



Substance Abuse Newborns: Prenatal & Environmental Drug Exposure

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Presentation Objectives

Participants will...

- Learn of the prevalence and impact of parental substance abuse on children
- Be able to list and describe the assessment tools relevant to identifying and quantifying trauma symptoms; and
- Identify treatment strategies and interventions to help children understand and cope with parental substance abuse and its negative consequences.





In 2009, how many U.S. children were lived with a parent who was abusing drugs or alcohol?

- A. 1 – 3 million
- B. 4 – 6 million
- C. **7 – 9 million**
- D. 10 – 12 million



Scope of the Problem

(NSDUH Report, 2009)

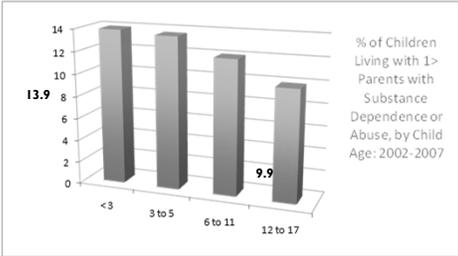
8.3 million (11.9%) of U.S. children =
Number of U.S. children living with a parent
who was abusing or dependent on drugs or
alcohol in the last year

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



Exposure by Age

(NSDUH Report, 2009)



Child Age	% of Children Living with 1+ Parents with Substance Dependence or Abuse
<3	13.9
3 to 5	~12.5
6 to 11	~11.5
12 to 17	9.9

% of Children Living with 1+ Parents with Substance Dependence or Abuse, by Child Age: 2002-2007



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)



Which is the most abused substance during pregnancy?

- A. Marijuana
- B. Alcohol**
- C. Methamphetamines
- D. Opiates
- E. Cocaine

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Prenatal Exposure
(NSDUH, 2004)

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

Substance	1st Trimester	2nd Trimester	3rd Trimester
Any Illicit Drug	~350,000	~150,000	~100,000
Alcohol	~900,000	~300,000	~200,000
Binge Alcohol Use	~450,000	~100,000	~50,000

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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)



Fetal Alcohol Spectrum Disorder

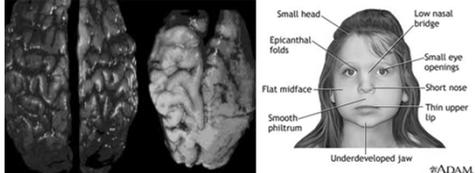
- FAE
- FAS
- ARND
- ARBD
- Most appear “normal”
 - Clinically suspect
 - Potential may never be reached

Adapted from Streissguth



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



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/fasdpr/>



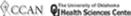
Common FASD Behaviors

- **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



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





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

Schuetze, Eiden, & Coles (2007)



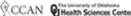
Meth and Child Development

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



Meth and Child Development

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





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)

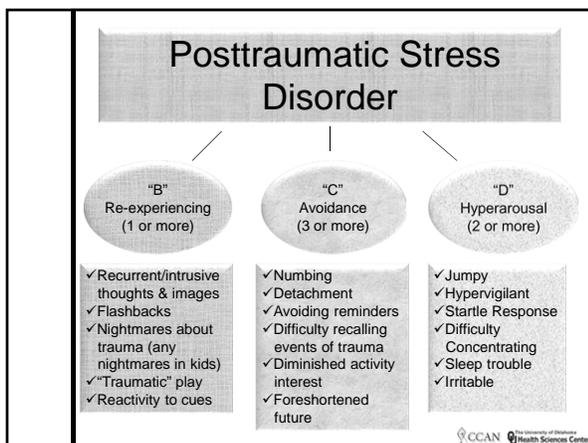


Substance Abuse and Parenting

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

Sprang, Staton-Tindall, & Clark (2008)







Drug Endangered Children and PTSD

- DEC more likely to meet PTSD Criterion A1
 - 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 meet PTSD Criterion A2
 - 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)





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





Emotional Effects

<ul style="list-style-type: none">• Fear & Worry<ul style="list-style-type: none">◦ About parent◦ 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.	<ul style="list-style-type: none">• Sadness & Loss<ul style="list-style-type: none">◦ Loss of relationships◦ Loss of home, school, community, etc.◦ Sadness about instability, turmoil, secrecy◦ Sadness about having to grow up so quickly
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Emotional Effects

- Self-focused
 - Guilt, shame
 - Responsibility
 - Unwanted, rejected, and unimportant
- Difficulty managing feelings
- 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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Children who live with substance abusing parents exhibit behavioral problems at ___ times the rate of children who were removed at birth from their addicted parent(s).

- A. 2
- B. 4
- C. 6
- D. 8

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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.





UNCOPE: Substance Abuse Screener

- **U** = "In the past year, have you spent more time drinking or using than you intended to?"
- **N** = "Have you ever neglected some of your usual responsibilities because of using alcohol or drugs?"
- **C** = "Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?"
- **O** = "Has anyone objected to your drinking or drug use?"
- **P** = "Have you found yourself thinking a lot about drinking or using?"
- **E** = "Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger, or boredom?"

Norman G. Hoffmann, Ph.D.
www.evinceassessment.com





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



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
 - Trauma Symptom Checklist for Children (TSCC)
 - Trauma Symptom Checklist for Young Children (TSCYC)



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



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



The diagram is a pyramid titled "Hierarchy of Needs" by Abraham Maslow. It is divided into five horizontal levels from top to bottom: 1. Self-Actualization; 2. Esteem: Respect; 3. Belonging: Family & Friends; 4. Safety: Shelter & Security; 5. Physiological: Food & Water.





Child Trauma Treatment

- Recommended components:
 - Psychoeducation
 - Stress management techniques
 - Direct exploration of the trauma
 - Exploring/correcting inaccurate attributions
 - Inclusion of parents
- 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

NCTSN The National Child Traumatic Stress Network

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TF-CBT Treatment Structure

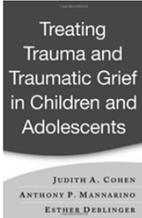
- Average 12 – 18 sessions
- 1 to 1 ½ hour weekly sessions
- Each session is divided into individual child and caregiver sessions
 - The length of the child and caregiver portions may vary by topic
- Similar topics in most caregiver and child sessions
- Combined parent-child time in some to many sessions

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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



For more information: (405) 810-1766
www.okcsos.com

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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.php.ufl.edu/>

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A Better Chance Clinic

- Comprehensive developmental evaluations
- Children ages birth through 6 years with prenatal exposure to alcohol and/or drugs
- Consultation, limited services, and referrals available to children over the age of 7
- Information, guidance, and support for caregivers
- Coordinate with other programs and agencies in the community to enhance services

For more information: (405) 271-5700

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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/



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



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/>





THANK YOU

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