Effects of Methamphetamine Exposure on Children and Interventions

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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
    - 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

**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


