Parent substance abuse, child welfare and children's mental health: Parent methamphetamine abuse in rural Illinois

December 13, 2006

**Wendy Haight, PhD**

This research is in collaboration with the Charleston Field Office of the Illinois Department of Children and Family Services and was supported by funding from an Arnold O. Beckman UIUC Research Board, and a development grant from the Center for Children and Family Research. **Co-PIs are Teresa Ostler, PhD and James Black, MD PhD, and Linda Kingery, MSW.**
Parent substance abuse

- Places strain on child welfare systems

One of leading causes for children’s entry into state care in US and Canada. (e.g., Suchman et al., 2006)

Significant obstacle to family reunification. (Ryan, 2006)

Parent abuse of illicit drugs

- Children may be exposed to:
  - Drugs prenatally (Merikangas et al., 1996; Etz et al., 1996)
  - Environmental risks (Johnson et al., 1998, Hawkins et al., 1992; Kumpfer et al., 1996)
  - Compromised parenting (Hawkins et al., 1992; Dishion & McMahon, 1996)
  - Maltreatment (CASA, 1999)
  - Stigma (Klee, 1998; Hans, 2002)

- Children whose parents abuse illicit substances are more likely to:
  - Abuse substances
  - Experience mental health problems
  - Drop out of school
  - Experience early pregnancy
  - Become involved in criminal or other anti social behavior

(See Cretzmeyer et al., 2003; Millar & Stermac, 2000)
What is methamphetamine?

- Powerful, highly addictive central nervous system stimulant
- Less expensive and more easily available than cocaine with a much longer lasting “high.”
- User experiences:
  - initial rush, euphoria
  - decreased fatigue and appetite
  - increased energy, alertness & libido
- “Tweaking” followed by sleep for several days.
- Highest rates of use occur among 20-29 year olds who often have children.

(see, e.g., Anglin et al., 2000; Rawson et al., 2002; Bauer & Olson, 2006, West & Stuntz, 2000)
Health problems to the user

- “Dopamine depletion syndrome.”
- Other damage to brain
- Severe dental problems, “meth mouth.”
- Secondary health damage to lungs, heart, and kidneys may be what physically kills.

(See Anglin et al., 2000; Maxwell, 2005; Rawson et al., 2002; SAMHSA, 2002; Thompson et al., 2004; Wermuth, 2000)
Psychiatric effects

- Psychiatric symptoms: psychosis, depression, rapid mood changes, irritability and out-of-control rages and violent behavior.

- Psychotic symptoms may persists for months or years after use has ceased.

- Interpersonal violence extensive. PTSD

(Anglin et al., 2000; Cohen et al., 2005; Cretzmeyer et al., 2003; McGregor et al, 2005; SAMHSA, 2002 )
Why are we concerned about parent abuse of methamphetamine per se?

- Characteristics of methamphetamine:
  - highly addictive
  - parents rapidly disabled both physically & mentally
- Produced in and around home.
- Long term separation from parents who are serving long prison terms, ill or dead.
- Rural problem: Assess and cultural issues
- Urgent and growing problem in the US
Mixed methods research

- What are the contexts in which children whose parents abuse methamphetamine are reared?
- How are children doing psychologically?
- What are the implications for intervention?
- How effective is intervention?
East central Illinois
East central Illinois

- Rural: Covers 3,492 square miles, pop 160,284
- Ethnically homogeneous. 95% white.
- Working class: Median yearly income range from $37,313 - $40,084.
- Percentage population graduated from college ranges from 10% - 21%.
- Facing a serious and growing drug problem.
- Growing pessimism and fear in community.
- Response: increase penalties, decrease access to precursors.
Participants

DCFS professionals in CFO. (18)

Other knowledgeable community professionals: educators, law enforcement, substance abuse treatment providers (10)

Caregivers (foster parents, extended family members, meth abusing parents) (10)

Children (22)
Procedures

- **Interviews:** adults and children
- **Standardized assessments** of children’s development, behavior, experience of trauma and attitudes towards substance abuse.
- **Participant observation** of DCFS investigations and supervision, court cases.
- **Record review** of newspaper articles and other documentation of meth abuse in rural IL.
Results

Common Experiences of children

*Perspectives of adults and children*

- Exposure to criminality
- Exposure to violence
- Exposure to adult substance abuse
- Violence intertwined with substance abuse
Common Experiences of Children

*Adult perspectives*

- Environmental danger, chaos
- Neglect
- Abuse
Common Experiences of Children

Child perspectives

- Separation/Loss
How are the children doing psychologically?  
*(Standardized assessments)*

- Range of scores on the PPVT, but mostly average.
- 65% of children evidenced a pattern of trauma symptoms. *(TSCC, CBCL)*
- 57% other emotional and behavioral problems *(CBCL).*
How are the children doing psychologically?

*Child report*

- Emotional pain in relation to family
- Few social resources for coping with emotional pain
- Passive strategies for coping
- Talking about parents’ meth abuse is taboo.
Individual variation in children’s experiences, perspectives & mental health functioning

- Knowledge about methamphetamine.
- Stances towards parents’ antisocial behavior
- Stances towards child welfare and legal intervention: e.g., Denial, defiance, rejection of parents, sad/conflicted.
- Mental health functioning
Protective factors that may buffer children’s experience of parent methamphetamine abuse

- Child’s age when parent becomes disabled
- Family resources
- Community resources
Leadership roles for social workers

- Help parents get into treatment.
- Recruit and educate foster care parents.
- Develop, implement and assess mental health services targeted at children of meth abusers.
Life story intervention for rural children

Child component

- Primacy of the relationship.
- Telling the story.
- Termination and transition to relationships with other, supportive adults or therapist.

Foster parent component

- Support from foster parent is necessary.
- Regular contact and communication.
- Psycho education as needed.
Assessing life story therapy

- School–aged children entering foster care because of parent methamphetamine abuse.
- Longitudinal, experimental design (cross-over or wait list design).
- Intervention and wait list control groups.
- Assessed at 3 time points over one year period using standardized assessments and clinical interviews; and throughout intervention.
References

- Haight, W., Jacobsen, T., Black, et al. (2005). “In these bleak days:” Parent methamphetamine abuse and child welfare in the rural Midwest. *Children and Youth Services Review*, 27, 949-971. (Also available on line)
Questions or comments?