

Presenter Disclosure

- **Kathleen T. Mitchell**

No financial relationships to disclose



Managing Potential Bias

- Not applicable

A Curriculum for the Empowerment of Mothers in Recovery (CEMR)



Warrior Moms Stand Up, Speak Out

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Warrior Moms Stand Up, Speak Out: Curriculum for the Empowerment of Mothers in Recovery: To Prepare Mothers to Tell Their Stories

Our research has shown that when healthcare providers hear directly from a person with real life experience that interaction reduces the stigma and is more effective than education in reducing stigmatizing attitudes, stereotypes and harmful misbeliefs. (Corrigan et al, 2018).

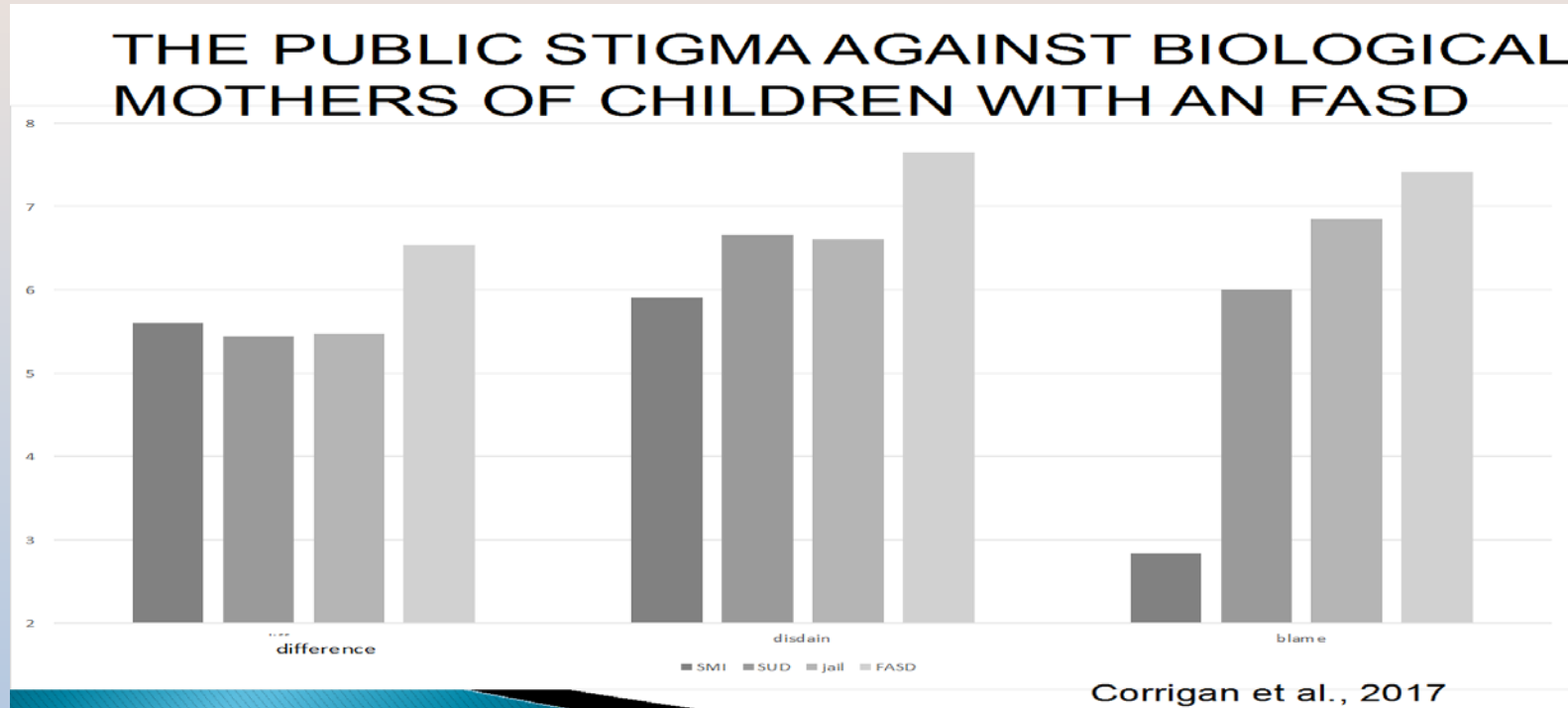


CEMR is an essential element of a larger CDC funded anti-stigma program that includes American College of Obstetrics and Gynecology (ACOG) and American Academy of Pediatrics (AAP)

- *(1) dispel healthcare provider stereotypes about the prevalence of FASD and the reasons, characteristics, and risk factors associated with drinking alcohol during pregnancy*
- *(2) decrease the percentage of healthcare providers who view stigma issues as a barrier to screening their patients*
- *(3) increase alcohol use screening rates for obstetric patients using a validated screening tool*
- *(4) increase pediatric patient prenatal alcohol exposure screening rates*



2017 study compared public perceptions 4 groups; women with mental health issues (MI), women with substance use disorders (SUD), women that had jail experience, and women that had a child diagnosed with an FASD.



The survey showed the public viewed mothers of children with FASD with greater disdain, more different and more responsible than women than women with mental illness, substance use disorders or women that had been in jail (Corrigan et al., 2018).



Corrigan et al., 2018 used a community based participatory program (CBPP) that revealed that physicians have hidden stigma and negative attitudes towards birth mother and individuals. Findings from collective focus groups:

Birth Mothers:

- They are ignorant
- They are very unstable
- They are selfish people
- They are uneducated
- They are child abusers
- They are addicts/alcoholics and unable to change

Individuals/ Children with FASD

- They have poor social relationships
- Different
- Brain disordered
- Damaged goods
- Retarded
- Immature, incapable of ever acting their age
- Cursed - they have a bad prognosis or permanent damage
- Lazy
- Violent
- Unable to pay attention
- Unable to learn
- Unable to form relationships



Why women drink during pregnancy (a survey of 92 birth mothers)

- I am a social drinker, drank before I knew I was pregnant and stopped when I found out. 6.1%
- Thought it was ok to drink, just not excessively. 3.1%
- Doctor said I should drink. 9.4%
- Doctor never said I should not drink. 21.9%
- I knew I should not drink but I could not stop. 21.9%
- I was an addict in active addiction. 18.8%
- I was too ashamed to admit I was drinking. 9.4%
- I am an alcoholic, drank before I knew I was pregnant, and stopped when I found out. 6.3%
- I was an addict and could not get into treatment. 3.1%

Mitchell, NOFAS Circle of Hope survey 2012



no woman
drinks
because she
wants to
hurt her
children



Curriculum for the Empowerment of Women in Recovery
(CEMR)



CEMR Goal

Reduce Stigma towards Birth Mothers

The CEMR will prepare birth mothers of children with FASDs to effectively tell their stories to healthcare providers. The goal is to reduce both *healthcare provider stigma* and *self-stigma* and to increase an attitude of *empowerment* in birth mothers of children with FASDs.

The belief is that when stigma is reduced amongst providers it will ultimately:

- **1) Decrease future alcohol and other substance exposure pregnancies.**
- **2) Increase the likelihood of intervention, treatment and support for the birth mother.**
- **3) Improve identification, accurate diagnosis and care of children with an FASD.**



Criteria for Inclusion in the NOFAS Speakers Bureau

- Women that are stable in their recovery from addiction and have two years clean and sober from alcohol or other substances.
- Women that can demonstrate that they have received support and are emotionally stable in their process of grief and acceptance in having a child diagnosed with an FASD.
- Women that have support from their children and family members to participate as a speaker.
- Women that are willing to learn the basics about FASD, addiction, stigma and demonstrate they are willing to investigate their own personal stories.



CEMR Includes:

- Background narrative
- Lesson plans, activities and handouts
- Group activities
- Sample one-day and two-day training agenda
- Speaker evaluation
- Training evaluation
- PowerPoint template to provide to program participants



CEMR-two modules

Module One: Stigma

After completing Module One, the learner should be able to:

- Describe how stigma has impacted your life, other birth mothers, and families living with FASD.
- Provide at least two examples of person first language.
- Articulate three FASD public health messages that do not perpetuate stigma towards women.



Fetal alcohol spectrum disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy.

Non-stigmatizing language: Fetal alcohol spectrum disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual who was exposed to alcohol before birth.

FASDs are caused by a woman drinking alcohol during pregnancy.

Non-stigmatizing language: FASDs can occur in an individual who was exposed to alcohol before birth.

Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities.

Non-stigmatizing language: Prenatal alcohol exposure is associated with an increased of miscarriage, stillbirth, and a range of lifelong physical, behavioral, and intellectual disabilities.

Module Two: From Victim to Warrior Mom

Empowering Birth Mothers

After completing Module Two, the learner should be able to:

- Define empowerment and how that relates to the experience of telling your story to healthcare providers.
- Name the 3 essential aspects of telling your story that healthcare providers need to hear.
- Develop a list of three things that providers can do to help mothers that are using alcohol and other substances.
- Discuss what you want healthcare providers to do to help prevent future cases of FASD.



Sharing Our Story: Part of the Healing Process

Benefits to women that participate in the CEMR training:

- Increased education and awareness about stigma
- Increased education on FASD and addiction
- Become part of a supportive community as they process their unique life experiences with other women with similar backgrounds
- Increase skills and learn techniques on how to tell their story in a concise, organized, interesting and compelling way
- They discover a purposeful life by bonding with other birth mothers; together they become part of the solution



CEMR Training Progress

- Trained birth mothers from the DC region using the CEMR
 - Excellent evaluations, participants reported they felt more confident to tell their stories
- Speakers Bureau: Currently partnering mothers with ACOG FASD Champions to provide Grand Rounds across US
 - On-going evaluations: Physicians will be interviewed on their reactions and how other physicians reacted to the personal story
 - Women will be interviewed on their speaking experiences



Who else might use the CEMR?

Professionals who treat women with alcohol use disorders (AUD) or substance use disorders (SUD) or provide support to biological mothers of children that have been exposed to alcohol or other substances who are interested in sharing their experiences to increase knowledge about FASDs and addiction and reduce stigma.



Our stories matter and they make a difference- *Holistic Intuitive Prevention Works!*



Thank you!
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