



Foundation *for*  
Opioid Response Efforts

3/16/2021

# 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



THE UNIVERSITY  
*of* NORTH CAROLINA  
*at* CHAPEL HILL



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*Advancing research to promote health and well-being*

# Introduction



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**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**.

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## 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



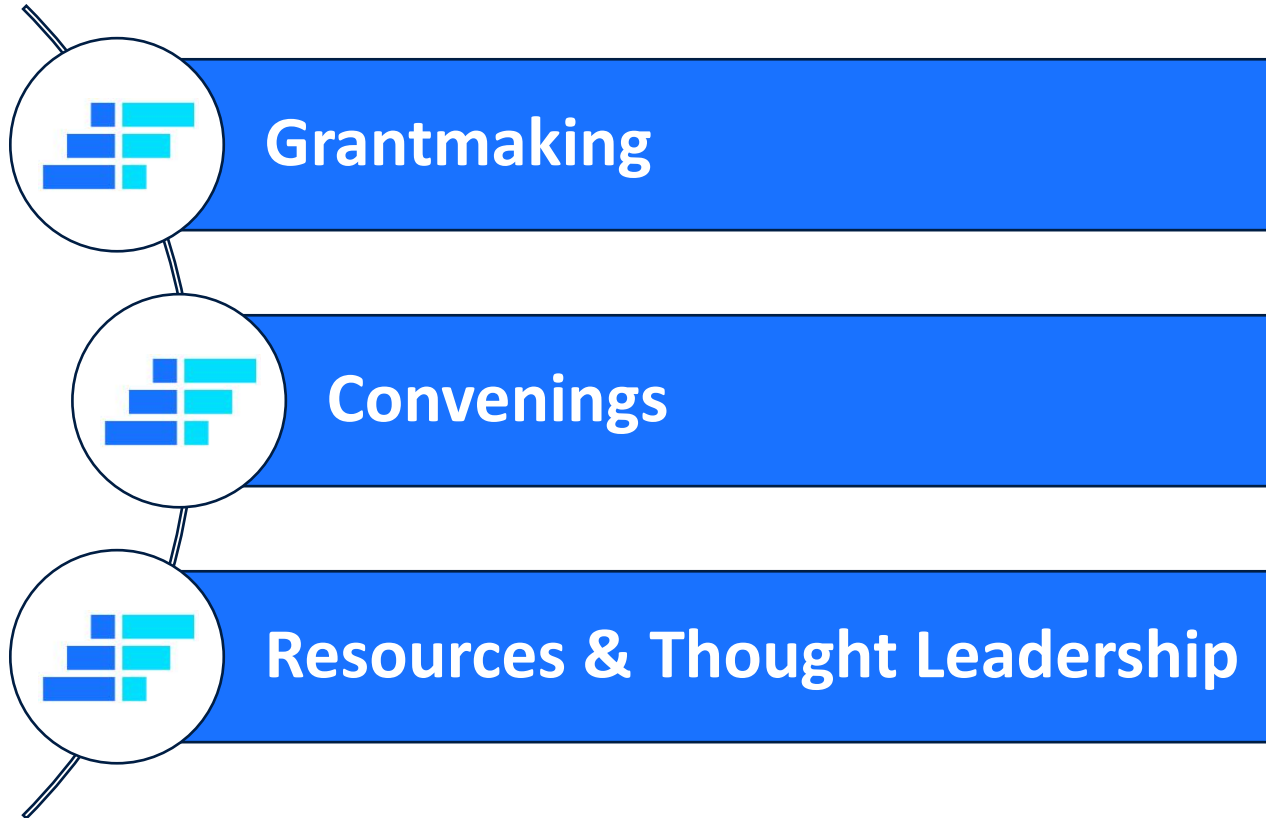
Public awareness



**FORE**

# National Work Across Three Complimentary Activities

04



# 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

**Foundation for Opioid Response Efforts** March 2021  
Issue Brief

## Closing Gaps in the Continuum of Treatment and Support Services for Pregnant and Parenting Women with Opioid Use Disorder

**Introduction**

Although treatment for opioid use disorder (OUD) during pregnancy is known to improve maternal and neonatal health outcomes, only a third of pregnant women with OUD receive medications for opioid use disorder (MOUD), the standard of care. For women with OUD, the first year after giving birth is also a treacherous time. Researchers found overdose rates increased after delivery in Massachusetts, with the highest rates occurring seven to 12 months postpartum. One factor may be the lack of specialized treatment services during the postpartum period, when some women with OUD face social and psychological stressors and lose touch with their prenatal care providers.

Through several grants, FORE has sought to strengthen the continuum of care for pregnant and parenting women so they have uninterrupted access to OUD treatment as well as the support they need to sustain their recovery and build healthy families.

**Opioid use disorder among pregnant women is on the rise**

Among 47 U.S. states, maternal opioid-related diagnoses increased from 3.5 per 1,000 hospital deliveries in 2010 to 8.2 per 1,000 in 2017.

Source: <https://panetnetwork.com/journals/panetpublics/277426>

**Despite this, pregnant women with OUD face significant barriers in finding treatment**

A 2019 secret shopper survey found callers posing as pregnant women were less likely than non-pregnant women to be granted an appointment with a clinician who prescribed buprenorphine.

**61.4% vs. 73.9%**

The rate of pregnant women who were able to obtain an appointment varied across 10 states from 48.1% in Kentucky to 70.4% in North Carolina.

A study by FORE grantees Hershie Jones, Ph.D., and others found access to treatment for pregnant women has worsened during the pandemic.

Source: <https://panetnetwork.com/journals/panetnetworkpublics/276427> and <https://panetnetwork.com/journals/panetnetworkpublics/276427>

**TAKEAWAYS**

The number of births complicated by OUD has risen dramatically in the last two decades. Despite this, pregnant women still face significant challenges accessing care.

Effective treatment must include support for women and their families during the postpartum period, when some women lose access to health insurance and their prenatal providers.

FORE grantees are strengthening treatment and recovery supports for pregnant and parenting women by intervening during key transitions and offering tailored supports.

# 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)

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## HORIZONS

HEALING GENERATIONS

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



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**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



# Beginning Story

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 year 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.

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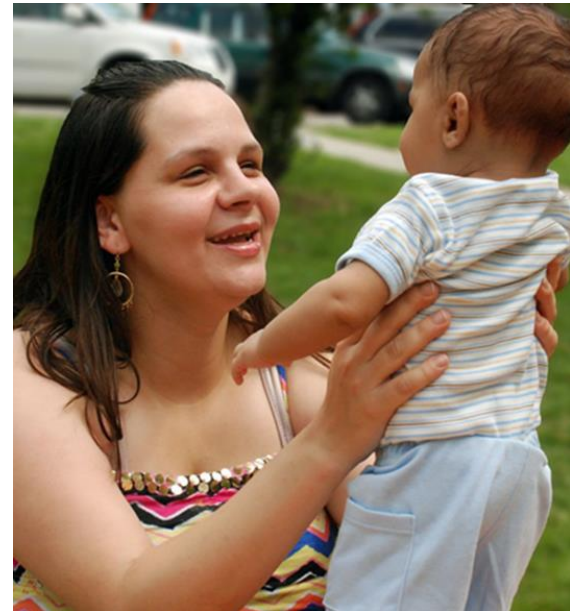
# What is attachment?



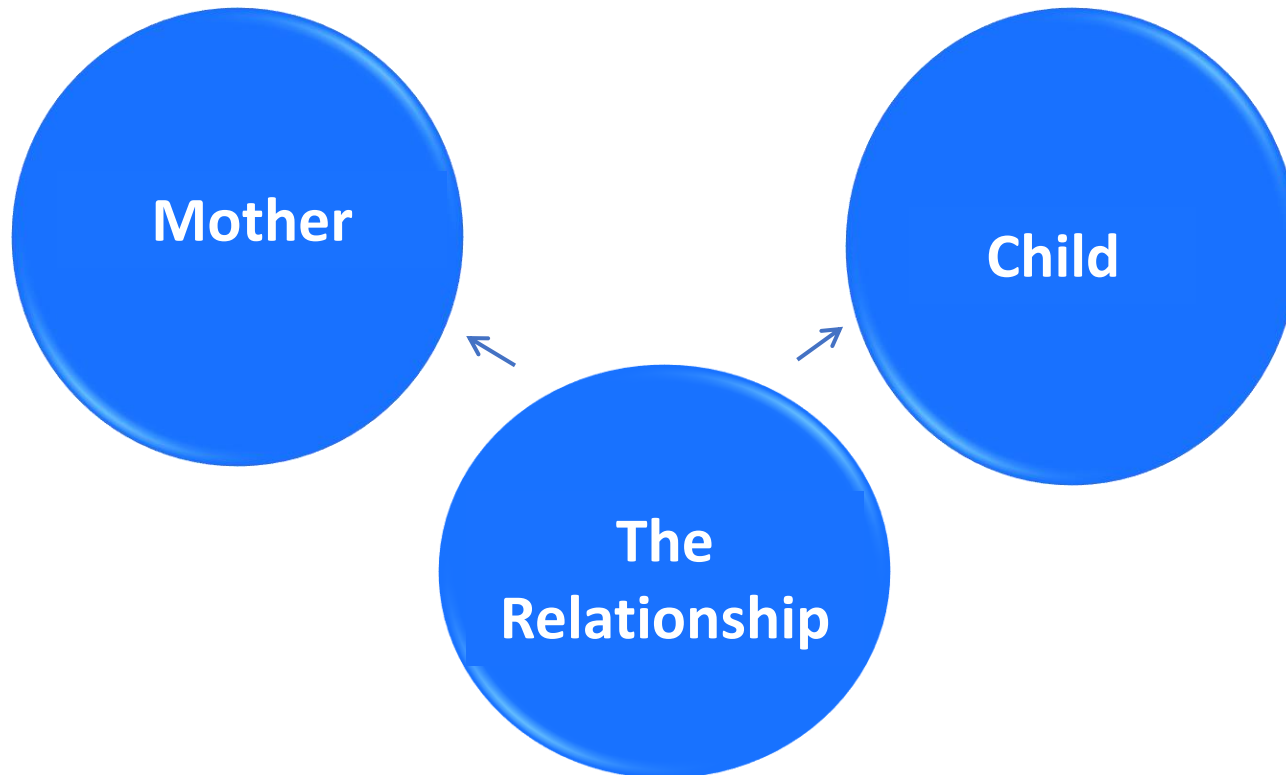
# What is a Dyadic Relationship?

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- 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



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

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**Trauma = experiences + events + effects**



Mother

# 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)



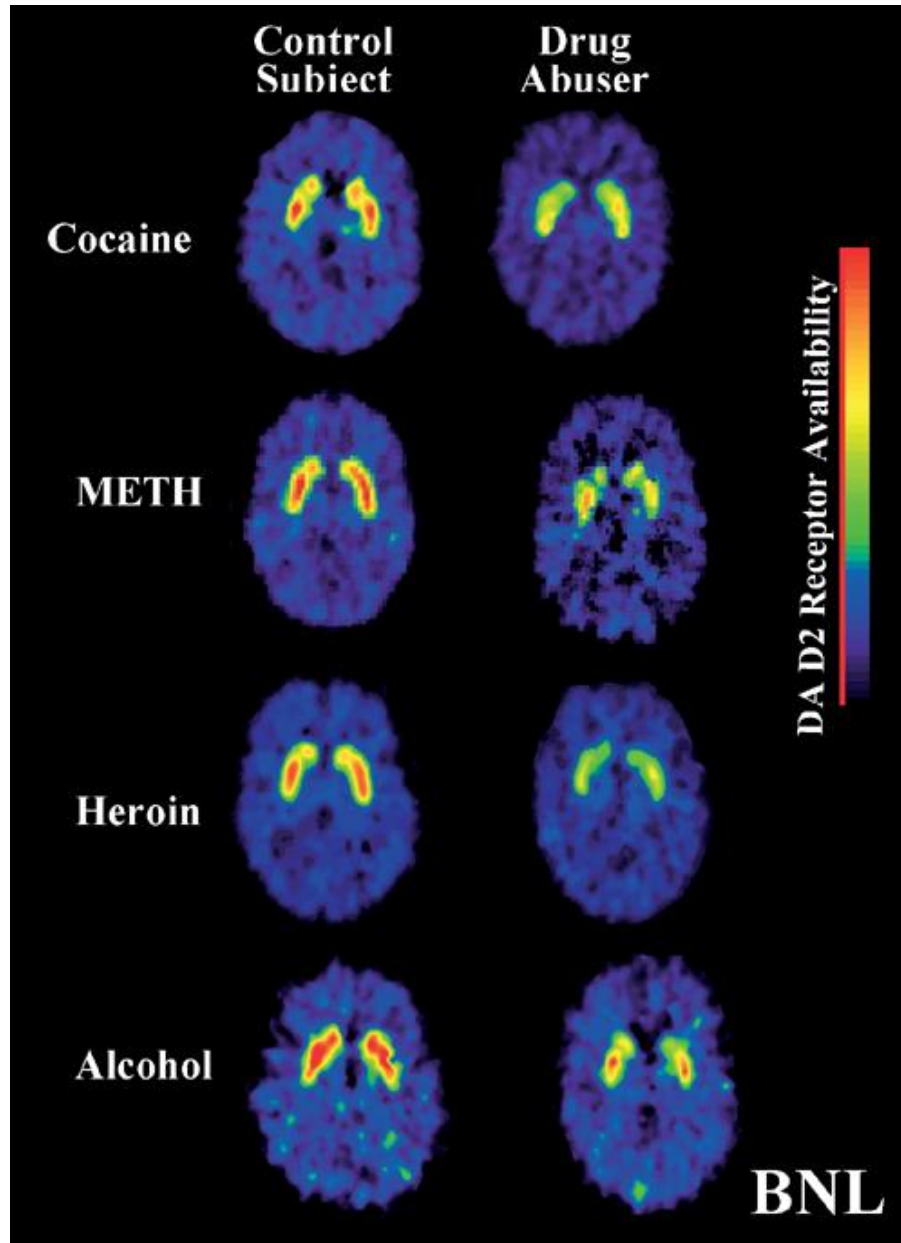


Mother

# 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

# Mother



VOLKOW, N., FOWLER, J., WANG, G. J., & SWANSON, J. (2004). Dopamine in drug abuse and addiction: results from imaging studies and treatment implications. *Molecular psychiatry*, 9(6), 557-569.

# Impact of Familial Substance Use on Infants/Children



Child

- 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

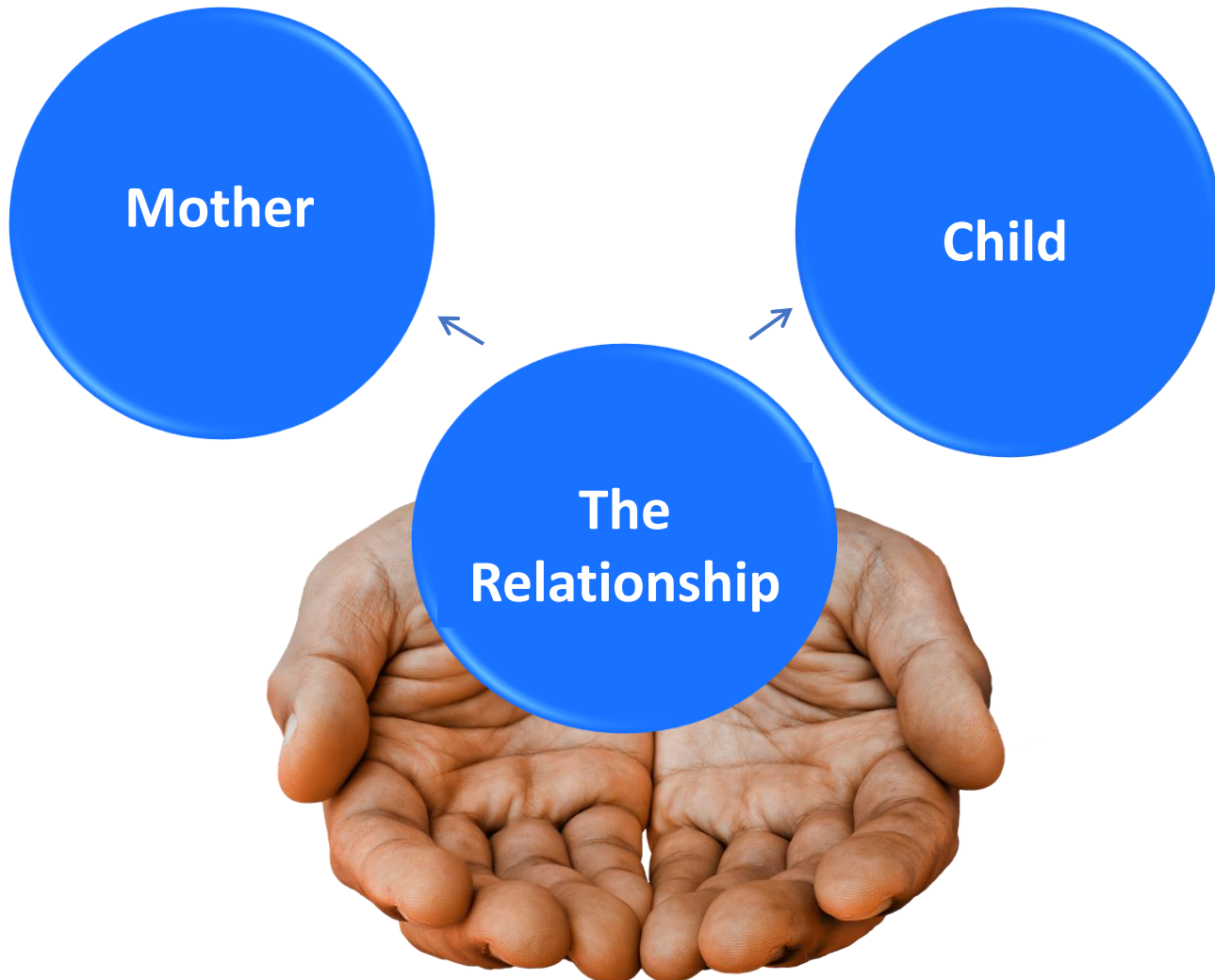
Child

- Ages birth through 11
  - 86% birth to 5
  - 75% prenatal exposure to illegal substance
  - 76% prenatal exposure to nicotine
- Trauma - Traumatic Events Screening Inventory

TESI totals	%
0	18%
1-4	39%
5-9	32%
10-13	11%

77% Family History of involvement with CPS

# The Dyadic Relationship



# Poll Questions #2



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

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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

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- 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

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# How Can We Support Dyads During Tough Times?

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- 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?

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- 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

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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.

# Ending Horizons Story

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
6. Healing mothers, building brains: Using dyadic mother–baby play in substance use disorder treatment
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



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## **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](http://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](http://www.unc.edu) and [www.med.unc.edu/obgyn/horizons/](http://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/](http://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](http://www.friendsresearch.org).

General inquiries: [info@ForeFdn.org](mailto:info@ForeFdn.org)



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