FIRST STEPS TOGETHER

FAMILIES IN RECOVERY SUPPORT

NEWSLETTER

SUPPORTING NEW PARENTS

This issue of the FIRST Steps Together newsletter focuses on supporting new parents. Navigating pregnancy, birth and early postpartum can be challenging. We have included a variety of articles and resources to help reassure, support and inform parents and families before, during, and after a new baby arrives.

AUGUST IS NATIONAL BREASTFEEDING MONTH

August is National Breastfeeding Month and we are featuring articles, resources, and a podcast on how to support breastfeeding.

Here is a webinar from the National Institute for Children's Health Quality (NICHQ) on **Improving Our Approach: Better Conversations About Breastfeeding**, to help mothers open up about the challenges they face when breastfeeding.

WEBINAR SERIES: TRAUMA, RESILIENCE AND RELATIONSHIP IN THE BRAINS OF PARENTS AND CHILDREN

In June, Amy Sommer, LICSW, Director of Project NESST/FIRST Steps Together at Jewish Family and Children's Service (JF&CS) presented a three-part webinar series entitled: **Trauma, Resilience, and Relationship in the Brains of Parents and Children**. Over 100 people from FIRST Steps Together and other programs across the state participated in this series designed to help us better support the families we serve, and to more deeply understand the relationship between trauma and resilience. Together we looked at the impact of trauma on our brains, the cyclical nature of untreated multi-generational trauma, and the overlap and intersections of trauma and substance use.

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WEBINAR SERIES: TRAUMA, RESILIENCE AND RELATIONSHIP IN THE BRAINS OF PARENTS AND CHILDREN

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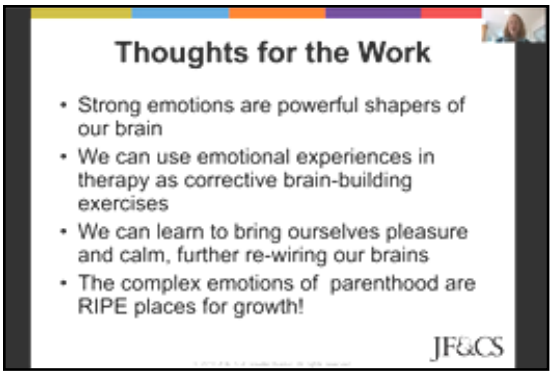
In Part 1: **How Trauma and Resilience Live in our Brains,** Amy thoughtfully set the groundwork by defining trauma, and distinguishing between stress, chronic stress and trauma. She noted the connection between the brain and body responses to trauma and created space to explore the subsequent challenging behaviors these experiences may lead to. **Together we unpacked common flight, fight or freeze responses in high stress situations, and how our trauma responses are actually natural coping and protective measures that are triggered within our complex brain wiring.** We learned how we can support our clients in processing and healing from their traumas by supporting their emotional regulation and executive function using body- based strategies. **(*View recording here*)**



In Part 2**: Thinking about Trauma & Resilience in Parent-Child Pairs**, Amy explored the parent-child dyad, and the concept of "serve and return". When an infant expresses themselves and a parent responds in a consistent and engaging way, this practice of back and forth builds connections in the brain of both the parent and the child. Amy guided participants in considering the concept of serve and return as a lens through which to understand the theory of multi-generational trauma. **We can interrupt the cycle of trauma by filling in the "missing link," the skill of reflective function (which allows the parent to understand their child's experience) thereby increasing the parent's capacity to provide attuned responses to their infant and building attachment between the dyad.** Amy noted how this dynamic is key for both parent and child in moving from trauma experiences into healing and growth. **(*View recording here*)**

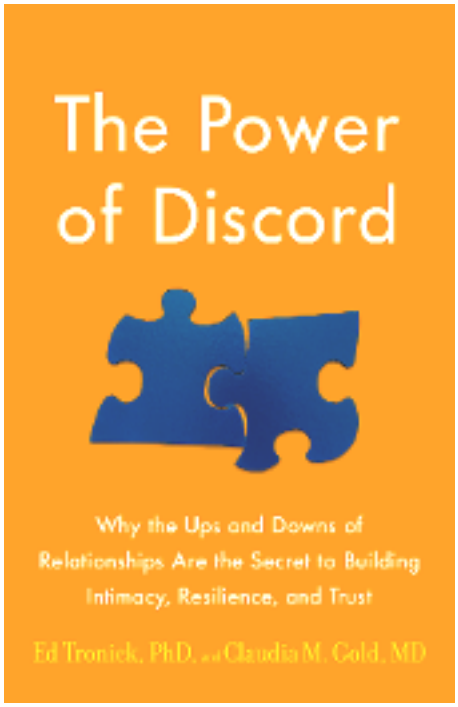
In Part 3: **Trauma and Substance Use Disorder**, Amy reviewed the science of addiction as it involves different parts of the brain. These same parts of the brain are involved in processing trauma, as well as in building connections in parenting. We explored the impact of substance use and trauma on the brain and how these overlapping impacts can translate into negative parent-child interactions. Amy walked us through the implications for intervention, highlighting how relational approaches have been found to be more effective than some traditional parenting skills trainings, as they emphasize the relationship as the mechanism to promote and support child development. **Better parental reflective function can mitigate the negative effects of substance misuse, trauma and mental health challenges, as increased parental capacities can lead to more pleasurable and attuned parent-child interactions. (*View recording here*)**

We are so grateful to Amy for lending her expertise in this area and look forward to future trainings!

Sophia Terry, MSW, LCSW
Program Specialist

THE SOURCE OF PARENT CONFIDENCE

Italicized section is excerpted from *The Power of Discord*, written by Ed Tronick, PhD and Claudia Gold, MD



Aditi had anticipated Tanisha's arrival with excitement and fear. This was her first baby, and she wondered how she would know what to do. Hours after giving birth, she tried to put her screaming infant to her breast. But Tanisha's arms got in the way and her movements became increasingly disorganized. Aditi began to speak softly to Tanisha while wrapping her tightly, and soon she felt Tanisha's body go from tense to relaxed; the incessant crying slowed and finally stopped. Tanisha slept and then woke and vigorously latched on to nurse, and Aditi experienced a peaceful calm that until then had eluded her. The meaning she made of this experience, if she'd put it into words, might be "I can do this" and "I know my baby."

Now consider the same scene from Tanisha's perspective. Her tiny body wriggled. She screamed again and again as her arms flew over her head. Something was in her mouth, but she didn't know what to do with it. Then Tanisha heard a soft, gentle whisper and was wrapped in a warm blanket. Her breathing slowed. Now she could rest her arms on her chest and stop their wild movements. Her body relaxed as her need for help settling her immature nervous system was answered, and soon she drifted off to sleep. After a brief nap, her body felt calm and restored. When her mother again put her to the breast, she latched on without struggle. The meaning Tanisha created might be expressed as "I am safe" and "I am whole."

In this early moment of figuring things out together, Tanisha and Aditi began to fall in love. Aditi recognized that Tanisha was tired and her nervous system was stressed. She needed help from her mother to calm down and a brief nap to refresh her before she would be ready for a meal. Allowing time for the process to work itself out literally fed Tanisha while also nourishing Aditi's growing new identity as a mother, building her sense of confidence and self-efficacy. Moving from mismatch to repair provided actual nutrition for Tanisha and for Aditi a kind of food for the soul.

In Dr. Ed Tronick's classic experiment known as the "still-face paradigm" a mother faces her infant and engages in typical play. Then the researchers ask her to show a "still-face." Immediately the infant reacts, trying everything to get her mother to respond. She points. She screeches. She arches her body in protest. He mother's face remains motionless. The researcher then asks the mother to resume play. Within moments, the pair returns to joyful engagement.

At first viewing, the still-face experiment can generate worry, pain, and fear as we are moved by the infant's experience of loss. We may re-experience our own losses and feel guilty as we reflect on the way we failed to connect with our children and other loved ones. However decades of research using the paradigm reveal the interaction as profoundly hopeful.

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THE SOURCE OF PARENT CONFIDENCE

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The baby's confidence that she will be able to get her mother's attention has developed out of countless moments preceding the experimental situation. The experience is not unfamiliar to the infant; it happens when a caregiver is driving, preoccupied by a worry, or not present in some other way.

> **It turns out that children develop a sense of agency - a belief that they can act on their world to make it better - exactly because of the mismatch, as long as it is usually followed by repair. As parent and infant together navigate countless such difficult moments, they develop confidence in themselves and in each other.**

As clinicians and Family Recovery Support Specialists (FRSS), one thing we can do is offer space and time to listen. We help parents to feel calm and supported. Rather than jumping in to offer advice about "what to do" we promote healthy development by holding the pair as they find their own solution.

Claudia Gold, MD is the clinician at Center for Human Development

Black Birthing Justice is a collective of African-American, African, Caribbean, and multiracial women who are committed to transforming birthing experiences for Black women and transfolks. Our vision is that that every pregnant person should have an empowering birthing experience, free of unnecessary medical interventions. Our goals are to educate, to document birth stories and to raise awareness about birthing alternatives.

Black Women for Wellness believes in the strength and wisdom of our community and allies. We believe that we have the solutions, resources and responsibility to create the shifts and change needed to impact our health status.

PROVIDING RESOURCES, ENCOURAGEMENT AND SUPPORT FOR BREASTFEEDING

There are a lot of technical aspects to breastfeeding but simply providing emotional support is a great help to parents and sometimes just as much or more important.

During pregnancy

For clients who intend to breastfeed, find out if there is a lactation consultant at the birthing facility or classes available prenatally through the obstetrician's office, hospital, WIC or other community health center. Save any meeting times or names and contact information you discover and create a reference sheet for your area. This will help the next time you need the information and allow you to create partnerships in the community for making referrals in the future to people you know and trust.

While in the hospital or birth center

Encourage clients to ask for help while in the hospital. Maximizing skin to skin contact after birth, if possible, will release oxytocin, a hormone that helps not only with milk production but also with calming both mom and baby.

Visiting may not be possible due to COVID-19, however when you connect with mom soon after the birth, your presence and/or voice can be calming so that she can relax while trying to latch the baby on and nurse. You are helping to co-regulate the nursing parent who, in turn, is able to help co-regulate the baby. Breastfeeding does not have to be all or nothing even if baby is in the Neonatal Intensive Care Unit (NICU) or if mom and baby cannot be together. Babies can combination feed if needed or desired. If baby requires supplemental feedings for any reason, pumped breastmilk, donor breastmilk if available and/or formula can be used.

The early weeks at home

Help your client consider what it will be like when they bring the baby home. Are there other adults in the home that can help with household tasks so mom can focus on baby feeding and care? This may not be the case and we know that all parents can be extremely overwhelmed and stretched during this time period. Check in often to see how everyone is doing. New parents may need permission to slow down and do less and to reach out and ask for assistance if they are struggling. No matter the feeding method, recognize that this is a fragile time and the family will benefit from as much support and help that is available. This can be meeting concrete needs as well as emotional support, encouragement, or information on how to access volunteer breastfeeding counselors, lactation professionals or other supports.

If mom and baby are separated either in the hospital or after discharge, and they want to try to protect their milk supply, share information on exclusive pumping. If mom has the time and ability to pump for baby, this might be a motivating and satisfying thing to do. YouTube videos that provide information on hand expression or other pumping techniques can help to improve results.

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PROVIDING RESOURCES, ENCOURAGEMENT AND SUPPORT FOR BREASTFEEDING

Other considerations

Parents should always be in consultation with their health care providers or a lactation professional when it comes to decisions regarding infant feeding, the mother's health, and/or any medical conditions that could make breastfeeding inadvisable.

Know your own biases. This is important and will help you, as a support person, to avoid allowing any of your own feelings about infant feeding decisions to cloud your ability to be objective when supporting a family.

Some parents (possibly due to trauma they have experienced) may not want to breastfeed and might not feel comfortable saying why. Keep this in mind and respect their wishes. New parents often feel a lot of pressure to breastfeed when maybe they do not want to. Alternately, some parents are very upset when breastfeeding does not work out and will greatly benefit from being heard and given permission to grieve the loss of the breastfeeding relationship if that is something that they had been looking forward to. It is possible that deciding to wean or choosing not to breastfeed at all is the absolute best decision for someone yet still be something they feel quite sad or disappointed about.

The Academy of Breastfeeding Medicine (ABM) recommends breastfeeding for mothers who are receiving medication assisted treatment who do not have no other medical reason they should not breastfeed.

You do not have to be a breastfeeding expert in order to be a sounding board for your clients to talk about the options they have or feelings they are experiencing so that they can feel empowered and heard about making infant feeding decisions that work for them.

Maureen Whitman, Program Specialist, FIRST Steps Together Training/TA

Maureen is a Licensed Certified Social Worker (LCSW) and a Certified Lactation Counselor (CLC)

Maureen has complied a document that includes additional information and resources for supporting and encouraging breastfeeding. Find the document here.

FIRST STEPS TOGETHER
FAMILIES IN RECOVERY SUPPORT
podcast

We know from science and research that breastfeeding is recommended and provides many benefits.

The reality is that there are lots of barriers that parents encounter in trying to meet their breastfeeding goals. The most important thing that we can do for parents we are working with is to provide emotional support and quality resources so that they can make decisions with best information. **The FIRST Steps Together Training/TA team sat down to discuss breastfeeding for our first podcast episode. Click here to listen!**

BREASTFEEDING RESOURCES AND SUPPORT

Closing the Breastfeedng Gap:
From National Institute for Children's Health Quality (NICHQ): Closing the breastfeeding disparity gap starts with viewing our efforts through an equity lens. Below, find three articles on equitable strategies for improving breastfeeding rates:

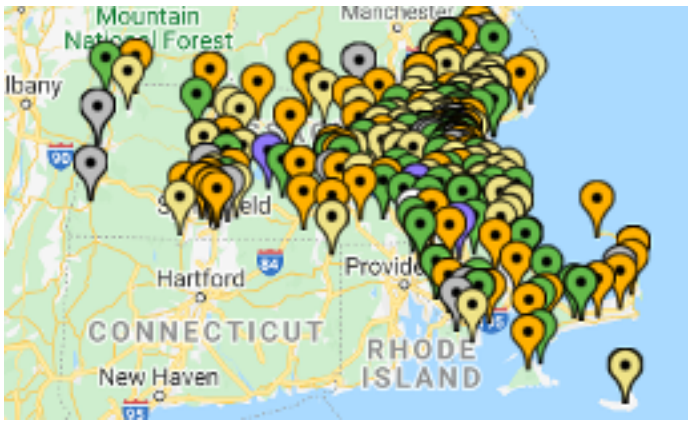
- **In this article**, learn how peer support networks can help Black women get the breastfeeding support they need.
- Developing culturally competent approaches and resources helps break down misconceptions about breastfeeding. Learn more **here.**
- Three experts share their recommendations for elevating Black mothers and families as leaders in driving change in breastfeeding and infant safe sleep outcomes **in this article.**

Massachusetts WIC has a new Facebook and Instagram page that is devoted to breastfeeding promotion.

Massachusetts is one of a number of states that received funding to promote the USDA Campaign "Learn Together. Grow Together"

Facebook Page: @WeKnowBreastfeeding

Instagram Page: @we_know_breastfeeding



This link from Zip Milk has information on breastfeeding supports throughout Massachusetts including: lactation consultants, volunteer counselors/free groups through WIC, Baby Café, La Leche League, Nursing Mothers' Council and other community organizations.

SUPPORTING NEW MOMS IN RECOVERY

Cathy Connell is a Family Recovery Support Specialist at Cape Cod Children's Place

When I attend 12-Step meetings, I make a point to go over and talk to new attendees. Sometimes, I find out that they are expecting a baby,and I share that I am a Family Recovery Support Specialist (FRSS) for FIRST Steps Together. If getting some help throughout their pregnancy and once the baby is born to support their recovery and parenting is something they are interested in, I have been able to connect them with our program.

The Cape Cod Children's Place team uses the WRAP (Wellness, Recovery, Assistance and Parenting) model to support parents. Sometimes it is not a participant's first pregnancy and sometimes they do not have custody of other older children. Many have suffered a great deal of trauma throughout their lives including domestic violence.

Part of my work with pregnant clients is to help them create a Plan of Safe Care. I have found that it's a good idea to share it with the Department of Children & Families (DCF) before they even ask for it, if the client is willing to. I have been able to be in touch with moms as they are going into labor and (pre-COVID) have visited the mom and new baby after the birth. It has been helpful to be able to support a mom and her family while their baby is in the hospital and to provide support for when DCF is notified due to the baby testing positive for opioid exposure.

I have been able to be at meetings with DCF and within the court system to provide support while determinations were made about whether a baby could go home with mom from the hospital. I've experienced the difficult and upsetting situation of being present when a baby was taken from mom's arms in order to go into DCF custody.

Despite the challenges they are facing, I have been able to work closely with clients of newborns. One way that I have been able to provide support for clients after their birth is to work on planning for virtual visits with their baby. They can read books and play with baby toys to connect with them. Sometimes it can be upsetting because infants and small children have trouble connecting with them on screen. I can help them look at things from the baby's point of view, there could be lots of reasons that babies may not be attentive, or maybe the child is just having a bad day. Often the next visit has more connection and we have talked about trying not to take a disappointing visit personally. Despite the challenges they are facing, I have been able to work closely with parents of newborns helping them build tools to support their recovery and parenting. One client I have been working with is planning on a reunification with her baby in a few months!

Find the tip sheet to support virtual Family Time here.

Cathy offered the following tips for supporting a new parent in recovery:

"Really listen to them. Listen with compassion and understanding to what they want to do with their lives as a mom and in recovery. Build rapport and trust so that they feel comfortable asking for help. Remind them that everyone makes mistakes and that we all learn from our mistakes. "

SUPPORTING WOMEN RECEIVING MEDICATION FOR OPIOID USE DISORDER (MOUD) THROUGH DELIVERY AND EARLY PARENTING

The pregnancy and postpartum period can be challenging for all parents. Women on MOUD present with additional risk factors and needs, including that some of the women we serve have may not have experienced parenting in their own lives that they can mirror. Our role, as supports, is to provide opportunities for growth and stability in this time period that not only empowers women during delivery but supports their transition into early parenting.

PREGNANCY

Prenatal Care:

Supporting our clients with establishing a care team they are comfortable with not only helps the birth experience, but provides the opportunity to explore parts of early parenting they may not have thought of before. This includes, but is not limited to, questions around breastfeeding, medications, management of perinatal mood disorders, and medical follow-up post-delivery.

Birth Plans:

Our goal is to ensure that women know their rights when it comes to their delivery, as well as support clear communication about self-determined preferences. The use of a birth plan can support this process and can also clarify any requests that may not be attainable during delivery.

Plans of Safe Care and Department of Children and Families (DCF):

One of the most important parts of our work is helping women receiving MOUD understand the process of assessing safety concerns for their newborn babies while also linking them to supports that will benefit them throughout the DCF process. One tool that can be used to document a client's care team, supports, and future plans is a Plan of Safe Care (POSC). Clients should be aware that this is *their* working document and they have the power to decide which parts they want to share and with whom, if any, including with DCF.

Rapport Building with Hospitals:

Through connection and partnership, we have created a system where the participants in our program get to know the labor and delivery/pediatric teams and hold a pre-delivery session with a hospital staff member responsible for mandated reporting to express any of their wishes associated with delivery. This has been a powerful connection and can prevent the need to do multiple comprehensive assessments post-delivery, as these components have already been completed with staff prior to the birth.

SUPPORTING WOMEN RECEIVING MEDICATION FOR OPIOID USE DISORDER (MOUD) THROUGH DELIVERY AND EARLY PARENTING

DELIVERY

How do we support our clients receiving MOUD in a way that empowers them to have a voice?

Pain and Medication Management:

For many of the women we serve, one of the concerns they identify is fear of being in pain, concerns with what medications they may be provided, as well as being seen as "medication seeking" if they request additional support with pain management. We can help them in having a voice and identifying their needs in relation to pain; including deconstructing the narrative that using a pain medication appropriately is a relapse or return to use. It is important to support them in having open dialogues with their providers, including discussing a reduction in their MOUD dose, if clinically appropriate, after delivery, so that they are not over-sedated due to the amount they were prescribed in pregnancy.

Asking for Help:

It is helpful to support our program participants to identify self-care strategies, methods for comforting their newborn, strengths, as well as which times of the day and activities may be challenging for them. In doing so, our clients can communicate with staff more efficiently and can also be vocal about barriers or challenges they are encountering. In addition, we can encourage the identifying of trusted supports who may be able to help with caring for their newborn when mom is resting. This is a great skill to strengthen while in the hospital as they may also be able to utilize this support network once they return home.

DCF Decision Making and Hospital Discharge:

Typically, all women receiving MOUD have a DCF 51A filed due to their infant being exposed to a substance while in utero. Our role is to support mom through this stressful period. It is helpful to be available to sit with them while they are going through the 51A interview process. In the cases where women receiving MOUD are not approved to discharge from the hospital with their newborns, this is a very vulnerable time period. It is important to complete frequent visits and check ins and to also discuss additional resources around harm reduction and safety planning.

SUPPORTING WOMEN RECEIVING MEDICATION FOR OPIOID USE DISORDER (MOUD) THROUGH DELIVERY AND EARLY PARENTING

EARLY PARENTING

Rest and self-care do not come easy in early parenting, but women receiving MOUD are at increased risk post-partum due to a variety of factors.

Postpartum Mental Health:

As most women receiving MOUD have histories of trauma, it is important to recognize that they are at higher risk of experiencing a postpartum mood disorder. It is important for us to monitor mental health and address baseline changes if they become problematic or concerning. We can help identify self-care strategies, including getting as much sleep as possible. This is complicated as newborns may have residual side effects, including increased fussiness, from their exposure to MOUD that could last for months after delivery.

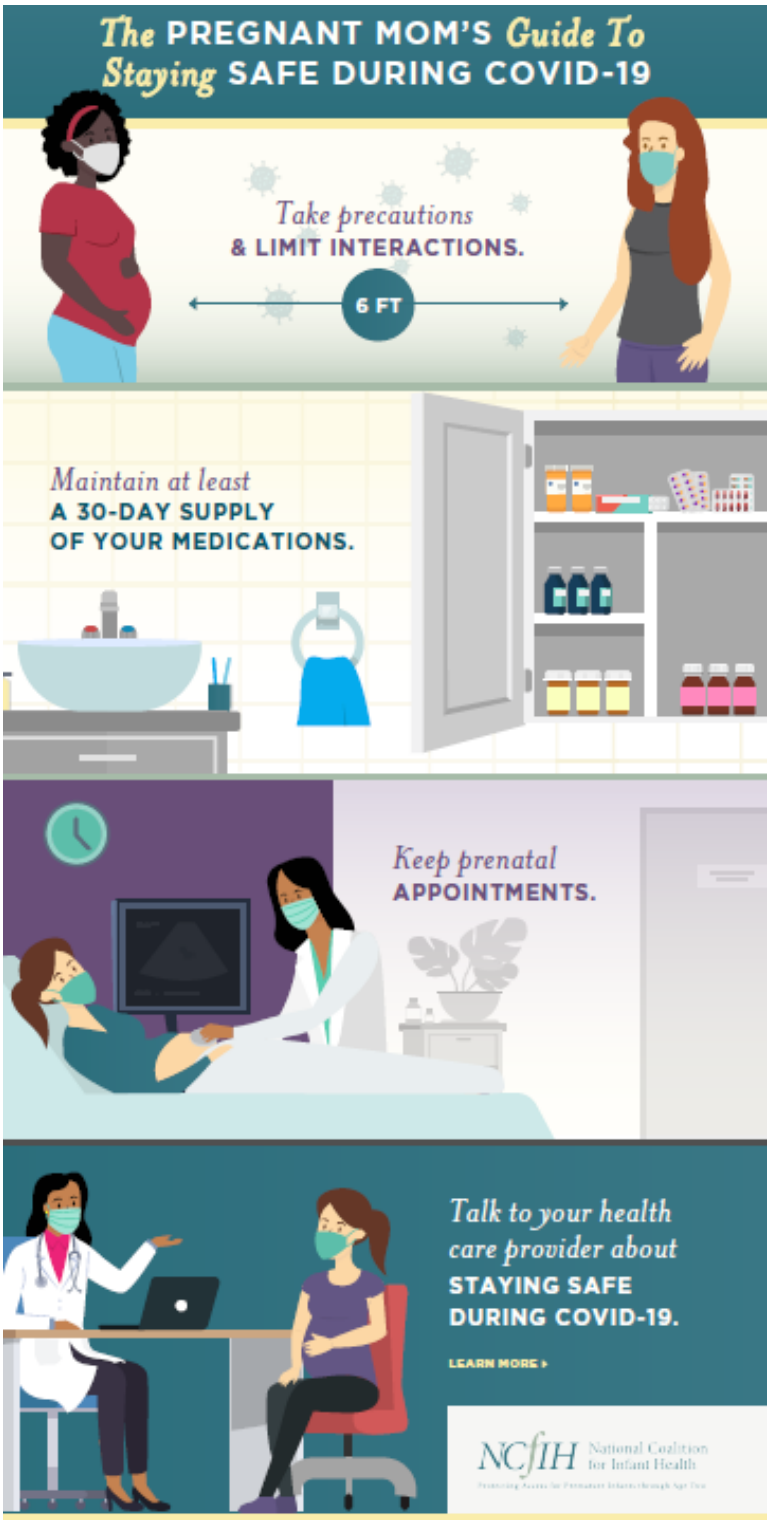
Continued DCF Engagement:

Ideally, women who are in sustained recovery and receiving MOUD will be either screened out from the DCF 51A process at time of delivery or will have DCF involved only for a short time period. When DCF responds to concerns within the family system, they will create an action plan. Often times these plans can be challenging to attain for parents on MOUD. One example of this could be a woman on MOUD who is expected to be the sole caregiver for her newborn, due to risk of partner violence, but then is required to attend in person, daily dosing of her MOUD. Our goal in these cases is to support our clients with understanding the requests from DCF, establishing which plan items are attainable, and encouraging our participants to explore alterations to the plan with their DCF worker.

Risks to Recovery:

It is challenging as a new mother to take any time for yourself after the birth of your child. This becomes additionally complicated for women on MOUD because often recovery-based activities, such as attending support groups or spending time with a recovery-based network can be cast aside in lieu of caring for a newborn. Women in recovery, including women on MOUD, are at greater risk to return to use within the first year postpartum. It is important to encourage clients to seek connection during this time period. This is beneficial not only for sustained recovery, but also offers up a space to explore parenting styles and to have a safe space to explore challenges that arise.

Daniel Rodrigues, LICSW is the Associate Director, Substance Use Disorder Services at Duffy Health Center and the FIRST Steps Together Clinician at Cape Cod Children's Place



National Coalition for Infant Health:[The Pregnant Mom's Guide To Staying Safe During COVID-19](),

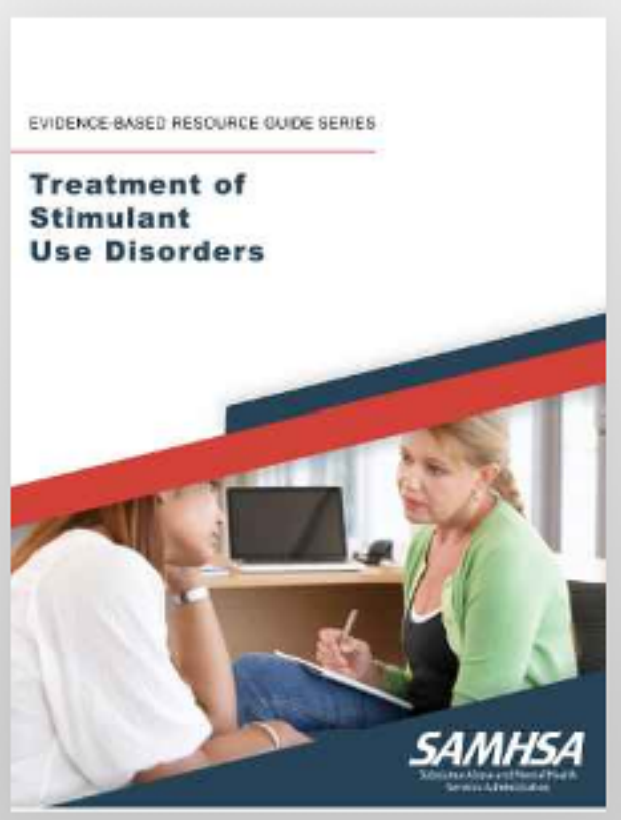
LIVE AND RECORDED WEBINARS AND LEARNING OPPORTUNITIES

- **Brazelton Touchpoints Center:** Developmental Screenings on Your Screen, Sept. 2
- **Mental Health America**: 2020 Annual Conference: "COVID-19, Mental Health and the Need for Equity," Sept. 3 and 4
- **Mental Health Technology Transfer Center**: Intimate Partner Violence, Suicidality, and Disabling Psychiatric Conditions: Unique Risks, Needs, and Strategies, Sept. 9
- **DPH Division of Pregnancy, Infancy, and Early Childhood:** Interrupting Racism Level 1: Amplifying Awareness, Sept. 9 and 10
- **National Coalition for Infant Health**: Infant Health Policy Summit, Sept. 10
- **Massachusetts Department of Public Health:** Ounce of Prevention 2020 Conference, Sept. 15
- **Brazelton Touchpoints Center:** Challenging Conversations with Families Virtually, Sept. 16
- **Office of Head Start**: Health Disparities: Responding with a Lens on Race and Ethnicity, Sept. 17
- **Bridgewell**: Resilient Survivors: Strong at Broken Places, Sept. 18
- **BACE**: 4 Day DONA Approved Birth Doula Training, Sept. 18, 25, Oct. 2, 9, in person, in Fall River
- **Mass Breastfeeding Coalition**: Breastfeeding In The Bay State Annual Conference, Sept. 21
- **Brazelton Touchpoints Center:** Taking Care of Yourself as a Virtual Service Provider, Sept. 30
- **Zero to Three**: Virtual Annual Conference, Oct. 5-9 Registration not yet open
- **Boston Association of Childbith Educators (BACE)**: Breastfeeding Foundations for Perinatal Health Workers, Oct. 10
- **Children's Trust**: 28th Annual A View from All Sides, Oct. 15

TREATMENT OF STIMULANT USE DISORDERS

SAMHSA has released a new publication, **Treatment of Stimulant Use Disorders**

This guide supports health care providers, systems, and communities seeking to treat stimulant use disorders. It describes relevant research findings, examines best practices, identifies knowledge gaps and implementation challenges, and offers useful resources.



REMOTE LEARNING RESOURCES

The National Association for Addiction Professionals (NAADAC) remote learning resources include a **Free Webinar Series**, which includes over 145 hours of educational webinars available online and on demand.

FIRST STEPS TOGETHER

FAMILIES IN RECOVERY SUPPORT

JULY/AUGUST 2020

mass.gov/first-steps-together

For more information:
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Caring for Generations
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