
Gathering the Voices of Perinatal Substance Use in Montana

Presented to:

Partnership for Success Grant of
Montana Department of Public Health
and Human Services

Contract #19-332-74752-0

December 2020

Produced by



Healthy Mothers, Healthy Babies
The Montana Coalition

318-20 Last Chance Gulch, Ste. 2C
Helena, MT 59601
406.449.8611 | www.hmhb-mt.org



Table of Contents

2	Issue Description
4	Project Description
5	Focus Group Report
5	Overview
7	Focus Group and Interview Questions
8	Focus Groups Themes
9	Lake County Focus Group
12	Image Testing: Look Closer Campaign
12	Individual Interview Responses
18	Image Testing: Look Closer Campaign
19	Unique Interview Responses
20	Citations
21	Appendix A: Focus Group Flyer
22	Appendix B: Look Closer Campaign Sample



This project is funded in whole or in part under a Contract with the Montana Department of Public Health and Human Services. The statements herein do not necessarily reflect the opinion of the Department.”

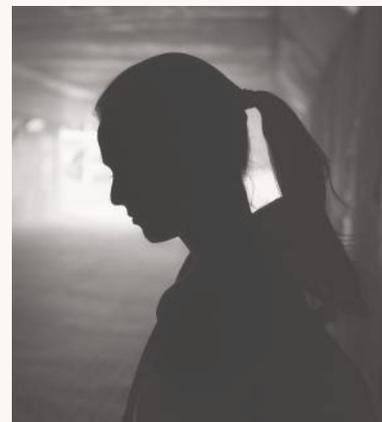
Project funded by Substance Abuse and Mental Health Services Administration SAMHSA - Partnership for Success Grant #6H79SP080974.

Issue Description

Perinatal substance use is a pressing public health problem with multigenerational impacts. Nationally, 5.4% of pregnant women report illicit drug use,⁷ and substance use disorders (SUDs) remain some of the most commonly missed and undertreated diagnoses among pregnant women.² Women who are experiencing a SUD in the perinatal period are more likely to be young, and of lower socio-economic status, with histories of childhood trauma or intimate partner violence.³ Polysubstance use is common with both legal and illicit substances, and at least one third of polysubstance users have a co-occurring mental health disorder, including major depressive, anxiety and personality disorders.⁶ Substance use in pregnancy can increase the likelihood of negative fetal and infant health outcomes including low birth weight and still birth, and the children of women with SUD in pregnancy are more likely to be removed from their mothers' care. Additionally, special attention to social determinants of health, including housing, child care and transportation, are critically important to address for this population.

Montana has comparatively high rates of substance use disorders (SUDs) in its overall population. Of Montanans with a SUD, less than 10% receive treatment.¹ This low rate of treatment also applies to pregnant and postpartum women. As of 2016, only 6% of Montana's state-approved treatment facilities reported having programs for pregnant and postpartum women. Additionally, Montana has among the nation's lowest rates of buprenorphine treatment capacity for people with opioid use disorders.^{1,4} While the available treatment options for inpatient and medication assisted treatment have increased in Montana in recent years, closures of other treatment providers and sober living facilities are regular occurrences. Providers cite Medicaid reimbursement rates and regulations as barriers to expanding facilities. The need for more treatment is demonstrated by ubiquitous waiting lists at treatment centers, as well as long wait lists for assessments necessary to gain access to treatment combined with the comparatively small number of treatment providers available to pregnant women in Montana. All of these factors make it far less likely that women will be able to receive treatment quickly, despite being a prioritized population. The timeliness of treatment is particularly crucial for pregnant women in order to capture their increased motivation to engage in treatment and behavior change, as well as to ensure the safety of the fetus. In addition to structural and financial barriers to treatment, pregnant women face significant stigma.

Nationally, 5.4% of pregnant women report illicit drug use.



Nationally, *public perceptions of those struggling with substance use disorders are shifting towards viewing addiction as a chronic, recurring brain disease as opposed to a moral failing.* This shift is a critical part of addressing stigma and its powerful effects. Stigma impacts the perceptions of those struggling with unhealthy substance use, the general public, lawmakers, and those screening or treating the affected population. Fear of losing family connections and social support and job opportunities can prohibit individuals from seeking treatment for unhealthy substance use. Critically, stigma also impacts organizational and public policy, screening and diagnosis rates, treatment engagement and compliance rates. In interviews and presentation feedback, stigma is regularly cited as a barrier to treatment and interviewees support the need for any messaging campaign to address stigma.

In addition to stigma, women using substances during pregnancy also must navigate legal concerns. *Women using substances while pregnant are rightly concerned about their children being removed from their custody when they access care.*⁹ Women do indeed face legal consequences while pregnant. Charges of pregnant women using substances for child welfare endangerment have occurred in Montana, as well as incarceration of pregnant women to prevent further use. Notably, women make up an increasing proportion of those incarcerated nationally and in Montana, with a majority of those convictions being drug-related. Notably, as of July 1, 2019, a Safe Harbor law that protects pregnant women from prosecution for non-distribution drug possession crimes was enacted in Montana. Despite this legal change, the perceived legal consequences, as well as stigma, are regularly reported as reasons to avoid medical care, including prenatal care.

Pregnant women using substances are more likely to avoid prenatal care, and this comes with consequences for both the fetus and the mother.^{5,8} Lack of prenatal care increases the risk of obstetrical complications, preterm birth, delivery of low birth weight infants, and higher rates of neonatal withdrawals. Additionally, women who forgo prenatal care are also less likely to be treated for co-morbid psychiatric conditions and infectious diseases,, and are at a higher risk for violence.



Project Description

Healthy Mothers, Healthy Babies -The Montana Coalition (HMHB-MT) was awarded a five year grant by the **Addictive and Mental Disorders Division (AMDD)** of the Montana Department of Health and Human Services (DPHHS) to develop and produce a statewide media campaign targeting women of childbearing age and substance use. This funding is part of the SAMHSA Partnership for Success Program. This project includes:

- a scan of current treatment options and messaging
- a series of focus groups engaging the target audience, including those with lived SUD experience
- decrease stigma and increase use of treatment options
- development of an evaluation plan to include positive social norms
- development and production of a statewide media campaign to educate women about the risks of substance use

A previous report dated October 30th, 2019 covers the scan of current treatment options and messaging campaigns in the state of Montana. In that report HMHB shared that, while several efforts are underway in the state to address the issue of perinatal substance use, there are no other statewide messaging campaigns targeting women of childbearing age and substance use. Nearly half of the community health assessments performed by counties in the state between 2016 and 2018 identified substance use and/or mental (behavioral) health as one of the top-three most pressing issues in their respective counties. Initial surveys and meetings found that those contacted were very interested in engaging with the messaging campaign and expressed a need for it.

This report covers gaining the perspective of women with lived experience of substance use for use in creating the campaign. In collaboration

with existing partners, as well as new partners in the treatment world, HMHB convened two small focus groups and three interviews of women with lived experience of their substance use impacting their mothering. In collaboration with the Montana Institute, HMHB drafted a series of questions for the focus groups and convened them in the Summer and Spring of 2020.

Along with the voices of those impacted by the messaging, HMHB is working within existing and new relationships to ensure that the messaging campaign is accessible, appealing, and useful for those working with the impacted group. HMHB has reached out to early childhood groups, state and county level governments, and the treatment provider and recovery community to gather support and participation. In addition

(cont.)

to these vital contacts, HMHB has also worked to engage those who may be able to offer financial support to broaden the reach of the messaging. As required by the grant, HMHB will also be working to evaluate the impacts of the messaging campaign.

In addition to focus group methodology, the Montana Institute has also provided methodology

for a measuring baseline and post-campaign evaluation public surveys.

These will be critical to understanding the impact of the messaging to advocate for continued use and sustainable funding of relevant work.

Project Description

Focus Group Report

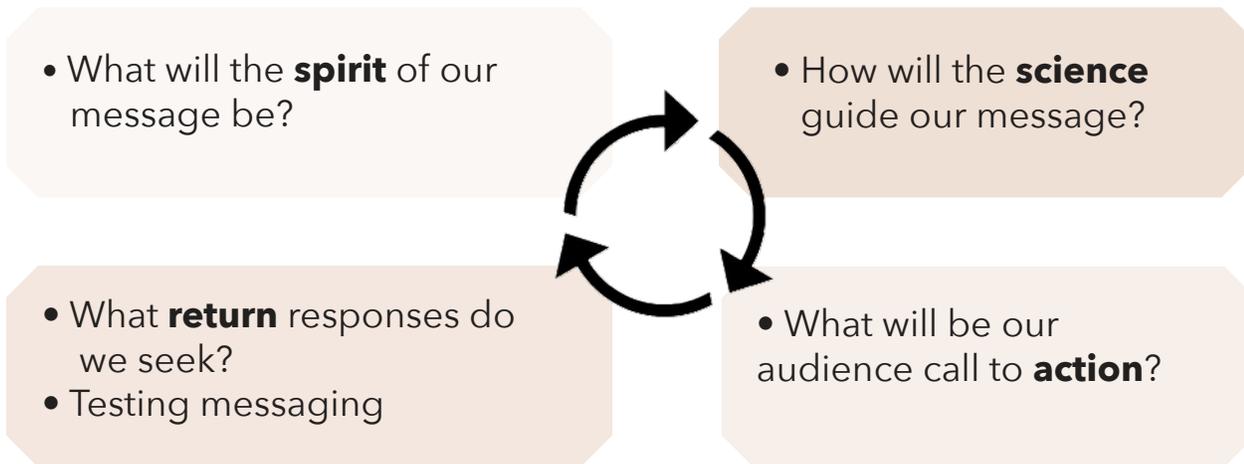
An integral part of any good public messaging campaign is gaining the perspective of your target audience. HMHB has worked to gain and understand the perspective of women whose struggles with substance use have impacted their children through a series of focus groups and interviews. Each of the interviewees self-identified as, “a mother who has struggled with substance use,” and agreed to participate in an hour-long conversation about their lived experience in order to help HMHB create and share messaging to help other women in that situation.

To protect the privacy of participants no recordings were made but the interviewees were made aware that the interviewer would be taking notes to use in identifying themes and suggestions they had for the campaign. Participants were compensated for their time with a \$25 Amazon gift card, and both of the in-person focus groups provided child care.

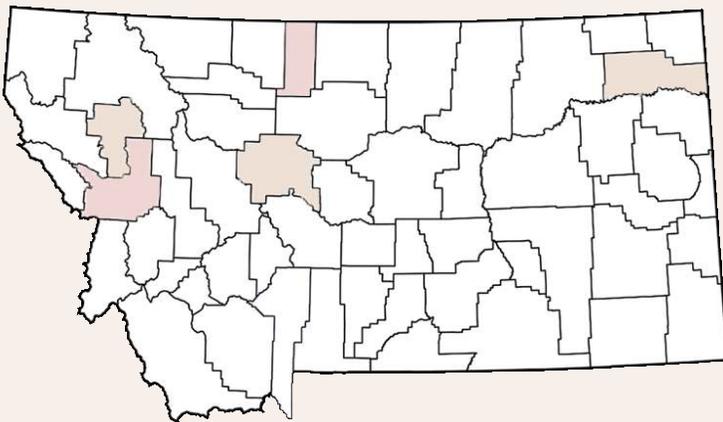
Questions (see on page 7) began with exploring the interviewee’s story to establish rapport and allow interviewee to get comfortable with the interviewer and the format. Later questions focused on messaging. Participants were given a description of messages as both spoken and unspoken, public and private and from individuals or groups. They were asked about both helpful and hurtful messages as well as what they thought would have been effective messaging to inspire them to seek help in stopping substance use. Finally, participants were asked to review the Look Closer campaign (see appendix).

This is a report of the results of a series of focus groups and interviews held by Stephanie Morton, Program Manager at Healthy Mothers, Healthy Babies - The Montana Coalition. Focus groups and interviews were held in the Spring and Summer of 2020. The initial two focus groups were able to be held in-person, but the onset of the COVID-19 pandemic prevented any further in person meetings and hampered recruitment as well. Despite these barriers, 15 women were able to share their lived experiences to aid us in shaping an effective message to reach women who are ready to stop using substances.

Focus groups structure and philosophy were based upon Dr. Jeff Linkenbach's 2007 study, Science of the Positive. The core assumption of the Science of the Positive is 'the positive' is real, it exists and is worth growing. This framework has been successfully applied to many public health messaging campaigns.



HMHB contracted with the Montana Institute to develop a qualitative methodology to learn from women who have current or past experience with a substance use disorder in the perinatal period. Additionally, the Montana Institute provided guidance on pre- and post-campaign evaluation.



Recruitment

Participants were recruited in a number of ways, but the most commonly used and most successful method was through a trusted source. Using this approach, HMHB partnered with a close contact to recruit people on the Flathead Reservation and through Mountain Home Montana, a supportive living program for young women who are pregnant and/or parenting located in Missoula. Attempts to recruit interviewees via Facebook were not successful. Of the three individual interviews, two were reached personally through close contacts of HMHB who had personal relationships with the interviewees. The third was reached through an appeal sent out by The Sober Life, a nonprofit located in Great Falls, focused on building community for families in sobriety.

FOCUS GROUP & INTERVIEW QUESTIONS

With the assistance of The Montana Institute, HMHB's team developed the following questions:

1. Tell me about your experience with your pregnancy and/or mothering and substance use?
2. What was your experience with wanting to stop using substances? What prevented you from stopping?
3. What allowed you to be successful in making the change to stop using substances?
4. What was your experience about receiving information/education about the impact of substance use to you or your child? What helped? What hurt?
5. Where did the messages come from? Which were most impactful?
6. How would you have liked to receive these messages? How do you think others would?
7. If you were developing this campaign, what is the message you would tell?
8. What do you wish the message said to you?
9. Look Closer Campaign: What is the main message?
10. Look Closer Campaign: What do you think they want you to do as a result of this message?

These questions were the framework for each interview. Questions were skipped if they had already been answered in previous parts of the interview and are marked as not asked by strikethroughs in this report. Importantly, two questions were modified after the first focus group. Questions asking about messages were edited to include a brief description of what “message” means. In question 7, the wording was changed to say, “What would you tell someone who was in your position?” This change focused on the individual experience and moved away from the concept of messaging which was abstract to some participants.

FOCUS GROUP THEMES



Early Trauma

None of the questions asked specifically about childhood experiences, but the majority of interviewees spoke about their early years and family histories without prompting. This pattern indicates the importance of these experiences to how interviewees made meaning of their experiences.

Mental Health

Most of the participants described feelings of depression, isolation and anxiety. Feelings of shame and guilt about their substance use were universal. Additionally, about half of the participants said they felt suicidal. One participant stated to strong affirmation from other group participants that she wanted to hear that "she mattered."



Messages are not received while in active use

All but one participant noted that when they were in active substance use, they did not receive messages and that was the goal of use. Use was driven by the desire to not be in contact with the outside world. Participants asserted that the campaign should target women who are contemplating stopping or reducing use.

Parenting

While loss of custody was cited by all participants as a cause of stress, most participants also cited criticism from peers and family about parenting as a stressor as well. Many cited the negative messages they received about their caregiving, but equally impactful were the messages where they were told they were "a good mom".



Community

Many of the participants cited the need to identify and build supportive relationships outside of their community of use as a necessity for their sobriety. Notably, the use of AA and NA groups was both encouraged and discouraged so no type of group could be conclusively stated as preferred. Participants emphasized having supportive understanding relationships that can help you when the urge to use again might arise. One participant noted that she felt the opposite of grief was connection.

Look Closer Campaign

All reviews of the campaign were positive to glowing. Participants loved the tone of the words (hopeful) and described the imagery as impactful and appealing. Additionally, many participants appreciated the detail that the beading and the woman were both from the Northern Cheyenne Reservation and that the campaign was created specifically for that area. The idea of having multiple images depicting different cultures was well received.



LAKE COUNTY FOCUS GROUP

In March of 2020 a focus group was held in Lake County on the Flathead Reservation. The group met the capacity limit with 11 attendees. Using a locally known entity was a tactic to ensure that focus group participants felt safe attending and discussing a sensitive topic. HMHB also provided a flyer with relevant information. This was a very successful recruitment strategy for this focus group.

Each attendee was present for the entirety of the focus group and each contributed meaningful insight from personal and witnessed experiences of the impact of substance use.

Tell me about your experience with your pregnancy and substance use?

The responses to this question were incredibly generous. Many of the attendees knew one another and attended a recovery support group together. This was an unanticipated boon to the group, as they had an established habit of sharing and were very open about substance use and had clear bonds of trust with one another. Each attendee shared segments of their history and at the end of each sharing the group thanked them for sharing. The tone was one of acceptance and respect for each person in their own journey.

The responses below have been organized into related groups with added short descriptors or clarifications. If spoken more than once, the number of times a theme was repeated by participants is in parentheses.

Recurring Themes

- Custody loss (5)
- Safety of child
- Never knowing because of use impacting awareness and memory
- 6 kids, 27 years of use
- Family support (4)
- Domestic violence (2)
- Use impacting prenatal care, shame of use
- Don't want to go back to my old way of life
- Regular attention from CASA
- Grateful for CPS
- Return of desire to use during postpartum depression
- Biggest fear being a parent
- As children got older, more aware of the situation
- Began use when child was 5 or older (3)
- Turning custody over to family (4)
- Family and mom (6)

- Preemptive loss of custody, CPS
- To keep children safe when they knew use wasn't controllable
- Relapse
- Lack of attachments leading to relapse
- Trauma
- Violence
- Blaming kids' health on their own substance use
- Lifelines
- "Why couldn't she quit? Why didn't she love us?"
- Discipline
- Horses and powwows
- Sundance
- "Commit" - committing to yourself, sobriety, kids
- Whatever I take in baby takes in, emotions and substances
- "It is hard"

2. What was your experience with wanting to stop using substances? What prevented you from stopping?

3. What allowed you to be successful in making the change to stop using substances?

4. What was your experience about receiving information/education about the impact of substance use to your or your child? What helped? What hurt?

The group's response to this question was nearly universal: This is not a question they could answer because they used specifically so they could stop receive messages, stop feeling. Their use was aimed at numbing out and blocking out the world.

5. What did you want to hear? What would you say to a friend who was in their shoes? (Re-phrased)

That I matter
It's okay to not be a "perfect mom"
When you are using you feel so alone and vulnerable
That I can have a new family
Opposite of grief is connection
Message of hope
Waking up the spirit
Just for today, you cannot use
Finding our purpose
Closeness & community = unconditional hope
"Groups like this"
I'd tell her to go to a meeting
One person (just needed one person to connect, to reach out to them)
Reminding them of the last time they used and how terrible it was
"My deficits are what made me" - quote from inspirational speaker
Connection
Relation
Get to the truth of your adversity
Acceptance
Positive Reinforcement



Probing Ad lib Question: What changed not being able to hear?

- Drug court (6) -half the room quickly agreed with this.
- Jail (3)
- CPS (4)
- Missing my kids
- My daughter trying to commit suicide
- Having my son
- Family Support

Participants also detailed things that did not help them:

- Jail & Treatment did not help me (4)
- Getting in trouble made me more secretive, increased my use

5. Where did the messages come from? Which were most impactful?

- Don't know if I had/received any while using
- Unable to receive messages
- Dad saying your kids didn't ask for this
- Convinced I was a "functioning addict"
- Wasn't worthy of parenting my kids
- Child Protective Services
- Hardest/most critical on myself
- That privacy and secrecy were important
- Keeping family secrets
- Taking care of our own (family)
- Moments of clarity in jail: "getting sober for yourself" and "if you have to stay here for kids before you can stay here for yourself, do that."
- Mom was nurse and used an egg in a cup plus some Ever Clear to demonstrate FAS (impact of alcohol on fetus)
- "kids didn't have that choice"
- Doctor at prenatal visit - you are "rare" (admitting substance use)
- God's love
- Just wanting to die
- Newspaper article saying she was facing life in prison

6. How would you have like to receive these messages? How do you think others would?

7. If you were developing this campaign what is the message you would tell?

8. What do you wish the message said to you?

IMAGE TESTING: LOOK CLOSER CAMPAIGN

9. What is the main message?

10. What do you think they want you to do as a result of this message?

At the end of the focus group a laptop was used to test the messaging with the Look Closer campaign. As each participant approached to receive their \$25 Amazon gift card they viewed

- Overall positive reception
- Everyone appreciated the imagery, both with pregnant mom and without
- The text was well received
- Two women inquired about the beading in the picture and I explained it was from the Northern Cheyenne Tribe and this campaign was created specifically for that area. They were both very supportive of imagery that would be specific to each tribal area.

INDIVIDUAL INTERVIEWS

While a series of focus groups were planned for this work, *the COVID-19 pandemic demanded a large shift in work plans.* As in person conversations were no longer safe, HMHB-MT shifted to recruitment for interviews instead of focus groups. These efforts resulted in four interviews, one in person, one via phone and two via online video conferencing. The interviewees were from a variety of counties including Custer, Cascade, Missoula and Roosevelt were interviewed.

The following section is a compilation of these individual interview responses which is necessary to best protect participant identities and privacy.



INDIVIDUAL INTERVIEW RESPONSES

1. Tell me about your experience with your pregnancy and substance use?

- Pregnancy denial
- Returned to home town for family support; using with her family
- Understanding CFS worker was supportive and knew her family history of trauma and SUD
- Was charged with substance use related crimes and served jail time while pregnant
- Discharged to a supportive living center for moms and babies and received treatment
- Depression
- Housing instability led to relationship issues and return to use; attributed 3rd pregnancy to this relapse
- Family history of addiction and trauma
- Primary family members were sober when she was growing up, "as far as she knew"
- Father was injured and was treated with pain pills which he became addicted to, which led to him drinking (alcohol) and then his death
- Used with her dad as an adult in order to "keep an eye on him"/maintain relationship
- Personally, drank a lot, alcohol was drug of choice, started at age 13
- Periodic meth use
- Quit everything when she found out she was pregnant
- First pregnancy was planned and went well; noted that the "baby was born on due date," and was healthy
- Second pregnancy was much more difficult physically
- Used marijuana for morning sickness
- Received a diagnosis of bipolar disorder and depression. Described herself as having "bad PPD", being nervous, depressed and overwhelmed.
- "I have mental illness, but don't like to say that"



1. (Cont.) Tell me about your experience with your pregnancy and substance use?

- When youngest was 14 months, family trauma related to substance use drove her back to use
- Attributed using substances as a way to have energy to talk and function each day
- Emphasized the importance of maintaining family life and said that drove her use
- Zero trust with her family (dad and step mom)
- Keeping kids together was a priority/value she was taught by her family, even though the children themselves weren't valued
- At 15 became pregnant for the first time and left home
- Had started using substances early in teens and started AA at 19 years old
- Reported smoking through her entire pregnancy
- Cited being young and poor
- Became pregnant at age 22, unplanned, but wanted the baby
- Tried to stay with baby's father but interpersonal violence led her to be concerned for the baby's safety (she noted, not her own) so she left the relationship
- Had started using substances early in teens and started AA at 19 years old
- Reported smoking through her entire pregnancy
- Cited being young and poor
- Became pregnant at age 22, unplanned, but wanted the baby
- Tried to stay with baby's father but interpersonal violence led her to be concerned for the baby's safety (she noted, not her own) so she left the relationship
- Early traumas: loss of mother, trauma history of family
- Began substance use at age 12
- Important in her family to be seen and not heard as a child
- "Bad choices" brought her to enlightenment of this past trauma as a contributing

2. What was your experience with wanting to stop using substances? What prevented you from stopping?

- She thought she was hiding it because no one would say anything. Instead, the weight loss spurred on by substance use received positive attention
- Cited feeling taken care of by the community of people she used with
- Leaving that safe community would be necessary to stop use
- Cited the importance of this community as someone who was largely estranged from her family
- Decreased use once she knew she was pregnant and stopped at 5 months gestation

INDIVIDUAL INTERVIEW RESPONSES *cont.*

2. (Cont.) What was your experience with wanting to stop using substances? What prevented you from stopping?

- Cited switching to drinking mini bottles of wine, because she believed at the time that wine was safer for the baby and the mini bottles helped to limit intake
- Was denied service at a bar because she was visibly pregnant and drinking
- Said she knew she would stop using once she met the baby
- What allowed you to be successful in making the change to stop using substances?
- As soon as the baby was born, she stopped all alcohol and drug use
- Was able to breastfeed for 10 months; described incident in hospital where the nurse fed the baby a bottle and she felt undermined, disrespected

3. What allowed you to be successful in making the change to stop using substances?

- Once other people know about her use she was “disgusted” with herself

4. What was your experience about receiving information/education about the impact of substance use to your or your child? What helped? What hurt?

- During her pregnancies struggled with weight gain
- Noted criticism from others of her and also about the baby’s weight after birth
- Cited that “people are really critical of my parenting” overall; felt unsupported
- Spoke about permissive and strict parenting styles
- NOTHING when still using
- Did not recall any public messaging from that time
- Cited bars stopping serving her
- Cited going to Planned Parenthood Clinic for pregnancy test to confirm. Described the experience as judgment free and felt like she could trust them. Provided assistance with enrolling in Medicaid.
- Attributed an open relationship with her prenatal care provider with being a source of trusted information that helped her feel like she could take care of the baby
- Cited WIC as a very positive relationship for her; warm regard for her and her baby and provided information that helped her be a better caregiver.

5. Where did the messages come from? Which were most impactful?

- Shame
- Guilt
- Taking all of the struggles and criticism very personally; very mean to herself
- Felt judgment
- Fear of loss of custody of her kids
- Hid pregnancy, did not acknowledge for extended period (delayed prenatal care)
- Using with family, telling her that was what families do together
- Identifying with her own mother, who also had SUD that impacted her parenting
- Also noted a lack of messaging because she lived in a very rural place. Attributed the lack of services to the lack of messaging.
- Only when she was sent to a place with services did she see/hear messaging.
- Cited a local CPS provider as only local resource in the smaller town
- Once in town with more services most messages came from hospitals and doctors' offices and the providers she met there.
- Also noted seeing a Facebook post of a newspaper article that did not name her but referenced her, her children and possible charges against her
- Most impactful message that inspired her to stop use was her father's AA coin collection falling from a shelf when she was contemplating stopping use
- Identifying with her father's journey with alcoholism, being lonely and sad
- Cited her boss's wife shaming her for smoking during the pregnancy
- Said that it felt like anyone who told her what to do during the pregnancy just felt negative, hurtful
- During first pregnancy heard negatives from her father "worst mistake of your life," and "you're never going to make it"
- Sisters were supportive. Emphasized that she could be a good mom and tried to keep her away from others they knew were using.
- Someone told her that her kids are "always going to want to know their mom."

6. How would you have like to receive these messages? How do you think others

7. If you were developing this campaign what is the message you would tell? If your friend or someone you know told you, they were struggling with substances what would you tell them?

- Tell them my whole story
- Tell them if they don't think they are ready to stop using, they should not keep the kid

INDIVIDUAL INTERVIEW RESPONSES *cont.*

7. (Continued & Rephrased) If you were developing this campaign what is the message you would tell? If your friend or someone you know told you they were struggling with substances, what would you tell them?

- Suggest they find their triggers, what drives use
- Find your support and the things you love
- Was not into AA/NA meetings, didn't have great experience there
- Found and developed a love of gardening, source of joy
- Interviewee said that something that connected for her was realizing that her baby was her baby and that was cemented until seeing them after birth

8. What do you wish the message said to you? What do you wish someone would have said to you?

- Do you need help?
- I see that you are struggling
- Feature that there are chemical dependency services for women who are struggling with SUDs
- The interviewee noted that she was totally unaware of the services she ended up benefitting from. She attributed this to living a very rural area during her upbringing and pregnancies.
- "I wish someone would have called me out."
- Referred back to the previous question about stopping use once people knew about her return to substance use
- Interviewee said she doesn't know if anything would have gotten through to her

IMAGE TESTING: LOOK CLOSER CAMPAIGN

9. What is the main message?

- That she is more than her addiction and help is out there if she will ask for it/wants it

IMAGE TESTING: LOOK CLOSER CAMPAIGN *cont.*

10. What do you think they want you to do as a result of this message?

- Imagery that includes the pregnant mom is better than the one with just her head
- Must highlight elements
- Confidentiality of resources/who they say to call
- Emphasize treatment not judgment approach
- Emphasize the “Healthy baby...best reason to get treatment,” section of text
- Really liked the “see past my... I want to be” line.
- Described the imagery as striking, attention grabbing
- Shaming imagery
- Said to stay away from imagery of moms with needles or pills as they are shaming
- Described them as feeling dark, like death, being stuck
- Hopeful
- Recommended use of hopeful imagery such as the Look Closer messages
- Described as uplifting, affirming that change is possible
- Look for help.

UNIQUE INTERVIEW INSIGHTS

Each interview revealed special insights into each participant's unique experiences. The following is additional commentary that happened outside of the questions.

One interview began by her discussing her experience with SUDs and having children. She stopped abruptly and said, "Wait. I need to say that I always wanted to be a mom. That was important to me."

In regards to the look closer campaign, one participant suggested placing posters in bathroom stalls because that is where you will reach people. It was also stated that bathroom stalls are private so people can take a photo or put the number in their phones without anyone seeing.

At the conclusion of one interview the participant noted that she hoped that the more people who tell their story like she did, the less people in situations like what she was in, would have to struggle.

At the end of one interview, the interviewee restated the importance of supportive housing in her recovery. She went from not knowing about it as an option to her and her two children benefitting from the services. She cited her positive, impactful experience with supportive living and the relationships she made there as very important to helping her recovery after relapse and a third pregnancy. She knew exactly who to call and was able to quickly connect with them.

At the end of another interview, a participant emphasized how helpful it would have been to have a supportive, sober living option during her pregnancies and after to remain with her children instead of having to be separate. She noted being away from her children when they were placed in family member custody fed her shame and use and she attributed this time apart.



CITATIONS

1. Grady, A., Bachrach, D., and Boozang, P. (2017). Medicaid's Role in the Delivery and Payment of Substance Use Disorder Services in Montana. Available at: <https://mthcf.org/wp-content/uploads/2018/01/Medicoids-Role-in-the-Delivery-and-Payment-of-SUD.pdf>
2. McLafferty, L. P., Becker, M., Dresner, N., Meltzer-Brody, S., Gopalan, P., Glance, J., Victor, G. S., Mittal, L., Marshalek, P., Lander, L., & Worley, L. L. (2016). Guidelines for the Management of Pregnant Women With Substance Use Disorders. *Psychosomatics*, 57(2), 115-130.
3. Metz, V., Kochl, B., & Fischer, G. (2012). Should pregnant women with substance use disorders be managed differently? *Neuropsychiatry*, 2(1), 29-41.
4. Montana Healthcare Foundation (MHCF) (2018). Strategies to Address Perinatal Substance Use Disorders. Available at: https://mthcf.org/wp-content/uploads/2018/02/MHCF-Strategies-to-Address-Perinatal-Substance-Use-Disorders_FINAL.pdf.
5. Patrick, S. W., Schiff, D. M., & Committee on Substance Use and Prevention. (2017). A Public Health Response to Opioid Use in Pregnancy. *Pediatrics*, 139(3), e20164070. <https://doi.org/10.1542/peds.2016-4070>.
6. Substance Abuse and Mental Health Services Administration (SAMHSA) (2009). Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP) Series, No. 51. HHS Publication No. (SMA) 13-4426. Rockville, MD. Available at: <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4426.pdf>
7. Substance Abuse and Mental Health Services Administration (SAMHSA) (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
8. Tenore PL. (2008). Psychotherapeutic benefits of opioid agonist therapy. *Journal of Addictive Diseases*. Vol. 27(3), 49-65. doi: <http://dx.doi.org/10.1080/10550880802122646>.
9. Wexelblatt SL, Ward LP, Torok K, Tisdale E, Meinzen-Derr JK, Greenberg JM. (2015). Universal maternal drug testing in a high-prevalence region of prescription opiate abuse. *Journal of Pediatrics*.; Vol. 166(3):582-6. doi: 10.1016/j.jpeds.2014.10.004.

APPENDIX A: FOCUS GROUP FLYER

HMHB INVITES YOU TO

LEND YOUR VOICE & WISDOM TO MOMS

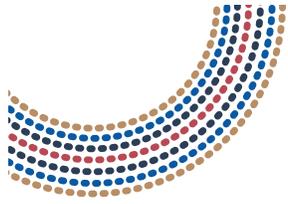
Mothers who are struggling with substance use need your help. We are looking for women who are willing to share their experiences and insight to help us let moms and families know there is a way through and help is available.

**FOCUS GROUP TO BE
HELD IN RONAN IN
FEB 2020**

**EXACT DATE/TIME DETERMINED BY
INTERESTED PARTICIPANTS.
PLEASE CONTACT
STEPHANIE@HMHB-MT.ORG
FOR MORE INFO AND REGISTRATION**

A meal and childcare will be provided to participants. Participation is confidential.

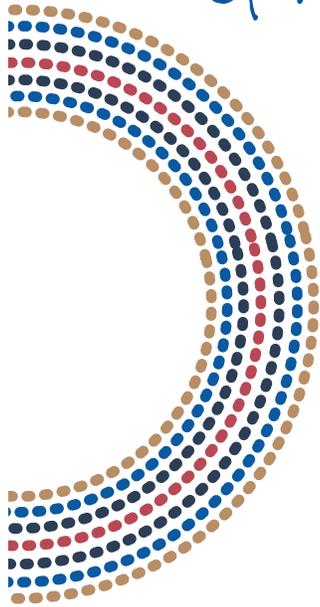
APPENDIX B: LOOK CLOSER CAMPAIGN SAMPLE



Look **CLOSER**

**SEE PAST
MY ADDICTION.**

*See the mother
I want to be.*



**Are you pregnant and using either drugs or alcohol?
It's never too early to start getting prenatal care.
We're here to help you and your baby be as healthy
as possible. Call today to schedule a visit; all
conversations are confidential. (406) 477-4514.**