Treatment, Parenting & Recovery Supports for Pregnant & Parenting Families

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Building Rural Recovery Ecosystems Summit

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Memphis, TN

Opioid Response Network

Working with Communities

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

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Contact the Opioid Response Network

- To ask questions or submit a request for technical assistance:
  - Visit www.OpioidResponseNetwork.org
  - Email orn@aaap.org
  - Call 401-270-5900

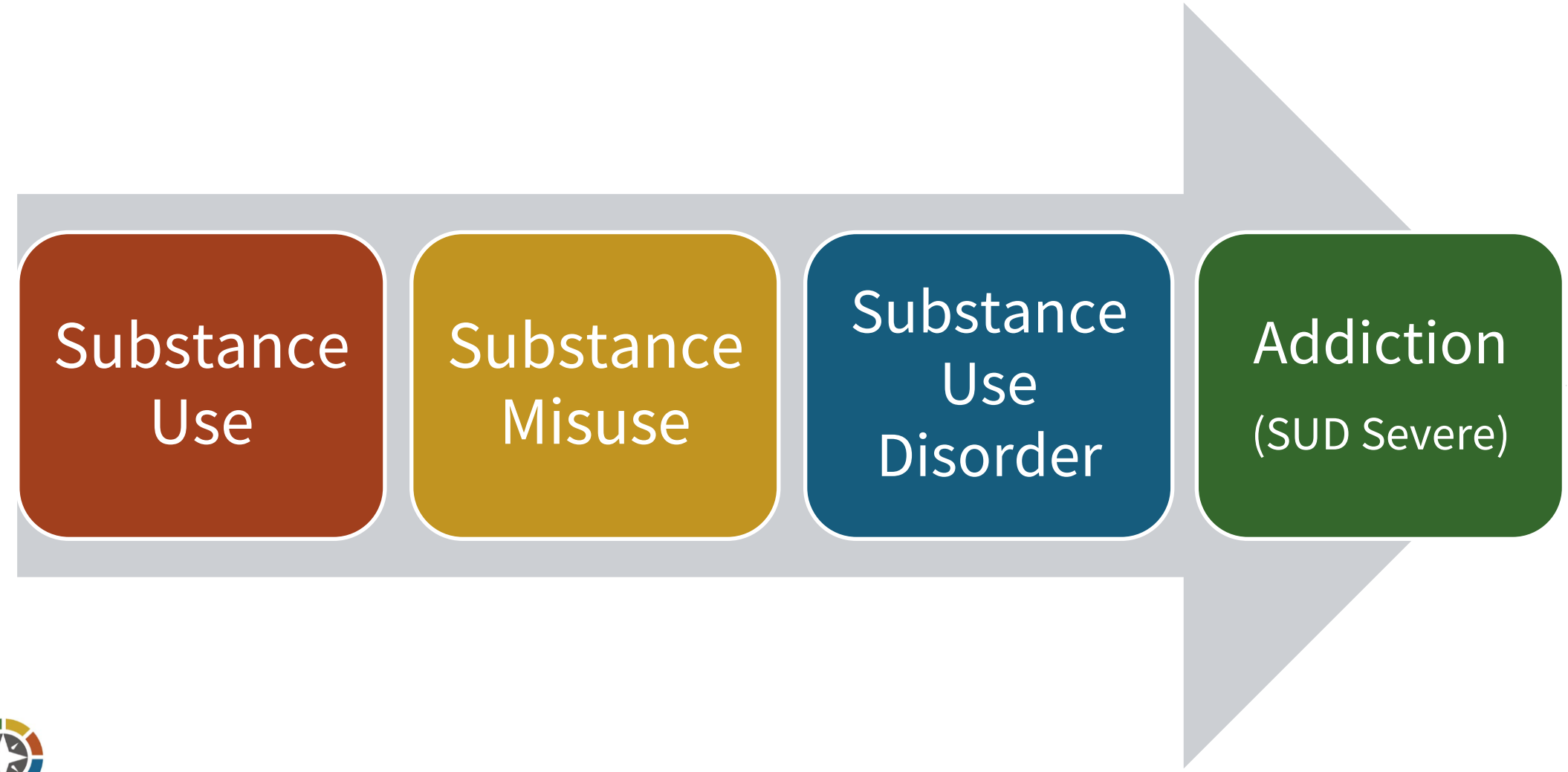
Learning Objectives

Discuss	Discuss evidence-based treatment for Opiate Use Disorder during pregnancy
Examine	Examine impacts upon and supports for and infants with prenatal opioid exposure and NAS/NOWS
Recognize	Recognize challenges faced when parenting and early recovery coincide and explore strategies to support both recovery & parent/child relationships
Examine	Examine the benefits of comprehensive family centered care including recovery housing for parents and children

YES, IT'S IN YOUR HEAD!

The Neurobiology of Addiction

The Substance Use Progression



ACCORDING TO ASAM ADDICTION IS:

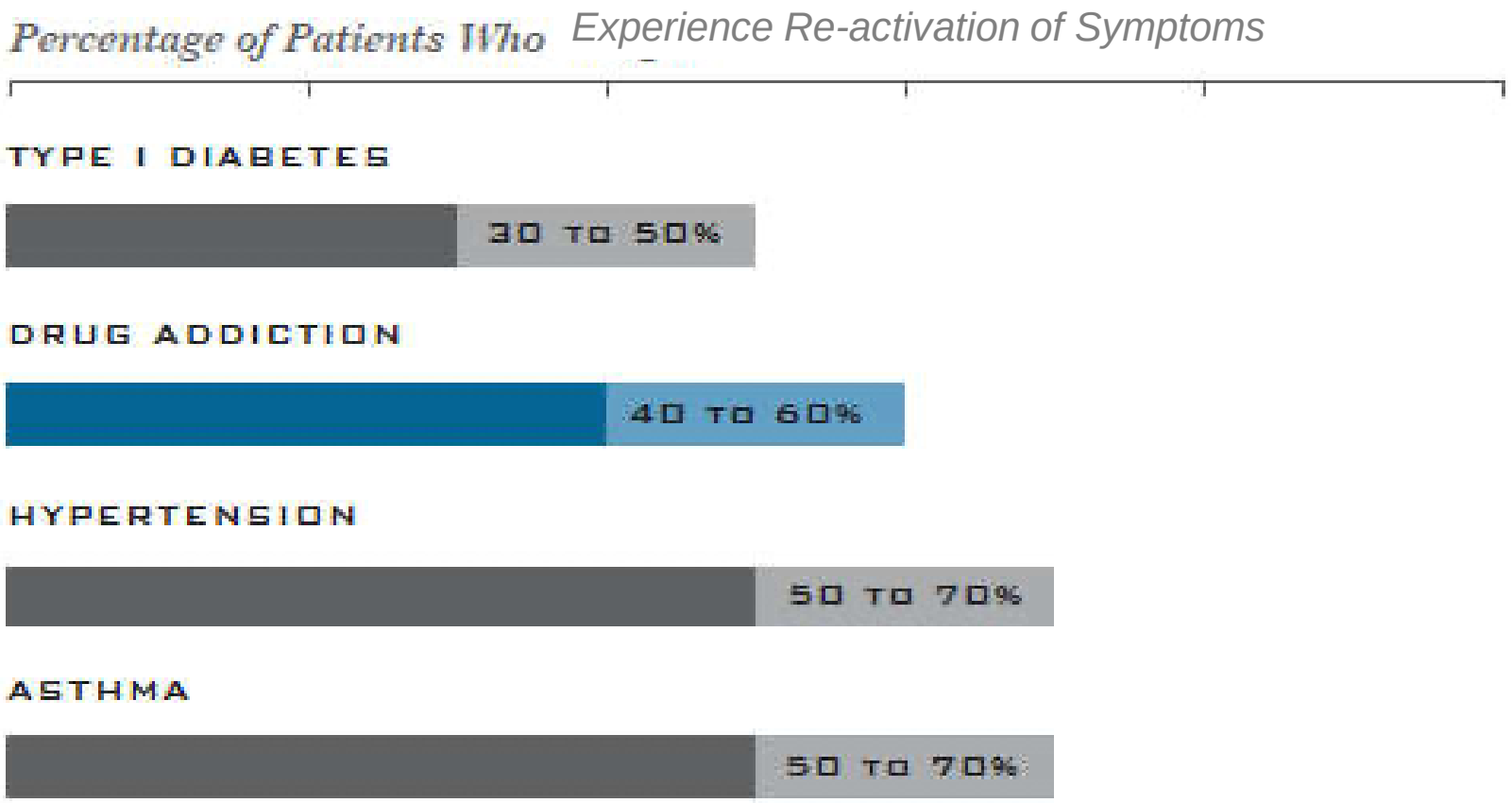
Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Adopted by the ASAM Board of Directors September 15, 2019

ADDICTION IS NOT:

- Caused by another mental illness or trauma
- A moral or ethical problem
- A personality disorder
- A choice
- Caused by lack of social connection or isolation

Like Other Chronic Diseases, Addiction Often Involves Cycles Of Recurrence And Remission



NIDA, 2020

The New Brain: Prefrontal Cortex

Executive Functions

(not fully developed until age 25)

- ✧Judgment
- ✧Impulse control
- ✧Self-monitoring

Coping Functions

- ✧Attention span
- ✧Organization
- ✧Learning from experience
- ✧Empathy
- ✧Problem Solving

~University of Minnesota

DOPAMINE

- Neurotransmitter
- Signals reward in our brains
- Also increased by stimuli that predict a reward
- Brain itself will drive the repeating of what it perceives as life-sustaining activity
- Over time when the brain is regularly flooded with dopamine (and other neurotransmitters) it will reduce the natural production

BRAIN CHANGES INHERENT TO ADDICTION

- Less dopamine produced
- Fewer dopamine receptors
- Ability to experience normal reward – feel joy reduced significantly
- Using no longer pleasurable, but about trying to get dopamine function back to a normal level
- Brain is driven to seek out and use substances compulsively
- Ability to make sound decisions and control impulses is compromised

NIDA – Drugs, Brains and Behavior: The Science of Addiction

The Brain, Addiction & Parenting

The Reward System & Parenting

- In chronic active addiction the brain's reward circuits drive drug-seeking behavior
- Key regions of the brain's reward system do not engage among addicted individuals to the same extent as non addicted persons when it comes to non-drug rewards
- Research has shown activation of reward circuits in mothers' brains when viewing their infant's smiling face vs. an unfamiliar infant
- Studies indicate that these reward processing areas of the brain overlap with the areas of the brain involved in processing infant cues in mothers

The Neurobiology of Addiction and Attachment H. Rutherford, M. Potenza and L. Mayes

The Stress Response System

- Considerable research has shown that stress increases craving in addicted individuals
- Stress may influence the brain to drive drug seeking behaviors that are connected to relief of negative feelings
- Stress-induced cravings have been found to significantly predict recurrence in abstinent individuals
- Individuals who are more vulnerable to stress may also be impacted more significantly by stressors that are part of parenting
- These factors could explain increased incidence of return to use during the postpartum period
- Stress related to lack of resources also contributes
- Oxytocin an important facilitator of maternal caregiving behavior (and lactation) and may also help reduce the impact of the stress response

Source: The Neurobiology of Addiction and Attachment H.Rutherford, M. Potenza and L. Mayes

Brain Pathways Overlap

- The brain pathways involved in parenting are also the pathways negatively impacted by addiction
- Reward and stress pathways are of significant importance in both parenting and addiction
- Pathways driving parenting and attachment behaviors seem to be the same pathways negatively impacted or dysregulated by addiction

Source: The Neurobiology of Addiction and Attachment H.Rutherford, M. Potenza and L. Mayes

Early Recovery & Early Parenting

- Women are making several great changes at the same time in multiple areas of their life:
  - Make room for child in their mind
  - Take responsibility for child
  - Give up substances – including smoking
  - New social network
  - Life & securing services

Source: M. Pajulo, N. Suchman, M. Kalland and L. Mayes, Enhancing the Effectiveness of Residential Treatment For Substance Abusing Pregnant and Parenting Women: Focus on Maternal Reflective Functioning and Mother-Child Relationship; Infant Mental Health Journal., 2006 Sept 1; 27 (5): 448

POST ACUTE WITHDRAWAL SYNDROME (PAWS)

Six major types of symptoms

- Sleep disturbances
- Memory problems
- Inability to think clearly/problem solve
- Emotional overreactions or numbness
- Physical coordination difficulties
- Stress sensitivity

Recovery from PAWS usually takes somewhere between six and 24 months

Evidence-Based Treatment for OUD During Pregnancy

A Few Facts

- Between 1999 and 2014, the national prevalence of OUD among pregnant women increased 333%, from 1.5 cases per 1,000 delivery hospitalizations to 6.5 cases per 1,000
- From 2000 to 2004 NAS increased 433%, from 1.5 to 8.0 per 1,000 hospital births in the United States
- Between 2004 and 2015, there was an increase in amphetamine and opioid-related deliveries
- Overall higher incidence of amphetamine exposed deliveries in rural versus urban counties

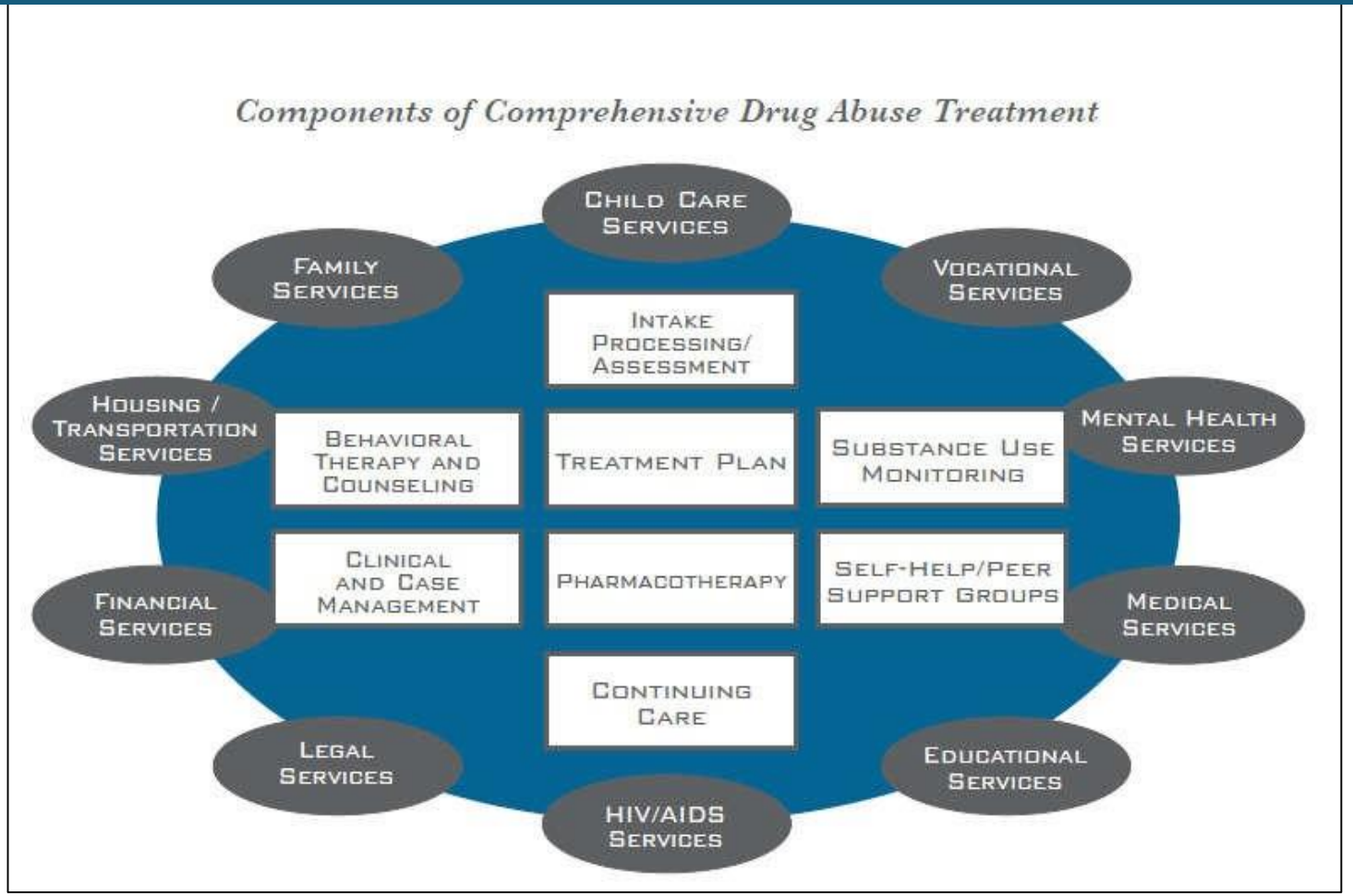
DHHS, 2022

Treatment

The National Institute of Drug Abuse (NIDA) emphasizes that treatment of addiction is a long-term process that involves multiple interventions and regular monitoring.

NIDA outlines an approach to comprehensive treatment in the diagram to the right

NIDA, 2020



Pregnancy: A Unique Treatment Opportunity

- Pregnancy is a critical time to address SUD for women.
- Women may be more receptive to cease or reduce substance use or seek treatment for SUD during pregnancy
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- Pregnant women who use illegal substances may delay prenatal care and miss more healthcare visits than women who do not use substances
- Fear of retaining custody and the involvement of child protective services is a barrier to seeking and participating in prenatal care for women with SUD
- After childbirth, ongoing substance use disorders by caregivers and the dysfunctional home environment may lead to negative effects on children's psychological growth and development
- The mother’s well-being has been recognized as a key determinant of the health of the next generation

Hser et al, 2012; Funai et al., 2003 Staton et al., 2003 and Wagner et al., 1998; El-Mohandes et al., 2003; Roberts and Pies, 2011 and Schempf and Strobino, 2009; Chatterji and Markowitz, 2001, Clark et al., 2004, Conners et al., 2004 Hanson et al., 2006 and Linares et al., 2006; Center for Substance Abuse Treatment, 2009; Jessup & Brindis, 2005; Bishop et al., 2017

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American College of Obstetricians and Gynecologists (ACOG) Committee Opinion – August 2017

- Opioid agonist pharmacotherapy is the recommended therapy and preferable to medically supervised withdrawal because:
  - Medically supervised withdrawal is associated with higher rates of recurrence
  - More research is needed to assess the safety, efficacy, and long-term outcomes of medically supervised withdrawal
  - Infants born to people who used opioids during pregnancy should be monitored by a pediatric care provider for neonatal abstinence syndrome
  - Obstetric care providers have an ethical responsibility to their pregnant and parenting patients with substance use disorder to discourage the separation of parents from their children solely based on substance use disorder, either suspected or confirmed

Why Medication?

- Current data does not support a reduction in NAS with medically assisted withdrawal (MAW) compared to medication
- Medically assisted withdrawal increases risk of maternal return to use and poor treatment engagement and does not improve newborn health
- Close to half of pregnant women who completed a MAW protocol (48%) returned to active use, significantly increasing risk for OD, HIV, Hep C and infection

Jones et al, Addiction Medicine March/April 2017, HE Jones, Approaches in Women with Substance Use Disorders Who Become Pregnant
Opioid Use Disorders in Pregnancy: Management Guidelines for Improving Outcomes- Cambridge University Press 2018 pp 76-77

Addiction Medicine During Pregnancy

- Current lack of evidence from long-term neurodevelopmental studies in terms of buprenorphine during pregnancy
- Advantages of buprenorphine include lower risk of OD, fewer drug interactions, evidence of less severe neonatal abstinence syndrome (NAS) as opposed to methadone
- Pregnant women who stop using opioids and subsequently experience recurrence are at greater risk of overdose death
- Research shows that a combination of medication and behavioral therapies is most successful for substance use disorder treatment

Source: ACOG Committee Opinion Number 524, May 2012,
SAMHSA - A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders, 2016

Risks of Returning to Use

- MOUD decreases likelihood of a return to use and its dangers including:
  - Rape
  - Prostitution
  - Assault
  - Disease exposure (STI, HIV, Hep C)
- Lifestyle associated with active addiction is a bigger risk than fetal exposure (exception is alcohol)
- Reducing stress, eating well, exercise and consistent prenatal care are all conducive to a healthy baby and not part of a lifestyle in active opioid addiction
- Overdose & death most significant risk following any period of abstinence

Medication to Treat Opioid Use Disorder (MOUD)

- Success rate of IV opioid addiction without MOUD is approximately 10%
- MOUD increases the rate of success by 50% and reduces risk of OD by 50%

- Helps establish:
  - ✓ normal brain functioning after years of substance misuse
  - ✓ reduces cravings
  - ✓ prevents recurrence
  - ✓ reduces HIV, hepatitis C, and other physical health complications related to IV use

National Academies of Sciences, Engineering, and Medicine, 2019

Treatment of OUD

Most effective treatment for OUD involves a combination of several approaches:

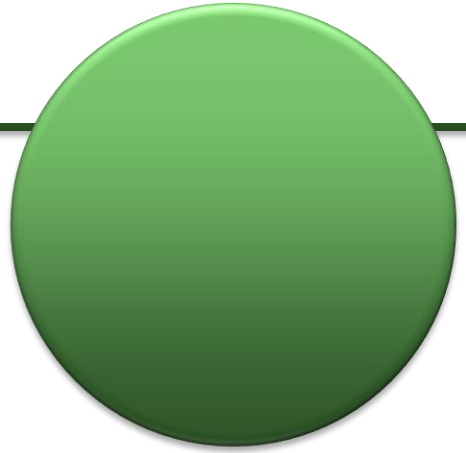
- **Medication for Opioid Use Disorder** involves use of medications in combination with intervention to increase adherence to medications
- **Psychosocial/behavioral approach** focused on helping patients develop skills necessary to maintain abstinence
- **Self Help/Mutual Help** support groups form social network supportive of recovery
- **Recovery-oriented activities** help patients develop satisfying lives

A Word on Medication Dosage

- Reducing the dose of medication does not reduce NAS expression or severity
- No relationship was found between either methadone or buprenorphine dose and significant infant outcomes, including NAS expression or severity
- Dose of medication should be individualized to suppress withdrawal symptoms, minimize cravings and prevent a return to substance use

SAMHSA. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Appropriate Treatment Length = Better Outcomes



- Outcomes are contingent on adequate treatment length
- For residential or outpatient treatment, participation for less than 90 days is of limited effectiveness
- Treatment lasting significantly longer is recommended for maintaining positive outcomes

NIDA, 2020

Disease Course and Long-Term Management

Long-term management rather than repeated episodes of acute treatment should be a primary strategy

- Post-stabilization monitoring, education, and linking with a coordinated network of recovery-oriented community supports
- Medical, psychosocial, and environmental interventions should be utilized over a lifetime with intensity matching the severity of symptoms
- Frequent checkups to monitor stability/adjust medications
- Focus on treating consequences and minimizing risk factors
- Helping patient develop self-monitoring and self-care strategies

Neonatal Opioid Withdrawal Syndrome, Newborns & Parenting

NEONATAL ABSTINENCE SYNDROME

- Collection of symptoms babies experience as they withdrawal from drugs they were chronically exposed to in utero
- Clinical diagnosis
- There can be symptoms of withdrawal from substances other than opiates – such as nicotine or anti-depressants
- Has not been demonstrated to cause long-term neurodevelopmental deficits
- Is a short period of time in the larger continuum of an infant's life

Standard Clinical Definition for Opioid Withdrawal in Infants

- Announced by DHHS January 31, 2022
- Lack of a standard clinical definition for the past 45+ years has been a historical gap in the care of mothers and infants affected by opioid exposure
- Lack has created inconsistencies in diagnosing infants
- Lack has resulted in multiple challenges including public health surveillance, research, public health policy and program development
- Definition should not be used to assess child social welfare risk or status

US DHHS 1/31/22 Retrieved from:
https://www.hhs.gov/about/news/2022/01/31/hhs-announces-standard-clinical-definition-for-opioid-withdrawal-in-infants.html

Recommended Clinical Definition of Opioid Withdrawal in the Neonate

- Diagnosis is not limited only to neonates who require pharmacotherapy (medication)
- Clinical criteria for diagnosis consist of the presence of clinical elements 1 and 2:
  1) In utero exposure to opioids with or without other psychotropic substances (recommended to be collected via confidential maternal self-report; toxicology testing also acceptable with maternal informed consent)
  2) Clinical signs characteristic of substance withdrawal; any 2 of the following 5 signs qualify:
     - Excessive crying (easily irritable)
     - Fragmented sleep (<2-3 hrs. after feeding)
     - Tremors (disturbed or undisturbed)
     - Increased muscle tone (stiff muscles)
     - Gastrointestinal dysfunction (hyperphagia, poor feeding, feeding intolerance, loose or watery stools)

Jilani, Jones et al Pediatrics, 2021

Foundational Principles for the Clinical Definition of Opioid Withdrawal in the Neonate

- Substance use disorder is a disease requiring compassionate, ethical, equitable, and evidence-based care
- The maternal–neonate dyad is the appropriate subject of care; this definition is intended to identify clinical and supportive care needs of the dyad; shared interests should be prioritized
- A diagnosis of NAS or NOWS does not imply harm, nor should it be used to assess child social welfare risk or status
- Should not be used to prosecute or punish the mother or as evidence to remove a neonate from parental custody
- Environmental factors, family influences, and social structures strongly influence neonatal outcome and should be recognized

Jilani, Jones et al Pediatrics, 2021

Factors Contributing to Severity of NOWS

- Genetics
- Other substances
  - Tobacco use
  - Benzodiazepines (i.e., Xanax, Valium, Klonopin)
  - SSRIs (i.e., specific types of antidepressants)
  - Gabapentin
- Birth weight
- Hospital Protocols
  - NICU setting
  - NAS medication choice
  - NAS medication and weaning protocols
  - Not breastfeeding
  - Separation of baby from mother

Jansson and Velez, Curr. Opin. Pediatrics, 2012, Sanlorenzo, Stark and Patrick, Pediatrics 2018

How Severity of NOWS/NAS is Determined

- Multiple assessment tools are in use across the country
- Finnegan Neonatal Abstinence Score (FNAS) used most
- Researchers and clinicians have not come to a common agreement on how to best assess NAS/NOWS
- Eat, Sleep, Console (ESC) assessment approach is showing promise for guiding the management of infants exposed to opioids during pregnancy
- Babies whose care was guided by the ESC approach had a shorter length of hospital stay and fewer infants were treated with medication

Westgate & Gomez-Pomar, 2017, Grossman et al, 2018

Importance of Parental Involvement

- Full rooming in leads to decreased hospital costs and length of stay
- Parental presence associated with reduced days of opioid medication for newborn (5.7 fewer days)
- Maximal parental presence associated with fewer opioid treatment days for neonate
- Strategies that promote rooming-in and minimize separation of mother and infant benefit both mother and baby
- Priority should be placed on non-pharmacological interventions and effective nonpharmacologic care that engages the mother is an essential foundation to the care of an infant with opioid exposure

Sanlorenzo, Stark and Patrick, Curr Opin. Pediatrics, April 2018. Spence, 2020. AAP October 2020.

WHAT ABOUT BREASTFEEDING?

- Has positive physical and behavioral health results for mother and baby
- Most of the time breastfeeding is encouraged for women on methadone & buprenorphine
- Breastfeeding is not safe if someone is HIV positive or using street drugs
- Only very small amounts of methadone &/or buprenorphine get into the baby's system
- Decreases NAS severity, reduces the infant's need for pharmacological treatment, and decreases the length of pharmacological therapy and hospitalization
- Introduce the concept of breastfeeding in the last trimester

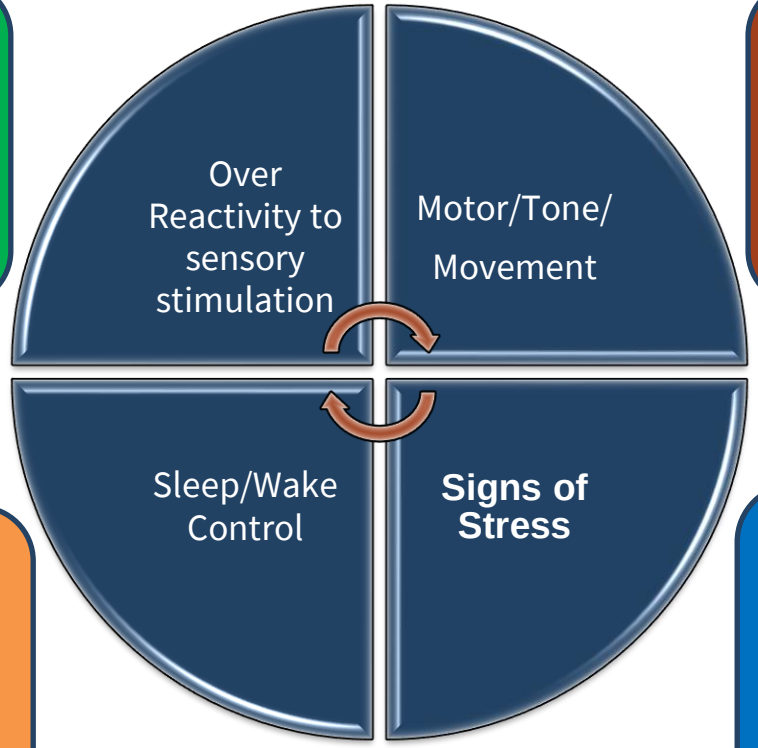
Source: ASAM Pamphlet "Childbirth, Breastfeeding and Infant Care: Methadone and Buprenorphine, SAMHSA. Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants. HHS Publication No. (SMA) 18-5054. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2018.

Infants With NAS Struggle With Regulation

- Behaviors regulate internal states & interactions with environment
- NAS behaviors indicate dysregulation of behavioral repertoire and functioning
- Conceptualize newborn behavior in terms of ability to regulate responses
- Regulation vs. dysregulation
- Responds to typical parental interactions (eye contact, light touch, vocalization) with:
  - Irritability
  - Exaggerated reflex responses
  - Spitting up
  - Loose stools
  - Hiccups

Non-Pharmacologic Supports For Infants
(pg. 68 in your manual)

Touch: Gentle, slow
Visual: Dim environment, lower lights
Sounds: Speak quietly, soft music
Movement: Hold close, up/down
Multiple sensitivity: Swaddling



Needs pacifier
Loves being held close
Feels more secure when swaddled
Rocking – Up & down not side to side
Likes motion

Assist with transition
Gentle handling – take it slow
Not too much stimulation in room (quiet, low lights)

Promote rest
Adjust environment and stimuli
Watch and notice what baby doesn't like
Understand limits of what baby can tolerate
Do everything slow motion and one step at a time

Velez, M. and Jansson, L Journal of Addiction Medicine 2008 September 1; 2(3)

“Use of a NAS or NOWS diagnosis as a main indicator of adverse developmental outcomes poses potential radiating harm to the child and the family and misses the opportunity to see the complexities of interpersonal, intrapersonal and environmental factors that contribute to the long-term developmental trajectories of children.”

~Hendree E. Jones et al, 2019

Promoting Parent Child Relationships

Recovery & Parenting

- Equally relevant
- Worked on simultaneously
- Focus on the parent-child relationship promotes and actually enhances recovery
- Relates to the relationship between the reward pathways in the brain
- Pathways are “competing” between investment in substances or investment in caring for the infant
- As mothers become invested in their infants the focus of the reward system is “reset”

Supporting Parents with SUD:

Begins during pregnancy

Must build capacity to read and interpret baby's states

Also supports parents in processing and changing own emotional reactions

Strengthen parent's ability to soothe infant and build confidence

Builds ability to manage daily cycles and rhythms of feeding, sleep and play for infants

Must respect what we know about regulation for parent and baby while also supporting development of co-regulation

Wondering About Baby Together

Staff:

- Waits for the parent to comment and then reinforces or expands on the parent's comment;
- Asks open ended questions (What do you think is going on for her right now? What might she be telling us?)
- Wonders out loud about specific infant behaviors (When she saw your face, her eyes brightened, her breathing became steadier, and she kept her focus on you; I wonder what she is telling you right now)
- Serves as a ***collaborative*** observer who wonders aloud about what the baby may be telling the mother

As we watch Hudson lets share two ”wondering” questions!

Let’s Take Another Look at Hudson

As you watch this video, please share your observations

What is Hudson trying to tell us?

What feeling words would you use to describe him?

Experiential Education

Partner with parents to observe together for early feeding cues such as:

Licking lips or smacking	Fists moving to mouth or sucking on hands/fingers	Becoming more alert and active	Opening and closing the mouth	Sticking the tongue out	Moving the head from side to side as if looking for something – (rooting reflex)

Crying is considered a late cue and waiting until baby begins crying can make successful feeding more challenging

Building Capacity For Parental Empathy

- Think together about the baby's emotional experience
- Support mothers to connect how their actions impact the baby's emotional experience
- Build an environment where parents support each other to recognize and respond to infants
- Regularly ask parents about what infants are experiencing in real time

Feelings Questions:

What do you think your baby is feeling right now?

What is she doing that is clueing you in to this feeling?

How are you feeling right now, and could your feelings be impacting baby?

What is going on around us right now and could that be impacting baby's feelings?

Because of how he is feeling does he need anything from you right now?

Because of how she is feeling is there anything going on around us that needs to change right now?

FEELING WORDS FOR YOUNG CHILDREN

Babies Feel

- Joy
- Excitement
- Frustration
- Discomfort
- Fear
- Boredom
- Contentment
- Pain
- Anger
- Loneliness
- Being Loved
- Curious
- Tired
- Hungry

Toddlers Also Feel

- Fear
- Happiness
- Pride
- Jealousy
- Frustration
- Exhaustion
- Surprise
- Love
- Shame

Being A Regulatory Partner

- Children need adults to partner with them in order to build their capacity for self-regulation
- As human beings we are wired to regulate better when supported by another person
- Our capacity for problem solving and other executive thinking is significantly diminished is a state of emotional arousal

Don’t just do something – stand there and pay attention

~Sally Provence

Affirmations – With Benefits

Step 1: Pay attention to what is going well

Step 2: State it out loud & be specific

Step 3: Note how child benefits

"Wow! Your baby is so much calmer when you hold her and gently rock her, she feels so safe and secure in your arms"


Do unto others
as you would have others
do unto others
~Jaree Pawl

And When It Comes to Fathers…

- More fathers than mothers enter treatment for a SUD
- Fathers living away from their children appear to be the largest group of parents seeking treatment for a SUD
- Men outnumber women in SUD treatment by a ratio of 2:1
- Parenting may be an important although often ignored issue in the treatment of men with SUD

McMahon,Thomas J. (2013). Fathers Too! Building Parent Interventions For Substance-abusing Men, Parents and Substance Abuse (pp. 447 – 449)

Children Benefit When Fathers Are Involved

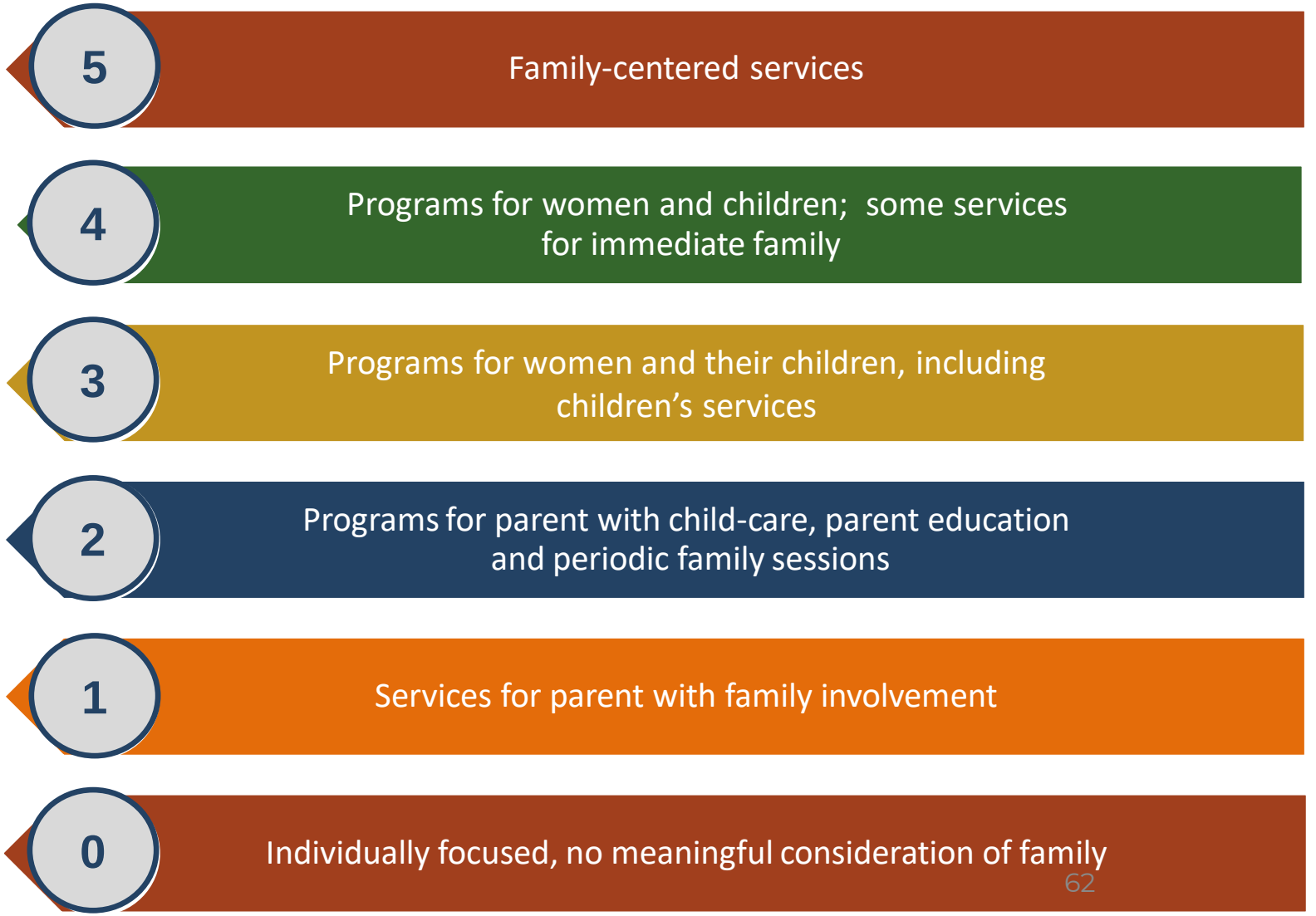
- More frequent and positive father involvement promotes a child's capacity for self-regulation, pro-social skills and academic skills between ages 3 and 8 (resident and non-resident fathers)
- Involvement of fathers in child welfare cases may reduce the amount of time in foster care and increase likelihood of reunification
- Children and adolescents who have close and positive relationships with their fathers are less likely to use substances

Family-Centered Services - Needs

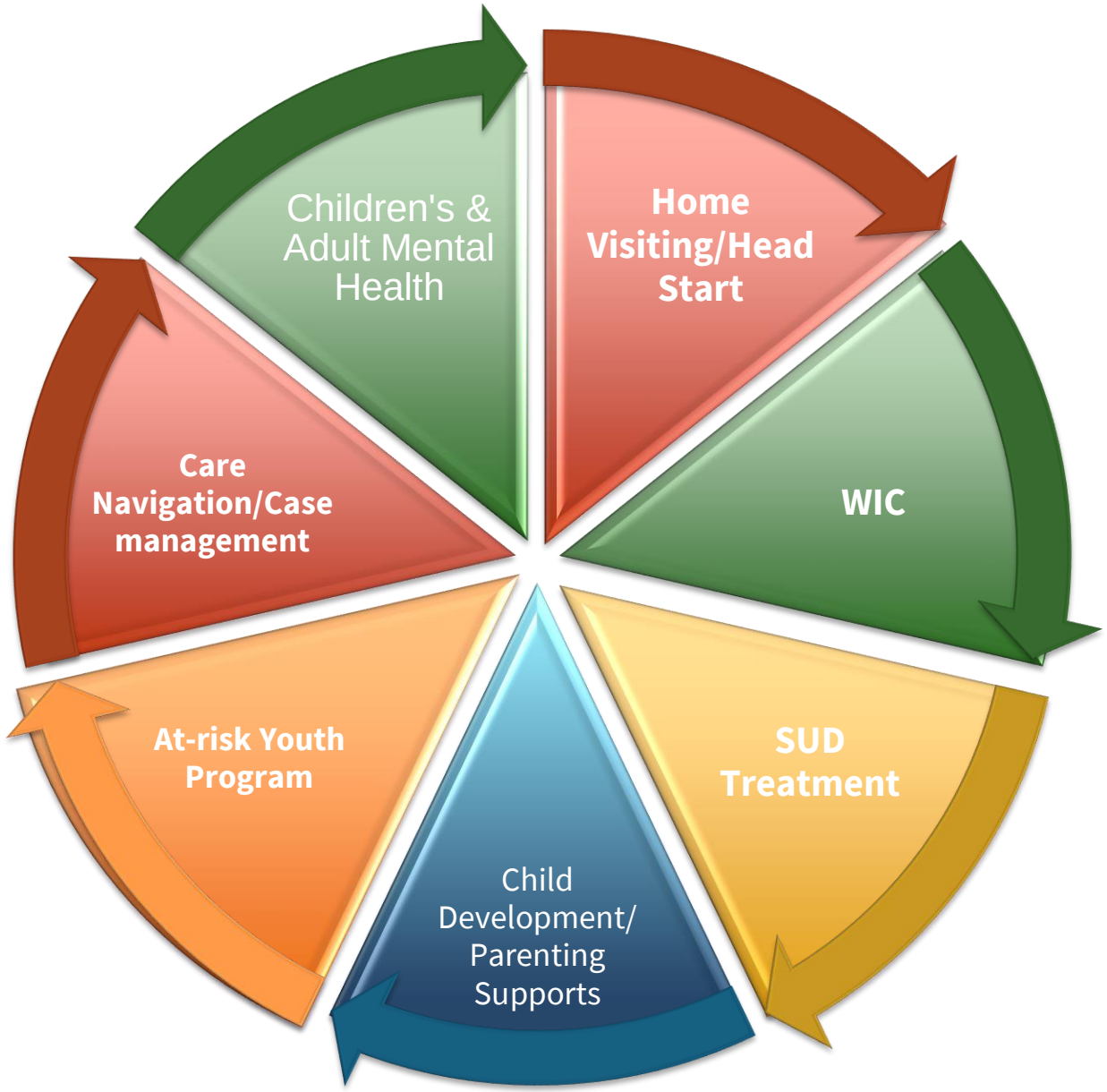
INDIVIDUAL(S)	FAMILY	CHILD
Parenting support, skills and competencies	Basic necessities	Well-being/behavior
Family connections and concrete resources	Employment	Developmental/health
Parental mental health; co-occurring	Housing	School readiness
Medication management	Child-care	Trauma
Parental substance use	Transportation	Mental health
Intimate partner violence	Family counseling	Adolescent substance abuse
		At-risk youth prevention

Source: Dr. Hendree Jones UNC Horizons

Family-Centered Services Continuum



Components Of Comprehensive Family-Centered Services



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