

Providing Support to Parents with Substance Use Disorders During the COVID-19 Pandemic

January 2021



Authors: Camille C Cioffi, PhD¹; Berenice Rushovich, MSW²; Carolyn Flynn, MA, LAC³; Peg Wright³; Lisa Pion-Berlin, PhD⁴; and Antonia Rios⁴
Editors: Elizabeth C. Long⁵ and Cagla Giray⁵

1. University of Oregon, Prevention Science Institute, 2. Child Trends, 3. The Center for Great Expectations, 4. Parents Anonymous® Inc. and National Parent Leadership Team®, 5. Research-to-Policy Collaboration

The COVID-19 pandemic has produced unique challenges for parents with substance use disorders (SUDs). Although some barriers have been alleviated (e.g., medication assisted treatment is more accessible for some and telehealth is broadly available), COVID-19 has still resulted in barriers to support for parents with SUDs.

Barriers to Care

1. Services previously accessible in-person have limited availability.¹ Specifically, some services may have switched to telehealth delivery, which is less accessible to this population due to technological barriers.
 - a. COVID-19 precautions limit behavioral treatment services.
 - b. Reduced mobile delivery resources² limit ancillary services delivery from behavioral treatment facilities (e.g., things outside of substance use treatment such as parenting supports and basic needs services).
2. Parents face increased challenges and a lack of support.
 - a. Challenges include isolation, trauma, shame, stigma, mental health disorders, or lack of concrete supports.^{3, 8}
 - b. Parents lack internet access and/or devices necessary to participate in virtual supports.^{4, 8}
 - c. Providers are unable/unwilling to make in-person visits or allow parents to have in-person visitation with their children who are in foster care.⁵
3. School closures are an added stressor for families.^{6, 8}
4. Adult and child victims of intimate partner violence face increased negative consequences.^{7, 8}

Policy Recommendations: How to Improve Access to Care and Support

1. Use telehealth to facilitate parenting support:
 - a. Leverage virtual home visiting programs and weekly support groups.^{4, 8} Support groups for parents, caregivers, and youth can prevent future child maltreatment by strengthening families.⁸
 - b. Provide devices and/or vouchers for internet access for families.⁴
 - c. Offer additional phone or telehealth visits and guidelines to engage children during virtual family time.^{3, 5, 9}
 - d. Provide dyadic therapy via telehealth.¹⁰
 - e. Build community and connection via group telehealth psychotherapy.^{11, 12}
 - f. Offer free webinars to foster skills, for example: <https://www.cge-nj.org/on-demand-webinars/>
2. One-on-one peer support can include peer recovery specialists and doulas who have lived experience with SUDs. Peers can:
 - a. Assist with technology for telemedicine visits.
 - b. Coordinate delivery of basic services (e.g., food boxes) to parents and youth.⁸
 - c. Increase abstinence and decrease the likelihood of relapse and overdose.^{8, 13-15}
 - d. Doulas can improve child and maternal outcomes and reduce child welfare involvement and reduce healthcare provider stigma.²

References

1. Cioffi CC, Leve LD. Substance use disorder treatment, parenting, and COVID-19. *J Subst Abuse Treat.* 2020;119. doi:10.1016/j.jsat.2020.108148
2. John McConnell K, Kaufman MR, Grunditz JI, et al. Project Nurture Integrates Care And Services To Improve Outcomes For Opioid-Dependent Mothers And Their Children. *Health Aff.* 2020;39(4):595-602. doi:10.1377/hlthaff.2019.01574
3. National Center on Substance Abuse and Child Welfare. *Tip Sheet 3: Supporting Families Affected by Substance Use Disorders During the Current Public Health Crisis.*; 2020. <https://ncsacw.samhsa.gov/files/tip-3-supporting-families.pdf>.
4. Supplee L, Crowne SS. *During the COVID-19 Pandemic, Telehealth Can Help Connect Home Visiting Services to Families.* Bethesda, MD; 2020. <https://www.childtrends.org/blog/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families>.
5. Child Welfare Information Gateway. *Virtual Family Time: Tips for Families.* Washington, DC; 2020. https://www.childwelfare.gov/pubPDFs/factsheets_families_familytime.pdf.
6. Viner RM, Bonell C, Drake L, et al. Reopening schools during the COVID-19 pandemic: governments must balance the uncertainty and risks of reopening schools against the clear harms associated with prolonged closure. *Arch Dis Child.* August 2020;archdischild-2020-319963. doi:10.1136/archdischild-2020-319963
7. Evans ML, Lindauer M, Farrell ME. A Pandemic within a Pandemic — Intimate Partner Violence during Covid-19. *N Engl J Med.* 2020;383(24):2302-2304. doi:10.1056/NEJMp2024046
8. Burnson C, Covington S, Arvizo B, Qiao J, Harris E. The Impact of Parents Anonymous on Child Safety and Permanency. *Child Fam Serv Rev.* <https://parentsanonymous.org/wp-content/uploads/2020/09/Sept-20-NCCD-Study-on-Positive-Impact-of-Parents-Anonymous.pdf>.
9. Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res.* 2018;20(2):e25-e25. doi:10.2196/jmir.8090
10. Gurwitch RH, Salem H, Nelson MM, Comer JS. Leveraging parent-child interaction therapy and telehealth capacities to address the unique needs of young children during the COVID-19 public health crisis. *Psychol Trauma Theory, Res Pract Policy.* 2020;12(S1):S82-S84. doi:10.1037/tra0000863
11. Gentry MT, Lapid MI, Clark MM, Rummans TA. Evidence for telehealth group-based treatment: A systematic review. *J Telemed Telecare.* 2018;25(6):327-342. doi:10.1177/1357633X18775855
12. Reese RJ, Slone NC, Soares N, Sprang R. Using telepsychology to provide a group parenting program: A preliminary evaluation of effectiveness. *Psychol Serv.* 2015;12(3):274-282. doi:10.1037/ser0000018
13. Miler JA, Carver H, Foster R, Parkes T. Provision of peer support at the intersection of homelessness and problem substance use services: a systematic “state of the art” review. *BMC Public Health.* 2020;20(1):641. doi:10.1186/s12889-020-8407-4
14. Tracy K, Wallace SP. Benefits of peer support groups in the treatment of addiction. *Subst Abuse Rehabil.* 2016;7:143-154. doi:10.2147/SAR.S81535
15. Winhusen T, Wilder C, Kropp F, Theobald J, Lyons MS, Lewis D. A brief telephone-delivered peer intervention to encourage enrollment in medication for opioid use disorder in individuals surviving an opioid overdose: Results from a randomized pilot trial. *Drug Alcohol Depend.* 2020;216:108270. doi:10.1016/j.drugaldep.2020.108270