Recovery Oriented Services for Pregnant and Parenting Women

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- USE CHAT BOX FOR QUESTIONS AND COMMENTS
- PROVIDE FEEDBACK SO WE CAN LEARN HOW TO IMPROVE
Learning Objectives

1. Understand the correlation between trauma and Substance Use Disorder among women of reproductive age.
2. Explore methods of creating a safe environment for discussing recovery options with pregnant and parenting women.
3. Compare and contrast models such as WRAP, Seeking Safety, SMART Recovery, and 12 Step Programs and community and private treatment options for pregnant and parenting women in alignment with best practices.
The Impact of Substance Use on Women of Reproductive Age and their Children

- Use of substances by women of reproductive age has increased in Florida significantly in the last decade.
- Increasing numbers of infants are identified with symptoms associated with exposure in utero (NAS or NOWS).
- Parental use of substances is the number one cause of child removal for children under age 5 in Florida.
- The number of women who die due to substance related causes within a year of having a baby has become a public health concern.
- Women who use substances are more likely to have an incidence of domestic/intimate partner violence.
- Women who use substances are more likely to have experienced adversity in childhood.
- Children of parents who use substances are more likely to experience adversity in childhood.
- Stigma and societal expectations can be barriers to women seeking and receiving recovery services.
Florida Department of Health data for 2014-2016 illustrates the variation and magnitude across all Florida counties.
Florida Child Removal Rates

Exhibit 1: Annual statewide rates of child removal and drug prescription in Florida, 2012–15

SOURCE Authors’ analysis of removal data from the Adoption and Foster Care Analysis and Reporting System (see note 31 in text), prescription data from the Florida Drug-Related Outcomes Surveillance and Tracking System (see note 33 in text), and population data from the Census Bureau (see note 32 in text).

Drug-related Maternal Death

Florida PAMR Findings:

- Leading cause of death to mothers during pregnancy or within one year after the birth of the baby.
- In 2017 drug-related maternal death accounted for 1 in 4 maternal deaths in Florida.
- There are now as many maternal drug-related deaths as deaths due to traditional causes of maternal mortality.
- 75% of maternal drug-related deaths occur after the baby is born and the mother has been discharged.

Risk Factors:

- Stigma and bias make it difficult for women to discuss their condition.
- More than 30% of women with Opioid Use Disorder have underlying depressive disorders that can complicate care during the perinatal period.
- Women with Opioid Use Disorder who decide to stop medication-assisted treatment are at risk of relapse and potentially fatal consequences.
- Loss of Medicaid or other health care benefits (such as through fetal or infant loss), may result in reduced access to the needed medication-assisted treatment or other services that might be needed.

Pregnancy-Associated Mortality Rates
Florida 2008-2018
Intimate Partner Violence and Substance Use

- 1 in 15 children are exposed to intimate partner violence each year, and 90% of these children are eyewitnesses.
- 1 in 5 women in the United States have been raped in their lifetime.
- 1 in 4 women experience severe intimate partner violence and/or intimate partner contact sexual violence.

- 37.9% of Florida women experience intimate partner violence, intimate partner sexual violence, and/or intimate partner stalking in their lifetimes.
  - According to the American Society of Addiction Medicine (ASAM), substance abuse is involved in about 40–60 percent of all intimate partner violence (IPV) incidents.
  - Domestic abuse victims are 70 percent more likely to drink excessive amounts of alcohol than those in healthy relationships.

https://ncadv.org/STATISTIC
Trauma

- Individual response to an event – each person processes differently.
- May have long term reactions which may include unpredictable emotions, flashbacks, strained relationships and physical symptoms.
- Adverse Childhood Experiences study (ACES) - one of the largest studies focusing on the impact of adversity or trauma on physical health.
- Often results in maladaptive coping behaviors.
- The individual may or may not be aware of their response(s).
- For women, pregnancy and childbirth may connect to past events of trauma.
- Potentially exposes children to trauma or adversity.

Source: https://www.apa.org/topics/trauma
Reflection

- What kinds of things make you feel nervous?
- Is there a memory that relates to the feeling?
- What changes in your body?
- How do you respond to others when this happens?
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime
Pregnant and Parenting Women: Considerations

- Trauma in childhood
- Trauma in adulthood including intimate partner and domestic violence and human trafficking
- Undiagnosed conditions
- Shame and stigma
- Fear of the “system”
- Previous removal of children by protective services
- Body image and nutritional needs
- Focus on concrete needs – relationship to vulnerability
- Availability of resources
- Financial limitations
- Developmental concerns
- Physical health – dental, reproductive health and history, conditions related to needle use, chronic medical conditions.
- Developmental concerns of parent and child(ren)

https://ncsacw.samhsa.gov/topics/pregnant-postpartum-women.aspx
Adverse Childhood Experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example:

- experiencing violence, abuse, or neglect
- witnessing violence in the home or community
- having a family member attempt or die by suicide

Also included are aspects of the child’s environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with:

- substance misuse
- mental health problems
- instability due to parental separation or household members being in jail or prison

ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities.

Source: Centers for Disease Control: Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence
https://www.cdc.gov/violenceprevention/aces/about.html
Adverse Childhood Experiences

**ACEs are common.** About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.

**Preventing ACEs could potentially reduce a large number of health conditions.** For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.

**Some children are at greater risk than others.** Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.

**ACEs are costly.** The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.
The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and well-being throughout the life course.

The Adverse Childhood Experiences (ACE) Study

- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (17,000 participants)
  - The majority of participants were 50 or older (62%),
  - were white (77%),
  - and had attended college (72%).
- “Finding Your ACES Score” Poll

Source: https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html
ACES Questions

- Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no-one to protect or take care of you?
- Did you lose a parent through divorce, abandonment, death, or other reason?
- Did you live with anyone who was depressed, mentally ill, or attempted suicide?
- Did you live with anyone who had a problem with drinking or using drugs including prescription drugs?
- Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
- Did you live with anyone who went to jail or prison?
- Did a parent or adult in your home ever swear at you, insult you, or put you down?
- Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
- Did you feel that no-one in your family loved you or thought you were special?
- Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?
The Adverse Childhood Experiences (ACE) Study

Initial exposure may provide “relief.”

Maladaptive coping mechanism – attempt to manage symptoms “self-medicating.”

Receptors respond, tolerance increases, and symptoms of withdrawal can be present.

Trauma responses can seem illogical and “counter-intuitive.”

Partner issues for PWID (persons who inject drugs) can make engagement and motivation for change very difficult.
CDC researchers found that during 2008–2012, on average, 28% of women aged 15-44 years with private health insurance and 39% of women enrolled in Medicaid filled a prescription written by a healthcare provider for an opioid medication.

https://www.cdc.gov/pregnancy/meds/treatingfortwo/features/opioid.html
The Brain

- Basal Ganglia - “reward circuit.”
- Extended Amygdala - “fight, flight, or freeze.”
- Prefrontal Cortex - ability to think, plan, solve problems, self-control over impulses. “Shifting balance between this circuit and the reward and stress circuits make a person seek the drug compulsively with reduced impulse control.
- Other parts of the brain - brain stem - breathing, sleeping, heart rate - overdose.
- Euphoria - endorphins and dopamine - neurotransmitters respond to these pleasurable changes.
Cycle of Behaviors

- Intensity of drugs effects results in “flatness” and lack of motivation after period of being impaired.
- Experience inability to enjoy things that were once pleasurable.
- Continued use to experience a “normal” level of reward or effect.
- Requires larger amounts to reach a state of “normal.”
- Tolerance and withdrawal results - drug seeking becomes more severe.
- Increased feelings of shame, isolation, and fear become overwhelming.
- Felitti - try taking away something that “almost works.”
Pregnancy, Birth, and Maternal Mental Health

- Trauma in childbirth
- Hormonal changes
- Guilt, shame, and stigma
- Removal of infant or other children
- Neonatal Intensive Care Unit
- Infant care
- Sleep interference
Getting Real
Starting from a Trauma Informed Position

- ACES – understand the impact of trauma – on persons receiving services and those serving them. (Be brave and connect with your own ACEs score)
- Search for the strengths and protective factors that are anchors of safety and stability. Explore social expectations about women’s roles of motherhood and past experiences.
- Create safety and support, not dependence or judgement.
- Use motivation and engagement – do not coerce.
- Develop rapport with trust and advocacy.
- Use reflection/reflective practice for all staff members.
- Use recovery-oriented language.
- Consider trauma as a reality for all staff members and persons receiving services. Acknowledge the peer aspect of trauma and healing.
ACEs and Depression

“The number of ACEs has a graded relationship to both lifetime and recent depressive disorders. These results suggest that exposure to ACEs is associated with increased risk of depressive disorders up to decades after their occurrence.”

Women are at risk for depression during the perinatal period. History of trauma may exacerbate likelihood of depression and anxiety. Helping women be more aware and identify symptoms is important.

Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention dpc2@cdc.gov
https://www.flmomsmatter.org/risk-factors
Adverse Childhood Experiences - Not Predictive Factors

- Kaiser Permanente study gave us insight.
- Identifying and not judging is powerful.
- What separates two people with the same score and different outcomes?
Recovery

“Recovery is a process of change in which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

- There are many pathways to recovery.
- Recovery is self-directed and empowering.
- Recovery involves a personal recognition of the need for change and transformation.
- Recovery is holistic.
- Recovery has cultural dimensions.
- Recovery exists on a continuum of improved health and wellness.

- Recovery is supported by peers and allies.
- Recovery emerges from hope and gratitude.
- Recovery involves a process of healing and self-redefinition.
- Recovery involves addressing discrimination and transcending shame and stigma.
- Recovery involves (re)joining and (re)building a life in the community.
- Recovery is a reality. It can, will, and does happen.

Source: https://www.samhsa.gov/brss-tacs
What is Recovery Management?

“Recovery Management” is a philosophical framework for organizing behavioral health treatment and recovery support services across the stages of pre-recovery identification and engagement; recovery initiation and stabilization; long-term recovery maintenance; and quality of life enhancement for individuals and families affected by behavioral health conditions.
RECOVERY MANAGEMENT:
Values and Guiding Principles

- Person-centered
- Anchored in the community
- Holistic approaches
- Family and other support involvement
- Continuity of care
- Strengths-based
- Culturally responsive
- Partnership-consultant relationships
- Individualized and comprehensive
- Commitment to peer recovery support services
- Inclusion of those with lived experience and their families
Recovery Management & Stages of Recovery

- Pre-recovery identification and engagement (recovery priming)
- Recovery initiation and stabilization
- Transition to successful recovery maintenance
- Enhancement of quality of personal/family life in long-term recovery
What is Recovery Capital?

“Recovery Capital is the breadth and depth of internal and external resources that can be drawn upon to initiate and sustain recovery from severe alcohol and drug problems.”


Personal Recovery Capital

Physical Recovery Capital and Human Recovery Capital
Home, Health, Assets, Finances, Purpose, Transportation, Clothing, Food, Self-Awareness, Perception, Values, Education

Family/Social Recovery Capital
Biological and/or chosen family, those who show up for treatment planning, social groups and support; this includes school, church, and friends

Community Recovery Capital
Community attitudes/policies/resources related to addiction and recovery
Active efforts to reduce stigma, visible and diverse local recovery role models, a full continuum of addiction treatment resources, recovery mutual aid resources that are accessible and diverse, local recovery community support institutions, sources of sustained recovery support and early re-intervention
Protective Factors and Recovery Capital

Focuses on family

- 6 Protective Factors
  - Nurture and Attachment;
  - Resiliency;
  - Knowledge of Parenting and Child Development;
  - Concrete Support in Times of Need;
  - Positive Social Support; and
  - Social and Emotional Competence of Children.

- Mostly utilized in child welfare
- Mitigates risks and negative health outcomes
  - Adverse childhood experiences and social determinants of health
- Works to break generational cycles
  - Can be learned, applied, and taught

Focuses on individual

- Individualized capital
  - Unique to each person
  - Social, physical, human and community.
  - Aligned with SAMHSA’s four dimensions.

- Mostly utilized in recovery management in behavioral health services
- Mitigates the risk of recidivism, relapse, and earlier re-entry if necessary
- Works to break generational cycles
  - Knowledge of behavioral health challenges if children are involved
  - Knowledge of how to access resources
Recovery and Parenting

- Help families build protective factors with overarching nurturing and attachment capacities
- Create safety for the child
- Promote parental resiliency and self efficacy
- Promote positive parenting – nurturing while supporting self regulation of the infant/child
- Address shame about previous parenting experiences – both as a child and as an adult parent
- Address and support effective co-parenting where applicable
Framework – Protective Factors

- **Family Resilience** – the ability to be strong and flexible
- **Practical/Concrete Support** – everybody needs help sometimes
- **Social Connections** – positive friends and mentors
- **Caregiver Knowledge of Child Development** – being a parent is part natural and part learned – how do we know what our children should be mastering and when?
- **Social and Emotional Competence of Children** – children need help communicating

Source: https://cssp.org/our-work/projects/the-research-behind-strengthening-families/
Parent Cafes

- Uses the Strengthening Families Protective Factors framework
- Creates spaces for parents to talk about building protective factors
- Structured discussions that are fun and effective
- Uses tools developed for parents by parents
- Builds social connections
- Experiential evaluation for the past decade – Parent Café Theory of Change

https://www.bstrongfamilies.org/parent-cafes
Risk, Resiliency, and Protective Factors

- The ACES study results show us that adversity is more prevalent than we had previously thought.
- We cannot change the risk that adversity has exposed people to but hope and optimism are mitigating factors.
- Research has shown that the presence of protective factors can be mitigating factors.
- As systems learn ways to build protective factors among all people, the trajectory can change in relation to health, emotional well-being, and relationships.

**Figure 2. Prevalence of School Success Factors among Children with Special Health Care Needs Who Had Two or More Adverse Childhood Experiences (ACEs) and Whether Child Demonstrates Resilience**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Never/Sometimes Resilient</th>
<th>Usually/Always Resilient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child missed more than two weeks of school</td>
<td>13.5%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Child repeated a grade</td>
<td>19.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Child is usually/always engaged in school</td>
<td></td>
<td>80.9%</td>
</tr>
</tbody>
</table>

*All differences significant at the <.05 level of significance. Data: 2011-12 National Survey of Children’s Health*

I believe that my mother loved me when I was little.

I believe that my father loved me when I was little.

When I was little, other people helped my mother and father take care of me and they seemed to love me.

I’ve heard that when I was an infant, someone in my family enjoyed playing with me, and I enjoyed it too.

When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

When I was a child, neighbors or my friends’ parents seemed to like me.

When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Someone in my family cared about how I was doing in school.

My family, neighbors and friends talked often about making our lives better.

We had rules in our house and were expected to keep them.

When I felt really bad, I could almost always find someone I trusted to talk to.

As a youth, people noticed that I was capable and could get things done.

I was independent and a go-getter.

I believe that life is what you make it.
What is your Resilience Score?

- The birth story – how we heard about our arrival 🌟
- Belief in self-efficacy and ability
- Protective factors – social connections, concrete supports, social and emotional awareness, support during developmental milestones
- Someone in my circle consistently showed caring and acceptance
- Adaptation to adversity
- Ability to “bounce back”
Plans of Safe Care

- Florida Department of Children and Families has a policy to ensure Federal Regulations (CARA Act of 2016) are met. (CFOP 170-08, Chapter 01)

- Ensures that infants identified as being exposed to substances and their mothers receive a Plan of Safe Care.

- This includes alcohol (infant may or may not be diagnosed with Fetal Alcohol Syndrome {FAS} and/or Fetal Alcohol Spectrum Disorder {FASD}, Neonatal Abstinence Syndrome {NAS} or Neonatal Opioid Withdrawal Syndrome {NOWS}).

- Requires that this information be reported annually.

- Identifies specific elements to be considered for the infant and the mother.

https://www.federalregister.gov › documents › 2018/01/23
https://pediatrics.aappublications.org/content/146/5/e2020029074?__cf_chl_jschl_tk__=pmd_MbhjVp0E_WqikC1cvclElFAib8jRt94FILom_VYFmcw-1629398273-0-gqNtZGzNAeWjcBszQk9
2016 Comprehensive Addiction and Recovery Act of 2016 (CARA)

Further clarified population requiring a Plan of Safe Care:

- “Born with and affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder,” specifically removing the term “illegal”

Required the Plan of Safe Care to include the needs of both the infant and the family/caregiver

Specified data reported by States, to the extent practical, through National Child Abuse and Neglect Data System (NCANSDS)

- The number of infants identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum Disorder
- The number of infants for whom a Plan of Safe Care was developed
- The number of infants for whom referrals were made for appropriate services – including services for the affected family or caregiver
Primary Changes in CAPTA

1. Further clarified population to “born with and affected by substance abuse, withdrawal symptoms or Fetal Alcohol Spectrum Disorder, specifically removing “illegal”

2. Required Plan of Safe Care to include needs of both infant and family or caregiver

3. Specified data to be reported by States

4. Specified increased monitoring and oversight for States to ensure that Plans of Safe Care are implemented and that families have access to appropriate services
Elements to be Addressed in the Plan of Safe Care

- Mother’s Substance Use and Mental Health history and needs
- Infants Medical Care history and needs
- Mother’s Medical Care history and needs
- Prenatal Exposure
- Neonatal Intensive Care – diagnosis, length of stay, etc.
- Family and Caregiver History and Needs
- Living Arrangements
- Support Networks

(for a full list of required elements refer to DCF CFOP 170-08 Chapter 01)
Wellness Recovery Action Planning (WRAP)®

- Wellness tools – what do you do to help you be well? When do you use your tools? What additional tools do you need?
- What is a plan you can have daily to remind you to use the tools you have?
- What kinds of things are stressors for you? How can you manage the stress? Describe how to put it into action.
- Early Warning Signs – what are some signs that you are not doing well? How do you know when things are getting worse? What action can you take?
- Crisis Planning – If you notice the following signs: ____________________________ Who should be contacted? What would be most helpful for you? What are things you DON’T want in a crisis?
WRAP and Plans of Safe Care

- The WRAP model can be used to help with the Plan of Safe Care.
- Engaging an adult to consider the WRAP Plan for themselves creates space for engagement and support.
- “Checking In” on the Plan can create a more conversational way to speak openly about substance use disorders and trauma.
- Having your own Wellness Recovery Action Plan can be helpful in gaining a more compassionate understanding.
- Consider the tools of Motivational Interviewing and Stages of Change.
SMART Recovery®

- Stays away from the terms “powerless” and “addict” and does not require adherence to spiritual principles
- Uses trained facilitators who may or may not be in “recovery”
- Has a 4 Step Process
  - Building and maintaining the motivation to change
  - Coping with urges to use
  - Managing thoughts, feelings, and behaviors in an effective way without addictive behaviors
  - Living a balanced, positive and healthy life

https://www.smartrecovery.org
Seeking Safety

- Developed in 1994 with funding from NIDA
- Model for working with women with Substance Use Disorder and Post Traumatic Stress Disorder
- Uses cognitive-behavioral approach
- Can be delivered by peers or clinicians
- Can be group or individual

The key principles of Seeking Safety

1) **Safety** as the overarching goal
2) **Integrated** treatment (working on both trauma and substance abuse at the same time)
3) **A focus on ideals**
4) **Four content areas**: cognitive, behavioral, interpersonal, case management
5) **Attention to clinician processes** (clinicians' emotional responses, self-care, etc.)

https://nicic.gov/seeking-safety-model-trauma-andor-substance-abuse
https://www.treatment-innovations.org/ss-description.html
12 Step Programs

Utilizes recovery groups based on 12 steps and 12 traditions designed to connect people to a fellowship, learn to live by spiritual principles, practice “honesty, open-mindedness, and willingness,” work with a sponsor, and engage in service work. International presence – origins began in 1934 with “Bill W.”

- Alcoholics Anonymous – www.aa.org
- Cocaine Anonymous – www.ca.org
- Overeaters Anonymous – www.oa.org
- Al-Anon, Nar-Anon, CODA www.al-anon.org; www.nar-anon.org; www.coda.org
- Other – gambling, sexual behavior, etc.
Recovery Communities

A recovery community organization (RCO) is an independent, non-profit organization led and governed by representatives of local communities of recovery.

These organizations organize recovery-focused policy advocacy activities, carry out recovery-focused community education and outreach programs, and/or provide peer-based recovery support services (P-BRSS).

- ARCO – Association of Recovery Community Organizations – Faces and Voices of Recovery
- Floridians for Recovery “Floridians for Recovery leads the Florida recovery movement by giving a voice to people in or seeking recovery and linking initiatives statewide.” – located in Tallahassee
- Brings many types of peers together in an organized structure

https://facesandvoicesofrecovery.org/services/arco/
https://floridiansforrecovery.org/
Consideration for Presenting Options

- Parent history
- Housing
- Previous experience with systems
- Availability of services in the geographic area
- Parent financial resources and other resources such as transportation and childcare
- Ask: “what has worked before?”
Treatment

Considering trauma history in discussing treatment with women is important. Treatment services for women should integrate relational approaches. Individual choice is key to success.

- Continuum of Care – prevention, early intervention, treatment, continuing care, recovery support,
- SBIRT – Screening, Brief Intervention, Referral to Treatment,
- Individualized and family-centered – consider parental roles and relationships,
- MAT and Harm Reduction strategies according to standards set forth by the American College of Obstetric and Gynecology,
- Detoxification, outpatient, residential,
- Research is favorable for success at levels consistent with asthma, diabetes.

Source: https://www.ncbi.nlm.nih.gov/books/NBK424859
www.acog.org › clinical › clinical-guidance
Putting It All Together

- Integrating concepts can help us to “connect” in a more meaningful way.
- Reflecting on how we personally can relate to these models and ideas can increase our ease in working with them.
- Providing a “menu” of options and tools is more acceptable to people because change is difficult, and trust may have been broken with “systems” in the past.
- Having choices is essential when trauma history represents power being taken away.
- Being mindful of our own responses and biases can be acknowledged and addressed through personal reflection and reflective supervision.
- Be aware of shame and stigma.
- Knowing where to find resources.
- Knowing our limitations.
Know the Following Resources

Parents/Caregivers

- Home Visiting – CAPTA, Nurse Family Partnership, Healthy Families, Healthy Start
- Medicaid – transportation, counseling, parent-child psychotherapy, targeted case management, enhanced services
- Treatment – align with ability to pay and feedback from the parent
- Peer Recovery Services
- Mental Health Drop-In services
- Family Resource Centers
- 12 Step and other community services
- DCF/CBC involvement – referral capacity for paying
- Domestic Abuse and Human Trafficking

Infants and Children

- Early Steps
- CMS, Medicaid enhanced services, Managed Care Plan member services, etc.
- WIC (Women, Infants and Children's Nutritional Supplement Program) – formula and other food items
- Residential services that include infants and children
- Fetal Alcohol Spectrum Disorder Assessment and Treatment services
- Early Learning Coalition – child care services
- Places that offer support for items not covered by SNAP – diapers, baby clothes, safe sleeping environments, monitors
Self-Awareness and Self-Care

- Reflect on biases about substance use during pregnancy.
- Consider women’s right to self-determination vs. societal expectations. How do we reconcile with our own beliefs?
- Be aware of vicarious trauma.
- Consider a self-care plan – we create lived experience to share and gain empathy.
This Self-Care Wheel was inspired by and adapted from “Self-Care Assessment Worksheet” from Transforming the Pain: A Workbook on Vicarious Traumatization by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide.

www.OlgaPhoenix.com

Your self-care and life balance is vital for your health, productivity and happiness. Use this wheel to support you in creating a self-care plan that resonates with you. Whether your focus right now is on basic needs, deep desires or both remember that investing in your wellness is fundamental to becoming fulfilled and whole.
Reflection

- How do I nourish myself?
- How has my ability to practice self-care impacted how I relate to others?
- What can I do today that can help me with balance?
Questions?
THANK YOU!
You can make a difference in the lives of moms, babies and families!
Resources

- https://www.acesaware.org/provide-treatment-healing/provider-toolkit
- https://www.acog.org › clinical › clinical-guidance
- https://alcoholicsanonymous.com/aa-meetings/florida
- https://www.cdc.gov/pregnancy/meds/treatingfortwo/features/keyfinding-antidepressants-reproductive-age-women.html
- Domestic Violence Hotline 1-800-500-1119. Florida Relay 711 National Domestic Violence Hotline 1-800-799-SAFE 1-800-799-7233
- https://www.flmomsmatter.org
- https://floridabha.org/treatment-providers/
- https://floridiansforrecovery.org/rco-locator Statewide RCO locator 386-868-8459
- humantraffickinghotline.org 1-888-373-7888
- https://naflorida.org/
- https://www.shatterproof.org/learn
- **SAMHSA’s National Helpline: 1-800-662-HELP (4357)**
Video References

- [https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime)

- [https://health.usf.edu/publichealth/chiles/fpqc/morevideos](https://health.usf.edu/publichealth/chiles/fpqc/morevideos) Getting Real and Words Matter
Article References: