Helping Children Affected by Adult Opioid Abuse

July 2018

Quality Improvement Center *for* Research-Based Infant-Toddler Court Teams

What Can You Do?

- Identify service providers in your community that provide medication-assisted treatment (MAT). MAT is now the first line treatment for adults affected by opioid use disorder.
- Bring MAT training to the court. Stabilization of daily living with MAT and the ability to maintain that stability is critical for parents to be able to function again and provide for their families.
- Provide parents with comprehensive medical and mental health assessments including evaluation of their own childhood trauma, prenatal alcohol exposure, substance use disorders, and domestic violence.
- Ensure the use of evidence-based interventions that can address the underlying trauma and promote healing for children and their parents, which, in turn, strengthens parenting and the parent-child relationship.

The Safe Babies Court Team™ (SBCT) Approach and the QIC-ITCT

In response to the needs of maltreated babies and toddlers entering the child welfare system (CWS), ZERO TO THREE developed the SBCT approach: a collaborative, problem-solving systems-change innovation focused on supporting the health, mental health, and developmental needs of adjudicated babies and toddlers and expediting safe, nurturing permanency outcomes. SBCT offers a structure for systems to work together—the court, child welfare agency, and related child-service organizations—to ensure better outcomes for the youngest children in care and for their families. The structure comprises (1) a Family Team (attorneys, case planner, service providers, and family) that comes together at least monthly to identify and address barriers to reunification, and (2) a community stakeholder team, or Active Court Team, that engages in broader systems reform efforts. In 2014, the Children's Bureau provided a grant to ZERO TO THREE and its partners to develop the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT), which provides technical assistance and training to participating sites. The QIC-ITCT provides access to evidence-based interventions and best practices for individuals and agencies working with the birth-to-3 population. The mission of the QIC-ITCT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families (see http://www.qicct.org/).

Background

The Opioid Crisis. Since 2000, the number of deaths related to opioid overdoses has increased 200% [2, 3], killing more than 42,000 people in 2016 [4]. Oxycodone, hydrocodone, codeine, and fentanyl are all opioids that are prescribed to alleviate pain (e.g., after surgery). Heroin, an illegal drug, is an opioid made from morphine [1].

Recent data show that after surgery, with every week a person takes a painkiller like oxycodone or hydrocodone, there is an increase in the rate of misuse of 44% [5]. Such regular use of opioids can build tolerance to the drug, which leads to the user needing higher doses. For some people, lack of access to prescription opioids may ultimately lead to heroin use [1].

Factors driving opioid misuse and overdose are like those associated with the misuse of other drugs. These include self-medication of physical or mental pain, history of posttraumatic stress disorder, history of childhood maltreatment, sexual abuse, witnessing violence, and lower socioeconomic status [6, 7].

Impact on the Child Welfare System. The repercussions of opioid misuse by adults are being felt in the child welfare system (CWS). A study in Florida found that an increase in the opioid prescription rate (by 6.7 prescriptions per 100 people) was associated with a 32% increase in the rate of children being removed from their homes due to parental neglect. Of the children under age 6 placed in foster care in 2015, more than half involved opioid abuse in the home [8].

Interventions. Medication-assisted treatment (MAT) is now recognized as a first line treatment for adults affected by opioids use disorder [9]. MAT is recommended as best practice for pregnant women and those with young children, along with psychotherapy [1]. Stabilization of daily living with MAT and maintenance therapy is also critical for parents to be able to function again and take charge of their families [9, 10].

Recommended practice for infants born with symptoms of opioid withdrawal is to use non-pharmacological treatment starting at birth and continuing beyond discharge. Continued care includes soothing the infant's symptoms and encouraging the mother-infant

SBCT Guiding Values

"We see parents as complex human beings who deserve our respect and encouragement. We recognize that addiction is one facet of their lives but it does not define who they are.

Addiction is not willful behavior. It is a medical disorder and should be approached that way. Care should be timely and include the option of medication-assisted treatment. Mental health therapy for parents should be available to address the sources of trauma (e.g. childhood abuse, homelessness, adult victimization) that lead to self-medication with alcohol and drugs." [1]

bond through breastfeeding, providing a room with low noise and indirect light, and supporting the mother on using different strategies to soothe the infant (e.g., swaddling) [1, 9].

The Safe Babies Court Team™ (SBCT) approach can enhance this treatment with positive outcomes for both parents and children.

Opioid use in SBCT Communities. Almost 70% of young children involved with SBCT sites were removed for reasons related to substance use disorders. More than half of children experienced exposure to parental substance use disorders, and more than four out of five parents had a history of alcohol or other substance use. Opioids—including OxyContin, oxycodone, heroin, and morphine—were among the substances listed for almost one in four (23%) cases with information on parental substance use disorders. Community coordinators estimated that 31% of children involved in the CWS at SBCT sites had a parent using opioids at the time of the maltreatment allegation and 21% of children had been exposed prenatally to opioids.

SBCT Solution

As a community engagement and systems-change approach, SBCT focuses on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the CWS. The SBCT approach employs best practices in child welfare combined with innovative collaborative, problem-solving strategies [11]. Among the core components of the SBCT approach, *Valuing Birth Parents* is fundamental in working with families affected by opioids. The family team recognizes that many parents of young children who enter the CWS have their own history of trauma. Parents receive comprehensive medical and mental health assessments including evaluation of their own childhood trauma, prenatal alcohol exposure, substance use disorders, and domestic violence.

"Addiction is a medical disorder and should be treated like one. Every addiction is unique to the individual and every path to health is equally as unique. Outdated notions about addiction as a moral failing are not based in science and need to be eliminated. The requirement that people quit using drugs as a prerequisite for parenting must be reconsidered. Medications that can limit the damage done by addiction should be widely available. Punitive approaches can further traumatize the parents we work with in Safe Babies Courts. Adults learn best when they are treated with respect and empathy, and this is no less true for people trying to overcome the all- consuming presence of an addiction.

It is our job of SBCTs to model kindness and respect with one another, in court and any other settings. We cannot offer parents the dignity that will allow them to be open to new ways of doing things if we do not demonstrate what that looks like in our lives." (p.94) [11]

Another SBCT core component, a *Continuum of Mental Health Services*, guides the development of service plans that include supporting the parent-child relationship and increasing the parent's ability to provide emotional support, create structure, set limits, and help the child learn. Based on the mental health assessment, therapists provide recommendations to the team and the court on the types of evidence-based and evidence-informed services needed by the family including visit coaching, psychoeducational parent education, and dyadic parent-child interventions such as Child-Parent Psychotherapy [12, 13].

Parents need mental health services to help them address their underlying mental or emotional concerns. Delivery of evidence-based interventions can address their underlying trauma and promote healing for infants, toddlers, and their parents, which, in turn, strengthens parenting and the parent-child relationship. Parents also need integrated trauma and substance abuse services.

SBCT Core Components

- Judicial Leadership
- Local Community Coordinator
- Active Court Team Focused on the Big Picture
- Targeting Infants and Toddlers Under the Court's Jurisdiction
- Valuing Birth Parents
- Concurrent Planning and Limiting Placements
- The Foster Parent Intervention: Mentors and Extended Family
- Pre-Removal Conferences and Monthly Family Team Meetings
- Frequent Family Time (Visitation)
- Continuum of Mental Health Services
- Training and Technical Assistance
- Understanding the Impact of Our Work

http://www.qicct.org/safe-babies-court-teams

How Do We Know the Approach Is Working?

Family teams at each QIC-ITCT site are working diligently to connect children and parents with services. For example, among parents in need of mental health screening, substance abuse screening, mental health treatment, substance abuse outpatient services, mental health counseling, and mental health medications management, more than 90% have received their first treatment appointment. The time between the court order for substance abuse services and the first treatment session received for parents at SBCT sites was less than a week for 73.8% of parents. While frequent parent-child contact (three times a week to daily for most children and parents) is common among the families involved in the SBCT approach, only 1.2% of families experienced a recurrence of

> *"Substance abuse is a treatable medical disorder. The Safe Babies Court Team approach is a treatment enhancement that focuses on the underlying factors in the development of substance use disorders."*
>
> –Dr. Larry Burd, Director, North Dakota Fetal Alcohol Syndrome Center

maltreatment, much lower than the current national standard of no more than 9.1% set by the Children's Bureau. These are highly encouraging results that indicate the SBCT approach's readiness for further evaluation to compare SBCT sites with a group of regular dependency courts.

As the opioid and substance use disorders epidemic continues, more young children are being reported to the CWS and placed out of home, mostly for reasons of neglect related to parental substance use disorders and trauma. The SBCT approach galvanizes support and motivates participants because it offers structure through its core components to face systems dysfunctionality. The SBCT approach changes professional practice, improving child welfare outcomes.

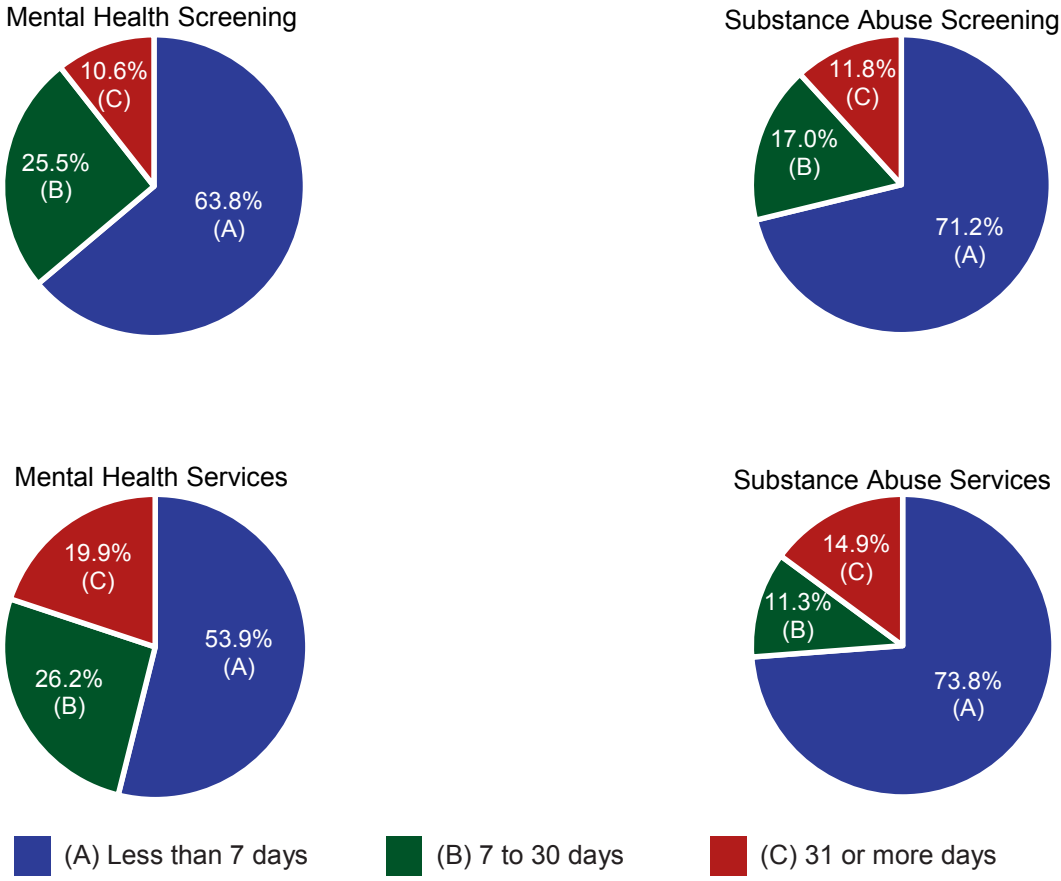
"I come from a world of sexual abuse, mental health, and abuse problems. As a kid I wanted to be normal. At 12 my parents divorced. People using drugs were staying at my home and I began using to escape the pain of being abused.

I lived in the streets. I married a man using drugs that was part of a rock band. I began using meth and selling it. My children would try to have a normal life and would put away drug paraphernalia. I ended up in jail and [the Department of Children and Families] took my children. But what came to my door was an angel. They helped put my children with my family. They were together at my house, while I was placed out. I coped using drugs. Eventually I got a job, but still I was using. My attorney was seeing that I needed to put my new baby for adoption. But my team gave me another opportunity. They allowed me to see my children and have visits. I started going to school and began rebuilding my life. At a family team meeting my caseworker explained about the parent partners program and I wanted it immediately. The Parent Partners became my passion, and soon I was offered a position to help other parents. We support parents when they are unable to see any strengths in themselves. They don't know how to communicate with the team so they scream and cry. We help families understand what is happening and navigate the system. When they go to court they only hear termination of parental rights and that they will lose their children. We explain that they have reunification in their case plan and the service they need for that.

I am also working to finish my bachelor [degree]. My kids today are amazing. They have overcome all of the generational vicious cycle of substance abuse. They all have finished high school, and one is doing a Master. They have healthy relations and wonderful careers. I can't even believe this, and they still love me so much, and they loved me when I was addicted."

-SBCT participant

Time from Court Order or Referral to First Receipt of Screening and Services among Parents Involved with SBCT Sites (n = 180)



Helping Children Affected by Adult Opioid Abuse is part of a series of briefs based on the evaluation of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.

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Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1821-01-01. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit ZERO TO THREE.

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