

Grosse Pointe News

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Pointer of Interest: Woods resident works to prevent substance abuse during pregnancy

By Laurel Kraus on August 07, 2019

Stephen Ondersma not only is a husband, father and avid reader, but also deputy director of the Merrill-Palmer Skillman Institute where he researches and implements ways to reach out to pregnant women at risk of smoking, alcohol and/or drugs.

“I was always interested in parenting as a way to promote better child outcomes,” he said. “To my surprise, the first project that really was available to me early in my career was a grant to work with mothers of cocaine-exposed infants.”

The Grosse Pointe Woods resident also has been a professor in the Department of Psychiatry & Behavioral Neurosciences at Wayne State University since 1999.

“When I started my career, I thought I was probably going to be a professor at a liberal arts school,” he said. “I went to one myself and loved that atmosphere of broad discussion and reading of great books and thinking broadly about things in a community of people who kind of stick together for a while.”

After building up a research background to help him meet that goal, Ondersma realized research actually was his primary interest.

“I really became increasingly convinced there was so much we didn’t know that I didn’t feel comfortable being out there teaching or doing applied clinical work,” he said. “I felt like there was so much we needed to know and



Photo courtesy of Stephen Ondersma

Stephen Ondersma is passionate about psychology as a way to combine research and applied clinical work, getting the best of both worlds.

I wanted to be a part of that.”

This led him down a path to his current research focus on brief motivational interventions designed to build motivation to make change in pregnant women at risk for substance abuse.

“The best big picture way to think about it, I think, is that most interventions that are out there, most programs, most treatments, most therapy, is about how to change,” Ondersma said. “There’s someone there saying, ‘I’m depressed. I’m anxious. I’m struggling with relationships,’ whatever it is and they’re looking for help and how to change that. ... Motivational interventions are completely different in that they are about whether or not change is called for or whether or not you’re interested in change in the first place.



“So instead of saying, ‘Here are ways that you can reduce your substance use,’ a motivational intervention says, ‘What do you think about your substance use? What are your thoughts about it? What are some of the things you like? What are some of the things that sometimes bother you? Can I give you a little bit of feedback about it and kind of get your reactions to that?’ So it’s a very respectful, non-judgmental, open-ended conversation really about whether or not the person you’re talking with thinks change might be in their own best interest.”

After finding that clinic staff did not have the time to devote to motivational interventions, Ondersma transitioned to using technology, such as an iPad, to deliver the interventions in the early 2000s.

“It’s not whether or not I think change is important; it’s whether they do,” he said. “And what we find is that when you approach people in that way ... they’re much more likely to be open to that discussion and they’re much more likely to talk about ways in which their substance use has hurt them or has hurt others around them and they’re much more willing to consider change.”

He now is working on how this works in the real world with clinic staff, which he says so far is going very well.

The Michigan Health Endowment Fund has given funding to look at implementation particularly in rural areas up north, where it is currently in a few clinics.

“I’m excited at some of the results that we’ve gotten,” Ondersma said. “We’ve shown in a number of cases that we’re about doubling abstinence, so that means that women who get this intervention, even if it’s only a single time, are abstinent during pregnancy or during follow up at about twice the rate of the control group. So that’s been very exciting.”

What happens if the woman notes she is interested in change depends on the program or study, he said, adding the program doesn’t necessarily help the participant make the change.

“Not because we don’t necessarily think it’s needed, but just because we’re focused on that motivation piece and on reaching a lot of people,” he said. “There already are a lot of resources out there for people who are ready to make a change, so we don’t want to replicate that or take that on ourselves. We just want to kind of point them in those directions.”

Moving forward, Ondersma plans to spend his free time with his wife, Michele and children, Annelies, Nolan and Cooper, as well as continue his research.

“I really would like to see the software that we’ve made be even more widely available,” he said. “I’d like to be able to make it free. I’d like to make it much better than it is. And I’d like to see it stimulate a lot of big collaborations across the country and further, because it can work in multiple languages.”