

Safety Intervention in Methamphetamine Using Families

A Practice Guide for Safety Decision Making and Safety Management in Child Protective Services

October, 2005

Prepared by:

National Resource Center for Child Protective Services
A Service of the Children's Bureau

Introduction and Purpose

The manufacture, sale and use of methamphetamine pose a serious threat to children's safety and challenge agencies and communities to develop appropriate protective and treatment intervention strategies for these families

Methamphetamine is a highly addictive, synthetic central nervous system stimulant that appears to cause structural and long-term damage to brain functioning resulting in impaired thinking, aggression and psychiatric disturbances. According to reports in 2003, methamphetamine is the fastest growing drug threat in the United States its use is spreading from western states into the Midwest toward the east coast. Originally a rural and small town phenomenon, the impact of methamphetamines is now becoming more common in midsize and large cities throughout the country.

(www.kci.org/meth_info/national_trend.htm).

The proliferation of methamphetamine laboratories has stimulated an organized response from law enforcement, health departments and child welfare departments. Extensive protocols have been developed to guide law enforcement, health/medical personnel, environmental and child protection personnel when children are found at the site of a methamphetamine lab. These protocols ensure the physical safety of the CPS worker as well as the children. They include specific procedures for managing any toxic hazards, gathering evidence and determining the health status of children found at the site as well as any other children who may have been exposed but are not present at the time of the raid. These protocols, including sample Memoranda of Agreements, have been developed by various municipalities, counties and states participating in the Drug Endangered Children's network. (www.nationaldec.org/links/links.htm#decalliances; www.nationaldec.org/medical%20protocol/medicalprotocol.htm)

As dangerous and difficult as the clandestine methamphetamine laboratory situations are, child protective service (CPS) workers are also having to respond to an increasing number of families where one or more parent/caretakers are using methamphetamine but are not involved in the production or distribution of the drug. These families come to the attention of child protective services from schools, neighbors, family and other community members. Reporters have varying levels of information to assist the worker to make decisions about accepting the case and the timeliness of the response. Presenting

concerns may include the condition of the household, co-occurring excessive drinking and/or other drug use, unsupervised or neglected children, domestic violence or observed physical or behavioral changes in children.

(www.ojp.usdoj.gov/ovc/publications/bulletins/children/welcome.html)

In response to this increasing number of methamphetamine using families entering the child welfare system and increasing agency caseloads, The National Resource Center for Child Protective Services is developing a series of articles exploring the safety decision making responsibilities with families using methamphetamine. Each safety decision making point will be explored regarding its relationship to what we know about methamphetamine, its effects, how it plays out. Using the articles on safety decision making posted monthly on the ACTION for Child Protection website as a starting point, this series of articles will attempt to explore if and/or how managing child safety when methamphetamine is an issue is consistent with the concepts and practical application of safety decisions as described in the monthly articles.

(www.actionchildprotection.org/cs_articles.htm)

Each article in this series will address an issue related to safety assessment and intervention in methamphetamine using families. Building on the foundation of established state-of-the-art safety intervention, these articles will examine and test the relevance of standard safety assessment and intervention practices to CPS situations involving methamphetamine use, addiction, trafficking and production. They will link content-specific information about methamphetamine and procedural knowledge about assessing, analyzing, planning and managing safety threats within a family. Each article will include a case study and an exercise in critical thinking.

Addressing Safety Concerns

Key safety questions are: How does this parent's use of methamphetamine affect his/her ability to keep their children safe, and what behaviors are resulting, or have resulted, from the parent's methamphetamine use that creates danger?

Research suggests that methamphetamine users, even with low usage, are easily susceptible to physical, cognitive, and emotional damage which have direct implications for their capacity to protect their children. Behaviors of methamphetamine users such as confusion and paranoia make information gathering and engagement by the worker difficult. The likelihood of criminal proceedings also inhibits the relationship between the CPS worker and the family.

Some early research suggests that users of even short duration are prone to have some cognitive damage as well as damage to the parts of the brain that oversee judgment and impulse control. The damage can be reversed with successful treatment, but the period of time required to recover greatly varies with the extent and length of use. Judgment and impulse control are critical parenting capacities, and often these are precisely the characteristics that CPS looks for to determine whether or not a child's safety can be

sufficiently managed in the home. The impact of methamphetamine and the length of time it may take to recover the use of these critical parenting capacities present challenges for CPS in terms of developing the protective capacities of the parent to ultimately manage the safety of their own children. ASFA timelines for length of stay in out of home placement may not be consistent with the recovery period for some methamphetamine using parents.

The reports that methamphetamine users are less likely than other substance abusers to see themselves as addicted may have implications for caregiver motivation to address safety threats. If the primary motivator is the CPS agency imposing control, this raises questions about the parent's willingness and ability to make and commit to the changes necessary to ensure child safety. Just as with other substance abuse disorders, discussion with substance abuse treatment providers would be needed to plan for relapse episodes which would impact on child safety. Critical information is needed to determine how dangerous any re-use of methamphetamine is to a child and if parents can protect their children while using methamphetamine, or if CPS can step-up the intensity of an in-home safety plan during such time periods. From the CPS perspective it is important to differentiate between methamphetamine use itself and identifying specific problem behaviors that affect child safety, which may arise from the use of methamphetamine.

The demographic profile about methamphetamine users provides additional challenges to child safety management. That they are young and have low educational levels, poor employment histories and histories of other drug abuse means that community resources are needed to re-establish a family economically and socially. If the parent has permanent or long-term physical, cognitive or emotional damage, employment and social stability become more difficult. (www.recoveryres.org/html/meth_project.html)

Applying such knowledge into the framework of key safety concepts can help CPS workers decrease uncertainty in decision making and increase the ability to judge the validity of content, given that methamphetamine is a relatively new drug with specific and unique characteristics..

This series of articles will provide guidance in identifying, assessing and responding to specific behaviors or conditions resulting from parent/caregiver methamphetamine use which threaten a child's safety.

Intake and Initial Assessment

These articles will focus on Intake and Initial Assessment and include case examples to clarify the application of safety principles with methamphetamine using families.

Safety decisions at Intake and Initial Assessment include the need to assess safety threats, to determine if there is a vulnerable child and to develop a safety response to the assessed situation.

These articles will apply the concepts of present and foreseeable dangers to the safety decisions of screening and response time to referrals alleging methamphetamine using parents. A list of what workers need to know about the signs and symptoms of methamphetamine use to elicit information from reporters will be included.

(www.nida.nih.gov/NIDA_Notes/NNVol13N1/Comparing.html; www.stopdrugs.org/symptoms.html)

Knowledge of the signs and symptoms are also important at the time of the first visit both in situations where methamphetamine use was alleged in the referral and as part of the situation and home assessment during the first contact where any possible drug use is unknown.

Additionally, it is important to assess and understand the high associated with methamphetamine use. Knowing the pattern of use – episodic, binge or chronic- and how these manifest in threats of danger to children is critical to determining danger thresholds and crafting a response. Particularly with episodic users, individualized assessment of protective capacities as well as deficits can lead to consideration of less intrusive safety plans. The articles will provide information on this to help CPS workers and supervisors understand what this means for safety decision making.

(www.drugabuse.gov/ResearchReports/methamph/methamph.html)

Ongoing Safety Management and Reunification

Additional articles will address safety management beyond the investigative stage. Content will include how to work with treatment providers to evaluate safety threats and protective capacity, ongoing safety issues, what has to be in place for recovery and to make reunification possible, dangers of relapse, underlying maltreatment dynamics.

Research showing an increased incidence of childhood physical and sexual abuse among adult methamphetamine users emphasizes the need for thorough assessment of each family and situation. These underlying dynamics contribute to the particular manifestation of maltreatment in families and need to be addressed in the case plan in order to increase the likelihood of continuing safety and enhanced protective capacities.

Readiness to change factors in methamphetamine users including their perception of the need to change, belief that change is possible, sense of self-efficacy to make changes and their stated and credible intention to change will be discussed in monitoring case progress and the ongoing evaluation of safety throughout the life of the case.

Ideas for planning during ongoing case management to maintain child safety while supporting parents to assume more responsibility for protection during the recovery process of transition, stabilization, early, middle stage and late recovery and maintenance will be discussed.

The article will look at methamphetamine and its effect on motivation. Ideas will be presented on how to engage parents as partners in working toward reunification or alternatives.

What do CPS workers need to know about methamphetamine users to know if and how they can plan for relapse and for ensuring the safety of the child? A case example will look at how family assessment information can be used to construct a case plan to cover triggers of relapse.

Links in these articles will provide current information on the long-term effects of methamphetamine on the level of brain chemicals and the time frames for the brain to normalize, become regulated and form new connections in previously damaged neurons and the implications for parent protective capacities. There will also be links to the most promising treatments. Therapeutic models being developed and evaluated include cognitive behavioral approaches, motivational interviewing, contingency management and the Matrix Mode. Information will be applied through the case example to support the workers responsibility to make a decision about the feasibility of reunification and case closure.

Case Closure and Permanency Planning

This article will follow up on emerging research on the consequences for children exposed to a methamphetamine environment and what this might mean for the prospects of reunification and other permanency solutions.

The key unanswered question is – Is there long term damage that creates continuing safety issues and diminishes the potential to develop a parent’s protective capacity?

The initial studies on the length of treatment needed to get parents to change may conflict with the ASFA timelines. Financing the level of intensity of needed care is also an issue faced by social service departments.

Defining what is safety and acceptable risk in order to answer the question of whether or not a parent has made enough life style changes to support healing and to regain control of his/her life will be included.

Links with Other Organizations

We all have a lot to learn about how to intervene with methamphetamine impacted families. Early identification and engagement of parents in a change process that can decrease safety concerns and lead to the caregivers providing for child safety on their own are community challenges.

Training and organizational supports have been developed and are becoming more available for child welfare workers who are called in as part of police raids. Topics include: information on the signs of possible methamphetamine labs, how to manage the potential chemical contamination of the children and themselves, how to conduct forensic interviews and how to transfer care of the children to medical and family/foster care providers. Additional trainings on the signs and effects of methamphetamine use have and continue to be developed. (www.cwla.org/conferences/default.htm; www.psattc.org/events/cates/index.html; www.colodec.org/decpapers/decpapers.htm#childabuseneglect; www.ncsacw.samhsa.gov/tutorials;)

Training and research information from organizations such as Substance Abuse and Mental Health Services Administration (SAMHSA) are helping inform workers about the effects of methamphetamines on parent behavior and health as well as the physical and developmental impact on children exposed to the drug and living in a drug using environment. (www.cffutures.org/MethamphetamineList.htm) Researchers are also studying the most promising treatment strategies for users and medical interventions for methamphetamine exposed children (<http://matrixinstitute.org/Research.html>; www.methamphetamine.org/treatment.htm)

For Child Protective Services, assessing and managing safety is the priority issue. Linking with other organizations that provide expertise and incorporating that knowledge into a proven safety framework can support CPS workers to effectively intervene and manage cases involving methamphetamine using families.