

OUD in Pregnancy ECHO: Engaging Families

Angela Tomlin, PhD, HSPP, IMH-E

Stephan Viehweg, LCSW, ACSW, IMH-E, CYC-P

Thursday, June 2, 2022



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

Parental SUD and difficult child experiences

- ▶ Prenatal exposure
 - ▶ Developmental, behavioral, physical effects
- ▶ Neglect
 - ▶ Educational, medical
 - ▶ Emotional/relational
 - ▶ Challenges to SDOH
- ▶ Inappropriate discipline
 - ▶ Physical and Emotional abuse
 - ▶ Harsh discipline
- ▶ Separation and Loss
 - ▶ Removal, foster placement
 - ▶ Parental incarceration
 - ▶ Abandonment, death

Individuals
with SUD likely
have other
risks, other
stressors

- ▶ 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)

Seeing or interacting with a baby is a positive experience for most people...

- ▶ A baby and the baby's cues are meaningful and motivating to us
- ▶ Evokes feelings of caring, nurturing and protecting



Substance Use Disorder and Parenting

- ▶ When most of us sees or interacts with a baby, our reward circuits are activated
- ▶ Chronic SUD changes the reward circuits affecting the responses to babies—Mothers with SUD may find the baby less rewarding and the baby's cues less meaningful
- ▶ In early recovery there is also often emotional dysregulation, dysphoria, low impulse control
- ▶ These factors to combine to make caregiving more stressful and less rewarding.

Parents with SUD

- ▶ Have trouble reading the baby's cues
- ▶ May feel less pleasure in interacting with the baby
- ▶ Have more trouble tolerating even everyday stress of parenting
 - ▶ May withdraw
 - ▶ May use harsher discipline
 - ▶ May use (or relapse)

SUD and Parenting Interventions

- ▶ Relationship/Attachment are impaired
 - ▶ Mentalization approach
- ▶ Discipline is often inconsistent and/or overly hostile/aggression
 - ▶ Skills based approach

Swain, et al., 2019/ Renk, et. al., 2015

RF Interventions for Parents with SUD

- ▶ Interventions increase parents' internal representations of their babies
- ▶ This also makes caregiving more rewarding
- ▶ And makes the baby more salient
- ▶ Bonus: Improved RF can also aid recovery process!

Interventions Targeting PRF

- ▶ Make sense of your own emotional and mental experiences as a parent
- ▶ Make sense of the emotional and mental states that drive your child's behavior
- ▶ Parent can then respond more sensitively to the babies needs
- ▶ Parent can also see how their own experiences relate to parenting—
- ▶ Increase motivation and capacity to deal with distress that can lead to relapse

Supporting Parents with SUD

▶ Prevention

- ▶ Promoting Maternal Mental Health During Pregnancy, Rev. (Solchany, 2013)
- ▶ 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)

Takeaways

- ▶ Recognize your biases and monitor your reactions
- ▶ Consider and show interest in the parent's experiences
 - ▶ Remember the parent may have not had great experiences with authority figures in the past
 - ▶ Remember the more positive relationships the parent has the more likely the parent is to gain capacity to be in relationship with the child
 - ▶ Mirror what you want the parent to do with the child
- ▶ Take a strength-based stance
 - ▶ Parent will be more likely to accept and try to implement what you tell them
 - ▶ Also, the more likely to admit when things are not going well
- ▶ Be aware of the process of recovery
 - ▶ Not unusual to involve set-backs

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 when possible
- ▶ 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?”

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

Parallel Process: Not just about our clients!

- ▶ Transference happens all the time!!!
- ▶ Your personal story affects how you are and how you receive and react to experiences with family
- ▶ Your feelings and reactions can help you understand yourself, understand others, and responds with care rather than just reacting

Costa & Sullivan, 2009

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

Questions,
comments, &
discussion



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