11-4-2021

Preventing Substance Abuse among Pregnant and Gestating Mothers in Texas State

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio

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Contents

OVERVIEW

Keywords: substance use, substance abuse, substance use disorder, addiction, pregnant, pregnancy, gestation, mothers, maternal, Texas

Preventing Substance Abuse among Pregnant and Gestating Mothers in Texas State

Goal Statement: To reduce the amount of infants born with substance ab/use diagnoses that impact the Infant Mortality Rate (IMR) of Texas state's Public Health Region (PHR) 2/3.

Significant Findings: Nationally, substance use during pregnancy "…increased from 1.19 to 5.63 per 1,000 hospital births." (SAMHSA, 2016) Infants born with substance withdrawal symptoms leading to a diagnosis of Neonatal Abstinence Syndrome (NAS) affect infant mortality rate (IMR) data. Statewide research shows that in 2015, Texas' PHR 2/3's IMR surpassed that of the state and national average. Gleeson, (2017) Further research documents the concentration of high IMR averages being located in communities at or below the poverty line representative of underrepresented, minority populations. Bishop, Borkowski, Couillard, et al., (2017) In efforts to reduce the amount of infants born with substance ab/use diagnoses that impact Texas state's PHR 2/3's IMR, the author concludes that reaching highly affected populations with prevention interventions that are culturally relevant and inclusive, and ethically compliant, can be more effective than treatment that often results in relapse drug use. Additionally, focusing prevention on addressing mental health concerns of pregnant women can significantly impact their aversion to using substances as coping mechanisms. Hans (n.d.)

Objectives/Strategies/Interventions/Next Steps: The objective of this social change portfolio is to increase awareness about the root causes of the increasing rate of infants born with substances present in their bodies in Texas' Public Health Region 2/3 through strengthening prevention efforts to reduce said rate. Once infants are born with withdrawal symptoms and diagnosed with Neonatal Abstinence Syndrome (NAS), necessary treatment methods are initiated, yet although treatment addresses the needs of the exposed infant, it does not prevent the infant from initial exposure. In achieveing the objective of this social change portfolio, its goal is to outline effective prevention efforts highlighting pertinent sociocultural risk and protective factors with the foundation of empirically based prevention theories in a five step process.

As a first step, at the grassroots level, research concludes that a significantly high percentage of pregnant women engaging in substance use had histories of experiencing severe trauma. Bishop, Borkowski, Couillard, et al. (2017) As an initial step to address the micro/individual level of prevention, providing affordable, effective, accessible and culturally relevant mental health services to urban communities is precedent. The benefits of quality mental health care are gaining traction and educative platforms detailing these benefits paired with social justice forums to provide access to services for individuals of lower socioeconomic status can begin the path to empowering pregnant women to make better choices for their lives and the lives of their families.

This portfolio utilizes frameworks such as the social-ecological model to structure its prevention efforts. At the meso/community level, partnering with community stakeholders financially and philanthropically invested in underserved communities to create prevention interventions and programs to address substance use among pregnant women is a focal point. Research studies have been conducted revealing the imbalanced lack of adequate healthcare

treatment to populations of color, low-income, and low socioeconomic status. Women in particular have a longstanding history of mistreatment in the healthcare industry with instances of pain mismanagement and misdiagnoses leading to individuals engaging in uneducated attempts to manage pain, self medicate, and devise alternative options to receiving healthcare, especially while pregnant. This portfolio's second goal is to strengthen connection between community institutions and the populations it serves to bridge the gap in education, prevention, and treatment. Not only does this portfolio seek to outline methods for mental health professionals to initate joint community endeavors, it also seeks to unify prevention efforts already in effect to expand nationally creating an intensified resource network focused on a common goal. The University of Washington , detailed futher in this portfolio, provides an exemplar with its Parent-Child Assistance Program that can be replicated in Texas to address such gaps in service. University of Washington (2020)

At the macro/statewide level, the author suggests lobbying initiatives to address policies with trickle-down consequences affecting the lived experiences of pregnant women engaging in substance use. Utilizing the privilege, power, and position as experienced and licensed mental health professionals, lobbying to reduce access to alcohol and substances in low income communities and lobbying to decriminalize self reporting of substance use by pregnant women is integral to supporting and protecting the civil and human rights of pregnant women in Texas state. The articles of Hans (n.d) and McCabe & Arndt (2012) are analyzed to note the overrepresentation of pregnant women of color referred to incarceration or court-appointed drug treatment facilites and the social implications of race/ethnicity regarding drug use versus statisctial data to inform the need to address policy reform. The focus on criminalizing self

reporting of substance use while pregnant does a disservice not only to those self reporting, but also to those currently using who are overlooked due to assumptions about socioeconomic status.

Integrating the social-ecological model into the theoretic approaches of Explanatory Theory and Change Theory, and Social Cognitive Theory, this portfolio serves to lay an outline for prevention intervention creation from a targeted perspective to inner-city, low-income, populations of color in Texas state. It will delve into the model and theories at each level providing explanations and action steps to address the public health concern of substance ab/use among pregnant women and its effect on the Infant Mortality Rate of Texas. The author's aim is to create a proposal that can be initiated, effective, and longstanding.

INTRODUCTION

Preventing Substance Ab/use of Pregnant/Gestating Mothers in Texas State

Prevention is an integral part of addressing community mental health concerns that hasn't garnered as much attention or financial support as treatment efforts. Although treatment is necessary as many individuals manage undiagnosed and diagnosed mental and public health issues, focusing advocacy efforts on prevention helps limit the inception and consequences of these issues. State laws specifically incriminating pregnant women for the use of or addiction to substances hinder accurate accounts of the severity of the issue; however, the number of infants born in Texas state with evidence of substance addictions and substance ab/use related diagnoses is alarming. Due to the vastness of Texas in terms of being the second-largest state in land size (behind Alaska) and the second-largest state population (behind California), Texas is categorized into eight Public Health Regions (PHR). Gleeson, (2017) This social change project focuses on preventing substance ab/use in pregnant, gestating mothers in Texas Public Health Region 2/3.

This project will address various prevention efforts such as mental health resources for root trauma causes of prior sexual abuse/misconduct, socioeconomic needs, widespread education of the biopsychosocial effects of maternal drug use on the development of fetuses, and other drug ab/use antecedents.

PART 1: SCOPE AND CONSEQUENCES

Preventing Substance Ab/use of Pregnant/Gestating Mothers in Texas State

In national research from 2000 to 2009, data concluded that "the use of opioids during pregnancy increased from 1.19 to 5.63 per 1,000 hospital births." (SAMHSA, 2016) Across the United States, infant mortality rate (IMR) is widely used to indicate public health. Gleeson, (2017) The national IMR is listed as "…6.0 deaths per 1,000 live births," of which Texas state has been at or below for a period spanning 2001-2011. (Gleeson, 2017) In 2006, however, the state IMR was 6.2 deaths per 1,000 live births. Gleeson, (2017) In PHR 2/3 specifically, 2015's data showed IMR rates higher than the state and national average. Gleeson, (2017)

National research has also shown that of pregnant women diagnosed with debilitating substance use disorders (SUDs), "between one- and two-thirds of women diagnosed with a substance use disorder had histories of childhood physical and/or sexual assault." (Bishop, Borkowski, Couillard, et al., 2017) Use of substances, especially in pregnant mothers as they are a population intrinsically motivated to reduce/quit substance use, is often comorbid with underlying mental health issues and/or trauma that affect not only their physical and mental health, but that of their unborn children. Bishop, Borkowski, Couillard, et al., (2017) Local trends throughout the PHRs of Texas show causes for infant mortality that are linked to substance ab/use addiction/disorders. Bishop, Borkowski, Couillard, et al., (2017) Although the

order of leading causes fluctuates according to contextual factors such as race/ethnicity, leading causes have been identified as: "…congenital malformation, short gestation and low birth weight, sudden infant death syndrome (SIDS), maternal complications of pregnancy, and unintentional injuries." (Gleeson, 2017)

It is relevant to include that not all pregnant mothers who engage in substance use have reached the level of addiction or disorder. Bishop, Borkowski, Couillard, et al., (2017) The reasoning for substance usage and accessibility to various substances differ amongst Texas' PHRs and vary within the contextual factors of race/ethnicity, level of education and socioeconomic status, exposure to trauma, marital status, and others. Still, the physical, mental, social/communal, and economic consequences of engaging in maternal substance ab/use are dire. Physically, maternal substance use has been linked to Neonatal Abstinence Syndrome (modified to Neonatal Opioid Withdrawal Syndrome, NOWS). SAMHSA (2016) Linkages have also been made to the previously mentioned leading causes of infant mortality, with pre-term birth and SIDS as leading causes in low-income Black/African-American communities. Gleeson, (2017)

As pregnant/gestating mothers mitigate a potential addiction to substances that could lead to a disorder diagnosis, the mental and physical effects on their bodies, *and* the emotional impact of birth complications, post-traumatic stress disorder, anxiety, and depression have been highlighted as mental health consequences of perinatal substance use. Gleeson, (2017) A dependency on substances as a self-medicating coping mechanism or as the result of chemical transformations in the brain to create chemical imbalances/dependencies has a ripple effect on attaining sustainable economic, educational, and social resources. An inability to develop trusting, supportive relationships, a failure to remain alert, focused, and productive at work and/or school, and the economic toll of affording access to consistent substances in addition to

managing life's financial responsibilities contributes to perinatal substance ab/use as a growing public health concern that would best be addressed through prevention rather than treatment, as in some cases, treatment leads to recidivism and relapse.

Capitalizing on the intrinsic desire of gestating mothers to seek support in discontinuing substance use and dependency on substances due to the care for their unborn child, the author aims to develop a comprehensive substance ab/use prevention program for pregnant/gestating mothers targeting underpinning causes such as enhancing adequate access and dissemination of mental health services from the multicultural/contextual perspective of marginalized women, promoting education on the mental/physical effects of substances on both parent and child-in-utero, and disrupting community infiltration/access to substances in inner-city, marginalized communities.

PART 2: SOCIAL-ECOLOGICAL MODEL

Preventing Substance Ab/use of Pregnant/Gestating Mothers in Texas State

To develop an effective prevention plan addressing the issue of substance ab/use in gestating mothers, a holistic approach including assessing the population's risk and protective factors must be used. Models such as the Strategic Prevention Framework (SPF) (which focuses specifically on preventing substance ab/use) and the Social-Ecological Model (SEM) (which focuses on factors generalized to mental/public health concerns) provide foundation to begin collecting contextual data relevant to this niche population. The SPF helps professionals "…identify factors having the greatest impact on their target population," and the SEM allows professionals to "…understand the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence," by "…[considering] the complex interplay

between individual, relationship, community, and societal factors." (SAMHSA, n.d.; CDC, n.d.) Using these two frameworks, the author will identify risk and protective factors at the individual, social/relationship, community, and societal levels for pregnant mothers engaging in substance ab/use in Texas' PHR 2/3.

Individual Factors

The SPF defines individual risk and protective factors as "…a person's genetic predisposition to addiction or exposure to alcohol prenatally," and "…positive self-image, self-control, or social competence," respectively. (SAMHSA, n.d.) With respect to PHR 2/3, a diversified region largely populated by white, Hispanic, and Black individuals with a per capita average income of just under $30,000 per year, individual risk and protective factors are imbalanced. Gleeson, (2017) A pregnant mother's biological disposition to addiction paired with low self-image and/or emotional self-regulation heightens the probability of substance ab/use during pregnancy due to an inability to manage the pressures and responsibilities of caring for an unborn child throughout the gestational period. Gleeson, (2017) It is also pertinent to mention that PHR 2/3 is highly populated with colleges and universities providing an ample environment for underage drinking and substance ab/use, and unhealthy sexual intercourse practices. Gleeson, (2017) The SEM model suggests addressing individual risk and protective factors as an integrative model focusing interventions at multiple levels concurrently. CDC, (n.d.) The individual level can be assuaged by focusing on strengthening skills such as conflict resolution, social-emotional learning, and healthy relationship skills. CDC, (n.d.)

Social/Relationships Factors

The SPF defines social/relationships risk and protective factors as "…parents who use drugs and alcohol or who suffer from mental illness, child abuse and maltreatment, and

inadequate supervision," and the levels of parental engagement/involvement as a protective factor. (SAMHSA, n.d.) Broadening this level's purview, the SEM expands its definition to include "a person's closest social circle - peers, partners and family members [that influence] their behavior and contribute to their experience." (CDC, n.d.) In this regard, a pregnant woman's socio-emotional support network highly influences her probability of engaging in substance ab/use while pregnant. Unstable relationships, especially with the father of the child, increase stress which can influence a pregnant mother's choices in using harmful coping mechanisms.

Community Factors

Community risk and protective factors are defined by the SPF model as "…neighborhood poverty and violence," and "…the availability of faith-based resources and after-school activities," whereas the SEM defines them as "…the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and…the characteristics of these settings that are associated with becoming victims or perpetrators of violence." (SAMHSA, n.d.; CDC, n.d.) The CDC further details prevention efforts as "…improving the physical and social environment in these settings [and] addressing other conditions that give rise to violence in communities." (CDC, n.d.) Community factors impacting gestating mothers are poverty, educational attainment, presence and availability of substances, and their communal ties to faith-based organizations and/or social welfare programs designed to provide relief to pregnant mothers.

Societal Factors

As the final cumulative level of both models, the SPF defines societal risk and protective factors as "…norms and laws favorable to substance use, as well as racism and a lack of economic opportunity," and "…hate crime laws or policies limiting the availability of alcohol."

(SAMHSA, n.d.) The SEM identifies societal risk and protective factors as "…social and cultural norms that support violence as an acceptable way to resolve conflicts," including "…the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society." (CDC, n.d.) It's suggestions for prevention interventions state "…promoting societal norms that protect against violence as well as efforts to strengthen household financial security, education and employment opportunities, and other policies that affect the structural determinants of health." (CDC, n.d.) Laws instilling fear of retribution for pregnant women addicted to or using substances during their pregnancy create risk for the unborn child's access to necessary prenatal care. Systems of oppression and inequality also restrict access to resources and education that would benefit the mothers during their pregnancy. Prevention efforts must include a multi-level contextual framework from which to address the myriad risk and protective factors present in this project.

PART 3: THEORIES OF PREVENTION

Preventing Substance Ab/use of Pregnant/Gestating Mothers in Texas State

As shown in the social-ecological model of the previous section, a variety of contextual factors influence the sustenance of a community health concern. Utilizing theory in addressing public health issues offers preventionists and health professionals a framework from which to devise effective interventions. Theory helps health practitioners by providing empirically assessed, socially informed structures to develop specified programs at each of the previously discussed social-ecological levels. National Cancer Institute (2005) Using Explanatory Theory and Change Theory, and Social Cognitive Theory, the author will identify theoretical models and

an existing evidence-based program applicable to the public health concerns of substance abuse in pregnant mothers in Texas.

Explanatory Theory "…describes the reasons why a problem exists [and] guides the search for factors that contribute to a problem (e.g., a lack of knowledge, self-efficacy, social support, or resources), and can be changed." (National Cancer Institute, 2005) Change Theory "…guides the development of health interventions [and] spells out concepts that can be translated into program messages and strategies, and offers a basis for program evaluation." (National Cancer Institute, 2005) Social Cognitive Theory "…describes a dynamic, ongoing process in which personal factors, environmental factors, and human behavior exert influence upon each other." (National Cancer Institute, 2005) Analyzing the factors that contribute to pregnant mothers using substances while pregnant and developing interventions that promote changing these behaviors are significant in implementing an effective social change policy.

Fusing the foundations of the above theories with the Stages of Change Model created by Prochaska and DiClemente best informs effective prevention programs because it incorporates the premise "…that behavior change is a process, not an event," and individuals' incentive to change their behavior(s) is influenced by their thoughts and contextual factors the aforementioned theories address. (National Cancer Institute, 2005) As pregnant mothers are introduced to reflecting on their beliefs surrounding personal agency, understanding of the health implications of their behavior(s), and assessing environmental factors that impede or encourage drug use, they gather strengthened incentive to make healthier choices for their lives and the lives of their fetuses.

The University of Washington's Fetal Alcohol and Drug Unit is a leading research unit that has been providing prevention and intervention services to numerous community and public

health concerns since 1973. University of Washington (2020) Their Parent-Child Assistance Program founded in 1991 is an intensive case management intervention that has received accolades for its empirical base and effectiveness in the state of Washington. University of Washington (2020) Included in their goals is working with currently using mothers to provide preventative education decreasing the risk of successive children born with prenatal drug and alcohol exposure. University of Washington (2020) Programs such as this are inclined to be successful in its efforts due to adequately applying informed theories with an attention to the specific needs of the intended population and properly training individuals under close supervision and execution. An avenue of incorporating prevention efforts to aid expecting mothers in Texas is to explore replicating the University of Washington's Parent-Child Assistance Program.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Preventing Substance Ab/use of Pregnant/Gestating Mothers in Texas State

To create an effective prevention program, a clear description and understanding of the target population is necessary to tailor relevant interventions. The broad population of pregnant women can be further refined by noting social contextual factors that place marginalized pregnant women at higher risk of engaging in unhealthy behaviors such as substance abuse. In the state of Texas, marginalized pregnant women living in poverty with low socioeconomic status and weakened support systems are most in need of educative and preventative services. Bishop, Borkowski, Couillard, et al. (2017) Focusing on multicultural diversity and ethical dissemination of assistance is a hallmark of addressing public health concerns that limit

imposing barriers to receiving quality healthcare. Culture is influential in determining how individuals display symptoms, conceptualize their behaviors, and make decisions for change. SAMHSA (n.d.) This social change policy features cultural implications affecting marginalized pregnant women of color in line with adapting evidence-based practices such as social positioning (i.e. age, race/ethnicity), lifestyle (i.e. socioeconomic status), and family/kin relationships (i.e. familial/communal support systems). SAMHSA (n.d.)

Unique challenges in addressing the prevalence of substance abuse amongst pregnant women involve healthcare discrimination based on race/ethnicity and socioeconomic status, and self-reporting of pregnant women. Hans (n.d.) Because of the insidious biases in the medical field, pregnant women of color are often overrepresented while affluent, white pregnant women lack the support they may need. Hans (n.d.) One of the few studies to have attempted unbiased analysis of substance use in pregnant women took place across a variety of medical facilities in a Florida county in 1989. Hans (n.d.) This study found that positive urine tests had little association with socioeconomic status concluding that Black women's usage (at 7.5%) was higher than white women's usage (at 1.8%) for cocaine, and white women's usage (at 14.4%) was higher than Black women's usage (at 6%) for marijuana yet Black women were at least 10 times as likely to be associated with marijuana use and reported by the medical clinics for substance abuse during pregnancy. Hans (n.d.) This disproportionate statistical data places Black women at a disadvantage in receiving quality, affordable prevention and care, and white women at a disadvantage for receiving specialized prevention and care at all. Further, a study tracking substance abuse trends through demographics found that pregnant women referred for substance abuse treatment were referred by the criminal justice system at higher rates than other referral sources. McCabe & Arndt (2012) As numerous empirical research has shown, the criminal

justice system disproportionately targets communities of color living in poverty, therefore, ethical cultural inclusion centering combating racial injustice is an integral piece of prevention efforts to curb the detrimental effects of health issues before they reach the level of public concern.

Terms such as cultural relevance, diverse inclusion, and cultural competency have traditionally failed to address the specific needs of multicultural populations. Reese & Vera (2007) One mechanism to enhance culturally relevant implications of prevention efforts is to adequately educate community stakeholders and attract their cooperation in targeted prevention efforts. SAMHSA (n.d.) Educating community stakeholders such as medical professionals, city and state political representatives, and faith-based organizations strengthens their understanding of marginalized individuals and deepens their connection to the populations they serve. Community stakeholders must be included in the creation of prevention efforts to discern how best to utilize their unique skills and resources to effect lasting change. By incorporating community stakeholders input at the onset of prevention policies, inherent biases within social systems can be decreased and eventually displaced as barriers of entry to the marginalized communities they serve.

In tandem with including community stakeholders at the meso and macro levels, the micro level cannot be ignored. Giving a voice to the affected individuals themselves is a direct method of traversing oppressive institutionalized systems of racial and socioeconomic injustice. In a study conducted determining the effectiveness of youth delinquency programs for a mixed racial/ethnic group, results found "…that although positive effects were found for the main outcomes, issues related to participation, acceptance of the program, and overall satisfaction were not equivalent." (Reese & Vera, 2007) Further investigation of these results showed that

despite youth of color finding benefit in the general outcomes of the prevention programs, said programs were not culturally relevant and provided difficulty in navigation and applicability for the unique sociocultural values of the youth of color. Reese & Vera (2007) Noting the disparity between culturally *relevant* prevention programs and culturally *applicable* prevention programs, a clear need to include the input and voices of the targeted populations themselves is needed at the micro level of prevention and intervention formation. Doing so empowers marginalized populations such as pregnant women of color to exercise agency and autonomy in contributing to public policy that affects their livelihoods on a micro, meso, and macro level.

For the aforementioned reasons, mental health practitioners at the helm of prevention efforts for community health concerns must be ethically conscious in constructing intervention efforts that inform and empower their target populations without reinforcing oppressive biased systems. The American Counseling Association's Code of Ethics provides a detailed manual of ethical codes to employ when engaging in counseling services that can be applied to public prevention programs. Ethical considerations such as building a strong counseling relationship (client welfare (ACA code A.1), support network involvement (ACA code A.1.d.), informed consent (ACA code A.2.), developmental and cultural sensitivity (ACA code A.2.c.), etc.) confidentiality and privacy (multicultural/diversity considerations (ACA code B.1.a.), respect for privacy (ACA code B.1.b.), respect for confidentiality (ACA code B.1.c.), and explanation of limitations (ACA code B.1.d.), etc.) are paramount. (ACA, 2014) Building a strong counseling relationship between community stakeholders and community members includes taking care to inform all parties of the intention of prevention efforts and detailing the steps from inception to implementation. Physical and mental health care practitioners must also address multiculturalism through cultural sensitivity including validating the myriad ways different cultures express

confidentiality and privacy. An integral composition of an effective prevention program is explaining possible limitations in effectiveness, ensuring that participants of all levels understand the inability to essentially "cure" or account for all variables of the public health concern.

PART 5: ADVOCACY

Preventing Substance Ab/use of Pregnant/Gestating Mothers in Texas State

Explicating diversity and ethical considerations, the Multicultural Social Justice Counseling Competencies (MSJCC) is a guideline to effectively incorporating multicultural inclusivity from a social justice and social advocacy perspective. (MSJCC, 2015). This guideline composed of four sections (Counselor Self-Awareness, Client Worldview, Counseling Relationship, and Counseling and Advocacy Interventions) was developed to "…[offer] counselors a framework to implement multicultural and social justice competencies into counseling theories, practices, and research." (MSJCC, 2015) This social change portfolio utilizes the final section, Counseling and Advocacy Interventions, to reinforce its focus on empowering marginalized communities through public health prevention endeavors.

Within each section of the MSJCC, societal levels are considered for appropriate implementation of multicultural advocacy within contextual factors. MSJCC (2015). At the institutional level, societal institutions such as schools, churches, and community organizations are discussed. (MSJCC, 2015). Interventions at this level encourage counselors to locate their areas of privilege and marginalization to challenge inequities at the meso level. (MSJCC, 2015) Barriers in assisting pregnant women of color at this level include navigating these women's representation in and access to qualitative services from societal institutions such as issues of discrimination and ascribed belief about their intellectual capacities, motivations to improve their

wellness, and commitment to completing programmatic requirements. Impoverished pregnant women of color face multiple areas of discrimination due to age, race/ethnicity, gender, and economic status. Multiculturally competent counselors must use their privileged positions to take an advocacy stance in promoting inclusion of the targeted population as an entryway into spaces otherwise closed to them. Counselors can do so by initializing prevention efforts at first with the informed and supported involvement of the members of the target population. Creating awareness campaigns inviting pregnant women to disclose past and current substance abuse through ethical considerations includes their voices and contributions to creating interventions applicable to their experiences.

The MSJCC represents the community level as "…the spoken and unspoken norms, value, and regulations that are embedded in society." (MSJCC, 2015) Interventions at this level encourage counselors to "…address community norms, values, and regulations that impede on the development of individuals, groups, and communities." (MSJCC, 2015) Barriers in assisting pregnant women of color at this level include the foundation and strength of the therapeutic relationship necessary for counselors to conduct mixed research methods reflective of the actual impact the targeted population experiences with regard to substance use during pregnancy. Self-reporting and accurate third-party reporting is largely disproportionate as cultural implications surrounding substance use during pregnancy are seen as negative connotations. Marginalized communities of color have a cultural distrust of professional intervention efforts that is historically justified. Multiculturally competent counselors must access their locations of oppression and marginalization to empathetically address cultural norms and values that may present protective resistance to outside intervention and advocacy. Counselors can do so by dedicating focused time to conducting qualitative research learning about specific cultural

implications, values, and norms held by the target population to devise interventions inclusive and respectful of their cultural lens. Being creative in drafting prevention policies lend to the effectiveness and sustained implementation of said policies that can impact future generations within underrepresented communities.

The public policy level comprises "…the local, state, and federal laws and policies that regulate or influence client human growth and development." (MSJCC, 2015) Interventions at this level encourage counselors to "…address public policy issues that impede on client development with, and on behalf of clients." (MSJCC, 2015) Barriers to addressing the target population at this level include lobbying for law and policy changes connected to the welfare of unborn fetuses, the imposed criminality of pregnant women with substance use disorders, and the recognition of substance use as a valid disease/disorder as opposed to an individual choice. The criminal justice system is overrepresented by racial/ethnic and lower social class citizens drastically impacting their futures regarding employment options and qualifications for social services and civil rights. Multiculturally competent counselors must utilize their privilege as informed academicians to advocate for change in the criminalization of mental and public health concerns in order to create avenues for change that curb further misrepresentation and ill-informed interventions at preventing substance use for pregnant women. Counselors can do so by continuing academic pursuit in counselor education and supervision to publish empirically-based research to support lobbyists at local and state levels. Individuals in marginalized communities rarely receive opportunities to address the political candidates that represent their communities, yet counselors armed with their direct input are positioned to advocate for their needs at these levels.

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