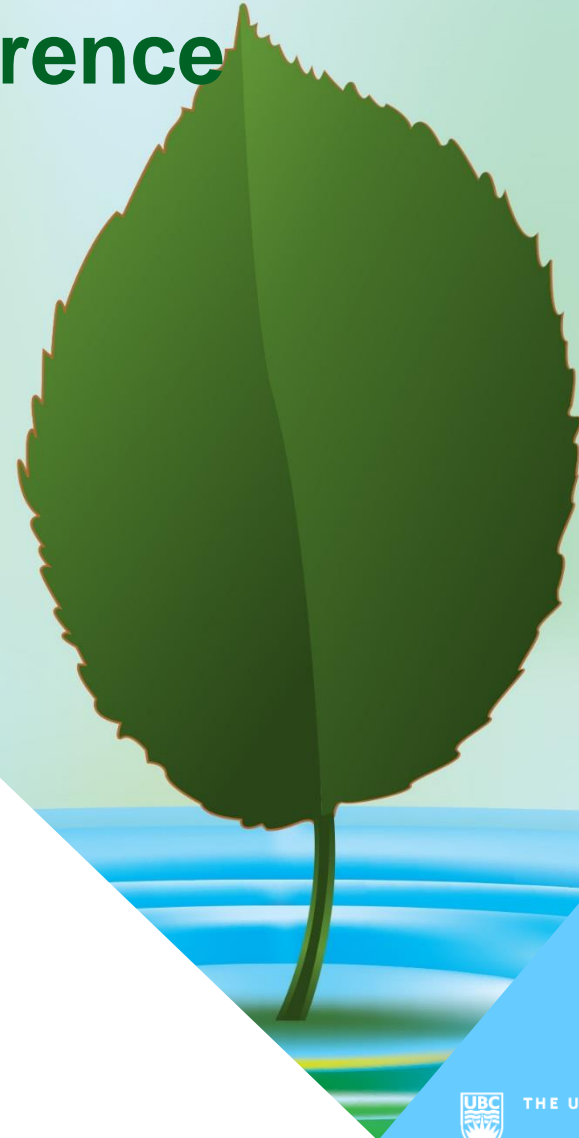


Welcome to the 7th International Conference Pre-Conference Session

Let's Talk
Stigma & Stereotypes –
Where Do We Begin?

Session Summary



Presented
by
 THE UNIVERSITY OF BRITISH COLUMBIA
Interprofessional
Continuing
Education 

#FASD2017



We encourage you to continue discussion on topics presented from our conference this week.



1. Overview of the
Session

2. Discussion Themes

3. What next?

Purpose of the Pre-Conference Session

1. Challenge our thinking around stigma and stereotypes
2. Broaden our understanding of the science and roots of stigma
3. Engage delegates in discussions that can lead to the identification of potential directions for change

Four Topics

1. Origins of Stigma and Intersectionality of FASD
2. The Neuro Science of Addiction: Is it a Choice?
3. What the Science has to Say about Changing Stigma
4. Living Stigma 1: Social Media Anonymity and Sustaining Stigma
Living Stigma 2: The Not so Pretty

Seven Speakers

1. Peter Choate (Calgary, AB, Canada)
2. George Koob (Bethesda, MD, USA)
3. Patrick Corrigan (Chicago, IL, USA)
4. Kathleen Mitchell (Washington, DC, USA)
5. Bernadette Fuhrmann (South Slokan, BC, Canada)
6. Niall Schofield (Vancouver, BC, Canada)
7. Myles Himmelreich (Vancouver, BC, Canada)

Four Questions Specific to each Topic

1. What is the purpose of stigma? Why?
2. What do we do with this information? Why?
3. Where do we begin to change stigma?
4. How do we change 'all the right things' we have been doing?

Origins of Stigma Discussion:

What is the purpose of stigma?

- Divide and categorize
- Permits avoidance of action
- Power and control
- Separate have/have not
- Process of 'othering'
- Blame and shame
- Protection
- Creates and maintains dependency
- Opens the door for discussion
- To educate
- To assess ourselves
- Help someone fit into a system
- Decrease fear and anxiety
- Allows us to find funding
- It pays the bills!
- Way for brain to rationalize

Origins of Stigma Discussion:

What is the purpose of stigma?

- Validates own way of operating
- Can be used as a tool to discriminate/oppress
- To maintain status quo
- To alleviate fear
- To justify the ongoing '60s scoop
- To avoid personal accountability
- The 'other' creates safety for us
- Can be used as a tool to change systems
- Opens doors for services
- Helps us simplify life, yet makes it more complex
- As a way to 'explain'
- (Labels) help allocate resources/support

Origins of Stigma Discussion:

What is the purpose of stigma?

- Perpetuates the class system
- Secludes
- Labels people as incapable
- A barrier to services
- Protection of the group norm
- Evolutionary in nature
- Danger
- Form of bullying
- Creates employment
- Helps to classify affected individuals
- One tool for problem solving
- Provides necessary attention to an issue
- Helps to get more research
- To think about core values

Origins of Stigma Discussion: What is the purpose of stigma?

- When you don't talk about it, you create stigma; if you don't talk about it, you can't change it.
- Stigma solidifies hierarchy.
- Stigma is almost part of our human nature – it is how we are programmed to respond.
- Stigma doesn't have a purpose.

Question 2:

What do we *DO* with *THIS* information?

- Provide evidence-based information for the conversation
- To link topics and knowledge rather than working in silos
- Aid understanding
- Change the stigma of use, misuse, addiction
- Disseminate it
- Use it to change drinking norms
- Tailor for younger children
- Use it to help in understanding of causes and contributors to addiction
- To reduce stigma
- Facilitate a change in culture

Question 2:

What do we *DO* with *THIS* information?

- Use it to inform health policy
- Inform health promotion programs
- Use it to help take away stigma
- To see we need to be more diverse in treatment and prevention
- To promote delaying onset of use
- Make us more thoughtful
- Provide developmentally-appropriate education
- Discuss harm reduction
- To not judge people who are drinking
- To become more empathetic
- For youth to understand risk and science of alcohol

Question 2: Quotes

- We need to improve education and understanding of addiction and FASD
- If alcoholism is a disease but we continue to treat it as a result of choice-based lifestyle, we need to increase awareness among general public and service providers about this information
- Translate this information so it is appropriate for different groups so they can understand

Question 3:

Where do we *begin* to change stigma and why?

- Start with ourselves
- Make it safe to talk about FASD
- Improve understanding of why women drink in general *and* while pregnant
- Need to find champions for FASD
- Stay strengths-based
- It starts today: talk to those around you

Question 3:

Where do we begin to change stigma and why?

- Make it safe for all women to come out
- Early education
- Humanize the issue by having individuals affected by FASD tell their stories
- Normalize conversations about acceptance of differences
- Include people with FASD and moms in development of programs, services, public service messages, policies

Question 3:

Where do we begin to change stigma and why?

- Focus on need rather than diagnosis
- Demystify the disability
- Focus on functional assessment
- Change the name
- Celebrate the successes of individuals with FASD, their families, and communities
- Contact

Question 3:

Where do we begin to change stigma? Why?

- Credible, consistent, collective messaging
- Reframe as a 'kinship' issue for Native cultures
- Model the change we want to see
- Build relationships
- Listen fully and then respond to people's wants and needs
- Continuous connection
- Teaching men that it is their business too

Question 4:

How do we change 'all the right things' we have been doing?

- Educate in context and continue the conversation in a holistic approach
- Legislate. Advocate.
- Conversations about alcohol should be a part of all primary care visits
- Sharing good practices (Scotland)
- Centralized data sharing for best practices

Question 4:

How do we change 'all the right things' we have been doing?

- Study and listen to strengths and lived experiences of the group of caregivers, children and families
- Cannot change a person - must change the environment
- Stop making 'top-down' judgments
- Change the shameful prevention messages
- Use evidence-based methods/interventions

Question 4:

How do we change 'all the right things' we have been doing?

- Review the language we use – written and spoken
- Systems of care must have holistic multi-system care
- Make assessment and diagnosis accessible to all
- Unconditional love and acceptance are important
- See and accept patient (FASD) as an individual, not as a category

Question 4:

How do we change 'all the right things' we have been doing?

- Support the whole family vs. placing only the child in foster care
- Challenge others who make comments reflecting stigma
- Change from 'fixer' to supporter, facilitator, ally
- Take pressure off birth moms
- Create a working group of representative stakeholders who will review media and create standards

Question 4:

How do we change 'all the right things' we have been doing?

- Change our language, i.e. 'external brain'. They have a brain.
- We need to listen more (professionals) and establish relationships of sharing in dialogues more like peers
- Professionals need to speak to mothers with more compassion and improve their intonation in questioning
- Change the name

**Where do we go from
here?**

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