PERINATAL SUBSTANCE USE:

Promoting a Culture of Compassion with a Trauma Informed Lens

Maternal Child Health Social Workers
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Disclosures

We have no disclosures to report.

This is hard work.

- This presentation may contain language and/or distressing information that could trigger emotional responses.
- Be sure to take care of yourself first and foremost. Feel free to pause or take a break, as needed.
- If you feel overwhelmed or anxious, use grounding exercises such as deep, slow, mindful breathing.
Objectives

- Describe addiction vs. substance abuse.
- Define trauma informed care.
- Define Adverse Childhood Experiences (ACEs).
- Identify compassionate strategies for applying a trauma informed lens to patient care.
- Recognize how our beliefs and attitudes impact care.
- Understand Minnesota mandatory reporting guidelines.

Maternal Child Health
Social Work Service Line

- Optimize support as a single point of contact
- Build relationships
- Provide continuity of care
- Provide expertise in attachment and trauma informed care
- Promote a culture of compassion in the healthcare setting

Role of the Psychosocial Assessment

- Build rapport and provide supportive counseling
- Assess psychosocial needs/barriers to care
- Assess mental health history, current coping
- Assess trauma history
- Assess chemical health history
- Identify risk factors
- Identify protective factors
- Provide appropriate resources, education, and referrals
**Substance Abuse**
- Not a disease
- Impacts functioning of brain and body
- Able to learn from negative consequences
- Able to stop using or change their pattern of use

**Addiction**
- Complex, chronic disease
- Alters functioning of brain and body
- Preoccupation with using
- Behaviors are compulsive, or uncontrollable, despite harmful consequences
- Tolerance builds up, withdrawal takes place without use

Both impact functioning of brain and body
Both may be preventable, may require intervention, are treatable

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**Addiction is a Disease**

We tend to divide the world of mental health, chemical health and physical health, but the body only knows it as one.

That's Right. Addiction is a Disease.
Center on Addiction

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**Adverse Childhood Experience(s)**

An adverse childhood experience (ACE) describes a potentially traumatic experience in a person’s life occurring before the age of 18 that can have negative, lasting effects on health and well-being.
It’s not what’s wrong with you, it’s what happened to you.

Childhood trauma affects health across a lifetime

Nadine Burke Harris, MD, CEO
Center for Youth Wellness in San Francisco, CA

Traditional Adverse Childhood Experiences (ACE)

ACE Categories
- Abuse
- Neglect
- Household Dysfunction

Sub-Categories
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Parental Alienation
- Tobacco
- Alcohol
- Drugs
- Mental Illness
- Incarceration

ACEs in Minnesota

Prevalence of Individual ACEs

- Physical Abuse: 14%
- Sexual Abuse: 16%
- Emotional Abuse: 17%
- Parental Alienation: 21%
- Tobacco: 24%
- Alcohol: 28%
Trauma:
“IN THE EYE OF THE BEHOLDER”
Too much, too fast, too soon.
(overwhelms our ability to cope)
An experience we are not prepared to handle that is emotionally painful or shocking, which can result in lasting emotional and physical effects and a feeling of helplessness.

Trauma Informed Care (Trauma Responsive Care)
• Care which recognizes that individuals and families experience trauma
• Care that integrates knowledge about trauma into practice in direct care and by influencing policies/procedures

Core Principles of a Trauma Informed Care System
- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment
State Statute

626.556 REPORTING OF MALTREATMENT OF MINORS.

Subdivision 1. Public policy.
(a) The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, the health and safety of the children must be of paramount concern. Intervention and prevention efforts must address immediate concerns for child safety and the ongoing risk of abuse or neglect and should engage the protective capacities of families.

Prenatal Exposure and Mandatory Reporting

Prenatal exposure: Ingestion of controlled substance(s) for a non-medical purpose during pregnancy.

Mandatory reporting of prenatal exposure to controlled 626.5561, Subd. 1:
Mandated report immediately to the local welfare agency with knowledge or belief that a woman is pregnant and has used a controlled substance for a non-medical purpose during pregnancy in any way that is habitual or excessive.

Minnesota State Statute

626.5562 TOXICOLOGY TESTS REQUIRED

Subdivision 1. Test; report.
A toxicology test must be ordered for pregnant women upon admission and any time up to 8 hours after delivery if a pregnant patient has obstetrical complications that indicate possible use during pregnancy of a controlled substance for a non-medical purpose.
Minnesota Statue Statute

626.5562 TOXICOLOGY TESTS REQUIRED

Subdivision 2. Newborns.

Toxicology testing of a newborn is required if there is reason to believe, based on the assessment of the mother or newborn, that a controlled substance was used by the mother for a non-medical purpose during pregnancy.

- Verbal consent must be obtained for mother’s testing.
- A mother is able to decline testing for herself.
- A mother may not refuse testing for her newborn.

Who Is a Mandatory Reporter?

A professional or professional’s delegate who is engaged in the practice of the healing arts, hospital administration, psychological or psychiatric treatment, child care, education, social services, correctional supervision, probation and correctional services, or law enforcement, or employed as a member of the clergy and received the information while engaged in ministerial duties.

Who Makes the Report?

“If you suspect a child is being abused or neglected, you cannot shift the responsibility of reporting to a supervisor, or to someone else in the office, school, clinic or licensed facility. You alone are required to make the report to the responsible agency.”
Timeline for Reporting
“The law requires mandated reporters to make a report if they know of or have reason to believe a child is being neglected or abused, or has been neglected or abused within the preceding three years.”

Oral Report
- Immediately, within 24 hours

Written Report
- Within 72 hours, excluding holidays/weekends

Making the Report: What Will I be Asked?
- Your name and contact information.
- Your relationship to family/child.
- If the child is in immediate danger.
- Name, address, age, and other identifying information regarding the alleged victim, siblings, alleged offender, witnesses, and household members.
- Tribal affiliation.
- Specific description of allegations (what, when, where).
- Description of injuries.
- Family’s awareness of report.
- Additional questions about family’s protective factors and pets in the home.

Prenatal Response

Mandatory Report
Open for Child Welfare Assessment
- Accepts services
- No response
- Declines services
What Happens After I Make a Report?

• BEFORE 34 WEEKS: Services provided, include chemical health assessments and treatment services, education, support, counseling, community referrals, assistance with basic needs, and parenting education.
• All MN counties offer a similar voluntary programs:
  – Hennepin Co: “Project Child”
  – Ramsey Co: “Mothers First”

Postnatal Response

Mandatory Report
Open for Family Assessment or Investigation

- Assess safety
- Develop plan
- Referral to Services
- Referral to Court

What Happens After I Make a Report?

• AFTER 34 WEEKS: Child Protection Services (CPS) will likely open a child welfare case and then a child protection case when baby is born.
• When baby is born, outcome of CPS involvement dependent on what substance was used and CPS history.
• Outcomes could include ongoing chemical dependency support and resources, mental health/parenting services, and/or removal of baby from mother’s care.
What Happens After I Make a Report?

Prenatal Exposure Reports, Screening and Response Path

- Prenatal exposure report received
  - Is the infant born?
    - Yes: Family Assessment Response OR Family Investigation
    - No: Child welfare response

Exemption to Reporting

626.5561 REPORTING OF PREGNATAL EXPOSURE TO CONTROLLED SUBSTANCES

A health care professional or a social service professional who is a mandated to report, is exempt from reporting a woman’s use or consumption during pregnancy if the professional is providing prenatal care or other healthcare services.

_A voluntary report may be made._

Exemption: What Does this Mean?

- Even though I’m exempt, should I still report?
- What are the advantages/disadvantages to reporting?
- If I don’t report, what conversations should I have with the patient?
- Who is my patient? Mother, baby, or both?
ACOG Recommendations

• Before pregnancy and in early pregnancy, all women should be asked about their use of tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons.
• Women who are pregnant or contemplating pregnancy should be encouraged to discontinue marijuana use.
  – Women reporting use should be counseled about concerns regarding potential adverse health consequences of continued use during pregnancy.
• Marijuana use while breast feeding is discouraged due to insufficient data to evaluate the effects of it on infants.

Difficult Conversations

• Talk with mothers about the potential impact her use could have on her baby.
• All women should be informed about planned medical testing.
  – Explain and document reasons for testing.
• Clear and honest communication with the mother regarding drug testing is very important.

Communicating with Mother

• Provide mother with support in a nonjudgmental and compassionate environment.
  – If the conversation does not take place, mothers might not have the opportunity to get services and support to help them maintain sobriety and prevent involuntary system involvement.
• Mothers who receive treatment and support during pregnancy have a better prognosis for recovery from addiction, which improves neonate outcomes.
Creating a Positive Reporting Experience

• Emphasize importance of a health pregnancy and healthy baby
• Talk to patient about your concerns
  – Explain your role as a mandated reporter, obligation to make a report to Child Protection.
  – There may be times that informing the patient is not possible or ideal. Use your best judgement.
• Answer questions and address concerns.
• Maintain a positive, nonjudgmental attitude.
• Focus on services that will be available for support and the hope that CPS involvement can be prevented.

Scripting Suggestions

“One of my jobs is to make sure that you have a healthy pregnancy and a healthy baby.”

“As a mandated reporter, I am obligated to call CPS to let them know our concerns. This can be overwhelming and difficult to hear– do you have any questions I can answer for you?”

“We both have the same goal: for you to have a healthy pregnancy and baby. Let’s work together to make sure that happens.”

“CPS has resources to help you maintain your sobriety during your pregnancy and after.”

“If you or baby test positive at the time of delivery, a CPS report will be made. I want to work with you to make sure that doesn’t happen.”

“If there is anything that you would like me to communicate to CPS when I contact them?”

Documentation Tips

• Document discussions between patient and provider regarding substance use and pregnancy
• If you make a CPS report, document a report was made:
  – “Child Protection report made due to concerns about substance use during pregnancy due to positive toxicology test for methamphetamines.”
• If you will be doing ongoing drug testing during pregnancy, document this will occur and explain why:
  – “Ongoing drug testing will occur due to patient’s positive toxicology test.”
• Document that patient has been made aware of the impact of use on pregnancy, recommendation to abstain, that CPS will be notified at delivery if mom or baby are positive, and need for ongoing drug testing.
Minnesota Statute

626.556 REPORTING OF MALTREATMENT OF MINORS

Subdivision 6. Failure to report.
A mandatory reporter who knows or has reason to believe that a child is neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding 3 years, and fails to report the abuse is guilty of a misdemeanor.

Multidisciplinary Response

Medical providers

Mental Health

Public Health

Child Protective Services

Treatment Programs

Discussion: Provider-Patient Relationship

- Many providers worry that making a CPS report will impact the provider-patient relationship.
- Many providers also worry that a patient might stop seeking prenatal care due to the CPS report.
- How do we balance these with our mandatory obligation and our goal of healthy pregnancy/healthy baby?
Reminders

• If mother or baby test positive at the time of delivery, a CPS report will be made.
• If mother has CPS history, even THC/alcohol use during pregnancy can lead to larger consequences.
• Mother may question why she was not told about potential consequences during prenatal care.
• Your verbal and nonverbal language matters.
• Compassionate care is the best care.

Creating a Culture of Compassion

• Acknowledge the ACEs
• Recognize the power of language
• Understand nonverbal communication is important
• Believe and communicate that we are working toward shared goals

Family Requests:

• Listen to me
• Do not judge me
• Engage me in decision-making and caregiving
• Tell me what I am doing well
• Do not assume you know everything about me
• Respect my privacy
• Ask how we can work together to reach mutually agreed upon goals
Creating a Trauma Sensitive Healthcare Environment

- Focus on family centered and multidisciplinary care
- Recognize triggers
- Practice mindfulness
  - Self care
  - Self kindness
  - Self compassion
- Seek consultation and support

QUESTIONS?

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Bibliography

Bibliography (con’t)