**PURPOSE**

• develop a group of trainers who can train other medical assistants about
  • the importance of communicating with patients in a way that reduces the stigma associated with risky alcohol use and
  • the role medical assistants can play in reducing alcohol-exposed pregnancies (AEP) and fetal alcohol spectrum disorders (FASDs)
OVERALL LEARNING OBJECTIVES
By the end of this training, you will be able to:

1. review the lifelong effects of FASDs, identifying characteristics, why early intervention is important, and how screening is used to determine who is at risk for an alcohol-exposed pregnancy

2. identify ways to reduce the use of stigmatizing language to improve communication with patients about their alcohol use and FASDs

3. identify and differentiate between helpful and unhelpful communication strategies

4. Apply helpful communication strategies to discussions with patients
MEDICAL ASSISTANT

SCOPE OF WORK

Always refer to your state and/or employer's scope of practice regulations for the medical assistant’s role.
A NOTE ON GENDER-SPECIFIC LANGUAGE

The Medical Assistants FASD Practice Improvement Collaborative (MA-PIC) notes that not all people who give birth to children identify as mothers and not all people with the ability to become pregnant identify as women. However, many current research studies use gender-specific words such as “women” and “mothers” when discussing child birth and pregnancy. The research cited in this training will reproduce the original terms used in the source study. In general, these terms refer to people who were assigned as female at birth.
SECTION 1

FASDs Overview: Lifelong Effects, Identifying Characteristics, Screening, and Prevention
What are they?
What are identifying characteristics?
What are the benefits of early intervention?
How common are they?
Fetal Alcohol Spectrum Disorders (FASDs)

- A continuum of disorders ranging from mild intellectual & behavioral issues to extreme issues that may lead to profound disabilities or premature death
- Caused solely by prenatal alcohol exposure and are NOT hereditary
- Although they last a lifetime, there are benefits from early diagnosis, support, and services

(NCBDDD, 2015b)
ALCOHOL IS A TERATOGEN
(a substance that causes abnormality to the developing baby)
# Fetal Development Chart

This chart shows vulnerability of the fetus to defects throughout 38 weeks of pregnancy.*

* = Most common site of birth defects

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<thead>
<tr>
<th>Period of the Ovum</th>
<th>Period of the Embryo</th>
<th>Period of the Fetus</th>
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<td>Weeks 1-2</td>
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**Central Nervous System (CNS) – Brain and Spinal Cord**

- Heart
- Arms/Legs
- Eyes
- Teeth
- Palate
- External Genitals
- Ears

*CNS = Central Nervous System*

- Period of development when major defects in bodily structure can occur.
- Period of development when major functional defects and minor structural defects can occur.

Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS) 2009.

*This fetal chart shows the 38 weeks of pregnancy. Since it's difficult to know exactly when conception occurs, healthcare providers calculate a woman's due date 40 weeks from the start of her last menstrual cycle.*

(CDC, 2015b)
Not all prenatal alcohol-related conditions show the identifying physical characteristics

(Bertrand et al., 2004)
Concerns that may lead to an FASD assessment

1. Developmental or behavioral concerns
2. Specific facial features associated with prenatal alcohol exposure (PAE)
3. Growth deficiency at or below 10th percentile for head circumference, height, weight at any time, including prenatally
4. History of confirmed or suspected PAE
5. Self-reported or family concern about possible FASD

(AAP, 2016)
3 characteristics associated with prenatal alcohol exposure

- Specific facial features
- Growth deficiency
- Central nervous system problems
Facial features associated with Fetal Alcohol Syndrome (FAS)

(Astley & Clarren, 2001; Bertrand et al., 2004)
Facial Features Comparison

Child Not Exposed to Alcohol

Child Exposed to Alcohol

(Astley, S.J. & Clarren, S.K., 2001)
Growth Deficiency and Central Nervous System (CNS) Effects

- **Structural**
  - Small head size

- **Neurological**
  - Poor coordination
  - Poor muscle control
  - Poor sucking as a baby

- **Functional**
  - Cognitive deficits
  - Executive functioning deficits

Possible Effects of Prenatal Alcohol Exposure on Behavior and Cognition

- Attention deficit or hyperactivity
- Poor social skills
- Co-occurring behavioral and/or mental health issues

(Streissguth et al., 1996; Williams & Smith, 2015)
The prevalence of FASDs in the United States is estimated to be as high as **2-5%** of school-age children. For comparison, the prevalence of autism spectrum disorders is 1.68%.

(May et al., 2014; Astley et al., 2002; Fast et al., 1999)
Societal Costs of FASDs
Importance of early identification

• Early identification, before 6 years of age when possible, helps reduce the risk of later life problems.

• Early diagnosis works by helping families affected by FASDs to get the support and services they need, which can include counseling, medical specialty care, peer and community programs.

(Streissguth, 1997; Williams & Smith, 2015)
What is risky drinking?

Why is early diagnosis important?

Screening and Prevention

Are FASDs preventable?
What Is Considered A Standard Drink?

12 fl oz of regular beer = 8–9 fl oz of malt liquor (shown in a 12 oz glass) = 5 fl oz of table wine = 1.5 fl oz shot of 80-proof spirits (“hard liquor”—whiskey, gin, rum, vodka, tequila, etc.)

about 5% alcohol
about 7% alcohol
about 12% alcohol
about 40% alcohol

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

(NIAAA, 2005, n.d.b)
Guidelines on alcohol use during pregnancy are clear...

No amount of alcohol is considered safe during any trimester of pregnancy

2005 U.S. Surgeon General Advisory
American College of OB-GYNs
American Academy of Pediatricians
Centers for Disease Control and Prevention

(U.S. Department of Health and Human Services, 2005; ACOG, 2008; AAP, 2015a; NCBDDD, 2014b)
Ways to prevent alcohol-exposed pregnancies

1. Reduce risky drinking
2. Use birth control effectively

*Optimal outcome – Patients choose to do both*

(Balachova et al., 2013; Floyd et al., 2007; Wilton, et al., 2013)
Alcohol Screening and Brief Intervention (SBI)
SBI Concept

- uses a **public health** approach to universal screening for alcohol use
- provides
  - immediate rule out of **non-problem** users
  - identification of levels of **risk**
  - identification of patients who would **benefit** from brief advice
  - identification of patients who would **benefit** from further assessment

(Aiello et al., n.d.)
Screen **ALL** Patients Who May Become Pregnant
Simple Screening Questions

✔ **Non-Pregnant**: “On any single occasion during the past 3 months, have you had more than 3 drinks containing alcohol?”

✔ **Pregnant**: “Have you had a drink since you found out you were pregnant?”

If the response to this 1 question is **yes**, follow with additional questions from a validated screening tool or defer to the healthcare provider to conduct additional assessment.

(CDC, 2014a)
Examples of Brief Interventions

• Advise a patient who drinks moderately and is pregnant or who is contemplating a pregnancy to abstain from alcohol in order to prevent an FASD

• Help a patient weigh the costs and benefits of reducing alcohol use before or during pregnancy

• Help a patient maintain motivation to reduce or eliminate drinking by reinforcing the benefits of an alcohol-free pregnancy
CHOICES

a program on choosing healthy behaviors to avoid alcohol-exposed pregnancies (AEP)
Medical Assistant Toolkit

A guide on implementing alcohol SBI in your practice

ENHANCING THE ROLE OF MEDICAL ASSISTANTS:
A Toolkit to Increase the Capacity of Primary Care Practices to Reduce Risky Alcohol Use and Prevent Alcohol-Exposed Pregnancy

Developed by the Mountain Plains FASD Practice and Implementation Center (PIC) through funding from the Centers for Disease Control and Prevention (CDC)
FASDs are COMPLETELY PREVENTABLE with NO ALCOHOL USE DURING PREGNANCY
What are FASDs?

How much alcohol is safe to consume when pregnant?

What is alcohol SBI?

Who should be screened?

Section 1 Review
SECTION 2

Stigma as a Barrier to Preventing and Identifying AEPs and FASDs
Visualization Exercise
What is it? Stigma

How does it relate to alcohol use?

Why is it a barrier to preventing and identifying AEPs and FASDs?
Stigma is a powerful, complex social and cognitive process that leads to the discrediting, devaluing or excluding of a person or group of people based on a real or perceived difference.
Stigma related to women’s alcohol use

- Alcohol use and abuse by women is often viewed more unfavorably than that by men.
- Stigma associated with drinking during pregnancy is common.
- Stigma is often associated with a health condition.
- Alcohol use disorders (AUDs) and substance use disorders (SUDs) are among the most stigmatized of medical conditions.

(Velasquez & Stotts, 2003; Hartje et al., 2015b)
Stigma Leads to Missed Opportunities

The highest alcohol use during pregnancy is among
Women 35 – 44 years of age (17.2%)
College graduates (16.3%)
If medical professionals assume certain populations are less likely to engage in risky drinking, opportunities for screening, identification of risky use, and prevention of FASDs may be lost.
Stigma is a barrier to diagnosing FASDs

- Stigma can prevent concerned parents from discussing their alcohol use during pregnancy
- Providers may fear that diagnosing a child or adult with an FASD will be “labeling” them with a stigmatizing condition

(Van Boekel et al., 2013; Rojmahamongkol et al., 2015; NOFAS, n.d.)
Stigmatizing Language

• Conveys negative attitudes, disapproval and/or blame
• Can create feelings of shame and exclusion for the patient
• Can influence how others in the practice perceive the patient
• Examples:
  ‣ “An FASD is what happens when a mother drinks alcohol while she’s pregnant.”
  ‣ “The patient has a dirty UA.”
no one drinks because they want to hurt their baby
Melissa: Birth parent of a child with FASD

(NOJAS, 2012a)
What is it?

How does it relate to alcohol use?

Section 2 Review

Why is it a barrier to preventing and identifying AEPs and FASDs?
SECTION 3  

Improving Communication Skills to Reduce Stigma and Help Reduce AEPs and FASDs
What are some common communication roadblocks?

How does communication affect change?

Effective Communication

How can medical assistants communicate more effectively?
Person-first language

- Emphasizes individual strengths and capacities... not disability, situation, diagnosis, or behavior
- Recognizes individuality and dignity of the person
- Reduces stigma
- Examples:
  - “A child who has an FASD” vs. “An FASD kid”
  - “People with disabilities” vs. “The disabled”
  - “A person with an alcohol use disorder” vs. “An alcoholic”
Gender and Language

- Patients may not identify as “mothers” or “women” but may be pregnant or capable of becoming pregnant
- May identify as a man or trans man or as non-binary or genderqueer (not exclusively male or female)
- Use patient’s preferred name, pronouns and terms
- Choose gender-neutral language
- Still need alcohol SBI
Professional

VALUES

Personal
When a pregnant person drinks alcohol, so does their baby.

A developing baby’s alcohol exposure can reach the same level as that of the parent who is carrying them during pregnancy.
People who drink when they are pregnant don’t care about their babies.
Alcoholics have babies with deformities and brain damage.
Shame on you for drinking while pregnant.
FASDs are caused by pregnant people who drink alcohol.
Help patients talk about their alcohol consumption
Roadblocks to communication

Types
• Unsolicited advice
• Persuasion
• Confrontation
• Getting ahead of patients
• One-way information

Outcomes
• Damages rapport
• Increases resistance to change
• Diminishes trust in the healthcare system
Unsolicited advice

**Definition:** providing patients with tips or suggestions without asking permission to share advice or without the patient asking us to share our perspectives on their course of action

**Example:** “Try alternating between alcoholic and non-alcoholic beverages when you’re out. That way you can be out for longer without drinking so much.”
**Persuasion**

**Definition:** trying to convince another person to change their thoughts or behaviors

**Example:** “I’ve worked with parents of children with an FASD and, believe me, the guilt they feel about their choices is not something you want to experience.”
Confrontation

Definition:
when healthcare professionals clearly and directly disapprove of a patient’s thoughts or behaviors and communicate it via shaming, ridiculing, labeling, blaming or arguing

Example: “Think of your baby, for crying out loud.”
Definition: responding in a way that is not appropriate to the patient’s readiness level, failing to recognize patient ambivalence.

Example:
Patient: I read that a glass of wine now and then is actually a good thing during pregnancy?
Medical Assistant: What do you think might be the first step towards quitting?
One-way information

**Definition:** providing more information than is necessary, failing to inquire about the patient’s own knowledge and/or ideas

**Example:** Explaining a long list of strategies for cutting down on drinking without first asking what ideas the patient has about cutting down.
Superhighways to communication

**Approaches**
- Empathic listening: reflections & summaries
- Highlighting patient choice
- Affirmations
- Seeking collaboration
- Ask-tell-ask technique

**Outcomes**
- Builds rapport
- Motivates behavior change
- Facilitates gathering of accurate information
Empathic listening: reflections & summaries

**Definition:** seeking to understand what another person means by what they say and communicating that back to them in the form of reflections or summaries

**Example:**

**Patient:** Before I knew I was pregnant I was drinking a lot. I’m not sure what to do.

**Medical Assistant:** It’s sounds like you’re a little worried and might want to talk with the provider to get some more information.
Highlighting patient choice

**Definition:** emphasizes patients’ choice to help empower them to act and increase their sense of confidence

**Example:** “You know yourself best. What do you think would be the best choice for you?”
**Definition:** statements that highlight a patient’s strengths, efforts, or successes

**Example:** “You have a lot of great ideas about how to reduce your chances of having an unintended pregnancy.”
**Definition:** sharing power on the direction or focus of the interaction.

**Example:** “What would be a helpful next step?” or “Would it be alright if I ask you a few questions about sexual health?”
Ask-tell-ask technique

Definition: collaboratively exchanging information by asking patients what they already know about a topic before sharing information.

Example:
Medical Assistant: (Ask) What’s your understanding of some of the potential health effects of drinking more than 3 drinks in a day?
Patient: Well, it might give you a hangover.
Medical Assistant: (Tell) Yes, it can lead to hangovers. It can also increase the chances a person might have an accident while drinking, like tripping and falling, or experience social consequences, such as saying or doing something you regret later.
Medical Assistant: (Ask) How does that impact your thinking about your own drinking?
Superhighway Activity
What are some communication roadblocks?

How does communication affect change?

Section 3 Review

How can medical assistants communicate more effectively?
Take Home Messages
Alcohol affects multiple organ systems throughout pregnancy, particularly the baby’s brain.
Not all prenatal alcohol-related conditions show the *identifying physical characteristics* (Bertrand et al., 2004).
NO SAFE TIME
NO SAFE TYPE
NO KNOWN SAFE AMOUNT
SCREEN ALL patients who may become pregnant
LANGUAGE MATTERS

- Avoid stigmatizing language
- Use person-first language
- Avoid gendered language
- Use superhighway communication techniques and avoid roadblocks
- Using thoughtful language can improve communication with patients and help prevent alcohol-exposed pregnancies
Thank You!

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