MOTHERHOOD: WHAT IT MEANS FOR WOMEN’S RECOVERY

May 9, 2017

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Project Director

SAMHSA’s Women, Children and Families Technical Assistance and Training

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During and after this webinar, join the conversation about Relationships Matter! and women’s behavioral Health on Facebook and Twitter with the hashtag #relate4HERR

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Disclaimers

- This webinar is supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Health and Human Services (DHHS).
- The contents of this presentation do not necessarily reflect the views or policies of SAMHSA or DHHS.
- This webinar should not be considered a substitute for individualized client care and treatment decisions.
Shannon B. Taitt, M.P.A.

Public Health Analyst

Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT)
Welcome!
Relationship Matters! Webinars

**Being Real: The Power of Authentic Therapeutic Relationships in Women’s Services**
Tuesday, February 21, 2017, 2:00–3:30 P.M. EST (1:00 CST, 12:00 MST, 11:00 PST)
Speakers: Shannon Taitt, M.P.A.
Cathy Cave, Stephanie Covington, Ph.D., LCSW
Moderator: Deb Werner, M.A.

**Finding Her Tribe: Women’s Relationships with Peers and Community**
Tuesday, April 11, 2017, 2:00–3:30 P.M. EST (1:00 CST, 12:00 MST, 11:00 PST)
Speakers: Lonnette Albright,
Tara Moseley, Mary Ellen Copeland, Ph.D.
Moderator: Deb Werner, M.A.

**#RelationshipGoals: Significant Others in Women’s Recovery**
Thursday, March 9, 2017, 2:00–3:30 P.M. EST (1:00 CST, 12:00 MST, 11:00 PST)
Speakers: Jeremiah Schumm, Ph.D.,
Gail Wyatt, Ph.D., Amy Mericle, Ph.D.
Moderator: Shannon Taitt, M.P.A.

**Motherhood: What It Means for Women’s Recovery**
Tuesday, May 9, 2017, 2:00–3:30 P.M. EST (1:00 CST, 12:00 MST, 11:00 PST)
Speakers: Vivian Brown, Ph.D.,
Ililana Rivera Ojeda, CADA, LACD-1
Moderator: Shannon Taitt, M.P.A.

**COMING SOON** Complex Connections
Coming August 1, 2017

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TODAY’S FEATURE:

Motherhood: What it Means for Women’s Recovery
Vivian Brown, Ph.D.

Founder and former CEO of PROTOTYPES

Centers for Innovation in Health
Relationships Matter

The Impact of Motherhood on Women’s Recovery

Vivian B. Brown, Ph.D.  May 2017
Dangers & Opportunities of Motherhood for Women’s Recovery

**Dangers**
- Pre/postpartum depression
- Birth traumas
- Women can become more stressed
- Women can lose their child to child welfare because of SUD
- Fetus/infant may be harmed

**Opportunities**
- Increased desire for treatment to protect baby
- Women and children’s residential treatment programs have shown positive outcomes
- We can teach coping skills and parenting skills within a supportive environment
- We can keep infant and mother safe and enhance their physical and behavioral health
Pregnancy

Dangers
- Pre-birth depression
- Postpartum depression
- Neonatal exposure
- Increased anxiety/fear of prenatal care
- Domestic violence/IPV
- Previous trauma experiences increase risk of woman being triggered
- Loss of child because of SUD

Opportunities
- Enhanced thoughts of obtaining treatment for SUD
- Increasing positive health through good prenatal care
- Screening for depression, anxiety, trauma, etc., which leads to enhanced supports and treatment for woman and family
- Residential treatment for woman during her pregnancy
Prepartum/Antenatal Depression

- Increases risk of:
  - preterm birth
  - low birth weight
  - fetal growth retardation
  - avoidance of prenatal care
  - postpartum depression
Post Partum Depression

- **Dangers**
  - Breast-feeding problems
  - Avoidance of infant
  - Anxiety about the infant
  - Poor maternal/infant bonding
  - Infant developmental disorders

- **Risk Factors**
  - Depression during pregnancy
  - Low social support
  - Stressful life events during pregnancy
  - Traumatic birth experience
  - Trauma history
What can we do to reduce pre- and post-partum depression?

- Screening of all women of child-bearing age
- Provide extra supports
- Provide attachment/parenting support
- Provide family-centered care
In a study by Brown & Melchior (2008) at PROTOTYPES on postpartum depression and women who abuse substances, of 68 women in residential treatment, 39.7% scored at or above total score cutoff of 80 on the Postpartum Depression Screening Scale.

Another 27.9% had total scores suggestive of significant symptoms of postpartum depression.

Those women were then seen immediately by the Clinical Director to enhance their treatment plans. Enhancements included being assigned a mental health staff member who saw them individually and enrollment in group on postpartum issues and coping skills.

Importance of screening and assessment of co-occurring disorders.
Women with Co-Occurring Disorders

- Women with depression
- Women with anxiety
- Women who have experienced trauma
- Women with serious mental illness (e.g., schizophrenia, manic-depressive disorders)
- Women with HIV/AIDS and/or other health disorders
Comprehensive Treatment

- As we developed programs for women and their children (PPW, etc.) in the 70s, we found that the children needed treatment (not just prevention). Children presented with FASD, ADHD, mental health issues, trauma, physical health issues, etc.

- And it became clear by the 80s and 90s that we needed to provide more comprehensive treatment to women, their children, and families.

- It was important to strengthen families and their coping, including:
  - Enhancing parental resilience
  - Social connections
  - Enhancing parenting skills
  - Concrete support in terms of needs
  - Enhanced social and emotional competence of the children
In 2005, SAMHSA and the Rebecca Project for Human Rights held a symposium on comprehensive Family-Centered Treatment. The product of the symposium was a document describing five (5) levels of family-based services (Werner, D, Young, NK, Dennis, K, & Amatetti, S., 2007).

Family-Centered Treatment involves:
- Comprehensive array of services
- Women define who constitute their families
- Meeting complex family needs requires coordination/collaboration across systems
- Services need to be gender-responsive, trauma-informed, and culturally competent
- Treatment supports the creation of healthy family systems
- Treatment can be provided in residential and outpatient settings.
Complex Family Issues

- Both parents use drugs/alcohol
- Domestic violence present
- One parent in jail/prison
- Mother does not want any contact with father, but child does want or has contact with father
- Grandparents/other relatives want to take custody of the child.

It is important to understand the factors that lead the woman not to want her partner to be involved.

- Outreach to fathers could begin when drug use is identified during partner’s pregnancy.
- Use of peers for outreach and engagement of fathers
- Father’s treatment needs should be identified.
Women’s Services

Childrens’ Services

Family Services
Factors that need to be considered in identifying the best method of service delivery

- Severity of substance use disorder
- Severity of co-occurring physical and mental health disorders
- Other life circumstances, including housing status, employment, presence of domestic violence
- Requirements and mandates from other systems (e.g., criminal justice, child welfare)
- Availability of resources in your agency and in the community (e.g., home visiting programs).
The SEI Model identifies five (5) major time frames when intervention in the life of an infant can help reduce the potential harms (Young, et al, 2009):

- Pre-pregnancy – Promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members.
- Prenatal – Screen pregnant women for substance use as part of routine prenatal care and make referrals.
- Birth – Incorporate the testing of newborns for substance exposure at time of delivery.
- Neonatal – Perform developmental assessments and ensure access to services for the newborn and the family.
- Throughout childhood and adolescence – Ongoing provision of coordinated services for the child and family.
What is
needed and
how do we
get there?

- Comprehensive, family-centered, trauma-informed treatment for women and their families is needed.
- Screening (in addition to substance use) includes:
  - Physical health
  - Mental Health
  - Trauma
  - Domestic Violence/IPV
- Motivational Interviewing
- Evidence-based interventions for women, children, and family members
- EBP parenting curriculum
- Training for staff/supervisors
- Collaborative partners and regular meeting times
- Use of peers
Motivational Interviewing

- Open-ended questions (e.g., “What do you know about the effects of drinking during pregnancy?”) to reinforce concerns related to the risks associated with FAE.
- Empathic reflections of the woman’s responses (e.g., “You want your baby to have the best chance at life”) to reinforce talk about change.
- Exploration of alternatives to drinking, especially for high risk situations.
- Intervention had the largest effect on women with the heaviest drinking.
References


▪ Substance Abuse & Mental Health Services Administration (SAMHSA) (2012/2014), SAMHSA’s Concept of trauma and guidance for a trauma-informed approach, HHS Publication No. (SMA) 14-4884, Rockville, MD.


Questions and Discussion with Vivian Brown, Ph.D.D.
Iliana Ojeda-Rivera, CADC, LADC I

Director of Residential Services

Boston Public Health Commission
Motherhood: Relationships Matter
Webinar
May 2017

Iliana Ojeda-Rivera, M.Ed, CADC, LADC I
Presentation Overview

- Motherhood as central to my recovery
- Applying my personal journey to my work
  - Entre Familia
  - Boston Consortium for Families in Recovery Project
- What we’ve learned
  - Recovery supports
  - Cultural diversity
  - Family involvement
My Journey

- Celebrating 23 years in recovery
- Addressing my needs
- Tending to the needs of my four children
- Applying my personal experience to my profession
My Work

Entre Familia Residential Program

– Professional in the addiction field
– WASLI alumni and former coach
Boston Consortium of Services Families in Recovery (BCSFR)

– Nationally recognized model for providing trauma-informed services to women in substance abuse treatment

– Implemented by the Boston Public Health Commission as part of a multi-site study funded by SAMHSA
BCSFR: Systems Change

- Used systems change to implement comprehensive, integrated services to women and their families

Assessment and Treatment Planning

Clinical Interventions and Case Management

Discharge Planning and Ongoing Recovery Support
Boston Consortium Model
Group Interventions

- Modified *Trauma Recovery and Empowerment Model* curriculum
  (25 sessions, including 3 group sessions on HIV/AIDS prevention)
- Women's Leadership Training Institute
  (3 sessions, 15 hours total)
- Economic Success in Recovery
  (8 sessions, 16 hours total)
- Pathways to Family Reunification and Recovery
  (10 sessions, 15 hours total)
- Nurturing Program for Families in Substance Abuse Treatment and Recovery
  (12 sessions, 24 hours total)
Key Elements of BCSFR

- Involvement and leadership of CSR in driving/creating change
- Development and implementation of new clinical interventions (TREM, etc.) to better address trauma
- Cross-agency collaboration and coordination to integrate trauma and mental health services into substance abuse treatment
- System change to improve care for individuals with histories of trauma
**Recovery Context: Safety**

**Physically safe:** Protecting women and children from those who may abuse them; developing individualized safety plans and aftercare plans that take safety into account.

**Emotionally safe:** Ensuring that individual’s experiences are validated, needs are addressed, treatment environment is free from racism, sexism, homophobia, transphobia, ageism, and other forms of discrimination.

**Trauma-responsive:** Taking into account the prevalence of violence in service populations; not having to disclose a trauma history to receive trauma-responsive services, as all services are trauma-responsive.
Women's care coordination and collaboration

- Medical services
- Housing
- Mental health services
- Substance abuse services
- Individual services coordination
- Vocational/educational
- Community-based services
- Parenting
Cultural Context: Respect

**Person-centered:** Meeting the needs of the individual, taking into account gender, sexual orientation, race, ethnicity, culture, disability, socio-economic status, and other factors

**Strengths-based:** Building on the strengths of the individual; helping women find their voices; promoting empowerment and leadership

**Diverse:** Ensuring the cultural competence of all community members in a healthy, diverse environment; using differences as resources for service planning
Parenting Context: Involvement

**Family-focused:** Offering services to family (as defined by the client); assessing and addressing children’s needs in a way that is integrated into parents’ care; valuing natural support systems as resources

**Father-engaged:** Including fathers in treatment process; featuring positive male role models; encouraging fathers to take children to appointments; offering counseling and referrals to services
On-site children services

Childcare & recreation

- Daytime childcare while mother is on-site treatment, working towards vocational/educational
- On-site recreational activities to promote family bonding

Medical care

- On-site medical care
- Referrals to off-site medical care

Case management

- School support, housing applications
- Referrals to off-site therapy and assessments

Mental health, developmental

- Individual Therapy, Developmental Assessment and Therapy

Mother-child services

- Family therapy, mother-child therapy
- Referrals to off-site medical care

On-site children services

- Medical care
- Case management
- Mental health, developmental
- Mother-child services
Services to Off-Site Children

Access to all on-site services
- On-site engagement activities to support reunification:
  - Family therapy
  - Recreational activities

Services for off-site children

Transportation
- off-site visits,
- on-site visits
- overnight visits at EF
- medical appointments

Support for Mothers
- During child/family visits
- In-house psychoeducational groups (e.g., Family Reunification, Family Nurturing)

Case management
- housing, child protective services, courts, etc

Reunification Support
Resources

– Boston Consortium of Services for Families in Recovery (www.bphc.org/addictions)

– National Institute for the Improvement of Addiction Treatment (www.niatx.net)

– Community Connections DC (www.communityconnectionsdc.org)

– Substance Abuse and Mental Health Services Administration (www.samhsa.gov)
Questions and Discussion with Iliana Ojeda-Rivera
Panel Comments

Vivian Brown, Ph.D.
Iliana Ojeda-Rivera, CADC, LADC I
Deb Werner, M.A.
Shannon B. Taitt, M.P.A.

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Introduction to Women with SUDs online course
http://healtheknowledge.org/

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Resources

- Women Children and Families Training and Technical Assistance Site
- Introduction to Women and Substance Use Disorders online course
- National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC)
- www.nationalcenterdvtraumamh.org
- TIP 39: Substance Abuse Treatment and Family Therapy
- Training Frontline Staff: Family Psychoeducation
- Enhancing Motivation For Change in Substance Abuse Treatment: TIP 35

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Resources

- **A Treatment Improvement Protocol Improving Cultural Competence: TIP 59**
- **Supporting New and Expectant Mothers at Arizona's Center for Hope**
- **What are the unique needs of pregnant women with substance use disorders?**
- **Reunification With Parents With Substance Use Issues**

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Session evaluation and CEH quiz:
All registered attendees will also receive an email containing this link after the event.


• Each person seeking continuing education credits must take the quiz individually.

• You will be able to download your certificate immediately after completing the quiz with a passing grade.
Join Us August 1 for Complex Connections

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THANK YOU

Visit SAMHSA’s Women, Children & Families Training and Technical Assistance Website for more information on this series, including PDFs of the slides and archives for later viewing

https://www.samhsa.gov/women-children-families/trainings/relationships-matter

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