



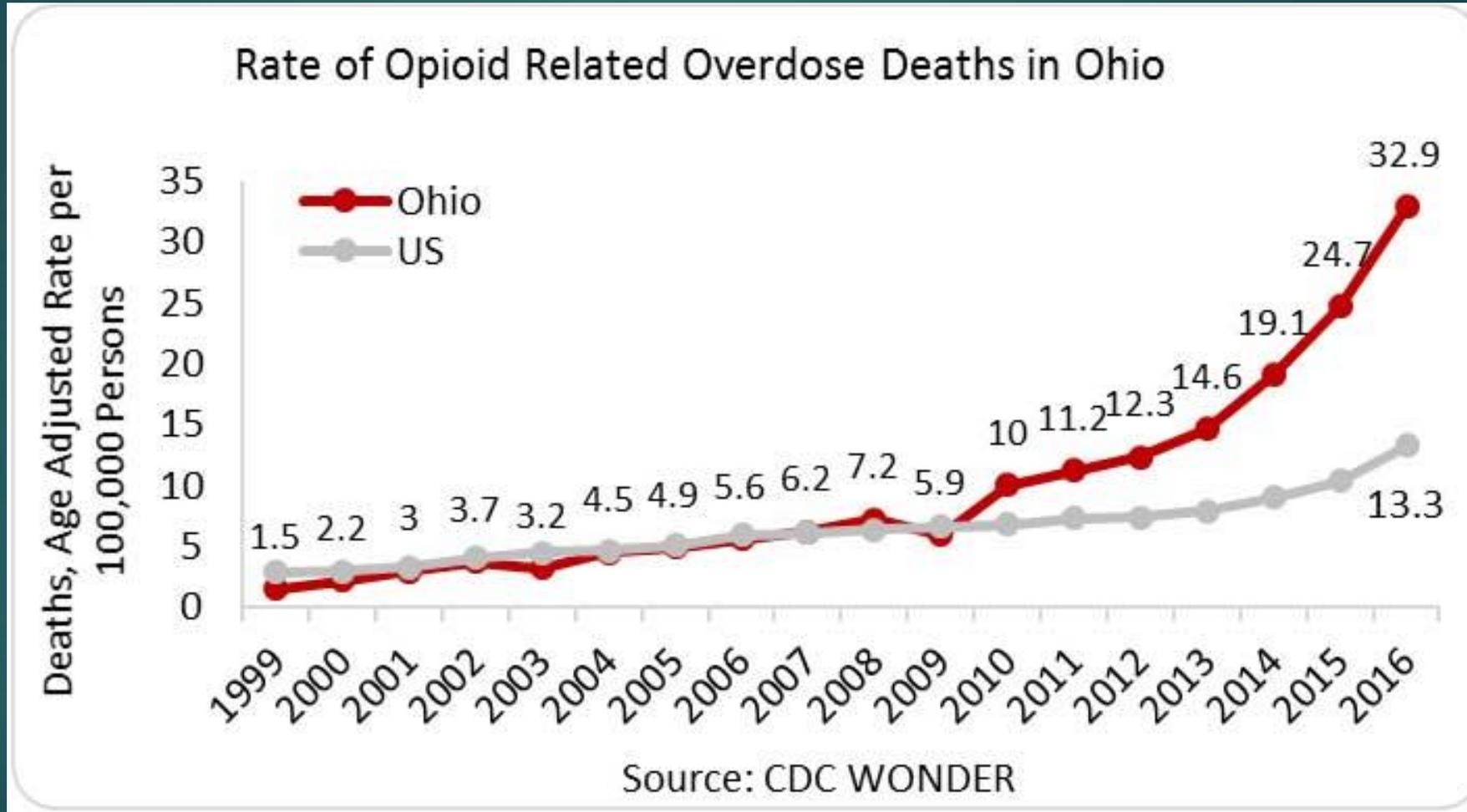
# Children the youngest victims of the opioid epidemic

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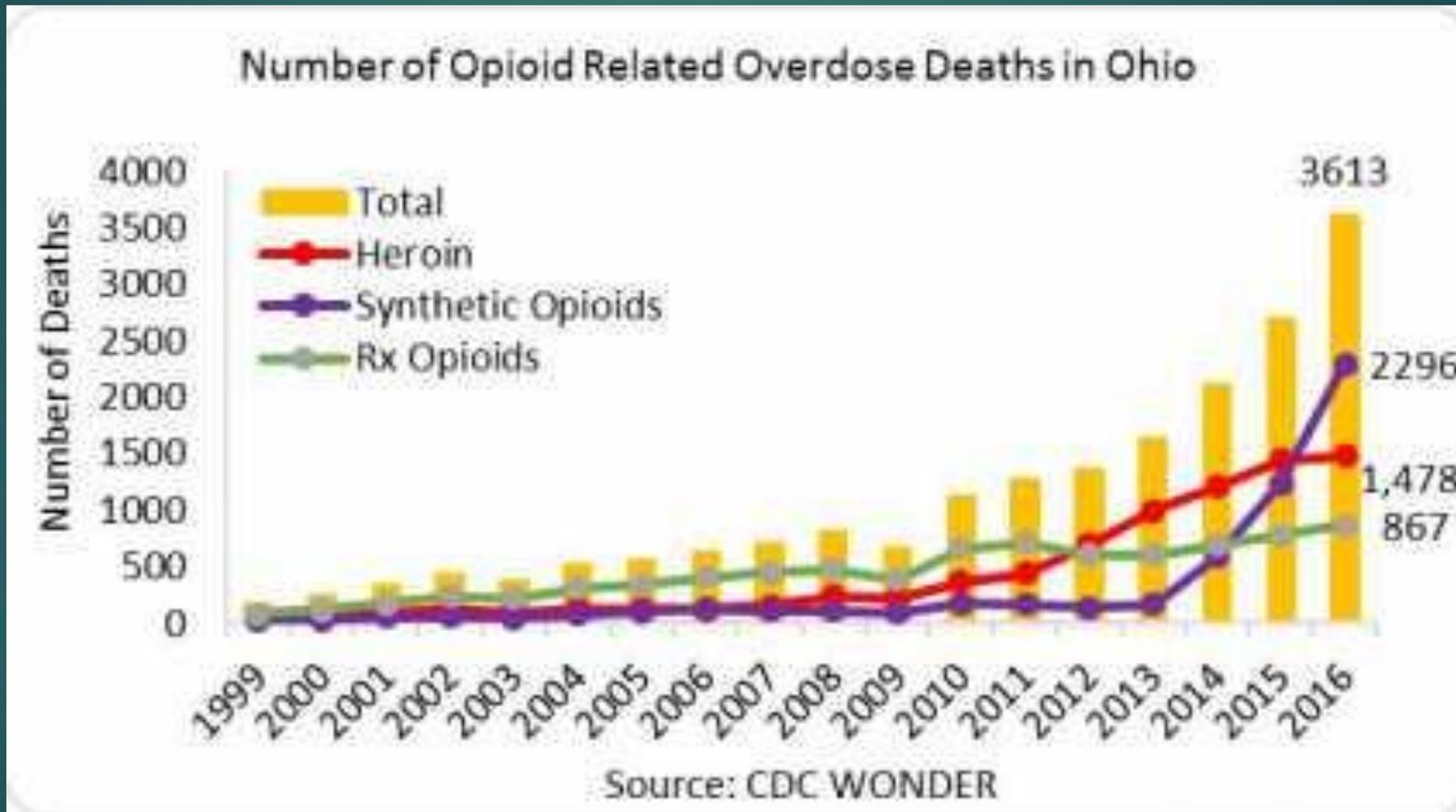
CHILD PSYCHIATRY

WRIGHT STATE UNIVERSITY

# Opioid Epidemic - Facts



# Which Opioid's are causing deaths?



# Opioid Epidemic Outcomes

- ▶ 90 Americans each day die of opioid overdose (Rudd 2016)
- ▶ Opioids lead to 6-20 x greater morbidity rate than the general population (Hser et al 2015)
- ▶ Economic burden of prescription opioid misuse is \$78.5 billion (Florence et al. 2016)
- ▶ 11.7 million adults misused opioid's
- ▶ 74% of adults are parents
- ▶ 70% of women with dependency issues are parents
- ▶ A substantial number of children live with a family member who abuses opioids.

# Montgomery County

- ▶ 2010-2015 death rate 35.3/100,000
  - ▶ Twice Franklin(17) and Cuyahoga(18)
  - ▶ Above Cincinnati (25.7)
- ▶ National headlines



- ▶ A morgue in Montgomery County, Ohio, fills nearly every night with bodies from the heroin epidemic.
- ▶ CNN

# Characteristics of Opioid Dependent Parents

- ▶ Many parents are also dependent on other substances – Alcohol, cocaine (Hall et al 2016)
- ▶ Often have mental health issues such as depression and anxiety (Hans et al 1999)
- ▶ Live in dysfunctional families with lots of interpersonal conflict (Spehr et al 2017)
- ▶ Socially isolated from the community
- ▶ Limited parenting support from partners (Spehr et al 2017)

# Opioid Use Disorder and its effects on Attachment and Parenting

- ▶ Long-Term Opioid users have increased morbidity 6-20x
- ▶ Some children may not experience maltreatment
- ▶ Higher risk of maltreatment than other children (Seay & Kohl 2015)
- ▶ Rising Foster Care rates (US HHS 2015)
- ▶ Numerous studies show that children whose parents abused cocaine or opiates had more negative foster care outcome than children whose parents abused alcohol, cannabis or methamphetamine.

# How do Caregivers with Opioid use disorder parent?

- ▶ Less likely to be emotionally available or responsive to their childrens needs (Suchman et al 2006)
- ▶ Parents have history of childhood maltreatment and negative relationships with their caregivers when they were children
- ▶ Consistent lack of responsiveness negatively impacts the development of attachment (Bowlby 1969)



# Mothers who use Opioids compared to other drugs

- ▶ Mom's with OUD fewer negative parenting behaviors than those who use Alcohol (Slesnick 2014)
- ▶ Less intrusive and hostile than mothers who abuse cocaine (Tronick 2005)
- ▶ Opioids initially decrease anxiety and cause feelings of well-being
- ▶ Opioid intoxication – drowsiness and slowed thinking, loss of consciousness with high dose
- ▶ Mothers may try to hide use from children and use when kids are in school or daycare (Taplin & Mattick 2015)

# Adverse effects of OUD

- ▶ Heroin more strongly associated with:
  - ▶ Poverty
  - ▶ Illegal activities
  - ▶ HIV, Hep C (Hogan 1998)
- ▶ High stigma associated with use in pregnancy
- ▶ Can't maintain a safe environment leading to: lack of supervision, exposure to illegal activities and unsafe adults
- ▶ Children of OUD mothers remain in foster care longer than children whose mothers abused alcohol or cannabis
- ▶ Family reunification is slower

# Study of Heroin Dependent mothers (Richter & Bammer 2000)

- ▶ Intense use causes:
  - ▶ Disrupted family routines
  - ▶ Financial problems
  - ▶ Decreased parental involvement with children
- ▶ Harm Reduction
  - ▶ Maintain a small habit
  - ▶ Place children in childcare, Use when in school
  - ▶ Stay out of jail - Give custody to family member
- ▶ Methadone
  - ▶ Some felt it caused fatigue and difficulty caring for small children

# Impact of Opioid use on parenting comparison study to families with similar SES (Hogan 2007)

- ▶ Lifestyle factors
  - ▶ Acquisition and ingestion of drugs
  - ▶ Imprisonment on drugs-related charges
  - ▶ Attendance at treatment facilities and hospitalization
- ▶ Physiological factors
  - ▶ Impact of intoxication and withdrawal
  - ▶ Effect on emotional responsiveness
- ▶ Psychological factors
  - ▶ Pre-occupation with drugs and instability of moods
  - ▶ Impact on discipline and limit-setting

# Financing Drug use through Crime

- ▶ Spend time acquiring money to purchase drugs and time spent using drugs
- ▶ Time increases with amount of drug use
- ▶ Drug-Using Partner (fathers support drug using mothers)
- ▶ Money obtained illegal activities shoplifting, robberies selling drugs
- ▶ Lots of time away from families, unpredictable return worse for fathers
- ▶ “Being a drug addict is a 24-hour job, out robbing all the time (father of a 7-year old girl)

# Physiologic Factors of Opioid Use

- ▶ Higher levels of hospitalization (34%) vs (18%)
- ▶ Drug Ingestion – often not available
  - ▶ “kids missed out on time. I tried to maintain a normal life, shopping together and visiting the family. It was inside the house that I didn’t spend time with them. Bedtime would take two seconds. Getting them ready for bed and story time...didn’t happen”
- ▶ Intoxication and Withdrawal
  - ▶ Unable to respond fully to children's emotional needs
- ▶ Intoxication – sleepiness or drowsiness, lack of energy
  - ▶ Fall asleep playing with kids
- ▶ Withdrawal
  - ▶ Irritability and depression
  - ▶ Withdrawal sickness worse in the morning

# Psychological Factors

- ▶ Preoccupation with drugs
  - ▶ Drugs more important than social and emotional needs of children
  - ▶ “ You just sit down and put needles in your arm, you don't care...always trying to get money and wondering where you'll get your next hit. Its hard being with them crying in your face when your sick, you're roaring and shouting at them...its not fair on the kids” (mother of 9 year-old girl)
- ▶ Depression and Irritability (Mood Swings)
  - ▶ Discipline related to phases of drug use
  - ▶ Permissive when recently taken heroin
  - ▶ Strict and irritable when needing heroin

# Adverse effects on Children

- ▶ Low levels of parental involvement = higher risk for conduct and emotional problems
- ▶ Sensitive attunement to children promotes emotional security behavioral independence and social competence and intellectual achievement
- ▶ Low parental emotional responsiveness leads to insecure attachments
- ▶ Family instability and frequent separations
- ▶ -leads to poor sense of control over immediate environment

# Drug use in Pregnant Women

Bernke M & Smith VC, AAP 2013



## Comparison of Drug Use Among Women 15 to 44 Years of Age by Pregnancy Status: 2009–2010

	Pregnant Women, %	Nonpregnant Women, %
Illicit drug use	4.4	10.9
Alcohol use	10.8	54.7
Binge drinking	3.7	24.6
Cigarette use	16.3	26.7

# Prenatal Exposure to Opiates

- ▶ Opiates rapidly cross the placenta with drug equilibration between mother and fetus
- ▶ Decrease brain growth and cell development in animals
- ▶ Some studies show effects on fetal growth but may be associated with other factors (low SES multiple drug use)
- ▶ No clear teratogenic (birth defects) effects documented

# Neonatal Abstinence Syndrome

- ▶ Symptoms
  - ▶ Sweating
  - ▶ Irritability
  - ▶ Increased muscle tone and activity
  - ▶ Feeding difficulties
  - ▶ Diarrhea
  - ▶ seizures
- ▶ Requires prolonged hospitalization and treatment with medication
- ▶ Brigid's path
- ▶ Methadone vs Buprenorphine

# MAT and Pregnant Women

- ▶ Methadone vs Buprenorphine
- ▶ Methadone Exposure associated with severe withdrawal (worse than heroine)
- ▶ Buprenorphine
  - ▶ Decreased morphine dose
  - ▶ Shorter hospital stay and length of treatment

# Breastfeeding and Opiate Exposure

- ▶ Risks if in active use outweigh the benefits
- ▶ Opiates are a contraindication
- ▶ Methadone use (supervised) can reduce symptoms of neonatal abstinence syndrome

# Long Term Effects of Opiate Exposure Prenatally – Research Sparse

- ▶ Growth
  - ▶ No effect
- ▶ Behavior
  - ▶ Hyperactivity and short attention span in toddlers
  - ▶ Memory and perceptual problems in older children
- ▶ Cognition/ Academic deficits
  - ▶ Lower developmental scores but not well controlled in studies
- ▶ Achievement
  - ▶ Not adequately studied
  - ▶ Antidotal reports from teachers

# Effects of Prenatal Drug Exposure

Bernke M & Smith VC, AAP 2013

	Nicotine	Alcohol	Marijuana	Opiates	Cocaine	Methamphetamine
<b>Short Term Effects/Birth Outcome</b>						
Fetal Growth	Effect	Strong Effect	No Effect	Effect	Effect	Effect
Anomalies	??	Strong Effect	No Effect	No Effect	No Effect	No Effect
Withdrawal	No Effect	No Effect	No Effect	Strong Effect	No Effect	*
Neurobehavior	Effect	Effect	Effect	Effect	Effect	Effect
<b>Long-term Effects</b>						
Growth	??	Strong Effect	No Effect	No Effect	??	*
Behavior	Effect	Strong Effect	Effect	Effect	Effect	*
Cognition	Effect	Strong Effect	Effect	??	Effect	*
Language	Effect	No Effect	No Effect	*	Effect	*
Achievement	Effect	Effect	Effect	*	??	*

?? = no consensus \* = not enough data

# Attachment - Infancy

- ▶ Attachment is the biologically based emotional connection between the caregiver and the infant.
- ▶ Secure
  - ▶ Develops when primary caregiver is responsive to emotional needs especially during stressful periods
  - ▶ Helps child develop cause and effect thinking
  - ▶ Caregiver is a “secure base”
  - ▶ See relationships as valuable
- ▶ Insecure- Ambivalent, Avoidant and Disorganized

# Insecure Attachment

- ▶ Ambivalent
  - ▶ Attention from caregivers is inconsistent and can't meet their needs
  - ▶ Want attention from caregivers but sometimes reject it
  - ▶ Develop strategies to get attention which are not always positive
- ▶ Avoidant
  - ▶ Develops when caregivers are consistently un-attuned to children's needs
  - ▶ Do not value relationships and don't want caregivers attention
  - ▶ Poor social skills can't read social cues and struggle to make friends
- ▶ Disorganized
  - ▶ Caregivers are un-attuned and also frightening or unsafe
  - ▶ See no value in relationships believe they are painful and frightening

# Attachment – Latency Age

- ▶ Don't need physical closeness to caregiver
- ▶ Need psychological closeness
- ▶ Involved in the outside world
- ▶ Securely attached
  - ▶ Stronger social skills
  - ▶ Able to regulate emotions
  - ▶ Higher self-esteem
- ▶ Insecurely attached
  - ▶ Difficult interactions with peers, behavior problems in school, learning difficulties
  - ▶ Parents monitor them less than securely attached parents

# Attachment - Adolescents

- ▶ Secure
  - ▶ Need caregiver to turn to in times of stress
  - ▶ Predicts positive peer relationships
  - ▶ Higher self-esteem
  - ▶ Increased use of positive coping skills when stressed
- ▶ Insecure
  - ▶ Lack “safe haven”
  - ▶ Struggle to develop independence
  - ▶ More likely to use substances, engage in risky sexual behavior
  - ▶ More likely to be depressed, anxious or suicidal

# Opioid Use and Attachment

- ▶ Drug use interrupts cycle of reciprocal interactions
- ▶ If previously securely attached and now caregiver is inconsistently responsive can lead to ambivalent attachment
- ▶ If caregiver is never responsive to infants needs then Avoidant attachment is more likely
- ▶ Review of effects of OUD on parenting (9 studies) All had significant effects on reducing frequency of positive parenting behaviors and increasing frequency of negative parenting behaviors (Peisch et al 2018)
- ▶ Parents less sensitive warm and involved no difference with structure and limit setting abilities

# Effect of OUD and Attachment in Infancy

- ▶ Guilt and worry negatively affected attachment (Shieh and Kravitz 2002)
- ▶ Stigma and fear of legal consequences may not seek prenatal care or disclose opioid use. (Minear & Zuckerman 2013)
- ▶ Neonatal Abstinence Syndrome – make reciprocal interactions difficult
- ▶ Infants are less responsive to caregiver
- ▶ Caregivers with OUD may have low tolerance for infant distress and impaired ability to read infant cues
- ▶ Can overwhelm caregiver and make them withdraw from interaction

# Effect of OUD and Attachment in Infancy

- ▶ Without NAS
- ▶ Intoxication limits parent's attunement to infants emotions
- ▶ Drowsiness after intoxication limits ability to attach
- ▶ Opioid withdrawal
  - ▶ Caregiver is irritable and in physical discomfort
  - ▶ Physical abuse or aggression is more likely
- ▶ Higher levels of insecure attachment especially disorganized attachment among children whose caregivers have SUD (Pajulo et al 2006, Swanson et al 2000)

# Effect of OUD and Attachment in Latency and Adolescents

- ▶ If Securely attached as an infant (parents sober or child raised by others)
- ▶ Need caregiver to remain available
- ▶ May take kids with them to get drugs
- ▶ Less responsive/available when intoxicated or withdrawing
- ▶ Adolescents are exploring world and without a “secure base” are more likely to make poor choices

# Interventions to help attachment

- ▶ Identification and Treatment
  - ▶ Heroin in drug tests 24 hours after use
  - ▶ Get parents to treatment when identified
- ▶ Assessment
  - ▶ Several tools available ie strange situation procedure, preschool assessment of attachment and school age assessment of attachment
- ▶ Intervention
  - ▶ Parenting skills classes may not address needs of OUD parents
  - ▶ Some parents lack solid attachment foundation
  - ▶ Use Attachment based approaches

# Attachment Interventions

- ▶ Psychodynamic Mother-Infant Group (Punamaki & Belt, 2013)
  - ▶ 20-24 week 3h weekly outpatient group and a psychosocial comparison group
  - ▶ Mothers showed decreased hostility
  - ▶ Both had improved mother-infant interactions, maternal abstinence and lower maternal depression
  - ▶ Maternal intrusiveness improve more in psychodynamic group
  - ▶ Maternal hostility decreased to same level as non-substance using mothers

# Attachment Interventions

- ▶ Attachment and Bio-behavioral Catch-Up (ABC) intervention (Bick, Bernard and Dozier, 2013)
- ▶ Manualized intervention for mother-child dyads
- ▶ 10 in home sessions
- ▶ Targets mothers frightening behavior
- ▶ Help mother recognized children's needs and respond in a nurturing manner
- ▶ Randomized trial of 120 compared to intervention that teachers cognitive development
- ▶ ABC group more likely to have secure attachment and less likely to have disorganized attachment.
- ▶ Pilot with 21 mother in SUD residential program were more sensitive to their infants and showed more supportive parenting behaviors (Berlin et al 2014)

# Attachment Interventions

- ▶ Mothering from the Inside Out (MIO) (Suchman et al., 2011)
- ▶ 12 week individual psychodynamic approach for mothers of children 0-3 with SUD to develop reflective functioning
- ▶ Pilot study (N=47) compared this to parent education classes
- ▶ MIO group had higher levels of reflective functioning
- ▶ Mother/infant dyads in MIO group had more positive interactions post-treatment

# OUD and Parenting Skills

- ▶ Slesnick et al (2014) compared OUD addicted mothers with alcohol and cocaine addicted mothers
- ▶ Measures:
  - ▶ Completed interview of mothers substance use
  - ▶ Child's report of Parental Inventory(CRPBI) – assessing warmth and control
  - ▶ Observed mother-child interaction during family discussion task
- ▶ Results
  - ▶ White mothers more likely with to use Opioids (80.9%)
  - ▶ African-American mothers more likely to use ETOH, Cocaine (70.2%)
  - ▶ OUD mothers had more maternal acceptance than ETOH/Cocaine
  - ▶ Mothers struggle more with effective discipline as children age they use more psychological control strategies (inducing guilt, intrusive parenting)

# Interventions for SUD parents

## RPMG

- ▶ Relational Psychotherapy Mothers Group (RPMG) (Luthar and Suchman 2000 & Luthar et al 2007)
- ▶ Parents at Methadone clinics, kids 1-16
- ▶ Used a “multi-variablerisk and protective model”
- ▶ Parents encouraged to “explore their parenting strategies”
- ▶ 24 week intervention
- ▶ Tx included supportive therapy , interpersonal focus and insight-oriented parenting
- ▶ Outcome – decrease in child maltreatment
- ▶ At 6 months only mothers noticed improvement not statistically significant

# Interventions for SUD Parents

## FOF

- ▶ Focus on the Families (FOF) (Catalana et al 1999)
- ▶ Structured cognitive-affective –behavioral skills program
- ▶ Methadone Clinic 144 parents, kids 3-14
- ▶ 33 group family trainings sessions + 9 month home case mgmt.
- ▶ TX – relapst prevention, coping anger mgmt., child development, communication, family meetings, clear expectations, rewards, discipline
- ▶ Outcome
  - ▶ Improvement in rates of family meetings
  - ▶ Boys (not girls) less SUD use 1 year post intervention no improvement in grades or delinquency rates

# Interventions for SUD Parents

## PUP

- ▶ Parenting under Pressure (PUP) (Dawe and Harnett 2007)
- ▶ Methadone Clinics in Australia 64 parents children 2-8
- ▶ In home treatment specific to parents needs: mindfulness, behavioral parent training)
- ▶ Parent training – Brief intervention in Clinic
- ▶ Outcomes
  - ▶ Showed decrease in child abuse potential
  - ▶ Cost analysis showed savings

# Interventions for SUD parents

## MIO

- ▶ Mothering from the Inside (MIO) (Suchman et al 2017)
- ▶ Methadone and Buprenorphine clinics – 87 mothers; children 1-5
- ▶ 12 week intervention
  - ▶ Individual clinic based metallization therapy
  - ▶ Reflective functioning targeted to address emotions
- ▶ Outcomes
  - ▶ Mothers were more sensitive to their child and had more reciprocal interaction with them

# Interventions for SUD parents

## EBFT

- ▶ Ecologically-Based Family Therapy (EBFT) (Zhang, Slesnick & Feng 2017)
- ▶ 12 session family system therapy that targets dysfunctional family interactions
- ▶ Sessions 1-2 engage family in treatment
- ▶ Sessions 3-12 identify and address family relationships that contribute to mothers SUD
- ▶ Study #183, home based EBFT, Office based EBFT, Education Control group
- ▶ All mothers decreased their substance use and decreased use of psychological control. Greater rates in the group receiving EBFT

# Opioid Use Disorder in Parents and Child Custody Interventions

- ▶ 2013-2015 # children in foster care nationwide jumped 7%
- ▶ Parental Substance abuse a factor in 32% of placements in 2015 an increase from 10% in 2005
  - ▶ West Virginia - 80% of placements
  - ▶ Ohio – 50% of placements
- ▶ Some a result of Opioid deaths - from 2000-2015 half a million people in the US died of an overdose
- ▶ Arrests of parents for drug offenses often bring the family to Children Services Boards awareness

# Children living with Grandparents

- ▶ Case Example - Joey
- ▶ Guilt over Death of their Child or their SUD
- ▶ Financial Burden
- ▶ Older Children forced to be parents to younger children
- ▶ Death/Disability of Grandparents

# Children living in Foster Care

- ▶ Have extensive trauma histories
- ▶ Witness a parent overdose and wait till paramedics arrived
- ▶ Parents die from overdose and child wonders what they could do to prevent it
- ▶ Older children may administer Narcan
- ▶ Center for Traumatic Stress in Children and Adolescents in Pittsburg
  - ▶ Uses TF-CBT to treat these children
- ▶ TF-CBT
  - ▶ Foster children treated with TF-CBT have a reduction in behavioral problems and trauma-related symptoms
  - ▶ Less likely to have foster placement disrupted due to behavioral difficulties after completing TF-CBT

# Treatment of Trauma for Foster Care Children TF-CBT

- ▶ TF-CBT
- ▶ Builds coping skills to manage post-traumatic feelings and thoughts
- ▶ Work on trauma narration and processing
- ▶ Share details of about their trauma and their reactions to it
- ▶ Center for Traumatic Stress in Children and Adolescents in Pittsburgh
  - ▶ Uses TF-CBT to treat these children
  - ▶ Foster children treated with TF-CBT have a reduction in behavioral problems and trauma-related symptoms
  - ▶ Less likely to have foster placement disrupted due to behavioral difficulties after completing TF-CBT

# Treatment of Trauma for Foster Care Children - CCP

- ▶ Child Parent Psychotherapy (Van Horn & Lieberman)
- ▶ Children 0-6 years old
- ▶ Individual Play therapy session with the parent child dyad
- ▶ Weekly sessions for a year
- ▶ Improve parent child relationship/attachment and prevent/halt developmental delay

# Treatment of Trauma for Foster Care Children - SPARCS

- ▶ Structured Psychotherapy for Adolescents responding to Chronic Stress (SPARCS)
- ▶ Developed by DeRosa, Habib and Lebuna
- ▶ Adolescent groups using DBT techniques and mindfulness
- ▶ Weekly sessions for 16 weeks
- ▶ Outcomes – Improve coping skills, interpersonal skills and well-being

# Programs

- ▶ Montgomery County Family Treatment Court

# Conclusion



Rachel Hoffman, who says she was six months pregnant when this photo was taken in Dayton, Ohio, on July 2, 2017. After prematurely giving birth, she lost custody of her newborn girl. Hoffman, 35, says she is now in recovery

'I want my daughter. I shouldn't have used with her. But I was too late.'

— RACHEL HOFFMAN