THE FIRST DOOR

REDUCING STIGMA & STRENGTHENING CONNECTION



Part 1:

Stigma, Bias & Building Trust

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WHY THIS MATTERS



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BEFORE WE BEGIN

- We all bring experiences and assumptions.
- This is an opportunity for reflection, not judgment.
- Be curious and open to different perspectives.
- Recognize that lived experience will be present in the room.
- Respect privacy and personal boundaries.



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THINK ABOUT A TIME...

When you:

- Felt Judged
- Didn’t trust a system
- Avoided asking for help
- Felt powerless

What made that experience difficult?

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ENGAGEMENT STARTS BEFORE WE MEET

Families decide whether we are safe long before we arrive.

They're not meeting you for the first time, they're meeting you through every experience they've ever had with systems.

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WHAT MOMS ARE ACTUALLY NAVIGATING

- Fear of CPS / losing custody
- Shame + stigma (especially in medical settings)
- Withdrawal, cravings, survival mode
- Pressure to “prove” they’re a good mom

What looks like resistance is often protec

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UNDERSTANDING PERINATAL REALITY

- THE FOUR TRIMESTERS
- PHYSICAL CHANGES
- EMOTIONAL CHANGES
- IDENTITY CHANGES
- SLEEP DEPRIVATION

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THEN ADD RECOVERY...



- Recovery
- Court involvement
- Housing concerns
- CPS fears
- Transportation
- Poverty
- Partner stress
- Mental health

What would be hard about inviting someone into your world during this time?

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ONE FAMILY, MULTIPLE SYSTEMS



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THE IMPACT OF STIGMA?



Stigma occurs when people are judged, labeled, or treated differently because of a condition or circumstance.

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WHEN STIGMA BECOMES SHAME



Stigma is what someone experiences from others. Internalized stigma is what happens when those messages become part of how someone sees themselves.

For a parent impacted by substance use, that can sound like:

- "I'm a bad mom."
- "They're going to judge me anyway."
- "I don't deserve help."
- "No matter what I do, it won't be enough."

Sometimes shame becomes so loud that a parent can no longer recognize their own strengths.

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LANGUAGE MATTERS

WHAT'S SOMETHING PROVIDERS SAY THAT IMMEDIATELY SHUTS MOMS DOWN?

What she often hears:

- "She's noncompliant"
- "She refused treatment"
- "She just left AMA"
- "She's just an addict"
- "Call CPS, That baby deserves better"

What can we do:

Acknowledge their perspective-

You say:
"I have some questions."

She hears:
"They are evaluating me."

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FEAR OFTEN LOOKS LIKE RESISTANCE



WHAT WE SEE:

- Missed appointments
- Doesn't answer calls
- Defensive communication
- Last-minute cancellations
- Says "no"

WHAT MIGHT BE UNDERNEATH

- Fear
- Shame
- Trauma
- Previous experiences
- Survival mode

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REFRAMING LANGUAGE TOGETHER:

- “Noncompliant” → “Trying to navigate something overwhelming”
- “Refused” → “Didn’t feel safe or ready”
- “Left AMA” → “Made the best decision they could in that moment”

Make space for honesty:

What Might Be True?

- She loves her child deeply.
- She wants support.
- She wants to succeed.
- She is scared.

- There’s often more going on underneath
- Sometimes what looks like resistance is fear or past experiences.
- People can recover.
- Support can save a life.

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TRAUMA AND THE NERVOUS SYSTEM



Fight

Flight

Freeze

Fawn

How this can present:

- Fight: Defensive
- Flight: Misses or cancels appointments
- Freeze: Doesn’t respond
- Fawn: Says ‘yes’ to everything

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WHAT DO WE WANT FAMILIES TO FEEL?

Safe

Respected

Seen

Heard

Empowered

Supported

If that's what we want families to feel, what behaviors create that experience?

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REAL TALK MOMENT

If a mom doesn’t trust you, nothing else matters.



ENGAGEMENT > COMPLIANCE

If she’s not engaged, compliance won’t last — connection comes first.



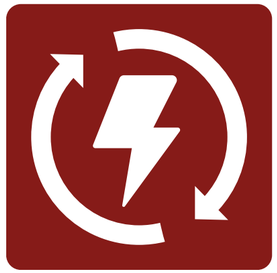
SAFETY > INFORMATION

If she doesn’t feel safe, she won’t hear anything you say.



RELATIONSHIP > REFERRALS

Referrals don’t change lives, relationships do.



RECOVERY > AMA

Connection can be the difference between someone walking out or staying.

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WHAT ACTUALLY BUILDS TRUST

- TONE OF VOICE
- BODY LANGUAGE
- NOT RUSHING
- BEING HONEST ABOUT SYSTEMS
- FOLLOWING THROUGH

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LISTEN TO UNDERSTAND, NOT TO FIX

- What she's worried about?
- What she's asking for?
- What matters to her?
- What is she not saying?
- What is she already doing well?
- How can I make her feel safer?

Before you offer a solution, make sure she feels heard.

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CASE STUDY

SARAH

Sarah is 27 years old and pregnant with her second child.
She has a history of substance use and previous child welfare involvement. She has recently started engaging with recovery support but is hesitant to share that information with her healthcare team. She has missed two appointments and hasn't returned calls from a community support provider.

Discuss:

- What assumptions might professionals make about Sarah?
- What might be happening underneath her behavior?
- How could we approach her differently?
- What would help Sarah feel safe enough to engage?



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REFLECTION

Families are more likely to engage when they feel _____.



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KEY TAKEAWAYS

Fear often looks like resistance.

Trauma influences engagement.

Language matters.

Every interaction sends a message.

Connection comes before services.



PEOPLE MAY FORGET WHAT WE SAID. THEY MAY FORGET WHAT RESOURCES WE OFFERED. BUT THEY RARELY FORGET HOW WE MADE THEM FEEL

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LOOKING AHEAD



Part 2: Navigating Systems, Plans of Safe Care & Ongoing Support

This session explores how professionals can support families through system involvement, communicate transparently about CPS, understand the purpose of Plans of Safe Care (PoSC), and create meaningful connections to ongoing support.

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THANK YOU

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