Talking with Families about Substance Use During Pregnancy

Nydia Ntouda: On today's webinar, we have Amittia Parker, Kelli McDermott, and Julia Sayles, who each will officially introduce themselves. First up is Amittia. You can take it away.

Amitta Parker: Thank you, Nydia. Welcome y'all to this virtual space. We are delighted to be with you all today to talk about talking with families about substance use in the perinatal period. And this is a topic that each of us really come to from different perspectives but excitement to be with you all and to share information, but also to facilitate a dialogue where we're hoping that you all will engage with us throughout this very fast one-hour journey.

Now I do identify as Amittia Parker. I am a Black woman. I identify as a wife and a mother, cis-gendered sister, daughter, auntie, a cousin, a friend. I name those relationships because they are important and those are the kind of folks that I'm talking to about these types of topics. I am a social worker and a researcher and a trainer. I have experience working within Head Start programs, mostly with their region 7, Kansas City specifically, as a mental health consultant and therapist. And I'll pass it over to Julia. No, Kelli. My bad.

Kelli McDermott: Hi, everybody. Thanks, Amittia. I am so happy to be here with all of you. I am coming to this conversation as a social worker, similar to Amittia, as a white woman, and also as a mother. I hope to be a partner in this conversation with all of you today as we dig into what goes into prepping for these conversations and actually having them, making them happen. I'm going to pass the mic to Julia.

Julia Sayles: Thanks, Kelli and Amittia. I am thrilled to be with my colleagues here today. It's a special event to be able to train with people that you hold in high esteem and regard and bringing it to you all and being here in community with one another. It feels really great. I'm Julia Sayles. I identify as a white woman. I am a licensed mental health clinician. I have strong roots in Boston, Massachusetts, where I was a mental health consultant for ABCD Boston Head Start, quick shout out, for many years, as well as surrounding areas in Massachusetts.

I also identify deeply with rural communities. I grew up in the Adirondack Mountains of New York State and recognize that substance use is something that impacts all communities that we're working with. They think that the partnerships that we're talking about in terms of friendships, relationships, who are we talking to about this? It really stems across the United States. As I'm looking at the chat here, I love seeing how people are here from everywhere together in community. We can go ahead and move to the next slide.

I'm going to quickly go over some of our objectives here today. Like Amittia said, this is kind of a fast and furious hour with a lot of information packed into it. But our main objective here is to really think about how are we promoting and setting up conversations with pregnant people and families about substance use? And how are we doing this in a way that feels supportive, that feels judgment-free, that feels like these are not one-off conversations but conversations that are continued. They're conversations that can go deeper. They're conversations that can

connect folks to resources or to community, or to other needs that they might have. The way we're going to frame this is we're going to start by thinking about what some of the important information – what are some of the important considerations that we need to have prior to having these conversations. We're really going to focus in on social determinants of health.

We're then going to move into this place of thinking about how we ready ourselves for these conversations. We know in relationship, there are multiple people. As we're thinking about starting some of these conversations, we may all be in different places. We want to make sure that we're thinking about how we are feeling, how we're regulated, how we're using reflection, recognizing that this topic may be activating for folks in different ways.

Finally, we're going to jump into thinking about how we actually start these conversations. What are some strategies that we can use? We're going to lean into some of our motivational interviewing to help us think about how we can frame these conversations that, again, they're feeling relational, they're feeling safe, they're feeling supportive, they're feeling impactful. We can move to the next slide.

As we start here today, like I said, we're going to be thinking about regulation. We're going to be using reflection across because we have a lot of information coming to you and making some connections, a lot of connections. But we want to start by recognizing that pregnancy, substance use, social determinants of health, these things can be activating to us in different ways. There may be things that pop up for us in this quick hour that we aren't even recognizing in ourselves. We would really encourage and invite you all to join us in thinking about some strategies that we can use across this hour and then hopefully into the future.

Some things might be thinking about taking deep breaths, especially focusing on that exhale piece where we're really using that to help regulate our systems. My personal favorite, some micro-movements. If you have your fidget, if you have that pen cap that you're clicking, if you're shaking your knee, if you're rolling your neck or raising your shoulders, if you're doing a little bit of that progressive muscle relaxation, maybe you're tightening your hands into fists and then relaxing them, all of these things can really help to support our own regulation and are things that we can use to help us focus to help us make sure that we're in tune with our mind state and our body state.

We also have macro movements. Maybe you're going to take us for a walk. We don't know. We could be on your phone. Maybe we're walking with you right now, stretching your body, feeling free to turn off your camera, stand up, move around. Do what you need to do. Then finally, we want to think about, if there are pieces that pop up today that feel like they're lingering with you, if they feel really activating to you, making sure you have a plan, making sure you're thinking about someone that you have that you trust that you can talk to if you're feeling like you need a little extra support. Pumping yourself up, that good self-talk, having your own mantra. Again, really encouraging you all to focus on paying attention to yourself as we sit here together today in our virtual community.

Amittia: I want to do that breath. I feel like that's a lot. I'm going to do it. I'm going to do it right now. I would take the breath in, and I invite you all to join with me, and then do that long exhale. It feels so good. Y'all just gave yourself a gift. I just want to say that.

In addition, we think that it would be helpful if y'all consider pulling out a piece of paper or a notebook, or virtual notepad, whatever you need or you feel like would be helpful to you as you go along on this journey with this. We want you to be thinking about your feelings, paying attention to them, maybe jot down the journey that you go on as we talk. Additionally, there you can jot down any questions or wonderings, or things you want to look at after we get off, things you want to do after we get off of this webinar together today. Next slide.

Now, just want to go over some definitions really quickly so that you understand some of the terminology that we will be using. We're using the term pregnant and birthing people intentionally to try to be more inclusive of birthing people who do not identify as a woman or a mother, or a mama. Next slide.

There are some other terms that we'll share. for this particular one, I want to pause here and actually speak these words because these words will help give you a sense of why this is important to this discussion. We're talking about talking to people about substance use and their experiences. We know that there are so many factors at play that are impacting the person's experience and we want to be able to hold that as we support them through their journey. And doing that is advancing health equity. That is health equity work.

Health equity is a principle underlying the commitment to reduce and end disparities that impact children, families, and staff. As we pursue health equity, this means striving for the highest possible standard of health and behavioral health for all people. It includes making sure there is an equitable access to a range of resources, services, supports, and positive experiences and systems. This also includes giving special attention to those who are at the greatest risk for poor health and behavioral health outcomes that is based on systemic and structural racism and other forms of oppression.

A little bit, we'll highlight how this all works, and we'll share an infographic that charts that and makes that definition really come to life. Some other definitions or terms that I think you should be familiar with as we go along are health disparities and birth equity, bias, explicit biases, historical trauma, and then implicit biases.

Now these are in alphabetical order. That's why it feels like they're bouncing around a little bit, just so you know how we organize them, but these are awesome terms going all the way down to structural inequities. The materials that you will receive you'll be able to go and sit with these definitions and make sense of them and think about how they are useful or not in your own work, in your own growing understanding of the ways in which these pieces play out. I'm going to turn it over to Kelli so she can talk about language and substance use and the ways that it has shifted and evolved over time.

Kelli: Yes. We are talking about definitions here. We're talking about getting our language squared away that when we have conversations, we've got the right backdrop and we've got the tools in our pocket. One of the things that we wanted to lead with right out of the gate was destigmatizing our language. This for some of us can be a little bit of a kick-in to make sure that we are updating words that have been used in the past or that we've heard related to substance use in conversations we've had with others.

I'm going to give a little disclaimer and a reminder that these are words that are recommended to use in a professional setting by professionals and it's not our job to change the way that someone might identify themselves or tell their own story. It's words for us to use instead. I'm going to highlight person with a substance use disorder. This is person-first language. We often use a person with substance use disorder in clinical conversations, but we can use it in less clinical conversations as well. I would say it's much more important to stamp out things like addict and junkie, and druggie. What I know from talking to people in programs is that these words are still really — used pretty rampantly. Our small act of change toward making a less stigmatizing conversation is to pay attention to how we're labeling folks.

We at our center use substance use. We do not anymore use substance abuse. We acknowledge that there is a spectrum of ways substances are used. Now that there's legality around new substances in addition to things like alcohol and nicotine, those conversations are shifting. I have already seen some things come through on the Q&A. We'll do our best to address those as we move forward.

Then one that is feeling surprising for a lot of people is down at the bottom around relapse. We're preferring to use how to step back and really acknowledging that picking up a substance when you're in recovery is sometimes part of the process and that it's very important for information gathering and it's much easier to have a conversation about that when it's approached in that way.

As we move through our conversation together today, we are going to think about the intersections between the definitions Amittia shared, how that comes together in a model at Head Start, and the way that our language can support conversations with folks around this topic because we know that it is stigmatized. We know that people often are not sure if we are safe for seeking support and being honest. We want to disrupt that and give messages that say that we are available.

Amitta: Absolutely. Thank you much for highlighting that, Kelli. There's something about that piece that really makes sense. Our language can give people a sense of rather it feels safe to be in conversation with us. I love the connections that we're making here. Now we want to highlight this process that I mentioned earlier in terms of how sorry Head Start programs are a health equity intervention.

not only do I think about the role that Head Start plays in terms of being that bridge to conversations, because for a lot of people, some of their first conversations they're having

about mental health and substance use are happening in the context of being served in a Head Start program.

Head Start programs are a health equity intervention for a lot of different reasons. They are well positioned within communities. The intentionality around addressing those negative, social, and economic conditions that folks find themselves in is helping to address health disparities that they may be impacted by. Head Start really is a bridge and aligning with Healthy People 2030 as we continue to address those negative social and economic factors in education, in housing, in work, and in communities, and across all the different spaces and places that families go and move.

We are there helping through promotion, prevention, and intervention activities them to be more healthy. This is really important when we're talking about perinatal substance use because we don't just care about the birthing person but also their children, their entire family. We are literally helping to shift the trajectory for families and that's really amazing. I want to pause and share a little bit more about what some examples of health disparities are. And the health disparities I want to elevate are really a result of experiencing many cumulative negative experiences and that people who identify as Black, Indigenous, and persons of color because of structural racism and other forms of oppression, they are most likely to be impacted in really significant ways. And these differences are what I'm talking about when we talk about health disparities.

I want to share a few examples with you so that we all can be on the same page. Because when we're talking about substance use and how to support birthing people, we need to know some of those risk factors, if you will, and in addition, some of the strengths and the supports and communities. The studies actually have shown that among Black women in particular, they are three to four times more likely than white women to die from and during their pregnancy and postpartum period. For the most part, this is preventable. As we get to even looking at even closer into the data and getting more understanding about what's happening, some of the deaths during the perinatal period are a result of suicide and overdose.

That's why this is a really important piece to this conversation that we're having today because substance use and overdose are a leading complication in the perinatal period. It's really important for us to understand that and also understand who is most likely to be impacted by that. Birthing people of color are less likely to find and get treatment in the supports that they may want or need for their own substance use. And they're more likely to be criminalized for their mental health and substance use. And this is problematic that the point in which a person decides to get help, that some are met with consequences that are dire and really disturbing.

That leads us to the next point, where Black birthing people are more likely to get screened for drug use during the perinatal period, reported to child welfare, and separated from their children. This is horrific. Like every time I think about it, that certain individuals are treated so differently in their birthing experience and then I think about how desperately our systems and even individuals want to help. Folks talk a lot about mistrust of the system and how reluctant people are to tell the truth about their substance use and their struggles. These disparities

highlight why, like why a person may be reluctant to have that conversation and also to seek help. It's more complex than meets the eye.

We just don't want to bypass this moment. We're just sharing these data points, or this information based in research without pausing to really think about what it means, that people are dying and not getting help. Then when they are seeking to get help, people are being — their lives are being even more harmed in I don't know. It just bothers me to just sit with it. Let's go to the next slide because I think it also is an invitation to each of us to not just, I'm kind of musing while I'm with you all, thinking about the feelings that are bubbling up in me as I think about these pieces. We want to invite you too to reflect on what you just heard and how these things are making you feel in this moment. Then jot down any thoughts or feelings that come up for you.

Julia: We're seeing in the chat, too, Amittia, that people, it resonates with them on so many different levels. I think particularly when we think about those social determinants of health, when we think about health disparities and we're layering in substance use within that, people have a lot of personal experience, a lot of work experience. There's a lot of different layers.

Amittia: Yeah, totally. I intentionally during that pause tried to see if I could breathe in and think about the amazing strengths that every person who shared their truth with me used to have the conversation with me and to then move in to getting support in their journey for themselves, but mostly they do it for their children. That helped me shift my emotions in such a way that I feel really excited about — I do, I always say don't shy away from engaging with the feelings of sadness and disappointment, and anger, shock, but also think about the strengths that are among these people who and they may you. They may be one of us who are on this or who are in this space right now who is struggling and who is doing everything that they can to be well and get the support that they need. We can go to the next slide.

Speaking of that, Black Maternal Health Week is coming up and we are gearing up for a really important time in our work where we get the opportunity to have really intentional conversation about how this maternal health crisis is really impacting mothers and babies and birthing people and their children in our country in ways that is unimaginable. We want you all to join us and use that energy that you all are experiencing towards increasing information, education, and really facilitating opportunities to continue the dialogue and to continue the work, those daily actions that will move us towards elevating that Black mamas matter and that this maternal health work is everybody's business. Next slide.

Speaking of that, this is the work that we do in Head Start: promotion, prevention, and intervention. Where it is a part of what we do where we're helping folks access comprehensive services and we are really grounded in elevating the experiences of those families that we are serving, that we are helping families to become advocates and to exert leadership within their own family and communities. Then we are really engaged in partnership with so many different community partners that allow us to best serve the families that we are serving.

Additionally, when we think about substance use and recovery, Head Start cannot provide all the services that folks need. Those partnerships are so amazingly essential to being able to provide those really specific services that folks want and need. We want to talk about and think about for a second just Head Start being this bridge. Beyond advocacy — not advocacy — beyond increasing awareness of the issues that perinatal birthing people — perinatal and birthing people are experiencing, what other things are happening in Head Start that we can elevate that is advancing health equity? Next slide, please.

Julia: There has been a lot, Amittia. Those all are really important considerations, information. The chat is popping off. There is a lot of really great stuff happening in there. I want to take a second to throw to you and Kelli, we just talked about this bridge that Head Start can be. Can you share some of the ways like I go to work tomorrow, what am I looking for? Like how is Head Start helping to build that health equity? What are we really noticing and honing in on so that with those feelings of anger and sadness and mistrust and some of that peace that we're holding, we're also holding that place of these are areas that really do impact and help to support and promote change.

Amitta: Yes, totally. I can start with that brings up staff wellness and the importance of it for me and how it's so essential that we are well that then we could just be well in general, but then we could really show up in a way that is non-judgmental, that slows down, that really engages and we can be and do all those culturally and linguistically responsive practices when we and our own wellness is prioritized.

Kelli: Absolutely. I'm thinking much about trauma-informed care. I know that is a huge priority of our center. The shift that we are all making the push toward to create healing spaces that are safe and supportive and allow for growth, all of that aligns so nicely with this work. I know that we're working really hard to make that feel connected in our conversation today and in all our conversations.

Amittia: Yeah, totally. I want to add one more thing. I think within the area that says family-centered, like those practices feel so resonant for me in that I think about teaching families about substance use in general and then how to language that and how to talk to providers of different kinds and how to get their needs met, walking with them through writing their own goals for their own story and their own journey for their family feels so important. In addition, I think about, like I mentioned before, the connections to community resources and especially those that are accessible and those that consider the unique needs of the children, families, and staff that are served through Head Start, but definitely think about those partnerships and Health Services Advisory Committee and community assessment, for example.

Kelli: Absolutely. And of course, in that middle column, we've got services for pregnant people. We are here talking and representing those services in a very specific way but it's such an important way. And I want to just volley up for you, Amittia, and make note that screening is listed on this comprehensive services tab.

Amittia: Absolutely. Yeah, the services for pregnant people and the screenings are really important practices that are already built into how we do Head Start and what we do in our programs. Let's talk a little bit more about screening as we continue this conversation. Next slide, please. When we talk about screening and substance use and pregnancy and the perinatal period, there's a few things that we want you all to keep in mind. The first one is that education and screening can save lives. If we know that, it's even more problematic that it's not being done.

Another piece that I'll elevate that's connected is for each one of you who are on this webinar to know that if you're engaging in a conversation with somebody about substance use and mental health, you might be the only person who is talking to them about it. If you're able to bring somebody into a conversation and they're able to share something personal, vulnerable, intimate, it's really important to do that thing right.

I would elevate that your presence is more important than anything you say or do. You being present and seeking to get to a place of settling and calm and open heart, mind, and opportunity for dialogue, that's what's really helpful. And as you have these conversations, we also want to elevate just as a foundational piece that screening should not be done just for the sake of screening. It's not just a thing that you check off. Screening should be a part of education and conversation. It is an opportunity to engage in a dialogue. And then it should occur more than once.

There are some specific time points in which we should be screening across the perinatal period, given that we know there are certain parts in the perinatal period where we have documented that there are increased risk for mental health crisis and even overdose and death. We want to highlight just right there that the highest risk for perinatal overdose is noted to be around six months postpartum. Once the baby comes, the conversations and the energy towards that birthing person must continue. Last thing I'll highlight here is that screening is an intervention. Like it literally is. When we screen, we're screening to intervene and to provide support. I'll pass it back to Kelli to talk a little bit more about some other things to consider in that process.

Kelli: A lot of times what gets ticked off for folks when we say screening is to intervene, that implies that there is another step after the screening. That's where a lot of people start to feel intimidated. I don't know what to do with this information. I wanted to give a little shout out to an upcoming webinar on April 6 about using community partnerships to promote recovery services within Head Start and then in your community. If you want to have a more deep conversation about that, please join us on the sixth.

Then on the slide in front of you, there are some considerations about screening. A lot of them are reiterated from Amittia's talking points, but they're shared with you on purpose because they are highlighted in resources found on the ECLKC. If you're looking for something that you can access right away and have on your fingertips, this is it.

I want to just take a minute to remind us of Amittia's first point that screenings can be lifesaving. This is a huge opportunity for all of us to hold in our back pocket and to make sure that we are taking this really seriously. The other point that I wanted to highlight and tie into this conversation is from Amittia's portion earlier where she said that Black mothers in particular were more likely to be screened for substance use disorders, among other things, and receive punishments as a result of those screenings.

What I want to make sure to emphasize is that screening should happen as a universal practice. This is not something that we eyeball and say, this family looks like they could benefit from a substance use screening. The more that we can incorporate it into our standard of practice, the more effective our screenings will be and we can move into connecting people to services that will hopefully be responsive to their needs at an earlier time and prevent some of the higher stakes consequences of ongoing use without support that we discussed earlier.

On the next slide, there's a little screenshot and a link to the ECLKC where this resource can be found. Its title is Screening for Substance Use Disorders, Head Start Can Help. There are different screening tools that you can read about, some considerations that are summarized through our talking points already, and then a couple other things that might feel helpful. I encourage you, if you want to do some light reading in all your free time, this is a good place to start.

Coming up in the near future is an opportunity to meet with some of our partners at Illuminate Colorado. They are absolutely experts in supporting families around substance use and recovery issues. They've developed a conversation guide for professionals. What that really digs into is how you have conversations with people about substance use. If you want to know what is a good thing to say, what are some of the ways that I can prepare for things that might happen in these conversations, this is a place for you.

Registration information is on your screen. There's a QR code that will take you right there. But there are multiple screening opportunities. Hopefully, this might work for your schedule. These are offered nationally you'll have a good mix of folks to bounce ideas off of. We're really excited that it's happening first time next month. Next slide.

Julia: Wow. I think, one, that conversation training is going to be amazing, the conversation guide. From reading through some of the chat, if you are hungry for this information, please, please sign up. I'm also thinking like we all go back to work tomorrow or we're at work right now.Like what is bubbling up? What are some places, what are some reflective questions, what are some wonderings that we might be able to bring with us in our next meeting or at our next staff meeting, or email whoever we need to email after this, or pop into their classroom or start the dialogue? Amittia and Kelli, what are some of the reflective questions, what are some of the questions that might spark some conversation that you might think of as a place to start as we're thinking about what we might do as our next step?

Amittia: You know I can always jump in.

Julia: I love it. Jump in Amittia. Let's hear it.

Amittia: I really am thinking about and sitting with that piece around the risk associated sometimes with sharing these types of things. One of the questions that I would invite folks to be thinking about is, who is having the conversation and how comfortable do they feel with those types of conversations? Then the other part is, who do we have in our community already who is ready and able to serve birthing people and different parts of their substance use and recovery journeys?

I really think about how important it is to identify, especially spaces that are culturally congruent. Be really intentional about identifying spaces that Black, Indigenous, and people of color within your communities prefer and feel safer at. I think about spiritually oriented or religiously oriented spaces and how invested they've been over time in providing different types of services and supports and many of times free of cost or of low cost. But then some people don't identify as religious or spiritual and then thinking about what other spaces are in communities, accessible, acknowledging the different types of funding mechanisms or limited funding that people might have. That desire to be supported.

Julia: That's great. Thank you. Kelli.

Kelli: Yes. There are so many questions. I want to acknowledge that we are layering on here. We started at the beginning today and just had you do some breathing. Here we are now, we've gone through health disparities, we've gone through mortality rates, we've gone through a little bit around substance use. This is a lot. I think that these conversations can energize some of us. When we say, OK, this is really important work. We've got to get to doing this. That's wonderful. We need a driver.

It's always helpful to check in with other people about how this looks in your program. When we're bringing partners along with us in this work, it might be a little bit of a bumpy road. It's not something that we're necessarily going to be able to implement overnight. My question would be, OK, am I ready to take on this work with the understanding that it might be hard at the beginning? But that doesn't mean it's not important.

I would echo all of Amittia's thoughts and then say, all right, now let's find some partners in our work and assess where we are in a very realistic and honest way and make some small acts of change. Maybe it is just saying, hey, everybody in my program who's pregnant is going to get this screening. And that's our first step. Bit-sized chunks so that we can move the needle in a way that's meaningful, but also intentional.

Amittia: Absolutely.

Julia: I love that. We're going to take 30 seconds here. This is an intentional 30-second pause. We're just going to ask folks to reflect, to breathe, to do some of those micro-movements if they need to, to jot some things down that might be bubbling for them that they don't want to forget. We're going to sit together for 30 seconds quietly.

Now we're going to be fast and furious to the finish. I hope that moment helped you to just center yourself a little to think about the importance that time, quiet, thinking, being able to integrate some of the information we're talking about today, it's important that we allow ourselves time and space to do that. Amittia, we're going right to you.

Amittia: Yes. I was thinking about it as you all continue before talking about different levels of understanding and knowledge, and then also getting to this place where there's a lot of information here, that it might be time to check in about levels of comfort. Let's do a poll really quickly where we can really just get a gauge on how you all are doing in terms of how comfortable you feel with having conversations about substance use.

We feel like thus far, we have been really setting the stage and setting the framing of bringing some context information about the spaces in which we might be where these conversations are present and some of the many different factors that are impacting it. But I think it's helpful to check in about our very levels of comfort. Because for some of us, you're here because you want additional information. For others, you maybe want to know more about the dialogue and how you can become more comfortable in these conversations. For each and every one of you that joined today, there are different levels of comfort. We want you to keep track of that over time.

Let's go ahead and share the results here. We have quite a few people that have participated thus far. As you can see, we have a beautiful curve. The researcher side of me is coming out. A range of different experiences here reflected in terms of folks feeling very comfortable to more so folks feeling comfortable in more of the folks who are present today with a great amount of people who are feeling very uncomfortable and just uncomfortable.

It's important to look at that because there's about 10% of y'all that are out there and maybe more who are still feeling uncomfortable. We hope that with this additional information and then these intentional pauses and the strategies that we'll propose, you'll feel more and more comfortable along the way. Next slide.

Julia: I think something Amittia that you said earlier really struck me, that Head Start we do relationships really, really well at Head Start. That's why we are talking to you about this topic because you may be the only folks who are bringing this up to these families. They feel safe. They have this relational place. They have this place that feels good and comfortable. What you were saying was that it might not necessarily even be the content that we're giving, but how we're showing up to that relationship.

How are we noticing for ourselves? How are we starting with ourselves to notice our own regulation, to notice our own comfort level, to make sure that we are there to be a safe, judgment-free, supportive person who isn't saying, do x, y, and z, but we're saying, hey, we're here in this with you within partnership. A big piece of that is making sure that we're pausing to think about our own regulation.

Part of that is how comfortable do we feel in these conversations? A piece of that might be, what does it look like when we're not regulated? What does that mean for our feelings or our emotions, or our behaviors? Do we shy away from things? Do we lean into things? What does that look like for us? And it's going to look different for all of us.

I think another piece goes back to that stuff wellness piece, which we know is so important for health equity as well and thinking about, what else do I have on my plate at work, in my own personal life? Are these stressors impacting how I'm able to regulate and to show up in these relationships? we know that reflection can really support that. Let's go ahead to the next slide.

When we're thinking about self-reflection, we're really thinking about this process of, how are we exploring and questioning and reconsidering? Basically, everything that's popping up in the chat right now, you all are bringing it. Like these are really great reflective moments that have been shared within this chat. I just appreciate and thank you all so much for your candidness and your trust in us to share.

I think that a big part that was mentioned in one of the questions it's popped up in the chat is, it's important for us to use the self-reflection, especially on topics that are layered, like health disparities, like substance use, like mortality rates, like pregnancy because we all hold biases. some people have shared in the chat that they have shifted their biases through some of this reflection, through more information.

But critical self-reflection gives us an opportunity to really explore some of the biases we may hold. It might go back to the language we're using. It might say just some of the grounding information that we now have might shift how we are thinking about being in relationship and how we're having these conversations. It also can help us to understand our own experiences. It can help us to process some of those experiences and then think about how do those show up and how might those affect the relationships that we hold?

The goal of this critical self-reflection is really to be thinking about how do we support some actionable change within ourselves to make sure that we're promoting those really safe, supportive, judgment-free relationships? We have some guidance for that. We're not just going to leave you hanging. let's go to the next slide.

We put together a few reflective questions. This is not an end all, be all. This is just a place to start you to get in that reflective place to think about, am I doing this process? I asking myself these questions? Is my program asking questions like this? These things that are popping up in our staff meetings or conversations with colleagues? Part of the process is first to think about how we feel, how we think, what we do.

Some of those questions might be things as simple as, what do I think about substance use and pregnant people? Sounds simple, but there are a lot of thoughts, a lot of feelings, taking into consideration health disparities, taking into consideration equal access to healthcare, all of these pieces. We clearly have already stated we have a lot of thoughts and feelings around this. How are we naming those, recognizing those?

How are we noticing which pieces of those might make us uncomfortable or might activate us? Because sometimes we're activated and it's not because we're uncomfortable, it's because we're angry. It's because we're frustrated with the system. It's because we feel upset or sad. Thinking about how we recognize those points and how we can use some strategies to make sure that we're regulated and we know where those sticky places might be.

A big one here is this idea of curiosity. How are we thinking about how our experiences and our beliefs show up and being judgment-free of those and shifting to this lens of being curious about them. I think when we come in a place of curiosity and wondering, we're inviting an open door. We're inviting room for growth. We're inviting room for conversation. We're inviting room for partnership. That's for ourselves, but that's also when we're in conversation.

Again, we're doing all of this because we want to make sure that there is some change and growth for future situations and interactions and experiences. How do we take our deeper understandings and translate that into the practices, into how we show up, into how we are in relationship and how we're able to manage our own stress, our own regulation when we hit some of those hard moments and then prioritize where we might still need room for reflection and growth.

Amittia: Absolutely. Yeah. I love these questions, Julia. It is helpful. I hope that every person who watches this webinar will actually take the time and do this reflection. Next slide.

We just wanted to leave you all with just a simple A, B, and C. Acknowledge those biases that you might have. Be curious and open to learning more. Challenge any assumptions or behaviors that you feel need to be challenged. Yes, we all can do this. Next slide.

Kelli: All right. We are going to do a brief chat about motivational interviewing strategies. For those of you who motivational interviewing is new to, I'll just highlight that these strategies can help us have conversations that feel supportive, they feel collaborative, they promote openness and curiosity, and most importantly, they're judgment-free. All of that feels like it's really in line with the balance we're trying to strike around talking about substance use with pregnant people. I want to highlight that there's a couple of things that have come up in the chat. These strategies are good for any kind of conversation that might feel like a little uncomfortable depending on the topic, but we're going to obviously center it around substance use.

I want to reiterate that it is so important to have conversations with folks universally. We want this to be something that's provided to all pregnant people for the purposes of this conversation. We would love to think bigger if you're available for that at some point in the future. For today, we want all pregnant people to be screened for substance use. We want all pregnant people to be invited to have conversations about substance use.

We have done the work already of trying to make sure that we are ready for that conversation. Because you can prepare yourself but you're not sure what's going to come on the other side of that conversation when you begin it. All of our regulation practices, all of our reflection and performing and separation pieces are really important.

Let's just make the assumption that you've done all of those things, you've got a nice environment to have this conversation, you're not catching someone at drop off in the morning when they're trying to be 40 places, and you yourself are in the right headspace to move forward, as we move into the next slide, what we hear so often is that it's really just hard to know where to start and how to normalize the fact that you're even bringing this up. And it's really powerful.

It takes the accusation out to say, OK, we talk about this with every single pregnant person. I didn't look at you across the room and think, oh, she's the person I need to talk about substance use with. This is just part of our practice. We want to make sure that if you need resources for substance use, that you get them the same way that if you need resources for anything else you get those as well. This slide is really highlighting a script that you can use. This is something we talk about with all the families in the program who are pregnant. Is it OK if we talk about this with you now?

Soliciting permission, is on the next slide, is so incredibly important to motivational interviewing practice. It's hard, everybody, to get a no. Especially, I see you in the chat. You feel invested in having these conversations. You are worried about the impacts that substance use during the perinatal period will have on the pregnancy, on the developing neurobiology of the baby. I've seen your input and it's a very valid. But a key part of motivational interviewing is respecting someone's no if they give it to you.

One of the things that we can do if we receive a no is to say, would it be OK if I talked to you another time about this? This is something we talk about with everybody. We've got some new information. There have been some updates, just want everybody to be on the same page, especially if they're expecting a baby. Sometimes, again, people will say no and then other times people will say yes. It is OK to keep asking, but soliciting permission is definitely a very important early step.

As we move into our conversation, say they say yes, reflective listening is where it's at, keeping the conversation moving. This is what helps us to make sure that we are judgment-free, that we're open and curious and making sure that we're understanding what people are saying. As you're hearing someone share about their experience, recapping it through reflective listening is a really powerful tool because I think all of us have had experiences where we're in a conversation with someone and we hear something and then it's misunderstood or they understood it a little bit differently than how you meant it. This back and forth is really important, especially with topics that are uncomfortable to talk about like substance abuse and pregnancy.

On the next slide, I want to just bring it home because we have said there are layers and layers to this conversation. You're talking a lot that has been covered in this hour. It was really important to keep in mind who we are in a conversation, what power we hold, what privilege we're holding, and that all of our conversations have the potential to be impactful.

They all have consequences. Hopefully, they're consequences that move us forward in our relationship and feel supportive, but there might be opportunities for repair that are needed. It is powerful to go back and say, that maybe didn't feel so good and I apologize. Can we talk about this again? Starting over. Solicit permission and reuse the strategies.

As we move into the next slide, we want to highlight some of the resources that our friends at the Parent, Family, and Community Engagement National Center have promoted. Building partnerships of family theories. A lot of information on this middle resource about engaging with families around sensitive topics could be useful.

On the next slide, there are a few more resources that might feel helpful in your work. These are all from the ECLKC as well. And this top one, I saw a couple of folks were asking about how to give information to parents and pregnant people, expectant families, about the impact of substance use on their developing pregnancy. There's some information here that's really easy to digest. We are at the top of the hour. Nydia, I'm going to send it back your way.

Amittia: I would just also highlight that motivational interviewing suite, if you feel like the information was new or, just as Kelli mentioned, that you want to go a little bit deeper, learn a little bit more, that's a great place to go deeper and have more information. I think in the spirit of soliciting permission, do we have permission to answer any questions, or do we need to transition?

Nydia: Please, if you want to answer one quick question, I know we're at the top of the hour. A lot of people did have to hop off for other obligations, but we can squeeze in one question.

Amittia: It's hard because it is great. Thank you all so much for your engagement and participation. All these questions are amazing. I'm not sure which one is a quick one besides, how do I get the certificate?

Nydia: I'll tell everyone about the certificates. You can pick a content question if you want to.

Amittia: Let's see. Which one seems like I've seen the screening use questions were already shared in chat so I don't think we should do that one.

Julia: Amittia, I feel like this one sums up. I love this one that Kimberly is asking about, is there a way to help inform and educate pregnant people about substance use or mental health without making them feel awkward or cause them to distance themselves? Because I think that's a big concern. We don't want to push people away. We want to bring them in.

Amittia: I love this question too. I think that, for me, one of the quickest ways that I can respond to this is like, how you are will, you know what I mean, make the conversation feel less awkward. If a person is able to share with you something that you may agree with or not agree with, but you are just present for it, breathing through it, holding it, using some of these motivational strategies to understand, not necessarily direct them in a certain way, but

understand and respect where they are, what they know, and be with them in their decision to seek more information or do nothing, or whatever the case may be can be really helpful.

I think the struggle is that a lot of people come off uncomfortable. Like you come off that way because of maybe biases that you have or values and beliefs that you hold. It's a felt experience is the only thing I could describe to you. I would think that a personal step I would do is that journaling, reflection, that self-reflection activity and go back, what do I think and feel about certain kinds of substance use and pregnancy? Where do I feel my feelings in my body? How can I regulate those things? Do I need additional information? Do I need additional experiences with certain folks to be able to feel more comfortable?

Because I think the point in which my values and my beliefs changed about substance use and pregnancy, which came from a better understanding of all the factors that are impacting that person and their decisions to use varied substances for varied reasons, I was different in those conversations because I dispensed, like the judgment ceased because I got it to a certain extent and I realized that it's not my job to solve everyone's issues or make decisions for them, but it is my job to hold and be with them and explore with them. That's my thoughts.

Kelli: I would leave folks too with a mantra that has been helpful for me in perinatal substance use work. It's that every parent wants to be a good parent. If you embrace that and enter in your conversations with that lens, it goes a long way.

Amittia: Love it. Love it. Love it.

Julia: Wonderful.

Nydia: Thank you. Thank you so much. Thank you so much to our presenters Julia Sayles, Kelli McDermott, Amittia Parker, today for this very important information. To the participants, if you have more questions, please do not fret. Don't worry if we didn't get a chance to get to your questions. All the questions will be answered. You can go to MyPeers or write to health@ecetta.info.

Also regarding the evaluation, the evaluation URL will appear when you leave the Zoom platform. And remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, and print your certificate. Those of you who are currently utilizing the Spanish channel, you will receive an additional survey from an NCHBHS email. From this center's email address about your experience with the interpretation services today.

For all of you, you can subscribe to our monthly list of resources using that same URL from the evaluation. You can find our resources in the health section of ECLKC or write us. Again, that email address is health@ecetta.info. Thank you so much once again to our presenters as well as our participants and the rich, rich participation today. Kate, you may close the Zoom platform.