

Trauma is at the core for most women with substance use disorder. By recognizing this trauma and treating it as early as possible in pregnancy and motherhood, the woman and her family can create deep roots

for strong recovery. With a focus on healthy pregnancy and a positive childbirth experience, the mother and child will create a strong bond that acts as the blue print for life-long healthy relationships and emotional well-being.

Parent-Infant Mental Health provides relationally-focused interventions for the mother-child dyad. PIMH helps clients to overcome the impact of past traumatic experiences and increase mother's ability to relate and engage effectively with her child.

Early research shows that in-home, relationshipfocused substance use disorder treatment that prioritizes the parenting experience can benefit families, reduce out-of- home placement for children and reduce the need for residential substance use disorder treatment for parents¹.

1. Hanson, K. E., Saul, D. H., Vanderploeg, J. J., Painter, M., & Adnopoz, J. (2015). Family-Based Recovery: An Innovative InHome Substance Abuse Treatment Model for Families with Young Children. Child Welfare, 94(3).



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SUBSTANCE USE DISORDER TRAUMA ASSESSMENT REFERRAL TREATMENT

A comprehensive treatment program for pregnant and parenting women with opioid addiction

The START Program



S.T.A.R.T is the newest program in The Center for Great Expectations (CGE) arsenal to break the cycle of trauma, addiction and homelessness.

As pregnant and parenting women with a history of opioid use are referred to S.T.A.R.T. they will receive a comprehensive assessment. The S.T.A.R.T. team will create a plan for treatment through CGE services and/or make referrals to community partners and resources. Depending on the level of need, treatment will be at CGE's Residential Treatment program, Roots to Recovery, CGE's outpatient treatment center, or in the woman's home. Treatment plans will include substance use disorder treatment as well as parent -infant mental health (PIMH) counseling. The S.T.A.R.T. team will also provide case management and family support.



This program will serve Hunterdon, Middlesex and Somerset Counties. As a front-line service provider to pregnant and parenting women, you have an opportunity to be a part of the resolution of the opioid crisis we are facing in New Jersey.



Each S.T.A.R.T. Team will consist of:

 A licensed clinical counselor specializing in trauma informed addiction counseling

The heart of CGE's mission

strengthening emotional,

physical and spiritual well

being while recognizing

is to provide trauma-

cognitive, behavioral,

informed treatment

- A licensed Parent-Infant Mental Health (PIMH) counselor focusing on mother/child attachment and parenting competencies
- A Case Manager providing integrated support and

laying the foundation to achieve it.

access to community resources

The S.T.A.R.T. Team provides services for 6—18 months to pregnant women and women with children up to age 5. Services include case management, intensive in-home or outpatient psychotherapy and substance use disorder treatment. By resolving intergenerational trauma, clients and counselors work together to build capacity for a healthy relationship between parent and child.

Please call S.T.A.R.T. Program Manager Carolyn Flynn, MA, NCC at (732) 247-7003 ext 322 or email cflynn@cge-nj.org to refer.



As a member of the National Child Trauma Stress Network (NCTSN), CGE's framework for traumainformed treatment follows the ARC model.

ARC is a relational treatment model that provides intervention across three domains, Attachment, Regulation and Competency. This holistic approach facilitates an attuned relationship between parent and child, assists clients in regulating emotional states and increases executive functioning skills while building a positive identity.

The Center for Great Expectations' Nurtured Heart Approach® provides a safe environment for each client to individually benefit from an innovative treatment modality that combines trauma-informed care and Parent-Infant Mental Health, for the best possible outcomes for both parent and child.

