



Substance Use: Prenatal and Postnatal Services in Family Preservation

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Myth or Fact?



Myth or Fact?

Very few women use alcohol or other drugs while pregnant.



Myth or Fact?

It is legal to use alcohol and tobacco. They aren't considered drugs and won't hurt my baby.




Myth or Fact?

I can seek prenatal care later. My pregnancy isn't affected by how early I go to the doctor.




Objectives

- ▶ Recognize Stephanie Covington's 6 Guiding Principles on Women and Addiction
- 



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 - Review Pregnant Women's Services that have helped provide success with mother's and families
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- Recognize Stephanie Covington's 6 Guiding Principles on Women and Addiction
- Review Pregnant Women's Services that have helped provide success with mother's and families
- Examine a scenario to highlight lessons learned in the past 5 years of providing services in rural and urban communities




Stephanie Covington: Women and Addiction




Women and Addiction: A Gender Responsive Approach

- Dr. Stephanie S. Covington-
Pioneer in Field for Women's:
 - Issues



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Women and Addiction: A Gender Responsive Approach

- Dr. Stephanie S. Covington- Pioneer in Field for Women's:
 - Issues
 - Addiction
 - Recovery



Women and Addiction: A Gender Responsive Approach

- Developed an innovative, gender responsive and trauma informed approach to treatment needs of women and girls
 - Focuses on systems change and development of caring, compassionate and empowering therapeutic environments
- 



Covington's 6 Guiding Principles



Gender:

Acknowledge that
gender makes a
difference



Covington's 6 Guiding Principles



Environment:

Create an environment
based on safety,
respect, and dignity



Covington's 6 Guiding Principles



Relationships:

Develop policies, practices and program that are relational and promote healthy connections to children, family, significant others, and the community



Covington's 6 Guiding Principles



Services:

Address substance abuse, trauma, and mental health needs through comprehensive, integrated and culturally relevant services



Covington's 6 Guiding Principles

- Socioeconomic Status:
Provide women with opportunities to improve their socioeconomic conditions



Covington's 6 Guiding Principles




Community:

Establish a system of comprehensive and collaborative community services



Gender

- ▶ Gender Responsive and Trauma informed approach to treatment for women with the use of the Dr. Stephanie S. Covington materials and based upon her philosophy
 - ▶ Help women live in the here and now
 - ▶ Learn stress management and grounding skill



Gender – (cont.)

- Focuses on Systems change and development of caring, compassionate and empowering therapeutic environments
 - Having someone to listen
 - Share the excitement of being pregnant



Gender (cont.)

- ▶ Help women develop a sense of self:
 - ▶ Improved self-esteem
 - ▶ Looks at sexism, racism, and stigma of women
 - ▶ Myths of being a mother
 - ▶ The mother-to-be and staff working to develop a an understanding of the unique characteristics of substance use, pregnancy and becoming a mother
 - ▶ Spirituality



Gender (cont.)

- Sexuality
 - Body image
 - Sexual identity




Environment

- Based on safety, respect, and dignity
- 




Relationships

- Importance developing a relationship with the Mother-to-be
 - Engaging family members
 - Relationship of the substance use with mom and family
- 




Services

- ▶ Medical care/Prenatal appointments
 - ▶ Birthing classes
 - ▶ Substance use treatment
 - ▶ Trauma and mental health
 - ▶ Parenting
 - ▶ Culturally relevant service
- 



Socioeconomic Status/Community

- ▶ Help women to investigate their career opportunities
 - ▶ Connect with agencies that could help the mother-to-be provide support to her family
- 



Gender Specific Curricula

- *Helping Women Recover: A Program for Treating Addiction* (with a special edition for the criminal justice system)
- *Beyond Trauma: A Healing Journey for Women*
- *Voices: A program of Self-Discovery and Empowerment for Girls*
- *A Woman's Way through The Twelve Steps*



Family Preservation: Pregnant Women's Services




Family Preservation Overview

- All referrals made through Department of Children and Families (DCF)
- Referred families have a child at risk for an out of home placement
- Services are in place for 365 days
- Goals is to maintain the children safely in the original home at time of referral
- Services initially are “intense” and is lessened over time as family adopts new skills, is connected with community resources, kinship relationships are strengthened, and safety concerns lessen
- Services are delivered following a case plan that is based on thorough assessments and is made with the family (NOT imposed upon them)




Family Preservation PWS Team

- Therapist/Case Manager
 - Family Support Worker (FSW)
 - Area Supervisor
 - Director of Clinical Services, Family Preservation
 - Clinical Director/Drug & Alcohol Expert
- 



PWS Specific Services

- ▶ PWS Referral:
 - ▶ Director of Clinical Services forwards referral with PWS SOP attached to Therapist/CM, FSW, Area Supervisor, and Susan Montague
 - ▶ Request schedules for a 30 minute phone conference to be held within 1 week of referral
 - ▶ Request PWS SOP be reviewed prior to the staffing
 - ▶ Mail:
 - ▶ Copy of Helping Women Recover Journal to Therapist/CM
 - ▶ What everyone needs to know about substance abuse during pregnancy cards
- 



PWS Specific Services

- ▶ PWS Phone Staffing:
 - ▶ Review SOP requirements and highlight UA procedure. Susan to cover D & A recommendations.
 - ▶ UA's on mom throughout referral
 - ▶ UA from mom at admission to the hospital for birth.
 - ▶ If mom is positive, request UA on baby within 24 hours.
 - ▶ UA on baby is most recent indicator of baby being born positive or negative. Testing meconium can show mom's usage from 6 months ago.
 - ▶ ROI to doctor and hospital. Make contact with hospital Social Worker regarding client.
- ▶ Ongoing Phone Staffings:
 - ▶ Monthly unless baby is due soon after referral. Then may want to go every other week.



Initial Family Meeting: Engagement

- ▶ Be Hope Inducing!
 - ▶ Have often lost other children due to substance use
 - ▶ Verbalize mother can do this
 - ▶ Mom-to-be needs to feel valued and important
- ▶ Discuss D&A Services
- ▶ Begin Bio-Psycho-Social (IFM paperwork, NCFAS-G, etc.)
- ▶ Pregnant Women's Services (PWS) explained
 - ▶ Roles & responsibilities
 - ▶ Incentives




Assessments

- Reinforce message of support
- Build on existing support systems
- Finish assessments including PWS specific
 - Prenatal Information Form (handout)
- Complete Mental Health Assessment




Case Planning/Treatment Planning

- Develop goals and objectives in collaboration with the family
 - Medical appts, mental health, D&A services, housing, self-care, transportation, coordination & collaboration with other providers
 - Individualized, Every Mom-To-Be has different needs
 - Meet with mom at least 2x weekly
- 



Ongoing Services: Preparing for Baby

- ▶ Identify pediatrician/family physician for baby after birth
 - ▶ If ROI signed, contact identified physician and discuss PWS procedure
 - ▶ Provide history of mothers use during pregnancy (Prenatal Information form) and any additional use if occurs
 - ▶ Does physician have specific protocols for a baby who has been exposed to substance abuse during pregnancy?




Ongoing Services: Preparing for Baby (cont.)

- Provide resources to mother regarding birthing classes, breastfeeding education, etc...
- Identify items needed prior to baby arrival
- Refer to community early childhood education programs
- Incentives Program



Ongoing Services: After Baby

- Edinburgh Postnatal Depression Scale (handout)
 - Recovery Plan (handout)
 - Continue to coordinate & collaborate with other providers
- 



Success Rates





Scenario and Lessons Learned

Reason for Referral

- ▶ Pregnant Mother, Jennie, 27



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Sentencing, for a crime that happened 6 years ago, when referred to Family Preservation PWS



Reason for Referral

- Pregnant Mother, Jennie, 27
- Went to ER for pre-term labor and tested positive for Cocaine
- Jennie was on Federal Sentencing, for a crime that happened 6 years ago, when referred to Family Preservation PWS
 - At risk of returning to Federal Prison once baby's born



Pregnant Mother History



Pregnant Mother History

- ▶ Sexually abused as a child
- ▶ Jennie entered foster care at age 12 and aged out
- ▶ History of Depression
- ▶ Started using drugs as a teenager
 - ▶ Chronic user since starting
- ▶ Reconnected with biological mother
- ▶ Went to prison
- ▶ Drugs of choice: cocaine and marijuana





Pregnant Mother History

- ▶ Had two children removed from home due to her drug use
 - ▶ Oldest child adopted (born cocaine and marijuana exposed)
 - ▶ Youngest child with relative
- ▶ As an adult, at the time of referral, was living with her terminally ill mother, Juanita and step-father, Doug


Observations



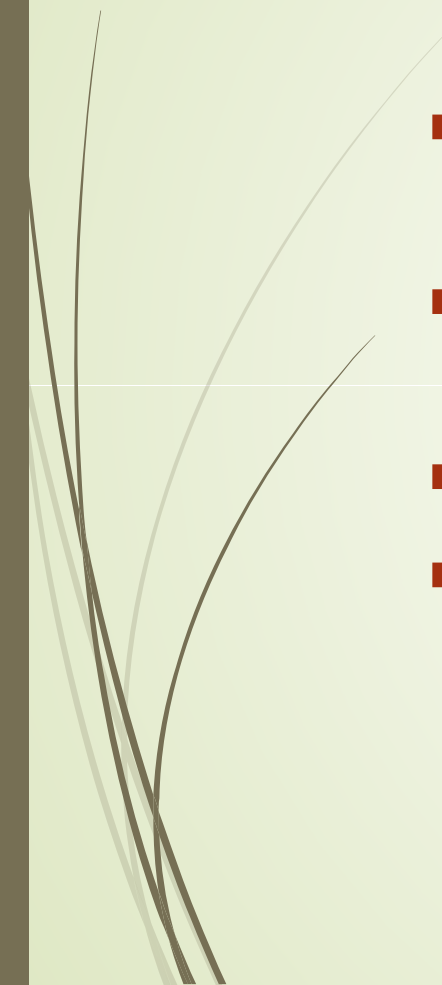
Observations

- ▶ First hurdle was Jennie would not allow FP Staff into the home due to her mother's illness
- ▶ Jennie was not engaged, but allowed the service to start
 - ▶ Use of gifts/incentives were used throughout the program
 - ▶ After a simple gift of cupcakes, FP was allowed in the home weekly





Services & Agencies

- Family Pres/PWS Team
 - Federal Parole Officer
 - Woman's Care
 - Hospital
 - Drug and alcohol treatment
 - Random UA's given
 - WIC
 - Budgeting Skills
 - Nutritional Education
- 

Treatment/Services




Treatment/Services

- Provided:
- Transportation
- Individual therapy
- Incentives
- Gift cards
- Baby clothes
- Developed a plan for baby's care if Jennie went to prison





Turning Point

- FP Staff brought Jennie baby clothes and assisted her in sorting these clothes
 - They celebrated the coming of Jennie's new daughter
- 



Timeline

- ▶ December 2013, referred to FP PWS
- ▶ February 2014, delivered drug free baby
 - ▶ Monitoring for post-partum depression
- ▶ March 2014, Jennie was given Federal Probation
- ▶ April 2014, Juanita passed away
 - ▶ Jennie went to the burial out of state
 - ▶ Jennie was out of state for about a month
 - ▶ Jennie did not seek support services while out of state




Timeline

- ▶ June 2014, Jennie told FP Staff about Juanita's funeral and that she started using again
 - ▶ Increased FP Services
 - ▶ Utilized Drug and Alcohol Treatment Services
 - ▶ Involved with Drug Court
- ▶ July 2014, engaged in Work Force services with DCF
- ▶ August 2014, 4 year old son returned to her home



Outcomes

- Jennie engaged in services
 - Baby was born drug free
 - Jennie maintained custody of baby
 - Jennie did not have to go to federal prison
 - Jennie recognized the need to continue drug and alcohol treatment and medication management services
 - Drug Court involvement has provided incentive to staying clean
- 

Outcomes



Outcomes

- Continued in the Work Force program
- Jennie learned to trust people in the "system"
 - Learned to reach out to others when services are needed
- Jennie faces many struggles, yet continues to move forward
- Jennie has continued to provide care to her 4 year old and baby



What We've Learned

- ▶ Support services during and after baby is born are both important key factors to promoting healthy family living

