

The Intersection of Maternal & Infant Trauma and OUD/SUD

Virtual Training Webinar



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Opioid
Response
Network
STR-TA



Presenters:

R. Jeffrey Goldsmith MD,
DLFAPA, DFASAM

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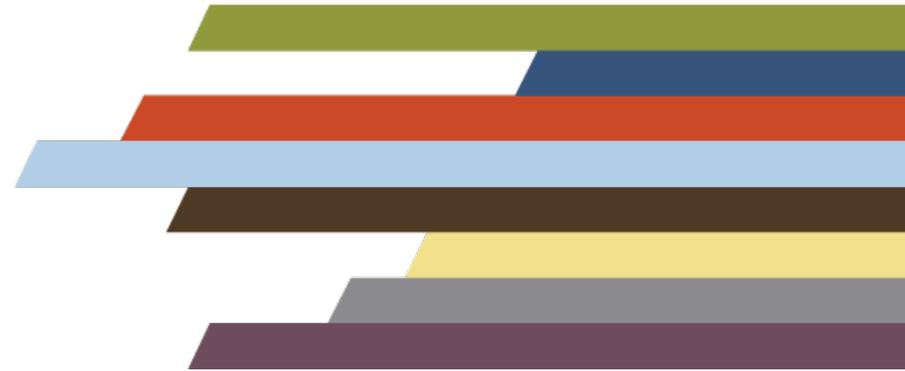
Katie Volk, MA



New England (HHS Region 1)

ATTC

Addiction Technology Transfer Center Network
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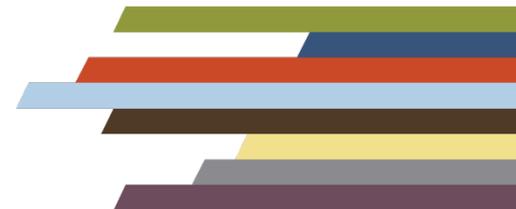
Welcome



The Intersection of Maternal & Infant Trauma and OUD/SUD



SAMHSA
Substance Abuse and Mental Health
Services Administration



Housekeeping Information



Participant microphones will be muted at entry – you will be able to unmute during the discussion portion of our webinar.



If you have questions during the webinar, please use the chat box or the “raise hand” feature during discussion to have your microphone unmuted.



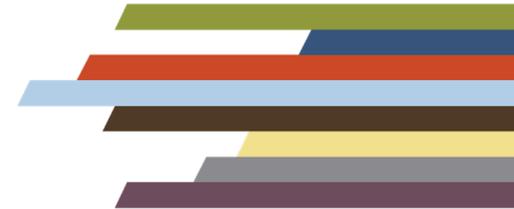
This session is being recorded and it will be available on the MHTTC website within 24 hours of the close of this presentation.



Information about CEUs will be sent in a follow-up e-mail



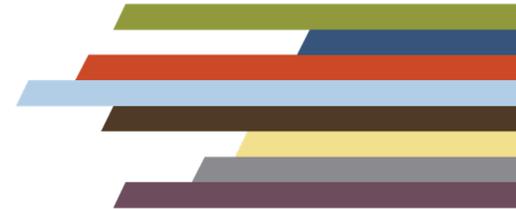
If you have questions after this session, please e-mail: newengland@mhttcnetwork.org.





Agenda

- Welcome & Introductions
- Infant Development
- Neurobiology of Addiction
- Prevention
- Q & A



Meet our Presenters



Katie Volk, MA
Senior Project Director
C4 Innovations
Needham, MA



R. Jeffrey Goldsmith MD,
DLFAPA, DFASAM
Past President ASAM
Diplomat of the American Board
of Preventive Medicine



Disclaimer: Ms. Volk does not have any commercial or conflict of interest to disclose associated with this learning activity.

Dr. Goldsmith has no financial disclosures or conflicts of interest. He is on the Board of Windhorse Zen Community, as well as on the Board of Biddeford Pool Improvement Association. He completed his term (4/17-4/19) on the BOD as Immediate Past President of the American Society of Addiction Medicine



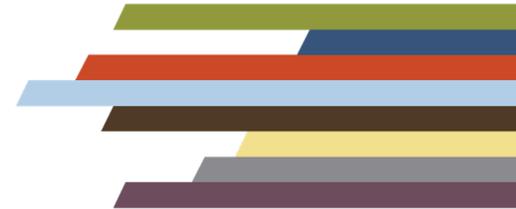
New England MHTTC

Mission

To use evidence-based means to disseminate evidence-based practices across the New England region.

Area of Focus

Recovery-Oriented Practices, including Recovery Support Services, within the Context of Recovery-Oriented Systems of Care.



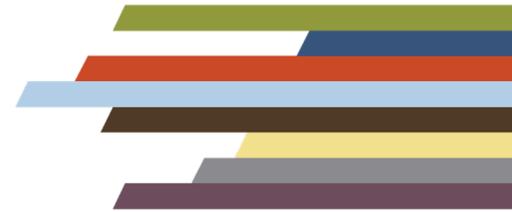


OUR TEAM

Yale Program for Recovery
and Community Health

in partnership with

C4 Innovations,
Harvard University
Department of Psychiatry,
and Center for Educational
Improvement





Opioid Response Network



Opioid
Response
Network
STR-TA

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Education
and Training
Start Here.



Working with communities to address the opioid crisis.

- ✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis .
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working with communities to address the opioid crisis.

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

✧ To ask questions or submit a request for technical assistance:

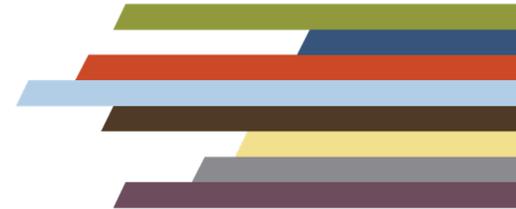
- Visit www.OpioidResponseNetwork.org
- Email orn@aaap.org
- Call 401-270-5900



Learning Objectives

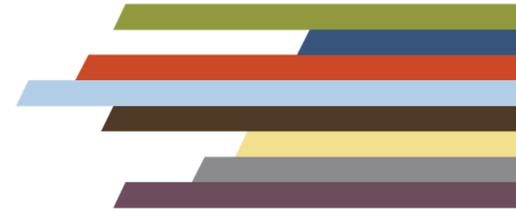
Participants will be able to:

- Describe the importance of attachment in promoting infant resilience
- Name two ways that addiction impacts the maternal and infant brain
- Identify four prevention strategies



Part 1:

Infant Development



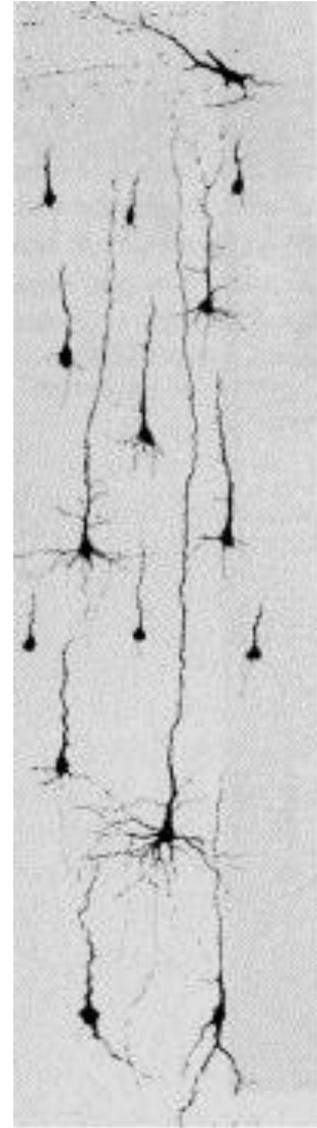


Building a Brain



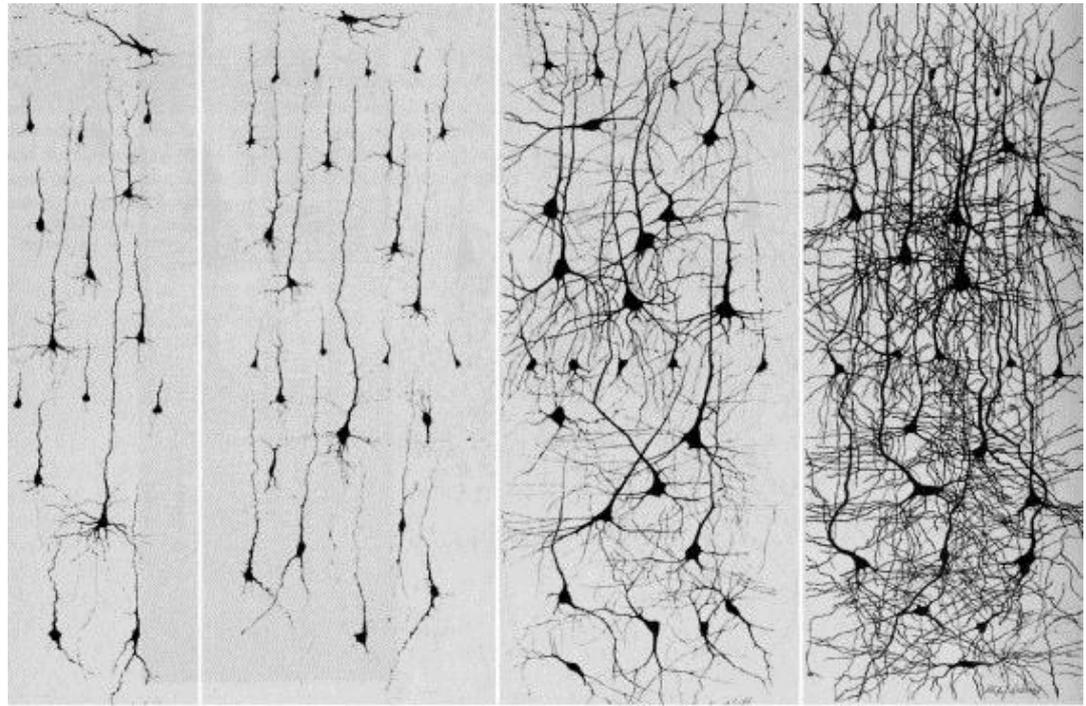
Building a Brain

At birth, we
have 100
billion neurons,
most of which
are not
connected.



Newborn
A

Building a Brain



Newborn
A

1 month
B

6 months
C

2 years
D

Building a Brain

- Which pathways get reinforced? How are connections made?
- This is the work of infancy and early childhood.
- It is a physiological experience.

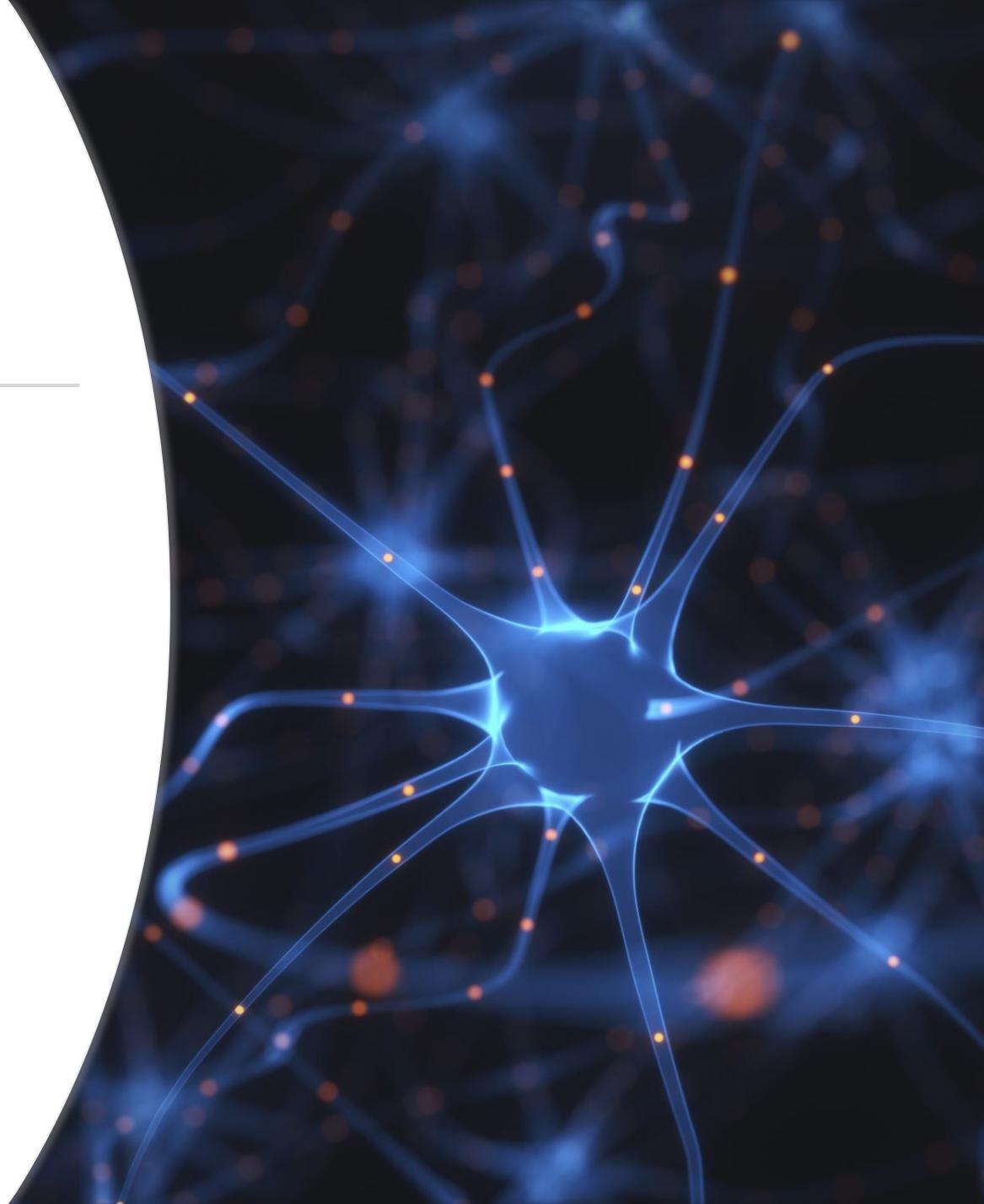


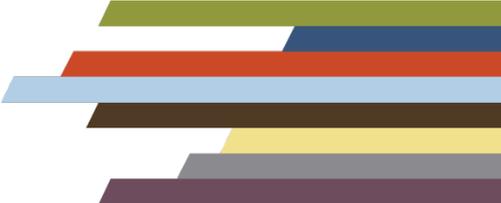


Photo credit: Ken Heyman



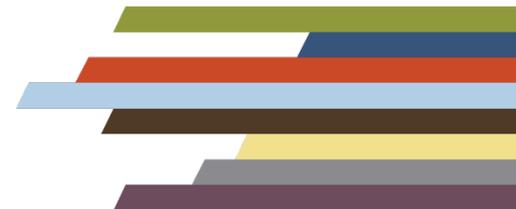
The growth of the baby's brain “literally requires positive interaction between mother and infant. The development of cerebral circuits depends on it.”

~ A. Schore, 2001



Attachment

- Goes beyond bonding
- Enduring emotional bond
- Biologically driven
- Future relationships and self-regulation



Process (healthy)



Baby cries



Mom soothes baby, i.e.,
rocking, meeting basic
needs, stroking, cooing, etc.

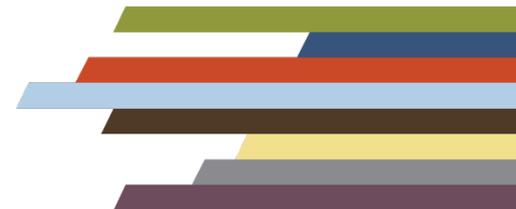


Baby internalizes those
regulatory skills over time
– learns that she can be
agitated, and, also, be
calmed.

Forms template for future relationships, future experiences of distress.



**External
becomes
internal.**





1. Secure
2. Insecure – Resistant
3. Insecure – Avoidant
4. Insecure – Disorganized



Categories of Attachment

Affective synchronicity

“The mother’s face is the most potent visual stimulus
in the child’s world.”

~ A. Schore (2001)



Photo credit: Ken Heyman

“When infants are not in homeostatic balance or are emotionally disregulated (e.g., they are distressed), **they are at the mercy of these states**. Until these states are brought under control, infants must devote all of their regulatory resources to reorganizing them. While infants are doing that, they can do nothing else.”

~ Tronick & Weinberg, 1997, p. 56 (quoted in Schore, 2001)

80% of abused infants have
impaired attachment patterns.

Source: Benoit D. (2004)

Mother's Perspective:

- Feel unable to care for their children
- Inflict harsh punishments
- Feel depressed
- Feel out of control
- Communicate less with their children
- Fewer interactions/less engagement



Impacts (Long-term)

Difficulty maintaining interpersonal relationships

Coping with stressful stimuli

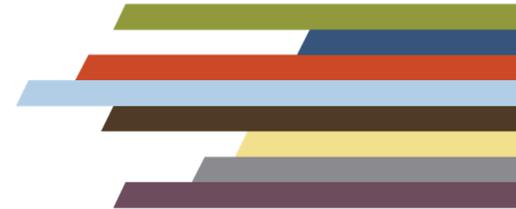
Regulating emotion

Infants at high risk

- Low birth weight
- Exposed to alcohol/drug/tobacco prenatally
- Medical issues/NICU stays
- Need more from their caregiver to compensate for this vulnerability. They are more easily mis-attuned.

Part 2:

Neurobiology of Addiction



Objectives

1. Addiction is a chronic disease.
 1. Stigma undermines addiction treatment by blocking access to EBP.
 2. List two signs of stigma in self and others.
2. There are brain changes from heavy substance use.
 1. Inherited genetics make people at risk.
 2. Epigenetic changes can increase risk and become inheritable.
3. Systemic changes are important to increase awareness of addiction and trauma and implement EBP.



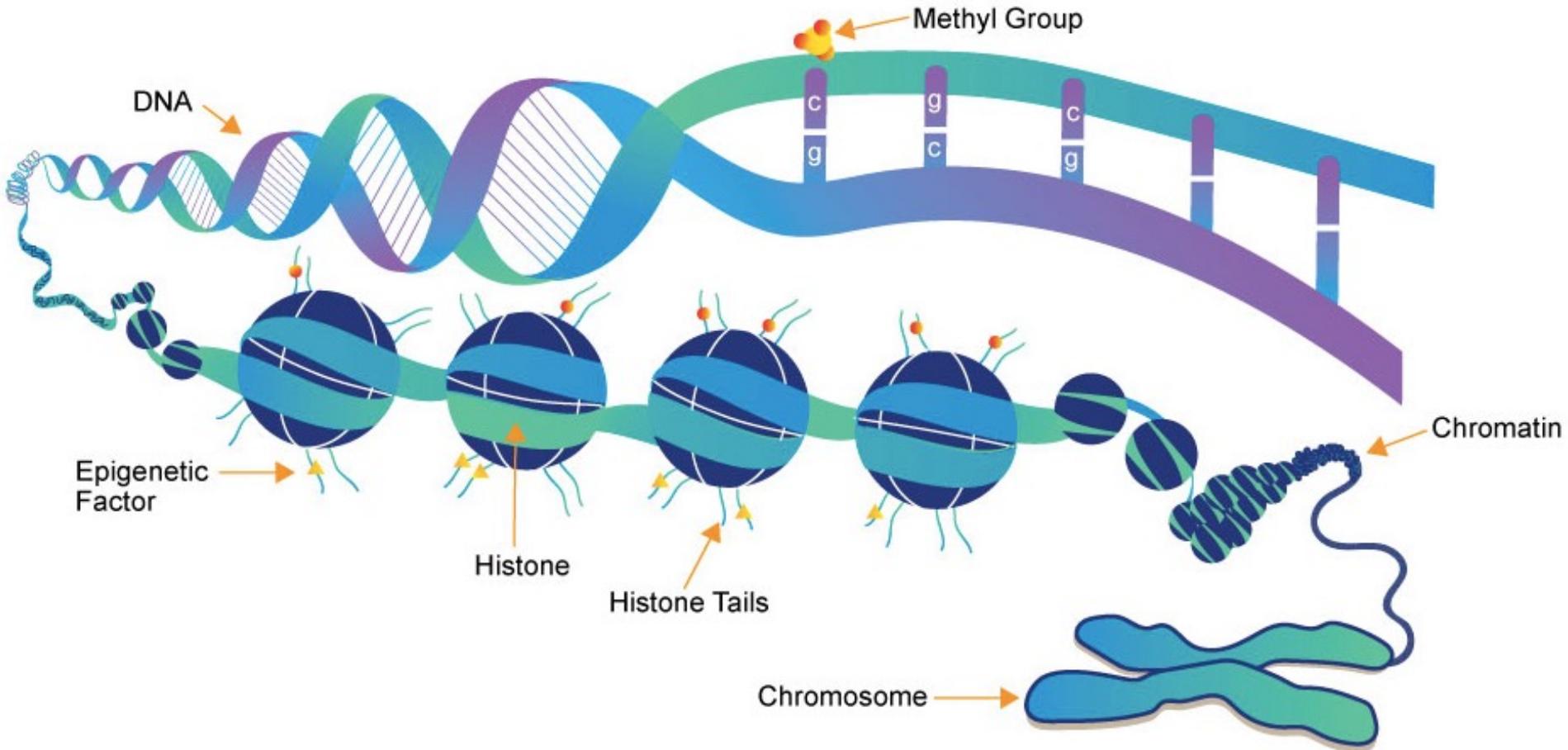
What Can Be Transmitted from One to Another?

- ✧ DNA
- ✧ Epigenetic changes to mRNA or base pairs in DNA
- ✧ Amount of substance use
- ✧ Multiple substances used
- ✧ Marijuana
 - Myth of medical marijuana
 - False labeling of quantities (THC and CBD)
 - High concentration packages and vaping
 - Driving vehicles under the influence +/- EtOH

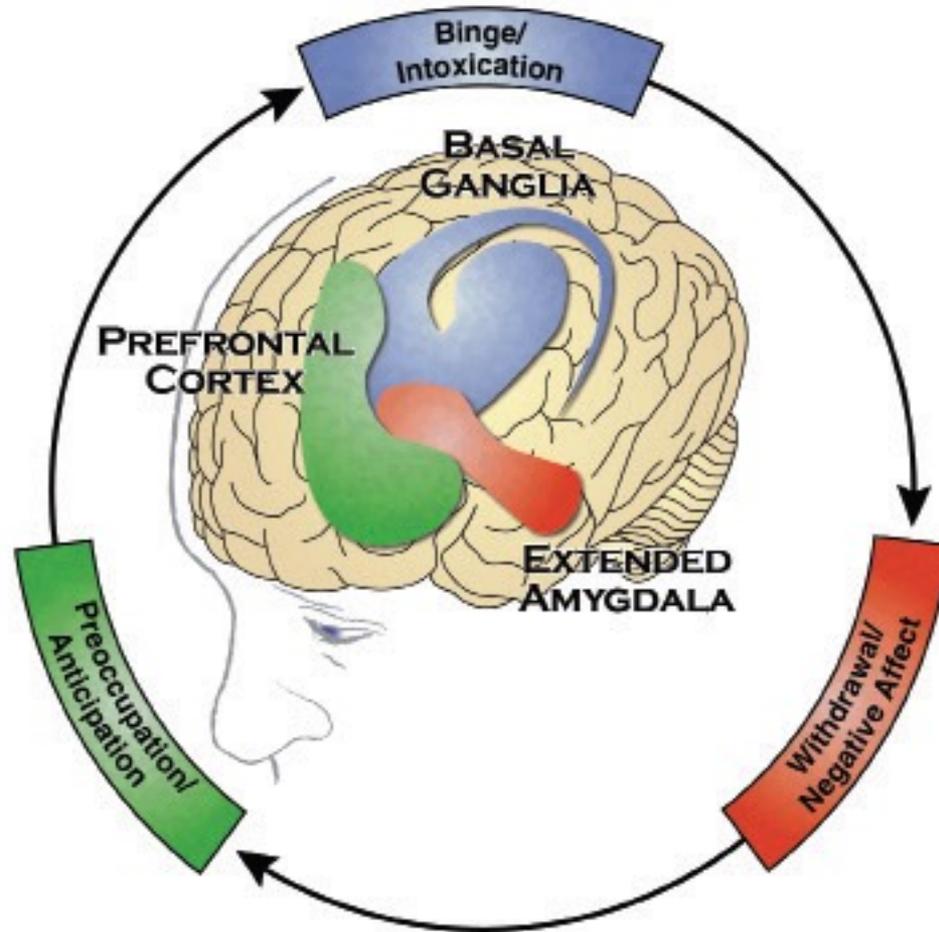


Epigenetic Mechanism from

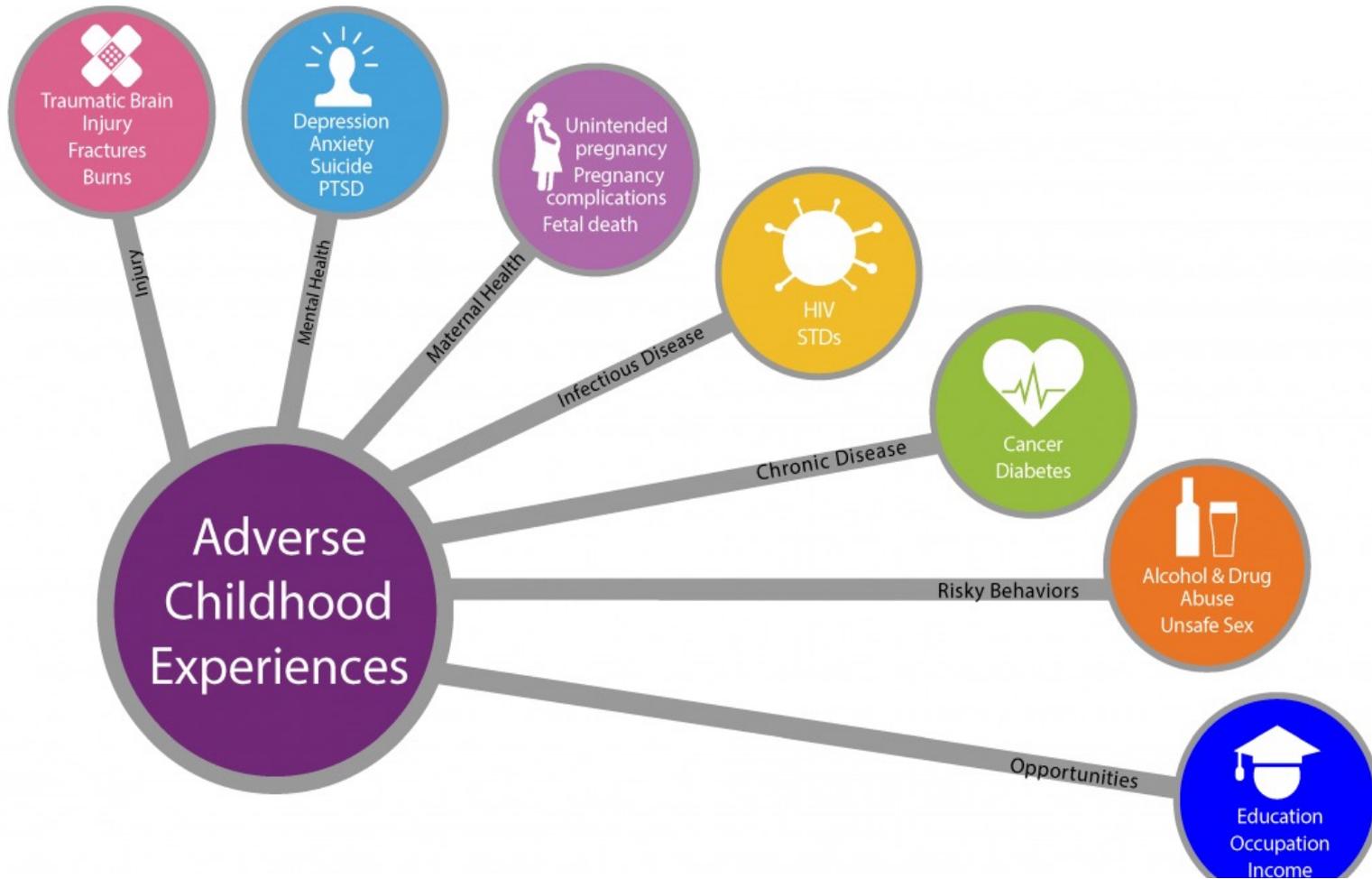
<https://www.whatisepigenetics.com/fundamentals/>



Brain Anatomy

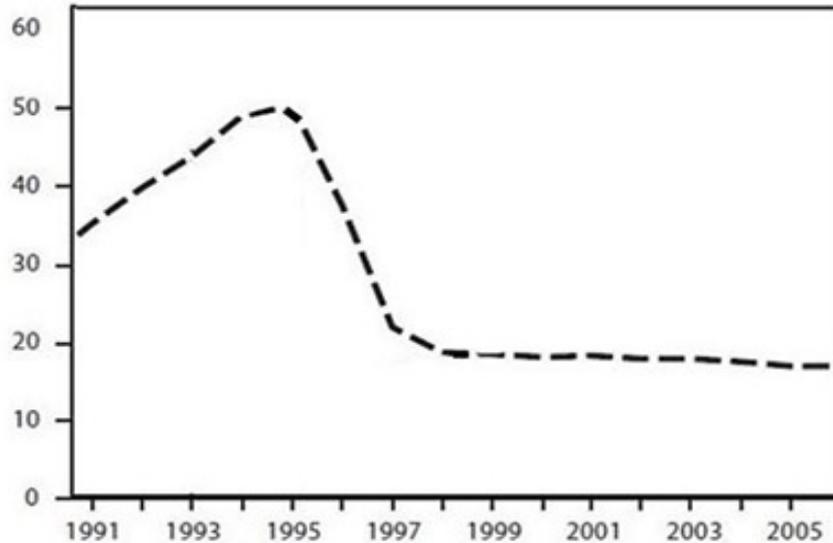


Early Adversity Has Lasting Impacts

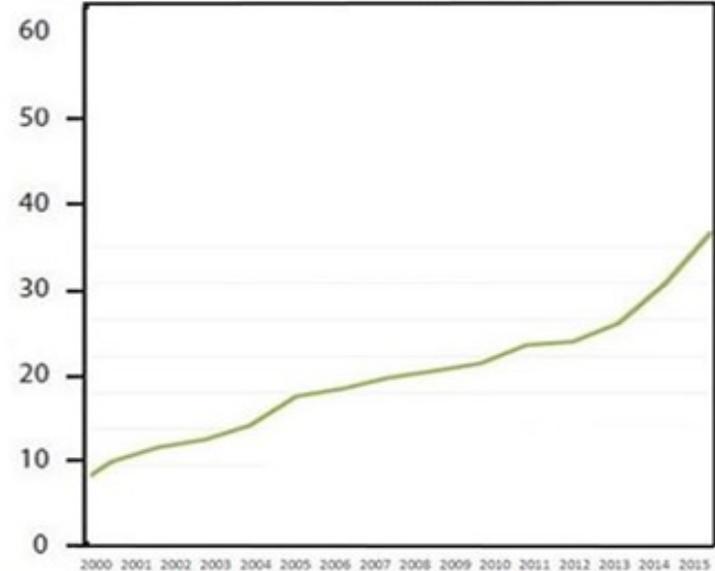


Access to OUD Medications Remains Key Barrier to Reducing OD Deaths

Annual deaths (1,000's) from AIDS (left) and opioid overdose (right), USA



HAART ↑



OBOT ↑

XR-NTX ↑

Arrows indicate year of FDA approval of specified medications

*HAART= Highly active antiretroviral therapy

*OBOT = Office based outpatient treatment of opioid use disorder (OUD)

* XR-NTX = Extended release naltrexone

Data reflect approximations adapted from the [Centers for Disease Control and Prevention](http://www.cdc.gov)

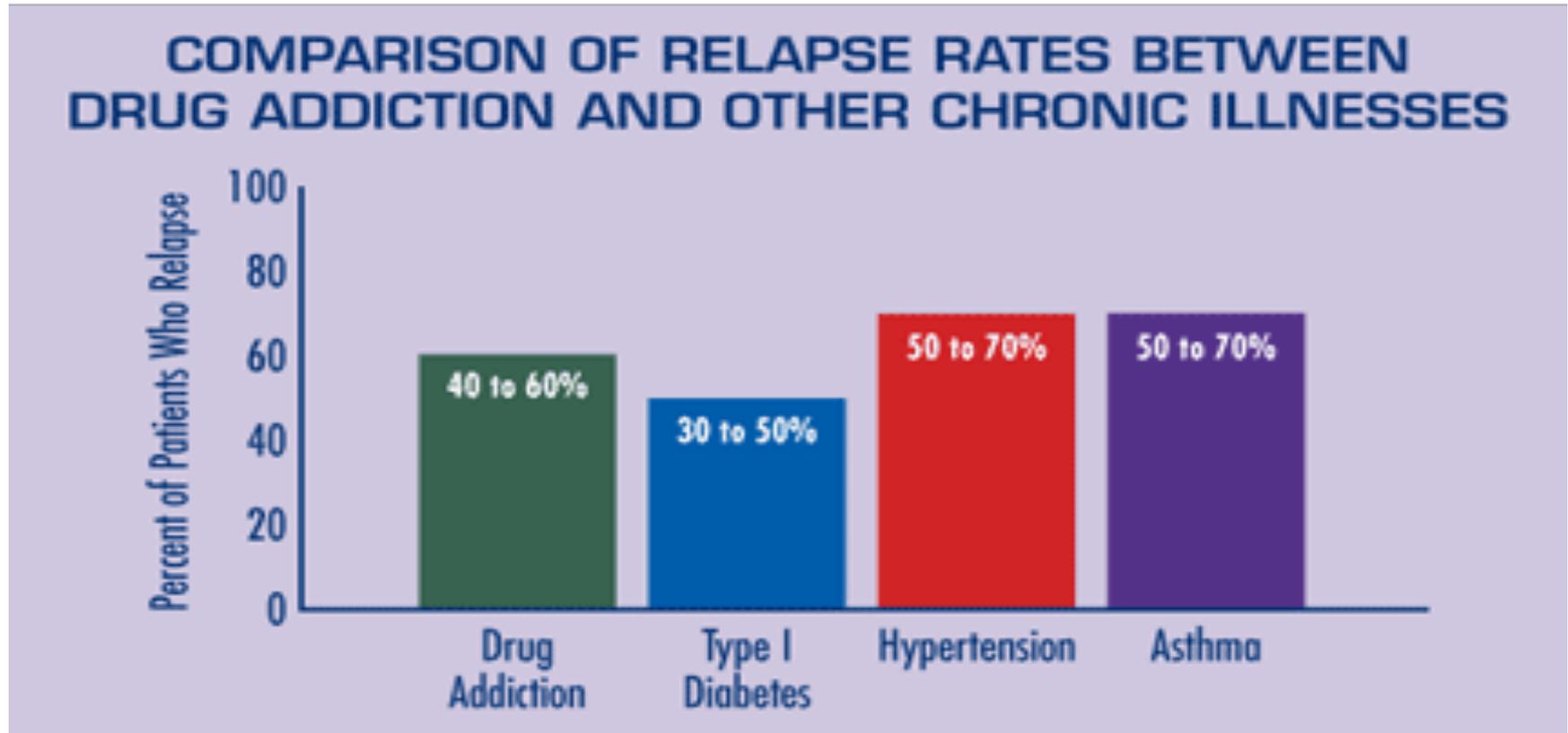


Stigma

- ✧ 2014 study of 700 in Psychiatric Services
 - 22% willing to work closely with someone with addictions
 - 62% willing to work with someone with mental illness
 - 64% said employers should refuse to employ people with drug addiction v. 25% with mental illness
 - 43% said don't give same health insurance benefits if addiction v. 21% with mental illness
 - 30% believed Recovery impossible for each (both) illness(es)



Relapse Rate for Addiction Similar to Other Chronic Conditions



In Utero Exposure/NAS

- ✧ Women use alcohol and drugs during pregnancy.
 - Alcohol and cannabis products are most common.
- ✧ Alcohol and tobacco change fetal development and growth.
- ✧ Exposure is not a diagnosis, but stops it.
- ✧ Withdrawal is complicated if addicted.
- ✧ States have their own laws about reporting illegal drug use during pregnancy; know your state.



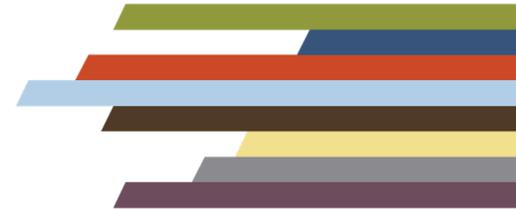
Maine Law Reporting Pregnant Women 2013

- ✧ Currently, certain mandated reporters of child abuse are required to report to the Department of Health and Human Services when they know or suspect that an infant had been exposed to drugs or alcohol prior to birth. This bill extends that mandate to all mandated reporters of child abuse, adds substance abuse addiction treatment providers to the list of mandated reporters and requires all mandated reporters to report to the Department of Health and Human Services not only after the birth of an infant but when they know of or suspect substance abuse by a woman during her pregnancy.



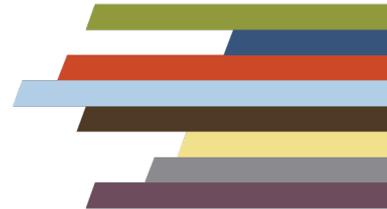
Part 3:

Prevention



Prevention: Supporting Mothers & Infants

- Access to prenatal and postpartum care with well-trained providers
- Home visiting
- Early Intervention



Addiction Prevention

- ✧ School-based prevention programs include:
 - social resistance skills training
 - normative education
 - competence enhancement skills training
- ✧ Most effective school-based prevention:
 - is interactive
 - focuses on building skills in drug resistance
 - teaches general competence skills
 - happens over multiple years
 - includes a substantive community component



Young Adult Addiction Prevention

- ✧ 18-25 is peak age use.
- ✧ Marijuana use is escalating in this age and younger.
- ✧ Monthly binge drinking is about 1/3.
- ✧ High risk fraternities, non-college, poverty/rural



Resources

Journey Recovery Project

journeyrecoveryproject.com

Home visiting

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>

Zero to Three's Safe Babies Project

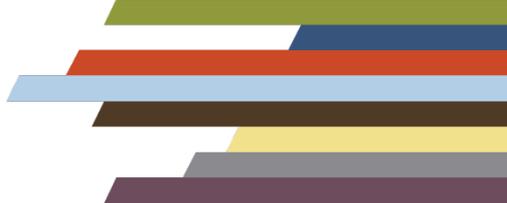
<https://www.zerotothree.org/resources/1655-the-core-components-of-the-safe-babies-court-team-approach>

National Scientific Council on the Developing Child

<https://developingchild.harvard.edu/science/national-scientific-council-on-the-developing-child/>



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Questions?

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E-mail: newengland@mhttcnetwork.org

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Senior Project Director
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Email:
kvolk@c4innovates.com

R. Jeffrey Goldsmith MD,
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Past President, ASAM
Diplomat of the American Board of
Preventive Medicine
Email: rjeffreygoldsmit@gmail.com



Upcoming Events

JUN
03



Collective Citizenship in Action: Peer to Peer Community Building

This webinar will discuss the foundations of collective citizenship framework and some ideas for

JUN
15



What will schools be like next year? Visioning for the Future of Education - 3-part Series

Join the authors of Visioning Onward for inspiration, insights, exercises, and Q&A to prepare you to

JUN
24



EPLC Online Discussion Series | Payment Decision Support Tool for Coordinated Specialty Care

6/24 Session - Sustained implementation of Coordinated Specialty Care (CSC) calls for innovative



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Outreach



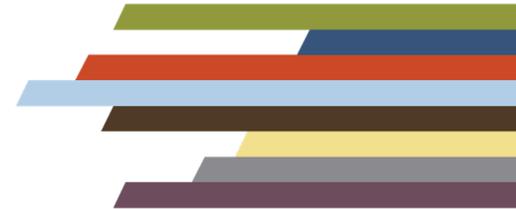
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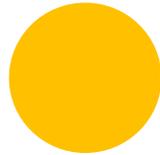
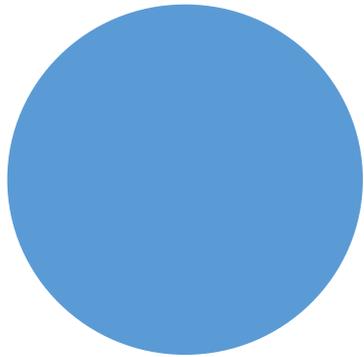
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Products, Curriculum, Materials

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To learn more about us

<https://mhttcnetwork.org/centers/new-england-mhttc/home>

