

TTAC

Perinatal and Early Childhood
Mental Health Network

Training and Technical Assistance Center



Taking a Relational Approach to Families at the Intersection of Parenting and Substance Use

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Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH).

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC) and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.

TTAC is tasked with building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.



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A Variety of Features:

- View upcoming and archived content, trainings, and resources on the **Trainings page**.
 - Access videos, slides, and presenter information
- Contact the TTAC team by clicking on **Ask TTAC** and filling out our **Contact Us form**
- And more!

Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you

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Taking a Relational Approach to Families at the Intersection of Parenting and Substance Use



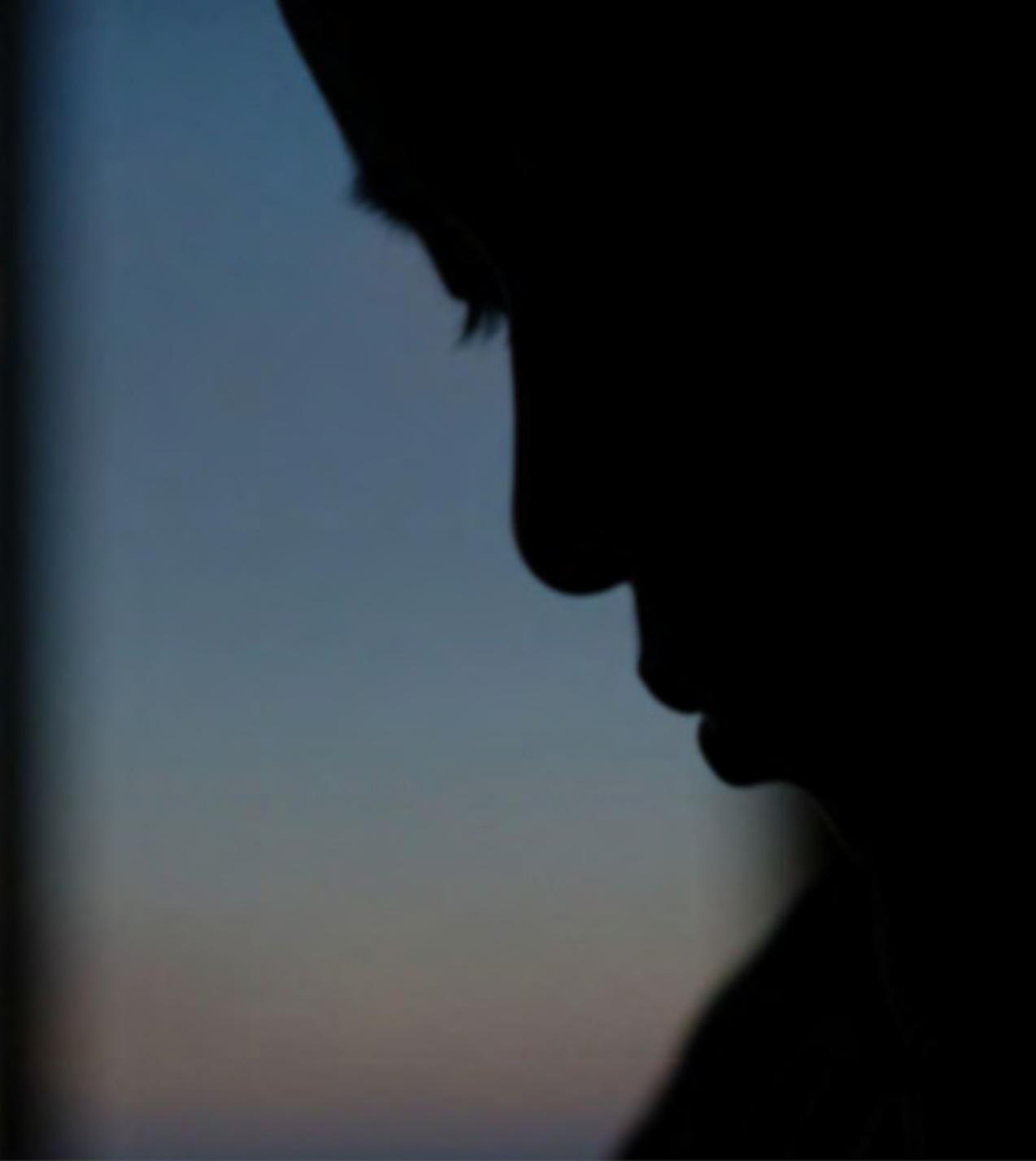
Terms:

- CPS: Child Protective Services
- Parent: Mother and/or father, or other primary caregivers.
- SUD: Substance Use Disorder: Includes alcohol and other substances
- FBR: Family-Base Recovery



A black and white photograph of two hands shaking, symbolizing agreement or partnership. The hands are positioned in the center of the frame, with fingers interlaced. The background is dark and out of focus, emphasizing the hands. The text "Harley and Cooper" is overlaid in white, centered over the hands.

Harley and Cooper

A dark silhouette of a woman's profile, facing right, against a light blue background. The silhouette is positioned on the left side of the page, with the right side of the page being white.

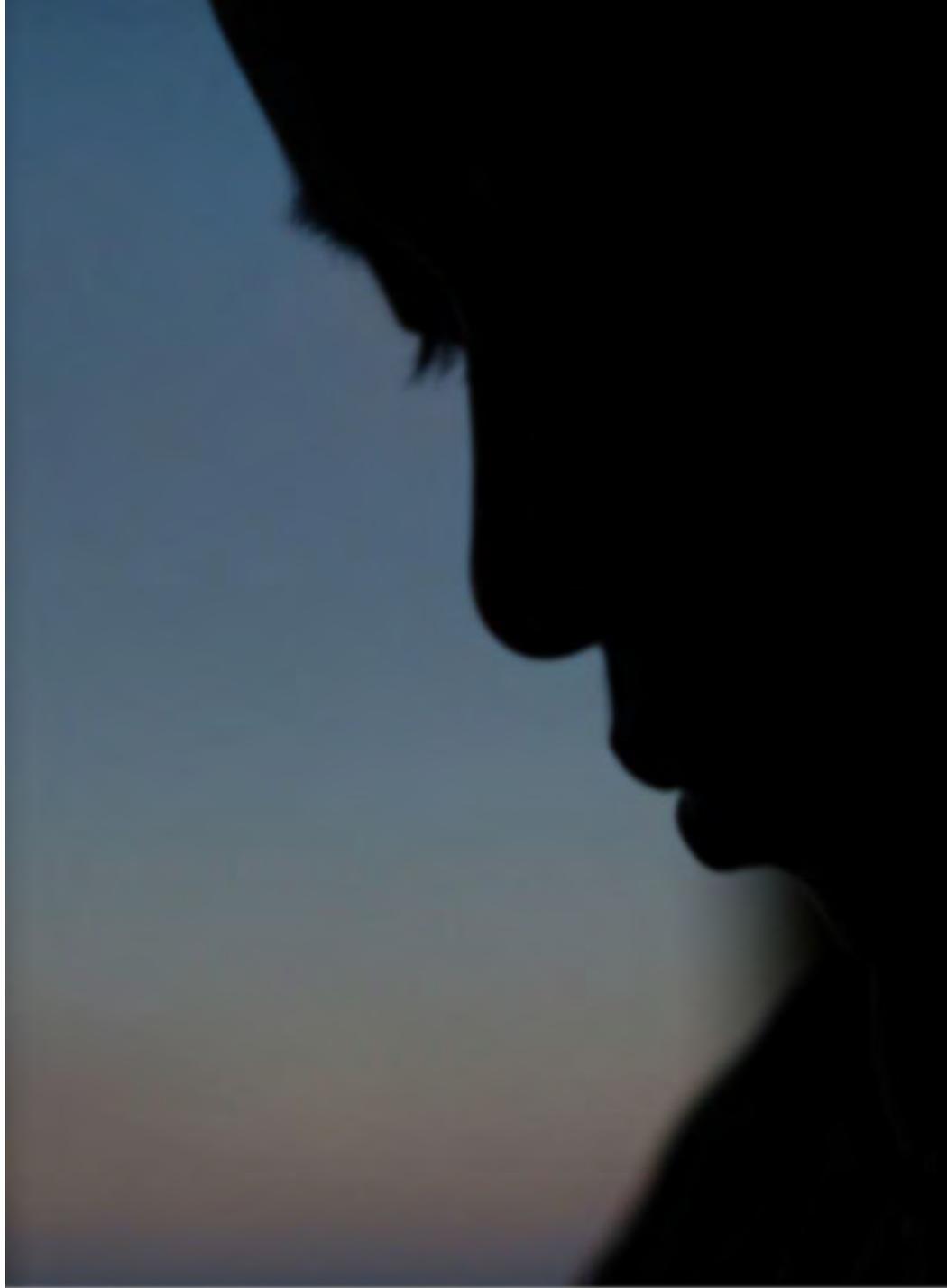
Harley

Harley is 27. She was in her 2nd trimester when she realized she was pregnant, and knew this meant she had used alcohol and cocaine at the beginning of her pregnancy. Fearing possible consequences, she reluctantly started prenatal care and was referred to an inpatient medically monitored withdrawal treatment, where she stayed for 4 days.

This is her first pregnancy. She does not have a partner.

Harley's midwife referred her to a "high risk" prenatal group. She decided to try it, only because the midwife had not been angry with her when finding out that Harley had used alcohol and cocaine. She attended the group with guarded pessimism.

Harley was able to abstain from alcohol during her 2nd and 3rd trimesters by going to outpatient treatment. She had one reoccurrence of cocaine use, and it scared her. "I don't want my baby to come out defected," she told the midwife.



Cooper

Cooper was born at 39 weeks and weighed 6 pounds, 1 ounce. He and Harley were both tested for substances before being discharged from the hospital, as Harley's medical record noted the "high risk prenatal" group she attended. Harley did not understand why she was being tested and was told CPS would be called if she did not comply. Harley and Cooper both screened substance free.



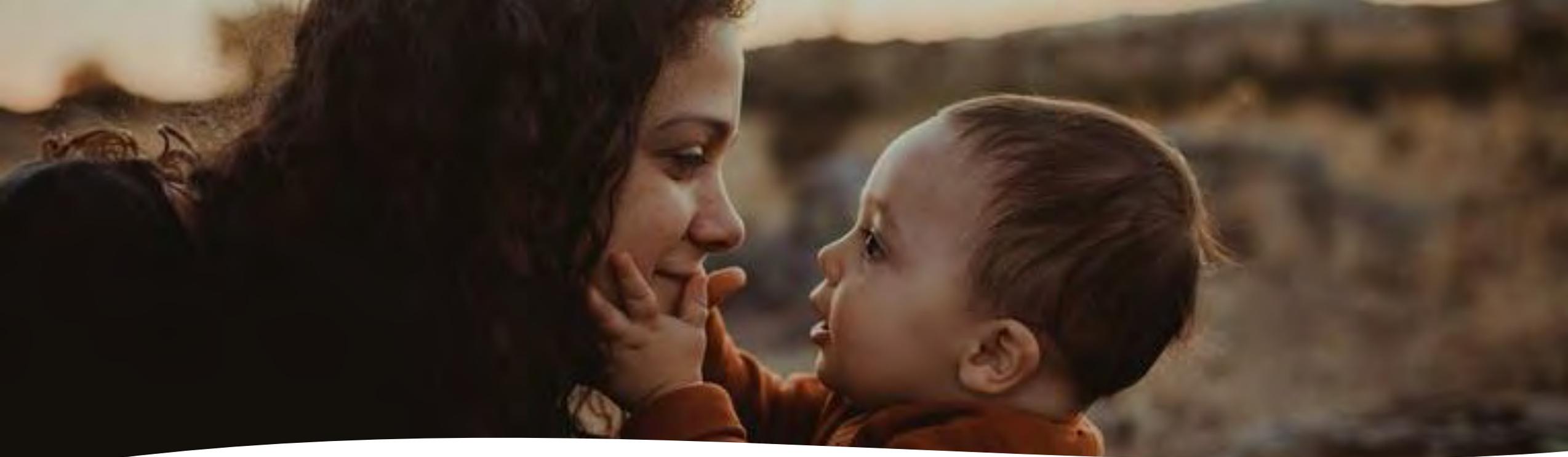
Harley and Cooper

Once they were home, Harley's adjustment to motherhood was difficult. She had a hard time getting Cooper to sleep. She thought babies were supposed to just sleep all the time. When Cooper was about a month old, Harley's mother offered to babysit; Harley went out with friends and used cocaine and alcohol. A few weeks later, she took Cooper to his 2-month well-baby check and the pediatrician smelled alcohol on her breath. The pediatrician called CPS.





Harley's mother is approved by CPS as a kinship foster parent to Cooper, and Harley has access to him while she engages in required treatment and services. Harley's mother is required to supervise contact between Harley and Cooper. Harley wants to see Cooper often, but has a strained relationship with her mother, who struggled with addiction during Harley's childhood. Her mother is sober now and can't understand why Harley doesn't "get it together".



Harley has tried several substances in her lifetime, including, alcohol, cannabis, cocaine and PCP. Currently she is working toward recovery from alcohol and cocaine use.

When asked why she has agreed to try treatment, she says, “I want to prove the pediatrician and everyone wrong. No one is going take him away. I am his mom, and he is my baby.”

A dense bamboo forest with tall, green stalks. The bamboo stalks are vertical and segmented, with a light green color. The background is filled with more bamboo stalks, creating a sense of depth and a lush environment. The lighting is bright, suggesting a sunny day.

The Families

Alcohol use during pregnancy

In a U.S. study published in 2022

- 14% of pregnant women aged 18-49 reported drinking in the past 30 days



- 5% reported binge drinking (4 or more drinks in an occasion)
 - 40% of the women who reported drinking

(Gosdin et al, 2022)

Illicit substance use and pregnancy

National data:

Pregnant women age 15-44

- 5.3 % report illicit drug use
- 4.7% report alcohol use

Pregnant women 18 – 25

- 8.2% report illicit drug use
- 7.9 % report cannabis use
- 3.4% report alcohol use

SAMHSA, 2024



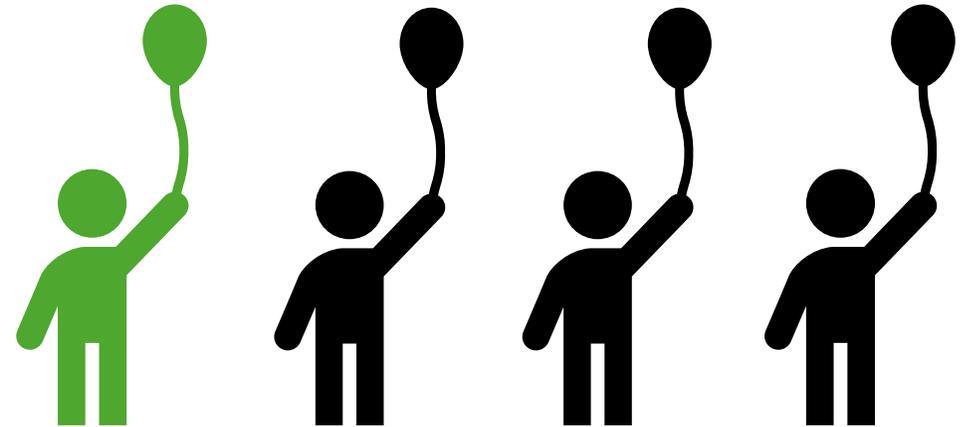
SUD and parenting

The AMA cross-referenced NSDUH data which was answered by more than 62 million parents (56% mothers)

Findings:

Estimated -

Just short of 19 million children living with at least 1 parent with a SUD



AMA estimates cont'd

More than 7.5 million children with a parent who meets moderate or severe SUD criteria

Almost 3.5 million with parents with polysubstance use disorder

(McCabe, 2025)



SUD and Parenting

... additionally

6.1 million children living with a parent with comorbid SUD and another mental health diagnosis

(McCabe, 2025)

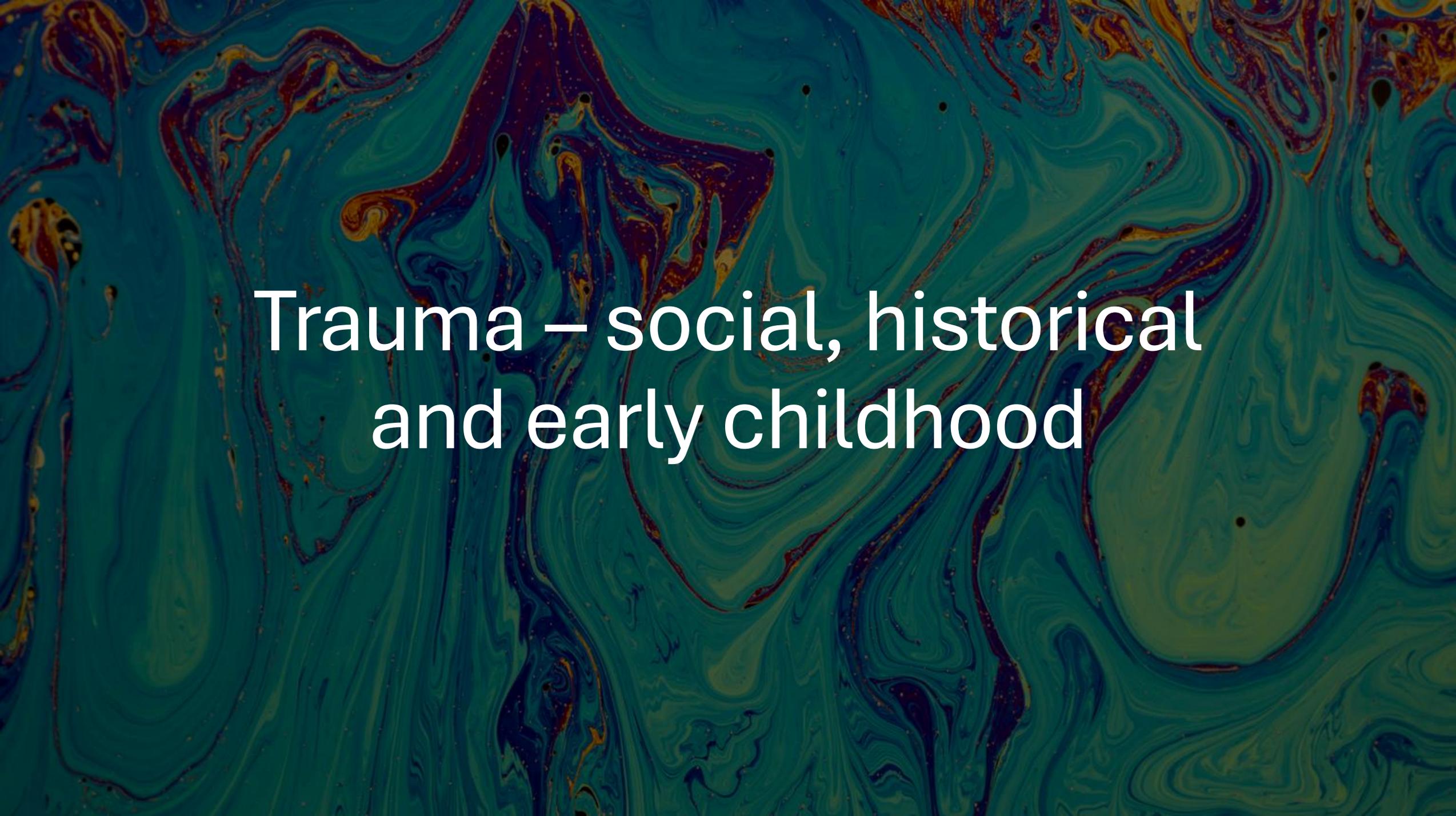


Children in households with SUD

Children 0 - 5 make up more than half (61.7%, N=49,888) of the children placed in out-of-home care when parental substance use is part of the reason for separation.



AFCARS 2021, data release 2024



Trauma – social, historical and early childhood



CPS and Racial Impact

Black children are more likely to:

- Interface with CPS
- Have a substantiated CPS case
- Experience more punitive responses in multiple phases of involvement (intake, investigations, substantiation, legal action, and out-of-home placement and reunification)



CPS and Indigenous Children

- In 2021 Indigenous children made up 1% of the child population, but 2% of children in foster care
- Indigenous children
 - are removed from homes 4X more than non-Indigenous children
 - stay out of care longer than white children

Annie E Casey Foundation, 2023
Blackdeer et al, 2025

Trauma and Substance Use

- 4 or more ACEs = Nearly 6 times more likely to engage in illicit drug use

(Felitti, 2010; Hughes, 2017)

FBR parents report (during their childhood):

- 30% Parents impaired by substances
- 32% Physical abuse
- 50% Emotional abuse
- 35% Sexual abuse

(N= 554, FBR CTQ data)

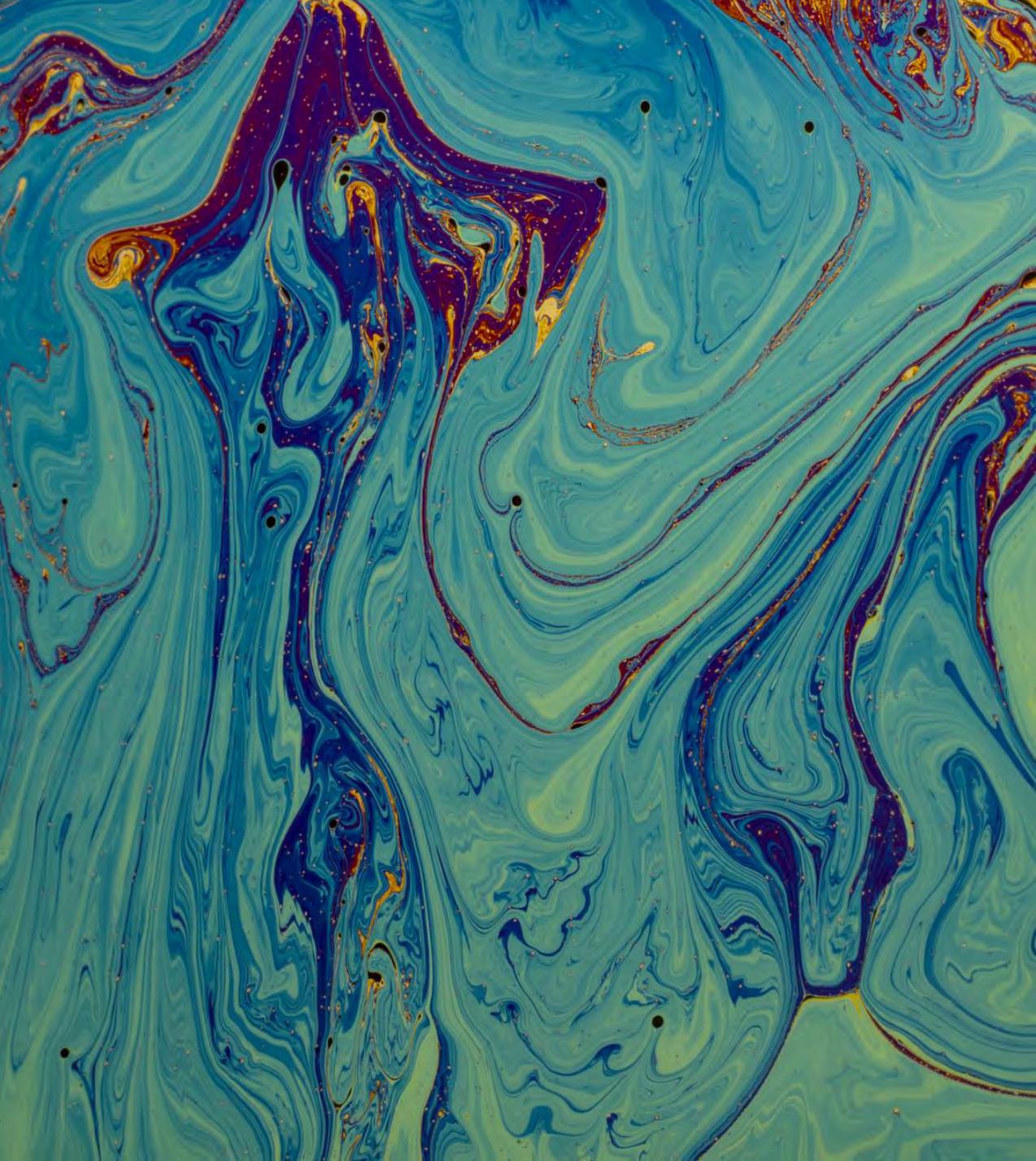
Trauma and Mental Health

- Co-morbid diagnoses

FBR parents (during their adulthood):

- 54% Mental health diagnosis
- 49% Inter-partner violence
- 33% Criminal conviction
- 28% Sexual abuse
- 28% Physical abuse

N= 3048, FBR program data



Impact of trauma

Cognitive:

- Impairment in decision making, concentration, executive functioning, memory
- Intrusive memories or flashbacks
- Lack of sustained curiosity



Impact of trauma

Affect Regulation:

Challenges with:

- Emotional lability or flattening
- Labeling, expressing and regulating emotions
- Identifying internal states



Impact of trauma

Relationships:

- Self-protective shell
- Hypervigilance
- Avoiding connection or anxious about separation
- Difficulty attuning to other's emotional states

“When parents, especially high-risk parents, who are often under social and legal scrutiny, take the risk of placing their caregiving approach under a magnifying glass, their attachment needs (for protection and comfort) are often activated. This inevitably results in their need to take a defensive posture.”

- Circle of Security Parenting



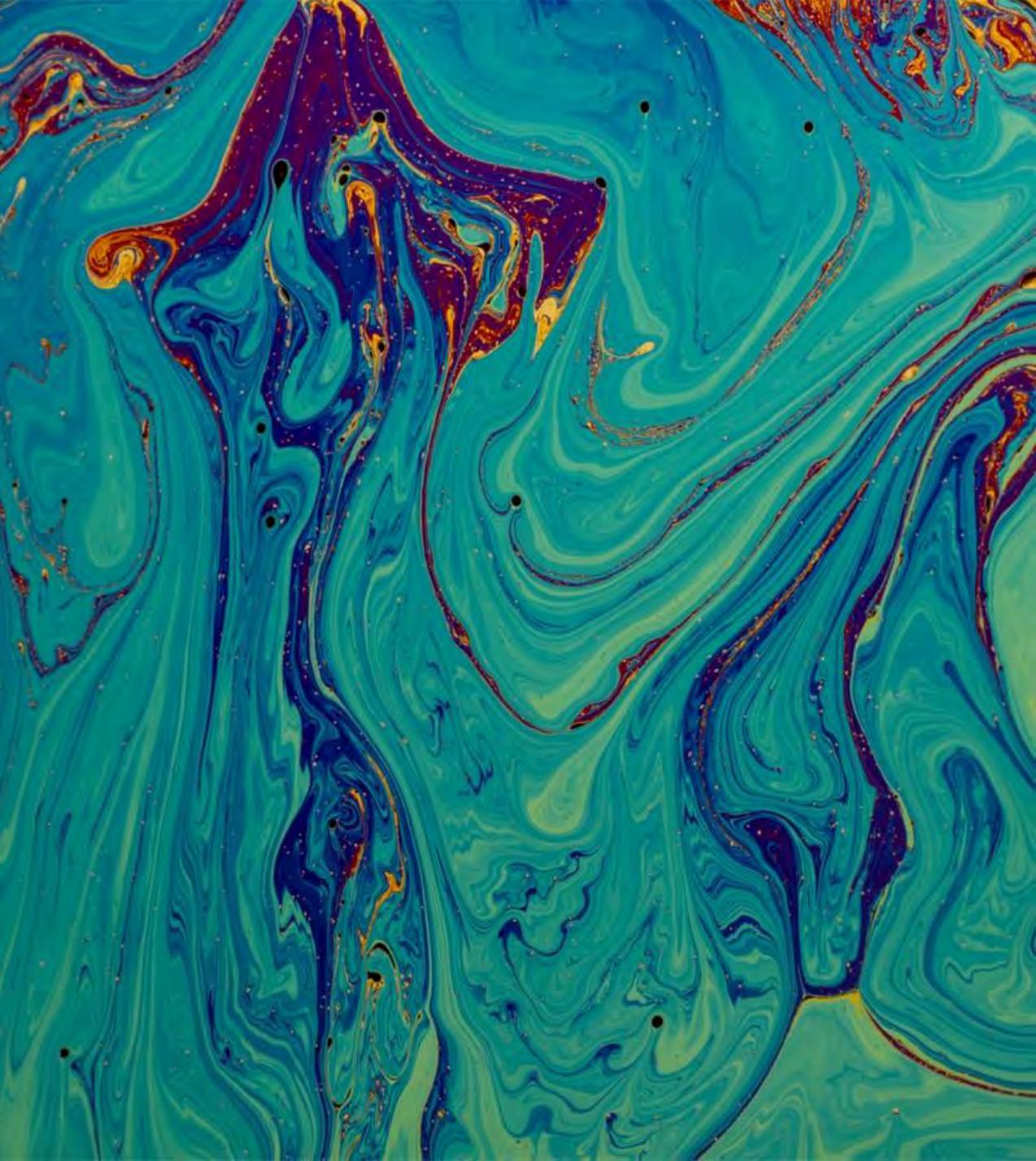
Outward expression by the parent

- Frequent cancellations or “no shows”
- Reluctance to share information
- Continued substance use despite consequences
- Low reflective capacity or attunement with child



Interpretations by providers:

- Noncompliant
- Resistant
- Disengaged
- Dishonest
- In denial
- Manipulative
- Intrusive or non-responsive parenting



Internal experience of the parent

- Fear and worry
- Sense of powerlessness
- Shame / embarrassment
- Feeling judged
- Desire for more control
- Uncertainty about what “good” parenting looks like

“When parents, especially high-risk parents, who are often under social and legal scrutiny, take the risk of placing their caregiving approach under a magnifying glass, their attachment needs (for protection and comfort) are often activated. This inevitably results in their need to take a defensive posture. **It is essential to provide a secure base environment. Only then can they [parents] be open to developing new capacities. This requires that parents view the facilitator as a kind, respectful, interested, caring and concerned person capable of providing sufficient protection to allow needed safety, allowing them to calm their defenses in order to take in new experiences.**”

Providing a secure base
environment





What can providers offer

A relational approach that conveys:

- This is a relationship
- You are an important partner in it
- You are uniquely important to your child

Listening to parents

Barriers to seeking help

- Stigma
 - Self stigma
 - Social stigma
- Discrimination from healthcare providers.
- Fear criminalization (which includes CPS)

APA, 2023

O'Connor et al 2022





Connection is the
Antidote to Shame



What can providers offer

A trauma-informed approach

Increases a sense of:

- Control
- Power
- Choice
- Safety
- Self-efficacy

- Transparency: be explicit about confidentiality, mandatory reporting, sharing information etc.
- Predictability: explain what you are doing, what is happening, when and why
- Consistency: create and maintain routines and regularity
- Choice: individualize your intervention



- Collaboration: be a partner rather than a director
- Trustworthiness: follow through and acknowledge when you do not
- Hopefulness: say and convey, “I believe in you”



As one parent said...

“The reassurance I get that I'm doing good, that I'm not a bad person.”

- FBR Parent



Perinatal Mental Health Advisory Panel

Recommended “Training should also address how to establish rapport, facilitate trust, convey warmth and care, teach patients about confidentiality, and help patients feel safe discussing their symptoms and treatment needs.”

APA, 2023



Trauma-informed and relational approaches

Increase

- Engagement and completion of services
- Ability to co-manage crises
- Likelihood of talking about reoccurrence of substance use
- Bids for help



Why does this matter?

Completion of services positively correlates to reunification

Sustained engagement in services can:

- Reduce length of CPS involvement
- Prevent maltreatment after reunification
- Minimize re-referral to CPS





Do unto others
as you would
have others do
unto others

Jeree Pawl



What can providers offer

IMH- informed approach

- Attend to our own dysregulation
- Offer co-regulation with parent
- Practice co-regulation with the dyad

What providers can offer: Curiosity about behavior

Our worry and concern about substance use can override our own ability to remain curious about behavior, causing us to lead with deficit-based interpretations and revert to punitive responses to behavior.



Grace and Repair

When we find ourselves stepping away from relational approaches, we can offer ourselves GRACE and offer REPAIR to parents.



Substances and Behavior

Substances /addiction hijack reward systems

- Over time even the substance has diminished euphoric effect
- This diminished effect can increase agitation
- A hijacked reward system reduces the impact felt from other rewards (sex/**connection/relationships** and food)



Substance Use

Dopamine and opioid peptides release directly into biological system

Abstinence

Withdrawal activated → Lower stress tolerance → Increased activation of reward systems (e.g. relationships)

Coping

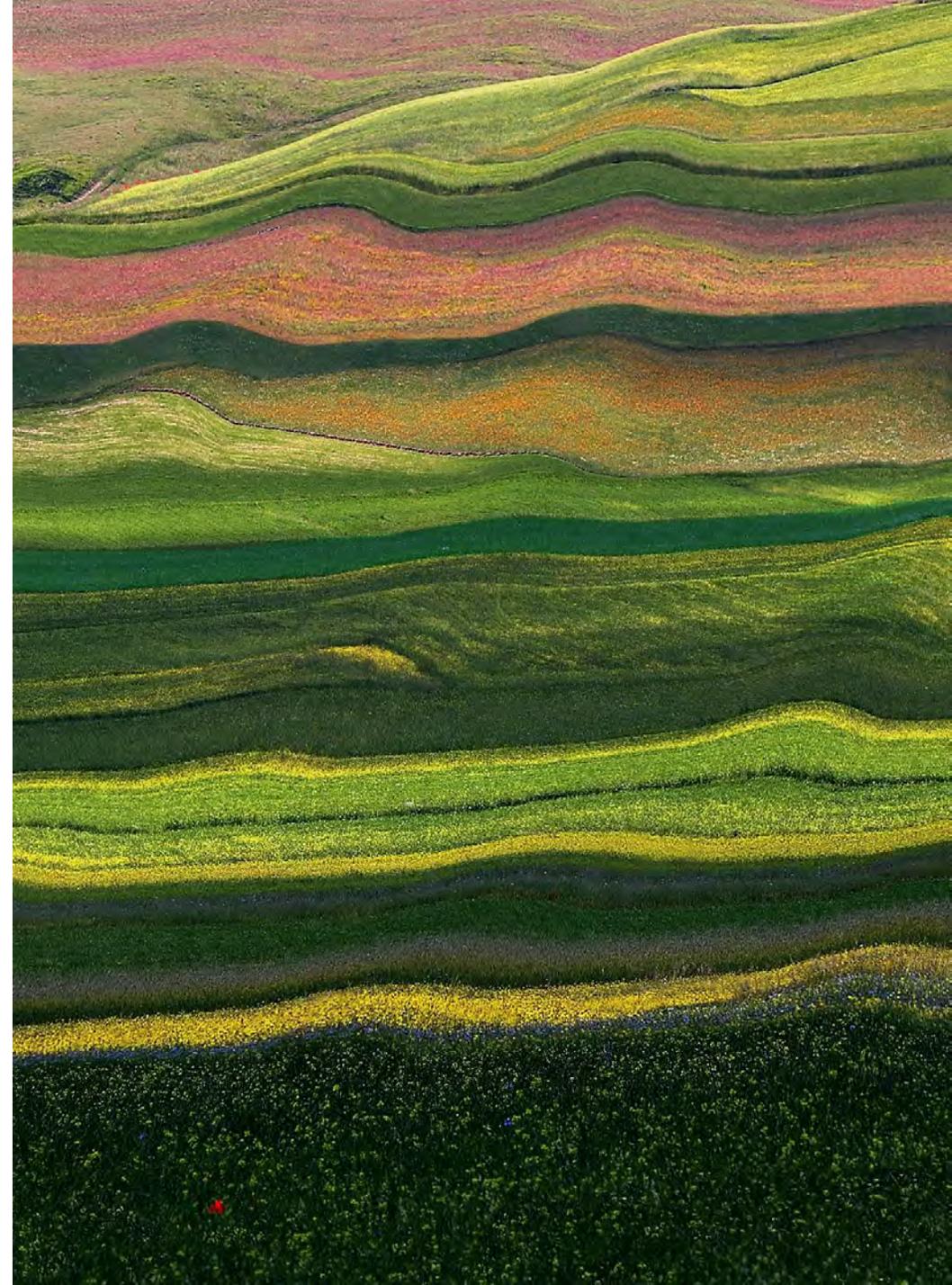
Increased engagement of stress management system → cortisol is released into the biological system

Substances and parenting

Reduced activity in prefrontal region, occipital lobe, and limbic regions when responding to:

- Cues such as crying
- Infant facial expressions

Landi et al 2011



Neurobiology: oxytocin

Naturally increases during pregnancy and postnatally

- “Nesting”
- Breast milk production
- Correlates to attunement and relational sensitivity

Production is reduced by

- Stress, depression, substance use





Impacts on parenting

- Parenting an infant can feel more stressful and less rewarding
- Cues from an infant may be less prominent
- Responses to infant cues can be slower

Molitor & Mayes, 2010

Ngoh et al., 2022

Piallini, 2015

Suchman et al., 2017



Support oxytocin production

Interpersonal or dyadic interactions:

- Skin to skin
- Cuddling
- Touch
- Massage

Exercise



What providers can offer

- Help to make cues more salient
- Increase emotional literacy
 - Identify their own affective states
 - Identify their child's affective states

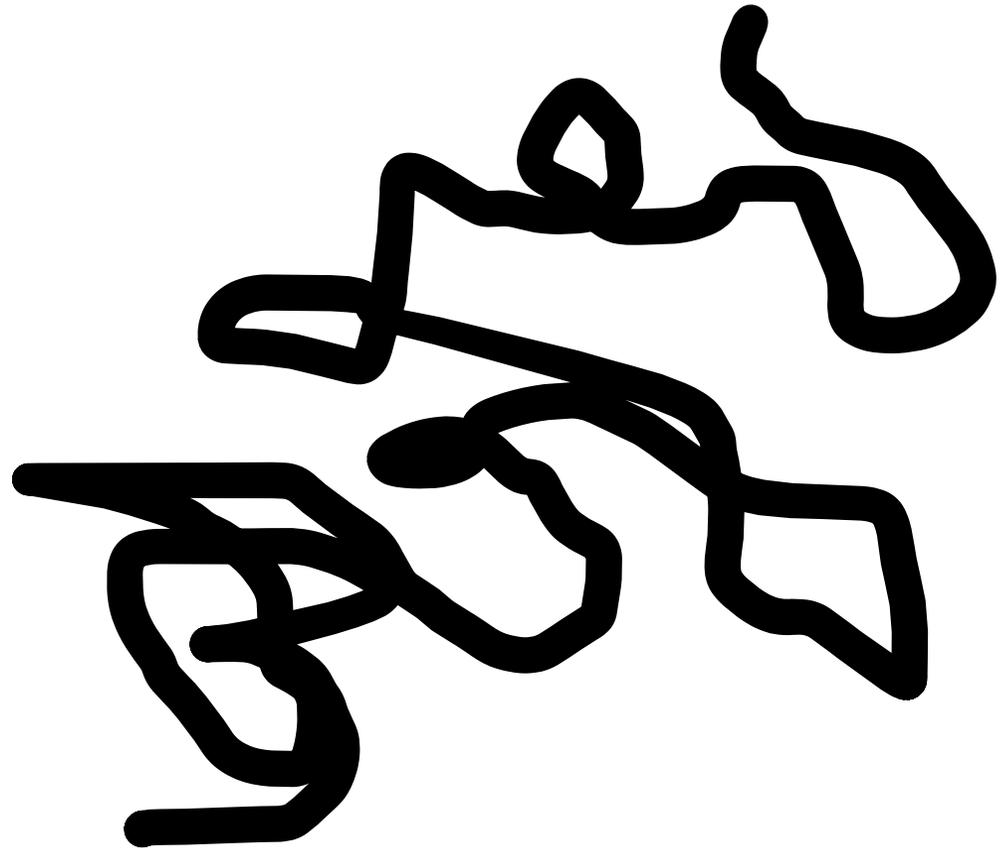


What providers can offer

“Relapse Prevention”

- Acknowledge SUDO are recurring disorders
- Plan ahead for a return to use
- Create safety plans
- Make it safe to return to treatment

Expectations vs Reality





Providers can highlight the parenting role

In a qualitative analysis of comments made during a national survey and related to opioid use during pregnancy, women stated their pregnancy was a reason to seek treatment

O'Connor et al, 2022



In a 2021 study, perinatal women getting treatment for Opioid Use Disorder valued services when “providers stepped outside of their traditional roles as solely ‘child-focused’ or ‘recovery-focused’ providers” and could address needs in both areas simultaneously.

Peacock Chambers et al, 2021

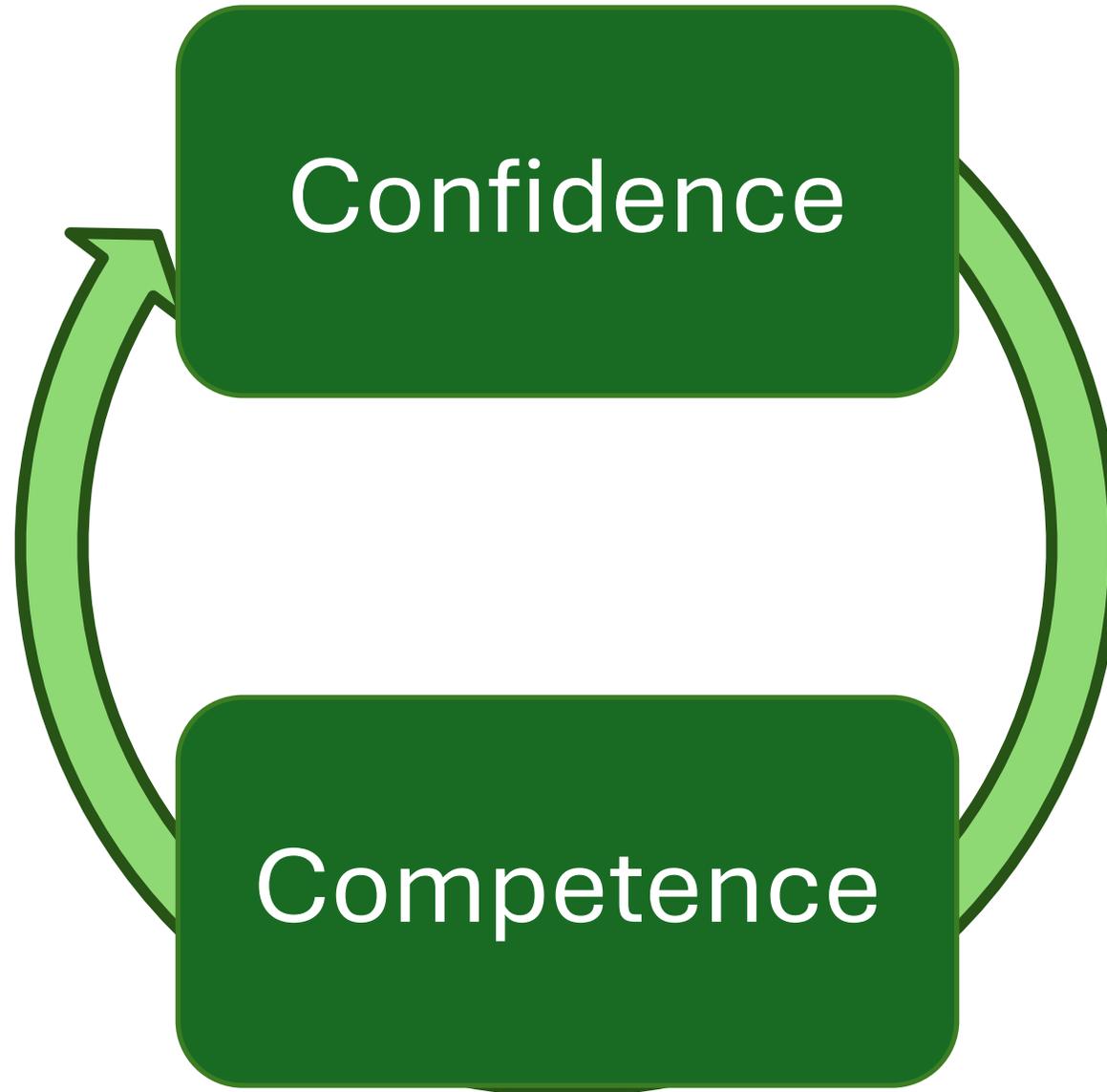


Tapping into confidence

Feeling competent can increase confidence.

Competence is impacted by the ability to:

- Anticipate a child's need
- Meet a child's need
- Successfully soothe



Confidence

Competence



Highlight:

- **Attunement** – ability to learn and read cues
- **Sensitivity to Cues** – way in which a cue is responded to (high vs low sensitivity)
- **Contingency** – degree to which the response matches the cue



Dyadic Competence

Supporting Harley to notice and respond to cues consistently

Helps Cooper to cue consistently

Increases co-regulation

Supports confidence and competence of the dyad



Providers can:

- Hold child in mind
 - Be curious with parents about how their substance use impacts the kind of parent they want to be
 - Encourage treatment providers to ask about children at home
- Discuss experiences of *being* a child



Things that will help make a change

“I want to do better for my children”

“The love I have for my children”

“My son gives me the motivation to stop”

“My kids cuz I know my kids need me”

“I want to be as present as possible for all moments with my baby”

“I want to get my son back and keep him”



Things that actually did help

“My son”

“My kids”

“My son, he’s my motivation”

“You’re thinking about them first and making sure you’re good”

“Breast feeding”

“Being with my children”

FBR program data

Taking these approaches...

- After giving birth, a delivery nurse talked with Harley about why she was being tested for substances and about also testing Cooper.
- Being transparent was important to Cooper's pediatrician, so she had a conversation with Harley about smelling alcohol on her breath before calling CPS. Harley was angry in the moment but was later able to say she appreciated not being blindsided.
- The CPS worker reviewed with Harley the CPS neglect petitions, giving Harley opportunities to ask questions, and explaining what would happen at her next court date.
- During individual sessions at the IOP, the clinician explored with Harley how a return to substance use could impact Cooper, and the kind of mother Harley wants to be.

Taking these approaches ...

- CPS referred Harley to a program that offers home visits with her and Cooper together
- When Harley had a positive cocaine screen during treatment and yelled “I hate you” at the clinician, the clinician understood this as a dysregulated reaction and worked to regulate Harley before ending the session.
- After missing the 3rd appointment in a row, the dyadic home visitor engaged Harley in a discussion about her recent “no-shows”. Harley talked about how it was just too hard to drop Cooper off at her mother’s house after the sessions, it was just better not to see him at all. This enabled the home visitor to adjust their approach and plan for these sessions.

Receiving a relational approach...

- Harley worked with the home visitor and increased her confidence with soothing Cooper. She became hopeful about being able to parent him.
- Harley reached out to the on-call clinician at the IOP because she was triggered to use cocaine after leaving a visit with Cooper. This call supported Harley to remain abstinent that day. This allowed Harley to be more present for dyadic sessions with Cooper.
- Cooper maintained a consistent relationship with his pediatrician because Harley did not change providers after the pediatrician reported her to CPS.



If we value children,
we must cherish their
parents.

John Bowlby