Concrete Care Strategies to Address the Needs of Young Children Who Have Been Substance Exposed

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About Your Trainer

- Licensed Clinical Social Worker
- Master of Social Work and Master of Science in Child Development
- 15 years professional experience working with children who have been substance exposed
- 12 years experience working with children and families involved in the Child Welfare System in San Diego County

Training Outline

I. Scope of the Problem

II. Understanding the Effects

III. Implementing Care Strategies

IV. References and Additional Resources

Learning Objectives

Identify	Identify 3 short-term and/or long-term symptoms of in utero exposure to substances
Explore	Explore 3 common developmental or behavioral challenges for young children who have been substance exposed
Demonstrate	Demonstrate 4 concrete care strategies for use in the care or treatment of young children who have been substance exposed

The “Why”

1

Support the child’s safety, well-being, and developmental trajectory

2

Bolster caregiver’s and/or service provider's self efficacy in responding to the needs of this population

3

Promote placement permanency

Part I: Scope of the Problem

- Nearly *every* drug and medicine passes from mother's bloodstream to unborn baby through placenta
- Substances that affect the mother’s nervous system will also affect the baby’s nervous system

Federal Data from 2017:

5-10 % of women *self-report* the use of drugs during pregnancy

High-risk populations - prevalence of exposure can be between 10-40%

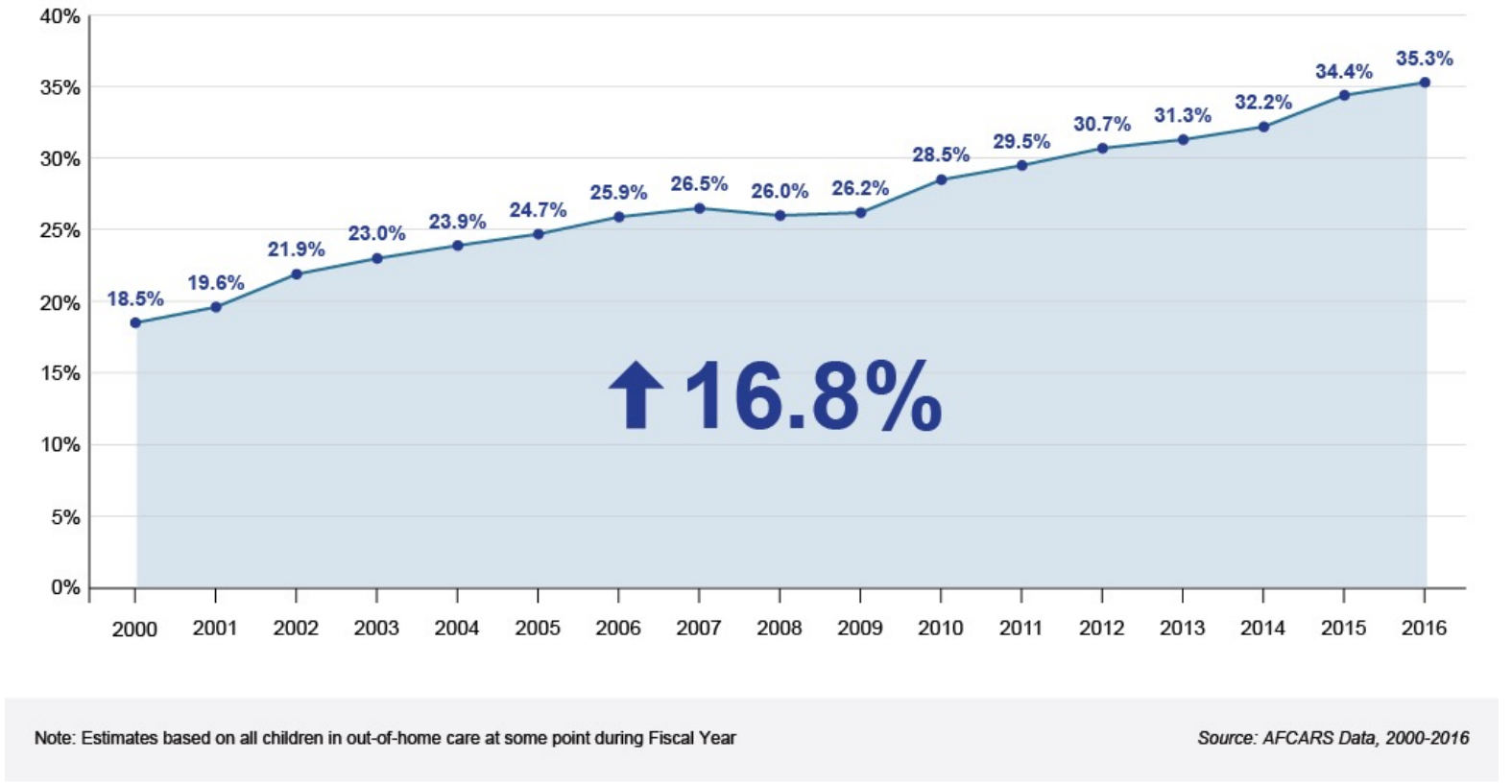
Parental substance abuse is a *key factor* associated with children coming into foster care

39% of children in foster care had been removed due to parental substance abuse

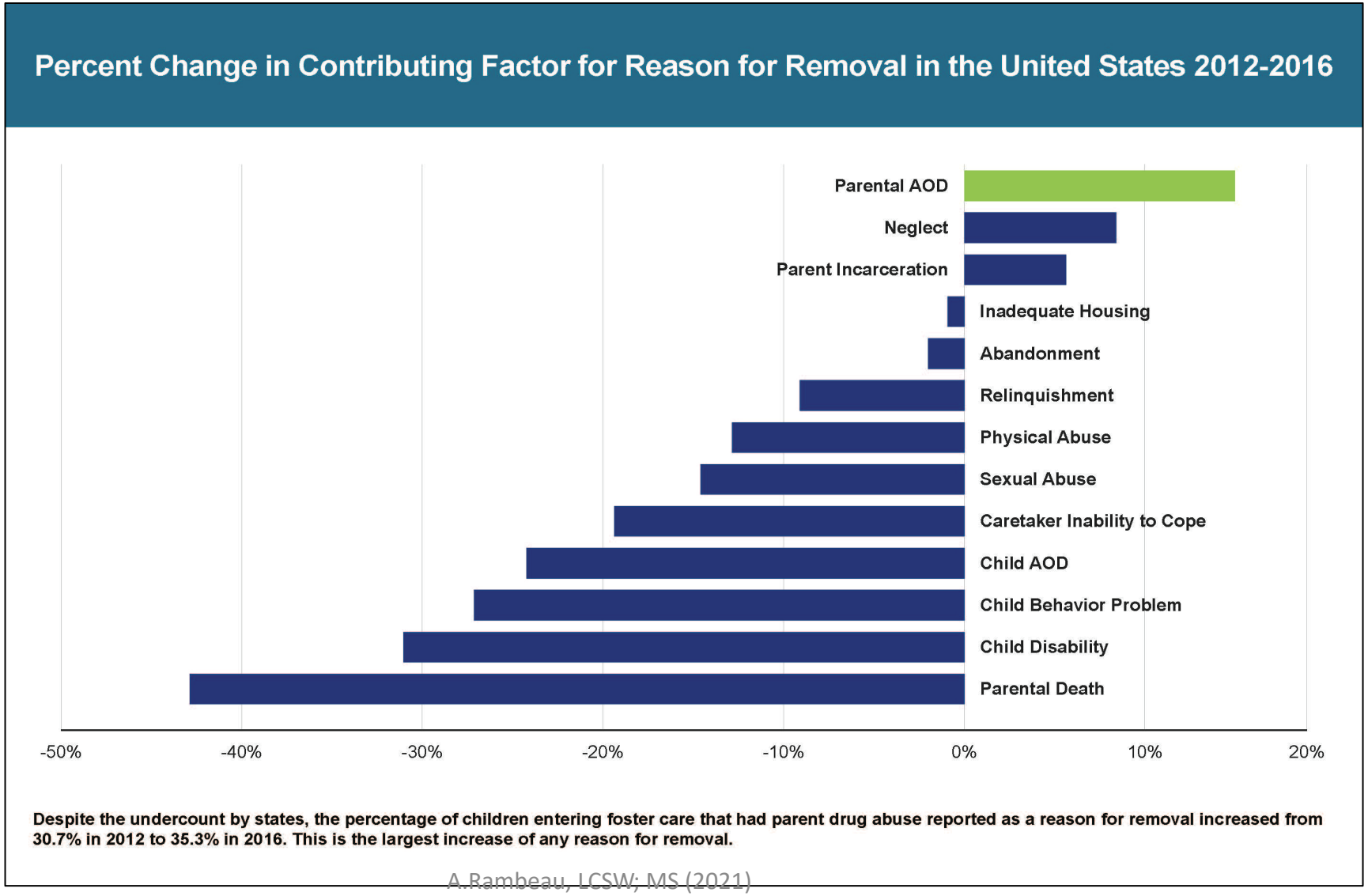
2% of children born with a positive toxicology screen

10-13% suspected to have been exposed but not tested

Prevalence of Alcohol / Drug Use as Contributing Factor for Removal



Reason for Removal



Testing / Reporting

- Child Abuse Prevention and Treatment Act, updated in 2003
  - Requires states to have policies and procedures for infants affected by parental substance exposure
  - No federal mandate for testing, screening, or reporting to child protective services

Medical Indications for Testing:

- History of maternal drug use or agitated altered mental status in the mother
- No prenatal care
- Unexplained placental abruption
- Unexplained Central Nervous System complications in the newborn (e.g., seizures)
- Symptoms of drug withdrawal in the newborn
- Changes and behavioral state of the newborn (e.g., jittery, fussy, lethargic)

Testing In Newborns

Urine

- Easily performed but only indicates recent exposures, as drugs clear rapidly from urine

Meconium

- Can screen as far back as 20 weeks gestation

Tissue Samples (e.g., Hair)

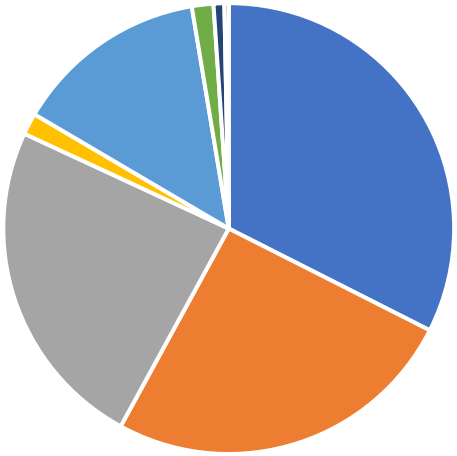
- Typically shows use in the 3rd trimester

Umbilical cord blood

- Timeline for exposure unknown but can produce result more rapidly than meconium

California State

- No legal mandate to report evidence of maternal prenatal alcohol or substance use “absent other safety concerns"
- Variability amongst physicians in reporting
  - Cocaine and Methamphetamine most likely to be reported
  - Concern about implicit / racial bias (Rebbe, 2018)



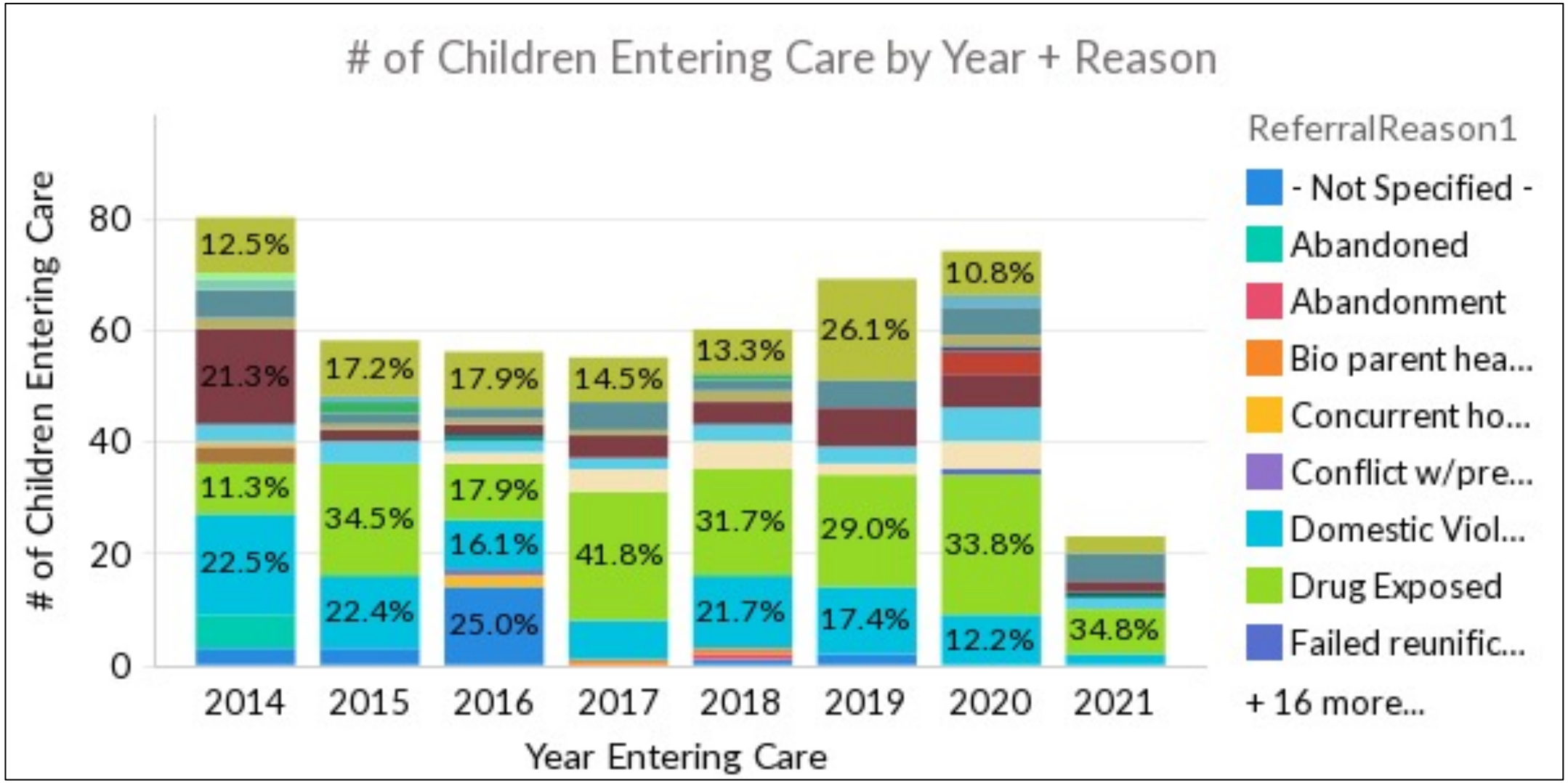
Allegation Type

- General neglect (42%)
- Emotional Abuse (33%)
- Physical Abuse (31%)
- At Risk, Sibling (21%)
- Sexual Abuse (18%)
- Severe Neglect (2%)
- Caretaker Absence (1%)
- Exploitation (.4%)

San Diego 2019-2020: Child Welfare Services Dashboard

A.Rambeau, LCSW; MS (2021)

Angels Foster Family Agency



Prevention

Key Considerations:

- Addiction is a complex issue that requires a multifaceted community wide response
- Addiction is a progressive brain disease
- Evidence based treatments exist and can be adapted for jurisdictional implementation
- Medication-Assisted Treatment has a strong evidence base
- *Whole family care that focuses on keeping children and parents together and supports the family system instead of the individual parent or child in isolation is essential*
- Prevention and early identification strategies are key elements

Mother & Baby Substance Exposure Initiative Toolkit

Foundational principles of the toolkit (https://nastoolkit.org):

- Every pregnant woman should be screened for substance abuse
- Every pregnant woman with Opioid Use Disorder should be on medication assisted treatment
- An increasing evidence based supports the use of non-pharmacologic treatment for newborns with neonatal abstinence syndrome
- Mothers and babies should receive support to keep them together
- Therapy must meaningfully incorporate the addiction and recovery process and include support for Mother's around coping with guilt and shame

Part II: Understanding the Effects

- Significant Challenges in Research
- Neonatal Abstinence Syndrome
- Patterns in Effects from Specific Substances

Challenges to Research

- Substance abuse impacts all socioeconomic and racial / ethnic groups
  - Systemic bias in monitoring
- Reliance on self-report
- Mothers with SUD less likely to access / have access to prenatal care
- Impossible to control for external variables (correlation vs. causation)
- Risk factors tend to cluster together
- Nature / nurture (behavior and development strongly influenced by environment)

Neonatal Abstinence Syndrome (NAS)

- Serious and highly variable condition characterized by central nervous system hyperirritability and autonomic nervous system dysfunction
- Most infants present with symptoms by 24-72 hours
- Symptoms vary depending on:
  - type of drug used
  - last time it was used
  - if baby is full term or premature
- Finnegan Symptom Prioritization - “Eat, sleep, console” prioritizes newborns ability to take an age-appropriate volume of food, sleep more than one hour after feeding, or be consoled within 10 minutes

Symptoms of Opioid Withdrawal in Full-Term Babies:

- *Nervous System Irritability:*
  - Too much crying or high-pitched crying
  - Sleep problems
  - Overactive reflexes
- Tight muscle tone
- *Trembling / tremoring*
- Seizures (2-11 %)
- Respiratory symptoms
- Gastrointestinal disturbances
- *Poor feeding and sucking*
- Temperature regulation

Treatment of NAS

- Infants with NAS at very high risk of complications from withdrawals (e.g., seizures, death)
- AAP recommends inpatient monitoring for 4-7 days or until symptoms stable
- Pharmacological – wean baby with morphine or methadone
  - Can have serious side effects
  - As symptoms stabilize, amount of medicine is slowly decreased
- Recent research has shown methadone has decreased length of treatment compared to morphine (MBSEI toolkit)

Heroin / Opioids

- Long-Term Effects:
  - Smaller brain volume
  - Challenges with learning (e.g., ADHD)
  - Delays in language development
  - Emotional and behavioral problems
    - Challenges with Self-Regulation

Anecdotal Evidence (15+ years of experience):

- Interoception: the sense of internal state of the body (abnormalities in sensation of pain, hunger/fullness, tiredness, etc.)
- Visual Impairments (e.g., lazy eye)
- Muscle tone
- Infants that over-sleep and under-eat
- Long bouts of inconsolability
- Struggle the most first 6 months of life, then tend to stabilize
- Behavioral challenges tend to emerge later (e.g., impulsivity)

Methamphetamine / Amphetamine:

- Central Nervous System Stimulant
- Short-term effects:
  - Difficulty sucking or swallowing
  - *Hypersensitivity to sensory stimuli*
  - Extreme muscle tension
  - Respiratory problems
  - *Gastrointestinal issues (e.g., acid reflux)*
  - Tremors *

Long-Term Consequences

- Failure to thrive
- Growth retardation
- Developmental delays or disorders (most common are motor skills and speech / language)
- Neurological abnormalities
- Cognitive impairments
- Learning disabilities

Anecdotal Evidence (15+ years of experience):

- High levels of toxicity in the body in first few weeks of life (stool that can burn the skin, excessive skin peeling, etc.)
- Increased likelihood of eczema and/or asthma
- High muscle tone
  - Cerebral Palsy
  - Tremors in limbs
- Gastrointestinal problems (e.g., severe acid reflux)*
- Visual Impairments (e.g., glasses)
- Difficulty regulating body temperature (e.g., can sweat through crib sheets, overly sensitive to being cold after bath)
- High-pitched cry / scream

Anecdotal Evidence (cont.):

- Extreme discomfort with body sensations (bowel movements, being bathed)
- Under or over responsive to pain
- Sensory integration challenges*
- High levels of activity and high metabolism
- Persistent challenges with sleep
- Low spatial awareness or motor planning
- Behavioral and emotional dysregulation
- Difficulty with *transitions* or changes in the environment

Fetal Alcohol Spectrum Disorder (FASD):

- Slowed growth during pregnancy and after birth
- Abnormal facial features (e.g., smooth ridge between the nose and upper lip, low-set ears, etc.)
  - Only captures tiny window of exposure
- Heart defects
- Small head size
- Shorter-than-average height
- Low body weight
- Sleep and sucking problems as a baby
- Vision or hearing problems

Long-Term Effects:

Cognitive:

- Executive functioning skills (impulse control, cause-effect, judgment, etc.)
- Attention-related problems, problem solving, memory (encoding / storage and retrieval processes)
- Intellectual disability or low IQ

Emotional:

- Regulation / expression of emotions

Social:

- Socialization, group interaction, daily life skills

FASD (Cont.)

Developmental:

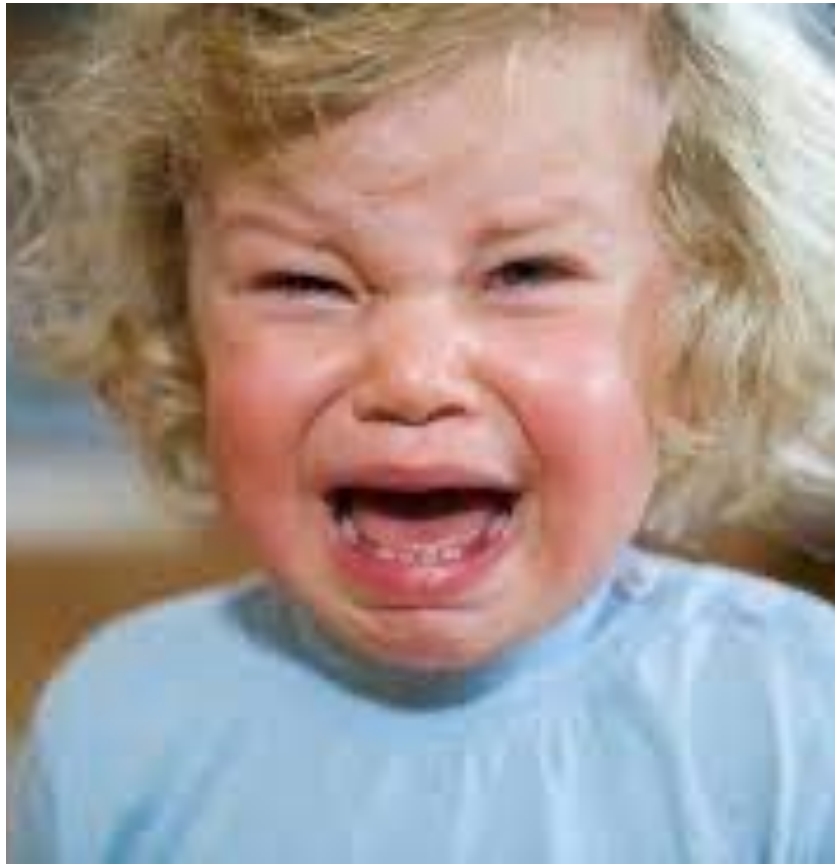
- Motor function (fine and gross motor) and coordination
- Visuospatial function
- Delays across domains

Mental Health:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Depression and anxiety
- Problems with hyperactivity, conduct, and impulse control
- Increased risk of alcohol and other drug use disorders

Anecdotal Evidence (15+ years of experience):

- Behavioral Challenges:
  - Dysregulation
  - Persistent difficulty following directions (can be language processing challenge)
  - Defiance / non-compliance
  - High-risk behavior
  - Self-injury
  - Pronounced phobias (in excess of developmental norms)



Cocaine:

- Significant impact on fetal growth, can cause complications to pregnancy (e.g., placental abruption)
- Neurological effects on fronto-pariteal and basal ganglia
- Impact to developing heart
- Delays in sensory motor development, attentional deficits, and decreased responsivity to social stimulation
- Delays in the development of language

Prescription Medication

- Research difficult so effects are largely unknown
- FDA pregnancy registries
- Effects:
  - Developmental Delay
  - Intellectual Disability
  - Birth Defects and Miscarriage