

Georgia CACJ Annual Conference
Empathy and Accountability:
Reducing Shame and Stigma to Increase Participant Engagement

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CENTER FOR CHILDREN AND FAMILY FUTURES
Strengthening Partnerships, Improving Family Outcomes

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Our Mission

Center For Children and Family Futures (CCFF) strives to prevent child abuse and neglect while improving safety, permanency, well-being and recovery outcomes with equity for all children, parents and families affected by trauma, substance use and mental health disorders.



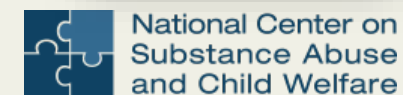
Learning Objectives



1. Recognize the ways that shame and stigma are manifest in our culture, language, and actions.
2. Identify at least three changes in individual behavior to reduce stigma and shame associated with substance use and mental health disorders.
3. Apply changes in team practice and procedures to reduce stigma and shame associated with substance use and mental health disorders to increase participant engagement.

DISRUPTING STIGMA

How Understanding, Empathy and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders



<https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf>

What is Stigma?



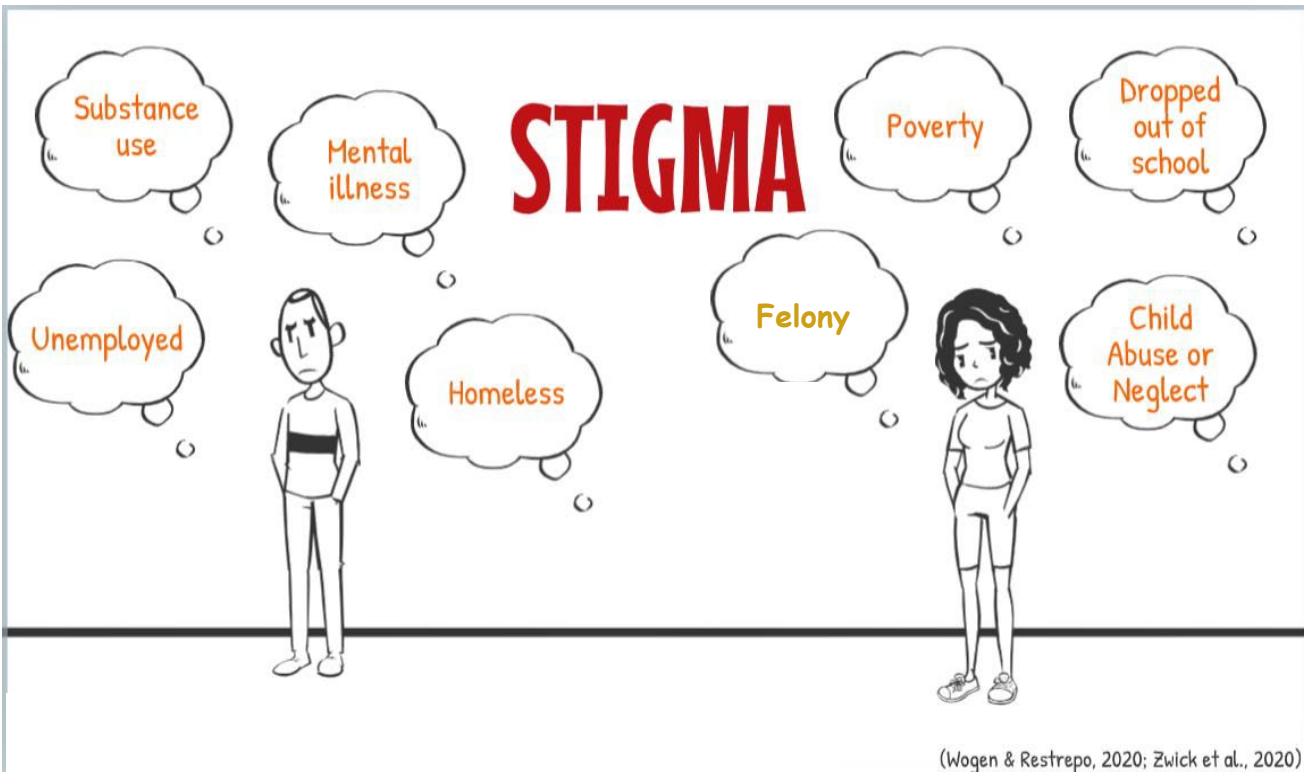
Listen
Learn
Respect

STOP STIGMA

Be Inclusive
Inform
Support
Educate

What is Stigma?

Stigma relates to personal characteristics, or cues, that are considered shameful by society.



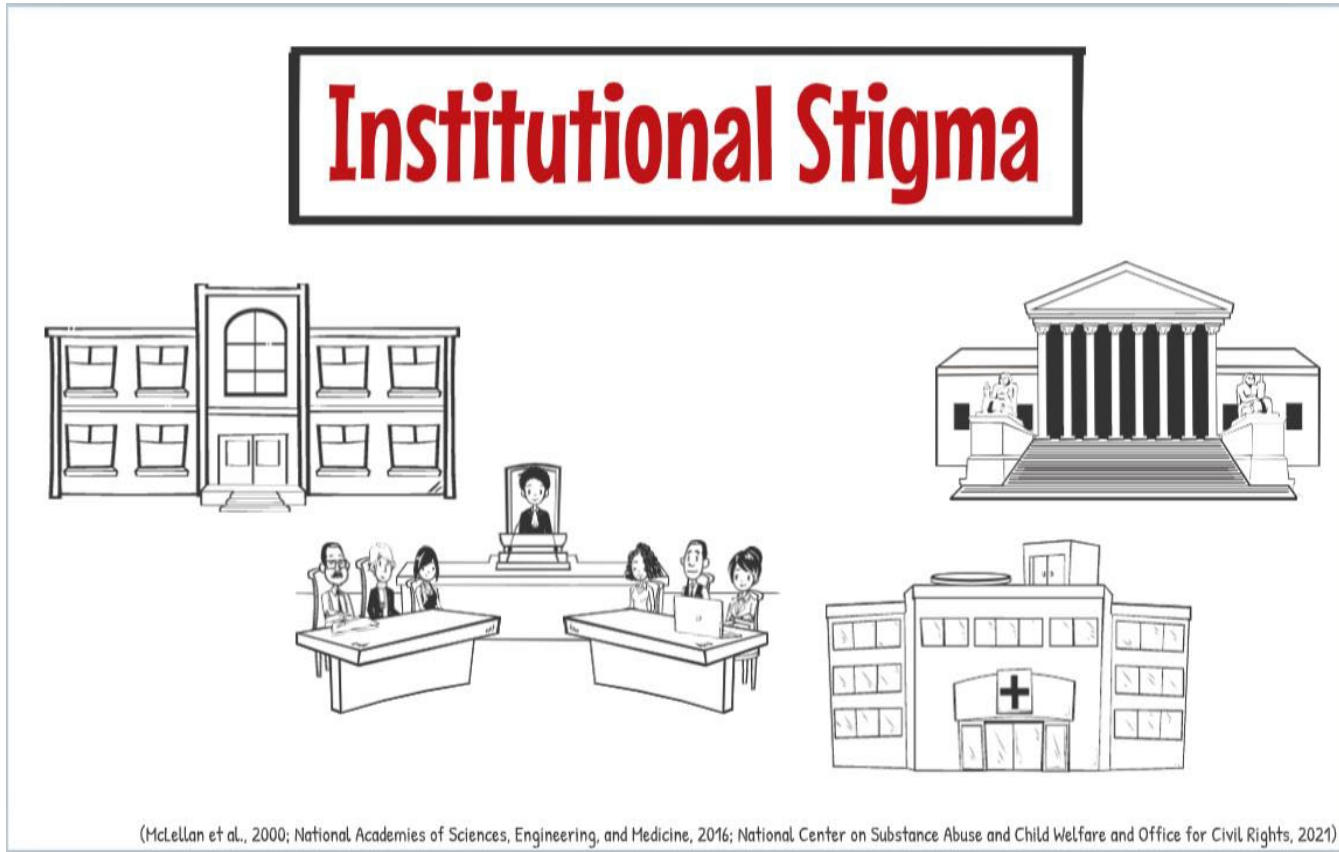
Stigma can be defined as the relationship between an attribute – such as drug use – and a stereotype that assigns undesirable labels, qualities, and behaviors to a person exhibiting the attribute.

What is Stigma?



- Institutional or Structural Stigma
- Public Stigma
- Self-Stigma (Shame)

Institutional or Structural Stigma



- Manifest as laws, policies, or regulations that can both intentionally and unintentionally result in discrimination.
- Requirements that participants have housing or transportation or not use particular forms of prescribed medication for addiction treatment (or MAT) are forms of structural stigma.

(McLellan et al., 2000; National Academies of Sciences, Engineering, and Medicine, 2016; National Center on Substance Abuse and Child Welfare and Office for Civil Rights, 2021)

Public Stigma

Public Stigma



(Corrigan & Watson, 2006; National Academies of Sciences, Engineering, and Medicine, 2016; Zwick et al., 2020)

- Manifest as the attitudes, beliefs, and behaviors of individuals and groups.
- A process of generating a stereotype that, in turn, produces an emotional reaction or prejudice.
- Results in **discrimination**.

(Corrigan & Wastson, 2006; National Academies of Sciences, Engineering, and Medicine, 2016; Zwick et al., 2020)

Dr. Jocelyn Chaney-Gainers, Family Recovery Program Executive Director,
Baltimore, MD



Stigma



Affects the attitudes of...

- Medical and healthcare professionals
- Social service agencies and workers
- Families and friends



- Creates barriers to treatment, and access to programs
- Influences policies

(Center for Substance Abuse Treatment, 2008)

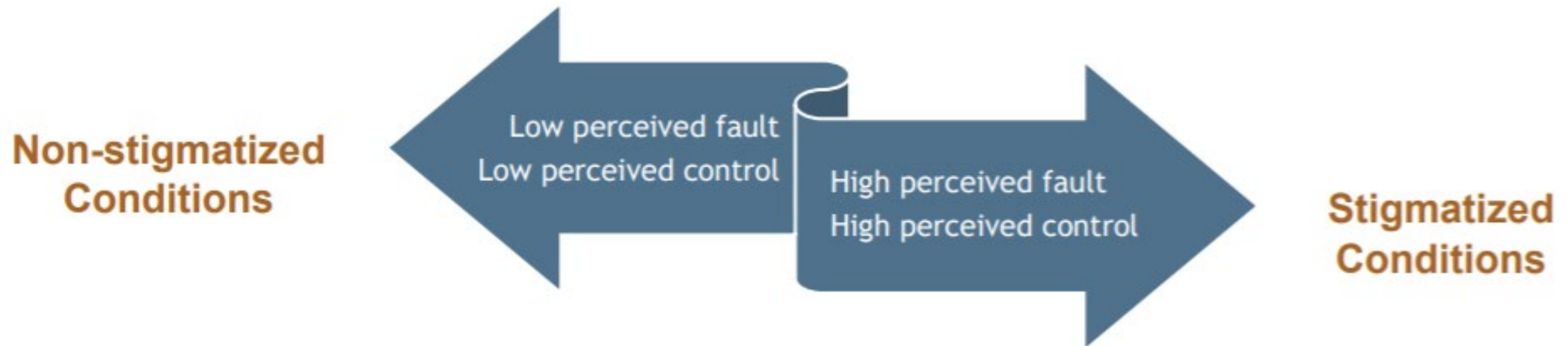
Dr. Jocelyn Chaney-Gainers, Family Recovery Program Executive Director, Baltimore, MD



Stigma

Two main factors affect the burden of stigma placed on a particular disease or disorder:

- Perceived control that a person has over the condition
- Perceived fault in acquiring the condition

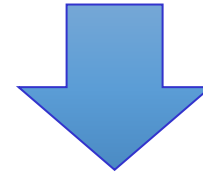


(Substance Abuse and Mental Health Services Administration, 2017)

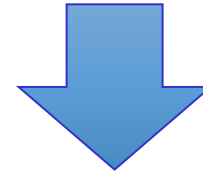
Re-thinking SUD Treatment Recovery Response



Thoughts and beliefs



Emotions and feelings



Behavior and practice

Our Beliefs

*Why won't they
just stop?*

*They must love their drug
more than their kids.*

*They need to really want
to get sober.*

*They need to hit rock
bottom.*

Our Response

*Here's a referral--
let me know when
you get into
treatment.*

*They'll get into
treatment if they really
want it.*

*We will see you
back here in 90
days.*

*Don't work harder than
the client.*

What are your expectations?



Judge Trent Favre, Hancock, MS



Rethinking Treatment Readiness



Re-thinking “Rock Bottom”

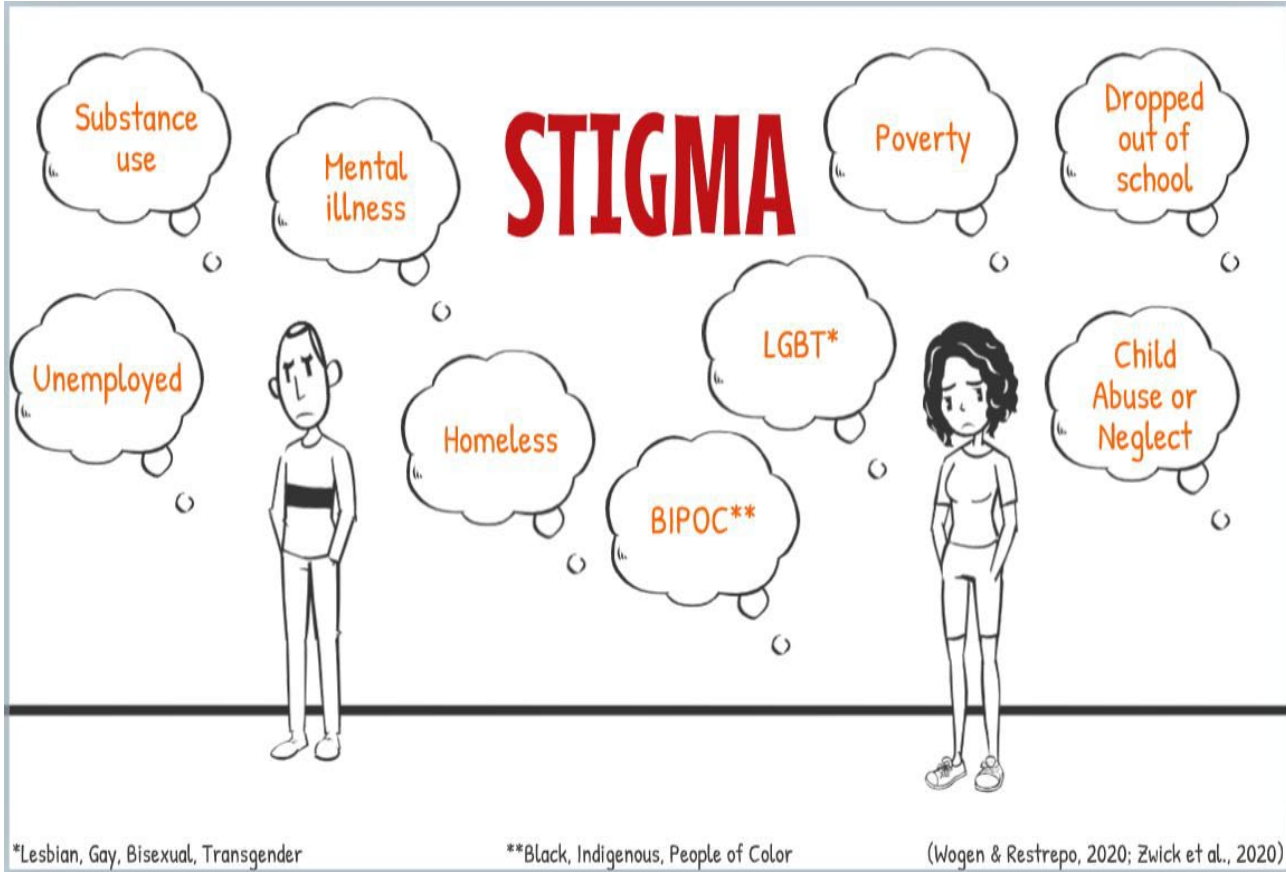
- “Tough love”- in the hopes that they will hit rock bottom and want to change their life
- Collective knowledge in the community is to “cut them off, kick them out, or stop talking to them”
- Addiction as a disease of isolation



“Raising the bottom”

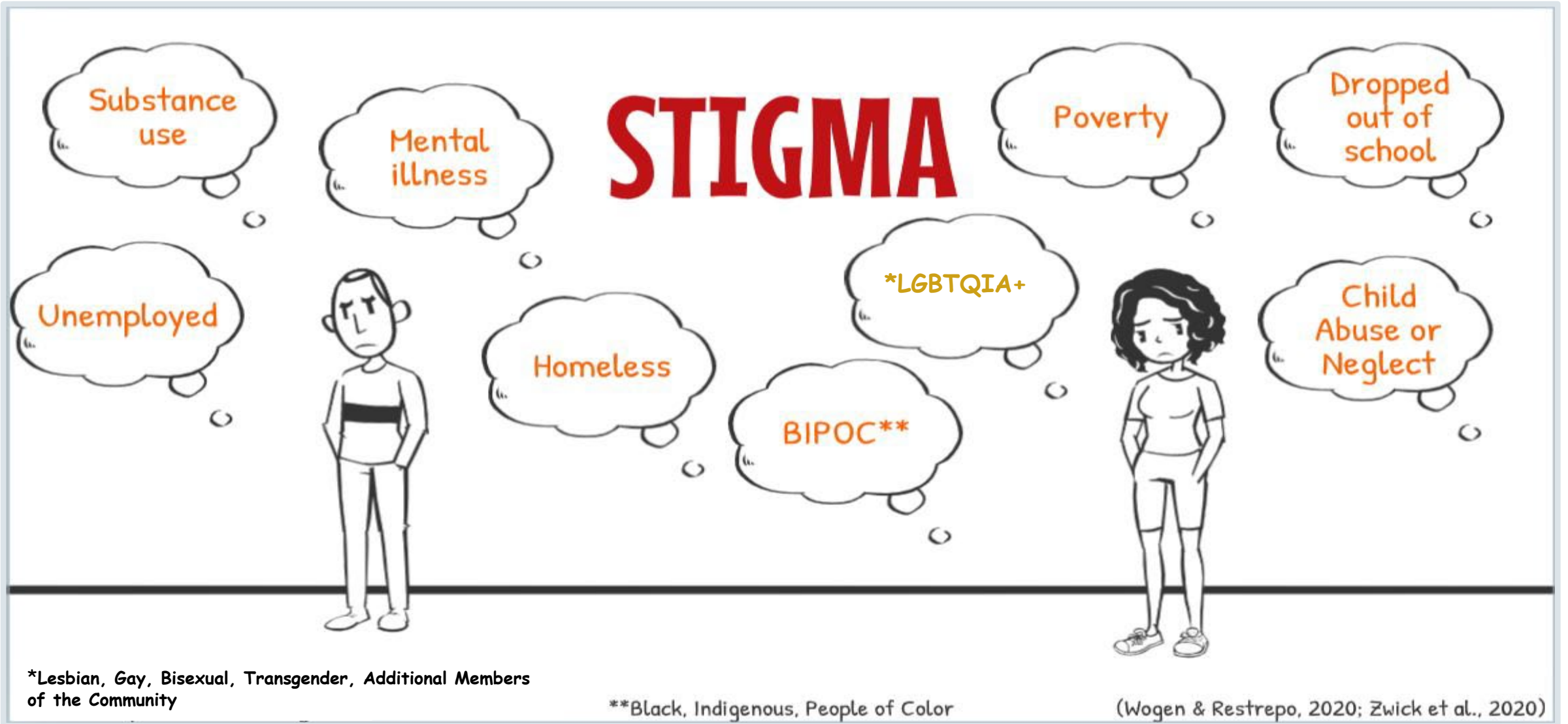
- Getting off on an earlier floor
- Has realistic expectations and understands both the neuro-chemical effects on people with substance use disorders and challenges of early recovery
- Readiness
- Recovery occurring in the context of relationships

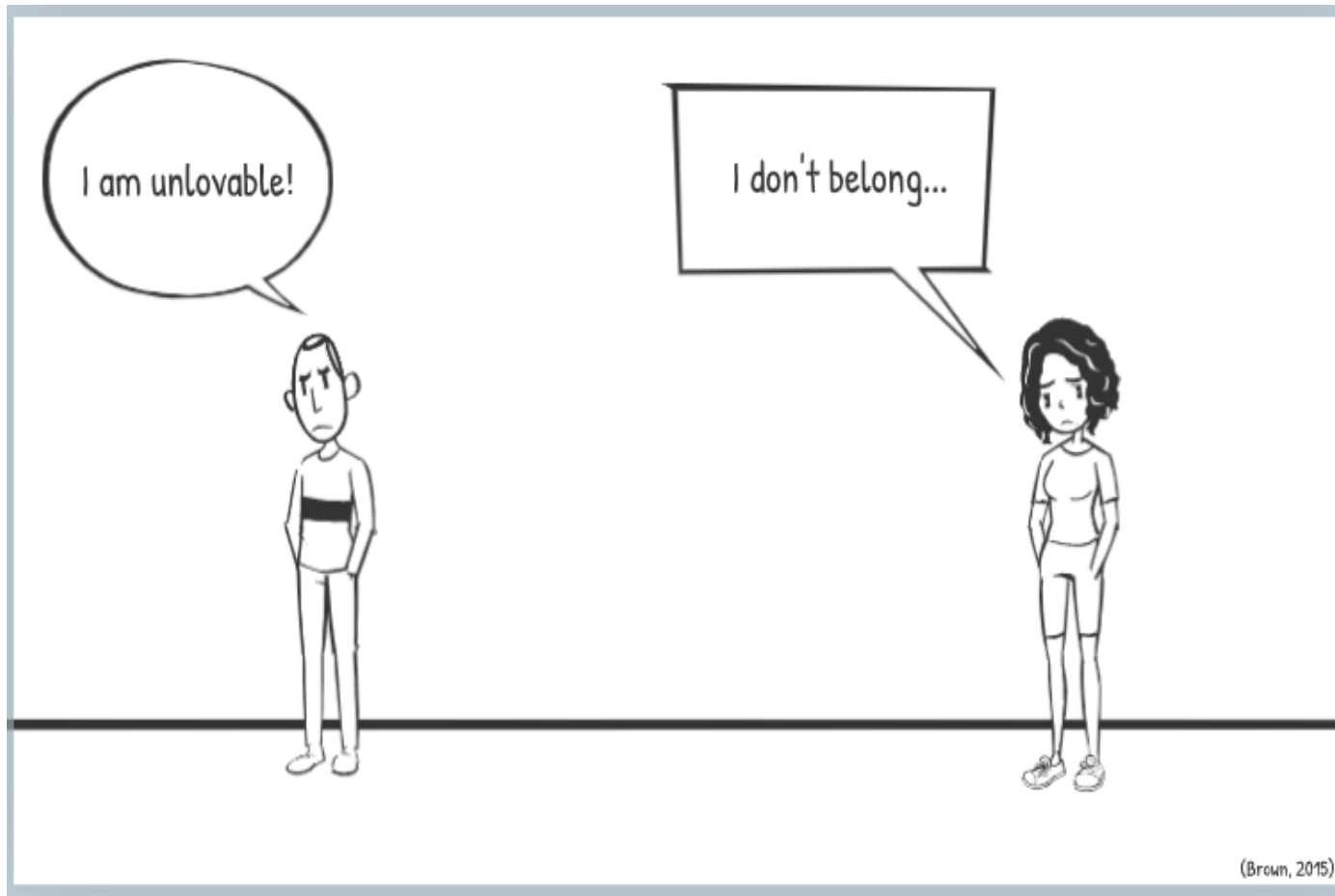
Self Stigma or Shame



Self stigma or shame occurs when an individual begins to believe or internalize the messages heard in the media, institutionalized by laws and policies, and told to them by family, friends, and the professionals who are supposed to help them.

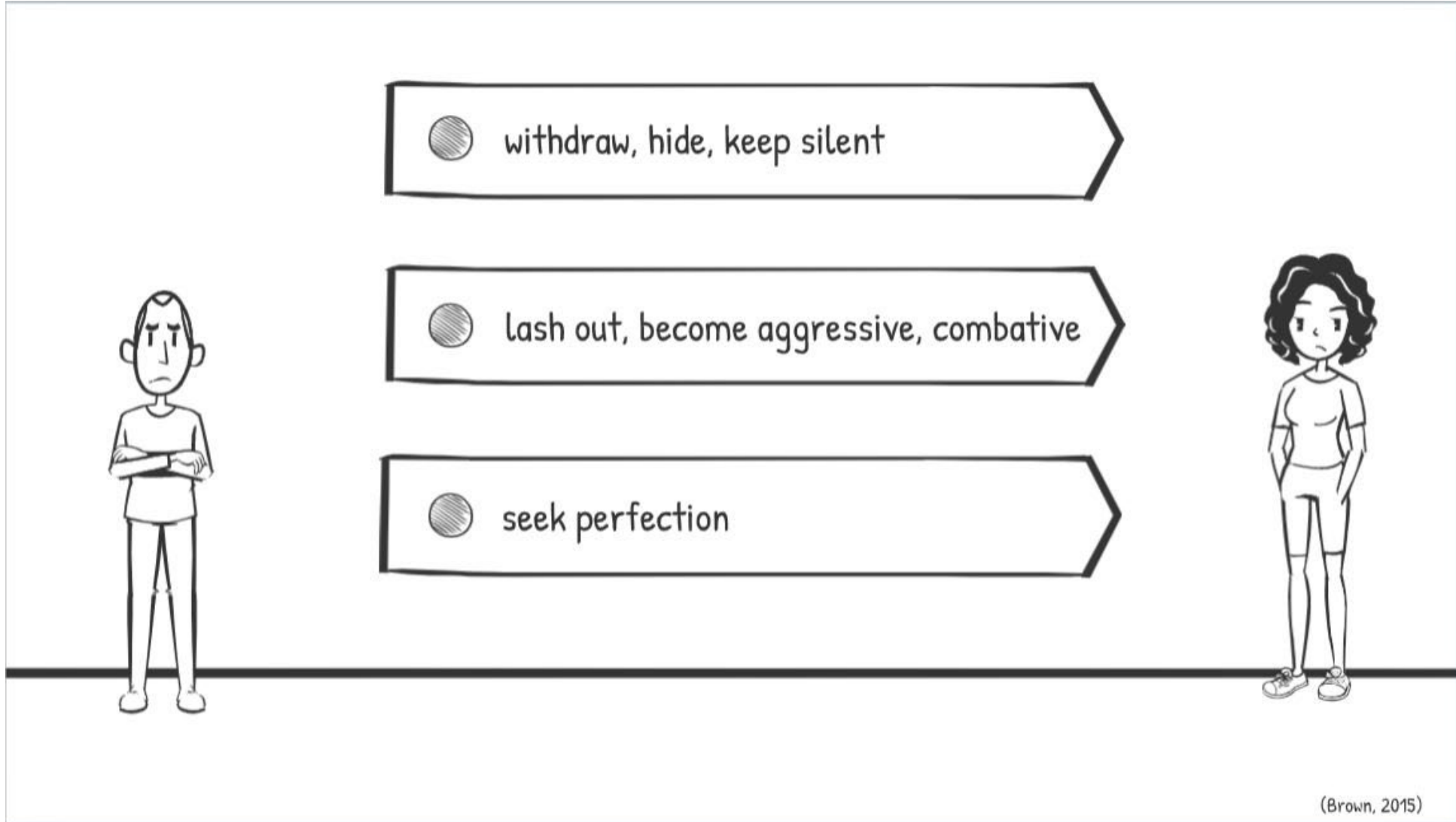
Self Stigma or Shame



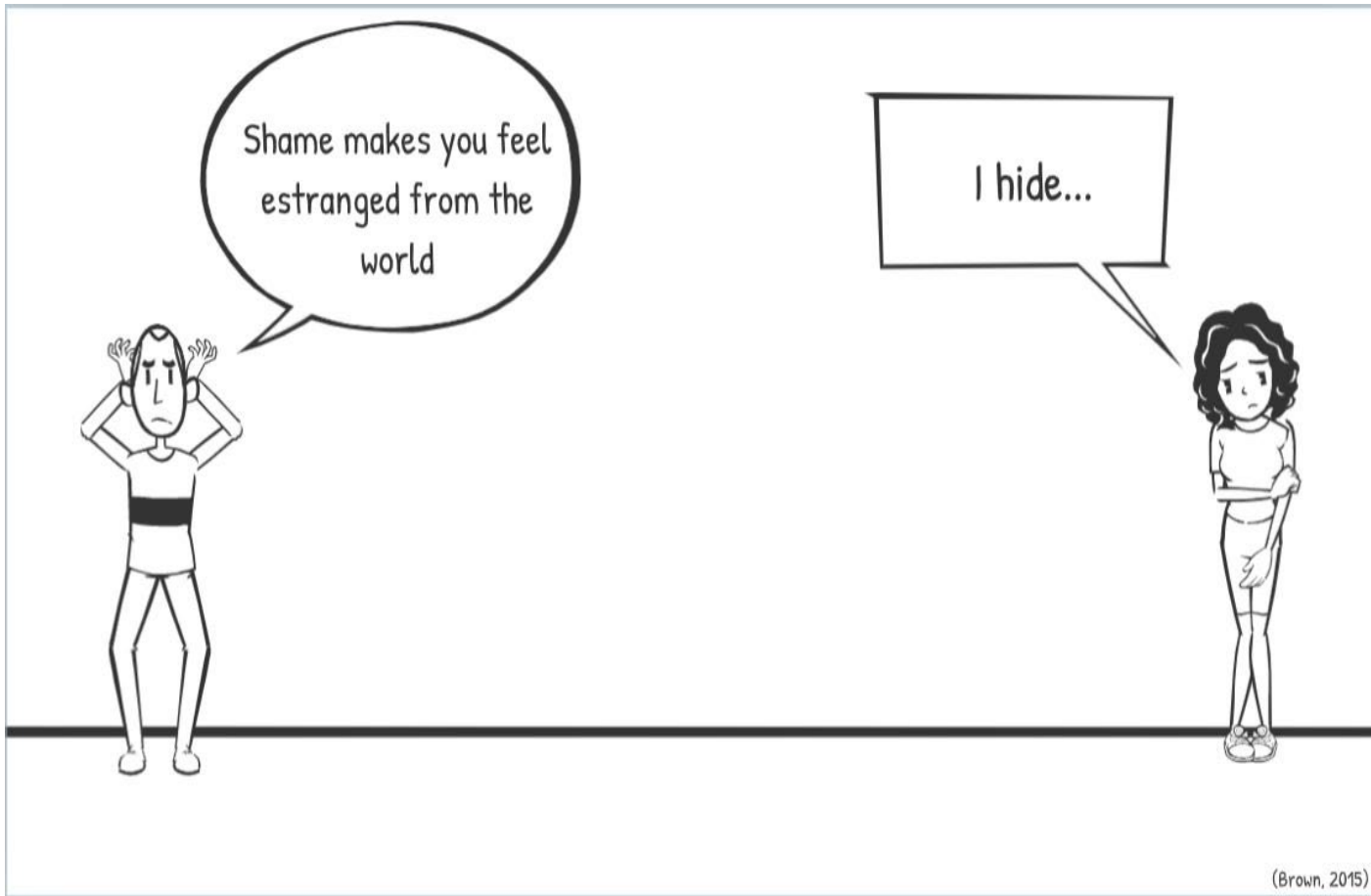


Shame is the fear that something we have done or failed to do or an expectation that we have not lived up to makes us unworthy of love, belonging, and connection.

Self Stigma or Shame

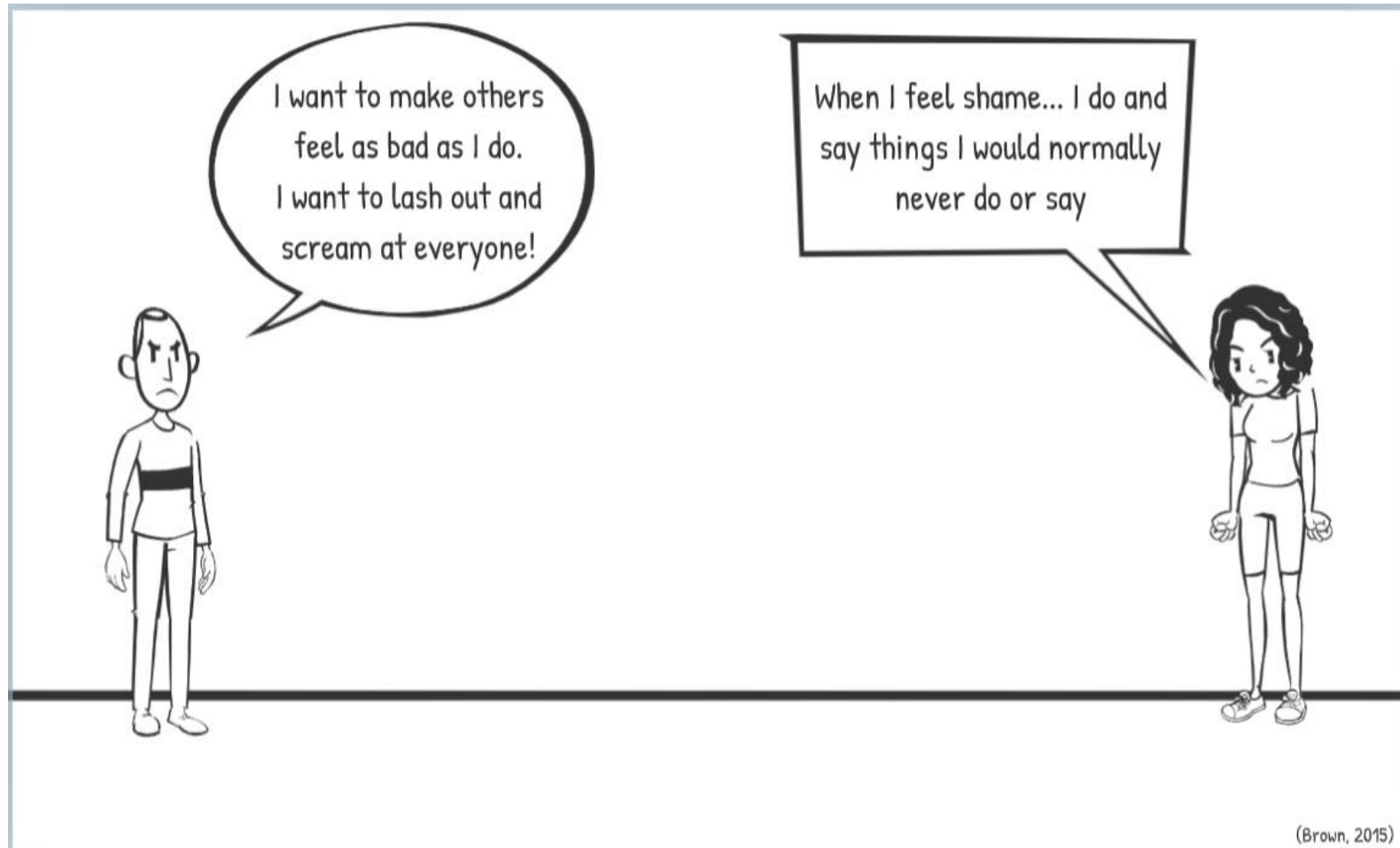


Shame Armor – Hide



- Disappear or hide
- Withdraw
- Keep silent
- Guard secrets

Shame Armor – Lash Out

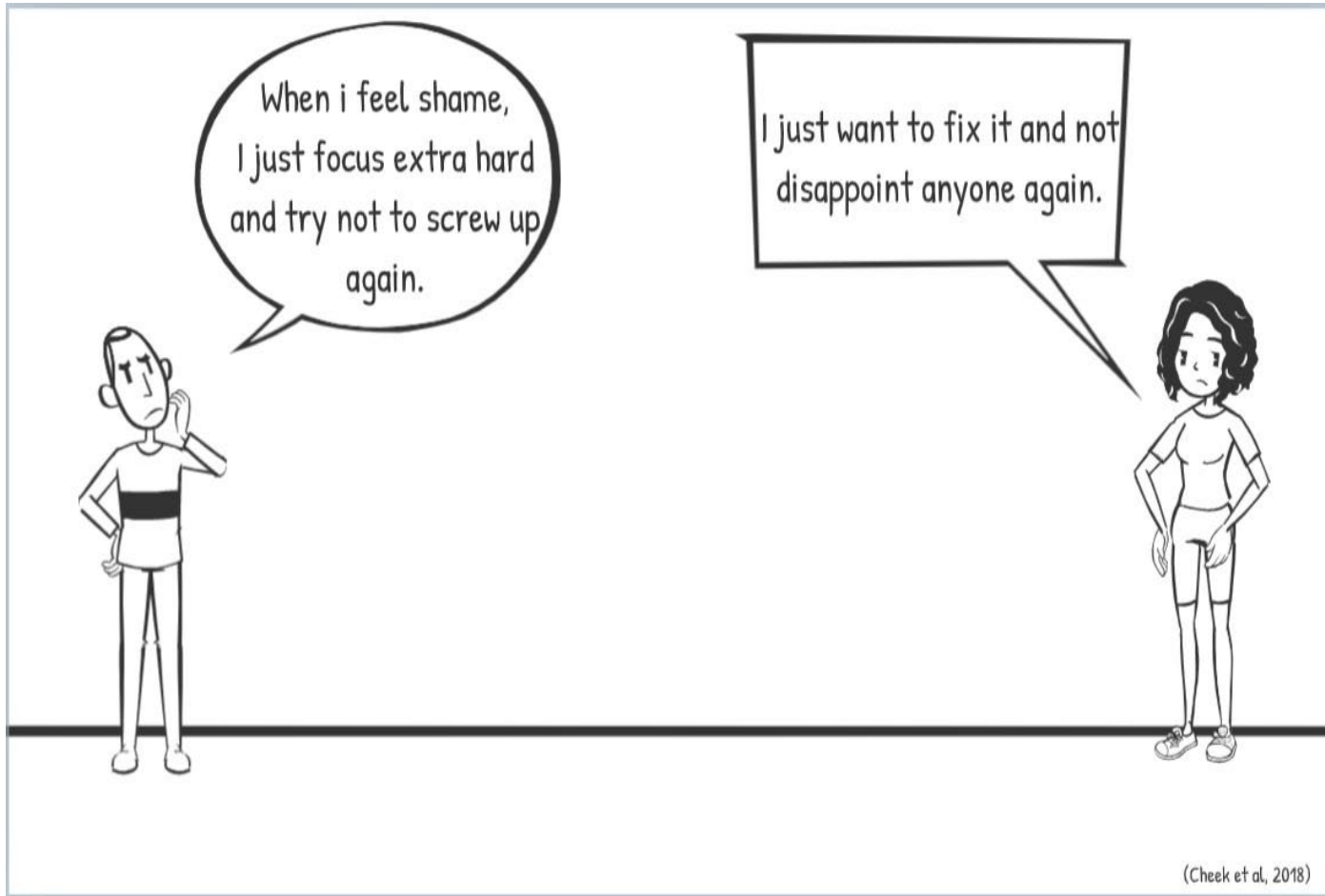


- Lash out
- Aggressive or combative
- Blame others

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Shame Armor – Seek to be “Perfect”



- May not confront real challenges/engage in “therapeutic work”
- Can lead to clinical problems – depression, anxiety, personality and eating disorders, suicidal ideation
- Fear of disappointing – don’t reach out for help

Interrupting Stigma and Shame



Engagement is Everyone's Job

Engagement begins
during the first
interaction and
continues throughout
the entire case



Active Engagement

Let's talk about how you are going to get to your intake appointment and what that appointment will be like.

Let's call the treatment agency together now.

Let me introduce you to your counselor.

Let's schedule to come back to court next week and see what that assessment recommends.

Lanie Roussel, Parent Attorney, Hancock, MS



Engagement Strategy

SHAME



EMPATHY



Dr. Jocelyn Chaney-Gainers, Family Recovery Program Executive Director, Baltimore MD



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CHANGE

Moving the Needle from Stigma to Justice

When SUD is treated as a health condition...

Individuals are placed in appropriate treatment only after receiving a clinical diagnosis and appropriate level-of-care recommendation

Only qualified health professionals make treatment recommendations, and judges, caseworkers, and attorneys support the clinical treatment recommendation

Only medical professionals help treatment court participants make decisions about addiction pharmacotherapy

Recommended medications are allowed and supported throughout the case, and treatment court participants are not required to stop use of addiction pharmacotherapy in order to close their case

Treatment court participants are referred to quality treatment agencies that use evidence-based practices

When SUD is treated as a health condition...

- Professionals understand:
 - the components of quality treatment
 - the importance of timely access to quality treatment
 - their role of supporting, engaging, and encouraging participants to attend SUD treatment
 - reality-based statistics on recovery and relapse
- Professionals believe that treatment works, and recovery is possible
- Professionals use person-first, non-pejorative terms when discussing SUD and recovery
- Treatment court participants are encouraged to stay in treatment after a relapse
- Peer support is integrated into the system

Engagement Strategy: Person First vs. Identity First Language



Person first language (for example, “a person with a substance use disorder”) suggests that the person has a problem that can be addressed. By contrast, calling someone an “addict” or “drug abuser” implies that the person is the problem.

– SAMHSA Center for the Application of Prevention Technologies

Your Choice of Language Reflects Your Understanding of SUD as a Health Condition

Instead of...	Try...
Addict, Drug Abuser	Person/Parent with a Substance Use Disorder
Clean/Dirty Drug Screen	Screen tested negative/positive for substances
Former Addict	Person in recovery/remission
Opioid Replacement	Medication for addiction treatment or Medication for opioid use disorder
Drug Addicted Baby	Infant prenatally exposed to substances
Drug of Choice	Drug of Use

Talking About Children of Parents with a Substance Use Disorder

Stigmatizing Language

Preferred Language

Addicted Infant

Infant with Neonatal Abstinence Syndrome (NAS)

Crack Baby

Infant with Prenatal Substance Exposure

Drug Addicted Baby

Infants with Prenatal Substance Exposure

Foster Child

Child In-Care or Out-of-Home Placement

Hard to Place Kids

Children Affected by Trauma

Victims / “Tiny Victims”

Prenatally Exposed to [drug name]

Language Considerations

Change the Conversation:

- ✓ Does it promote empathy?
- ✓ Does it promote understanding?
- ✓ Does it promote healing?
- ✓ Does it promote recovery?

S U P P O R T

Engagement Strategy: Recognize & Capitalize on Strengths

- Attract People to Recovery
 - ✓ Is the environment welcoming?
- Motivational Interviewing
 - ✓ Non-judgmental
 - ✓ Deep Listening
 - ✓ Reflective
 - ✓ Open-ended Questions

Education & Training

- Examine existing training plans and requirements across stakeholder groups for opportunities to integrate and/or update SUD training curricula and materials
- Provide multi-disciplinary training to include judges, attorneys, court staff, CASA, resource parents, and other partners who historically receive little training about SUD
- Raise awareness of prevalence of SUD; discuss characteristics of quality SUD treatment; share effective engagement strategies; and connect to your local recovery community

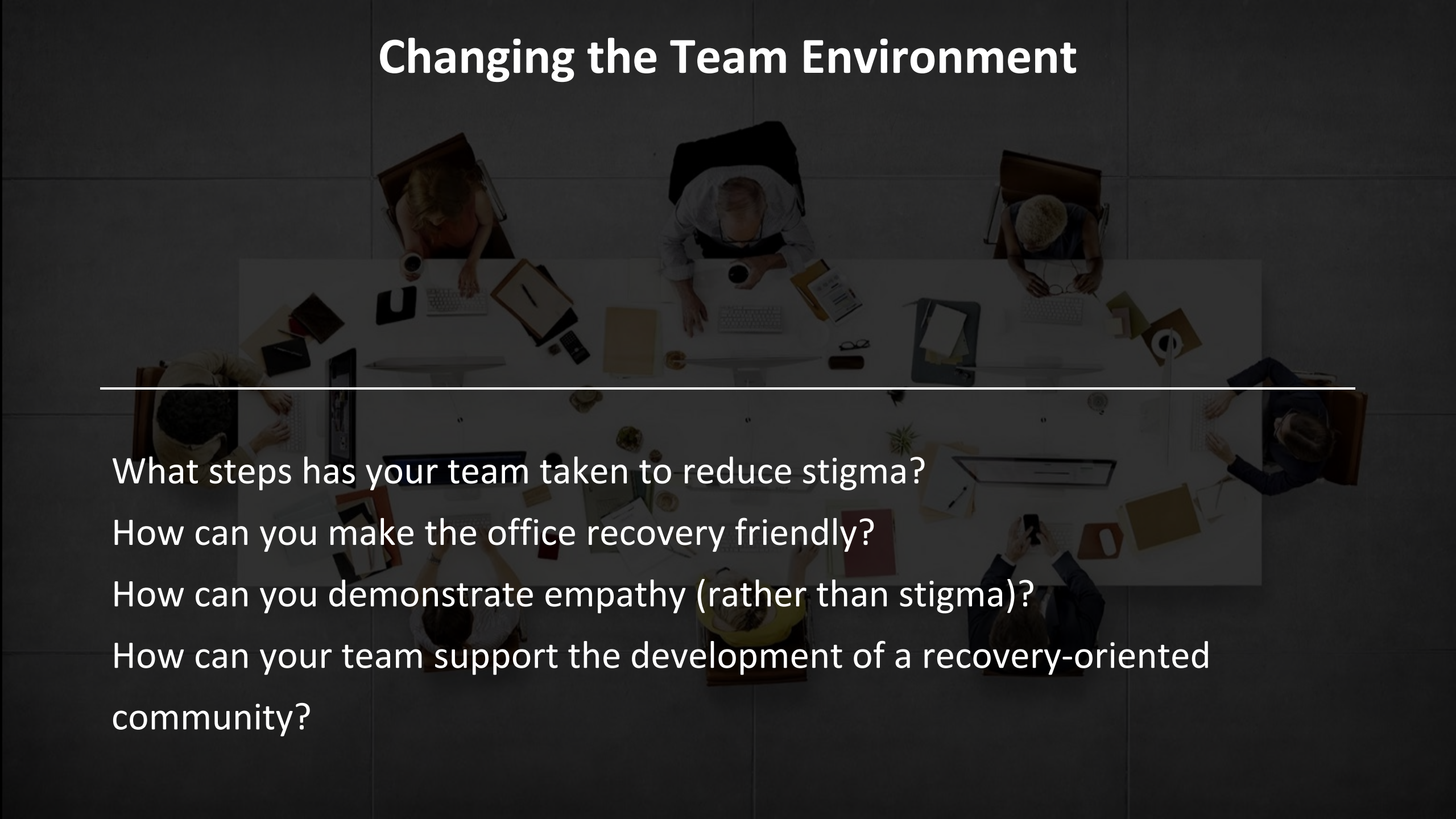
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Changing the Team Environment

An overhead, top-down view of a team of seven people sitting around a large, light-colored rectangular table in a meeting room. The people are engaged in various activities: some are looking at laptops, one is holding a coffee cup, and another is looking at a smartphone. The table is cluttered with office supplies, papers, and small plants. The room has a modern, minimalist aesthetic with large windows in the background.

What steps has your team taken to reduce stigma?

How can you make the office recovery friendly?

How can you demonstrate empathy (rather than stigma)?

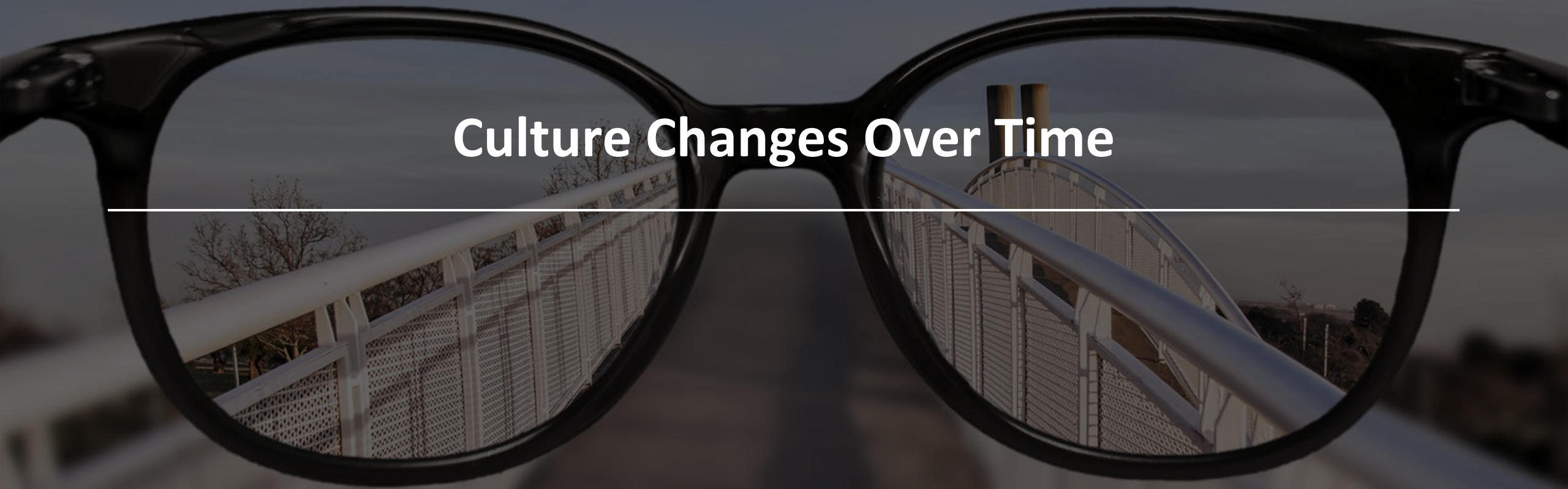
How can your team support the development of a recovery-oriented community?

When we act in words, body language, policies, and practices that reflect our negative biases we confirm the self-stigma and shame treatment court participants already carry around with them.

We, in essence, unintentionally repel prospective and active participants when we need to be embracing them.



Culture Changes Over Time



CONTACT US:

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