

Intergenerational Health: lessons learned from the opioid crisis in Maryland

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BACKGROUND

- In the US, there has been an 131% increase in opioid use by pregnant women from 2010 to 2017¹.
- There are elevated rates of both adverse childhood experiences (ACEs) and adult traumatic events among pregnant women with opioid use disorder (OUD)².
- Severity, type, and number of ACEs have been identified as possible factors associated with addiction treatment outcomes in adults (e.g. retention in care)³.
- The co-occurrence of OUD plus ACEs and trauma can have a complex impact on parenting outcomes, including increased parental stress and difficulty reading babies signals, managing crying, fussiness, eating, and sleeping challenges³.
- Intergenerational patterns of adversity, including parental substance use disorder, is associated with risks to child development and exposure to trauma⁴.

METHODS

Procedures: This cross-sectional study recruited women receiving OUD treatment who were mothers of a child <5 years old. Surveys were administered virtually and in-person from March 2021- July 2022, and individuals were compensated \$50 for their time.

Measurements: Survey items and interview questions were used to gather information on demographics, history of adverse childhood experiences (ACEs), exposure to trauma, and the participants' perception of the impact trauma had on their role as a parent. ACEs survey items related to sexual abuse were not included in the survey.

Analysis: The results presented are a descriptive review of the sample of participants.

OBJECTIVE

To describe adverse childhood experiences, adult trauma exposures, and current traumatic stress symptoms of a clinical population of mothers receiving OUD treatment who have at least one child under 5 years old and to better understand their parenting needs.

RESULTS

Table 1. Sample Characteristics (n=58)

VARIABLE	FREQUENCY (%)
	*M (SD)
*Age (years)	31.8 (5.9)
Age category (years)	
Under 25	7 (12.1)
25-30	16 (27.6)
31-35	19 (32.8)
36-40	13 (22.4)
>40	3 (5.2)
Race	
Black/African American	8 (13.8)
White	42 (72.4)
Multiracial	5 (8.6)
American Indian/Alaska Native	2 (3.5)
Other	1 (1.7)
Ethnicity	
Hispanic	3 (5.2)
Primary Language Spoken	
English	58 (100)
Level of Education	
<12 th grade, no diploma	21 (36.8)
High School Diploma/GED	21 (36.8)
1+ years of college/trade school (Not complete)	10 (17.5)
Completed trade school or associate degree	5 (8.8)

- The majority of participants endorsed having ever used the following substances: alcohol (96.6%), marijuana (94.8%), opioids (94.8%), prescription pain relievers (94.8%), and nicotine cigarettes (93.1%).

Figure 1. Did any of your parents have problems with alcohol or drug use?

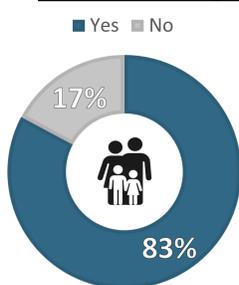


Figure 2. Adverse Childhood Experience Survey Items "As a child or teen (before you were 18)..."

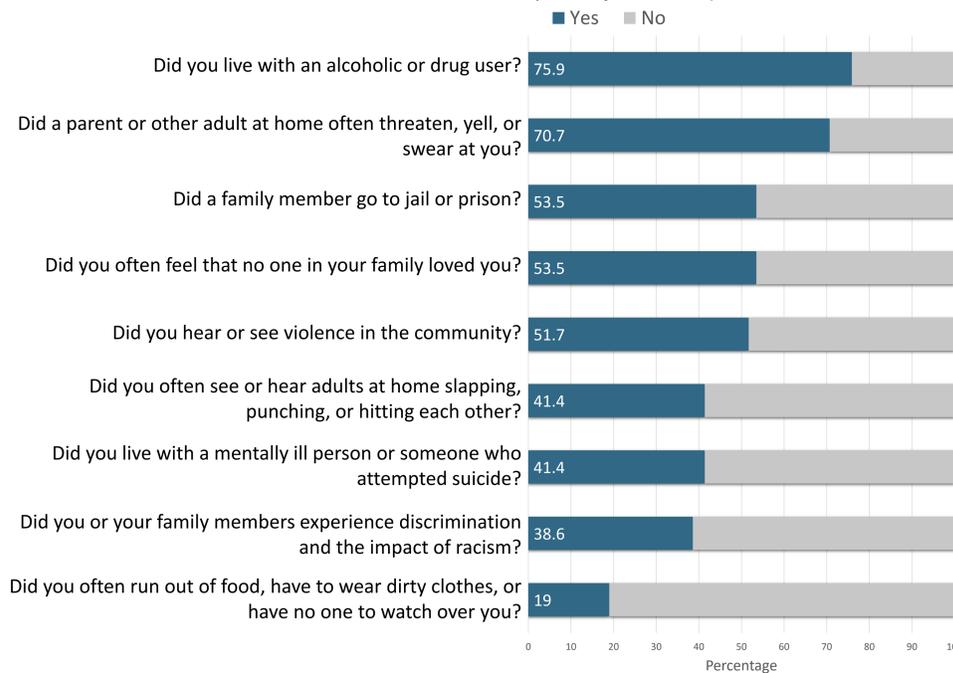
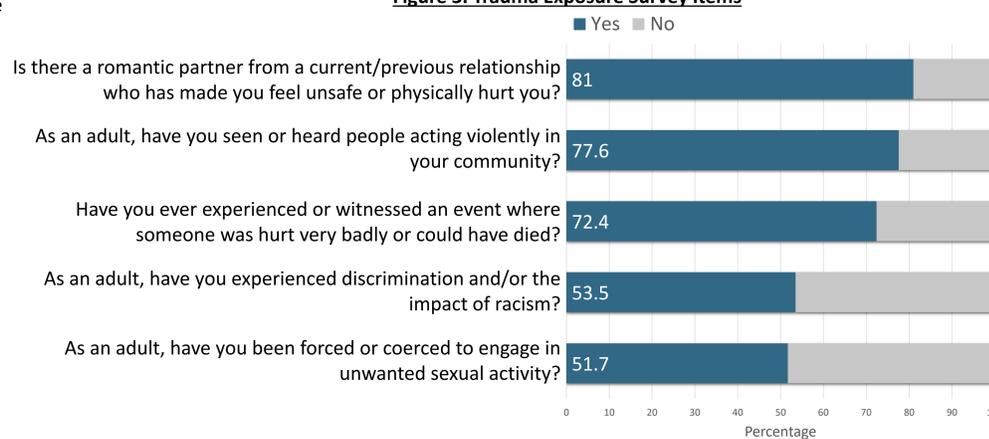
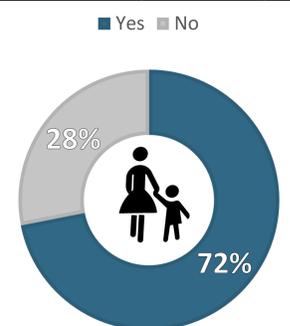


Figure 3. Trauma Exposure Survey Items



- The four highest trauma symptoms among participants included: feelings on guard (50%), avoiding thoughts and feelings (39.93%), avoiding activities that remind you of the events (37.93%), feeling jumpy and easily startled (31.30%).

Figure 4. Do you think adverse childhood experiences affect you now as a parent?



If so, how?

- "I teach my kids different things than I was taught growing up"
- "I often project my feelings onto my children"
- "Abandonment issues [...] my parent died due to addiction, and I am repeating [it]"



How would you design treatment to help moms in recovery?

- "A mother-baby program that offers parenting classes for new moms"
- "A place where children can live with you. Learning to manage PTSD and how to cope with it"
- "Have support for the parents and not exclude fathers, if they want to be included. It shouldn't just be women and children, but the whole family to create a balance."

DISCUSSION

- Close to ¾ of mothers in sample recognized that their experience of adversity in childhood impacts them now as parents, suggesting ACEs psychoeducation and parenting programs are helpful to mother's recovery and child development.
- Mother's trauma symptoms may interfere with responsive caregiving. Mothers need trauma specific interventions to address existing symptoms of avoidance and startle responses to reduce associated impact parenting practices.
- Multi-generational approaches to services that include fathers, partners, and grandparents during the prenatal period have potential benefits for mothers and their infants and the whole family.

LIMITATIONS & NEXT STEPS

- Future studies should include fathers and other caregivers (e.g. grandparents) in family needs assessments.
- Our participants were predominantly white. Further research should be conducted in diverse samples.
- Future studies are needed to investigate if parenting services have collateral benefits for addiction recovery and child development outcomes.

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