
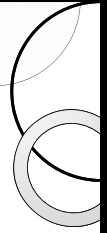



Drug Endangered Children: The Impact of Parental Substance Abuse on Child Development



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OU Health Sciences Center



Parental Substance Abuse


8.3 million

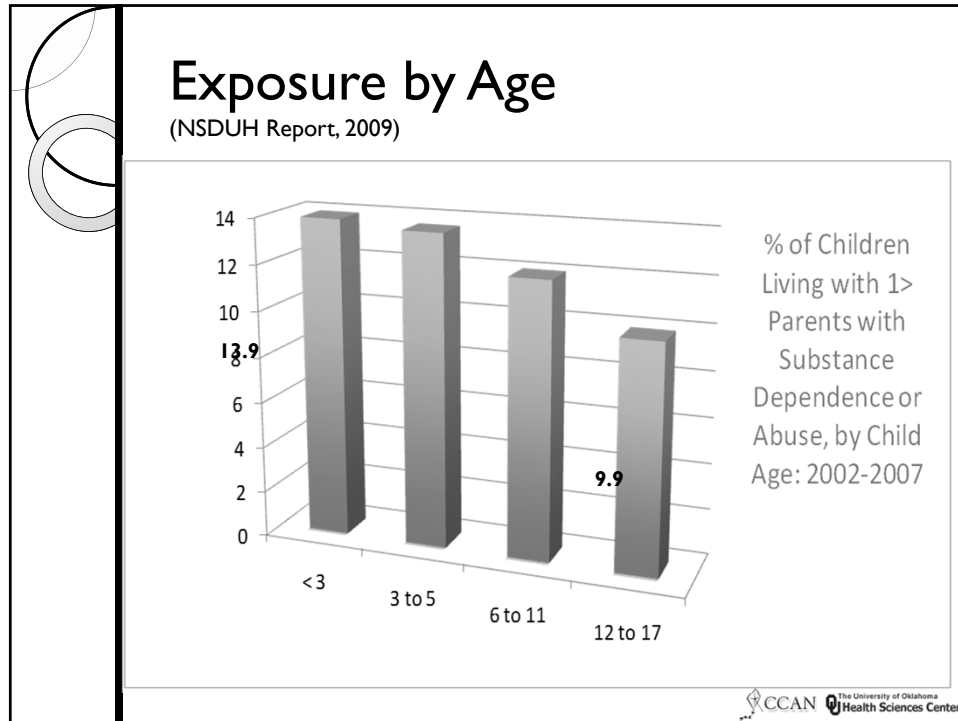
(11.9% of U.S. children)

Number of U.S. children living with a parent who was abusing or dependent on alcohol or drugs during 2009

7.3 Million (10.3%) = Alcohol
2.1 Million (3%) = Drugs

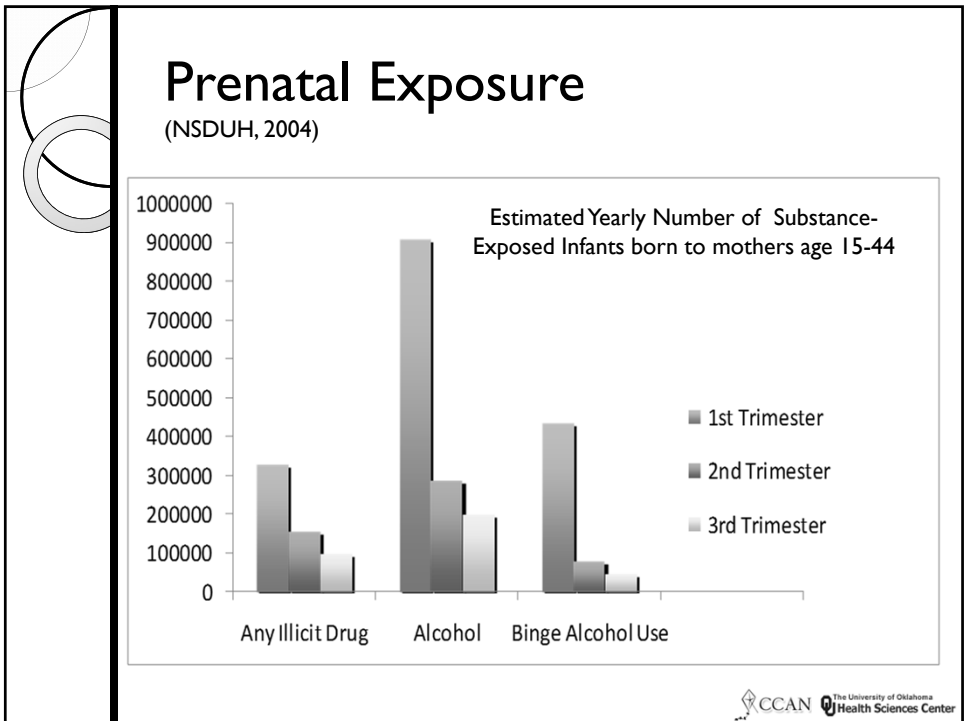

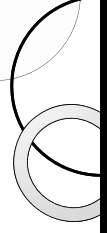
NSDUH Report (2009)





- ### Substance Abuse and Child Maltreatment
- Parental substance use is a concern in over 50% of child welfare families (U.S. Department of Health and Human Services, 2007)
 - Most prevalent cause for child welfare involvement is parental neglect (includes use of drugs or alcohol that interferes with parenting abilities), with 64% of all cases citing this cause (USDHHS, 2007)
- CCAN The University of Oklahoma Health Sciences Center

Prenatal Substance Exposure



Impact of Prenatal Exposure

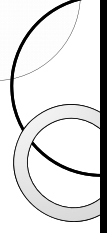
- Can affect existing and developing structures
- Different systems are impacted at different stages of development.
- Damage due to alcohol exposure is permanent.
- Discriminating effects of specific illicit substances is difficult given poly-substance use among users
- Some harmful effects of some drugs can be reversed with good postnatal nutrition and care.

Wells (2009); Smith et al., (2007)


Common Effects of Prenatal Exposure Across Substances

- Fetal growth retardation (i.e., weight, length, head circumference)
- Premature delivery
- Tremors/Jitteriness
- Irritability
- Feeding and sleep problems
- Social, physical, and school adjustment problems.
- Cognitive, speech/language, motor, and behavior problems

Wells (2009)



Environmental Substance Exposure



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Direct Exposure After Birth


- Breast milk
- Breathing in chemicals when drugs are manufactured or used
- Ingesting substances
 - Accidentally
 - Intentionally: Amusement or Sedation

Grant (2006)

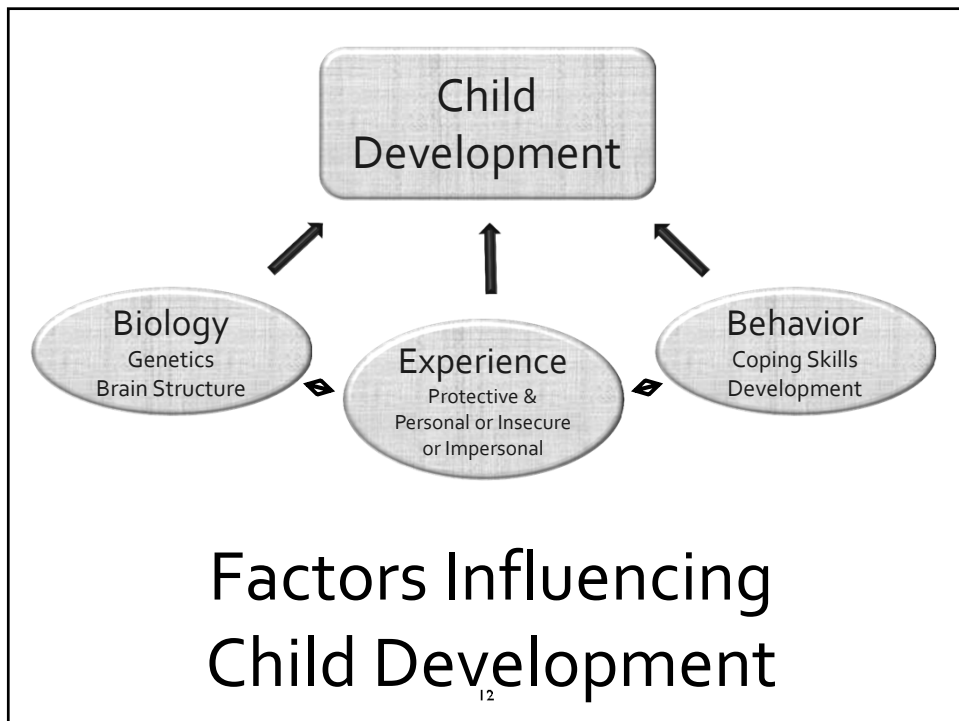


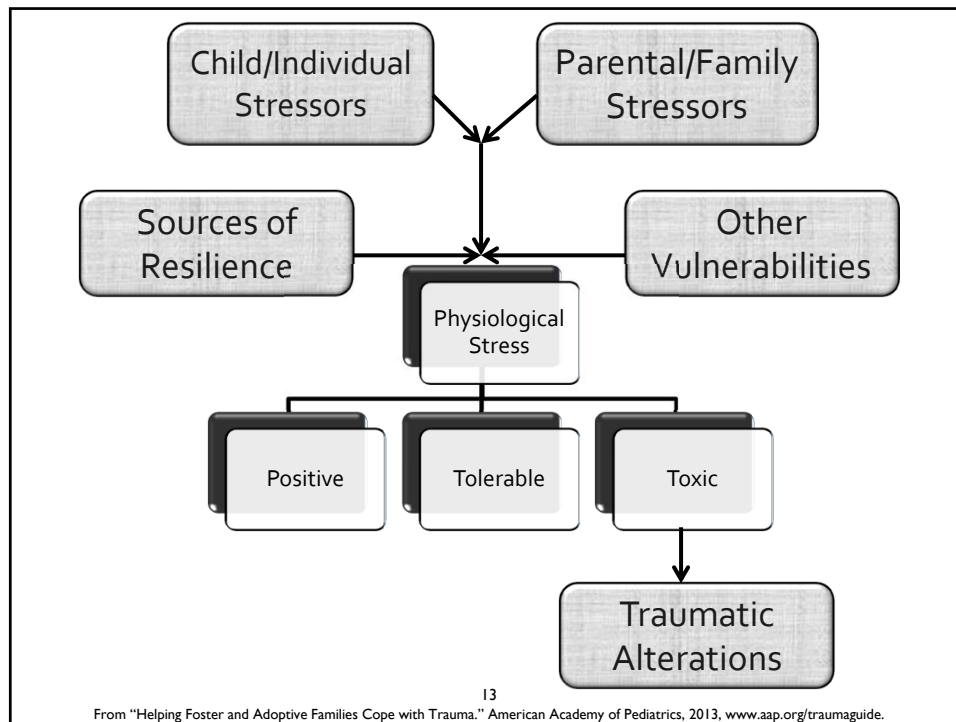
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Developmental Impacts Of Parental Substance Abuse



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Substance Abuse and Parenting

- Interferes with decision making
- Less sensitive and responsible
- Emotionally and physically unavailable
- Lowers threshold of aggression
- Interferes with the formation of secure attachments

Smith et al., (2007); Young, Boles, & Otero (2007)

- 2.7x & 4.2x greater risk for abuse and neglect, respectively

National Drug Court Initiative (2003)

Trauma inhibits development of the hippocampus and prefrontal cortex – areas managing executive functioning:

- Working Memory
- Inhibitory Control
- Cognitive Flexibility

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Drug Endangered Children and PTSD

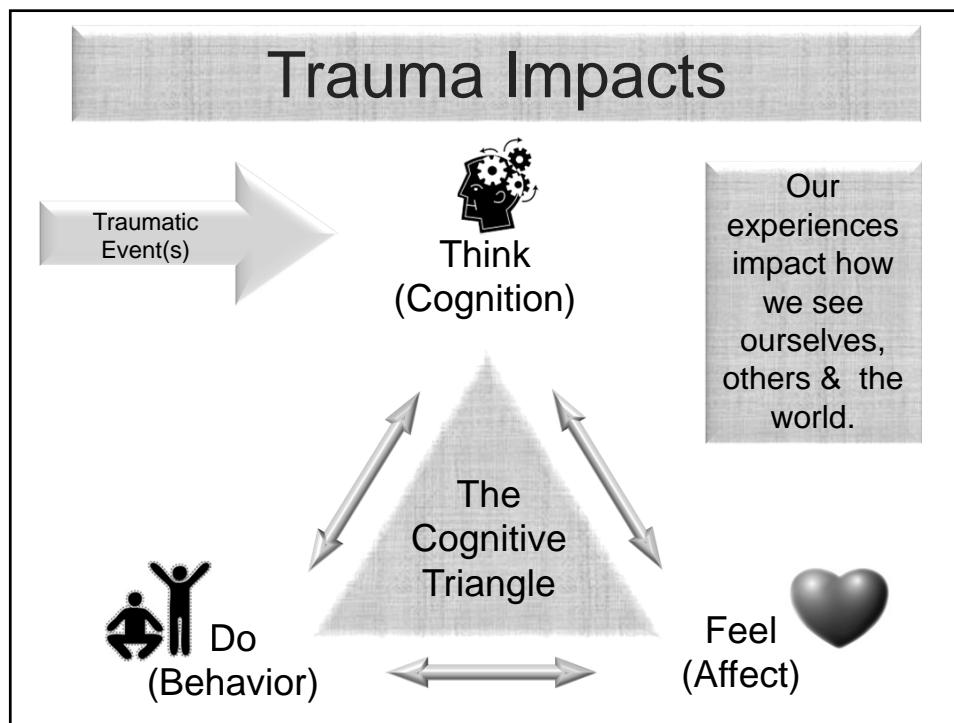
- DEC more likely to experience trauma exposure
 - 4.77 times more likely
 - 83.7% DEC (vs. 52.6% of non-DEC) exposed to a trauma
 - DEC statistically HIGHER on ALL traumatic events
- DEC more likely to experience adverse impacts related to trauma exposure
 - 2.33 times more likely
 - 59.9% DEC (vs. 27.3% non-DEC) more likely to have an adverse response to a traumatic event
- DEC more likely to be re-victimized
 - 3.37 times more likely
 - 49.2% DEC (vs. 25.1% non-DEC)

Sprang, Staton-Tindall, & Clark (2008)

DEC and PTSD

- One study found that the rates of PTSD “meets or exceeds exposure rates of trauma for children living in war-torn areas such as Rwanda, Bosnia, and the Gaza Strip”
- Parental substance use creates a unique set of conditions that alters how children respond to trauma
- Most clinical services for DEC are NOT trauma informed and usually focus only on caregiver (e.g., rehabilitation)
- NEED treatments that are child focused, trauma informed, protocol driven, and targeting symptom reduction

Sprang, Staton-Tindall, & Clark (2008)



Behavioral Impacts

- Avoidance
- Hyperarousal
- Hypervigilance
- Sleep Difficulties
- Poor Coping

Behavioral Effects – Parental Substance Abuse

- Role reversal with parent(s) – “Parentified”
- Isolation, secrecy, hesitation to accept outside help
- Oppositionality, rule-breaking
- Aggression
- Bullying
- Poor relationship skills
- Self-Harm
- Substance Abuse

ACE Impacts

SIGNIFICANTLY INCREASED RISK OF LONG-TERM IMPACTS SUCH AS:

- Cigarette smoking
- Obesity
- Earlier sexual behavior
- Sexual promiscuity
- STDs
- Alcohol and drug use/abuse
- Depression
- Suicide attempts
- Chronic/life threatening health conditions
 - Heart disease
 - Cancer
 - Diabetes
 - Stroke
 - Liver Disease

ACE Impacts

- ACEs increase likelihood of early sexual activity.
- ACEs account for around 1/2 to 2/3 of serious drug problems.
- An adult with 4 or > ACEs:
 - Twice as likely to smoke
 - 7 times more likely to be alcoholic
 - 10 times more likely to have injected street drugs
 - 12 times more likely to have attempted suicide.

Emotional Impacts

- Fear
- Sadness
- Anger
- Anxiety
- Shame
- Emotional Dysregulation
- Numbing/Emotional Disconnect

Emotional Effects – Parental Substance Abuse

Fear & Worry

- About parent(s)
- Parental violence, instability, neglect
- Exposure to volatile, dangerous situations and people
- Consequences of missing school, moving, etc.
- About keeping family secrets
- About family needs - shelter, food, finances, transportation, etc.

Sadness & Loss

- Loss of relationships
- Loss of home, school, community, etc.
- Sadness about instability, turmoil, secrecy
- Sadness about having to grow up so quickly

Emotional Effects – Parental Substance Abuse

Anger...at

- Parent(s) for addiction, absence, neglect, abuse
- Others for not seeing their parent's addiction and intervening
- The "system" for taking them away from their parents
- Self for inability to make things right

Cognitive Impacts

- Inaccurate Beliefs
– e.g., self-blame
- Distrust
- Distorted Self-Image
- Negative view of world and future
- Accurate, but unhelpful, beliefs

Effects on Thinking – Parental Substance Abuse

- Self-blame
- Able to and responsible for controlling parent's use
- Parent's feelings for them
- Family secrecy and isolation
- Family role confusion

Messages Children Learn from Substance Abusing Parents

**Don't Talk.
Don't Trust.
Don't Feel.**

DEC AND OUT-OF- HOME PLACEMENT

Reasons for Children to Enter Foster Care

- Substance abuse by caregivers
- Child abuse
- Child neglect
- Domestic violence
- Illegal activities by parents
- Unsafe living environment

Kinship Care

- Fastest growing out-of-home placement
- More stable placement
- Less likely to reenter system if child is placed in kinship care
- Kinship caregivers have more positive perceptions of child's future
- More African American and Latino children in kinship care than Caucasian children


Grandparents Raising Grandchildren

- US Census 2000: 5.6 million children being raised in homes headed by grandparents
- 2.35 million in homes--grandparents alone
- 76% increase since 1970
- Twice the number than 10 years ago




Common Challenges of Kinship Care

- Financial hardship
- Inability to follow through with own plans
- Decrease in caregiver's physical and emotional health
- Challenges with legal custody
- Deprived of normal relationship with grandchildren
- Generational gaps to overcome

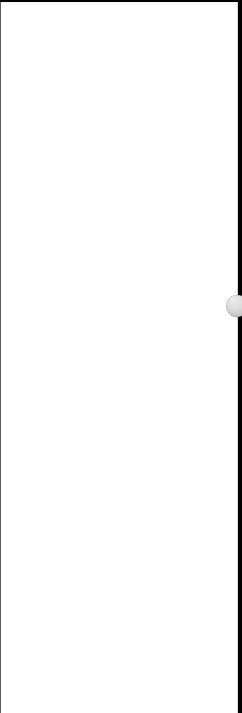



Other Challenges for Kinship Caregivers

- Complicated relationships with child's birth parent(s)
- Shame, embarrassment, anger and frustration
- Feeling isolated
- Feeling "less than..."
- Fears about reunification
 - Caregiver wants to keep child
 - Child wants to stay with caregiver



Assessment and Intervention



PROFESSIONAL RESOURCES





MISSION: Building resilience and facilitating recovery.

<http://www.samhsa.gov/>



<http://www.nrepp.samhsa.gov/>



Mission:

To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

www.nctsn.org



The California Evidence-Based Clearinghouse for Child Welfare

<http://www.cebc4cw.org/>

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Additional Resources

- National Alliance for Drug Endangered Children
<http://www.nationaldec.org/>
- National Association for Children of Alcoholics
www.nacoa.org
- National Center on Substance Abuse and Child Welfare
www.ncsacw.samhsa.gov
- National Organization on Fetal Alcohol Syndrome: <http://www.nofas.org/>

EARLY INTERVENTION

THE SOONER THE CHILD
RECEIVES
NEEDED HELP,
THE *BETTER CHANCE*
FOR POSITIVE and
SUSTAINABLE OUTCOMES.

Key Points in Providing Services

- Engagement of caregiver and other key adults
- Identification and re-evaluation of child's needs
- Early intervention
- Consistency
- Predictability
- Follow through
- Creativity



Assessment of Prenatal Exposure to Substance Abuse

- Medical; possibly genetic testing
- Comprehensive developmental evaluation
 - Cognitive/IQ
 - Speech/language
 - Motor
 - Medical/physical development
 - Behavioral
 - Psychosocial via interview of caregiver

Potential Treatment Recommendations

- Medical
- Speech/language services
- Occupational/physical therapy
- School services (e.g., IEP, special education)
- Individual/family therapy
- Behavioral parent training
- Education and advocacy
- Permanency and safety planning
- Collaboration among all providers



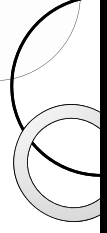
Parenting and DEC

- Status of caregiver's substance abuse
- Structure, consistency, predictability
- Supervision
- Developing and enforcing developmentally appropriate behavior management plan
- Positive reinforcement including praise for appropriate behavior
- Natural and logical consequences for inappropriate behavior
- Active listening
- Social support for caregivers



Strengthening Families Program

- Developer: Karol Kumpfer, Ph.D.
- Designed for children ages 6-11 years old whose parents are in substance abuse treatment and reunification is active
- Length of treatment is 14 sessions
- Main components
 - Parent Training
 - Children's Skill Training
 - Family Skills Training



Parent-Child Interaction Therapy

- Developer: Sheila Eyberg
- Designed for children ages 3 to 7 with oppositional behavior
- Effective with children who have been physically abused
- Length of treatment is 14-16 sessions
- Improve parent-child relationship and child compliance with parent directives
- Therapist coaches caregiver through the use of a one-way mirror and a bug-in-the-ear device

<http://pcit.php.ufl.edu/>

CCAN The University of Oklahoma Health Sciences Center

Trauma-Focused Cognitive-Behavioral Therapy

Judith A. Cohen, M.D.
Anthony P. Mannarino, Ph.D.
Allegheny General Hospital,
Pittsburgh, PA
Center for Traumatic Stress in Children
and Adolescents

NCTSN The National Child
Traumatic Stress Network

Esther Deblinger Ph.D.
New Jersey Child Abuse Research
Education and Services Institute

Trauma-Focused CBT

- Target symptoms:
 - PTSD, depression, anxiety, and behavioral symptoms secondary to trauma.
- TF-CBT treats:
 - Children ages 3-18
 - All types of traumas
 - With or without parental participation
 - In schools, group home, foster home and in-home settings.
- Most commonly provided to child and parent in clinical settings.

TF-CBT Treatment Elements

- ✓ Teaching children emotional expression, relaxation and stress management skills
- ✓ Creating a coherent narrative or story of traumatic experiences
- ✓ Correcting untrue or distorted ideas about traumatic events
- ✓ Changing unhealthy and wrong views that have resulted from trauma
- ✓ Involving caregivers in creating optimal recovery environments

Over 80% of children in TF-CBT show significant PTSD symptom improvement within 12 to 16 weekly 60- to 90- minute sessions.

Significant TF-CBT Child Outcomes

Reductions in:

- 1: Child behavior problems
- 2: Child symptoms of PTSD
- 3: Child depression
- 4: Child feelings of shame

Randomized clinical trials compared TF-CBT to:

- Supportive therapy
- Non-directive play therapy
- Child-centered therapy

TF-CBT resulted in greater gains in fewer clinical sessions.

Follow-up studies (up to 2 years post therapy) have shown sustained treatment gains.

Common Parent Symptom Improvements

- Reduced depression
- Reduced emotional distress
- Reduced PTSD symptoms
- Enhanced ability to support their children

Voluntary National TF-CBT Therapist Certification Program

National TF-CBT Certification Program Requirements

- Completion of TF-CBT Web
- Participation in a 2-day Introductory TF-CBT training with a national TF-CBT trainer
- Completion of ongoing clinical consultation on 1 or more TF-CBT cases with a national TF-CBT trainer. This includes a recommended 12 consultation sessions over the course of 6 – 12 months.
- Incorporation of standardized trauma measures into TF-CBT cases
- Completion of 3 or more TF-CBT cases. Only one case needs to be completed under consultation.
- Passing an on-line TF-CBT test
- \$250 certification fee
- Professional licensure status (e.g., LPC, LCSW, Licensed Psychologist, etc.)

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TF-CBT
Web

www.musc.edu/tfcbt





Contact Information

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Training information and registration can be found on our website:



www.oklahomatfcbt.org

For additional information, contact Carrie Venezia:

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