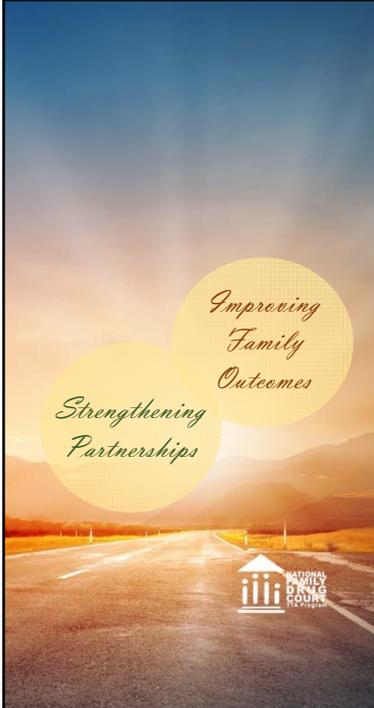




Serving Pregnant Women Affected by Substance Use Disorders in Healing to Wellness Court: Sharing Lessons

Marianna Corona | Jennifer Foley

September 12, 2017 |



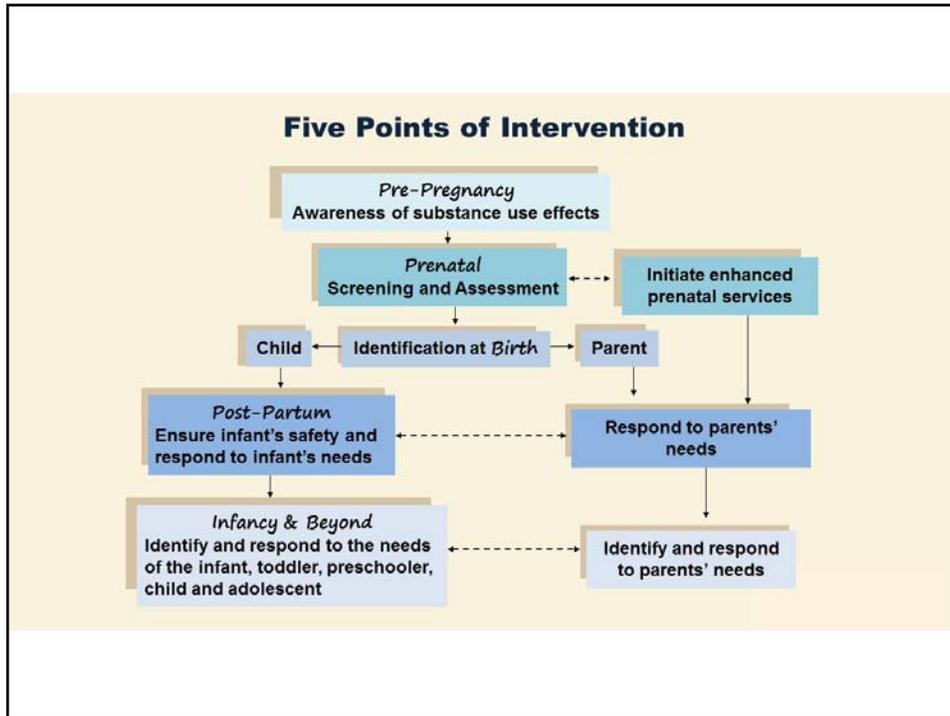
Learning Objectives

- Introduce the Five Point Framework for Intervention and strategies specific to the prenatal period.
- Discuss family-centered treatment and how it can meet the needs of pregnant mothers and their family supports
- Discuss the importance of continued support and intervention in the postpartum period.

Improving Family Outcomes

Strengthening Partnerships





Assessment During Pregnancy

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- Doctors notes that parents are usually not offended by questions about substance use if asked in caring and nonjudgmental manner.
- Normalize the questions
 - If you partner with local health care providers, embed them in health behavior questions and preface questions by stating that all patients are asked about substance use
- Ask permission
 - “Is it OK if I ask you some questions about smoking, alcohol, and other drugs?”
- Avoid closed-ended questions
 - “You don’t smoke or use drugs, do you?”

Assessment During Pregnancy

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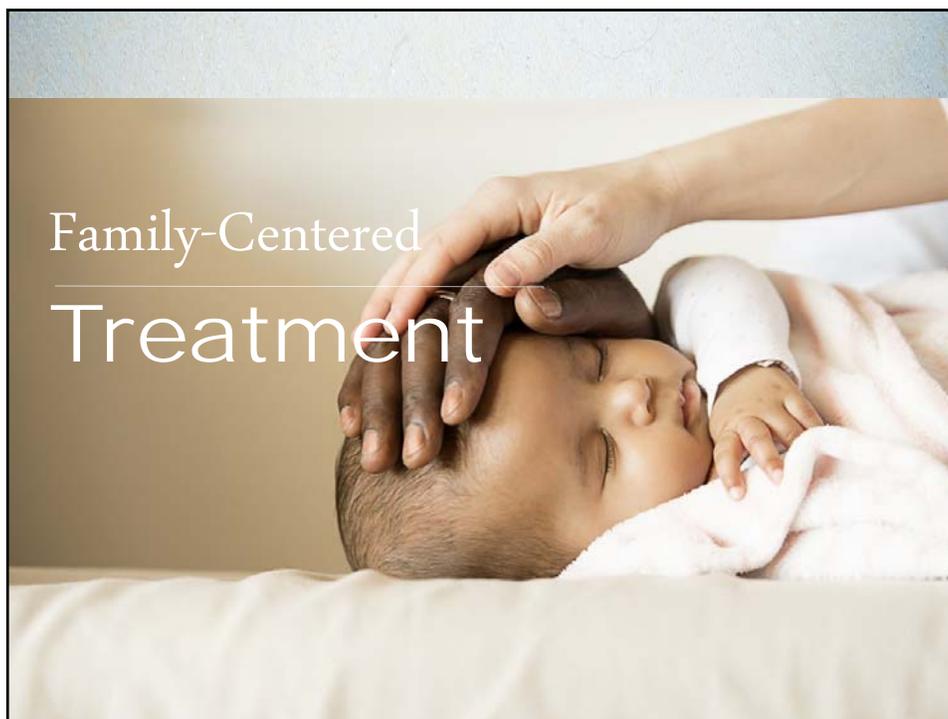
- Early identification is key
 - Allows for early intervention and treatment that minimizes potential harms to the mother and her pregnancy
 - Maximizes motivation for change during pregnancy
- Universal screening is recommended
- Selective screening based on “risk factors” perpetuates discrimination and misses most women with problematic use

Screening Instruments

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- No single best screening instrument to identify pregnant women with substance use problems
 - Many current tools are either self-administered or part of the patient interview when screening takes place in a medical setting
 - If selecting a tool, ensure it is developed for or validated for pregnant women

Barriers to Screening

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- Fear of discrimination or judgment
 - Previous bad experience with health care provider or substance use disorder treatment provider
 - Fear of Child Protective Services
 - They don't consider their use problematic



Family Recovery Needs

PARENTS	FAMILY	CHILD
<ul style="list-style-type: none">• Parenting skills and competencies• Family connections and resources• Parental mental health; co-occurring• Medication management• Parental substance use• Domestic violence	<ul style="list-style-type: none">• Basic necessities• Employment• Housing• Child care• Transportation• Family counseling	<ul style="list-style-type: none">• Well-being/behavior• Developmental/health• School readiness• Trauma• Mental health• Adolescent substance abuse• At-risk youth prevention



Treatment that Supports Families

- Treatment that supports the family as a unit has been proved to be effective for maintaining maternal drug abstinence and child well-being.
- A woman must not be unnecessarily separated from her family in order to receive appropriate treatment.

Sharon Amatetti, Family-Centered Treatment for Parents with Substance Use Disorders 2007
<http://www.slideshare.net/jschwartz/transformation-of-the-culture-of-recovery-in-america-by-william-l-white-october-2011>



Key Concepts: Family Centered Treatment

- Substance use disorders are treatable
- Women define their families
- Families are dynamic with complex needs; treatment must be dynamic
- Conflict happens and can be resolved
- Safety first!

Young, N.K., Feinberg, F. Wisconsin Bureau of Prevention, Treatment and Recovery ((BPTR)BPTR)
Teeleconference Series Thursday, August 26, 2010



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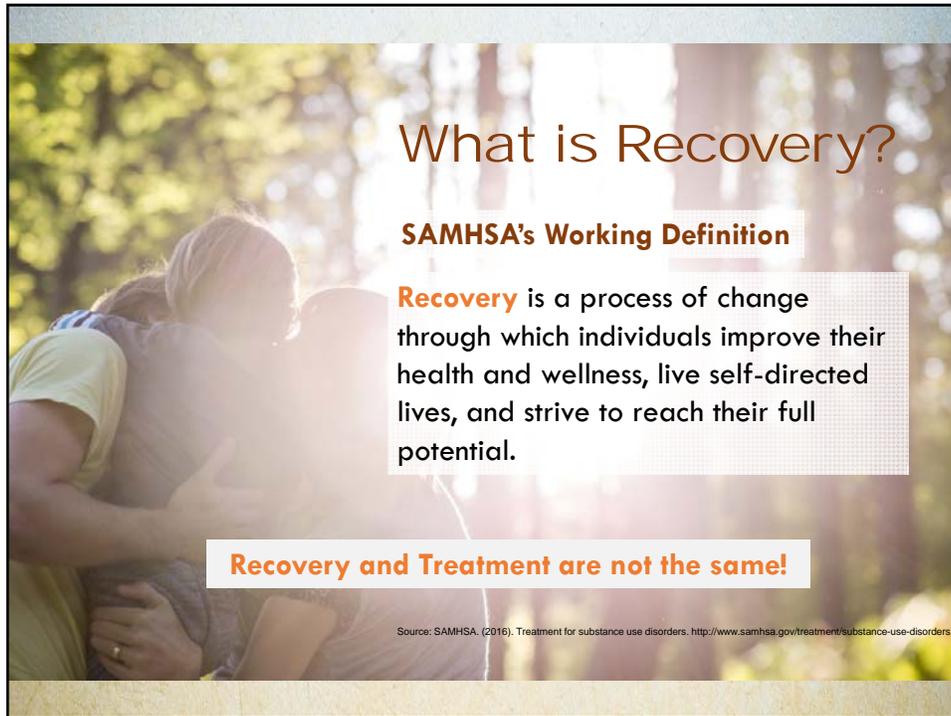
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Family-Centered Treatment Continuum

Continuum of Family-Based Services (abbreviated)	
LEVEL 1 Women's Treatment With Family Involvement	Services for women with substance use disorders. Treatment plan includes family issues, family involvement. Goal: improved outcomes for women.
LEVEL 2 Women's Treatment With Children Present	Children accompany women to treatment. Children participate in child care but receive no therapeutic services. Only women have treatment plans. Goal: improved outcomes for women.
LEVEL 3 Women's and Children's Services	Children accompany women to treatment. Women and attending children have treatment plans and receive appropriate services. Goals: improved outcomes for women and children, better parenting.
LEVEL 4 Family Services	Children accompany women to treatment; women and children have treatment plans. Some services are provided to other family members. Goals: improved outcomes for women and children, better parenting.
LEVEL 5 Family-Centered Treatment	Each family member has a treatment plan and receives individual and family services. Goals: improved outcomes for women, children, and other family members; better parenting and family functioning.

Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. *Substance Abuse and Mental Health Services Administration Department of Health and Human Services.*



What is Recovery?

SAMHSA's Working Definition

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Recovery and Treatment are not the same!

Source: SAMHSA. (2016). Treatment for substance use disorders. <http://www.samhsa.gov/treatment/substance-use-disorders>.

Four Dimensions Supporting Recovery

Health	Home	Purpose	Community
Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being	Maintaining a stable and safe place to live	Conducting meaningful daily activities, such as a job, school or volunteerism, and having independence of income, and resources to participate in society	Having relationships and social networks that provide support, friendship, love, and hope

Four Dimensions Supporting Recovery

Health

Home

Purpose

Community

How might a community support a parent to address each of these areas?

Which are you emphasizing in your program?

Which is most challenging for your client population?

What does family-centered treatment look like?

- Incorporates the mother's (and father's) need for clinical treatment for substance use and mental disorders
- Incorporates appropriate care for the infant who may be experiencing neurodevelopmental or physical effects or withdrawal symptoms from prenatal substance exposure
- Incorporates services and clinical and community supports that strengthen the parent's capacity to nurture and care for the infant and to ensure the infant's continued safety and well-being.

What You Can Do

Individual Level

- Mothers, children, and families need strength-based support – consider how to best support that!
- Help tell stories of recovery and success
- Consider mother and child not mother versus child

System Level

- Provide access to appropriate screening, assessment, and treatment across lifespan
- Provide access to whole health care
- Provide training in substance use disorders and their treatments
- Responsible prescribing by providers

Treatment that Supports Families

- Encourages retention in treatment
- Increases parenting skills and capacity
- Enhances child well-being
- Is cost-effective

Werner, D., Young, N. K., Dennis, K., & Amatetti, S. (2007). Family-centered treatment for women with substance use disorders: History, key elements and challenges. *Substance Abuse and Mental Health Services Administration Department of Health and Human Services.*

Treatment for Opioid Use Disorders in Pregnancy

Standard of care: Medication Assisted Treatment plus counseling

- Methadone or Buprenorphine

Benefits

- Stable intrauterine environment (no cyclic withdrawal)
- Increased maternal weight gain
- Increased newborn birth weight and gestational age
- Increase PNC adherence
- Decrease in illicit drug use - reduction of HIV/HCV acquisition
- Decrease risk of overdose
- Other supportive services

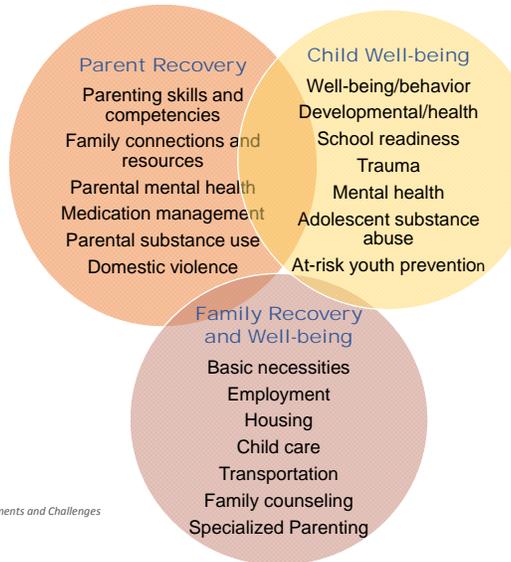
(2008). Mental Health Services Administration, SAMHSA. Medication-assisted treatment for opioid addiction in Opioid Treatment Programs. Treatment Improvement Protocol (TIP) 43. DHHS Publication No. 05-4048. 2005 Rockville Maryland

(2012). Dependence, and Addiction in Pregnancy. Committee Opinion No. 524. American College of Obstetricians and Gynecologists. *Obstet Gynecol*, 119, 1070-6.

American Society of Addiction Medicine, *National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (2015)*

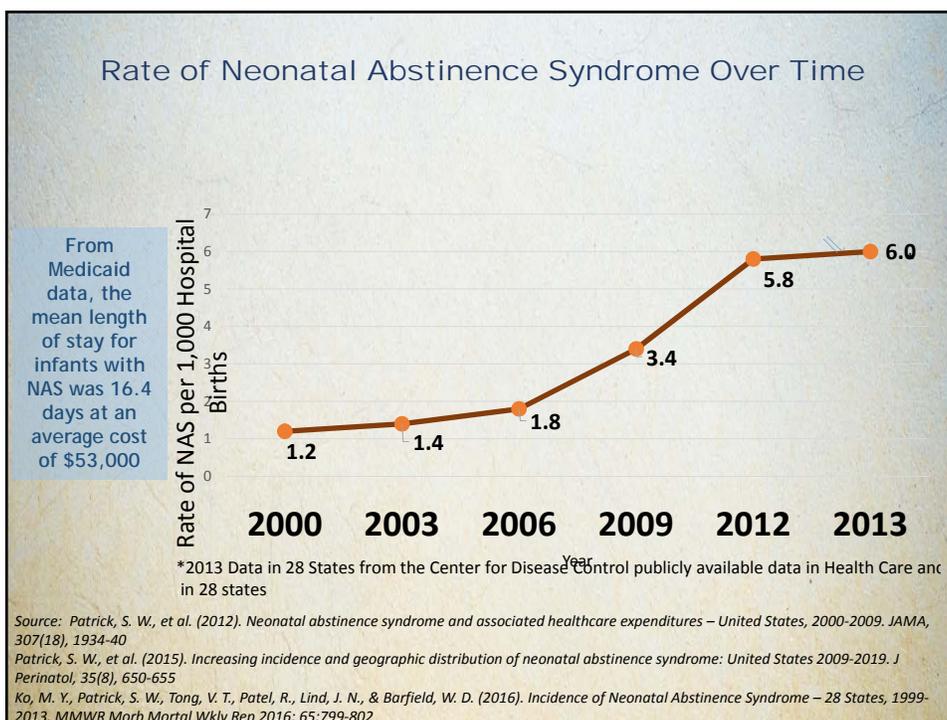
<http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg>

Family Centered Treatment is not Residential Treatment & Family Recovery is not Treatment Completion



Family Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges

» http://www.samhsa.gov/sites/default/files/family_treatment_paper508v.pdf



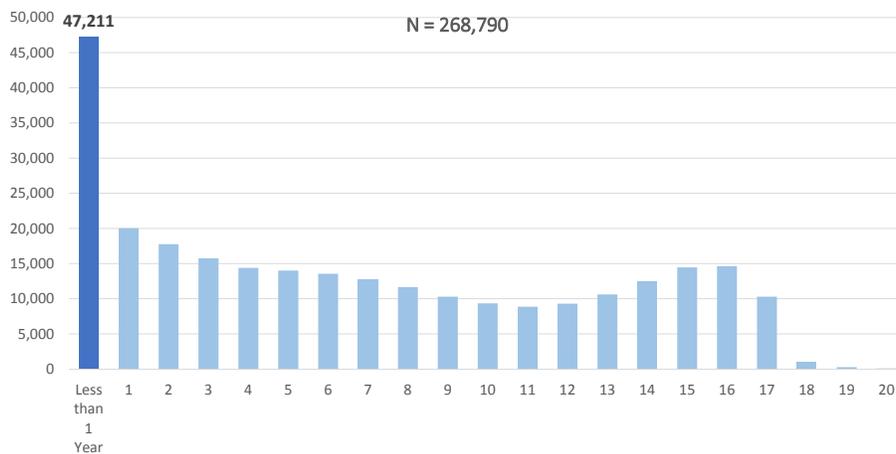
Neonatal Abstinence Syndrome (NAS) is NOT Addiction

Newborns can't be "born addicted"

- NAS is withdrawal – due to dependence – dependence NOT addiction
- Addiction is brain disease whose visible symptoms are behaviors – newborn can't have the behaviors associated with addiction (compulsion, etc)
- Addiction is chronic disease – chronic illness can't be present at birth



Number of Children who Entered Out of Home Care, by Age at Removal in the United States, 2015



Note: Estimates based on children who entered out of home care during Fiscal Year

Source: AFCARS Data, 2015

Neonatal Abstinence Syndrome: Treatment

The concurrent goal of treatment is to soothe the newborn's discomfort and promote *mother-infant bonding*.



Non-Pharmacological Treatment
Pharmacological Treatment

The 4th Trimester

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Critical Period

- Newborn care, breastfeeding, maternal/infant bonding
- Mood changes, sleep disturbances, physiologic changes
- Cultural norms, “the ideal mother” in conflict with what it is actually like to have a newborn

Gaps in care

- Partner with public health to address this gap in service time
 - *Is home visiting available in your community?*
 - *0 – 3 or 0 – 5 programs?*

The 4th Trimester

Neglected Period – How can courts support moms in this transition?

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- Care shifts away from frequent contact with prenatal care provider to pediatrician
 - *This is an opportunity for the HWC team to increase contact with mom*
 - *Ask about the transition*
 - *Add pediatricians to local teams*
- Care shifts away from medical (for mom) to other agencies
 - *Warm handoffs if possible or*
 - *HWC team accompanying clients to the initial appointment with new service providers*
- SUD treatment provider(s) – ensure care is constant
 - *HWC teams already have these relationships and can increase contact and monitor more closely during this period.*

Strategies to Help Address The Needs of Pregnant Women in Healing to Wellness Courts

Strategy: Expand your partnerships

- MAT and substance use treatment providers who are knowledgeable and experienced in working with pregnant women
- Mothers' medical providers – OB/GYN and others
- Infants' medical providers – Pediatrician, Neonatologists and others
- Early Childhood Service Providers
- Home Visiting Programs

Strategies to Help Address The Needs of Pregnant Women in Healing to Wellness Courts

Strategy: Provide Training to the Healing to Wellness Court team and partners

- General understanding of MAT
- Engagement in treatment - Pregnant women are a priority for treatment access but how can the Healing to Wellness court team and partners support engagement in treatment?
- Community resources – what services are available to pregnant women?
- Building family support – how can the Healing to Wellness court team support positive family support?

NCSACW

Resources





Understanding Treatment of
Opioid Use Disorders in Pregnancy:
A Series of three
webinars

**Medication Assisted Treatment During Pregnancy,
Postnatal and Beyond**

<http://www.cffutures.com/presentations/webinars/medication-assisted-treatment-during-pregnancy-postnatal-and-beyond>

**The Use of Medication-assisted Treatment during
Pregnancy:
Clinical Research Update**

<https://cff-ncsacw.adobeconnect.com/p50kpdzt3/>

**Treatment of Opioid Use Disorders in Pregnancy and
Infants Affected by Neonatal Abstinence Syndrome**

<http://www.cffutures.org/presentations/webinars/opioid-use-disorders-and-treatment-pregnancy-webinar>

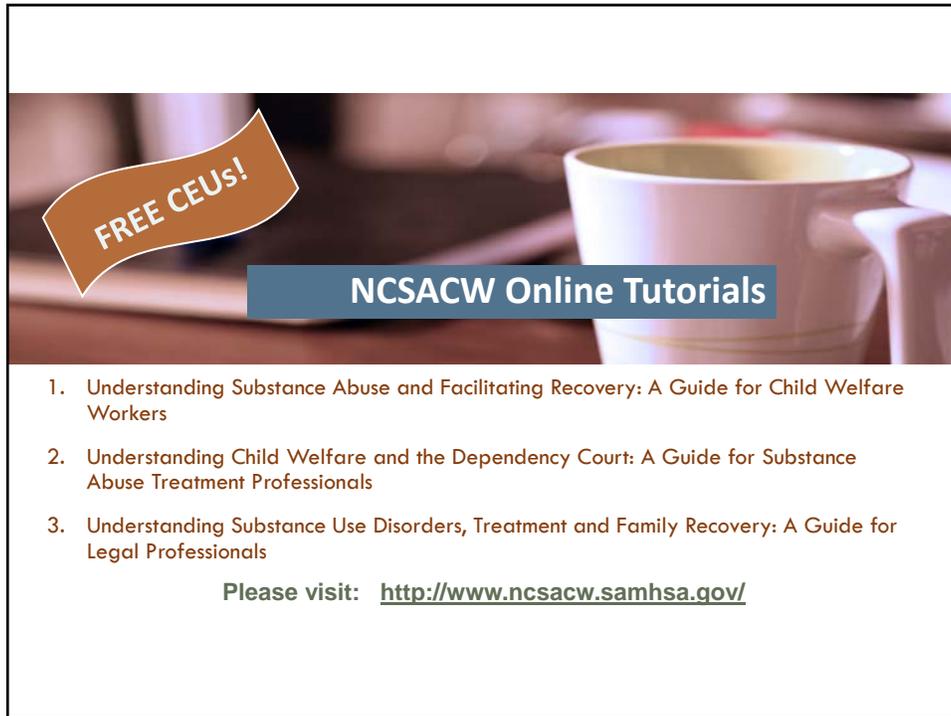
Opioid Use Disorders Resource Inventory

- Web-based
- Includes up-to-date research, training materials, videos, site examples and other resources
- Webinar Series: 8 recorded webinars

The screenshot displays a website interface with a sidebar on the left and a main content area. The sidebar includes a search bar and a list of categories. The main content area features several articles and webinars, including:

- Neonatal Abstinence Syndrome**
- ICSACW Webinar Series on Opioid Use Disorders and Treatment**
- Opioid Use Disorders and Medication-Assisted Treatment**
- New Resource! A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers** (PDF 1.66 MB)

The article on Medication-Assisted Treatment includes a photograph of a woman and a child, and text describing the rising rates of opioid misuse and the impact on pregnant women and infants.



FREE CEUs!

NCSACW Online Tutorials

1. Understanding Substance Abuse and Facilitating Recovery: A Guide for Child Welfare Workers
2. Understanding Child Welfare and the Dependency Court: A Guide for Substance Abuse Treatment Professionals
3. Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Legal Professionals

Please visit: <http://www.ncsacw.samhsa.gov/>



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Improving Family Outcomes

Strengthening Partnerships