Substance Affected Infants Responding to Children and Families

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SEI/NAS
Substance Exposed Infant/Neonatal Abstinence Syndrome
Substance-Exposed Infant

Each year, an estimated 400,000–440,000 infants (10–11% of all births) are affected by prenatal alcohol or drug exposure.

To fully address substance exposed infant issues, they must be handled in an intensely collaborative setting, since no single agency has the resources, the information base, or the lead role to address the full range of needs of all substance-exposed or substance-affected newborns and their families.

Source: National Center for Substance Abuse and Child Welfare
Substance Exposed Infants may or may not experience Neonatal Abstinence Syndrome (NAS)
Incidence of NAS in the US

- During 2000-2012 the US experienced a 383% increase in the incidence of NAS.
- An estimated 80% of hospital charges for NAS are covered by Medicaid programs.
- During 2012-2013 three of 25 states (Maine, Vermont and West Virginia) reported NAS incidence rates >30 per 1,000 hospital births.

Source: MMWR/August 12, 2016.Vol/ 65/No. 31
<table>
<thead>
<tr>
<th>Year</th>
<th>Rate (95% CI)</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>National</td>
<td>Kentucky</td>
</tr>
<tr>
<td>2008</td>
<td>2.8 (2.4-3.2)</td>
<td>5.0</td>
</tr>
<tr>
<td>2009</td>
<td>3.6 (2.9-4.1)</td>
<td>6.6</td>
</tr>
<tr>
<td>2010</td>
<td>5.0 (4.1-5.7)</td>
<td>7.8</td>
</tr>
<tr>
<td>2011</td>
<td>5.2 (4.1-6.0)</td>
<td>10.7</td>
</tr>
<tr>
<td>2012</td>
<td>6.1 (4.6-7.1)</td>
<td>12.5</td>
</tr>
<tr>
<td>2013</td>
<td>7.3 (5.5-8.6)</td>
<td>15.1</td>
</tr>
<tr>
<td>2014</td>
<td>NA</td>
<td>21.2</td>
</tr>
</tbody>
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Abbreviation: NA, not available.
Dramatic increase in NAS admissions 2009 - 2013

Increase in median length of stay in 2013 vs. 2004 from 3 days in 2004 to 19 days in 2013

Neonatal Abstinence Syndrome

- Collection of symptoms babies experience as they withdraw from drugs they were chronically exposed to in utero
- Clinical diagnosis
- There can be symptoms of withdrawal from substances other than opiates – such as nicotine
- Has not been demonstrated to cause long-term neurodevelopmental deficits
Neonatal Abstinence Syndrome (NAS) Or Neonatal Opioid Withdrawal Syndrome (NOWS) Often Results When A Pregnant Woman Uses Opioids During Pregnancy

- Collection of Symptoms Involving:
  - Central nervous system
    - high-pitched crying, irritability
    - exaggerated reflexes, tremors and tight muscles
    - sleep disturbances
  - Autonomic nervous system
    - sweating, fever, yawning, and sneezing
  - Gastrointestinal distress
    - poor feeding, vomiting and loose stools
  - Signs of respiratory distress
    - nasal stuffiness and rapid breathing

(Finnegan et al., Addict Dis. 1975; Desmond & Wilson, Addict Dis. 1975)
## Symptoms

<table>
<thead>
<tr>
<th>Neurologic</th>
<th>Gastrointestinal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tremors</td>
<td>Poor feeding</td>
</tr>
<tr>
<td>Irritability</td>
<td>Uncoordinated &amp; constant sucking</td>
</tr>
<tr>
<td>Increased wakefulness</td>
<td>Vomiting</td>
</tr>
<tr>
<td>High-pitched crying</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Increased muscle tone</td>
<td>Dehydration</td>
</tr>
<tr>
<td>Hyperactive deep tendon reflexes</td>
<td>Poor weight gain</td>
</tr>
<tr>
<td>Exaggerated Moro reflex</td>
<td>Increased sweating</td>
</tr>
<tr>
<td>Seizures</td>
<td>Nasal stuffiness</td>
</tr>
<tr>
<td>Frequent yawning and sneezing</td>
<td>Fever</td>
</tr>
<tr>
<td></td>
<td>Mottling</td>
</tr>
<tr>
<td></td>
<td>Temperature instability</td>
</tr>
</tbody>
</table>

*Source: Hudak. Pediatrics February 2012*
# Neonatal Abstinence Syndrome

<table>
<thead>
<tr>
<th>Drug</th>
<th>Onset</th>
<th>Frequency %</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>24-48</td>
<td>40-80</td>
<td>8-10</td>
</tr>
<tr>
<td>Methadone</td>
<td>48-72</td>
<td>13-94</td>
<td>Up to 30 +</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>36-60</td>
<td>22-67</td>
<td>Up to 28 +</td>
</tr>
<tr>
<td>Prescription opioids</td>
<td>36-72</td>
<td>5-20</td>
<td>10-30</td>
</tr>
</tbody>
</table>

Diagnosis & Treatment

- No standard evidence-based treatment
- Scoring system used in NICU called Finnegan’s Neonatal Abstinence Scoring Tool
- Non-drug supports include dim lighting, swaddling, small frequent feedings of high calorie formula and breast milk, movement
- Drug therapy for moderate to severe signs of NAS includes morphine or methadone and phenobarbital or clonidine
- In KY 54.9% of NAS cases were treated with medications (8/1/14 - 7/31/15)

Source: KDPH NAS Reporting Registry Annual Report NAS in Kentucky Dec. 2015
Scoring Tools for NOWS/NAS

▪ Finnegan Neonatal Abstinence Scoring System
  – 31 items
  – Symptoms are weighted
  – Guidelines for pharmacologic treatment at score of 8 or greater

▪ MOTHER score (modified Finnegan score)
  – 19 items (which contribute to total score)
  – Items weighted differently
  – Some items eliminated and others added
  – Guidelines for treatment based on score rather than weight

▪ Lipsitz Neonatal Drug-Withdrawal Scoring System
  – 11 items
  – Items scored for severity and gives guidelines for treatment

▪ The Neonatal Withdrawal Inventory – 8 point checklist

▪ The Neonatal Narcotic Withdrawal Index – 6 signs plus others
NAS Diagnosis & Treatment

- Rooming in with mom and mothers participating in comprehensive treatment programs can reduce length of infant stay to 5-6 days.
- Exposure to multiple substances makes NAS harder to treat – especially if mother smoked or used benzodiazepines or SSRI’s.
- Hospital protocols and education of the staff, breastfeeding support all impact NAS/NOWS.

Source: KDPH NAS Reporting Registry Annual Report NAS in Kentucky Dec. 2015
NAS Treatment & Support

- Admit to NICU or Special Care Unit – rooming-in if possible
- Minimum stay of 4-5 days to allow for symptoms to peak
- Utilize non-pharmacologic treatment as available
- Encourage breastfeeding
- Encourage mother to participate in the assessment of the newborn
- Infant state takes lead in assessment
Non-pharmacologic Treatment

- Breastfeeding is associated with reduced severity of withdrawal, delayed onset, decreased need for rooming-in decreased the need for Rx, length of Rx, and LOS (Abrahams et al, 2007)
- Acupuncture (Filippelli et al, 2012)
- Kangaroo therapy or skin to skin
- Decreased environmental stimuli
- Frequent small demand feedings
- Pacifiers
- Swaddling, containment, holding, vertical rocking
- Provider, nursing attitudes
- Responsive to individual infant behaviors
What About Breastfeeding?

- The majority of the time breastfeeding is encouraged for women on methadone & buprenorphine.
- Breastfeeding is not safe if someone is HIV positive or using street drugs.
- Only very small amounts of methadone &/or buprenorphine get into the baby’s system and they may actually lessen symptoms of NAS.

Source: ASAM Pamphlet “Childbirth, Breastfeeding and Infant Care: Methadone and Buprenorphine”
Considerations During The Immediate Postpartum Period

- Mother’s presence in NICU
- Engagement in treatment
- Support for mother during infant NICU stay
- Pain management
- 12-Step Participation
- Smoking
Delivery & Immediate Postpartum

- Women can receive pain relief during labor
- May require higher doses of opioids for pain relief
- Injectable non-steroidal anti-inflammatory medications can be highly effective
- Daily doses of MAT should be continued and patients need to know how this will occur to minimize anxiety
- Women on MAT who receive opioids for pain should be monitored closely for over-sedation
- Contraception, including long-acting reversible methods should be started or at minimum prescribed prior to discharge
ADDITIONAL SERVICES/PROVIDERS TO CONSIDER
It Takes A Village (maybe even a city)
Overview of Traumagenic Experiences

Types of Trauma
Natural vs. Human

- Natural Disasters
- Can impact many or few
- Time, amount of loss, ability to re-establish daily routines, duration of relief services impact stress reactions
- Previous trauma impacts stress reaction
- Not just event has impact
Human/Caused by People

Accidents, Technological, Catastrophes
- Mine collapse
- Oil spill
- Train derailment
- Accidental gun shooting

Intentional Acts
- Arson
- Terrorism
- School violence
- Home invasion
- Stabbing or shooting
- Human trafficking
Individual Trauma

- Occurs to one person
- Single event, multiple or prolonged
- Survivors less likely to receive support
- Survivors less likely to reveal
- Shame can influence survivor’s perception of responsibility
- Survivors may feel responsible and isolated
Interpersonal Trauma

- People who know each other
- Violation of trust often by source of protection
- Frequently reoccurs
- Intimate partner violence
  - Children often hidden casualty
Interpersonal Trauma (cont.)

- Developmental trauma
  - Occur within one developmental stage and have impact moving forward
  - Events which occur at one point in life-cycle and having a life altering impact

Things You Can Do

• Be aware that trauma history can significantly impact client’s lives
• Screen for trauma history
• Include clients as partners in treatment decisions and planning
• Provide privacy for dressing/undressing
• Allow privacy for UA’s
Objective Characteristics

- Single, repeated or sustained trauma?
- Time to process trauma?
- Loss associated with trauma
- Expected or unexpected
- Effects of trauma isolated or far reaching
- Intentional vs. unintentional
- Experienced directly or indirectly
Subjective Characteristics

• Psychological meaning for survivor
• Disruption of core assumptions & beliefs
• Cultural meaning
Trauma’s Impact upon Families, Parent-Child Relationships & Parenting
Concepts for Understanding Traumatic Stress Responses in Families & Children

• Trauma experiences are inherently complex
• Trauma occurs within a broad context that includes children’s personal characteristics, life experiences and current circumstances
• Traumatic events often generate secondary adversities, life changes and distressing reminders in children’s daily lives
Children can exhibit a wide range of reactions to trauma and loss

Danger and safety are core concerns in the lives of traumatized children

Traumatic experiences affect the family and broader caregiving systems

Protective and promotive factors can reduce the adverse impact of trauma
Trauma and post-trauma adversities can strongly influence development.

- Developmental neurobiology underlies children’s reactions to traumatic experiences.
- Culture is closely interwoven with traumatic experiences, response, and recovery.
Concepts for Understanding Traumatic Stress Responses in Families & Children (cont.)

• Challenges to the social contract, including legal and ethical issues, affect trauma response and recovery

• Working with trauma exposed children can evoke distress in providers that makes it more difficult for them to provide good care

Source: National Child Traumatic Stress Network (NCTSN) [www.nctsn.org](http://www.nctsn.org)
Toxic Stress – re-occurring negative experiences that threaten safety or security

- **Positive**
  - Brief increases in heart rate, mild elevations in stress hormone levels.

- **Tolerable**
  - Serious, temporary stress responses, buffered by supportive relationships.

- **Toxic**
  - Prolonged activation of stress response systems in the absence of protective relationships.
Impact of Toxic Stress on the Brain
Center of Children:

Center for Developing Child, Harvard University
Adverse Childhood Experiences (ACE Study)

- Public/Private Partnership
- Started in 1985 – Ongoing
- 1995 CDC Partnership - Ongoing
- Largest of kind – 17,000

Changed Nation's Views on Children's Behavioral Health

Dr. Vincent J. Felitti, MD
Internist, Kaiser Permanente

Dr. Robert F. Anda MD (plus MS in Epidemiology)
Centers for Disease Control (CDC) & Prevention

The Adverse Childhood Experiences

When you were growing up, during your first 18 years of life, did you experience:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Domestic violence (mother treated violently)
- Substance abuse in home
- Mental illness in parent
- Lost parent due to separation or divorce
- Household member in jail

Did you live with anyone who was depressed, mentally ill, or suicidal?

Did you ever see your mother hit, slapped, kicked, punched, or beat up?

Did a parent or adult in the home ever swear at you, insult you, or put you down?

[never, once, more than once, don’t know, refused to answer]
ACE Score and Teen Sexual Behaviors

Ace Score

- 0
- 1
- 2
- 3
- 4 or more

Percent with Health Problem (%)

Intercourse by 15

Teen Pregnancy

Teen Paternity

Hillis S et al, 2001
Relationship Between ACE Score and Early Initiation of Smoking Cigarettes

Anda et al., 1999, *JAMA*
The ACE Score
Alcohol Use and Abuse

Dube SR et al, Addictive Behavior, 2002
Relationship Between Number of ACEs and the Age at Initiation of Illicit Drugs

Dube et al., 2003, Pediatrics
ACE Score and Intravenous Drug Use

N = 8,022

Dube, 2003, Pediatrics
ACE Score and Chronic Depression as Adult

N = 8,022
p < 0.001

Dube, 2003, Pediatrics

Women – Lighter color
Men – Darker color

% With a Lifetime History of Depression

ACE Score

N = 8,022
p < 0.001
Brain Centers for Stress/Trauma Response

“The Alarm Center”
“the Gas Pedal”

“the Brake”
Memory and Learning
Natural History of Perinatal Substance Use Disorder

ADVERSE CHILDHOOD EXPERIENCES

FAMILY DYSFXN

CHILD ABUSE/N

TOXIC STRESS

- Altered Brain Structure
- Altered Brain Function
- High circulating stress hormones

Pregnant/Parenting woman with SUD

SEI or NAS Infant

ADULT

Fight, Flight, Freeze PLUS risky behavior
PLUS:
- depression
- suicide
- victim of DV
- IV drug use
- difficulty at work
- financial difficulty
- chronic diseases
- unplanned pregnancy

ADOLESCENT

Fight, Flight, Freeze PLUS:
- teen smoking
- teen pregnancy
- drug use
- alcohol use
- hallucinations
- juvenile delinquency
- gangs,
- fighting
- out of control

CHILD

Fight, Flight, Freeze PLUS:
- can’t sit still
- memory problems
- speech delay
- poor relationships
- lack of empathy
- behavior problems
- always on edge

WITHOUT TX

- Relapse
- Post-partum depression
- DV
- legal/custody issues
- lack of housing
- lack of employment

Natural History of Perinatal Substance Use Disorder

ADVERSE CHILDHOOD EXPERIENCES

FAMILY DYSFXN

CHILD ABUSE/N

WITHOUT TX AFTER DELIVERY
- Relapse
- Post-partum depression
- DV
- legal/custody issues
- lack of housing
- lack of employment

DV MH-D Subs Abuse Separation Jail

TOXIC STRESS
- Altered Brain Structure
- Altered Brain Function
- High circulating stress hormones

TOXIC STRESS

Pregnant/Parenting woman with SUD

SEI or NAS Infant

ADULT
- Fight, Flight, Freeze PLUS risky behavior
- PLUS: depression
- suicide
- victim of DV
- IV drug use
- difficulty at work
- financial difficulty
- chronic diseases
- unplanned pregnancy

ADOLESCENT
- Fight, Flight, Freeze, PLUS:
  - teen smoking
  - teen pregnancy
  - drug use
  - alcohol use
  - hallucinations
  - juvenile delinquency
  - gangs, fighting
  - out of control

CHILD
- Fight, Flight, Freeze
  - can’t sit still
  - memory problems
  - speech delay
  - poor relationships
  - lack of empathy
  - behavior problems
  - always on edge

- ADHD
- Bullying
- Learning Disability
- Speech Delays
- Behavior Disorder
- Drug Endangered Child

#Rx Summit www.NationalRxDrugAbuseSummit.org
Natural History of Perinatal Substance Use Disorder

WITH TX & RECOVERY SUPPORTS AFTER DELIVERY:
Mothers can bond with baby; Long term recovery and brain healing for mom

Pregnant/Parenting woman with SUD

SEI or NAS Infant

ADULT
Fight, Flight, Freeze PLUS risky behavior PLUS:
- depression
- suicide
- victim of DV
- IV drug use
- difficulty at work
- financial difficulty
- chronic diseases
- unplanned pregnancy

SEIZURE OR NAS Infant

ADVERSE CHILDHOOD EXPERIENCES
FAMILY DYSFXN
CHILD ABUSE/N

12-24 months

TOXIC STRESS
- Altered Brain Structure
- Altered Brain Function
- High circulating stress hormones

Breaking the cycle

CHILD
 Fight, Flight, Freeze
- can’t sit still
- memory problems
- speech delay
- poor relationships
- lack of empathy
- behavior problems
- always on edge

ADOLESCENT
Fight, Flight, Freeze PLUS:
- teen smoking
- teen pregnancy
- drug use
- alcohol use
- hallucinations
- juvenile delinquency
- gangs
- fighting
- out of control

#Rx Summit www.NationalRxDrugAbuseSummit.org
What works: Model Care for Women and Children

Duration: 12-24 months

- Trauma and Addiction Treatment
- Childcare and Transportation
- Vocational Rehabilitation
- Housing
- Legal aid
- Parenting & Attachment; Early Intervention
- Medical Care: OB/GYN, Psychiatry
- Nutrition
- Life Skills
- Case Management

Slide from Dr. Hendree Jones, UNC Horizons Program
UNC Horizons Program: Outcomes

Comprehensive treatment approach (Residential + supports) *up to one year post-birth and 6 months aftercare*

Child Protective Service Involvement:
- Outpatient women and children who complete the program: 75% of families had positive changes (e.g., closed cases, children reunited)
- Residential women and children who complete the program: 100% of families with cases had positive changes (regained custody, cases closed)

Slide from Dr. Hendree Jones
Parenting Predicts Parenting

“The way parents treat their children is a complex product of their histories, and the resultant understandings they have about childrearing, as well as their current supports and stresses.”

Source: The development of the person: the Minnesota study of risk and adaptation from birth to adulthood/ by L Alan Sfoure et al
The 1st Three Years of Life

- Equal 1095 days
- Are the time for most rapid brain development
- Quality of parent-child relationship sets the stage for future learning, relationships, capacity for self-control and sense of self
- Directly influence the rest of our lives
Core Concepts of Early Brain Development

- Brains are built over time
- Neural circuits are wired in a bottom-up sequence
- The capacity for change decreases over time
- The interaction of genes and experience shapes the architecture of the developing brain
The brain of a 2-year-old has more brain cells than any of us in the room!
Essential Components for Healthy Development & Secure Attachment

▪ Attunement
▪ Regulation/Co-Regulation
▪ Maternal Reflective Functioning
▪ Attachment
But What About Bonding?

- Attachment and bonding have distinct meanings
- Bonding is from parent to infant
- Bonding is typically a quicker process
- Attachment is built over time – emerging during the second half of the first year
- Secure attachment is not dependent upon parental bonding during the first weeks of life
The Quality of the Early Parent Child Relationship

- Provides expectations of how relationships work
- Provides expectations of what we can expect from others in terms of responsiveness and care
- Fosters belief in own effectiveness in maintaining emotions and own self worth
- Promotes positive expectations toward others and a sense of connectedness

And we retain these expectations & beliefs throughout our lives
Something to Think About

- We looked at the way chronic substance misuse “hi-jacks” the same reward pathways involved in the parent’s drive to care for her new baby
- This “hi-jacking” creates competition in the brain between craving and caring
- Treatment models where mothers are fully and intentionally supported to focus on their infants can potentially influence the attention of the reward system
- When intentional strategies that aim to promote a mother’s satisfaction and joy in caring for her infant are employed within the treatment setting we get the best chances of resetting the reward system
It Takes A Village
(maybe even a city)
Neonatal Abstinence Syndrome
The Case for Discharge Planning and a Plan of Safe Care

- THE MOST DANGEROUS TIME FOR RISK OF DEATH AND DISABILITY FOR NAS/ SUBSTANCE EXPOSED INFANTS AND FOR THEIR MOTHER IS AFTER DISCHARGE FROM THE HOSPITAL.

Alcohol and Nicotine do more known damage to the fetus than any other substance of abuse.
Plan of Safe Care
For
Substance Exposed Infants
U.S. lawmakers call for action to protect drug-exposed newborns

WASHINGTON | BY JOHN SHIFFMAN AND DUFF WILSON

Two senior U.S. senators are calling for swift federal action to help protect thousands of infants born each year to mothers who used opioids during pregnancy.

Senator Robert Casey of Pennsylvania, the top Democrat on the children and families subcommittee, is calling for oversight hearings, in part to understand why a longstanding federal law directing states to safeguard the newborns is not being enforced.

Another Democrat, Senator Charles Schumer of New York, wants the Obama Administration to put “an emergency surge” of funds from the new federal budget toward addressing the growing number of drug-dependent newborns.

The calls come after a Reuters investigation earlier this month identified 110 examples of babies and toddlers whose mothers used opioid drugs during their pregnancies and who died under preventable circumstances after being sent home from hospitals to families ill-equipped to keep them safe. Six women who accidentally killed their babies while on drugs said in interviews that they wished they had received more help from hospitals or social workers. All but one of the mothers were sentenced to prison time in the deaths.
Newborns die after being sent home with mothers struggling to kick drug addictions

- By Duff Wilson and John Shiffman

Filed Dec. 7, 2015, 9 p.m. GMT

Part 1: In America, a baby is born dependent on opioids every 19 minutes. But doctors aren’t alerting social services to thousands of these infants, many of whom come to harm in families shattered by narcotics.

“VERY SCARED”: Tory Schlier accidentally suffocated her baby. At her sentencing, she said she had been “very scared to bring a helpless human being into the world.” In a letter from prison, Schlier writes that she needed help. REUTERS/Handout
States provide assurances they have:

- Policies and procedures to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder
- Health Care providers involved in the delivery of care of such infants must notify the Child Protective Services System of the occurrence of such infants
- A plan of safe care is developed for the infant
- The number of infants born and identified as affected by is reported annually
To identify infants at risk of child abuse and neglect as a result of prenatal substance exposure, so appropriate services can be delivered, ensuring the safety and well-being of infants, their mothers and their families.

“Except that such notification shall not be construed to establish a definition under Federal law of what constitutes child abuse or neglect; or require prosecution for any illegal action.”

Plan of Safe Care Discussion Guide
http://www.cffutures.org/files/Plans%20of%20Safe%20Care%20Draft_07%202027%202016.pdf
Important changes to CAPTA:

• Removes “illegal” in regards to infants affected by substance abuse

• Requires the plan of safe care address the needs of infant and “affected family/caregiver” (mother is implied)

• Increases States’ accountability for annual reporting for:
  • Numbers of infants identified
  • Infants with plans of safe care
  • Referrals for services, including services for family

• Increases monitoring requirement by Federal Government to ensure compliance by States
Pregnancy and Prescription Opioid Abuse Among Substance Use Disorder Treatment Admissions

- Increase from 1% to 19% among pregnant treatment admissions for prescription opioids as the primary substance of abuse.
- Increase from 2% to 28% among pregnant treatment admissions for any prescription opioid abuse.

Parental AOD as Reason for Removal in the United States, 1999-2014

Note: Estimates based on all children in out of home care at some point during Fiscal Year

Source: AFCARS Data, 2014
Children Exposed to Parental/Caregiver Substance Abuse

- Newborns of a parent engaged in substance abuse may suffer from attachment difficulties that interfere with social-emotional development.
- Children of parents with Substance use issues are more likely to experience trauma and its effects.
- Children whose parents abuse alcohol and other drugs are 3X likelier to be physically or sexually assaulted and 4X likelier to be neglected.
- Substance abuse causes or exacerbates 7 of 10 cases of child abuse and neglect.
- Parental Substance abuse and addiction was the chief cause in at least 70 and up to 90% of child welfare cases.
- Children and adolescents of parents with SUD may turn to substances themselves as coping mechanisms.
- With environmental factors, children involved in the juvenile justice system had a lifetime prevalence rate of SUD of 62.1%.
- Children with mental/emotional factors had a lifetime prevalence rate of 40.8% of SUD.
- Substance abuse increases recidivism and reflects a deeper involvement in the juvenile justice system.
Substance Use Disorder is a Symptom

• Children and adolescents of parents with SUD may turn to substances themselves as coping mechanisms.

• According to CDC researchers, at least 50% of substance abuse is directly attributable to Adverse Childhood Experiences.

• 78% of IV substance abuse in women is attributable to Adverse Childhood Experiences.

• Every additional Adverse Childhood Experience increases the risk for substance abuse by 200% to 400%.
Identify populations of families included in the statue/regulation

- States should consider their approach to families in both the prenatal period and at birth.
- Pregnant women and new mothers may have three distinct substance use experiences and may be differentiated in three different groups:
  1. On opioid medication for chronic pain or on medication (e.g., benzodiazepines) that can result in a withdrawal syndrome and is not known to have a substance use disorder
  2. Receiving medication assisted treatment for an opioid use disorder or is actively engaged in treatment for a substance used disorder
  3. Misusing prescription drugs, or is using legal or illegal drugs, meets criteria for a substance use disorder, not actively engaged in a substance use disorder treatment program.
- Differentiating these groups can assist the family and community partners with their policy and practice responses.
Kentucky Plan of Safe Care Initiative

- Piloting a project to create a model of Plan of Safe Care that meets the CAPTA requirements and supports the infant, mother-family and caregivers prior to and after discharge from the hospital.
- Multi-disciplinary in nature, relies on collaboration across all agencies and systems and does not place burden of responsibility only on DCBS.
- Can be started prior to birth of infant for mother’s engaged in treatment—thus preparing family and avoiding crises at birth---relies on better prenatal screening and early identification and engagement.
Kentucky Plan of Safe Care Initiative

• Ensures consistency in hospital notifications to DCBS for all infants affected by prenatal exposure
• Ensures the safety and well-being of the infant
• Identifies needs of and services and supports for the infant, mother and family/caregiver across multiple domains (health, developmental, social..)
• Recognizes the important role of trauma and adverse childhood experiences
• Focuses on stabilizing mother, infant and family in critical post-partum period (positive parenting, home visiting, mother-infant bonding...) reducing cycle of abuse/substance abuse/subsequent prenatal exposure
Kentucky Plan of Safe Care Components

• Assessing immediate safety factors and risk of future maltreatment
• Conducting comprehensive multidisciplinary assessment to determine the infant and mother’s physical, social-emotional, health and safety needs
• Being both child- and family-focused
• Specifying with whom the child will be discharged and ensuring protective capacity of the parents or other family/caregivers
• Determining lead agency responsible for plan, frequency of monitoring and follow up
• Specifying the details of referrals and ensuring connection to services—including home visiting and early intervention
• Monitoring to ensure continued safety and well-being of the infant, the mother and other affected family members
Plan of Safe Care Next Steps

• Identify permanent members of POSC state level workgroup, ensure state level oversight of process

• Continue to develop pilot POSC sites. This process would include:
  • In consultation with NCSACW develop draft “Plan of Safe Care”
  • Identifying partners, roles and responsibilities, MOU’s,
  • Develop policies and procedures, documentation, communication plans
  • Clarifying data collection and reporting requirements and processes
Plan of Safe Care Next Steps

- Continue to provide training across the state include training on risk and safety, NAS/SEI, collaboration, stigma, SUD, Trauma Informed care, SUD treatment options, ROSC.
Strengthen Existing Networks

In collaboration with DCBS, utilize existing community-based services and supports within each region including:

- State Interagency Council (SIAC) and Regional Interagency Councils (RIACs).
- Local DCBS offices
- CMHC’s (treatment programs and RPC)
- KY-Moms MATR case managers (previously KIDS NOW Plus)
- HANDS
Strengthen Existing Networks

- MCO case managers
- Hospital’s – discharge planners, social workers
- Physicians, OBGYN’s, clinics, Health Departments, etc.
- SUD and MH Treatment providers
- Judicial system/courts
- Faith Based Communities
What works: Model Care for Women and Children

- Trauma and Addiction Treatment
- Childcare and Transportation
- Vocational Rehabilitation Housing Legal aid
- Parenting Education and Early Intervention
- Medical Care OB/GYN Psychiatry
- Case Management Nutrition Life Skills

Mother and Child
12-18 months

Slide from Dr. Hendree Jones, UNC Horizons Program
ADVERSE CHILDHOOD EXPERIENCES

<table>
<thead>
<tr>
<th>FAMILY DYSFXN</th>
<th>CHILD ABUSE/N</th>
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ADVERSE CHILDHOOD EXPERIENCES

<table>
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<tr>
<th>TOXIC STRESS</th>
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<tr>
<td>- Altered Brain Structure</td>
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<tr>
<td>- Altered Brain Function</td>
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<td>- High circulating stress hormones</td>
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Breaking the cycle

12-24 months

TOXIC STRESS

- Fight, Flight, Freeze
- can't sit still
- memory problems
- speech delay
- poor relationships
- lack of empathy
- behavior problems
- always on edge

ADULT

- Fight, Flight, Freeze PLUS risky behavior
- depression
- suicide
- victim of DV
- IV drug use
- difficulty at work
- financial difficulty
- chronic diseases
- unplanned pregnancy

Pregnant/Parenting woman with SUD

SEI or NAS Infant

Pregnant/Parenting woman with SUD

WITH TX & RECOVERY SUPPORTS AFTER DELIVERY:

Mothers can bond with baby; Long term recovery and brain healing for mom

12-24 months

Pregnant/Parenting woman with SUD

SEI or NAS Infant

ADULT

- Fight, Flight, Freeze PLUS risky behavior
- depression
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ADULT

- Fight, Flight, Freeze PLUS risky behavior
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Pregnant/Parenting woman with SUD

SEI or NAS Infant

ADOLESCENT

- Fight, Flight, Freeze PLUS
- teen smoking
- teen pregnancy
- drug use
- alcohol use
- hallucinations
- juvenile delinquency
- gangs
- fighting
- out of control

ADULT

- Fight, Flight, Freeze PLUS
- depression
- suicide
- victim of DV
- IV drug use
- difficulty at work
- financial difficulty
- chronic diseases
- unplanned pregnancy

Pregnant/Parenting woman with SUD

SEI or NAS Infant