

MODULE ONE

Values, Attitudes, and Stereotypes

Values and Personal Feelings

Screening for Alcohol Use

Guidelines for Working with Women

Values, Attitudes, and Stereotypes

VALUES AND PERSONAL FEELINGS

Values can be defined as the basic rules of all societies, interpreted in the context of the culture in which they are held. Some examples of values are trust, respect for self and others, honesty, and motivation. As a society we value healthy children and in Canada, women who drink alcohol during pregnancy are viewed negatively because they are seen as potentially injuring a child (Opie, 2008; Poole & Dell, 2005; Greaves & Poole, 2005). Anything that may jeopardize the health of a child, especially something that can be viewed as deliberate, is looked down upon and the birth mothers are stigmatized (Opie, 2008). It is important to remember that no mother sets out to harm her baby on purpose. See Module Three: Alcohol, Women, and Pregnancy for more information on why women drink during pregnancy.

It is normal to experience a number of feelings or emotions when working with a woman who is drinking during pregnancy as it may challenge some personal values. These feelings can be anger, frustration, confusion, and impatience. This is normal and it is important to acknowledge them; however, it is also important to remain open to listening to the woman and learning her history. It is vital to be aware of your own personal values and attitudes, as one of the key components to working with women who drink alcohol during pregnancy is a non-judgmental and accepting relationship with a professional. Pregnant women who are drinking alcohol report that the biggest barriers to seeking help are (Poole & Isaac, 2001):

- shame
- fear of having their child removed by child protection services
- fear of prejudicial treatment
- feelings of depression and low self-esteem
- belief that they can change on their own and without assistance or support
- lack of information about accessible services and programs
- waiting lists for treatment services

The relationship professionals develop with a woman can be as important as the woman's personal characteristics and behaviour in her success in changing her substance use (Leslie & Roberts, 2004; Poole & Isaac, 2001). Professionals working with pregnant women who are drinking during pregnancy can have a sense of urgency that may rush them into trying to stop the women's behaviours immediately without regard for the underlying factors of the women's addiction (Leslie & Roberts, 2004). If women perceive that they are judged and/or are not being understood, they may choose to stop accessing services or support. They may feel that they are being set up for failure and shame (Leslie & Roberts, 2004).

SCREENING FOR ALCOHOL USE

As a professional, it is important to also look at who is being screened for alcohol use. Marginalized women are more likely to be screened for substance use than the middle-class and Caucasian women (Boyd, 2004; Armstrong, 2003; Gomez, 1997). By addressing alcohol use on a routine basis with all women of childbearing age, it reduces the stigmatization and potential of only asking those who the service provider perceives to be at risk (Poole & Urquhart, 2006).

GUIDELINES FOR WORKING WITH WOMEN

As a professional in any setting, it is important to treat people with a sense of hope, respect, understanding, compassion, and in a cooperative spirit.

Table: 1.1: Guidelines for Working with Women During Pregnancy

Guideline	You can accomplish this by:
Hope	<ul style="list-style-type: none"> • recognizing that whenever a woman can stop or reduce her drinking during pregnancy, there is hope for her to have a healthier child • celebrating any success in reduction of alcohol use (no matter how big or small) • recognizing we can make a difference with each thoughtful action taken toward the prevention of FASD
Respect	<ul style="list-style-type: none"> • honouring the rights and capabilities of the woman and her partner to make choices about her own health and that of her children • honouring the work being done at the community level to prevent FASD
Understanding	<ul style="list-style-type: none"> • being open to new information • being aware and reflective of our own attitudes and values • informing ourselves about the issues and research • not sensationalizing FASD • being sensitive to the impact of a diagnosis on an individual, a family, a community
Compassion	<ul style="list-style-type: none"> • being sensitive to the situations of women with alcohol and drug addictions • being open to the individual processes and stages of recovery
Cooperation	<ul style="list-style-type: none"> • working together as a partner with the woman to address her needs and issues, and not as the “expert” • recognizing the importance of building partnerships within communities in addressing all aspects of FASD

CASE STUDIES

Case Study 1.1: Mandy

Part One

Mandy is a 19 year old woman who lives on the streets of Saskatoon. She is known to have addictions to both alcohol and cocaine. She arrives at your office visibly pregnant and high. This is her first prenatal visit and her third pregnancy in four years.

For Part One of this case study, reflect on the questions below:

1. What were your initial feelings about Mandy when you read the case study?
2. What are your assumptions about her life? Her pregnancy?
 - *Typical assumptions are that she is deliberately hurting her baby, that she doesn't care about her baby, that she could stop if she wanted to, and/or that she doesn't know better*
3. What impact could your feelings have on the care that you provide to Mandy?
 - *If Mandy feels judged, she may not return or seek other services*
 - *You may feel the urge to rush her to treatment to stop the behaviours without addressing the underlying issues of her addictions*
 - *If Mandy feels accepted for who she is, she may be more willing to make some changes*
4. What are some of the possible reasons that Mandy did not access services earlier in her pregnancy?
 - *Feelings of shame*
 - *Fear of having her child removed by child protection services*
 - *Feelings of depression and low self-esteem*
 - *Belief that she can change on her own, without assistance or support*
 - *Lack of information about accessible services and programs*
 - *Waiting lists for treatment services*
 - *Did not know she was pregnant*
5. How can you effectively support Mandy?
 - *Acknowledge your own values and perceptions*
 - *Be open to listening to her story*
 - *Build a relationship with her that is based on hope, respect, understanding, compassion, and cooperation*

Part Two

As you get to know Mandy, you learn that she was physically abused as a child. She was removed from her family and spent several years within the foster care system. During this time, Mandy did not live in one home for longer than eight months. When she was fourteen, Mandy ran away and started living on the streets, supporting herself through prostitution. She has never finished school past Grade Nine. Her other children are in foster care.

Mandy has a wonderful sense of humour and is trying really hard to reduce her use of alcohol and cocaine during this pregnancy. She always connects with you if she is going to miss an appointment. She is doing the best that she can to reduce harm to her baby and has sought out supports to help her do this.

For Part Two of this case study, reflect on the questions below:

1. Did your feelings towards Mandy change any after learning more about her?
2. If yes, in what ways?
3. If not, why not?

Case Study 1.2: Isobel

Part One

Isobel is a 35 year old woman who is a doctor in private practice. She is married and expecting her first child.

For Part One of this case study, reflect on the questions below:

1. What were your initial feelings about Isobel when you read the case study?
2. What were your assumptions about her life? Her pregnancy?
 - *Typical assumptions are that she is excited about the pregnancy, that it was planned, that she will do everything to ensure that her baby is healthy*
3. What impact could your feelings have on the care that you provide this woman?
 - *You may not ask questions about alcohol/drug use and domestic violence*
 - *You may assume that she has all the information and supports she needs*

Part Two

As you get to know Isobel, she discloses that she drinks 1-2 glasses of wine each day to help her unwind. She has not told anyone who she works with that she is pregnant as she is afraid of the implications that this would have on her private practice. As her pregnancy progresses, Isobel is finding it difficult to stop having the glasses of wine after work. She knows that this is harmful to her baby but is unable to quit.

For Part Two of this case study, reflect on the questions below:

1. Did your feelings towards Isobel change any after learning more about her?
2. If yes, in what ways?
3. If not, why not?

Activities

Activity 1.1: Labelling

Purpose: To have students think about how labels can affect an individual and our view of them.

Materials:

- Sticky notes
- Pens

Instructions:

- Have two volunteers from the class to be 1) a pregnant woman and 2) a pregnant woman who is drinking during pregnancy. Make sure that they are aware that the activity is meant to bring forth some emotions and that these might not be comfortable.
- Ask each of the other students to write one word to describe the pregnant woman on a sticky note. The word should be the first word that comes to mind when they think of a pregnant woman.
- Ask each of the other students to write one word to describe the pregnant woman who is drinking during pregnancy on a sticky note. The word should be the first word that comes to mind when they think of a pregnant woman who is drinking during pregnancy.
- When they are done, ask the students to stick their labels on each of the volunteers.

Discussion:

1. Do the words differ on each of the pregnant women (volunteers)? How do they differ? How are they the same?
2. How did the volunteers feel about the labels that were put on them?
3. How can labels impact people? How can they affect the care we provide?
 - *Labels can lead to stigma which can then lead to discrimination*
 - *Stigma can prevent people from getting help because they don't want to be labelled as needing help or don't want to feel judged*
 - *When people are labelled, they often live up to the expectations that come with it*
 - *As a professional, it can be difficult to see past a label and really hear the woman's unique story or circumstances*

Activity 1.2: Guidelines – Small Group Discussion

Purpose: To have students think more deeply about how they can work more effectively with women.

Materials:

- Flip chart paper and markers

Instructions:

- Create five small groups – each group to discuss one of the five guidelines and provide examples of how to put this guideline into practice.
- Record your group's answer on a flip chart and post it on the wall.
- Have each group present one or two examples from their discussion to the entire group.

Discussion:

1. If work is done without these guidelines in place, what might be the impact on the women you are working with?
 - *The women feel judged or not valued*
 - *The women may stop seeking services*
 - *You may not be open to hearing the woman*
 - *You may not be able to honour/respect her choices*
 - *You may not be able to build a relationship with the woman*

DISCUSSION QUESTIONS

1. **What are your thoughts/experiences with FASD?**
2. **What words come to mind when you think about FASD?**
3. **What are some of the images that come to mind when you think of pregnancy/pregnant women?**
4. **How do those images change when you think of that same woman drinking alcohol?**
5. **What words come to mind when you think about women using alcohol during pregnancy?**

References

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