

Drug-endangered Children: Crafting a Response to Trauma



Michele Fallon, MSW, LICSW

Irving B. Harris Training Center for Infant and
Toddler Development



What is Meth?

- “Crank, crystal-meth, glass, ice, speed, zip, quartz”
- Snorted, smoked, orally ingested, or injected
- Highly addictive central nervous system stimulant



What is Meth?, cont'd

- Fastest growing drug threat in the U.S.
- Produced using chemicals from readily available products
- DEA reports a 93% increase in clandestine lab seizures in Minnesota between 2000 and 2002—35-45% involved children



Effects of Meth on Users

User experiences an intense rush followed by a sense of euphoria lasting up to 8 hours—produces increased heart rate, extra energy and stamina, sense of invulnerability, increased sex drive

A “crash” occurs after the high—addict may sleep for several days.



Effects of Meth, cont'd

High potential for tolerance—more is needed over time to achieve a high

Chronic users may exhibit increased nervousness, paranoia, confusion, irritability, insomnia, psychotic behaviors, violence



Effects of Meth on All of Us

- The meth epidemic is creating huge costs in loss of human potential of users
- Meth is affecting children's growth and development and future
- Meth is absorbing our resources—law enforcement, social services, environmental clean-up and education

Meth Presents Multiple Risks to Children



- Prenatal risks
- Risks of exposure to environments where meth is manufactured or used
- Risks of living with meth-addicted adults



Prenatal Risks of Meth

- Increased birth defects
- Increased risk of prematurity and/or low birth weight
- Associated with poor prenatal care, poor maternal nutrition, use of alcohol and other damaging substances



Prenatal Risks, cont'd

- Infants may show—
 - Hypersensitivity to touch, light, sound
 - Extreme irritability
 - Difficulty sucking or swallowing
 - Tremors and coordination problems
 - Difficulty being soothed



Prenatal Risks, cont'd

- Prenatal exposure results in increased risk of developing attentional difficulties, behavioral difficulties, and learning disorders, especially in the area of language



Risks of Exposure to Meth Lab Environment

- Children are at higher risk than adults to toxic effects of chemicals due to:
 - Their developing brains
 - Higher metabolic and absorption rates
 - Hand-to-mouth and crawling behaviors



Risks of Exposure to Meth Lab Environment

Toxic exposures result in respiratory difficulties, skin and eye irritation, neurological damage, organ damage, speech/language delay

Lab environments at high risk for fire, explosions, weapons, accidents, unsanitary conditions



Risks of Living with Meth-using Adults

- Meth affects parents' ability to care for children due to preoccupation with the drug, mood swings, irritability, prolonged sleeping, volatile, violent and/or psychotic behavior--



Risks of Living with Meth-using Adults

- Which results in significant neglect, a form of maltreatment with potentially profound effects on the young child and developing brain



Risks of Living with Meth-using Adults

- Exposure to chaotic lifestyle contributes to poor regulation and socialization and therefore school difficulties
- Increased risk for physical and sexual abuse, including inappropriate exposure to sexual activity and violence



Risks of Living with Meth-using Adults

- Children experience trauma of removal from primary caregivers, often under frightening circumstances
- The trauma of multiple placements, separation from primary caregivers and everything familiar



Risks of Living with Meth-using Adults

- Children are at increased risk for mental health disorders, including attachment disorders, depression, post-traumatic stress disorder



Meth Kids vs. Children Exposed to Meth

- Knowing a child has been exposed to meth does not define the child or his/her needs
- Need for individual assessment and treatment



Immediate Needs of Children Exposed to Meth

- A coordinated multidisciplinary response following the Drug Endangered Children (DEC) protocol—links first responders such as law enforcement and health officials with child protective services
- Implement Olmsted County Medical Protocol for diagnostic tests and screening of children



Immediate Needs of Children Exposed to Meth

- Placement with caregivers who are trained (and well supported) to understand and meet the mental health needs of children who have experienced trauma



Meth Exposure and Trauma

- Children exposed to meth-using adults are children who have experienced trauma
- We know a lot about what children who have experienced trauma need

Characteristics of Traumatized Children



- Depends on the interplay between an individual child's protective factors and vulnerabilities
- Depends on the child's developmental level



Characteristics, cont'd

- Boys and older children more likely to present in “fight or flight” mode—

hypervigilant, highly active, aggressive, and/or oppositional.



Characteristics, cont'd

- Girls and younger children more likely to present in the “freeze” state-- as withdrawn, dissociated, apathetic.
- Symptoms may be less obvious but as important to identify and address



Characteristics, cont'd

- Infants may appear lethargic or extremely irritable
- Often have sleeping and eating difficulties
- Hypersensitivity to the environment



Characteristics of Trauma, cont'd

- Often present with delays, especially in areas of social, emotional and communication
- May present with lots of variability and inconsistency—unpredictable responses



Characteristics, cont'd

- Child likely to have attachment difficulties--may appear to be indiscriminate towards adults (will go to anyone) or avoidant of interaction
- Older children may seem to “sabotage” interactions



Characteristics, cont'd

- Child may present as pseudo-independent, overly competent.
- Older children may present as “parentified” caretakers of younger children
- Child may present as extremely clingy, helpless, and dependent

The Needs of Traumatized Children



- Prioritization of stability—especially a stable caregiver
- Assurance of physical and emotional safety

Nonjudgmental, developmentally appropriate explanations



- Reassure the child that the situation is not his or her "fault"
- Affirm the child's feelings and reality ("scary" "mad" "sad" "worried" "big feelings" "you miss Mom a lot")



Nonjudgmental explanations, cont'd

- It's okay not to have all the answers, but be willing to be present to child and listen

Nonjudgmental explanations, cont'd



- Avoid criticizing the parent—no matter how bad the situation they have come from, the separation is still a grief and loss issue.
- Nonjudgmental phrases can include things like, “A judge decided that Mom and Dad couldn’t keep you safe.”

Children Need Nurturing Caregivers Who:



- Have an understanding of how development is impacted by trauma
- Understand the need to care for children based on their *emotional* level, not chronological age



Caregivers, who...

- Respect the child's history and perspective, including child's loyalty to the parent
- Are able to get the support they need to do this hard work



Caregivers who....

- Have a willingness to look for the *underlying causes* of behavior, rather than just reacting to behavior
- Have an appreciation that children's behavior *is* communication



Caregivers who...

- Offer routine, predictability, explanation and reassurance
- Recognize and address the symptoms of anxiety, grief, and depression



Caregivers, who...

- Offer reparative experiences that help the child “fill in the gaps” of missed developmental experiences—
- e.g the child’s dependency needs must be met before he can become independent

Timely Evaluation of the Child

(Now federally mandated)

- Medical, social-emotional, developmental and educational
- Necessary for identifying and meeting the child's needs (should not be considered predictive of future development)
- Facilitates both short and long-term planning



Children Need Continuity

- Continued contact with parents, siblings and other important people if possible
- Parent-child visits should be frequent enough to enhance the relationship and effectively document the parent's ongoing interest, involvement, and capabilities for permanency planning

Adequate Support to Caregivers to Maintain Continuity of Placement



- Adequate information about the child to help anticipate, interpret and meet the child's needs
- Training about the needs of traumatized children



Support to caregivers, cont'd

- Availability of supportive and responsive social service providers and mental health professionals for foster parents and child
- Respite care, if indicated, to support the placement

Timely Support to Biological Parents



- Facilitate opportunity for reunification when appropriate with adequate supports
- Offer ongoing support to the parent to parallel what parent is asked to provide child



Support to parents, cont'd

- When reunification not indicated, facilitate termination of parental rights with opportunity for closure if possible, e.g. "goodbye visit" and "life story book"



Advocacy for the Child

- Referral to resources to meet the child's individual needs
- Clarification of roles and communication between professionals



Advocacy, cont'd

- Education of adults in the child's life, e.g. teachers, about child's special needs--
- While preserving child's right to privacy

Collaboration between Professionals



- Including the legal system, social services, mental health providers, child care providers, foster and biological parents in the best interest of the child.



Young Infants Need:

- Assistance with state regulation/internal organization during this sensitive period of brain development—
- Opportunities for physical contact, face to face contact and verbal interaction



Infants need, cont'd

- Sensitivity to cues, especially stress cues, with decreased stimulation, rocking, swaddling, sucking
- Respite care as needed, especially if the infant has sleep difficulties, to support caregivers to maintain placement



Toddlers Need:

- Assistance with state regulation
- Caregivers who can read child's often difficult-to-read cues and not personalize behavior
- Predictability and routine



Toddlers need...

- Nurturing caregivers who can accept toddlers' dependency needs (*I want to be Big and stay Little at the same time*)
- Opportunities and support for developing language, social, emotional, cognitive, motor, play skills



Preschoolers Need:

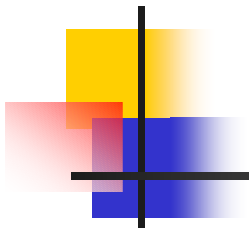
- All of the above
- Developmentally appropriate explanations for their situation
- Permission to get their dependency needs met before being expected to be independent



Preschoolers need...

- Emotional language to express what they are feeling
- Caregivers who recognize and reinforce children's strengths even in the face of big challenges

All Children Need:

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- To be admired and feel like they are the center of someone's universe
 - Nurturing, predictable predictable relationships with attuned, responsive caregivers and significant adults who can appreciate the child's perspective