

BCAPOP FASD PILOT PROJECT

Final Report and Recommendations

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1. Executive Summary

The B.C. Association of Pregnancy Outreach Programs (BCAPOPOP) is an umbrella organization with a membership of 50 Pregnancy Outreach Programs (POPs) across British Columbia. Each year our member programs support approximately 3000 women and their families who experience health or lifestyle challenges during pregnancy, birth and the transition to parenting.

An important function of BCAPOPOP is to assist programs to determine their needs and to acquire resources and services which meet those needs.

All Pregnancy Outreach Programs offer information and support to women who use alcohol and other substances. BCAPOPOP has provided member programs with training opportunities on alcohol use and on the techniques of motivational interviewing (see appendix 1 – What is Motivational Interviewing?). Programs have found resources and training extremely useful and many programs have begun to use motivational interviewing in their work with women who use alcohol. However, a need for an intake and/or charting tool using a motivational interviewing format has been identified. Currently, programs use a wide variety of intake tools and charting methods. Programs realize the need for a tool which can be used to both standardize charting and to assist staff to use motivational interviewing.

Proposed Initiative:

Thanks to funding provided by the Public Health Agency of Canada, BCAPOPOP aimed to address this need through the FASD Pilot Project. The project's main objective was to develop recommendations for the creation of an intake/charting tool inspired by Motivational Interviewing spirit and principles.

Method:

Pregnancy Outreach Programs were surveyed to determine what intake/charting forms and counseling tools related to substance use are currently in use. Programs were also asked to comment on tool purposes, desirable features and gaps. An Advisory Committee was formed to guide and support the FASD Pilot Project. Survey results and advisory committee input were used to develop recommendations.

Findings:

Advisory Committee Members developed a comprehensive strategy based on the needs identified by programs: Areas of focus include:

- Increasing staff knowledge
- Increasing staff support to ensure implementation of new knowledge
- Increasing staff self confidence in using MI inspired approach with participants
- Providing a variety of tools to support the implementation and use of new skills and knowledge

Survey results and Advisory committee input also highlighted specific considerations and priorities for this project. Some of these are listed below:

- Pregnancy Outreach Programs have a unique philosophy and service approach based on accessibility, openness and acceptance. The success of POPs lies in their flexibility and their ability to adapt their services to the needs of the individuals and communities they serve.
- Emphasis should be placed on the engagement of participants.
- Consider evaluation tools that support engagement and a collaborative approach.

- Ensure alignment between the various tools and operational processes used within programs. This maintains a reasonable workload for program and promotes the development of relationships between staff and participants.

Recommendations:

The overall vision for a resource that addresses the needs of Pregnancy Outreach Programs is the development of a comprehensive approach called *Consultation Guideline*.

This resource should:

1. clarify the roles and responsibilities of POP staff when supporting participants around alcohol use and other sensitive issues;
2. be multi modal to support various styles of learning;
3. **NOT** be a manual. MI used in a “manualized” format has been shown to yield poorer outcomes (Hettema, 2005);
4. copyrighted and potentially updated on a pre-determined schedule;
5. include a variety of concrete tools that:
 - a. are trauma-informed, easy to use, adaptable to specific situations and transferable for use with topics other than substance use;
 - b. are integrated to allow data collection and program evaluation to take place while emphasizing engagement;
 - c. allow staff to develop and attain desired level of confidence in applying MI spirit and principles
 - d. are fun for staff and affirming for participants

Valuable elements identified by the advisory committee and included within this report should also be considered when developing this MI-guided, comprehensive approach.

The following is a list of criteria that were identified by the advisory committee members as crucial to the success of the development and implementation of the Consultation Guideline:

- Need to secure funding that will allow the entire process to be completed;
- The entire project should have a short timeline (1.5 – 2 year) to ensure strong momentum is preserved and interest from BCAPOP members and outside partners is maintained;
- Inter-sectoral participation in the development and implementation of the resources, including program staff, agency administrators, funders, community partners and participants;
- To support the development and implementation of this guide, the consistent support and involvement of a field expert is essential;
- Need for high level buy-in: More than just talk, but involvement on advisory committee, financial support, willingness to advocate on behalf of the initiative and promote the final product;
- Need to include an engagement strategy to encourage buy-in.
- Work to support a commitment to on-going funding, as well as an increase in funding for Pregnancy Outreach Programs, to support the delivery of high quality services, currently done with minimal funding;

2. Background

Pregnancy Outreach Programs across B.C. work with women from all walks of life in addressing and working through a variety of difficult situations during their pregnancy and early postpartum period. What makes them different from other programs is their approach, based on peer support, and their strong belief in women's ability to overcome difficulties and challenges. The role of Pregnancy Outreach Programs staff is not centered on providing expert advice and services, but more in offering support, care, understanding, and access to information, which ultimately supports change in participants once they are ready and feel safe to do so. Meanwhile, they and their families still benefit from the general support offered by program staff and the interaction with other participants.

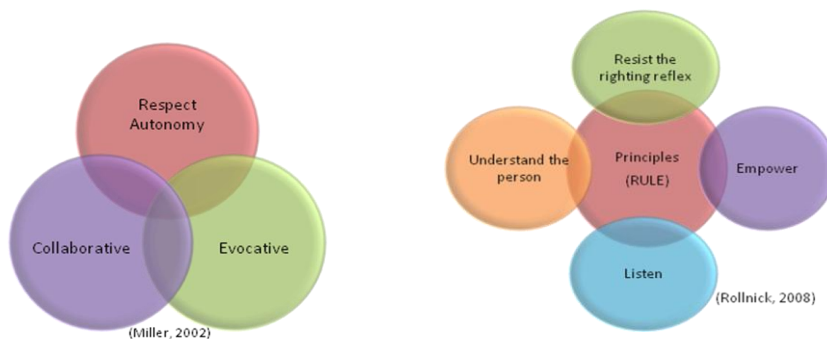
All Pregnancy Outreach Programs in B.C. provide information and support to women who use alcohol and other substances. Because of their accessibility and open/non-judgmental nature, Pregnancy Outreach Programs are often the first service accessed by at-risk pregnant women.

In the past, Pregnancy Outreach Programs staff have expressed interest in further developing their skills to improve the support they provide to women they serve, specifically around sensitive issues such as substance use, looking for an approach that would fit their philosophy while meeting the best interests of their participants.

Beginning in 2005, the Government of BC provided ActNow BC Healthy Choices in Pregnancy (HCIP) funding to the Provincial Health Services Authority in order to improve the capacity of researchers, health practitioners, service providers, decision makers and others, to more effectively respond to women with alcohol and related health concerns. The provision of provincial education and development of best evidence resources regarding alcohol and tobacco use in the perinatal period reflects one component of HCIP and has been led by the BC Centre of Excellence for Women's Health. BCAPOPS staff have attended HCIP provincial education sessions and as such, were introduced to an integrated framework (women-centred, harm reduction oriented and collaborative) for supporting women to make healthy choices in pregnancy, with a focus on alcohol and related issues.

The collaborative component of the framework is based on an evidence-based method of communication known as Motivational Interviewing (MI). MI is defined as "a collaborative, person-centred form of guiding to elicit and strengthen motivation for change" (Miller, 2009, p.137). MI is a very skilful approach shown to be effective in supporting health related changes (Rollnick, 2008), and is noted as a promising practice for supporting women who drink alcohol in pregnancy (Parkes, 2008), and for reducing the risk of alcohol exposed pregnancies (Floyd, 2007). See Appendix 1 for more information on Motivational Interviewing.

Specific to the BCAPOP context, the guiding principles, core skills and strategies used within MI can support staff in having collaborative, women-centred, trauma-informed conversations with women, subsequently improving overall care and health outcomes for women and their children.



Pregnancy Outreach Programs staff who attended the training have identified strongly with the overall spirit and principles of MI as being congruent with the way in which they want to work and, at the same time, are increasingly aware of the discrepancy between this evidence-based approach and systemic limitations. Dr. William Miller, the founder of MI, has noted this response in his observations of the rapid diffusion of this approach. He explains that the attraction is often related to a sense of recognizing, or knowing MI at some deeper level (Miller, 2008) and that once staff receive training, they may become much more aware of systemic expectations and procedures that are inconsistent with MI (Miller, 2006).

In addition to the recognition of this discrepancy, staff have also expressed a lack of confidence in fully incorporating the guiding principles into practice.

As the momentum and interest of staff to integrate elements of MI into their work with women continues to build, it is apparent that systemic changes are necessary to support direct practice and move towards alignment between program policies and procedures and the spirit and principles of MI. This proposal will offer recommendations as a starting point for this process.

3. Project Overview

3.1 Proposed Initiative

This project's main objective was to develop a list of concrete recommendations that could be used as the backbone for the development of an intake/charting tool inspired by Motivational Interviewing spirit and principles, to facilitate the support work done by Pregnancy Outreach Programs staff around substance use issues.

3.2 Advisory Committee

To support us in this initiative, nine field experts were recruited to sit on the advisory committee (see Appendix 2 for a list of advisory committee members) which met over three conference calls and one face-to-face meeting. The first and second conference calls allowed the project facilitator and the advisory committee members to establish common language and terminology around the topic of substance use and Motivational Interviewing, and explore different avenues for this project that would be suitable to Pregnancy Outreach Programs.

These following considerations and priorities for this project were established early by the advisory committee:

- a. Need to emphasize the importance of engagement and integrate any assessment component cautiously and with sensitivity.
 - i. Caution is to be exercised when considering the use of forms, which tend to drive process and take away from relationship building.

- ii. The process to be developed should emphasize engaging with participants over the concept of “doing an intake”, moving from assessment to exchange.
- b. Incorporate elements from the Collaborative Approach model, well supported by the Motivational Interviewing sandwich (relationship development/support and data collection/closing, summary, changes) (Martino, 2006).
- c. Support staff with learning and using core counselling skills known as OARS (Open-ended questions, Affirmation, Reflection, Summary).
- d. Consider evaluation tools that support engagement and collaborative approach such as scaling, decisional balance grid, goal setting and revisiting, and the stages of changes.

The advisory committee members also met for a day to look at the information gathered from the survey with Pregnancy Outreach Programs as well as common/best practices supporting engagement in support situations such as encountered by these programs. This allowed the development of a comprehensive strategy, addressing the following areas of focus, which correspond to the needs identified by programs:

- a. Increase staff knowledge
- b. Increase staff support to ensure implementation of new knowledge
- c. Increase staff self confidence in using MI inspired approach with participants
- d. Provide variety of tools to support the implementation and use of new skills and knowledge

3.3 Input from Pregnancy Outreach Programs

A survey was sent electronically to all forty-three (43) members of BCAPOP. (See Appendix 3 for a copy of the letter and survey) Phone follow-up was also attempted with fourteen (14) randomly selected programs to encourage further input. Sixteen (16) programs provided input in the form of identified strengths, needs and gaps around substance use counselling/support, as well as samples of forms addressing substance use currently used by their program. The needs identified by responders were collated and used by the advisory committee and project facilitator in making the recommendations included later in this report. A summary of the survey results is included in Appendix 4.

The following is a summary of the **needs** identified by program staff (*comments in italics were later added by Advisory Committee members*):

- ⇒ Phone guide to help apply Motivational Interviewing principles when supporting participants over the phone;
- ⇒ Algorithm/Decision Support Tree (*way to organize what a conversation might look like when addressing sensitive issues with participants – to help staff develop comfort in using Motivational Interviewing principles*);
- ⇒ Process that is linked with the data collection to reduce the amount of paper work;
- ⇒ Suggestions for open-ended questions;
- ⇒ Help in setting the stage and creating a safe environment to address sensitive issues;
- ⇒ On-going support to increasing comfort with MI spirit and principles;
- ⇒ Variety of “tools” to use depending on participants and situations;
- ⇒ Help with how to revisit difficult topics when so many other issues are present (*when to refer/learning to allow participants to sit with the disclosure without necessarily revisiting if they are not ready*);
- ⇒ Process which is applicable to topics other than substance use;
- ⇒ Ultimately, anything to support safe disclosure.

4. Specific Considerations for Pregnancy Outreach Programs

4.1 *Breadth of POPs in BC*

As briefly mentioned in the introduction, because of their unique philosophy and approach based on accessibility and open/non-judgmental nature, Pregnancy Outreach Programs in B.C. are often the first service which at-risk pregnant women access. However, one cannot provide a single all inclusive definition of Pregnancy Outreach Programs or list the services they offer. In fact, what makes them so successful is their flexibility, their ability to adapt their services to the needs of the individuals and communities they are serving. For that reason, when considering the development of a process that would benefit the majority of programs, it is useful to paint a picture of the different faces of Pregnancy Outreach Programs in B.C., referred here as “POP Reality Check”.

POP Reality Check

- Participants are often seen only once, or for very short visits (2-5 minutes) each time - Need for brief intervention training, skills, and tools;
- Many support sessions are offered over the phone;
- Presence of partner/kids/family members/friends during visits;
- Need for the process to be applicable to other topics to reduce paper work;
- Some programs offer group sessions only, with limited or no opportunity for individual support – need skills and tools specific to group work;
- Many participants are FASD affected themselves, impacting how the information is addressed;
- Participants will receive support from a variety of staff members – they don’t necessarily have an assigned worker;
- High staff turnover rate – need for easy training/learning;
- Some programs have waiting lists;
- Programs already use a wide variety of data collection and evaluation tools to report to multiple funders, making it difficult to introduce other tools;
- Time constraints within the program to learn/practice new techniques and approaches;
- Participants’ charts are not always consulted while they are visiting – staff doesn’t always know what topics were last addressed and when follow-up may be indicated;
- Different size programs will have vastly different number of workers, open hours, and professionals involved – varying levels of opportunities to address substance use.

It is also important to acknowledge and work to correct the increased pressure perceived by many POP support workers to become experts in every issues possibly relevant to their participants. With data collection covering a broad number of topics, many programs and their staff have felt the need to become all-knowing and field experts in a multitude of specialized topics. This, at best, proves to be time consuming, and usually impossible to achieve with the amount of time and funding available for professional development. For many support workers, this translates into an experience of frustration and dissatisfaction with the quality of their work.

4.2 *Group Work and Motivational Interviewing*

Many Pregnancy Outreach Programs in B.C. are mandated to provide their services in a group setting, with limited opportunities to see participants individually.

It is important to realize that although the spirit and principles of MI are often described in the context of individual work, they are also applicable to groups led by a skilled facilitator.

A few considerations specific to working with groups while applying MI guiding principles are listed in Appendix 5.

4.3 Cultural Adaptability of MI

At first glance, providing support that integrates MI guiding principles may appear contradictory to traditional roles within specific culture. Active listening, respecting autonomy and refraining from providing advice may seem inappropriate for certain cultures, where elders or other members of the community have the responsibility of telling younger individuals what to do and how to do it (teach and tell). However, research demonstrates greater acceptance of the information shared and better results when MI approaches are integrated within cultural practices (Venner, 2007).

Motivational Interviewing spirit and principles are now used worldwide by a wide variety of cultures, where trainers are able to support the integration of MI guiding principles with the help of translated materials.

Closer to the reality of many Pregnancy Outreach Programs in B.C., some resources on Motivational Interviewing have been developed specifically to support the work of individuals working with aboriginal communities and individuals. (Venner, 2006)

4.4 Data Collection, Evaluation and Motivational Interviewing

Program staff and advisory committee members all recognize the importance of ensuring an alignment between the various tools and processes used at the program level. This is of prime importance in order to maintain a reasonable workload for program staff and promote the development of relationships between staff and participants. In general, forms used for support work, data collection and evaluation should be reviewed/assessed to ensure their usefulness and relevance to the services offered by the programs, as well as their impact on the development of a relationship with participants.

The following are a list of important points to consider in order to align these various program requirements:

- Data collection should be kept aside from the support aspect of POP staff's work. The data required should be easy to pull from the discussion with participants, after the client has left;
- Data collection tools addressing many topics have the potential for increasing pressure on program staff, who often perceives the need to address each of these topics in depth with participants, causing stress and adding time pressure on the interactions with participants;
- Frustration created by the disconnect between the training received so far around Motivational Interviewing and the tools currently used by programs, mostly in place for data collection purposes and not supporting engagement;
- Data gathered should fit in 2 categories: 1) Data the program **needs** to report on; 2) Data the program **wants** in order to improve their services or gather evidence;
- Encourage the development of a working relationship with contract managers and a discussion around relevance and adequacy of reporting requirements;
- Data collected should be compatible with the electronic database used by Health Authorities and the Perinatal Health Program;
- Including tool to allow participants to self-evaluate, along with staff assessment, will increase the accuracy of the data collected;
- Importance of pulling off the identifiers from the data to ensure it can't be linked to any specific individual;
- Potential assessment/evaluation question
E.g.: Asking participants about what they have heard instead of what they know:
"Tell me what you have heard about...";
"What stood out for you..." (exit interview, or after discussing a new topic)
"Name 2 things you have learned..."

- Scaling;
- About charting and contact notes – need to review the recent changes to legislation. Recommend to chart only the themes addressed with the participants without adding personal details, and finish the entry with the next step planned in the process.
- Development of the Consultation Guidelines should be done in collaboration with the existing initiative working on Logic Model and Data Collection for Pregnancy Outreach Program

5. Recommendations

The overall vision for a resource addressing the needs identified by Pregnancy Outreach Programs and the Advisory Committee members is the development of a comprehensive approach called Consultation Guideline.

The following sections will go over the general philosophy behind the Consultation Guideline, followed by content details and important considerations to support a successful development and implementation of the Consultation Guideline.

5.1. *Setting the Tone*

Before looking at the recommended detailed content of the Consultation Guideline, it is important to provide an accurate context to ensure the development of resources that will provide enjoyable learning opportunities, promote improved confidence in applying Motivational Interviewing guiding principles, and translate into increased engagement between support workers and programs participants, ultimately leading to positive lifestyle changes.

5.1.1 POP Staff Role and Responsibilities

The Consultation Guideline and the various resources included in it should aim at clarifying the roles and responsibilities of POP staff when supporting participants around sensitive issues such as substance use. In a supportive role, and not a counselling role, they are first to focus on engaging with participants with the ultimate goal to have them come back. The expectation is not to provide in-depth substance use counselling, but to offer the opportunity to explore and address existing issues, provide information and refer if appropriate. By addressing the topic of substance use (or other sensitive issues) Pregnancy Outreach Program staff doesn't become responsible for ensuring change takes place. They are simply expressing their willingness to be alongside participants to support them if/when they are ready to disclose and ready to consider making changes, small or big.

It is important to ensure the new Consultation Guideline does not translate into a perceived expectation for program staff to become experts in substance use counselling. Once again, the focus should be on supporting engagement between staff and participants, allowing discussions around sensitive topics, but also recognizing the importance of referral when dealing with issues and severity of challenges beyond the scope of Pregnancy Outreach Programs support worker.

5.1.2 Desirable Features of Consultation Guideline and Related Tools

- Although the Consultation Guideline will be providing a variety of resources and concrete tools for programs to use, strong caution must be expressed early in the training regarding the use of any type of forms and their tendency to take away from engagement and relationship building;

- Resources and tools included in the Consultation Guideline should be trauma-informed to ensure sensitivity to a broad number of potentially present challenges impacting participants' situation and ability to make changes;
- Resources and tools should be easy to use, requiring minimal training for new staff;
- Resources and tools should be adaptable to allow each program to tailor to their specific reality;
- Resources should also be transferable for use with topics other than substance use;
- Resources and tools should be integrated to allow data collection and program evaluation to take place while emphasizing engagement;
- The resources and tools should allow staff to develop and attain desired level of confidence in applying MI spirit and principles to their support and counselling techniques;
- The resources and tools should be developed keeping in mind the need to move from assessment to exchange, from "doing an intake" to inviting and engaging;
- The Consultation Guideline should be multi modal to support various styles of learning
- The tools included should be fun for staff and affirming for participants;
- The committee clearly identified that the final "product" **should NOT** be a manual. MI used in a "manualized" format has been shown to yield poorer outcomes (Hettema, 2005).
- The final Consultation Guideline should be copyrighted, and potentially updated on a pre-determined schedule;
- In order to keep the resources current, the format chosen for the Consultation Guideline needs to take into consideration ease and cost effectiveness of updating;
- By developing and producing such a process and resources, BCAPOP and its partners have the opportunity to position themselves as international leaders in the field of substance use support and counselling. This initial pilot project has already attracted much interest and attention from individuals and organizations around the world;

5.2 Elements of a Comprehensive Approach:

The following elements have been identified as valuable when considering the development of a comprehensive MI-guided approach to support Pregnancy Outreach Programs staff in addressing substance use with program participants. They are here classified into four (4) categories, which correlate with the main needs identified by POP program in the survey. These elements would be collated and included in the "Consultation Guideline" document: *(note these same elements can be adapted to other topics and sensitive issues addressed by POP staff with their participants)*

5.2.1 Elements to support increase staff knowledge around MI

- Clear and simple guide, inspired by MI spirit and principles, to help integrate Motivational Interviewing principles in various situations – individual, groups and phone support sessions. A way to organize what a conversation might look like when addressing sensitive issues with participants, to help staff develop comfort in using Motivational Interviewing principles;
- Webcasts, with the collaboration of Healthy Choices in Pregnancy, Pregnancy Outreach Program/BCAPOP, other provincial and federal partners;
- Training on how to ask questions and hold a conversation following MI guiding principles (webcasts, annual conference, on-line);
- Workbook, such as the BMI² Workbook (Middlemas, 2008), available as hard copy, on-line (interactive, fun, engaging), separated in modules;

- Explore possible partnerships with colleges/universities or government programs such as the Skills Enhancement for Public Health Practices from the Public Health Agency of Canada to develop high quality on-line courses around substance use support during pregnancy in the spirit of MI;

5.2.2 Elements to support integration of MI spirit and principles

- Mentoring on how to apply MI spirit and principles and how to use the different resources/tools included in the Consultation Guideline;
- Contact information for field experts (local and provincial) who also adhere to MI spirit and principles;
- Support the development of MI communities of practice locally, regionally and provincially;
- Access Communities of Practice and mentoring in various ways (listserv, conference calls, site visits, special meetings at annual conferences...);
- Listserv good vehicle for Communities of Practice. Can provide anonymity, can also be specific to POP. Would recommend the presence of a leader/moderator to ensure proper use of the listserv. Would also include topic threads, to help participants find appropriate information in the shortest amount of time;
- Include opportunity for face-to-face interaction and training during the launching/implementation of the Consultation Guideline, to allow enough time for proper coaching and support the natural development of MI Communities of Practices within POP;

5.2.3 Elements to support increased staff confidence and proficiency in using MI guiding principles

- Mock discussions (audio/video), posted on BCAPOP and HCIP websites;
- Written and recorded 1-sided scenarios, to allow workers to provide with their own replies and practice their skills (also posted on BCAPOP and HCIP websites);
- Discussion paper of role of Outreach Worker in supporting participants.

5.2.4 Elements that will provide concrete MI-inspired tools to programs

- Resources for use with groups (see section 3.2 of this report regarding special considerations specific to group work);
- Binder containing all resources (developed for POP and referred to);
- Workbook such as developed by BMI² initiative on childhood obesity, available as hard copy, on-line (interactive, fun, engaging), separated in modules;
- Include an “exercise” for participants to stimulate reflection, especially for closure;
- Also include a resource or exercise for staff to support self-reflection – “change plan” for staff;
- Self-reflection and space for personal growth built into the training;
- Make the process truly useful for staff – not just information, but concrete tools, that will improve their program and allow them to work collaboratively with participants;
- Plan to have the final Consultation Guideline distributed to members of BCAPOP and available for on-line purchase by anyone else interested;

5.3 To Ensure Success – Process Requirements

When developing the plan for the development of a new process such as the Consultation Guideline described above, it is not sufficient to clarify the framework and identify the individual elements to be included.

The following is a list of criteria that were identified by the advisory committee members as crucial to the success of the development and implementation of the Consultation Guideline:

- Need to look for funding that will allow the whole process to be completed. Concerns were expressed regarding the possibility of obtaining funding for only parts of the described initiative, possibly translating in only partial completion on the Consultation Guideline and negatively effecting the usefulness of its components;
- The Consultation Guideline could however be developed in phases, if there is a funding commitment for the whole project and if a comprehensive workplan including all elements is developed early in the process;
- Full project should have a short timeline (1.5 – 2 year) to ensure strong momentum is kept along the way and interest from BCAPOP members and outside partners is maintained. In order to do so, the project will require funded position(s);
- Intersectorial participation in the development and implementation of the resources, including program staff, agency administrators, funders, community partners and participants;
- To support the development and implementation of this guide, the consistent support and involvement of a field expert (member of the Motivational Interviewing Network of Trainers) is essential;
- Need for high level buy-in: More than just talk, but involvement on advisory committee, financial support, willingness to advocate on behalf of the initiative and promote the final product;
- Need to include an engagement strategy to encourage POP programs buy-in, e.g. panel at annual conference discussing how practice has been influenced by the introduction of MI spirit and principles into daily support activities;
- Along the road, work to support a commitment to on-going funding as well as an increase in funding for POP programs to support the delivery on high quality services, currently done on a shoe string;

6. Budget Estimate

Appendix 6 provides an estimate of the amount of funding that would be required to complete the entire Consultation Guideline.

However, as mentioned earlier, the development of the Consultation Guideline could be broken down into phases, so as to allow BCAPOP to work with various partners and finding opportunities deemed appropriate and relevant for such initiative.

7. Conclusion

The process of developing these recommendations provided the opportunity for great collaboration between sectors which until now had had limited opportunities to sit at the same table, listen to each others' reality and share stories. The resulting new relationships and willingness to work together and support respective initiatives is highly promising for future works such as the one proposed here.

The ultimate goal of the Consultation Guideline described in this report is to provide Pregnancy Outreach Programs staff with the support required to integrate the elements of MI into their daily work with women. This will be achieved by providing staff with assistance and encouragement to increase their skills and confidence in incorporating elements of MI in their practice, as well as aligning program policies and procedures with MI guiding principles.

The changes made possible through the Consultation Guidelines will lead to great improvements in the way Pregnancy Outreach Programs staff relate with participants and ultimately enhance the support to women and their families who experience lifestyle challenges during pregnancy, birth and the transition to parenting.

Finally, the development of the Consultation Guideline will provide an opportunity for BCAPOP and its partners to provide leadership in the field of substance use support with at-risk women in a non-therapeutic, lay-support context.

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Appendix 1 – What is Motivational Interviewing?

“Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”¹

Described simply, Motivational Interviewing is a method of communication, a guide for how to interact with other individuals during a supportive relationship. It is an engagement tool, an approach to guide change in individuals.

Within Motivational Interviewing staff work collaboratively and guide the conversation (instead of following or directing the client), acknowledging and respecting a woman’s readiness and willingness to continue the conversation and bring about changes at this specific stage of her life.

A recent article published by the Miller and Rosnick, who originally described Motivational Interviewing more than 26 years ago, provides more insight on MI by defining what it is not (see Reference 1).

“Motivational Interviewing is the yoga of counselling”²

¹ Miller, W. R. and Rollnick, S. (2009). Ten Things that Motivational Interviewing is Not. *Journal of Cognitive Psychotherapy*, 37, 129-140.

² Hoffman, Sarah. 2009. Comox Pregnancy Outreach Program.

Appendix 2 - Advisory Committee Members

BCAPOP FASD Pilot Project

- Dave Blair** Crime Prevention Coordinator, Family Violence Portfolio, Victim Services and Crime Prevention Division Policing & Community Safety Branch, Ministry of Public Safety & Solicitor General
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- Colleen Wickenheiser** Program Consultant, FASD Lead, Public Health Agency of Canada, B.C. Region
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- Tricia Wright** FASD Mentoring Project Coordinator, Northern Family Health Society, Prince George
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Appendix 3 – POP Letter and Survey

FASD Pilot Project

Dear BCAPOP member,

I am following up on the e-mail I sent 2 weeks ago regarding the FASD Pilot Project our Association is currently working on. This initiative will allow us to work towards the development of a Motivational Interviewing-based process to support POP participants around substance use issues, while allowing programs to gather meaningful and relevant data.

Thank you to those of you who responded earlier and have agreed to join our Advisory Committee. Other programs also have an opportunity to contribute to this project in the following ways:

1. If you could please forward, by fax or e-mail, a copy of the tools your program currently uses to support your work around substance use counseling and FASD prevention. This may include intake, assessment and charting forms, guidelines for support sessions, counseling and exit tools, or any other related resources. **Most importantly**, I invite you to provide your comments/feedback on the use of each of these tools, using the list of questions below.
2. You are also invited to share information around gaps and needs your program and staff have identified in their work in substance use counseling and with FASD affected individuals.

This key information will be summarized and presented to our Advisory Committee members. It will serve as a guide in the development of this project. Given the short timeline for this work, please submit your project tools along with the comment forms by **February 20th**. These can be sent electronically to nbrassard@xplornet.com or by fax at: 250.847-8911.

In case you did not receive it, I have attached to this message the initial letter that was sent to the membership, providing some background information regarding this pilot project.

Don't hesitate to contact me with any questions or comments.

Thank you in advance for your support and participation.

Sincerely,



Nathalie Brassard, RD
Project Facilitator, BCAPOP FASD Pilot Project
nbrassard@xplornet.com
ph: 250.846.9059

Comments for individual forms/tools (Please provide one for each form/tool submitted)

1. Name of the form/tool:
2. Name and location of POP submitting the tool:
3. Contact name and phone number:
4. General purpose of the tool for your program:

5. Features you like from this tool:

6. Features missing or not working as expected:

Gaps and Needs

1. What are the current barriers/challenges experienced by your program and staff in supporting women around substance use issues?

2. What tools (e.g. planning, intake, counseling, charting, and/or exit tools) does your program need to support the use of Motivational Interviewing with participants, specifically around substance use issues?

3. What specific features in a Motivational Interviewing-based tools would be important for your program? (please list and provide sufficient details)

4. What specific information/data
 - a) Is your program currently required to collect information from participants around substance use issues? Y N

If yes, what information do you collect?

 - b) Is there information that your program would like to collect that is not currently available with the tools used?

Appendix 4 – POP Survey Results

(March 2nd 2009)

Existing practices that work

- “The forms we use with clients around substance use work fairly well, but it is a work in progress: we keep fixing them regularly”
- Monthly panel of experts for group sessions – participants write any question they have, and it is addressed by the most relevant professional. Just added a panel member from Mental Health and Addictions
- Mental Health and Addictions counselors with a special mandate to provide intensive perinatal support up to 2 months after birth of baby. POP clients are referred and seen very quickly. This acknowledges the relationship between mental health and substance use.
- One site reported that teaching around substance use is done openly in group. Address safety plan and where alcohol fits. Often linked to discussion around violence.
- Working with adults affected by FASD: using lots of visuals. When group size is too big, attempt to pare down or see individually
- In some communities, child apprehension is almost guaranteed if a woman discloses substance use. We talk about how to identify safe support programs in the community by asking neutral questions to assess the professional/programs beliefs: “I have a friend who is drinking and pregnant...” or “What do you think about...” or “What should I do if my...”
- “MI works really well individually. I am now trying it in groups.”
- ICQ questions are still used and are good to generate discussion (better than t-ace)
- During individual sessions, easier to address partner’s substance use – how to handle, is client joining in, other substances,...
- Usually participants feel safer when substance use is address via other topics (support, stress/mental health,...)
- Use visioning process (in group or individually): “On any day, what would happen/not happen to make this day perfect?”
- **Smart Guide** – best tool. Staff only wish they were even more familiar with all the tools information within the guide so they could use it more readily.
- Pre ICQ time, substance use brought up conversationally “When you drink,...” – very successful in getting women to talk about their behaviour related to alcohol and other substances.
- ICQ questions with an MI twist: ask how often they use, amount, then ask if they have heard about FASD, and if they would like more info – 99% is willing.
- Very low staff turnover rate – clients know or have heard about the staff and the program and are trusting it is a safe place to disclose.
- Participants can look at a substance use them bin and a video on their own without anyone knowing – get the information without having to disclose if they don’t want to.
- Tools address HARM REDUCTION by recognizing that substance use reduction is a success indicator as well as cessation
- The collection method is based on current knowledge of *harm reduction, family centered, strength based and motivational interviewing* philosophies

Needs Identified by Programs

- A screening/intake tool that covers all topics - food security, social support, mental health, housing, substance use, safety/domestic violence, etc. Basically a better ICQ.
- A visit check-in tool or guide that is also comprehensive
- A telephone guide for phone support
- Suggestions of open-ended Q & A
- Flowchart to help walk us through the MI process
- "Support in setting the stage to create safety for women, to allow them to open up, not be afraid to disclose information around substance use, to tell the truth so we can better help them."
- "Ideas on how to keep women coming to the program once they have disclosed substance use – they tend to drop out"
- "In general, we need to review/ a refresher around MI way – still not very comfortable using it.
- "Some staff are not comfortable/do not feel as though they are not adequately equipped to address the issue with participants" – need for ongoing support.
- "A "How-To" manual would also be helpful to provide background and in depth reasoning/explanation of the chart questions. (Please don't give us another ICQ-2!!!)"
- Would like a questionnaire to assess the stresses during their pregnancy
- Would like to ask questions about partners and other people around them and their drinking patterns, to better support the woman
- Main concerns not as much with the "assessment tool" as with the workers using tool
- Current tool designed to be used like a conversation, slowly allowing to gather some information, but some workers are still using it as a "fill-in-the-blank" form
- Don't need more MI training, but need workers to become more comfortable with the MI way while supporting women with substance use issues
- Next step/level in MI training
- A variety of concrete tools (tool box) which can be used or adapted to different situations
- Listserv for people interested in sharing MI questions/tools/tips. Staff doesn't have much time to go to websites and would not want to use the general BCAPOP distribution list, which would potentially create mass amount of e-mails for those not interested in the topic
- Forum with people to share effective strategies
- Basic support and teaching tools to use with affected parents/women
- A good DVD to show participants – one that is not blaming or guilt inflicting, and addresses substance use in conjunction with other topics relevant to POP participants.
- Link to data collection/good database for easy compilation
- Needs to be a process to implement a Decisional Balance Grid which is part of Motivational Interviewing "diagnostic" tools. Decisional Balance Grids are useful for so many things, including evaluation, but it is not used enough in our usual routine.
- Information and training on teaching styles with FASD effected participants and/or low literacy
- Time
- Evaluation based on the stages of change. (i.e. reporting on the number of women who moved from pre-contemplation to contemplation, etc.).

- Need tools that “measure a change in someone’s attitude or self-belief around their substance use, as this is often the first steps in making a positive change and further, we all know that people often struggle with addictions for years so a lifelong change isn’t likely going to occur during the short period that they participate in our program.”

What is NOT needed

- A process or tool that is specific to substance use and would required to isolate the topic from all others and create the need for more paper work.

General comments

- New staff coming to the program and receiving MI training have a much easier time incorporating it in their work than staff who have been around for a while
- Most participants not forthcoming about substance use information. 90% will say they have no problem with substance use, but we often assume otherwise.
- Need to know who to refer to (locally and away)
- Would like a pamphlet to give to people about other services they can access
- “Need to convince co-workers that MI works – they think it’s a wacky training that will die down, and so don’t want to use it.”
- The fact that we are not “counsellors”, and cannot officially act as such, put limitations on what we do. We are supposed to be offering “support and education”, and refer our participants to “counselling”. We have found that most of our participants who “do not access mainstream health care services” as stipulated in our Health Authority contract, are not ready or willing to go to counselling in the mainstream health care setting (funny enough). Therefore, we are unofficially counselling our participants to prepare them to consider mainstream health care services. Program staff agree that much more can be done at our site if the service provided here is recognized for what is done, and funded appropriately.
- About the tools currently used: ... to “make (Health Authority) happy by reporting on the stats they require and on our logic model.

Appendix 5 – Group Work and Motivational Interviewing

The following is a list of considerations specific to working with groups, while applying MI guiding principles, which have been identified by programs and advisory committee members. Although not a comprehensive list, it will provide a good starting point in the development of the Consultation Guideline.

- Importance of acknowledging clearly at the beginning of group sessions
- each individual's autonomy in making the best decision for themselves – “You're the one that knows your body best”;
- Importance of establishing clear ground rules whenever working in a group setting, in order to protect everyone present and honour both their respective situation, past decisions, and struggles. Without intending to, other participants' reactions to a woman's statement can at times be damaging.
- Examples of important rules:
 - Refrain from providing advice to other woman unless they are asked to do so.
 - Take the time to reflect and weigh the meaning and impact of a thought before commenting on someone else's experience.
- The concept behind the last 2 examples may appear difficult within the context of aboriginal cultures, where elders have the responsibility of telling younger members of the community what to do and how to do it (teach and tell). However, research demonstrates greater acceptance and results integrating MI approaches within cultural practices (Venner, 2007).
- By using MI inspired facilitation techniques, the group facilitator will model listening and communication skills to all participants.
- Any work done by the facilitator to evoke can be done either for themselves/privately or by sharing openly, using statements such as “What do you **think** about that?” or “What do you **know** about that?”.

Appendix 6 – Budget Estimates

Categories	Details	Amount
Contractors - coordinator(s)	35hrs/wk x 104 wks @ \$50/hr	\$182 000
Contractor - video and audio	10 videos/audio recordings, 2-3 min. each, \$1000/minute	\$20 000
Contractor - Design		\$10 000
Meetings - face-to-face	2 meetings	\$20 000
Meetings - conference calls	In-kind contribution	\$0
AC honorariums	7x\$500	\$3 500
Project management rate	Sponsoring agency - 60\$/hr, 8hr/wk, 78wks	\$37 440
Website upgrade	Interactive component	\$30 000
Marketing strategy		\$5 000
Training strategy	On the road/on-line/conference	\$30 000
Copyrighting fees	Need to confirm	\$2 000
TOTAL		\$339 940

Possible funders to approach:

Victoria Foundation, Vancouver Foundation, ManuLife, RBC, VanCity, PHAC, ActNow BC - HCIP, National CAPC/CPNP Network, FNIHB