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

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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)
Prenatal Substance Exposure

Estimated Yearly Number of Substance-Exposed Infants born to mothers age 15-44

- Any Illicit Drug
- Alcohol
- Binge Alcohol Use

1st Trimester
2nd Trimester
3rd Trimester
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

Direct Exposure After Birth

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

Grant (2006)
Developmental Impacts Of Parental Substance Abuse

Factors Influencing Child Development

- Biology
  - Genetics
  - Brain Structure
- Experience
  - Protective & Personal or Insecure or Impersonal
- Behavior
  - Coping Skills Development

Child Development
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

Trauma inhibits development of the hippocampus and prefrontal cortex – areas managing executive functioning:
- Working Memory
- Inhibitory Control
- Cognitive Flexibility

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)

Trauma Impacts

- Traumatic Event(s)
- Think (Cognition)
- The Cognitive Triangle
- Feel (Affect)
- Our experiences impact how we see ourselves, others & the world.
- Do (Behavior)
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
Additional Resources

- National Alliance for Drug Endangered Children
- National Association for Children of Alcoholics
  [www.nacoa.org](http://www.nacoa.org)
- National Center on Substance Abuse and Child Welfare
  [www.ncsacw.samhsa.gov](http://www.ncsacw.samhsa.gov)
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

Hierarchy of Needs

- Self-Actualization
- Esteem: Respect
- Belonging: Family & Friends
- Safety: Shelter & Security
- Physiological: Food & Water
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.phhp.ufl.edu/

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Trauma-Focused Cognitive-Behavioral Therapy

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Center for Traumatic Stress in Children and Adolescents

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.)
Contact Information

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Training information and registration can be found on our website:

www.oklahomatfcbt.org

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