

Welcome to the Link Study Training



Rogers, J., Raybon, D., & Fontanella, J. (2021). The Link Study Curriculum: A [virtual] training and facilitation guide for Sexual & Reproductive Health and Substance Use Treatment providers.

Meet Your Trainers

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What is the Link Study?

Development and testing of a cross-training intervention designed to:

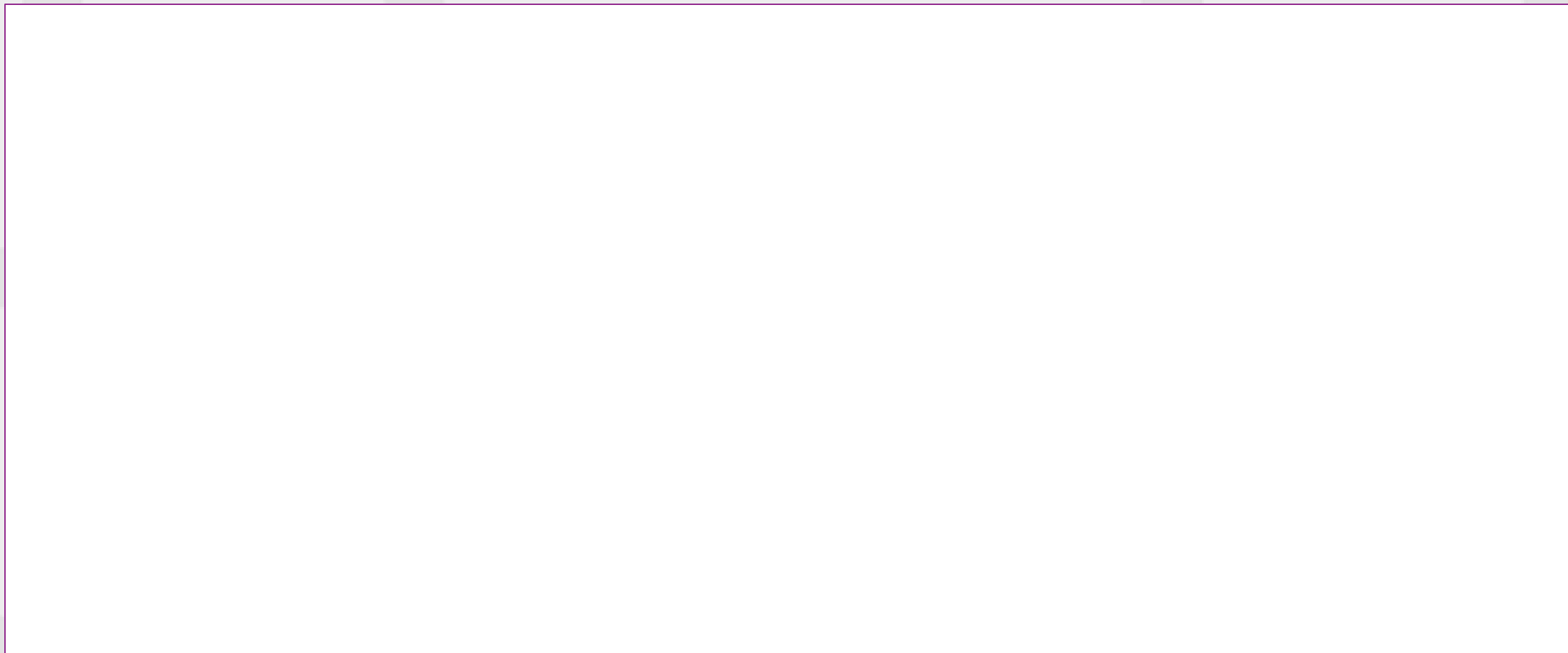
- Improve collaboration and coordination of services among family planning (FP) and substance use disorder (SUD) providers
- Improve overall quality of care
- Ensure that providers have the skills and self-efficacy necessary to screen and refer clients

Learning Objectives

- Describe terms, acronyms, and basic information used in the family planning (FP) and substance use disorder (SUD) fields.
- Evaluate their own readiness and comfort level with discussing important and sensitive FP and SUD issues.
- Articulate the relationship between FP and SUDs and describe overlapping issues in both fields.
- Use person-centered techniques and tools to initiate conversations and engage more effectively with clients.
- Identify potential areas of change within their organization and formulate a plan for integrating screening and referrals.



Training Agenda





Using Zoom



Introductory Icebreaker

Speed Networking!



Group Agreements

What Is Family Planning?

Family planning is defined as “the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births.”

What Is Family Planning?

- The term “family planning” is sometimes used as a synonym/euphemism for contraception, but it is actually much broader.
- Family planning includes both reproductive health and sexual health and is guided by the principle of informed choice, also known as reproductive autonomy.

What Is SUD?

Substance Use Disorder (SUD) is a disease that affects a person's brain and behavior and leads to an inability to control the use of legal or illegal drugs or medication (including alcohol).

What Is SUD?

- SUD is a diagnosis based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.
- This training is aimed at reaching folks with an untreated SUD, not those who are using a drug as prescribed (under a provider's supervision).
- SUD is the preferred term in the substance use field, however addiction is still commonly used among providers and patients.

Client Versus Patient

- We will use the term “client” throughout this training.
- The word client was adopted by the behavioral health field with the idea that, instead of a patient who needs a clinician to offer treatment, a client seeks the assistance of a counselor.
- You should feel comfortable using the term that resonates with you.

Language Matters Exercise

- Identify terms from your respective fields that are important for others to know and understand
- Also include terms that should be avoided
- Share in the Padlet (under the appropriate headings)



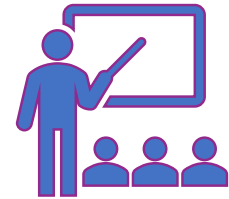
Family Planning and Substance Use Disorders 101



Teach Backs

Trainees Are the Experts

In this project, you are the experts in your respective fields. This section gives you the opportunity to share your knowledge and expertise with the others.

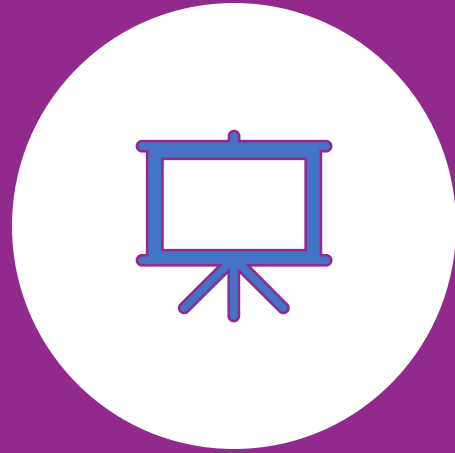


Teach Back Schedule

- 15 minutes for Family Planning 101
- 15 minutes of Q and A
- 15 minutes for Substance Use Disorder 101
- 15 minutes of Q and A
- 10 minutes for Facilitator Wrap Up

Wrap Up

- What are some similarities between the populations you serve and the services you provide?
- What are some of the differences?



Optional Slides

Family Planning is:

Voluntary

Person-Centered

Non-Coercive

Family Planning Services

- Contraceptive services
- Pregnancy testing and counseling
- Preconception health services
- Basic infertility services
- STI and HIV testing, treatment, prevention, and counseling
- Breast and pelvic examinations
- Cervical cancer screening
- Abortion
- Other preventive services (e.g. HPV vaccination)

Reproductive Autonomy

- Reproductive autonomy is having the power to decide and control contraceptive use, pregnancy, and childbearing.
- Women with reproductive autonomy can control whether and when to become pregnant, whether and when to use contraception, which method to use, and whether and when to continue a pregnancy.
- Reproductive autonomy is central to family planning.

Substance Use Disorder

A disease that affects a person's brain & behavior and leads to an inability to control the use of legal or illegal drugs or medications.

People can misuse medications such as:

- opioids
- benzodiazepines
- sleep aids
- stimulants

Opioids

- Opioids are a class of natural, synthetic, and semi-synthetic drugs that interact with opioid receptors on nerve cells in the body and brain to relieve pain.
- Opioids include heroin, synthetic opioids such as fentanyl, and pain relievers such OxyContin, Percocet, and Vicodin.

Many Paths to Recovery

- Mutual aid groups such AA or group therapy
- Medications for addiction treatment (MAT)
- Peer-based recovery supports

Video



Intersections: FP & SUD Care



Intersections: Overview

- Context: women with SUDs and FP care
- SUDs during pregnancy and the postpartum period
- Overlapping concepts: trauma, stigma, medical mistrust & ambivalence

The Intersection: Context

- Data suggests that women with SUDs face barriers to receiving FP care.
 - Only about half use contraception.
 - An estimated 8 out of 10 pregnancies among women using opioids are unintended.
- SUDs put women at risk for trading sex for drugs or money, and for STIs.



The Intersection

- In 2018, SAMHSA advised providers to encourage pregnant women in treatment to consider planning future pregnancies.
- However, research suggests that these conversations are not happening.

The number of pregnant women with Opioid Use Disorder (OUD) more than quadrupled from 1999 to 2014.



Barriers to Care

Barriers for Clients

- Not being asked about FP/SUDs
- Being unaware if they could speak with providers/staff at their treatment center about reproductive health issues
- Challenges in following through with referrals

Barriers for Providers

- Training and organizational support
- Time limitations
- Varying levels of comfort discussing the topic(s)
- Fear of patient reaction

Intersections: SUD & Pregnancy

- Medications for Addiction Treatment (MAT) & Medications for Opioid Use Disorder (MOUD)
- Impact of untreated SUD on pregnancy
- The postpartum period



MAT/MOUD: Evidence Based Standard of Care

- The use of medications in combination with counseling and behavioral therapies.
- MAT/MOUD during pregnancy improves pregnancy and birth outcomes.
- For breastfeeding moms, it can benefit both the mother and the baby.

Untreated OUD and SUD in Pregnancy

- Untreated OUD/SUD during pregnancy can result in fetal demise, growth restrictions, and preterm delivery.
- The benefits of SUD treatment in general, and MOUD more specifically, is their amelioration of these potential risks.
- NAS/NOWS is expected and treatable without long term consequences.

Postpartum Period

- While many are successful at decreasing substance use during pregnancy, a significant number of women return to substance use during the first year of the baby's life.
- The first year after delivery is stressful; with stress being a known relapse risk factor, women are at increased risk of returning to substance use, overdose, and overdose death.

Overlapping Concepts

Trauma

Stigma

Medical Mistrust

Ambivalence

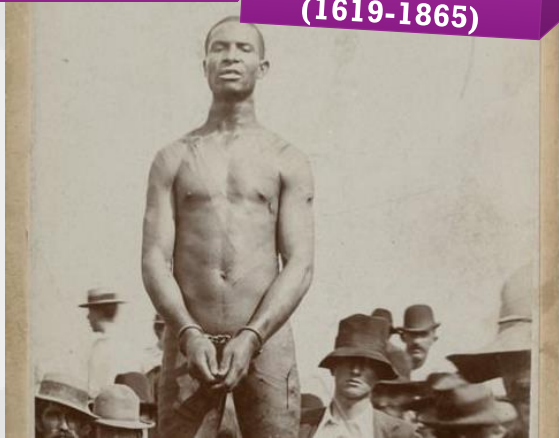
Trauma

- An emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical.
- Reactions can include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea.
- Can also result in disruption at the cultural and community levels – as demonstrated by the next slide.

African Americans:

Genocide

- WIDESPREAD SEXUAL ASSAULT & RAPE OF BLACK WOMEN
- PROHIBITION OF NATIVE LANGUAGE, CUSTOMS & TRADITIONS
- SYSTEMATIC ABUSE
- SOLD AS PROPERTY
- SHACKLED, STORED & SHIPPED IN INHUMANE CONDITIONS
- STOLEN FROM LANDS
- DENIAL OF EDUCATION
- FORCED BREEDING
- ENSLAVED (1619-1865)



SLAVERY ERA

- POLICE VIOLENCE
- DENIAL OF VA & OTHER BENEFITS
- CONVICT LEASING SYSTEM
- ABOLITION OF SLAVERY REPLACED WITH RESTRICTIVE BLACK CODES
- JIM CROW (~1890-1965)
- MASS PUBLIC LYNCHING (LATE 1880s-1920s)
- REDLINING
- SHARECROPPING



**JIM CROW ERA
- SEPARATE BUT EQUAL**

- NEGATIVE STEREOTYPES AND MICROAGGRESSIONS
- HEALTH DISPARITIES
- MASS INCARCERATION
- HIGHEST HOMICIDE RATES
- POLICE VIOLENCE



CURRENT DAY

Reproductive Trauma Examples

A result of oppression based on the intersections of race, class, gender, sexuality, ability, age and immigration status:

- Gender roles
- Forced/coerced sterilization and birth control of poor women and women of color throughout the 1900s
- Repeated attempts to eliminate Title X funding for reproductive health care for women and young people
- Lack of comprehensive sexual education
- Shackling of pregnant inmates during childbirth



Not just in the past....

TheUpshot

Set It and Forget It: How Better Contraception Could Be a Key to Reducing Poverty

Delaware's ambitious bid to offer one-stop shopping for birth control is a social experiment that other states will be watching

5,108 views | Oct 5, 2014, 06:52pm

Can the IUD Prevent Poverty? Save Taxpayers Billions



Carrie Sheffield Contributor ©
Political economy

GIRLS & WOMEN

This Contraception Program Could Help Reduce Poverty Across the US

Upstream aims to empower all women and promote

[blue meridian partners](#) | [Approach](#) | [Investments](#) | [Partners](#)

A Promising Solution

Expanding contraceptive access can help break the cycle of multi-generational poverty for the millions of women who have unplanned pregnancies annually. Upstream USA provides on-site training and technical assistance to health and family planning centers

HOW LONG-ACTING BIRTH CONTRACEPTION CAN HELP END POVERTY

PACIFIC STANDARD STAFF · MAY 11, 2016

Contraception: A Poverty Intervention Powerhouse

Posted by Amy Schwimmer on Tuesday, September 25, 2018

SUD Trauma Examples

- SUDs and traumas frequently co-occur
- A recent study found that 66% of the women with a diagnosis of opioid dependence also reported sexual abuse
- Other studies have suggested that up to 80% of women entering treatment for OUD have a history of sexual assault, trauma, and/or IPV

Stigma

- Social stigma is the disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society.
- Social stigmas are commonly related to culture, gender, race, intelligence, and health.

Examples of Stigma

- Research has found that people of color are prescribed fewer pain medications, due to two HCP misperceptions.
- Pregnant women who use substances often receive no or very little prenatal care. This is often for fear of being incarcerated due to illicit drug use or being seen as an unfit parent.

Medical Mistrust

- Suspicion of healthcare providers, organizations, and/or systems (built on historical injustices).
- Historical events, current biases, lived experiences, and stigma can all stand in the way of patients seeking the care they need or being properly treated when they do seek care.

Examples of Mistrust

- 35% of Black women reported “medical and public health institutions use poor and minority people as guinea pigs to try out new birth control methods.”
- Greater than 40% of Blacks and Latinas think government promotes birth control to limit minorities.
- Black women also report experiencing more discrimination and microaggressions in prenatal care settings.



Jackson: *Contraception*, 2015
Rocca: *PSRH*, 2015
Lori: *J Transcult Nurse*, 2011

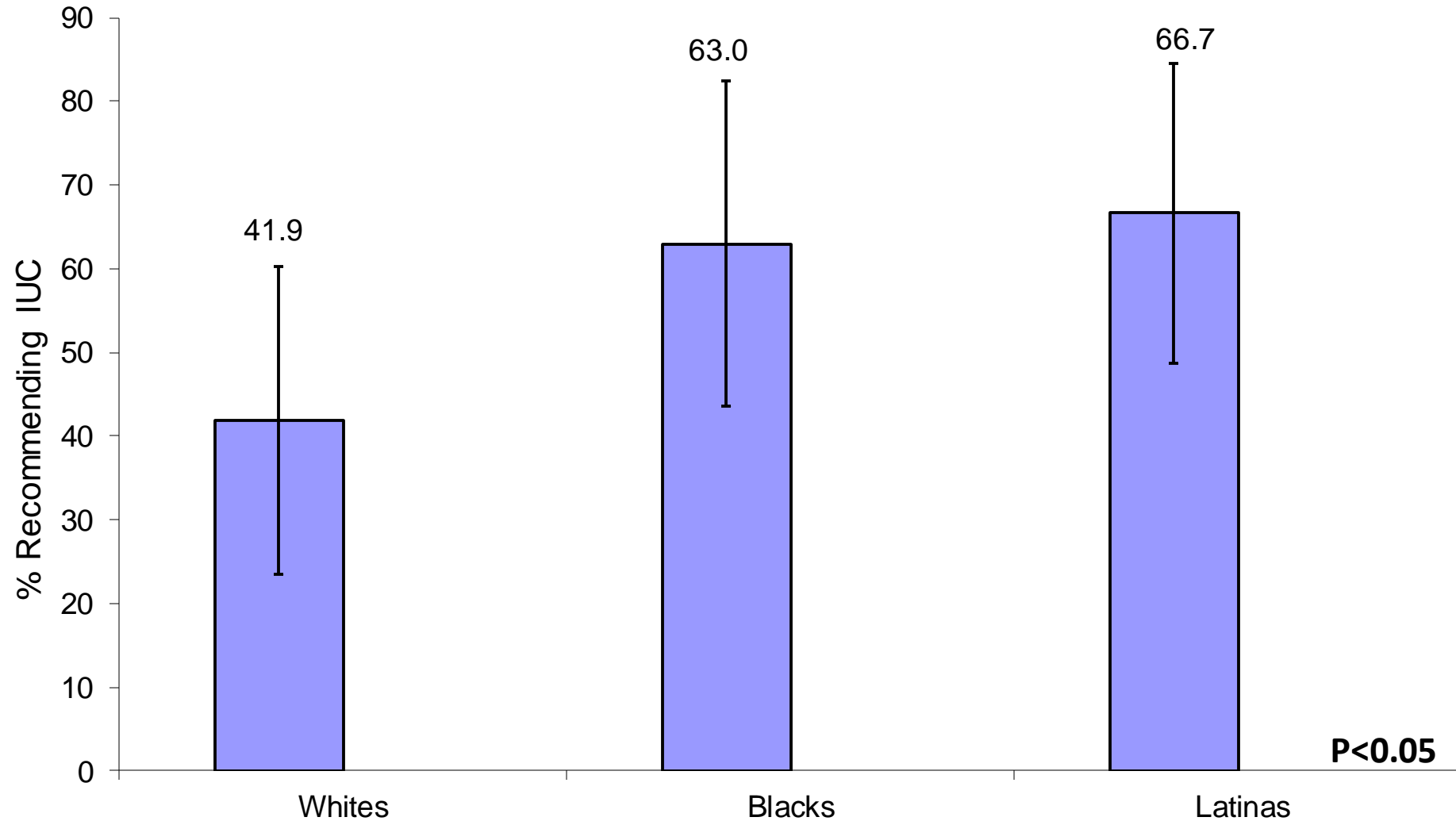
Are Women of Color Counseled Differently?

- Family planning providers have lower levels of trust in their Black patients
- Providers are more likely to agree to sterilize women of color and poor women
- Disparities in counseling about the IUD



Jackson, unpublished data
Harrison: *Obstet Gynecol* 1988
Dehlendorf: *AJOG*, 2010

Percent of Providers Recommending IUC to Low SES Women, by Race/Ethnicity (n=173)



Ambivalence

- The state of having mixed feelings or contradictory ideas about something or someone
- Uncertainty or fluctuation, especially when caused by inability to make a choice or by a simultaneous desire to say or do two opposite or conflicting things

Examples of Ambivalence

- Pregnancy ambivalence: research has found that many people do not frame reproductive desires in terms of clear-cut categories, rather their desires fall along a nuanced spectrum.

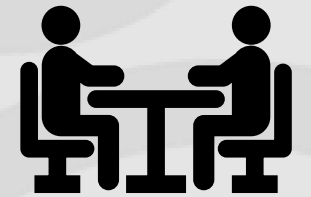
Plans ≠ Intentions ≠ Desires ≠ Feelings

- Ambivalence towards sobriety: people may have mixed feelings about their substance use. They may, at times, recognize that their use is causing problems in their life, but also recognize other needs they are meeting by using this substance.



How might these issues impact screening, referrals, and services?

Strengthening Communication



Talking about Sensitive Topics

Talking about Sensitive Topics Activity

- Using the “*How do you feel about...*” handout, for each topic place a check in the appropriate columns that reflects your own feelings
- You may check all that apply

**This document is confidential; you will not be required to share your responses

Talking about Sensitive Topics

- It is OK to feel conflicted.
- Talking about these topics and your feelings about them helps increase comfort.
- Your sensitivity and respect in discussing these topics will impact rapport and trust with the client.

Tips for Talking about Sensitive Topics

- Know your triggers
- Shadow experienced colleagues
- Practice case studies and scenarios
 - Practice body language, word choices, and tone
- Identify resources and people that can help you increase your confidence, comfort and skill when discussing sensitive topics
- Speaking to clients of other cultures or in other languages about sensitive topics can be an additional challenge. Seek cultural supports and translators as necessary

Integrating Screening and Referrals



Integrating Screenings & Referrals: Overview

- Review and discuss person-centered care and motivational interviewing (MI) techniques and tools
- Practice FP and SUD screening tools and referrals
- Practice strategies using person-centered care and MI techniques to connect and engage with clients

Person-Centered Communication

- Quality, patient-centered interpersonal communication is central to patient-centered care
- Interpersonal communication affects health care outcomes, including:
 - Patient satisfaction
 - Use of preventive care
 - Medication adherence



Chronicle / Lance Iversen

Person-Centered Care Principles

Provider and client
plan together as
equal partners

Client autonomy
and voice in
treatment

Respect client
values, personal
priorities, and
culture

Understand client's
personal life
context

Impact of Interpersonal Communication in FP

- Counseling influences contraception selection
- Quality of family planning counseling is associated with use of contraception and satisfaction with method
- Poor quality counseling leads to less willingness to engage in future health care
- It's important to remember that individuals aren't always seeking to change their behavior.

The Process of Shared Decision Making

- In shared decision making, both the client/patient and provider contribute to the medical decision-making process
- It is essential to establish a positive therapeutic relationship and build rapport from the beginning. This has been shown to lead to:
 - Higher rates of continuation of care
 - Better client satisfaction
 - More favorable health outcomes
 - Lower demand for health care resources

The Process of Shared Decision Making

- But I already do this?
 - Greet patient warmly (only done in 65% of visits)
 - Small talk (only done in 45% of visits)
 - Open-ended questions (only done in 43% of visits)

Shared Decision-Making Video



Motivational Interviewing (MI)

Based on the premise that motivation is key to change

Judgment free, without fear of ridicule or pressure

Helps clients accept, validate, and explore ambivalence

Associated with successful referrals, when appropriate

Why Does MI Work?



Acceptance



Opportunity to connect, engage, and improve your relationship with a client



Uses the client's own reasons for change as motivation



Encourages shared-decision making

Stages of Readiness for Change

Precontemplation – no intention to change

Contemplation – aware, but ambivalent to change

Preparation – researching and planning change

Action – making change

Maintenance – maintaining change

What might these stages look like for a family planning client?

What might these stages look like for a substance use disorder client?

Basic Person-Centered Skills

Ask	Ask open-ended questions
Practice	Practice reflective listening
Encourage	Encourage Change Talk
Affirm	Affirm (positive characteristics that support change)
Summarize	Summarize statements

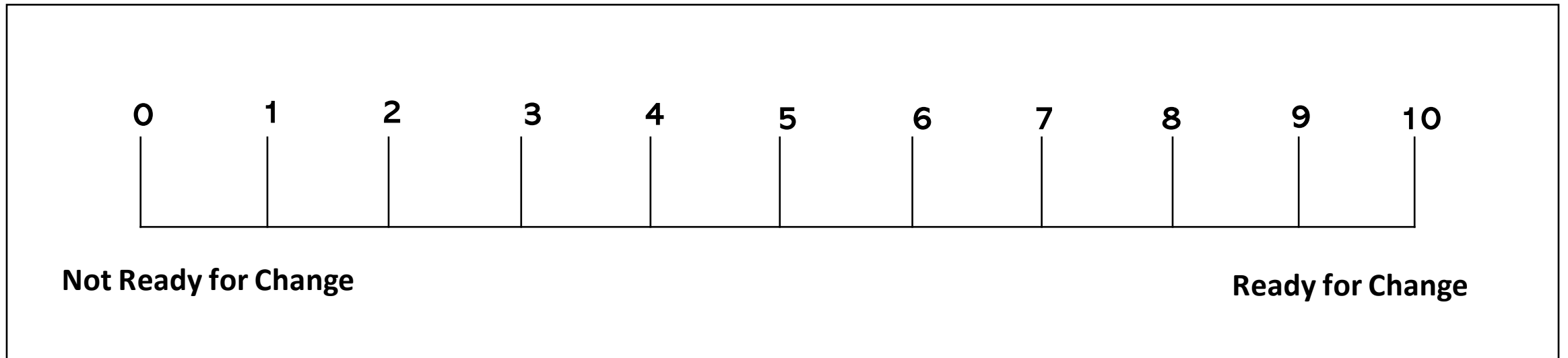
Practice Responses to the Statements

- “Using helps calm me down and allows me to be more patient with my kids.”
- “I just need a little bit to get me through the day, it’s not like I’m using when at work.”
- “I don’t want to use birth control right now because I’m afraid of gaining weight.”
- “Sex is just more fun without a condom.”

Motivational Interviewing – Tools

- Readiness Ruler
- Decisional Balance Worksheet

Readiness Ruler



Good things about my current behavior:

Good things about changing my behavior:

Not so good things about my current behavior:

Not so good things about changing my behavior:

Small Group Work



Large Group Discussion

- What will be the biggest challenge in integrating these screening questions and follow up discussions?
- What will be easier?
- When would be a good time to integrate screening?

Role Playing



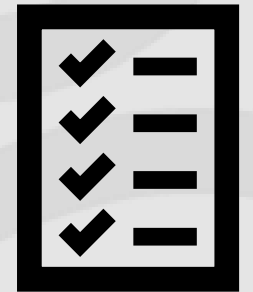
Facilitator Role Play

- What went well? What did not?
- What would you say differently?
- What resources would you make available to the client?
- What would be your next step?

Small Group Role Playing

- In groups of three, take turns doing role plays with a third providing observation and feedback.
- Practice introducing the topic and using motivational interview techniques as you:
 - Introduce the topic
 - Screen
 - Intervene
 - Refer

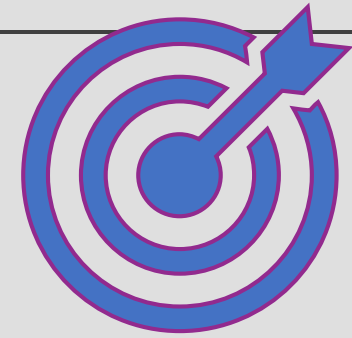
Action Planning



Importance of Action Planning

- Demonstrates a commitment to getting things done.
- Offers clear roles and detailed task.
- Creates a framework for accountability.

Action Planning Goals



Goal 1: Develop or refine an internal plan and process for consistent SUD/FP **screening** for clients.

Goal 2: Work with the partner agency to develop or refine a concrete plan and process for **referring** patients.

Small and Large Group Action Planning

- In small groups, use the Action Planning Handout to work on developing an internal process and plan for screening.
- Back in the larger group, use the Action Planning Handout to work on developing a joint process and plan for referrals.

Closing Activity: Individual Action Planning

I will start...

I will continue...

I will stop...



Three in Common Exercise

- In groups of three, find three things you have in common
- These things in common can't be obvious such as age, gender, or hair color
- One thing in common must be professional or job-related