

PERINATAL AND ADOLESCENT CLINICAL BEST PRACTICES

Early Childhood Attachment Considerations and Substance Use Disorder Treatment Interventions in Sensitive Periods

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OBJECTIVES

- Differentiate the challenges posed by the pediatric substance use crisis which moves beyond the pediatric mental health crisis
- Determine alternative approaches when referrals for treatment are declined: from SBIRT to SBIMI
- Summarize the ways in which attachment processes “matter” for care during the perinatal and adolescent periods
- Apply the principles of motivational interviewing during small-group exercise
- Enumerate core principles and practices for harm reduction/treatment

TIME

- Intro: 10 min
- SBIRT → SBIMI: 3 min
- Attachment: 15 min
- MI: 25 min
- Harm reduction, Treatment, and Resources: 10 min
- Q&A: 10-12 mins

HIGHLIGHT THE CHALLENGES OF PEDIATRIC SUBSTANCE USE

ALTERNATIVE APPROACHES TO TREATMENT: FROM SBIRT TO SBIMI

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APPLY THE PRINCIPLES OF MOTIVATIONAL INTERVIEWING

CORE PRINCIPLES AND PRACTICES FOR HARM REDUCTION & TREATMENT

ONE CLASSROOM FULL OF HIGH SCHOOL STUDENTS
DIES EACH WEEK FROM DRUG OVERDOSE

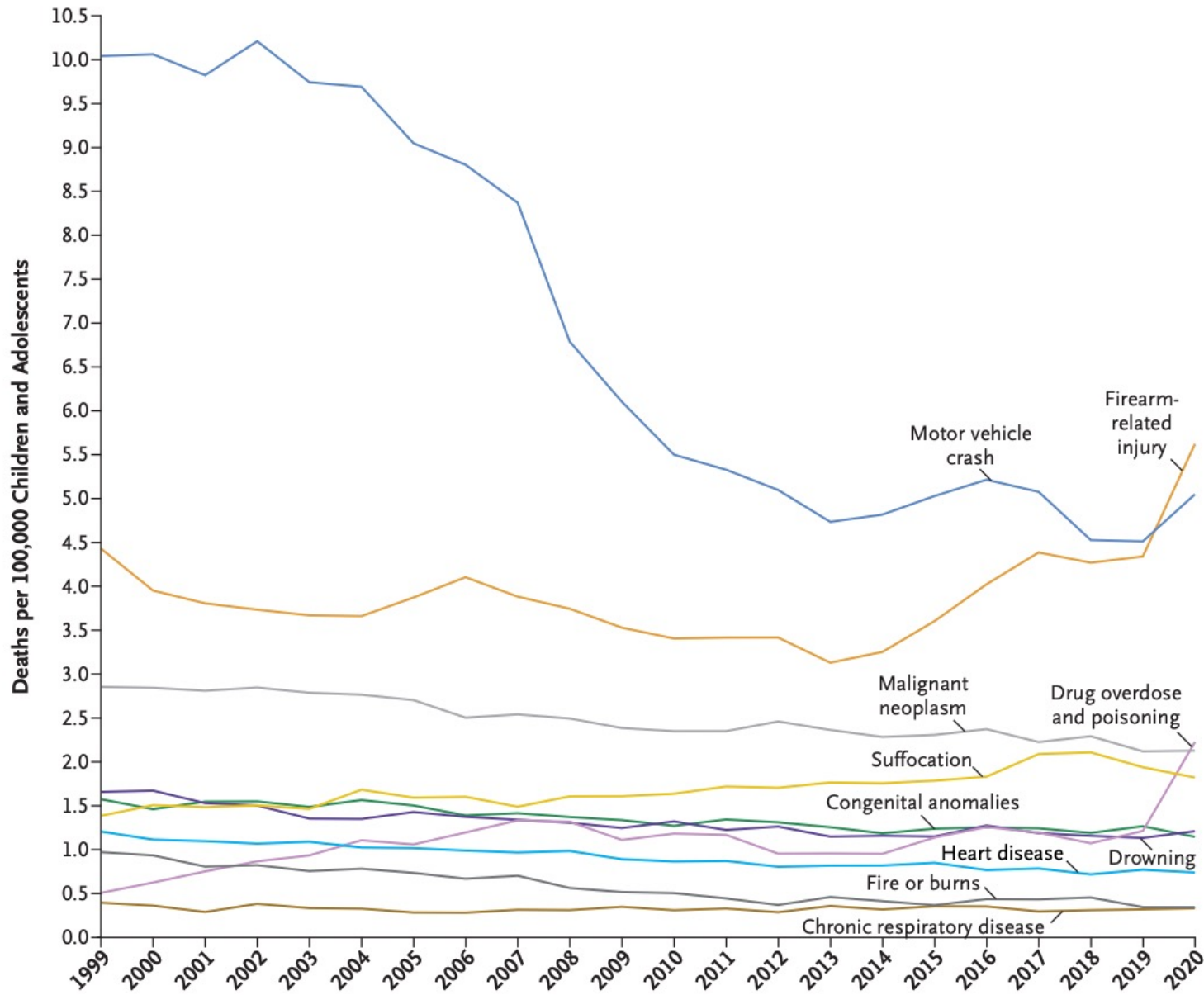
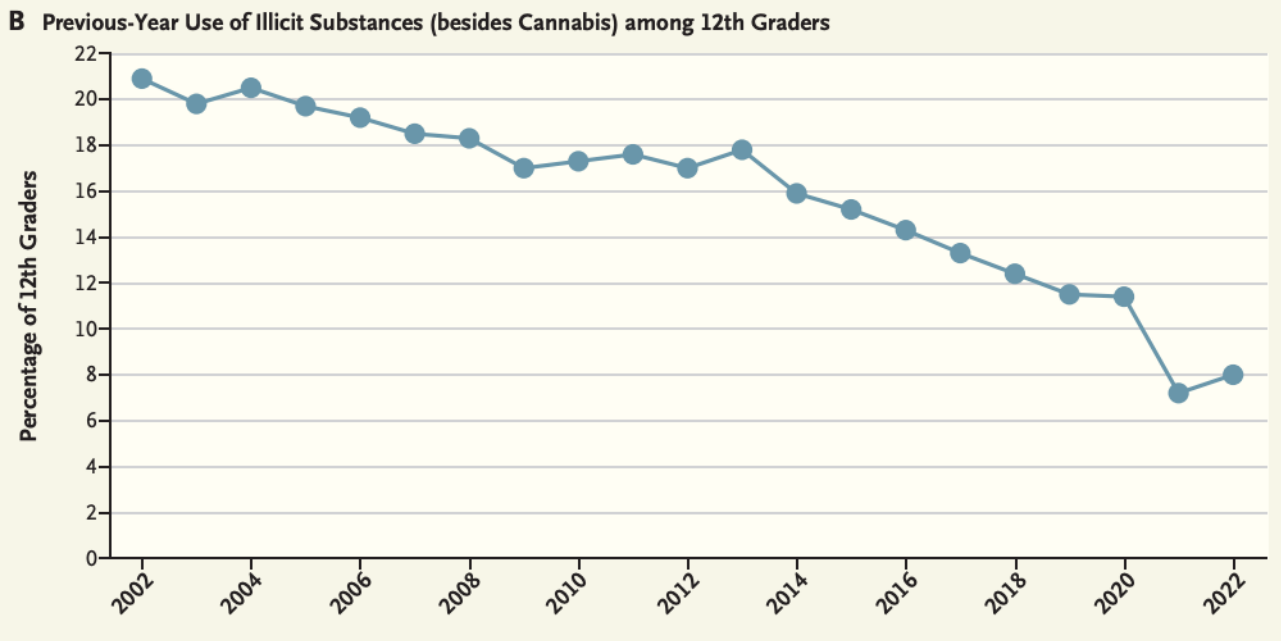
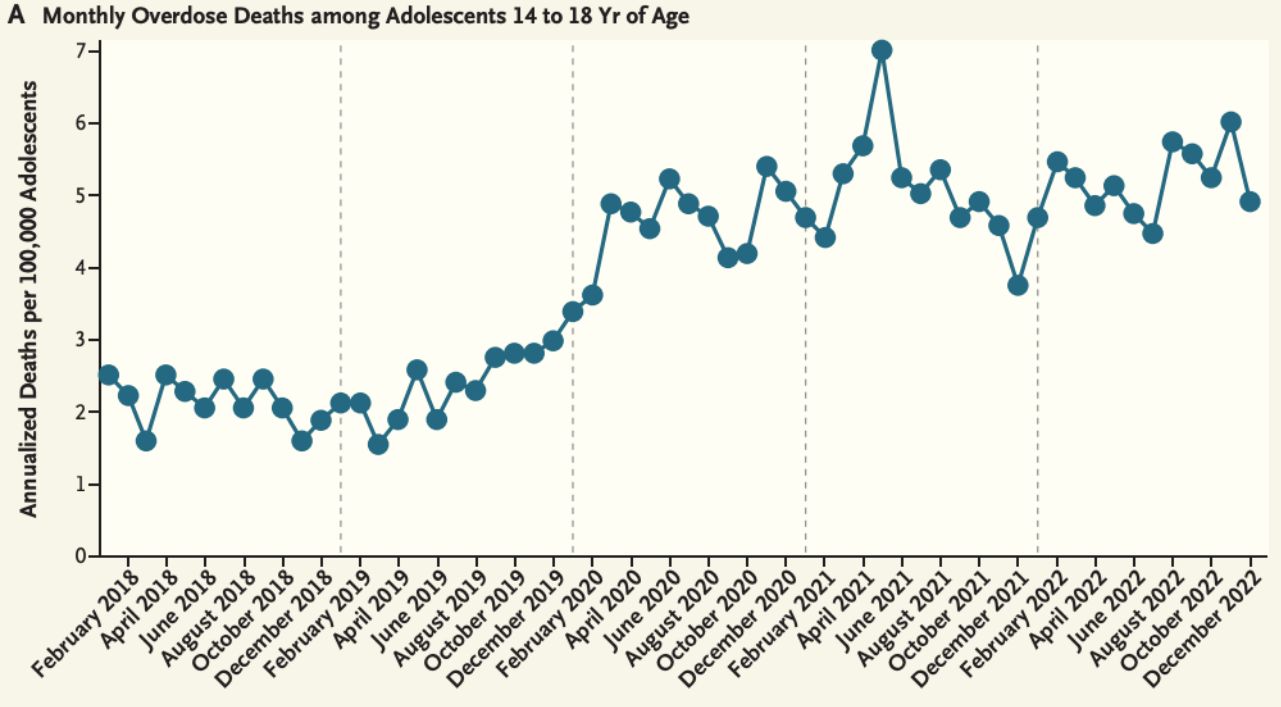


Figure 1. Leading Causes of Death among Children and Adolescents in the United States, 1999 through 2020. Children and adolescents are defined as persons 1 to 19 years of age.

**OVERDOSE AND
 POISONING:
3RD LEADING
CAUSE OF
DEATH
 IN CHILDREN
 AND
 ADOLESCENTS**



DESPITE DECREASE IN
 ILLICIT DRUG USE,
OVERDOSE DEATHS
CONTINUE TO RISE
 IN ADOLESCENTS

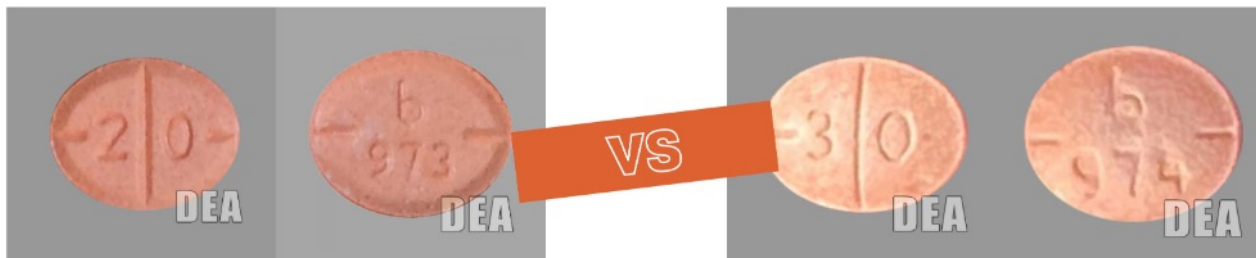
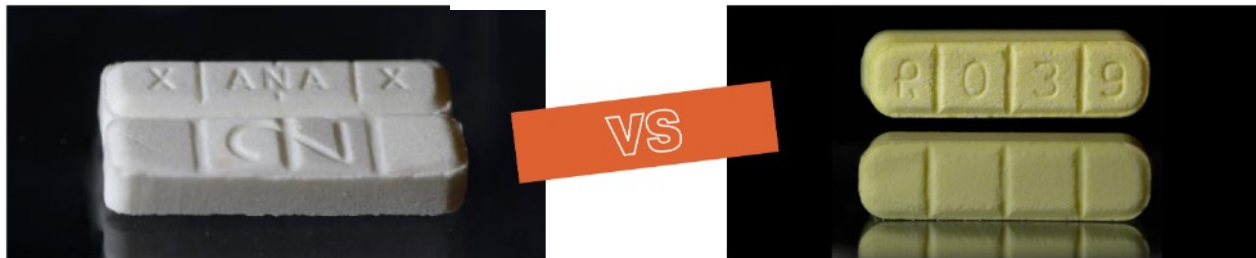
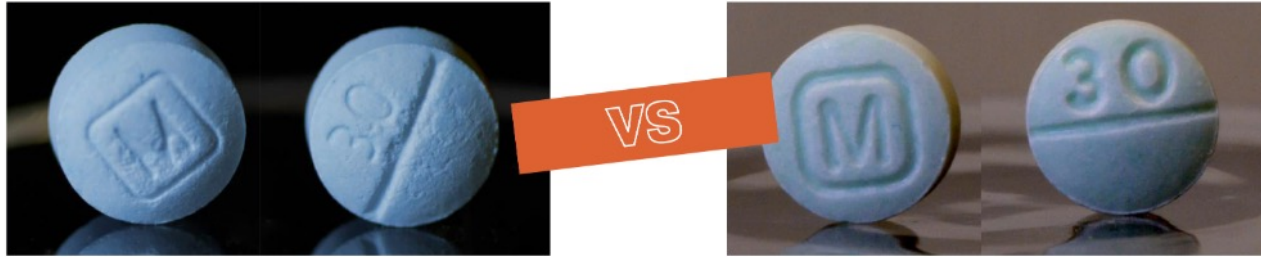
OVERDOSE DEATHS AMONG ADOLESCENTS HAVE INCREASED BY 109%

90% of deaths involved opioids

40% had documented mental health hx

Two thirds of deaths had a bystander present, but most provided no overdose response

CAN YOU TELL THE DIFFERENCE?



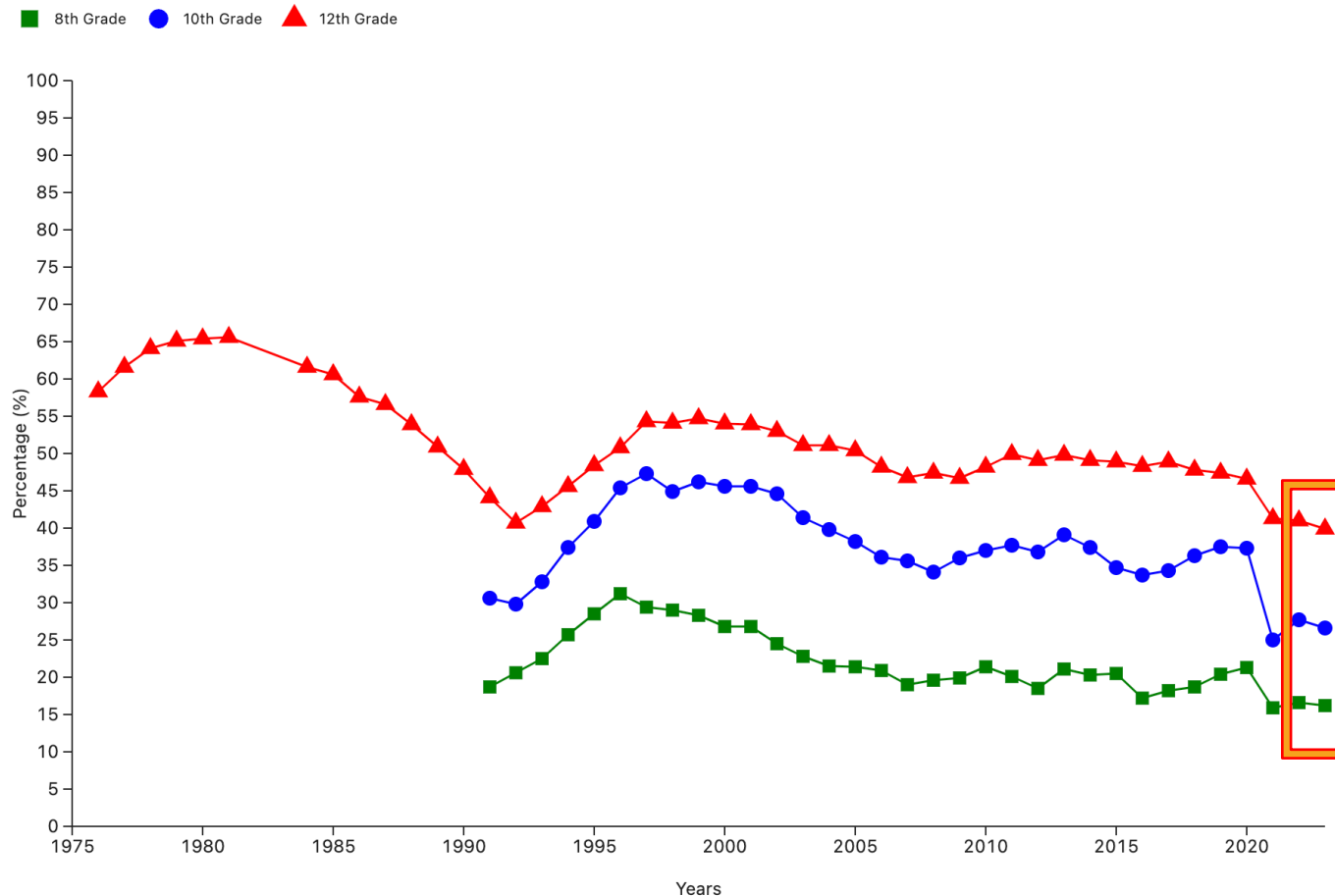
Responses are anonymous

Join by Web PollEv.com/sukhmeetsandhu626

Join by Text Send **sukhmeetsandhu626** to 22333

DRUG USE TRENDS AMONG ADOLESCENTS

Any Illicit Drug: Trends in Lifetime Prevalence of Use in 8th, 10th, and 12th Grade



Self reported illicit substance use continues to hold below pre-pandemic levels

Reported illicit drug use in 2023 per grade:

- 8th grade: 10.9%
- 10th grade: 19.8%
- 12th grade: 31.2%

TOP 3 SUBSTANCES USED IN 2023

Alcohol use

- 8th grade: 15.1%
- 10th grade: 30.6%
- 12th grade: 45.7%

Nicotine vaping

- 8th grade: 11.4%
- 10th grade: 20.5%
- 12th grade: 27.3%

Cannabis

- 8th grade: 8.3%
- 10th grade: 17.8%
- 12th grade: 29.0%

SUD IS A PEDIATRIC ONSET DISEASE

- 90% of adults with SUD began using ETOH or drugs during adolescence
- Adolescents and young adults are at highest risk of illicit drug use
- Earlier initiation of substance use correlates with:
 - school related issues
 - involvement in carceral system
 - neurocognitive & health impairments

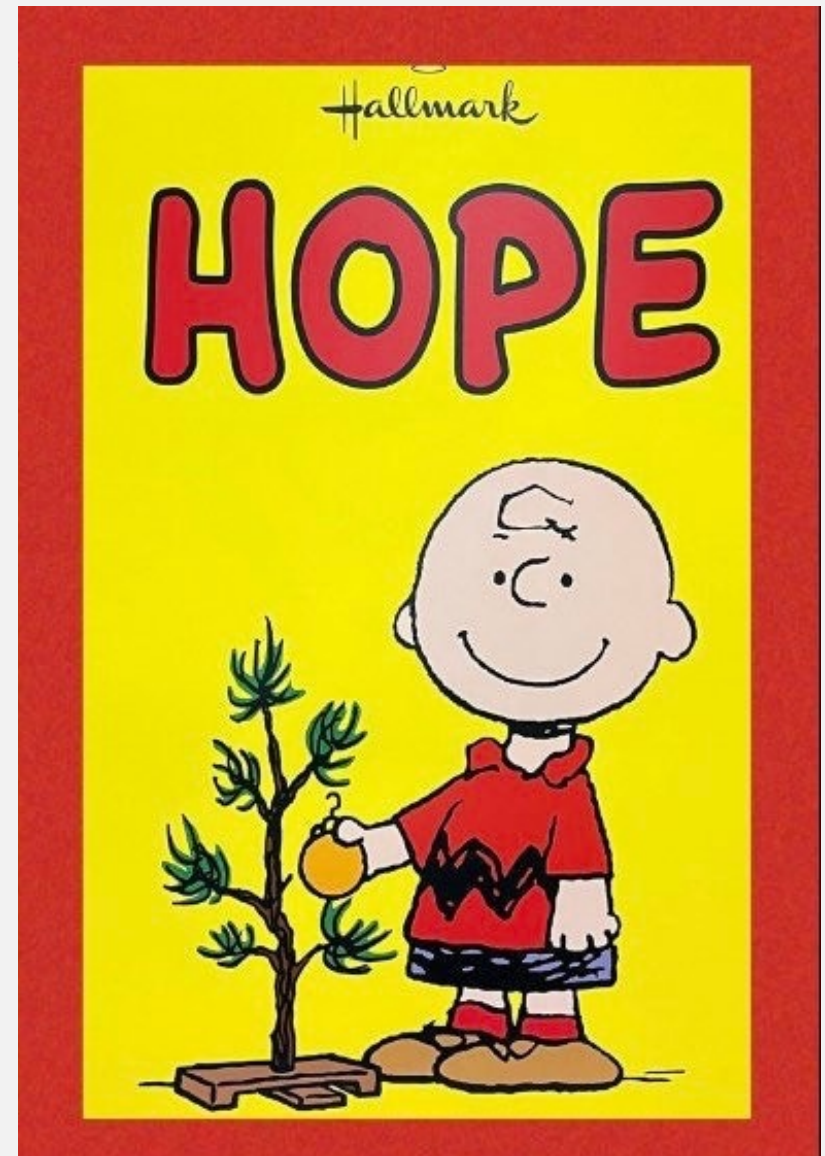
SUD: substance use disorder

SEXUAL HEALTH IMPLICATIONS OF SUD

- High risk sexual behavior
- Increased risk of unplanned pregnancy
- Increase # of sexual partners
- Initiate sex at earlier age
- Increased risk of STI

SUD: substance use disorder

THERE IS HOPE...



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SBIRT: SCREENING + BRIEF INTERVENTION

The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none. # of days
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none. # of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none. # of days

Did the patient answer "0" for all questions in Part A?

Yes



Ask CAR question only, then stop

No



Ask all six CRAFFT* questions below

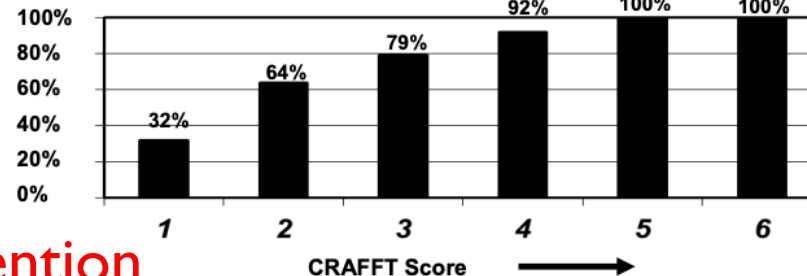
Part B

	No	Yes
C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
R Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
A Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	<input type="checkbox"/>	<input type="checkbox"/>
F Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
T Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →

1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score*



Brief intervention

*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376-80.

2. Use these talking points for brief counseling.



1. **REVIEW** screening results
For each "yes" response: "Can you tell me more about that?"



2. **RECOMMEND** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. **RIDING/DRIVING** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. **RESPONSE** elicit self-motivational statements
Non-users: "If someone asked you why you don't drink or use drugs, what would you say?" Users: "What would be some of the benefits of not using?"



5. **REINFORCE** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

3. Give patient **Contract for Life**. Available at www.crafft.org/contract

Screening to Brief Intervention (S2BI) Tool

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?

- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?

- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly or more

Results

- Overall risk level
- **Brief Intervention**
- Guidance on next steps

WHEN **R**EFERRAL TO **T**TREATMENT DOESN'T
WORK OUT...

SB**I****R****T**



WHEN REFERRAL TO TREATMENT DOESN'T WORK OUT...



SBIMI

Motivational Interviewing



Referral to Treatment

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WHY TRAUMA INFORMED CARE FOR SUBSTANCE USE?

- People who experience early adversity are more likely to use substances ...
 - Early
 - Often
 - Problematically – they are more likely to develop use disorders



“THERE IS NO SUCH THING AS A BABY.”

--Winnicott, Pediatrician and
Psychoanalyst

A NEW PARENT WALKS INTO A MEDICAL OFFICE ...

- They are here for their own and their child's health
- They may have been reported to child protective services post-delivery for cord blood being positive (**which is difficult for them**)
- And, still, they are here for their health
- Your interactions with them are important and may alter 2 life trajectories ...

WORDS MATTER . . .

Instead of . . .	Please use . . .
Addict, Substance or drug abuser or user	Person with a substance use disorder or patient
Substance abuse	For illicit drugs: Use For prescription medications: Misuse Used other than prescribed
Junkie	Person in active use; use the person's name, and then say "is in active use."
Alcoholic	Person with alcohol use disorder
Drunk	Person who misuses alcohol/engages in unhealthy/hazardous alcohol use
Former or reformed addict	Person in recovery or long-term recovery
Habit	Substance use disorder; drug addiction
Clean/Dirty	For toxicology screen results: Testing negative/testing positive For non-toxicology purposes: Being in remission or recovery/Person who uses drugs
Addicted baby	<ul style="list-style-type: none"> • Baby born to mother who used drugs while pregnant • Baby with neonatal opioid withdrawal/neonatal abstinence syndrome • Newborn exposed to substances
Opioid substitution replacement therapy Medication-assisted treatment (MAT)	Medication for a substance use disorder Medication for opioid use disorder (MOUD)

ATTACHMENT-RELATED CONCEPTS

- Attachment
- Bonding
- Developmental timing:
 - Critical Period
 - Sensitive Period

WHAT IS A WORKING MODEL?

- Mental representation of relationship with caregiver
- Template for future relationships
- Individuals can predict and control their environment

Zeanah et al, Working model of the child interview, 1986

THOUGHTS AND FEELINGS ABOUT ..

.

- Pregnancy and nursing
- How does mom describe baby?
- What is the emotional tone?
- Challenges in parenting
- Ideas about intentionality

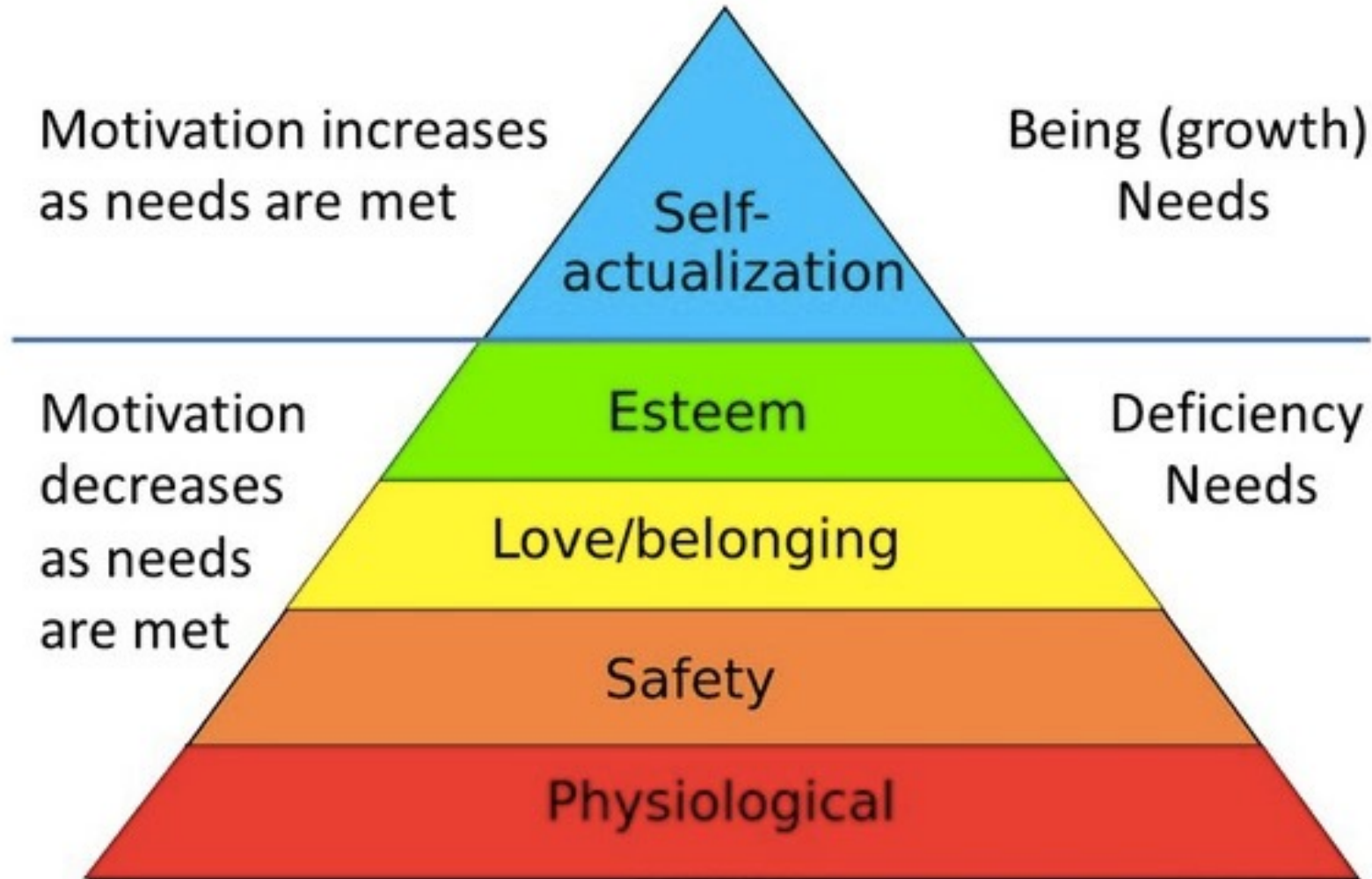
RELEVANCE OF ATTACHMENT

- Caregiver-child relationships
- Sibling relationships
- Friendships
- Romantic relationships
- Professional relationships

APPLYING ATTACHMENT TO CARE

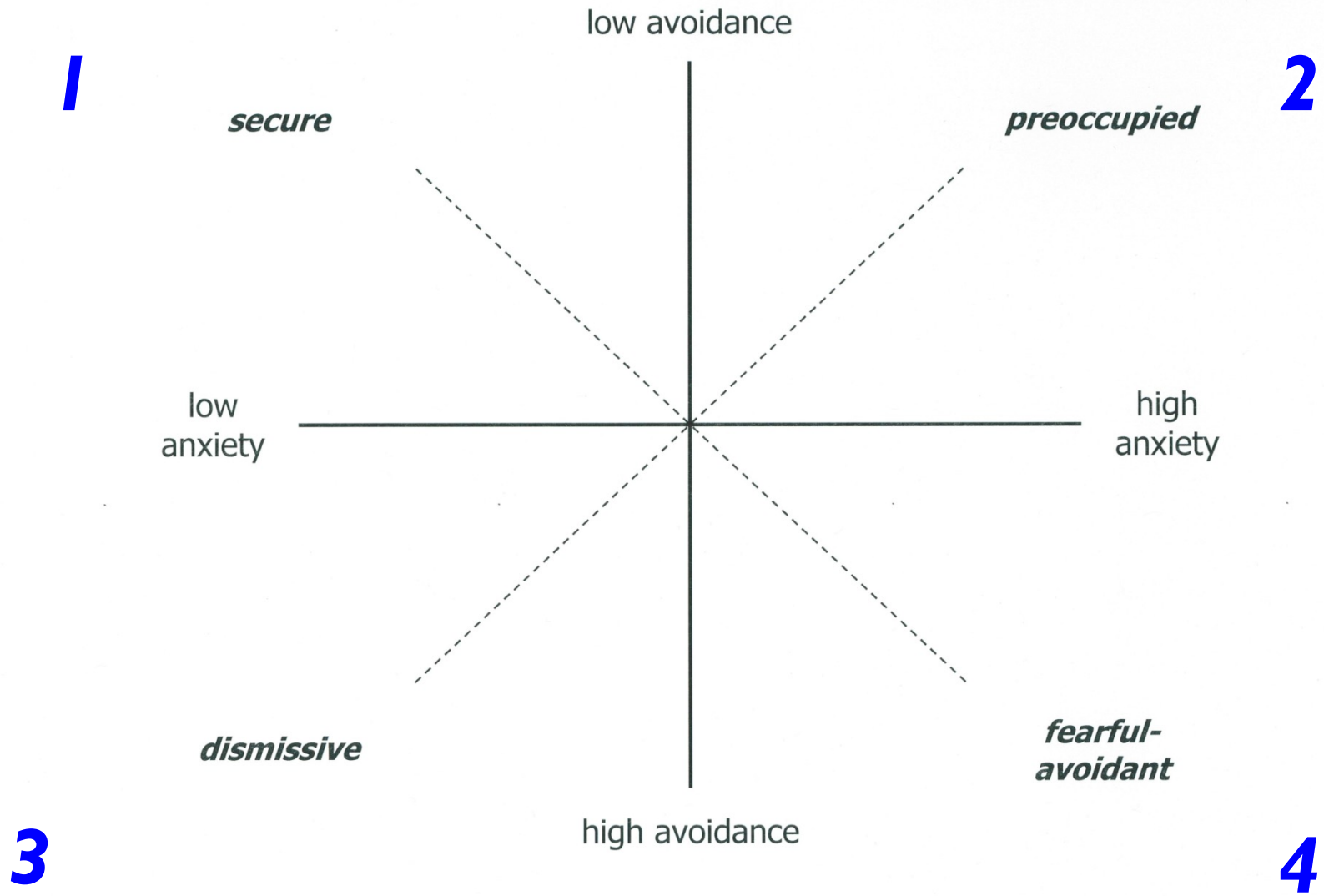
- Healthcare system not structured optimally for people with attachment difficulties
- The bias toward “doing something”
- “Good enough”
- Developmental perspective
- Understanding/comfort with our limitations

MASLOW'S HIERARCHY OF NEEDS



WHAT IS YOUR ATTACHMENT STYLE?

- Enter <http://tinyurl.com/co7c4> in your web browser.
- Select Survey Option B.
- Fill out demographic data (as much as you are comfortable with!).
- Take the survey to generate an attachment representation for yourself. You do not need to share this with the group!



THE PATIENT / PARENT BALANCE

- With the minor's consent, **a physician “may examine, prescribe for, and treat such minor patient for addiction to or use of drugs without the consent of or notification to the parent, parents, or legal guardian** of such minor patient, or to any other person having custody or decision-making responsibility with respect to the medical care of such minor patient.” Colo. Rev. Stat. § 13- 22-102.
- Partnership / team – with the patient as your captain



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MOTIVATIONAL INTERVIEWING

EMPATHY

I never made a mistake in my life. I thought I did once, but I was wrong.
- Lucy Van Pelt

AVOID ARGUMENTS



DISCREPANCY

AMBIVALENCE

ROLL WITH RESISTANCE

SUPPORT SELF-EFFICACY

GROWTH

FIXED

MISTAKES
HELP ME LEARN

I WANT TO
AVOID MAKING
MISTAKES

FEEDBACK IS
VALUABLE

I'LL NEVER BE
THAT SMART

IS THIS
MY BEST WORK?

CHANGE
TALK

I KNOW
BEST

THIS IS
GOOD
ENOUGH

I IMPROVE
WITH PRACTICE

I GIVE UP

I WON'T GIVE UP



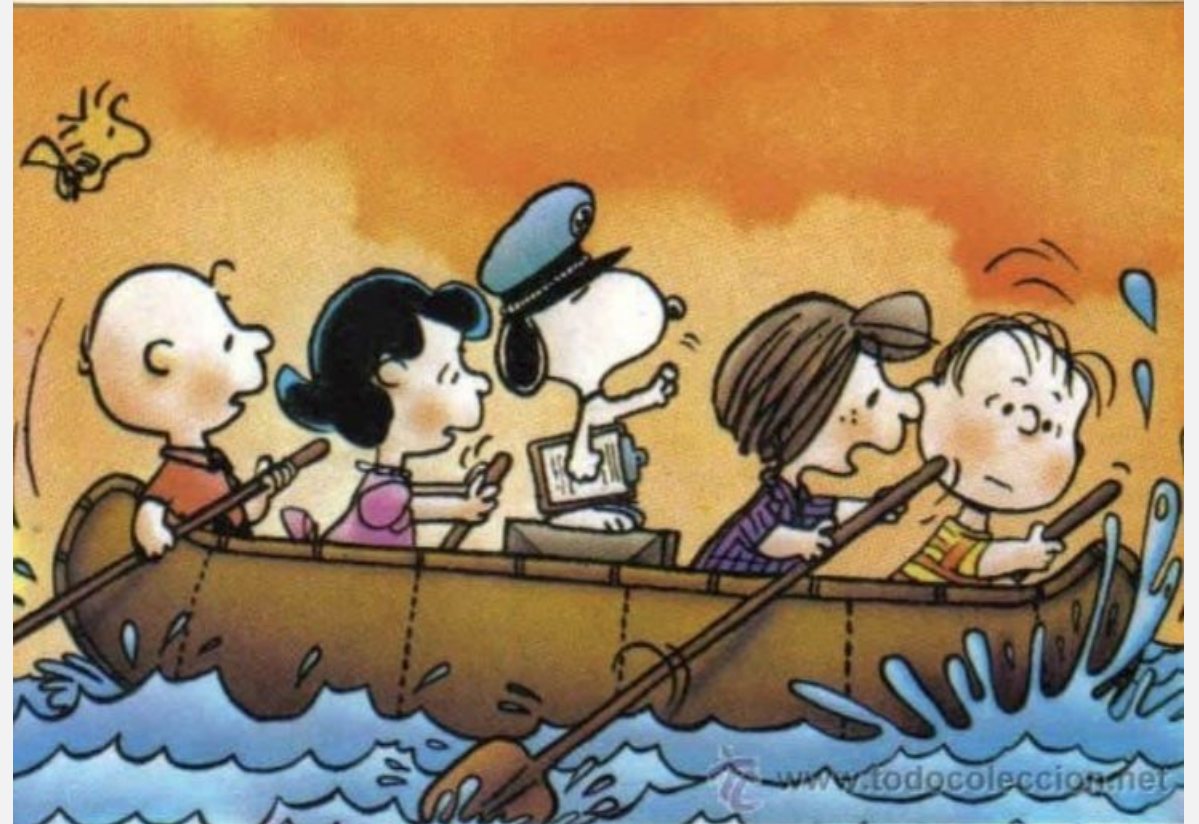
ROW, ROW, ROW YOUR BOAT

O Open Ended Questions

A Affirmations

R **Reflections***

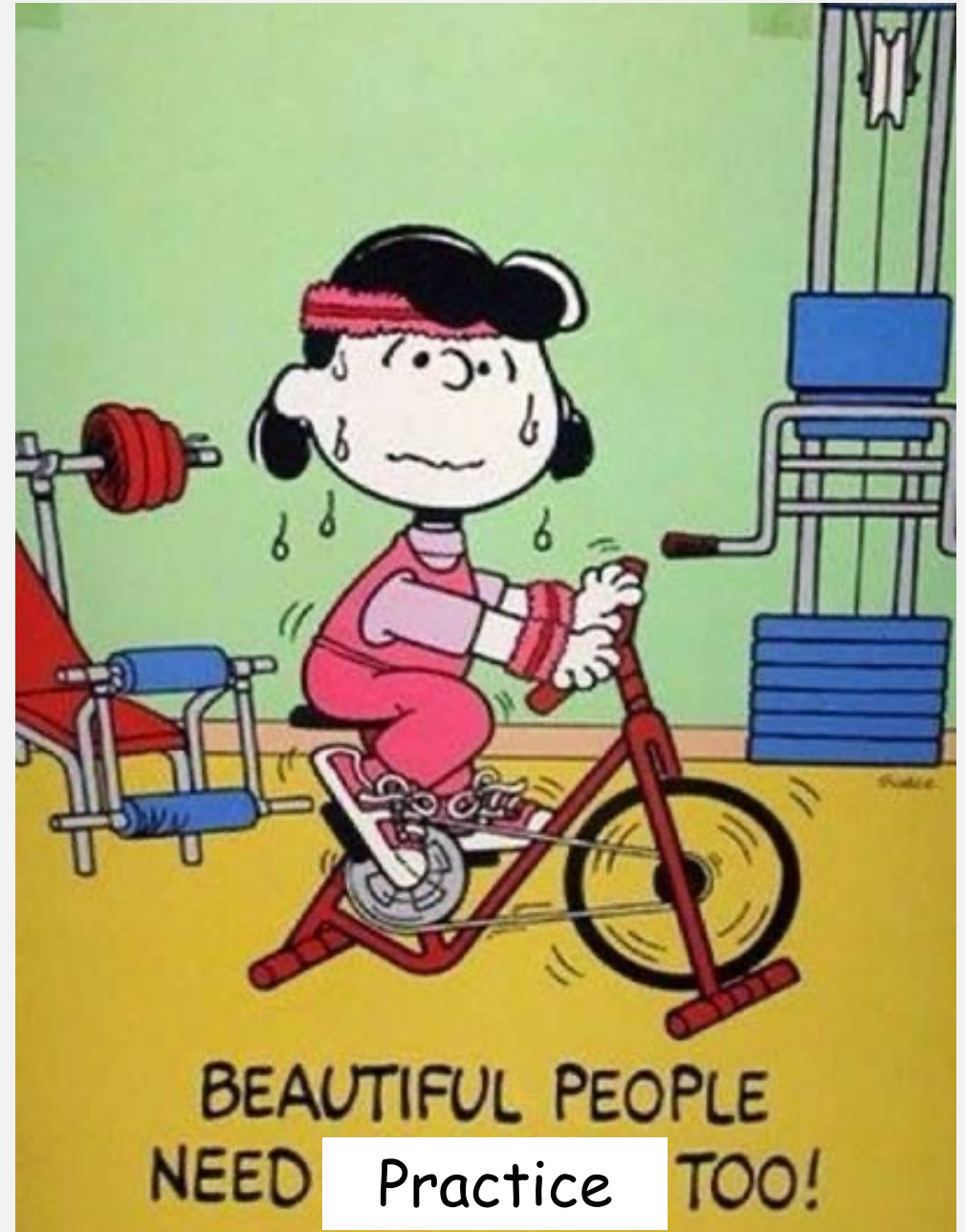
S Summarize



PRACTICE TIME!

Worksheets on your table and work in groups of two to three

~10 minutes and we'll reflect together



REFLECTIONS



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TREATMENT & HARM REDUCTION

TREATMENT

Substance use disorder

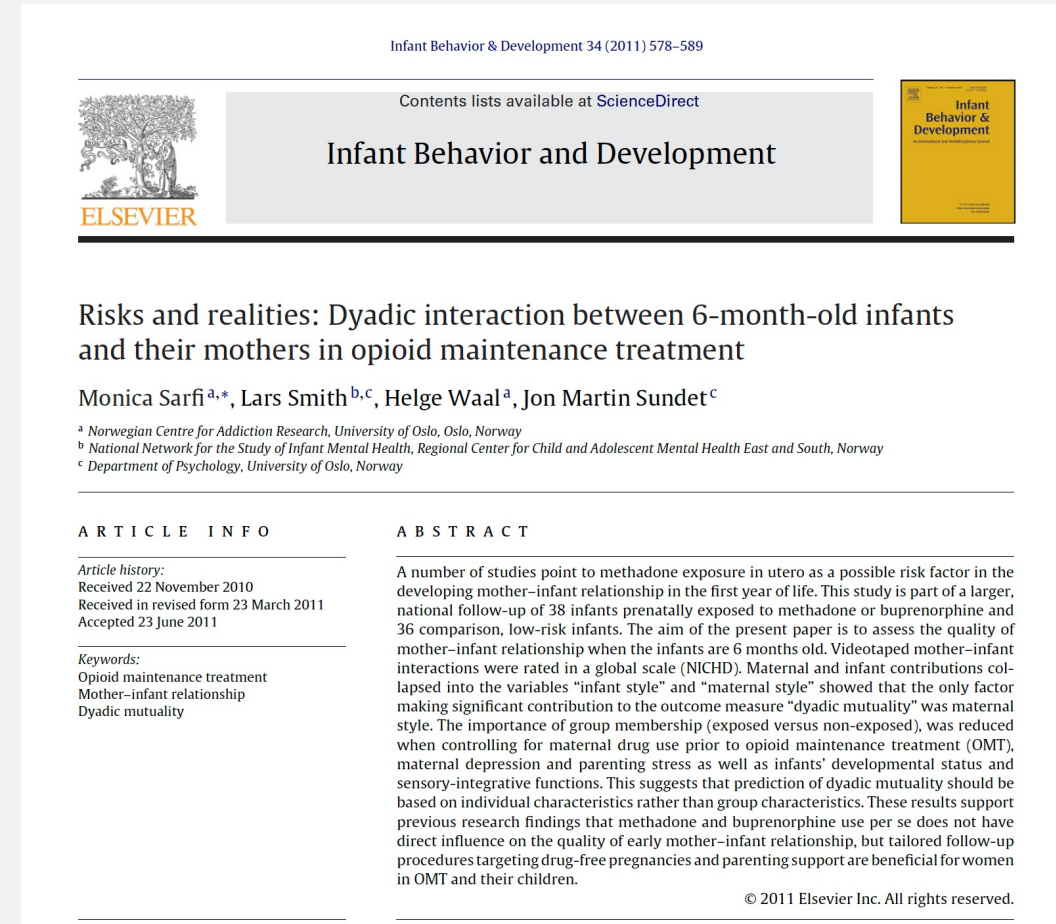
Opioids	Alcohol	Cannabis	Nicotine
<ul style="list-style-type: none">- Buprenorphine is FDA approved in ≥ 16yo- Methadone* <p>Off label:</p> <ul style="list-style-type: none">- Naltrexone PO/IM	<p>All options off label:</p> <ul style="list-style-type: none">- naltrexone PO/IM- gabapentin, topiramate	<ul style="list-style-type: none">- Psychotherapy- CM <p>Off label:</p> <ul style="list-style-type: none">- NAC 1200mg BID- topiramate	<p>Off label:</p> <ul style="list-style-type: none">- NRT patch + lozenge- varenicline- bupropion (risk of misuse)

CONTRACEPTION = HARM REDUCTION

- Regardless of age or sexual activity – *start the conversation*
- Confidentiality & racial equity is crucial
- Special considerations:
 - **LARC - first line contraceptive** in adolescents
 - Offer emergency contraception
 - Screen for STI – discuss importance of condom use

PARENTING “WHILE IN RECOVERY” – IS MOUD USE AN ISSUE?

- From the parenting literature in OUD, mother-infant relationship quality impacted by contextual factors
- Important point for stigma reduction



*“The first thing [the caseworker] said to me was, ‘So I noticed you were on **methadone**. You realize that's liquid heroin, correct?’”*

(31-year-old Black/mixed race mother)

*“It [methadone] allowed me to have a life. It allowed me to start to **work on myself** without having to have the daily waking up not well every day and starting my day off like that... It gave me the **opportunity**. That's what it does. It gives you the opportunity.”*

(33-year-old White mother)

*“Just because I'm on methadone and taking meds, it seemed like everything that happens is always because it's methadone fault... I was tired, so that must be—not the baby getting up every night, but it must be my methadone. **Everything had to do with my meds**. That's how they viewed it.”*

(35-year-old White mother)

Lived experiences of perinatal people on mOUD

- Schiff et al, 2022

HOW TO USE

NARCAN

(Naloxone)



REACH Lab



Use our **safetyfirst** curriculum to talk with your students

Recognize a Fentanyl Overdose

Knowing the signs of opioid overdose is crucial in saving a life.

Signs Include:

- Slow, shallow, and erratic breathing
- Unconscious and unresponsive
- Slow or no pulse
- Pale and clammy

Respond to the Emergency

Here are the steps to follow:

- Have Narcan ready to use
- Hold the device with your thumb on the bottom plunger and two fingers on the nozzle
- Insert the tip into either nostril
- Firmly press the plunger to release the dose
- Dial 911
- Repeat with additional Narcan

Click [here](#) to mail order Narcan or learn more

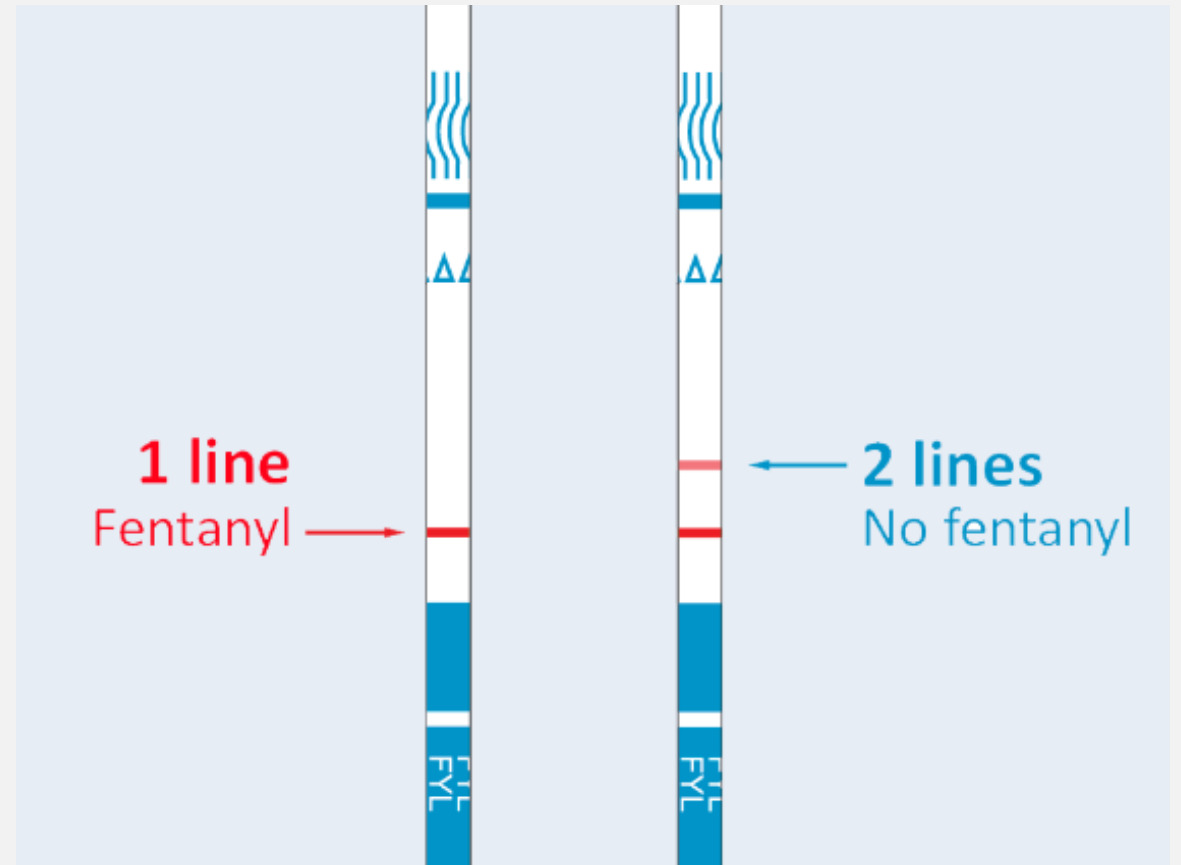


*Narcan does not cause harm if there is no overdose



HARM REDUCTION RESOURCES

- [Dancesafe.org](https://dancesafe.org) – testing supplies
- [Stoptheclockcolorado.org](https://stoptheclockcolorado.org) - where naloxone is available
- Syringe access programs – list on [CDPHE](https://cdphe.org)
- [Denvergov.org](https://denvergov.org) – naloxone and fentanyl test strips for Denver residents only



RESOURCES

Perinatal Resources:

Promise Clinic – UC Health Ob/Gyn integrated care clinic for perinatal people from pregnancy through 6mo postpartum

Young Mothers Clinic – 12-25yo postpartum people and their children – integrated Pediatrics and Mental Health clinic at Children’s Colorado – contact: Angie Turbyfill – angie.turbyfill@childrenscolorado.org

Healthy Expectations – Perinatal intensive outpatient group-based program for postpartum people

Black Mamas Circle – peer-support group for Black mothers

Reflections for Women – Medicaid

Valley Hope New Directions for Families – Littleton

Adolescent Resources:

STEP Clinic at Denver Health 303-602-4848

Adolescent withdrawal unit, school-based MOUD/therapy, outpatient clinic with therapy, IOP, in-home family therapy

ARTS Synergy 303-336-1600

Outpatient clinic with MOUD & therapy, in-home family therapy

Sandstone Recovery 888-484-0625

Inpatient/partial/IOP transitional housing programs services *insurance

Psychology Today – can look up IRT/partial hosp/IOP

NIDA – Parent conversation starters

SAMHSA’s “Talk. They Hear You.” campaign



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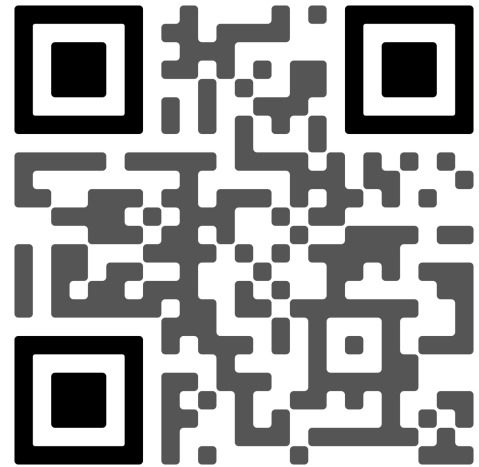
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QUESTIONS?



Scan for resources

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