Reducing Stigma, Supporting Parenting

Learning from the literature on collaborative efforts by the substance use and child welfare fields to support pregnant and parenting women who use substances
Acknowledgements

We would like to acknowledge the many territories of Turtle Island on which we work and reside. These territories, ceded and unceded, are home to many Indigenous peoples who have lived here for tens of thousands of years and continue to live here. We honour and respect the many Indigenous peoples of this land and territory and hope for a more just future together.
Webinar Series

This webinar series is sponsored by the Perinatal Provincial Substance Use Project at BC Women’s Hospital, PHSA in Collaboration with the Centre of Excellence for Women’s Health.
This webinar offers evidence from a scoping review of academic literature undertaken by the CEWH.

1. In what ways do women who use opioids and/or who are pregnant or mothers and use substances experience stigma, discrimination and judgement?

2. How does stigma and other factors (e.g. policy) impact access to, retention in and outcomes of harm reduction programs and interaction with child welfare for pregnant women and mothers who use substances?

For this webinar,

What work is being undertaken by the substance use field, the child welfare field, and by both fields together, to support mothers who use substances, as parents?

How can we build on the work being done by these fields based on what the evidence has to say about successful approaches to care/support?
Research team

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Learning Objectives

1. Describe the evidence-informed work being taken by the substance use, child welfare, and by both fields together, to support mothers who use substances in parenting
2. Involve researchers, service providers, policy analysts/planners, and women with lived/living experience in learning about and acting on improving supports for mothers who use substances
3. Promote discussion on how we build the work done by these fields
4. Reflect on how the principles for the Perinatal Substance Use Project (PSUP) are/can be enacted to enhance parenting supports for mothers who use substances
Agenda

- Overview of barriers for mothers who use opioids, created by multilayered stigma
  Working from PSUP principles

- Panel discussion

- Highlight parenting supports being offered by the substance use field, child welfare field, and in collaboration that provide inspiration for action

- Panel discussion and Q&A
Presenters and Panelists

Nancy Poole
Lindsay Wolfson
Caren Morris-Jones
Deborah Pawar
Toni Winterhoff
Susan Wright
What we learned about stigma and how it affects access to parenting and other supports by mothers who use substances

<table>
<thead>
<tr>
<th>Key Barriers</th>
<th>TOOL</th>
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<tr>
<td>Stigma</td>
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<tr>
<td>• Prevents women from accessing prenatal care or substance use treatment</td>
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<td>• Increases surveillance and discrimination from providers</td>
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<td>Fear of Child Apprehension</td>
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<td>• Paralyzes women from seeking substance use treatment</td>
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<td>• Exacerbates trauma histories</td>
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<td>• Can increase substance use due to limited healthy coping mechanisms</td>
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<td>Lack of Women and Family Centred Programs</td>
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<td>• Prevents women from staying in treatment due to fear of child apprehension or lack of available childcare</td>
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<td>• Less able to respond to gender-specific issues or concerns</td>
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<td>Mistrust</td>
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<td>• Limits capacity to build a client-provider relationship</td>
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<td>• Prevents women from discussing issues relating to their substance use and child welfare involvement</td>
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<td>High Expectations on Women</td>
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<td>• Increases women’s stress to perform as a ‘good mother’</td>
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<td>• Encourages women to meet an unrealistic number of tasks including proof of treatment completion, employment, and of safe housing</td>
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<td>Lack of Coordination</td>
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<td>• Demonstrates lack of coordination when tasks are dictated from multiple sources that may be in conflict</td>
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<td>Reunification Timelines</td>
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<td>• Increases pressure to build/restore relationships in a mandated period of time</td>
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<td>• Forces readiness to parent</td>
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... and more
How are barriers enacted and how can we meet women’s parenting/recovery needs?

- 10 women interviewed from 3 sites in Vancouver
- Some cited barriers included:
  - Fear and mistrust of child welfare system
  - Fear of failing to reduce substance use
  - Institutional stigma due to pregnancy/mothering status
  - Lack of outreach/ability to access harm reduction programs
  - Lack of gender- and trauma-informed programs
  - Wait times
  - Staff turnover
  - Lack of family centred programming

- Meeting women’s recovery needs required:
  - Collaborative relationships
  - Children as motivators for change
  - Modifications in social environments – recognizing the multiple needs of pregnant women and mothers who use substances

Working from Principles

Guiding Principles

- Trauma & Violence Informed
- Indigenous Cultural Safety
- Harm Reduction Based
- Women Centred & Women’s Voices
- Recovery Oriented
- Mother - Baby Togetherness
- Interdisciplinary
- Evidence Informed
- Equitable Access
Research shows that harm reduction activities and approaches during pregnancy can:

- Increase engagement and retention in prenatal services and addiction treatment
- Increase referrals to other health and social services and increase engagement in services following birth
- Reduce alcohol and drug use and improve nutrition
- Reduce health care costs
- Improve health outcomes for women and their babies, including fewer preterm births and babies born with low birth weight
- Increase the number of babies discharged home with their mothers following
- Encourage breastfeeding, early attachment and improve early childhood development outcomes

Child welfare field

MCFD has been working on what it means to offer trauma informed approaches to parents, and has linked the work on TIP with the culturally safe approaches identified in Aboriginal Policy and Practice Framework.
Panel discussion

What are 1 - 2 guiding principles that are being enacted to address barriers and provide support to mothers who use substances?
Promising approaches arising from the substance use field

- Offer treatment/support programming for mothers and children together
- Offer childcare so that it is not a barrier to accessing treatment for substance use
- Address the fear of child removal
- Recognize the importance of parenting in healing/recovery
- Address trauma and violence concerns and attend to safety
Supporting parenting in integrated treatment for mothers and children

- Organized focus groups with women in 6 treatment programs serving mothers and children in Ontario
- Women mentioned the importance of support in:
  - **Emotional regulation** – counsellors who practiced non-judgement, empathetic listening, and supportive commitment to their success → creating safety and instilling hope
  - **Executive functioning** – counsellors who simplified procedures and helped them navigate systems, reminded them with text messaging, and offered parental coaching adapted to maternal learning style

Promising approaches arising in child welfare

- Strengths based approaches
- Mother-child togetherness
- Recognize the importance of parenting in healing/recovery
- Support mother-child attachment
Strengths based, relational approach to determining goals

- Seeking Safety: a strengths-based approach to establishing a relationship between child welfare workers and parents and increasing parental empowerment.
  - The aim is to work in partnership with families to increase safety and reduce risk by focusing on the family’s strengths, resources, and support networks.
- Cooperative partnership can help establish empowerment
- Parental empowerment was found to be associated with a reduction in the risk for child mis/maltreatment and increase in supportive social networks

Promising approaches across both fields

Collaboration

**Substance Use Services**
- Support recovery e.g. Family centred substance use treatment
- Support reducing harms associated with substance use e.g. pregnancy outreach programs

**Child Welfare**
- Support families to stay together e.g. Shared family Care
- Intervene to keep children safe e.g. Signs of Safety

Support the social and material needs of women
- Support the social and material needs of women
- Support attachment and parenting
Supporting recovery and parenting in home based sessions

- 6 examples of home-based case-management programs were found
- Parents Under Pressure is a home-based intervention to improve parenting skills and parental mood in substance-using families involved in the child welfare system
- Involves 10 home-based sessions to increase communication, family functioning, and skill-building over a 3-month period
- Changes in substance use recovery
- Increased parental functioning, parent child-relationships, and reduced substance use, and risk-taking behaviours

http://www.pupprogram.net.au/
Supporting parents through attachment-based parenting

- 9 parenting interventions that focused on attachment were identified in the research
  - Embedded in residential and outpatient treatment programs, methadone treatment programming, hospitals and child welfare settings
- Mothering from the Inside Out (MIO) is a 12-session parenting therapy for women enrolled in outpatient addiction treatment and caring for young children
- MIO improved mothers’ reflective functioning, mother-child dyad was more reciprocal, quality of dyad interactions improved as well as child attachment status

Supporting mother-child attachment in community based drop in programming

- The Breaking the Cycle program in Toronto is a child mental health centre and offers programming for mothers with substance use concerns.
- Their Mother-Child Study showed how BTC mothers have most often not experienced nurturing relationships, and how they have difficulty forming nurturing relationships, especially with their children - and as a result BTC see themselves as an organization-wide attachment program.
- They see that the connections among substance use, trauma and relationships have not been part of standard substance use treatment - and work to address the distinct parenting needs of mothers who use substances.

https://www.mothercraft.ca/
Centering Indigenous culture, and ways of knowing

- 7 Indigenous community-led services across Canada came together to describe how these programs for pregnant women and mothers who use substances are built on the community’s concepts of health, wellness, and healing.

- Services driven by culture include language, land, and lineage. Centering Indigenous knowledge can support strength, independence, and self-determination.

Reflecting on our shared approaches
Relationships at every level

Addressing stigma

**10 Things Pregnant and Parenting Women Who Use Substances Would Like Practitioners to Know**

1. Mothers want to succeed. Don’t assume we are not trying, or that we chose the challenges we face.

2. Language matters - Say things like “I have seen this help others, maybe this will work for you” not “you should.”

3. Show empathy, not pity.

4. Show more compassion, less condescension.

5. Be a support - get behind us.

6. Listen, be curious about what might work for each of us.

7. Be educated. There are a lot of things that play into addiction.

8. Just because you are still using does not make you a bad mother.

9. Not everyone takes the same path to recovery. Listen to where each woman is at in her journey and what will work for her.

10. Don’t judge. Instead care.

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Thank you to The HerWay Home Women’s Advisory Committee for their help in developing this Fact Sheet.
Seeing trauma and determinants of health as key
Working from principles

- Principles can be integrated into programs/organizations to support pregnant and parenting women, used to guide programming or prompt organizational change.
  - How does my organization apply each of these principles?
  - How does my organization apply each of these principles when working with other services, agencies, or sectors?
  - Where could we enhance our collaboration?
Importance of Collaboration

1. Cross System Collaboration and Joint Action
   - Centre of Excellence for Women’s Health
   - November 2019

2. Mothering & Opioids: Toolkit
   - Food/Nutrition
     - Increase access to dietician/nutritionist
     - Provide healthy/culturally-appropriate meals, food vouchers, or gift cards
     - Support ways that teach women how to cook
   - Women’s Health
     - Support open conversations about sexual health, mental health, and substance use
     - Provide referrals to other health and social service providers including: primary care, physiotherapy, dental care, or a nutritionist
   - Social Outreach
     - Increase social support for women
     - Increase opportunities women to have fun and connect with mentors, peers, or children
   - Anti-violence services
     - Provide safe spaces for women to discuss substance use and create safety plans
     - Help women navigate complex health systems
   - Cultural Programming
     - Connect women to cultural activities in the community
     - Support culturally grounded and culturally safe care
   - Children’s Health
     - Provide primary care, dental care and public health
     - Connect women to children’s specialists and assessments
   - Physical Health
     - Help women respond to chronic pain that may have prompted opioid initiation
     - Encourage women to engage in self-care
   - Vocational and Basic Support
     - Help women build skills and education
     - Assist women with filling out administrative forms including income assistance, employment, disability, or Status
     - Provide women transportation vouchers and support with other needs required to participate and succeed in programs

3. Identifying Available Services in Your Community to Support Mothers, Children, and the Mother-Child Unit

   Resources:

Questions for Reflection:
1. What services are available in the community where I work?
2. Do these services support women in a trauma informed way?
3. How might we work together to create a net of support?
Panel discussion
And Q&A

What do you think we need to do to bring focus to parenting and attachment in all of our work?
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