

# Co-occurring Disorders in the Perinatal Period- Considerations, Approach and Impact on the Dyad

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# Didactic Speaker Disclosures

No conflicts of interest to declare for either speaker

# Learning Objectives

- Characterize the comorbidity between substance use and mental health among women/perinatal population
- Name at least three principles of treating co-occurring disorders
- Describe some dyadic problems that can occur when the mother/caregiver has a SUD
- Identify some resources that can build capacity in mothers with comorbid SUD and mental health diagnoses

# Co-Occurring Disorders

- About half of individuals with a substance use disorder will also meet criteria for a mental health condition and vice versa
  - Common risk factors
  - Self-medication
  - Substance use can lead/contribute to mental health condition
- Stronger correlation among adolescents and women
- Trauma (particularly childhood and adult sexual trauma) is a common risk factor



# Sex Differences

- Adverse outcomes including medical and psychiatric complications and functional impairment more severe in women
  - Women develop alcohol-related heart and liver disease as well as brain disorders earlier in the course of alcohol use disorder
  - Women who inject substances are at a higher risk of contracting HIV than men
- Women who use substances are more likely to cite family responsibilities, mental health, and perceived stigma as barriers to care
- Among women seeking treatment for SUD diagnoses of PTSD, anxiety disorder, eating disorders, mood disorders more prevalent than among men
- Similar treatment outcomes

McHugh et al 2017, Agterberg et al 2020

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# What About Pregnancy?



- Substance Use, Depression, IPV
  - People who screened positive for depressive symptoms in pregnancy (EPDS>10) were more likely to report substance use problems and IPV than those who screened negative
- Patients with comorbid SUD and psychiatric disorders less likely to get prenatal care than either alone
- Among pregnant patients with OUD
  - Up to 70% have a comorbid psychiatric disorder (although varies by study)
  - Depression most common
  - Psychosocial impairment higher in those with comorbid psychiatric disorders than OUD alone
    - OUD and PTSD associated with greatest impairment
  - OUD and comorbid psychiatric illness associated with lower treatment retention than OUD alone

# Approach to Treating Co-occurring Disorders in the Perinatal Period

- Integrated treatment of both substance use and mental illness consistently found to be more effective than treating either alone
- Less than half of addiction treatment facilities in the US reported having programming tailored to those with co-occurring disorders
- Guiding Principles in Treating Clients With CODs
  - 1. Use a recovery perspective.
  - 2. Adopt a multi-problem viewpoint.
  - 3. Develop a phased approach to treatment.
  - 4. Address specific real-life problems early in treatment.
  - 5. Plan for the client's cognitive and functional impairments.
  - 6. Use support systems to maintain and extend treatment effectiveness.

# Models of Care



- Integrated Dual Diagnosis Treatment
  - Evidence-based model
  - Multiple components including multidisciplinary team, stages of intervention, comprehensive services, motivational interventions, counseling for substance use and mental health issues, group treatment, family psycho-ed, etc
- Seeking Safety
  - integrated counseling model for individuals with trauma and substance use disorder that incorporated, but does not require patients to disclose their trauma narrative
- Integrated Group Therapy
  - an evidence-based providing treatment for adults with co-occurring bipolar and substance use disorders.

# Medications and Co-Occurring Disorders in the Perinatal Period

- Less evidence exists for medications in populations with co-occurring disorders
- Medications don't tend to work as well without psychosocial interventions in this population, should be offered and discussed
- "Rational polypharmacy" – pt needs MAT and medication for anxiety
- Some medication can treat multiple issues
  - Bupropion – depression, nicotine use, some evidence for reducing meth use
  - Gabapentin – may help with anxiety, insomnia, cannabis withdrawal, alcohol withdrawal (including protracted withdrawal symptoms)
  - Mirtazapine – depression, anxiety, insomnia, nausea/lack of appetite, some evidence for reducing meth use (evidence primarily in cis men and trans women)

# Disparities in Co-Occurring Disorder Treatment

- Lack of services, difficult to access
- Rates of under-identification (identifying one and not the other) particularly high in adolescents and racial/ethnic minorities
- Lack of childcare consistently cited as a barrier to access care by parents who identify as women
- In a study of correctional facilities white inmates were more likely to have been diagnosed with a COD and have treatment as part of their sentence than non-white inmates despite similar rates of substance use
- In a study of parents involved with child welfare services, Native American parents were less likely to be assessed for mental illness and be referred to treatment and more likely to be assessed for substance use than other groups

Keeping the mother-baby dyad in mind....

# Keeping the mother-baby dyad in mind...

- In its essence, they need support for the developing dyadic relationship



# Keeping the mother-baby dyad in mind...



# Keeping the mother-baby dyad in mind...

## Building blocks



## Becoming a mother

- The baby is dependent
- Maternal-infant bonding
- *Parental Reflective Functioning\**

\*enables the parent to make sense of their own mental/emotional states and the impact these have on the child and the relationship

# Keeping the mother-baby dyad in mind...

## Building blocks



## Becoming a mother

- Emotion Regulation
- Put my oxygen mask on first so I can ...
  - ❖ Take care of you/myself
  - ❖ Bond with you
  - ❖ Respond to you
  - ❖ Delight in you
  - ❖ Become in sync with you

# Keeping the mother-baby dyad in mind...

## Building blocks



**Enables the mother to provide for her baby:**

- A secure base
- A safe haven

# Keeping the mother-baby dyad in mind...

## Building blocks



## What does a baby need?

- Bond with me
- Sensitive respond, gaze, and speak to me
- Serve and return
- Modulate your affect as you help me regulate

# Keeping the mother-baby dyad in mind...

**The building blocks can become shaky**

**Substance use and psychiatric illness**

- Poor maternal fetal or infant bonding



# Keeping the mother-baby dyad in mind...

## The building blocks can become shaky



## Substance use and psychiatric illness

- May lack parental reflective functioning
- Mothers may respond with less sensitivity, more intrusiveness
- Mothers may be more impulsive and inconsistent
- Mothers may have less contingent responsiveness

# Keeping the mother-baby dyad in mind...

## The building blocks can become shaky



## Infant and Child Outcomes

- Health outcomes
- Behavioral outcomes
- Missed windows of opportunity
- Developmental outcomes

# Keeping the mother-baby dyad in mind...

- The building blocks can be impaired in many mothers, but they can also be built.



Keeping the mother-baby dyad in mind...

**This is a story of hope**

# Keeping the mother-baby dyad in mind...

## Needs

- Mom and baby need:
  - ❖ A safe base
  - ❖ A secure haven
  - ❖ A holding environment

## Capacities

- Mothers can provide what has been provided to her
- How can we build capacity in her?

# Keeping the mother-baby dyad in mind...

## Needs

- Mom and baby need:
  - ❖ To bond
  - ❖ Support

## Capacities

- Involve the family
- Involve support services
- Treat the maternal mood and SUD

# Keeping the mother-baby dyad in mind...

## Needs from the Provider

- **Mothers needs you...**
  - ❖ To be a secure base and a safe haven
  - ❖ To keep the baby in your mind and in the room
  - ❖ To see her strengths

## Capacities

Treatment can build maternal capacities

*"I can give because I was given to"*

*"I can understand my child because you understood me"*

# Keeping the mother-baby dyad in mind...

## Treatment Needs

- Treat the maternal mood while also treating the SUD

### • Interventions

- ❖ Promoting First Relationships
- ❖ Circle of Security Intervention
- ❖ Parent Child Psychotherapy

**YOU**

## Capacities

- Bonding
- Increased reflection functioning
- Increased motivation for self care and care of the baby



Keeping the mother-baby dyad in mind....  
DEPENDS ON YOU

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