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Professionals' Perspectives on Substance Abuse and Pregnancy

Saydie Long

St. Catherine University, slong1@css.edu

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Professionals' Perspectives on Substance Abuse and Pregnancy

By

Saydie Long

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

Committee Members

Ande Nesmith, Ph.D., LISW
Rebecca Foell, MSW, LICSW
Alison Brown, MD

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Drug use has become an increasing issue in society, affecting a wide variety of populations. Specifically, the use of substances has increasingly been entering the lives of women during pregnancy. As the number of women that use drugs and alcohol during pregnancy increases, more and more children are born experiencing the negative physical and psychological effects of prenatal exposure to drugs and alcohol, both short and long term. This study was designed to explore from the perspective of professionals, what challenges are faced by women who use substances during pregnancy and what types of services and interventions are most effective when helping women improve their overall health, as well as the health of their children. Three professionals, each from a different discipline, were interviewed for this study and the qualitative data was transcribed and analyzed to draw out key themes. The four main themes that emerged from the data analysis include reducing shame and blame, using strengths to empower, recognizing the uniqueness of situation and needs and challenges of the system. The findings of study provide implications for future social work practice both at the micro and the macro level as well as implications for future research.

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Introduction

The abuse of drugs and alcohol has been on the rise within society and has begun to affect already vulnerable populations (Homan, Shillington, & Baxter, 2003). In fact, a survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that in 2010, among women ages 15-44, 7.7% Non-Hispanic black women, 4.4 % of Non-Hispanic white women and 3.1 Hispanic women used illicit drugs during pregnancy (2012). Within the last 15 years, the amount of women in the criminal justice system due to drug involvement has increased exponentially (Kubiak, Young, Siefert, & Stewart, 2004). An increase in this population and negative effects on children and families deserves much attention in hope of effectively intervening. Jansson, Svikis, Breon and Cieslack (2005) note that pregnant women especially who struggle with addiction face challenges physiologically, psychologically, as well as in terms of family system functioning and social concerns including unemployment and poverty. In addition to serious effects on the lives of women, substance abuse during pregnancy can seriously impact the lives and development of children as evidenced in the work of de Cubas and Field (1993). Because substance abuse has been proven to have serious impacts on the lives of women and children, this study will look at how to work with this population in hopes to reduce the amount of women and children who are affected by substance abuse.

With an increase in drug problems throughout society, there has also been an inadequate amount of resources available (Andrews & Patterson, 1995). It is important to note that pregnant women face added stressors and have additional needs that are not always met by more traditional treatment programs (Hohman et al., 2003). Hohman et al., (2003) explain that because pregnant women who are dependent on substances often face individual, interpersonal, family and social issues, this population needs a more family-centered, comprehensive treatment plan

that aims to address the this multitude of issues. Additionally, a study completed by Kubiak et al., (2004) confirms that treatment programs that have been effective in the past have provided services that promoted both the social well-being as well as the psychological well-being of pregnant women. The work of Hohman et al., (2003) and Kubiak et al., (2004) demonstrate certain characteristics of effective treatment with pregnant women who abuse substances and the need for these services to be expanded to help more women and families.

As substance abuse increasingly affects women and children as vulnerable populations, professionals have a call to take action. Kearney and Ibbetson (1991) emphasize the need for healthcare professionals and social service providers to work together to develop effective treatment plans and programs for pregnant women who abuse substances. Specifically, Kubiack et al., (2004) highlight how involvement with the criminal justice system can lead to more effective treatment for these women. The relationship between the criminal justice system and the child protection system is also emphasized when looking at women who are mandated to treatment versus women who voluntarily seek help (Hohman et al., 2003). The many professionals that women come across throughout their pregnancy and struggle with substance abuse demand the need for collaboration among these various roles. Kearney and Ibbetson (1991) identified how child protection workers, hospital social workers, public health nurses and physicians all play a role in the substance abuse treatment of pregnant women. The present study will dive further into these roles, the relationships between them and how this all affects the treatment pregnant women receive while also facing substance abuse issues.

As the challenges and barriers that pregnant women who are using substances face are increasing and changing over time, it's important that professionals remain educated and up to date and constantly modify and improve resources and programs that better help address these

challenges (Andrews & Patterson, 1995). Andrews and Patterson illustrate a major lack of treatment facilities specific to this population as well as not enough funding to support programming and supportive services (1995). Incorporating the need for collaborative efforts, Midmer, Kahan, Kim, Ordean, and Graves (2011) illustrate the role of medical professionals in addressing pregnancy and substance abuse. This study notes that the lack of physicians' knowledge about substance abuse during pregnancy calls for more education in the medical field on this topic (Midmer et al., 2011).

When looking at the many challenges and barriers that pregnant women who also have substance abuse issues face, it is evident that changes need to occur. This study will dive further into the needs of women who use substances during pregnancy and what professional roles are crucial in helping this population. Through qualitative interviews with professionals from many different fields that work with pregnant women and substance abuse, this study will aim to find out what interventions with this population are most effective from the professionals' perspectives. Further, the goal of this study is to explore the steps needed to better support pregnant women in on-going treatment and the health of unborn babies. The current study aims to answer the question: from professionals' perspectives, what intervention strategies are most effective when working with women who use substances during pregnancy?

Literature Review

Introduction

Drug addiction has been on the rise in society over the past several years and unfortunately, drug addiction and its effects have made its way into the lives of mothers and pregnant women. With increased drug use in pregnancy, babies are experiencing withdrawal symptoms and negative effects on their health and development. As the rate of substance use

during pregnancy continues to progress, this population faces many barriers to receiving help including complex psychosocial needs, lack of accessible resources and a debilitating social stigma. Research has shown that women who are pregnant need long-term support and comprehensive services to help address multiple needs and to better the outcomes of both women and babies. There is also a great need for professionals to remain educated and updated on the needs of this population. As instances of substance use during pregnancy increases, research has been done to show what the needs of this population are and suggest what strategies would be most effective in meeting these needs.

Scope of the Problem

Demographics. Maternal drug use during pregnancy often varies among many different demographical factors. According to a survey done by the Substance Abuse and Mental Health Services Administration (SAMHSA), 5.4% of pregnant women in the year 2013 used illicit drugs while pregnant (2014). Broken down further into age groups, SAMHSA (2014) reports that 14.6% among pregnant women aged 15 to 17, 8.6% among ages 18 to 25 and 3.2% among ages 26 to 44 used illicit drugs during pregnancy. These data suggest that drug use of women who are pregnant vary among ages. In addition to age, data obtained by the National Survey on Drug Use and Health (NSDUH) suggests that drug use may vary among a women's race or ethnicity (SAMHSA, 2012). Data from 2002 to 2010 show that black women who were pregnant were more likely (7.7%) than pregnant white (4.4%) and Hispanic women (3.1%) to use illicit drugs (SAMHSA, 2012). Patrick et al. (2012) also suggests that socioeconomic status can be a factor that impacts the drug use of mothers during pregnancy. Results of this study found that of mothers who were using opiates at the time of delivery, 60% were covered by Medicaid (Patrick

et al., 2012). Research shows that differences in age, race and socioeconomic status may contribute to a woman's likelihood of using drugs while pregnant.

Defining Neonatal Abstinence Syndrome. Substance use during pregnancy not only affects women, but also has serious effects on fetuses that are born to women that use drugs during pregnancy. The most common term used to identify the effects of maternal drug and alcohol use on fetuses is neonatal abstinence syndrome (NAS), defined by Stanford Children's Health as "a group of problems a baby experiences when withdrawing from exposure to narcotics" (2015). When a mother uses drugs or alcohol during pregnancy, the substances pass through the blood stream into the fetus, causing the fetus to become addicted as well and dependent on the substance even after birth (Stanford Children's Health, 2015). After birth, the specific symptoms that a baby might encounter depend on which type of substance and how often a mother was using a substance during pregnancy however, in general, these symptoms include tremors, excessive crying, poor feeding, vomiting and fevers (Neonatal abstinence syndrome, 2015). The use of substances during pregnancy often leads to more serious impacts on the health of fetuses including low birth weight, premature birth, higher risk of sudden infant death syndrome, seizures and long-term development and behavior problems (Neonatal abstinence syndrome, 2015). Symptoms can last anywhere from a few weeks to many months and treatment for NAS can vary from managing the symptoms to using prescription medicine to treat the babies (Neonatal abstinence syndrome, 2015). The negative effects that prenatal substance use has on fetuses leads to long-term concerns for this population.

Rates of NAS. Patrick et al. (2012) found that the incidence of babies born with NAS in the United States has increased 5-fold between the years 2000 and 2009. Specifically, per 1,000 hospital births, 1.2% in the year 2000, 3.39% in 2009 and 5.8% in 2012 were babies

experiencing the symptoms of NAS (Patrick et al., 2012). The increasing rate of babies born with NAS has many implications. For example, healthcare costs are affected as evident in results of a study showing that for babies born with NAS in 2009, the mean hospital charge was \$53,400 when compared to \$9,500, the mean hospital charge for a baby not affected by NAS in that same year (Patrick et al., 2012). Substance use during pregnancy is not only a health issue, but it is also becoming an economic issue as newborns with NAS often have more lengthy hospital stays and more costly medical expenses (Patrick et al., 2012). In regards to length of stay in the hospital, this same study also showed that in 2012, babies with NAS had an average stay of 16.9 days while other newborns had an average stay of 2.1 days (Patrick et al., 2012). It also would be pertinent to note that 81% of medical costs spent to treat babies with NAS were paid by state Medicaid programs, which may suggest that socioeconomic status may be a factor in pregnant mothers' substance use and rates of NAS (Patrick et al., 2012). The rise in rates of babies born with symptoms of NAS implies the need for stronger interventions for the future.

Fetal Alcohol Syndrome

While the use of drugs during pregnancy often leads to neonatal abstinence syndrome, the use of alcohol during pregnancy also leads to negative affects on fetuses. Between 2012 and 2013, 9.4% of pregnant women ages 15 to 44 reported current alcohol use, 2.3% reported binge drinking and 0.4% reported heavy drinking, (SAMHSA, 2014). SAMHSA (2014) notes that these rates are significantly lower than non-pregnant women in this same age group. The use of alcohol during pregnancy can also have serious impacts on the health of the fetuses. Fetal alcohol spectrum disorders (FASD) is the spectrum of birth defects that often occurs in babies as a result of alcohol exposure during pregnancy (Mengel, Searight, & Cook, 2006). Within this spectrum, the most severe disorder is Fetal Alcohol Syndrome (FAS), which the Minnesota Department of

Health (2009) reports as being the leading cause of preventable birth defects in the United States. The most common effects of FAS include severe, permanent growth retardation, neurobehavioral abnormalities as well as physical abnormalities, specifically in the face (Minnesota Department of Health, 2009). While these abnormalities are often present at birth, FAS can seriously impact a child's life, long-term. Mengel et al. (2006) reports that individuals with FAS often face challenges including learning disabilities, seizures, and delays in language development as well as struggles with memory, attention and judgment. Because as mentioned, FASD is completely preventable and there is no known cure for it once it has occurred, the most effective intervention strategy would be preventing the use of alcohol during pregnancy in the first place (Mengel et al., 2006).

Challenges

A theme that is consistent across the literature is that women who are pregnant and using drugs face additional stressors on top of needs related to pregnancy or drug addiction separately. Several studies report some of the added barriers that women experience while pregnant and using drugs. For example, The National Abandoned Infants Assistance (AIA) Resource Center (2012) highlights several social and psychological issues that pregnant, substance-using women face. Added stressors for this population include poverty and lack of health insurance, mental illness including depression and anxiety, higher occurrences of physical, sexual and emotional abuse, and domestic violence (National AIA Resource Center, 2012). Specifically in terms of mental health, the National AIA Resource Center (2012) notes that women who use drugs during pregnancy often have higher rates of low self-esteem, poor coping skills, depression, posttraumatic stress disorder, anxiety, and risk of suicide. In addition to various psychosocial needs and co-occurrence of drug addiction and mental illness, pregnant women who are using

substances also face a lack of accessible resources and a negative stigma as barriers to receiving adequate help.

Lack of resources. One of the largest barriers that women who are pregnant and using substances face is a general lack of accessible resources. From treatment facilities and programs to professional staff that are trained specifically to work with this population, pregnant women with substance use problems often do not receive the support that they need. Andrews & Patterson (1995) note, “unfortunately, few communities have comprehensive programs, and the prospect of significant financial resources for the development of such programs in the near future is bleak” (p.56). While there is much research completed that identify what effective treatment programs and services would look like, the funding to put these interventions into existence is lacking. For example, the MN Department of Health (2009) illustrates that while studies have shown that residential programs where women’s children are also accommodated are most effective at reducing the rate of substance use among pregnant women, there is a major shortage of these specific programs in the state of Minnesota. Additionally, research developed by Stone (2015) supports the need for more treatment options, better accesses to treatments and more support for women to remain in treatment. Often women are not able to access treatment for substance use due to far distance, lack of transportation and limited childcare options for older children (Stone, 2015).

Despite an overall lack of resources and support for this population, there remains some hope in the state of Minnesota. In response to the dramatic rising rate of opioid use and deaths from drug overdose in the past 15 years, Minnesota legislature in the year 2015 allocated funds to support the care for women addicted to opiates and to expand integrated care resources so that more women have access to substance abuse services and programs in Minnesota (Minnesota

Department of Human Services, 2015). While there is a large gap in the amount of accessible resources specific to pregnant women who use substances, it is hoped that recent increase in funding in Minnesota will influence a positive change in the support that this population needs.

Stigma. Women who are pregnant and using substances often are viewed in a negative way by both professionals as well as individuals in the community, which becomes a large barrier in receiving services and treatment. According to the Office of the Revisor of State Statutes, (2015), state law requires that mandated reporters contact child protection services (CPS) when any pregnant woman has engaged in habitual substance use for a nonmedical purpose. Mandated reporters include any professional that practices in social services, hospital administration, psychological or psychiatric treatment, child care, education, correctional supervision, probation and law enforcement (Office of the Revisor of State Statutes, 2015). It goes on to report that any healthcare provider or social service professional that provides a woman with a comprehensive package of medical and psychological services during pregnancy is exempt from reporting a woman's use of marijuana or alcohol (Office of the Revisor of State Statutes, 2015). Once child protection becomes involved, pregnant women might feel the burden of the label as an added stressor. A study completed by Hohman, Shillington & Baxter (2003) looked at data collected from a drug treatment facility for pregnant women and focused on the women's involvement with CPS and how this might affect the success of treatment. The analysis found that women who were mandated to treatment by CPS, were less likely to successfully complete the program for drug treatment (Hohman et al., 2003). This suggests that when mandated to treatment, especially by CPS, pregnant women often face added pressures and stigma, which becomes a challenge when working towards progress with drug treatment.

The stigma that exists surrounding pregnant women that are using substances unfortunately plays out in forms of discrimination towards this population. Often, negative beliefs and attitudes towards women who are pregnant and abusing drugs translate into behaviors that negatively impact the treatment and services, or lack thereof, that women receive. For example, Hasenecz (2010) claims that a woman who has previously had a child removed from CPS is likely to be marginalized in treatment programs and viewed as “a difficult patient” by professionals. Women who are struggling with pregnancy and substance use are often affected by the marginalization in various treatment settings and as a result, tend to avoid asking for help and seeking services. Women who are pregnant and using substances are also often discriminated against based on drug of choice (Andrews & Patterson, 1995). For example, individuals might have a more shaming attitude towards pregnant women using cocaine and less of a negative attitude towards women using alcohol based on the perception that effects of certain drugs are worse than others (Andrews & Patterson, 1995). Again, this stigma and discrimination can steer this population away from voluntarily seeking help and services because of the beliefs that others have.

In addition to negative effects of social stigma and discrimination in treatment services and by professionals, women who are pregnant and using substances often encounter challenges as a result of gender roles in the family system. Weissman & O’Boyle (2000) note how women’s role as caretakers may cause family members and the women themselves to minimize the problems associated with addiction with the fear that accessing services might lead to the women losing their children. The existence of this negative stigma coming from families, professionals and society as a whole can be a debilitating challenge for substance using pregnant women who are in need of services.

Continuous Support

In researching and reviewing various sources that look at the past, present and future issue of pregnant women who abuse substances, much attention was given to the importance of the continuous support needed for this population. In looking at a group of opiate and/or cocaine dependent mothers, Jansson, Svikis, Breon and Cieslack (2005) compared two groups of drug-dependent mothers: those who received basic case management services in the months after giving birth and those that received “intensive” case management with more encounters with case managers. Results show that the longer women were in contact with a support person after having a baby (in this study, that person was a case manager), the more likely they were to stay in drug treatment programs and access resources to assist in parenting children (Jansson et al., 2005). In a study of 12 British women with a history of opiate use and who had recently given birth, Kearney and Ibbetson (1991) found that “a feature of success with the families in the sample has been the allocation of a key worker able to offer consistent monitoring of the children and long-term support” (p. 125). This research identifies that long-term services and programs would be more effective for drug dependent mothers than shorter-term services and limited contacts.

Coordination of Roles

Past research has identified how the collaboration and coordination of many different professionals play a part in assisting pregnant women who abuse substances. Specifically, De Bortoli, Coles and Dolan (2004) studied the relationship between parents’ substance abuse and the families’ involvement with child protective services. Researchers suggest that this shows a gap where other roles need to step in so that parents can be given other resources and assistance to avoid becoming involved with child protection in the first place (De Bortoli et al., 2014).

Kearney and Ibbetson (1991) also would support this concept and say that collaborating healthcare professionals and social service workers is an effective way to intervene with pregnant women who abuse substances. When there is a supportive, multidisciplinary team structure in place for substance-abusing pregnant women, women are more encouraged to be open to professionals in seeking care (Adeniji et al., 2010).

While a common theme throughout review of past studies and literature show the importance of collaboration of services, Andrews and Patterson (1995) bring light to a different perspective. This research emphasizes how different professionals working together on this issue can lead to disagreeing perceptions and conflicts with ethics and values (Andrews & Patterson, 1995). For example, client self-determination and confidentiality can be compromised when professionals collaborate and lose sight of the important needs of the clients (Andrews & Patterson, 1995). It is interesting to note how collaborating services and professionals can be both beneficial and detrimental to meeting the needs of pregnant women who have substance abuse issues.

Education and Empowerment

Looking at research around challenges and solutions for pregnant women who abuse substances, it was found that there are many obstacles that this population faces but ultimately the solution comes from an increase in knowledge and resources. It was found that for pregnant women using substances, the challenges faced are always shifting, requiring professionals to follow this shift in developing education and programs. Andrews and Patterson (1995) illustrate a major lack of treatment facilities specific to this population as well as not enough funding to support programming and supportive services. This review then points out “efforts to address alcohol and other drug abuse during pregnancy should emphasize expanded preventive,

educational and voluntary treatment services” (Andrews & Patterson, 1995, p.62). Research has shown that providing more resources and opportunities for pregnant women who have substance abuse issues is a key to meeting needs in both drug treatment as well as in overall social functioning.

Along with emphasizing education, De Bortoli et al. focuses on the need for empowerment (2014). Providing materials and education that advocates for women and empowers them to voluntarily seek help in drug treatment and would be more effective than women being mandated to treatment programs by CPS (De Bortoli et al., 2014). Jansson et al. (2005) also poses the on-going question of how current services and programs can be modified and developed further to have better effectiveness in working with pregnant women who abuse substances. This research illustrates that no two situations are alike and the challenges that this population will face will constantly be changing in one way or another so professionals need to be aware and work with these changes to better serve this population.

It is clear through previous research that improvements need to be made in terms of services and programs that meet the needs of pregnant women who abuse substances. This study will dive further into those needs, what professional roles are crucial in this issue and the perceptions of professionals on what types of strategies would work best in intervening and assisting this population.

Conceptual Framework

The framework that will guide this research study is the integrative framework. This framework encompasses many different ideas that come together with the goal to “restore and enhance the social functioning of systems of all sizes” (Brenden & Shank, 2012, p. 136). A key piece of this framework says that relationships define the social environment in which people

live (Brenden & Shank, 2012). This means social workers must recognize that individuals function in relation to those around them including in family systems, at work, in the community and in terms of cultural factors (Brenden & Shank, 2012). The integrative framework also views change as a process that occurs best through identifying strengths and building upon them to empower individuals (Brenden & Shank, 2012). A final component of the integrative framework suggests that intervention has the best outcomes when embracing the three dimensions: micro, mezzo and macro (Brenden & Shank, 2012). Intervention best occurs when individuals and families (micro), communities (mezzo) and the larger society (macro) are targeted for change (Brenden & Shank, 2012).

While the integrative framework has not been used as a theory when working with women who are pregnant and abusing substances, many other treatment programs and studies have followed ideas from this framework when intervening with this population. For example, Hasenecz (2010) highlights a treatment facility that focuses on a holistic approach to helping pregnant women and mothers overcome drug addiction. This treatment approach emphasizes that women are shaped and motivated by the relationships that they have and treatment is most effective when women form relationships with other women in similar situations (Hasenecz, 2010). This treatment method parallels certain components of the integrative framework because it supports women in all dimensions of their lives. This particular treatment program intervenes at the micro level by assisting women in individual drug treatment as well as with parenting skills and mother-baby attachment (Hasenecz, 2010). In addition, this program recognizes that community involvement is important in the recovery of addiction by providing assistance with housing, education and employment (Hasenecz, 2010). While the integrative framework was not

specifically named in this program, many elements of the framework were present in the operation and theories of the treatment program.

An additional example of the integrative framework is evident in a study completed by Kubiak, Young, Siefert, & Stewart (2004) that looked at women coming from the corrections system with drug offenses to a residential community based program. This study focused on the social and psychological well being of the mothers and found that more a more comprehensive treatment approach had better effects in improving the social and psychological well being of the women (Kubiak et al., 2004). This study follows the integrative framework because its results find that when treating all dimensions of women's lives and providing more comprehensive treatment, change was more likely to occur.

Looking at substance use during pregnancy through the lens of the integrative framework will influence the interview questions that will be asked for this study. Questions will be asked that address needs of this population at all levels and what these women need as individuals, as members of a family unit, as members of a community and as members of a larger society. While it might be easier to identify micro-level needs, those needs at the individual level, it is important that questions are developed that look at the macro-level needs of this population, those as members of the larger community, and what changes need to be made at the policy and legislative levels. The integrative framework has also guided questions that emphasize the strengths of this population. Because this research study is focused on interventions and changes, it is important that strengths of this population are identified in the questions that are asked, with the hopes that the strengths of pregnant women using substances can be built upon to motivate change.

Not only will this theory guide the types of questions that will be asked in this study, but it also provides guidance in the subjects that will be chosen to gather data from. The sample will include professionals from many different disciplines with different experiences and roles in working with this population, which supports the integrative framework's emphasis on relationships and multi-dimensions of intervention.

Methodology

Research Design

This design of this study is qualitative in nature. Data was collected through qualitative interviews with voluntary participants. This study is exploratory as it investigated the perceptions of professionals from many different disciplines. The purpose of this study was to determine from professionals' perspectives, what intervention strategies are most effective when working with women who use substances during pregnancy.

Sampling

Data for this research study was obtained through interviews with professionals from different disciplines that work with this population in Minnesota. The sample was obtained utilizing the snowball method, beginning with professionals that the committee members referred the researcher to. The only requirement for participation in this study was that professionals currently work for an agency that provides services to women who are pregnant and using substances. In order to obtain valuable and useful data to answer the overall research question of this study, participants were selected from a variety of areas. Based on research found in reviewing the literature on this specific population, professionals that the researcher sought to interview included healthcare providers, child protection workers, chemical dependency professionals, law enforcement and hospital social workers. While this was not a limited list, it

was a starting point with the hopes that professionals could refer the researcher to other potential participants.

Protection of Human Rights

The confidentiality and dignity of participants was protected by an informed consent form, outlined by the University of St. Thomas and completed with details specific to this study by the researcher. The informed consent form explained background information of the study and why the participant was selected, the purpose of the study, its voluntary nature, possible risks and benefits and contact information for the researcher and professor supervising the study. The researcher emphasized the voluntary nature of the study and the option for participants to end the interview at any time, withdrawing any information received through the interview until that point from the study. Individuals were informed that refusal to participate in the interview would not affect the relationship with either the researcher, or the college. Participants were given an opportunity to ask questions before agreeing to take part in the study. Once the informed consent form was discussed and any questions were answered, if the individual provided consent to participate, the interview began.

Participants in this study remain completely confidential. Identities of the participants and responses to the interview questions are anonymous to any other individuals, with the exception of the direct researcher of this study. Both the audio recordings and transcriptions remain in a locked file in the researcher's office to remain confidentiality. All data will be destroyed by June of 2016. There were no direct benefits to participating in this study, aside from the potential satisfaction of contributing knowledge and insight to educate others who may read this completed study in the future. Potential risks for participants were the personal emotions or beliefs that participants might have felt discomfort in sharing with the researcher during the

interview. Participants were reminded of this possibility and the option to not participate, not answer particular questions, or discontinue the interview at any time.

Measurement

In order to collect the qualitative data for this study, the researcher developed a set of interview questions to ask the participants about perceptions of intervention strategies for pregnant women who abuse substances. Initial questions asked during interviews were more closed-ended to obtain data about participants' qualifications, years of education and experience, and role in working with this population. The majority of the questions were open-ended to allow and encourage participants to share whatever knowledge seemed appropriate and beneficial. In general, these questions inquired about participants' past experiences with this population, current roles and experiences and what strategies or changes would be beneficial in the future. The interview questions also touched on some of the biggest barriers or challenges for pregnant women who abuse substances and what is needed for this population to overcome obstacles.

Data Analysis

The data collected was audio-recorded, transcribed by the researcher and then analyzed using a phenomenological, thematic approach. A phenomenological analysis places emphasis on the personal experiences of the participants. This form of analysis then interprets these shared experiences to explore the meaning that participants place on their stories. Transcriptions were read multiple times in order to draw out and compare themes that were present in data from each interview. Patterns in the data were highlighted and given a code name to identify common themes. Data was analyzed to find specific circumstances in which themes may or may not have occurred throughout the transcriptions. Lastly, quotes were drawn out from transcriptions to support the themes that were found.

Strengths and Limitations

The nature of the sample for this research study is in both ways a strength and a limitation. While the participants may have expressed some emotions throughout the interview, it is hoped that beliefs and experience can be shared openly without discomfort because the professionals have not directly experienced the struggles that pregnant women who are abusing substances are dealing with. These professionals are witnessing the challenges through the individuals that they work with, but not experiencing directly therefore, would likely be less hesitant to discuss difficult topics. On the contrary, a limitation is that this study did not collect data directly from the specific population being studied. It would have seemed most beneficial to interview pregnant women with substance use issues for this study however, due to the vulnerability involved and challenging topics that would be addressed, this population would likely feel anxious or discomfort in sharing such raw details of stressful life experiences in an interview for research.

Findings

The goal of this study was to explore what intervention strategies are most effective when working with women who use substances during pregnancy, from the perspectives of professionals. This study looks at the perspectives of three different professionals, all which have experience working with this population. Participant A is a registered nurse and women's health specialist, participant B is a program coordinator for an organization that works with pregnancy and substance use and participant C is a county social worker. This section will explore the major themes that emerged from interviews with the participants and provide quotations and examples to support the importance of these themes. The four themes that were found and will be discussed further include:

1. Reducing Shame and Blame
2. Using Strengths to Empower
3. Uniqueness of Situation and Needs
4. Challenges of the System

In addition to these four themes, several subthemes were identified and will be detailed in this section. In reducing shame and blame, participants spoke of offering services and interventions in a non-punitive way and addressing the fear and misconceptions that women and others have about the system. Under the theme of strengths and empowerment, acknowledging that women want to change but often don't have the tools to and providing education are the subthemes that will be presented. As participants spoke of the uniqueness of situations and needs, subthemes that emerged include addressing a variety of different needs and meeting women where they're at. Lastly, ethical issues of child protection, inconsistency among other service providers and a lack of resources are all subthemes under challenges of the system.

Reducing Shame and Blame

The first major theme that was found when analyzing the data collected from interviews was the importance of working with women in a way that reduces the blame and shame that is often experienced when women use substances during pregnancy. All three participants identified that there is a lot of shame that women who use substances during pregnancy face in the community, so an effective and valuable way to help this population is to not place blame. This is supported in the following quotation:

...taking that blame away when you talk to someone, don't have it be shaming cause that can help someone actually open up.

The participants noted that women will often be more resistant to receive help if they feel that they are being blamed for the choices that are being made. In addition, women will sometimes feel shameful of themselves especially once involved with services if they aren't succeeding or reaching the goals that have been set. Many times women who use substances during pregnancy have low-self esteem. One participant stated,

Women will tell me when they relapse, even during pregnancy. They'll come in and they'll cry about it when they tell me about it. They'll say I feel terrible about what I did. I feel terrible. So we're trying to say okay, you've hit a speed bump. You feel down. The good news is you've picked yourself back up, dusted yourself off. You're here, you're telling us about it. You're being honest. You're asking for help. Those are all really good things.

A subtheme under the theme of reducing shame and blame is presenting and offering options or interventions to women in a non-punitive way. One participant states,

...being not a punitive intervention. You're not here because you have to be. You're not here because you're in trouble. You're here because you are being given the opportunity to make a different choice.

When working with women who might be using substances during pregnancy, it's most effective to offer different types of resources or interventions in a way that doesn't make them feel like they are being punished. Rather, allowing women to feel that they have choices and options instead of being told that they must do something. All three participants of this study noted that the services they offer are completely voluntary, meaning that women may participate as much or as little in the services being offered and are never forced into treatment or any other services.

Participants also identified that women often have a lot of fear and misconceptions about what might happen if they decide to get help.

A lot of women who are scared they're getting their kids taken from them. Maybe they have previous child protection involvement so now they don't want to go get any kind of support because they're scared that they'll get this kid taken from them.

It's quite common for women to stay away from any interventions or services to help with their substance using during pregnancy because they're afraid of getting blamed or suffering from any consequences. One participant spoke extensively about the misconceptions that women often hear from their friends or family members, about what the child protection system will do if they become involved. Some women also have previous experiences with the child protection system or maybe the foster care system as well that have led them to be distrustful of any other professionals or services. In order to work with women that might come in with fear and misconceptions, addressing them free of shame and blame and offering rather than mandating or forcing into services is most effective.

Using Strengths to Empower

Each participant spoke to the importance of empowering women who are struggling with substance use during pregnancy in various ways, although one participant specifically explained her strengths-based perspective when working with this population. This participant shared the following philosophy:

My biggest thing is to be able to build on their strengths and help them to teach them a little about how they can be an advocate for themselves because some of them can't do that.

This participant further explained that professionals or other people that care about women can't make changes for them, but they can certainly be supportive and provide them with the resources they might need to make progress. Identifying what strengths these women have or emphasizing even the little steps that are made towards progress can help empower women to continue to work towards meeting their goals in terms of their substance use. One of the participants shares an example of a conversation that might be had with a woman to empower her:

How did you do that? What did you do that helped you do that? You've been smoking marijuana every day of your life since 16, that's 10 years and you've been smoking 6-7 times per day and now you're down to once per day. How did you do that? That's amazing! And then I try to build on their strengths.

One branch of this theme is the idea that more often than not, women experiencing this issue want to change and want help, but they simply lack the tools and support needed to do so. Below is a quotation that best captures this idea.

Lots of times even women are just navigating the best they can with the best they were given and again, that just speaks to how we see that women are really open to wanting to do this differently but just oftentimes not having the information or even the tools internally to be able to do that.

All three participants noted that many women that they work with come from a family history or a generational pattern of substance use, mental health and/or poverty. In most cases, women don't know a life that doesn't involve drugs or alcohol or other psychosocial stressors. Thinking back to the theme of shame, especially the stigma that women often carry in the community, it's important to allow women a chance to succeed. One participant shares:

...all women want to be good parents and are not out there pregnant and wanting to harm their children. Women are waiting for someone, hoping for someone to offer another option.

If given the tools and the support that has been lacking for much of these women's lives, they will be much more likely to succeed at giving birth and raising healthy children.

A second subtheme of empowerment is providing education as an effective intervention. Two out of the three participants identified that their primary role when working with this population is to provide education.

The way that I have approached it is from an educational standpoint. I really feel that women need to understand what's going on with their bodies.

Education. I don't think a lot of women know maybe the severity of drinking during pregnancy or maybe other substances.

Each of these participants brought along to the interviews several different materials including brochures and interactive applications that are used to help women understand what's happening in their body when they are pregnant and how drugs and alcohol can affect unborn babies. Participants shared that it's not uncommon for women to simply not know how their bodies are changing and how substances can affect their babies in many different ways. If women can better understand what is happening in their bodies and are educated about how substances can affect them during their pregnancy as well as affect their unborn children, it's often the first step in helping women realize that they need some sort of intervention.

In addition to educating women about how substance use affects their bodies, especially during pregnancy, participants noted that a large part of their job also includes educating other

professionals about what has been found to be effective when working with this population. It's important that any professional that might work with this population is aware of the challenges that women who use substances during pregnancy often face, and is educated on how best to provide services. While some might worry that asking a pregnant woman about her substance use might upset them in some way, possibly to the point that they stop attending prenatal appointments, it's crucial that professionals, especially doctors and other medical providers, become skilled and comfortable in having conversations around substance use. A big piece of education is helping professionals understand how to begin these conversations so that women can feel supported, rather than blamed for using substances during pregnancy.

Uniqueness of needs and situations

All three participants explained that no two situations are alike when working with women who use substances during pregnancy. Each woman is different in where she is at biologically, psychologically and socially so services provided and resources offered will look differently. One participant sums this idea in the following quotation:

Just kind of find what their needs are and finding that resource out there that fits that.

Participants were asked what are the biggest barriers or challenges that women that use substances during pregnancy face. Each participant was able to identify many different challenges that this population faces in addition to substance use. Some of the obstacles that these women experience include homelessness, poverty, unemployment, mental health, lack of support, lack of childcare, having children with special needs, lack of supplies for their children, transportation issues, domestic violence and inconsistent healthcare.

For lots of these women, interventions don't specifically come around chemical health. It's just what else is happening.

While women are all referred to services because of substance use, often other issues come to light as professionals complete initial assessments and continue to get to know women and their needs as time goes on. One participant further explained that as resources and services are provided to meet other needs of women, such as those listed above, the hope is that women will continue to make progress in limiting or stopping their use. The example the participant gave is that if a woman is homeless, her primary concern each night is likely to be to find a warm, safe place to stay and not necessarily focusing on getting into treatment for her use. If a woman can be assisted to find a shelter and eventually more stable housing, she'll be more likely to work towards progress on her chemical health. All three participants added that the work that they do with women in these situations continues after they've given birth. These professionals continue to follow and support women as they transition into parenting their new babies, which has been effective at maintaining longer-term health and well-being.

One step further to targeting interventions and services that meet the unique needs of each individual, a subtheme is meeting women where they're at in terms of their current substance use.

Not everybody is addicted that comes to us. Some are using recreationally. You have to know where people are at or try to do careful assessments. How much were they using and for how long? Because women who have been using for a long time are probably going to have a harder time than someone who is just occasionally having a joint.

Two out of three participants discussed this idea. They emphasized that of course no amount of substance use during pregnancy is healthy for women and their unborn children but that often their interventions focus more on a harm reduction model. Some women might not immediately agree to quitting their use or going to treatment, but professionals can work along side them to develop and work towards goals, no matter how big or small.

Some women are adamant about not going to treatment. Sometimes it's how can we reduce the barriers or reduce the stressors so she can then cope with these other things that are happening.

The above quotation illustrates the harm reduction model. Women might not have the cognitive or emotional capacity or even enough support from family or friends to fully commit to attending treatment programs or completely quitting their use. These two participants noted that assessing where women are at cognitively and emotionally, and finding out what it is they hope to accomplish is most effective. One participant gives examples of some questions that are asked of women as they work together to set goals.

Maybe you have not been in treatment or you have been in a treatment facility that wasn't helpful for you. Where do we go from here? What are you willing to accept? What are you willing to do during your pregnancy?

As this quotation shows and also as the section about providing women with options in a non-punitive way discusses, it's most effective to collaborate with women in order to find out what would be most helpful for them in their journey towards having a healthy baby. Rather than assuming that all women need to go to treatment or would benefit from a set intervention, the participants stressed that each woman is unique in where she's at with her substance use and that interventions and resources offered should be tailored to fit this uniqueness.

Challenges of the System

When asked about barriers all participants spoke about the challenges of the system that affect both women who use substances during pregnancy as well as the professionals that aim to help them. The first subtheme that emerged in the data is the idea that reporting to or working with child protection can often introduce some ethical issues.

The hard thing comes when I need to tell them that I need to report this and what's going to happen about that. Because it's like I've been honest with you, I've poured my soul out to you and now you're going to turn around and report to the county? I've had some get really mad. I've had some not come back for cares.

That's horrible. I can't even tell you how bad it makes you feel because it feels like I was a conduit and now a barrier to good care.

As this quotation alludes to, the issue becomes reporting a woman's substance use to the county child protection after the participants have already formed a trusting, working relationship and a woman has been doing her best to change. Two out of the three participants mentioned that they're mandated reporters and that it becomes extremely difficult to find the balance between following the statutes and laws of reporting and maintaining the trusting relationships with the women that they work with. As was also discussed above, often women come into the system already with a fear of being involved with child protection and possible having their children taken away. The participants mentioned the ethical dilemma in wanting to ensure that women continue to access cares and don't run away from services when they might be reported to the county.

The second subtheme that emerged under challenges of the system is keeping some form of consistency among the many different service providers that might be working with women

that use substances during pregnancy. One example that was given by two out of the three participants is the idea of alcohol use during pregnancy and the inconsistent messages that some women get in terms of what is safe for unborn babies.

The overall messages specific to alcohol is a real challenging one because you know the medical community and a lot of places will still say it's safe to have a glass of red wine per week [during pregnancy] and the reality is for this population, what is the difference between a glass of red wine and a shot of vodka? Nothing.

I have some women, their doctors told them to drink while pregnant. One mom said she had low iron so the doctor said to drink red wine.

The two participants went on to explain that research shows that no amount of alcohol during pregnancy is safe for unborn babies. It becomes a challenge when women might be getting different information from other professionals about what is and isn't safe for them and their babies. These two participants noted that a large role they have within their agencies is to not only educate women on-going, but also to do education with hospitals, schools, and other organizations that work with this population. They noted that an effective intervention is to ensure that everyone is on the same page and giving women the same message so that women can see consistency in the messages that they're getting from the service providers that they come in contact with. A second example of the inconsistencies that sometimes exist among service providers is illustrated in the following quotation:

I would like to be able to work hand in hand with all of these people. I would like to say aren't we all in this for the same reason? Cause sometimes I feel like I'm fighting the very people that should be helping.

This participant noted that there is sometimes frustration when collaborating with other service providers in order to intervene with this population because each agency or organization follows different policies and procedures or is simply operating under their own limitations. One example that was discussed in two of the interviews is helping a woman get into a treatment facility for her use. The reality is that there aren't enough treatment facilities (more of this to follow) and sometimes women need to wait for weeks before they can get into treatment. While it would be ideal for a woman to start treatment right away, when she's willing and able, she might not be able to start until the following month at which time she might have changed her mind.

The final subtheme under challenges of the system that all three participants spoke about, is the overall lack of funding and resources in the community to help this population.

It's a horrible situation. It's just we don't have enough services to do what we need for these women.

Drawing attention back to the extensive list of psychosocial needs that many of these women face, all three participants identified that there are simply not enough housing programs, parenting programs, treatment facilities and others to offer to women as they experience substance use and pregnancy. Two out of the three participants identified that as professionals, they are also affected by the overall lack of funding and resources. One participant noted that the program is completely underfunded and for years, staff has had to reach out to their own church communities to donate money and supplies to help support women. In addition, another participant identifies that the program is understaffed, meaning that they can't work directly with women as much as they like because of high caseloads.

Staffing that well, for us specifically, that would be twice as many staff as what we have... being able to give women a more intensive service or case management.

The participants identify that interventions need to exist at the macro level in order to advocate for increased funding so that programs can be properly staffed and more resources can be available to best assist these women. As was mentioned above, often these women are waiting for another option, or waiting for someone to offer an intervention to them. The more services that exist for this population, the more success will likely be seen.

Discussion

The data collected and themes that emerged in the analysis strongly support the findings that were found in previous research and literature. The data that was gathered gives great insight into what professionals perceive as some of the biggest challenges that women who use substances during pregnancy face and how professionals can best address these challenges and meet the unique needs of this population. In addition, this research study provides various implications for social work both for practice and future research.

A common theme that exists both within the review of previous literature as well as in the analysis of data collected for this research study is the collaboration of many different service providers. As Adeniji et al. (2010) claim, women feel more encouraged to ask for help and are more open to receiving services if they feel supported by a multidisciplinary team. This supports the idea found in this study that interventions are most effective when all service providers are working together to give women consistent messages to support them in their progress. Additionally, the idea that women are more successful when given options and participate voluntarily in services is supported in past research that found women are less successful at treatment when mandated (Hohman et al., 2003; De Bortoli et al., 2014).

While past research and the participants of this study both placed great value and importance on the multidisciplinary team approach and coordinating services, who those teams consist of and what that collaboration looks like differed in some ways. For example, none of the participants in this study discussed the criminal justice system as being a part of intervention for women who use substances during pregnancy, which was a key point highlighted in research by Kubiack et al. (2004), supporting that being involved with the criminal justice system has been shown to be effective treatment for this population. In fact, all three participants of this study noted that in their roles when working with women who use substances during pregnancy, civil commitments are pursued very rarely and most often only as a very last resort. While some past research has shown that women who are involved in the criminal justice system have better outcomes, the findings of this study show that legal interventions and involvement with the criminal justice system aren't as helpful as interventions and services that are voluntary.

While participants did not identify members of law enforcement as an important part of the multidisciplinary team when intervening with pregnancy and substance use, the child protection system was. All three participants addressed CPS as playing a key role with this population, which is supported in many instances of past research (Hohman et al., 2003; Kearney and Ibbetson, 1991; Hasenecz, 2010; De Bortoli et al., 2014). It's interesting to note that each participant identified different types of working relationships between their agency or organization and CPS. One participant reported frequent interactions but a more frustrating and inconsistent relationship with CPS. Another reported very little interaction with CPS, although some of the women that are served in this agency have involvement with CPS. The final participant noted a close, supportive and "smooth" working relationship with CPS.

A topic that was only briefly mentioned in the review of past literature but seemed to be more prominent in the data that was collected for this study was the notion that there are often challenges and ethical dilemmas that occur as service providers collaborate with each other. Past literature points out that the ethical dilemma can arise when different agencies are collaborating with one another and confidentiality and privacy are breached as information is shared (Andrews & Patterson, 1995). While it's possible that this could happen, different issues were brought up by participants around the collaboration of professionals. Data from this study speaks more to the issue of balancing between following laws and policies when collaborating with CPS and maintaining the trust of the women. All three participants identified that they often receive inconsistent information about what is and what is not reportable which affects the work they do with women. As past research and data from this study suggest, there's a need for more consistency among professionals when working with this population.

This research study identified many different challenges and obstacles that women often face in addition to their chemical health issues and substance use during pregnancy. One of the main themes that emerged in the findings is that each woman is unique in her situation and the needs that she might have, which is strongly supported in the research of Jansson et al. (2005) suggesting that women experience different challenges physiologically, psychologically, socially and within their family systems. All three participants discussed that women who use substances during pregnancy also are dealing with mental health challenges as well as socioeconomic challenges including homelessness, poverty and a lack of access to resources for them and their children. As was expressed as one of the themes in the findings, the services that are offered to women need to be accustomed to fit the unique needs that they are presenting with. Previous research not only supports the idea that each woman has unique needs, but many of the same

specific needs of these women that were identified by the participants of this study were also highlighted in the findings of past studies (Kubiak et al., 2004; Hohman et al., 2003; National AIA Resource Center, 2012).

A theme that emerged quite extensively in the review of past literature is the idea of the debilitating stigma that surrounds women who use substances during pregnancy and how this often affects women's willingness to access support and services (Hohman et al., 2003; Hasenecz, 2010; Andrews & Patterson, 1995). It's interesting to note that while the word "stigma" was not used at all by the participants, the concepts of shame, blame and guilt were all discussed in the interviews. The data collected for this study strongly supports the past research that finds that women are less likely to access services if they feel that they are being punished, blamed or looked down upon by professionals as well as members of the community.

A final aspect of the findings of this research study that is further supported by past research is the idea that education is one of the most effective ways to intervene with this population. While a large piece of education means making sure that women understand the effects that substances have on their unborn babies, participants highlighted an additional and equally important form of education. All three participants identified that one of the roles they hold as professionals working with this population is making sure that professionals from other organizations and agencies remain educated on the latest research on substance use during pregnancy. Research completed by Midmer et al. (2011) found that physicians in the medical field have an overall lack of knowledge about the specifics of working with substance use during pregnancy. As all three participants of this study pointed out, professionals and the very women who are faced with pregnancy and substance use alike require a continuous education to ensure that women are making safe and healthy decisions for themselves and their children.

Implications

This research study introduces several different implications for social work practice and future research. First is the need to address and eliminate the horrible stigma and shame that is often placed around women that use substances during pregnancy. As past literature and the findings of this study point out, this population is often viewed negatively by society as a whole, which fills them with fear and drains them of their motivation to reach out for help and access resources. It's important as social workers and other professionals working with this population to help shift the community's perceptions and spread the message that more often than not, these women want to get help and want to change and better their lives, but simply don't know how to. One of the strongest messages from this research study that is hoped to impact social work practice is that women are often doing the best that they can in the context of their history and current situation and if shown empathy and given different options in a non-shaming way, they are more likely to succeed at providing a healthy life for themselves and their babies.

Another implication for social work targets the area of indirect, macro-level practice. There is a huge need for more funding, resources and overall support for this topic. As was acknowledged in both the review of the literature as well as in the interviews for this research study, there's a huge lack of money, time and effort that is put towards maintaining services and resources that best serve this population. There already is plenty of research published that emphasizes how drugs and alcohol affect women during pregnancy, it's now a matter of putting that knowledge into practice, recruiting more passionate staff and developing more accessible programs and agencies that help meet the varying and unique needs of this population. Efforts to increase the amount of programs and staff that aim to assist women using substances during pregnancy begin with funding, educating government leaders on the evidence of effective

programming and services, and advocating for more money to be allocated towards developing even more organizations and treatment facilities. In addition to funding for an increase of treatment facilities and programming, more money needs to be available for professionals that work with women who use substances during pregnancy, so that programs and agencies can be properly staffed to avoid high caseloads and support more time spent one on one with women and more comprehensive services.

Lastly are the implications that this research study has for future research. As was noted throughout the literature review and within the data collected for this study, education is one of the most crucial parts in addressing the complex issue of substance use during pregnancy. As professionals spend large amounts of time educating women and other professionals about substance use during pregnancy, it's important that they too continue to educate themselves by participating in and analyzing future research. One participant noted that over time, there has been and will continue to be a shift in what types of drugs are most commonly used by women. In addition, laws and policies that affect women that use substances during pregnancy are continuously being altered, such as the current debate on making recreational and/or medicinal marijuana use legal. It's important that social workers and other professionals follow these shifts in policy and continue to research what methods and resources are most beneficial in meeting the changing needs of this population.

Strengths and Limitations

One of the biggest strengths of this research study was the vast amount of knowledge that was gathered from professionals who truly are the experts in this field. It was beyond beneficial to hear the experiences and wisdom from these participants who combined have nearly 35 years of experience in working with women who use substances during pregnancy. Additionally, a

strength was that each participant that was interviewed holds different degrees and backgrounds so while they all have important jobs that work with women that are using substances, their roles within their agencies or organizations varies. Being able to gather the perspectives of three varying types of professionals rather than sampling three social worker or two nurses for example, was a strength in this research study.

The main limitation of this research study is the small sample size that was collected. Unfortunately, due to time constraints and lack of responses, not as many participants were interviewed as had originally been hoped for. The researcher was hoping to recruit 6-10 participants for this study but unfortunately was only able to conduct interviews with 3. As is indicated in the methods section, one of the goals was to interview many different professionals, from many different areas of practice and service. While the sample did vary and cover three disciplines, the researcher was unable to interview professionals from law enforcement or the child protection system. It would have been beneficial to collect more data and different perspectives from other disciplines to further increase the depth of knowledge in the data and findings.

Conclusion

This purpose of this study was to explore what professionals perceive as the biggest barriers that women who use substances during pregnancy encounter, and what types of interventions work best when working with this population. Three professionals were interviewed to gather data which was then analyzed and coded into four key themes: reducing shame and blame, using strengths to empower, recognizing the uniqueness of situation and needs and challenges of the system. Past research in addition to the findings of this study have shown that women who use substances during pregnancy often face a multitude of other psychosocial

stressors and benefit from receiving services and resources that are unique to their individual needs and situations. In addition, women who use substances during pregnancy tend to respond better to services that are offered, rather than mandated. This study shows that it's crucial that women are offered options in a way that they feel supported, rather than in a way that makes them feel shameful. While there has been a lot of progress in terms of providing more services for this population, this study identifies that there are still many challenges of the overall system including a lack of resources including treatment facilities and other organizations as well as a lack of funding and staff that are being trained to support women who use substances during pregnancy. Results of this study call for the serious need to reduce the shame and stigma that often surrounds women who use substances during pregnancy, so that women can feel more encouraged to reach out for help. Lastly, there is a need to increase education and resources so that women can continue to have better outcomes for their own health as well as the health of their children.

References

- Adeniji, A.A., Purcell, A., Pearson, L., Antcliff, J.M., Tutty, S., Sinha, C., ... Lindow, S.W. (2010). Multidisciplinary antenatal care for opiate-using women: Child-care issues. *Drug and Alcohol Review, 29*, 189-192. doi: 10.1111/j. 1465-3362.2009.00131.x
- Andrews, A. B., & Patterson, E. G. (1995). Searching for solutions to alcohol and other drug abuse during pregnancy: Ethics, values, and constitutional principles. *Social Work, 40*(1), 55-64.
- Brenden, M.F., & Shank, B.W. (2012). Social work for social justice: Strengthening social work education through the integration of catholic social teaching. Social Work Faculty Publications. Paper 19.
- De Bortoli, L., Coles, J., & Dolan, M. (2014). Linking illicit substance misuse during pregnancy and child abuse: What is the quality of the evidence? *Child & Family Social Work, 19*(2), 136-148. doi:10.1111/cfs.12002
- de Cubas, M. M., & Field, T. (1993). Children of methadone-dependent women: Developmental outcomes. *American Journal of Orthopsychiatry, 63*(2), 266-276. doi:10.1037/h0079429
- Hasenecz, N.M. (2010). Pregnant and postpartum women in addiction recovery: Treatment that works. *Social Work Today, 10*(4), 10.
- Hohman, M. M., Shillington, A. M., & Baxter, H. G. (2003). A comparison of pregnant women presenting for alcohol and other drug treatment by CPS status. *Child Abuse & Neglect, 27*(3), 303-317. doi:10.1016/S0145-2134(03)00008-5
- Jansson, L. M., Svikis, D. S., Breon, D., & Cieslak, R. (2005). Intensity of case management services: Does more equal better for drug-dependent women and their children? *Social*

Work in Mental Health, 3(4), 63-78. doi: 10.1300/J200v03n04_04

- Kearney, P., & Ibbetson, M. (1991). Opiate dependent women and their babies: A study of the multidisciplinary work of a hospital and a local authority. *The British Journal of Social Work*, 21(2), 105-126.
- Kubiak, S. P., Young, A., Siefert, A., & Stewart, A. (2004). Pregnant, substance-abusing, and incarcerated: Exploratory study of a comprehensive approach to treatment. *Families in Society*, 85(2), 177; 177.
- Mengel, M.B., Russell Searight, H., & Cook, K. (2006). Preventing alcohol-exposed pregnancies. *Journal of the American Board of Family Medicine* 19(5), 494-505.
- Minnesota Department of Health (2009). *Substance/Alcohol Use During Pregnancy*. Retrieved from <http://www.health.state.mn.us/divs/cfh/na/documents/substanceabusepreg2010.pdf>
- Minnesota Department of Human Services (2015). *Fighting the spread of opioids*. Retrieved from <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7111-ENG>
- Midmer, D., Kahan, M., Kim, T., Ordean, A., & Graves, L. (2011). Efficacy of a physicians' pocket guide about prenatal substance use: A randomized trial. *Substance Abuse*, 32(4), 175-179. doi:10.1080/08897077.2011.598399
- National Abandoned Infants Assistance Resource Center (2012). *Prenatal substance exposure*. Retrieved from http://aia.berkeley.edu/media/pdf/AIAFactSheet_PrenatalSubExposure_2012.pdf
- Neonatal abstinence syndrome. (2015). In *A.D.A.M. Medical Encyclopedia*. Retrieved from <https://www.nlm.nih.gov/medlineplus/encyclopedia.html>
- Office of the Revisor of State Statutes (2015). Reporting of Prenatal Exposure to Controlled Substances. Retrieved from <https://www.revisor.mn.gov/statutes/?id=626.5561>

- Patrick, S.W., Schumacher, R.E., Benneyworth, B.D., Krans, E.E., McAllister, J.M., & Davis, M.M. (2012). Neonatal Abstinence Syndrome and Associated Health Care Expenditures. *The Journal of the American Medical Association, 307*, 1934-1940.
doi:10.1001/jama.2012.3951
- Stanford Children's Health. (2015). *Neonatal Abstinence Syndrome*. Retrieved from <http://www.stanfordchildrens.org/en/topic/default?id=neonatal-abstinence-syndrome-90P02387>
- Stone, R. (2015). Pregnant women and substance use: Fear, stigma, and barriers to care. *Health and Justice, 3*. doi:10.1186/s40352-015-0015-5
- Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>
- Substance Abuse and Mental Health Services Administration (2012). *Data spotlight: Substance use during pregnancy varies by race and ethnicity*. Retrieved from <http://www.samhsa.gov/data/sites/default/files/Spot062PregnantRaceEthnicity2012/Spot062PregnantRaceEthnicity2012.pdf>
- Weissman, M. & O'Boyle, K. (2000). Women and addiction: Treatment issues and innovative program models. *The Source, 10 (1)*, 17-20.