The Children's Administration and Serving Pregnant Women with SUD

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Objectives

Recognize the complexity of mandated reporting.

Identify effective approaches of supporting pregnant and postpartum women with SUDs and Children's Administration involvement.

Health Related Stigma

Socio-cultural process in which social groups are devalued, rejected, and excluded on the basis of a socially discredited health condition.

Stereotypes of those with SUD :

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Socio-cultural process in which social groups are devalued, rejected, and excluded on the basis of a socially discredited health condition.

Stereotypes of those with SUD :

- Perception of choice—moral deficit by which the person has control
- Lazy
- Liars and criminals
- Poverty
- Symbolically linked to other stigmatized health conditions
- Re: PG women with SUD—"She doesn't care about her baby"

SUD more stigmatized than any other health condition

Levels of Stigma

Self

- Self loathing
- Self blame

Social

- Responses of anger
- Coercion
- Punishment
- Avoidance

Structural

- Rules and policies
- Institutional procedures that restrict rights and opportunities

Healthcare Professionals & Stigma toward SUD

Professionals' attributions about patients with SUD:

- SUD result of poor choices
- Perceived as manipulative, aggressive, and rude
- Not vested in their own health
- Overuse system resources
- Abuse the system through drug seeking and diversion

Results of provider stigma:

- Patients perceive discrimination—diminished therapeutic alliance
- Patients conceal SUD → SUD under-diagnosed → SUD tx needs go unmet
- Patients less likely to complete SUD tx
- Misattribution of physical illness symptoms to SUD
- Hesitation to prescribe pharmacological tx for other illness
- Shorter visits and more task-oriented

STIGMA ALERT!

Risk Factors for Child Maltreatment and Child Welfare Involvement:

- Prenatal Substance Abuse (31% of foster care placements in 2012)
- Failure to Obtain Medical Care
- Domestic Violence
- Corporal Punishment
- Unsupervised or "Latchkey" Children

Role of Co-occurring Issues

- Mental health issues
  - >33% of adults with SUD have co-occurring mental health illness
  - Postpartum women with SUD have high rates of PTSD
- Social isolation
- Poverty
- Unstable housing
- Domestic violence
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Child Welfare Laws and Prenatal Substance Exposure

The Child Abuse Prevention and Treatment Act (CAPTA)
- Healthcare personnel to notify CPS of "substance exposed newborns"
- Provide safe care of "substance affected infants"

Comprehensive Addiction and Recovery Act of 2016 (CARA)
- "Illegal" removed from CAPTA specifications of substance use
- Safe plans of care must include families/caretakers in addition to infants
- Increased data requirements

Keeping Children Safe Act (2003)
- Address needs of infants born and identified as "affected by illegal substance abuse" or "withdrawal symptoms resulting from drug exposure"

Risk factors that the CA considers with prenatal substance use:

- Mother's focus
- Frequency
- Timing
- Type of substances used
- Co-occurring environmental issues
- Extent of prenatal care
- Prior referral to DCYF

Research suggests some of the negative outcomes of prenatal substance exposure can be improved by supportive home environments and positive parenting practices. (NIDA, 2011)

Substance *Affected* or *Exposed*?

The distinction can be misleading…

Medication Assisted Treatment (MAT) for Opiate Use Disorder (OUD)
- NAS itself is not the danger
- NAS is not an indicator of social stability

Unintended Consequences are grave:
- Pregnant women fear CA involvement, therefore avoid MAT
- Detox from opiates in pregnancy is highly ineffective (>90% relapse)

Mandated Reporting

- …***it's confusing***
- "Clear and present danger to the child's health, welfare, or safety"
- "When there is a reasonable cause to believe a child has been abused or neglected"
- If you believe there is a risk
- Positive toxicology, FAS suspicion, withdrawal symptoms
- Reports must include thorough information, such as: issues/behaviors, risk factors, *and positive supports observed* during interaction with the family

Fear of Detection is often paralyzing

PG women more likely to fear detection if:

- Using illegal substances
- Previous CPS involvement
- Heard negative experiences from peers
- Uncertain about the rules (e.g. UAs/other drug testing, what triggers CPS referral)

Having the Conversation…

Topic of CPS is wrought with fear and outrage for families with SUD—
PROCEED CAREFULLY

CPS requirements often feel mysterious to parents

Encourage the parent(s) to consider their situation through the lens of CA

Finding Common Ground

THIS IS THE MOST IMPORTANT SLIDE!

Build Alignment with the 4 Ss:

- **Sobriety**—mom with strong support plan for recovery
- **Stability**—living situation
- **Safety**—people around mom and baby are sober, safe, and stable
- **Support**—family, community, services…

***Affirm, affirm, AFFIRM* any and all of what she already has in her favor.**

Services provided through CA may include:

- Home support specialist services
- Day care
- Foster family care
- Financial and employment services
- Parent aides
- Mental health services (ie counseling)
- Psychological and psychiatric services
- Parenting and child management classes
- Self-help groups
- Family preservation services
- Shelter care

Shift the Focus

Social Determinants of Health

- Living/social environment is greater predictor of outcome than substance used

Promote the well being of a baby whose mother is using illicit substances:

- (In pregnancy) Shift the focus from birth and brain defects to preventing obstetrical harm
- Promote a sober environment for child rearing
- Affirm her intentions

- Needs of the mother and fetus/infant are intertwined—supporting one means supporting the other
- Early bonding facilitates commitment to sober, safe environments—recovery

Trauma Informed Care

Providing Trauma Informed Care:

- **Realizing—Recognizing—Responding**
- Shifting attributions

"Not everyone needs to know about it, but everyone needs to know something."

"Universal Precautions" (especially important for pregnant women with SUD)

- Most have been exposed to abuse, violence, neglect, or other trauma
- Assume she is coping the best she can
- Place priority on providing safety, choice, and control

The mother's feelings are her work, not yours

Increased Support for Professionals

Healthcare professional's therapeutic commitment to those with SUD strengthened by:

- More training (focused on building efficacy in interviewing skills and recognizing own biases—MI)
- Role support by colleagues/supportive work environment
- Adequate time to address the complexities of SUD
- Longitudinal exposure to patients' stories
- Personal experience with SUD

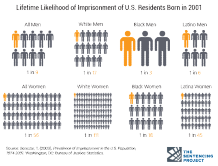
Ask for help!

Racial Disproportionality in WA State

The population of children of color in the child welfare system is higher than the population of children of color in the general population.

Greatest disproportionality occurs when:

- Initial referral to CA is made
- Decision to remove children from the home
- Child is in placement for over two years



Racial Disproportionality and Successful Outcomes

- Be culturally aware and sensitive, as well as aware of one's own bias
- Identify and understand the importance of a child's natural community including family (maternal and paternal), ethnicity, race, and cultural ties
- Identify the child's tribal affiliation; if there is more than one identify all potential tribal connections
- Identify if a child is receiving services from a tribe or Native American Association
- Team with the community to provide protection and higher quality service delivery

History, despite its wrenching pain, cannot be unlived, but if faced with courage, need not be lived again.
~Maya Angelou

References

Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system [PDF]. Retrieved on March 18. 2019, from https://www.childwelfare.gov/pubpdfs/parentalsubabuse.pdf

Cruz, R.P. (2005/06). The greatest source of wealth: Washington state's response to prenatal substance abuse [PDF]. Retrieved on March 18, 2019 from https://blogs.gonzaga.edu/gulawreview/files/2011/02/Cruz.pdf

Guttmacher Institute. (2019). Substance use during pregnancy. Retrieved March 18, 2019 from https://www.guttmacher.org/state-policy/explore/substance-use-during-pregnancy

Washington State Department of Social & Health Services. Child protective services: guidance for mandated reporters [PDF]. Retrieved on March 18, 2019 from https://www.dshs.wa.gov/sites/default/files/CA/csp/documents/MandatedReporterTraining.pdf

Washington State Department of Social & Health Services (2015). Protecting the abused & neglected child: a guide for recognizing & reporting child abuse & neglect [PDF]. Retrieved March 18, 2019 from https://del.wa.gov/sites/default/files/imported/publications/development/docs/Protecting_the_Abused_&_Neglected_Child_DSHS_booklet.pdf

References Continued

CAPTA notification faq [PDF]. (n.d.) Retrieved March 21, 2019, from https://www.ct.gov/dmhas/lib/dmhas/womenservices/capta_faq_for_providers.pdf

Child Welfare Information Gateway. (2017). About CAPTA: A legislative history [PDF]. Retrieved March 21, 2019, from https://www.childwelfare.gov/pubpdfs/about.pdf

Department of Social and Human Services. (2015). Protecting the abused &neglected child [PDF]. Retrieved March 21, 2019, from https://del.wa.gov/sites/default/files/imported/publications/development/docs/Protecting_the_Abused_&_Neglected_Child_DSHS_booklet.pdf

National Advocates for Pregnant Women. (2018). Understanding CAPTA and state obligations. Retrieved March 21, 2019, from http://advocatesforpregnantwomen.org/CAPTA%20requirements%20for%20states_NAPW.pdf

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