

# **Pregnant and Parenting Women and Recovery from Addiction**

Donna L. Caldwell, PhD

National Perinatal Information Center

Breaking the Cycle of  
Co-Occurring Disorders in Women

May 6, 2011

*“Statistics are  
people with the  
tears washed off”*

*“Stories are  
data with soul.”*

**Brene Brown**

# Federal Funding Sources

- Department of Health and Human Services
  - National Institute of Health
    - NIAAA (alcohol abuse and alcoholism)
    - NIDA (drug abuse)
  - Substance Abuse Mental Health SA
    - Center for Substance Abuse Prevention (CSAP)
    - Center of Substance Abuse Treatment (CSAT)
    - Center for Mental Health Services (CMHS)
    - Block Grants to States

# Early Initiatives

## Pregnant and Postpartum Women

1970s federal legislation gave priority to the treatment of women (Block Grants)

- Odyssey House (a TC) in the late 70s admitted women and their children
- NIDA – Perinatal 20 (10 in ‘89; 10 in ‘90)
- SAMHSA/Center for SA Prevention
  - 1991 Project Link (5 year demonstration grant)
- SAMHSA/Center for SA Treatment
  - 1996 SStarbirth (5 year demonstration grant)
  - 2006 SStarbirth – family focused care

# Project Data From:

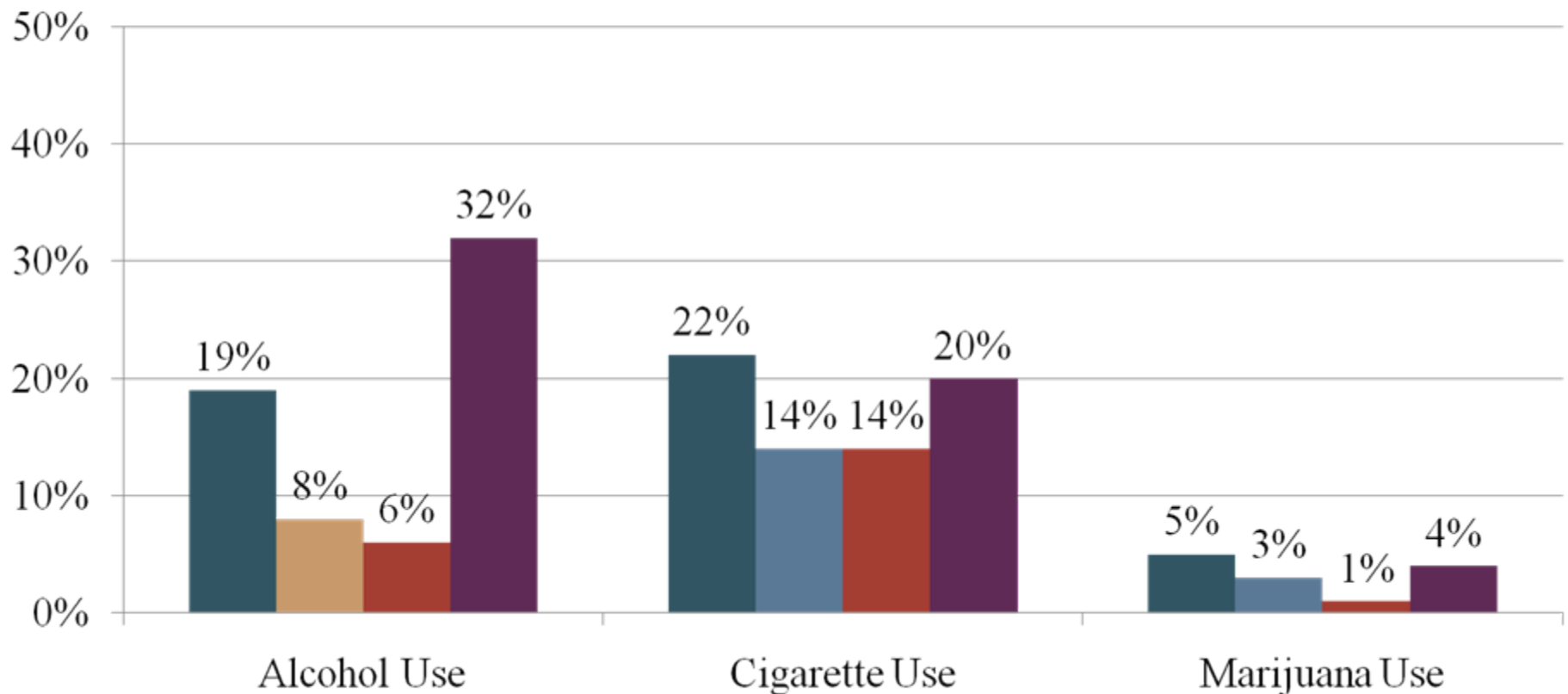
- Project Link
- SStarbirth
- Eastman House/Caritas
- Vulnerable Infants Program/
- RI Family Treatment Drug Court

These are programs with a focus on  
pregnant and parenting women and their families

—  
pregnancy/birth is an opportunity for intervention

## Percentage of US Women (Ages 18-44 Years) Reporting Past Month Alcohol, Cigarette, or Marijuana Use, by Pregnancy Trimester and Age of Youngest Child, 2002-2007

■ 1st Trimester  
 ■ 2nd Trimester  
 ■ 3rd Trimester  
 ■ Not Pregnant, Child <3 Months Old



SOURCE: Substance Abuse and Mental Health Services Administration, "Substance Use Among Women During Pregnancy and Following Childbirth," The NSDUH Report, May 21, 2009.

# Most Commonly Cited Barriers To Treatment

- Guilt/ Shame/ Denial
- Fear that admission would lead to child removal/ (residential) Not wanting to be in treatment without children
- Needing alcohol and/or drugs to cope with stress
- Having to wait for an opening/can't afford treatment

# Women Seeking Treatment in RI 2005-2009 (RI State Data)

## Primary Pay Source:

- Department of Behavioral Health 37%
- Private Insurance 16%
- Medicaid 16%
- RITE Care 13%
- Self Pay 8%
- Other State Departments 3%

# Women Seeking Treatment in RI 2005-2009 (RI State Data)

## Service Category

- Out-Patient (non-methadone) 41%
- Inpatient Detoxification 17%
- Outpatient (methadone) 16%
- Residential 9%
- Intensive Outpatient 9%
- Day TX/Partial Hospital 6%
- Outpatient Detoxification 2%

# Women Seeking Treatment in RI 2005-2009 (RI State Data)

- Mean Age: 21-45  
(75%)

- Race/Ethnicity:

White – 80%

Black – 8%

Hispanic – 7%

All others – 5%

- Primary Substance of Abuse

Alcohol 35%

Non-prescription narcotic 23%

Cocaine/crack 18%

Marijuana/hashish 12%

Other opiates & synthetics 7%

Oxycontin 3%

# A Representative Program

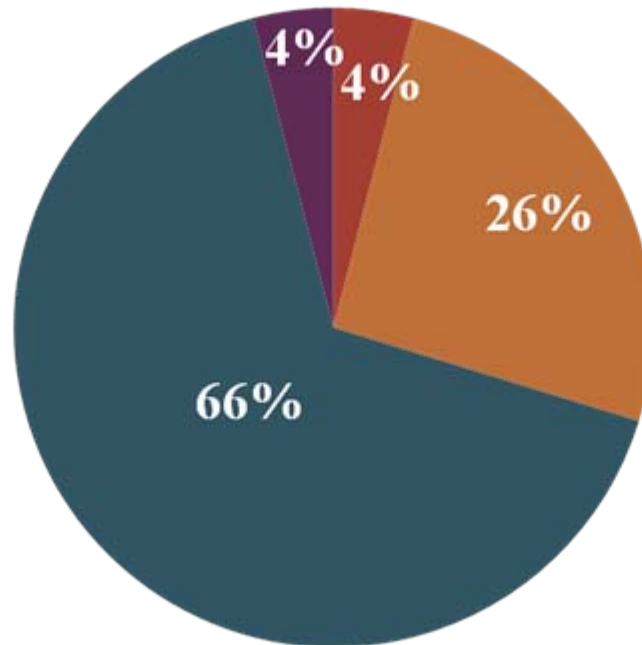
## Participant

### Descriptive Characteristics

- Postpartum (64%)
- White (75%)
- Age (average: 28.7 ; range: 18-43)
- HS grad or GED (55%)
- TANF as source of Income (52%)
- Limited Work History/Limited Vocational Training
- Not on Probation/Parole (56%)
- Previous substance abuse treatment (79%)

Average number of children 2.7 (range 1 – 7 children)

# Primary Drug of Choice



■ alcohol   ■ heroin/opiates   ■ crack/cocaine   ■ marijuana

<i>Average Age First Use*</i>	<b>Age</b>	<b>Range</b>
alcohol	14.5	5-34
marijuana	15.9	9-27
cocaine	20.9	12-37
heroin/other opiates	24.3	15-37

\* for those who reported use

# Mental Health/ Primary Health at Enrollment

- 65% reported serious depression
- 72% reported serious anxiety/tension
- 56% reported trouble concentrating
- 45% were prescribed mental health medications
- 31% reported fair or poor (primary) health
- 47% reported unprotected sexual activity  
(7% with an IV drug using partner)

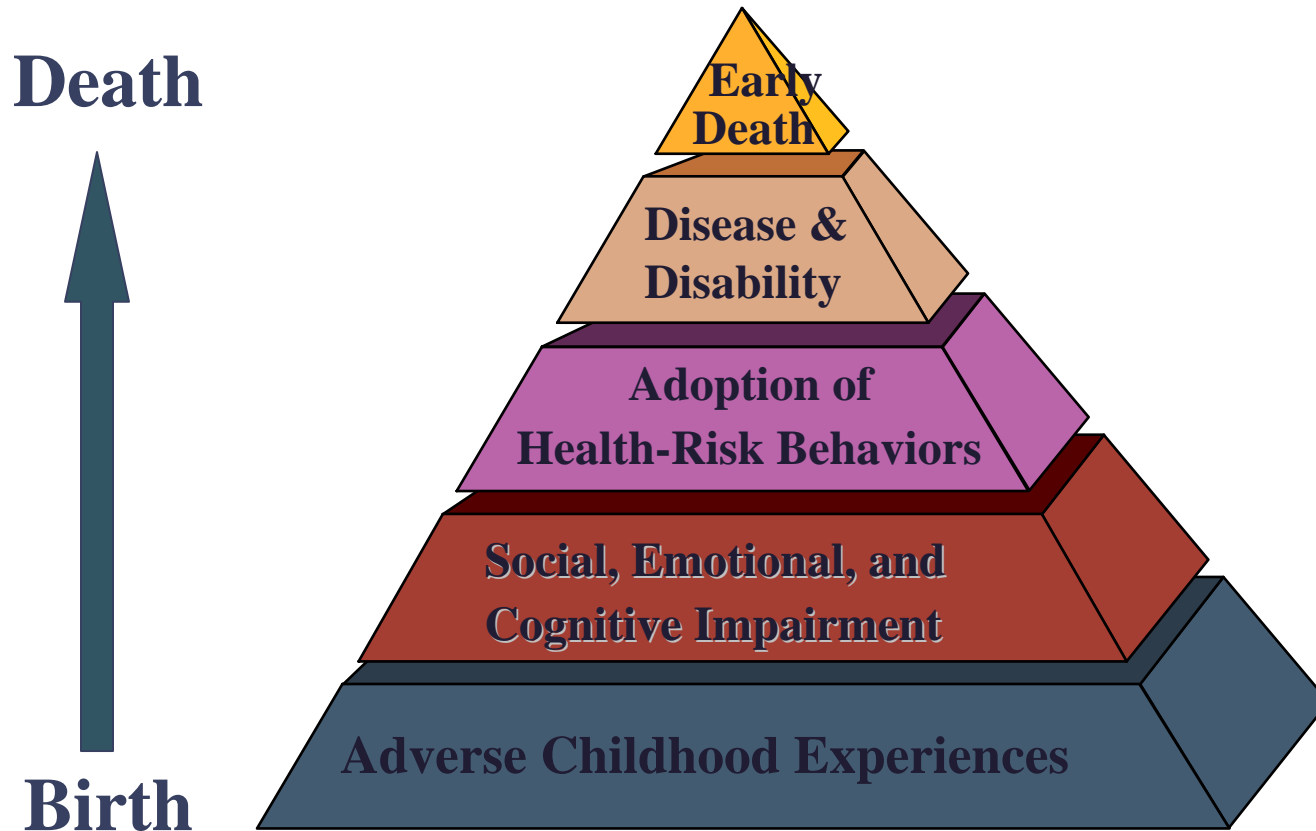
# Traumatic Events

Traumatic Events Selected Data	
Physical abuse as a child	51%
Physical abuse as an adult	76%
Sexual assault or rape as a child	50%
Sexual assault or rape as an adult	43%
Witnessed violence as a child	76%
<i>More than one violent trauma</i>	70%
Subset Reporting Non Violent Trauma	
Loss of child by death/placement	84%
Separation from mother (<18)	60%
Separation from father (<18)	77%
Death of mother	19%
Death of father	30%
<i>More than one nonviolent trauma</i>	100%

*“The truth about childhood is stored up in our bodies and lives in the depths of our souls. Our intellect can be deceived, our feelings can be numbed and manipulated, our perceptions shamed and confused, our bodies tricked with medication, but our soul never forgets. And because we are one, one whole soul in one body, someday our body will present its bill.”*

*Alice Miller*

# The Adverse Childhood Experiences (ACE Study)



**Mechanisms By Which Adverse Childhood Experiences Influence Adult Health Status**

# Types of Adverse Childhood Experiences

## Neglect of Child

- Physical
- Emotional

## Abuse of Child

- Psychological (by parents)
- Physical (by parents)
- Sexual (anyone)

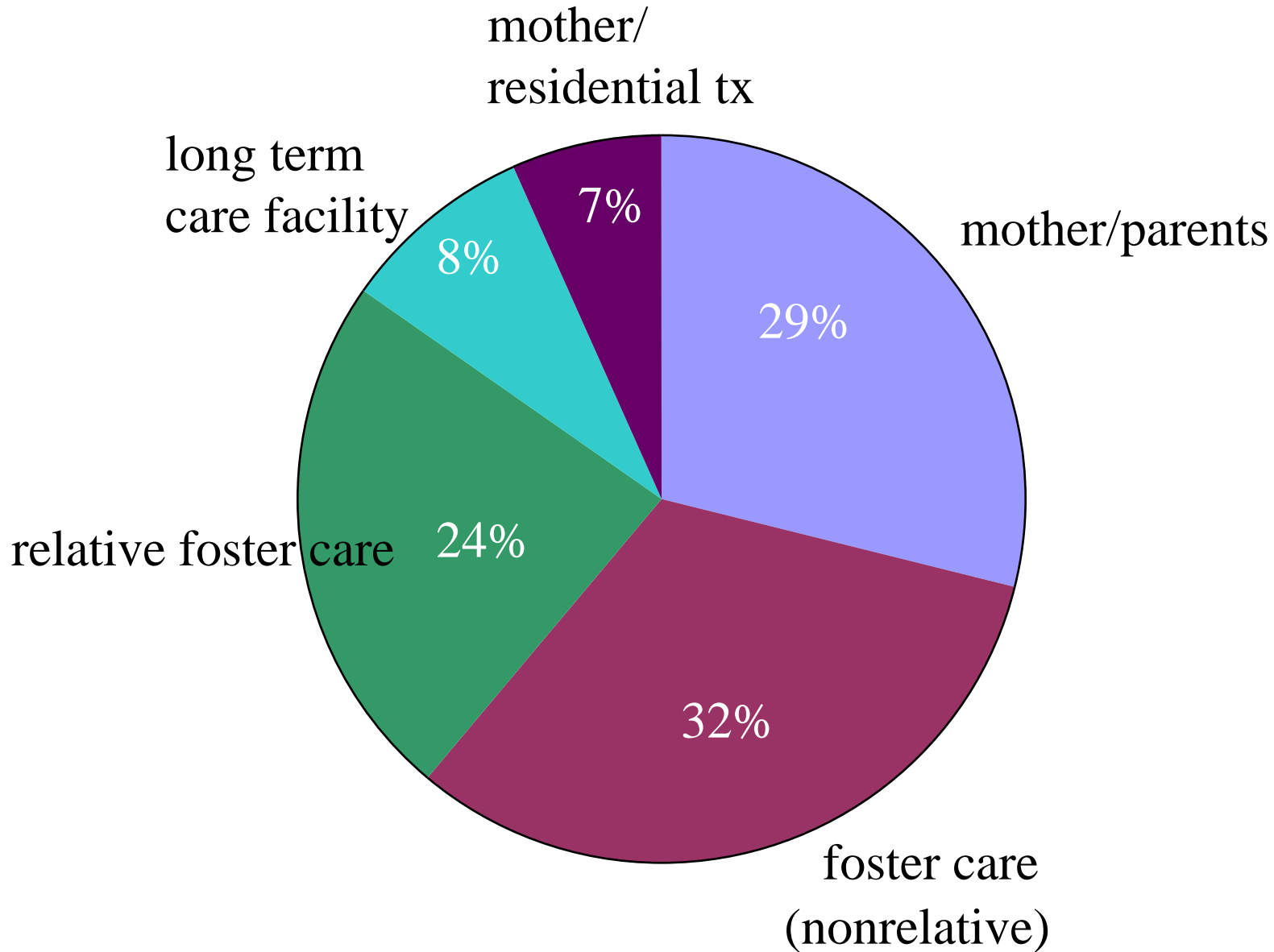
## Trauma in the Household

- Substance abuse
- Mental Illness
- Mother treated violently
- Imprisoned household member
- Not raised by both biological parents

# Characteristics of VIP Infants at Birth

<i>Baby Race/ethnicity</i>	
African American	18%
White	58%
Hispanic	15%
Other	10%
<i>Birthweight</i>	
very low birthweight (<1500g)	7%
Low birthweight ( $\geq 1500 < 2500$ g)	26%
normal birthweight ( $\geq 2500$ g)	66%
<i>Gestational age</i>	
preterm birth (< 37 weeks)	30%
fullterm birth ( $\geq 37 < 43$ weeks)	69%
post term birth ( $\geq 43$ weeks)	1%

# VIP Child Placement Post Hospital Discharge



# Typical Parenting Issues

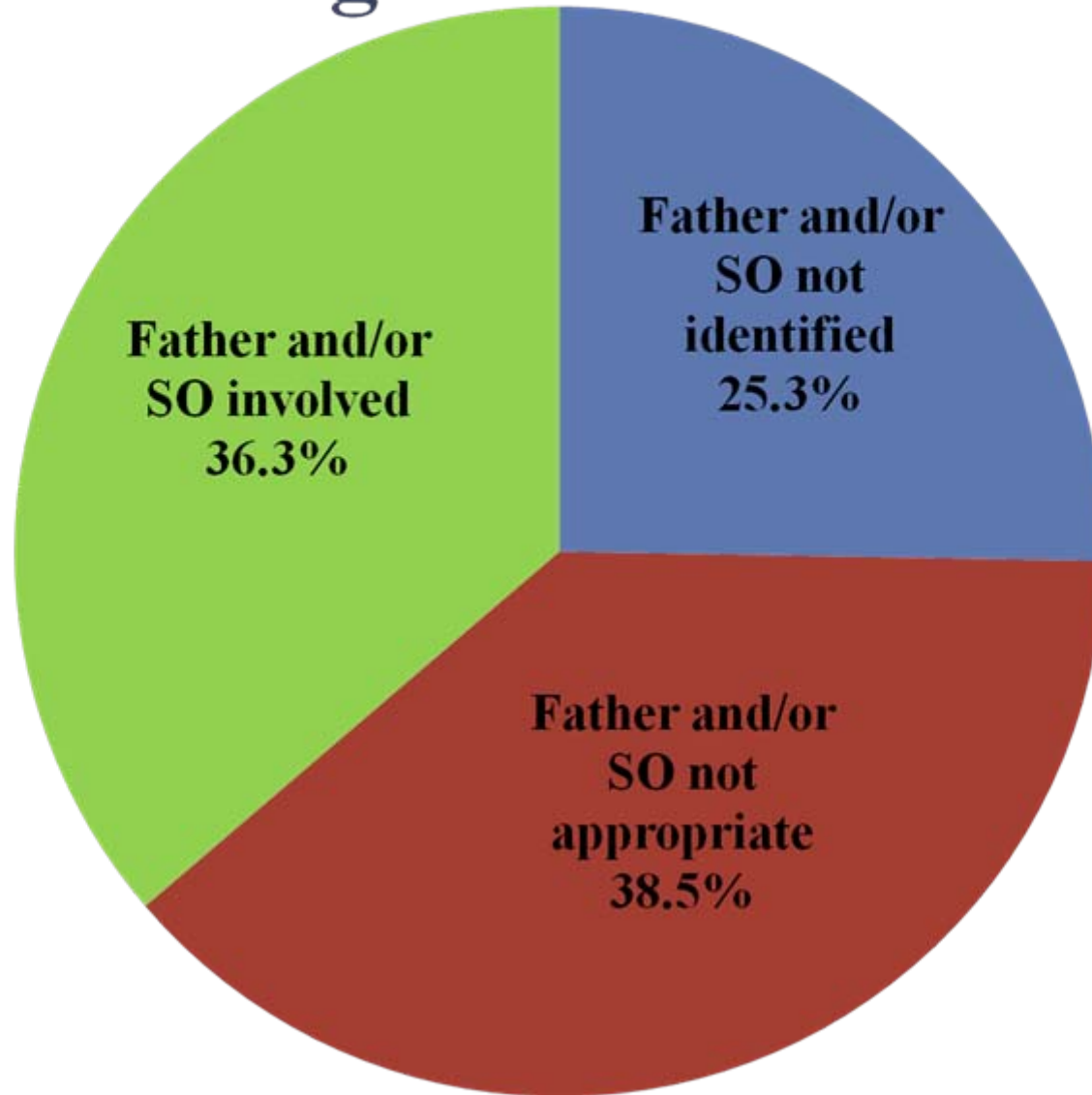
## Children's Well-Being Survey Data

- Supervision of younger children
- Parental capacity for child care
- Parental recognition of problems
- Parental acceptance of and affection for children

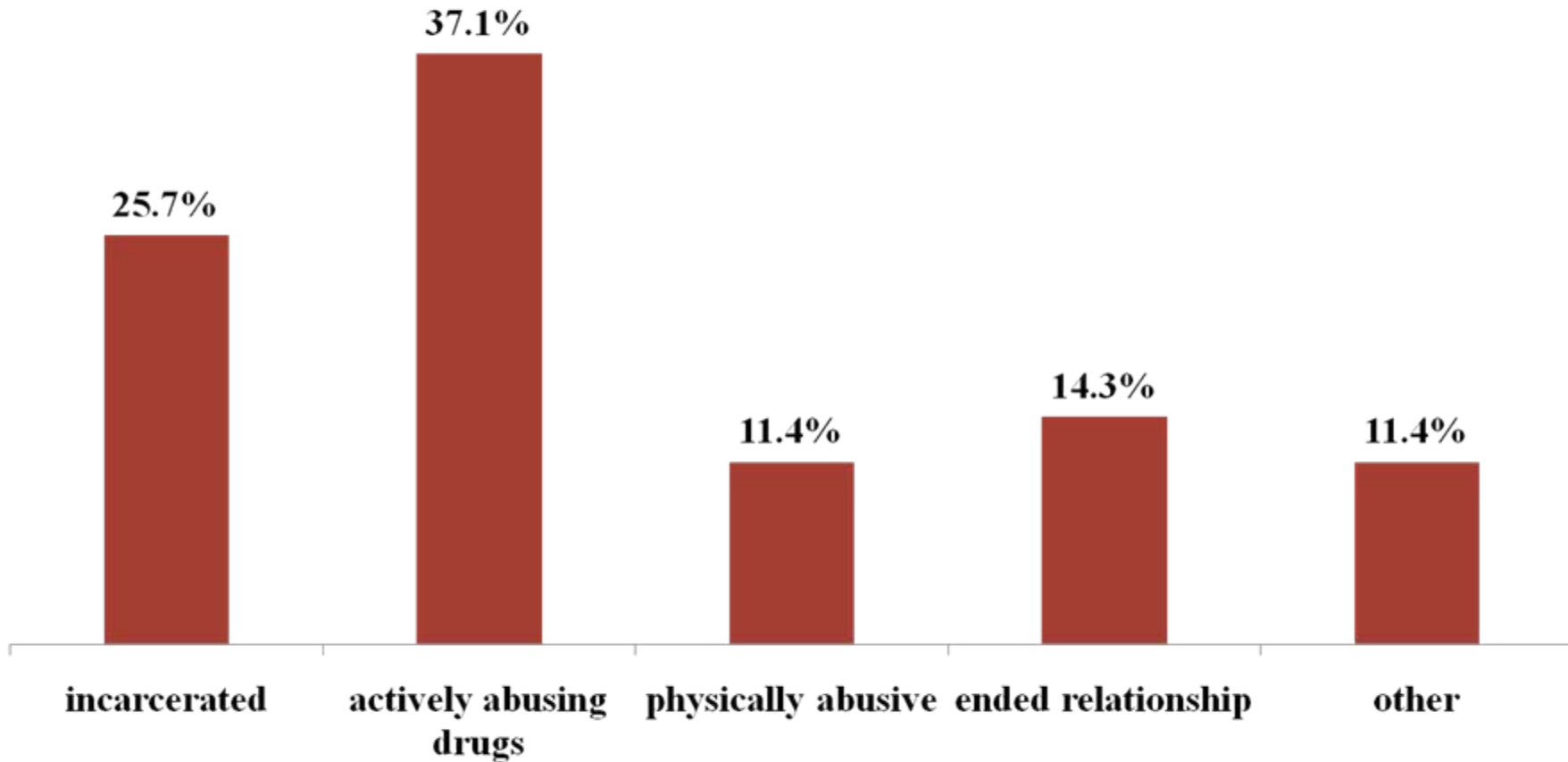
## Adult/Adolescent Parenting Inventory Data

At least one high risk score for abuse/neglect	50%
Three Most Problematic Domains	
Empathy	35%
Roles	24%
Power/control	24%

# Status of Involvement of Fathers and/or Significant Others



# Reasons Fathers and/or Significant Others Not Appropriate



# Specialized Services for Women with Addiction Issues and Their Children

- Integrated mental health treatment including trauma treatment (e.g., “Seeking Safety”)
- Care coordination/case management
- Parenting services (e.g., parent-child bonding, skills training)
- Infant/child assessment, mother-child bonding and treatment intervention
- Providing childcare, transportation, multiple services on-site

# Sample Satisfaction Data

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I learned what my warning signs are for relapse.	76% (37)	24% (12)			
I felt better about myself and my life as I continued in my treatment.	76% (37)	22% (11)		2% (1)	
I have a better understanding of how to be the kind of parent I want to be.	63% (31)	31% (15)	6% (3)		
The group sessions were helpful.	49% (24)	51% (25)			
Overall, I am satisfied with the services I received.	69% (34)	31% (15)			

# Sample Qualitative Satisfaction Data

Women shared how they felt safe in the program: it is “more about building you up (nurturing you) than breaking you down.”

Groups provided were helpful: they “help shape who I want to be – I feel I am starting to live my vision.”

Women also appreciated the family events: “I felt like I was able to get my life back.”

The experience of listening to others helped many women develop more openness to treatment: “as the other women went deep with what they were sharing, I found I could relate and shared more myself”; and “I came to believe change was possible.”

# Program Completion Rates

	Completion Rate	LOS for Completers (months)
<b>Project Link</b> Outpatient/IOP	52%	7.0
<b>SSTARBIRTH</b> Residential women and children	71%	10.1
<b>VIP/FTDC</b> Care coordination/drug court	46%	14.1

# Program Outcomes

## Abstinence

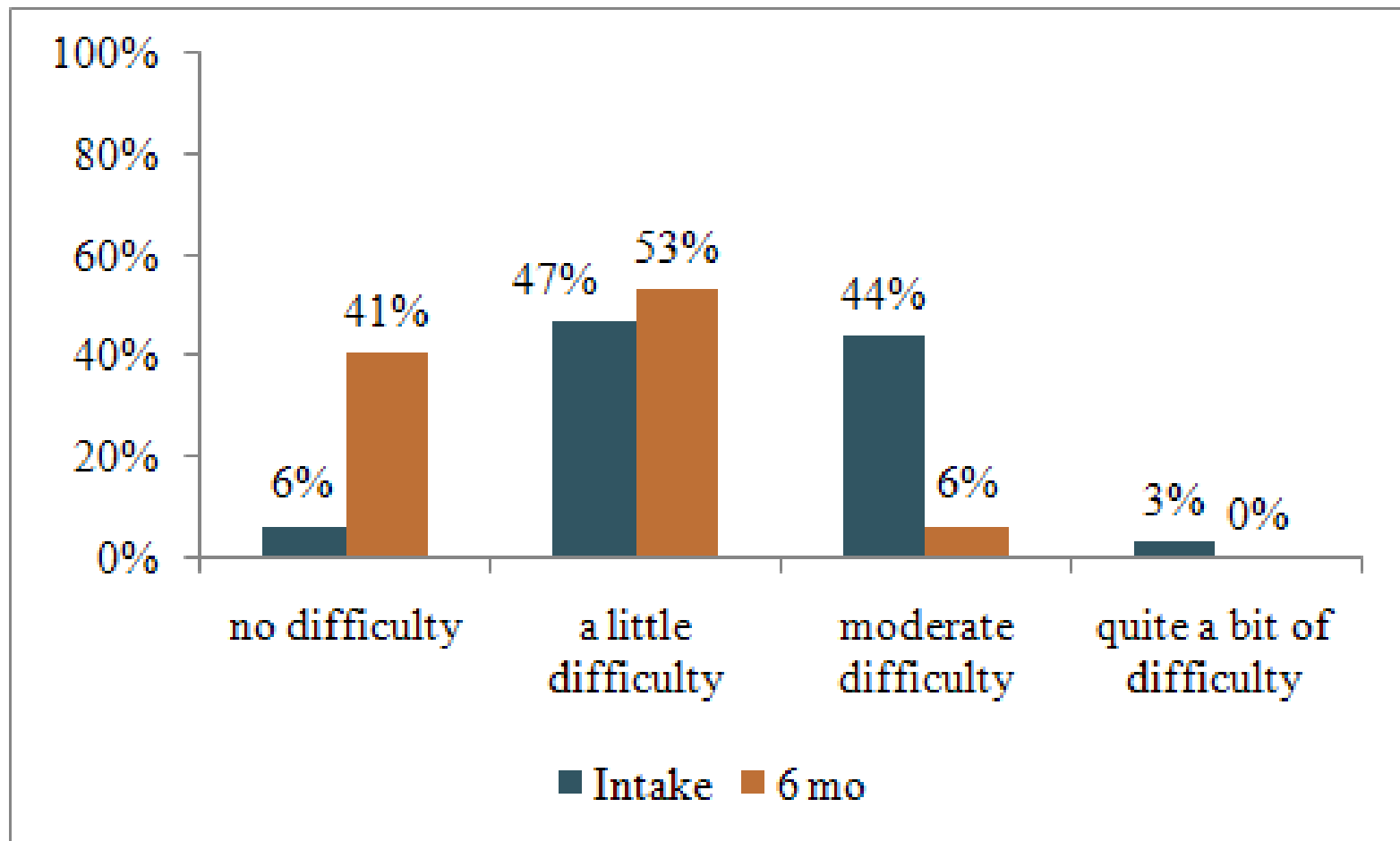
- *VIP/FTDC*: by 6 months in the FTDC with VIP participants showed improvement from a 51% abstinence rate to an 86% abstinence rate (the rate of change was 68%). At discharge (n = 116), 94% reported no recent substance use.
- *SStarbirth*: 77 % were abstinent at 6 months post discharge (from residence) follow-up  
23% were in relapse including 16 percent of the successful women and 40% of the women who were unsuccessful.

# Program Outcomes

## Mental Health

- *VIP/FTDC*: The number of mothers with significant mental health symptom severity (Brief Symptom Inventory) was 38% at enrollment, declining to 21% at follow-up.
- *SStarbirth*: At discharge, the number reporting any depressive symptomatology had declined from 65 percent at enrollment to 42 percent at discharge; only 22 percent of successful women reported feeling depressed, typically for less than 5 days.

# BASIS-24 data at enrollment and 6 months post-enrollment



# Parenting

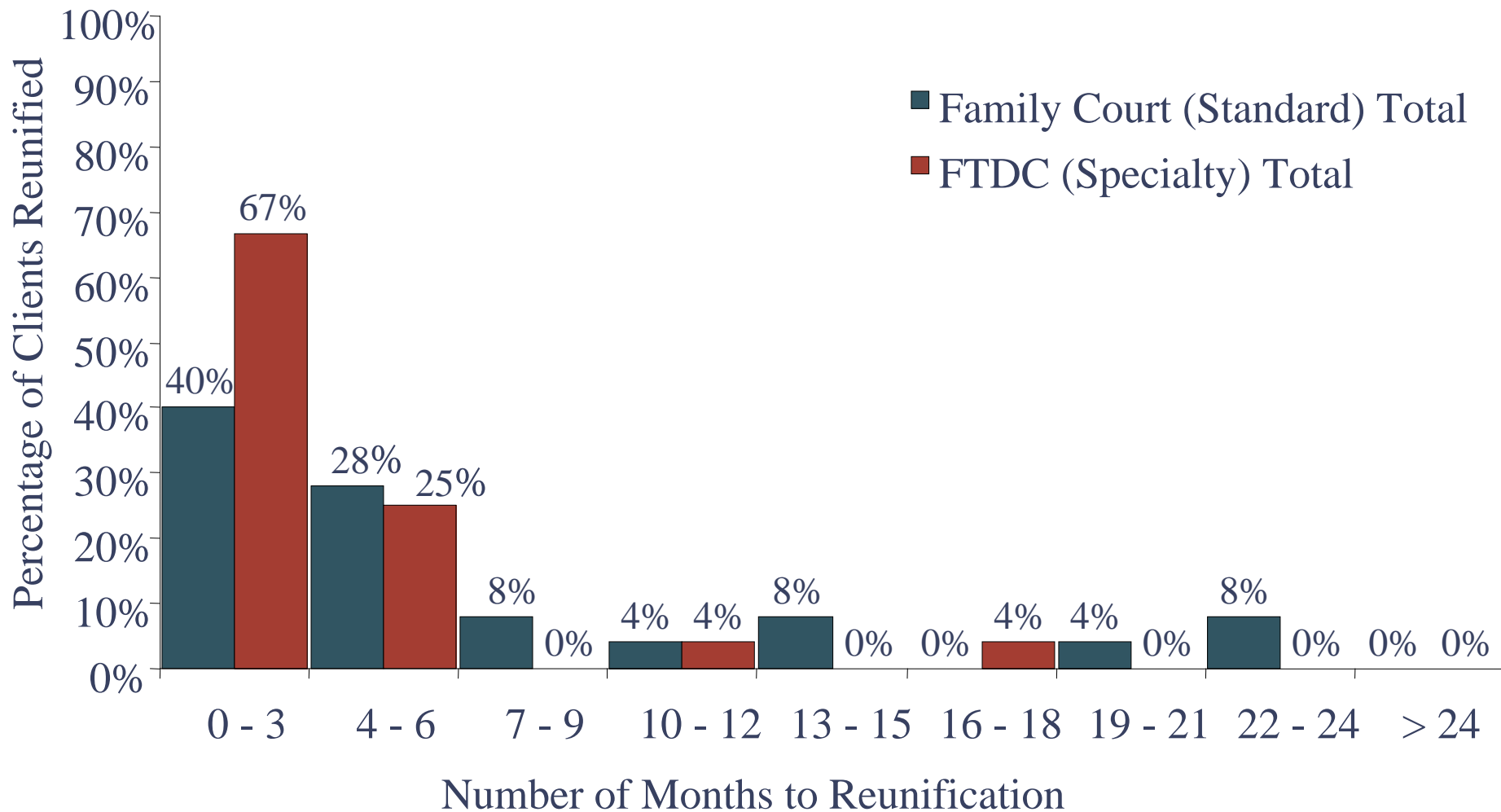
- *SStarbirth*: improvements in supervision of younger children; parental capacity for child care; parental recognition of problems; and parental acceptance of/affection for children (Child Well Being Scales).
- *VIP/FTDC*: The percent of mothers at high-risk (for child abuse and/or neglect) was 47% at enrollment, decreasing to 34% at 6 months post-enrollment. The greatest improvement was in the development of empathy for children (AAPI-2).

# VIP/FTDC Outcomes

- *Permanency*: 118 infants who were discharged from the FTDC project by 12/31/08 (57% of all) had achieved permanency at home with at least one biological parent (DCYF case closed).

*Shorter time to reunification results in savings in foster care costs. The standard weekly rate for children up to age 3 (without special needs) is \$100.73, so the savings can be significant.*

# Average Time to First Reunification with Mother



# Project Link

## Newborn Outcome Summary by Mothers' Timing of Enrollment (From Cost/Benefit Study, 05/92 – 10/95)

	Pregnant	Postpartum	P-Value
Average Birthweight	3143	2689	0.00
% of Birthweight <1500 Gram	1.6%	9.2%	0.06
Average Gestation (week)	38.8	36.7	0.00
% Gestation <37 weeks	12%	42%	0.00
% NICU Admission	26%	36%	0.24

## Resource Use Summary by Mothers' Timing of Enrollment

	Pregnant	Postpartum	P-Value
Average Length of Stay	8.8	20.7	0.00
Average NICU Length of Stay	6.3	21.9	0.02
Average Total Charges	\$6,576	\$17,576	0.10

# Implications for Practice and Policy

1. Services need to be comprehensive and holistic
  - Including integrated treatment for co-occurring substance abuse and mental health issues
  - Families face many challenges in addressing their mental health needs, and the domestic violence in their lives. Further supports are needed to help families reduce these risks.
  - Trauma informed systems of care for women are essential

# Implications for Practice and Policy *cont.*

2. Services must be coordinated/care coordination is needed for women with multiple vulnerabilities.
  - Connecting families who are in recovery with supportive services may help them successfully complete treatment, and reduce risks associated with unstable housing, untreated mental health, and domestic violence.

# Implications for Practice and Policy *cont.*

3. We must provide a multigenerational family-centered system of care.
  - Involving parents in recovery services that are family-centered can help to strengthen parent-child relationships and increase bonds with their children.
  - Fathers/significant others must be engaged in the recovery process when this does not compromise the safety of the family.

# Implications for Practice and Policy *cont.*

4. We need a public health model of care, with services linked to severity.
  - Promote wellness, including behavioral health.
  - Prevent childhood trauma.
  - Provide “no wrong door” to care (SBIRT).
  - Honor the power of peer support.



# Change is possible!

We can implement what we have learned,  
our best practices in our recovery oriented  
systems of care –

what we “know” can outweigh stigma,  
prejudice and misunderstanding.