

Strategies for Working with Methamphetamine-Using Families

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This was a 6-hour training. These notes are related to the parts of the training that focused on the effects on children of parental methamphetamine use.

❖ Drugs of Abuse and the Developing Fetal Brain

- i. Fetus:
 1. Drug may disrupt the establishment of neuronal communication during critical times in development. Dopamine transporter systems and neural connections will be affected.
 2. The structure and function of the brain may be prevented from following normal developmental course

❖ Assessing Newborn Behavior

- i. Babies who were prenatally exposed may have problems with tremors, sleeping, eating, transitions, settling/resting (state regulation), and stimulation (feeling over stimulated or under stimulated)
- ii. Some meth-exposed babies may have low birth weight & a smaller cranial circumference
- iii. The degree to which & length of time the baby will be affected by prenatal drug use will be affected by the resiliency of the baby
- iv. Assessments that can be used:
 1. Brazelton Neonatal Behavioral Assessment Scale (NBAS)
 2. Fetal Neurobehavioral Profile (FNP)
 3. NICU Network Neurobehavioral Scale: Designed for assessment of drug-exposed and other high-risk infants
 4. Acoustical cry analysis

❖ Assessing Outcomes in Older Children

- i. “The brain loves to heal.” The best interventions for these kids should take place between the ages of 0-3. These kids need **early and good assessments**.
- ii. The kids might have a processing disorder (i.e., *auditory processing disorder*: not being able to take in auditory information and process it into working memory and action; there are also *visual processing disorders*). Kids with processing disorders need early assessments and interventions so they don’t think they’re stupid and/or can’t learn and move to behaviors like bullying, blaming others, etc.
- iii. Assessments that can be used:
 1. Child Behavior Checklist
 2. Vineland Adaptive Behavior Scales
 3. Intelligence Testing
 4. Psycho-educational testing (to detect learning disabilities)
 5. Neuroimaging

- ❖ Cocaine: Summary
 - i. Recent reports suggest that effects are more modest and more subtle than originally reported
 - ii. Cocaine exposure during pregnancy is not benign. It is associated with a clearly increased prevalence of medical and social morbidities. These children are developmentally at risk.
 - iii. Cognitive outcomes seem to be more closely associated with environmental risk and social status (e.g., developmental consequences of poverty; issue of multiple caretakers and multiple placements) than with cocaine exposure.

- ❖ What dangers does a meth lab pose to children?
 - i. Chemical contamination (e.g., lung and breathing problems; rashes/skin irritations)
 - ii. Fires and explosions
 - iii. Firearms
 - iv. Pornography
 - v. Needles
 - vi. Abuse and neglect
 - vii. Two toxicities for these children: *the chemicals*, and *the behaviors of the people using the chemicals*. Both can lead to behavioral and learning problems.

- ❖ What does a meth-exposed child look like?
 - i. Acutely poisoned: high blood pressure; high heart rate; agitation; crying; irritability; vomiting; seizure activity is possible
 - ii. Long-term exposure: may not appear different from any other neglected child. The child's exposure history is important to obtain.
 - iii. Behaviors might begin to manifest *when the child starts school* (i.e., needs to socialize with peers; follow structure/schedules; etc.) and/or *as school gets harder* (i.e., more demands being made on the brain).

- ❖ Framing the Issue
 - i. In utero drug (both legal and illegal) exposure places the infant at biologic risk for future behavioral and developmental problems
 - ii. The post-natal environment should be optimized to help overcome the biologic risk. [The worst-case scenario is prenatal exposure to drugs followed by parental neglect, stress, and/or trauma during ages 0-3, when the greatest healing *should* be taking place.]
 - iii. Mothers with substance use problems should be identified and provided treatment.
 - iv. Drug-exposed infants should be identified and provided close developmental follow-up and early intervention when necessary.

- ❖ Early Interventions
 - i. School assessments & Individualized Education Plans (IEPs) to address learning and/or emotional disabilities

- ii. Parent training: teach the parents how to play with their kids in stimulating and educational ways
- iii. Moving the child to a different home, if necessary
- iv. Play therapy (can also be taught to parents and paraprofessionals)
- v. Targeted behavioral interventions, specifically around processing, state regulation, etc.

Helpful information & resources can also be found here: www.actionchildprotection.org