Working with Parents with Substance Abuse and/or Mental Illness

Scott Harman and Michele Fallon
Home Visiting Coalition Webinar
June 6, 2013

Plan for our time together

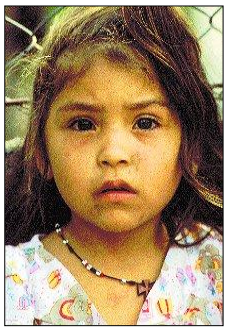
- Starting with a story—Carla and Jacob
- Some background about:
  - Parents and substance abuse
  - Parents and mental illness
- Intervention considerations for home visitors
  - Having the 'hard conversations'

A Story: Carla and Jacob

Jacob is 5 mos old, born at 34 weeks gestation, testing positive for cocaine. Jacob was placed in foster care after leaving the NICU while his mother, Carla, completed chemical dependency treatment. She is also being treated for depression. They were reunited a month ago.

Jacob has just begun receiving home visiting services. Carla has been difficult to engage in the sessions and is quite gruff with the home visitor.

Who are Substance-abusing Parents?



- Chances are, the parent of a prenatally substance-exposed child ***was*** the baby, now an adult.
- The ACEs study tells us that the more "adverse experiences" we have in childhood, the more likely we are to abuse chemicals

Women, Substance Abuse, Mental Illness and Trauma

- A history of trauma is significantly associated with substance use disorders in women—one study found a "lifetime history of trauma in 55 to 99 percent of women who abused substances".
- Of women diagnosed with alcohol abuse, "72.4 percent have a lifetime co-occurring [mental health] disorders."

SAMHSA (2009)

Misconceptions about prenatal drug exposure:

- Drug exposure *always* has negative effects.
- Science can determine toxic levels that will have negative effects.
- Negative effects will be evident early in life.

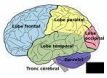
- Illegal substances are the most devastating.

Risks of Living with Substance-abusing Adults

- May result in significant neglect, a form of maltreatment with often profound effects on the young child and developing brain
- Children are likely to experience a VERY inconsistent relationship with the parent
- Exposure to chaotic lifestyle contributes to poor regulation and socialization and therefore school difficulties

Risks of Living with Substance-abusing Adults

- Children may be exposed to environmental hazards associated with drugs and alcohol
- Increased risk for physical and sexual abuse, including inappropriate exposure to sexual activity and **domestic violence**
- Children experience trauma of removal and separation from primary caregivers and possibly multiple placements.



From a Biological and Evolutionary Perspective….

- The central reward-motivation pathways in the brain are critical for survival and reproduction, including maternal behaviors (like what becomes most salient, e.g falling in love)—**so we are 'stuck' with our vulnerability to addiction**. (Leckman & Mayes, 1998)
- The euphoric effects of drug abuse result in compulsive drug-seeking behaviors which compete for this neurobiological reward-motivation system.

And so…

Substance abuse literally hijacks this neurobiological motivation-reward system…

Resulting in competition between investment in craving the drug and caring for the infant.

The individual is less able to invest in caring for an infant or another person. (Pajulo, et al., 2006)

(Remember Carla?)

Research indicates that substance-abusing mothers:

- Like other women, view motherhood as central to their identity, despite pregnancy often not being planned.
- Yet they tend to begin their mothering with a sense of initial failure and significant guilt.
- Experience "a reactivation of emotional conflicts and deprivation from their own childhood" (Pajulo, et al., 2001)

Research indicates that substance-abusing mothers:

- Are more likely to have poor social supports, economic stresses, stressful life experiences, including their own history of being parented.
- Have more depressive symptoms;
- Are observed to use less speech with infants;
- Take less pleasure interacting w/ their infants;
- More easily personalize infant's behavior;

The "Fit" Between Substance-abusing Mothers and Prenatally-exposed Infants

Prenatally-exposed children are more vulnerable to the negative effects of poor caregiving, while—

Substance abusing mothers are likely to have more difficulty identifying and meeting the needs of the infant, which in combination with

The "child factors," e.g. difficulty rousing, irritability, abnormal crying patterns;

Challenges the parent's vulnerabilities, e.g. reading infant cues & responding sensitively,

Because development is transactional, the resulting 'fit'…

Resulting in a self-perpetuating downward spiral which compromises the development of BOTH the infant and the parent.

Without intervention…

- Jacob will probably not experience the buffering effects of a secure attachment with his mother; and
- Carla will not experience the potential resiliency-promoting experience of satisfying parenting.

Risk Factors for Maternal Depression

- Family or personal history of mental illness
- Young age
- Poor support
- Poor environmental factors
- Unwanted pregnancy
- History of prior miscarriage or stillbirth
- Stresses—e.g. trauma, substance abuse, grief
- Baby with a "difficulty" temperament

The developing child needs the mind of the adult to be:

- Reliable and consistent in thinking
- Emotionally available and stable
- Responsive to emotional and physical needs
- Reliable in safety and protection
- Able to participate in reciprocal communication

Encouraging of learning and growing

Carol Siegel

…in order to provide these functions

Carol Siegel

- Psychological organization of the child's world
  - Sharing affect, "mapping on" parent's mind
- Regulatory partnering
- Reflective functioning
- Protective shield
- Socialization in community

Fathers and effects of maternal depression on infants

- Additional risk factor when father has psychopathology
- Father psychopathology contributes to child psychopathology beyond mother's depression
- Fathers with high levels of warmth buffered infants from maternal depression
- Marital conflict is a risk

From: Goodman, S.H. & Brand, S.R. (2009)

What About the Baby?: Effects of Parental Mental Illness

- Associated with other risk factors (SES)
- Depressed moms are likely to:
  - View their child more negatively--"difficult"
  - Be unpredictable and less responsive
  - Be intrusive or hostile
- More conflict between parent & child
- *Overall family functioning is moderator*

from: Seifer, R. & Dickstein, S. (2000)

Children of depressed mothers tend to have:

- Compromised neuroendocrine/psychophysiological functioning
- Higher rates of insecure attachment
- Difficulty regulating emotions and behavior
- Higher levels of negative affect which tends to elicit negative affect from others
- More difficult peer interactions
- Effects on cognitive-intellectual functioning
- Increased risk for psychopathology in later life.

Some Mental Health Diagnoses

- Postpartum 'blues' or 'baby blues'
- Postpartum depression
- Postpartum psychosis
- Anxiety
- Obsessive-compulsive disorder
- Eating disorders
- Bipolar disorder
- Schizophrenia

The DSM-5

Diagnostic and Statistical Manual of Mental Disorders

"…what they produced was an absolute scientific nightmare. Many people who get one diagnosis get five diagnoses, but they don't have five diseases – they have one underlying condition."

Dr. Stephen Hyman – former director of the National Institute of Mental Health

Many women hide their symptoms because:

- Social stigma of mental illness
- Ashamed they are depressed at a time when they are supposed to be happy
- Fear that others will think they cannot parent
- Feeling that others do not want to listen

Strategies

- Focus on the mother-child relationship
- Keeping *What about the baby?* front & center
- Use a relationship-based approach—parallel process
- Keep relapse prevention/sobriety maintenance in the conversation
- Need for a holistic/multidisciplinary approach (mental health, physical health, trauma history, basic needs)

Strategies for working with maternal mental illness

- Be proactive in asking a woman about symptoms of mental illness—this lets her know that it's ok to talk about this.
- Be aware of signs of perinatal mental illness
- Be aware of resources in your community
- Acknowledge the woman's desire to be a good mother and the challenges she faces

Strategies for working with maternal mental illness

- Be kind, encouraging, supportive, available and nonjudgmental
- Assure the woman she is not to blame for her illness

- Get permission to speak to and coordinate with health care professionals

Strategies for working with parental mental illness

- Be aware of signs of perinatal mental illness
- Be proactive in asking about symptoms of mental illness—this lets parent know it's ok to talk about.
- Be aware of resources in your community
- Get permission to speak to and coordinate with health care professionals
- Encourage the involvement of the parent's partner and other supports

Strategies for working with maternal mental illness

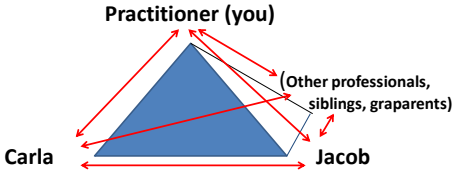
- Encourage the involvement of the woman's partner and other supportive people in her treatment

- Be aware of your <u>own</u> feelings about mental illness (often very arousing for us)
- Be the voice for the child—*What about the baby?*

Strategies for working with maternal mental illness

- Focus on the quality of parenting
- Focus on mental health status of parent
- Focus on parental support system and relationships
- Focus on the child
- Focus on the context (UCLA paper)

Multiple Perspectives Activity: Remember Carla and Jacob?



- What's it like to be this Carla?
- What's it like to be this Jacob?
- What's it like to be this practitioner (you)?
- What does it mean to the family that I am here?
- How am I attending to all the relationships?

Talking about the "hard stuff:" A practice scenario….*Useful Phrases*

- Why is it important to talk about difficult things, like sobriety and mental health?
- What gets in our way of asking about this with parents?
- How do we balance asking about CD/MI while acknowledging our limits of practice?
- How do we keep the baby "in the lens" when bringing up topics like substance abuse and mental illness?

Pay attention to your own feelings and reactions because:

- They provide us with important information.
  - *How does this person experience me?*
  - *What does that tell me about what he or she needs*
- How we react depends on our own experience: working with young children is arousing—it's biology!

Pay attention to your own feelings and reactions because:

- We need to acknowledge our own cultural and personal expectations and assumptions.
- By being aware of and reflecting on the meaning of these feelings and reactions, we can respond intentionally, rather than just **REACT**.

Common Elements

Infant Mental Health programs:

- Are open and welcoming
- Take time
- Provide support (both concrete and emotional)
- Listen
- Have an attitude that suffering is as/or more important than disease/disorder.

How can this work impact us?: The need for self-care

This is challenging work and we can become susceptible to:

- *Protective urges*
- *Loss of reflective capacity*
- *Defensive reactions*
- *Difficulty embracing complexity*
- *Overwhelmed and discouraged*

Which can affect our work and our relationships

Strategies: Preserve your Sanity!

- Keep a sense of humor
- Appreciate the importance of the work you are doing in everyday moments
- Find ways to take care of yourself

- Create a team that is supportive of each other
- Seek out reflective consultation
- Keep coming back!

Some useful resources:

- www.samhsa.gov
  - Center for Substance Abuse Treatment. ***Substance Abuse Treatment: Addressing the specific needs of women.*** Treatment Improvement Protocol (TIP) SAMHSA (2009)
- www.developingchild.harvard.edu/
  - *Maternal Depression Can Undermine the Development of Young Children* (2009) Working Paper No. 8