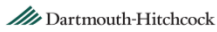
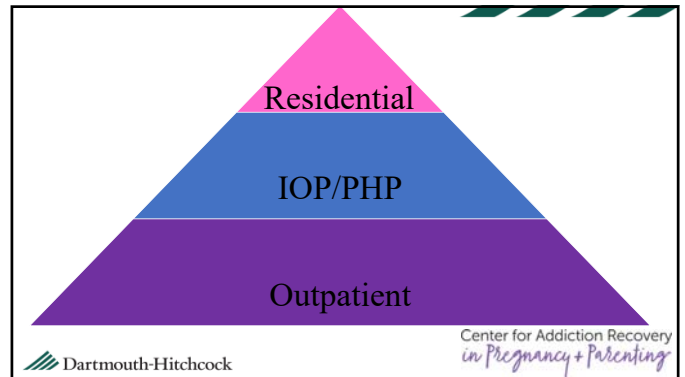


“Treatment that addresses the full range of a woman’s needs is associated with increased abstinence and improvement in other measures of recovery, including parenting skills and overall emotional health. Treatment that addresses alcohol and other drug abuse **only** may well fail and contribute to a higher potential for relapse.”

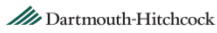
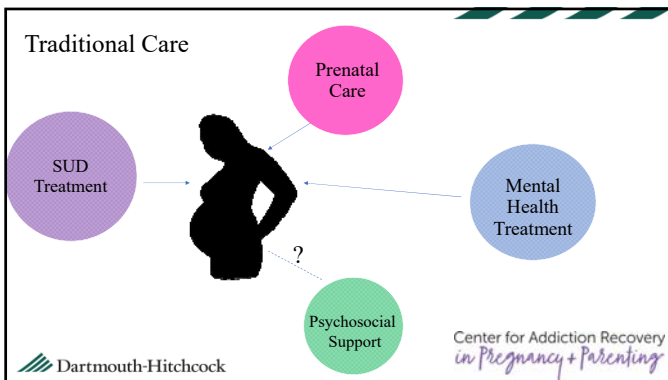
Center for Substance Abuse Treatment, 2007



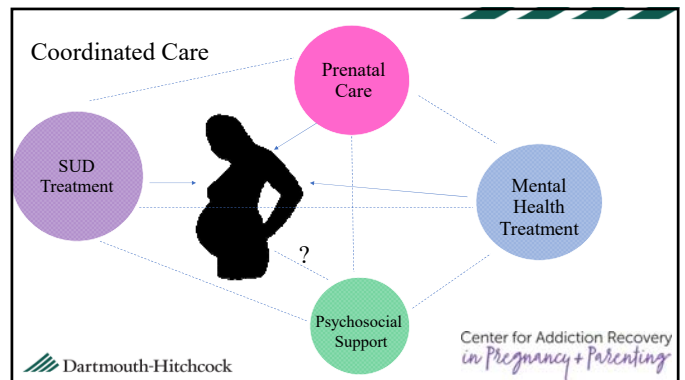
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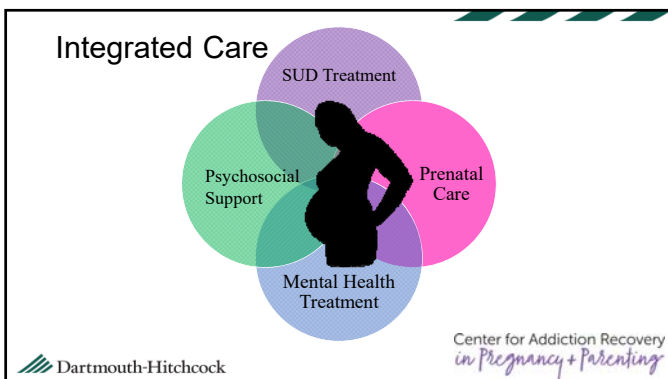
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Dartmouth-Hitchcock Moms in Recovery

How to Contact Us

If you have questions or would like more information about our services, contact us at 603-655-7800 or ask your health-care provider for a referral. You may also visit us at Dartmouth-Hitchcock.org/traumainjury perinatal-addiction-treatment.html

Our Address:
Dartmouth-Hitchcock
Addiction Treatment Program
Medical Center
85 Manchester Street, Suite 521
Lebanon, NH 03756

Recommended Resources

167 Treatment Center
www.167treatment.org

New Hampshire Department of Health
www.healthdepartment.gov/newhampshire

U.S. Office on Women's Health
www.womenshealth.gov

NIH Center for Women's Mental Health
www.nimh.nih.gov/women

Are You Struggling With Opioid Use?
You Are Not Alone



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Behavioral Health Services

- MAT for SUD
- Perinatal psychiatry
- Group therapy
- Individual therapy
- Trauma-informed care
- IOP and OP

Medical Services

- Prenatal care
- Women's health care
- Contraception
- Hepatitis C treatment
- Pediatric care
- Dental collaboration

Supportive Services

- Peer support
- Case management
- Parenting classes
- Diaper bank
- Food shelf
- Playtime
- Health education

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Demographics

Residence (%)

State	Percentage
Vermont	32.1
NH	67.9

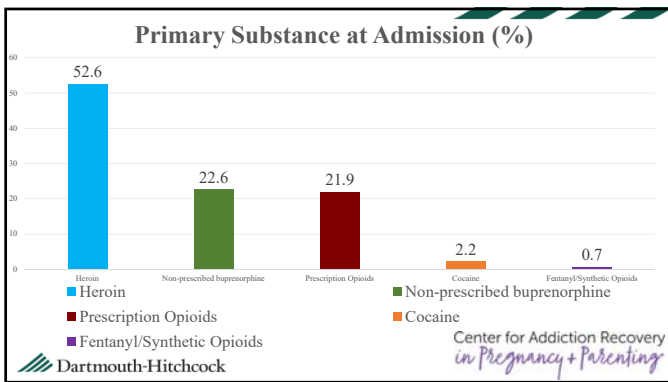
Payor Source (%)

Source	Percentage
Medicaid	88.3
Private Insurance	7.3
Uninsured	4.4

Stable Housing During Pregnancy (%)

Response	Percentage
Yes	36
No	64

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Co-occurring Disorders

- 83.9% current tobacco users
- 67.2% current cannabis users (? % with Cannabis Use Disorder)
- 74.5% with psychiatric diagnosis
 - Depression 65.0%
 - Anxiety 23.4%
 - PTSD 21.9%
 - ADHD 8.8%
 - Borderline PD 4.4%
 - Bipolar Disorder 4.4%
- 45.6% prescribed psychotropic medication

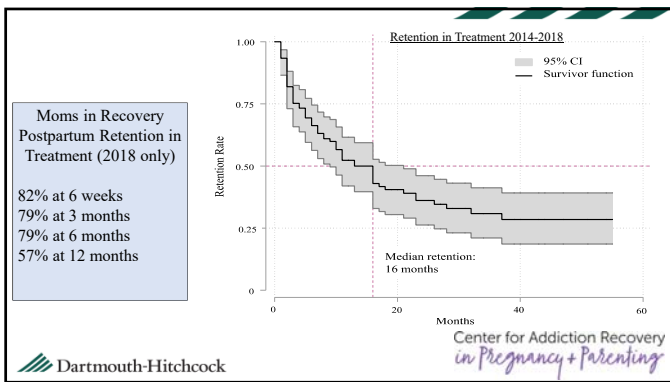
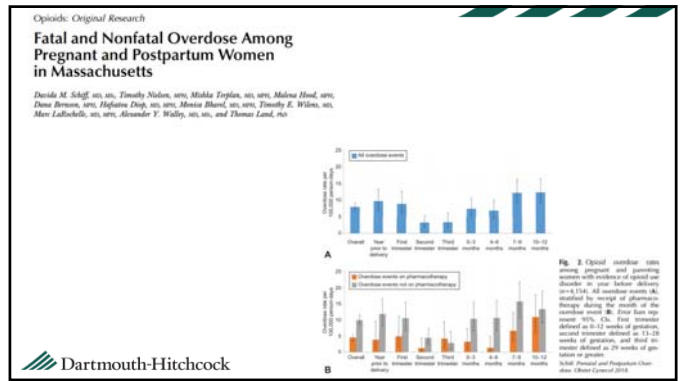
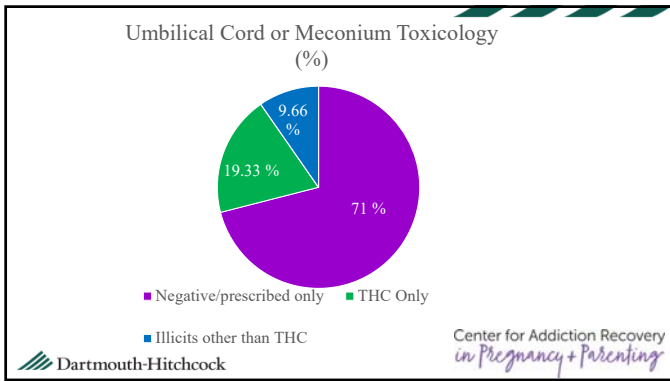
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Infant Outcomes	Infants (n=131)
Length of gestation (weeks), <i>m(sd)</i>	38.4 (2.5)
Birthweight (grams), <i>m(sd)</i>	3054 (553)
Requiring NAS pharmacologic treatment, <i>n(%)</i>	15 (12.8%)
Length of stay (days), <i>m(sd)</i>	6.8 (7.0)
Delivery Type, <i>n(%)</i>	
Vaginal delivery	74 (56.5%)
Cesarean delivery	42 (32.1%)
VBAC	2 (1.5%)
Operative vaginal delivery	13 (9.9%)
Normal admission to the nursery, <i>n(%)</i>	107 (82.3%)
Admission to the NICU, <i>n(%)</i>	25 (19.1%)
Documented active child protection involvement at discharge, <i>n(%)</i>	46 (34.9%)

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Maternal Outcomes	Pregnancies (n=137)
Estimated gestational age (weeks) at entry to:	11.0 (5.8)
Obstetrics (OB) care, <i>m(sd)</i>	13.0 (10.5)
Addiction treatment, <i>m(sd)</i>	
Number of OB visits, <i>m(sd)</i>	14.8 (5.7)
Number of OB visits at PATP, <i>m(sd)</i>	6.4 (5.0)
Pregnancy weight gain (pounds), <i>m(sd)</i>	24.9 (19.8)
Postpartum OB visit, <i>n(%)</i>	102 (75.0%)

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iMAT-OB Project

- Funded from ~Jan 2018- June 30, 2020
- 6 maternity care sites around NH:
 - D-H Bedford/Manchester
 - Coos County Family Health (Berlin)
 - Goodwin Community Health (Dover)
 - D-H Keene/Cheshire
 - D-H Lebanon
 - D-H Nashua

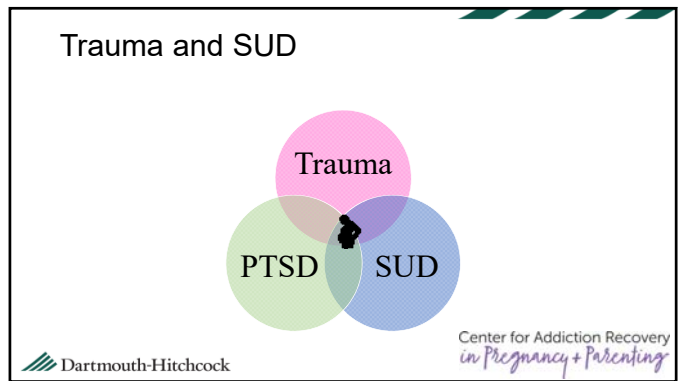
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BECOMING RECOVERY-FRIENDLY

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Trauma and SUD

95% of those with SUD have lifetime trauma hx

25-50% of those with SUD have PTSD

30-50% of those with PTSD have SUD

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TRAUMA INFORMED CARE

≠

PTSD TREATMENT

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Trauma Informed Care

TIC is a **strengths-based** service delivery approach that is grounded in an **understanding of and responsiveness to** the impact of trauma, that emphasizes **physical, psychological, and emotional safety** for both providers and survivors, and that creates opportunities for survivors to rebuild a **sense of control and empowerment**.

https://www.samhsa.gov/samhsa/NewsLetter/Volume_22_Number_2/trauma_tips/kev_term.html

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TIC

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https://www.samhsa.gov/samhsa/NewsLetter/Volume_22_Number_2/trauma_tips/guiding_principles.html

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WORDS MATTER

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Stigma

A mark of disgrace associated with a particular circumstance, quality or person

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Destigmatize

To *remove* associations of shame or disgrace

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Case Example

A mom with 2 young children (ages: 2 months & 5 years) that are known to your practice arrive 15 min late. Both children have been substance exposed during mom's pregnancy, they have a 65% show rate for appointments. The 2 month old is here for a well-child check, the other child is due for vaccinations and has a fever.

Both children have different fathers. It is reported by the front house staff that mom appears anxious, 'jittery', and disheveled. She snapped at the secretary when checking in and the 5 year old is running around in the waiting room, and both children are visibly dirty.

[What stigmatizing word comes to mind when you hear about this mom?](#)

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How do you feel about this mom?

What one word comes to mind when you hear about this mom?

When poll is active, respond at PollEv.com/julialfrew250 | Text JULIAFREW250 to 37667 once to join

Activate

Show results

Lock

Clear results

Log out

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What others have said:

- Loser
- Mooch
- Lazy
- Neglectful
- Addict
- Dead beat
- Going no where
- Hussy
- Should be in foster care
- Same father?
- Dirty
- Junkie
- High
- Abusive
- "I don't want to take care of them"

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YOU ARE NOT ALONE

THESE FEELINGS ARE REAL

THEY ARE NOT RIGHT OR WRONG

WE ALL HAVE BIAS

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Case Example

A mom with 2 young children (ages: 2 months & 5 years) that are known to your practice arrive 15 min late. Both children have been substance exposed during mom's pregnancy, they have a 65% show rate for appointments. The 2 month old is here for a well-child check, the other child is due for vaccinations and has a fever.

Both children have different fathers. It is reported by the front house staff that mom appears anxious, 'jittery', and disheveled. She snapped at the secretary when checking in and the 5 year old is running around in the waiting room, and both children are visibly dirty.

[Now change your thoughts: what strength-based word comes to mind?](#)

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How do you feel about this mom?

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What others have said:

- Doing the best for her child
- Recovery-oriented
- She's bonded to her child
- Child looks clean/kept
- Mom is part of the PP
- Committed to a program
- Seeking help
- Self aware
- Advocate (knows needs)
- Showed up
- Resilient
- Looking out for the child
- Support
- 2nd chances
- Trying
- How can we help?
- Resources?
- I know this isn't easy!
- Found a safe place for your kids
- Thanks for coming. Was it hard to get here?

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HOW DO THESE THOUGHTS IMPACT THE CARE YOU PROVIDE?

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Patrick Coorigan and Petra Kleinlein report that:

Stigma robs people of rightful life opportunities

- stigma interacts with illness and exposes people to distorted experiences with criminal/mental health/medical treatment
- stigma leads health care systems to withhold appropriate services

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Reference: Connecticut Community for Addiction Recovery Pg. 13

Addiction

IT IS STRONG
IT WANTS TO SEE YOU FAIL
IT IS POWERFUL
IT IS NOT A CHOICE
IT IS COSTLY IN MANY WAYS

RECOVERY IS POSSIBLE..... BUT IT IS NOT EASY!

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William White reminds us that language can:

- Humanize OR objectify
- Empower OR dis-empower
- Engender compassion OR fear and hatred
- Motivate OR deflate
- Comfort OR wound
- Unite OR create enmity



Center for Addiction Recovery
in Pregnancy + Parenting
Reference: Connecticut Community for Addiction Recovery Fig. 14

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Which Kind of Care Do We Want to Provide? Glass half empty.....Glass half full

Deficit based language	Strength/ recovery oriented
Substance abuser	Person with an addiction to substances
Suffering from	Working to recover from
Acting out	Ineffective communication
Non-compliant with medications/treatment	Prefers alternative coping strategies
Frequent Flyer	Takes advantage of services/supports as necessary Seeks medical care when needed
Helpless and hopeless	Unaware of capabilities/ unaware of opportunities

Deficit based	Strength/recovery oriented
Addict, junkie	Person with a substance use disorder
Clean, dirty (for person)	Using substance or abstinent from substance
Clean, dirty (for urine drug screen)	Positive or negative for a substance
Clean, dirty (syringe)	New or used
Abuse (of substance)	Harmful use, risky use, misuse
Narcotic	Opioid
Replacement or substitution therapy	Medication assisted treatment: a tool for recovery
Habit or drug habit	Substance use disorder

Is addiction a disease, a choice, or a moral failing?

When we perceive addiction to be a **choice or a moral failing**, people who struggle with addiction are seen as bad people who should be punished.

How we perceive a human condition changes how we respond to it, and in turn, changes the outcome

When we perceive addiction to be a **disease**, people who struggle with addiction are understood to be people who can be treated and recover.

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We need to understand the long-term effects of substance use in order to better understand those who have been impacted

Your Brain After Drugs



Photo courtesy of Nora Volkow, Ph.D., Volkow ND, Hitzemann R, Wang G-J, Fowler JS, Wolf AP, Dewey SL. Long-term frontal brain metabolic changes in cocaine abusers. Synapse 11:184-190, 1992; Volkow ND, Fowler JS, Wang G-J, Hitzemann R, Logan J, Schepel D, Dewey S, Wolf AP. Decreased dopamine D2 receptor availability is associated with reduced frontal metabolism in cocaine abusers. Synapse 14:169-177, 1992.

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The disease of addiction

Impacts 40 million people over the age of 12

- Involves changes in the structure of the brain that can result in compulsive substance use
- Is a complex condition influenced by both genetic and environmental factors
- Like other health conditions, can be prevented, treated and managed by health care professionals
- Without effective treatment, addiction can lead to other illnesses and even death

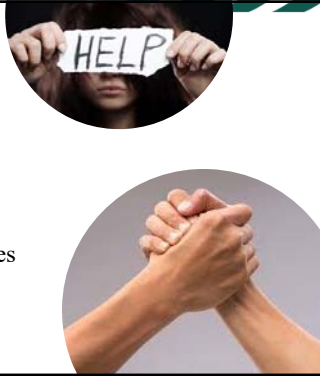
Better understanding of this complex disease can change our world, improving health, saving money, strengthening families and saving lives.

Ref: <https://www.aaonb.com/aaonb/0-01184a1>
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How do we initiate support: lend a helping hand

- Ask with compassion
- Listen with empathy
- Build trust and rapport
- Support each other
- Connect to additional resources
- Continuity of care when possible



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Back to our family: *Here are the actual FACTS*

Mom is in an MAT program, and she worked until 12:30 am at her second job where she cleans offices. Her mother was supposed to take her and her child to the well-child check, and the 5 year old was supposed to go to school on the bus. The 5 year old woke up with a fever, mom called the school to let them know, and ran out of phone minutes during the call. Mom's mother's car broke down on the way and she did not get the message because her phone was out of minutes. She went across the hall and begged a neighbor to drive her, which she did, arriving them late for the appointment.

As mom was unloading, the neighbor said she would need \$20 cash in order to drive mom and children back home, mom knew she was already late on rent, and also knew she had 1 sick child in tow. Mom did not have time to eat breakfast with all the AM shuffling, and is also concerned that the food shelf in her community was only open this AM, in which she will not be home in time to access. She also is not sure she will have a ride to work now due to her mother's car being broken, and is fearful she will lose her job if she isn't able to call her employer.

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We don't always know the facts on initially meeting our families.... How we approach and deliver care impacts how patients accept and use care

Destigmatizing care means to **remove** associations of shame or disgrace

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What can our practices do to create a recovery friendly culture?

- Where do you see improvement opportunities in the care you provide?
 - *Your team?*
- Think about where the patient experience starts and where it ends?
 - *This can help identify areas of improvement*

IT TAKES A TEAM



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Don't hate the addict,
hate the disease
Don't hate the person,
hate the behavior
If it's hard to watch it,
imagine how hard
it must be to live it

dhg@dartmouthhitchcock.com

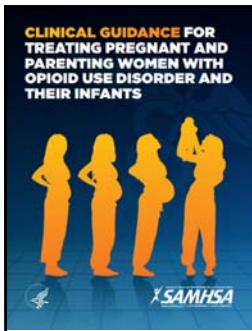
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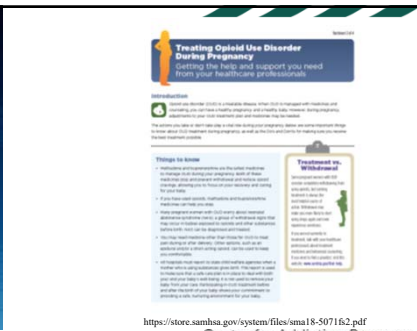
RESOURCES

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<https://store.samhsa.gov/system/files/sma18-5054.pdf>
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<https://store.samhsa.gov/system/files/sma18-507162.pdf>
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CLINICAL SERVICES	RESEARCH	DISSEMINATION & IMPLEMENTATION	ADVOCACY & POLICY	EDUCATION
Integrated treatment	Implementation science	Quality improvement learning collaboratives	State and federal policy	Health professionals and students
Opioid exposed newborn care	Improvement science	Evidence based practice guidelines	Professional organizations	Patients and families
Recovery friendly medical care	Community engaged research	System redesign	Payment reform	Community partners
Provider consultation		Community partnerships		

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Center for Addiction Recovery in Pregnancy & Parenting

The Center for Addiction Recovery in Pregnancy and Parenting (CARPP) is a multidisciplinary network of experienced clinicians and researchers working together to support recovery from addiction for women who are pregnant and parenting, and to promote healthy growth and development in their children.

CARPP's work informs clinical services, research, education, and advocacy in the treatment of pregnant and parenting women and their young children who are

Center for Addiction Recovery in Pregnancy + Parenting

<https://med.dartmouth-hitchcock.org/carpp.html>
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QUESTIONS?

CARPP@Hitchcock.org
 603-653-1800

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