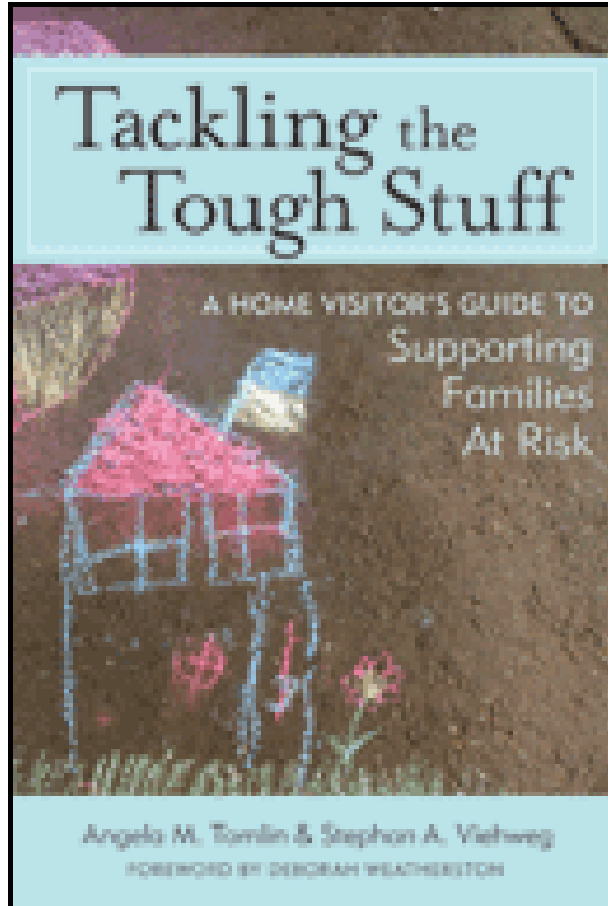


OUD in Pregnancy ECHO: Engaging Families

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**Tackling the Tough
Stuff: A Home Visitor's
Guide to Supporting
Families At Risk**

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The birth and care of a baby offer a family the possibility of new relationships, growth, and change.
(Weatherston, 2000)

For many families we serve, this possibility seems unattainable.



Perinatal Preparation for Parenting

- ▶ Psychosocial Support
- ▶ Protect Sleep
- ▶ Psychoeducation: Parenting Role and Developmental Guidance
- ▶ Infant Mental Health Intervention



OUD and Parenting

- ▶ Relationship/Attachment
 - ▶ SUD inhibits RF/PRF
- ▶ Discipline
 - ▶ SUD is associated with inconsistent and/or overly hostile/aggression parenting
- ▶ Swain, et al., 2019



ODD and Parenting

- ▶ Low parental RF/PRF is associated with low child behavior regulation
 - ▶ Beginning as soon as toddlerhood
 - ▶ Preschool and school expulsion
 - ▶ In adolescence and early adulthood, involvement in justice system



OUD and Parenting

- ▶ The best parenting style for dysregulated children is a parent who is able to combine warmth with structure
- ▶ These skills are impacted by opioid use
- ▶ Interventions that develop RF and teach positive parenting are needed
- ▶ Improved RF can also aid recovery process!

Individuals with OUD likely have other risks

- ▶ Mental Illness
- ▶ Trauma
- ▶ Neurodevelopmental disorders
- ▶ Social determinants of health, such as housing instability, financial challenges
- ▶ History of difficult personal relationships and relationships with authority figures (teachers, employers, court personnel)

Supporting Mothers with OUD

▶ Prevention

- ▶ Promoting Maternal Mental Health During Pregnancy, Rev. (Solchany, 2013)
- ▶ Consider IMH practices in the NICU to support the parent-child relationship (Boukydis, 2012)
- ▶ Encourage acceptance of HV programs including NFP, HFA, and Part C as needed
 - ▶ Mothers in recovery from OUD often refuse Part C (Peacock-Chambers, et al., 2020)

▶ Intervention

- ▶ Perinatal CPP (Lieberman, et al., 2020)
- ▶ Mother from the Inside Out (Suchman, et al., 2019)
- ▶ Minding the Baby (Slade, et al., 2020)

Build relationship through relationship

Skills we teach parents

- ▶ Be interested and attentive to the baby's needs and signals for help
- ▶ Be able to read the baby's signals accurately
- ▶ Respond to signals in an appropriate, timely, and reliable way

Ways we support parents

- ▶ Show an active interest in the parent and the parent's needs
- ▶ Use active listening to really understand what a parent is telling you
- ▶ Be consistent and reliable—someone a parent can count on

Parallel Process

Events or situations in one relationship (current or past) can affect another relationship

When the provider helps the parent—fills up the parent's emotional fuel tank—the parent is better able to support the baby

This is one reason why helping parents helps babies and toddlers

Strategies for supporting parents with risk factors (and without!)

- ▶ Break down tasks
- ▶ Expect to repeat and reteach
- ▶ Maintain appropriate boundaries
- ▶ Active teaching (model, demonstrate)
- ▶ Flexible sessions related to parent's current needs
- ▶ Let the parent be the driver
- ▶ Let parents know what is going well
- ▶ Be aware of the parent's capacity under stress

Ways to connect when connecting isn't smooth

- ▶ Provide emotional support
- ▶ Get comfortable talking about difficult topics
- ▶ Have reasonable expectations
- ▶ Share information supportively; start with asking questions
- ▶ Help parents build problem-solving skills
- ▶ Accept the unexpected

Know your limits. Know yourself and your triggers. Monitor and manage your feelings.

We won't always get this right— managing missteps

- ▶ Miscommunication, hurt feelings, and disagreements are normal parts of relationships
- ▶ Many families we serve have not had good experiences repairing breaks in relationship
- ▶ Steps to Repair
 - ▶ Acknowledge the problem; “You seem upset.”
 - ▶ Describe what you think is happening: “I think I hurt your feelings.”
 - ▶ Take responsibility for your part: “I am sorry about what I said.”
 - ▶ Invite the other person to discuss: “Can we talk about this?”

Burnout: Who Me?



What it is

Burnout is common in high stress environments
Includes emotional exhaustion;
depersonalization; ineffective performance



Why it matters

Contributes to staff turnover
Impacts our ability to provide good care



What to do

Practice Basic Self-Care
Consider Your Work-Life Balance
Access Reflective Supervision/Consultation

Final Thought

*The families who are the
hardest to connect with
are those that need us the
most*