THERAPY FOR SUBSTANCE USE DISORDERS: Considerations For Peripartum Women

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Disclosures

- I have no actual or potential conflicts of interest, financial or otherwise, in relation to this presentation.

Outline

- The Role of Therapy
- Assessment, Diagnosis, Treatment Planning, Recommendations
- Unique Factors about Peripartum Women with Substance Use Disorders (SUD)
  - *Psychiatric co-morbidities*
  - *Trauma & violence*
  - *Relationship considerations*
  - *Additional barriers to care*
- Treatment Approaches
- Considerations for Your Practice

The Role of Therapy

- Stabilize symptoms
- Match therapy to needs
- Support strengths
- Encourage coping skills
- Enhance confidence in self
- Facilitate healing
- Normalize common experiences

- Women must hear, feel, and know that they are:
  - *Safe*
  - *Not being judged*
  - *Free to speak candidly*
  - *Not the only ones who have said these things*
  - *Not always going to feel this way*
  - *In a place that is familiar with what they are saying/feeling*
  - *Protected from ridicule, criticism, and disapproval*
  - *Beginning the process of recovery and can expect relief*
  - *Being guided by an expert who knows exactly what to do to help them feel better*

Kleiman, K. (2009)

ASSESSMENT & DIAGNOSIS

Assessment

- Clinical Diagnostic Interview
  - *Substance Use History*
    - Prenatal Substance Abuse Screen (5Ps)
  - *Mental Health History*
  - *History of PPD*
  - *Social/Family Information & History*
  - *Treatment History*
- Patient Health Questionnaire (PHQ-9)
- GAD 7
- Adverse Childhood Experiences Screening (ACES)
- Columbia-Suicide Severity Rating Scale (CSSRS)– Screen Version - Recent

5Ps Screening Questions

Peers: Do any of your friends have a problem with drug or alcohol use?

Partner: Does your partner have a problem with alcohol or drugs?

Parents: Did either of your parents ever have a problem with alcohol or drugs?

Past Use: Before you knew you were pregnant, how often did you drink beer, wine, wine coolers, or liquor? *Not at all, rarely, sometimes, or frequently?*

Present Use: In the past month, how often did you drink beer, wine, wine coolers, or liquor? *Not at all, rarely, sometimes, or frequently?*

Smoke: How many cigarettes did you smoke in the month prior to pregnancy?

Source: Morse et al. 1997; Chanoff, et al. 2001 in SAMHSA TIP 51, p. 65

DSM 5 Criteria for SUD

A. Problematic pattern of use leading to a clinically significant impairment or distress as manifested by at least 2 of the following within a 12-month period

1. *Substance used in larger amounts or over longer period of time than intended*
2. *Persistent desire/unsuccessful efforts to cut down or control use*
3. *Increased time spent in activities related to use*
4. *Craving/preoccupation*
5. *Recurrent use resulting in failure to tend to responsibilities*
6. *Continued use despite interpersonal/social problems exacerbated by use*
7. *Giving up important social, work, or recreational activities*
8. *Recurrent use in situations that are physically hazardous*
9. *Continued use despite persistent/recurrent physical or psychological problems*
10. *Tolerance*
    a) Need more to achieve the desired effect
    b) Reduced effect from using of same amount
11. *Withdrawal*
    a) Presentation of symptoms characteristic for substance
    b) Ongoing use to avoid or relieve withdrawal symptoms

Specifiers:
- In early remission
- In sustained remission
- In a controlled environment

Severity:
- Mild: Presence of 2-3 symptoms
- Moderate: Presence of 4-5 symptoms
- Severe: Presence of 6 + symptoms

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3
Total each column	+	+	+	
Total Score (*add your column scores*) =				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult

Kroenke, K., Spitzer, R. L., Williams, J. B. W., & Löwe, B. (2009).

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worry	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	+	+	+	
Total Score (*add your column scores*) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult

Source: Spitzer, R. L., Kroneke, K., Williams, J. B. W., Lowe, B. (2006).

Adverse Childhood Experiences Screening (ACES)

	Circle One		
1.	Y	N	Did a parent or other adult in the home every swear at you, insult you, put you down, or act in a way that made you afraid that you might be physically hurt?
2.	Y	N	Did a parent or other adult in the home push, grab, slap, throw things at you, or hit you so hard you had marks or were injured?
3.	Y	N	Did an adult or person at least 5 years older than you ever touch you sexually or try to make you touch them sexually?
4.	Y	N	Did you feel that no one in your family loved you or thought you were special or that your family was not a source of strength, support, and protection for you?
5.	Y	N	Did you feel that you didn't have enough to eat, had to wear dirty clothes, had no one to take you to the doctor, or were your parents too drunk or high to take care of you?
6.	Y	N	Was a biological parent ever lost to you through divorce, abandonment, or other reasons?
7.	Y	N	Was your mother or step-mother pushed, grabbed, slapped, had things thrown at her, kicked, bitten, hit with a fist or hit with something hard or repeatedly hit for a few minutes, or threatened with a gun or knife?
8.	Y	N	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9.	Y	N	Was a household member depressed or mentally ill or did they attempt suicide?
10.	Y	N	Did anyone you live with go to prison?
Total Score =			

Felitti, V. J., et al. (1998).

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version – Recent

SUICIDE IDEATION DEFINITION AND PROMPTS	Past month	
Ask questions that are bolded and underlined.	**Yes**	**No**
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, *"I've thought about killing myself"* without general thoughts of ways to kill oneself/associated methods, intent, or plan. ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thoughts of a least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."* ***Have you been thinking about how you might kill yourself?***		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."* ***Have you had these thoughts and had some intention of acting on them?***		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) Suicidal Behavior Question: ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		
If YES, ask: *How long ago did you do any of these?* Over a year ago? Between 3 months and a year ago? Within the last 3 months?		

Posner, K. (2007).

TREATMENT PLANNING & RECOMMENDATIONS

American Society of Addiction Medicine (ASAM)

- **Dimension 1:** Intoxication &/or Withdrawal Potential
- **Dimension 2:** Biomedical Conditions & Complications
- **Dimension 3:** Emotional, Behavioral, & Cognitive Conditions & Complications
- **Dimension 4:** Readiness for Change
- **Dimension 5:** Relapse, Continued Use, or Continued Problem Potential
- **Dimension 6:** Recovery/Living Environment

Levels of Care & Recommendations

- **Withdrawal Management**
- **Level 0.5: Early Intervention**
  - *Short-term*
  - *Education-based*
  - *Group setting*
- **Level 1: Outpatient Services**
  - *Individual & Group (i.e., relapse prevention, harm reduction, etc.)*
  - *Variety of models and theoretical orientations*
  - *1-2 hours/session, weekly-monthly appointments*
- **Level 2: Intensive Outpatient/Partial Hospitalization Services**
  - *Level 2.1: Intensive Outpatient Programming (day treatment/IOP)*
    - Addiction-specific
    - Group therapy, 3-4 hours/day, 4 days/week + 1 individual therapy session
    - Attend community support meetings
  - *Level 2.2: Partial Hospitalization Programming (PHP)*
    - Mental health focus
    - 4 hours/day, 5 days/week, for ~7-10 days
    - Therapy, daily assessments, support, education

Levels of Care & Recommendations

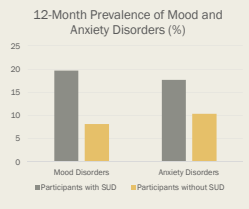
- **Level 3: Residential/Inpatient Services (3.1 – 3.7)**
  - *Residential Treatment Facilities*
    - Intensive, scheduled programming
    - Group therapy daily, psychoeducation groups daily, individual therapy ~ weekly
    - Attend community support meetings (10-14/week)
    - 24/7 supervision, structure, support
- **Level 4: Medically Managed Intensive Inpatient Services/Hospitalization**
  - *Inpatient Behavioral Health*
  - *Acute psychiatric stabilization*
  - *Initiate medications and monitor/support*
- **Medication Assisted Treatment**
  - *Methadone*
  - *Suboxone/Buprenorphine*
  - *Vivitrol/Naltrexone*

UNIQUE FACTORS

Psychiatric Co-Morbidities, Interpersonal Violence, Impact of Relationships on Treatment Outcomes, & Barriers to Care

Psychiatric Co-Morbidity

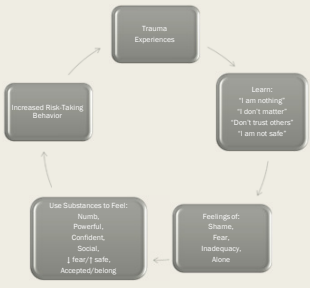
- Mental health symptoms are very common.
- 25-33% of pregnant women with OUD had MH diagnosis (Arnaudo, et al., 2017)
- 27-58% had mood disorders (Arnaudo, et al., 2017)
- 37-42 % had anxiety disorders (Arnaudo, et al., 2017)
- Women with severe alcohol use disorder: 86% diagnosed with a co-occurring MH disorder (SAMHSA TIP 51, p. 23)
- Women are twice as likely to experience mood/depressive and anxiety disorders (SAMHSA TIP 51, p. 66; Grant, et al., 2007)



(Grant, et al., 2007)

Psychiatric Co-Morbidities: Trauma & PTSD

- Estimated 55-99% of women in addiction treatment have experienced trauma (Najavits, et al, 1997)
- Trauma history increases risk of other comorbid mental health problems (SAMHSA TIP 51)
- History of trauma ≠ PTSD
- PTSD can be difficult to diagnose due to substance use
- Trauma increases affinity to use substances



Interpersonal Violence

- 50-99% of women with SUD have history of interpersonal violence (SAMHSA TIP 51, p 71).
- More likely to be introduced to substance by a significant relationship (SAMHSA TIP 51, p. 27).
- IV use: more likely to be introduced to injection by a sexual partner (SAMHSA TIP 51, p. 27).
  - *increased power and control over woman.*
- More likely to borrow/share using equipment (i.e., needles, spoons) with sexual partner (SAMHSA TIP 51, p. 27).
- Develop association between partner and drug → a false sense of connection/attachment to partner.

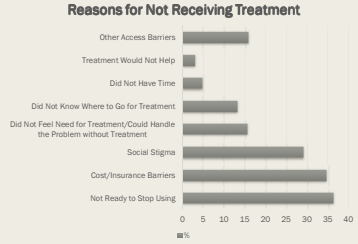
Partners & Relationships: Impact on Treatment

- Supportive involvement from a partner *increases* likelihood of long-term sobriety/abstinence.
- Partner's involvement in treatment (i.e., couples therapy) *increases* positive outcomes of women's treatment.
- Women who start a relationship while in treatment *less* likely to be successful if the new partner discontinues treatment.
- Women in a relationship *less* likely to be successful if the partner isn't engaged in treatment.

SAMHSA TIP 51, 2009

Barriers to Care

- Intrapersonal Obstacles
- Interpersonal Obstacles
- Sociocultural Obstacles
- Structural Obstacles
- Systemic Obstacles



SAMHSA TIP 51, p. 84-7

SAMHSA 2004, 2005, 2006. In SAMHSA TIP 51, p. 85

TREATMENT APPROACHES

Enhancing Motivation for Change & Models to Address Trauma

Enhancing Motivation for Change

- Core assumptions
  - *Motivation is multidimensional*
  - *Motivation is dynamic and fluctuating*
  - *Motivation is interactive*
- Key strategies
  - *Focus on strengths*
  - *Respect autonomy and decisions*
  - *Tailor treatment*
  - *Develop partnership*
  - *Use empathy, not authority or power*
- Motivational Interviewing
  - *Help resolve ambivalence*
  - *Useful at each stage of change*
  - *Elicit intrinsic motivation for change*
  - *Develop discrepancies between current and desired state*
  - *Respect autonomy*
  - *Listen rather than tell*
  - *Avoid argument and direct confrontation*
  - *Support self-efficacy and optimism*

SAMHSA TIP 35

Miller & Rollnick, 1991

Treatment Models to Address Trauma

- **Seeking Safety** (Najavits, 2002)
  - *CBT & Interpersonal Therapy*
  - *Highly adaptable to variety of settings & populations*
  - *Outcome studies show favorable results*
- **The Addiction and Trauma Recovery Integration Model** (ATRIUM; Miller & Guidry, 2001)
  - *Integrates psychoeducation & expressive activities*
  - *Assesses and addresses body, mind, and spiritual aspects of trauma & addiction*
- **Beyond Trauma: A Healing Journey for Woman** (Covington, 2003)
  - *Focuses on relationship between trauma and substance abuse*
  - *Psychoeducation + enhance coping skills*
  - *Manual, participant workbook, and videos*
- **Helping Women Recover: A Program for Treating Addiction** (Covington, 2008)
  - *Four modules*
  - *Integrates SUD theory, women's psychological development, & trauma*
  - *Workbook/journal to personalize recovery*
  - *Separate version for women in criminal justice system*

SAMHSA TIP 51, p.171

CONSIDERATIONS FOR YOUR PRACTICE

How We Can Do a Better Job

- Adopt a Trauma-Informed Practice
- Adopt a Motivational Approach
- Build Relationships with Referral Sources
- Identify & Ditch Stigma
  - *Addiction &/or mental health ≠ mom isn't excited about parenthood*
  - *Addiction &/or mental health ≠ mom isn't fit to care for baby*
  - *Addiction &/or mental health = increased support, care, understanding*
- Manage Pain
- Support & Celebrate Decisions around Infant-Feeding
- Recognize Relapse Risks Postpartum

RESOURCES & REFERENCES

Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - *TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women*
  - *TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment*
- The Postpartum Stress Center
  https://postpartumstress.com/
- Postpartum Support International
  https://www.postpartum.net/

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