

Ongoing Child Protective Services (CPS) with Methamphetamine Using

Families: Implementing Promising Practices

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Introduction and Purpose

Methamphetamine manufacture, use, and addiction and the effect on children and families, are serious problems confronting child welfare agencies across the nation. Similar to the crack epidemic of the 1980's, the "meth problem" increases the risk of child maltreatment, impacts family functioning, and seriously threatens the safety and well-being of children.

It is the responsibility of the CPS worker to: (1) recognize methamphetamine or other drug related symptoms; (2) collect information about methamphetamine use, abuse, addiction, and/or manufacture as part of risk assessment and safety evaluation; (3) develop and manage safety plans to address the safety influences that jeopardize a child's immediate safety; (4) conduct family assessments that evaluate the specific effect of methamphetamine use, abuse, or addiction and manufacture on parenting adequacy and to assess the effects of these circumstances on children; (5) develop change oriented case plans that address the impact of methamphetamine use, abuse, or addiction; (6) select and coordinate meaningful interventions provided by addiction counseling and other agencies; and (7) evaluate progress of parents and children in recovery.

A series of papers developed by the National Resource Center for Child Protective Services focus on the responsibilities of the CPS worker at one or more of these stages of the CPS process. The purpose of this paper is to focus on ongoing CPS intervention when families are affected by methamphetamine use, abuse, or addiction by primary caregivers.

It is assumed that there is a safety plan in place (see previous papers in this series) and that the CPS worker is managing safety on an ongoing basis. When a safety plan has been developed to keep children in the home, intense supervision must manage the safety of children to assure that all safety services are controlling the negative influences that jeopardize a child's safety. When caregivers have a history of methamphetamine use, relapse should be expected. Therefore, at least weekly in-home contact is essential to assure that all components of the safety plan are fully implemented and that the caregiver and other family members are meeting agreed upon obligations. Key questions that

should be assessed during at least weekly visits include: (1) is the plan effective? (2) Are safety responses adequate? (3) Are providers involved and active as prescribed by the safety plan? (ACTION for Child Protection, 2006).

Other papers in this series will focus on safety management during ongoing services. This paper focuses on promising or acceptable interventions that may be useful as change based services once methamphetamine use by a caregiver has been identified. It acknowledges that appropriate interventions may only be selected after a comprehensive family assessment has been completed.

Conducting the Family Assessment and Assessing the Effects of Methamphetamine Use, Abuse, or Addiction on Parenting Adequacy and on Children

The primary purpose of conducting a comprehensive family assessment is to gather and analyze information that will guide the intervention change process with families and children. Targeting change strategies to the unique risk and protective factors present in families affected by methamphetamine will lead to increased safety, permanency, and well being of children and families.

During the assessment process, the family is engaged in a process to understand their strengths and needs and in particular to understand the way in which methamphetamine is affecting parenting and children. It is assumed that a safety plan is in place and the focus of the assessment is on the factors that need to be addressed through change focused intervention strategies.

Information about risk and protective factors related to the child, parent, family, and environment should be identified and assessed. Outlines for assessment of families (e.g., DePanfilis and Salus, 2003) are useful and should be supplemented by assessing the specific ways in which methamphetamine affects parenting, family functioning, and children.

Three areas of assessment are important: (1) assessing the degree of use, abuse, or addiction to methamphetamine; (2) assessing what specific effects are evident for the individual who uses, abuses, or is addicted to methamphetamine; and (3) assessing the specific ways in which this use, abuse, or addiction affects children in the family.

Assessing Use, Abuse, or Addiction

As with all substances, the first task of the ongoing CPS worker is to understand whether the methamphetamine problem is one of use, abuse, or addiction (Zuskin and DePanfilis, 1995).

Use. Use of alcohol or other drugs involves the ability to use drugs in a responsible way. Use may be experimental, occasional, recreational, or social. Users experience no psychosocial problems and maintain control over the amount, time, place, and duration of their use (Griffin, 1993). Methamphetamine may be used initially for practical reasons: to

stay up for extended hours for work or school or to lose weight. Women especially may initiate methamphetamine use for appetite control and weight loss (Rawson, Anglin & Ling, 2002). Because methamphetamine is less expensive than other stimulant-type drugs (such as cocaine), it may be more likely to be used for these reasons.

Abuse. Substance abuse refers to the use of drugs in an irresponsible manner which results in psychosocial problems; or, substance abuse refers to the use of a drug for the purpose of intoxication. Psychosocial problems experienced may be directly related to the abuse of substances, or may result from exacerbation of existing problems. The substance abuser retains control over drug usage, and there is no progression of the disease process (no abnormal tolerance, withdrawal, or pathologic organ damage) (Griffin, 1993). Substance abuse is most typically seen in adolescents; although many parents on CPS caseloads may be substance abusers, careful assessment may reveal that many are more likely to be chemically dependent/addicted. This is particularly true with methamphetamine (see appendix).

Dependency or Addiction. Dependency, or "addiction", refers to a physiological disease process which can be identified behaviorally. In addition to psychosocial problems, the chemically dependent person loses control over use with regards to amount, time, place, and duration (Griffin, 1993). A progression of the disease process is evident and includes abnormal tolerance, perhaps from the onset of usage, withdrawal, and pathologic organ changes in late stages of addiction. The addicted person demonstrates a compulsion to use drugs, disregarding any negative consequences and exhibiting tolerance to the drug and withdrawal symptoms when he or she cannot have the drug. Preoccupation with acquiring and using the drug results in poor judgment. For example, drug-dependent parents may leave an infant unsupervised while they seek the next "fix". In their denial, these individuals often believe that their drugged state is normal and strive to sustain it. Such psychological dependence is difficult for the drug-dependent individual to overcome. These persons are unable to control their drug use and their addiction usually has negative effects on their day to day functioning (Griffin, 1993).

Assessing Effects on the Individual

If parental use of methamphetamine is suspected, it is important that the parent undergoes a specific assessment of the effects of this use, abuse, or addiction on their everyday functioning. (See examples of effects in the appendix). The worker may observe physical, behavioral, cognitive, and psychological consequences. Physical problems include skin lesions (SAMHSA, 1999); dental problems (Brandjord, 2006); increased risk of stroke and heart problems (Maxwell, 2005), and potential long term damage to neuron cells (NIDA, 2005; SAMSHA, 1999). In terms of behavior, the parent may be observed with periods of heightened energy and feelings of euphoria (NIDA, 2005); impulsivity (Simons, Oliver, Ghaer, Ebel, and Brummels, 2005); and episodes of violence, aggression, and agitation (Maxwell, 2005). Impairments to cognition, memory, and attention including ADHD may also be observed (Maxwell, 2005; Simon, Domier, Carnell, Brethen, Rawson, & Ling, 2000). Finally, some parents may experience

depression and anxiety, especially with withdrawal (Cretzmeyer, Sarrazin, Huber, Block, & Hall, 2003; NIDA, 2005)

Assessing Effects on Children

Because of the range of serious effects on the user, methamphetamine affects children in multiple ways including increasing the risk of child abuse and neglect. The specific ways in which this translates to concern for children need to be understood as part of the assessment process. Once the specific ways in which the problem is affecting children is understood, safety and change oriented change strategies need to be tailored to the specific needs of each family. Examples of these effects follow.

Prenatal effects. Infants exposed to methamphetamine prenatally may experience developmental and learning delays (Rawson, Anglin, et al., 2002), research in this area is ongoing. Children with these effects may need specific treatment to address these issues.

Household safety. Exposure to environmental toxins (arsenic, lye, mercury, lead) during the manufacture process is especially risky for young children (USDOJ, 2003). A complete assessment of household safety must be conducted with a specific eye to potential household hazards associated with methamphetamine manufacture and use.

Childhood supervision and neglect. Parents may sleep for excessive periods of time following drug binges and during periods of withdrawal. This may lead to a lack of supervision and to other forms of child neglect. Because methamphetamine use suppresses appetite, users may not regularly purchase or prepare food leaving children at risk of nutritional neglect (Rawson, Anglin, et al., 2002).

Physical abuse. Agitation and violent behavior associated with withdrawal may increase risk for physical abuse.

Sexual abuse. When parents are using methamphetamine, children may be exposed to sexualized behavior in adults which may also put them at risk for sexual abuse.

Lack of positive social support systems. Parents involved with methamphetamine may have few positive support systems and only be associated with others involved with methamphetamine. These conditions increase concern for child safety, and make it more difficult to change negative behaviors.

Using Results of the Family Assessment to Target Outcomes

At the conclusion of the family assessment, the CPS worker should target client outcomes that if achieved will reduce the risk of future maltreatment and address effects of child maltreatment. This usually means selecting risk factors and protective factors uniquely relevant to each family and then selecting interventions that will help parents, children,

and families achieve these intermediate outcomes. An example of how this all comes together is provided in a sample logic model. See Figure 1. Each service plan should be unique and interventions should be selected that have the best chance of helping families achieve their individually targeted outcomes.

Selecting Evidence-Based Practices

Because methamphetamine addiction treatment is relatively new, an exhaustive search of the literature was unsuccessful in finding treatment programs with extensive research support of their effectiveness. As an alternative, this paper identifies promising or acceptable practices that may be useful with families affected by methamphetamine.

The selection of programs or interventions was partially based on recommendations offered to child welfare administrators for selecting evidence-based interventions (Wilson & Alexandra, 2005) and by the California Evidence-Based Clearinghouse for Child Welfare (CEBC). This CEBC hierarchy suggests the following classification of programs:

1. Well-supported, proven effective practice
2. Supported efficacious practice
3. Promising practice
4. Acceptable emerging practice (effectiveness is unknown)
5. Evidence fails to demonstrate effect
6. Concerning practice

A series of efforts are underway to classify the degree of effectiveness of evidence of programs relevant to families served by child welfare agencies (e.g., California Evidence-Based Clearinghouse for Child Welfare, 2006). Readers are encouraged to continue to search for interventions with the best research support available. Other hierarchies (e.g., Gambrill, 2006) may also help workers select programs relevant for families affected by methamphetamine based on acceptable, promising, efficacious, or effective results.

Based on this review of promising or acceptable programs, it is recommended that intervention for methamphetamine affected families include the following four components: (1) a process for assessing safety and implementing appropriate safety plans; (2) substance abuse treatment for addicted parents; (3) parent and family-focused interventions; and (4) child-focused interventions. Since other papers in this series focus on safety, this paper focuses on promising or acceptable practices across the other three domains.

Substance Abuse Treatment

Substance abuse treatment, preferably treatment with some promise of effectiveness with individuals addicted to methamphetamine, is required in order to reduce the risk of maltreatment in affected families. While methamphetamine users share some of the same needs as users of other stimulant-type drugs such as cocaine, there are also differences.

In particular, methamphetamine users may function adequately in their work or social lives before methamphetamine results in obvious consequences (Cretzmeyer et al., 2003; Rawson et al., 2002). In addition, methamphetamine users may be more likely to be poly-drug users (Brecht et al., 2004; Stoops, Tindall, Mateyoke-Scriver, & Leukefeld, 2005); have high rates of psychiatric disorders, (Semple, Grant, & Patterson, 2004), and experience serious depressive symptoms during withdrawal (Rawson, Huber, et al., 2002; Sweben et al., 2004).

During the beginning stages of treatment, cognitive problems and ADHD may become worse and increase the likelihood of relapse (Maxwell, 2005, Zweben et al., 2004). To increase motivation, the CPS worker and drug treatment provider should provide education about the consequences of methamphetamine, interpret any apparent cognitive problems as related to the recovery process, and help the parent get through this stage of the treatment process.

Promising or acceptable models for treatment of parents with methamphetamine problems are reviewed. The same treatment models that have shown effectiveness in the treatment of cocaine seem to also have promising outcomes in the treatment of methamphetamine (Huber et al., 1997; Maxwell, 2005; SAMHSA, 1999a) and methamphetamine treatment may actually be associated with more favorable criminal justice outcomes (WSDHS, 2004).

The Matrix intervention. This model is considered an effective outpatient treatment for methamphetamine addiction (SAMHSA, 1999a). The Matrix intervention is recommended by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT). This intervention includes the following components:

- outpatient treatment,
- information/education,
- relapse prevention,
- family involvement,
- cognitive-behavior based individual therapy,
- group sessions,
- self-help (12 step program participation), and
- urine toxicology monitoring (Obert et al., 2000).

Evaluation of Matrix program participants relapse rates suggests that longer treatment decreases the risk of relapse. Factors that increase the risk of relapse include: (older) age of user, Hispanic ethnicity, involvement with drug sales, and previous treatment episodes (Brecht, Mayrhauser, & Anglin, 2000). Comparisons between methamphetamine and cocaine users in Matrix treatment indicate similar positive benefits of treatment, but depressive symptoms are generally higher for methamphetamine users at admission and may be slower to change over time (Rawson, Huber et al., 2002). Because of these differences, some experts suggest that Matrix treatment needs to be enhanced with

cognitive and educational interventions to address methamphetamine-induced cognitive impairments (Cretzmeyer et al., 2003), and psychiatric symptoms.

The Iowa Case Management Project (ICMP). This model is a comprehensive intervention for parenting addicts (Cretzmeyer et al., 2003). This methamphetamine specific treatment includes:

- Up to 12 months of case-management,
- home visits,
- assistance with transportation,
- referrals, and
- solution-focused therapy.

Unfortunately, preliminary research reveals that the intervention did not improve relapse outcomes over standard care, but was shown to significantly improve employment rates and decrease depression among participants at follow up (Cretzmeyer et al., 2003). Further research on this model is warranted.

Family focused substance abuse treatment. Research with other drug use confirms that substance abuse outcomes (program retention, lower rates of relapse) are enhanced when social and health needs of parents and their children are addressed (Smith & Marsh, 2002). The Substance Abuse Mental Health Services Association (SAMHSA) recommends that family related substance abuse treatment include:

- parent education on child development;
- attention to early adverse experiences in the client in an attempt to “break the cycle” of child maltreatment;
- development of social support networks; and
- focus on treatment issues and parent-child relationships and family dynamics (SAMHSA, 1999b).

Studies of cocaine addicted parenting women suggest benefits of treatment programs that focus on a range of needs including recovery from trauma, life skills, parenting education, and family engagement (Magura & Laudet, 1996). Furthermore, allowing children to enter care with addicted parents may have positive benefits for parenting, child behavior, family functioning, employment, substance abuse, and criminal justice involvement (Jackson, 2004; Sowers, Ellis, Washington, & Carrant, 2002). Adding the involvement of families seems to result in better outcomes than routine drug treatment. Comparing a methadone maintenance treatment enhanced with a family program to treatment as usual, participants in the family program achieved greater benefits in the areas of problem solving, family factors, social network, decreased drug use, and parental involvement with children (Catalano, Gainey, Fleming, Haggerty, & Johnson, 1999). This trend suggests that family centered methamphetamine treatment could have better outcomes than methamphetamine treatment focused only on the addicted individual but evaluation of this premise has yet to occur.

Parent & Family Focused Interventions

Separate from substance abuse treatment, other types of parent and family focused interventions are needed to address the effects of methamphetamine on families and to reduce other risk factors for child maltreatment.

Social support interventions. Social isolation and/or connections with drug-using social networks may increase risk for continued substance abuse and child maltreatment. Positive social support may increase treatment retention and prevent relapse (Dobkin, Civita, Paraherakis, & Gill, 2002). Social support intervention may consist of individual support (in the form of parent-aides, or home visitors), be a component of parent education and support groups, or be provided as part of a multi-service intervention (DePanfilis, 1996).

Network therapy, for example, uses the therapeutic relationship to help families develop positive social networks and stresses the use of social network members to support recovery (Galanter, Dermatis, Keller, & Trujillo, 2002). Preliminary findings suggest that participants may maintain abstinence when they have a supportive network (Galanter et al., 2002).

Parenting skills interventions. Many families involved with child protective services are mandated to attend parenting skills education and training (Barth et al., 2005). While not universally needed, some parents affected by methamphetamine may benefit from parenting skills interventions. Based on a review of effectiveness of parent training programs for use with biological parents involved with child welfare services, Barth et al. (2005) stress the need for tailored interventions for specific populations (e.g., age-specific, child or parent problem-specific, and population specific interventions). Bringing together parents of children with disruptive behaviors problems in Multi-Family Groups, shows some promise for improving parenting skills and child behavioral problems (McKay, Gonzales, Quinana, Kim, & Abdul-Adil, 1999). This approach may be an appropriate alternative to traditional parenting classes which do not tend to focus on the unique needs of children who have mental health or behavioral problems. Because of the importance of understanding which parenting programs are most promising for working with parents involved with the child welfare system, a review of parenting skills programs is among one of the first types of interventions reviewed by the California Evidence Based Clearinghouse (2006).

Experts suggest that interventions to increase positive parenting behavior should be selected on a “case-by-case basis” in order to match parenting needs, child behavior problems, and interventions (Barth et al., 2005, p. 368). Parenting programs developed for substance abusing families such as Focus on Family (FOF), have demonstrated lower rates of drug use, more positive parenting, and lower rates of child behavioral problems up to 24 months after participation when compared to a non-treatment group (SDRG, 2000).

Interventions to address concrete needs. Parents who use methamphetamine often have multiple needs beyond substance addiction (e.g., employment, child care, housing, employment, and medical care) (SAMHSA, 1999a). The multiple needs of methamphetamine users may be related to the multiple problems they sometimes face such as poverty, risk taking behaviors, and psychiatric disorders (Semple et al., 2004). Therefore, SAMHSA recommends that substance abuse treatment be enhanced with the availability of other services such as mental and physical health care, housing assistance, and job training. In addition, because a drug using life style may have taken resources away from a parent meeting other basic needs, it is very important to respond to the concrete needs of families for food, clothing, housing, etc. before family functioning issues can be successfully addressed.

Child Focused Interventions

It is the role of CPS to both reduce the risk of future maltreatment and to address the effects of maltreatment on children, thereby enhancing the well-being of children. Living with a methamphetamine using parent may result in a range of consequences for children including problems with their physical and mental health, development, and social skills.

Interventions to address physical health & developmental needs. Because of the serious health risks associated with methamphetamine exposure, a comprehensive medical examination for children should be conducted to assess any effects of exposure to drugs or toxic chemicals. Accidental ingestion or exposure may result in side-effects for children including breathing difficulties, heart palpitations, vomiting, irritability and agitation (Hohman, Oliver, & Wright, 2004). Ongoing medical care will likely be necessary if toxic exposure has resulted in these symptoms.

Services for children may also be needed to address developmental delays. Since studies of children of parents in substance abuse treatment reveal that children have high rates of cognitive impairments (69%), speech and language delays (68%), emotional or behavior problems (16%) and medical problems (83%) (Shulman, Shapira, & Hirshfield, 2000), developmental evaluations of children of methamphetamine users are a necessary part of any intervention. If specific delays are detected, then appropriate intervention and treatment must be provided.

Services to address child mental health and behavior problems. Children of methamphetamine-addicted parents may suffer from a variety of psychosocial challenges including aggression and anti-social behaviors in younger children and conduct disorders in older children. These anti-social behaviors (including lying and stealing) may be evident even when children have been removed from drug using environments (Haight et al., 2005). Both individual and group interventions may be used to model and rebuild social skills to increase pro-social and decrease anti-social behavior.

Social skills interventions provided to children as part of parent training models or delivered in child focused (individual or group) cognitive-behavioral therapy has consistently shown to be effective in helping children achieve a range of positive

outcomes such as decreasing aggressive and antisocial behaviors, increasing problem solving and conflict management skills (Corcoran, 2000), and decreasing internalizing and externalizing behaviors (Harrison, Boyle, & Farley, 1999).

Child-focused therapy, often conducted in school-based settings, can also help children increase social competence, improve peer relations, and enhance problem solving skills (DeMar, 1997). *Individual or family focused therapy*, such as *Brief Strategic Family Therapy*, has also been shown to be effective in not only decreasing substance use in adolescents, but decreasing behavior problems and increasing family functioning as well (Austin, Macgowan, & Wagner, 2005).

Finally, *Trauma-Focused Cognitive Behavioral Therapy (TF-DBT)* has been identified by SAMHSA as a model program. Children who have been exposed to traumatic life events and receive TF-DBT may experience a reduction in depressive symptoms, oppositional defiant behaviors, and anxiety and experience positive increases in social competency (SAMHSA-CSAP, 2005). Children exposed to maltreatment, drug abuse, or criminal activity (and/or parent arrest) may benefit from interventions that address PTSD reactions as well as other mental health needs.

Summary and Conclusions

The ongoing CPS responsibility when working with methamphetamine affected families is to control for safety, address the effects of child maltreatment and methamphetamine use on children, and to implement change strategies that will help to increase protective factors and reduce risk factors for continued maltreatment. Assessments must address the unique needs of these families and then the CPS worker must select interventions that best match those needs in order to increase child safety and increase child and family well-being. Whenever possible, interventions should be selected based on the best available evidence of their effectiveness.

Interventions must be comprehensive, intensive, and long term in order to prevent relapse, strengthen family functioning, and address serious child mental health and behavioral consequences that may present as a result of parental use, abuse, or addiction to methamphetamine. Because of the complex needs of these families, interdisciplinary collaboration is required to manage changes in conditions and behaviors over time. Safety should be continually assessed as relapse is common. Continued opportunities for support should be available to reinforce and maintain the risk reduction process.

Appendix:
FACTS about Methamphetamine and its effects on children and families

What is Methamphetamine?

Methamphetamine, also known by the street terms “speed”, “meth”, “crank”, or “crystal,” is a stimulant drug that is produced either in a powder (similar to cocaine) or crystallized form. Depending on the form of the drug, it can be snorted, injected, smoked, or dissolved in water and swallowed. The crystallized form (also sometimes referred to as “ice”) is thought to be more addictive and destructive, although all forms of the drug are extremely addictive. Methamphetamine is as addictive as cocaine, and the effects last much longer (from 6-8 hours after administration). Methamphetamine is usually produced in small scale operations in homes, trailers, or abandoned buildings; these locations are usually in isolated rural areas. Over the counter cold medicines containing pseudoephedrine or ephedrine are the base ingredients with car starter fluid, fertilizer, drain cleaner, hydrochloric acid, mercuric chloride, sodium hydroxide (lye) and a variety of other toxic and highly explosive chemical solvents also included as ingredients in methamphetamine “recipes” (NIDA, 2005).

How extensive is the problem?

In 2003, 5.2% of adults in the U.S. had tried a form of methamphetamine at least once in their lives (NIDA, 2005), and in 2004 1.4 million people over the age of 12 had used the drug in the past year (SAMHSA, 2005); most users are young adults (18-34 years old). Methamphetamine use grew substantially during the 1990’s; between 1993 and 2003, treatment admissions increased by close to 600% (from 21,000 to 117,000) (SAMHSA, 2005). Females in particular may initially use the drug to help with weight loss and to increase energy (Brecht, O'Brien, Mayrhauser, & Anglin, 2004).

How does the problem affect children and families?

Use of methamphetamine can be detrimental on individual users, their children, and entire family systems.

- Methamphetamine can be manufactured in homes where children live, introducing the risk of exposure to toxins;
- Use is associated with promiscuous sexual behavior, putting children at risk for both pre-natal exposure and sexual exploitation;
- Withdrawal can be characterized by long periods of sleep after binge use, leading to lack of supervision of children; and,
- The drug can lead to violent and paranoid side effects which may increase risk of child maltreatment and threaten child safety.

Individual Effects

Individual effects impact the entire bio-psycho-social system of an individual.

Effects of Methamphetamine Use on Individuals

- Heightened energy and feelings of euphoria (NIDA, 2005);
- Personality changes, violence, aggression and agitation (Maxwell, 2005);
- Depression and anxiety (Cretzmeyer et al., 2003) especially with withdrawal (NIDA, 2005);
- Impairments to cognition, memory, and attention including ADHD (Maxwell, 2005; Simon et al., 2000);
- Possible long-term damage to neuron cells (NIDA, 2005; SAMHSA, 1999);
- Increased risk for stroke and heart problems (Maxwell, 2005);
- Dental problems caused by dry mouth and grinding teeth (Brandjord, 2006);
- Skin lesions (SAMHSA, 1999).

Effects on Children and Families

All of the individual effects listed above, in turn may impact the ability of the parent or caregiver to meet the basic needs of children.

- Exposure to environmental toxins (arsenic, lye, mercury, lead) during the manufacture process, especially risky for young children (USDOJ, 2003).
- Risks from prenatal exposure including developmental and learning delays (Rawson, Anglin, et al., 2002).
- Exposure to sexualized behavior in adults may put children at risk for sexual abuse.
- Agitation and violent behavior associated with withdrawal may increase risk for physical abuse.
- Long periods of sleep after drug binges may lead to neglect of children's basic needs (Cretzmeyer et al., 2003; USDOJ, 2003).
- Chronic drug use has long been associated with increased rates of child abuse and neglect, inadequate nurturance, and increased rates of associated problems such as depression and violence which affect parenting and child development (Zuckerman, 1994).
- Compromises parenting support systems especially in small, isolated communities (Haight et al., 2005).
- Some estimates find that as many as 35% of methamphetamine labs are homes to young children (CADEC).

What factors may protect against these negative impacts?

- Temperament of child
- Positive early childhood experiences
- Positive and accessible positive role models within the extended family network

- Positive school experiences – school may be a refuge from chaotic home environment and allow opportunities for helping professionals to identify and intervene with affected families and provide alternate role models (Haight et al., 2005).

Drawing on factors thought to contribute to these protective factors, while providing effective interventions for the known effects of the methamphetamine culture on children, may reduce the impact of this drug on children and families.

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Figure 1. Sample Logic Model for Ongoing CPS Work with Methamphetamine Affected Families

Assumptions: Providing or facilitating change strategies that enhance protective factors and decrease risk factors will eventually increase safety and permanency for children

