

## Providing Addiction Treatment to Pregnant and Parenting Women with Opioid Use Disorders

### Trauma is common among our patients

Whether or not officially diagnosed with PTSD, the majority of women with Opioid Use Disorder have a history of severe trauma and many have a corresponding history of childhood neglect. Many of our patients grew up in homes where substance abuse, domestic violence, poverty and mental illness had a profound impact on the environment. Others may have had relatively stable childhood homes, but their drug use placed them at risk of physical and sexual violence that continues to impact their emotional health and ability to remain safe and sober.

### Trauma manifests in many ways

Consequences of exposure to so much violence and adversity include

- *Difficulty with trust* (both trusting too easily, which can place the individual and her children in danger, as well as having a hard time trusting and being honest with those who could potentially provide much-needed support.)
- *Difficulty managing change* that can present as a surprising lack of flexibility. For example, patients might be quite upset by a change of the time of an appointment, the setting of group therapy, a new receptionist, or other changes that one might consider to be relatively minor.
- *A tendency to have extreme reactions* to stressful stimuli, and difficulty managing affect. This might manifest as explosive anger, fear or distress, yelling, crying, slamming doors, etc. Conversely, a patient who is emotionally overloaded might “shut down”, become withdrawn and avoidant.

### Trust is key to healing

*Predictability and clear expectations help develop trust*

The most fundamental aspect of developing a trusting relationship with patients is to be predictable. This includes following through with what you said you would do, letting your patients know what is going to happen ahead of time whenever possible, and providing your patients with the time they need to express themselves fully.

It is highly recommended that expectations for the program be made very clear at the time a woman enters treatment. A patient Handbook and contracts for care that establish clear expectations can be helpful tools.

If changes in a treatment plan occur (such as a new appointment time, a new provider, a new space to meet, or an additional service) it is helpful to give women as much notice as possible. This is important not only because it may be difficult for women to adapt emotionally, but it also may be hard to manage the change practically. Women may have limited access to transportation and multiple responsibilities to juggle. They need time to adjust to new schedules. For example, if a group time needs to be changed, announcing the change weeks in advance and then following up with weekly reminders can minimize negative reactions.

Even with frequent reminders, patients may react strongly, and often negatively, to change once it occurs. Validating the patient's feelings calmly, while at the same time making clear that the change does need to occur, is the best response. Good communication between the patient and her care team is key to navigating transitions smoothly.

### **Trust takes time**

Trust is not something that develops overnight. However, if a health care provider is predictable, kind, respectful and transparent, trust develops with time.

Many of the women who come into this program have had damaging experiences with authority figures, including healthcare providers. If a woman's predominant experience with the healthcare establishment has been feeling judged and criticized, she will be wary of any interaction. As a recovery friendly practice, it is our responsibility to provide our patients with a corrective experience of accessing healthcare.

### **Trust develops when patients:**

- Come to realize their health care team is truly interested in them as whole people, with many skills and attributes to share, and don't just see them as caretakers of babies or people with drug problems.
- When patients realize they can make a mistake, be grouchy, have a bad day or even relapse, and that their health care providers will still be happy to see them the next time they come in, will be willing to repair the relationship when needed, and will not judge or shame them.

*It is important to be aware of the extreme sensitivity that moms in recovery have to criticism or judgment. "Constructive Feedback" should always be delivered carefully and with awareness that the amount of shame our patients experience is extremely intense and can be easily activated.*

## Respond to strong emotions with calm

- Strong affect, particularly unexpected eruptions of anger, can be disconcerting. Difficulty managing anger is one consequence of exposure to violence. It is helpful to remember that many women in recovery from substance use disorders have chronic emotion regulation difficulties that can be compounded by the hormones associated with the perinatal period and the high level of stress that is common for most women in early recovery.
  - Women are in treatment because they need to learn the emotion regulation skills required to manage stress without the help of mood altering substances.
  - In order to learn these new skills women need to have the opportunity to overcome challenges in a safe and supportive environment.
- It is not helpful to meet anger with anger, to become punitive or threatening when a woman is upset, even if her behavior is inappropriate. It is also not helpful to “lay down the law” or try to argue a point when a patient is too distressed to listen, think clearly, or take in new information. Instead, coach patients to use effective emotion regulation skills, such as taking a break, changing the subject and thinking about something else for a while, or using exercise to modulate distress.

*These reminders may seem obvious, but it can be difficult to avoid getting argumentative or angry when a patient is calling names, attacking your best efforts, or blaming others for a situation she also contributed to.*

- Remind yourself that Addiction is in charge at these times, not the patient, and it doesn't make much sense to argue with Addiction because there is no winning.
- Better to take a break and hope that the next time your patient walks in the door she will be thinking more clearly.

**Occasionally calling a woman in between visits** just to check in, or reaching out to see what's happening if a woman seems upset, is another way to build trust and strengthen relationships.

**Maintain a non-judgmental stance** towards a woman's ambivalence about using, about giving up unhealthy relationships, and about taking concrete steps forward, as all these developments can feel frightening and trigger unresolved feelings of grief and loss.

When women have the experience of being able to express themselves honestly without receiving a response that engenders shame or a sense of diminishment, a healing relationship begins to develop. Bear in mind the depth and intensity of shame that women have when they use drugs during pregnancy or when their addiction has interfered with their ability to parent their children. In our culture there are few populations more despised than mothers who have addiction. Although shame about use is common to all people who cope with substance use disorders, it is particularly acute for pregnant and parenting women, corresponding to the

extreme stigmatization that they experience. In order for a woman to trust in her providers and her fellow group members, she must feel safe. She needs to know that she has entered a judgment-free zone.