MOMCARE
Maternal Opioid Use Disorder Management and CARe REsources in Custody
momcarejail.org

Workshop Discussion Guide
Overcoming Stigma & Objections related to Substance Use in Pregnancy

Format: Guided discussion**;** in-person or via video conferencing
Participants: Small group (4-7 people per group, 1-2 facilitators per group)
Duration: 45-60 minutes

This guide has been adapted to foster discussions on stigma among jail staff related to substance use in pregnancy. It is important to recognize that we all have judgments and discomforts. But we need to recognize them, then develop strategies to make sure our judgments don't negatively interfere with or deter people from seeking care—so that we can provide the best patient care possible and improve outcomes for moms and babies. This guide can be used with ALL types of jail staff.

This activity can be done in-person or via Zoom. Facilitators should practice beforehand. For additional information on staff training related to pregnancy and substance use, see https://momcarejail.org/implementing-moud/staff-training/

Discussion Structure

1. Opening & Pre-assessment (5 minutes)
    a. Consider using a pre- and post- assessment to assess staff attitudes. A validated, free tool is available in **Appendix I (pages 5-7)** and at the link: https://www.tandfonline.com/action/downloadSupplement?doi=10.1080%2F10550887.2024.2431374&file=wjad_a_2431374_sm2303.docx
    b. Give participants 5 minutes to complete the pre-assessment.
    c. Ideally, this should be done anonymously by asking participants to create and write down a 4-digit identification number that will link their pre- and post-assessments
2. Agenda & Stage setting (5 minutes)
    a. Briefly mention that we're talking about stigma today because it can actually lead to bad outcomes, it's not just about being nice. Research has shown that pregnant women who feel judged are less likely to show up for prenatal care or addiction services.
    b. Facilitators should share the normalcy of judgment and bias; give an example of a time you were frustrated with a person in jail.
    c. State the primary objective up front
        i. Example*: "We are going to talk about situations in which patients' behaviors have made us feel uncomfortable or angry. It is natural for us to feel judgmental or to react to patients' behaviors that we don't agree with. It is important for us to be aware of when we feel angry or judgmental and be prepared to handle it so that we can maintain a supportive environment for the patient and get them the help they need."*
    d. Set ground rules for the discussion

   i. Participate as much as you feel comfortable doing so.
   ii. Do not discuss individuals' comments outside of this discussion.
   iii. Be respectful of others' thoughts and opinions.
   iv. Give others a chance to share without interrupting.
   v. Be honest and ask questions.
3. Small group discussions (4-7 people per group) (20 minutes)
   a. Aim to discuss 1-2 cases depending on time. Either print and pass out the case examples or share them via the online chat. The facilitator or participant should rea the case out loud.
   b. Go through some of the discussion reflection questions listed on **page 3**. You may not get to all of them.
   c. See **Appendix II** for facilitator notes and tips.
4. Regroup (if there was more 1 group) (5 minutes)
   a. Openly ask participants to share their thoughts and reflections on the activity.
5. Discuss the importance of recognizing and removing stigma (PowerPoint) (15 minute)
   a. Use the PowerPoint as an example to guide your discussion https://oudecho.iu.edu/resources/downloads/Stigma%20Reduction%20for%20Substance%20Use%20Disorder.pdf
   b. Additional resources are provided on **page 4**
6. Discuss some practical strategies within your facility to address stigma and judgement (5 minutes)
   a. Ask participants how they can share this information with their colleagues?
   b. What strategies can we come up with to maintain a supportive environment for patients? What could we do next time we interact with a similar patient?
7. Wrap up & post-assessment (5 minutes)
   a. Emphasize using the same 4-digit identification number that was created in the pre-assessment. This will allow you to link individuals' pre- and post-assessment to measure a any changes.

Activity Objectives

1. To recognize that judgment and negative stigma towards pregnant patients with opioid use disorder can have negative consequences for their pregnancy outcomes, and that non-judgmental care can improve outcomes.
2. To provide an opportunity for jail staff to reflect on their feelings and values about pregnancy in custody, addiction, and using drugs while pregnant and to discuss patient interactions that might make them feel uncomfortable
   a) To understand where patients might be coming from when we observe what looks like negative or harmful behaviors in pregnancy.
   b) To develop compassion for women with these experiences.
   c) To foster communication skills that can be used to talk about these topics with jail colleagues.
3. To use this awareness to identify strategies for maintaining a nonjudgmental environment with patients even when you may disagree so that you can execute your job functions effectively.
   a) To understand the potential for a judgmental reaction or tone that can interfere with the patient-staff interaction.
   b) To develop strategies for preventing this interference.
   c) Generate FAQs to share with jail staff.

Case Examples

1. Diana is a 24-year-old woman who shows up to your jail 11 weeks pregnant. You recognize Diana, as she has been in and out of your jail many times over the last few years. She knows she is pregnant but has not received any prenatal care. When asked about why she hasn't seen a doctor about her pregnancy, she says she didn't have the money to pay for it. You recall that Diana received an abortion a few years ago when she was in custody, and that she has a few other children that she is not raising. Diana's urine drug screen comes up positive for opioids and methamphetamines. Diana appears unconcerned about the pregnancy, but requests MAT so she doesn't have to "feel the withdrawal."

2. Jessica is 35 years old and 7 months pregnant when she arrives at your jail. When asked, she reports that she has not used any street drugs but is on Subutex. Jessica's urine drug screen comes up positive for Subutex and cocaine. Jessica gets defensive and combative when asked about the cocaine. She demands her Subutex and to be taken off site to see her doctor.

Discussion Questions

Ask for each case; you do not need to get to all of the questions!
** indicates priority questions if you are running low on time

1. **What are our reactions? How does the scenario make us feel?
2. Did anything surprise you about your reaction?
3. ** Does it bother you that she is using drugs while pregnant?
    a. Case 1- Does it bother you that she's pregnant (again) and using drugs, when she doesn't have custody of any of her other children?
    b. Should she be on MAT?
4. **Let's explore the patient's perspective. What might be going on with the patient that would explain her behavior or circumstances? (e.g., Why do you think she is using drugs? Why is she pregnant again when she doesn't have other children in her custody?)
5. Talk about whether these perspectives have come up in your work at the jail, whether with you or with other staff—any different case examples where you've been frustrated or annoyed with patients like this?
6. **How should a woman who is pregnant and incarcerated act?
    a. What about a woman who is using drugs while pregnant?
7. **Why do we have these expectations?
8. How can we respect each person's individual circumstances and recovery journey?
9. **How might our reactions and/or feelings come across to the patient?
    a. Verbal and nonverbal cues?
10. How might your beliefs and expectations impact your professional responsibilities?
11. How can we improve our comfort with women who have these experiences and who we think are making bad decisions?
12. **What can we do to recover from a judgmental moment with a patient? (e.g., practical strategies, like stepping away from the interaction)

Additional Resources

- Pregnant + Using Opioids: 10 Things Correction Staff Need to Know (MOMCAREjail.org)
- Removing the Stigma from Substance Use Disorder (Powerpoint)
    - Additional training resources for Jails (Indiana University, Opioid ECHO)
- MAT for Opioid Use Disorder: Overcoming Objections (California Health Care Foundation, 2019)
  This issue brief addresses common questions and misconceptions about using medications to treat opioid addiction.
- Beyond Labels (March of Dimes, 2024)
  This website describes how you can help reduce the stigma around moms and babies. It describes what stigma is, demonstrates narrative examples of stigma, and provides information on how you can be a change-maker.
- I'm Still a Person: The stigma of Substance Use & Power of Respect
  This toolkit was created by retired Judge Linda Davis when she recognized the stigma, judgment, mistreatment, and lack of services for people with substance use disorders. It describes why words matter and the impact of stigma.

Pre- and Post-Assessment References

- **Stereotypes:** Adapted from Yang, L. H., Grivel, M. M., Anderson, B., Bailey, G. L., Opler, M., Wong, L. Y., & Stein, M. D. (2019). A new brief opioid stigma scale to assess perceived public attitudes and internalized stigma: Evidence for construct validity. *Journal of Substance Abuse Treatment*, *99*, 44-51.
- **Prejudice:** Adapted from Brown, S. A. (2011). Standardized measures for substance use stigma. *Drug and Alcohol Dependence*, *116*(1-3), 137-141.
- **Discrimination:** Link, B. G., Cullen, F. T., Frank, J., & Wozniak, J. F. (1987). The social rejection of former mental patients: Understanding why labels matter. *American Journal of Sociology*, *92*(6), 1461-1500.

Appendix I: Pre- and Post-Assessment

This assessment is taken from a study that evaluated a community-based substance use disorder stigma intervention. See citation:

> Earnshaw, V. A., Sawyer-Morris, G., Kelly, B., Collier, Z. K., Qiu, X., Shadwick, A., & Hulsey, J. (2024). enCompass: evaluation of a community-based substance use disorder stigma intervention. *Journal of Addictive Diseases*, 1–5. https://doi.org/10.1080/10550887.2024.2431374

Stereotypes

Instructions: Please indicate how much you agree with the following statements.

		Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1	I believe that a person who is in recovery from addiction cannot be trusted.	1	2	3	4	5
2	I believe that a man who is in recovery from addiction is dangerous.	1	2	3	4	5
3	I think that a person who is in recovery from addiction is to blame for his or her own problems.	1	2	3	4	5
4	I believe that a person who is in recovery from addiction is unpredictable.	1	2	3	4	5
5	I believe that a person who is in recovery from addiction does not make good decisions.	1	2	3	4	5

Prejudice

Instructions: If you were to interact with someone who is in recovery from addiction, how would you feel?

		Not at all	Slightly	Somewhat	Moderately	Extremely
1	Anxious	1	2	3	4	5
2	Supportive	1	2	3	4	5
3	Fearful	1	2	3	4	5
4	Empathetic	1	2	3	4	5
5	Angry	1	2	3	4	5
6	Nervous	1	2	3	4	5
7	Comfortable	1	2	3	4	5
8	Compassionate	1	2	3	4	5
9	Disgusted	1	2	3	4	5
10	Relaxed	1	2	3	4	5

Note: Items 2, 4, 7, 8, 10 were reverse-scored

Discrimination

Instructions: Please indicate how willing you would be to do the following.

		Definitely Unwilling	Unwilling	Unsure	Willing	Definitely Willing
1	How would you feel about renting a room in your home to someone in recovery from addiction?	1	2	3	4	5
2	How would you feel about working with someone in recovery from addiction?	1	2	3	4	5
3	How would you feel about having someone in recovery from addiction as a neighbor?	1	2	3	4	5
4	How would you feel about having someone in recovery from addiction as a caretaker for your children?	1	2	3	4	5
5	How would you feel about your children marrying someone in recovery from addiction?	1	2	3	4	5
6	How would you feel about introducing someone in recovery from addiction to your friends?	1	2	3	4	5
7	How would you feel about recommending someone in recovery from addiction for a job working for a friend of yours?	1	2	3	4	5

Appendix II: Facilitator Notes & Tips

As participants discuss the cases, it is important to emphasize the normalcy of reacting and feeling judgmental; even exclaim things like, "Wow, that's quite a reaction! Great!"

- Practice not reacting to participants who say things with which you don't agree.
- Recognize that some participants may have personal experiences (e.g. family members) with addiction and that these topics may be sensitive for them.
- Give perspective: *"Isn't it amazing how judgmental we can be? It's fascinating!"*
- Direct questioning:
    - *"Thank you for sharing your opinions about why this behavior is wrong. Now, I want to ask you to talk about how you will handle a patient telling you she wants to do something with which you don't agree."*
- Throw it back to the group:
    - *"What does everyone think?"*
    - *"This is a really important issue. If someone feels that a behavior is wrong, what are their obligations to a patient in terms care/support?"*
- Take a deep breath and maintain neutrality in your reactions. Even if you disagree with a learner, it's important to serve as a model of nonjudgmental reaction.
- Usual facilitation techniques if someone is dominating:
    - *"Can I hear what someone else thinks about that?"*
    - *"Thank you for sharing. I'm sorry, but we have limited time. We need to move on."*