

**Prevention/Treatment for Pregnant Women Workgroup - MINUTES**  
**Alaska FASD Partnership**  
**December 9, 2010**

*Present: Diane Casto, Genevieve Casey, Jinelle Scully, Teri Tibbett*

**Discussion**

Diane: Prevention in the FASD arena is multi-faceted. Prevention involves a spectrum of strategies, including: 1) substance abuse treatment for pregnant women; 2) working with youth to prevent onset of alcohol use (look at Kevin Meyer's bill for FY12 addressing minor consuming); 3) addressing early childhood trauma (research shows that mothers who have had trauma in their lives have higher rates of children with FASD because they often self-medicate with alcohol and drink during pregnancy; 4) contraception; 5) prevent secondary disabilities from developing (see Dr. Streisguth study), also look at research by Susan Astley, Washington state, that shows 95% birth mothers of children of FASD, have experienced some kind of trauma (child abuse, DVSA, neglect). Partner with Governor's office and DVSA Initiative to intervene early so children do not experience trauma and women do use alcohol to self-medicate. Teri: Get data to support any campaign otherwise policy makers and funders won't listen; 5) educating women about FASD on pregnancy tests, there is a national effort underway to put warning labels on pregnancy tests; 6) change signs in public places announcing alcohol risks because they have been in place since 1989-90 and people get used to them, gloss over them, the research is showing that the signs are only effective if changed every three years. Diane suggested the Partnership supports the effort to change the signs. Prevention involves a spectrum of strategies.

Teri: PCAP (Parent Child Assistance Program) is a home-based model for women of child bearing age focusing on substance abuse. Diane: outcomes for replications are not as good as the Washington model; the issue of fidelity is critical for its success and this is difficult because it is very resource intensive as far as money and people, lots of training, volunteers, and long-term (3-year) commitment of clients. Replications in Alaska have not been successful. There needs to be a full commitment for it to be successful.

Jinelle: Head Start distance-delivered home-based programs, like PAT (Parents As Teachers), are successful; Genevieve hesitates to recommend PAT as an adequate sole intervention model for prevention; Diane: believes Head Start has a place in prevention for getting info about FASD into Head Start curricula – good idea for prevention.

Teri: Suggested looking into "Blanket of Wellness" implemented in Southeast Alaska as an effective prevention/early intervention tool.

Jinelle and Diane: Regarding EPSAT, noted difficulty with compliance and partnering ability, but good tool for early intervention.

Diane: Support universal screening for substance use for women of child bearing age in order to intervene early – primary care, public health, BH providers, need better screening of all women of child-bearing age regarding drinking habits – too much assumption that women in higher income brackets are not at risk; AK Native Medical Center is doing a good job screening and are doing a better job identifying; research shows early screening is effective in reducing drinking in women of child-bearing age. Genevieve: currently limited screening going on, missing a huge contingent of women not being screened. SBIRT = Screening Brief Intervention Referral and Treatment – assesses women's drinking, but

is dependent on woman's readiness to change; screens substance use for women entering in emergency rooms, but can be adapted to other venues, e.g. primary care; Providence Hospital is interested in investigating; ASAP workers are being trained to use it; SBIRT qualifies for Medicaid billing. SBIRT is resource intensive.

Jinelle: RuralCap is a good resource for implementing strategies. Sending people from Anchorage is not usually successful. Better to utilize local resources, and RuralCap has a network that is established.

Teri: Work with CHAP (Community Health Aide Program) and Public Health Nurses who are already working in the bush – they have networks established.

Alaska Public Health Association supports CBHA is able to bill for Medicaid

Diane: Need general public awareness about dangers of drinking during pregnancy, communicating that "no alcohol is okay." Also expand training for substance abuse providers; women who have an FASD are failing treatment because their disability prevents them from following the plan, they need accommodations. Treatment providers need to know how to adapt for women with FASD; high rates of women with substance abuse who have FASD. Best practices: NOFAS (national organization) has curriculum for training substance abuse treatment providers working with clients with FASD; also FASD Center for Excellence has curriculum in development. Also TIP (Treatment Improvement Protocol) is a treatment program offering 52 tips – we have opportunity to nominate reviewers from Alaska (rural and urban reps) to offer insight.

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**Recommendation:** Support efforts to add FASD language to pregnancy test warning labels; send letter of support to makers of home pregnancy tests (see language).

**Recommendation:** Support effort to change "consequences of drinking alcohol" signs in AK.

**Recommendation:** Explore PCAP replication, or similar home-based model, specifically geared for women with substance abuse issues; utilize early childhood education and intervention programs like Head Start and "Blanket of Wellness" as a way to screen and education young families and young parents about the dangers and impact of FASD on children and families.

**Recommendation:** Expand universal screening of women of child-bearing age, with ultimate goal of using more comprehensive SBIRT or SBIRT-style screening.

**Recommendation:** Support efforts that address prevention of secondary disabilities, such as EPSAT (Early Periodic Screening and Testing) program through Public Health; need to work in partnership with those doing screenings to increase their awareness of FASD and ensure compliance; discover barriers and how to break it down and build better partnerships, so when screenings are done people doing the screening are able to help prevent secondary disabilities.

**Recommendation:** Increase public awareness efforts around the state on dangers of alcohol and pregnancy which can lead to an FASD; consider planning an FASD summit for women in recovery (see "Creating Hope for Women in Recovery" guide); educate educators, health and other professionals who have contact with people affected by FASD.

**Recommendation:** More training on FASD for substance abuse treatment providers, such as NOFAS curriculum, FASD Center for Excellence curriculum in development, and TIP (Treatment Improvement Protocol).

**Recommendation:** Expand training for food and beverage industry personnel through TAM courses (CHARR – Cabaret Hotel Restaurant & Retailers Association); offer tips on how to approach someone drinking inappropriately and info about FASD so workers are more aware and cautious; consider serving free non-alcoholic beverage as a strategy.

**Recommendation:** Nominate rural and urban representatives to serve on TIP Panel (Treatment Improvement Protocol) (SAMHSA) in Washington DC.

**Recommendation:** Partner with DVSA Initiative to offer strategies for intervening early so women do not start using alcohol to self-medicate (get research to policy makers) Diane is on the workgroup for governor's DVSA initiative).

**RESOURCES:**

- PCAP brochure
- NOFAS curriculum for training SA treatment providers working with clients with FASD and curriculum in development by the FASD Center for Excellence.
- TIP
- SBIRT
- FASD 101 and FASD 201 (paragraph and manual)
- "Creating Hope for Women in Recovery" – Planning a women's prevention summit