Substance-Exposed Newborns

Norma Finkelstein, Ph.D.
Institute for Health and Recovery
normafinkelstein@healthrecovery.org

Brandeis University
Substance-Exposed Newborn Health Policy Forum

September 27, 2011 – Boston, MA
Prenatal Substance Use in MA

- Measured several ways, none ideal
  - Under-reporting
  - Double-counting
- Best estimate – 1/3 infants born in MA have some level of substance exposure
- Approximately 10-12% of SEN believed to be affected by exposure: between 2400-2800 infants born substance affected in MA in 2009
# Estimated Numbers of Infants Exposed to Each Substance in MA, 2009

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percent of Pregnant Women Ages 15-44 Reporting Past Month Use</th>
<th>Total Estimated Number of Exposed Infants in MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>9.8</td>
<td>7,360</td>
</tr>
<tr>
<td>Alcohol</td>
<td>11.0</td>
<td>8,261</td>
</tr>
<tr>
<td>Binge alcohol</td>
<td>5.4</td>
<td>4,056</td>
</tr>
<tr>
<td>Marijuana</td>
<td>7.6</td>
<td>5,708</td>
</tr>
<tr>
<td>Illicit pain reliever use</td>
<td>1.5</td>
<td>1,127</td>
</tr>
<tr>
<td>Illicit benzodiazepine use</td>
<td>0.8</td>
<td>601</td>
</tr>
<tr>
<td>Illicit use of stimulants</td>
<td>0.3</td>
<td>225</td>
</tr>
<tr>
<td>Cocaine</td>
<td>0.2</td>
<td>150</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>0.6</td>
<td>451</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2</td>
<td>150</td>
</tr>
</tbody>
</table>

(Source: Centers for Disease Control & Prevention (CDC), 2008; Hamilton, Martin, & Ventura, 2010 (Table 6); US Department of Health & Human Services. Substance Abuse & Mental Health Services Administration. Office of Applied Studdies, 2010 (weighted frequencies).)
Pregnant Women in Treatment in MA

- Nationally, 57% of persons in SA treatment have minor children (women – 69%, men – 52%)

- 60% of pregnant women in SUD treatment in 2009 reported at least 1 co-occurring mental health problem; 58% reported having received prior mental health treatment
Pregnant Women in Treatment in MA

Number of Pregnant Clients Enrolled by Fiscal Year and Service Type

Fiscal Year of Enrollment

Number of Clients

- All Programs
- ATS
- Methadone and OBOT

MA Bureau of Substance Abuse Services, 2011
MA Initiatives

Institute for Health and Recovery
SBIRT

National initiative to detect and intervene with patients in healthcare settings who use and abuse substances

- **Screening**: identification of risk
- **Brief Intervention/Treatment**: provide to identified patients
- **Referral to Treatment**
Screening, Brief Intervention & Referral to Treatment (SBIRT)

- Prenatal: ASAP, ASAP2, FAST
- SBIRT CHC: Community Health Centers
- MASBIRT: Hospitals, EDs, CHCs
- School-Based Health Centers (teens)
- Deaf and Hard of Hearing
- Batterer’s Intervention
DPH/BSAS Pregnant Women’s Task Force

- 1990: CAPP/BSAS Task Force
  - Detox standards of care
  - Development of detox and residential treatment protocols
  - Legal issues
2008: Revived BSAS Task Force

• Priority population under SAMHSA block grant and BSAS

• To make regulatory, contract, standards, language as consistent as possible to remove barriers to accessing treatment to extent possible
Medically Monitored Acute Treatment Services for Pregnant Women
Pregnant Women & Detox: The First 24 Hours

What is detox?
Detox is a place for you to get help to safely stop drinking or using drugs. Detox staff will help you get sober and ready for treatment.

How long will I be in detox?
Every person is different. The time you need to detox depends on a lot of things, including:
- How sick you get
- What drugs you were using
- If you have other health or mental health problems

What will happen to me during detox?
- A doctor or nurse will give you a physical exam and ask you about your alcohol and drug use. Tell detox staff about all drugs you are taking. Taking certain medications at the same time as some detox drugs can harm you and your baby.
- You will get medicine to help you feel better. Your body is used to taking drugs, and it feels sick without them. The sickness you feel is called withdrawal.
- Your doctor may give you medicines to protect you and your baby until the alcohol or drugs are out of your system.

You need to call your insurance provider right away and talk to them about other services they might be able to give you. The phone number to call is on the back of your insurance card. You may have two numbers to call: one for “behavioral health” and one for other health care. Call both numbers.

What if I don’t have insurance for care during my pregnancy?
Find out about Healthy Start. This is a health insurance plan for pregnant women who meet certain income requirements. Call 1-888-865-8993 to find out if you can use the plan or 1-800-341-2300 to sign up.

Stay hopeful. You are taking the first step in getting healthy for you and your baby.

I just found out I’m pregnant. Many women find out they are pregnant when they come to detox. This is because all women take a pregnancy test when they start detox.

If you don’t have a doctor for your pregnancy (called an obstetrician or OB), the detox staff may be able to help you find one.

You may not be sure if you want to continue with the pregnancy. This is a difficult choice to make. If you want to discuss your choices about the pregnancy, you can talk with a doctor or call Planned Parenthood at 1-800-255-4445.

Detox staff is here to help you.
Talk to them about how you are feeling and ask them questions. It is especially important to talk to them if you:
- Have children at home that need someone to take care of them
- Are being abused by a partner
- Are depressed or thinking about suicide (killing yourself)

Before you leave, detox staff will help you plan what to do next.
What Family & Friends Need to Know

Detox and Pregnancy: WHAT FAMILY AND FRIENDS NEED TO KNOW

MA Department of Public Health
Detox Quick Start Guide: What Pregnant Women Need to Know

Help

- Your insurance or health plan can help. Contact them now to find out about medical and support services. Their number is on your insurance card. Some plans offer intensive clinical management. You talk to someone and get the medical and support services you need through community programs.
- Your prenatal doctor (called an obstetrician or OB) can help. Make sure he or she knows you are in detox so that you can get the help you need.
- Health staff and other healthcare professionals can help. They can talk to you about your choices about medical treatment, your pregnancy, and what happens after detox.

Help

Treatment is important. Here’s how to find treatment:
- The Bureau of Substance Abuse Services has a hotline to find treatment: 1-800-327-5609. TTY: 1-888-448-8121 www.massachusetts.org
- The Substance Abuse and Recovery to find a place to live after detox: 1-800-766-2807 or 1-800-662-9800.
- Self-Help and 12 step groups can help. All in Eastern Massachusetts: 1-617-428-0444 or visit mssaa.org
- All in Western Massachusetts: 1-413-532-2111 or visit msswa.org
- All in New England: 1-866-924-9576 or 1-866-NH-HELP-3 www.newenglandn.org

You can make it work.

You can help yourself by talking to someone and telling them what you are feeling. Opening up will make you feel more trusted in your care and help you make the choices that are best for you and your baby.

Here’s how to find treatment:
- The Bureau of Substance Abuse Services has a hotline to find treatment: 1-800-327-5609. TTY: 1-888-448-8121 www.massachusetts.org

Detox Quick Start Guide:
What Pregnant Women Need to Know.

Hope

It’s only natural to have a lot of different feelings about being here. You may feel conflicted and anxious about what is going to happen to you in the next few weeks. You may not be sure you want to be here, but you can be sure that we are going to do our best to help you and your baby. To get started, you need to know who you are and what you want. Here are a few people ready to help you, right now, on your journey to recovery.

5 steps that can help keep you on your path to recovery.

Step 1. Be honest with yourself and others about how you feel and what’s going on in your life. These early experiences are forming your new life. What you do now can determine what happens.

Step 2. Tell your doctor what drugs you are taking. This is important in case you and your baby are affected by the drugs you are using. It’s important to talk to your doctor during pregnancy.

Step 3. Talk to your doctor in advance about what will happen during your stay. Be prepared for changes in your treatment plan. It’s important to have a treatment plan in place.

Step 4. Think about your treatment. When will you go to the next step? What will you do when you are done? What will you do when you go home? It’s important to think about these things.

What Pregnant Women Need to Know.

You can make it work.

MA Department of Public Health
Detox & Pregnancy: What You Need to Know
To create policies and procedures to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or diagnosed with a Fetal Alcohol Spectrum Disorder (2010)
CAPTA: A Helping Hand; FRESH Start

• MA Department of Public Health (DPH):
  – Div. of Perinatal, Early Childhood, & Special Needs
  – Early Intervention
  – Bureau of Substance Abuse Services

• MA Department of Children & Families (DCF)

• Partners:
  – Institute for Health & Recovery
  – Community HealthLink
  – Square One
  – Federation for Children with Special Health Needs

• Birth Hospitals
A Helping Hand: Mother to Mother

- Voluntary home-visiting practice for mothers of SEN with open DCF cases
- SEN <90 days old at intake
- Peer Worker = mother in recovery

Funded by Children’s Bureau, 2005-2010
FRESH (Family Recovery Engagement Support of Hampden County) Start

- Funded by U.S. Children’s Bureau
- Serves pregnant women & new parents with substance use disorders & their babies
- Intensive case management, recovery coaching, parenting support provided by mothers in recovery with clinical support
- Parenting, recovery, GED groups
- Training for, and collaboration with, community providers
- Served 113 clients in 27 months—consistent waitlist
Peer Worker Model

- A mother in recovery works with mother of SEN to...
  - Engage & support mother in treatment/recovery
  - Support nurturing parenting
  - Ensure EI assessment
  - Make referrals
  - Work collaboratively with Child Welfare to support service plan
Other Peer Model Programs

- Community Health Workers
  - Community health workers recognized in Patient Protection and Affordable Care Act as important members of health care workforce


- Mental Health Certified Peer Specialist
  - Certification program available and utilized

  www.transformation-center.org
Family Recovery Project (FRP)

- 5-year project funded by US Children’s Bureau (2007-2012)
- Serves families involved with DCF who have lost custody of their children or at imminent risk of losing custody
- Staffed by 4 Family Recovery Specialists; provides home-based, family-centered addiction & co-occurring disorders treatment
Outcomes

• Comparison group: other DCF families with substance abuse in service plan not receiving FRP services
• Average length of stay in foster care: 200.2 days (FRP) vs. 464.8 days
• Re-entries to foster care after returning home:

<table>
<thead>
<tr>
<th>Percentage of children that returned home from foster care that re-entered foster care in:</th>
<th>FRP</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>2.5%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Less than 12 months</td>
<td>10.0%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Less than 18 months</td>
<td>12.5%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Less than 24 months</td>
<td>12.5%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>
MA Department of Public Health in process of working with birth hospitals to develop SEN identification recommendations
Fetal Alcohol Spectrum Disorders (FASD)

• DPH funds State FASD Coordinator
  – Provides SBIRT technical assistance
  – Provides FASD prevention, identification, intervention training & resources
  – Collaborates with Children’s Hospital for FASD diagnosis
  – Member of SAMHSA National Association of State FASD Coordinators
Postnatal Environment

- Compromised parenting, which is linked to substance use, has as great, if not greater, negative effects on child development than prenatal substance exposure

Lester, Andreozzi, & Appiah, 2004; Messinger et al., 2004; AIA, 2008
Part C of Public Law 108-446-34 CFR Part 303
Early Intervention Program for Infants and Toddlers with Disabilities
Early Intervention

• Though clearly at risk, SEN may not exhibit any or early developmental delays

• SEN that do not meet EI eligibility criteria should be re-screened every 4-6 months

• BSAS Family Programs use EI and EIPP (pregnant/postpartum)
Nurturing Program for Families in Substance Abuse Treatment and Recovery

(On SAMHSA National Registry of Effective Programs & Practices)
MA Statewide Dissemination

- Statewide trainings provided free for treatment programs
- Parent-Child Specialists build capacity by co-facilitating NP groups and providing supervision & technical assistance to publicly funded treatment programs statewide
Family Residential Treatment (FRT) Programs

• Funded & licensed by DPH/BSAS
  – 8 programs state-wide; central intake through IHR

• Approximately 1/3 of families reunifying on-site with children (most involved with DCF)

• Families can stay 6-12 months
Family Residential Treatment Programs

- Serve approximately 247 families, with 259 children, per year
- About 80% of children are 0-5 years old
Project BRIGHT

- Collaboration of IHR, JF&CS, BU School of Social Work
- 3-year CMHS/NCTSN grant
- Sited at all 8 FRTs; serves pregnant women & parents/children 0-5
- Address symptoms of complex trauma & build resilience in young children
- Enhance quality of parent-child relationship through reflective functioning
- Build capacity of FRTs to address children’s needs
- Pilot adaptation of Child-Parent Psychotherapy as model for this population
Project BRIGHT: Initial Findings

• Increased parental trauma & psychological distress significantly correlated with:
  – Increased exposure to trauma in children
  – More social and emotional difficulties in children
• Lower levels of reflective functioning significantly correlated with elevated levels of parental psychological distress & higher risk of child maltreatment
• Parental belief in use of corporal punishment correlated with social/emotional difficulties in children
• Children’s trauma history most significant predictor of social and emotional development, over parents’ trauma & distress
VA Home Visiting Consortium Model

- Continuum of home visiting services from pregnancy through school entry
- Screen women for substance use, emotional health, perinatal depression and IPV—refer for services
- Screen children for developmental delay—refer for services
- 2008: VA Medicaid approved reimbursement for SBIRT
- Approved use of 5P’s for pregnant women, women of child-bearing age
**Project Choices**

- CDC EBP—targets women of child-bearing age
- Motivational Intervention to prevent alcohol exposed pregnancies (AEP). Focuses on:
  - Alcohol use reduction
  - Effective contraception
- Multi-site clinical trial: 2003—reduced risk of AEP among 68.5% of participants at 6-month follow-up
- Shown effective at reducing binge drinking/increasing abstinence among women in residential treatment and community settings at end of program, 6- and 12-month follow-up *(Hensley, 2011)*
Parent-Child Assistance Project (P-CAP)

- Pregnant and postpartum (up to 6 months) women
- Theresa Grant & Ann Streissguth (U-Wash.)
- 3-year, intensive home visiting, case management model to prevent future births of SEN
- Both professional and paraprofessional staff
- Outcomes: 1) increases in completing substance abuse treatment, abstinence, delivery of unexposed children, use of contraception over time (Grant, 2005)
  2) increased abstinence at 6-, 12-, 18-month follow-up; increased contraception use at 18-month follow-up (Hensley, 2011)
• **Paradigm shift:** Towards gender-responsive, trauma-informed, trauma-specific family-centered treatment which includes resilience and strengths based prevention and treatment services for children

• Requires 3 inter-related paradigm shifts
Incorporating Family & Children’s Services: Key Elements of a Paradigm Shift

Gender-Responsive, Family-Centered

Prevention & Early Intervention

Trauma-Informed
From Individual to Family-Centered Approaches

- Treatment to promote well-being of entire family; family, including extended family, is client rather than single individual
- Parent and child well-being are intertwined whether parent and children live together or apart
- Children are primary, not solely collateral clients
• Relationships with children strengthen rather than “overwhelm” the treatment experience

• Connection/relationships are central to treatment; treatment aims to repair “disconnections” and strengthen relationships

• Recovery occurs in context of relationships—not in isolation