



Hospital Quality Institute
Leadership in quality and patient safety



Perinatal Mental Health Learning Community

Group Office Hours July 15, 2021 12 – 1 p.m.

**Staff & Patient Education About PMH
Substance Use Disorders & Perinatal Mental Health**

Guest Speaker: Margaret Lynn Yonekura, MD, FACOG
*Perinatal Behavioral Health Physician Champion,
CommonSpirit Health*



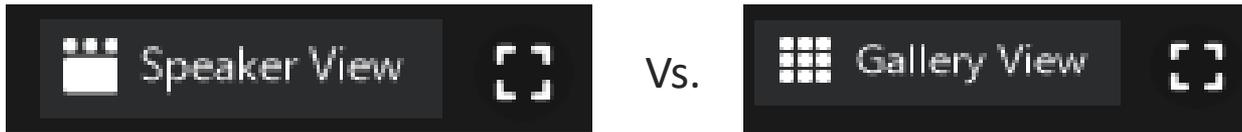
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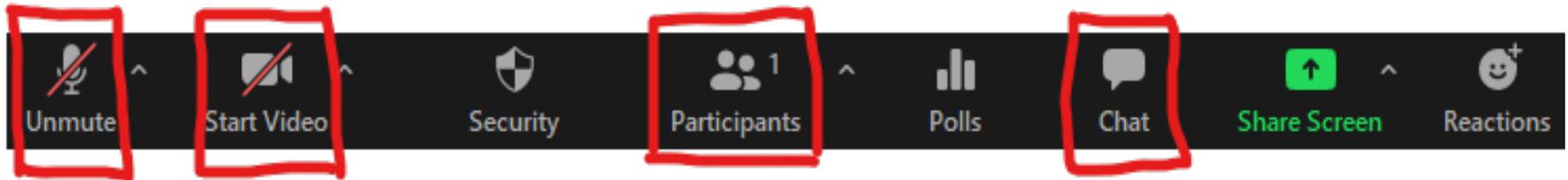
MATERNAL MENTAL HEALTH NOW
supporting the well-being of growing families

CommonSpirit 

Housekeeping



- Speaker View: large view of the person currently speaking.
- Gallery View: images of all attendees in smaller individual squares.



- Everyone is automatically muted upon entry. You can unmute yourself when you wish to speak.
- We'd like to see you on video!
- Use "Chat" to make comments or ask questions.

Our Team



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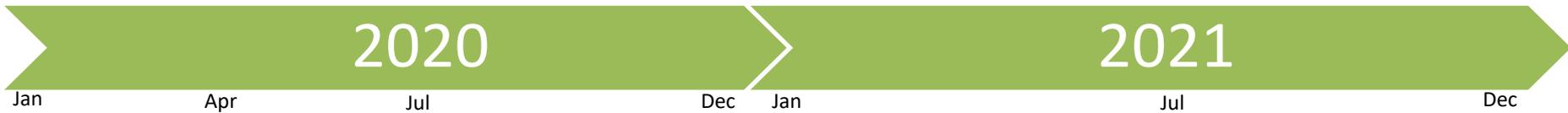


Julia Slininger
Program Manager,
PMH Learning Community
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Boris Kalanj
Director of Programs,
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Timeline – Perinatal Mental Health Learning Community



Education and Technical Assistance (Feb '20 - Dec '21)

- Webinars (2020: Feb, Apr, Jun, Aug, Oct, Dec; 2021: Feb, Apr, Jun, Aug, Oct, Dec)
- Group Office Hours (2020: Mar, May, Jul, Sept, Nov; 2021: Jan, Mar, May, Jul, Sept, Nov)
 - 1:1 Technical Assistance (on demand)
 - In-Person Regional Events (Nov '20)

TODAY

Training Tools and Resources (Apr '20 – Dec '21)

- E-learning module and quick reference guide for staff
 - E-learning module for patients
 - Brochure template

Case Studies Developed

Case Studies Available

Past Topic Recordings Available

- Staff education on perinatal mental health
- Patient and family information & education
- Resource and referral development
- The Impact of Covid 19 on Hospitals and Birthing Families
- Disparities in Perinatal Mental Health Care
- Supporting Patients with Perinatal Loss
- Supporting NICU Families
- Birth Trauma and Perinatal Mental Health
- Substance Use Disorders and Perinatal Mental Health

Recordings and slides available on program website:

<https://www.hqinstitute.org/pmh-learning-community>

Remaining Topics in 2021

August 19	Child Abuse Reporting and PMH Webinar	Patricia Taylor Anna King
September 16	Child Abuse Reporting and PMH Office Hour	Patricia Taylor Anna King
October 21	Breastfeeding and PMH Webinar	Nakeisha Robinson
November 18	Breastfeeding and PMH Office Hour	Nakeisha Robinson
December 16	Fathers and Partners and PMH Webinar	Kevin Gruenberg

Register on program website:

<https://www.hqinstitute.org/pmh-learning-community>

Save the Dates: Capstone Events!

Northern California: **Dec 8, 2021**
Mercy San Juan Medical Center
(Sacramento)

Southern California: **Dec 10, 2021**
San Antonio Regional Hospital
(Upland)



Intent

Goal: Prevent severe post-partum depression

Here are the "Asks":

- 1) Do all your perinatal staff members have a good understanding of how they can be helpful?
- 2) Does your hospital have a systematic way to provide information and resources to every patient?

Levels of MMH Programming

Level 1: Deployment of training – online or other- and patient information + resources.

Level 2: Documented protocol regarding patient and provider education, and maintaining a list of current referral resources

Level 3: Implementation of comprehensive education, screening and referral program for maternal mental health disorders, including data collection

Learning Objectives:

- Learn about substance use disorders and their potential co-occurrence with perinatal mental health disorders.
- Learn how staff in perinatal care units can screen and help patients suffering from substance use disorders in the perinatal period.

Guest Speaker: Margaret Lynn Yonekura, MD, FACOG

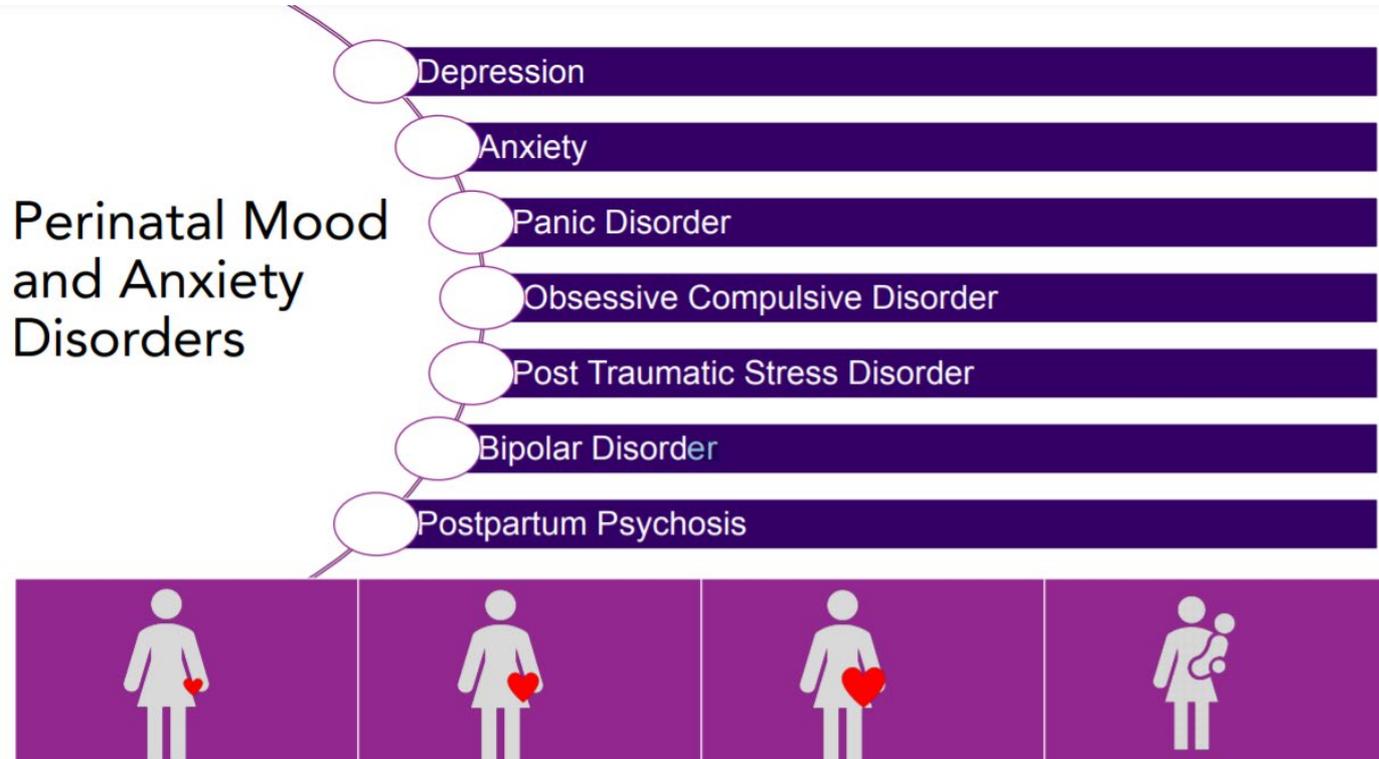


Specialist in Maternal Fetal Medicine

*Perinatal Behavioral Health Physician
Champion, CommonSpirit Health*

*Executive Director, Los Angeles Best
Babies Network*

Prevalence of Substance Use Disorders and PMADs



Terms to Use, Terms to Avoid, and Why

Recovery Dialects
The words we use matter.

Positive	Negative
Person who uses substances	Substance Abuser
Recurrence of Use	Relapse
Pharmacotherapy	Medication-Assisted Treatment
Accidental Drug Poisoning	Overdose
Person with a Substance Use Disorder	Addict
	Alcoholic
	Opioid Addict

While some negative language is okay to use in mutual aid meetings, its use should be avoided in public, when advocating and in journalism.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2016). Substance use, recovery, and language: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 166, 131-138.

- Use person-first language
- The change shows that a person “has” a problem, rather than “is” a problem.
- The terms avoid eliciting negative associations, punitive attitudes, and individual blame
- It’s a misconception that pharmacotherapy merely “substitutes” one drug or “one addiction” for another.

Screening for Perinatal Substance Use

- **Why?:** Identification of substance use during pregnancy allows for interventions aimed at improving maternal and fetal health, by linking to appropriate **services and supports**
 - A **golden opportunity** to change the lifecourse of 2 generations
- **When?:** First prenatal visit and each trimester, including PP; admission to hospital
- **Who?:** All patients
- **How?:** Using a validated screening tool

1
4

The 5 P's

- **Parents:** Did any of your parents have a problem with alcohol or other drug use?
- **Partner:** Does your partner have a problem with alcohol or drug use?
- **Peers:** Do any of your peers have a problem with alcohol or drug use?
- **Past:** In the past, have you had difficulties in your life because of alcohol or drug use, including prescription medications?
- **Pregnancy:** Since becoming pregnant, have you used alcohol or other drugs?
- **Scoring:** Any “yes” should trigger further questions

Pregnancy and Co-Occurring Disorders



Margaret Lynn Yonekura, M.D., FACOG

July 15, 2021

MMH Now and IHI

Case Study

- Katie is a 26 yo. G4P4 who is 2 mo. PP. She was referred to treatment by her DCFS worker because of her alcohol abuse; her infant is in foster care. Her other 3 children were also removed from her custody 2 years ago.
- During her intake, you discover the following:
 - Katie is currently homeless because she finally left her abusive husband.
 - She has been considered suicide lately because of her overwhelming guilt about being a failure as a mother and wife.
 - She remembers drinking since she was about 12 years old. She drinks to lessen the “feelings of sadness and feeling down”. She also reports that she feels “just as bad, if not worse” if she stops the drinking.



Next Steps: Discussion

Screening

- To evaluate her “alcohol abuse”:
 - 5 Ps
 - Parents: both parents drank excessively
 - Partner: drank excessively; occasionally used weed or meth
 - Peers: binge drank on week-ends with friends; occasionally used weed
 - Past: been drinking since age 12; has tried to quit in the past but was too busy with her children to stay in treatment and husband disapproved
 - Present: tried to cut back during pregnancy but resumed drinking in third trimester
 - NIDA Quick Screen

NIDA Quick Screen

Since becoming pregnant, how often have you used the following*:	Never	Once or Twice	Monthly	Weekly	Daily or Almost daily
1. Alcohol (≥ 3 drinks/day)					X
2. Tobacco products	X				
3. Prescription drugs for nonmedical reasons	X				
4. Illegal drugs including marijuana			X		

If the patient says “NO” for all drugs in the Quick Screen, reinforce abstinence. Screening is complete.

If the patients says “Yes” to one or more days of heavy drinking, she is an *at risk drinker*.

If the patient says “Yes” to any tobacco use, advise to quit.

If the patient says “Yes” to use of illegal drugs or prescription drugs for non-medical reasons, proceed to **Question 1 of the NIDA-Modified ASSIST**

2. <u>In the past 3 months</u> , how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	Never				
b. Cocaine (coke, crack, etc.)	Never				
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	Never				
d. Methamphetamine (speed, crystal meth, ice, etc.)	Never				
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	Never				
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	Never				
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	Never				
h. Street Opioids (heroin, opium, etc.)	Never				
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	Never				
j. Other – Specify:	Never				

3. <u>During the past 3 months</u> , how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	Never				
b. Cocaine (coke, crack, etc.)	Never				
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	Never				
d. Methamphetamine (speed, crystal meth, ice, etc.)	Never				
e. Inhalants (nitrous oxide, glue, gas, pain thinner, etc.)	Never				
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	Never				
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	Never				
h. Street opioids (heroin, opium, etc.)	Never				
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	Never				
j. Other – Specify:	Never				

4. <u>During the past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	Never				
b. Cocaine (coke, crack, etc.)	Never				
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	Never				
d. Methamphetamine (speed, crystal meth, ice, etc.)	Never				
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	Never				
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	Never				
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	Never				
h. Street Opioids (heroin, opium, etc.)	Never				
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	Never				
j. Other – Specify:	Never				

5. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	No, never		
b. Cocaine (coke, crack, etc.)	No, never		
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	No, never		
d. Methamphetamine (speed, crystal meth, ice, etc.)	No, never		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	No, never		
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	No, never		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	No, never		
h. Street opioids (heroin, opium, etc.)	No, never		
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	No, never		
j. Other – Specify:	No, never		

6. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	No, never		
b. Cocaine (coke, crack, etc.)	No, never		
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	No, never		
d. Methamphetamine (speed, crystal meth, ice, etc.)	No, never		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	No, never		
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	No, never		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	No, never		
h. Street opioids (heroin, opium, etc.)	No, never		
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	No, never		
j. Other – Specify:	No, never		

Instructions: Ask Question 7 if the patient endorses any drug that might be injected, including those that might be listed in the other category (e.g., steroids). Circle appropriate response.

7. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?

No, never

- Recommend to patients reporting any prior or current intravenous drug use that they get tested for HIV and Hepatitis B/C.
- If patient reports using a drug by injection in the past three months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.
 - If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussions of the risks associated with injecting.
 - If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

Tally Sheet for scoring the full NIDA-Modified ASSIST:

Instructions: For each substance (labeled a–j), add up the scores received for questions 1-6 above. This is the Substance Involvement (SI) score. Do not include the results from either the Prescreen or Q 7 (above) in your SI scores.

Substance Involvement Score	Total (SI SCORE)
a. Cannabis (marijuana, pot, grass, hash, etc.)	10
b. Cocaine (coke, crack, etc.)	6
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0
d. Methamphetamine (speed, crystal meth, ice, etc.)	0
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0
h. Street Opioids (heroin, opium, etc.)	0
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0
j. Other – Specify:	0

Level of risk associated with different Substance Involvement Score ranges for Illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk

For Katie: score of 10 for cannabis plus High Risk for drinking alcohol

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

For use between **28–32 weeks** in all pregnancies and **6–8 weeks** postpartum

Name: _____ Date: _____ Gestation in Weeks: _____

As you are having a baby, we would like to know how you are feeling. Please mark "X" in the box next to the answer which comes closest to how you have felt in the **past 7 days** – not just how you feel today.

In the past 7 days:

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <p>0 <input type="checkbox"/> As much as I always could</p> <p>1 <input type="checkbox"/> Not quite so much now</p> <p>2 <input type="checkbox"/> Definitely not so much now</p> <p>3 <input type="checkbox"/> Not at all</p> | <p>6. Things have been getting on top of me</p> <p>3 <input type="checkbox"/> Yes, most of the time I haven't been able to cope</p> <p>2 <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</p> <p>1 <input type="checkbox"/> No, most of the time I have coped quite well</p> <p>0 <input type="checkbox"/> No, I have been coping as well as ever</p> |
| <p>2. I have looked forward with enjoyment to things</p> <p>0 <input type="checkbox"/> As much as I ever did</p> <p>1 <input type="checkbox"/> Rather less than I used to</p> <p>2 <input type="checkbox"/> Definitely less than I used to</p> <p>3 <input type="checkbox"/> Hardly at all</p> | <p>7. I have been so unhappy that I have had difficulty sleeping</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>1 <input type="checkbox"/> Not very often</p> <p>0 <input type="checkbox"/> No, not at all</p> |
| <p>3. I have blamed myself unnecessarily when things went wrong</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, some of the time</p> <p>1 <input type="checkbox"/> Not very often</p> <p>0 <input type="checkbox"/> No, never</p> | <p>8. I have felt sad or miserable</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, quite often</p> <p>1 <input type="checkbox"/> Not very often</p> <p>0 <input type="checkbox"/> No, not at all</p> |
| <p>4. I have been anxious or worried for no good reason</p> <p>0 <input type="checkbox"/> No, not at all</p> <p>1 <input type="checkbox"/> Hardly ever</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>3 <input type="checkbox"/> Yes, very often</p> | <p>9. I have been so unhappy that I have been crying</p> <p>3 <input type="checkbox"/> Yes, most of the time</p> <p>2 <input type="checkbox"/> Yes, quite often</p> <p>1 <input type="checkbox"/> Only occasionally</p> <p>0 <input type="checkbox"/> No, never</p> |
| <p>5. I have felt scared or panicky for no very good reason</p> <p>3 <input type="checkbox"/> Yes, quite a lot</p> <p>2 <input type="checkbox"/> Yes, sometimes</p> <p>1 <input type="checkbox"/> No, not much</p> <p>0 <input type="checkbox"/> No, not at all</p> | <p>10. The thought of harming myself has occurred to me</p> <p>3 <input type="checkbox"/> Yes, quite often</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>1 <input type="checkbox"/> Hardly ever</p> <p>0 <input type="checkbox"/> Never</p> |

Total Score

Katie's Scores

#1	3
#2	3
#3	3
#4	3
#5	2
#6	3
#7	3
#8	3
#9	2
#10	3
Total =	28

Columbia Suicide Severity Rating Scale

Ask questions that are in bold and underlined.	Past month	
	YES	NO
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Katie

Yes

Yes

No

No

No

No

Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral

Item 2 Behavioral Health Referral

Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 4 Behavioral Health Consultation and Patient Safety Precautions

Item 5 Behavioral Health Consultation and Patient Safety Precautions

Item 6 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Adverse Childhood Experience (ACE) Questionnaire

Name: _____ Date: _____

This Questionnaire will be asking you some questions about events that happened during your childhood; specifically the first 18 years of your life. The information you provide by answering these questions will allow us to better understand problems that may have occurred early in your life and allow us to explore how those problems may be impacting the challenges you are experiencing today. This can be very helpful in the success of your treatment.

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often:
Swear at you, insult you, put you down, or humiliate you?
Or
Act in a way that made you afraid that you might be physically hurt?
 Yes No If Yes, enter 1 _____
2. Did a parent or other adult in the household often:
Push, grab, slap, or throw something at you?
Or
Ever hit you so hard that you had marks or were injured?
 Yes No If Yes, enter 1 _____
3. Did an adult or person at least 5 years older than you ever:
Touch or fondle you or have you touch their body in a sexual way?
Or
Attempt or actually have oral, anal, or vaginal intercourse with you?
 Yes No If Yes, enter 1 _____
4. Did you often feel that:
No one in your family loved you or thought you were important or special?
Or

Adverse Childhood Experience (ACE) Questionnaire

Your family didn't look out for each other, feel close to each other, or support each other?

Yes No If Yes, enter 1 _____

5. Did you often feel that:

You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

Or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No If Yes, enter 1 _____

6. Were your parents ever separated or divorced?

Yes No If Yes, enter 1 _____

7. Were any of your parents or other adult caregivers:

Often pushed, grabbed, slapped, or had something thrown at them?

Or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

Or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No If Yes, enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Yes No If Yes, enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No If Yes, enter 1 _____

10. Did a household member go to prison?

Yes No If Yes, enter 1 _____

ACE SCORE (Total "Yes" Answers): _____

The HITS Screening Tool for Domestic Violence.*

How Often Does Your Partner	Never	Rarely	Sometimes	Fairly Often	Frequently
Physically hurt you	1	2	3	4	5
Insult or talk down to you	1	2	3	4	5
Threaten you with harm	1	2	3	4	5
Scream or curse at you	1	2	3	4	5

* A total score of more than 10 is suggestive of intimate partner violence. This information, called R3, is available as a free Android or iPhone app. From Sherin et al.⁵

Katie's score: 20

Assessment Based on Screening Tests

- Parents, partner, and peers drank excessively and occasionally used weed
- She's been drinking excessively since age 12
- Tried to cut back in pregnancy but resumed drinking in third trimester
- NIDA Modified ASSIST revealed: Severe AUD and moderate cannabis use disorder
- EPDS = 28
- Columbia Suicide Severity Rating Scale = needs Behavioral Health referral
- ACEs Score = 10
- HITS Score = 20
- Currently homeless
- Has an open DCFS case
- Children need evaluation by Regional Center to r/o FASD

PTSD

- **PTSD** is an exaggerated fear response that occurs following exposure to one or more extremely upsetting events. Such events can include, war, terrorist attack, threatened or actual physical or sexual violence, being kidnapped, natural and man-made disasters, and serious MVA. **People with PTSD report the most distressing trauma to be sexual abuse before age 18 years.**
- Symptoms are grouped into 4 categories:
 - **Intrusive, persistent re-experiences of the trauma**, including recurrent dreams or nightmares, flashbacks, and distressing memories
 - **Persistent avoidance** of people places, objects, and events that remind the person of the trauma or otherwise trigger distressing memories, thoughts, feelings, and physiological reactions
 - **Negative alterations in cognition and mood**, such as memory loss (particularly re details surrounding the event), self-blame, guilt, hopelessness, social withdrawal, and an inability to experience positive emotions
 - **Marked alterations in arousal and reactivity**, such as experiencing sleeplessness or feeling “jumpy”, “on edge”, easily startled, irritable, angry, or unable to concentrate

Co-Occurring AUD, CUD, PTSD, with a History of Trauma

- There is a **strong association between PTSD and substance misuse** including lifetime SUDs and lifetime AUD.
- The presence of 12-month or lifetime PTSD is associated with a 1.3 to 1.5 increased odds of having a past-year or lifetime SUD
- Comorbid PTSD and addiction are highly complex and associated with worse treatment outcomes (including lower rates of remission and faster relapse), poorer treatment response, more cognitive difficulties, worse social functioning, greater risk of suicide attempt, and heightened mortality.
- **Compared to people with PTSD or AUD alone, those with both report more traumatic childhoods, more psychiatric comorbidities, an increased risk of suicide, more severe symptoms, and greater disability.**
- People with PTSD tend to misuse the most serious substances (stimulants, opioids); however, misuse of prescriptions medications, cannabis and alcohol also are common.

Treatment of PTSD and SUDs

- Historically, there has been a debate about whether to treat PTSD and addiction concurrently or sequentially, with most providers falling on the side of treating the SUD separately and first.
- **Integrated, concurrent treatment that addresses both conditions simultaneously** is preferable to clients and is increasingly considered the **current standard of care**, particularly when combining psychosocial and pharmacologic approaches.
- Do not try to provide trauma exploration treatment in view of the potential for highly destabilizing effects.
- Provide present-focused psychoeducation about PTSD, such as teaching the client to recognize symptoms of the disorder and how to cope with them.
- People with PTSD and substance misuse are more likely to experience further trauma than people with substance misuse alone
- Repeated trauma is common in domestic violence, child abuse, and some substance-using lifestyles (e.g., drug trade), so **helping the client protect against future trauma** is an important part of treatment
- Given the **high prevalence of self-harm** in this population, you should **screen for suicide risk early on and throughout the course of care**. Risk of suicide in people with PTSD is correlated with a history of childhood maltreatment and more severe PTSD symptoms – especially ones concerning negative mood and cognition.

References

- SAMHSA Treatment Improvement Protocol #42. Substance Use Disorder Treatment for People with Co-Occurring Disorders. Updated 2020.
- SAMHSA Disaster Technical Assistance Center Supplemental Research Bulletin. A Preliminary Look at the Mental Health and Substance Use-Related Effects of the COVID-19 Pandemic. May 2021
- Trust for America's Health & Well Being Trust. Pain in the Nation: Alcohol, Drug and Suicide Epidemics. Special Feature: COVID-19 and Trauma. May 2021
- NIDA Research Report. Substance Use in Women Research Report. Revised April 2020
- Massachusetts Child Psychiatry Access Program (MCPAP) for Moms. Obstetric Provider Toolkit. www.mcpapformoms.org

Provider Toolkit Table of Contents

Assessment and Management of Perinatal Mood and Anxiety Disorders

- Depression Screening Algorithm for Obstetric Providers (2-sided)
- Edinburgh Postnatal Depression Scale (EPDS)
- Assessment of Depression Severity and Treatment Options
- Bipolar Screen
- Summary of Emotional Complications During Pregnancy and the Postpartum Period
- Key Clinical Considerations When Assessing the Mental Health of Pregnant and Postpartum Women
- Recommended Steps before Beginning Antidepressant Medication Algorithm
- Antidepressant Treatment Algorithm

Assessment and Management of Perinatal Substance Use Disorders (SUDs)

- Screening and Brief Intervention for Substance Use in Pregnancy (SUD1)
- Assessment of Substance Use in Pregnancy (SUD2)
- Treatment Options for Perinatal Substance Use Disorders (SUD3)
- Choosing a Medication for the Treatment of Opioid Use Disorder (OUD) (SUD4)
- Management of Pain During and After Delivery (SUD5)
- Opioid Overdose Prevention (SUD6)
- Summary of Impact and Management of Substance Use during the Perinatal Period (SUD 7/8)

Assessment of Depression Severity and Treatment Options¹

EPDS SCORE or clinical assessment

SIGNS AND SYMPTOMS OF DEPRESSION

**Signs and symptoms in each column may overlap*

	EPDS 0-8	EPDS 9-13	EPDS 14-18	EPDS ≥19
	LIMITED TO NO SYMPTOMS	MILD SYMPTOMS	MODERATE SYMPTOMS	SEVERE SYMPTOMS
	<ul style="list-style-type: none"> • Reports occasional sadness • Placid - only reflecting inner tension • Sleeps as usual • Normal or increased appetite • No difficulties in concentrating • No difficulty starting everyday activities • Normal interest in surroundings & friends • No thoughts of self-reproach, inferiority • No suicidal ideation 	<ul style="list-style-type: none"> • Mild apparent sadness but brightens up easily • Occasional feelings of edginess and inner tension • Slight difficulty dropping off to sleep • Slightly reduced appetite • Occasional difficulty in concentrating • Mild difficulties starting everyday activities • Reduced interest in surroundings & friends • Mild thoughts of self-reproach, inferiority • Fleeting suicidal thoughts 	<ul style="list-style-type: none"> • Reports pervasive feelings of sadness or gloominess • Continuous feelings of inner tension/ intermittent panic • Sleep reduced or broken by at least two hours • No appetite - food is tasteless • Difficulty concentrating and sustaining thoughts • Difficulty starting simple, everyday activities • Loss of interest in surroundings and friends • Persistent self-accusations, self-reproach • Suicidal thoughts are common 	<ul style="list-style-type: none"> • Reports continuous sadness and misery • Unrelenting dread or anguish, overwhelming panic • Less than two or three hours sleep • Needs persuasion to eat • Unable to read or converse without great initiative • Unable to do anything without help • Emotionally paralyzed, inability to feel anger, grief or pleasure • Delusions of ruin, remorse or unredeemable sin • History of severe depression and/ or active preparations for suicide

TREATMENT OPTIONS

**Treatment options in each column may overlap*

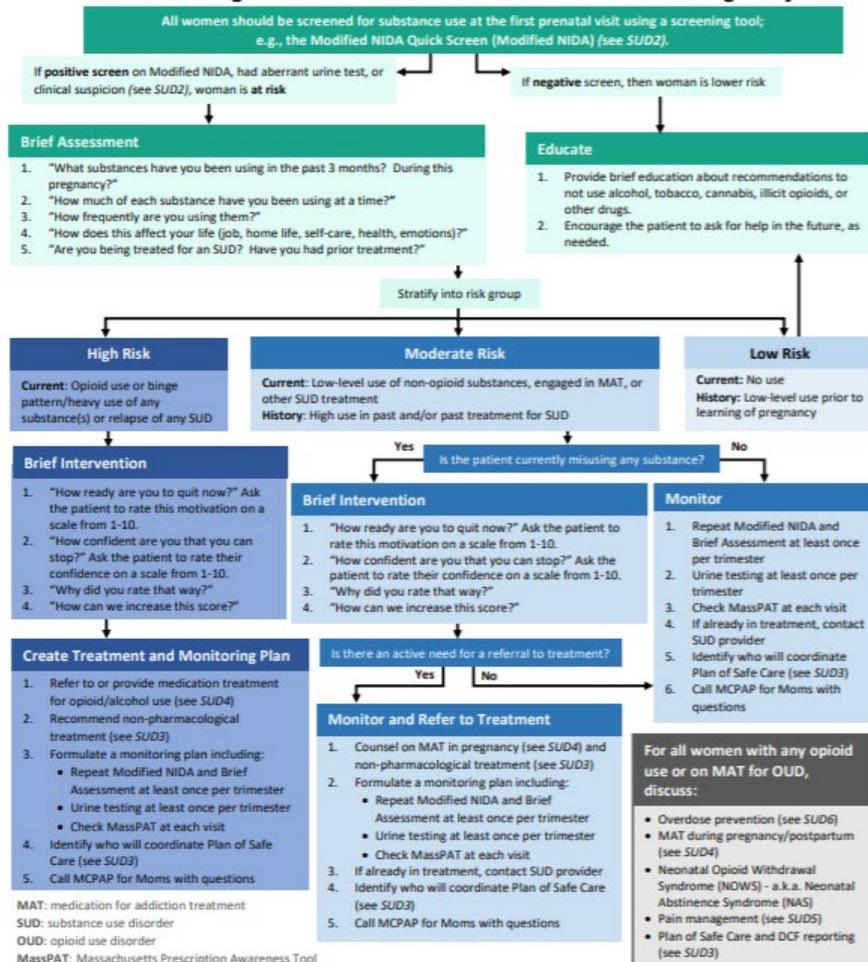
	LIMITED TO NO SYMPTOMS	MILD SYMPTOMS	MODERATE SYMPTOMS	SEVERE SYMPTOMS
			<ul style="list-style-type: none"> • Consider inpatient hospitalization when safety or ability to care for self is a concern 	<ul style="list-style-type: none"> • Consider inpatient hospitalization when safety or ability to care for self is a concern
		<ul style="list-style-type: none"> • Consider medication 	<ul style="list-style-type: none"> • Strongly consider medication 	<ul style="list-style-type: none"> • Strongly consider medication
	<ul style="list-style-type: none"> • Therapy for mother • Dyadic therapy for mother/baby • Community/social support (including support groups) • Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage) • Support with dysregulated baby; crying, sleep, feeding problems • Physical activity • Self-care (sleep, hygiene, healthy diet) 	<ul style="list-style-type: none"> • Therapy for mother • Dyadic therapy for mother/baby • Community/social support (including support groups) • Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage) • Support with dysregulated baby; crying, sleep, feeding problems • Physical activity • Self-care (sleep, hygiene, healthy diet) 	<ul style="list-style-type: none"> • Therapy for mother • Dyadic therapy for mother/baby • Community/social support (including support groups) • Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage) • Support with dysregulated baby; crying, sleep, feeding problems • Physical activity • Self-care (sleep, hygiene, healthy diet) 	<ul style="list-style-type: none"> • Therapy for mother • Dyadic therapy for mother/baby • Community/social support (including support groups) • Consider as augmentation: Complementary/ Alternative therapies (bright light therapy, Omega-3 fatty acids, acupuncture, folate, massage) • Support with dysregulated baby; crying, sleep, feeding problems • Physical activity • Self-care (sleep, hygiene, healthy diet)

¹Information adapted from: Montgomery SA, Asberg M: A new depression scale designed to be sensitive to change. *British Journal of Psychiatry* 134:382-389, 1979

Limited or no symptoms of depression

Severe symptoms of depression

Screening and Brief Intervention for Substance Use in Pregnancy



Call MCPAP for Moms at: 855-MOM-MCPAP (855-666-6272)

www.mcpapformoms.org

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Q&A, Discussion, Sharing



Coming Up

August 19: Webinar (Noon – 1 pm)

Child Abuse Reporting and Perinatal Mental Health

September 16: Group Office Hours (Noon – 1 pm)

- ✓ Staff & Patient Education About PMH
- ✓ Child Abuse Reporting and Perinatal Mental Health

Register on HQI website: <https://www.hqinstitute.org/pmh-learning-community>

Meeting Evaluation

Polling question: “Attending today's Group Office Hours was a good use of my time.”

- Agree
- Disagree
- Unsure

Open Text feedback – type into Chat: “What could we have done better or differently?”