



# Substance-Exposed Newborns

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Brandeis University  
Substance-Exposed Newborn Health Policy Forum

September 27, 2011 – Boston, MA



# Prenatal Substance Use in MA

- Measured several ways, none ideal
  - Under-reporting
  - Double-counting
- Best estimate – 1/3 infants born in MA have some level of substance exposure
- Approximately 10-12% of SEN believed to be affected by exposure: between 2400-2800 infants born substance affected in MA in 2009



# Estimated Numbers of Infants Exposed to Each Substance in MA, 2009

<b>Substance</b>	<b>Percent of Pregnant Women Ages 15-44 Reporting Past Month Use</b>	<b>Total Estimated Number of Exposed Infants in MA</b>
Tobacco	9.8	7,360
Alcohol	11.0	8,261
Binge alcohol	5.4	4,056
Marijuana	7.6	5,708
Illicit pain reliever use	1.5	1,127
Illicit benzodiazepine use	0.8	601
Illicit use of stimulants	0.3	225
Cocaine	0.2	150
Hallucinogens	0.6	451
Heroin	0.2	150

*(Source: Centers for Disease Control & Prevention (CDC), 2008; Hamilton, Martin, & Ventura, 2010 (Table 6); US Department of Health & Human Services. Substance Abuse & Mental Health Services Administration. Office of Applied Studies, 2010 (weighted frequencies).)*

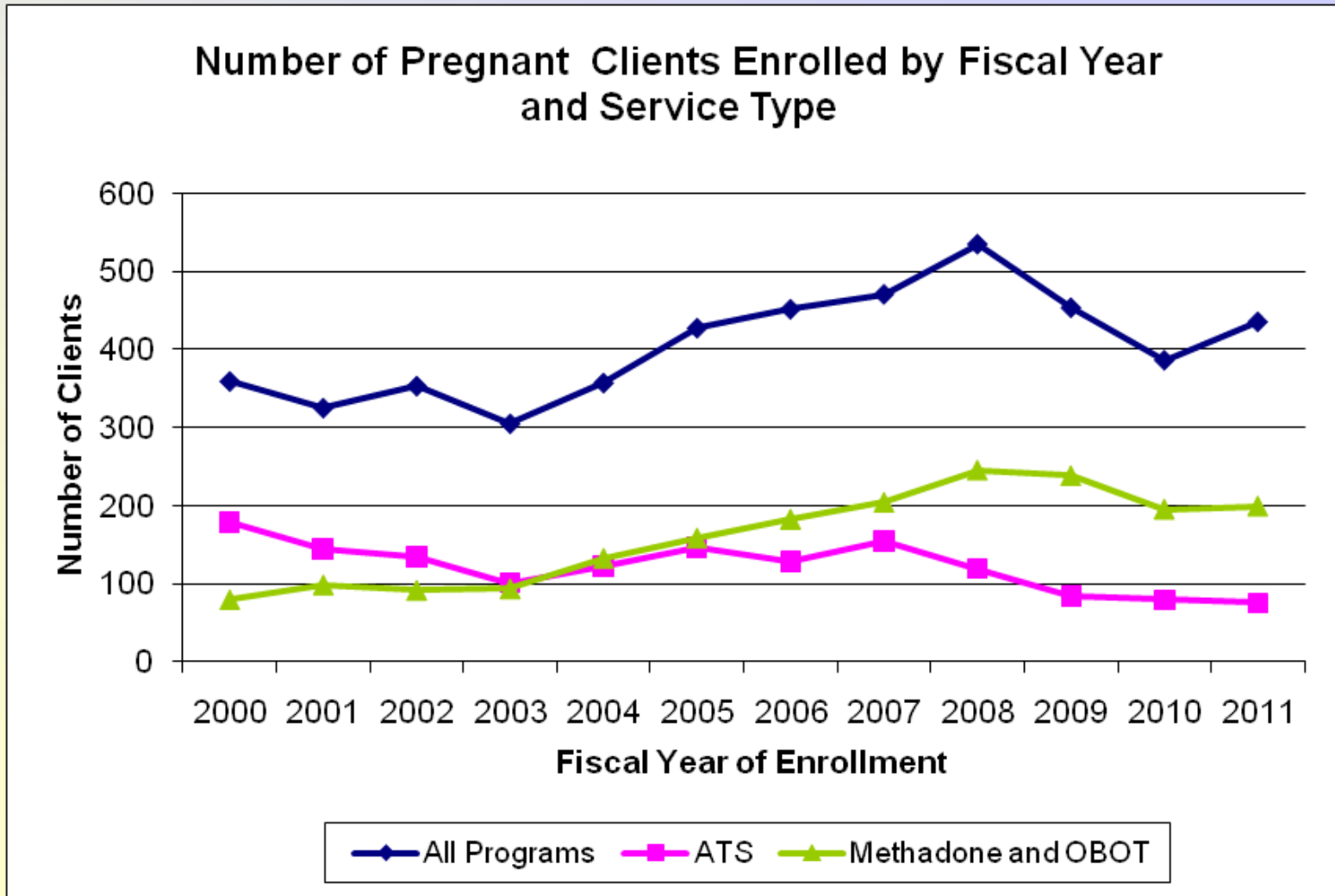


# Pregnant Women in Treatment in MA

- Nationally, 57% of persons in SA treatment have minor children (women – 69%, men – 52%)
- 60% of pregnant women in SUD treatment in 2009 reported at least 1 co-occurring mental health problem; 58% reported having received prior mental health treatment



# Pregnant Women in Treatment in MA





# MA Initiatives

Institute for Health and Recovery



# SBIRT

National initiative to detect and intervene with patients in healthcare settings who use and abuse substances

- **Screening:** identification of risk
- **Brief Intervention/Treatment:** provide to identified patients
- **Referral to Treatment**



# Screening, Brief Intervention & Referral to Treatment (SBIRT)

- Prenatal: ASAP, ASAP<sub>2</sub>, FAST
- SBIRT CHC: Community Health Centers
- MASBIRT: Hospitals, EDs, CHCs
- School-Based Health Centers (teens)
- Deaf and Hard of Hearing
- Batterer's Intervention





# MDPH SBIRT Toolkits

Adolescent Screening, Brief Intervention, and  
Referral to Treatment for Alcohol and Other Drug Use

Using the CRAFFT Screening Tool

Toolkit

Helping you to keep your adolescent patients on track



March 2009

Massachusetts Department of Public Health  
Bureau of Substance Abuse Services



Protecting Women and Babies from  
Alcohol and Drug Affected Births:  
Tools and Resources

Included: CME course from ACOG and other resources



Massachusetts Department of Public Health



# DPH/BSAS Pregnant Women's Task Force

- 1990: CAPP/BSAS Task Force
  - Detox standards of care
  - Development of detox and residential treatment protocols
  - Legal issues





## 2008: Revived BSAS Task Force

- Priority population under SAMHSA block grant and BSAS
- To make regulatory, contract, standards, language as consistent as possible to remove barriers to accessing treatment to extent possible



# **Medically Monitored Acute Treatment Services for Pregnant Women**





# Pregnant Women & Detox: The First 24 Hours



## Pregnant women and detox: the first 24 hours

### What is detox?

Detox is a place for you to get help to safely stop drinking or using drugs. Detox staff will help you get sober and ready for treatment.

### How long will I be in detox?

Every person is different. The time you need in detox depends on a lot of things, including:

- How sick you get
- What drugs you were using
- If you have other health or mental health problems

### What will happen to me during detox?

- A doctor or nurse will give you a physical exam and ask you about your alcohol and drug use. Tell detox staff about all drugs you are taking. Taking certain medicines at the same time as some detox drugs can harm you and your baby.
- You will get medicine to help you feel better. Your body is used to taking drugs, and it feels sick without them. The sickness you feel is called withdrawal.
- Your doctor may give you medicines to protect you and your baby until the alcohol or drugs are out of your system.

You need to call your insurance provider right away and talk to them about other services they might be able to give you. The phone number to call is on the back of your insurance card. You may have two numbers to call: one for 'behavioral' health and one for other health care. Call both numbers.

### What if I don't have insurance for care during my pregnancy?

Find out about Healthy Start. This is a health insurance plan for pregnant women who meet certain income requirements. Call 1-888-665-9993 to find out if you can use the plan or 1-800-841-2900 to sign up.

Stay hopeful. You are taking the first step in getting healthy for you and your baby.



## Pregnant women and detox: the first 24 hours

I just found out I'm pregnant. Many women find out they are pregnant when they come to detox. This is because all women take a pregnancy test when they start detox.

**If you don't have a doctor for your pregnancy (called an obstetrician or OB), the detox staff may be able to help you find one.**

**You may not be sure if you want to continue with the pregnancy.** This is a difficult choice to make. If you want to discuss your choices about the pregnancy, you can talk with a doctor or call Planned Parenthood at 1-800-258-4448.

### Detox staff is here to help you.

Talk to them about how you are feeling and ask them questions. It is especially important to talk to them if you:

- Have children at home that need someone to take care of them
- Are being abused by a partner
- Are depressed or thinking about suicide (killing yourself)

**Before you leave,  
detox staff will help you plan  
what to do next.**



XX0000 Item#



# What Family & Friends Need to Know



Detox and Pregnancy:  
WHAT FAMILY AND FRIENDS  
NEED TO KNOW



# Detox Quick Start Guide: What Pregnant Women Need to Know

## Help

- **Your Insurance or health plan** can help. Contact them now to find out about medical and support services. Their number is on your insurance card. Some plans offer Intensive Clinical Management: You talk to one person and get the medical and support services you need through community programs.
- Your prenatal doctor (called an **obstetrician or OB**) can help. Make sure he or she knows you are in detox so that you can get the right medical care.
- **Detox staff and other health care professionals** can help. They can talk to you about your choices...about medical treatment, your pregnancy and what happens after detox.

## Help

Treatment is important.

Here's how to find treatment:

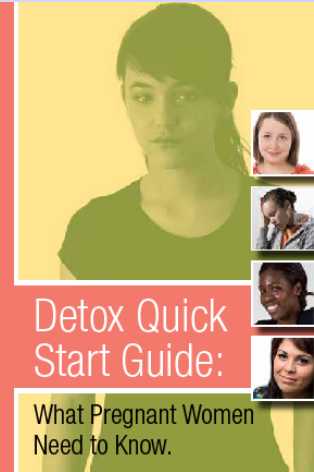
- **The Bureau of Substance Abuse Services** helpline to find treatment: 1-800-327-5050, TTY: 1-888-448-8321 [www.helpline-online.org](http://www.helpline-online.org)
- **The Institute for Health and Recovery** to find a place to live after detox: 1-866-705-2807 or 1-617-661-3991.
- **Self-Help and 12 step groups** can help.
  - AA** in Eastern Massachusetts 1-617-426-9444 or visit [www.aa.org](http://www.aa.org)
  - AA** in Western Massachusetts 1-413-532-2111 or visit [www.aa.org](http://www.aa.org).
  - NA** 1-866-624-3578 or 1-866-NA-HELP-U [www.NewenglandNA.org](http://www.NewenglandNA.org)

## You can make it work.

You can help yourself by talking to someone and letting them know what you are feeling. Opening up will make you feel more involved in your care and help you make the choices that are best for you and your baby.

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## Detox Quick Start Guide:

### What Pregnant Women Need to Know.

## Hope

No matter what your reasons are for being in detox, you have made the right decision. And it is the right time for you to start working on a healthier, more hopeful future for you and your baby. Even if it wasn't your decision, you still have choices about the next steps you take.

It's only natural to have a lot of different feelings about being here. You may feel confused and anxious about what's going to happen to you in the next few weeks. You may not be sure you want to be here, but you can be sure that we are going to take very good care of you and your baby. To get started, you need to know you are not alone. There are a lot of people, ready to help you, right now, on your journey to recovery.



### What Pregnant Women Need to Know.

## 5 steps that can help keep you on your path to recovery.

**Step 1 Be honest** with yourself and others about how you feel and what's going on in your life. Those caring for you can do a better job if they understand you better.

**Step 2 Tell your doctor** what drugs you are taking. This is very important to you and your baby because it makes a difference in the care you receive. *Don't worry about DCF: Doctors and detox staff are NOT required to report drug use DURING pregnancy to DCF.*

**Step 3 Stay in treatment.** Detox is just the beginning. You will need more medical and emotional support to keep moving toward recovery. Treatment choices include methadone programs, getting off drugs completely with the help of a doctor, group counseling and education.

**Step 4 Think of next steps.** Where will you go after you leave detox? If you're not quite ready to start

your long-term treatment, you might go to a **short, residential program** for up to 30 days. Another possibility is a **residential rehab**. This is a good choice if your home life might make recovery hard, if you have mental health problems and need extra support or if you have a high risk of going back to using alcohol or other drugs. People usually stay for 3 to 6 months. Massachusetts has several residential programs especially for pregnant women that offer treatment and education programs.

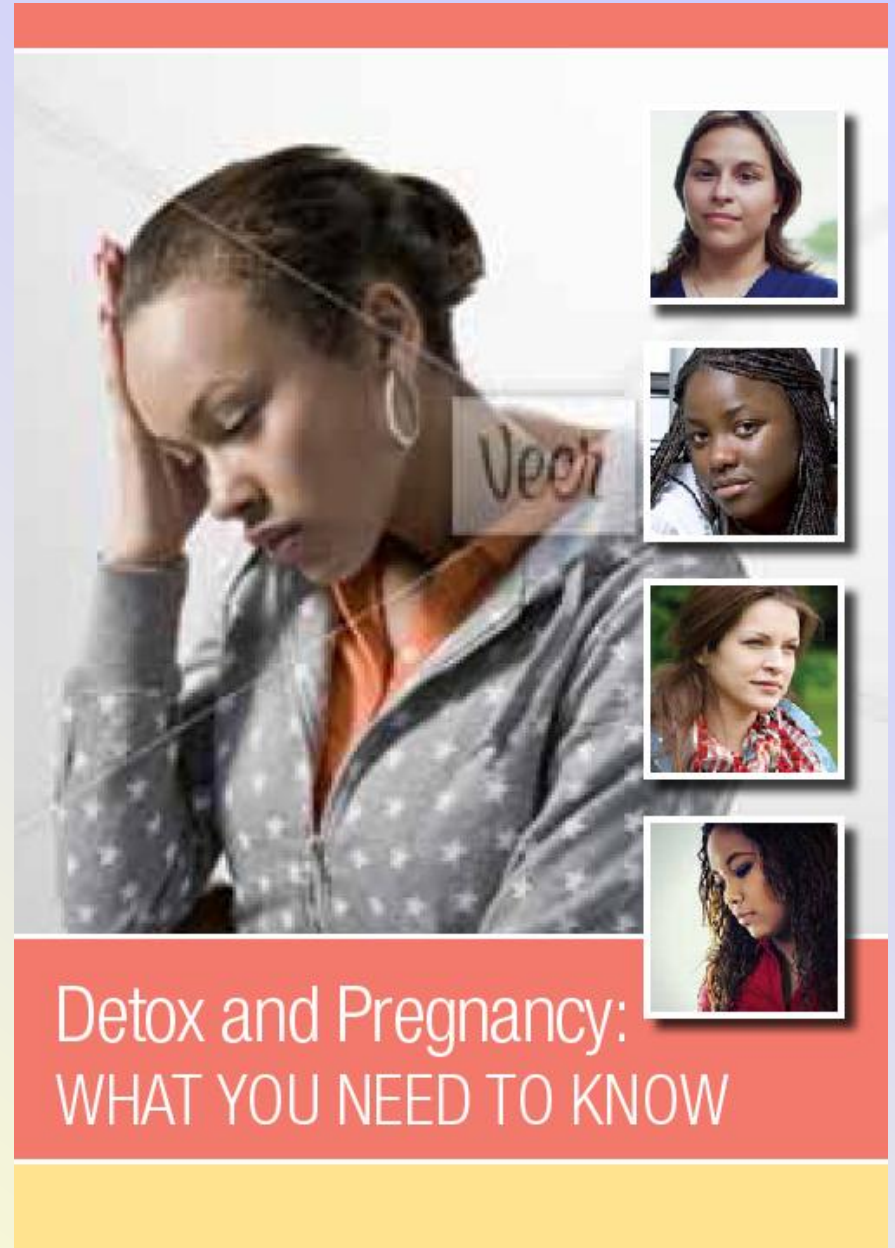
Getting treatment in your community is another choice. This is called **outpatient treatment**. This works well for women who have a strong, supportive home that will help recovery.

**Step 5 Stay hopeful.** You have already taken that first brave step. You are here. We are here to help you. This is a new day. And you are on your way to a better life for you and your baby.

## You can make it work.



# Detox & Pregnancy: What You Need to Know



Detox and Pregnancy:  
WHAT YOU NEED TO KNOW





# Keeping Children and Families Safe Act (1974) Child Abuse Prevention & Treatment Act (CAPTA)

To create policies and procedures to address the needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, **or diagnosed with a Fetal Alcohol Spectrum Disorder (2010)**



# CAPTA: A Helping Hand; FRESH Start

- MA Department of Public Health (DPH):
  - Div. of Perinatal, Early Childhood, & Special Needs
  - Early Intervention
  - Bureau of Substance Abuse Services
- MA Department of Children & Families (DCF)
- Partners:
  - Institute for Health & Recovery
  - Community HealthLink
  - Square One
  - Federation for Children with Special Health Needs
- Birth Hospitals



# A Helping Hand: Mother to Mother

- Voluntary home-visiting practice for mothers of SEN with open DCF cases
- SEN <90 days old at intake
- Peer Worker = mother in recovery



Funded by Children's Bureau,  
2005-2010



# FRESH (Family Recovery Engagement Support of Hampden County) Start

- Funded by U.S. Children's Bureau
- Serves pregnant women & new parents with substance use disorders & their babies
- Intensive case management, recovery coaching, parenting support provided by mothers in recovery with clinical support
- Parenting, recovery, GED groups
- Training for, and collaboration with, community providers
- Served 113 clients in 27 months—consistent waitlist



# Peer Worker Model

- A mother in recovery works with mother of SEN to...
  - Engage & support mother in treatment/recovery
  - Support nurturing parenting
  - Ensure EI assessment
  - Make referrals
  - Work collaboratively with Child Welfare to support service plan





# Other Peer Model Programs

- Community Health Workers
  - Community health workers recognized in Patient Protection and Affordable Care Act as important members of health care workforce

*Rosenthal, et al. (2010). Community health workers: Part of the solution. Health Affairs, 29, 1338-1342*

- Mental Health Certified Peer Specialist
  - Certification program available and utilized

*[www.transformation-center.org](http://www.transformation-center.org)*



# Family Recovery Project (FRP)

- 5-year project funded by US Children's Bureau (2007-2012)
- Serves families involved with DCF who have lost custody of their children or at imminent risk of losing custody
- Staffed by 4 Family Recovery Specialists; provides home-based, family-centered addiction & co-occurring disorders treatment



# Outcomes

- Comparison group: other DCF families with substance abuse in service plan not receiving FRP services
- Average length of stay in foster care: 200.2 days (FRP) vs. 464.8 days
- Re-entries to foster care after returning home:

<b>Percentage of children that returned home from foster care that re-entered foster care in:</b>	<b>FRP</b>	<b>Comparison Group</b>
Less than 6 months	2.5%	5.6%
Less than 12 months	10.0%	19.4%
Less than 18 months	12.5%	19.4%
Less than 24 months	12.5%	19.4%





# SEN Identification in Birth Hospitals

MA Department of  
Public Health in  
process of working  
with birth hospitals to  
develop SEN  
identification  
recommendations





# Fetal Alcohol Spectrum Disorders (FASD)

- DPH funds State FASD Coordinator
  - Provides SBIRT technical assistance
  - Provides FASD prevention, identification, intervention training & resources
  - Collaborates with Children's Hospital for FASD diagnosis
  - Member of SAMHSA National Association of State FASD Coordinators



# Postnatal Environment

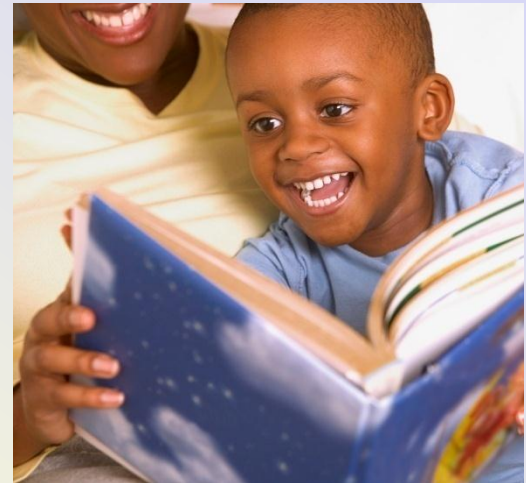
- Compromised parenting, which is linked to substance use, has as great, if not greater, negative effects on child development than prenatal substance exposure



*Lester, Andreozzi, & Appiah, 2004; Messinger et al., 2004; AIA, 2008*



# Part C of Public Law 108-446-34 CFR Part 303 Early Intervention Program for Infants and Toddlers with Disabilities





# Early Intervention

- Though clearly at risk, SEN may not exhibit any or early developmental delays
- SEN that do not meet EI eligibility criteria should be re-screened every 4-6 months
- BSAS Family Programs use EI and EIPP (pregnant/postpartum)



# Nurturing Program for Families in Substance Abuse Treatment and Recovery

(On SAMHSA National Registry of Effective Programs & Practices)





# MA Statewide Dissemination

- Statewide trainings provided free for treatment programs
- Parent-Child Specialists build capacity by co-facilitating NP groups and providing supervision & technical assistance to publicly funded treatment programs statewide





# Family Residential Treatment (FRT) Programs

- Funded & licensed by DPH/BSAS
  - 8 programs state-wide; central intake through IHR
- Approximately 1/3 of families reunifying on-site with children (most involved with DCF)
- Families can stay 6-12 months





# Family Residential Treatment Programs

- Serve approximately 247 families, with 259 children, per year
- About 80% of children are 0-5 years old





# Project BRIGHT

- Collaboration of IHR, JF&CS, BU School of Social Work
- 3-year CMHS/NCTSN grant
- Sited at all 8 FRTs; serves pregnant women & parents/children 0-5
- Address symptoms of complex trauma & build resilience in young children
- Enhance quality of parent-child relationship through reflective functioning
- Build capacity of FRTs to address children's needs
- Pilot adaptation of Child-Parent Psychotherapy as model for this population



# Project BRIGHT: Initial Findings

- Increased parental trauma & psychological distress significantly correlated with:
  - Increased exposure to trauma in children
  - More social and emotional difficulties in children
- Lower levels of reflective functioning significantly correlated with elevated levels of parental psychological distress & higher risk of child maltreatment
- Parental belief in use of corporal punishment correlated with social/emotional difficulties in children
- Children's trauma history most significant predictor of social and emotional development, over parents' trauma & distress



# National Models



# VA Home Visiting Consortium Model

- Continuum of home visiting services from pregnancy through school entry
- Screen women for substance use, emotional health, perinatal depression and IPV—refer for services
- Screen children for developmental delay—refer for services
- 2008: VA Medicaid approved reimbursement for SBIRT
- Approved use of 5P's for pregnant women, women of child-bearing age



# Project Choices

- CDC EBP—targets women of child-bearing age
- Motivational Intervention to prevent alcohol exposed pregnancies (AEP). Focuses on:
  - Alcohol use reduction
  - Effective contraception
- Multi-site clinical trial: 2003—reduced risk of AEP among 68.5% of participants at 6-month follow-up
- Shown effective at reducing binge drinking/  
increasing abstinence among women in residential treatment and community settings at end of program, 6- and 12-month follow-up *(Hensley, 2011)*



# Parent-Child Assistance Project (P-CAP)

- Pregnant and postpartum (up to 6 months) women
- Theresa Grant & Ann Streissguth (U-Wash.)
- 3-year, intensive home visiting, case management model to prevent future births of SEN
- Both professional and paraprofessional staff
- Outcomes: 1) increases in completing substance abuse treatment, abstinence, delivery of unexposed children, use of contraception over time *(Grant, 2005)*  
2) increased abstinence at 6-, 12-, 18-month follow-up; increased contraception use at 18-month follow-up *(Hensley, 2011)*



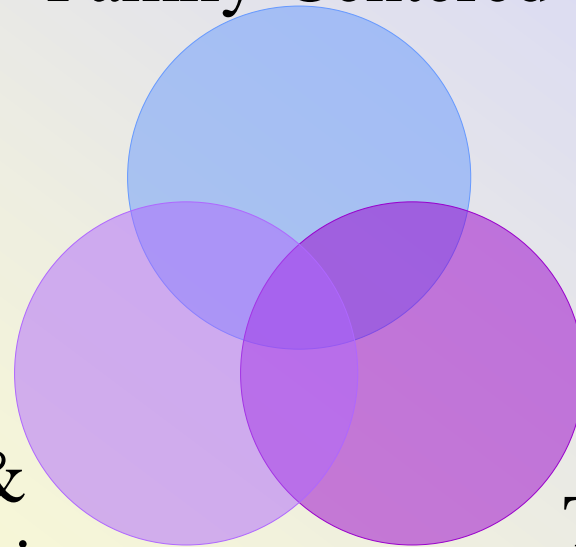
- **Paradigm shift:** Towards gender-responsive, trauma-informed, trauma-specific family-centered treatment which includes resilience and strengths based prevention and treatment services for children
- Requires 3 inter-related paradigm shifts





# Incorporating Family & Children's Services: Key Elements of a Paradigm Shift

Gender-Responsive,  
Family-Centered



Prevention &  
Early Intervention

Trauma-Informed



# From Individual to Family-Centered Approaches

- Treatment to promote well-being of entire family; family, including extended family, is client rather than single individual
- Parent and child well-being are intertwined whether parent and children live together or apart
- Children are primary, not solely collateral clients





- Relationships with children strengthen rather than “overwhelm” the treatment experience
- Connection/relationships are central to treatment; treatment aims to repair “disconnections” and strengthen relationships
- Recovery occurs in context of relationships—not in isolation

