

TTAC

NYC Early Childhood
Mental Health

Training and Technical Assistance Center



Tipping the Scales:

***Supporting the Intergenerational Needs of
Families Impacted by Substance Use Disorders***

Amanda Lowell, PhD
Associate Research Scientist
Licensed Psychologist
Yale Child Study Center

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>

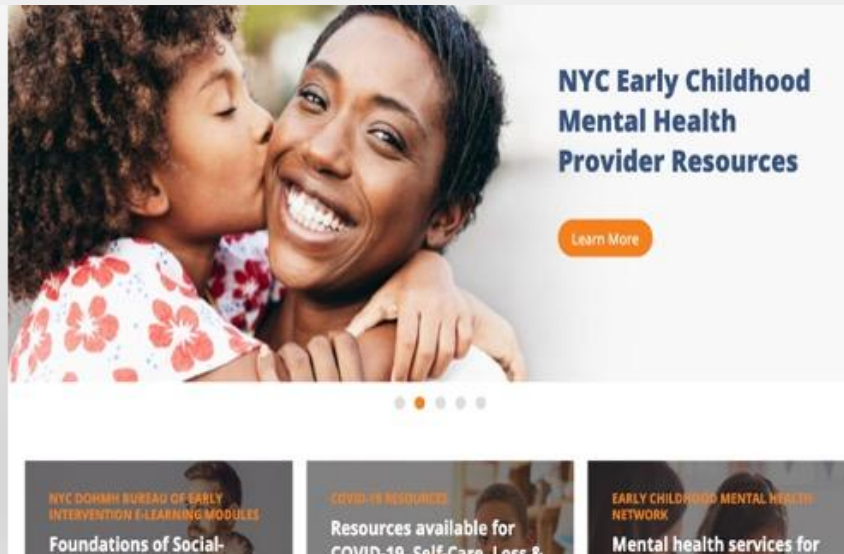


Updated TTAC Website

A Selection of Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Explore all
the provider
resources at
ttacny.org



Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you



TTAC Infant and Early Childhood Mental Health (IECMH) Learning Modules are now live!

Two Learning Modules:

- The first module in the series is **the Impact of Early Childhood Adversity (An Overview of the Topic)**
- The second module in the series is **Nurturing Resilience: Supporting Infant and Early Childhood Mental Health**
- CEUs Available upon completion!

MODULE I

Infant & Early Childhood Mental Health and the Impact of Adversity



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McSILVER INSTITUTE
FOR POVERTY POLICY AND RESEARCH
NEW YORK UNIVERSITY

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November 8th, 2023
NYC Early Childhood Mental Health Training and Technical Assistance Center

Yale SCHOOL OF MEDICINE

Outline

Welcome and introductions

Background

- 10 min: Rates of parental substance use, impact on parenting, impact on children
- 15 min: Role of trauma in parental substance use
- 15 min: Neurobiological mechanisms

Implications

- 15 min: Implications for parents with SUD

In practice

- 15 min: Supporting parents with SUD

Wrap-up

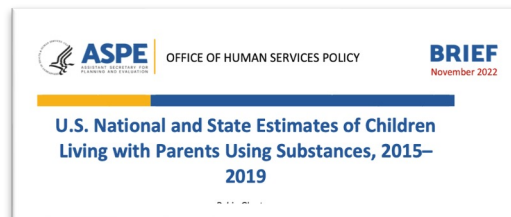
- 15 min: Q&A

Background

Rates of parental substance use

Nationally

- >21 million children live with a parent who misuses substances (Ghertner, 2022)
- >2 million children live with a parent diagnosed with an SUD (Ghertner, 2022)
- 1 in 8 children live in households with a parent with an SUD (Lipari & Van Horn, 2017)
- Highest rates among parents of young children (Ghertner, 2022)



New York

- 70% of people who use opioids have children (Scheidell et al., 2022)
 - 25% of men live with children
 - 36% of women live with children
- Difficulties accessing childcare associated with overdose (Scheidell et al, 2022)
- Decreasing rates of neonatal opioid withdrawal statewide (NYS Department of Health, 2020)



PREGNANCY-ASSOCIATED MORTALITY IN NEW YORK CITY, 2019

January 2023

Table 1. Underlying causes of pregnancy-associated death, New York City, 2019

Underlying Cause of Death ⁵	2019	
	n	%
Mental Health Conditions*	10	17.5
Accidental substance overdose (7)		
Suicide (3)		
Cancer	6	10.5
Cardiovascular Conditions ⁶	6	10.5
Cardiomyopathy (3)		
Other Cardiovascular Conditions (3)		
Asthma/Pulmonary Conditions	5	8.8
Hemorrhage ⁷	5	8.8
Embolism	4	7.0
Homicide	4	7.0
Infection/Sepsis	3	5.3
Metabolic/Endocrine Conditions	3	5.3
Seizure Disorders	3	5.3
Other**	8	14.0
Total pregnancy-associated deaths	57	100.0

* Mental health conditions include 3 deaths where the manner of death was classified as intentional (suicide) and 7 deaths where the MMRC determined the means of fatal injury to be unintentional overdose/poisoning.

** Other includes Amniotic Fluid Embolism, Unintentional Injury/Injury of Unknown Intent or Not Otherwise Specified, Cerebrovascular Accidents, and Unknown Cause of Death.



Data Brief

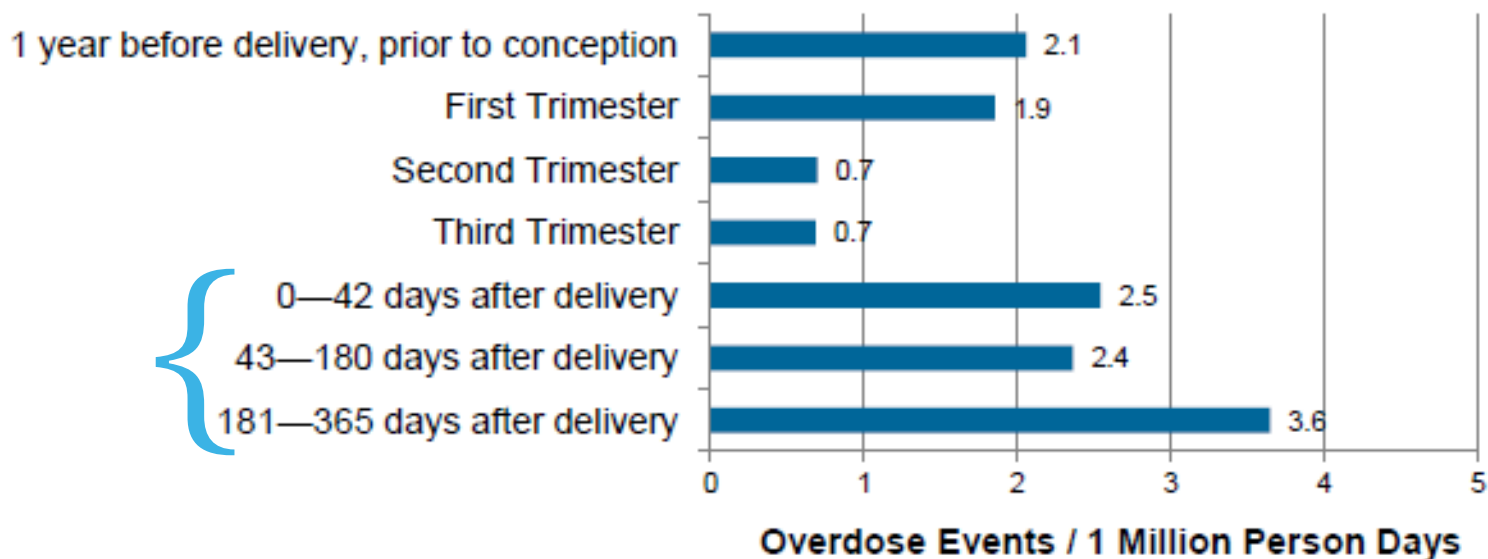
An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015

Massachusetts Department of Public Health

RELEASED: August 2017

Pregnancy and Postpartum Risks

Rate of Opioid Overdose Events Increase Sharply After Delivery



A double bind

- Some (but not all) states consider parental substance use a form of child abuse
- Children of parents with SUD are often removed by child welfare and placed into care (Ghertner et al., 2018; Seay, 2015; Taplin & Mattick, 2015)
- Varies from state to state (Quast, 2018)
- Child removal is associated with increased parental...
 - substance use (Wall-Wieler et al., 2018)
 - overdose events (Thumath et al., 2021)



STATE STATUTES
CURRENT THROUGH JULY 2019

Parental Substance Use as Child Abuse

To find statute information for a particular State, go to the [State Statutes Search](#).

Substance use disorders—including abuse of drugs or alcohol—that affect parents and other caregivers can have negative effects on the health, safety, and well-being of children. All States, the District of Columbia, Guam, and the U.S. Virgin Islands have provisions within their child protection statutes, regulations, or policies that address the issue of substance use by parents.¹ One major area of concern is responding to the care and treatment needs of substance-exposed infants. Another major concern is addressing the harm that a child of any age can suffer when the parents' use of alcohol or other substances leads to neglect of the child or the child is exposed to illegal drug activity. For this publication, statutes, regulations, and policies regarding requirements for responding to reports of

children affected by parental substance use were collected from across all States, the District of Columbia, and the U.S. territories, and an analysis of the information informs the discussion that follows.

WHAT'S INSIDE

- Substance-exposed newborns
- Children exposed to parental substance use

¹ Laws in American Samoa, the Northern Mariana Islands, and Puerto Rico do not currently address the issue of children affected by parental substance use.

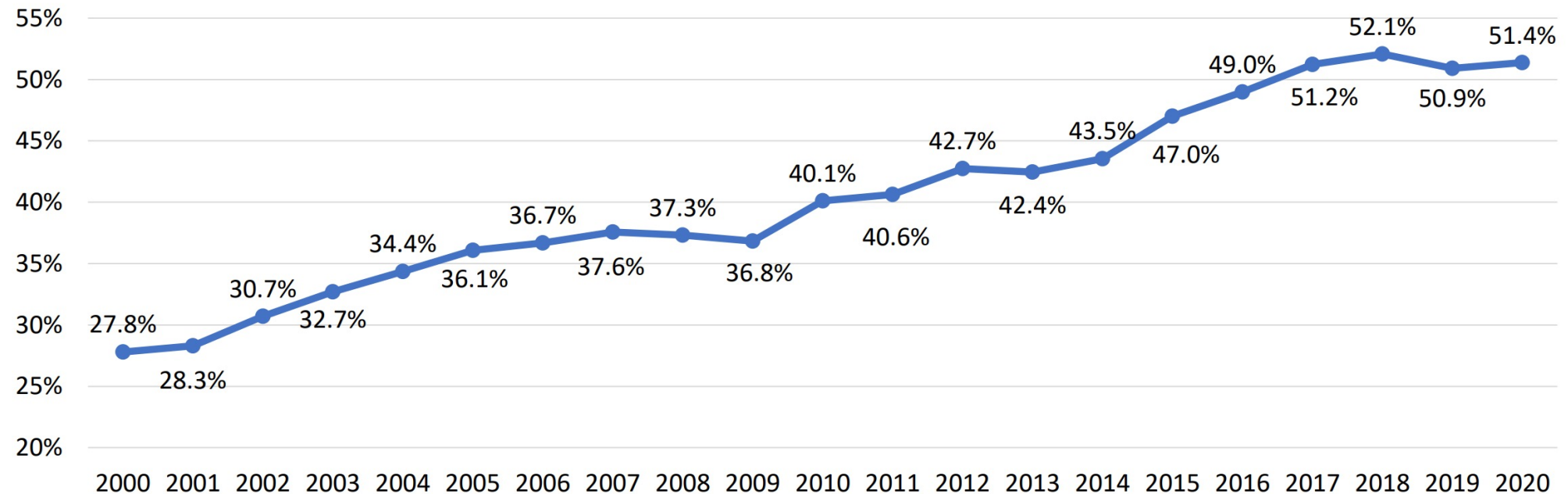
 **Child Welfare Information Gateway**
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

 **Children's Bureau**
An Office of the Administration for Children & Families

Children's Bureau/ACYF/ACF/HHS | 800.394.3366 | Email: info@childwelfare.gov | <https://www.childwelfare.gov> 1



Percent of Children Under Age 1 with Parental Alcohol or Drug Abuse as an Identified Condition of Removal in the United States, 2000 to 2020*

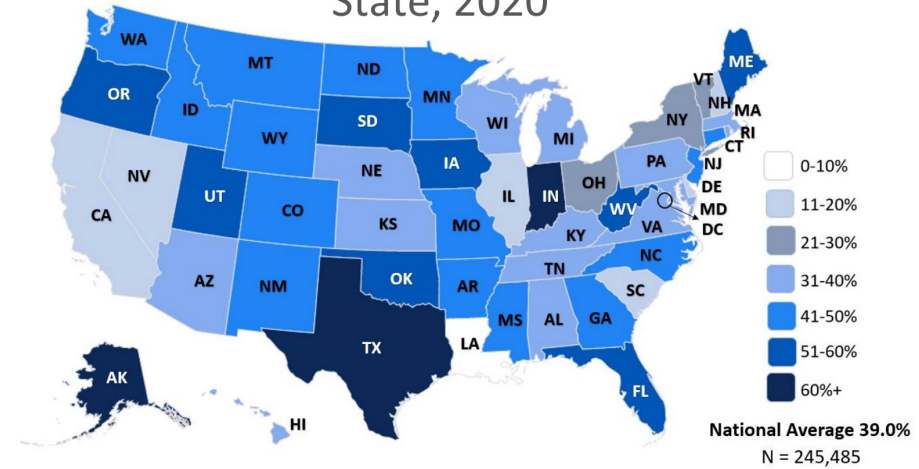


From 2000-2018, the percentage of children under age 1 who entered out-of-home care with parental alcohol or other drug (AOD) abuse as an identified condition of removal steadily increased. Data from Fiscal Year 2020 showed an increase of 0.5% from the previous year. In 2000, 27.8% of children under age 1 had parental AOD as an identified condition of removal. This increased to 51.4% of children under age 1 in 2020.

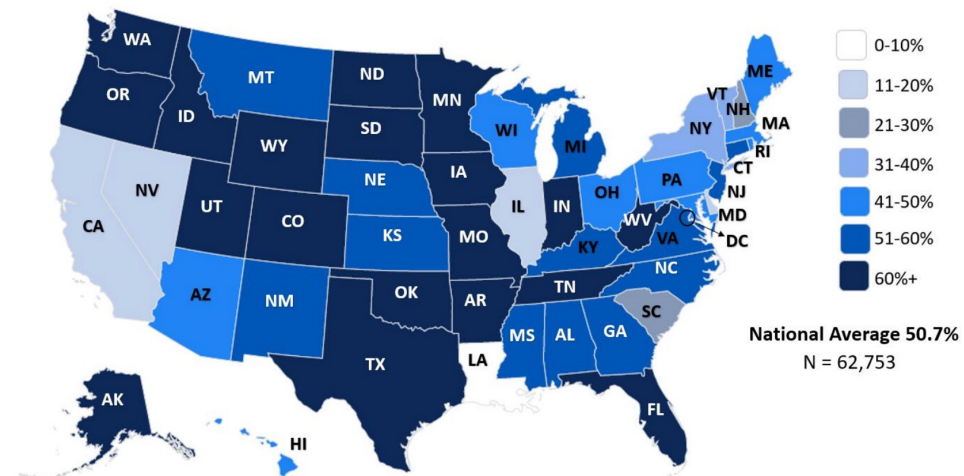


National Center on
Substance Abuse
and Child Welfare

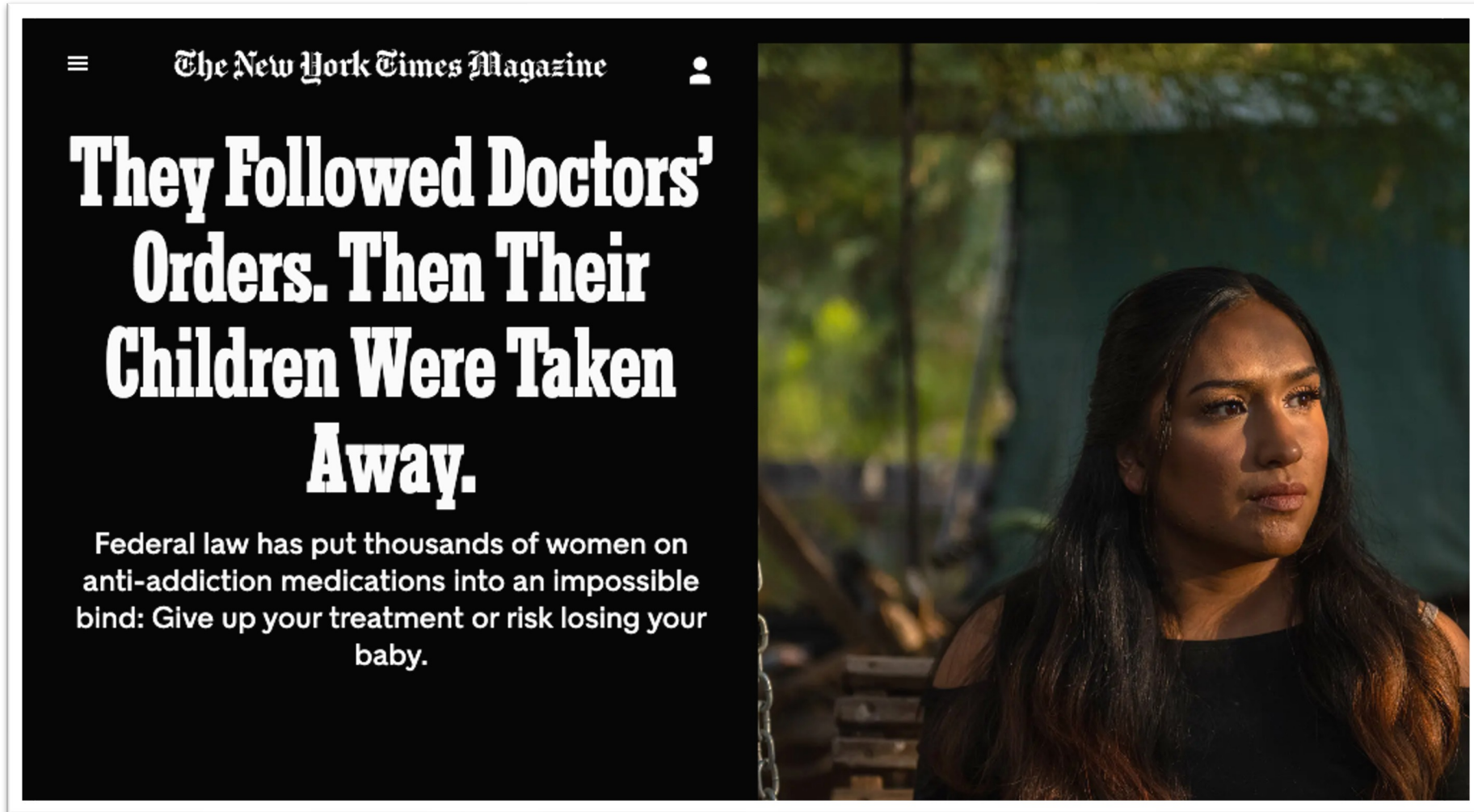
Parental Alcohol or Drug Abuse as an Identified Condition of Removal by State, 2020



Parental Alcohol or Drug Abuse as an Identified Condition of Removal for Children Under 1 Year, 2020




A double bind



☰ The New York Times Magazine ⓘ

They Followed Doctors' Orders. Then Their Children Were Taken Away.

Federal law has put thousands of women on anti-addiction medications into an impossible bind: Give up your treatment or risk losing your baby.



A double bind

Pursue support?

- Ideally, will experience benefit, but...
- Make self vulnerable to being identified by child welfare
- Make self vulnerable to legal action

Don't pursue support?

- May be able to avoid identification by child welfare and legal systems, but...
- Don't receive support that would have been helpful
- If pregnant, identification at hospital at time of birth

“I was so traumatized by child welfare that I did not want to them to be able to track me, so I didn't want to go to the doctor”

-Mother in recovery

Trauma



Overlap of trauma and substance use

Childhood trauma

Maltreatment

Sexual abuse

Neglect

Parental mental illness

Parental substance use

(Kendler et al., 2000; Lowell et al. 2022; Van Dam et al., 2014)

Current trauma

Domestic violence

Assault

Community violence

Overdose, grief

(Morford et al., 2022; Schneider et al., 2009; Schollosser & Hoffer, 2022)

Importance of buffers, including attuned *caregivers...*

Attachment...



Fonagy & Target, 1997

- Attachment serves an evolutionary function
- Ideally...
 - Infants seek proximity to caregivers for safety
 - Caregivers can hold the infant's mind in mind and respond in attuned ways:
 - Serving as a **safe haven** and comforting the infant when distressed
 - Serving as a **secure base** from which the child can explore
 - Infants are soothed, learn about their emotions and develop regulatory capacities by being held in mind by the caregiver, develop a rich inner world

Attachment trauma



However, many parents with SUDs report family histories of substance use and mental illness, describing intergenerational cycles. Their caregiver's availability to serve as a secure base and safe haven may have been impacted by...

- Parental mental illness
 - emotional lability, irritability, under-regulation, emotional distress, or inconsistency...
 - can be frightening or dysregulating to the infant who is in need of comfort
- Parental substance use
 - detachment, intoxication, withdrawal symptoms, and craving/preoccupation with obtaining substances...
 - can be similarly distressing to the infant, who depends on activating and engaging the caregiver for security and survival

Allen, 2018; Håkansson et al., 2018; Lowell et al., 2022

“

*Understanding of minds is hard
without the experience of having been
understood as a person with a mind*

(Fonagy & Target, 2005)

“

Especially parents in recovery need to hear those kinds of things, because we never really... some of us didn't have the upbringing

-Mother in recovery

Stigma

- Systemic oppression
 - Parental substance use associated increases probability that allegation of child abuse would be substantiated...
 - ...even though not all child welfare agencies consider parental substance use in and of itself to be a form of child maltreatment (Victor et al., 2019)
 - ...and even though parental substance use is not an unequivocal or perfect predictor of child maltreatment (Kepple, 2018)
- Cognitive and cultural models activated by the topic of parental SUD
 - False assumptions about lacking knowledge and being selfish (Lowell & Van Scoyoc, 2021)
 - “Damage done is damage done”

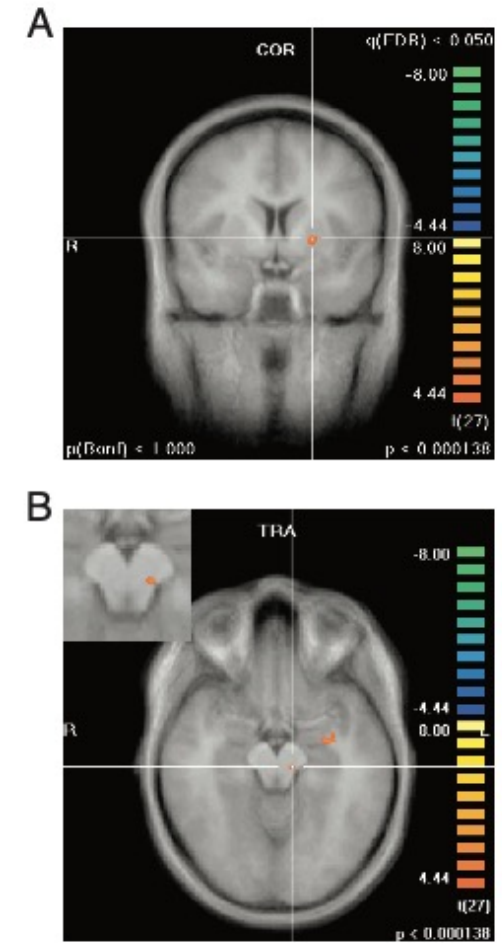
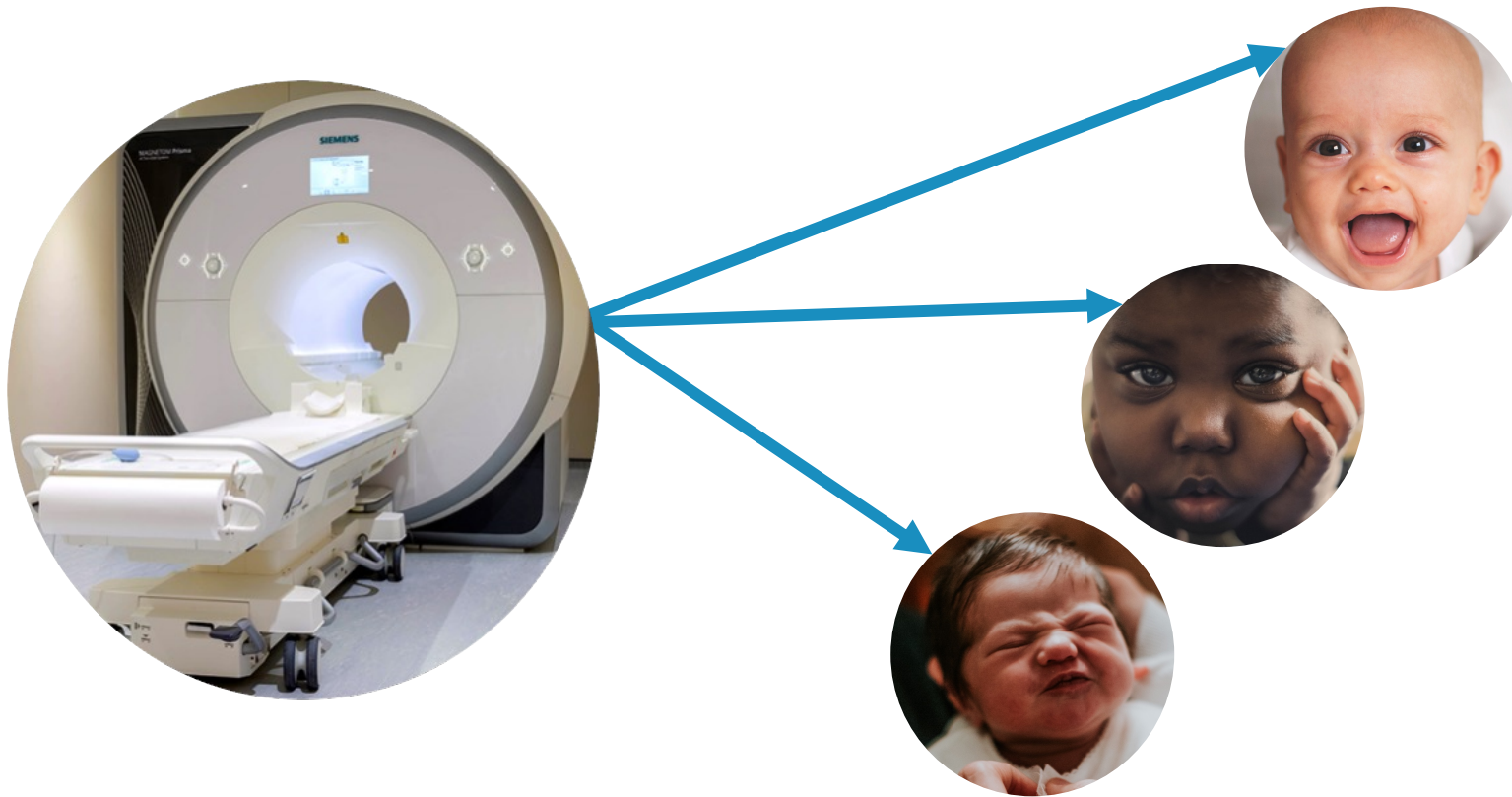
Predicted probability of substantiation

BY TYPE OF RISK FACTOR(S) IDENTIFIED

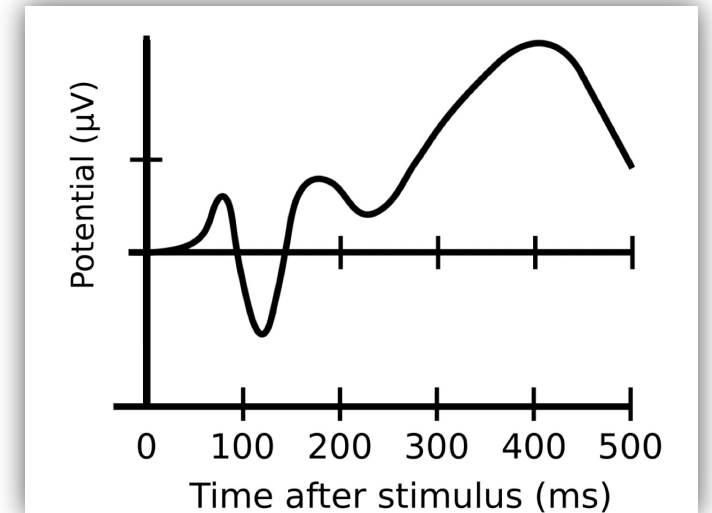
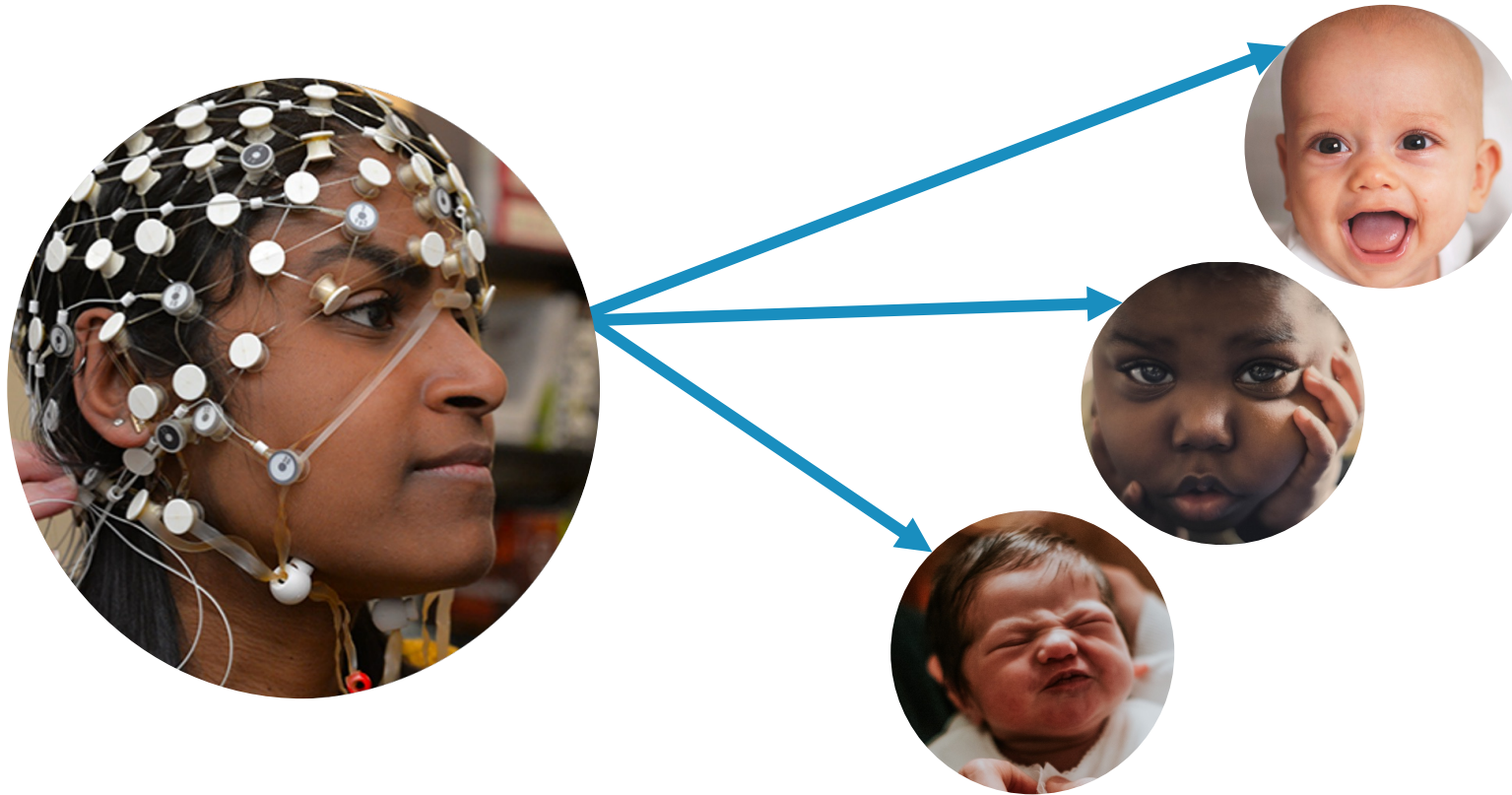


Neurobiological mechanisms

Adaptive neurobiological mechanisms of parenting



Adaptive neurobiological mechanisms of parenting





Disruption of parental neurobiology

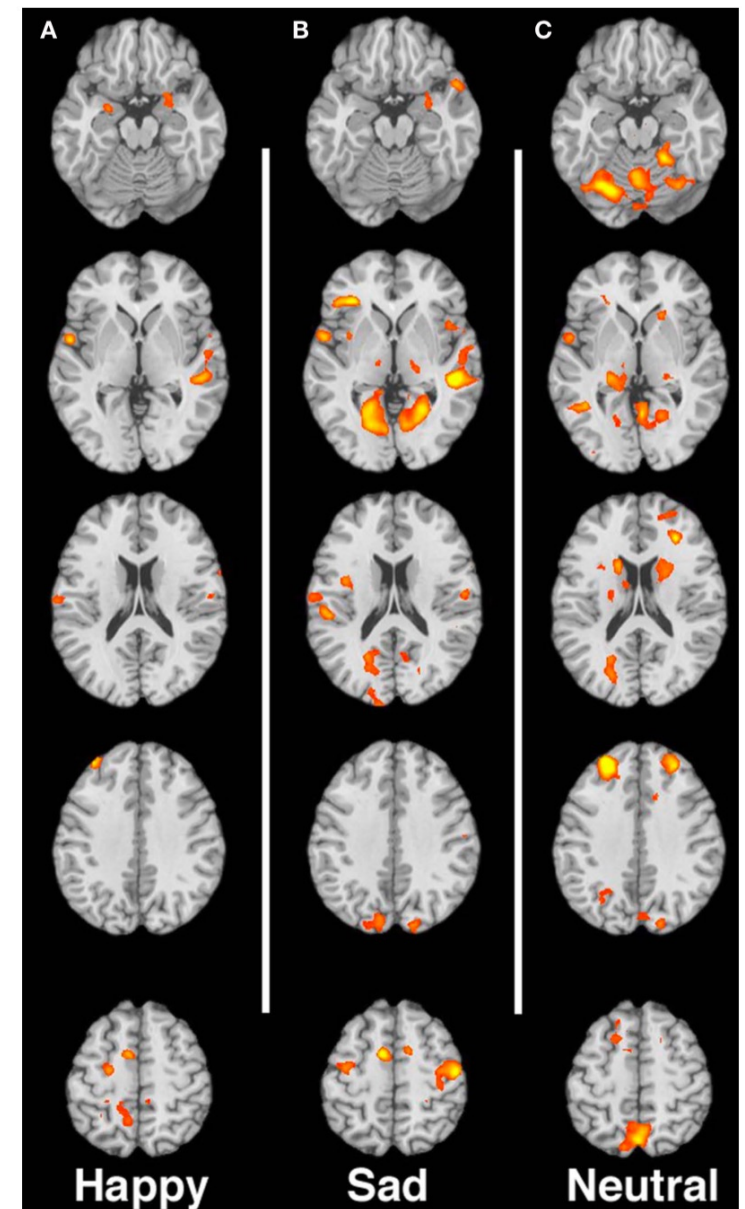
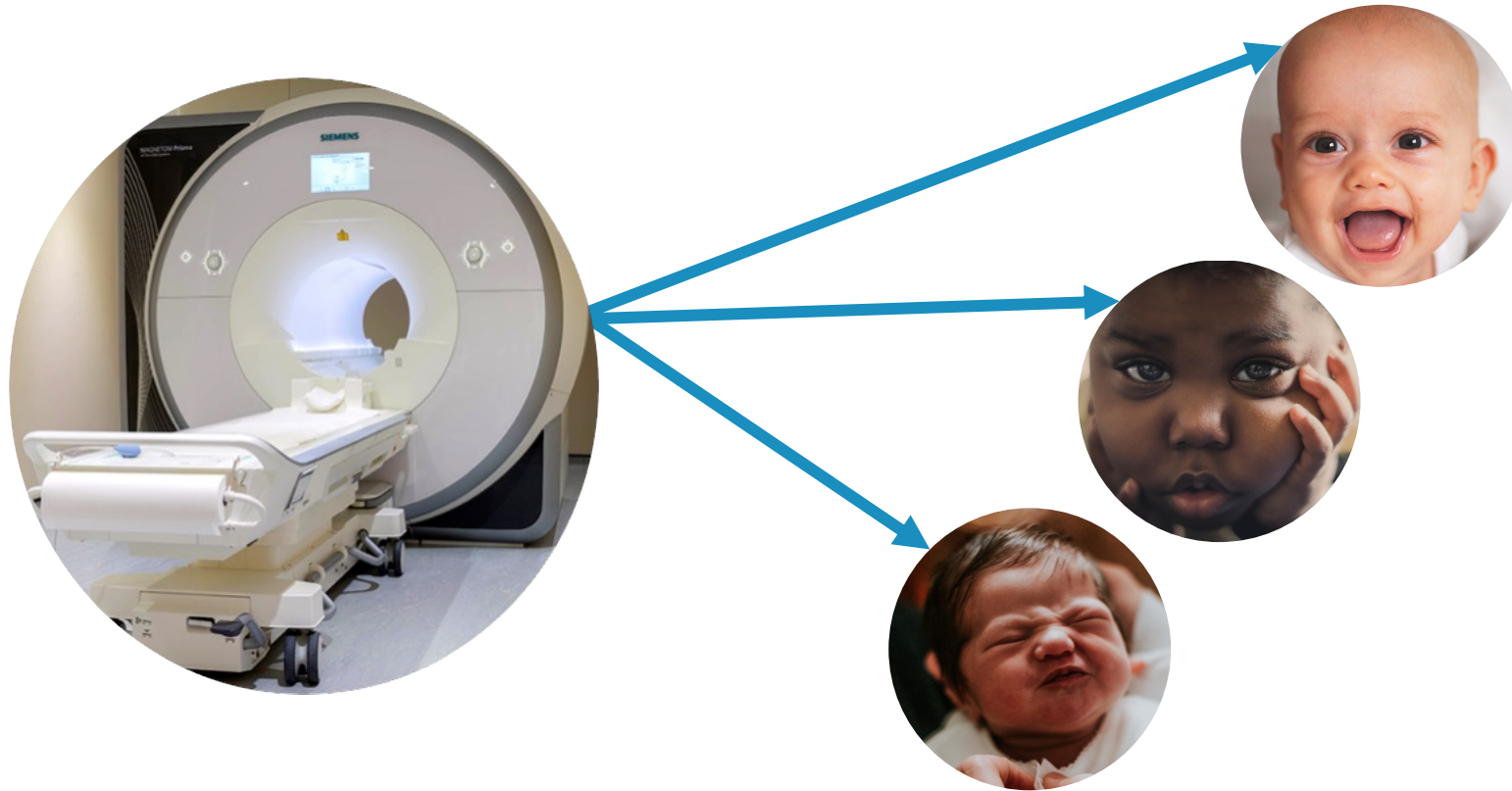
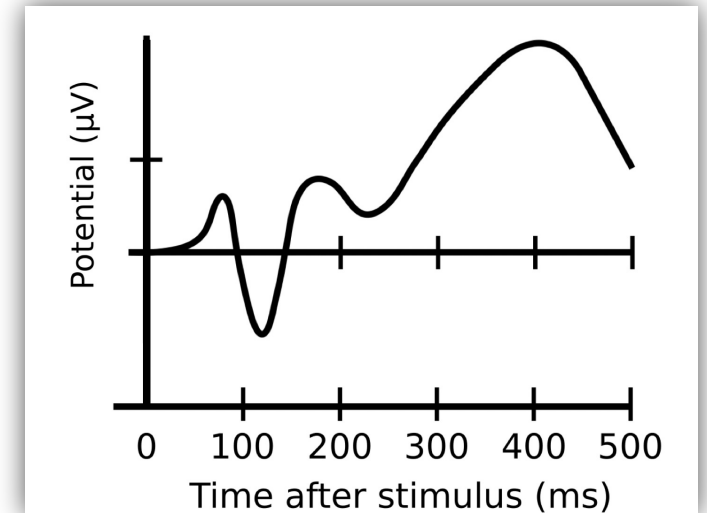
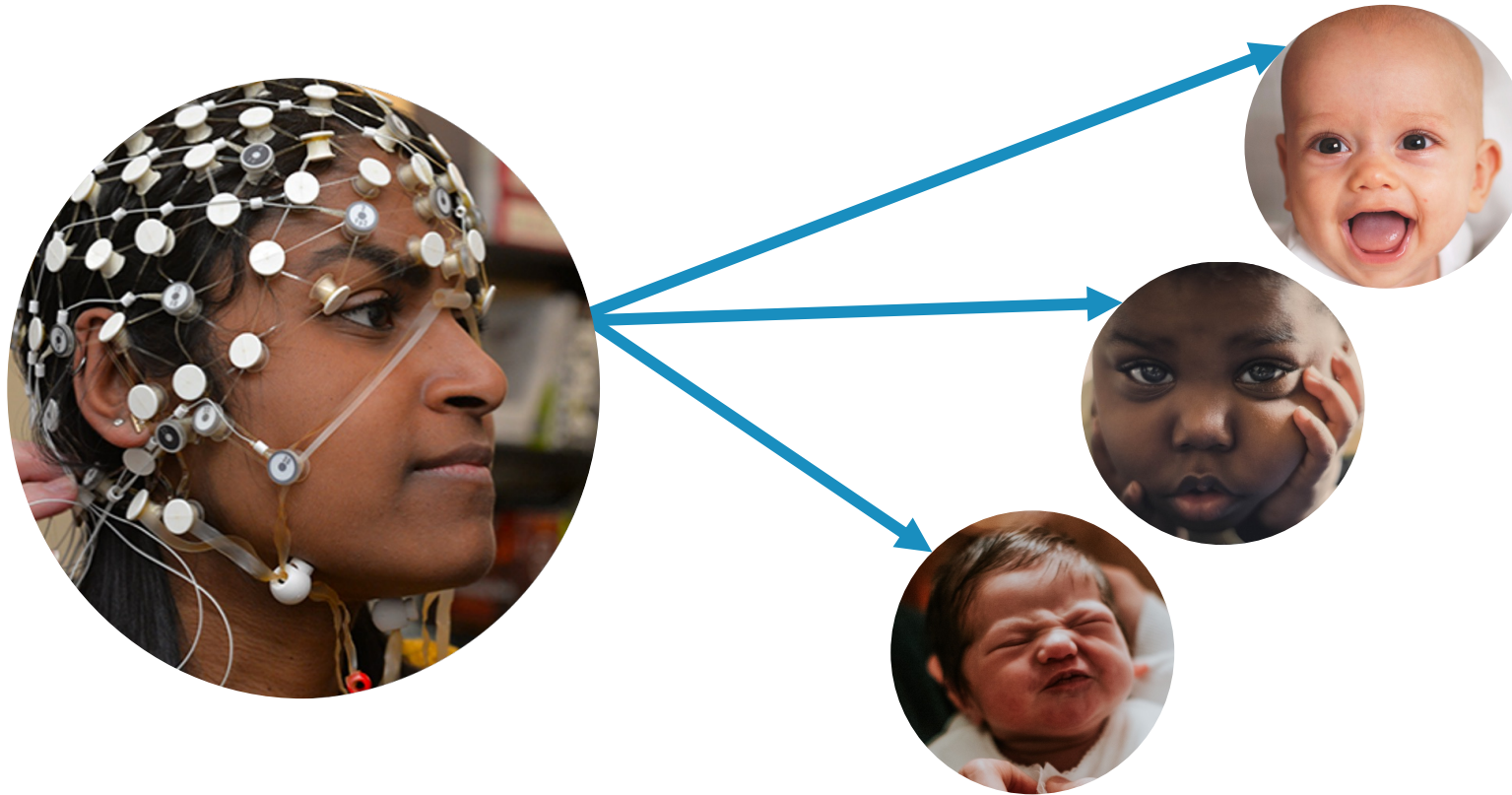
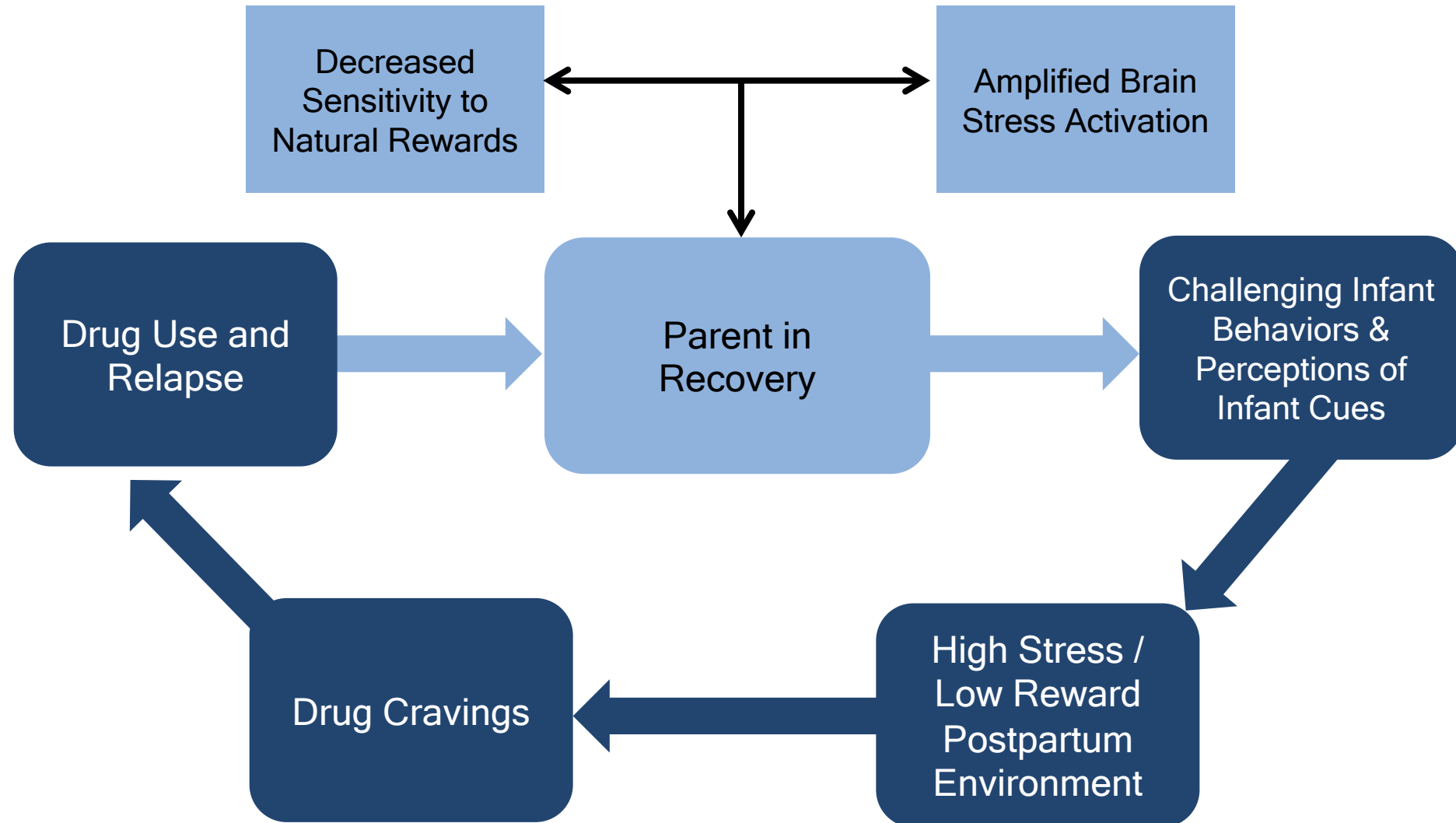


FIGURE 1 | (A–C) Contrast of non-using > substance-using mothers for happy, sad, and neutral faces, respectively. Images are shown in neurological convention, with the left hemisphere on the left side of each image. Slices are at MNI z-coordinate locations -19 , -1 , $+17$, $+35$, and $+53$ mm.

Adaptive neurobiological mechanisms of parenting



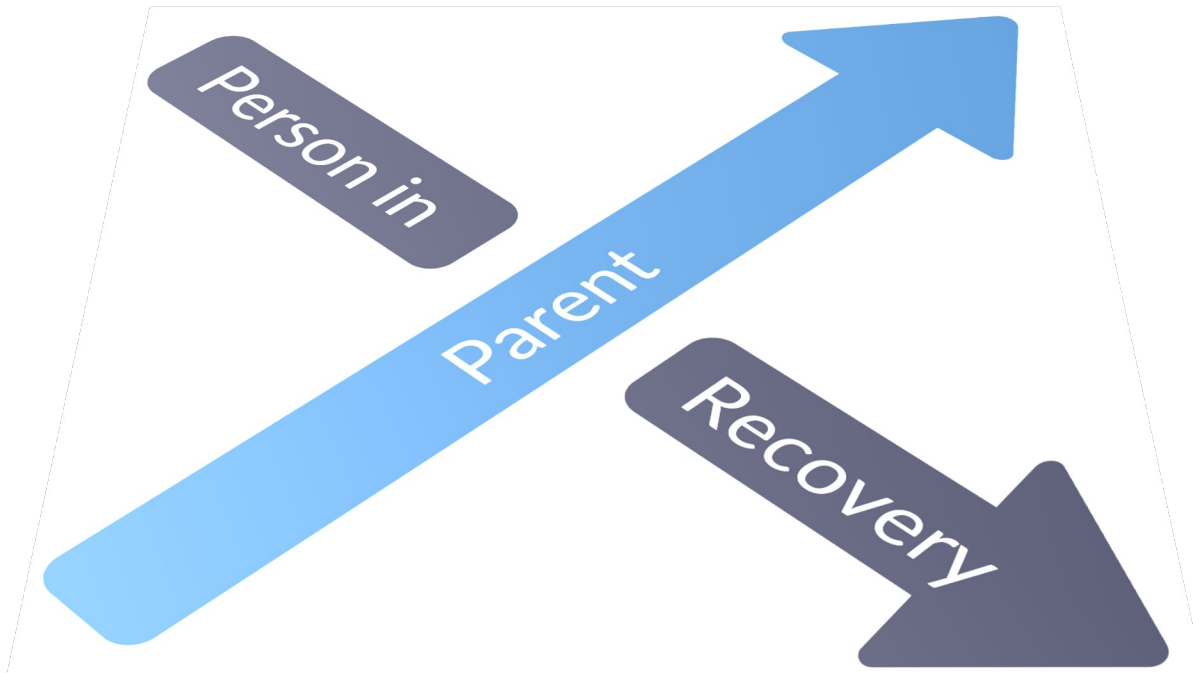
Reward-Stress Dysregulation Model of Parenting and Addiction





Implications for parents with SUD

Intersectional identities



Attending to the identity of parent:

“Her [pediatrician]... was like, ‘Well, is he okay?... How’s he responding to this or that?’ She never really asked how I was.”

Attending to the identity of person in recovery:

“Like, if we were in a group and our kids started crying or needed a change, they wouldn’t let us leave to go do it and if we did, we would lose our credit for the group.”

Implications

- Parents with SUD experience...
 - Challenges balancing recovery & caregiving
 - Ambivalence, guilt
 - Alterations in sensitivity (behavioral, neural)
 - Parenting stress
- Families impacted by SUD experience...
 - Involvement with child welfare
 - Involvement with legal system



Implications

Often referred for parenting support

- Many scaled up, widely available, *evidence-based* parenting interventions...
 - Are behavioral, skills-based
 - Designed with child behavior in mind
 - Miss the mark for parents in recovery



Implications



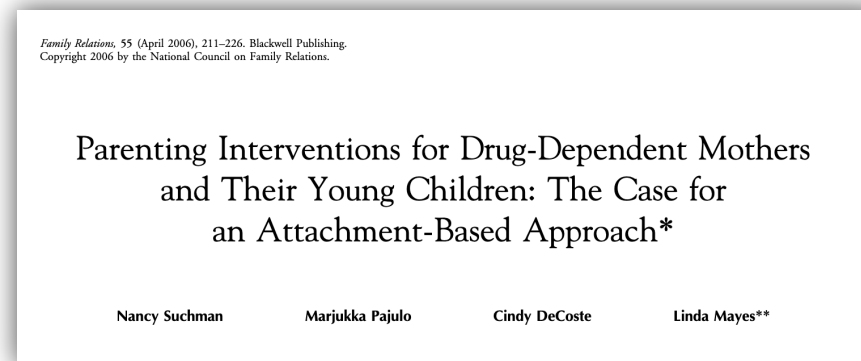
Lack of consideration of parents' challenges

- Why is parenting challenging?
- Trauma history
- Other psychosocial factors

Exit prematurely

- Shame
- Stigma
- Fear of custody loss
- Absence of wrap around services
- Lack of consideration of intersectionalities

From behavior management to fostering emotional bonds



Tipping the scales

Instead of teaching...

- *Figure things out together, in relationship*

Enhance parent child relationship

- Make parenting feel more rewarding
- Decrease stress of parenting

Perhaps salience and reward of substance use will also decrease?

This should all be good for parents AND children

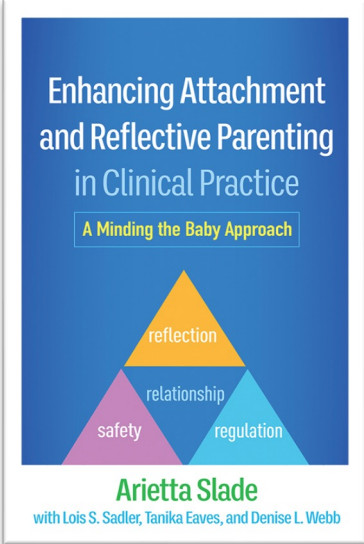


Supporting parents with SUD

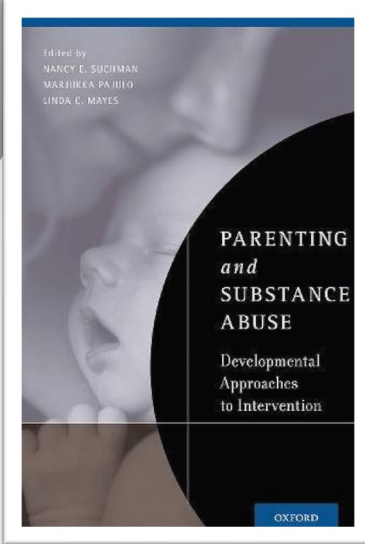
Principles and strategies of supporting parents with SUD



Arietta Slade, PhD



Nancy Suchman, PhD



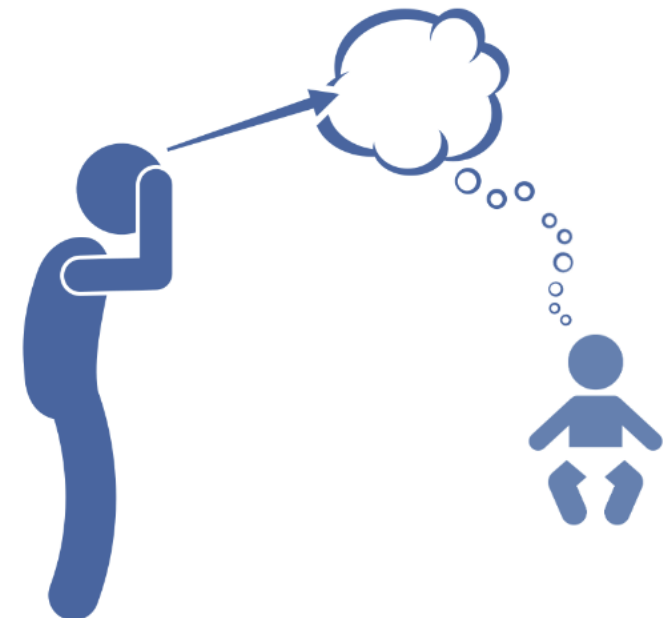
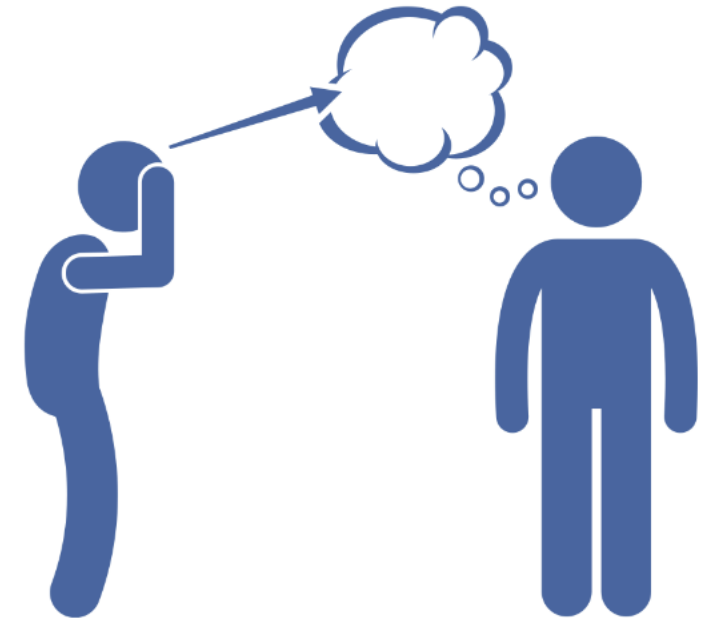
Reflective parenting support

Mentalization (Fonagy & Target, 1997)

- The ability to envision another's mind, make sense of their behavior in terms of underlying thoughts, emotions, wishes, intentions
- **Mentalization Based Treatment**

Parental reflective functioning (Slade, 2005)

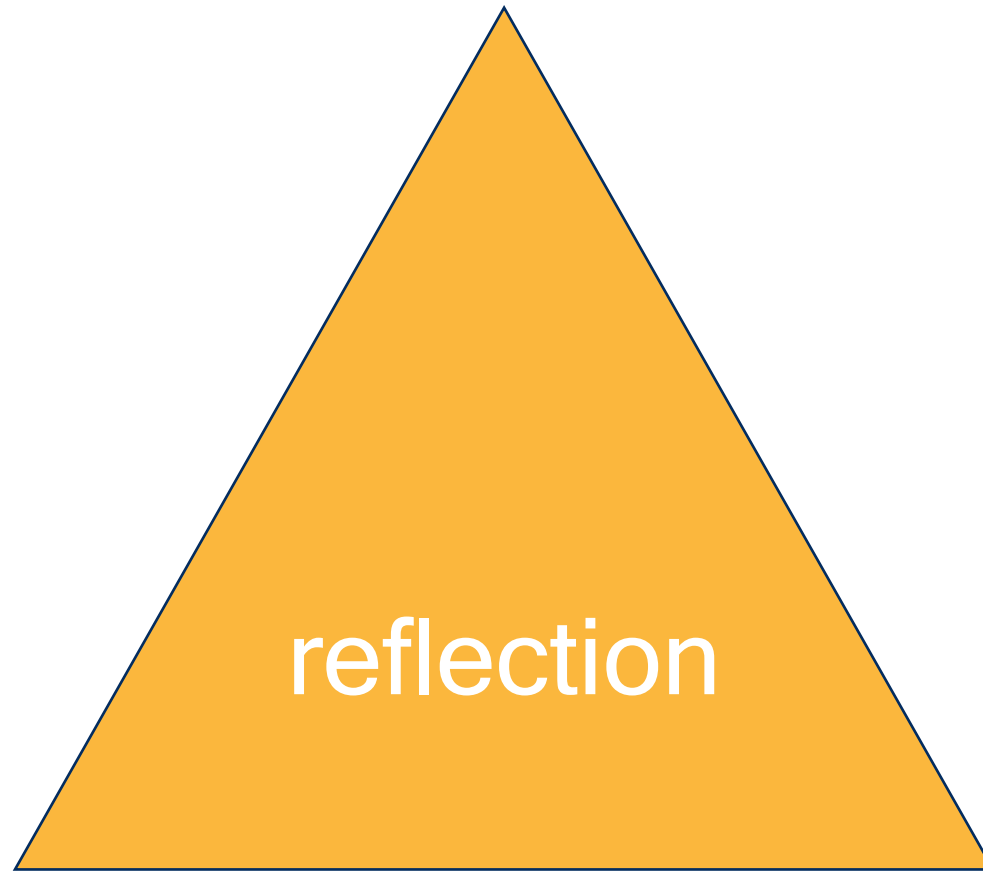
- Application of mentalization to the parenting role
- The capacity to hold the child (and the child's mental states) in mind
- Incorporation of developmental lens
- **Minding the Baby**



Reflective parenting support

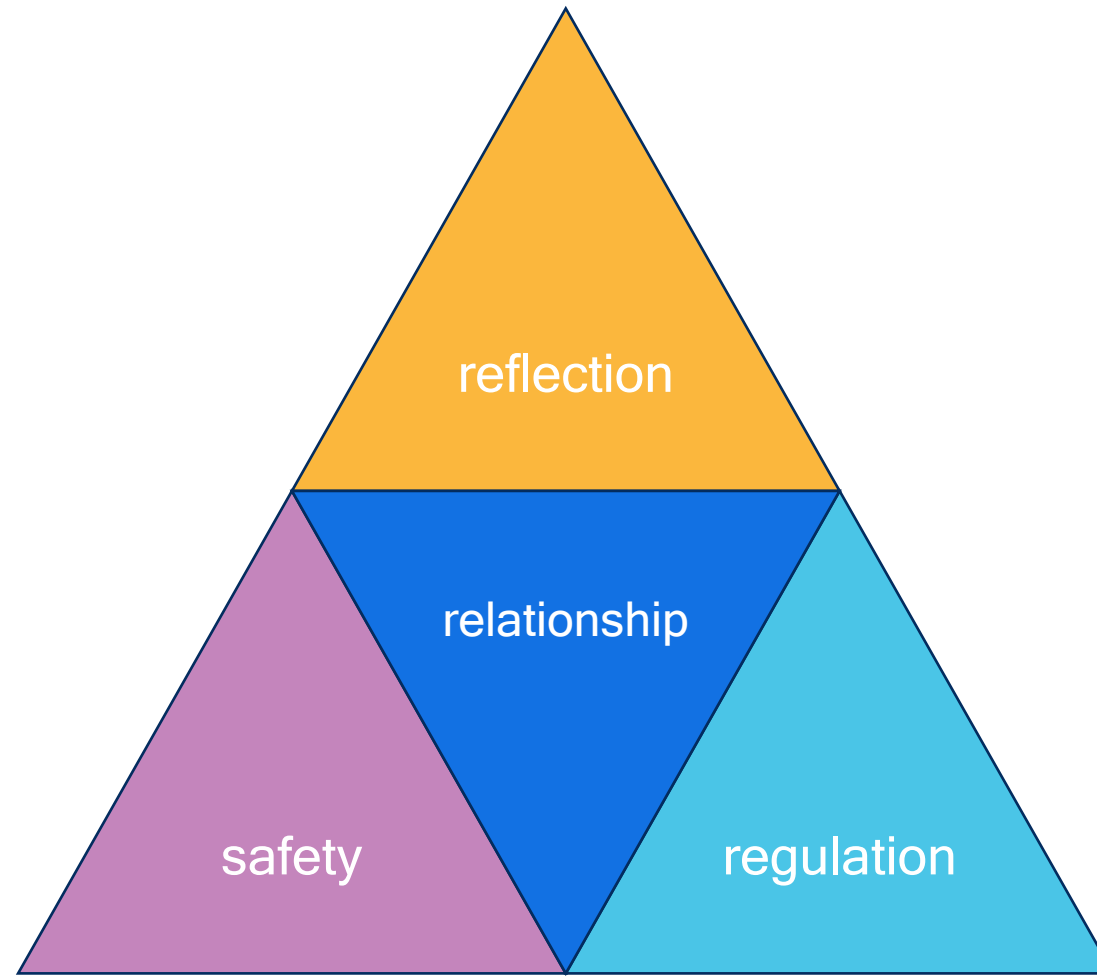
Application of these approaches to supporting parents with SUD

- *Mothering from the Inside Out* (Suchman et al., 2010)
- What we mean by inside
 - What we can't see
 - Mind
 - And brain!
- What we mean by out..
 - What we can see
 - Behavior (caregiving, substance use)
 - Micro-interactions





Relational foundations of reflection



Safety & regulation in ourselves

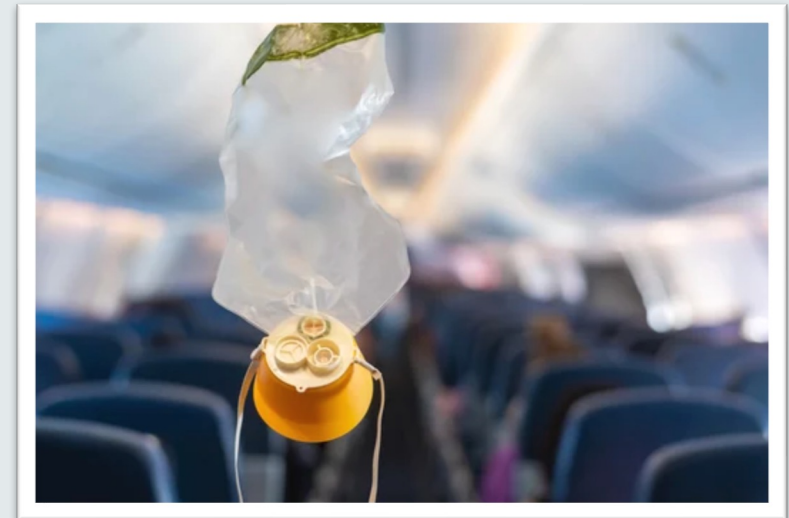
“The clinician’s sense of safety and regulation is a necessary prelude to truly connecting with the parent or child...”

...The more sensitive a parent is to rejection of abandonment, the more acutely they will feel our moments of disconnection and absence.”

(Slade et al., 2023, p.160)

Ask yourself...

- *Am I feeling worried? If so, about what? CPS?*
- *What am I wishing for?*
- *What are my goals in this work? For this family?*
- *Are my goals in line with the family’s goals?*
- *What is influencing my decision-making?*
- *How are my feelings impacting the work?*



Safety & regulation with parents

Safety- how?

- Take the parent seriously
- Prioritize the parent's needs
- Anticipate and actively work against stigma
- Provide unconditional positive regard
- Hear their fears, acknowledge the reality of the physical AND emotional danger they experience
- Help think through ways parents can protect themselves, build agency, develop emergency plans

Maintain a **transparent** stance (Lowell et al., 2021; Suchman et al., 2016)

Convey why you are asking what you are asking

Keep parents informed every step of the way

Regulation- how?

- Our inclination-- to talk
 - Our words may have little value when parents are dysregulated, and may be more activating
- Serve as a surrogate source of co-regulation
- Bodily regulation
 - Mindfulness, pausing to notice
- Social engagement
 - Verbal or nonverbal
 - Creative modes of self-expression
 - Engage pleasure centers of the brain

Relationship

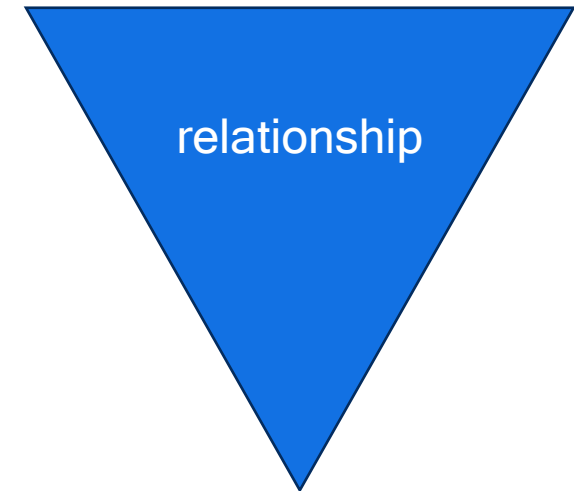
Convey “*we are in this together*”

Maintain a collaborative stance (Lowell et al., 2021)

Suchman et al, 2016)

- Minimize power differential
- What happens in the relationship is a reciprocal process
- Perceptions and meanings can be negotiated between provider and parent

- *I want to think about this with you*
- *Do I have that right?*
- *What do you think?*



Reflection

Parental self-focused mentalization

- *How did you feel when...*
- *I wonder if you were feeling...*
- *What was that like for you?*
- *What was running through your mind?*
- *What do you wish they understood?*
- *I wonder what you needed in that moment?*
- *What were you hoping for?*

Child-focused mentalization

- *What do you think it was like for your child?*
- *If your child could speak, what do you think they might say?*
- *What do you think was going on for your child when that happened?*
- *How do you imagine they were feeling?*
- *What do you imagine your child needed?*
- *What do you think they were thinking?*



reflection

Evidence base

Compared to skills-based approaches, supporting parents with SUD in a reflective manner is associated with...



- Reflective functioning
- Maternal sensitivity
- Dyadic reciprocity
- Child attachment security



- Depression
- Substance use
- Negative emotionality
- Child withdrawal

THE MOTHERS AND TODDLERS PROGRAM, AN ATTACHMENT-BASED PARENTING INTERVENTION FOR SUBSTANCE-USING WOMEN: RESULTS AT 6-WEEK FOLLOW-UP IN A RANDOMIZED CLINICAL PILOT

NANCY E. SUCHMAN, CINDY DECOSTE, THOMAS J. MCMAHON, BRUCE ROUNSAVILLE, AND LINDA MAYES
Yale University

Development and Psychopathology 29 (2017), 617–636
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Mothers From the Inside Out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment

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DOI: 10.1002/imhj.22043

RESEARCH ARTICLE WILEY

Mothers from the Inside Out: Results of a community-based randomized efficacy trial testing a mentalization-based parenting intervention for mothers with addictions

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Conclusion

Conclusion

- Context and trauma history matters
 - Childhood trauma, adulthood trauma, child removal, stigma
 - *“Understanding of minds is hard without the experience of having been understood as a person with a mind”*
 - This goes for parents’ own caregivers...
 - ...but also us as providers who work in systems that don’t always appreciate this
- Neurobiology matters
 - Can we work toward ‘*tiping the scales*’ toward more reward and less stress?
- Oxygen mask
 - Can you challenge yourself to put parent’s needs first?
- Words matter
 - Facilitate safety, facilitate regulation, enhance relationship
 - between provider and parent
 - between parent and child
 - Then you can support reflection
 - Don’t forget- you can be an agent of change to shift public discourse and reduce stigma



Thank you

Nancy Suchman, PhD

Arietta Slade, PhD

Tom McMahon, PhD

Elizabeth Peacock-Chambers, PhD

Amanda Zayde, PsyD

Jessie Borelli, PhD

Cindy DeCoste, MS

Helena Rutherford, PhD

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National Institute
on Drug Abuse



Eunice Kennedy Shriver
National Institute of
Child Health and
Human Development

Q & A

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