Young Child and Parent Project: Improving the Well-being and Safety of Families with Parental Substance Abuse

Statement of Problem

The widespread, ongoing opioid and heroin epidemic in the United States has garnered a lot of necessary attention regarding the impact substance use disorders have on families. In the U.S., about 1 in 8 children, totaling nearly 9 million, most under the age of 5, live in homes with at least one parent who has a substance use disorder. It's well known that young children of parents with substance use disorders are at substantially increased risk for psychological and emotional problems. As they grow older, these children may experience anxiety, depression, poor school performance and their own substance use disorders.

Families in Philadelphia and the surrounding communities have felt the effects of the opioid epidemic for years. Unfortunately, there are significant barriers to mothers enrolling in and completing programs to address the family impact of parental substance use disorder. In addition to systems-level barriers to availability of mother-baby treatment options, insurance considerations, and other accessibility challenges, a mother's own trauma and current substance use can significantly impact her engagement with therapeutic interventions. Without proper treatment for their substance use disorder, mothers may struggle to bond with their young children and thrive in their role as a caregiver.

This challenge is particularly acute for the critical parenting skill of reflective functioning, or a parent's understanding of their own emotions and those of their child. Several recent interventions have found ways to support mothers with substance use disorder in acquiring reflective parenting skills while completing substance use treatment. This in turn decreases their chances for relapse after treatment, as well as the risk of having their children placed in foster care.

Description

The Young Child and Parent Project, in collaboration with the Health Federation of Philadelphia, seeks to improve child and parent well-being, child permanency, and safety outcomes of young children at risk of or already involved in the child welfare system using a novel therapeutic model, known as MIO-CPP, for pregnant and parenting individuals in residential substance use disorder programs.

In the first phase of this project, we evaluated the impact of integrating and delivering two evidence-based models—Mothering from the Inside Out (MIO) and Child Parent Psychotherapy (CPP)—to mothers enrolled in substance use treatment programs in Philadelphia and Bucks Counties. We have completed enrollment for this phase, and we are currently examining participant outcomes related to maternal mental health, parental reflective functioning and child well-being. Our preliminary findings showed that participants from residential SUD treatment programs remained engaged in MIO-CPP services for longer than their peers receiving outpatient SUD treatment services. Early qualitative findings indicate that MIO-CPP positively impacts mothers' capacity to understand their young children's needs. We also found that a high level of case management and

supportive services for the whole family are needed during a mother's transition from residential treatment back to community life.

In the next phase of this project, we will continue our mixed-methods evaluation of the implementation of this model—assessing parental/caregiver depression, substance use disorder treatment recovery rates and involvement of young children in the child welfare system—while also studying the impact of including certified recovery specialists with specialized training in maternal and child health as part of the clinical team providing supports as mothers transition out of treatment. We will conduct a quasi-experimental trial to compare the outcomes of participants enrolled in MIO-CPP therapy who did and did not receive services from a certified recovery specialist. We also seek to understand the cross-system collaboration and communication needed to ensure that treatment services are meeting the needs of mothers and young children with or at risk of child welfare involvement.

Next Steps

This is five-year project that will begin enrolling patients in 2023, with integration of the certified recovery specialists scheduled for 2025. Following implementation, we will work with the Health Federation of Philadelphia on our continued evaluation of the intervention to understand if we were able to increase mothers' and children's well-being, improve permanency of a child in their home and enhance the safety of children of parents with substance use disorders.

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