Maternal Addiction Treatment, Education, and Research (MATER)

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• Program Director of MATER
Overview

- MATER
  - Who we are
  - What we do
- Challenges
- Outcomes
MATER’S Treatment Philosophy

- Trauma-informed care
  - Prevent maternal re-traumatization and adverse childhood experiences
- Compassionate approach
- Supporting the mother-infant dyad
- Mindfulness-based interventions
Census

- Outpatient @ Family Center
  - Capacity: 250 adults
  - Pregnant
  - Post partum
  - IOP and OP

- Residential @ My Sister’s Place
  - Capacity: 22 adults
  - Up to 3 children each
  - 6 years old and under
## Our History

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1975</td>
<td>Family Center begins outpatient treatment</td>
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<tr>
<td>1990</td>
<td>My Sister’s Place offers residential treatment to 22 women and their children</td>
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<td>2010</td>
<td>Family Center add intensive outpatient treatment</td>
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<tr>
<td>2011</td>
<td>Addition of mindfulness integration for staff</td>
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<tr>
<td>2013</td>
<td>Mindfulness integration through Mindful Parenting Group</td>
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<td>2016</td>
<td>Transition to OBGYN department; Increase census to 250</td>
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<td>2017</td>
<td>Addition of CoE Team (Care Coordination)</td>
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Kick-starting the Therapeutic Relationship

Hospital: Treatment Coordination and Preparation (length of stay)

Family Center Orientation: Scheduling, Resource Coordination (1st two weeks)

Family Center Reengagement: Communication and treatment coordination (60 days)

Secondary Work: Resource Coordination (on-going)
Care Management

- Outreach
- Data Collection
- Re-engagement
- Referral Follow-up
- Intake & Orientation
Child Care & Advocacy

- Screening & Early Intervention
- Parenting Education
- CUA / DHS Support
- Family Court Assistance
Challenges
Challenges we experience

- Trauma
  - Childhood
  - Active addiction
- Stigma
- Criminalization of behavior
- Change in population
  - Younger
  - Increase substance use and polysubstance use
  - Quick solution
- Necessary services - unpaid
- Focus shift to buprenorphine/naltrexone --- but still need methadone
Adverse Childhood Experiences

Prevalence of ACE's

- 0 ACE's: 57.3%
- 1-3 ACE's: 38.7%
- ≥4 ACE's: 4.0%
Categories of ACE exposure: a comparison to local and national estimates

- Philly Urban ACEs
- Study Sample
Women and Trauma

- Adverse Childhood Experiences
  - 57.3% had 4 or more
  - 12.5% general population
- Women who experience childhood sexual abuse are more likely to use substances
  - More vulnerable to further trauma
- Risky sexual behaviors and substance use found to be coping skills for childhood sexual trauma
Addiction and Sexual Assault

- At greater risk for sexual assault
  - Viewed as “easy”
- Under reporting
- More common in alcohol and opioids due to semiconscious state
- Casual ‘consensual’ sex when using in social settings
  - Increased trust and connection
- Exchange of sexual behaviors for sharing drugs
- Expectation of relationship
- Being set up
Stigma …

- Fear (DHS, legal, losing children/current pregnancy, losing friends/family)
- Shame
- Makes people lose hope/believe in themselves or others
- Creates barriers to:
  - Seeking treatment
  - Admission
  - Delay prenatal care
  - Housing
Lack of Specialized Treatment

- 40% - Women specific programming
- 15% - Pregnant/Post partum specific programming
- 3% - Childcare services
  - 19% of the programs offering specialized programming for women
- Lack of beds/transitional housing
- Stigma/fear
  - pregnancy, children, or pharmacotherapy
Outcomes
Why Compassion is Important

- Humanistic approach
- Acknowledging addiction in criminalized society
- Overcoming barriers
  - Admission
    - i.e. not many programs for pregnant women; fear of losing children
  - Continued stay
    - i.e. attending 7 days/week; 10+ hours of therapy a week
- Openness to acknowledge trauma
Resistance vs. Resilience

- Negative labels
  - Manipulative
  - Resistant
  - Non-compliant
- Deemed criminal behavior
- Negative impacts self-efficacy
- Pushes people out of treatment
- Frustrates employee/loved ones

- Openness to compassion
- Supports recovery
- Embraces individuals
- Plays to individualized strengths
- Positive impacts on self-efficacy
Harm Reduction

- Decreasing harm/risks for those not in a place to discontinue addiction/behavior
- Can be:
  - Decreasing use
  - Knowing exactly what they are using
  - Always using with someone else
  - Always having Narcan on them when using and others knowing where it is
  - Discussing using in “safer” places
  - Access to unused “works”
  - Male and/or female condoms on them at all times
  - Etc.
Limiting Consequences

- Don’t set someone up to lie to you
- Empty threats
- Abstinence may not be for everyone
  - Some goals aren’t about stopping but rather about decreasing
- Recovery is not a perfect line
Individual Engagement Data (N=75)

Each row contains data for 1 patient
- Green = attended clinic
- White = absent
- Yellow = transferred to another program
- Blue = incarcerated

Consecutive days ➔
Openness to Any Topic

- What happens when we shut down/appear uncomfortable with a topic?

- Addiction touches all avenues of life
  - Need to be able to talk about **EVERYTHING**
    - Harm Reduction
    - Relationships (how to build and how to step away from)
    - Sex in addiction vs. recovery
    - Impact of family or loved ones using
    - Trauma
    - Additional addictions – food/sugar, gambling, sex
    - Continued use
Measuring Outcomes

- Looking from a non-traditional lens:
  - Length of returning to use period shortened/decreased in frequency or combination of substances
  - Increased time since last overdose rescue/carrying Narcan on person
  - Carrying pregnancy to term
  - Birth weight of baby
  - Decrease in missed medication days
  - Arriving 15 minutes earlier (even if still late)
  - Quicker to de-escalate
  - Attempt at using coping skills
% of clients engaged in treatment at 30 & 180 days

- 30 days: 93%
- 180 days: 71%
Outcomes

- **OBGYN: Prenatal/Postpartum**
  - 75% are healthy birth weight; 82% deliver at 37+ weeks EGA
  - 42% received pharmacotherapy for NAS
  - 60% discharged postpartum with Depo, Implant, IUD, or tubal ligation
  - Group prenatal care on-site (Spring 2019)

- **Pediatrics**
  - 67% receive adequate well-child care and on-time immunizations
  - Screenings for child development (PEDS) and maternal depression (EPDS)
  - Will be starting group pediatric care on-site
Exciting Alternative

- Mindfulness Based Parenting

  - Relational parenting intervention approach
  - Calls for full attention of parents when interacting with their children
  - Highlights aspects of non-judgment, compassion, self-regulation, and cultivating emotional awareness
Trauma Informed MBP

- Curriculum incorporates mother/baby dyad education and practice, knowledge of impact of trauma on parenting, and short mindfulness practices.
  
  - Techniques modified to address needs of population that has experienced high rates of trauma.
Mindfulness Based Centering Prenatal Care

- Increase safe and healthy pregnancies to improve birth outcomes and postpartum contraception.
- Improve access to and engage women in their health and health care from pregnancy through postpartum and beyond.
- Includes group prenatal care visits with obstetricians, maternal fetal medicine residents, certified nurses, a health educator and a nutritionist.
- All care patient-centered and pregnant women learn self-care strategies and fetal development.
Questions

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