

Psychological & Social Needs of the Drug Endangered Child

Responding to Iowa's Drug Endangered Children

Kiti Freier, PhD

Loma Linda University
& Children's Hospital

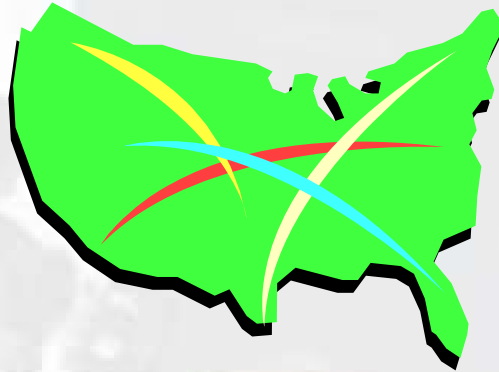
Center for Prevention Research,
Andrews University





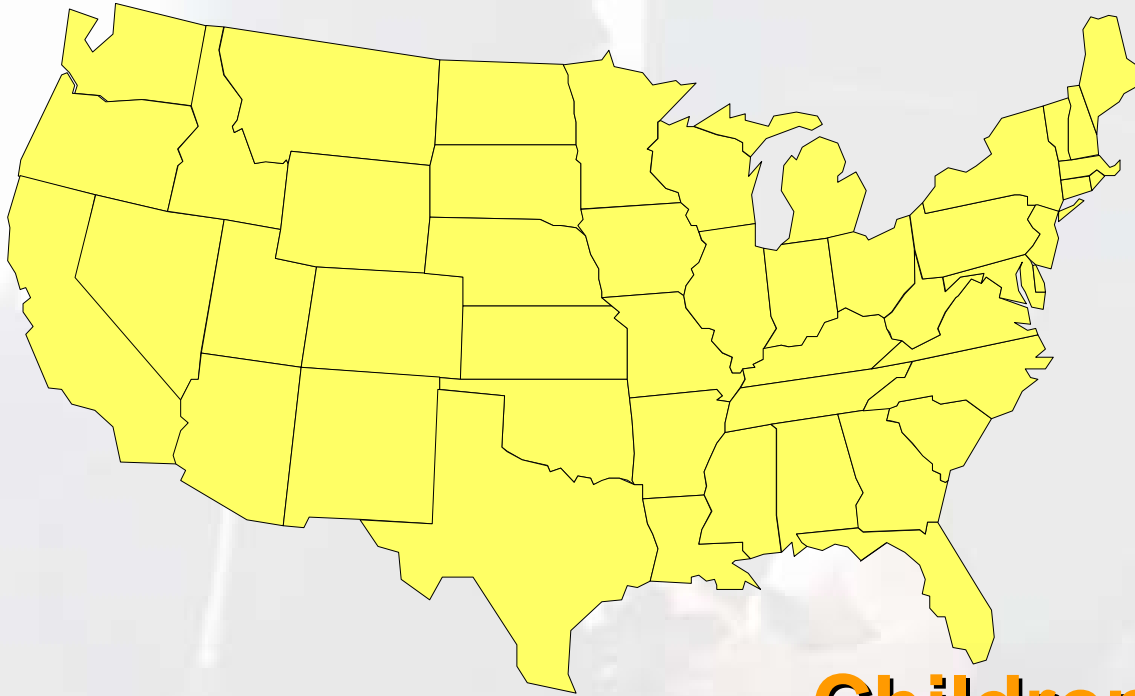
CHILDREN IN DRUG LABS





The National Institute of Health (NIH) study in January 2000, states that ***one out of every three kids*** in the United States is currently living in a family struggling with substance abuse issues.

National Statistics Reported to EPIC January 1 2004 - Sept. 2004



Children Affected: 3,633

Children Injured: 20

Children Killed: 3

The Heart of the Matter: Riverside/San Bernardino County Narcotics Clearing House Stats

- 10/99 – 7/02
 - 78 Children present in 37 labs**
 - **23% PDE to Methamphetamines**
 - **33% Underweight/developmental delay**
 - **51% Severe neglect &/or sexual or physical abuse**
 - **95% No provisions at home**
 - **97% Not immunized**
- Children residing in 30-40% of labs

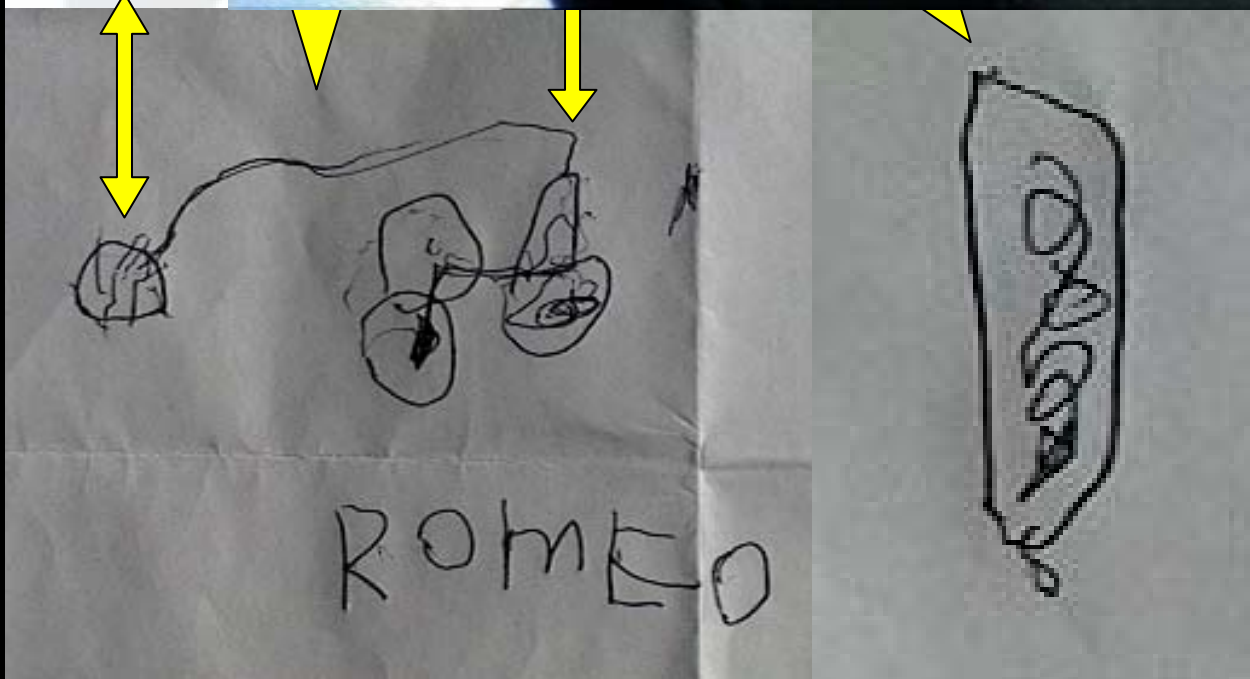


psychosocial risks for drug endangered children.....

- **Increased violent behavior toward children**
 - Adult paranoid state
 - Physical assault due to caregiver aggression/irritability
 - Burns from spills in home lab
- **Severe neglect**
 - No provisions in the house
 - Caregivers not present, high or 'crashed'
- **Increased sexual abuse**
 - Pornography in every home lab
 - Adult euphoria effect from drug
- **Emotional Abuse**
 - Caregiver frustration
 - Daily living chaos
- **Lack of regard for safety**
 - Toxins in easy reach of child
 - Smoke detectors detached next to child's room



THROUGH THE EYES OF A CHILD...



A four year old
child draws
pictures of the
meth lab in his
parents' home.

October 23, 2002

Who are these children

- 5 year old Sara
 - Caregiver to 3 year & 10 month old sibs
 - Spokesperson for the children
 - 3 year old – selective mute – ‘Bitch’
 - 10 month old with no medical care
 - All have lice



Who are these children

- 15 year old Angela
 - 250 lbs
 - Asking for placement with Foster Mother
 - 2nd pregnancy
 - Meth User
 - 14 year old sister

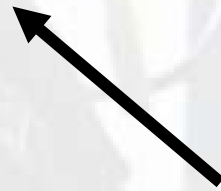


NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN

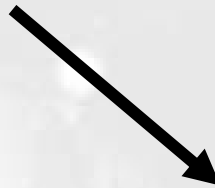
Rescue. Defend. Shelter. Support.

Who are these Children

HISTORY



NOW



FUTURE

NOW

- Lab Raid
- Decontamination
- Removal from Home
- Medical/Behavioral Examination
- Loss of all possessions/clothing etc
- Separation from Caregivers
- Separation from Siblings

HISTORY

- Perinatal Drug Exposure
- Medical Complications – Prematurity
- Developmental Delays
- Attachment Disorders
- Neglect
- Abuse – Physical / Sexual
- Violence – Domestic/Community
- Chaotic Home Environment
- Multiple Homes
- Child’s “Role” – parent ...
- Previous law enforcement/CPS involvement

The Impact on Development

Future Challenges

- Emotional
- Cognitive
- Behavioral
- Educational

Behavioral Issues

A faded background image showing a police officer in uniform talking to a young child. The officer is wearing a dark uniform with 'POLICE' visible on the sleeve and a helmet. The child is wearing a light-colored shirt and shorts. They appear to be in an outdoor setting.

- Depression
 - Suicidal Ideation
 - Withdrawal or acting out
- Anxiety
 - Insomnia/Nightmares
- Eating Disorders

Behavioral Issues

- Interpersonal Problems
 - Poor Communication Skills
- Decreased attention & concentration
- Difficult adjustment to change
- Helplessness/hopelessness
- CYCLE of Drugs/Abuse
 - 2-4 times more likely to repeat the cycle of addiction in their own lives

Emotional Issues

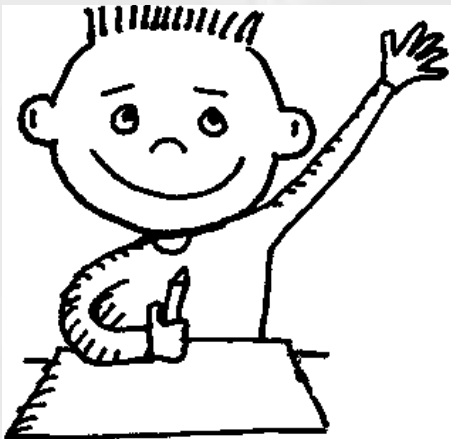
- Attachment Disorders
- Lower Self Esteem
- Mistrust/Fear
 - Especially with adults
- Guilt/Self-Blame
- Shame

Cognitive Difficulties

- Language Delays/Deficiencies
- Poor visual scanning/visual motor skills
- Working Memory difficulties
- Decreased trial & error
- May not learn incidentally

Educational Academic Challenges

- Learning disabilities
- Repeated grades
- Preoccupation and/or tired
- Poor School Attendance
- Frequent change of schools



Loss Issues

Death

School

Physical

Neglect

Relocation

Rape/Incest

Special Needs

Home/
Possessions

Parental
Separation

Disabled

Substance
Abuse

Foster Care

Pet Loss/
Death

Sibling
Separation

Incarceration

Psychosocial Factors related to High Risk Behavior

- Child has difficulty with relationships
- Child has personal characteristics which get them into negative situations
- Child has a history of negative life experiences
- Child has a relationship to drugs and/or alcohol
- Child has been exposed to psycho-social environmental toxins
- Child has conveyed threats of violence





Photo:

North Metro Task Force

Intervention

THIS IS NOT A THROW
AWAY GENERATION

WHAT CAN WE DO?

IT IS NEVER TOO EARLY IT IS NEVER TOO LATE

Now	Future
•Make raid child 'sensitive'	•Adult Connection - Unconditional regard
•Minimize trauma of decontamination, medical evaluation	•Medical & Developmental Interventions
•Minimize trauma of out of home placement	•Mental Health Interventions

National DEC Alliance DEVELOPMENTAL & PSYCHOSOCIAL EVALUATION

Suggested Guidelines

Kiti Freier, Ph.D., Glen Aylward, Ph.D., & John Briere, Ph.D.

1. Intervention for long-term development and psychosocial functioning
2. Uniformity of follow-up with medical interventions
 1. Immediate follow-up (within the first 72 hours)
 2. One six, & twelve month (post-identification) follow-up
3. Recommended evaluation for 'standard of care'
 1. Parent or knowledgeable reporter not available
 2. Alternate choices
 1. Examiner not trained in suggested protocol measures
 2. Measure is not available
4. Chart
 - How to obtain these tests, purpose and evaluator requirements

****Access this information on the Colorado DEC website:
www.colodec.com***

Determinants Affecting the Child's Future

- The child's support system
- The mental and physical health of the child
- The child's 'meaning making', 'religion' or cultural beliefs
- Addressing child's history & future
- Public Policy & community response
- Us - the professional systems that become part of the child's life
 - Can we help bring together their fragmented lives

Attachment

Attachment characterizes humans
"from the cradle to the grave."

Bowlby

The Role of Memory

- Procedural Memory (out of awareness)
 - Automatic skills, behaviors and attitudes
 - Development of Self-Worth

Our procedural memory!

Towards the child

Towards other professionals

Towards the parents

Insanity

Doing tomorrow what you do
today and expect different
results

SELF ESTEEM

- Self-esteem comes from feedback, real or imagined, received from others
- We tend to value ourselves the same way we believe other people value us

-Cooley

Resiliency

Resilience is the capacity to maintain or develop competent functioning in the face of major life stressors

Resiliency

Resilience is not a trait but rather a capacity that develops over time

IN THE CONTEXT OF
ENVIRONMENTAL SUPPORT

or

COMMUNITY SUPPORT

National Longitudinal Study on Adolescent Health

Resnick MD, et.al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. JAMA, 278(10):823-832.

CONNECTEDNESS

California Mentor Foundation Research

57,000 mentored youth surveyed:

98.4% stayed in school

85.25% did not use drugs

97.9% did not become a teen parent

98.2% did not join a gang

Mentoring Research

- 700 high risk youth evaluated

Findings:

- Those youth who succeeded showed the ability to locate an adult in addition to their parents for support

-Warner et. al.



Who benefits from Relationships?

The children

AND

The adults who offer the
relationships

Who Benefits From Relationships?

Social Support Research Reveals:

- Secretaries with nice bosses have less heart disease than secretaries with non-nice bosses
- Lonely people are twice as likely to die of heart attack than those with social support
- Inmates who get visitors return to jail less often than inmates who don't have visitors

Who Benefits From Relationships?

Social Support Research Reveals:

- Students with social support perform better on academic examinations
- Young people with social support are less likely to use drugs

The problem is not

Meth Orphans



The Solution is

- **Involved communities**
- **Involved adults**
- **Involved YOU!**

**YOU ARE
AN AGENT OF CHANGE**



**NATIONAL ALLIANCE
FOR DRUG ENDANGERED CHILDREN**

Rescue. Defend. Shelter. Support.

NOW

- Learn a few developmentally appropriate things to say to child
- Learn their names
- Super Hero Suits
- Transitional Object
 - Can we decontaminate on site



Non-Verbal Communication



- Take cues from the child
- Sit next to the child, instead of face-to-face
- Be cautious of physical touch
- Monitor amount of eye contact
- Speak with a soft voice

Important Messages

- **It is not your fault**

“You are not alone”

“You are not responsible for what your caregivers do”

- **Validate their Feelings**

“I don’t know how this feels for you but I want to be here to help...”

- **Communicate Safety**

“I’m here to keep you safe.”

“My job is keep you and your family as safe as possible.”

What Drug Endangered Children Need

- Safe places to grieve
- Acceptance of their unique grief journey in a nonjudgmental way
- Consistency in their routine and a sense of security
- To be prepared for what will come (feelings, changes, court)
- The opportunity to say “good-bye”
- To be told the truth in developmentally appropriate language

History

- PREVENTION!
 - Keep kids busy in healthy activities
 - Adults in their lives (mentoring)
 - INFORMATION CAN NOT BE A STAND ALONE STRATEGY
 - Violence Education



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• FUTURE

What YOU Can Do!

- Changes in Social Policy
 - Permanency
 - Consistency of placement
 - Limit temporary placement
 - Immediate long-term placement
 - Therapeutic foster care
 - Train Foster Parents on high risk behavior



What YOU Can Do!

- Access the ‘connected’ adult in your community
 - Can not be left to CPS
 - Children’s Advocacy Center
 - Big Brothers
 - Big Sisters
 - CASA
 - Family Member
 - PTA Groups
 - DARE Cops
 - Elderly
 - Faith Community



What YOU Can Do!

- Access Service Funding
 - Victims of Crime
 - National Student Assistance Program
- Public Information - Awareness
 - Public Information Officer
 - Neighborhood watch



What YOU Can Do!

- Long-term prevention
 - **Engage Schools**
 - School as a Community
 - After School Programs
 - **Engage Faith Community**
 - Variety of Professionals
 - Volunteers
 - Sponsor events
 - **Engage Medical Community**
 - **Engage Behavioral Health Community**
 - **Engage Substance Abuse Treatment Community**
 - **Engage Business Community**
 - Programs
 - Flex Time



What YOU Can Do!

- Educate and support parents/caregivers
 - New parenting
 - High-risk children
 - Don't set parents up to fail – 6 month program does not mean that they have their 'act together' – need gradual & monitored reunifications
- Provide programs for Foster Children
 - Risk Factors
 - Their own drug use

What YOU Can Do!

- Develop an active community based DEC team
- Provide pro-social programs for youth – Detoxify the social environment!
- Become a part of existing youth programs or help to develop needed ones
- Be involved individually with children

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.

Margaret Mead

1901-1978



YOU ARE AN AGENT OF CHANGE



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Act Qualified

Not “What can be done?”

-”What can I do?”

For the child that’s courted by gangs.

Not “What will she eat?”

-”Let me feed her”

The little girl with hunger pangs.

Act Qualified

Not “That boy needs guidance”

-”I’ll mentor”

The one headed towards guns and drug use.

Not “Her mother’s like that”

-”Can I step in?”

And break the cycle of child abuse.

Act Qualified

Don't say that you care, then do nothing
But defer to those 'more qualified'.
For each time you put off your duty,
A child who needs saving has died

Act Qualified

You see action is all that is needed,
And love is the best qualification.
Don't ask, "who will save today's children?"
Act NOW – be a child's salvation.

--Lori R. Wilson



Kiti Freier, PhD

Associate Professor Psychology & Pediatrics

Loma Linda University, CA

**Associate Director, Center for Prevention
Research**

Andrews University, MI

kfreier@psych.llu.edu