Supporting the Care of the Mother-Child Dyad in Substance Use Disorder Treatment

University of North Carolina at Chapel Hill’s Horizons Program

Seattle Children’s Hospital

Friends Research Institute
Introduction

Karen A. Scott, MD, MPH
President
Foundation for Opioid Response Efforts

Follow ongoing updates on our website:
https://www.ForeFdn.org
Webinar Logistics

1. Webinar is being recorded and will be on [www.ForeFdn.org](http://www.ForeFdn.org) shortly after the session ends.

2. Presentation slides will be made available for download on our website.

3. Please use the “Q&A” found at the bottom of your Zoom screen.
   - If you have a similar question, please upvote using the thumbs up button on the question.
   - We will read as many questions live as time permits.

4. The Poll function will be used. When the poll pops up, please select a response and submit, responses will be discussed live.

5. An FAQ and other resources will be provided on our website based on the questions submitted during the Q&A session.

6. Any resources you would like to share with everyone please send to [info@ForeFdn.org](mailto:info@ForeFdn.org)

7. There will be a brief survey immediately following the webinar. Please provide us with feedback!
About FORE

Founded in 2018, the Foundation for Opioid Response Efforts (FORE) is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – the opioid crisis.

Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, evidence-based solutions addressing the opioid crisis

Focus

With patients at the center, our focus includes:

- Professional education
- Payer & Provider strategies
- Policy initiatives
- Public awareness
National Work Across Three Complimentary Activities

- Grantmaking
- Convenings
- Resources & Thought Leadership
Focus on Vulnerable Populations

- Pregnancy/postpartum is a period of high risk for relapse and overdose
- Limited access to MOUD during pregnancy
- Need for ongoing supports postpartum
- FORE grants supporting treatment and recovery services:
  - UNC Horizons
  - University of North Dakota
  - Renewal house

Follow ongoing updates on our website https://www.ForeFdn.org
Webinar Presenters

Hendrée Jones, PhD
Professor and Executive Director
University of North Carolina at Chapel Hill’s Horizons Program

Evette Horton, PhD
Assistant Professor and Director of Child Clinical Services
Department of OB/GYN, UNC at Chapel Hill

Elisabeth Johnson, FNP, PhD
Clinical Assistant Professor and Director of Medical Services
Department of OB/GYN, UNC at Chapel Hill

Essence Hairston, MSW, LCSWA, LCAS
Clinical Instructor and Program Manager
UNC Horizons, Wake County
Department of OB/GYN, UNC at Chapel Hill
Learning Objectives

1. Define attachment and share examples of how to promote healthy maternal-child attachment through a lens of cultural-responsive parenting practices.

2. Identify ways trauma affects the mother-child dyad and how to help mother parent through it with trauma-responsive care.

3. Articulate ways of supporting the dyad during physical separation and navigating successful re-unification (e.g., residential treatment, incarceration).
UNC Horizons’ mission is to provide world class empowering and transformative interdisciplinary care to women and their children affected by substance use disorders.
Poll Questions #1

I feel confident and competent to promote healthy maternal child attachment.

0= not at all  
3= somewhat  
5= fully

I feel confident and competent to identify ways trauma affects the mother-child dyad.

0= not at all  
3= somewhat  
5= fully

I feel confident and competent to help support the dyad during physical separation.

0= not at all  
3= somewhat  
5= fully
A 29-year-old woman presented at her prenatal care appointment during early pregnancy. She received prenatal care, screenings to assess for substance use, and a referral to treatment.

She entered residential services during her pregnancy along with her three-year-old son.

Patient had multiple sources of trauma, including sexual assault and interpersonal violence from her partner.

Early in her treatment, the patient opted to leave services. During that time, there was a brief period in which she returned to use that led to justice and child protective services involvement.

The patient then reconnected to treatment services.
What is attachment?
What is a Dyadic Relationship?

- Social and Emotional Exchanges
- Reciprocal
- Can be “healthy” or “unhealthy”
- Quality Matters!
- Developmental perspective
- Attachment = history of a dyadic relationship
  - Secure, Insecure, Disorganized
The Dyadic Relationship

- Mother
- Child
- The Relationship
How Trauma Affects the Mother-Child Dyad and How to Support the Relationship

Trauma = experiences + events + effects
Maternal Substance Use and Trauma

- Horizons’ example:
  - 53% reported having been homeless at least once
  - 77% reported experiencing emotional abuse
  - 50% reported experiencing physical abuse
  - 67% reported experience sexual abuse/assault (average age of first assault was 9 years)
  - 71% reported experiencing domestic violence
  - 15% reported forced sex work/trafficking
  - Overall, 86% of the new clients reported at least one form of interpersonal violence (physical abuse, sexual abuse/assault, and/or domestic violence)
Maternal Substance Use and Trauma

• Mothers with substance use histories:
  • Report more irritable babies
  • Are less sensitive in interactions with their children
  • Are less emotionally engaged with their children
  • Are less attentive to their children
  • Have less positive affect with their children
  • Have increased risk for child maltreatment reports
  • Frequent relationship “ruptures” during addiction
Impact of Familial Substance Use on Infants/Children

- At risk for prenatal exposure to stress, poor nutrition, nicotine, violence and other concerns
- At risk for withdrawal at birth (NAS)
- At a higher risk for child maltreatment
- Display both internalizing and externalizing behaviors
- Have higher rates of insecure/disorganized attachments
- Have often been exposed to multiple traumatic events/adverse experiences
Impact of Familial Substance Use on Infants/Children

- Ages birth through 11
  - 86% birth to 5
  - 75% prenatal exposure to illegal substance
  - 76% prenatal exposure to nicotine

- Trauma - Traumatic Events Screening Inventory

<table>
<thead>
<tr>
<th>TESI totals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18%</td>
</tr>
<tr>
<td>1-4</td>
<td>39%</td>
</tr>
<tr>
<td>5-9</td>
<td>32%</td>
</tr>
<tr>
<td>10-13</td>
<td>11%</td>
</tr>
</tbody>
</table>

77% Family History of involvement with CPS

(Horton, E., 2020, unpublished data)
The Dyadic Relationship

Mother

The Relationship

Child
Poll Questions #2

In my community, women can easily access substance use disorder treatment.

No=0  Yes=1  I Don’t Know=2

In my community, we have enough spaces and places for women to bring their children with them during substance use disorder treatment.

No=0  Yes=1  I Don’t Know=2
How Do We Promote A Healthy Dyadic Relationship?
How Can We Support Dyads During the Prenatal Period

• Verbally screen all pregnant people for substance use and have resources available when a referral is needed
• Actively promote a trauma-informed approach to prenatal care
• Ensure that every pregnant individual, including individuals that are incarcerated, have adequate and quality healthcare
• Provide or refer to case management to address issues related to housing, food insecurity, transportation, etc.
• Refer individuals to doulas that embrace cultural humility or community doulas (WOC/AA) to augment physical care
• Remember that postpartum planning starts at the first OB appointment
How Can We Support Dyads During Infancy

- Empower and normalize breastfeeding for all patients including those who are incarcerated
- Teach new parents strategies to help console their newborn and promote sleep and bonding
- Provide education about the period of purple crying. Emphasize that substance use and separation due to incarceration are not primary causes
- Discuss hormonal changes that may lead to postpartum anxiety and depression and interfere with bonding
- Integrate community-centered and family-centered approaches
- Refer dyads to infant mental health providers trained in evidence-based interventions
How Can We Support Dyads During Tough Times?

- Empower and support mothers when calls to CPS need to be made
- When appropriate, help advocate for additional support rather than child separation
- When child separation occurs, encourage phone calls, letter writing to offer a connection, provide updates
- When separation occurs, allow fictive kin, communal supports, and other cultural influences/wishes of the parent to be embedded in the treatment plan
How Can We Support Dyads During Tough Times?

- For incarcerated mothers:
  - Empower to be part of the foster care placement process during and post-incarceration
  - Allow fictive kin, communal supports, and other cultural influences/wishes of the parent to be embedded in the treatment plan
  - Encourage phone calls, letter writing to offer a connection, provide updates, offer ways to ensure breastfeeding
  - Ensure that housing, treatment, MAT (and other resources) exist for those transitioning from prison so that reunification can occur, and healthy attachment can be restored
  - Provide intensive behavioral health supports post-delivery and post-release
  - Be aware of local and state legal advocates who can help promote treatment instead of incarceration
Ways to Support the Dyad Through A Culturally Responsive Lens

1. Walk around your practice location and look through your materials. What messages are the programs sending to families?

2. Ask families what suggestions they have for improving cultural responsiveness.

3. Remain open to the parent’s particular and potentially diverse parenting approaches.

4. Also be open to helping parents question whether their own approaches to parenting are bringing them the results they desire.
Patient now has several years of recovery.

Her children are doing well and she continues with dyadic therapy.

She has maintained engagement with psychiatry and behavioral health services.

She has met numerous physical health goals.
Poll Questions #3

Would you participate in a collaborative peer consultation on the topic of dyadic care for pregnant and parenting people with substance use disorder?

No=0  Yes=1

What topics would you want to learn more about:
1. Topics from today
2. Medication to treat opioid use disorder during all four trimesters and dyad NOWS/NAS support
3. Developing and implementing plans of safe care
4. Navigating privacy and confidentiality for patients with substance use disorders in dyadic care
5. Building a resource network to support the mother-child dyad
7. Infant mental health: What is it and how to promote it
8. Early childhood mental health: What is it and how to promote it
9. A focus on fathers: Ways to engage and support them in caring for mother and baby
10. Building and maintaining collaborative relationships with child protective services
Commentary From

Leslie R. Walker-Harding, MD
Senior Vice President and Chief Academic Officer
Seattle Children’s Hospital
Chair of the Department of Pediatrics
University of Washington

Mishka Terplan, MD, MPH, FACOG, DFASAM
Senior Physician Research Scientist
Friends Research Institute
Member, FORE Scientific Advisory Council
Questions?

Hendrée Jones, PhD
Professor and Executive Director

Evette Horton, PhD
Assistant Professor and Director of Child Clinical Services

Elisabeth Johnson, FNP, PhD
Clinical Assistant Professor and Director of Medical Services

Essence Hairston, MSW, LCSWA, LCAS
Clinical Instructor and Program Manager

Leslie R. Walker-Harding, MD
Senior Vice President and Chief Academic Officer

Mishka Terplan, MD, MPH, FACOG, DFASAM
Senior Physician Research Scientist
Take Care of Yourself!
Thank You For Your Work!
About the Foundation for Opioid Response Efforts
The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation’s opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE’s mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.

About the University of North Carolina at Chapel Hill’s Horizons Program
The UNC Horizons Program is a substance use disorder treatment program for pregnant and/or parenting women and their children, including those whose lives have been touched by abuse and violence. They are a program of the Department of Obstetrics and Gynecology at UNC-Chapel Hill. Their trauma-informed model of care focuses on both the mother and the child to heal the whole family and create systems of hope and renewal.

For more information on UNC-Chapel Hill and UNC Horizons, please visit www.unc.edu and www.med.unc.edu/obgyn/horizons/.
About Seattle Children’s Hospital
For more than 100 years, Seattle Children’s Hospital has specialized in meeting the unique physical, emotional and developmental needs of children from infancy through young adulthood. Through the collaboration of physicians in nearly 60 pediatric subspecialties, we provide inpatient, outpatient, diagnostic, surgical, rehabilitative, behavioral, emergency and outreach services – regardless of a family’s ability to pay.

For more information on Seattle Children’s Hospital, please visit www.seattlechildrens.org/

About Friends Research Institute, Inc.
For over 50 years, Friends Research Institute has promoted health and well-being through research, grants administration, education, and treatment. Researchers at FRI have received federal, state, county, and private funding to conduct studies in the fields of substance abuse, health, HIV/AIDS, mental health, and criminal justice. FRI has provided education and outpatient substance abuse counseling services for adolescents and adults for over 35 years in Baltimore County, Maryland and over 25 years in Los Angeles, California. In addition, FRI provides comprehensive grants management services for researchers, beginning with the pre-award process through completion of the research project, allowing scientists to focus on their research.

For more information on Friends Research Institute, please visit www.friendsresearch.org.
General inquiries: info@ForeFdn.org

Follow ongoing updates on our website: www.ForeFdn.org

The information contained in this document is confidential and may not be used, published or redistributed without the prior written consent of the Foundation for Opioid Response Efforts.