BEYOND THE HEADLINES OF THE OPIOID EPIDEMIC:

ISSUES AND PROMISING INTERVENTIONS FOR CHILDREN FROM AGES 0-3

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

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AND THE STATE OF FLORIDA (FL), DEPARTMENT OF CHILDREN AND FAMILIES.

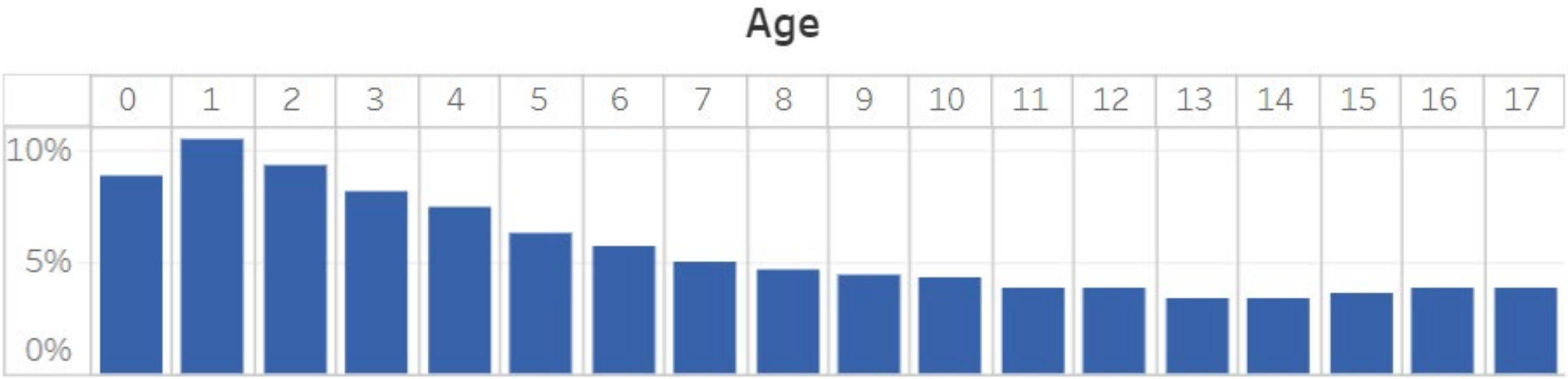
LEARNING OBJECTIVES

- List the impacts of opioids on parenting in the infant/caregiver relationship.
- Describe actions child welfare professionals can take to support recovery and healthy development of children ages 0-3 with pre- or post-natal exposure to parental opioid use.
- Correctly identify the opportunities to support parental recovery and healthy development of infants and toddlers in the case example provided.

IMPACT OF OPIOID USE ON PARENTING IN THE INFANT/CAREGIVER RELATIONSHIP

- A day in the life of a parent misusing opioids and impacts on young children
- The neurochemistry of opioid use and parenting

FL CHILDREN IN OUT-OF-HOME CARE AS OF 12/31/2018



37% (n=8,590) of all FL children in care are 0-3[1]

MY CAREGIVER IS IN WITHDRAWAL

Mom/Dad is experiencing:

- Excessive perspiration
- Shaking/muscle spasms
- Severe muscle and bone pain
- Vomiting, nausea, and diarrhea
- Irritability/restlessness
- Insomnia
- A feeling of dying

MY CAREGIVER IS PREOCCUPIED WITH THEIR NEXT USE

Mom/Dad is experiencing:

- Near constant preoccupation with locating their next fix
- Efforts to locate opioids that span all hours of the day and night
- Severe anxiety about how to stave off withdrawal

Meanwhile, baby may be at higher vulnerability to common dangers in the home (e.g., hot stoves, steep stairs, choking hazards, heavy dressers) because of caregiver's distraction.

MY CAREGIVER DIVERTS OUR FAMILY'S FINANCES FOR OPIOIDS

Mom/Dad may:

- Prioritize funds for opioids
- Steal, pawn, sell things, trade sex, or deal drugs themselves to obtain drugs
- "Sofa surf" due to loss of housing

MY CAREGIVER IS PROCURING OPIOIDS

Meanwhile, baby may be:

- Left alone in the car
- Driven by a caregiver under the influence
- Exposed to opioid dealers and others who misuse
- Left with unsafe caretakers

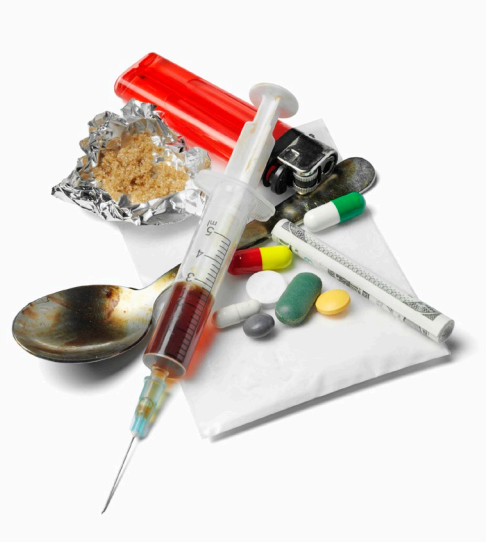
MY CAREGIVER IS CONSUMING OPIOIDS

Depending on the type, strength, and amount of opioids used, Mom/Dad may:

- Nod out
- Become extremely disoriented
- Have difficulty regulating emotions
- If pregnant, expose the fetus to repeated periods of withdrawal

Meanwhile, baby may not have a safe sleep environment, or be exposed dangerous co-sleeping while the caregiver is high.

Baby may be at risk of poisoning from accidental ingestion.[2]



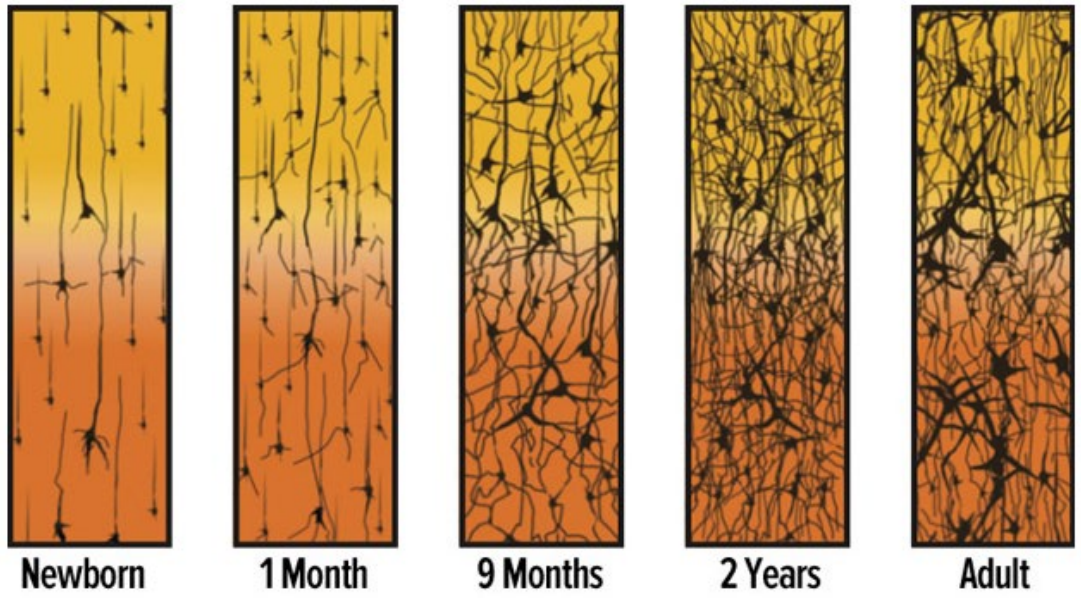
OPIOID USE AND PARENTING: THE NEUROSCIENCE

- Chronic opioid use often results in the release of excessive amounts of pleasure-inducing neurotransmitters (e.g., dopamine) that in turn, trigger dramatic changes in neural circuitry.[3]
- When the brain becomes flooded with dopamine, it adapts by making less of it available for uptake and absorption.
- So…what does this have to do with parenting?

Experiences like caregiving which are usually reinforced with intense experiences of pleasure are now neutral or stressful.[4]

WHAT'S SO SPECIAL ABOUT THE BIRTH-TO-THREE PERIOD?

- During this period, a child's brain produces more than one-million neural connections *each second*—faster than any other time in life.
- During the 1st year, a child's brain doubles in size and by age 3, has reached 80 percent of its volume.[5]
- All of these excess neural connections make a child's brain especially sensitive to external input (aka relationships and their environment).[6]
- "Serve and return" interactions between young children and their caregivers are a major ingredient in healthy development.[7]



Synapse Density Over Time FIGURE 3

Source: Adapted from Corel, JL. The postnatal development of the human cerebral cortex. Cambridge, MA: Harvard University Press; 1975.

Science Helps to Differentiate Four Types of Unresponsive Care

	OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT IN A FAMILY CONTEXT	SEVERE NEGLECT IN AN INSTITUTIONAL SETTING
Features	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	"Warehouse-like" conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
Effects	Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
Action	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible

Toxic Stress

Positive Stress

- Short, stressful events
- Immunizations, a new care provider, etc.
- Prepares the brain and body for stressful situations later in life

Tolerable Stress

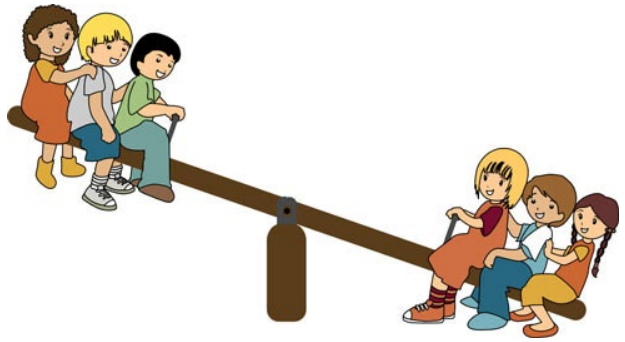
- Tragic, unavoidable events
- Death of a loved one, natural disaster
- Not good for us, but tolerable with a supportive caregiver

Toxic Stress

- Ongoing, repeated exposure to abuse/neglect
- Opioid use disorder (OUD), other abuse and neglect
- Without supportive adults, stress hormones will damage developing structures in the child's brain[9]

FOSTERING RESILIENCE[10]

- Resilience is the ability to overcome serious hardship. It is evident when a child's health and development tips toward positive outcomes, even when a heavy load of factors is stacked on the negative outcome side.
- Though the brain and other biological systems are most adaptable early in life, **the capabilities that underlie resilience can be strengthened at any age.** It is never too late.



WHAT CHILD WELFARE PROFESSIONALS CAN DO TO SUPPORT CHILDREN 0-3 IMPACTED BY PARENTAL OPIOID USE

Remember:

Almost all parents with substance use disorder (SUD)/OUD are profoundly worried about the impact of their use on their children, though some have an easier time articulating this than others.

PARENTAL REFLECTIVE FUNCTIONING[11]

- Parental reflective functioning (also called mentalizing) is the ability to make sense of the infant's and parent's own strong emotions and how they impact specific behaviors and the parent–child relationship.
- Because of its role in helping parents understand and regulate emotion, parental reflective functioning can be of particular benefit to parents in recovery, not only for promoting improvement in the caregiving relationship but also for promoting improvement in abstinence from substance use.

PARENTAL REFLECTIVE FUNCTIONING (CONTINUED)[11]

- For example, in one randomized trial, mothers exposed to a parenting intervention targeting parental reflective functioning showed a moderate decrease in heroin relapses, whereas mothers exposed to a psychoeducational comparison showed a small increase in heroin use.

SUPPORTING YOUNG CHILDREN MEANS SUPPORTING THEIR PARENTS

Use attachment-informed, mentalization-based interventions with caregivers in SUD treatment:[12]

- Provide well-integrated and coordinated services with other SUD-informed services to promote quick and coordinated support, especially during times of high stress (e.g., reunification, job loss, etc.).
- Reduce stigma through expanding your understanding of OUD and recovery, and encourage other team members to do the same.
- Though transition to parenthood is a stressful time, it is also a critical opportunity for intervention, since parents often experience heightened levels of motivation.

TWO- AND THREE-GENERATION APPROACH[13]

- Intervening with children of caregivers who misuse opioids early in childhood will make a difference, not just for their childhood, but also for future generations by promoting healthy parenting by those children as adults.
- Ensuring healthier, more mindful, socially connected caregivers positively impacts child health (and also the next generation).

EVIDENCE-BASED AND PROMISING PRACTICES

"Evidence-based practice in the field of early childhood is the process that pulls together the best available research, knowledge from professional experts, and data and input from children and their caregivers to identify and provide services evaluated and proven to achieve positive outcomes for children and families." – HHS Home Visiting Evidence of Effectiveness (HomVEE)[14]

ATTACHMENT AND BIOBEHAVIORAL CATCH-UP (ABC) INTERVENTION[15]

- This short-term intervention is designed to improve attachment regulation and biobehavioral regulation in children who have experienced abuse and neglect.
- **Target Population:** Infants and toddlers (6 months to 4 years) placed in foster care, relative care, or living with their birth parents.
- **Goals and Intervention Strategies:** Strengthen caregivers' sensitivity and responsiveness to an infant's cues and help them provide an environment in which they are able to foster a young child's regulatory abilities.

CHILD-PARENT PSYCHOTHERAPY (CPP)[16]

- This treatment model is designed to improve social-emotional, behavioral, and cognitive functioning in children exposed to interpersonal violence and other traumatic events.
- **Target Population:** Children aged 0-5 who experience mental health, attachment, and/or behavioral problems as a result of traumatic events.
- **Goals and Intervention Strategies:** Repair the rupture of trust in the parent-child relationship following trauma by enhancing the parent's capacity to protect the child and helping the child regain a sense of safety in the relationship with the parent.

ADDRESSING PARENTING DIFFICULTIES AND OPIOID MISUSE TOGETHER

- Treating **OUD** *without* addressing **parenting** leaves parents with insufficient skills for handling child behavior issues and makes them more vulnerable to drug relapse as a coping mechanism.

- Addressing **parenting** *without* addressing **OUD** is likely futile, as effective parenting requires a significant amount of emotional-regulation and intrinsic motivation, both of which are incompatible with drug and withdrawal states.

Combining evidence-based treatment for opioid misuse (e.g., medication-assisted treatment [MAT]) and parenting difficulties (e.g., ABC, CPP) has the potential to act synergistically to enhance outcomes in both areas by increasing self-regulation skills.[17]

CASE EXAMPLE

- Spot the opportunities to support parental recovery and healthy development of the young child in this example.

CASE EXAMPLE – SARAH AND JULIA

Sarah is a 23 year old single mom living with an OUD. Her 10-month old daughter, Julia, was removed from her care and placed in protective custody after Sarah was found unconscious in her car before dawn after having overdosed on heroin laced with fentanyl. Julia was in her car seat in the back seat. A shopper coming out of a nearby gas station heard Julia crying through a cracked window, but was unable to wake Sarah through the window of the locked car. Bystanders broke a window to remove Julia and called 911. Sarah was revived with Naloxone, taken to the hospital for treatment, and then arrested for outstanding warrants. Julia appeared hungry and had a soiled diaper, but did not show other obvious signs of maltreatment or neglect and was dressed appropriately for the weather. She was placed with her maternal grandmother.

HOW CAN THE CHILD WELFARE TEAM SUPPORT JULIA AND SARAH?

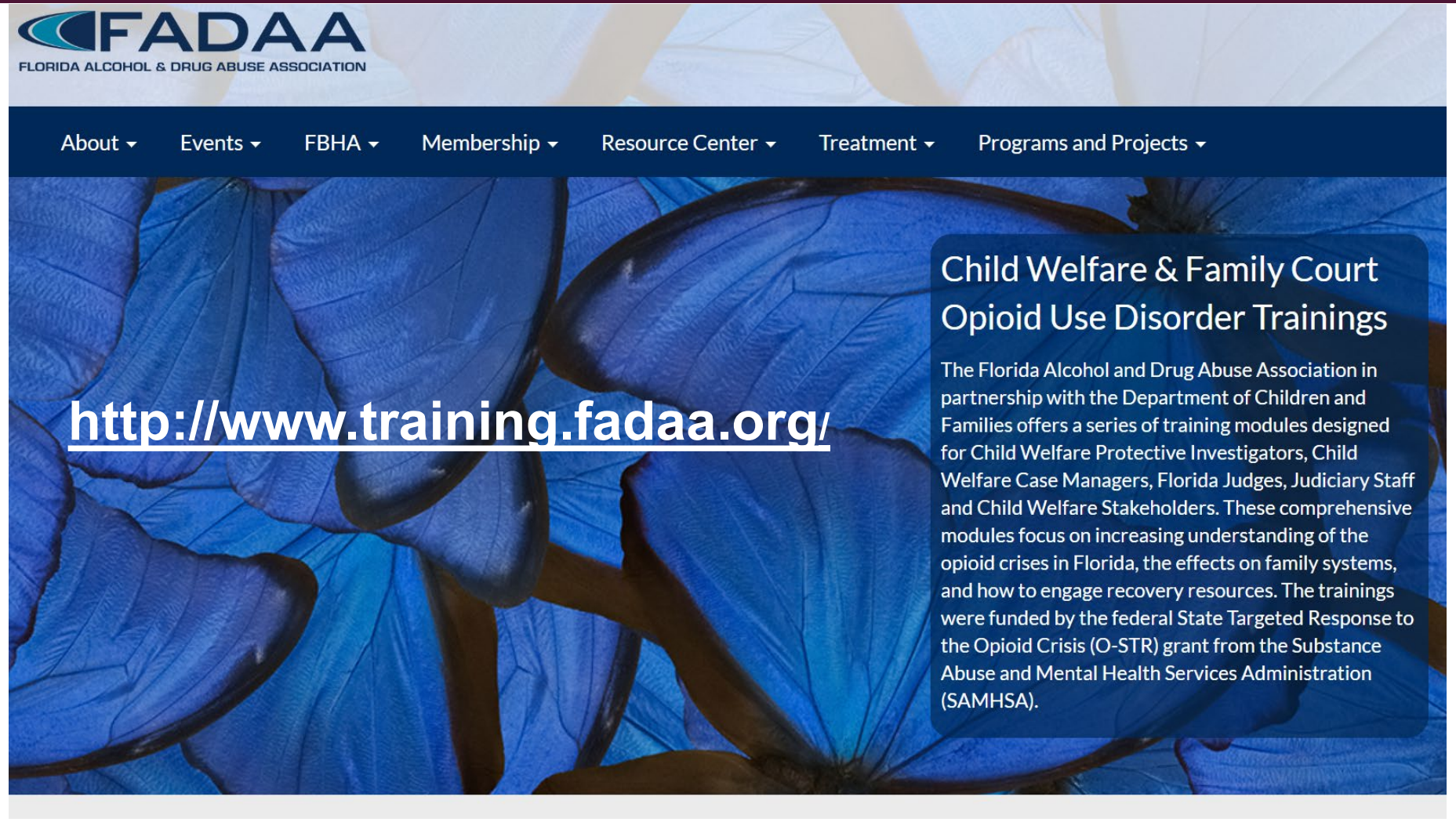
What have we learned today about parental opioid misuse and its impact on infants that can inform the Child Welfare team's response from here?

- Early intervention with the family is key—Julia's brain architecture (and nearly all important pieces of her development) depend on it. Chronic neglect can alter the development of a child's biological stress response systems in a way that compromises their ability to cope with adversity throughout the lifespan.
- Sarah's neurochemistry has also been impacted by her opioid misuse, and her own childhood adverse experiences may also impact her parenting. Beware of the common stigma against opioid "addicts" and look deeper to understand how her experiences affect her choices.

HOW CAN THE CHILD WELFARE TEAM SUPPORT JULIA AND SARAH?

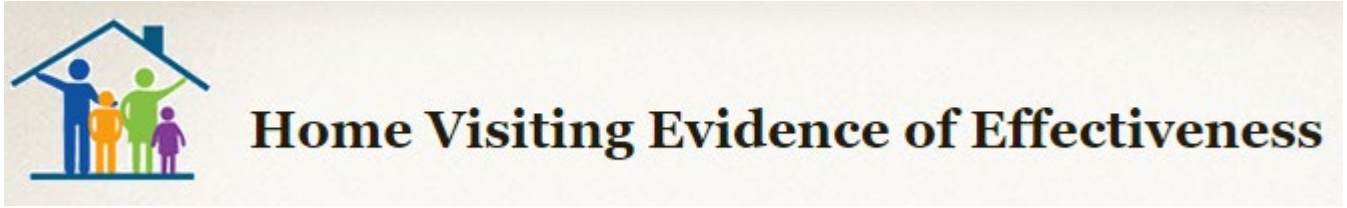
- MAT is the gold standard of OUD treatment and should be made available and encouraged for parents seeking a path to recovery.
- Family treatment services should be evidence-based, targeted to young children, work to improve parental reflective functioning, and concurrent with evidence-based OUD treatment.
- Julia's grandmother, the kinship provider, must be supported—she might be the safe and stable adult that helps Julia keep the stress from difficult life events from turning toxic. (Learn more about supporting kinship providers by viewing the 11/29/18 webinar, "Raising the Children of Florida's Opioid Epidemic: Support and Solutions for Grandfamilies" at www.fadaa.org/training_library)

FOR QUESTIONS, OR FOR ADDITIONAL INFORMATION



ADDITIONAL RESOURCES

The California Evidence-Based Clearinghouse for Child Welfare
http://www.cebc4cw.org/



U.S. Department of Health & Human Services, Administration for Children and Families, HomVEE
https://homvee.acf.hhs.gov

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