*
    - *Examples of statements: "How do you feel about being here?", "Why do you think your partner would say that?"*

  - I only drink on the weekends but sometimes I think about it all week. I want to stop but I really enjoy it.
    - *Contemplation – in state of ambivalence, may be open to information*
    - *Examples of statements: "What do you know about how alcohol can affect your baby – can I share some information with you?", "What would stopping look like to you?"*

  - I know I should quit, but I'm not sure I want to quit. What should I do?
    - *Contemplation – in state of ambivalence, may be open to information*
    - *Examples of statements: "What would quitting look like to you?", "What are the pros/cons of continuing to drink?"*

  - My family told me that I have a drinking problem. They're the problem, not my drinking. If everyone got off my back, I would be just fine.
    - *Precontemplation – sees no reason for change, not aware of problem*
    - *Examples of statements: "How do you feel about what they are saying?", "How do you feel about your drinking?"*

- Now that I know I'm pregnant, I want to quit drinking. I hope my partner can quit too.
  - *Determination – has decided to make a change and takes a few steps towards change*
  - *Examples of statements: "How can I support you?", "What are some of the barriers that may hinder you from reaching your goal?"*

- I was thinking about when I used to drink and how that must have been really hard for my family.
  - *Maintenance – is established in her recovery, is able to express positive thoughts and feelings*
  - *Examples of statements: "Tell me about how you have changed.", "Tell me about your relationship with your family now."*

- 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.
  - *Contemplation – in state of ambivalence, may be open to information*
  - *Examples of statements: "If you are pregnant, would there be any benefit to quitting drinking?", "What are the pros/cons of continuing to drink?"*

Discussion:

- In the larger group, brainstorm for each scenario 2 – 3 appropriate statements you could make in response to the woman that would show you are in tune with her stage of change and are attempting to meet her at that stage.

VIDEO

- *Supporting Change: Effective Practices in Screening for Alcohol Use in Pregnancy*, Best Start Ontario, 2005 (provided in Resource Kit)

DISCUSSION QUESTIONS

1. **How can a community support a pregnant woman who drinks during pregnancy?**
   - *By honouring her choice not to drink alcohol during pregnancy*
   - *By addressing social issues that contribute to alcohol use (poverty, abuse, etc.)*
   - *By raising awareness about FASD at the community level*

2. **What are some of the harm reduction programs happening in your community?**
   - *Examples may include: needle exchange programs or methadone maintenance programs.*

3. **What are your feelings about harm reduction? What are some of the controversies with harm reduction?**
   - *It is sometimes mistaken as approval of the substance use or the decriminalization and/or legalization of illegal substances*
   - *One of the biggest challenges in harm reduction is not to make moral judgments*

4. **What are the benefits of normalizing the assessment of alcohol use with pregnant women?**
   - *It decreases the stigma of alcohol use during pregnancy*
   - *It may help to identify women who professionals may not perceive to have issues with alcohol (think stereotypes)*

5. **How can the way you ask the same question, illicit different responses?**
   - *Tone of voice and body language on the part of the professional can affect the way that a woman feels*
   - *If a woman perceives herself as being judged or stereotyped then she will be less likely to continue to access services and supports*

6. **What are the principles of Motivational Interviewing?**
   - *Express empathy*
   - *Develop discrepancy*
   - *Roll with resistance*
   - *Support self-efficacy*

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