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**Integrating Fetal Alcohol Spectrum Disorders (FASD) Evidence-Based Practices into Existing Service Delivery Organizations**

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 **Presentation Objectives**

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- Describe evidence-based FASD prevention programs available in the field;
- Describe how these programs are currently being integrated into comprehensive service delivery organizations through subcontracts with the FASD Center for Excellence;
- Understand how these programs can be integrated into a variety of settings; and
- Review initial findings from the integration of these programs.

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 **Alcohol Use Among Pregnant Women, Postpartum Women, and Women of Childbearing Age**

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- SAMHSA's National Survey on Drug Use and Health (NSDUH) combined data from 2006 and 2007 for women aged 15 to 44 indicates that:
  - › 11.6% of pregnant women used alcohol in the past month
  - › 42.1% of postpartum women used alcohol in the past month
  - › 54.0% of women who were not pregnant and not postpartum used alcohol in the past month

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### Alcohol Use Among Women of Childbearing Age, and Pregnant Women

- NSDUH combined data from 2002 to 2007 for women aged 15 to 44 indicates that:
  - › Past month alcohol use was highest (63%) for those who were not pregnant and did not have children living in the household
  - › The rate for those in their first trimester of pregnancy is 19%
  - › The rate for those in the second trimester is 7.8%
  - › The rate for those in the third trimester is 6.2%

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### Resumption of Alcohol Use Among Recent Mothers

- NSDUH combined data from 2002 to 2007 for women aged 15 to 44 indicates that:
  - › Non-pregnant women with children under 3 months old in the household had a past month alcohol consumption rate of 31.9%
  - › Past month rate increased from 31.9% for women with children under 3 months old to 43.9 percent for those with 3 to 5 month olds, and 52.1% for those with 9 to 11 month olds.

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### Fetal Alcohol Spectrum Disorders (FASD)

- Umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy
- May include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications
- Not a diagnosis



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**What is FASD?**

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- FASD is a spectrum of disorders.
- There is a wide range of intellectual capabilities among individuals with an FASD.
- Disabilities due to prenatal alcohol exposure range from mild to severe.
- There is no way to predict how much alcohol will cause how much damage in any individual.
- The disabilities of FASD are manifested in many different ways.

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**FASD Evidence-Based Practices**

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**Parent-Child Assistance Program (PCAP)**

- > Description: The PCAP approach is a long-term (36 month) paraprofessional home visitation model targeted to high-risk women who abuse alcohol and other substances.
- > Goal: To prevent future births of alcohol exposed children

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**FASD Evidence-Based Practices**

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**Parent-Child Assistance Program (PCAP)**

- > Target Audience: Pregnant and postpartum women (6 months postpartum)
- > Intervention:
  - The initial visit begins with a comprehensive assessment of alcohol consumption, contraception use, and use of community services.
  - At-risk women receive case management and women are re-evaluated to determine their clinical goals.
  - Counselors complete a "Documentation of Client Progress" form every 6 months and a final "Documentation of Client Progress" at 36 months.
  - In addition, the counselors complete a weekly advocate time sheet, summarizing their activities within the program.

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**FASD Evidence-Based Practices**

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**Parent-Child Assistance Program (PCAP)**

- > **Outcomes:** Intervention findings from three sites: one original demonstration and two replication sites.
  - Compared to the original demonstration, outcomes at replication sites were either improved (Treatment, abstinence, subsequent clean delivery, employment, child custody stability) or maintained (birth control, # subsequent deliveries).
  - Outcomes at 36 months:
    - Inpatient or Outpatient Treatment (Completed or in Progress) - 89%
    - Clean & Sober > 6 months at exit - 42%
    - Clean & Sober > 1 yr during program - 58%

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**FASD Evidence-Based Practices**

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**Project CHOICES**

- > **Description:** Focuses on alcohol-use reduction and effective contraception for women at high risk of having an alcohol exposed pregnancy
- > **Goal:** To prevent alcohol exposed pregnancies by reducing drinking and using effective contraception

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**FASD Evidence-Based Practices**

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**Project CHOICES**

- > **Target Audience:** Women of child-bearing age
- > **Intervention:**
  - At baseline, an assessment tool is administered by the counselor to assess drinking, sexual activity, contraceptive use, and demographic information.
  - The intervention consists of four counseling sessions plus a contraception counseling session designed to motivate individuals to change.
  - At the end of the program, women are assessed on their alcohol consumption and contraceptive use in the past 30 days.
  - At 6 months and 12 months follow-up, women are assessed on alcohol consumption and contraceptive use using the same core assessment tool used at baseline.

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**FASD Evidence-Based Practices**

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**Project CHOICES**

> **Outcomes:** Women in both intervention and control groups reduced their risk for an AEP by instituting changes in the targeted risk behaviors over the 9-month follow-up, the odds of being at reduced risk for AEP were more than double in the group that received the intervention compared to the control group.

- Binge drinking was substantially reduced by intervention participants from 30 episodes in the past 3 months at baseline to 7 episodes in the past 3 months at the 9-month follow-up.
- At 9-months follow-up, 57.9% of the intervention group reported no binge drinking versus 46.8% in the control group.
- At 9 months follow-up, 56.3% of the intervention group was using effective contraception as compared with 38.7% of the control group.

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**FASD Evidence-Based Practices**

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**Alcohol Screening and Brief Intervention (SBI)**

> **Description:** The Screening, and Brief Intervention (SBI) approach is designed to provide brief intervention to pregnant women who are drinking or at risk of drinking during pregnancy.

> **Goal:** Abstinence from alcohol during pregnancy

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**FASD Evidence-Based Practices**

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**Alcohol Screening and Brief Intervention (SBI)**

> **Target Audience:** Pregnant women

> **Intervention:**

- At baseline, a screening tool is administered to pregnant women to assess risk of drinking.
- Women are provided a brief intervention addressing the consequences of drinking.
- At each monthly follow-up visit, the quantity and frequency of drinking will be assessed and the client's goals for drinking will be recorded.
- At the 36th week of pregnancy, the client will be asked for permission to place her record from this program into her infant's medical record (upon delivery) and quantity and frequency of drinking will be assessed.

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## FASD Evidence-Based Practices

### Alcohol Screening and Brief Intervention (SBI)

- › **Outcomes:** The success of brief intervention conducted in a community setting by nonmedical professionals has significant implications for national public health policies.
  - Women in the brief intervention condition were 5 times more likely to report abstinence after intervention compared with women in the assessment-only condition.
  - Newborns whose mothers received brief intervention had higher birth weights and birth lengths, and fetal mortality rates were 3 times lower (0.9%) compared with newborns in the assessment-only (2.9%) condition.

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### SAMHSA's FASD Center for Excellence

- SAMHSA's FASD Center for Excellence is a Federal initiative devoted to preventing and treating FASD.
- The purpose of this initiative is to decrease FASD incidences and improve the quality of life among individuals and their families adversely impacted by FASD.
- One of the important functions of the FASD Center for Excellence is to serve as a Project Coordination Center for FASD Subcontract Awardees that are tasked with developing, documenting, and evaluating best prevention interventions.

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### SAMHSA's FASD Center for Excellence

- The FASD Center funded 15 State and Local organizations to integrate evidence-based prevention practices into existing systems of care.
  - › Six State subcontracts
  - › Nine local subcontracts
- Subcontractors are utilizing one of the three prevention approaches discussed earlier:
  - › Parent-Child Assistance Program (PCAP)
  - › Project CHOICES (Adapted)
  - › Alcohol Screening and Brief Intervention (SBI)

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**Integrating FASD  
Evidence-Based Practices**

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**Monitoring Progress**

- Determine whether the interventions were integrated into the current service delivery organizations as desired;
- Learn what works in specific settings and population groups; and
- Monitor the integration of the intervention by measuring whether abstinence is achieved as women progress through the intervention.

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**Integrating FASD Evidence-Based Practices:  
P-CAP Subcontractors**

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- State:
  - › Michigan Department of Community Health
- Local Program:
  - › Southern California Alcohol and Drug Programs

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**FASD Center P-CAP Subcontracts:  
Systems Integration Findings**

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- Strategic stakeholder and task force buy-in and participation required to meet clients' needs (e.g., housing, jobs, mental health) and to generate strategies for sustainability
- Cross-training of all staff ensures continuity of services when staff turnover occurs (high turnover reported at State level)
- Access to other funding sources (Medicaid) critical for full systems integration (to expand women served and fund adequate workforce)

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**FASD Center P-CAP Subcontracts  
Services Integration Findings**

- Motivational interviewing is key to recruitment and engagement.
- Intensive case management model requires more training, supervision, and ongoing access to resources.
- Public transportation systems are relied upon for meeting full range of client needs (shopping, appointments, etc.).
- Stable housing facilitates engagement and retention.
- Data system facilitates tracking and reporting requirements.

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**Integrating FASD Evidence-Based Practices:  
Project CHOICES Subcontractors**

- States:
  - › Texas Office for Prevention (substance abuse and public health facilities)
  - › New York Office of Alcoholism and Substance Abuse Services
- Local Programs:
  - › San Diego Youth and Community Services, CA (youth mental health and substance abuse services)
  - › ARC Community Services, Inc., WI (alcohol and drug programs)
  - › Serving Children and Adolescents in Need, Inc., TX (alcohol and drug programs)
  - › Pine Belt Mental Healthcare Resources, MS (mental health outpatient and residential facilities)

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**FASD Center Project CHOICES Subcontracts:  
Systems Integration Findings**

- State leadership required (direction, training, communication) to ensure treatment programs' buy-in, participation, reporting, and sustainability
- Local stakeholder training and buy-in required to ensure fidelity to intervention model across settings
- Cross-training of all staff ensures continuity of services when staff turnover occurs or single case worker model exists

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**FASD Center Project CHOICES Subcontracts:  
Services Integration Findings**

- Motivational interviewing is a key component, but can be different from traditional treatment approaches.
- Buy-in from administrators is required for integration of intervention into traditional treatment strategies.
- Recommended format and timing of intervention sessions may differ from those of regular counseling sessions and may require modifications of treatment as usual for optimal outcomes
- Active collaboration with health clinics and providers for contraceptive visits facilitates the process

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**Integrating FASD Evidence-based Practices:  
SBI Subcontractors**

- States:
  - › Arizona Department of Health Services (home visitation)
  - › Illinois Department of Health Services (WIC)
  - › South Dakota Department of Human Services (WIC)
- Local Programs:
  - › Public Health Dayton and Montgomery County, OH (WIC)
  - › Memorial Hospital of South Bend, IN (WIC)
  - › Child and Family Services of NH (home visitation)
  - › Aberdeen Area Tribal Chairman's Health Board, SD (home visitation)

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**FASD Center SBI Subcontracts:  
Systems Integration Findings**

- WIC and Healthy Family staff required training on FASD to incorporate this knowledge into routine intake and screening activities.
- Buy-in from administration (policies and procedures) required to encourage staff to develop more rapport with women around sensitive issues (drinking and pregnancy).

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**FASD Center SBI Subcontracts:  
Services Integration Findings**

- Collaboration across stakeholders required to ensure confidentiality and support intervention.
- Cross-training and routine meetings across staff ensures continuity of services when intervention staff turnover occurs.
- Staff buy-in required to implement screening criteria with fidelity to intervention model (eligibility includes both active and past risky drinking behaviors).

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**FASD Center SBI Subcontracts:  
Services Integration Findings**

- Staff training required to increase women's comfort levels in divulging information that could risk financial benefits.
- Referrals of positive screens to intervention staff require oversight and monitoring.
- Criteria and process for referrals to treatment are variable across sites and may have limited follow-up.

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**Integrating FASD Evidence-Based Practices**

**Aggregate Data  
(September 2008 - June 2009)**

Project	# Screened to date	# Screened Positive to date	# Entered Program
Project CHOICES	1,187	440 (37%)	339
Screening and Brief Intervention	5,902	961 (16%)	903
P-CAP	110	83 (75%)	83

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**SAMHSA FASD Center for Excellence**

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