CHOICES

A Program for Women About Choosing Healthy Behaviors

COUNSELOR MANUAL

National Center on Birth Defects and Developmental Disabilities
Division of Birth Defects and Developmental Disabilities

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A Program for Women About Choosing Healthy Behaviors to Avoid Alcohol-Exposed Pregnancies

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U.S. Department of Health and Human Services
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Introduction

Prenatal alcohol exposure is a leading preventable cause of birth defects and developmental disabilities in the United States. Studies from the Centers for Disease Control and Prevention (CDC) find that each year approximately 500,000 pregnant women report they drank alcohol in the past month, and approximately 80,000 pregnant women report binge drinking (five or more drinks on any one occasion).[1] Fetal exposure to alcohol results in a spectrum of adverse effects that has been termed Fetal Alcohol Spectrum Disorders (FASDs), with the brain and central nervous system being particularly sensitive to the effects of alcohol. Alcohol exposure during pregnancy can have profound and life-long consequences for children. Fetal Alcohol Syndrome (FAS) is one of the most involved conditions along the spectrum and affects up to two out of every 1,000 infants born each year in the United States. The estimated lifetime cost of FAS is $2 million per case, with an annual cost for all cases of $4 billion to the nation.[2]

Most women reduce alcohol consumption after learning they are pregnant. Others do not recognize they are pregnant in the early weeks of gestation and continue to drink at high levels. Among women of childbearing age (18–44 years), more than half report they drank alcohol in the past month, and one in eight reports binge drinking in the past month.[3] Women who are planning to become pregnant or are at risk of becoming pregnant should avoid using alcohol if they are sexually active and not using contraception. Studies find that about half of all pregnancies in the U.S. are unplanned. About half of these unplanned pregnancies occur in women who are using contraception but not effectively. Enhancing effective contraception in women who are drinking at risk levels could help them avoid having an alcohol-exposed pregnancy (AEP).

Goal of CHOICES

The overall goal of the CHOICES intervention is to reduce AEPs by identifying and intervening with at-risk women in the preconception period or prior to pregnancy. To do this, the intervention is designed to address both alcohol reduction and pregnancy prevention.

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[1] Centers for Disease Control and Prevention. (2009). *Alcohol use among pregnant and nonpregnant women of childbearing age-United States, 1991–2005. Morbidity and Mortality Weekly Report, 58*(19), 529–532.

[2] Lupton, C., Burd, L., & Harwood, R. (2004). Cost of fetal alcohol spectrum disorders. *American Journal of Medical Genetics, 127C,* 42–50.

[3] CDC, 2009.

Audience for Intervention

The primary audience for the CHOICES intervention includes women of childbearing age who are at risk of pregnancy and who drink at levels known to carry a risk of adverse reproductive and fetal outcomes.

Places to Implement CHOICES

The CHOICES intervention is designed for use in a variety of settings: primary care clinics, community health centers, treatment centers, residential settings, jails, prisons, etc. CHOICES comprises four intervention sessions and one visit with a family planning provider. It is recommended that those who implement CHOICES, unless they have prescriptive privileges, partner with a local birth control provider or health clinic offering a variety of contraceptive methods. The CHOICES intervention was originally designed for implementation over a 12- to 14-week period, including the family planning visit. Typically, one session is conducted every two weeks.

The CHOICES Study

This manual is based on a multisite, evidence-based intervention study.[4] In that study, investigators found the CHOICES intervention could help women lower their risk of an AEP by reducing drinking; beginning consistent, effective contraception use, or both.

The study, a randomized controlled trial conducted from 2002 to 2005, tested the efficacy of a brief motivational intervention in reducing the risk of an AEP in preconceptional women by focusing on risky drinking and ineffective contraception use. A total of 830 nonpregnant women, aged 18–44 years and currently at risk for an AEP, were recruited in six diverse settings in Florida, Texas, and Virginia. Participants were randomized to either receive information and a brief motivational intervention or to receive information only. The brief motivational intervention consisted of four counseling sessions and contraception consultation. At some sites women could receive an additional gynecology service visit as part of CHOICES. The results of the study showed women receiving the intervention were more than twice as likely to have reduced risks for an AEP as women who did not receive the intervention. Therefore, this motivational intervention could reduce the risk of an AEP and should be considered for broad dissemination. The CHOICES efficacy study won the 2008 Charles C. Shepard Science Award at CDC for excellence in prevention and control.

Although the original study used "eight or more drinks per week" or "five or more drinks on one occasion" as criteria for participant inclusion, it is now recommended that "more than seven drinks per week" or "more than three drinks on one occasion" be used as criteria for inclusion, consistent with guidelines from the National Institute on Alcohol Abuse and Alcoholism.[5] This advice also is consistent with the Surgeon General's 2007 recommendation.[6]

The Continuum of Problem Drinking and Identifying the CHOICES Audience

Women receiving the CHOICES intervention may or may not have identifiable drinking problems. It is now widely accepted that drinking problems lie on a severity continuum ranging from an elevated risk without adverse effects to severe and even life-threatening consequences. For many years, alcohol treatment focused primarily on individuals with severe problems; however, this trend has shifted. Influential organizations such as the National Institute of Alcohol Abuse and Alcoholism and the National Academy of Sciences' Institute of Medicine have advocated greater recognition and provision of services for persons known as "problem drinkers"—individuals with low-level problems who engage in high-risk drinking.[7]

Traditionally, the treatment offered to problem drinkers has been the same as that for individuals with severe alcohol problems. This was based on the idea that persons with low-level problems were in the early stages of a progressive disorder. However, significant epidemiological research has made it clear that alcohol problems are not necessarily progressive. The most common pattern of alcohol problems is reflected by individuals who move in and out of periods of problem drinking of varying severity, which are separated by periods of either not drinking or of drinking low amounts without problems.[8]

Findings also have shown problem drinkers often respond well to brief interventions and change frequently occurs by reducing drinking rather than stopping entirely. Many women in the CHOICES intervention will be problem drinkers, but the intervention can be used with the full spectrum of women with alcohol problems.

[4] Floyd,R.L., Sobell,M., Velasquez,M.M., Ingersoll,K., Nettleman,M., Sobell,L., et al. (2007). Preventing Alcohol-exposed Pregnancies: A Randomized Controlled Trial. *American Journal of Preventive Medicine, 32*(1), 1–10.

[5] U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2005, Rev. 2007). *Helping patients who drink too much: A clinician's guide* (NIH Publication No. 07-3769). Washington, DC.

[6] HHS. (2005, February 21[posted]; 2007, January 4 [last revised]). *U.S. surgeon general releases advisory on alcohol use in pregnancy: Urges women who are pregnant or who may become pregnant to abstain from alcohol.* Retrieved from www.surgeongeneral.gov/pressreleases/sg02222005.html

[7] Institute of Medicine. (1990). *Broadening the base of treatment for alcohol problems.* Washington, DC: National Academy Press.

[8] Dawson, D. A., Grant, B. F., Stinson, F. S., Chou, P. S., Huang, B., & Ruan, W. J. (2005). Recovery from DSM-IV alcohol dependence: United States, 2001–2002. *Addiction, 100(3),* 281–292.

Objectives of This Manual

This manual will help counselors:

1. Understand the risk factors and risks of an alcohol-exposed pregnancy, including Fetal Alcohol Spectrum Disorders, which include Fetal Alcohol Syndrome and other adverse outcomes
2. Learn the CHOICES intervention, including the overall goals, approach, and components of the program
3. Learn the techniques, skills, and spirit of Motivational Interviewing (MI)[9] , the counseling style used to conduct the CHOICES intervention, by becoming familiar with:
   a. OARS (Open-ended questions, Affirm the person, Reflect what the person says, and Summarize) counseling principles
   b. Goals and use of talk to elicit change
   c. DARN-C (Desire, Ability, Reasons, Need, and Commitment): the flow of change talk
   d. Stages of change
   e. Model of health behavior change
4. Learn how to conduct each of the four sessions in the CHOICES intervention, including:
   a. Becoming familiar with the materials required for each session
   b. Becoming familiar with the objectives, steps, and key components of each session
   c. Understanding the flexibility encouraged in each session to exemplify the spirit of MI
5. Be ready and confident to conduct the CHOICES intervention

The CHOICES Training Package

The CHOICES training package consists of this Counselor Manual, a Client Workbook, and Facilitator Guide. The Counselor Manual and the training will teach future counselors about the risks of an alcohol-exposed pregnancy and how to conduct the CHOICES intervention with women who are at risk for an AEP.

The Client Workbook is given to women who are participating in the intervention. The Facilitator Guide includes a slide set, handouts, and videos that can be used to train counselors.

[9]Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people to change (2nd edition)*. New York: Guilford.

CHOICES: The Intervention Approach

Objectives

The objectives for this section are:

- To provide an overview of CHOICES
- To provide background on the origin of the CHOICES study
- To define the strategy used in CHOICES to address alcohol use
- To define the strategy used in CHOICES to address birth control use

CHOICES: An Overview

CHOICES is a four-session counseling intervention, plus a birth control consultation, that is offered to women who are at risk for an alcohol-exposed pregnancy. CHOICES is designed for delivery across health, mental health, substance use treatment, and incarceration settings. Using the MI spirit, components, and skills, the CHOICES intervention is tailored to adapt to each woman's level of readiness to change her alcohol use and contraceptive behaviors. The CHOICES intervention includes three primary components:

1. Screen and assess women for drinking and contraception use to identify those who are at risk for an alcohol-exposed pregnancy
2. Provide each woman with a four-session counseling intervention using the materials in this training manual
3. Arrange a birth control consultation for each woman

This approach is unique in the field of alcohol-exposed pregnancy prevention. Research shows brief interventions that incorporate assessment, feedback, consequences of behavior, and self-help materials for goal-setting and behavior change can succeed in reducing problem drinking among women in health care settings.[10]

Reducing or Eliminating Drinking?

It is reasonable to expect that women who receive the CHOICES intervention will have varying levels of alcohol-related risks and problems, ranging from drinking only slightly above the risk criteria to a long history of severe alcohol problems. Women with longstanding serious alcohol problems are likely to recognize abstinence to be in their best interest. Others who drink only slightly above the risk criteria with situational binge drinking (e.g., college students) may have experienced no adverse health or personal consequences, and an alcohol-exposed pregnancy will be their major area of risk. These women, as well as women who can be characterized as problem drinkers, are likely to seek to reduce rather than to stop their drinking. Such a goal would be in keeping with the overall objective of the intervention: preventing alcohol-exposed pregnancies.[11] It is important for CHOICES to incorporate flexibility in treatment goals so that it can respond to a broad range of needs and desires of the target population.

Evidence indicates individuals are more committed when they choose their own alcohol treatment goals,[12] so CHOICES participants set their own goals. As motivation for setting the goals, the women receive information about drinking levels to reduce the likelihood an alcohol-exposed pregnancy. They are advised of any medical or social conditions in which alcohol consumption is contraindicated, including attempts to become pregnant or pregnancy due to ineffective contraception.

Guidance in Contraception

Although CHOICES counselors are not expected to be experts in contraception, they facilitate behavioral changes in women who: are unable or unwilling to drink at the advised levels to reduce the likelihood of an alcohol-exposed pregnancy and therefore want to focus on birth control as a means of AEP prevention, or choose to focus on both limited drinking and contraception effectiveness to prevent an AEP.

CHOICES counselors need basic knowledge about contraception, including an understanding of:

- Risks from drinking during pregnancy (see Appendix A: Risks of an Alcohol-Exposed Pregnancy)
- Resources for contraception consultation and services available to women in their community
- How to listen to and explore myths about contraception if a woman mentions them, and how to provide accurate information to address these myths (see Appendix D: Contraceptive Methods, Facts, and Myths)

[10]Floyd, R.L., et al., 2007.

[11]Sobell, M. B., & Sobell, L. C. (1995). Controlled drinking after 25 years: How important was the great debate? *Addiction, 90*, 1149–1153.

[12]Bandura, A. (1997). *Self-efficacy: The exercise of control* (1st ed.). New York: Worth Publishers.

- How to share with the woman that some methods may be contraindicated based on the advice of the birth control provider—for example, birth control pills may not be advised for women who are smokers
- How to guide the woman in identifying and discussing reasons why she might want to plan her pregnancy
- How to identify situations when it is necessary to refer the woman for an additional follow-up visit to a provider of reproductive health care

Motivational Interviewing (MI)

Objectives

This section provides an overview of the counseling techniques and approaches used in the CHOICES intervention, focusing on Motivational Interviewing (MI) as well as other strategies. The objectives of this section are:

- To provide an overview on how to use the MI approach to motivate women to change their drinking and contraceptive behaviors
- To demonstrate how to apply MI to the CHOICES intervention throughout each session
- To illustrate MI skills and strategies so counselors are prepared to use them to conduct the CHOICES intervention
- To provide an overview of the Stages of Change model and how it can be applied to CHOICES
- To demonstrate how to use the Readiness Ruler to assess a woman's readiness to change
- To provide an overview on how to use decision exercises throughout the CHOICES intervention
- To illustrate the role and importance of temptation and confidence in the woman's process of change

Motivational Interviewing: An Overview

The MI counseling approach was developed by Drs. William Miller and Stephen Rollnick and is a technique designed to promote internally motivated change.[13] The intervention also incorporates the Transtheoretical Model developed by Drs. James Prochaska and Carlo DiClemente.[14] This model proposes that people move through a series of stages in the change process. In addition, many CHOICES treatment procedures and measures (e.g., decisional balance exercise, goal self-selection, self-monitoring, self-generated plans, and importance and confidence rulers) were based on the Guided Self-Change model of treatment.[15,16]

Although guidelines are provided for the CHOICES sessions, the CHOICES intervention is tailored to meet each woman's level of readiness to change her drinking and contraceptive behaviors through the use of MI.

Motivational Interviewing: The Approach

MI is a goal-oriented, client-centered counseling style that enhances motivation by helping people clarify and resolve their ambivalence about behavior change. MI is directive because the counselor shapes the process and seeks to accomplish specific goals. MI is client-centered because it encourages people to talk about their concerns and make their own plans to change.

MI begins with an assumption that the responsibility and capability for change lies within the client. The counselor's task is to create conditions that will resolve ambivalence and enhance the client's motivation for and commitment to change. Ambivalence, a normal stage in the change process, is defined as the experience of a client feeling two ways about change. The part that wants to stay the same may be equal to or slightly greater than the part that wants to change. As a result, the client may feel "stuck," causing feelings of discomfort. Ambivalence often can be resolved if the client feels understood, in which case both parts of the woman's ambivalence are validated. Thus, the MI approach addresses ambivalence as a fundamental component in the change process.

Some women are not yet ready or motivated to change. For those who are ready, an introduction to skills development and other action-related tasks is appropriate. However, for those who are not ready to change, this approach can reinforce their commitment to change and mobilize their resources. The goal of MI is to prepare people for change and to maintain their motivation once it has been established, but not to push them into changing. MI helps people work through their ambivalence about changing, primarily through active listening, gentle feedback, and appropriate open-ended questions.

[13]Miller, W.R., & Rollnick, S. (2002).

[14]Prochaska, J. O., Norcross, J., & DiClemente, C. (1995). *Changing for good: A revolutionary six-stage program for overcoming bad habits and moving your life positively forward.* Indiana: Collins Living.

[15]Sobell, M. B., & Sobell, L. C. (1993). *Problem drinkers: Guided self-change treatment.* New York: Guilford Press.

[16]Sobell, M. B., & Sobell, L. C. (2005). Guided Self-Change treatment for substance abusers. *Journal of Cognitive Psychotherapy, 19,* 199–210.

The MI approach assumes that:

- Mobilizing the woman's own resources for change is more effective than prescribing particular methods of change.
- Eliciting the woman's own reasons for wanting to change is more effective than persuasion.

Giving active and direct advice before assessing the woman's readiness may be counterproductive and may produce resistance. To reduce resistance and motivate her to change, the MI counselor tries to elicit the woman's own concerns. If she, rather than the counselor, articulates reasons for change, the woman can harness internal motivation and thus be more ready to change.

> The goal of Motivational Interviewing is to prepare people for change and to maintain their motivation once it has been established, but not to push them into changing.

Motivational Interviewing: Application in CHOICES

In the CHOICES intervention, the counselor provides advice and expresses concern about high-risk choices while encouraging women to set their own goals. MI counselors thereby recognize women's freedom and responsibility for self-determination while providing feedback on their choices. In effect, some women in CHOICES may choose to continue to drink or to maintain their nonuse of effective contraception. CHOICES counselors accept these decisions and encourage consideration of the other behavioral target. However, it is important to remember change in either behavior will result in avoiding an alcohol-exposed pregnancy.

As Miller and Rollnick state in their book:

> The fact is that you cannot impose your own goals on a client. You can offer your best advice, but the client is always free to accept it or disregard it. Arguing and insisting are more likely to evoke defensiveness than agreement. Again, it makes little sense to work within a Motivational Interviewing strategy (while first engaging a client) only to alienate the client with a rigidly prescriptive style (when negotiating treatment goals). It is far better, we believe, to maintain a strong working alliance with the client and to start with the goals toward which he or she is most eager to make progress. If these goals are misguided, it will become apparent soon enough.[17]

In a case in which drinking is not advised and the woman does not accept the counselor's advice or rationale for abstinence, the counselor is left with several options. One approach is for the counselor to negotiate interim goals, such as gradual tapering of alcohol use or a brief period of "trial" abstinence. The CHOICES approach can work within a setting of mandated abstinence, such as a jail, hospital, or treatment center, by emphasizing the woman will have choices after leaving that setting. As always, use of these MI techniques keeps the focus on maintaining the client-counselor relationship and on achieving an optimal level of client motivation.

Motivational Interviewing: Skills and Strategies

Women will vary widely in their readiness to change. Some may come in already having decided to change. Others will be reluctant or even resistant at the outset. Families, employers, or legal authorities may have coerced some women to take part in the intervention. Most women, however, are likely to enter the process thinking about taking action, but are still in need of reinforcement of their motivation to change.

OARS Counseling principles

The counselor uses the following MI strategies—known by the acronym OARS—to establish good rapport with women and to increase their motivation to change:

*ASK **O**PEN-ENDED QUESTIONS*

Ask questions that require an explanatory response rather than closed questions that can be answered with "yes" or "no." This encourages the woman to do most of the talking while you listen and encourage further dialogue. This also elicits an exploration of topics that would not occur with closed questions.

***A**FFIRM*

Affirm and support the woman's statements of understanding and intention to change. Focus on the woman's strengths, efforts, patience, and other attributes.

[17] Miller, W.R., & Rollnick, S. (2002).

*LISTEN **R**EFLECTIVELY*

Reflective listening is one of the most important skills in MI. It involves forming a reasonable guess about the meaning of the woman's comments and giving voice to this guess through a statement. Because you may not fully understand what a woman means, reflective listening provides an opportunity to clarify.

Reflect feelings as well as words. The intention is for you to elicit arguments for change from the woman rather than presenting them to her.

SUMMARIZE

Periodic summaries link together material already discussed, demonstrate careful listening, prepare women to move on, and examine ambivalence about change. It's helpful to offer a major summary at the end of a session. Summarizing helps to capture the essence of the discussion, link topics, and make transitions in the conversation.

Change Talk

The preceding four skills are fundamental to MI and provide an important foundation. A fifth strategy helps to guide the woman toward change by eliciting and reinforcing her statements about it and helping her resolve her ambivalence.

ELICIT CHANGE TALK:

Four general categories of change statements cover:

- Desire to change
- Ability to change
- Reasons to change
- Need to change

The counselor reinforces these statements through reflective listening and supportive statements. Finally, the counselor is careful to communicate acceptance and reinforce the woman's self-expression throughout the session.

Using the training that accompanies this manual, practicing with peers, and reviewing the demonstration videos will prepare you to use MI in your CHOICES sessions.

Stages of Change Model: Principles and Use in the Counseling Session

Changing is not easy, especially when the effects are uncertain. The Stages of Change framework provides counselors with useful information to tailor an intervention to fit a woman's stage of readiness to change. The stages of change are:

Precontemplation: Not thinking of change

Contemplation: Considering the change

Preparation: Getting ready to change

Action: Actively changing

Maintenance: Maintaining the change

Sometimes a sixth stage is also included. A woman might enter the **Relapse/Recycle** stage if she reverts to her previously risky behavior(s).

By knowing which experiences are common in each stage, women can have a better picture of what they can expect and what they need to change. However, it is important to note individuals have unique perspectives, experiences, and backgrounds. The Stages of Change provide a framework by which women can better understand where they are, where they have been, and where they are going.

Certain strategies have proven effective in helping people move from one stage of change to the next. While MI is particularly helpful in the early stages, it is also an effective counseling style to use with people in the later stages. Even women who are ready to change often need help in making plans and avoiding a return to old behavior.

Readiness Ruler

Motivation can change over time. It is important for the counselor to understand where a woman is in her readiness to change. Lack of readiness can reflect ambivalence.

The Stages of Change model has served as the foundation for developing several different ways to assess readiness.[18] CHOICES uses a Readiness Ruler to assess readiness to change.[19] This is a simple method that quickly provides a counselor with insight into a woman's motivation for change.[20] The woman is asked where she is on a scale from 0 to 10, with 10 indicating "extremely ready to change."

Readiness Rulers are used in CHOICES sessions, along with Importance and Confidence Rulers. In CHOICES, these are called the Self-Evaluation Rulers. These rulers also help you assess motivation, and they can elicit change talk. For example, women are asked to assess their readiness by marking the ruler or verbalizing a number. Once a number is identified, the next step is to ask why she chose a particular number, say a 4, and not a lower number. You can ask, "Why a 4 and not a 1?" This response elicits

[18]Prochaska, J. O., & DiClemente, C. C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy.* Homewood, IL: Dow Jones-Irwin.

[19]D'Onofrio, G., Bernstein, E., & Rollnick, S. (1996). Motivating Clients for change: A brief strategy for negotiation. In E. Bernstein & J. Bernstein (Eds.), *Case studies in emergency room medicine and the health of the public.* (pp. 295–303). Boston: Jones & Bartlett.

[20]Rollnick, S., Mason, P., & Butler, C. (1999). *Health behavior change: A guide to practitioners.* Edinburgh: Churchill Livingston.

change talk, because it prompts the woman to state reasons she may have for change. You can then use reflective listening to explore her ambivalence and to help identify reasons she may have for changing her drinking or birth control use. You might ask, "What would have to happen for you to move up one or two numbers on the ruler, for example, from a 4 to a 6?" This encourages her to think about incremental change and to identify steps that can be taken. You can also use the Readiness Ruler to recognize change by asking, "Where were you six months ago and where are you now?" You can then ask, "How were you able to go from a [insert #] six months ago to a [insert #] now?" Be sure to offer open-ended questions, affirmations, and summaries while applying the Readiness and Self Evaluation Rulers. Remember that reflective listening should constitute a substantial portion of your responses.

An example of a Readiness Ruler is shown below.

Decision Exercise

Decision exercises are used in CHOICES to provide both the counselor and the woman important information and strategies to help in goal-setting.

This exercise is oriented toward tipping the motivational balance in favor of change.[21,22] One side of the scale favors the status quo; the other side favors change. If the woman shows ambivalence about changing, your task is to elicit information that will reveal why. By discussing the "good things" and the "less good things" about alcohol use and birth control use, you help to elicit motivational factors for change that she herself can identify.

Completing and discussing the exercise will help identify which behavior—alcohol use or birth control use—the woman seems more ready to change. Likewise, this will allow you to focus on the behavior that the woman is more ready to change early in the intervention.

The exercise may reveal ambivalence or resistance to changing one behavior. It is important for you to (1) reinforce any movement toward change through change talk, and (2) remember that the woman will decrease the risk of an AEP by changing either behavior successfully.

Temptation and Confidence

Part of the CHOICES intervention involves providing the woman with specific feedback about her levels of temptation (to engage in a problematic behavior) and confidence (not to engage in a problematic behavior in the face of temptation) for alcohol use and for birth control use. Information about temptation allows a discussion of risk situations for drinking and for ineffective contraception, which can be helpful when women set their goals and construct their change plans. Confidence, sometimes called self-efficacy, is an important predictor of success in behavior change.[23] You will learn how to complete graphs for delivering this feedback in your CHOICES training session.

Counseling Guide

Objectives

In this section you will be provided with a background of the procedures, guidelines, and overall structure to help you conduct the CHOICES intervention. The objectives of this section are:

- To demonstrate the importance of flexibility in the CHOICES intervention and the ways in which MI can facilitate this process
- To provide tips on how counselors can guide women through:
  - — The process of conducting assessments
  - — Analyzing drinking and contraceptive behaviors
  - — Identifying risk factors and situations using the daily journal and decision exercises
  - — Transitioning through the activities in each session
- To provide strategies on how to introduce and encourage a birth control visit and, in some cases, a return visit
- To provide information on how to promote safer sex
- To provide an overview of session content for the four sessions in CHOICES

[21] Janis, I. L., & Mann, L. (1977). *Decision making: A psychological analysis of conflict, choice, and commitment.* New York: Free Press.

[22] Center for Substance Abuse Treatment. (1999) *Enhancing motivation for change in substance abuse treatment: Treatment Improvement Protocol (TIP) Series 35.* Vol. HHS Publication No. (SMA) 99-3354. Rockville, MD: Substance Abuse and Mental Health Services Administration.

[23] Witkiewitz, K., & Marlatt, G. A. (2004). Relapse prevention for alcohol and drug problems: That was Zen, this is Tao. *American Psychologist, 59* (4), 224-235.

Important Issues in Conducting Counseling Sessions

Although a counseling session should include all of the procedures that constitute the formal guidelines, **one of the most important things about the CHOICES intervention is that the counseling should be conducted in a manner that is not rigid or overly structured.** Because counseling is an interaction and no two women are identical, the session should address each person individually.

In terms of clinical practice guidelines, a session should not be conducted if the woman is in need of a crisis intervention. Your responsibility in that case is to help the person deal with the crisis, either through counseling or by referring the person to crisis intervention resources.

The basic guidance for each session is to conduct all of the required procedures. **The procedures need not be covered in the exact order as listed in the protocol, however.** As long as the order used makes sense for the particular woman and session, and the amount of time spent on each procedure or form is determined by the woman's needs rather than by a set rule, the procedures will be effective. In fact, this is a basic aspect of aligning the intervention with Stages of Change. The decision exercise should be discussed with each woman in relation to where she is in the change process, taking as much time as needed.

Another basic guideline is to let the flow of the session be governed to some extent by normal linkages, as would occur if you were simply speaking to someone casually, and by allowing the woman a certain degree of autonomy in determining what she wants to talk about. Of course, the entire session should not be misdirected because the woman wants to talk about something other than her drinking or birth control practices. It is not uncommon, however, for a woman to want to begin by talking about a particular incident that occurred between visits, such as a heavier drinking day or an occasion where she successfully used contraception. In this case, it usually is best for the therapeutic relationship if you "go with the flow," discuss the incident with the woman, and link it to program content when possible. For example:

What happened sounds like what we call a high-risk situation where there is a strong likelihood that you might drink heavily or drink more than you intended. In this program, you can develop your own plans for how to deal with situations like that without drinking heavily.

Continuing with the previous example, if the session calls for discussing risk situations as is done in Session 2, you have a natural lead into that topic.

Other Important Tips When Using the Choices Intervention

When you explain what will be happening in the program, try to make it personally relevant to the woman. For example:

How does that relate to your goals?

When explaining the components, present them so they make sense. For example, you can say the program was created to help women evaluate the risks they might be taking and to develop plans for avoiding those risks. To do this, we go through a set of exercises to help a woman learn more about herself, evaluate her drinking and birth control use, and develop her own plans for change.

The CHOICES intervention starts by having the woman participate in an assessment. This assessment provides the counselor with background information for feedback to the woman. The feedback allows her to evaluate her own personal risks. The counselor then asks her to evaluate her motivation for changing. This involves a decision exercise: listing the pros and cons about changing versus not changing. This exercise is conducted both for drinking and for birth control practices. Based on the assessment, decision exercises, and other information provided (e.g., the efficacy of various birth control methods), the woman then selects her goals—whether and how to change her drinking and/or birth control practices. As mentioned earlier, women set their own goals in CHOICES, because people are more committed to goals they set for themselves than to goals others set for them.

The next activities give the woman an opportunity to analyze her drinking and contraception practices and to identify situations that put her at risk. Finally, she is asked to develop strategies to avoid or deal with situations in which she would be tempted to drink or not use contraception. The brief description offered early in the first session provides an understanding of what is to come.

When explaining how to complete the daily journal, tell the client she should enter a value for every day, even if she does not drink or does not engage in unprotected sexual intercourse. The journal helps to identify risky situations and provides a record of behavior change.

After Session 1, the flow of the remaining sessions can take several forms. It helps to begin by looking at the woman's daily journal and asking her about her week. This allows her to talk about what happened. Even if she did not drink or have sex that week, you can ask about any potential risky situations she faced and how she dealt with them. If she is struggling, remember to provide positive support. You can tell her such problems are seldom solved overnight and the information recorded in the log will help her understand the factors associated with her risk-taking.

A relatively natural transition from the daily journal is to ask how her week went with the goals she had set for herself. You can then address how her drinking and birth control goals are different from her previous practices. If you are in Session 2, this sets the stage nicely for giving her personal feedback. Carefully observe how the feedback affects her. Some people will be strongly affected; others will tell you it is just what they expected. Take note of the things that seem worrisome to her, and reflect her concerns.

The transition from the identification of risky situations to the development of change plans is fairly natural. After a woman has identified some of the major situations that cause her to take risks, the next step is for her to come up with possible ways to avoid or to deal with those situations differently. The degree to which you will need to help her develop change plans is highly variable. Some women will have workable plans and will have already started putting them into effect. Others will need help coming up with what they believe are reasonable alternatives.

Throughout all of the sessions, remember to positively reinforce the woman's achievements in changing. People need to be encouraged to change, and every little step a woman takes gives you an opportunity to show support.

What to emphasize in the final session is case-specific. Some women will feel good about their progress. Others will be frustrated because they see little change. Remember to provide positive support to women for "sticking it out" through the CHOICES program and for trying to change. If change has not occurred, probe to find out what obstacles are preventing change.

The above guidelines and tips are intended to help you conduct sessions in a systematic manner, while also encouraging flexibility so you can tailor the content according to the needs and comfort of each individual. Ultimately, although the intervention is structured, your skills are an important component of its success.

Introducing and Encouraging the Birth Control Visit

An important component of CHOICES is linking the birth control appointment to the counseling sessions. Mention to the woman during Session 1 that you would like her to consider attending a birth control planning appointment. Explain you will be exploring and encouraging appropriate birth control use with her because it is one of the activities of the intervention. Tell her that because the birth control visit is part of the CHOICES intervention, you will help her as necessary to set up and attend her appointment. Commit to discussing the visit in more detail at the next session.

During Session 2, explore her feelings about attending her birth control planning appointment and come up with solutions to barriers about attendance. Assure the woman the purpose of the visit is for her to learn about contraceptive choices and to obtain contraception if she wishes. Be careful to keep this session in the spirit of MI, which requires a delicate balance: Although it is desired that she attend a birth control planning visit, it should be clear that she ultimately makes the decision. The decision exercise for birth control will help explain important issues about attending the birth control visit. In Sessions 3 and 4, ask about the birth control visit and, if applicable, continue to offer solutions to attendance barriers.

Recommending a Return Birth Control Visit in Some Cases

During an intervention visit, if the client reports having irregular bleeding, abdominal cramping, discolored and irritating vaginal discharge, or any adverse effect she thinks might be related to birth control, recommend she call her birth control provider. This is important because one of the most common reasons cited for stopping contraception is concern about side effects.

A follow-up birth control visit also may be recommended for other reasons (e.g., change in type of birth control method).

Promotion of Safer Sex in CHOICES

Although CHOICES does not specifically target the prevention of sexually transmitted diseases (STDs)—including HIV—as a primary outcome, you should feel comfortable discussing STD prevention, because it is relevant to birth control methods and sexual behaviors. Even if a woman prevents pregnancy with effective contraception, she is still at risk for

STDs if she does not use a condom effectively with intercourse. A logical time to introduce this topic is during the discussion of the fact sheets entitled "Alcohol: Important Facts for Women" and "Pregnancy and Birth Control: Important Facts for Women." The latter covers the availability of many safe birth control methods. As the woman discusses her birth control choice, remind her that using a condom every time she has intercourse gives her the best protection against STDs, including HIV and some forms of hepatitis. If she indicates her birth control choice is a condom, tell her correct condom use provides the added benefit of STD risk reduction.

Here is a sample script for Session 1 on how you might discuss safer sex and HIV prevention:

Do you mind if we talk about safe sex practices and HIV prevention?

Asking permission before talking about sensitive topics will increase the likelihood of the woman talking openly. For example:

Many women think about pregnancy prevention until they are ready for a baby. In addition to discussing your birth control habits, we can discuss making sex safer to help prevent HIV and other sexually transmitted diseases. Would you be interested in learning more about safe sexual practices? What do you think is the most effective way to avoid getting HIV and other STDs?

Listen to her response and then either say, *"You're right,"* followed by the fact, or correct the response gently, saying, *"Well, actually … ,"* followed by the fact. For example:

Using a new latex condom every time you have intercourse is the most effective method for preventing HIV and other STDs.

You might elaborate:

Although no method makes intercourse 100% safe, latex condoms, used properly, can provide a high degree of protection from STDs.

In addition, the woman receives feedback in Session 2. During the discussion of pregnancy risk you can add another statement about the risk of HIV and other STDs.

As in all CHOICES interactions, you should feel free to customize these messages to fit the vocabulary and culture of each woman. Also be careful not to offer advice beyond a woman's level of knowledge. If she wants or needs more extensive advice about safer sex, refer her to a birth control expert. Even if she does not feel she is at risk for STDs, it is important to emphasize she can ask questions and obtain answers about safer sex at her birth control visit. For example, you could say:

We discussed going to see Dr. (name of local provider), our birth control expert, next week to discuss your birth control options. Another benefit of the visit will be getting advice about making sex safer to protect you from getting STDs like HIV, syphilis, and chlamydia.

Session Content

The following sections outline each session and list the required materials. In some cases, sample scripts are provided to give an idea of how to approach a particular session or topic. However, because each woman is different, tailor the phrasing and dialogues to each individual. Materials for each session are in the Client Workbook. Depending on a client's comfort level and reading ability, you may choose to have her read the materials or, if necessary, to have her read along as you explain the materials.

An activities list is included for each session to inform the woman what you will cover that day. There is also a list of reminders for the next session. At the end of each session, remind her to bring her workbook to the next session.

SESSION 1:
INTRODUCTION TO CHOICES

CHOICES

Session 1 Objectives

The objectives of Session 1 are:

- To introduce yourself to the client
- To conduct assessments
- To introduce CHOICES materials
- To introduce the effects of alcohol use

Materials and Time Required for Session 1

- Assessment tools
- "Alcohol, Pregnancy, and Birth Control: Important Facts for Women" handout
- Client Workbook
- Handouts on alcohol risks and contraception: "Alcohol, Health, and Social Problems: Important Facts for Women" and "Birth Control Methods Most Commonly Used in the United States"
- Handout: "Reminders for Session 2"

Session 1 will last approximately 30–45 Minutes

Components of Session 1

1. Introduce yourself and explain your role.
2. Conduct assessments (including temptation and confidence) and explain that feedback will be given in the next session.
3. Offer a brief overview of CHOICES intervention.
4. Review session activities.
5. Review "Alcohol, Pregnancy, and Birth Control: Important Facts for Women" handout
6. Discuss birth control = contraception.
7. Introduce and encourage them to attend the birth control appointment. Discuss contraceptive options if appropriate.
8. Present the daily journal and teach how to use it.
9. Complete decision exercises.
10. Give handouts on alcohol risks and contraception.
11. Discuss "Reminders for Session 2" handout.
12. Summarize session.

Implementation: The 12 Activities of Session 1

Activity 1: Introduce yourself and explain your role.

Objective: Establish a collaborative, respectful, and warm style to set the stage for what is to come in CHOICES.

Tell the woman you are looking forward to working with her, and that changing is her choice.

Activity 2: Conduct assessments (including temptation and confidence) and explain that feedback will be given in the next session.

Objective: Obtain assessment information that will guide the feedback in Session 2.

These tools will provide information about the woman's alcohol and birth control practices, which will give a baseline measurement of her risk for an alcohol-exposed pregnancy.

Activity 3: Offer a brief overview of the CHOICES intervention.

Objective: Give the woman a better understanding of what to expect from the CHOICES intervention.

Explain the intervention, describe roles, and introduce the concept of assignments that help her think about her behaviors between sessions. Introduce the connection between alcohol use and medical complications for an unborn child, and the two ways a woman can choose to avoid having an alcohol-exposed pregnancy.

Let her know any changes she may or may not make are entirely up to her. Tell her your role is to offer information and to help her think through her behaviors and needs, but ultimately she is the one who will decide what choices she makes. Also, it is important to convey that you accept her no matter what she does or does not choose, and that you have a positive view of her ability to change if she wishes.

Activity 4: Review session activities.

Objective: Review the upcoming session activities to provide a guide for what will be covered during this session and to give the woman a sense of the structure of the remaining sessions.

Show the session activities list to the woman, reviewing what you will do together today. Encourage her to ask questions or to add to the agenda if there is something pressing she wants to talk about. This may be more relevant in future sessions when she has had more time to think about the program and her behaviors.

Activity 5: Review "Alcohol, Pregnancy, and Birth Control: Important Facts for Women."

Objective: Review the handout on prenatal alcohol exposure to ensure the woman has relevant information to consider relating to her own behavior and to elicit her thoughts and feelings about the material.

When presenting this information, first ask permission to do so. Some women may have strong reactions to the information, so it is helpful to watch closely for any signs of discomfort and to discuss any feelings about the meaning of the information. Some women may have little or no reaction.

Activity 6: Discuss birth control = contraception.

Objective: Explain that birth control and contraception mean the same thing.

Show a list of effective birth control methods to help the woman start thinking about them. Explain emergency contraception (EC, or the morning-after pill) and how it differs from consistent use of contraception/birth control to avoid pregnancy.

It is useful to ask what the woman already knows, because some women may be well informed. A few questions to get you started include:

- *What do you know about birth control or contraception?*
- *What types are you familiar with?*
- *What would you like to know more about?*

Birth Control Options

- Male and female condoms
- Diaphragm/cervical cap
- Intrauterine device (IUD)
- Birth control patch (Ortho Evra)
- Birth control vaginal ring (NuvaRing)
- Birth control pills ("The Pill," or oral contraception)
- Spermicide
- Birth control shot (Depo-Provera)
- Implanon

A brief review of the list of effective birth control methods (available in the box above and in Appendix B) may bring up more specific questions. You will also want to be familiar with some of the common myths about pregnancy and contraception (also in Appendix B) to help with your responses. If it makes sense at this point, lead into a discussion about the birth control visit. Or, if it feels more natural to start talking about the workbook, save the birth control visit discussion for the end of the session.

Activity 7: Introduce and encourage them to attend the birth control appointment. Discuss contraceptive options if appropriate.

Objective: Introduce the rationale behind the birth control visit and offer reasons why this may benefit the woman. Inquire about the woman's birth control practices if this has not already come up.

To encourage the woman to attend a birth control visit during the program, it will help to find out what will motivate her to do so. You can then use that information to guide your efforts.

Many women will respond with interest to discussing birth control. This would be an appropriate opportunity for teaching and/or referral. For women who seem disinterested in birth control methods, you might choose to explore the options only minimally.

Activity 8: Present the daily journal and teach how to use it.

Objective: Introduce the concept of a daily journal and encourage the client to track alcohol consumption, sexual intercourse, and use of birth control.

Writing down one's thoughts, feelings, and experiences is a common way to journal. The daily journal encourages the woman to keep track of how many drinks she has, whether she has sex, and whether she uses birth control. It is important for her to journal on a daily basis so the information is as reliable as possible. You can review the daily journal with her during each session to observe patterns.

This will encourage dialogue and will ensure that she feels comfortable completing the task.

Reviewing the daily journal in the Client Workbook will help make the task more concrete. In addition to helping the woman understand the "how" of the journal, you can build motivation by emphasizing the value the journal brings to the process, such as providing an accurate picture of her alcohol and birth control use on which to base her goals. Attempt to minimize the perceived burden of completing the journal while being honest and validating her perceptions of the assignments.

Activity 9: Complete decision exercises.

Objective: Introduce the decision exercises and encourage the woman to complete these during the session.

If she is finding it difficult to understand the task, it might be helpful to go through a sample with her.

The decision exercises will reveal whether she is feeling ambivalent toward changing and her perceived barriers to change. This information may be useful during the goal-setting process in Session 2. It is helpful to frame these exercises as strategies that will give her more information to use in her decision-making. You can tell her the completed decision exercises will be briefly revisited in Session 2 to allow her to add or change any entries.

Activity 10: Give handouts on alcohol risks and contraception.

Objective: Give materials to the woman to reinforce the information she has received in this session and to provide her with an opportunity to review.

Ask her to review the materials and invite her to raise questions about alcohol use and birth control in the next session.

Some women will be more interested in reading the materials than others. Be aware that some women have literacy levels that may not allow them to read the handouts. In those cases, it will be helpful to briefly read over the materials together during the session.

Activity 11: Discuss "Reminders for Session 2" handout.

Objective: Use the "Reminders for Session 2" handout to ensure that women understand the expectations and assignments between sessions. Use this opportunity to remind them of the value of doing assignments between sessions.

Activity 12: Summarize session.

Objective: Summarize the activities briefly and conclude Session 1.

Be aware of the woman's interest level. Thank her for her involvement. Schedule follow-up meetings with days and times that suit her schedule.

An Example of CHOICES Session 1

Activity 1: Introduce yourself and explain your role.

Welcome to CHOICES! My name is _____ and I will be helping you learn about alcohol consumption and birth control practices, and how to reduce the likelihood of having an alcohol-exposed pregnancy. Prevention of alcohol-exposed pregnancies is the goal of CHOICES, and I will explain how we do that in more detail shortly.

I'd like to start by thanking you for coming here today and agreeing to be in this program. Before we begin, let me explain a little about how we will be working together. We will be completing some questionnaires together, and we will be talking about your alcohol use and your use of birth control. Let me say, right off, that I will not be trying to change you. Nobody can tell you what to do, and nobody can make you change. I'll be giving you a lot of information about yourself and maybe some advice, but what you do with all of that is completely up to you. How does that sound to you?

As part of the CHOICES program, we will meet together for four sessions to talk about how your alcohol use and use of birth control methods may affect your health. We will discuss possibly changing some behaviors to make you safer and healthier. Again, in terms of changing, nobody can force you to change. It is your CHOICE.

In this first session, we will do some exercises that will give you information about your health. In later sessions, we will discuss these activities and talk about ways to change your alcohol use and methods of birth control.

Do you have any questions?

Activity 2: Conduct assessments and explain that feedback will be given in the next session.

I will be asking you to fill out some forms that ask questions about your health. There is no right or wrong answer.

We will use this information to prepare feedback for you at the next session. The feedback will be about the risks you are taking and the choices you are making in terms of drinking and using birth control methods.

Do you have any questions?

[Administer CORE questions, if applicable (see Appendix B).]

There are four additional forms in this assessment. The first two forms—"Temptation-Alcohol" and "Temptation-Birth Control"—ask how tempted you are to drink above risk levels and to not use effective birth control in various life situations. The final two forms—"Confidence-Alcohol" and "Confidence-Birth Control"—ask how confident you are that you would not take the risks in those same situations. You can fill these out on your own or we can do it together.

[When complete] *Thanks for completing these forms.*

Activity 3: Provide a brief overview of the CHOICES intervention.

The goal of CHOICES is to prevent alcohol-exposed pregnancies. When a woman becomes pregnant and is drinking, there is potential to harm the baby. It doesn't take much alcohol to harm a baby and, unfortunately, many women are drinking before they know they are pregnant. At this point, harm already may have been done.

The CHOICES sessions will focus on your use of alcohol—how much and when you use alcohol—and your chosen methods of birth control, including how often and when you have sex, as well as other related issues.

There are two main ways to avoid an alcohol-exposed pregnancy. The first is to not drink alcohol at all or reduce your drinking to below risky levels. The second is to use birth control effectively so you don't become pregnant in the first place. The best thing, of course, would be to abstain from or reduce your drinking below risky levels and to use birth control effectively so you don't become pregnant.

Do you have any questions about CHOICES or any other aspects of the program?

Activity 4: Review session activities.

Now, if it is OK, I would like to go over some important information about alcohol and birth control. Then I'll review some activities in your workbook that I would like you to complete before the next session.

Activity 5: Review "Alcohol, Pregnancy, and Birth Control: Important Facts for Women."

This handout is about drinking as it relates to pregnancy risk and birth control.

[NOTE: Read each section with the woman and invite comments or questions.]

Activity 6: Discuss birth control = contraception.

In discussing birth control practices, we often use two terms, birth control and contraception that actually mean the same thing. CHOICES encourages you to use birth control/contraception every time you have vaginal intercourse.

This handout lists some of the most common methods of birth control. Which of these are you already familiar with?

[NOTE: Allow time for brief discussion. If the woman has questions you cannot answer, refer her to a birth control expert.]

Have you heard of another method of birth control called emergency contraception?

[If not] *This method is different from other birth control methods because it is not meant to be used as ongoing birth control. Emergency contraception consists of birth control pills given in a higher dose and a short period of time. It must be taken within 120 hours after having unprotected sex, and preferably within the first 72 hours. You can buy it over the counter in a drugstore. If you have sex and a condom breaks, or if you don't use birth control, or if you are sexually assaulted and are concerned that you may become pregnant, emergency contraception can prevent conception and pregnancy. Emergency contraception is not the abortion pill.*

We'll be talking more about birth control methods in the upcoming sessions. Also, as part of CHOICES, I am going to recommend you consult a birth control expert, such as a gynecologist, so you can learn more about safe and effective methods of birth control.

Activity 7: Introduce and encourage them to attend the birth control appointment. Discuss contraceptive options if appropriate.

So, as you can see, knowing about options for birth control is an important step you can take toward preventing pregnancy.

In CHOICES we encourage women to see a birth control doctor or nurse to discuss their options and what might work best for them.

What has your experience been with birth control? Which method(s) have you used? What has worked and not worked for you?

[NOTE: You may use more reflections here and tie into what she might have said earlier in the session.]

What questions can I answer for you?

Activity 8: Present the daily journal and instructions on its use.

Here is something I would like you to do between now and the next session. It is called a daily journal. It can help you get a better idea of your drinking and birth control practices over time.

Have you ever kept a journal or diary before? This journal is different from just writing about your day in general. It tracks when and how much you drink, when you have sex, and when you use birth control.

You make three journal entries each day. The first entry shows if you had vaginal intercourse on that day. If you did have vaginal intercourse, the second entry will show whether you used birth control

and which method you used. For each time you have sex, show whether you used birth control and which method. Finally, the third entry will show how many standard drinks you had that day, if any. Your workbook contains a chart that shows how to determine how many standard drinks you had.

These additional pages are for your reference as you fill out the journal. One page has directions; another page lists how many standard drinks are in different kinds of drinks and in different sized bottles.

What do you typically drink?

[NOTE: Show her how to use the chart to determine how many standard drinks are in her typical drink. For example, if she says she typically has a bottle of wine, you can show her that a 5- ounce glass is one standard drink, and a 750-milliliter bottle of wine is equal to five drinks.]

This will only take a few minutes and may be useful in getting a better sense of your drinking and use of birth control. We ask that you fill it out daily instead of trying to remember everything at the end of the week. How does this sound to you?

Do you have any questions about the daily journal? What do you think about writing in the journal every day?

Activity 9: Complete decision exercises.

Next I would like to ask you to do what we call decision exercises. These exercises will help you understand how you view drinking and birth control.

For each exercise, I'd like you to list the good things and the less good things about your alcohol use and your use of birth control. For example, first think about what you like about drinking and what it does for you; these would be the good things. Then think about the less good things about drinking.

Fill out the form in the same way for birth control. What are the good things about the current ways you use or do not use birth control? What are the less good things? Your workbook has some example entries that you might find useful.

These decision exercises are important because together we will look at the information you provide in terms of how much you may or may not want to change your current practices. Remember people often have mixed feelings when making decisions to change, whether changing jobs, deciding to move, or getting married. Weighing the pros and cons about changing happens all the time.

Many people change on their own. When they are asked what brought about the change, they often say they thought about it, meaning they considered the consequences of their current behavior and of changing before making a final decision. The decision exercises are meant to help you go through that thought process.

OK, so let's go through the exercises, and we will revisit them in the next session. You can also change your answers at any time.

[NOTE: Summarize the woman's responses. This is an excellent opportunity to use double-sided reflections such as "on the one hand…, while on the other hand…"]

Activity 10: Give handouts on alcohol risks and contraception.

In your workbook there are some handouts for you to read before our next session. Next time we meet, we'll put all of this information together to gain a better understanding of your present behaviors and what you want to do. I will have some materials prepared for you based on the information you gave me today, and we'll discuss how that relates to your daily journal and decision exercises.

Activity 11: Discuss "Reminders for Session 2" handout.

Also in your materials is a "Reminders for Session 2" handout, which covers the things we've identified for you to do between now and the next time we get together.

Activity 12: Summarize session.

We covered a lot today. What one or two things stood out about today's session?

By coming in today you have taken some important steps toward making choices about your alcohol and birth control use.

Do you have any questions?

[Schedule next appointment.]

SESSION 2:

REVIEWING FEEDBACK AND SETTING GOALS

Session 2 Objectives

The objectives of Session 2 are:

- To review personalized feedback from assessments
- To review daily journal and decision exercises
- To set initial goals and change plan for birth control
- To set initial goals and change plan for alcohol use

Materials and Time Required for Session 2

- Client Workbook
- Personalized feedback forms
- Readiness Rulers

Session 2 will last approximately 60–75 minutes

Components of Session 2

1. Review session activities.
2. Review and discuss the daily journal.
3. Present and discuss personalized feedback from assessments, including temptation and confidence profiles.
4. Discuss birth control visit and solve any barriers to attendance.
5. Review decision exercises.
6. Complete self-evaluation for alcohol exercise.
7. Complete goal statement for alcohol.
8. Complete change plan for alcohol.
9. Complete self-evaluation for birth control exercise.
10. Complete goal statement for birth control.
11. Complete change plan for birth control.
12. Summarize session.

Implementation: The 12 Activities of Session 2

Activity 1: Review session activities.

Objective: Review the upcoming session activities to provide a guide for what will be covered during this session, to give the woman a sense of the structure for the remaining sessions, and to introduce anything else she would like to discuss or ask.

Discuss any outstanding issues from the last session or anything that appears pressing to her. She may want to talk about her journal immediately; this is a good way to open the session. If she does not want to talk about her journal, show her the session activities list, review the activities together, and ask if there is anything else she would like to add. If she does add something to the list, you can let her know it is OK to return to further discussion of that issue after you cover the session activities—unless she needs to discuss it first.

Activity 2: Review and discuss the daily journal.

Objective: Give the woman an opportunity to summarize her entries in the daily journal.

Explore patterns of alcohol use and contraceptive use, and make connections to the goal of preventing an alcohol-exposed pregnancy.

It is very important not to be judgmental. Use caution when linking a woman's risky behavior and the possibility of an alcohol-exposed pregnancy. Offer concern and encourage her to take responsibility, but remember to not react to reports in ways that might cause her to feel judged.

Activity 3: Present and discuss personalized feedback from assessments, including temptation and confidence profiles.

Objective: Give her objective information about her use of alcohol and birth control and her risk of an alcohol-exposed pregnancy.

The temptation and confidence measures are helpful for identifying the types of situations in which she is at risk for an alcohol-exposed pregnancy. These measures also are important in developing a change plan that allows her to create strategies to avoid or deal with high-risk situations.

Prepare the feedback packet in advance and familiarize yourself with the woman's unique situation so you can present the information factually and nonjudgmentally.

Instructions for preparing the temptation and confidence profiles are in Appendix C. The counselor's ability to concisely present factual information and to make the link to the woman's risk of an alcohol-exposed pregnancy is very important. To minimize resistance, do not use the feedback to "prove" anything or to persuade the woman to make a change. Instead, ask open-ended questions about her reactions to the information. For example:

So, what do you notice about your levels of confidence?

What kind of relationship do you see between how much you drink and when you use birth control?

What concerns do you have when looking at your profile?

When delivering the temptation and confidence feedback, point out the line on the chart that corresponds to the woman's temptation level. Then point out the line directly below, which corresponds to her confidence in that situation. For each situation, encourage her to talk about why she rated the item the way she did. Help her see potentially risky situations in areas where her temptation is high and her confidence low. You may want to ask how she might reduce her temptation and/or increase her confidence in that particular situation. Explore the reasons she has a high degree of confidence in other situations.

Activity 4: Discuss birth control visit and solve any barriers to attendance.

Objective: Encourage the woman to attend the birth control visit.

You should reinforce birth control as a very effective way to avoid an alcohol-exposed pregnancy, particularly for women who choose to continue drinking at risky levels. It will be helpful to listen to the woman's expression of motivation in attending the birth control visit. Some clients will not have had routine gynecological care; others may have unchecked health problems for which they might like to consult a health care provider.

Discuss any barriers to the woman's attendance at a birth control visit. If barriers exist, explore strategies and negotiate ways to overcome them. Consider explaining what happens at the appointment. If the woman is apprehensive or has never had gynecological or birth control care, your explanation will help her know what to expect.

Activity 5: Review decision exercises.

Objective: Identify any ambivalence the woman shows about changing her behaviors.

Her perceived barriers to change, as expressed in the Decision Exercise's "less good things about changing" column, are important for her to understand and address in her plans for change.

As you review these exercises, assess which behavior—alcohol use or birth control use—she seems more ready to change. This will help you decide which behavior to focus on first in the next set of activities. It is typically best to go with the behavior that the woman says she is more "ready" to change.

She may continue to show resistance or ambivalence to change. Remember to reinforce any movement toward change by mirroring change talk and by emphasizing that if she can change either behavior successfully, she will decrease the risk of an alcohol-exposed pregnancy.

Ask how she perceives her alcohol use and birth control practices to be linked. If she has difficulty, give some examples that link behavioral goals to reduced risk of having an alcohol-exposed pregnancy. Try to elicit her thoughts on connections between how she feels about having an alcohol-exposed pregnancy and her desire to change behaviors.

NOTE: It is important to recognize **the objective of CHOICES is to prevent** alcohol-exposed pregnancies. This can be achieved through effective birth control use, reduced drinking, or both. The essence of CHOICES is that the woman makes her own decisions about how to reduce her risk, and the counselor respects those decisions. Thus, although the woman learns ways to describe how she would change both behaviors, it is not necessary for her to change both. As always, it is important for you to be nonjudgmental.

Activity 6: Complete self-evaluation for alcohol exercise.

Objective: Give the woman an opportunity to look at how ready she is to change her alcohol use.

NOTE: You can choose to complete the self-evaluation for birth control first if she seems more interested or more ready to talk about birth control.

You should ask open-ended questions about importance and confidence by using the Importance and Confidence Rulers.

In assessing a woman's confidence in her ability to change and how much she wants to change, you can determine what sort of open-ended questions will be most appropriate in the session. For example, a woman may feel confident in her ability to change, but may not believe that change is very important. In that case, you can introduce questions that explore her lack of concern about the possibility of having an alcohol-exposed baby. Conversely, if she has little confidence but feels that changing is very important, the discussion could focus on how she can make progress and increase her confidence. In the latter case, it may be important to determine whether she feels she lacks the necessary skills to change. For example, you may find out her partner likes to take her out drinking and that she has difficulty reducing her drinking in this context.

Activity 7: Complete goal statement for alcohol.

Objective: Work with the woman to set a goal for her alcohol use.

The goal statement and plan sheets in the workbook give the woman an opportunity to describe her goal.

Even if a woman has no desire to change her alcohol use, becoming successful in using birth control will dramatically reduce the risk of an alcohol-exposed pregnancy. It is important to emphasize that a birth control method needs to be used consistently and correctly. Consistently means every time the woman has sex; correctly means as described by the manufacturer and reinforced by the birth control expert.

Bear in mind that the woman's goal statement should reflect her intent. Do not try to influence her; instead, use language that reinforces her responsibility for change. For some women, perfectionism may result in creating a goal you believe to be too ambitious. If this occurs, you should use motivational interviewing to gently probe, exploring the feasibility of her goals while reaffirming her enthusiasm and desire for change.

Righting reflex

The tendency of the counselor to try to solve the problem for the client or improve what the client says.

Remember to reinforce every attempt she makes to reduce the risk of an alcohol-exposed pregnancy. If she chooses a goal that is not consistent with what you feel is best, it is important to manage your discomfort and consider helping her frame the activity as an initial goal (i.e., control your "righting reflex," or your impulse to correct or improve what she says). This will give her an opportunity to revisit the goal in future sessions.

Activity 8: Complete change plan for alcohol.

Objective: Encourage the woman to outline how she plans to achieve her goal by using the change plan for alcohol.

Combine motivational interviewing with the worksheet in the Client Workbook to explore the woman's motivation to change, the specific steps she will take, the barriers to achieving the goal, and her perceived social support.

It is important to address her levels of temptation, confidence, and readiness to change so the plan incorporates strategies to address potential problems. This is an opportunity to explore why she might want to change her use of alcohol. While you may feel tempted to add to her list, sustain the motivational interviewing spirit by asking the woman what she would like to add.

Be sure to emphasize the importance of eliciting support for change. Social support may come from family, friends, coworkers and others.

Activity 9: Complete self-evaluation for birth control exercise.

Objective: Help the woman understand how ready she is to change her birth control practices.

You should ask open-ended questions about importance and confidence by using the Importance Ruler and the Confidence Ruler. Assessing the importance of and confidence about changing birth control use is very important.

Activity 10: Complete goal statement for birth control.

Objective: Encourage the woman to choose a goal using the goal statement for birth control.

The goal statement plan sheet in the Client Workbook gives her ways to describe her goal.

Again, make sure the goal statement reflects the woman's intent. Use language that reinforces her responsibility and remind her this is her decision and her plan. Remind her she will have opportunities to revise her goals in future sessions.

Remember to reinforce any attempt to change behavior as an effort to lower the risk of an alcohol-exposed pregnancy. If a woman chooses a goal that could put her at risk for an alcohol-exposed pregnancy, remember not to be judgmental. You can revisit the goal and discuss increased protective measures in future sessions. Be mindful not to get ahead of the woman.

Activity 11: Complete change plan for birth control.

Objective: Encourage the woman to outline how she plans to achieve her goal by using the change plan for birth control.

Combine motivational interviewing with the worksheet in the Client Workbook to explore the client's motivation to change, the specific steps she will take, barriers to achieving the goal, and her perceived social support.

Using motivational interviewing, explore whether her plan is reasonable and why she wants to use birth control to avoid an alcohol-exposed pregnancy.

Activity 12: Summarize session.

Objective: Summarize what you have accomplished in the session, emphasizing the woman's goal statement(s) and change plan(s), and remind her to continue to fill in her daily journal.

This summary is an opportunity to emphasize the need for daily attention to the behaviors that place her at risk for an alcohol-exposed pregnancy. The daily journal and change plan are important in making her aware of ways to make healthier choices.

An Example of CHOICES Session 2

Activity 1: Review session activities.

How are you doing?

Today we'll review your daily journal and decision exercises. I'll show you some feedback on how your drinking compares with other women your age, and we'll look at situations where you may feel more or less tempted to drink and where you may feel more or less tempted to not use birth control. We'll discuss goals you'd like to make for these behaviors. Then you can make plans for how to reach your goals. We'll also discuss how the plans for your birth control visit are going. How does this sound?

Activity 2: Review and discuss the daily journal.

Let's take a look at your daily journal.

[NOTE: If she has not filled it out, provide more journal sheets and assist her in filling it out now. It does not matter that it is after the fact, although filling it out daily is preferred.]

What type of birth control did you use during sexual intercourse?

[NOTE: Provide affirmations where you can.]

[Example] *I see you reduced your drinking since the first time you were here.*

Activity 3: Present and discuss personalized feedback from assessments, including temptation and confidence profiles.

The goal of CHOICES is to avoid alcohol-exposed pregnancies.

Last time you were here, you responded to some questions that will allow us to take a look at how you compare with other women of childbearing age.

Here is some information about your drinking:

You stated that you drink ____ drinks per week. You also said that, on average when you drink, you drink ____drinks.

Looking at the chart, where does your drinking fit in?

In addition to the number of drinks per week, having more than three drinks on a day when you have unprotected sex can also put you at risk for an alcohol-exposed pregnancy, although that is not shown on this graph.

Here is some information about how much money you spent on alcohol last year. Also, notice the number of calories you got from alcohol, which we sometimes refer to as "empty" calories because they don't provide much nutritional value.

[NOTE: Have the woman read through the feedback report.]

What strikes you about this feedback?

Remember, we also talked about your risk for an unplanned pregnancy. Based on your pattern of birth control use, the assessment results suggest you are at risk of becoming pregnant because [Insert the reason(s) for the woman being at risk—either no birth control or ineffective birth control _____]. *Because you are drinking at the levels we just discussed, this would place you at risk for an alcohol-exposed pregnancy if you became pregnant.*

So, let me summarize what we've just talked about.

[NOTE: Include any concerns she may have about the results—for example, she doesn't believe that four drinks on one occasion is a problem.]

How does your current behavior fit with reaching your goal?

Another activity we did in the last session was to look at situations in which you might drink alcohol or not use birth control.

[After providing temptation information] *Based on the information you provided, I made charts to show how tempted you are to drink in each situation, and how confident you are that you would not drink in that situation.*

For example…

[NOTE: Review two situations, preferably one where temptation exceeds confidence and one where confidence exceeds temptation.]

What stands out about these situations for you?

These charts also show how tempted you are to not use birth control in these situations, and how confident you are that you would use birth control in that same situation.

What strikes you about this information?

Activity 4: Discuss birth control visit and solve any barriers to attendance.

As we have already discussed, one way to avoid having an alcohol-exposed pregnancy is to not have sexual intercourse. The more common way is for a woman to use an effective birth control method every time she has sex.

Remember, one important option for women in the CHOICES program is to have a consultation with _____ about birth control options.

[If she identifies barriers] *What can you do about that?*

How could you find support/transportation/money to attend?

Activity 5: Review decision exercises.

During our first session you completed some decision exercises, identifying good things and less good things.

Let's look at the alcohol exercise now.

What things, if any, do you want to change or add?

[NOTE: Summarize the woman's responses.]

Here is the same form, but for birth control.

What things, if any, do you want to change or add?

[NOTE: Summarize the woman's responses.]

Activity 6: Complete self-evaluation for alcohol exercise.

This exercise will help you evaluate how ready you are to make changes at this time.

[NOTE: Use Importance Ruler.]

Using this ruler, mark the number that best shows how important it is to you to change your drinking. 1 is not important at all, and 10 is very important.

You marked a ___, which shows this is _____ (not/somewhat/pretty/very) important for you.

Why did you select a _____ (e.g., 5) and not a ___ (e.g., 3)?

[NOTE: Always make the second number lower than the one the woman chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

What would it take for you to go to a _____(e.g., 6)?

[NOTE: Use the next highest number.]

[NOTE: Now use the Confidence Ruler.]

Using this ruler, mark the number that best shows how confident you are that you could change your drinking behavior. 1 is not confident at all, and 10 is very confident.

You marked a ___, which shows that you feel _____ (not/somewhat/pretty/very) confident.

Why did you select a _____ and not a _____?

[NOTE: Always make the second number lower than the one the woman chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

What would it take for you to go to a _____?

[NOTE: Use the next highest number.]

What do you think about as you talk about these two situations? How can you increase your readiness to change?

[NOTE: Go to the goal statement for the behavior the woman is most ready to change.]

Activity 7: Complete goal statement for alcohol.

Your worksheet offers choices for how to deal with your drinking.

Tell me why you selected this goal at this time.

Now let's talk about a strategy to achieve your goal.

Activity 8: Complete change plan for alcohol.

The change plan part of this form will help you plan how to achieve your goal.

How would your life be different if you were to achieve your goal?

Who can help you achieve your goal and how can they do this?

What might get in the way as you work to achieve your goal and what might help you overcome these barriers?

If you accomplish your goal, what will your life be like? How will you know you have succeeded?

Do you have any questions?

We'll have a chance to review and revise this each time we meet.

Now let's look at your use of birth control.

Activity 9: Complete self-evaluation for birth control exercise.

An alcohol-exposed pregnancy can be avoided by using birth control effectively or by not having sex.

Let's start by talking about the importance of birth control.

[NOTE: Use Importance Ruler.]

Using this ruler again, mark the number that shows how important it is to you to use birth control effectively. 1 is not important at all, and 10 is very important.

You marked a ___, which shows this is _____ (not/somewhat/pretty/very) important.

Why did you select a _____ and not a _____?

[NOTE: Always make the second number lower than the one the woman chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

What would it take for you to go to a _____?

[NOTE: Use the next highest number.]

[NOTE: Now use the Confidence Ruler.]

OK, now using this ruler, mark the number that shows how confident you are that you can use birth control effectively if you made up your mind to do so. 1 is not confident at all, and 10 is very confident.

You marked a ___, which shows you are _____ (not/somewhat/pretty/very) confident.

Why did you choose a _____ and not a _____?

[NOTE: Always make the second number lower than the one the woman chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

What would it take for you to go to a ___?

[NOTE: Use the next highest number]

Activity 10: Complete goal statement for birth control.

On your worksheet, there are a number of options for birth control goals. Think carefully about which goal is most appropriate for you. Remember, this is your plan and your goal.

[Summarize the woman's responses.] [Example]

So, you are saying you will do/use_____ consistently to avoid an alcohol-exposed pregnancy.

Activity 11: Complete change plan for birth control.

The next step is to look at how you are going to achieve your goal. The change plan part of the form will be helpful.

What do you need to do to make this goal happen?

Who can help you achieve your goal and how can they do this?

What might get in the way as you work to achieve your goal and what might help you overcome these barriers?

What will your life be like if you accomplish your goal?

Activity 12: Summarize session.

We've talked about a lot today. What are one or two things that stand out about what we've talked about?

Please remember to fill in your daily journal and bring it to the next session.

You also have agreed to a make a birth control appointment with _____ by _____.

What questions do you have?

SESSION 3:

REVIEWING GOALS AND REVISITING CHOICES

Session 3 Objectives

The objectives of Session 3 are:

- To review session activities, daily journal, decision exercises, and self-evaluation exercises
- To discuss feelings of change toward alcohol and birth control use
- To discuss birth control appointment

Materials and Time Required for Session 3

- Client Workbook

Session 3 will last approximately 30–45 minutes

Components of Session 3

1. Review session activities.
2. Review daily journal.
3. Talk about how the woman feels about changing her alcohol and birth control use with a particular focus on a behavior that received less emphasis previously.
4. Discuss birth control appointment.
5. Review and update decision exercises.
6. Review and update self-evaluation exercises.
7. Revisit and revise goal statements/change plans.
8. Summarize session.

Implementation: The eight Activities of Session 3

Activity 1: Review Session activities.

Objective: Review the session activities to provide a guide for what will be covered during this session, to discuss any outstanding issues from previous sessions, and to give the woman an opportunity to introduce anything else she would like to discuss or ask.

Discuss any outstanding issues from previous sessions. Then move into the session activities, reviewing them together and asking if there is anything she would like to add. If she did come with something to discuss, let her know you can discuss her issue further after you cover the session activities.

Activity 2: Review daily journal.

Objective: Give her an opportunity to summarize her entries in the daily journal.

Explore her daily journal entries. Ask her to summarize the time between sessions. It is important to keep this to a summary; a day-by-day description is not necessary (e.g., "I used condoms all but one time," versus "On Monday I..., on Tuesday I…"). Explore patterns of alcohol use and contraceptive use and make the connection to the goal of preventing an alcohol-exposed pregnancy.

Praise her for making any changes between sessions that are consistent with progress toward goals, and use open-ended questions and reflections to explore her thoughts and feelings about her behaviors.

It is important to highlight her autonomy regarding her behaviors. When discussing the possible consequences of drinking alcohol during pregnancy, using language like "your drinking" and "your choices" helps reinforce her role and demonstrates that any change she decides to make is completely her decision.

Use caution when making links between her risky behavior and the possibility of an alcohol-exposed pregnancy. Offer concern and support, but be very mindful not to use language that may make her feel judged.

This activity could provide important information about temptation and confidence, which may be useful in refining the change plans later in the session.

Activity 3: Talk about how the woman feels about changing her alcohol and birth control use with a particular focus on a behavior that received less emphasis previously.

Objective: Discuss her goals for alcohol and birth control use, with a particular focus on the behavior that received less emphasis previously.

This discussion may naturally lead into a review and possibly a revision of the rulers or change plans from Session 2, and it may be a natural extension of the review of the daily journal. In some cases, it may be necessary for you to discuss the woman's goals and to check in with her about both behaviors, even if she is interested more in one behavior. Overall, the idea is to go with the behavior she is more ready to explore and potentially change, while still touching on the other behavior in case she has become more open to changing that one.

Activity 4: Discuss birth control appointment.

Objective: Get feedback on the birth control visit; or in case the woman did not have an appointment, help her to schedule one.

If she attended the birth control appointment, use open-ended questions to explore her opinion on how it went. If she did not attend, find out what happened and encourage her to attend an appointment between Sessions 3 and 4. If necessary, assist her in scheduling the appointment.

This is an opportunity to elicit her feelings about the meeting and her ideas about and readiness for birth control in general. It may be an opportunity to reinforce change talk or to listen and reflect on concerns about birth control.

Activity 5: Review and update decision exercises.

Objective: Review decision exercises with a focus on the woman's ambivalence, and make changes as necessary to overcome barriers to change.

Listen for her ambivalence about behavior change and also for changes that may have occurred in her level of ambivalence. Make any revisions she thinks are needed. Her perceived barriers to change (as expressed in the less good things) are important to understand and to incorporate into the plans she may revise in this session.

If you encounter resistance to change or ambivalence about changing one or both behaviors, use your motivational interviewing skills to reinforce any movement toward change. If she changes either behavior successfully, she will decrease the risk of an alcohol-exposed pregnancy.

Activity 6: Review and update self-evaluation exercises.

Objective: Appraise self-evaluation exercises and explore importance and confidence levels using the rulers.

Review her ratings of her readiness to change her use of alcohol and birth control. Ask questions about importance and confidence using the Importance and Confidence Ruler method for each behavior.

Assessing importance and confidence in determining readiness to change is an important part of the intervention; it is possible her perceived sense of importance and confidence to make changes has shifted. One key point to make with the rulers is to ask, hypothetically, what it would take to get to the next highest number. This may result in additions to the change plan.

Activity 7: Revisit and revise goal statements/ change plans.

Objective: Review the woman's goals and assess her progress to help her refine her goal and change plans.

Reinforce successful efforts to change, and revise the change plans to address any challenges that have come up. This is a great time to use affirming statements and to reflect on what she is telling you, with a focus on change talk. If she is having difficulty, it also is an opportunity to familiarize her with the change process and help adjust her plan so she can be successful with smaller steps.

Use your motivational interviewing skills and continue to maintain a collaborative, supportive relationship as you explore her progress.

Activity 8: Summarize session.

Objective: Summarize what you have accomplished in the session, emphasizing her successes and change talk. Remind her to continue to complete her daily journal.

Invite any final questions.

An Example of CHOICES Session 3

Activity 1: Review session activities.

Today we'll be going over the activities listed here, mainly continuing our talk from the last session about your goals and plans related to drinking and birth control use. Are there any other things you would like to go over?

Activity 2: Review daily journal.

Tell me how your week went with using alcohol and birth control since our last session.

[NOTE: Use reflections and open-ended questions to explore her entries and reinforce change.] [Example]

I see that you've used condoms more often than you had when we first met. How have you done this?

As you look at your journal, how are you feeling about your drinking and birth control?

Activity 3: Talk about how the woman feels about changing her alcohol and birth control use with a particular focus on a behavior that received less emphasis previously.

This is your third session and I am wondering where you see yourself in terms of changing both your alcohol use and your birth control methods.

[NOTE: Summarize the woman's responses. Use words like "On one hand..., but on the other hand…" in your summary to reflect any ambivalence. Be sure to include any change talk you have heard.]

[NOTE: Move into a discussion of this ambivalence and talk about the birth control appointment. Or move into a discussion about the birth control appointment if the woman brings it up or if it is relevant to her feelings about birth control.]

Activity 4: Discuss birth control appointment.

One thing you were going to do was explore a visit with _____ to talk about birth control. How did that go?

[OR]

I'm glad to hear that you had your birth control visit. Tell me about that.

What did you hear about birth control methods that might be a good fit for you?

Last time you were here, the goal you had for birth control use was _____. If you were to make a goal now, what would it be? Remember, you can change your goal any time.

Activity 5: Review and update decision exercises.

Let's use your decision exercises to take another look at the good things and less good things about your current drinking and your use of birth control.

Let's go to the drinking one. As you look at that now, how does it fit with where you are now? What changes, if any, would you like to make?

You also wrote some good things and less good things about using birth control. Looking at those statements today, what changes do you want to make on this exercise?

[NOTE: Summarize briefly.]

Activity 6: Review and update self-evaluation exercises.

Last time, you filled out some Readiness Rulers. Let's look at them again and see where you are now.

Let's start with your drinking. Using this ruler, please make a mark anywhere from 1 to 10 to show how important it is for you today to make a change in your drinking.

You marked a ___, which shows this is ____ (not/somewhat/pretty/very) important.

Why did you select a ____ and not a____?

[NOTE: Always make the second number lower than the one the woman chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

What would it take to move to a _____?

[NOTE: Use the next highest number]

[OR]

Last week you said 6 and now you are saying 8. What has changed to increase the importance of your goal?

OK, now using this ruler, please make a mark anywhere from 1 to 10 to show how confident you are in making a change right now.

You marked a ___, which shows that you feel ____ (not/somewhat/pretty/very) confident.

Why did you select a ____ and not a ____?

[NOTE: Always make the second number lower than the one the woman chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

[OR]

You said 7 last week and you're still saying 7 today, so your confidence is the same. What do you think needs to happen for you to move from 7 to 8?

Using this ruler, please make a mark anywhere from 1 to 10 to show how important it is for you today to use birth control effectively.

You marked a ___, which shows that it is ____ (not/somewhat/pretty/very) important.

Why did you select a ____ and not a ____?

[NOTE: Always make the second number lower than the one she chose. Be sure to use reflective listening skills. This is a good opportunity to elicit and reinforce change talk.]

What would it take for you to move to a ____?

[NOTE: Use the next highest number.]

[NOTE: Or compare the new number this week to the old number last week, praising her for any change in higher importance and asking what prompted the change. This will strengthen the change talk.]

How about your confidence in using birth control?

Using this ruler, please make a mark anywhere from 1 to 10 to show how confident you are that you could use birth control effectively if you chose to.

[NOTE: Compare changes, if any, to last time, and affirm and support her statements.]

Activity 7: Revisit and revise goal statements/ change plans.

When you were here last, you selected an alcohol-use goal. How have you been able to follow through with that goal?

Let's look at your change plan worksheet. You said you would do _____ as the steps to achieve your goal. How has that been going?

[NOTE: Or you may have information to be able to say something like the following.]

Well, we've been talking about all the changes that you've been making, and I see that you are close to reaching the goal you set last time.

[OR]

Tell me what has not been working.

How have the people you mentioned been able to help you?

Now let's talk about your birth control goal. You listed some steps on your change plan. Which of those have been working for you?

What situations have come up that have helped you reach your goal?

What kinds of problems have kept you from reaching your goal?

[OR]

You've made some major changes. How do you feel about these changes?

I can see that avoiding an alcohol-exposed pregnancy is important to you.

[NOTE: List what has been discussed.]

Activity 8: Summarize session.

[NOTE: Be sure to affirm her for any progress reported.]

We've talked about a lot today. What one or two things stand out about what we have discussed?

Next time you come, we'll go over your daily journal and your goal sheets again. Remember to look at those and to write down your progress in the daily journal.

Do you have any questions? Let's schedule your next appointment.

SESSION 4:

FUTURE GOALS AND PLANNING

Session 4 Objectives

The objectives of Session 4 are:

- To review session activities, daily journal, and previous sessions
- To review goal statements and change plans for alcohol use and birth control
- To discuss progress
- To develop plans for the future

Materials and Time Required for Session 4

- Client Workbook
- Handout: "What I Learned from CHOICES"

Session 4 will last approximately 30–45 minutes

Components of Session 4

1. Review session activities.
2. Review daily journal.
3. Recap content of previous sessions.
4. Review and discuss goal statement and change plan for alcohol use.
5. Problem solve, reinforce goals, revisit temptation and confidence, and work to strengthen commitment to change alcohol use.
6. Review and discuss goal statement and change plan for birth control.
7. Problem solve, reinforce goals, revisit temptation and confidence, and work to strengthen commitment for birth control.
8. Discuss plans for future as appropriate.
9. Assist client in completing the "What I Learned from CHOICES" form.
10. Discuss progress on behavioral goals, summarize the intervention experience, and close session.
11. Present client with certificate of completion.

Implementation: The 11 Activities of Session 4

Activity 1: Review session activities.

Objective: Review the session activities to provide a guide for what will be covered during this session, to discuss any outstanding issues from previous sessions, and to give the woman an opportunity to introduce anything else she would like to discuss or ask.

If she came in with something to discuss, let her know you can discuss her issue further after you cover the session activities.

Activity 2: Review daily journal.

Objective: Give her an opportunity to summarize her entries in the daily journal. Note changes and progress she has made.

Use motivational interviewing to encourage her to discuss her daily journal entries. Explore patterns of alcohol use and contraceptive use and make the connection to the goal of preventing an alcohol-exposed pregnancy.

Affirm her for any changes between sessions and reinforce her progress toward her goals. Use open-ended questions and reflections to explore her thoughts and feelings about her behaviors.

It is important to highlight her autonomy. Using language like "your drinking" and "your choices" helps to reinforce her role and demonstrates that any change she decides to make is fully her decision. Offer concern and support, but be mindful not to use language that may cause her to feel judged.

Because this is the final session, it is important to frame the overall CHOICES experience positively, with a focus on her effort and any changes she has made. You can build her self-confidence and self-efficacy by reinforcing what she has done well. Frame problems as opportunities for her to revise her change plan today or in the future. Encourage her to continue with her goals and plans even though the formal program is ending.

Activity 3: Recap content of previous sessions.

Objective: Reflect on what has happened in previous sessions. Invite her to discuss how the sessions and assignments have helped lower the risk of an alcohol-exposed pregnancy.

Use reflective listening to assess her reaction to previous sessions. If possible, connect the activities she identifies as helpful to any behavioral changes she has made. Use the OARS counseling method to explore her feelings and especially to affirm her for her efforts and changes.

OARS

1. **O**pen-ended questions
2. **A**ffirm the person
3. **R**eflect what the person says
4. **S**ummarize

Activity 4: Review and discuss goal statement and change plan for alcohol use.

Objective: Review her alcohol use goal and discuss her progress.

This is an opportunity to refine her goals and change plans, and to discuss her alcohol use plans.

Reinforce successful efforts to change, and help her refine her change plan to address any challenges. Build confidence by affirming her for progress toward change, and make sure she does not feel judged or criticized for not having achieved her goals.

Use reflective listening and be collaborative and supportive as you explore her progress.

Activity 5: Problem solve, reinforce goals, revisit temptation and confidence, and work to strengthen commitment to change alcohol use.

Objective: Listen for where she has had difficulty in meeting her goals for alcohol use, explore the challenges, and help her determine different strategies she can use.

If she identifies obstacles, assess whether the problem is a lack of confidence or a lack of importance attributed to this goal. Respond accordingly while using motivational interviewing skills.

It is helpful to use temptation and confidence measures as the focus of this discussion. It is important to note that occasional setbacks and struggles are often part of the behavior change process, and to affirm that they can be overcome.

Link her current challenges to her expressed goals from previous sessions.

Activity 6: Review and discuss goal statement and change plan for birth control.

Objective: Review her goal and change plan for birth control, listen for her assessment of her progress, and help her revise her goal and plan if necessary.

Reinforce successful efforts to change and to modify the change plan whenever challenges come up. Build her confidence by affirming her for progress toward change while being cautious not to make her feel judged or criticized for not achieving goals.

Use reflective listening and be respectful as you explore her progress.

Activity 7: Problem solve, reinforce goals, re-visit temptation and confidence, and work to strengthen commitment for birth control.

Objective: Discuss where she had difficulty meeting her birth control goals, explore the challenges that came up, and help her find alternative strategies for moving forward.

If she identifies obstacles, assess whether the problem is a lack of confidence or a lack of importance attributed to this goal. Respond accordingly.

Activity 8: Discuss plans for the future as appropriate.

Objective: Discuss her plans, identify support she might need to sustain and continue behavior changes, and provide referrals, if necessary.

Ask her to discuss her plans. What support does she think she will need to continue and sustain changes she began in the CHOICES intervention? Use listening and reflection skills to link to previous discussions about progress toward her alcohol and birth control goals. If appropriate to your intervention setting, ask if she has any needs beyond alcohol and birth control that she may want to address through counseling or medical intervention. This is a good opportunity to help with a referral if it is warranted and if you have not done so in earlier sessions.

Activity 9: Assist client in completing the "What I Learned from CHOICES" form.

Objective: Give her an opportunity to describe a few of the most important things she learned through her participation in CHOICES.

This exercise is designed to be a brief closing activity that summarizes the effect of the intervention in her life. If she is uncertain about how to proceed or does not think she has learned anything, you might gently make a connection to how her previous alcohol use increased her risk of an alcohol-exposed pregnancy in the past and how her changes have helped avoid that.

Activity 10: Discuss progress on behavioral goals, summarize the intervention experience, and close session.

Objective: Briefly review and use reflections to reinforce her progress in making safer choices.

This activity is not meant to be an extensive review, but rather, a quick chance for you to highlight her progress in achieving her goals.

Activity 11: Present client with certificate of completion.

Objective: Congratulate the woman on her accomplishments and present her with a certificate of completion.

An Example of CHOICES Session 4

Activity 1: Review session activities.

How are you doing?

[NOTE: Give her an opportunity to talk about issues that are important to her.]

Today is our final session. Here are the activities we'll cover, including one last discussion of your goals and plans related to drinking and birth control use.

Activity 2: Review daily journal.

First, let's take a look at your daily journal.

As you look at your journal, how do you feel about the changes you have made in your drinking and/or use of birth control?

[NOTE: Use reflections and open-ended questions to explore her entries and to reinforce change.]

[Example] *You've reduced your drinking since Session 1. How did you do that?*

Activity 3: Recap content of previous sessions.

Since you started in CHOICES, you have worked hard to learn about healthier choices. We've talked a lot about alcohol use and birth control and the problems that occur when women drink and don't use birth control that works.

You have looked at your drinking and times when it is likely you might drink in a risky way; you've also looked at behaviors that put you at risk for getting pregnant.

Which parts of the CHOICES program have been most helpful to you and which have been least helpful to you?

Activity 4: Review and discuss goal statement and change plan for alcohol use.

Let's take a look at your goal and change plan for alcohol to see how things have gone.

In your change plan, you said you would do _____ as the steps to achieve your goal. How did that work out?

What has not worked for you?

You said you would ask some people in your life to help you with your drinking goal. How did that go?

What kind of support from others have you had in changing your drinking?

Activity 5: Problem solve, reinforce goals, revisit temptation and confidence, and work to strengthen commitment to change alcohol use.

[NOTE: Summarize her progress and obstacles, and reinforce changes she has made.]

In what additional areas do you feel you need some help?

Based on how you have worked to reach your goals, let's discuss more ways to gain support and maintain those goals.

[NOTE: Use goals and other points from Activity 4. Considering her temptations, use motivational interviewing to discuss ways of coping with temptation and increasing confidence.]

Activity 6: Review and discuss goal statement and change plan for birth control.

Let's take a look at your birth control goal and change plan to see how things are going.

In your change plan, you said you would do _____ as the steps to achieve your goal. How did that work out?

What kinds of things have come up that have helped you to reach your goal?

What kinds of problems have you had in trying to reach your goal?

Activity 7: Problem solve, reinforce goals, revisit temptation and confidence, and work to strengthen commitment for birth control.
[NOTE: Use motivational interviewing techniques to summarize her progress and obstacles, and to reinforce changes she has made.]

In what additional areas do you feel you need some help?

Based on your goals and how you have worked to reach your goals, let's discuss more ways to get support and maintain those goals.

[NOTE: Use goals and other points from Activity 6.]

In what other areas do you feel you need some help?

As you think about completing CHOICES, what do you want your goal to be for your birth control use?

Activity 8: Discuss plans for future as appropriate.

As you look ahead, let's think about a time when you won't have to worry at all about an alcohol-exposed pregnancy. What steps would make that possible?

How would that feel?

What are your goals and how can you reach them?

Activity 9: Assist client in completing the "What I Learned from CHOICES" form.

At the end of CHOICES, we like to ask people to think briefly about what they have learned during these sessions and to write it on this form. This will help us to improve CHOICES.

[NOTE: Ask her to fill out the form. Do not fill out the form with her, because that could influence her answers.]

[NOTE: Summarize using motivational interviewing skills.]

Since the first session, you have made some big changes toward avoiding an alcohol-exposed pregnancy. How were you able to do this?

How do you feel about these changes?

Women who finish this program are much less likely to have an alcohol-exposed pregnancy.

In terms of our entire CHOICES program, what one or two things have stood out for you?

Activity 10: Discuss progress on behavioral goals, summarize the intervention experience, and close session.

Your goals for CHOICES were _____. You have attained [these parts of] your goals with drinking alcohol and [these parts of] your goals with using birth control.

[NOTE: Summarize her experience using motivational interviewing skills.]

You have made a lot of changes. I hope you will continue your goals of cutting down on or not drinking alcohol and of using birth control every time you have sex. Thank you.

Activity 11: Present client with certificate of completion.
[NOTE: Congratulate the woman on her accomplishments and present her with a certificate of completion.]

APPENDICES:

APPENDIX A: RISKS OF AN ALCOHOL-EXPOSED PREGNANCY

Objectives

This section provides an overview of the research and evidence on alcohol-exposed pregnancies. The objectives of this section are:

- To identify the risks and dangers of alcohol use during pregnancy:
  - — Fetal Alcohol Syndrome
  - — Fetal Alcohol Spectrum Disorders
  - — Other adverse outcomes
- To provide an overview of the public health implications of alcohol-exposed pregnancies in the United States
- To identify the risk factors for an alcohol-exposed pregnancy

Overview

Alcohol consumption during pregnancy is frequently cited as one of the leading preventable causes of birth defects and childhood disabilities in the United States.[24,25] Children who are exposed to alcohol during fetal development can suffer a range of negative life-long effects that vary in quantity and severity. Alcohol use during pregnancy can result in physical and mental birth defects, preterm births, and miscarriages.[26] Consequently, both the Surgeon General and the March of Dimes Foundation recommend women do not consume any alcohol while pregnant.[27,28]

Alcohol is a known teratogen, meaning it can harm an unborn child. When a pregnant woman drinks alcohol, it crosses the placenta barrier and moves into the bloodstream of the fetus. So the alcohol content in the blood of the fetus will equal or be more than the mother's.[29] No amount of alcohol is considered safe during pregnancy; drinking can damage a fetus at any stage of pregnancy, even before a woman may know that she is pregnant.[30] Prenatal exposure to alcohol can have varying degrees of effect on development in the embryo. The more a woman's alcohol use increases during pregnancy, the more likely and severe the damage to her fetus can be.

Despite these known risks, a significant number of women in the United States drink alcohol during pregnancy. According to the National Survey on Drug Use and Health, approximately 12% of pregnant women 15–44 years of age drank alcohol in the past month.[31]

> An estimated 12% of pregnant women 15–44 years of age drank alcohol the past month—meaning approximately 1 in 8 women put their children at risk for an alcohol-exposed pregnancy.

Fetal Alcohol Spectrum Disorders

Fetal Alcohol Spectrum Disorder (FASD) serves as an umbrella term to describe the range of effects in an individual who is prenatally exposed to alcohol.[32] The term FASD is not used as a clinical diagnosis; rather, it covers a broad range of diagnoses and effects that result from prenatal exposure to alcohol, including:

- Fetal Alcohol Syndrome (FAS)
- Alcohol-related neurodevelopmental disorder
- Alcohol-related birth defect

[24]CDC. (2002). *Alcohol use among childbearing-age women—United States, 1991–1999. Addiction, 90, Morbidity and Mortality Weekly Report, 51,* 273–6.

[25]Ebrahim, S. H., Luman, E. T., Floyd, R. L., Murphy, C. C., Bennett, E. M., & Boyle, C. A. (1998). Alcohol consumption by pregnant women in the United States during 1988–1995. *Obstetrics & Gynecology 92,* 187–92.

[26]Substance Abuse & Mental Health Services Administration, Office of Applied Studies. (2008). *Obstetrics & Gynecology 92,* 187–92.

[27]HHS, 2005.

[28]March of Dimes Foundation. (2005). *Drinking alcohol during pregnancy* (Quick Reference: Fact Sheet No. 09-404-00). Retrieved from http://www.marchofdimes.com/professionals/14332_1170.asp

[29]SAMHSA, Center for Substance Abuse Prevention. (2007). *Effects of alcohol on women.* Retrieved from www.drugfree.org.au/fileadmin/Media/Reference/EffectsOfAlcoholOnWomen.pdf

[30]HHS, 2005.

[31]SAMHSA, 2008

[32]CDC, National Center on Birth Defects and Developmental Disabilities. (2004). *Fetal alcohol syndrome: Guidelines for referral and diagnosis.* Retrieved from www.cdc.gov/ncbddd/fasd/documents/FAS_guidelines_accessible.pdf

The effects of FASD can be life-long and may appear as learning disabilities and/or physical, mental, and behavioral effects. Although the manifestations of FASD vary, possible outcomes may include:

- Specific facial characteristics
- Growth deficits
- Mental retardation
- Heart, lung, and kidney defects
- Hyperactivity and behavior problems
- Attention and memory problems
- Poor coordination or motor skill delays
- Difficulty with judgment and reasoning
- Learning disabilities, especially math skills

Individuals with FASD are also at a very high risk of having trouble in school, trouble with the law, struggles with alcohol and drug abuse, and mental health disorders.[33]

The cost of FASDs in the United States may be as much as $6 billion annually.

The exact number of people born with FASD is not known. CDC studies show there are between 0.2 and 1.5 cases of FAS for every 1,000 live births. Other studies using different methods have estimated the rate between 0.5 and 2.0 cases of FAS for every 1,000 births. It is believed there are at least three times as many cases of FASD. This can cost the United States as much as $6 billion annually, accounting for the cost of medical care, developmental disabilities services, special education, and other service systems.[34] There is no cure for FASD; however, when FASD is detected early, intervention can improve a child's development.[35]

[33]CDC, (2005). *Fetal alcohol spectrum disorders.* Retrieved from www.cdc.gov/ncbddd/factsheets/FAS.pdf

[34]Lupton, et al. (2004).

[35]CDC, (2005).

FETAL ALCOHOL SPECTRUM DISORDERS

FAS, included under the umbrella of FASDs, is one of the most involved and least common effects of alcohol exposure during pregnancy. According to CDC, an estimated 1,000 to 6,000 of the 4 million babies born each year will have FAS.[36]

Populations most vulnerable to FAS include American Indians and other minorities.

Particularly at-risk populations, including disadvantaged groups, American Indians, and other minorities, have been found to have up to three to five times as many FAS-affected children.[37,38,39] Research suggests a strong association between poverty and women's alcohol use before and during pregnancy, resulting in a higher rate of FAS among impoverished groups.[40,41]

CDC's National Center on Birth Defects and Developmental Disabilities has developed Guidelines for Referral and Diagnosis to ensure consistent FAS diagnosis by clinicians, scientists, and service providers.[42] The four primary diagnostic features in these guidelines have not changed since they were first described in 1973.

FAS DIAGNOSTIC CRITERIA ARE:

1. **Facial dysmorphia (abnormalities)—smooth philtrum, thin vermillion border, and small palpebral fissures**
2. **Growth deficits**
3. **Central nervous system abnormality**
4. **Confirmed or unknown prenatal alcohol exposure**

[36]CDC, 2004.

[37]Sampson, P. D., Streissguth, A. P., Bookstein, F. L., Little, R. E., Clarren, S. K., Dehaene, P., Hanson, J. W., & Graham, J. M. (1997). Incidence of fetal alcohol syndrome and prevalence of alcohol-related neurodevelopmental disorder. *Teratology, 56,* 317–326.

[38]Egeland, G. M., Katherine, P. H., Gessner, B. D., Ingle, D., Berner, J. E., & Middaugh, J. P. (1998). Fetal alcohol syndrome in Alaska, 1977 through 1992: An administrative prevalence derived from multiple data sources. *American Journal of Public Health, 88,* 781–786.

[39]Chavez, G. F., Cordero, J. F., & Becerra, J. E. (1988). Leading major congenital malformations among minority groups in the United States, 1981–1986. *Morbidity and Mortality Weekly Report, 37* (SS-3), 17–24.

[40]Chavez et al., 1988.

[41]Abel, E. L. (1995). An update on incidence of FAS: FAS is not an equal opportunity birth defect. *Neurotoxicology and Teratology, 17,* 437–443.

[42]CDC, (2004).

Although FAS is based on a clinical examination of these features, not all children with FAS look or act the same.

Facial Dysmorphia

To be diagnosed with FAS, an individual must exhibit all three of the following characteristic facial features:

- Smooth philtrum—absence of a groove or divot running between the nose and upper lip
- Thin vermillion border—thin upper lip
- Small palpebral fissures—decreased eye width

Growth Deficits

Growth retardation has been documented consistently in individuals with FAS. Growth deficiencies are defined as height, weight, or both that is/are significantly below average. To meet the growth retardation criteria for FAS, an individual's height or weight falls at or below the 10th percentile on standardized growth charts appropriate to the patient's population. Growth retardation can occur during pregnancy, at birth (known as small for gestational age), or at any time after birth.

Central Nervous System (Abnormalities)

Central nervous system abnormalities produce a range of short- and long-term cognitive and behavioral outcomes observed among individuals with FAS. As a result of these abnormalities, many adults affected by FAS have complex mental health disorders, are affected by neurobehavioral deficits, and are unable to live independently.[43] These deficits are typically life-long.

The following structural, neurological, and/or functional deficits are caused by central nervous system abnormalities that are identified in persons with FAS.

1. Structural: Observable physical damage to the brain or brain structures such as a smaller than normal brain (microcephaly) or damage to the connections between the two sides of the brain (malformed corpus callosum)
2. Neurological: Assessed when structural impairments are not observable or do not exist; may be indicated by seizures, coordination problems, motor difficulties, etc.
3. Functional: Deficits, problems, or abnormalities in functional central nervous system skills that may include:

- Lower IQ
- Specific deficits in reading, spelling, and math
- Fine and gross motor problems
- Communication and social interaction problems
- Attention problems and/or hyperactivity
- Learning/memory deficits

There is wide variability in the structural, neurological, and functional deficits in individuals diagnosed with FAS.

Prenatal Alcohol Exposure

Although prenatal alcohol exposure is included as one of the diagnostic criteria for FAS, documentation and confirmation can be highly challenging. Women may feel stigmatized by admitting to alcohol use during pregnancy or may not be available to confirm in the case of foster or adopted children. In such instances, relatives or others sometimes confirm the information. However, a diagnosis of FAS is possible without confirmation. The presence or absence of alcohol exposure is noted as unknown.

Other Adverse Outcomes

In addition to FASD and FAS, other adverse outcomes may result from alcohol use during pregnancy, including:

- Spontaneous abortion
- Prenatal and postnatal growth restriction
- Prematurity
- Birth defects (cardiac, skeletal, renal, ocular, auditory)

It is important to recognize that although FAS results from heavy levels of drinking during pregnancy, other adverse outcomes may result from drinking smaller amounts. Categorized as alcohol-related neurobehavioral disorders, these can include cognitive and behavioral effects that may not be recognized in an individual child as related to the mother's drinking during pregnancy, but that have been identified in epidemiological studies. Some of these effects are very subtle and may not show up until the child is school age or older.

[43]Streissguth, A. P., & O'Malley, K. (2000). Neuropsychiatric implications and long-term consequences of fetal alcohol spectrum disorders. *Seminars in Clinical Neuropsychiatry, 5,* 177–190.

Alcohol Consumption Among Women

Alcohol Consumption Among Women Of Childbearing Age

In 2002, more than half of women of childbearing age (18–44 years) who did not use birth control, and could therefore become pregnant, reported alcohol use.[44] Although the majority of these women may drink only occasionally, 12.4% reported binge drinking (consuming five or more drinks on one occasion) and 13.2% reported frequent drinking (seven or more drinks per week or binge drinking). Given that almost half of all U.S. pregnancies are unintended and millions of fertile women do not use adequate contraception during sex, an estimated 2% of these women could be at risk for an alcohol-exposed pregnancy each year.[45]

Alcohol Consumption Among Pregnant Women

Although the percentage of women who abstain from alcohol use during pregnancy has increased slightly in recent years, data from the National Survey on Drug Use and Health reveal nearly 12% of pregnant women continue to drink alcohol during pregnancy.[46,47] Approximately 3% of pregnant women report binge drinking or frequent drinking.[48,49,50] Prevalence rates of affected individuals and alcohol-exposed pregnancies indicate that FASD is an important public health concern. However, given the challenges in collecting accurate prevalence data, the magnitude of FAS in the United States could potentially be even greater than available data shows.[51]

High-risk Groups for an Alcohol-exposed Pregnancy

Any pregnant woman who drinks alcohol risks having a child with FASD, regardless of her education status, income level, or race/ethnicity. However, it has been found that certain groups face a particularly high risk for drinking during pregnancy and are therefore at greater risk of having a child with FASD. High-risk groups include:[52,53,54,55,56]

- Women with substance abuse or mental health problems
- Women who already have a child with FASD
- Recent drug users
- Smokers
- Women who have multiple sex partners
- Recent victims of abuse and violence
- Women who receive little or no prenatal care
- Women who are unemployed
- Women who are transient
- Women who have lost children to foster care or adoption because of neglect, abuse, or abandonment

In addition to specific high-risk groups, there are some trends in frequency and quantity of alcohol consumption among pregnant women defined by different demographic characteristics, such as age, race, and socioeconomic status. Figure 1 illustrates

[44]CDC. (2005). Alcohol consumption among women who are pregnant or who might become pregnant–United States, 2002. *Morbidity and Mortality Weekly Report, 58,* 529-532.

[45]Project CHOICES Research Group. (2002). Alcohol-exposed pregnancy: Characteristics associated with risk. *American Journal of Preventative Medicine, 23,* 166–173.

[46]Office of Applied Studies. (2007). *Results from the 2006 National Survey on Drug Use and Health: National findings* (HHS Publication No. SMA 07-4293, NSDUH Series H-32). Rockville, MD: Substance Abuse and Mental Health Services Administration.

[47]SAMHSA, 2007.

[48]CDC 2002.

[49]CDC. (1997). Alcohol consumption among pregnant and childbearing-aged women—United States, 1991–1995. *Morbidity and Mortality Weekly Report, 46,* 346–350.

[50]Floyd, R. L., Decoufle, P., & Hungerford, D. W. (1999). Alcohol use prior to pregnancy recognition. *American Journal of Preventative Medicine, 17,* 101–107.

[51]CDC, 2004.

[52]SAMHSA, 2007.

[53]Project CHOICES Research Group, 2002.

[54]Astley, S. J., Bailey, D., Talbot, C., et al. (2000). Fetal alcohol syndrome (FAS) primary prevention through FAS diagnosis: II: A comprehensive profile of 80 birth mothers of children with FAS. *Alcohol & Alcoholism, 35* (5), 509–519.

[55]CDC, 2004.

[56]Ebrahim, S. H., Anderson, A. K., & Floyd, R. L. (1999). Alcohol consumption by reproductive-aged women in the USA: An update on assessment, burden, and prevention in the 1990s. *Prenatal and Neonatal Medicine, 4,* 419–430.

these trends from the National Survey on Drug Use and Health conducted from 2006 to 2007. It shows the percentage of pregnant women who reported alcohol use in the past month and the average number of alcoholic drinks reported for each day alcohol was consumed.

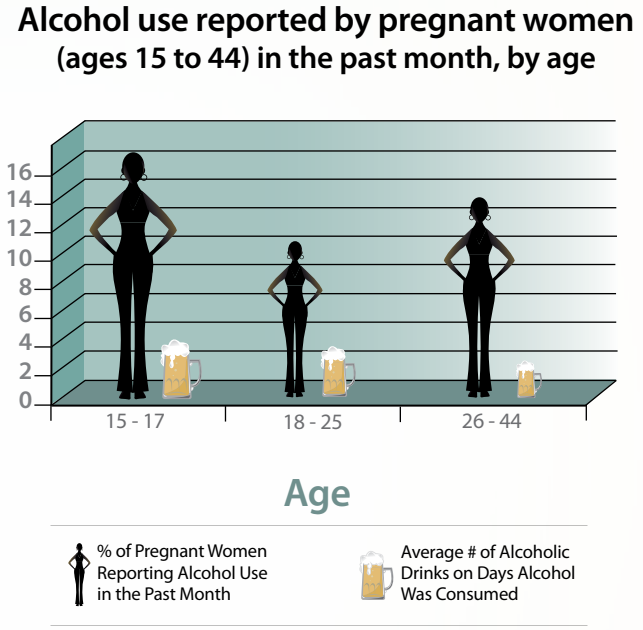
Figure 1. Alcohol use reported by pregnant women (ages 15–44) in the past month, by demographic characteristics[57]

Demographic Characteristics	% of Pregnant Women Reporting Alcohol Use in the Past Month	Average # of Alcoholic Drinks on Days Alcohol Was Consumed
AGE		
15–17	15.8	3.6
18–25	9.8	3.6
26–44	12.5	1.7
RACE/ETHNICITY		
White	14.5	1.9
Black	15.7	3.1
Hispanic	4.1	4.6
EDUCATION STATUS		
Less than High School	8.9	4.5
High school graduate	8.3	2.6
Some college	11.7	2.1
College graduate	15.8	1.6
INCOME		
Less than $20,000	11.7	3.7
$20,000–$49,999	9.2	2.2
$50,000–$74,999	9.5	2.3
$75,000 or higher	16.3	1.6

[57]SAMHSA, 2008.

Age

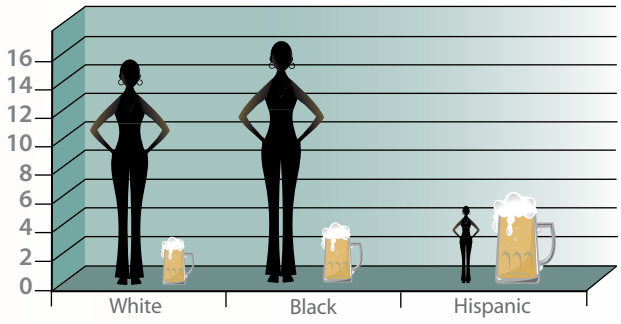
According to the National Survey on Drug Use and Health, pregnant women 15–17 years of age show the highest levels of alcohol consumption compared across age groups. Nearly 16% of pregnant women in this age group used alcohol in the past month and, on average, they consumed 24 drinks in the past month. This means they drank on an average of six days in the past month and drank an average of four drinks on each of those days.



Race

The National Survey on Drug Use and Health also revealed differences by race/ethnicity in alcohol use among pregnant women. White and black pregnant women had the highest rates of alcohol use in the past month, at 14.5% and 15.7% respectively. Only 4% of Hispanic pregnant women reported alcohol use in the past month. However, on the days alcohol was consumed, Hispanic women drank the largest quantity of alcohol—an average of five drinks, compared with two drinks consumed by white women and three drinks consumed by black women.

Alcohol use reported by pregnant women (ages 15 to 44) in the past month, by race



Race

% of Pregnant Women Reporting Alcohol Use in the Past Month

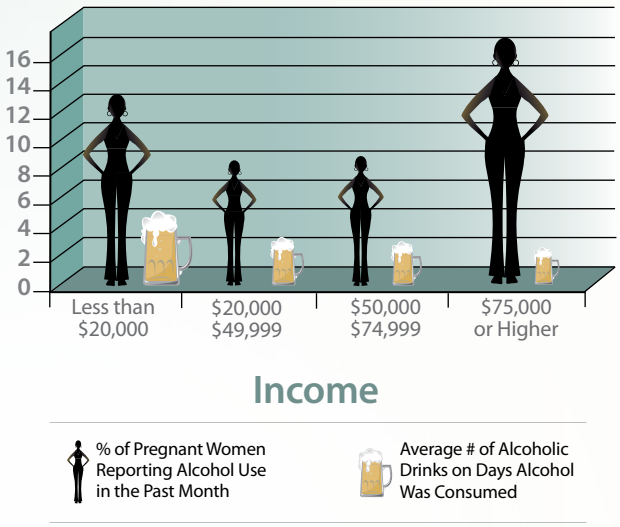
Average # of Alcoholic Drinks on Days Alcohol Was Consumed

Socioeconomic Status: Income Level and Education Status

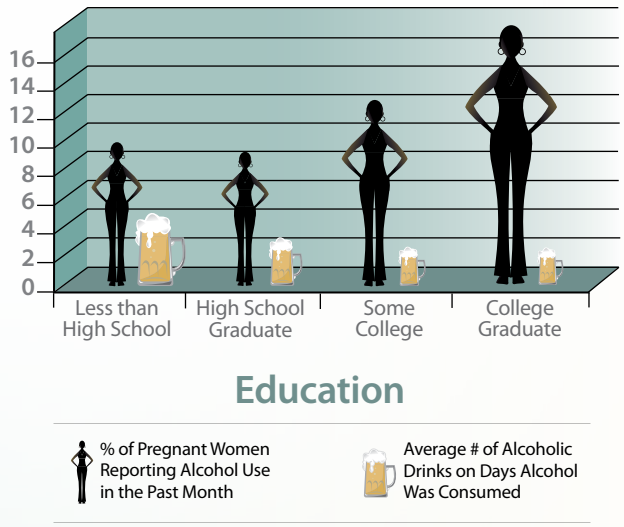
Across income levels, pregnant women earning an income of $75,000 or higher report the highest rate of alcohol use, with approximately 16% reporting alcohol use in the past month. Approximately 12% of pregnant women earning less than $20,000 report using alcohol in the past month. Pregnant women in the middle-income ranges ($20,000 to $49,999 and $50,000 to $74,999) report the lowest rates of alcohol use in the last month, at 9.2% and 9.5%, respectively. However, although drinking is reported at a higher rate among women at higher income levels, women in this group consume less alcohol on the days that alcohol was consumed, compared with women at lower income levels. Women earning more than $75,000 consume, on average, fewer than two alcoholic drinks on the days they consume alcohol, compared with nearly four drinks among women earning less than $20,000.

Similar to trends in income, pregnant women with higher levels of education report the highest rate of alcohol use in the past month. Nearly 16% of college graduates report drinking in the past month, compared with 12% of pregnant women with some college education, and between 8% and 9% for high school graduates and below. Similar to the trends observed across income strata, however, pregnant women at a higher educational level consume less alcohol on the days that they drink. College graduates consume on average fewer than two alcoholic drinks on the days they consume alcohol, compared with nearly five drinks among women who have not completed high school.

Alcohol use reported by pregnant women (ages 15 to 44) in the past month, by income



Alcohol use reported by pregnant women (ages 15 to 44) in the past month, by education



Prevention Of Alcohol-Exposed Pregnancies

Alcohol-related birth defects, FAS, and FASDs, are 100% preventable.

- In an effort to reduce the rate of alcohol-exposed pregnancies, the Surgeon General released an advisory on alcohol use in pregnancy in 2005:[58] Drinking alcohol while pregnant increases the risk of alcohol-related birth defects, including growth deficiencies, facial abnormalities, central nervous system impairment, behavioral disorders, and impaired intellectual development.
- No amount of alcohol consumption can be considered safe during pregnancy.
- Alcohol can harm a fetus at any stage of pregnancy. Damage can occur in the earliest weeks of pregnancy, even before a woman knows she is pregnant.
- The cognitive deficits and behavioral problems resulting from prenatal alcohol exposure are life-long.
- Alcohol-related birth defects are completely preventable.

[58]HHS, 2005.

Based on the reasons stated above, the Surgeon General made the following recommendations to prevent alcohol-exposed pregnancies:

- A pregnant woman should not drink alcohol during her pregnancy.
- A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to lower further risk.
- A woman who is considering becoming pregnant should not drink alcohol.
- Because nearly half of all births in the United States are unplanned, women of childbearing age should speak with their physicians and take steps to reduce the chance of prenatal alcohol exposure.
- Health professionals should routinely ask patients of childbearing age about their alcohol consumption, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcohol during pregnancy.

APPENDIX B: ASSESSMENTS AND FEEDBACK

The CHOICES CORE Assessment is designed to provide (1) information about a woman's appropriateness for the CHOICES intervention, and (2) information about her alcohol risk and contraception behavior for the standardized feedback to be delivered in Session 2.

Core Assessment

1. **What is your date of birth?**

☐☐ ☐☐ ☐☐☐☐

Month Day Year

2. **Have you had any of the following?**

☐ Yes ☐ No Tubes tied

☐ Yes ☐ No Hysterectomy

☐ Yes ☐ No Menopause

☐ Yes ☐ No Both ovaries removed

If yes to any in #2 — STOP

The woman is not appropriate for CHOICES

3. **Are you pregnant now?**

☐ Yes ☐ No

If yes in #3 — STOP

The woman is not appropriate for CHOICES

Now I would like to ask a few questions about your sexual activity and birth control use.

4. **In the last 3 months, have you had vaginal sex with a man?**

☐ Yes ☐ No

If no in #4 — STOP

The woman is not appropriate for CHOICES

5. **If you have had vaginal sex in the last 3 months, have you used birth control?**

☐ Yes Go to #6 and #7)

☐ No (Go to #8)

Please describe the type of birth control used in the past three months and whether it was effective:

6. Type	7. Effective (Show Perfect Use Cards and ask: Did you use [method] exactly as directed each time you had vaginal sex?)	
☐ Condoms	☐ Yes	☐ No
☐ Diaphragm/ contraception	☐ Yes	☐ No
☐ Birth control pills	☐ Yes	☐ No
☐ Vaginal ring (NuvaRing)	☐ Yes	☐ No
☐ Patch	☐ Yes	☐ No
☐ Emergency contraception	☐ Yes	☐ No
☐ Depo-Provera shot	☐ Yes	☐ No
☐ IUD	☐ Yes	☐ No
☐ Implanon	☐ Yes	☐ No
☐ Other _____	☐ Yes	☐ No

If birth control is effective (yes to #7 for all methods listed) — STOP

The woman is not appropriate for CHOICES

Now I am going to ask you some questions about alcohol drinking. For these questions, we will be referring to "standard drinks" (Show Standard Drink Card).

8. **In the last 3 months, have you ever had more than 3 standard drinks in 1 day?**

☐ Yes ☐ No

9. **In the last 3 months, have you had more than 7 standard drinks in a week?**

☐ Yes ☐ No

If no to #8 and #9 — STOP

The woman is not appropriate for CHOICES

If you have reached this point, the woman is appropriate for the CHOICES intervention.

The additional alcohol questions below provide information for the feedback in Session 2.

10. On average, in the last 3 months, how many days per week did you drink?

    Days per week_____

11. When you did drink in the past 3 months, on average, how many standard drinks would you have in a day?

    Number of drinks_____

12. On how many days in the past 3 months have you had more than 3 standard drinks?

    Number of days_____

13. In the past 3 months, what was the largest number of standard drinks you consumed in one day?

    Number of drinks_____

BIRTH CONTROL PERFECT USE CARDS

Condoms (male and female)
- Must be used every time; must be used before expiration date; must not break during intercourse.
- Female condom must be inserted before penetration at the start of intercourse.
- Male condom must be in place before any genital contact and before penetration.

Emergency contraception (EC)
- Must only be used in emergency.
- First pill recommended to be taken within 72 hours (three days) of unprotected sex, but can be taken up to 120 hours (five days); second pill must be taken 12 hours after first pill, or both pills can be taken at the same time.
- It is ineffective if used as the main form of contraception.

Birth control pills
- Must be taken on time every day, at the same time each day.
- Missing one pill/doubling up on the next day is still effective.
- It is ineffective until the following menstrual cycle if another, second pill is missed/doubled up on within the same pack.

Diaphragm/cervical cap
- Must be in place before intercourse.
- Spermicide must be spread around the cup.
- Must be kept in place six hours after intercourse.

NuvaRing
- Must be inserted for three whole weeks, and taken out for one week for bleeding.

Patch
- New patch must be put on an appropriate section of the body every week for three weeks, allowing one "patch-free" week for the menstrual cycle.

Depo-Provera shot
- Given every 11–13 weeks; schedule must be monitored by a doctor, use limited to two years.

Implanon
- Should have been inserted within the past three years.

Spermicide
- Must be inserted in the vagina at least 15 minutes before sex so it has time to dissolve and spread.
- Only effective for one hour and re-application is needed before repeated sex.

Intrauterine Device (IUD)
- A small T-shaped device with a copper wire, it is inserted into the uterus.
- Must be inserted and monitored by a health care provider.
- It is a good long-term, reliable method of contraception.
- Lasts up to 12 years.

CHOICES Personalized Feedback Scoring Instructions

The **Personal Feedback,** which is given in Session 2, consists of a reframing of information collected on the CHOICES assessments that were completed in Session 1. Some of the data from the assessments can be directly transferred to the feedback forms; other feedback is calculated using CHOICES assessment data and other national or regional data. Prepare these forms before the woman's next visit so you can present her with completed personalized feedback.

Instructions for each item contained in the CHOICES feedback are listed below:

At your last session, you said that you drink ____ drinks per week.

Drinks per week is taken from the Screening and Assessment Questionnaire. This item (drinks per week) is derived by multiplying item 10 (drinking days per week) by item 11 (standard drinks consumed in a day).

You also said that on occasion, you may drink _____ drinks in a single day.

The maximum number of drinks consumed in a single day is taken directly from the Screening and Assessment Questionnaire, item 13.

The next section of the CHOICES feedback is a description for the woman of what is meant by "low-risk drinking" and "risky drinking" using the current published guidelines from the National Institute on Alcohol Abuse and Alcoholism. Those guidelines suggest low-risk drinking is no more than 7 drinks per week and no more than 3 drinks in any one day, and risky drinking is more than 7 drinks per week or more than 3 drinks in any one day. Please note that if the woman has been screened and assessed as appropriate for the CHOICES intervention, then she is in the "risky drinking" category. Therefore, the CHOICES feedback for all participants will always contain the words "risky drinking." Also, the woman's drinking will always be more than 85% of the women 18–44 years of age in the United States, so you will write in 85%.

How does your drinking compare with other women?

Your current drinking level falls into the risky drinking group.

You are drinking more than 85% of women aged 18–44.

50%	No drinking	(10 out of 20)
35%	Low-risk drinking	(7 out of 20)
15%	Risky drinking	(3 out of 20)

The next section of the CHOICES feedback addresses some costs of drinking, both in terms of the actual monetary cost for a standard drink and the health costs associated with the number of calories consumed.

How much money did you spend on alcohol last year?

It will be important for you to know the average cost of a standard drink in your area so that you can calculate the cost of the woman's alcohol use.

Based on what you told us, you drank around _____drinks in the past 3 months.

This item is simple to calculate, taking the prior calculation of "drinks per week" by multiplying item 10 by 11 in the Screening and Assessment Questionnaire. The "drinks per week" are then multiplied by 12 weeks to get the estimated number of drinks consumed in the past 3 months.

Once you determine the number of drinks in the past 3 months, you should be able to calculate the next 2 feedback items. The first item is the dollars spent on alcohol in the last year for drinks consumed at home, and the second item is the dollars spent on alcohol in the last year for drinks consumed at a restaurant or bar. First take the number of weekly drinks consumed and multiply it by 52 (weeks per year) to get the number of annual drinks. Once you have the number of annual drinks, you will calculate the cost of drinking at home based on the costs in your area. Then you will do the same for the cost of drinking at a restaurant or bar based on the costs in those settings in your area.

If you usually drink at home, and an average drink at home costs $___(estimate of cost per drink if drinking at home for your area)___, then you spent about $___(annual number of drinks x cost per drink in your area) on alcohol last year.

If you usually drink at a bar or restaurant, and an average drink there costs $___(estimate of cost per drink if drinking at a restaurant or bar for your area)___, then you spent about $___(annual number of drinks x cost per drink in your area) on alcohol last year.

How many calories did you consume from alcohol per drinking day?

Based on what you told us, you drank around _____ drinks per drinking day.

This feedback item is taken directly from the Screening and Assessment Questionnaire, item 11.

If an average drink has 100 calories, you consumed about _____ calories per drinking day from alcohol.

This feedback item is calculated by taking the number of drinks per day (item 11, as above) and multiplying it by 100.

Pregnancy Risk

In this section of the CHOICES feedback, you will discuss the risk of pregnancy with the woman. As with the drinking risk, because the woman was screened and assessed as appropriate for the CHOICES intervention, she is at risk of pregnancy. Therefore, of the "low-risk" and the "risky" categories on your feedback form, the woman will always fall into the "risky" category. You will need to respond to the open-ended item "You are at risk because" by taking the information the woman reported to you on the *Screening and Assessment Questionnaire*. Specifically, items 5, 6, and 7 will be used. These items establish the type of birth control, if any, and the lack of effective use, respectively. Typical examples might read:

You reported using condoms as your sole method of birth control and not using the condoms regularly with one of your partners.

You reported using birth control pills but missed taking the pill more than three times in a 30-day period.

APPENDIX C: TEMPTATION AND CONFIDENCE

Temptation: ALCOHOL

Listed below are situations that lead some people to drink alcohol. We would like to know how tempted you would be to drink alcohol in each of these types of situations. Choose the response that best describes the feelings of temptation you would have for each situation, at the present time, according to the following scale:

1 - Not at all TEMPTED	2 - Not very TEMPTED	3 - Moderately TEMPTED	4 - Very TEMPTED	5 - Extremely TEMPTED

Again, we want to know how tempted you would be at the present time to drink alcohol in each of these types of situations.

SITUATION	HOW TEMPTED				
	Not at all	Not very	Moderately	Very	Extremely
1. UNPLEASANT EMOTIONS If I were depressed in general; if everything were going badly for me	1	2	3	4	5
2. PHYSICAL DISCOMFORT If I were having trouble sleeping; if I felt jumpy and physically tense	1	2	3	4	5
3. PLEASANT EMOTIONS If something good happened and I felt like celebrating; if things were going well	1	2	3	4	5
4. TESTING CONTROL OVER MY USE OF ALCOHOL If I started to believe that alcohol was no longer a problem for me; if I felt confident I could handle a few drinks	1	2	3	4	5
5. URGES AND TEMPTATIONS If I suddenly had an urge to drink; if I were in a situation in which I was in the habit of having a drink	1	2	3	4	5
6. CONFLICT WITH OTHERS If I had an argument with a friend; if I weren't getting along with others at work	1	2	3	4	5
7. SOCIAL PRESSURE TO DRINK If someone pressured me to be a good sport and have a drink; if I were invited to someone's home and they offered me a drink	1	2	3	4	5
8. PLEASANT TIMES WITH OTHERS If I wanted to celebrate with a friend; if I were enjoying myself at a party and wanted to feel even better	1	2	3	4	5

Temptation: CONTRACEPTION

Listed below are a number of situations that might affect someone's use of birth control when having sex. We would like to know how tempted you would be to have sex without the use of birth control in each of these situations. Choose the response that best describes the feelings of temptation you would have for each situation, at the present time, according to the following scale:

1 - Not at all TEMPTED	2 - Not very TEMPTED	3 - Moderately TEMPTED	4 - Very TEMPTED	5 - Extremely TEMPTED

Again, we want to know how tempted you would be at the present time to have sex without the use of birth control in each of these situations.

SITUATION	HOW TEMPTED				
	Not at all	Not very	Moderately	Very	Extremely
1. I have been using alcohol or drugs	1	2	3	4	5
2. My partner gets upset or angry	1	2	3	4	5
3. I experience side effects from the birth control	1	2	3	4	5
4. The birth control is too much trouble	1	2	3	4	5
5. I am with someone other than my main partner	1	2	3	4	5
☐ I have no intention of using birth control					

Confidence (self-efficacy): ALCOHOL

Listed below are a number of situations that lead some people to drink alcohol. We would like to know how confident you are that you would not drink alcohol in each of these types of situations. Choose the response that best describes the feelings of confidence you would have for each situation, at the present time, according to the following scale:

1 - Not at all CONFIDENT	2 - Not very CONFIDENT	3 - Moderately CONFIDENT	4 - Very CONFIDENT	5 - Extremely CONFIDENT

Again, we want to know how confident you are that you would not drink alcohol in each of these types of situations at the present time.

SITUATION	HOW CONFIDENT				
	Not at all	Not very	Moderately	Very	Extremely
1. **UNPLEASANT EMOTIONS** If I were depressed in general; if everything were going badly for me	1	2	3	4	5
2. **PHYSICAL DISCOMFORT** If I were having trouble sleeping; if I felt jumpy and physically tense	1	2	3	4	5
3. **PLEASANT EMOTIONS** If something good happened and I felt like celebrating; if things were going well	1	2	3	4	5
4. **TESTING CONTROL OVER MY USE OF ALCOHOL** If I started to believe that alcohol was no longer a problem for me; if I felt confident I could handle a few drinks	1	2	3	4	5
5. **URGES AND TEMPTATIONS** If I suddenly had an urge to drink; if I were in a situation in which I was in the habit of having a drink	1	2	3	4	5
6. **CONFLICT WITH OTHERS** If I had an argument with a friend; if I weren't getting along with others at work	1	2	3	4	5
7. **SOCIAL PRESSURE TO DRINK** If someone pressured me to be a good sport and have a drink; if I were invited to someone's home and they offered me a drink	1	2	3	4	5
8. **PLEASANT TIMES WITH OTHERS** If I wanted to celebrate with a friend; if I were enjoying myself at a party and wanted to feel even better	1	2	3	4	5

Confidence (self-efficacy): CONTRACEPTION

Listed below are a number of situations that might affect someone's use of birth control when having sex. We would like to know how confident you would be to use birth control in each of these situations. Choose the response that best describes the feelings of confidence you would have for each situation, at the present time, according to the following scale:

1 - Not at all CONFIDENT	2 - Not very CONFIDENT	3 - Moderately CONFIDENT	4 - Very CONFIDENT	5 - Extremely CONFIDENT

Again, we want to know how confident you would be at the present time to use birth control when having sex in each of these situations.

SITUATION	HOW CONFIDENT				
	Not at all	Not very	Moderately	Very	Extremely
1. I have been using alcohol or drugs	1	2	3	4	5
2. My partner gets upset or angry	1	2	3	4	5
3. I experience side effects from the birth control	1	2	3	4	5
4. The birth control is too much trouble	1	2	3	4	5
5. I am with someone other than my main partner	1	2	3	4	5
☐ I have no intention of using birth control					

Temptation And Confidence Feedback
ALCOHOL AND BIRTH CONTROL

The temptation and confidence measures for alcohol assess:

— How tempted she would be to drink alcohol in each of these situations

— How confident the woman is that she would not drink alcohol in each of the situations listed

The temptation and confidence measures for birth control assess:

— How tempted she would be to have sex without the use of birth control in each of these situations

— How confident the woman would be to use birth control in each of the situations listed

The response options for the temptation measures are:

1 - Not at all TEMPTED	2 - Not very TEMPTED	3 - Moderately TEMPTED	4 - Very TEMPTED	5 - Extremely TEMPTED

The response options for the confidence measures are:

1 - Not at all CONFIDENT	2 - Not very CONFIDENT	3 - Moderately CONFIDENT	4 - Very CONFIDENT	5 - Extremely CONFIDENT

This is a graphic template for providing feedback on temptation and confidence for both the alcohol and the birth control measures. It is simple to produce the graphs. The numbers on the feedback template graphs correspond to the response categories on the measures. Using two different colored markers, you simply draw a line to represent how far along the scale of temptation or confidence the woman responded. Starting at the left side of the graph, for an item response of 3 (e.g., Moderately Tempted), you would draw a line up to the third line on the graph (labeled 3 at the bottom). See examples:

Example:

TEMPTATION AND CONFIDENCE – ALCOHOL						
Unpleasant emotions						T
						C
Physical discomfort						T
						C
Pleasant emotions						T
						C
Testing control over my use of alcohol						T
						C
Urges and temptations						T
						C
Conflict with others						T
						C
Social pressure to drink						T
						C
Pleasant times with others						T
						C
	1	2	3	4	5	

TEMPTATION AND CONFIDENCE – ALCOHOL						
Unpleasant emotions						T
						C
Physical discomfort						T
						C
Pleasant emotions						T
						C
Testing control over my use of alcohol						T
						C
Urges and temptations						T
						C
Conflict with others						T
						C
Social pressure to drink						T
						C
Pleasant times with others						T
						C
	1	2	3	4	5	

Example:

TEMPTATION AND CONFIDENCE – BIRTH CONTROL						
I have been using alcohol or drugs						T
						C
My partner gets upset or angry						T
						C
I experience side effects from the birth control						T
						C
The birth control is too much trouble						T
						C
I am with someone other than my main partner						T
						C
	1	2	3	4	5	

TEMPTATION AND CONFIDENCE – BIRTH CONTROL						
I have been using alcohol or drugs						T
						C
My partner gets upset or angry						T
						C
I experience side effects from the birth control						T
						C
The birth control is too much trouble						T
						C
I am with someone other than my main partner						T
						C
	1	2	3	4	5	

APPENDIX D: CONTRACEPTIVE METHODS, FACTS, AND MYTHS

A wide variety of contraceptive methods can be used to prevent pregnancy. They vary in availability, cost, effectiveness, risks, and benefits. Some contraceptive methods protect women from contracting HIV and other sexually transmitted infections, while others only prevent pregnancy. Planned Parenthood offers up-to-date information and details for each contraceptive method (www.plannedparenthood.org/health-topics/birth-control-4211.htm).

Male and Female Condoms

- Are barrier methods made of latex (rubber) or polyurethane (plastic).
- Must be used every time.
- Female condom must be inserted before penetration at the start of intercourse.
- Male condom must be in place before any genital contact and before penetration.
- Must be used before expiration date; must not break during intercourse to be effective.
- Also protect women from contracting HIV and sexually transmitted infections.

Diaphragm/Cervical Cap

- A latex thimble-shaped device, it is inserted into the vagina and fits snugly over the cervix.
- Spermicide must be spread around the cup.
- Must be in place before intercourse.
- Must be kept in place six hours after intercourse.

Intrauterine Device (IUD)

- A small T-shaped device with a copper wire, it is inserted into the uterus.
- Must be inserted and monitored by a health care provider.
- It is a good long-term, reliable method of contraception.
- Lasts up to 12 years.

Birth Control Patch (Ortho Evra)

- A small patch, it sticks to the skin to prevent pregnancy.
- A new patch is placed on the skin once a week for three weeks in a row, followed by a patch-free week.
- Releases the same hormones as the birth control pill—estrogen and progestin.

Birth Control Vaginal Ring (NuvaRing)

- A small ring; it is put into the vagina once a month for three weeks to prevent pregnancy.
- It is left in place for three weeks and taken out for the remaining week each month.
- Releases the same hormones as the birth control pill—estrogen and progestin.

Birth Control Pills ("the pill" or oral contraception)

- Must be taken every day at the same time to prevent pregnancy.
- If she misses one day, a woman can take two of the pills the next day to maintain effectiveness.
- It is ineffective if missed two days in a row; in this case she must wait until the end of the next menstrual cycle to begin taking pills again.
- Contains estrogen and/or progestin.
- Comes in 21-day or 28-day packs; in most 28-day packs, the last seven pills do not contain hormones.

Spermicide

- A substance that prevents pregnancy by stopping sperm from moving and fertilizing an egg.
- Available in creams, film, foams, gels, and suppositories.
- Can be used alone but is more effective when used with other birth control methods.
- It must always used with the diaphragm and cervical cap

Birth Control Shot (Depo-Provera)

- A shot that releases the hormone progestin into the body.
- Lasts for three months (12 weeks).
- Must be administered by a health care provider.
- Unless no other birth control is appropriate for a woman, use is limited to two years because of risk of osteoporosis.

Implanon

- A matchstick-sized rod containing the hormone progestin that is inserted in the arm to prevent pregnancy.
- Must be administered by a health care provider.
- Effective for 3 years after insertion.

Emergency Contraception ("Morning-After Pill")

- Two pills taken to prevent pregnancy up to five days (120 hours) after unprotected sex.
- Available at health centers and drugstores/ pharmacies.
- Made of the same hormones found in birth control pills.
- First pill recommended to be taken within 72 hours (three days) after unprotected sex for increased effectiveness, but may be taken up to 120 hours (five days); second pill is taken 12 hours after the fPlanned Parenthood affiliate or other trusted source. Encourage women to talk about these beliefs when they have their birth control appointment if they have questions.

Common Myths about Pregnancy and Contraception

During CHOICES sessions, counselors sometimes hear myths about pregnancy and contraception expressed by women of all ages. Some of these myths include:

- A female can't get pregnant if she is having her period.
- A female can't get pregnant if she douches after having sex.
- A female can't get pregnant if the male partner pulls out before ejaculation.
- A female can't get pregnant if she and her partner have sex in a hot tub.
- Using birth control pills may make it difficult for a female to become pregnant when she wants to have children.
- It is OK to use a friend or family member's birth control pills.
- Birth control pills only need to be taken when you are planning to have sex.
- If a condom isn't available, it's OK to have the male partner use plastic wrap instead.

You may want to consult with the birth control services provider you are working with if you have any questions about how to address these common myths. Or you may want to consult with your local Planned Parenthood affiliate or other trusted source. Encourage women to talk about these beliefs when they have their birth control appointment if they have questions.

APPENDIX E: GLOSSARY OF TERMS

Abstinence: Not participating in sexual activity.

Alcohol-exposed pregnancy (AEP): A pregnancy in which the unborn child was exposed to alcohol.

Ambivalence: Feeling two different ways about changing a behavior, involving both a desire to change and a reluctance to change.

Autonomy: One of the components of the motivational interviewing spirit; also the belief in a person's ability to make decisions and run his or her own life with the counselor's support, information, and provision of options.

Binge drinking: A pattern of alcohol consumption that brings the blood alcohol concentration level to 0.08% or above; usually corresponds to more than four drinks on a single occasion for men or more than three drinks on a single occasion for women, generally within about two hours.

Birth control: A plan of one or more actions, devices, or medications followed to deliberately prevent or reduce the likelihood of pregnancy or childbirth; also known as contraception.

Birth control pills: A pill taken by mouth to prevent conceiving a child. Most contain a combination of the hormone estrogen and/or progestin and must be taken at the same time every day. Also referred to as "The Pill" or oral contraceptive.

Birth defect: A problem that occurs while the baby is developing in the mother's womb; most happen during the first three months of pregnancy. A birth defect may affect how the body looks, functions, or both. It can be found before birth, at birth, or anytime after birth. Most defects are found within the first year of life. Some birth defects (e.g., cleft lip, clubfoot) are easy to see, but others (e.g., heart defects, hearing loss) are found using special tests (e.g., X-rays, CAT scans, hearing tests). Birth defects vary from mild to severe.

Birth rate: The ratio of live births in an area to the population of that area, expressed per 1,000 population per year.

Central nervous system: The brain and spinal cord.

Change plan: As used in CHOICES, refers to a woman's written plans for achieving her goal of reduced or no alcohol use and/or consistent use of effective birth control.

Change talk: The manner in which people speak when they are building readiness to change but are not completely ready to change their behavior.

CHOICES: A program for women about choosing healthy behaviors to prevent alcohol-exposed pregnancies, developed by the Centers for Disease Control and Prevention in collaboration with several university partners. The program's goal is to prevent alcohol-exposed pregnancies among high-risk women through four counseling sessions using motivational interviewing techniques, as well as a visit with a birth control services provider. The acronym stands for Changing High-Risk AlcOhol Use and Increasing Contraception Effectiveness Study.

Collaboration: The partnership that is established between counselors and their patients.

Condom (for males): A sheath placed over the erect penis before penetration to block the passage of sperm.

Daily journal: A tool used by CHOICES women to track how many drinks they have, when/if they have sex, and if they use birth control.

DARN-C: An acronym that refers to the flow of change talk; it stands for Desire, Ability, Reasons, Need, and Commitment, all leading to Change.

Decision exercises: A tool used by CHOICES counselors that involves asking the woman to evaluate the pros and cons of engaging in a specific behavior, such as drinking at risky levels and/or risking pregnancy. Completing and discussing the exercise helps to identify which behavior—alcohol use or birth control use—the woman seems more ready to change.

Depo-Provera shot: A shot given in the arm that contains the hormone progestin and lasts for 12 weeks.

Developmental disabilities: A diverse group of severe chronic conditions that are due to mental and/or physical impairments. People with developmental disabilities have problems with major activities such as language, mobility, learning, self-help, and independent living. Developmental disabilities begin anytime during development up to 22 years of age and usually last throughout a person's lifetime.

Diaphragm/cervical cap: A latex thimble-shaped device that is inserted into the vagina and fits snugly over the cervix, used in conjunction with spermicide to prevent pregnancy.

Elicit-provide-elicit strategy: An information-exchange strategy, often used in motivational interviewing, in which the counselor adopts a curious and eliciting interviewing style, and the woman does much of the talking.

Elicit: Use of an open-ended question.

Provide: Give information, feedback, reflection, and summary.

Elicit: Find out the woman's reaction to the information, her plan, and feelings of confidence.

Emergency contraception: Pills that contain the same hormones found in birth control pills. They are used to prevent pregnancy up to five days after unprotected sex. They are referred to as the "morning-after pill."

Evocation: A process used by a counselor to evoke from a patient what the patient wants to do about a problem.

Facial dysmorphia: Facial malformations; one of the diagnostic criteria for Fetal Alcohol Syndrome, includes malformations of the philtrum, vermillion border, and palpebral fissures.

Female condom: A lubricated polyurethane sheath shaped similarly to the male condom; a flexible ring with a closed end that is inserted into the vagina, while the open end remains outside the female genitals, to prevent semen from reaching the cervix.

Fertility: The ability to conceive and bear children.

Fetal alcohol spectrum disorders (FASD): An umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. Effects include physical, mental, behavioral, and/or learning disabilities that may be life-long. The term FASD is not intended for use as a clinical diagnosis.

Fetal alcohol syndrome (FAS): A disorder resulting from the mother's heavy prenatal use of alcohol. It is characterized by abnormalities in three areas—growth retardation, neurobehavioral abnormalities, and specific facial characteristics. Confirmed alcohol use by the mother may or may not be documented.

Fetus: A developing human being in the uterus, from the end of the eighth week after conception to birth.

Frequent drinking: Consuming seven or more drinks per week.

Functional deficits: In the context of FASD, refers to intellectual, behavioral, or cognitive performance that is well below what is expected for a person's age, schooling, or circumstances.

Growth deficit/deficiency: Height and/or weight that is significantly below average for a child's age.

HIV/AIDS: HIV stands for human immunodeficiency virus. It is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. AIDS stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means the virus has weakened the immune system so much that the body has a difficult time fighting infection.

Implant: Known as Implanon; a thin, flexible plastic implant, about the size of a cardboard matchstick, containing the hormone progestin. It is inserted under the skin of the upper arm and prevents pregnancy for up to three years.

IUD: Intrauterine device; a small T-shaped device with a copper wire that is inserted into the uterus and lasts up to 12 years.

Low risk (moderate) drinking: No more than seven drinks per week and no more than three drinks on any one day.

Miscarriage: A spontaneous loss of a pregnancy before the fetus is able to survive outside the mother's womb (generally defined as 24 weeks gestation). A miscarriage is sometimes referred to as a spontaneous abortion.

MI spirit: Three main components of MI, which stands for motivational interviewing, are collaboration, evocation, and autonomy.

Motivational interviewing (MI): A goal-oriented, client-centered counseling style that enhances motivation for change and helps people clarify and resolve ambivalence about behavior change.

Neurological impairments: In the context of FASD, refers to nervous system problems that are not observable. These may include decreased IQ, learning problems, fine and gross motor problems, communication and social interaction problems, attention problems and/or hyperactivity, and memory deficits.

NuvaRing: A small ring containing the same hormones as birth control pills that is put into the vagina once a month as a contraceptive.

Patch: A small patch applied to the skin containing the same hormones as the birth control pill.

Prevalence: The percentage of a population that is affected with a disease or condition at a given time.

OARS counseling principles: The acronym stands for Open-ended questions, Affirm the person, Reflect what the person says, and Summarize. Refers to skills that are fundamental to several forms of counseling. These principles help establish good rapport with clients and avoid challenges that may be encountered in counseling.

Preconception: The period of time before a woman is pregnant.

Prematurity: Refers to a premature birth. A birth that is at least three weeks before a baby's due date; also known as preterm birth (less than 37 weeks gestation; full term is about 40 weeks gestation). Prematurity is the leading cause of death among newborn babies. Premature birth is also a serious health risk for a baby.

Problem drinkers: Individuals who consume alcohol at risky levels (more than 7 drinks per week for women or 14 or more drinks per week for men, or more than 3 drinks in a day for women or more than 4 drinks in a day for men) and as a result experience problems (behavioral, family, medical, mental health, employment, social, and legal).

Readiness Ruler: A tool, based on a scale from 0 to 10, that CHOICES counselors use to gain insight into a woman's motivation for change. The woman is asked where she is on a scale of 0 to 10 on a particular issue, with 0 indicating "not ready at all" and 10 indicating "extremely ready to change."

Righting reflex: Tendency for a counselor or others in a helping role to want to "set things right" or "make things better" for a patient, especially when they are struggling with ambivalence about a behavior change.

Self-Evaluation Ruler: A tool used in CHOICES, based on a scale of 0 to 10, to help a woman figure out her readiness to change her alcohol use and/or birth control practices. Also referred to as a Readiness Ruler.

Sexually transmitted disease (STD): A disease transmitted through sexual contact between two people. This transmission can occur through the exchange of semen, blood, and other body fluids or by direct body contact. There are more than 20 kinds of STDs. STDs were once commonly referred to as venereal diseases (VD) and are sometimes called sexually transmitted infections (STIs).

Small palpebral fissures: Decreased eye width.

Smooth philtrum: Absence of a divot or ridge running between the base of the nose and upper lip.

Spermicide: A substance that prevents pregnancy by stopping sperm from moving, used in conjunction with a diaphragm/cervical cap.

Sponge: A plastic foam that contains spermicide. It is inserted deep into the vagina before intercourse and has a nylon loop attached to the bottom for removal.

Spontaneous abortion: Another term for miscarriage.

Stages of Change Model: Model of behavior change developed by Drs. James Prochaska and Carlo DiClemente; proposes that people move in a nonlinear fashion through a series of stages, which are precontemplation, contemplation, preparation, action, and maintenance. Also referred to as the Transtheoretical Model.

Structural impairments: In the context of FASD, refers to observable physical damage to the brain or brain structures, for example, clinically significant brain abnormalities seen through imaging.

Teratogen: An agent such as alcohol that can cause fetal malformations.

Thin vermillion: Thin upper lip.

Unprotected sex: Any form of anal, oral, or vaginal sexual contact in which partners do not use a male or female condom or similar barrier to prevent pregnancy or sexually transmitted infections.

Vaginal intercourse: When a man's erect penis is inserted in a woman's vagina.

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