



Women and Methamphetamine: A Day of Learning

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Effects of Methamphetamine Exposure on Children and Interventions

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Irvine, CA
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OVERVIEW

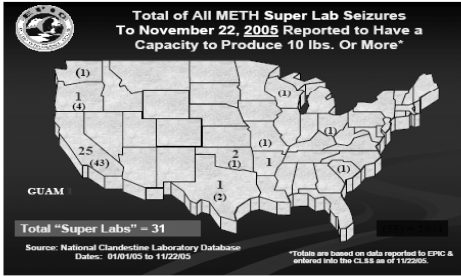
- What we want for children & families
- Meth and children
- Framing the work
- What are the concerns?
- Where we need to go

REFRAMING



- ↳ Meth babies
 - ↳ Babies exposed prenatally to meth
- ↳ Substance exposed children
 - ↳ Children exposed to substances

ENTER SUPER LABS



METH and TOXICITY

- Shift from home labs to Superlabs may lessen the impact of toxic exposure
 - Inhalation of toxic fumes
 - Clothing and skin contact with improperly-stored chemicals
 - Chemical waste dumped in play areas
 - Explosions
 - Fires
- Yet – the concerns still exist

PARENTING CONCERNS GROWING CHILDREN

- Clinical and research findings
 - Inconsistent inappropriate responses
 - Polar parenting – Anger ↔ apathy
 - Marked binges (unavailable)
 - Disorganized lifestyle - CHAOS
 - Violence – parental, domestic
 - Abuses – emotional, physical, sexual, neglect

PARENTING CONCERNS CHILDREN GROWING

- Poor supervision
- Place children in unsafe situations
 - Drug runs, monitored by others
- Hazardous living environment
- Role modeling
 - Substance use
 - Managing emotions
 - Criminal activities

INFANT DEVELOPMENT, ENVIRONMENT & LIFESTYLE

- IDEAL
 - Longitudinal study – at least until 3 years old
 - Four clinical sites, self report, meconium screening for meth
- Study
 - 1534 unexposed to meth - 84 exposed
 - Infants exposed to meth had decreased birth weight & 3.5 times more likely to be SGA (small for gestational age)

OTHER STUDIES

- Qualitative studies provide us with different ways to understand the needs of children
 - Foster placement
 - Works
 - Haight, et al, 2005, 2007
 - Brown, Hohman, 2006

AREAS OF CONCERN

- Biological
 - Impairments resulting from pre-, peri, & postnatal traumas
- Interactional
 - Effects of psychiatric or other dysfunctions of caregivers
- Psycho-social
 - Effects of neglect (or overprotection)
- Psycho-environmental
 - The role of violence, family chaos

RISK AND RESILIENCY

- Internal factors
 - Within the individual
 - Within the family
- External factors
 - From the community
 - From society

RISK

- What is risk?
 - The presence of factors that make it more likely that challenging life experiences will disrupt effective family functioning
- Where do risks come from?
 - Biological sphere
 - Psychological sphere
 - Social sphere
- Risk is often cumulative

RESILIENCY

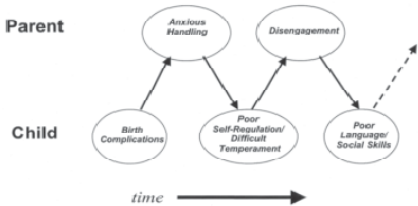
- What is resiliency?
 - The ability to "bounce back"
 - The process and outcome of adapting to challenging life experiences
- Why is resiliency important?
 - Resiliency enables families to recover, grow, heal and succeed within the context of change
 - Changes and develops over time

RISK FACTORS

- ↻ 2 risk factors - 4 times as likely for adverse impact
- ↻ 4 risk factors - 10 times as likely for adverse impact
- ↻ Levels of burden, Cumulative risk

TRANSATIONAL MODEL

Transactional Model of Development



PHYSICAL HEALTH CONCERNS

- Neuro-toxicity
- Developmental toxicity
- Reproductive toxicity
- Specific organ damage
- Acute vs. Chronic
- The rate of toxic exposure is greater in children than adults

SEQUELAE

- Behavioral problems
- Emotional problems
- Language and motor delays
- Poor cognitive development
- Poor educational attainment

EMOTIONAL DEVELOPMENT

- Why is this important?
 - Affects the individual's ability to succeed in life
 - Affects the family's capacity to sustain its members
- Global concepts
 - Trust
 - Reciprocity
 - Competence
 - Building positive self-esteem, self-confidence
- Foundations of emotional development
 - Bonding
 - Attachment
- Think not just the younger generation but the older

RESEARCH/CLINICAL CONCERNS

- Relationship Disturbances
- Externalizing – acting out behaviors
- Internalizing – too quiet, depressed



PARENTIFICATION

- Young children carrying adult burdens
- Developmental concerns
- Social Emotional concerns



Behavioral & Emotional Research/Clinical Concerns

- Diagnoses
 - Post traumatic stress
 - RAD (Reactive Attachment Disorder)
 - ADHD/ADD
 - Depression/anxiety

TREATMENT

■ Treatment

- The mother or father in treatment needs to address a multitude of issues
- The needs of the children are to be addressed along with them
- For women, we know that gender specific treatment is more effective



(McComish, Greenberg, et al, 2000; Claus, et al, 2007)

INTERVENTION for PARENTS/FAMILIES

- Strength-Based Approach
- Parenting/recovery occur within family systems
- Developing healthy relationships
- Nurturing and attachment
- Knowledge of parenting and child development
- Developing effective problem solving and communication skills
- Supporting/enabling social and emotional competence of children
- More research is needed

SERVICE NEEDS of CHILDREN

- Have easy access to multidisciplinary assessments and interventions:
 - Case management/coordination
 - Continuity of care
 - Special education
 - Mental - physical health services

FAMILY FOCUSED TREATMENT

- Views the family as the client - not just the parent who is in treatment for substance abuse
- Integrates substance abuse treatment, mental and physical health, child development, parenting and education

COLLABORATION

- Many people are involved in the care of the children -- parents, foster parents, social workers, teachers, psychologists
- Coordination and collaboration is CRITICAL
- Communication among social services, foster parenting & treatment personal is fundamental

WHAT WE KNOW HELPS

- Early assessment
- Early intervention
 - Research in this area is increasing
- Continuity of care
- Supportive, effective systems
- Quality childcare
 - Increasing research
- Mental health treatment & consultation
- Caring concerned people – last but for sure not least!

INTERVENTIONS

- Public supports
 - IDEA – Schools 3 years and older
 - Early Start -
<http://www.dds.ca.gov/EarlyStart/ESQuestionAnswers.cfm>
 - Regional Center -
http://www.dds.ca.gov/rc/rcsvs_home.cfm
 - Family Resource Centers -
<http://www.familyresourcecenters.net/index.html>
 - Mental Health needs
- Some approaches
 - PCIT (Parent Child Interactive Therapy)
 - Infant Mental Health

LEARNING MORE

- In small groups, please:
 - Identify the needs that you feel have not been sufficiently addressed with regards to children and families
 - What patterns/issues have you noticed that should be discussed

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