Addressing Substance Use Risk in Pregnant and Postpartum Women Enrolled in Early Childhood Home Visiting Programs: Developing a Computerized Screening and Brief Intervention Package

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Background and Objectives

Background
- Substance use (SU) is often under-identified and under-treated in pregnant and postpartum women.
- SU is prevalent among families served by home visiting programs: 39% reported binge drinking or illicit drug use prior to enrollment, according to recent national data.
- Stigma around substance use during pregnancy and motherhood leads to discomfort around disclosure and inability to access resources.
- Home visiting (HV) is the primary supportive intervention provided to high-risk pregnant and postpartum women.
- Potentially non-stigmatizing setting for addressing unmet substance use treatment needs.
- Need for standardized protocols for addressing substance use at all levels of risk.
- Main barriers to addressing substance use in home visiting included fear of child removal, barriers to treatment access, and home visitor lack of clinical skill.
- Need for a way to access help without disclosing use to home visitor or others.

Study Objectives
1. Develop an anonymous, electronic screening and brief intervention package for home visiting (e-SBI HV).
2. Create a user guide as well as fidelity measures to assist home visitors with implementation.
3. Pilot test the e-SBI with home visiting clients.

Development
- The e-SBI HV was developed on a web-based platform called CIAS, licensed through Wayne State University.
- Intervention content based on Motivational Interviewing (MI) techniques.
- Iterative process utilizing focus groups and interviews to solicit feedback from all stakeholders: home visitors, home visiting clients, supervisors, and maternal & child health experts.
- Focus group data specifically on the intervention content collected over multiple sessions with a group of 17 home visitors and 3 supervisors. Individual qualitative interviews have been conducted with 9 home visiting clients.

Delivery & Intervention Content
- The e-SBI includes two 20-minute sessions and is delivered using an iPad and headphones to insure privacy for the participant.
- Available in both English and Spanish.
- Session 1 includes the ASSIST screening tool and then delivers substance-specific content (alcohol, marijuana, opioids, other drugs) based on client’s use.
- ASSIST screen asks only about use in the months before the participant’s pregnancy—not current use.
- Session 2 delivers information and resources around issues that often co-occur with substance use: tobacco & vaping, mental health & prenatal/postpartum depression, and intimate partner violence. Participants choose what they would like to learn about.
- On-screen narrator reads aloud all content—no reading required by the participant.
- All participants’ answers within the program are confidential.
- Though clients are encouraged to talk to their home visitor about substance use if they feel they need help, the program provides a way to find treatment services in their area without disclosing.

Training & Implementation
- Home visitors will be trained on the implementation of the e-SBI & the collection of evaluation data, and given all necessary technology (iPads, audio recorders, etc.).
- A Home Visitor Guide was created with outlines and scripts for how to introduce each session of the e-SBI and how to debrief with the client afterward.

Randomized Controlled Trial
The trial will be implemented in 3 sites delivering Healthy Families across 4 counties in New Jersey. Home visitors will be randomized into the intervention group, who will use the e-SBI with all their eligible clients, or the control group, who will implement home visiting as usual.

Home visiting clients who agree to participate in the study will be interviewed at three time points: baseline, 3 months, and 6 months.

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