



CHILD CARE

State Capacity Building Center

Impacted by Opioid Misuse: Perspectives from an Infant and Toddler Lens

State Capacity Building Center

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Facilitator



Jeanne VanOrsdal
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Welcome participants!

Let's Get to Know You!

◆ Please select the role that fits you best

- Community member
 - Direct child-serving practitioner (e.g., child care, preschool, home visiting, teacher)
 - Family member
 - State-level professional
 - Training and technical assistance professional
 - Other. Please describe:
-



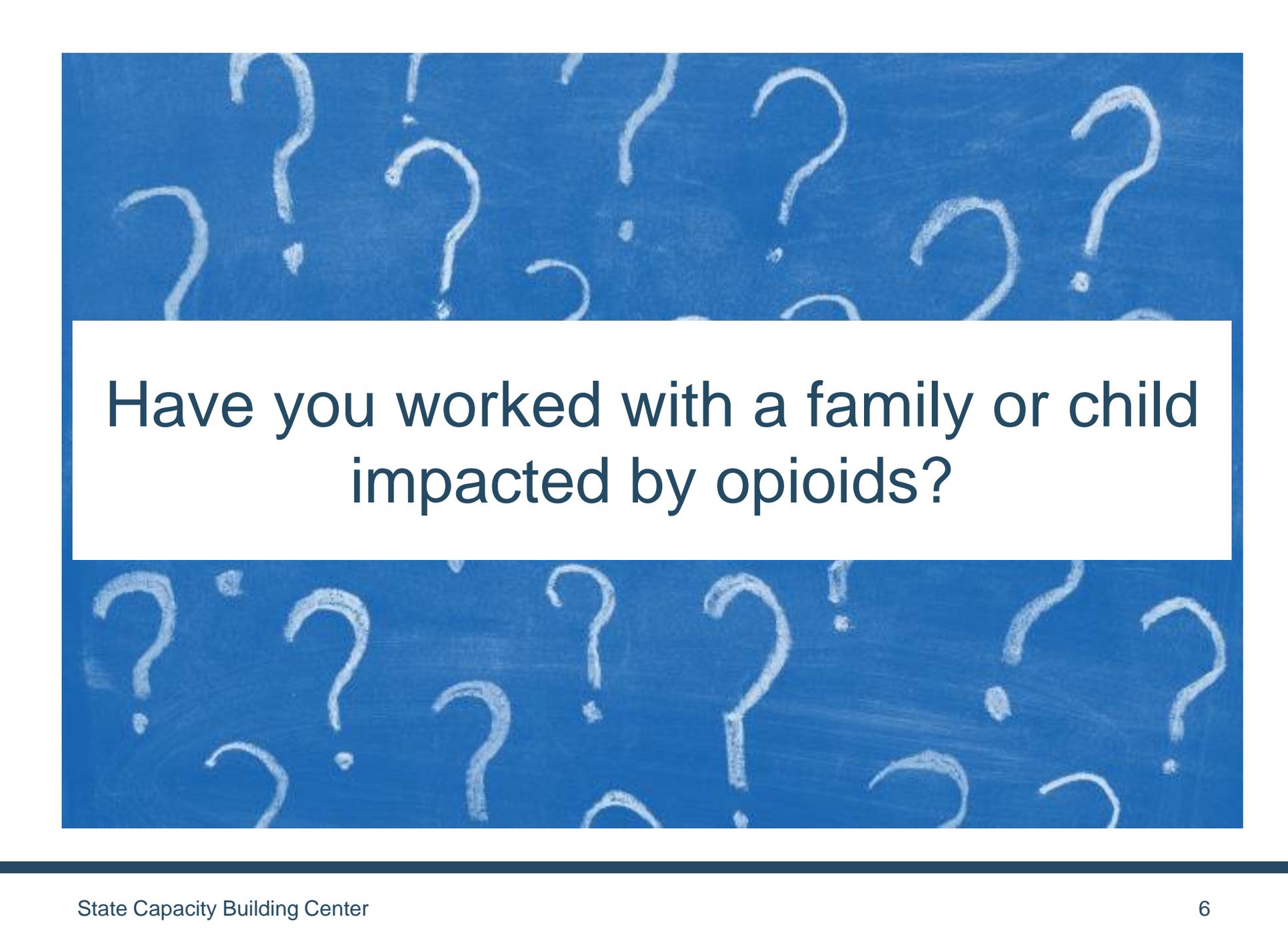
Outcomes of Today's Webinar

- ◆ Build awareness of the seriousness of opioid misuse in the United States.
- ◆ Examine Neonatal Abstinence Syndrome (NAS) and caregiving approaches for infants born with NAS.
- ◆ Provide strategies for supporting infants and toddlers and their families impacted by opioid misuse.



Connecting to CCDF Plans

- ◆ Priority of HHS/ACF
- ◆ Subsidy policy
 - Examples:
 - ◆ 12 month eligibility for foster care
 - ◆ Increased caseloads for Family Care/Grandparents
- ◆ Partnerships with other agencies
- ◆ Professional development
- ◆ High quality child care for low-income children

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Have you worked with a family or child
impacted by opioids?



THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day from opioid-related drug overdoses



11.5 m

People misused prescription opioids¹



42,249

People died from overdosing on opioids²



2.1 million

People had an opioid use disorder¹



948,000

People used heroin¹



170,000

People used heroin for the first time¹



2.1 million

People misused prescription opioids for the first time¹



17,087

Deaths attributed to overdosing on commonly prescribed opioids²



19,413

Deaths attributed to overdosing on synthetic opioids other than methadone²



15,469

Deaths attributed to overdosing on heroin²



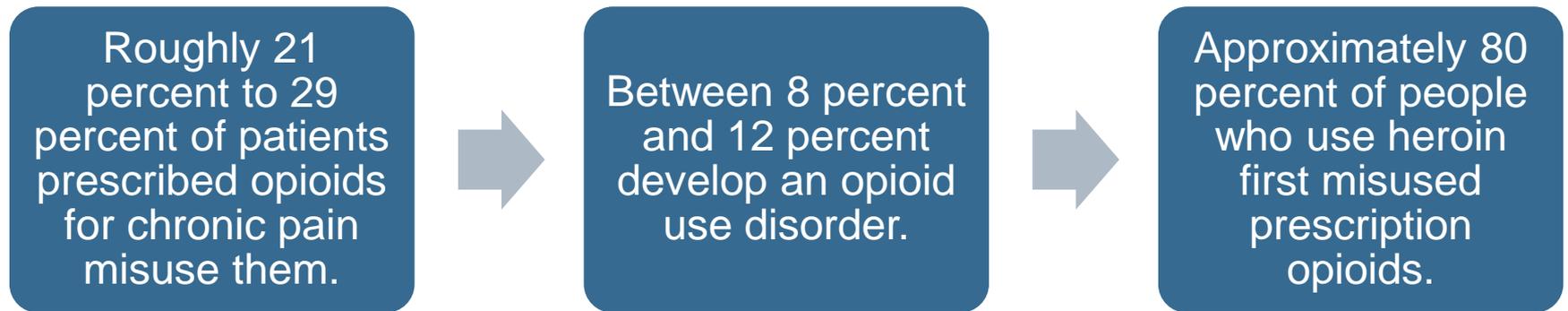
504 billion

In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017

Sources: 2016 National Survey on Drug Use and Health, 2 Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, 3 CEA Report: The underestimated cost of the opioid crisis, 2017. Retrieved April 11, 2018, from <https://www.hhs.gov/opioids/about-the-epidemic/>

What We Know about the Opioid Crisis



Source: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2018). Opioid overdose crisis [Web page]. Retrieved April 11, 2018, from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

Opioid-Related Overdose Death Rates

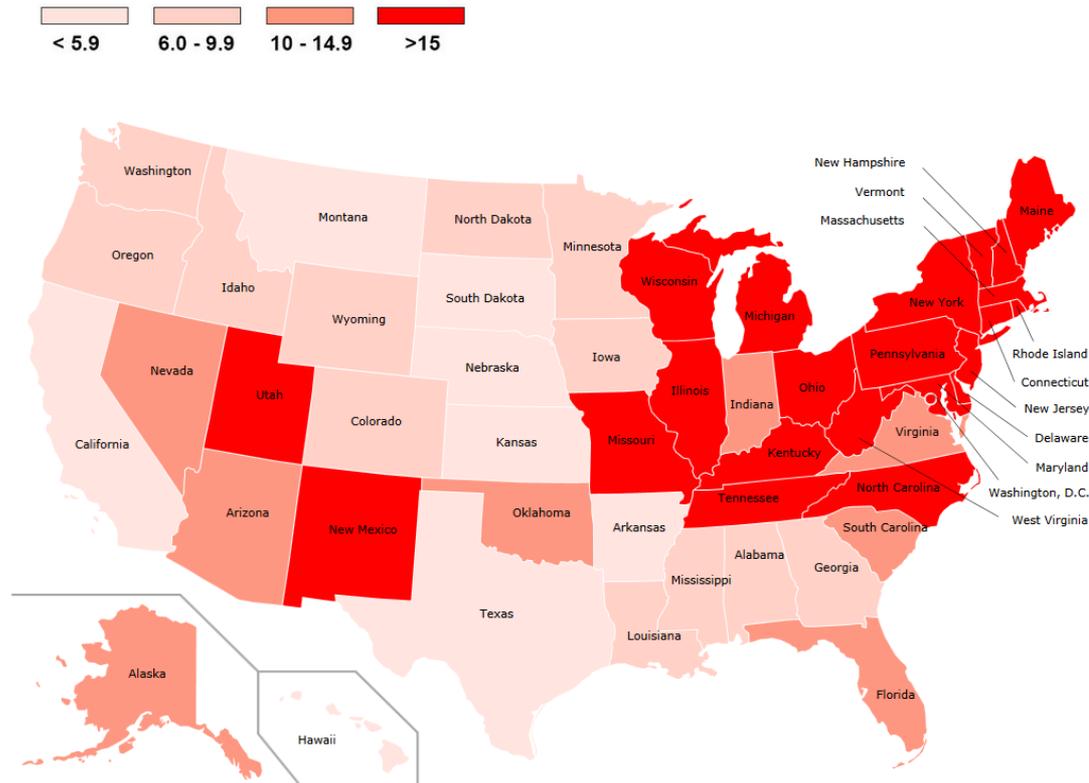
State Opioid-Related Overdose Death Rates and Opioid Prescribing Levels

State	Opioid-Related Overdose Deaths/100,000 ¹ (2016)	Opioid Prescriptions/100 persons ² (2015)
	43.40	110.00
	35.80	66.60
	32.90	85.80
	30.00	65.60
	30.00	70.00
	29.70	59.90
	26.70	69.40
	25.20	70.00
	24.50	64.00
	23.60	97.00

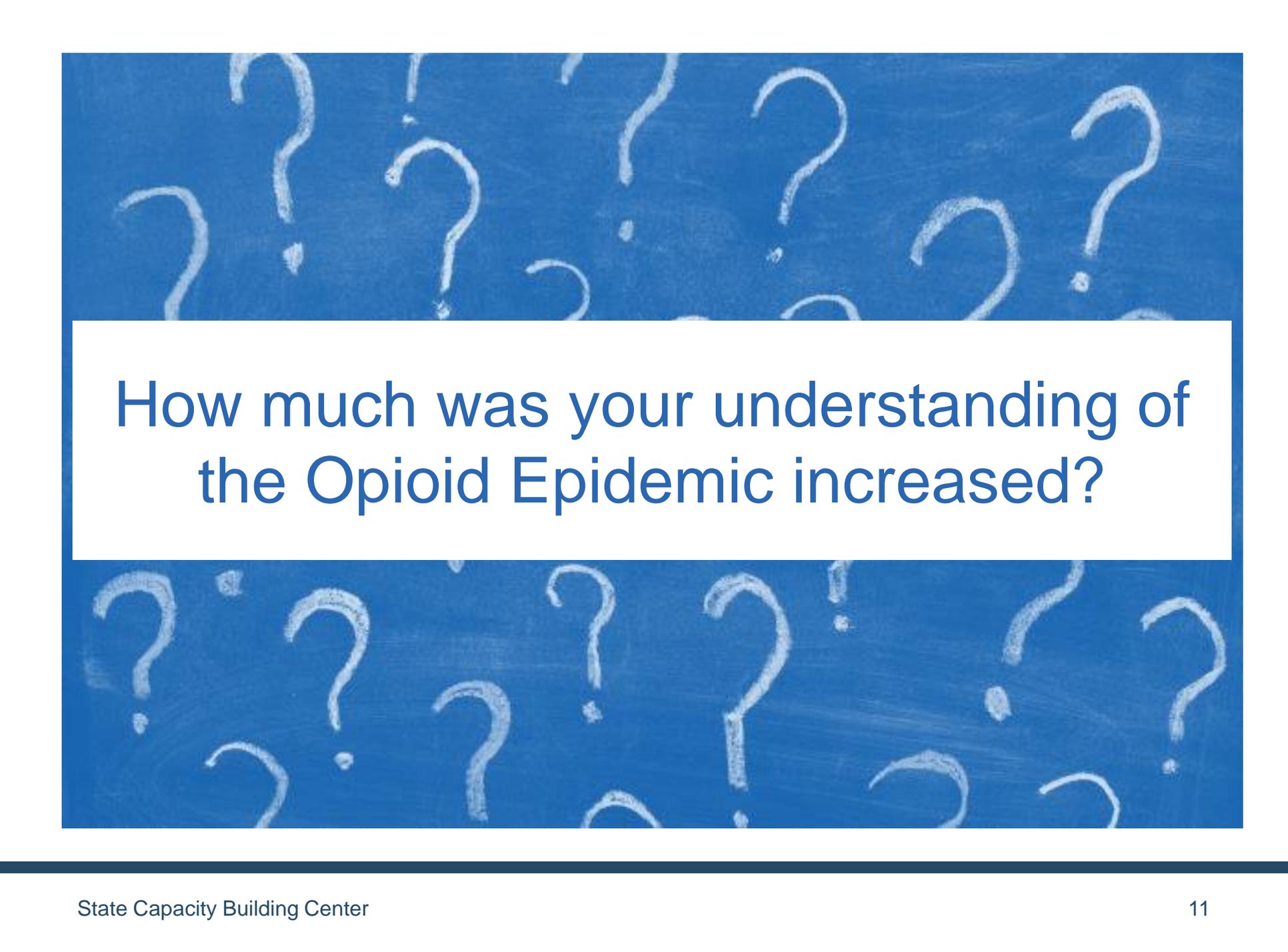
Source: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2018). Opioid summaries by state [Web page]. Retrieved April 11, 2018, from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state>

Opioid-Related Overdose Death Rates

Opioid-Related Overdose Death Rates (per 100,000 people) ¹



Source: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. (2018). Opioid summaries by state [Web page]. Retrieved April 11, 2018, from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state>

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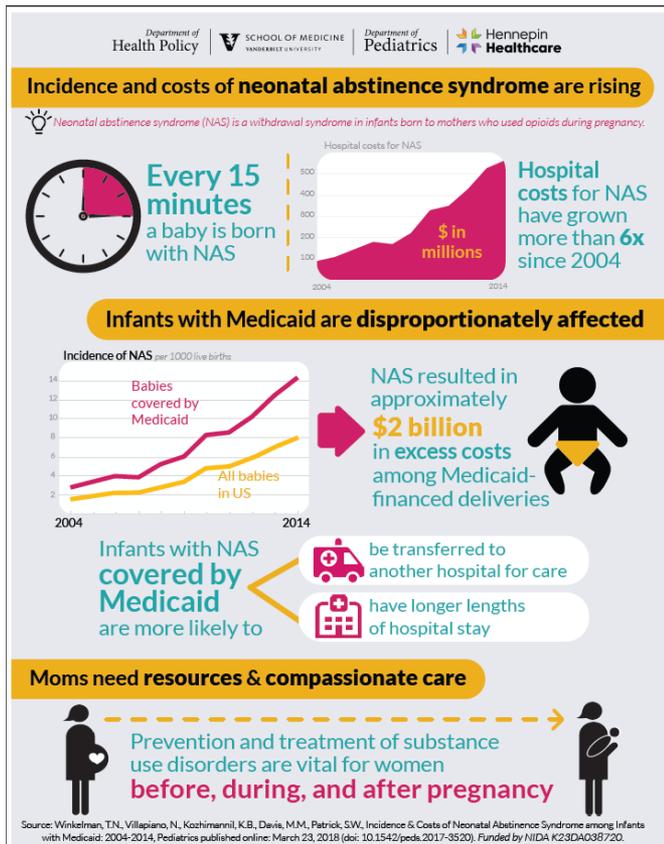
How much was your understanding of
the Opioid Epidemic increased?

Neonatal Abstinence Syndrome

- ◆ Neonatal Abstinence Syndrome (NAS) is a condition that happens when an infant goes through withdrawal from substance exposure after birth.
- ◆ The number of babies born in the U.S. with a drug withdrawal symptom has tripled over the past 15 years.
- ◆ Signs and symptoms may depend on the following:
 - What drug was used during pregnancy, how much was used, and how long it was taken
 - How the mother's body breaks down the drug
 - If the baby was born prematurely (before 37 weeks of pregnancy)

Source: Parent Base, & Hushabye Nursery. (n.d.). Neonatal abstinence syndrome. Retrieved from http://parentbase.org/wp-content/uploads/2017/05/Neonatal_abstinence_syndrome-3.pdf

Neonatal Abstinence Syndrome (NAS)



- ◆ Every **15 minutes**, a baby is born suffering from NAS
- ◆ **Five times** as many babies were born with NAS in 2009 as in 2000.
- ◆ The average hospital stay in 2012 for infants exposed to substances was **16.9 days**, compared to an average of 2.1 days for an infant not exposed to drugs

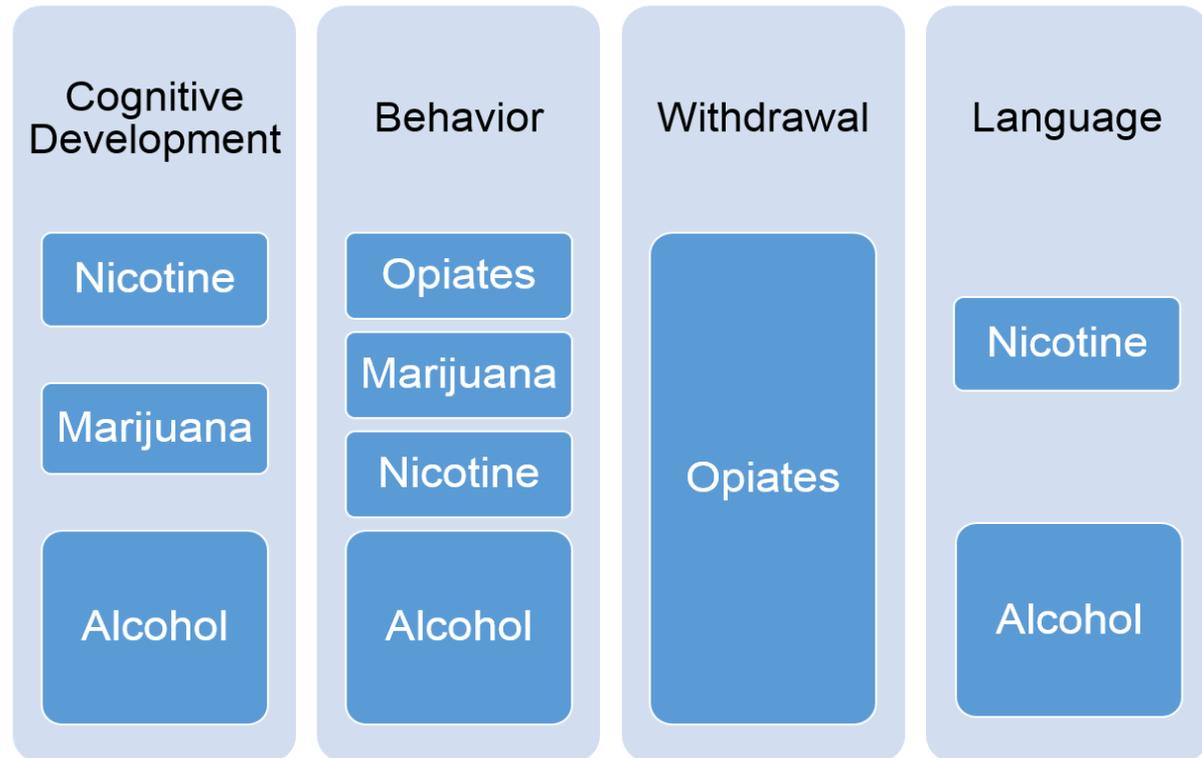
Figure source: Vanderbilt Center for Child Health Policy and the paper: Winkelman, T.N., Villapiano, N., Kozhimannil, K.B., Davis, M.M., Patrick, S.W., Incidence & Costs of Neonatal Abstinence Syndrome among Infants with Medicaid: 2004-2014, Pediatrics published online: March 23, 2018 (doi: 10.1542/peds.2017-3520) located here <http://pediatrics.aappublications.org/content/early/2018/03/21/peds.2017-3520>.

Information source: Winkelman, T.N., Villapiano, N., Kozhimannil, K.B., Davis, M.M., Patrick, S.W., Incidence & Costs of Neonatal Abstinence Syndrome among Infants with Medicaid: 2004-2014, Pediatrics published online: March 23, 2018 (doi: 10.1542/peds.2017-3520). Funded by NIDA K23DA038720. <http://pediatrics.aappublications.org/content/early/2018/03/21/peds.2017-3520>

Possible Impact on the Development of Infants and Toddlers



Short- and Long-Term Effects of Prenatal Exposure



Source: Behnke, M., Smith, V. C., Committee on Substance Abuse, & Committee on Fetus and Newborn. (2013). Prenatal substance abuse: Short- and long-term effects on the exposed fetus. *Pediatrics*, 131(3), 1009–24. Retrieved from <http://pediatrics.aappublications.org/content/131/3/e1009.full>

Symptoms of NAS

- ◆ Body shakes (tremors), seizures (convulsions), overactive reflexes (twitching), and tight muscle tone
- ◆ Fussiness, excessive crying, or having a high-pitched cry
- ◆ Poor feeding or sucking or slow weight gain
- ◆ Breathing problems, including breathing really fast
- ◆ Fever; sweating or blotchy skin
- ◆ Trouble sleeping and lots of yawning
- ◆ Diarrhea or throwing up
- ◆ Stuffy nose or sneezing

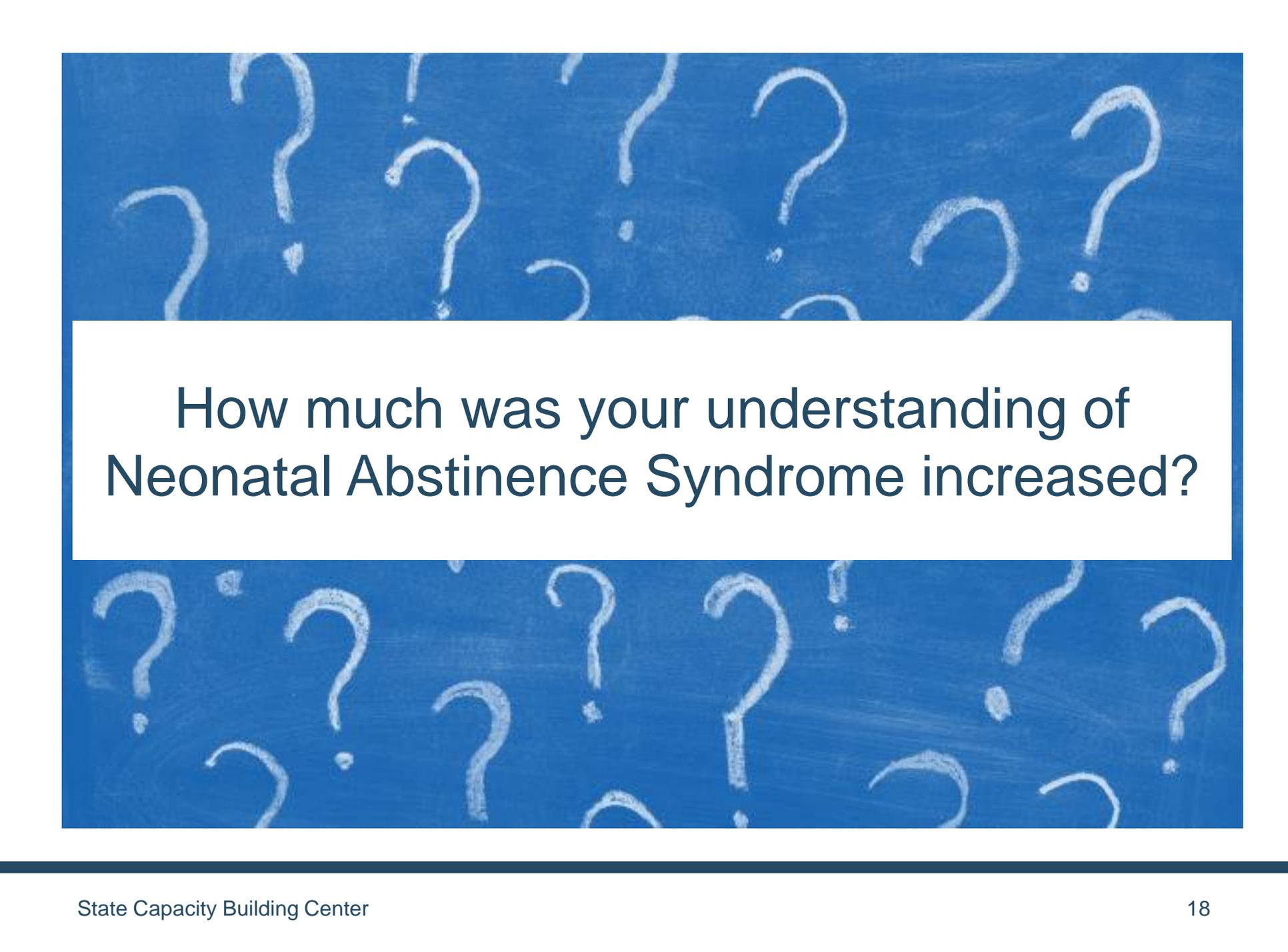
Excerpted from March of Dimes. (2017). Neonatal abstinence syndrome [Web page]. Retrieved April 11, 2018, from [https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/complications/neonatal-abstinence-syndrome-(nas).aspx)

Possible Impact on Toddlers

A toddler who has been exposed to opiates **may** experience one or more of the following symptoms:

- ◆ Mental and motor deficits
- ◆ Cognitive delays
- ◆ Hyperactivity
- ◆ Impulsivity
- ◆ Attention deficit disorder (ADD)
- ◆ Behavior disorders
- ◆ Aggressiveness
- ◆ Less social responsivity or poor social engagement
- ◆ Failure to thrive (socially)
- ◆ Short stature

Excerpted from *Intervention IDEAs for infants, toddlers, children, and youth impacted by opioids*. Retrieved from <https://osepideasthatwork.org/sites/default/files/IDEAsIssBrief-Opioids-508.pdf>



How much was your understanding of Neonatal Abstinence Syndrome increased?

Strategies for Providing Care for Infants with NAS



Providing Care for Infant with NAS

- ◆ Decrease environmental stimulus
 - Room should be a soothing environment – quiet conversation, soft singing, dimly lit room, shades on the windows
 - Limited people in the room with the infant
 - Avoid picking up infants when they are sleeping

Providing Care for Infant with NAS

- ◆ Integration of sensory stimulation
 - Rub infant's back instead of patting
 - Infant massage may be beneficial
 - Use elevator rocking, where baby faces away from you and movement is up and down
 - Use vertical rocking, (shown here) which facilitates relaxation and eye contact and is more soothing than typical rocking or side-to-side rocking



Providing Care for Infant with NAS

- ◆ Holding, swaddling
 - Swaddling; this helps them regulate
- ◆ Feeding/sucking
 - Frequent small/demand feedings may be helpful
 - Breastfeeding
 - Use a pacifier
- ◆ Most important ...
 - Be attuned to the infant and adjust to their responses



Caregiver Wellness

- It is important that caregivers recognize signs that their anxiety levels are increasing and arrange to take breaks from care
- Practice mindful calming techniques



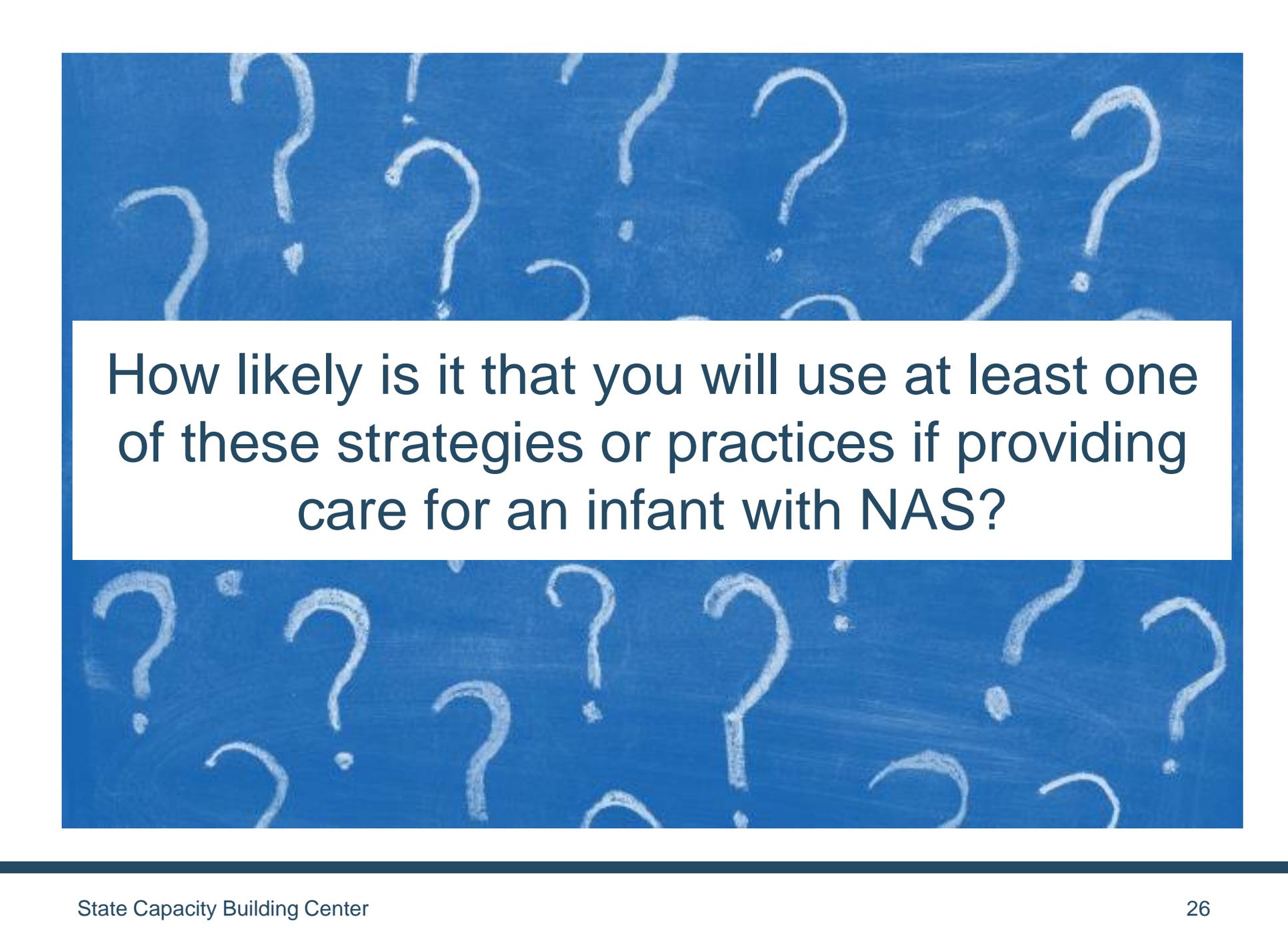
Using Relationship-Based Practices



- ◆ **Primary caregiving:** The care of each infant or toddler is assigned to one specific infant and toddler caregiver who is principally responsible for that child in the care setting.
- ◆ **Individualized care:** Being responsive and adapting to the unique cues and temperament of each child to support healthy sense of self and optimal development.

Screening and Surveillance

- ◆ Observe children playing and interacting.
- ◆ Use a standardized tool for screening.
- ◆ Ask for comprehensive prenatal, family, and early childhood history.
- ◆ Discuss concerns with parents.
- ◆ Use infant/early childhood mental health consultation.

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How likely is it that you will use at least one of these strategies or practices if providing care for an infant with NAS?

Support for Families and Caregivers

◆ We know

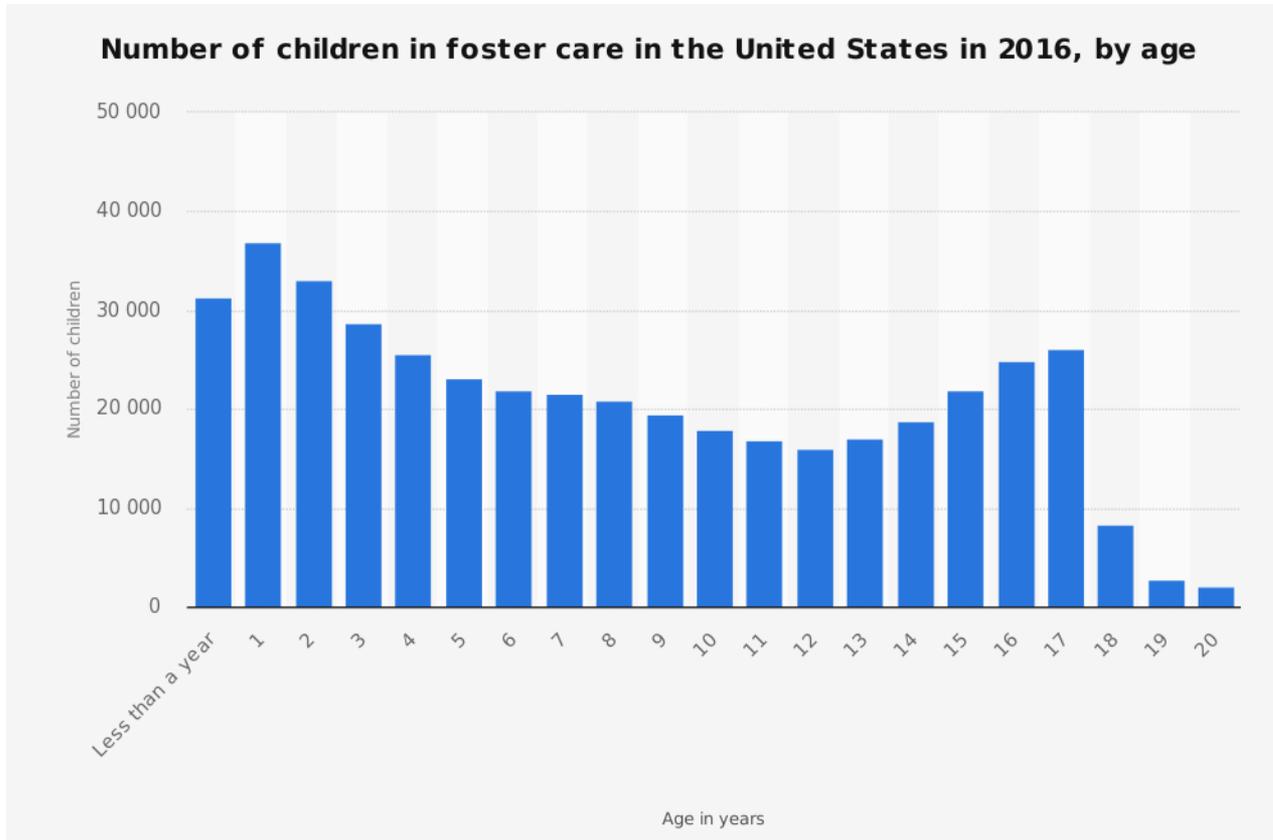
- Increase of opioid misuse has significantly impacted the child welfare system.
- Infants are coming into protective custody at alarming rates.
- Grandparents are becoming primary caregivers for a second time.

◆ What we can do

- Increase family engagement strategies.
- Connect with comprehensive services.



Foster Care



- ◆ The number of children younger than 1 year entering foster care is increasing and has become the highest percentage, by age group, of children entering foster care—from 39,697 in 2011 to 47,219 in 2015.

Source: Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. (2017). *The Adoption and Foster Care Analysis and Reporting System report*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport24.pdf>

Impact on Grandparents

- ◆ Approximately 2.5 million children are being raised by grandparents or are in kinship care with no birth parents in the home.
 - This is 3% of all children.
- ◆ Approximately 29% of children in foster care (120,000+) are being raised by relatives.
- ◆ For every child in foster care with a relative, there are 20 children being raised by grandparents or family members outside of the foster care system.

Source: Generations United. (2016). *Raising the children of the opioid epidemic: Solutions and support for grandparents*. Retrieved from http://gu.org/Portals/0/documents/Reports/16-Report-State_of_Grandfamilies.pdf



How We Can Support these Families and Engage in Comprehensive Services

- ◆ Strengthening Families

- <https://www.cssp.org/young-children-their-families/strengtheningfamilies>

- ◆ Incredible Years Training for Parents

- <http://www.incredibleyears.com/programs/parent/>

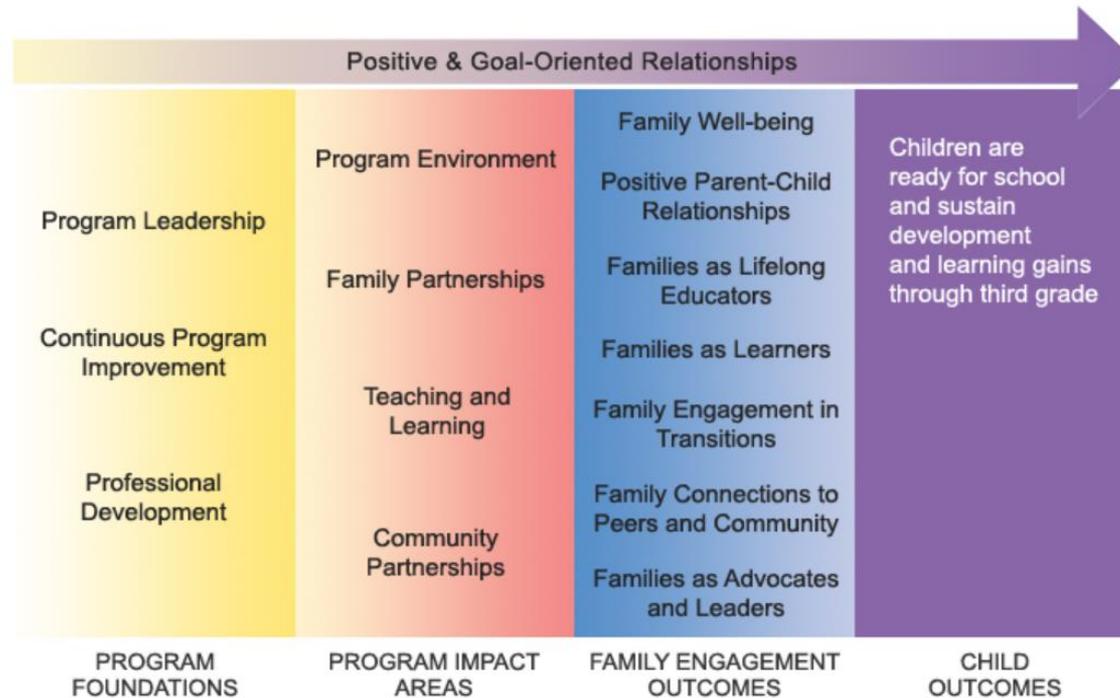
- ◆ Medical home

- ◆ Early Head Start

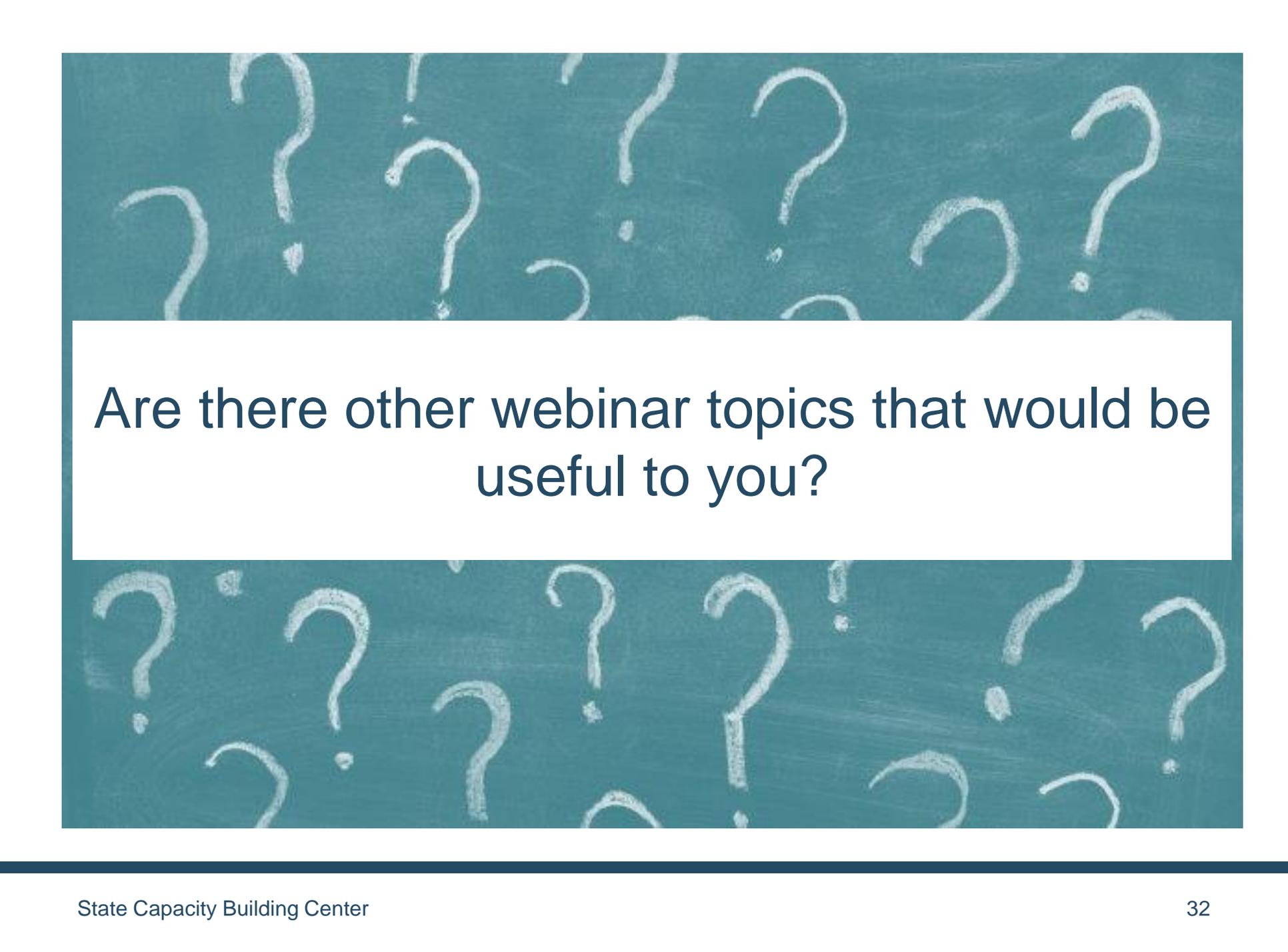
- ◆ Early intervention

- ◆ Community resources

Parent, Family, and Community Engagement Framework



Source: Early Childhood Learning & Knowledge Center. (2017). Parent, family, and community engagement framework: Head Start approach to school readiness. Retrieved from <https://eclkc.ohs.acf.hhs.gov/school-readiness/article/parent-family-community-engagement-framework>



Are there other webinar topics that would be useful to you?

Resources

- ◆ HealthReach's low-literacy patient materials about opioids, opioid addiction, and opioid treatment (includes documents, videos, and audio), available at <https://healthreach.nlm.nih.gov/patient-material-results?keywords=opioids&btnsearch=Search&author=&language=&format=&user=&records=10>.
- ◆ National Center on Substance Abuse and Child Welfare's *Infants with Prenatal Substance Exposure*, available at <https://ncsacw.samhsa.gov/resources/substance-exposed-infants.aspx>.
- ◆ National Center on Substance Abuse and Child Welfare's *Neonatal Abstinence Syndrome*, available at <https://ncsacw.samhsa.gov/resources/opioid-use-disorders-and-medication-assisted-treatment/neonatal-abstinence-syndrome.aspx>.
- ◆ Substance Abuse and Mental Health Services' Center for the Application of Prevention Technologies *Resources to Prevent the Non-Medical Use of Prescription Drugs, Opioid Misuse, and Opioid Overdose* (2018), available at <https://www.samhsa.gov/capt/tools-capt-learning-resources/capt-resources-support-opioid-misuse-overdose-prevention>.
- ◆ U.S. Office of Special Education's *Programs Intervention IDEAs for Infants, Toddlers, Children, and Youth Impacted by Opioids*, available at <https://osepideasthatwork.org/sites/default/files/IDEAsIssBrief-Opioids-508.pdf>.

Infant/Toddler Resource Guide



The header features the Office of Child Care logo on the left, with navigation links for 'About Us' and 'Contact Us' on the right. Below the logo are social media icons for Facebook and Twitter. A dark blue navigation bar at the bottom contains five menu items: 'Home', 'State Level Policy Professionals', 'PD & TA Professionals', 'Infant/Toddler Care Providers', and 'Infant/Toddler Care Video Clips'.



The Program for Infant/Toddler Care Six Essential Program Practices for Relationship-Based Care

These papers promote evidence-based program practices that support infant/toddler care.

About the Infant/Toddler Resource Guide

What is the purpose of this guide?

This Resource Guide offers a host of materials to support the development and implementation of policies and practices for high-quality care for infants and toddlers. Whether you are a Child Care and Development Fund (CCDF) Administrator developing policies, a child care provider seeking information and guidance, or a professional development provider seeking innovative training materials, this site is for you. Development of this guide is new and actively growing, so check in frequently to see what resources have been added to support your work with infants, toddlers, and their families.

Who are the intended users?

We are including resources for three primary audiences:

- CCDF Administrators, staff, and state policy professionals
- Child care resource and referral administrators, training organization directors and trainers, higher education institution administrators and early childhood/child development faculty, and technical assistance organization administrators and providers
- Infant and toddler teachers, center directors, and family child care providers

Child Care State Capacity Building Center. (n.d.). Infant/toddler resource guide [Web page]. Washington, DC: Office of Child Care. Retrieved from <https://childcareta.acf.hhs.gov/infant-toddler-resource-guide>

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