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| <p style="text-align: center;"><b>Concrete Care Strategies to Address the Needs of Young Children who have been<br/>Substance Exposed</b></p> |
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**Specialty Medical Care that can be common for children who have drug / alcohol exposed:**

- Developmental and Behavioral Pediatrician
- G/I Specialists
- High-Risk Infant Clinic
- Neurology
- Dermatology
- Rehab Medicine
- Ophthalmology
- Feeding Team

**Developmental and Behavioral Services:**

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Behavior Therapy
- Infant Education
- Infant Massage
- Dyadic play therapy (e.g., Child-Parent Psychotherapy)

**Special Education:**

- Individualized Education Program
- Regional Center Services
- 504 Plan for behavior
- Role of an Educational Advocate
- Importance of communication with teacher or childcare provider

**Guiding Principles for Providers:**

- Clients and families with complex needs tend to require more intensive services and care from the provider
- Cultivating a healthy work / life balance and robust self-care strategies
- Role of reflective practice and clinical supervision
- Coordinate with other providers to extent possible
  - Minimize contradictory suggestions or strategies
  - Broadens lens of understanding child
- Meet the caregiver where they are at
  - Role of validation “Name it to tame it”

**Strategies for Working With Caregivers:**

- Meet the caregiver where they are at
  - Role of validation “Name it to tame it”
- In-vivo psycho-education, coaching, skill building

- Supporting Parental self-efficacy
- Promoting attachment relationship by drawing attention to and labeling child's cues and needs
- Mindfully attend to strengths, new milestones, magic moments (e.g., child pointing their finger)
- Collaborative exploration around how to best channel energy into aspects of child's care that can be controlled (e.g., love and nurturance in home setting)
- Parallel process – Relationship between provider and caregiver and that of caregiver and child
  - If goal is to increase praise / encouragement in caregiver – child interaction, start increasing praise / encouragement in provider – caregiver interaction

### **Guiding Principles for Caregivers:**

- Have a regular routine for self-care
- Develop a team of helping professionals
- Utilize your support system
- Establish predictable routines for child
- Nurture in physical and emotional ways
- Advocate for child's educational needs
- Maintain a realistic yet positive attitude

### **Advocacy and Organizational Strategies:**

- Have a centralized notebook for medical forms, handouts, and notes
- Take notes on changes, concerns, progress, or regression
- Bring to Dr appointments so you can speak in detail about symptoms and take notes on their feedback / suggestions
- Keep medication log
- If concern about weight gain, keep feeding log
- *For the following care strategies, always defer to medical advice from the pediatrician or specialty care provider*

### **Care strategies for the newborn phase:**

- A nurturing, calm, consistent, patient parenting style
- Kangaroo (skin-to-skin) care, supports the regulation of the nervous system (start in hospital if possible)
- Set up nursery as “sensory sanctuary” (e.g., black out curtains, basic décor, white noise machine)
- Observe child's stress signs and cues
- When child is fussy, take time to self-regulate and breathe deeply before trying to calm baby
- Try a soothing strategy several times before moving on to a new one

### **Soothing through the senses:**

- Sound: soothing sounds such as a sound machine, shushing, singing, humming
- Sight: reduce visual stimulation in infant's room, can also try sunlight and fresh air

- Touch: Gentle ventral pressure (hand on chest or chest to chest), baby wearing, swaying, rhythmic motion.
- Smell: A transitional / comfort object, soothing scents – lavender or chamomile
- Sucking: Non-nutritive sucking (e.g., pacifier for birth to six months)
- Swaddling (highly regulating, discontinue when baby begins to roll)

#### **Tools for soothing:**

- Rocking chair
- Large medicine ball for rhythmic bouncing
- Transitional object
- Vibrating teethingers
- As child moves towards toddler phase sensory play is very important – stress ball, water play, kinetic sand (all with close supervision)

#### **Feeding Challenges:**

- *Always consult with Pediatrician 1st*
- Exposed infants often develop formula intolerance and require prescription formula (e.g., Alimentum)
- Feed in smaller increments (2 ounces then burp)
- Holding upright for 15-45 minutes after feeding
- Try alternate burping postures
- Gas drops and gripe water
- Document frequency of spit up and vomiting for Dr

#### **Sleeping Challenges:**

- Minimize sensory stimulation in nursery
- Follow consistent routine for sleep (builds sleep associations in brain)
- Sound machine with white noise
- Gradually put baby down in crib in sleepy state vs. asleep
- Babies who have been meth exposed may sleep in shorter increments more often
- Babies who have heroin exposed may over-sleep and need to be up-regulated to feed (stroking baby from feet upwards, holding baby and lifting them up and down)
- For babies that sweat while asleep, can help to use cotton or linen crib sheets, cotton sleep sack

#### **Supporting Development of Attachment Relationship:**

- Feeding and soothing are prime connection times
- Promote child's sense of felt safety:
  - Prepare child for physical touch and movement (minimizes startle response in nervous system)
  - Talk child through what comes next (e.g., I'm going to change your diaper)
  - Narrate their needs and reactions
- Maximize shared positive affect (e.g., activities that inspire joy for both)
- Support balance between connection and exploration (secure base behavior)

### **Supporting Development:**

- When child is in quiet or active alert state is their prime learning time
- Singing to baby helps them separate parts of speech
- Infant massage (interoception)
- Floor time and sensory play
- Repetitive and predictable play (e.g., peek-a-boo)
- Provide opportunities for skill mastery (e.g., dump and fill play)

### **Care strategies for the toddler and preschool phase:**

- Attend to low-level behavioral cues
  - E.g., body tension, startle response, frustration
- Provide opportunity for developmental milestone practice
  - When child is practicing new skill in undesired way, offer choices between other ways to practice skill
- Children who have been substance exposed can react very strongly to novelty, transitions, and changes in environment

### **Feeding and sleeping challenges:**

- Food insecurity
  - Social story with mealtimes
  - Access to non-preferred healthy snacks
  - Transitional object after mealtime
  - Basic sign language to communicate needs around food (e.g., “more, all done, water”)
- Sleep
  - Maintain consistent and soothing bedtime routine
  - No screen time at least 1 hour before bedtime
  - Guided muscle relaxation / imagery before bed
  - Bath with lavender and chamomile

### **Supporting emotional regulation:**

- Model use of coping skills (e.g., lion breath, squeeze and relax)
- Affect narration – build emotional vocabulary (“you feel happy”)
  - Use of social stories
  - Use of play to prepare for new experience or process difficult experience (e.g., have child play with Dr’s kit to prepare for upcoming appointment)
  - Validate child’s subjective fears

### **Challenging behaviors:**

- Drug / alcohol exposure can exacerbate normal developmental challenges
- All behavior has an **underlying need**
  - Meet the need, curb the expression of the behavior
  - It is your job to teach alternative ways to meet that need
- **Do not make or take the child’s behavior personally**
- Disempower a behavior by not reacting negatively

- Amidst a challenging interaction with a child, gauge how you feel. This is *often a window into the child's emotional experience*
- **All children** this age engage in limit testing because they are:
  - Figuring out boundaries and limits
  - Cognitive - cause and effect
  - Overwhelmed by own desires and emotions
  - Severely lacking in impulse control
  - Asserting independence (e.g., "I do it")
  - Increased exploration of environment
  - Experiencing self-conscious emotions (jealousy, embarrassment)
  - Poor interoception – struggle to recognize their own hunger, fatigue, etc.

### Care strategies:

- Clearly state expectations (e.g., we hold hands in the parking lot)
  - Use social stories / visual cues (e.g., stop sign on all exits)
- Anticipate needs
  - Transitional prompts (e.g., we are leaving the park in 5 minutes, 1 minute)
  - Transitional objects (e.g., stuffed animal, blanket)
  - Physical energy release or sensory play after stressful events
- Create new associations through patterned, repetitive experience
  - Importance of consistent routine
- Consider and attend to emotional need underlying behavior
- Use positively stated language to minimize power struggles
- HALT: Hungry, Angry, Lonely, or Tired
  - Vulnerable to making poor choices
- Provide regular opportunities for physical play and sensory play
  - Kinetic sand, water play, finger painting with pudding, etc.
- Regulating the stress response system / vagus nerve
  - Focus on gut health (e.g., yogurt with probiotic)
  - Opportunities to laugh out loud
  - Shake / Dance / Stomp it out
  - Humming and singing
- Play provides:
  - Role experimentation
  - Cause and effect
  - Coping and preparation (e.g., play around upcoming Dr visit)
  - Teaches social & problem-solving skills
- Brain stem activities – drumming, rocking, bouncy horse, hammock
- Increases sense of “felt safety”
- Forms connections – insight into child’s inner world

### Supporting Attachment Development:

- Play is primary connection time for this age group (even 5 minutes of uninterrupted child-led play can have a profound impact)

- Child will explore more in this phase but still important to be emotionally available for connection (secure base behavior)
- Promote child's sense of felt safety:
  - Anticipatory guidance - talk child through what comes next
  - Asking questions about their needs and reactions / narrating if needed
- Maximize shared positive affect (e.g., activities that inspire joy for both)
- Validate child's subjective fears
- Engage child in basic exploration of emotional need underlying behavior