

**Impact of Pre- and Postnatal Parental Substance Use on Child Development**

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**Presentation Objectives**

Participants will...

- Be able to identify primary characteristics of prenatal and postnatal substance exposure to alcohol and other drugs, and the long-term effects of this exposure on the developmental spectrum for children.
- Learn about how parental substance abuse can impact child behavior and family relations.
- Gain more knowledge about evidence-based assessment and treatment strategies for children exposed to parental substance abuse.

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**Scope of the Problem**  
(NSDUH Report, 2009)

**8.3 million (11.9%) of U.S. children =  
 Number of U.S. children living with a parent who was abusing or dependent on drugs or alcohol in the last year**

- 7.3 million (10.3%) = Alcohol
- 2.1 million (3.0%) = Illicit drugs

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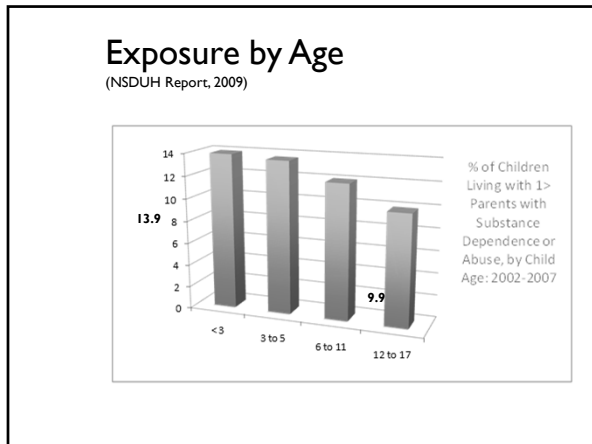
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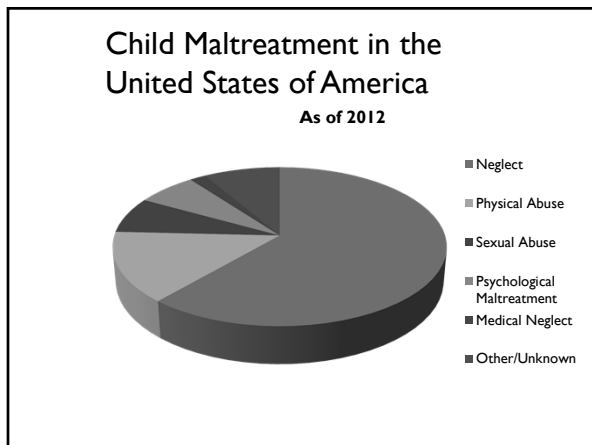
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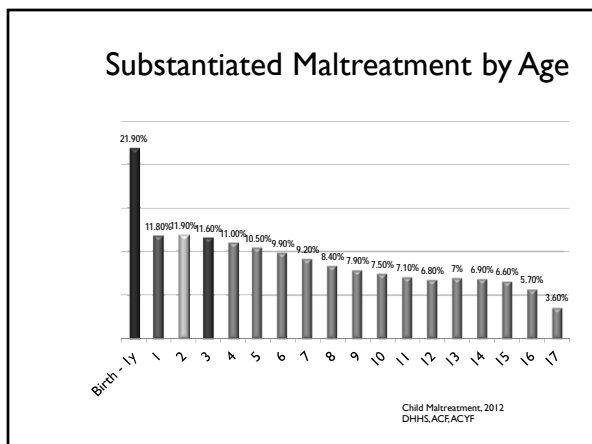
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### Substance Abuse and Child Maltreatment

- 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)
- Over 1/2 of the U.S. child-bearing age population report having used illicit drugs in their lifetime  
(SAMSHA, 2007)

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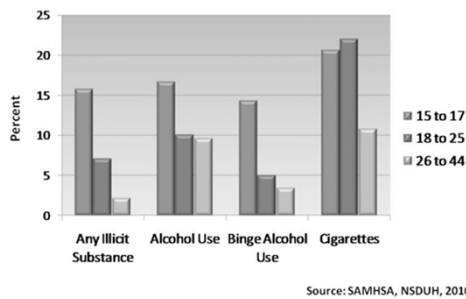
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Current Substance Use Among Pregnant Women Aged 15-44, by Age, 2008-2009 Combined




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### 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)

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### 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)

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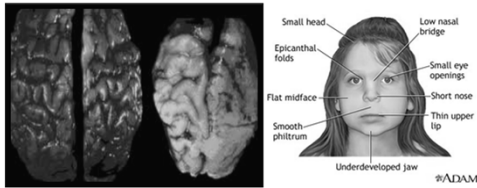
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### Fetal Alcohol Spectrum Disorder / Fetal Alcohol Syndrome

- FASD is estimated in 0.20% - 2.00% per 1,000 live births (CDC, 1993; 1995; 1997; 2002)
- FAS is estimated between 2,000 and 8,000 babies per year (May & Gossage, 2001)
- FAS can only be diagnosed by a physician




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### Diagnosis of FAS/FASD: 4-Digit Diagnostic Code

- CDC Criteria (2004)
    - Growth deficiency
    - FAS facial phenotype
    - CNS abnormalities
    - Prenatal alcohol exposure
- (CDC/NCBDDD Scientific Working Group, 2004)

<http://depts.washington.edu/fasdpn/>

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**Common FASD Behaviors**

- Newborns:
  - Easily startled
  - Difficult to comfort
- Early Childhood:
  - Poor habituation
  - Poor visual focus
  - Mild developmental delays
  - Distractibility and hyperactivity
  - Difficulty adapting to change
  - Difficulty following directions

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**Common FASD Behaviors**

- Middle Childhood
  - Difficulty predicting and/or understanding consequences
  - Concrete thinking
  - Poor comprehension of social rules and/or expectations
  - Appearance of capability without actual ability to perform
  - Potential emerging discrepancy between comprehension skills and expressive language
  - Hyperactivity, impulsivity
  - Memory deficits

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**Common FASD Behaviors**

- Adolescence
  - Poor adaptive functioning
  - Lying and stealing
  - Faulty logic
  - Low self-image and motivation
  - Academic achievement lower than expected
  - Inappropriate sexual behavior
  - Lack of time awareness accentuated
  - Relationship difficulties
  - Unreliable with money
  - Mental health problems (e.g., depression, anxiety, etc.)

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## Cocaine and Child Development

- Abnormally developed or missing extremities
- Withdrawal and related effects can last up to 6 months
- Increased risk for stroke and/or seizures in the first 6 months
- Increased risk for Sudden Infant Death Syndrome (SIDS)
- Poor self-regulation, difficult to console
- High-pitched and excessive crying
- Abnormalities in sleeping and respiration
- Hypertonia
- Voracious sucking

Schuetz, Eiden, & Coles (2007)

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## Effects of Cocaine, cont'd

- Infancy:
  - Difficulty with body regulation and stress reactivity
  - Decreased interaction
  - Low threshold for frustration and tactile stimulation

Schuetz, Eiden, & Coles (2007)

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## Effects of Cocaine, cont'd

- Childhood and Adolescence:
  - Delayed language development
  - Impaired abstract reasoning
  - Poor attention, concentration, and memory
  - Difficulty organizing and sequencing tasks
  - Learning and behavior problems
  - Difficult and violent behavior

Schuetz, Eiden, & Coles (2007)

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### Meth and Child Development

- Neonatal:
  - Separation of the placenta
  - Cardiac anomalies
  - Cranial abnormalities
  - Altered neonatal behavioral patterns (e.g., abnormal reflexes and extreme irritability)

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### Meth and Child Development

- Long-term difficulties :
  - Stunted growth
  - Tremors
  - Poor feeding habits
  - Disturbed sleep patterns
  - Hypotonia
  - Increased risk for SIDS

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### Marijuana and Child Development

- Sleep disturbances in sleep cycling and sleep patterns (can last up to age 3)
- Poor habituation to stimuli and visual responsiveness
- Abnormally fast heart rate, poor feeding, and irritability
- Decreases in height, weight, and head circumference – Do not appear to last over time.

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### Opiates and Child Development

- Neonatal Abstinence Syndrome (NAS)
  - Withdrawal signs begin to show within one to three days of life; however, signs may take as long as seven to ten days with methadone exposure.
  - Convulsions
  - Tremors/jitteriness, hypertonia, unprovoked muscle jerks.
  - May be inconsolable, more irritable, more easily aroused.
  - Potential for persistent or projectile vomiting over 12-hour period, as well as multiple episodes of explosive diarrhea
  - Abnormally fast heart rate, fever, weight loss of >10%, and water loss in the stools

Bailey, Campagna, & Dart (2008)

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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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### 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)

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### Substance Abuse and Parenting

- Parental substance abuse places children at increased risk of trauma exposure

Sprang, Staton-Tindall, & Clark (2008)

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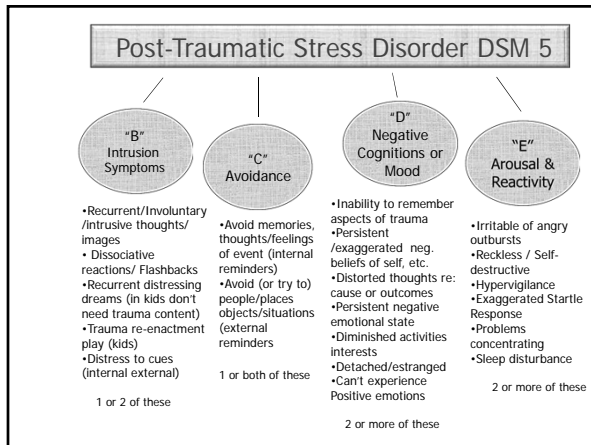
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### Drug Endangered Children and PTSD

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

Based on Sprang, Staton-Tindall, & Clark (2008)

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### Effects on Thinking

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

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### Emotional Effects

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| <ul style="list-style-type: none"> <li>• Fear &amp; Worry           <ul style="list-style-type: none"> <li>◦ About parent</li> <li>◦ Parental violence, instability, neglect</li> <li>◦ Exposure to volatile, dangerous situations and people</li> <li>◦ Consequences of missing school, moving, etc.</li> <li>◦ About keeping family secrets</li> <li>◦ About family needs - shelter, food, finances, transportation, etc.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Sadness &amp; Loss           <ul style="list-style-type: none"> <li>◦ Loss of relationships</li> <li>◦ Loss of home, school, community, etc.</li> <li>◦ Sadness about instability, turmoil, secrecy</li> <li>◦ Sadness about having to grow up so quickly</li> </ul> </li> </ul> |
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### Emotional Effects

- 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

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### Emotional Effects

- Self-focused
  - Guilt, shame
  - Responsibility
  - Unwanted, rejected, and unimportant
- Difficulty managing feelings

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### Behavioral Effects

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

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### EARLY INTERVENTION!!!

THE **SOONER** THE CHILD RECEIVES  
THE HELP S/HE NEEDS,  
THE **BETTER CHANCE**  
FOR POSITIVE and SUSTAINABLE  
OUTCOMES.

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**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

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**Assessment of Environmental Exposure to Substance Abuse**

- Medical
- Psychosocial via interview of caregiver (and sometimes child)
- Cognitive (e.g., Wechsler, Kaufman, etc.)
- Developmental screening (e.g., Early Screening Profiles)
- Behavioral measures
  - Behavior Assessment Scale for Children (BASC)
  - Child Behavior Checklist (CBCL)
  - UCLA PTSD Index for DSM-IV / DSM 5
  - Trauma Symptom Checklist for Children (TSCC)
  - Trauma Symptom Checklist for Young Children (TSCYC)

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**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

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### 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




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### Child Trauma Treatment

- Recommended components:
  - Psychoeducation
  - Stress management techniques
  - Direct exploration of the trauma
  - Exploring/correcting inaccurate attributions
  - Inclusion of caregiver
  - Behavioral Parent Training

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### Trauma-Focused – Cognitive Behavioral Therapy

- Developers:
  - Judith A. Cohen, M.D.
  - Anthony P. Mannarino, Ph.D.,
  - Esther Deblinger, Ph.D.
- Designed for children ages 5 to 18 who have been exposed to trauma or have traumatic grief




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### TF-CBT Treatment Structure

- Average 12 – 18 sessions
- 1 to 1 ½ hour weekly sessions
- Each session is divided into individual child and caregiver sessions
  - The length of the child and caregiver portions may vary by topic
- Similar topics in most caregiver and child sessions
- Combined parent-child time in some to many sessions

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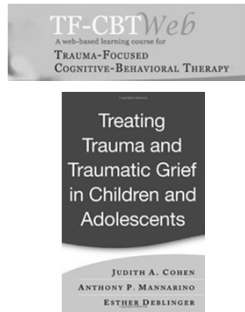
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### TF-CBT Training

- Web-based learning
- Learn at own pace
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical challenges
- Resources
- Links
- Free of charge

<http://tfcbt.musc.edu/>




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### TF-CBT COMPONENTS

- **PRACTICE**
  - Psychoeducation and Parenting Skills
  - Relaxation
  - Affective Modulation
  - Cognitive Coping
  - Trauma Narrative & Cognitive Processing
  - In Vivo Desensitization
  - Conjoint Parent-Child Sessions
  - Enhancing Future Safety and Development

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Children's Program at  
Betty Ford Center – Jerry Moe, MA

**The 7 Cs**

I didn't CAUSE it.

I can't CONTROL it.

I can't CURE it.

But, I can...

Help take CARE of myself by

COMMUNICATING feelings.

Making good CHOICES, and

CELEBRATING myself!

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**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

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**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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**Substance Abuse and Mental Health Service Administration**



VISION: A life in the community for everyone.

MISSION: Building resilience and facilitating recovery.

**[www.samhsa.gov/](http://www.samhsa.gov/)**

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**NCTSN**  The National Child Traumatic Stress Network

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](http://www.nctsn.org)**

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**Additional Resources**

- California Evidence Based Clearinghouse for Child Welfare  
Downloadable resources at:  
**<http://www.cachildwelfareclearinghouse.org/>**
- National Alliance for Drug Endangered Children:  
**<http://www.nationaldec.org/>**
- National Organization on Fetal Alcohol Syndrome:  
**<http://www.nofas.org/>**
- American Professional Society on the Abuse of Children.  
Multidisciplinary professional organization that publishes treatment resources:  
**<http://www.apsac.org/>**

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