Approaches to Supporting Families Affected by Opioid Use

Infant and early childhood mental health (IECMH) consultants play an important role in supporting early childhood professionals in their work with families who may be affected by opioid misuse. IECMH consultants can support early childhood professionals in providing culturally responsive, family-centered approaches to addressing substance use. Consultants can support programs in developing policies and procedures for screening families for substance use using evidence-based screening tools; conducting brief interventions to help women reduce their use of alcohol and other drugs; facilitating referrals to family-centered treatment and recovery services for women with probable substance use disorders; and addressing the social and emotional needs of infants and young children in families affected by substance use.

The following are examples of innovative efforts to support families affected by opioid use:

♦ **What About the Baby? Infant and Early Childhood Mental Health Workforce Development as a Part of the Solution to the Opioid and Substance Use Disorder Crises**, presented by the Alliance for the Advancement of Infant Mental Health, describes the important role infant and early childhood mental health consultation (IECMHC) can play in repairing the disrupted relationship that an infant or toddler experiences when a parent is struggling with substance misuse. The report highlights the impact that parental substance use has on infants and young children, and provides examples of how IECMH consultants can help early childhood professionals support families affected by the opioid crisis.

♦ **Demonstrating Improvement in the Maternal, Infant, and Early Childhood Home Visiting Program: A Report to Congress** highlights the successes of the federal home visiting program, including successes in addressing substance misuse.

♦ Illinois Children’s Mental Health Partnership published **Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young Children** to highlight the role of IECMHC in home visiting programs in addressing mental health needs of families. The report includes an overview of key components of integrating IECMHC in home visiting, including evaluation and sustainability.

♦ Head Start has provided its teachers who work with children and families that are affected by opioid misuse with a comprehensive resource **collection** that provides an overview of the problem; information on how to work with affected children in various age groups; curricula; training modules; and more.

♦ **Engaging Low Income Fathers in Home Visiting: Approaches, Challenges, and Strategies**, a report by the Urban Institute, highlights the experiences of a select group of home visiting programs in the United States that are engaging low-income fathers; it includes the approaches programs use, the challenges they face in engaging fathers, and the strategies they use to overcome these challenges.
♦ **Neonatal Abstinence Syndrome: How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care** from the Association of State and Territorial Health Officials describes a state-level approach to addressing neonatal abstinence syndrome (NAS).

♦ The Substance Abuse and Mental Health Services Administration (SAMHSA) report *Substance-Exposed Infants: State Responses to the Problem* explores a five-point intervention framework for reducing the potential harm of prenatal substance exposure.

♦ **Intervention, Treatment, and Prevention Strategies to Address Opioid Use Disorders in Rural Areas: A Primer on Opportunities for Medicaid-Safety Net Collaboration**, developed by the National Academy for State Health Policy, is a primer for Medicaid officials and health care providers working to reduce opioid addiction in their state’s rural areas. It details the role safety net providers play in improving emergency medical intervention and treatment to Medicaid enrollees, many of whom live in rural regions, and to low-income and vulnerable populations facing opioid use disorders.

♦ A variety of validated assessments and screening tools collect information on substance misuse and associated health and mental health issues. They include the following:

  - **Patient Health Questionnaire - 9**
  - **Edinburgh Postnatal Depression Scale for maternal depression**
  - **CAGE survey for substance misuse**
  - **Hurt, Insulted, Threatened with Harm and Screamed (HITS) Domestic Violence Screening Tool**
  - **Partner Violence Screen**

**Tribal Resources:** Any of these resources and programs can also be a potential resource for use with tribal communities. The following resources, however, offer specific approaches to addressing opioid misuse within tribal communities:

♦ The **National Committee on Heroin, Opioids and Pain Efforts (HOPE)**, a project from Indian Health Service, works with tribal stakeholders to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment. The site includes content on opioid dependence management and pain management.

♦ **Strategies Addressing the Opioid Crisis in Tribal Communities** is a webinar presented by SAMHSA that includes updates on opioid response for tribes and examples of some tribes’ strategies in dealing with the epidemic.
Responding to the Opioid Crisis: An Update for Tribal Leaders is a research policy brief from The National Congress of American Indians that highlights the impact of opioids on American Indians and Alaska Natives, and strategies for responding to the crisis.

Neonatal Abstinence Syndrome: Standardization and Family Centered Care from St. Vincent Healthcare serves tribes in the greater Billings, Mont., region.

Help for Addicted Moms: Project CHILD is a video highlighting a Minnesota program called Project CHILD that connects pregnant women—including many tribal women—to a variety of services to help them reduce drug and alcohol use.

The Tribal Home Visiting program website offers a variety of research and tools to develop effective programs.

Program Examples: Many programs, while not explicitly developed for IECMH consultants, offer valuable information and perspectives, including these:

- Pre-birth education can educate a woman with an opioid use disorder (OUD) about NAS and the possibility that her newborn may need to be hospitalized. The Maine Bridging Program supports women with OUDs by providing information about the baby’s likely stay in the intensive care unit and teaching techniques for caring for the newborn with NAS.

- The West Virginia Perinatal Partnership has developed a NAS toolkit, and guidelines for substance screening and testing of pregnant patients at outpatient visits. An hour-long presentation covers its NAS initiatives. Also in that state, Healthy Connections, a 20-member community initiative, takes a multidisciplinary approach.

- Mothering from the Inside Out, developed at Yale for women in treatment for drug addiction, has been shown to improve mothers’ abilities to understand their children’s cues and needs and develop more responsive interactions.

- A new pilot program, Mental Health Consultation Initiative, focuses on early childhood professionals, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among infants and young children.

- Young Moms Module: Assessment and Safety Planning for Domestic Violence in Home Visitation contains tools to meet the needs of adolescent mothers, with a special focus on healthy relationships and violence prevention.

- The Mothers and Babies Program provides modules and techniques to help mothers and babies bond, improve learning and communication, and reduce stress.
Evidence-based home visiting frameworks include Family Connects in North Carolina and Family Check-up, which offer short-term visiting programs; longer-term models include Healthy Families America and Nurse Family Partnership.

New Hampshire, among other states, is working to mandate a protocol for Screening, Brief Intervention and Referral to Treatment Services (SBIRT) to be used by home visitors. SAMHSA’s white paper Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare notes that SBIRT shows promise in the context of opioid misuse.

The Children and Recovering Mothers (CHARM) initiative in Vermont is made up of a multidisciplinary group of agencies serving women with opioid addiction and their families during pregnancy and infancy.

Professional Development Resources

The Mental Health Consultation tool from the Head Start Early Childhood Learning & Knowledge Center offers videos, surveys, interactive content, and scenarios that allow visitors to explore various aspects of their work.

Tools and background about the Adverse Childhood Experiences (ACE) Study and Questionnaire can be useful to home visitors and early childhood educators.