

Helping Children Impacted by Parental Substance Abuse

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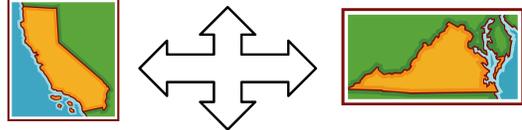
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Prevalence of Parental Substance Abuse

Parental substance abuse is a significant problem for children in the United States.

- In 2001, of the 70 million children in the United States who lived with at least one parent, 6 million (9%) lived with a parent who met diagnostic criteria for alcohol or drug dependence (National Household Survey on Drug Abuse, 2003).



Parental Substance Abuse and Child Maltreatment

- Parental substance abuse places children at increased risk of abuse and neglect.
- Chaffin, Kelleher, and Hollenberg (1996)
 - Prospective study of 7,103 parents
 - None of the parents had reported engaging in abuse or neglect of their children during the first interview.
 - However, 0.8% of them acknowledged having been abusive and 1.1% acknowledged having been neglectful during the second interview one year later.

Parental Substance Abuse and Child Maltreatment

Chaffin, Kelleher, and Hollenberg (1996), continued

- An onset of abuse was more than twice as likely to occur (2.85% vs. 0.99%) and an onset of neglect was more than four times as likely to occur (3.04% vs. 0.71%) among the parents with a substance abuse disorder as compared to the parents without a substance abuse disorder.

Parental Substance Abuse and Child Maltreatment

- Substance abuse is a substantial problem among parents who come to the attention of Child Protective Services.
- Young, Gardner, and Dennis (1998)
 - 40% to 80% of parents who are involved in the child welfare system have substance abuse problems that are significant enough to affect their parenting.
 - In 1995, at least 50% of the nearly 1 million children in the United States who were confirmed victims of abuse or neglect had parents with substance abuse problems.

Parental Substance Abuse and Child Maltreatment

- Wang and Harding (1999)
 - National survey of the 50 states
 - 85% of them reported that substance abuse and poverty were the two main problems present in families who were involved with Child Protective Services.
- Reid, Macchetto, and Foster (1999)
 - National survey of 915 individuals working in child welfare and family courts
 - 80% of them believe that substance abuse is a cause or contributor to most of the cases of child maltreatment they encounter in their work.
 - Substance abuse among parents or caregivers is a factor in as many as two thirds of fatalities caused by child maltreatment.

Parental Substance Abuse and Child Maltreatment

- Substance abuse increases the chance that parents already known to Child Protective Services will be re-reported for child maltreatment.
- Wolock and Magura (1996)
 - Prospective longitudinal study of CPS cases involving 239 families that were closed after investigation
 - Families were followed for an average of two years and interviewed on up to three occasions
 - Abusing alcohol, drugs, or both led to an increased likelihood of re-reports.
 - The combined use of alcohol and drugs had a negative impact on family functioning, which increased the likelihood of re-reports.

Parental Substance Abuse and Child Maltreatment

- Child Welfare League of America (1997)
 - Surveyed child welfare agencies and found that 67% of them believed that parental substance abuse made families “much more likely” or “more likely” to be re-reported for child maltreatment within five years.

Foster Care

- The number of children being placed in foster care has risen dramatically in recent years.
 - There were 500,000 children in foster care in 1996 (Department of Health and Human Services, 1997).
- This increase has been accompanied by a rise in the number of children being placed with relatives either formally or informally.
 - There was a 44% increase in the number of children living with relatives between 1980 and 1990 (United States Bureau of the Census, 1990).
 - The number of children living with their grandparents rose to over four million in 1997 (United States Bureau of the Census, 1998).
 - One reason for the increased prevalence of children living with relatives is that the number of children in need of out of home placements exceeds the number of traditional foster homes that are available (Feig, 1997).

Parental Substance Abuse and Foster Care

- Parental substance abuse is a significant problem among children in foster care.
- Child Welfare League of America (1997)
 - Surveyed child welfare agencies and found that 53% of child welfare cases that resulted in children being placed in foster care involved parental substance abuse.

Parental Substance Abuse and Foster Care

- Besinger, Garland, Litrownik, and Landsverk (1999)
 - Reviewed the CPS files of 639 children between birth and 17 years old who were placed in foster care due to child maltreatment
 - 79% of their caregivers had a known history of problematic use of alcohol or drugs based on any evidence that they could find in the files.

Parental Substance Abuse and Foster Care

- There may be a connection between parental substance abuse and kinship foster care placements.
- Vanderploeg et al. (2007)
 - Compared 1,333 children in foster care who were removed from their homes at least partly due to parental substance abuse with a matched sample of 1,333 children in foster care who were removed from their homes for reasons other than parental substance abuse.
 - The children who were removed from their homes at least partly because of parental substance abuse were more likely to be placed in kinship foster care at least initially than children who were removed from their homes for reasons other than parental substance abuse.

How Substance Abuse Affects Parenting

- Besharov (1994)
- Interferes with thought processes
 - Can decrease the ability of parents to use good judgment and protect their children
- Makes parents less sensitive, responsible, and accessible
 - Can interfere with the ability of parents and children to form secure attachments
 - Children who had prenatal exposure to substances may exhibit difficult behaviors that make interacting with them unrewarding.
- Renders parents emotionally and physically unavailable
- Lowers threshold of aggression
 - May be due to decreased frustration tolerance, increased anger reactivity, and disinhibition of impulses (Ammerman, Kolko, Kirisci, Blackson, & Dawes, 1999)

How Substance Abuse Affects Parenting

- Besharov (1994), continued
- Leads to a diversion of resources
 - Money
 - Food stamps
 - Time
- Increases the likelihood that parents will engage in criminal activity
 - Theft
 - Drug sales
 - Prostitution of themselves and their children
 - Places children at risk of experiencing traumatic events

How Substance Abuse Affects Parenting

- Besharov (1994), continued
- Leads parents to neglect children's routine health care
 - Immunizations
 - Well child checks
 - Dental visits

How Substance Abuse Affects Parenting

- Lack of hygienic home
- Inappropriate sleeping conditions
- Lack of supervision
- Witnessing sexual behavior or exposure to pornography

Direct Exposure Before Birth

- Fetal alcohol spectrum disorders
 - Fetal alcohol syndrome at one extreme
- The Centers for Disease Control warn that there is no safe amount of alcohol to drink during pregnancy and no safe time during pregnancy to consume alcohol.

Direct Exposure After Birth

- Drinking breast milk
- Breathing in chemicals when drugs are manufactured or used
- Ingesting substances
 - Accidentally
 - Intentionally to amuse the caregiver or sedate the child
- Schwartz, Peary, & Mistretta (1986)
 - Middle-class adolescent females in drug treatment
 - 11% acknowledged having blown marijuana smoke in the faces of children they were babysitting in order to intoxicate them

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Impact of Direct Exposure

- Children breathe faster than adults.
- Children have a faster heart beat than adults.
- Children are closer to the ground than adults.
- Children consume more food and fluid per body weight than adults.
- Children's nervous systems and organs are still developing and are susceptible to environmental risks.
- Children have frequent hand to mouth behavior.
- Children actively explore their indoor and outdoor environment.
 - May not be able to recognize danger
 - Backyards may contain toxic waste

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Impact of Direct Exposure

- In homes where methamphetamine is being manufactured, dangerous substances may be in the refrigerator or on the counter or stove.
 - Threat of explosion, fire, burns
- Children removed from homes where drugs are being manufactured and used have tested positive for drugs.
- The food in their refrigerators has tested positive for drugs.





Impact of Parental Substance Abuse

- Kroll (2004)
- Content analysis of seven published studies that included descriptions by children and adults of their experiences being raised in a household with a parent who abused substances

Denial, Distortion, and Secrecy

- Substance abuse became the central organizing principle of the family, with all of the family members involved in meeting the needs of the person with the substance abuse problem.
- Children were taught to not talk about the substance abuse for fear of the consequences.
- This isolated the family from individuals in their extended family or community who could provide support.
- Children felt unwanted, rejected, and unimportant.
- They worked hard to keep the secret but at the same time resented the fact that people did not discover that something was wrong in their home.

Attachment, Separation, and Loss

- Loss of a reliable, consistent, responsive parent; confidence and self-esteem; a normal lifestyle and childhood
- Actual separation from their parents due to their parents being imprisoned or the children being removed from their homes
- Loss of the non-substance abusing parent who invested all of their time and energy in caring for the substance abusing parent
- Awareness that their parents might die due to their substance abuse

Family Functioning, Conflict, and Breakdown

- Witnessed conflict, arguing, and fighting
- Felt responsible for the conditions in the household
- When parents separated, children were afraid that neither parent would want them or that they would be responsible for helping the parent they lived with recover from the separation.
- Mourned the loss of their family
- Worried about moving, changing schools, and losing friends
- When separation preceded substance abuse, children watched parents use substances to cope but were left to deal with their own pain alone.

Violence, Abuse, and Living with Fear

- Afraid of arguments, threats, and violence directed at the other parent or the child
- Witnessed parents trying to harm themselves
- Regarded others with suspicion and mistrust
- Lied about injuries
- Considered emotional abuse as painful, if not more painful, than physical abuse
- Felt disbelief, betrayal, and anger toward the non-substance abusing parent for leaving them in the care of the substance abusing parent
- Lost confidence in and respect for the non-substance abusing parent for not protecting them from the substance abusing parent

Role Reversal, Role Confusion, and the Child as Caregiver

- Typical tasks such as looking after a sibling and helping with housework
- Atypical tasks such as managing finances and physically caring for parents
- Tasks often anxiety provoking, inappropriate, and intimate
- Lost respect for parents and felt that they no longer had the right to tell them what to do
- Behaved like adults when their parents displayed problematic behavior
- Parents feared reprimand by their children

Parental Substance Abuse and Domestic Violence

- National Drug Court Initiative (2003)
- 60-70% of domestic violence cases involve substance abuse.
- 80% of women in shelter recalled witnessing violence between their parents as children.
- 85% of children witnessed assault in domestic violence incidents with police response.

Assessment of Children Impacted by Parental Substance Abuse

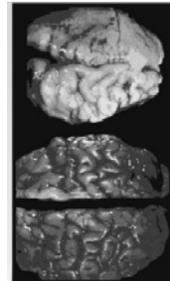
- Prenatal exposure
 - Medical/Physician
 - Genetic testing
 - Comprehensive
- Postnatal exposure
 - Various psychological measures/instruments
 - Psychosocial / Clinical interview



Assessment: [Prenatal] Comprehensive

A Better Chance (ABC) Clinic

- Children must have confirmed history of prenatal exposure to alcohol and/or drugs
- Assessments for children ages 3 months old to 6 years and 11 months old
- Multidisciplinary approach:
 - Developmental pediatrician
 - Cognitive
 - Speech/language
 - Motor
 - Behavioral
- Clinic assists with referrals and treatment needs



Assessment – [Postnatal] Measures

Child

- UCLA Posttraumatic Stress Disorder (PTSD) Reaction Index – Child Version
- Trauma Symptom Checklist for Children
- Child Behavior Checklist – Youth Self-Report
- Behavior Assessment System for Children - Child

Caregiver

- UCLA Posttraumatic Stress Disorder (PTSD) Reaction Index – Parent Version
- Trauma Symptom Checklist for Young Children
- Child Behavior Checklist – Parent /Teacher Report
- Behavior Assessment System for Children – Parent
- Parenting Stress Index – Short Form

Oh...where were the parents?

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Treatment of Children Impacted by Parental Substance Abuse

- Keys to success
- Evidence-based and supported treatment models
- Therapeutic strategies and tools



Treatment: Keys to Success

- Early intervention
- Caregiver, or other key adults, engagement
- Consistency
- Predictability
- Follow-through
- Creativity



Treatment: Models

- Trauma-Focused Cognitive Behavior Therapy
- Parent-Child Interaction Therapy
- Children's Program at the Betty Ford Center
- New Directions Program



Treatment Model: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- Developers: Judith Cohen, M.D., Anthony Mannarino, Ph.D., and Esther Deblinger, Ph.D.
- Designed for children approximately 5-18 that have experienced a traumatic event
- Length of treatment is 12-18 sessions for 1 to 1½ hours per session
- Each session is divided into individual child and parent sessions, with combined parent-child time in some sessions
- Main components: See next slide

TF-CBT

- PRACTICE
 - Psychoeducation and parenting skills
 - Relaxation
 - Affective modulation
 - Cognitive processing I and II
 - Trauma narrative
 - In vivo desensitization
 - Conjoint parent-child sessions
 - Enhancing future safety and development

Treatment Model: Parent-Child Interaction Therapy (PCIT)

- Developer: Sheila Eyberg
- Designed for children ages 3 to 7 years old with oppositional behavior.
 - Research indicates effectiveness children that experience physical abuse
- Length of treatment is approximately 14 - 16 sessions
- Main components: Child-Directed & Parent-Directed Interactions

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

Treatment Model: Children's Program at Betty Ford Center

- Developer: Jerry Moe, MA
- Designed for children ages 7-12 years old with a caregiver that uses alcohol/drugs
- Length of treatment is approximately 4 days, 6 hours a day
- Main components: Education, coping skills, safety

<http://www.bettyfordcenter.org/children/index.php>



Children's Program Kit:

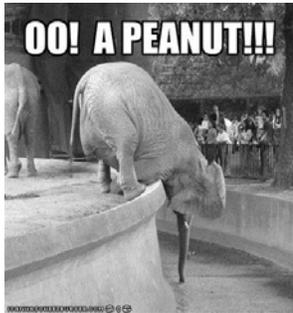
<http://ncadi.samhsa.gov/promos/coa/>

Treatment Model: New Directions Program

- Developers: Susan Schmidt, PhD, Jimmy Widdifield, Jr., and present/former faculty and staff
- Designed for foster children ages 3 – 12 years old whose parents used alcohol and/or drugs
- Length of treatment is 12 sessions
- Main Components (adapted from)
 - TF-CBT
 - Children's Program at Betty Ford Center
 - Elements of PCIT



Treatment strategies and tools



Treatment Tool: Praise

Praise...

- Helps children grow emotionally and behaviorally
- compliments a child on their behavior
- Increases self-esteem
- adds warmth to any interaction



Treatment Tool: Labeled Praise

Labeled praise is very specific and tells the child what it is that you like (e.g., "I like how you are playing gently with the toys!")

- Labeled praises are more effective because it tells the child what you like and will increase the chance of the good behavior occurring again.
- Praise immediately after the child has done something that you want to encourage.
- Be careful to not include any hidden criticisms when you praise. Even if the child has not done everything you would like for them to have done, just praise the positive and don't remind them of what they could have done better.



Treatment Tool: Education

- Provide developmentally appropriate information about alcohol and drugs, addiction, the impact of addiction on people and families, treatment and recovery
- Talk about foster care, courts, child protective services, etc.
- With caregivers, provide information about the impact of parental substance abuse and trauma on children's development
- Normalize and destigmatize



Treatment Tool: Feelings

- What are feelings?
 - For older children include shame
- Normalize/validate feelings
- How to identify feelings: Look, Listen, Ask
- Subjective Units of Distress (SUDS)



How is this child feeling?

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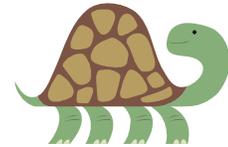
Treatment Tool: Relaxation

- Establishes a sense of control in the child
- Identify techniques that can be done anywhere and anytime
 - Color (deep) breathing
 - Progressive muscle relaxation (PMR)



Treatment Tool: Coping Skills

- Giving more control to the child
- Teach skills that will address symptoms related to exposure to parental substance abuse and trauma
 - Problem-solving/impulse control
 - Turtle Steps / STOP
 - Thought Stopping
 - Feel Good Thoughts
 - Channel Switching



Treatment Tool: Gradual Exposure

- Again, more control for the child.
- Relies on feelings, relaxation, and coping skills
- Allows the child to express heavy thoughts, feelings, and memories in a safe and supportive environment
- Address misinformation and misattributions



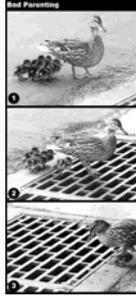
Treatment Tool – Safety

- Yep, even more control.
- Safe people
- Safe times
- Safe places
- NO – GO – TELL
- Basic safety planning in home, on visits, at school, etc.



What Not To Do...

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And Don't Do This Either...

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Treatment Tool: Good Parenting

- Supervision, supervision, and supervision
- Consistency, predictability, and follow through
- Developmentally appropriate basic, ironclad rules
- Meaningful rewards and consequences
- Social support for caregivers



Thank You!

For more information about the ABC Clinic, please contact Vicki Cook at 405-271-5700.

For more information about the New Directions Program, please contact Jimmy Widdifield, Jr., at 405-271-8858

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