

# The Role of IECMH Consultants in Addressing Opioid Use Among Clients in Home Visiting Settings

## What Is Infant and Early Childhood Mental Health Consultation?

Infant and Early Childhood Mental Health Consultation (IECMHC) is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and at home. IECMH consultants build adults' capacity to strengthen and support the healthy social and emotional development of children.

IECMH consultants are a resource for home visitors in their work with families, and assist in navigating the complex and challenging behavioral health situations that families face. Substance misuse in a family is one of those situations, as it disrupts lives and impacts parent-child attachment and development in young children.

## Background

Opioid misuse is steadily increasing across the United States. In 2016, 12.5 million people misused prescription opioids or used heroin.<sup>1,2,3</sup> Those who care for newborns exposed to opioids during pregnancy often see the effects of neonatal abstinence syndrome (NAS), which has increased nearly five-fold in the past decade, from 1.2 per 1,000 births in 2000 to 6.0 per 1,000 births in 2013.<sup>4,5</sup> Parents need support as they care for children with physical, developmental, and emotional concerns related to exposure to opioids or other substances in utero.<sup>6</sup>

Opioid-affected families are also at increased risk for other challenges, such as incarceration, overdose, and interpersonal violence. Any of these situations can disrupt parent-child relationships and hinder children's brain and behavioral development. A very significant risk to healthy attachment is a child's removal from their family and home. Sadly, the number of children under age 1 who were removed from their homes due to parental substance misuse nearly doubled between 2000 and 2015 and now accounts for almost half of all out-of-home placements for infants.

As opioid use steadily increases among women of reproductive age, so does the need for behavioral health services for women, their babies, and their families. Family members often reach out to home visitors for support because they are among the most trusted witnesses to family life. Home visitors can help mothers identify and address the concerns they have about bonding with their babies and caring for a child's physical, cognitive, social, and emotional development. Home visitors can also help families identify resources and behavioral health services to reduce the risk that child welfare services will remove children from the home. In addition, home visitors can encourage families to engage in discussions of the issue, problem-solving conversations, and planning.

## How Can IECMH Consultants Support Home Visitors?

Home visitors benefit from the conversations, support, and planning offered by the IECMH consultant. IECMH consultants can help home visitors understand the varied behavioral health issues that arise in opioid-affected families. IECMH consultants provide an opportunity for home visitors to reflect on each situation, walk through potential scenarios, gain insights about behavioral health impacts, and identify next steps. Consultants can also enhance home visitors' understanding of the mental health tools, resources, and supports that are available. In particular, IECMH consultants can support home visitors as they reflect on their own reactions and responses when working with families affected by opioid use.

Ongoing support from an IECMH consultant produces many benefits:<sup>7,8,9,10</sup>

- Improved outcomes for mothers and children
- Improved identification of behavioral health problems
- Increased job satisfaction and stress reduction for home visitors
- Improved quality of home visiting services
- Increased professional growth for home visitors

Mental health consultants can play an important role in building the capacity of home visitors to support families affected by opioid and other substance misuse. Home visitors may encounter complicated situations that require support, and IECMH consultants are specially prepared to provide that support through advanced mental health training.

Consultants can support home visitors in many ways:

- **Assist the home visitor in identifying issues related to substance use.** Even prior to screening, home visitors may have some concerns regarding substance misuse, based on their observations. The consultant can help the home visitor process those concerns, and together the home visitor and consultant can determine how to proceed to address concerns.
- **Help home visitors feel comfortable discussing substance misuse with a family, screening for substance use disorders, and making a referral for treatment.** Consultants can suggest approaches for home visitors to introduce and discuss topics related to substance use with families, helping to frame the conversation in a non-judgmental and supportive manner, recognizing the parent's desire to provide a nurturing environment in which their children can learn and grow. Consultants can help home visitors learn to do Screening, Brief Intervention, and Referral to Treatment (SBIRT), and use motivational interviewing techniques to address reluctance among parents/caregivers to reduce substance use or seek treatment.
- **Support healthy parenting and attachment in the context of substance misuse.** Consultants can help home visitors understand how substance use disorders affect parents' abilities to mirror and respond to emotions, help children regulate emotions, and provide consistent attention and supervision. Educating home visitors about how to work with parents or other caregivers to build attachment can ensure children get those needs met.
- **Help home visitors cope with the emotional demands of the job.** Due to the intense nature of the work, home visitors are likely to have strong reactions if a parent they are supporting engages in substance misuse. Consultants can help home visitors understand and manage their feelings and responses.
- **Share the latest research about the prevalence and symptoms of opioid misuse,** and help home visitors learn best practices for how to provide the support and information women and families need.
- **Provide ongoing consultation and problem solving** to help home visitors prepare for visits, review cases, develop talking points or questions, and understand the parameters of confidentiality.
- **Assist in determining the need to involve other agencies, including the need to act as a mandated reporter.** Each situation is different; the consultant can work with the home visitor to help them determine if



they should report a substance misuse situation and help the home visitor plan for how to prepare the family and protect the home visitor's relationship with the family.

- **Build the home visitor's understanding of the impacts of opioid use** on children, parents, and extended family.
- **Identify topics that home visitors may need more information about** related to the effects of opioid misuse on maternal and child health (for example, co-occurring substance use or mental health disorders, NAS, breastfeeding, safe sleep practices, and overdose prevention and response).
- **Provide information about how to affirm the essential caregiver-child bond**, including strategies for responsive caregiving.
- **Provide information on how home visitors can support parents and other familial caregivers' mental wellness.** For example, consultants care share tips on stress management, mindfulness, and techniques to recognize and calm anxiety.
- **Help home visitors connect with community organizations** that provide substance misuse and mental health services. Home visitors may also want to connect with doulas, OB-GYN offices, and traditional healers in tribal communities. In addition to up-to-date contact information, IECMH consultants should pass on other important details about the referral agencies, such as whether they provide services in languages other than English and offer clinicians who are familiar with the ethnicities and cultures of the families enrolled in the program. Mental health consultants can access tele-mental health resources when appropriate, especially in rural and frontier areas, and when possible, facilitate "warm handoffs" (meaning that a connection is made between the family and the practitioner/provider with introductory and other background information) to ease the challenges parents may face when trying to obtain treatment.
- **Provide training on the validated screening tools** that home visiting program use to assess for substance use disorders or other behavioral health conditions, such as 4 P's Plus, the National Institute on Drug Abuse (NIDA) Quick Screen/Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST), and others.
- **Discuss cultural considerations related to behavioral health.** For instance, a consultant working in a tribal setting may help home visitors understand cultural values and practices as they relate to drug misuse patterns and services and the importance of honoring families' traditional knowledge and cultural practices.
- **Share resources.** SAMHSA's 2016 report [A Collaborative Approach to the Treatment of Pregnant Women With Opioid Use Disorders: Practice and Policy Considerations for Child Welfare, Collaborating Medical, and Service Providers](#), designed for states, tribes, and local communities, contains helpful resources for policy development, planning, team-building, and training. [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, offers useful guidance. The [Mental Health Consultation Tool](#) from the Head Start Early Childhood Learning & Knowledge Center offers videos, surveys, interactive content, and scenarios that allow home visitors to explore various aspects of their work. Resources related to the [Adverse Childhood Experiences Study \(ACEs\)](#) can also be useful to home visitors.
- **Support implementation of evidence-based practices** through referrals and in-house treatment options as appropriate. [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and](#)



[Their Infants](#) includes tools and approaches for home and school settings, and includes specific guidance for home visitors.

- **Provide professional development and follow-up** to build home visitors' capacity to understand the ramifications of opioid misuse.

## End Notes

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- <sup>1</sup> Substance Abuse and Mental Health Services Administration. (2017, September). *Results from the 2016 National Survey on Drug Use and Health*. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf>
- <sup>2</sup> Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2017, December). *Mortality in the United States*. NCHS Data Brief No. 293. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db293.pdf>
- <sup>3</sup> Council of Economic Advisers. (2017, November). *The underestimated cost of the opioid crisis*. Retrieved from <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf>
- <sup>4</sup> Ko, J. Y., Patrick, S. W., Tong, V. T., Patel, R., Lind, J. N., & Barfield, W. D. (2016). Incidence of Neonatal Abstinence Syndrome—28 States, 1999–2013. *Morbidity and Mortality Weekly Report*, 65(31), 799–802. doi:10.15585/mmwr.mm6531a2
- <sup>5</sup> Patrick, S. W., & Schiff, D. M. (2017). A Public Health Response to Opioid Use in in Pregnancy. *Pediatrics*, 139(3).
- <sup>6</sup> Forray, A. (2016). Substance use during pregnancy. *F1000Research*, 5. doi:10.12688/f1000research.7645.1
- <sup>7</sup> Goodson, B. D., Mackrain, M., Perry, D. F., O'Brien, K., & Gwaltney, M. K. (2013). Enhancing Home Visiting with Mental Health Consultation. *Pediatrics*, 132(Suppl 2), 180–190.
- <sup>8</sup> Boris, N. W., Larrieu, J. A., McNeill, P., Nagle, G. A., Steier, A., & Zeanah, P. D. (2006). The process and promise of mental health augmentation of nurse home visiting programs: Data from the Louisiana nurse-family partnership. *Infant Mental Health Journal*, 27(1), 26–40.
- <sup>9</sup> Fox, R. A., Mattek, R. J., & Gresl, B. L. (2013). Evaluation of a university-community partnership to provide home-based, mental health services for children from families living in poverty. *Community Mental Health Journal*, 49(5), 599–610.
- <sup>10</sup> Wasik, B. H. (1993). Staffing issues for home visiting programs. *The Future of Children*, 3(3), 140–157.

