

Maternal Addiction and the Impact on the Family

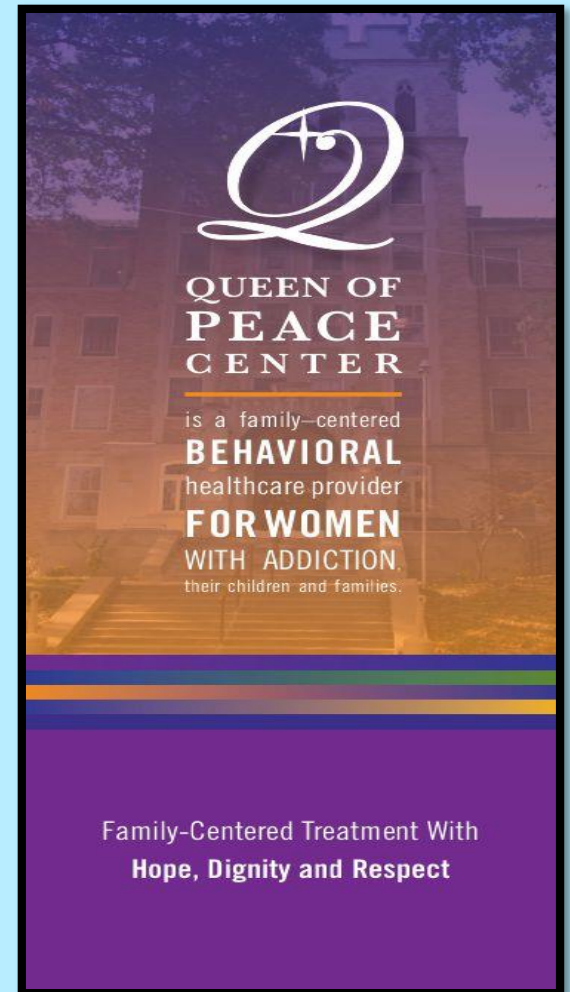


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Introduction



- Queen of Peace Center:
 - Serves women age 18 and older
 - Family centered care:
 - ✦ Individual counseling
 - ✦ Therapy & psychoeducational groups
 - ✦ Family therapy
 - ✦ Child counseling
 - ✦ Therapeutic child care
 - ✦ Parenting education



Presentation Objectives



- Explore addiction through a multigenerational, socioeconomic, and biological lens.
- Understand Family-Centered approach to treatment and the benefits for the family.
- Identify appropriate interventions during and after pregnancy.
- Identify appropriate interventions for children while mother is in treatment recovery.

Activity



WALK A MILE IN OUR CLIENTS' SHOES

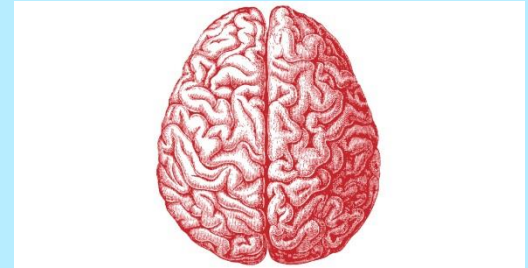
Biological Factors for Addiction



Disease of Addiction



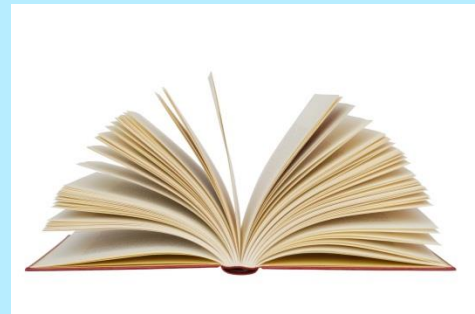
- Reward center of the brain
 - Motivation
 - Memory¹
- Seek reward/relief
- “Addiction occurs when repeated use of drugs changes how a person’s brain functions over time. The transition from voluntary to compulsive drug use reflects changes in the brain’s natural inhibition and reward centers that keep a person from exerting control over the impulse to use drugs even when there are negative consequences—the defining characteristic of addiction” – America Society of Addiction Medicine²



Criteria for Substance Use Disorder



- Substance use disorder
 - recurrent use of alcohol and/or drugs
 - clinically and functionally significant impairment,
 - ✦ health problems, disability, and failure to meet major responsibilities at work, school, or home.
 - Diagnosis of substance use disorder is based on
 - ✦ Impaired control, social impairment, risky use, and pharmacological criteria.³



Heroin Epidemic



- 33,091 deaths in 2015
- Opioid overdoses quadrupled since 1999.⁵
- Dangerous substance
 - Being mixed with Fentanyl
 - Fentanyl 50 to 100 times more powerful than morphine⁶
- Changes brain's structure and activity
 - Reward system



Queen of Peace Demographics



	Primary in FY16	Primary in FY11
Heroin/Opiates	36.6%	23.0%
Alcohol	27.4%	26%
Marijuana	19.6%	26%
Cocaine/Crack	10.6%	25.0%
Methamphetamine/Amphetamine	4.7%	1%
Other	1.1%	1%

Pregnancy & Substance Use



- 5.9% of pregnancy women use illicit drugs
- 8.5% drink alcohol
- 15.9% smoke cigarettes
- Opiates during pregnancy increased by 5 times from 2000 to 2009¹⁰



Pregnancy & Opiate Use



- Dangers in stopping opiate use
 - Premature labor, fetal distress and miscarriage.
- Opiate withdrawal medically monitored
- Neonatal Abstinence Syndrome (NAS)
 - Nonpharmacological treatments:
 - ✦ Supporting attachment between mother and child
 - ✦ Swaddling
 - ✦ Reducing light
 - ✦ Reducing excessive noise
 - ✦ Connecting mother to resources & social supports
 - Pharmacological treatments
 - ✦ Morphine solution or methadone to aid with fever, weight loss , and seizures



Interventions



- Medicated Assisted Therapy – Vital
 - MAT coupled with counseling and behavioral therapies increase positive outcomes
- Two options:
 - Methadone
 - Buprenorphine
- “Medications stop and prevent opioid withdrawal and reduce cravings”
 - Aid client in treatment engagement
- MATs + counseling = successful outcomes⁷



Perinatal Mood & Anxiety Disorders



- PMADs
 - Depression
 - Anxiety/panic disorder
 - Obsessive-compulsive disorder
 - PTSD
 - Perinatal bipolar disorder
 - Psychosis
- Underdiagnosed
- Psychiatric medications vs untreated
- Study by Wisner et al. – Findings support positive outcomes for PMAD and mental health medication¹²
- Rates of depression in low-income mothers, pregnant & parenting teenagers - 40% to 60%.¹³



Interventions



- PMAD Interventions
- Social support¹¹
- Screening tools
 - Edinburgh Postnatal Depression Scale (EPDS)
 - ✦ Advantages: free, most thoroughly validated, validated in many cultures, validated with teens, dads, and pregnancy, and easy to administer and score
 - ✦ Disadvantages: this is not a diagnostic tool



Multigenerational Factors



- Risk taking behavior begins in adolescence.
 - Peer pressure
 - Experimentation
 - Family substance use
- Effects of parents and family members with SUD⁴
- Adolescents & elevated reward center⁸
- “6 million children younger than age 18 lived with at least one parent who was dependent on alcohol or an illicit drug during 2002”⁴



Risk Factor



- Adverse childhood experiences (ACE) & likelihood of substance use.
 - Physical, sexual, emotional abuse
 - Neglect
 - Witnessing abuse in the home
 - Substance misuse within the home
 - Mental health illness in the home⁹
- Contribute to possibility of
 - Underage drinking
 - Alcohol use disorder
 - Prescription drug use in adulthood



Protective Factors



- Most individuals will not develop a SUD or mental health issues.
- Screening
- Early intervention
- Support and monitoring⁸
- Counseling interventions
 - Motivational Interviewing
 - EMDR
 - Cognitive Behavioral Therapy



Protective Factors

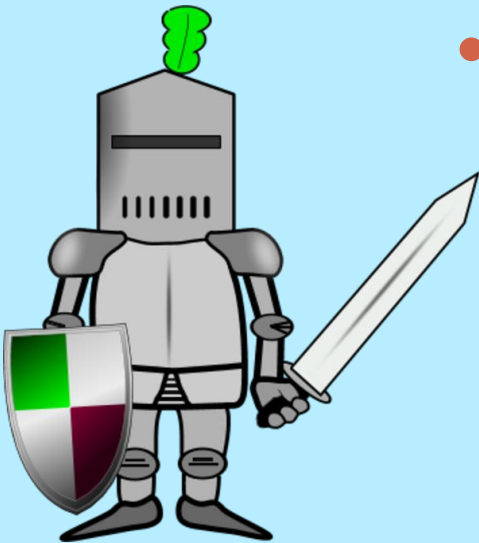


- **Internal Protective Factors**

- Intelligence
- Easy temperament

- **External Protective Factors**

- Parenting that includes:
 - ✦ Warmth
 - ✦ Consistency
 - ✦ Age-appropriate expectations
 - ✦ Praise for accomplishments
 - ✦ Consistent routines and rules⁹
- Interactions with peers
- Opportunity for physical exercise.



Family-Centered Treatment



- 70% of women entering treatment have children
- Defined:
 - Gender-specific
 - Trauma-informed
 - Relational
 - Roles-focused
- The Whole Family
 - Family as an “ecosystem”



Family-Centered Treatment

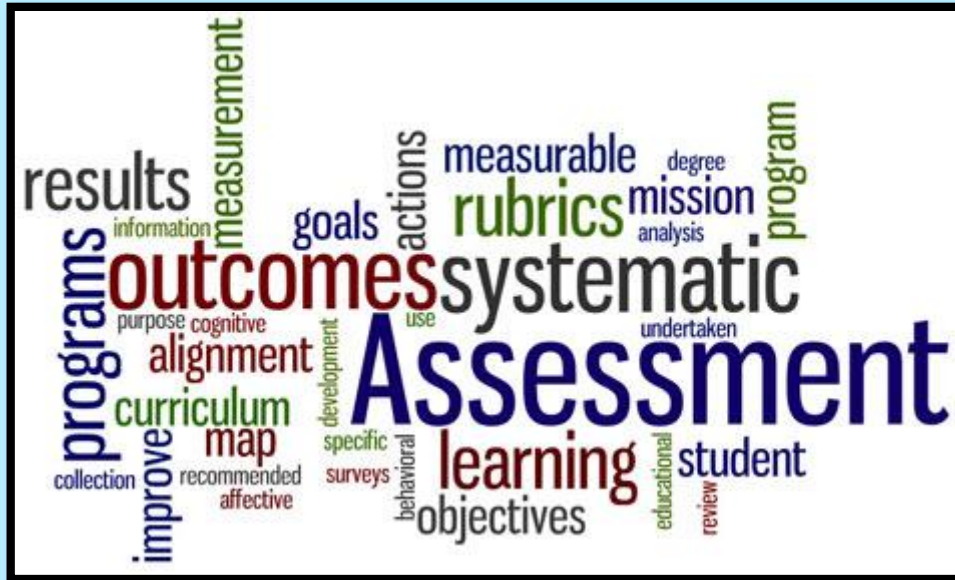


- Characteristics and Principles:
 - Family membership
 - Families as dynamic
 - Individualized services
 - Coordination of care
 - Challenges to recovery
 - Safety

- “Treatment must support creation of healthy family systems”



Family Centered Treatment: Outcomes



- Outcomes:
 - Individual
 - ✦ Improved retention
 - Relational
 - System or societal

Family-Centered Treatment: Barriers and Challenges

- Barriers and Challenges:
 - Physical space
 - Staff challenges
 - Parent attitudes
 - Rapport
 - Services needs
 - Children present during treatment
 - Family dynamics
 - Outcomes



(Werner, Young, Dennis, & Amatetti, 2007)

(Werner, Joffe, and Graham, 1999)

Children Exposed to Maternal Addiction:



- **Prevalence:**

- “5.1% of children under age 18 (3.4 million children) lived with a mother who met the criteria for past year substance dependence or abuse.” (Connors-Burrow et al., 2012)

- **Potential impacts on children:**

- Mental and physical health
 - ✦ Development
 - ✦ Socialization
- School
- Exposure to Adverse Childhood Experiences
- Child Welfare System
 - ✦ Attachment



(Werner, Joffe, & Graham, 1999)

(Wiechelt & Okundaye, 2012)

(Werner, Young, Dennis, & Amatetti, 2007)

Children's Treatment Considerations:



- Child's perspective of addiction
 - Narrative
 - Coping skills
- Family rapport building
 - Trust
 - Assessments and goal-setting
 - ✦ Symptoms



(Werner, Joffe, & Graham, 1999)

(Werner, Young, Dennis, & Amatetti, 2007)

Child-Focused Interventions



- Therapeutic services:
 - Early treatment supports
 - ✦ Assessments
 - ✦ Childcare
 - Child-centered therapeutic modalities
 - ✦ Play therapy
 - ✦ Art Therapy
 - ✦ Trauma-Focused Cognitive-Behavioral Therapy
 - Psychoeducation (developmentally appropriate!)
 - Case management



Child-Focused Interventions



- Clinical support services:
 - Ongoing childcare access
 - Health care
 - Educational advocacy
 - Recreational activities



Family-Focused Interventions



- Parenting skills development
 - Harsh parenting effects
- Parent/child attachment
- Staff modeling and support
 - Family Spirit
 - Love and Logic
- Parental Stress



(Burlew et al., 2013)

(Conners-Burrow et al., 2012)

(Werner, Young, Dennis, & Amatetti, 2007)

Conclusion



“Words are important. If you want to care for something, you call it a ‘flower’; if you want to kill something, you call it a ‘weed’.”

~ Don Coyhis



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