TTAC

Perinatal and Early Childhood Mental Health Network

Training and Technical Assistance Center

Integrating Early Childhood Mental Health & Substance Use Recovery: Growing Together

Ruth Paris, PhD, LICSW, IMH-E®
Boston University School of Social Work
July 16, 2025

Who We Are

The New York City Perinatal + 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 for 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 Managed Care Technical Assistance Centers (CTAC & MCTAC), Peer TAC, and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

  TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.

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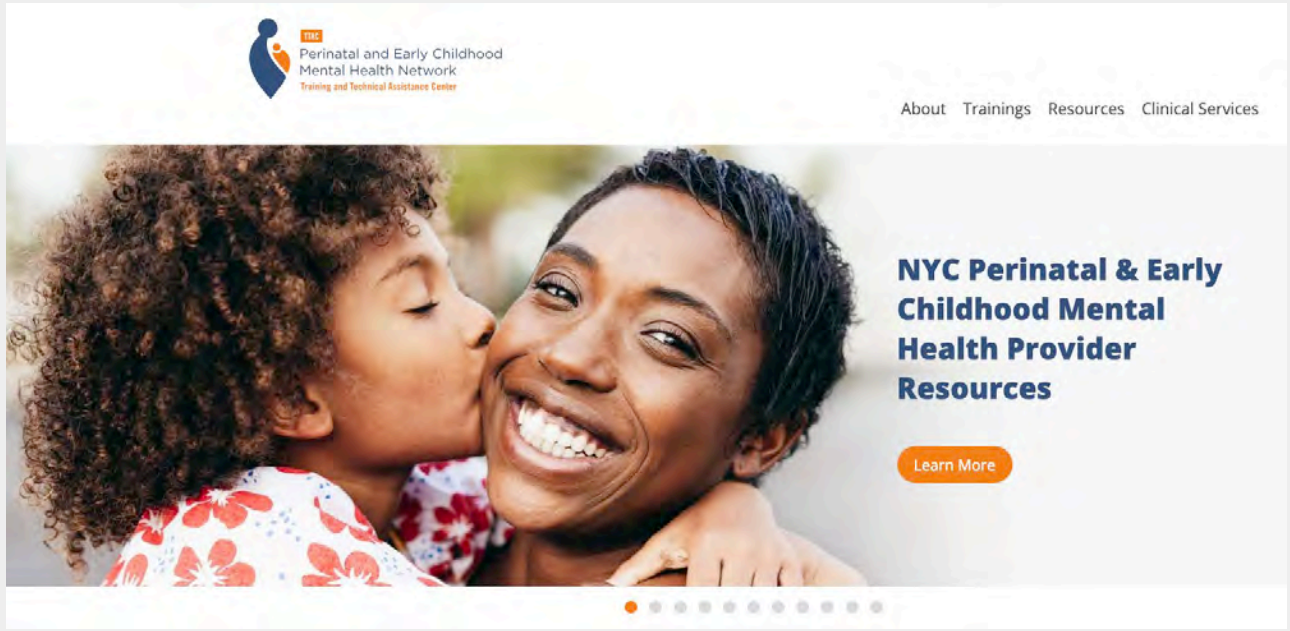

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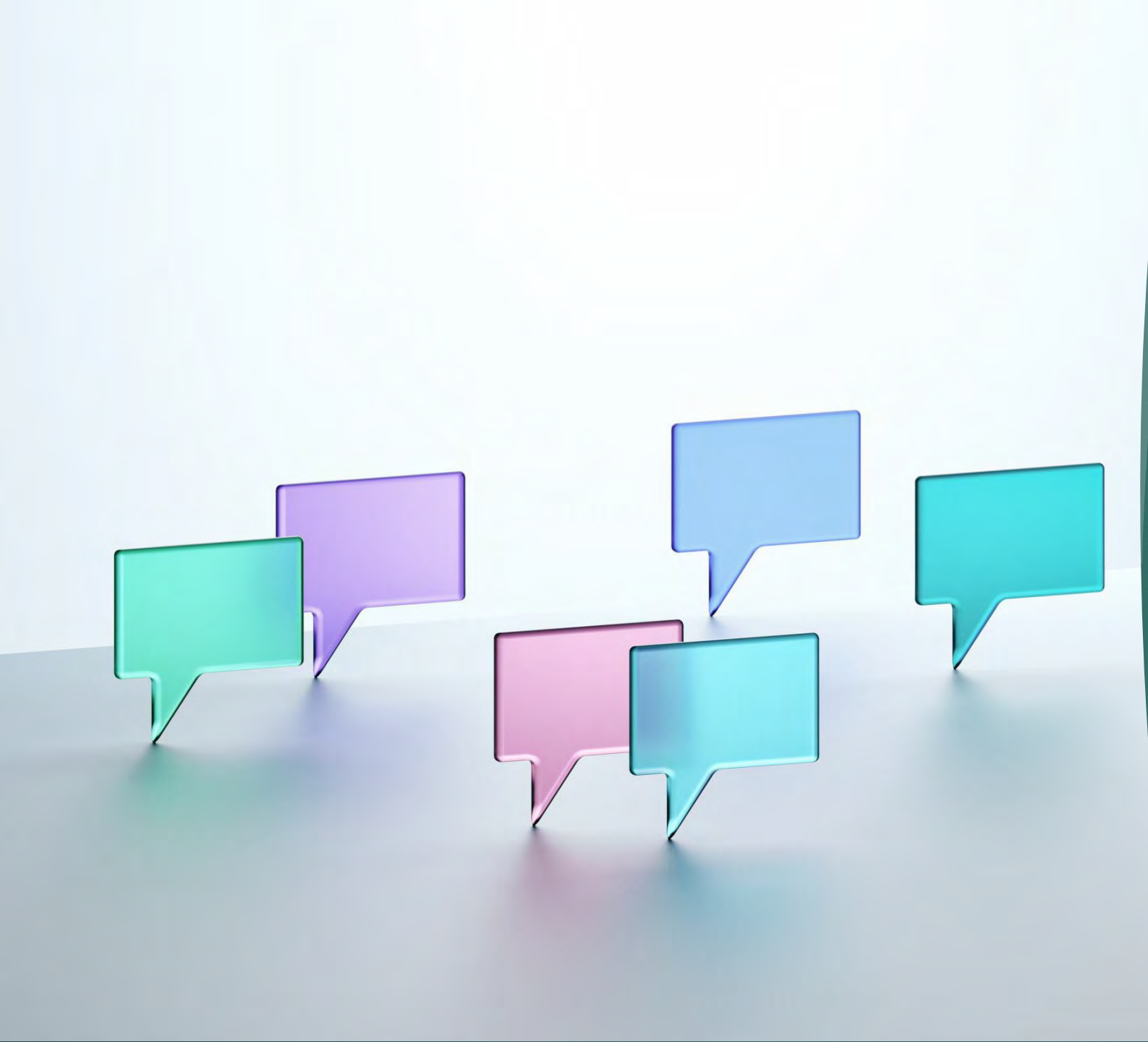


Integrating Early Childhood Mental Health & Substance Use Recovery: Growing Together

PLEASE INTRODUCE YOURSELF IN THE CHAT

DO YOU HAVE PERSONAL OR CLINICAL EXPERIENCE WITH PARENTS WITH SUBSTANCE USE HISTORIES AND THEIR YOUNG CHILDREN?

Ruth Paris, PhD, LICSW,
Boston University SSW

Today's Presentation

Impact of substance use disorder (SUD) and trauma on parenting and the parent-young child relationship

The BRIGHT (Building Resilience through Intervention: Growing Healthier Together) intervention

Parent-child videos and case discussion

Substance misuse: The Numbers

In 2023, approximately **48.5 million people over age 12** in U.S. were diagnosed with a Substance Use Disorder (SUD; NSDUH, 2023)

Drug overdoses have killed almost **1 million people** since 1999;

105,007 people died of overdoses in 2023, slight decrease (between 3-6%) from 2022 (CDC)

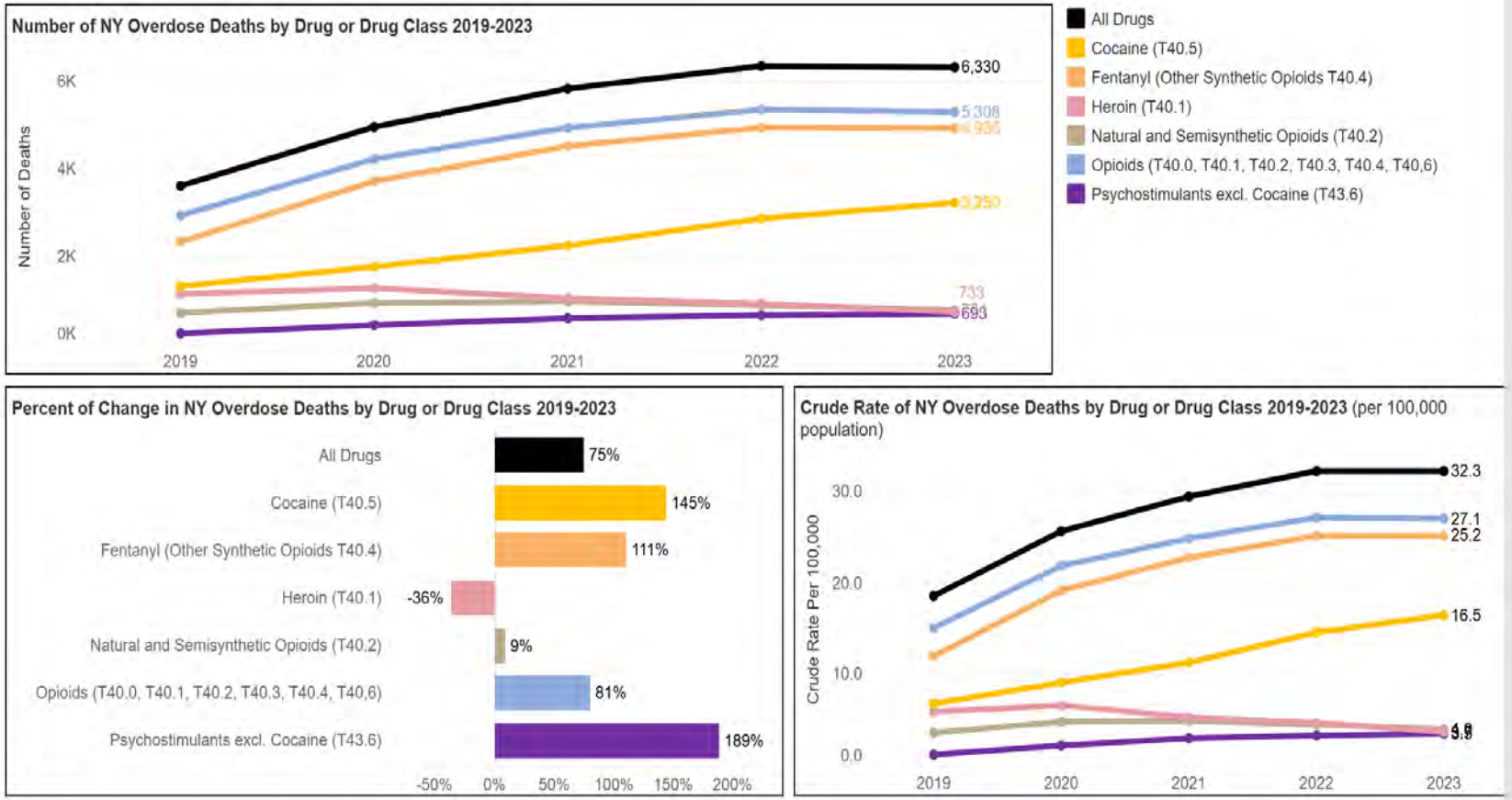
Since 2002 rates of **opioid use among U.S. women has doubled** (Jones, et al., 2015) at a rate twice as fast as men

Approximately **5%** of pregnant people used an illicit substance in the past month (NSDUH, 2023)

Between 2010 and 2017 opioid-related diagnoses at delivery **increased by 131%** (Hirai, et al, 2021)

In 2023, nearly **19 million children** lived in a household with at least 1 parent with SUD (JAMA, 2025)

NYS Annual Drug Overdose Deaths Dashboard



Source: CDC Wonder Provisional Mortality Statistics. Data extracted as of 2/6/2025

Data include New York State residents who die due to drug poisonings of any intent in CDC Wonder. Underlying cause of death ICD-10 codes are X40-X44 [Unintentional], X60-X64 [Intentional Self-Harm/Suicide], X85 [Assault/Homicide], and Y10-Y14 [Undetermined Intent]. County is determined by county of residence. Multiple drugs are often involved in overdose deaths; therefore, individual

Racial disparities in accessing treatment for SUD: Impact of systemic racism

Recent data suggests increases in opioid use and death among Black and Latinx people

Evidence-based treatment options for people of color are insufficient

Black people were less likely to receive treatment within 30 days of opioid-related overdose; less likely to receive buprenorphine

Black women more likely than white women to use illicit substances during pregnancy

Fewer women of color in SUD treatment programs:

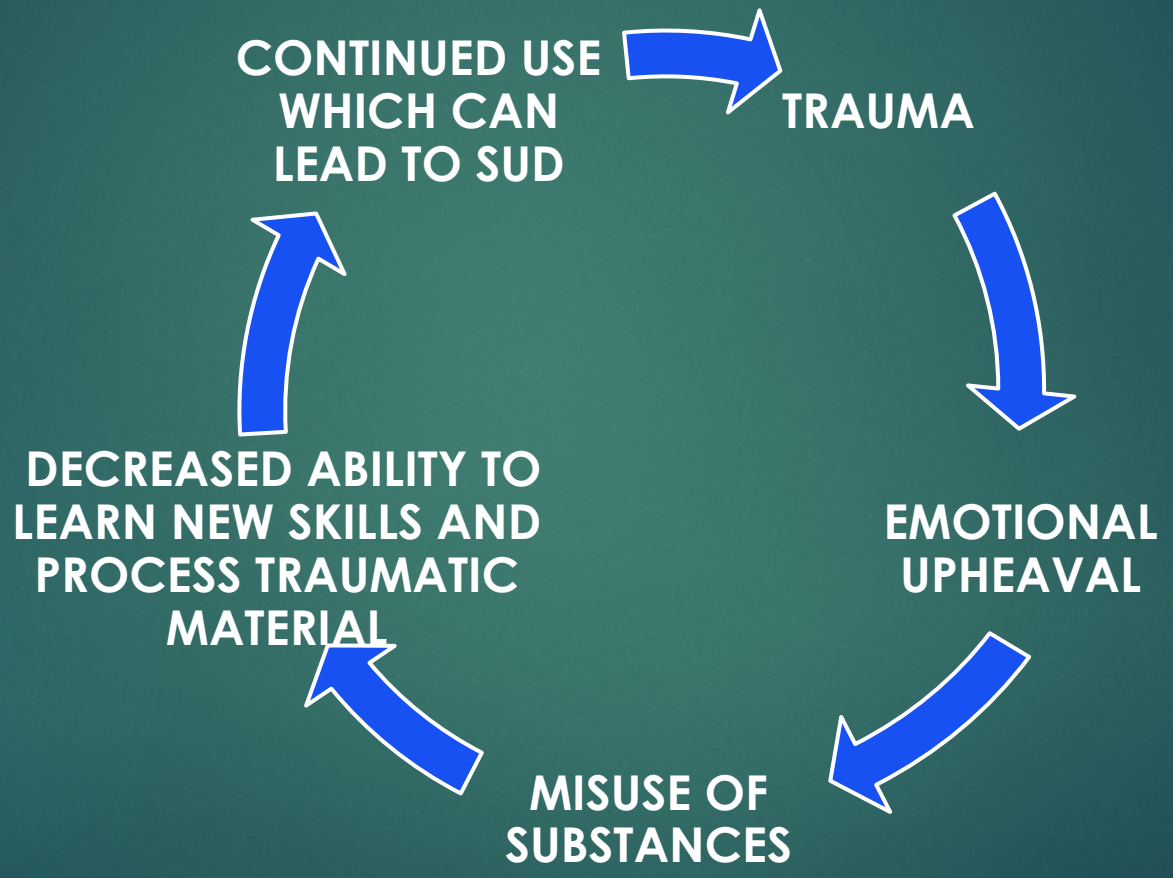
- History of stigma for Black women during the crack cocaine epidemic
- Fear of imprisonment and losing child custody
- Women of color more likely to be reported to child welfare

White women more likely to seek help, filling up available treatment programs

Pregnant Black women have less access to SUD treatment services

Recent Boston study: Early findings show stigma and poor self-worth associated with SUDs contribute to not seeking care; belief that family was sufficient to address problems; staff needs to diversify in SUD treatment

Trauma and addiction cycle



Unplanned pregnancies

Poor attachment relationships

Hx of childhood trauma

Parental SUD often associated with

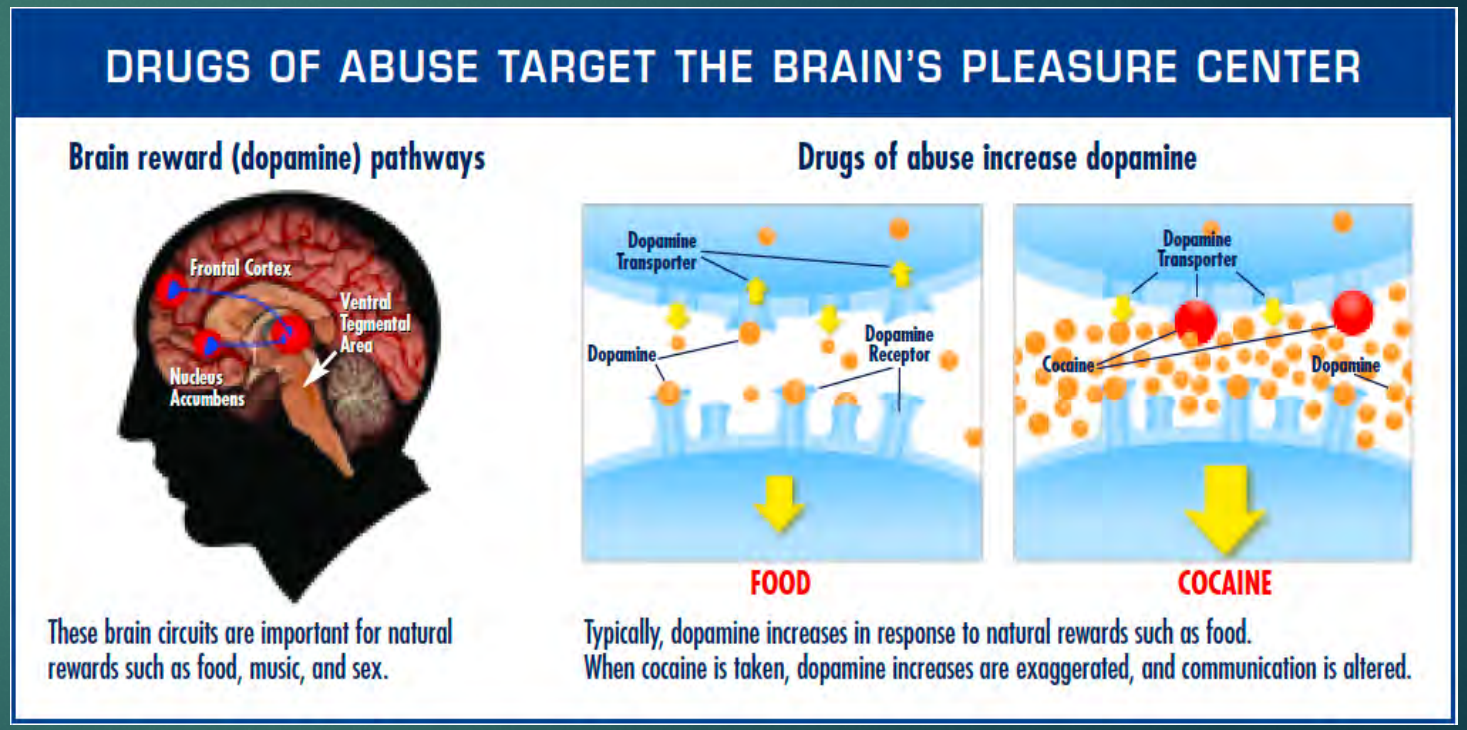
Multiple life stressors (e.g., poverty, housing insecurity)

Current trauma

Mental health challenges

One way that substances affect the brain

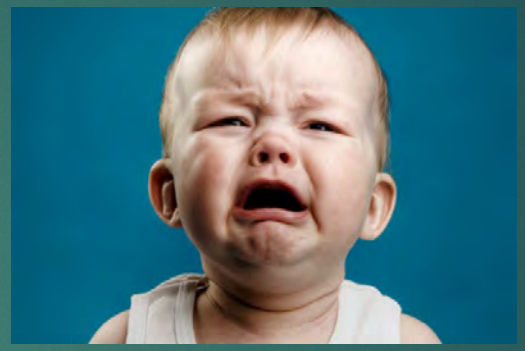
- The common drugs of addiction impact the multiple areas of the brain (e.g., neurotransmitters) including the dopamine circuitry, leading to changes in pleasure/reward interactions (brain is "hijacked")
  - Difficulty experiencing the pleasures involved with parenting (e.g., physical contact, emotional connections, enjoying child's development, etc.)
  - Little ability to tolerate challenges of parenting (e.g., crying, needy infants, etc.). Increase parenting stress



Neural circuitry disruptions affect caregiving

- Dysregulation in stress and reward neural circuits in substance using mothers (Rutherford & Mayes, 2017)

- May lead to difficulty or delay in discerning infant cues/emotions, both faces and sounds, diminished reward response, and lower stress tolerance (Rutherford, 2021)
- Potentially compromise parental caregiving behavior and infant attachment formation
- Infant may "miscue" a parent who is not picking up on specific signals



USA TODAY

Drug-dependent babies challenge doctors, politicians

NASHVILLE, Tenn. -- No one who hears it ever forgets the sound.

When newborn babies begin to withdraw from powerful drugs, they shriek at a high, telltale pitch. Cut off from the substances they ingested through their mothers, they convulse, projectile vomit or writhe from skin-scorching diarrhea.

Their tiny bodies shudder violently. They cannot be consoled.

- **Neonatal Opioid Withdrawal Syndrome (NOWS);** due to in utero opioid exposure
- Affects between 6 and 20 newborns per 1000 live US births
- **Symptoms associated with NOWS:**

  Central nervous system irritability; High-pitched, continuous crying; Decreased sleep; Tremors; Increased muscle tone; Hyperactive Moro reflex; Seizures; Gastrointestinal dysfunction; Feeding difficulties; Vomiting; Loose or watery stools; Autonomic nervous system activation; Sweating; Fever; Frequent yawning and sneezing; Increased respiratory rate; Nasal stuffiness and flaring

Adapted from Ko JY, Wolicki S, Barfield WD, et al. CDC Grand Rounds: public health strategies to prevent neo-natal abstinence syndrome. MMWR Morb Mortal Wkly Rep. 2017;66(9):242–245.

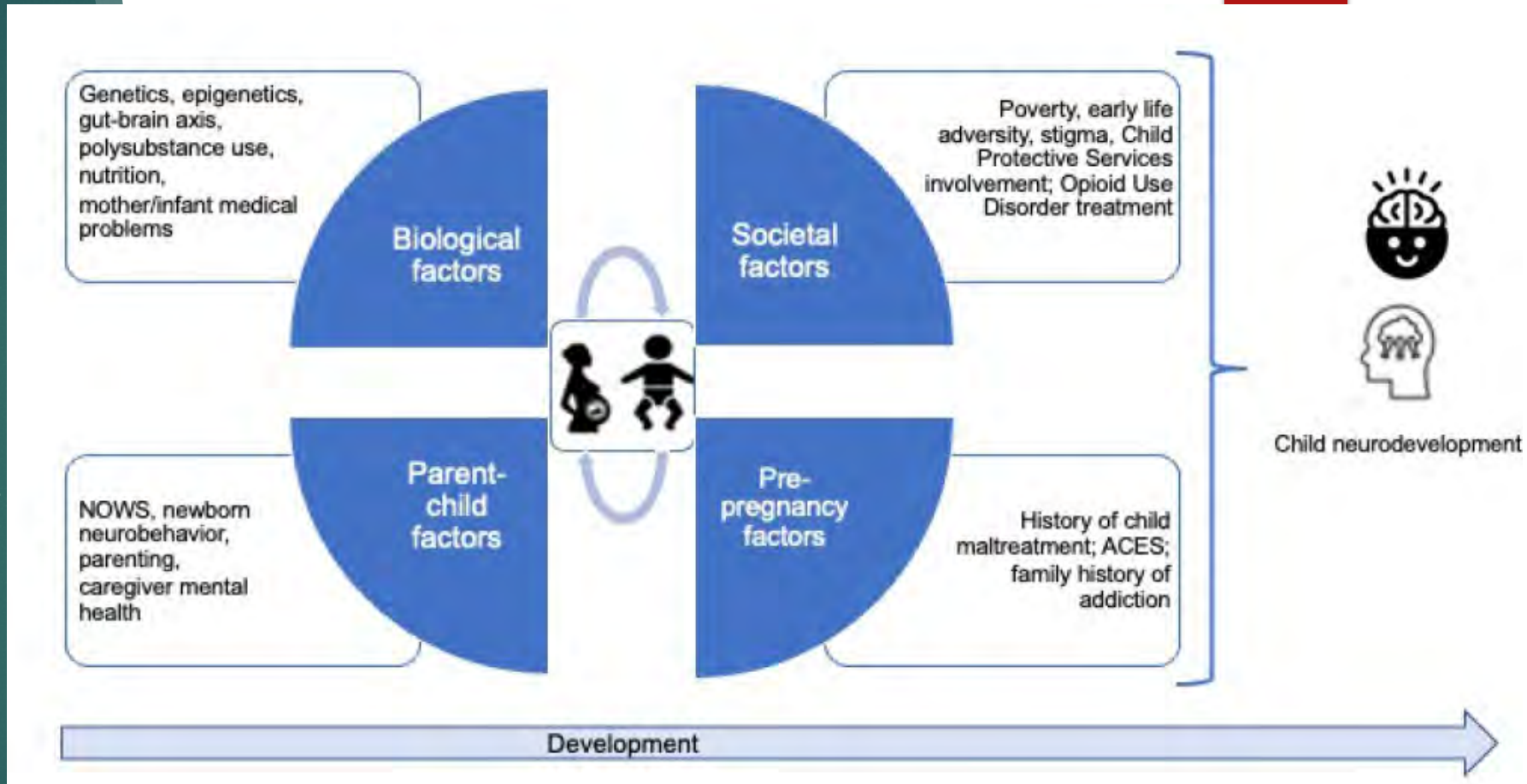
Parent and child: "Difficult regulatory partners"

Children exposed in utero may have different abilities to explore, signal distress, experience regulation, or appreciate physical discomfort.

"The substance-exposed mother and child are difficult regulatory partners for each other, as the exposed infant often has an impaired ability to regulate his states … and needs more parental help. At the same time, the mother usually has a reduced capacity to read the child's signals. This combination easily leads to a viciously negative cycle that culminates in withdrawal from interaction and increased risk for child neglect and abuse." (Pajulo et al., 2006)

- Micro, mezzo and macro systems impacting a child exposed to substances in utero

(Conradt, et al., 2023)



Importance of emotion regulation in early parenting

Regulated emotional states necessary for sensitive parenting to promote optimal infant attachment

Early parenting experiences that support the mother–infant bond (e.g., breastfeeding, close physical contact), may up-regulate neural networks which support mothers' interpreting infant's cues and reinforce a regulated emotional response

Availability and consistency in caregiving throughout early development shape children's ability to regulate emotion

Parents with higher reflective functioning are better able to regulate their own emotions in a caregiving experience (Rutherford, et al., 2013)

Challenge: Emotion dysregulation is a key component of SUDs

Putting together the pieces: Substance misuse, trauma and parenting

- **In utero exposure** – Implications for regulation problems across developmental spectrum (e.g., NAS, ADHD) (Bandstra et al., 2010; Keegan et al., 2010; Lester & Lagasse, 2010); some findings are debated (Guille & Aujla, 2019)
- **Caregiving environment** – Problems with emotion regulation, maternal responsiveness, emotional involvement, withdrawal, intrusiveness, reciprocity, contingency (Rutherford, et al., 2013; Rutherford & Mays, 2017)
- **Involvement with child welfare**- Parental substance use likely associated with growth in CW population, particularly infants and young children; 1/3-2/3 of children involved with CW include parental substance use as a factor; increased incidence of NOWS coincided with escalation of opioid misuse
- **Disruptions in early and adult attachment** - Mothers/fathers often come to the parenting role without the experience of a secure attachment (Salo & Flykt, 2013); Compromised parenting can impact attachment relationship and development of secure base from which the child grows

INTERVENTION

Trauma and SUDs affect the caregiving or attachment system

- Attachment system: Comprised of both mental representations and parenting behaviors

- Interventions ideally address both levels-- representations and interactions-- in order to affect change in parenting capacities (RF and behavior) and promote secure attachment and development for the child

Mentalization-based approaches to build parental reflective function (PRF)

- Parental reflective functioning: the ability to understand behavior of oneself and one's child in terms of underlying feelings, thoughts and intentions
- Mentalization-based interventions encourage parents to think about child's mental states instead of only behaviors, promote parental attunement and responsiveness
- Better parental RF/mentalizing can mediate the negative effects of substance misuse, trauma and mental health challenges on the caregiving relationship

Parental Reflective Functioning (continued)

- PRF allows us to make sense of ourselves and other people
- Parental reflective capacities linked to child attachment security: High PRF often correlates to secure attachment
- PRF enables the parent to respond to child in a sensitive manner
- Facilitates problem solving in parenting

BRIGHT History: Services to Science

(Building Resilience through Intervention: Growing Healthier Together)

BRIGHT I: Family Residential Treatment programs (2009-20012, SAMHSA; IHR, JF&CS & BUSSW)

BRIGHT II: Outpatient Opioid Treatment Programs (2012-2016, SAMHSA; IHR, JF&CS & BUSSW)

BRIGHT III: Residential, Opioid Treatment Program and Primary Care/Outpatient (2016-2021, SAMHSA; IHR & BUSSW)

Growing Together Study: Pragmatic Randomized Controlled Trial (2018-2021, HRSA; BUSSW & IHR)

A BRIGHT Approach: Pediatric medical home for children exposed to substances in utero (2022-2027, SAMHSA; IHR, BUSSW,& BMC)

People involved with development of BRIGHT since 2009: Norma Finkelstein, Karen Gould, Eda Spielman, Ruth Paris, Amy Sommer, Beth Marron, Karen Garber, Sue O'Donnell, Brittney Walker, Christine Trendell, Ashley Short Mejia, Ruth Rose-Jacobs, Annie Query, Annie Herriott & research team at BUSSW

Theoretical foundations of BRIGHT

Infant Mental Health	• Mother-infant attachment • Focus on parental reflective functioning/mentalizing (PRF)
Trauma and mental health disorders	• Recognition of impact • PTSD, emotion regulation, affect recognition
Importance of SUD	• Compromised reward mechanisms in the brain impacting pleasure in parenting • Relapse as part of recovery

Core concepts of BRIGHT

BRIGHT Intervention

Maternal substance use/treatment

Maternal mental health

Challenged parenting capacities

Risk of maltreatment

Infant development

Goals to improve:

- Parent-child relationships/parenting
- Maternal mental health
- Infant social-emotional development

Reduced risk of maltreatment

Continued SUD treatment

BRIGHT INTERVENTION

Promotes developmental play, offers developmental guidance, supports parental protective behavior, translates children's feelings/actions, provides emotional support, encourages emotion regulation and reflective functioning, provides concrete assistance

Key Components

- **Engagement**
  - Working to build trusting relationships
    - Providing flexibility
    - Demonstrating availability
    - Providing concrete assistance
    - Meeting client "where they are at"
- **Cultural humility and responsiveness**
  - Client centered
  - Non-judgemental active listening
  - Curiosity and dialogue
  - Clinician's self reflection

Key Components

- **Encouraging containment for emotion regulation**
  - Clinician as co-regulator
  - Validation of feelings and experiences
  - Coping skills discussed
- **Building reflective functioning**
  - Questions, conversation, and exploration about "anything" important to the mother - curiosity
  - Sharing "wonderings" and observations
  - Ongoing reflections on strengths and growth

Key Components

- **Caregiving-child relationship**
  - Supporting positive attachment patterns
    - Attunement
    - Fostering connection through play
  - Holding the baby/young child in mind
    - Wondering/speaking for the baby
  - Supporting co-regulation within the dyad
    - Discussion of self-regulation strategies for caregiver

Key Components contd.

- **Encouraging problem solving**
- **Bearing witness to processes and experiences**
  - Including trauma for parent and child
  - "Being with"
- **Recovery support**
- **Reflective supervision**

Evidence for BRIGHT

Received: 27 May 2022 | Accepted: 22 November 2022
DOI: 10.1002/imhj.22040

RESEARCH ARTICLE

WILEY

Parenting stress and competence among mothers of young children with substance use disorders: The roles of trauma and reflective functioning

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Funding information
the U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration; National Child Traumatic Stress Initiative

Abstract

Posttraumatic stress symptoms are prominent in the lives of parents of young children with substance use disorders (SUD). Parenting experiences, particularly stress and competence, impact parenting behaviors and concomitant child growth and development. Factors that promote positive experiences of parenting, such as parental reflective functioning (PRF), and protect the mother and child from negative outcomes are crucial to understand to develop effective therapeutic interventions. The current US study analyzed baseline data from a parenting intervention evaluation to examine how length of substance misuse, PRF, and trauma symptoms were associated with parenting stress and parenting sense of competence among mothers in treatment for SUDs. Measures included the Addiction Severity Index, PTSD Symptom Scale-Self Report, Parental Reflective Functioning Questionnaire, Parenting Stress Index/Short Form, and Parenting Sense of Competence Scale. The sample included 54 predominantly White mothers with SUDs who had young children. Two multivariate regression analyses found that (1) lower parental reflective functioning and higher posttraumatic stress symptoms were associated with higher parenting stress, and (2) only higher posttraumatic stress symptoms were associated with lower levels of parenting sense of competence. Findings underscore the importance of addressing trauma symptoms and PRF when aiming to improve parenting experiences for women with an SUD.

KEYWORDS
parental reflective functioning, parenting, substance use disorder, trauma

1 | INTRODUCTION

Substance misuse during pregnancy and early parenting is an alarming and complicated public health crisis, as both mothers and their children contend with multiple obstacles to optimal health and wellness. Between 1999 and 2014, rates of opioid use disorder (OUD) at labor and delivery increased by over four times the rate of previous years (Haight et al., 2018). Further, rates of pregnant women with OUD and co-occurring polysubstance use significantly increased between 2014 and 2016 (Jarlenski et al., 2020). As the opioid crisis has increased, numbers of children involved in the child welfare system have risen as well (Feder et al., 2019). Not surprisingly, the COVID-19

Lower parental reflective functioning and higher posttraumatic stress symptoms were associated with higher parenting stress

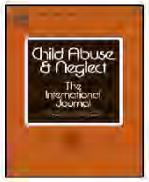
Higher posttraumatic stress symptoms alone were associated with lower levels of parenting sense of competence

(Paris, et al., 2023)

Child Abuse & Neglect 50 (2015) 206–217

Contents lists available at ScienceDirect

Child Abuse & Neglect



Research article

Differential responsiveness to a parenting intervention for mothers in substance abuse treatment☆

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ARTICLE INFO

Article history:
Received 30 April 2015
Received in revised form
10 September 2015
Accepted 14 September 2015
Available online 9 October 2015

Keywords:
Substance abuse
Parenting
Psychological distress
Dyadic interventions

ABSTRACT

This study examines the relationship between levels of psychological distress in substance-dependent mothers and their differential response to a dyadic parent–child intervention. A sample of 66 mothers who were receiving treatment for substance abuse, as well as a simultaneous parenting intervention, were interviewed pre and post-treatment on measures of psychological distress, adult and child trauma history, parental reflective functioning, and child social–emotional development. Additionally, clinicians provided assessments of the parent–child relationships. As anticipated, trauma histories for mothers and children, children's social emotional development, and parental reflective functioning were associated with aspects of maternal psychological distress. Kruskal–Wallis and subsequent Wilcoxson signed rank tests revealed that women with highest levels of baseline psychological distress showed significant improvements in psychological functioning post-treatment while women with moderately elevated levels of psychological distress did not. Women who were most distressed at baseline showed increased levels of parental reflective functioning post-treatment while women with moderate and lower levels of baseline psychological distress showed improvements on clinician-rated assessments of parent–child relationships. Chi Square analyses showed that parents who endorsed the highest levels of distress at baseline reported that their children's risk status regarding social–emotional development decreased post-treatment. Despite similarities in substance dependence, mothers in this sample had different needs and outcomes in the context of this parenting intervention due to variation in mental health. Given this variation, parenting interventions for substance-dependent mothers need to account for the individual differences in levels of psychological distress.

Introduction

Children of substance-dependent parents are at risk for poor cognitive, social, and emotional development (Beckwith et al., 1994; McNichol & Tash, 2001; Salo & Flykt, 2013). They are highly represented in the population of children in protective custody, having been removed from their primary caregivers due to abuse or neglect (U.S. Department of Health and Human Services, 2009). Rather than in utero exposure alone causing these difficulties, the quality of relationships with caregivers,

☆ The preparation of this manuscript was supported in part by a grant from the Substance Abuse and Mental Health Services Administration to Norma

- Mothers with high psychological distress showed significant improvements in:
  - Psychological functioning
  - Parental RF
  - Children's social-emotional risk status
- Mothers with low/moderate psychological distress improved on clinician ratings of parent-child interactions

  (Paris, et al., 2015)

The Growing Together Study

Approximately 12 month, two-armed pragmatic randomized controlled trial for 60 pregnant/parenting women with opioid use disorder (OUD) and their infants

Study arms include:

- **BRIGHT- B**uilding **R**esilience through **I**ntervention: **G**rowing **H**ealthier **T**ogether (Treatment): dyadic attachment-based and trauma-informed therapeutic parenting intervention offered in the home
- **STAR-S**upport **T**eaching **a**nd **R**esilience (Control): standard of care social service referrals and child development handouts

Primary Aims: Testing BRIGHT to assess its efficacy in improving parent-child relationships and parenting capacities

- Secondary aims: Improving maternal mental health and infant social-emotional development, maintenance of OUD treatment and recovery

Parent Development Interview (Slade, et al., 2002): Assessment of parental reflective functioning (PRF)

Select questions:

1) What gives you the most joy in being a parent?

2) How has having your child changed you?

3) Tell me about a time in the last week or two when you felt really angry as a parent.

4) Tell me about a time in the last week or two when you felt you really needed someone to take care of you.

5) When your child is upset, what does he/she do? How does that make you feel? What do you do?

6) How do you think your experiences being parented affect your experience of being a parent now?

7) How do you want to be like and unlike your mother/father as a parent?

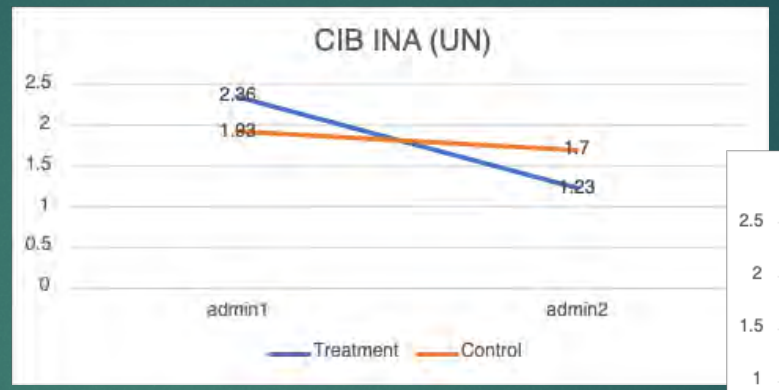
Coding Interactive Behavior (CIB, Feldman, 1998): Primary outcome- parent-infant interaction (structured and unstructured)

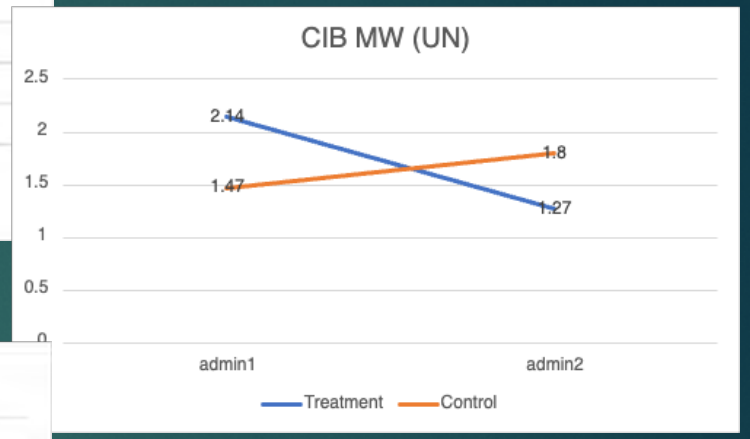
- Select Parent Codes
- Overriding intrusiveness
- Parental sensitivity
- Parent positive affect
- Parent depressed mood
- Parent negative affect
- Parent withdrawal
- Affectionate touch

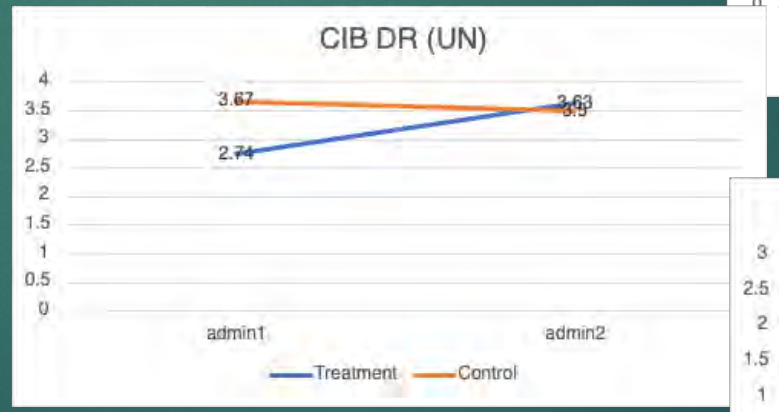
- Child Codes
- Child positive affect
- Child negative affect, fussy
- Initiation
- Dyadic Codes
- Dyadic reciprocity
- Infant-led interaction
- Parent-led interaction

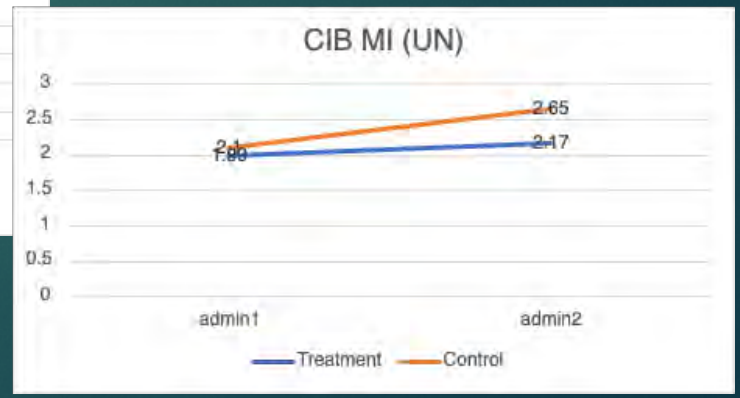
Select findings from Growing Together Study: Parent-infant interactions

- Improvement in the **BRIGHT** group for unstructured parent-infant interactions:
  - Infant negative affect decreased (INA) (F=7.64, p=0.0101)
  - Mother withdrawal decreased (MW) (F=8.22, p=0.0079),
  - Dyadic reciprocity increased (DR) (F=4.30, p=0.0474)
  - Maternal intrusiveness stayed the same (control group increased; MI) (F=4.21, p=0.0501-trend level)









Summary and conclusion

- Opioid and substance misuse at epidemic proportions in the US and many countries around the world; racial and ethnic inequities; grave consequences for parents, parenting, and growing children
- In utero substance exposure is only one part of complex systems that interface to negatively impact children; the same complex systems offer opportunities for intervention
- Best practices to support families and break the intergenerational transmission of trauma and substance use are more available than ever
- Evidence supports mentalizing interventions that focus on PRF
- BRIGHT is one promising intervention that has been in the field for more than 15 years and has been tested in an RCT; aim to replicate in US and globally

Select references

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Thoughts or questions?

Thank you!!!

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