

A Triple Threat: Parents in Recovery During COVID-19

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In this commentary, we describe the triple threat that parents in recovery face during the COVID-19 pandemic due to the loss of social support. We explore how the absence of human connection during the pandemic can be detrimental to parents in recovery as well as the parent-child relationship. We conclude by proposing strategies to offer critical support for families as this period of social isolation extends and the effects become increasingly apparent.

Key Words: coronavirus, COVID-19, parenting, social support, substance use disorder

(*J Addict Med* 2021;15: 446–447)

When our team started working to improve parent supports for mothers in recovery from substance use disorders (SUD) years ago, we knew we would have a lot to learn. We did not know that in the middle of this journey we would collectively face a global health crisis that would fundamentally disrupt access to human connection for all of us. Several studies have shown how human connection functions as a vital component of recovery from SUD,^{1,2} helping us to understand and perhaps anticipate how the coronavirus disease 2019 (COVID-19) pandemic and the resulting social isolation ordinance could have the potential to be detrimental to the process of recovery. Although social isolation is difficult for many of us, for individuals in recovery it could be deadly. Among people in recovery, mothers are likely to be even more vulnerable to the effects of social isolation. Not only do postpartum women in recovery face an increased risk of fatal overdose,³ social support is known to be highly protective

against postpartum mood disorders and critical for healthy early parent-infant bonding.^{4,5}

Over the past few years, we have learned from the families we serve the importance of establishing a network of relationships both in support of SUD recovery and parenting, which are intimately intertwined. When parent-infant relationships are stressed, parents are more vulnerable. A fussy baby exposed in utero to opioids may induce feelings of guilt as parents blame themselves. The typical sleep deprivation of new parenthood may be aggravated by the infant's dysregulation, further eroding a parent's emotional wellbeing, and increasing risk of relapse. When a mother is held in a supportive network of relationships, it frees her to focus and connect with her infant. This early relationship serves as the foundation for their child's future health and development, and even the ability to break intergenerational transmission of mental health and SUD. Unfortunately, this crisis disrupts vital connections and relationships.

Much of the suffering imparted by the COVID-19 crisis cannot be avoided. However, understanding the impact of policies on mothers in recovery with young children may limit unnecessary death and suffering. Because mothers in recovery already face multiple risk factors, new regulations and restrictions to limit the spread of the virus may be uniquely detrimental to them. For example, many mothers in recovery also face homelessness or housing insecurity and this pandemic brings to light how many women live on this razor-thin edge of finding a safe home for themselves and their infants. Families we serve were affected by orders closing motels that provide emergency or temporary housing. The alternative options to seek housing in shelters or other parts of the state threatened to place these families at even greater risk of contracting the virus or further disconnecting them from treatment and social support networks. Prioritizing emergency housing placement for women in recovery and closing the loop holes that disqualify access to housing (eg, prior eviction history) are urgently needed to ensure safe housing for all families during this pandemic.

Even mothers in long term recovery may be uniquely vulnerable to the loss of social connection and support during COVID-19. For many people with trauma and SUD histories, employment does not only serve to meet their basic needs, it functions as a source of pride and positive coping strategy. Loss of employment may result in a mother spending more time confined to home, with increased risk of intimate partner conflict and violence.⁶ Relationships with their children may be strained as both parent and child become dysregulated by

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Received for publication August 17, 2020; accepted October 26, 2020.

Dr. Peacock-Chambers is supported by the National Institute on Drug Abuse (K23DA050731). The views presented in this manuscript are those of the authors and do not necessarily reflect those of the funding agencies.

The authors report no conflicts of interest.

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ISSN: 1932-0620/20/1506-0446

DOI: 10.1097/ADM.0000000000000790

uncertainty, lack of routine, and loss of outside supports (family, child care, school, work).⁷ We have also seen how simple boredom can lead to intrusive thoughts, depression, anxiety, cravings, and even relapse for mothers in recovery. This high-stress, low-reward environment can be particularly challenging,⁸ triggering regression in their recovery process as they confront many uncomfortable feelings that were easily avoided before the pandemic.

We believe that human connection is vital to parents in recovery, and critical for creating an environment where parents can meet the needs of their children. Social supports allow parents to regulate emotions related to parenting challenges and show-up with empathy for their children. Unfortunately, the COVID-19 pandemic also strikes at an even more fundamental need by destroying a sense of physical and emotional safety. Physical and emotional safety is a prerequisite to starting a recovery journey and reaching out for social connection. In the process of disconnecting from social supports and experiencing lack of safety, a person's very humanity can be threatened as they lose their sense of place in the world.

Families affected by SUD are suffering and are uniquely vulnerable to the impact of COVID-19 as we have detailed above. They are facing a triple threat. Yet, even in the virtual setting, emphasizing a relational model within SUD support groups, community-based mental health agencies, home visiting programs, and psychotherapeutic interventions can provide the meaningful human connection needed to support a parent's recovery and their growing relationship with their

child. Within the limits of safety, in-person check-ins may also prove lifesaving in assessing the wellbeing of parents with young infants. As health and social service providers, we must redouble our efforts to advocate for policies and treatments that ensure the physical and emotional safety of families during this crisis and maintain supportive relationships to prevent further loss of life and long-term morbidity from the secondary impacts of this virus.

REFERENCES

1. Bell DC, Montoya ID, Atkinson JS. Therapeutic connection and client progress in drug abuse treatment. *J Clin Psychol*. 1997;53(3):215–224.
2. Kruk E, Sandberg K. A home for body and soul: substance using women in recovery. *Harm Reduct J*. 2013;10:1–16.
3. Schiff DM, Nielsen T, Terplan M, et al. Fatal and nonfatal overdose among pregnant and postpartum women in Massachusetts. *Obstet Gynecol*. 2018;132(2):466–474.
4. Tani F, Castagna V. Maternal social support, quality of birth experience, and post-partum depression in primiparous women. *J Matern Fetal Neonatal Med*. 2017;30(6):689–692.
5. Green BL, Furrer C, McAllister C. How do relationships support parenting? Effects of attachment style and social support on parenting behavior in an at-risk population. *Am J Community Psychol*. 2007;40(1–2):96–108.
6. van Gelder N, Peterman A, Potts A, et al. COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinical-Medicine*. 2020;21:100348.
7. Cluver L, Lachman JM, Sherr L, et al. Parenting in a time of COVID-19. *Lancet*. 2020;395(10231):e64.
8. Rutherford HJ, Williams SK, Moy S, Mayes LC, Johns JM. Disruption of maternal parenting circuitry by addictive process: Rewiring of reward and stress systems. *Front Psychiatry*. 2011;2:37.