

# Lost Kids: Parental Substance Use & Youth Victimization

Dr. Shefali Gandhi  
Mr. Aaron Wolfley

---

---

---

---

---

---

---

---

## Agenda

- Traumatic Events and Children
  - Neurobiology
  - Toxic Stress
  - ACEs
- Parental Substance Use
  - Attachment
  - Impact on Children
- Treatment Implications
  - Characteristics
  - Treatment Considerations

---

---

---

---

---

---

---

---

## Who is in the Audience?

- Practitioners
- Law Enforcement
- Child Welfare
- Forensic Interviewers
- Advocates
- Prosecutors
- Public
- Parents???

---

---

---

---

---

---

---

---

## Case Example

9-year-old White Male - lives with Maternal-grandparents (legal guardians), Bio-mom, Maternal Uncle

Participating in weekly treatment since 10/17/18

Bio-mom - struggled for years with prescription opiate/heroin use

Persistent emotional and physical neglect from Bio-mom

Alleged physical abuse from bio-mom and mom's significant others

---

---

---

---

---

---

---

---

## Stress: My Hair is on Fire!

---

---

---

---

---

---

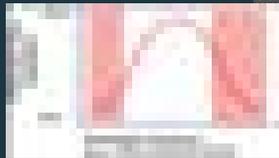
---

---

## Not all stress is bad

### Types of Stress Response

- Productive**
- Brief and mild to moderate
- Tolerable**
- Non-normative and severe



- Toxic Stress**
- Strong, multiple/frequent, prolonged or various stressors (ACES)

Positive experiences and protective adult relationships can mitigate the response, facilitate coping and promote healthy adaptation

---

---

---

---

---

---

---

---

### Traumatic Events



---

---

---

---

---

---

---

---

### Prolonged or Chronic Traumatic Events



---

---

---

---

---

---

---

---

### Traumatic Events

Traumatic events include private experiences and public experiences.

<b>Private Events</b>	<ul style="list-style-type: none"><li>• Sexual assault/Sexual abuse</li><li>• Domestic violence/interpersonal violence</li><li>• Neglect</li><li>• Physical Abuse</li><li>• Parental Substance Abuse</li></ul>
<b>Public events</b>	<ul style="list-style-type: none"><li>• Technology Facilitated CSE</li><li>• Natural disasters</li><li>• War</li><li>• Community violence</li><li>• Parental Substance Abuse</li></ul>

---

---

---

---

---

---

---

---

## Perception



---

---

---

---

---

---

---

---

## Impact of Traumatic Events



---

---

---

---

---

---

---

---

## Impact Of Traumatic Events

Prolonged exposure to trauma and/or repetitive traumatic events MAY:

- Cause an individual's natural alarm system to no longer function as it should.
- Create emotional and physical responses to stress
- Result in emotional numbing and psychological avoidance.
- Affect an individual's sense of safety
- Diminish an individual's capacity to trust others

---

---

---

---

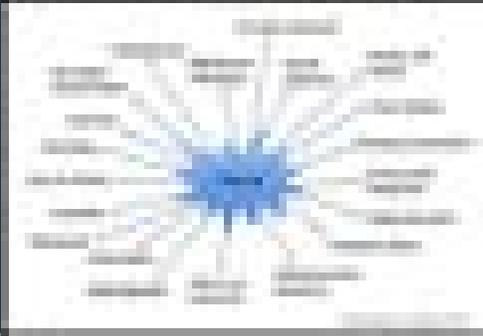
---

---

---

---

### Impact of Traumatic Events



---

---

---

---

---

---

---

---

### Mitigating Impact of Traumatic Events

- Risk and Resiliency
  - Combination of Risk and Resiliency factors will mitigate and mediate the impact of traumatic events on the individual
- Factors
  - Family
  - Genetics
  - Individual Factors
  - Environmental Factors

---

---

---

---

---

---

---

---

### Risk Factors

- Mental Illness
- Previous victimization
- Decreased cognitive abilities
- Different abilities or Developmental Delays
- Community Violence and Lack of Community support
- Poor access to housing, healthcare, resources, food, education,
- Legal Involvement

---

---

---

---

---

---

---

---

### Protective/Resiliency Factors

- Healthy Family Lifestyles
- Supportive Relationships
- Physically Healthy Families
- Community Support
- Basic needs are consistently met
- Access to adequate housing, healthcare, education, social services
- Ability to navigate resources

---

---

---

---

---

---

---

---

### Back to the Case at Hand: Group Shout Outs

- What were the child's Traumatic Events?
- What were the risk factors?
- What were the protective/resiliency factors in his life?
- What appears to be the impact of traumatic events?

---

---

---

---

---

---

---

---

### THE BRAIN, THE BRAIN: Neuroscience Behind the Impact of Traumatic Events

---

---

---

---

---

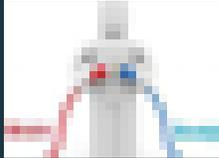
---

---

---

## THE BRAIN-BODY Connection

- The mind and body are not separate units, but one integrated system. How we act and what we think, eat, and feel are all related to our health.



- Bernie Seigel, M.D.

- It's one and the same – there is no separation – one does not exist without the other

---

---

---

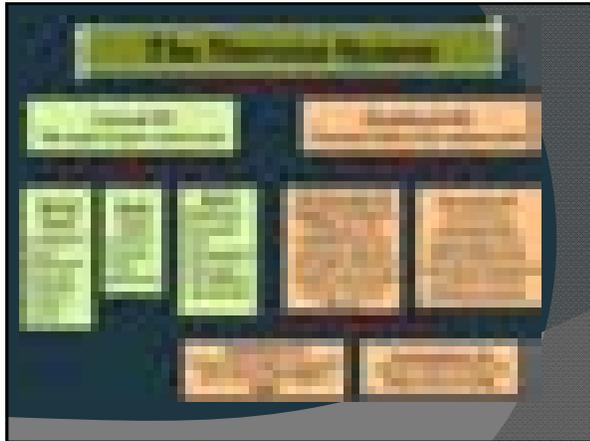
---

---

---

---

---



---

---

---

---

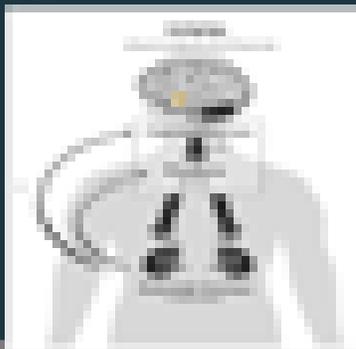
---

---

---

---

## Biology of Fear



---

---

---

---

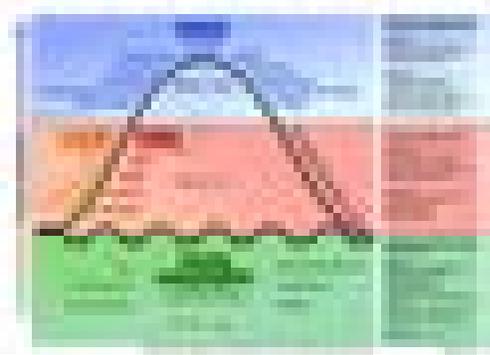
---

---

---

---

### PolyVagal Theory



---

---

---

---

---

---

---

---

### Fight, Flight, Freeze, Submit



---

---

---

---

---

---

---

---

### Neurobiology of Traumatic Stress Response



---

---

---

---

---

---

---

---

### Development and Derailment

- Consequences of early maltreatment results in a cascade of events that involve a disruption of neurotransmitters
- These disruptions negatively affect neural growth during sensitive periods of childhood development
- Cell Death may be irreversible

---

---

---

---

---

---

---

---

### Back to the Case at Hand: Group Activity

- Discuss in groups
  - How to assess the neurobiological impact on our kid?
  - Implications and treatment considerations

---

---

---

---

---

---

---

---

### Stress and The Body – Connecting the Dots

- Nervous System
- Respiratory System
- CV System
- Endocrine System
- GI system
- Reproductive system

---

---

---

---

---

---

---

---

## Toxic Stress

Child trauma and adversity come in many forms:

- Childhood Maltreatment
- Poverty
- Domestic & Intimate Partner Violence
- Community Violence
- War & Resulting Consequences
- Death & Loss
- Familial Substance Use

<https://developingchild.harvard.edu/resources/toxic-stress-derails-healthy-development/>

29

---

---

---

---

---

---

---

---

## Toxic Stress



The diagram consists of three stacked circles: a blue circle at the top, a yellow circle in the middle, and a red circle at the bottom. To the right of these circles is a list of text, which is mostly illegible due to blurring. The text appears to be a list of items or points related to the concept of toxic stress.

---

---

---

---

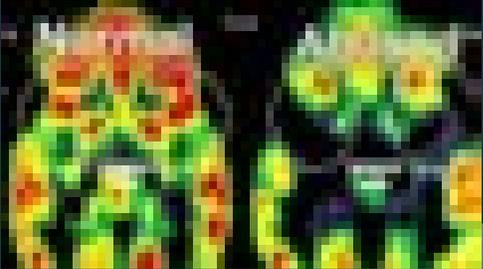
---

---

---

---

## Impact of Toxic Stress



The image shows two side-by-side brain scan images. The brains are rendered in a 3D style with various colors (red, yellow, green) highlighting specific areas of activation or activity. The background is dark, making the colorful brain structures stand out.

---

---

---

---

---

---

---

---

## Toxic Stress and the ACEs

- Toxic stress explains how ACEs “get under the skin.”
  - Toxic Stress derails healthy human brain development.
- Experiencing many ACEs, as well as things like racism and community violence, without supportive adults, can cause what’s known as toxic stress
- Excessive activation of the stress response system can lead to long lasting wear-and-tear on the body and brain

---

---

---

---

---

---

---

---

## Nadine Burke Harris



[https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime)

---

---

---

---

---

---

---

---

## The ACE Study

- “ACEs” stands for “Adverse Childhood Experiences.”
  - Term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18.
- Kaiser ACE
  - Surveyed 17,000 adult individuals about childhood experiences and current health status
- ACE Study Results
  - Strong relationship between childhood adverse events and reduced health and well-being throughout life

---

---

---

---

---

---

---

---




---

---

---

---

---

---

---

---

### ACE Scores (2010)

Qxp eh#i@gyhuh#Fklgkrrg# H{shuhqfiv#DFH#Erub,	Z rp hq Shufhqw#Q # @65,86<#	P hq Shufhqw#Q # @54,578,	Wrwdo Shufhqw#Q # @86/: ;7,
0	40.0%	41.4%	40.7%
1	22.4%	24.9%	23.6%
2	13.4%	13.2%	13.3%
3	8.0%	8.1%	8.1%
4 or more	16.2%	12.4%	14.3%

---

---

---

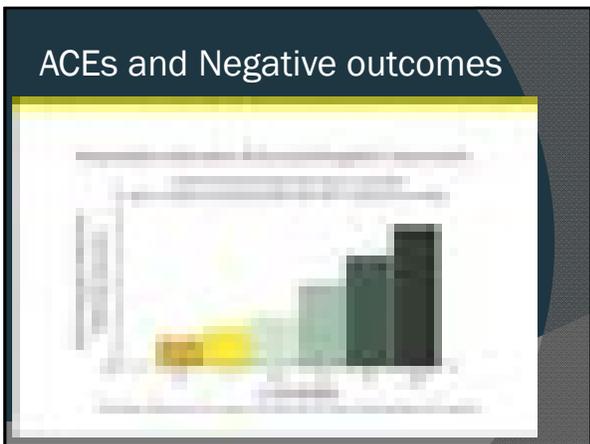
---

---

---

---

---




---

---

---

---

---

---

---

---

## Negative Health Outcomes

- alcoholism and alcohol abuse
- illicit drug use
- risk for intimate partner violence
- eating disorders
- multiple sexual partners
- smoking
- suicide attempts
- chronic obstructive pulmonary disease (COPD)
- depression
- ischemic heart disease (IHD)
- liver disease
- sexually transmitted diseases (STDs)
- obesity
- health-related quality of life

---

---

---

---

---

---

---

---

---

---

## ACEs

- Dose response factor
  - The more ACEs the worse the outcome
- Attenuated
  - Type of ACE may impact severity of outcomes
  - Age of ACE may also impact severity of outcomes
  - Cascading effects of ACEs can and do have implications that we are just starting to understand

---

---

---

---

---

---

---

---

---

---

## ACE Score and Risks

- ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan.
  - Individuals who reported 6 or more ACEs had 24.36 times increased odds of attempting suicide
- Exposure to ACEs increased the risk of experiencing depressive disorders
- Women with 5-7 ACEs reported having sex by 15 and having 30 or more sexual partners over their lifespan
- ACE Score of 5 was significantly associated with initiating drinking at 14 years old or younger
- ACEs such as childhood abuse (physical, sexual, psychological) and parental substance abuse are associated with a higher risk of developing a substance use disorder

---

---

---

---

---

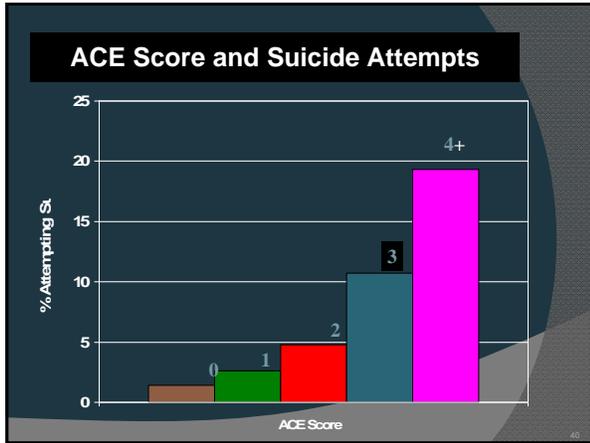
---

---

---

---

---



---

---

---

---

---

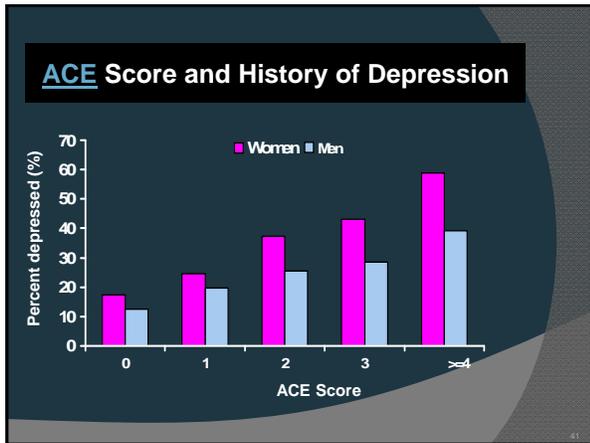
---

---

---

---

---



---

---

---

---

---

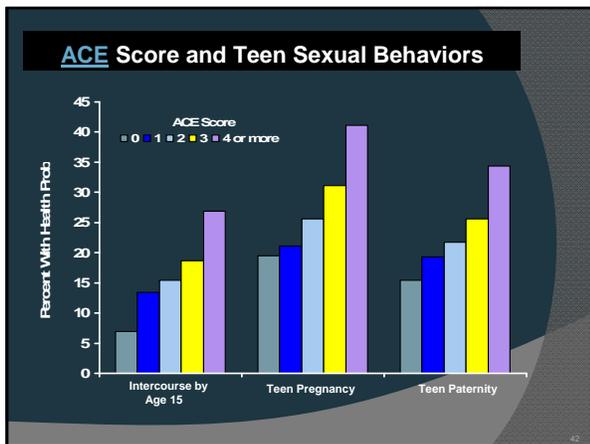
---

---

---

---

---



---

---

---

---

---

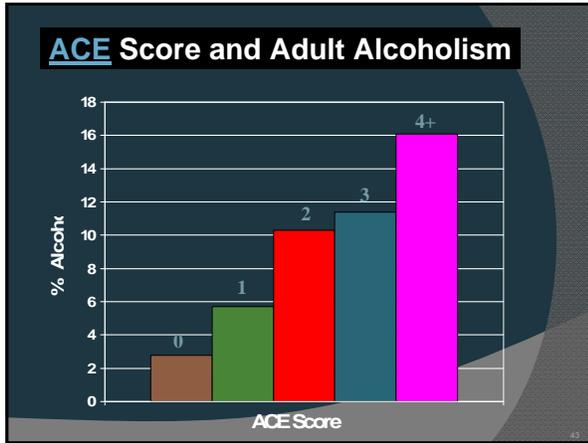
---

---

---

---

---



---

---

---

---

---

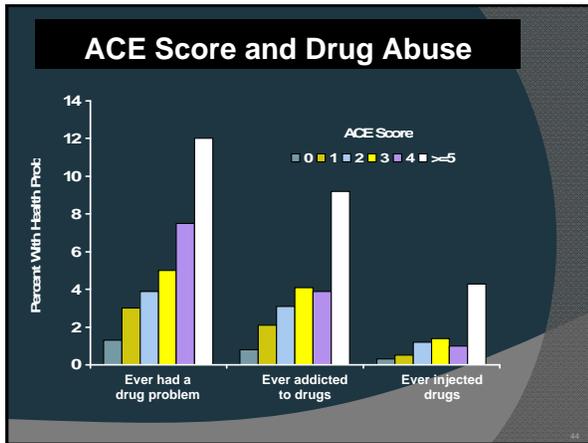
---

---

---

---

---



---

---

---

---

---

---

---

---

---

---

### ACEs and Parenting

- Steele et al. (2016) found that the higher the ACEs in parents the higher the parenting stress level even after controlling for SES
  - Parenting Stress is a strong predictor of child abuse
- Murphy et al. (2014) found that higher ACEs in parents are associated with a decreased ability to attach
  - Poor attachment quality in parent child relationships is associated with poor relational choices as adults in children
- Sun et al. (2017) found that mothers who reported emotional, physical, or sexual abuse in their own childhood were more likely to report one or more significant developmental concerns for their children

---

---

---

---

---

---

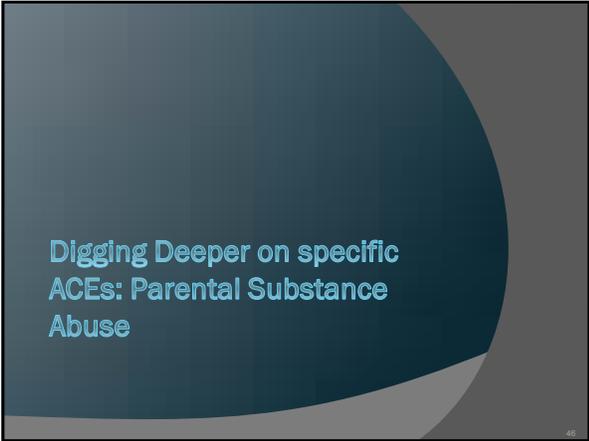
---

---

---

---

Digging Deeper on specific ACEs: Parental Substance Abuse



---

---

---

---

---

---

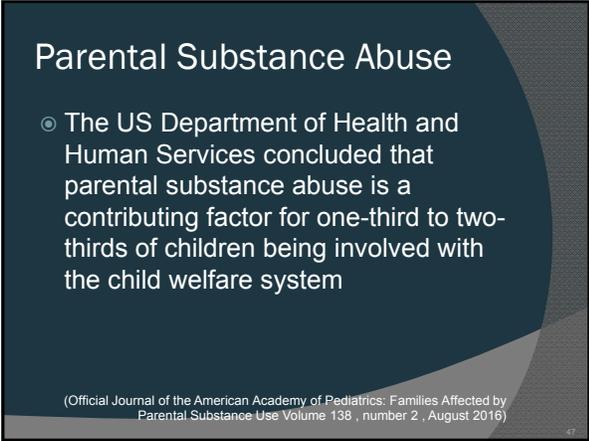
---

---

Parental Substance Abuse

- The US Department of Health and Human Services concluded that parental substance abuse is a contributing factor for one-third to two-thirds of children being involved with the child welfare system

(Official Journal of the American Academy of Pediatrics: Families Affected by Parental Substance Use Volume 138, number 2, August 2016)



---

---

---

---

---

---

---

---

Parental Substance Abuse



---

---

---

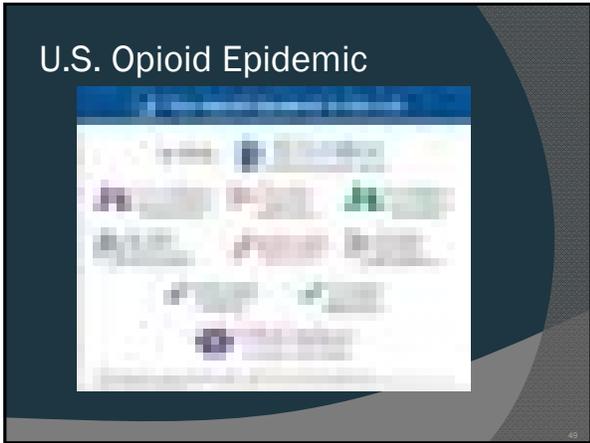
---

---

---

---

---



---

---

---

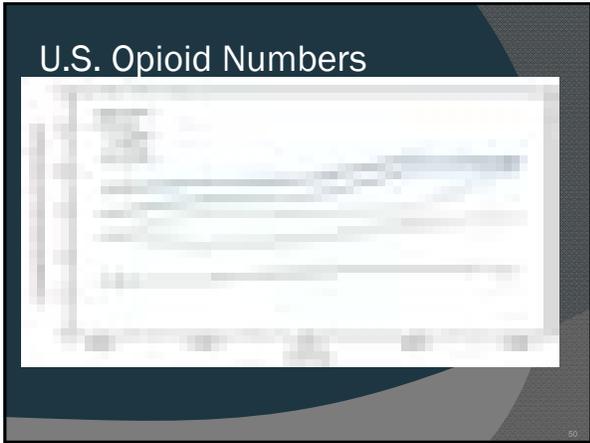
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

## Arizona Opioid Numbers

- September 2018:
- 21.1% of individuals with suspected opioid overdoses in prior month received prescription opioids from 10 or more prescribers in past year

---

---

---

---

---

---

---

---

## Arizona Opioid Numbers

- September 2018:
- 292,305 opioid prescriptions dispensed this month in Arizona alone
- Electronic Prescribing of Controlled Substances (EPCS) movement

---

---

---

---

---

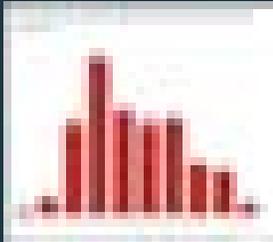
---

---

---

## Arizona Opioid Numbers

- June 15, 2017 – present:



---

---

---

---

---

---

---

---

## Arizona Opioid Numbers

- Neonatal abstinence syndrome (NAS) is a condition that occurs when a newborn is exposed to opioid drugs while in the mother's womb.
- 2018: more than 800 cases in Arizona of babies born with possible drug-related withdrawal symptoms

---

---

---

---

---

---

---

---

## Opioid Use and Children in Care

- *[Illegible text]*
- *[Illegible text]*

---

---

---

---

---

---

---

---

## Parenting and Attachment: Linking Parent ACEs, Substance Use and Child Abuse

---

---

---

---

---

---

---

---

### Attachment & Oxytocin

- Oxytocin – NT involved in attachment
  - Reduces emotional pain; "Feel good hormone"; Promotes positive feelings in the body
- Natural hormone crucial in social development and bonding
- Levels in brain seem to be negatively impacted by ACES

58

---

---

---

---

---

---

---

---

### Early Attachment Implications

- Oxytocin facilitates physical proximity and nurture care between the mother and infant
- Nurturing/safe-person role parents need to carry is impacted through substance use.....how do children learn what a healthy attachment is?

59

---

---

---

---

---

---

---

---

### Parenting and Opioid Use

- A parent may forget or neglect to attend to parenting responsibilities.
- Parents may leave children alone while seeking, obtaining, or using the drug.
- Parents may "nod out" while under the influence of opioids and be unable to supervise or protect their children.
- Parents may expose their children to dealers, other users, and hence unsafe and dangerous situations.

Adapted from: Dore, 1998; Gold, 1992; National Institute on Drug Abuse (NIDA), 2001; NIDA, 2003

60

---

---

---

---

---

---

---

---

### Early Attachment Implications



01

---

---

---

---

---

---

---

---

### Parenting Stress & Child Abuse

- Higher ACEs in parents were correlated with higher the parenting stress level after controlling for SES
- Higher parent stress levels can indicate lower parent frustration tolerance
  - High correlation between low frustration tolerance and child physical abuse

Parenting Stress is a strong predictor of child abuse

Steele et al. (2016)

---

---

---

---

---

---

---

---

### ACEs & Attachment

- High ACEs in parents are associated with a decreased ability to attach
- Neurological deficits seem to be due to interruption of neurotransmitters and neuroanatomical development

Poor attachment quality in parent child relationships is associated with poor relational choices as adults for children

Murphy et al. (2014)

---

---

---

---

---

---

---

---

## Neuro-social Connections

- Traumatic events trigger the ANS
  - Oxytocin decrease
  - Stress hormones increase
  - Social outreach decreases
- We are social beings – When something interferes with our ability to be social what happens?

How will this child present, and how will they experience the world around them?

---

---

---

---

---

---

---

---

## Parenting When Using



---

---

---

---

---

---

---

---

## Parenting When Using

- In Florida, neighbors found a three-year-old child locked out of his home after his mother and her boyfriend smoked pot and used whip-its (nitrous oxide inhalants).
- In Wichita in July, a ten-month-old girl died after being left in a closed car while her father got high.

---

---

---

---

---

---

---

---

## Parenting When Using

- A Colorado woman parked her SUV with her two toddlers inside while she crawled into her boyfriend's truck, smoked marijuana and had sex. She left the engine running and the heater turned up while she was gone so the boys wouldn't freeze in the late November weather. She was gone for 90 minutes and when she came back, one boy wasn't breathing and the other died in the hospital a week later

---

---

---

---

---

---

---

---

## IMPLICATING the PERP – Characteristics of the Impact of Parental Substance Abuse

---

---

---

---

---

---

---

---

## Parental Substance Use as a Child's ACE

- Parental substance use and abuse will impact the child's
  - Physical Development
  - Cognitive Development
  - Relational Development
  - Emotional Development
  - Genetic Expression
  - The Next Generation

---

---

---

---

---

---

---

---

### Physical Implications

- ◉ Connecting early stress/parental substance abuse to the physical challenges that arise in children as they age
  - Respiratory/Cardiovascular Systems
  - Digestive Systems

---

---

---

---

---

---

---

---

### Physical Implications

- ◉ Connecting higher ACE scores to the physical challenges that arise in children as they age
  - Muscular Systems
  - Sexuality/Reproductive Systems
  - Immune System

---

---

---

---

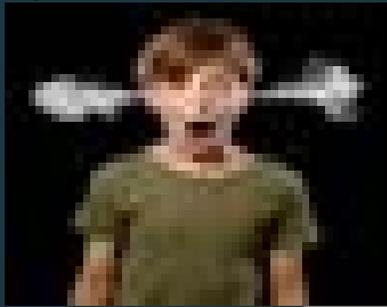
---

---

---

---

### Physical Presentations



---

---

---

---

---

---

---

---

### Cognitive Impacts on Children

---

---

---

---

---

---

---

---

### Cognitive Impacts on Children

Measure	Exposed Group	Unexposed Group
Intelligence - SB Test Composite IQ	86.7 ± 11.3	89.5 ± 13
School Readiness – Bracken Basic Concept	89.3 ± 15.3	95.4 ± 15.3
Language – Preschool Language Scale	81.4 ± 13.6	87.7 ± 13.9
Visual Motor – Developmental test of visual motor integration	88.6 ± 12.5	89.1 ± 19.3
Attention – Delay Task (impulse control)	22.6 ± 22.1	36.1 ± 30.8

---

---

---

---

---

---

---

---

### Cognitive Impacts on Children

Measure	Exposed Group	Unexposed Group
Intelligence - WASI	102.1	111.8
Fine Motor – Groove Pegboard	9.6	10.4
Visual Long term memory – RCFT	40.9	50.2
Attention Shifting – Plus-Minus (higher score means poorer performance)	1.3	1.2
Attention - Inhibition (impulse control)	10.5	11.3

---

---

---

---

---

---

---

---

Relational Impacts on Children



76

---

---

---

---

---

---

---

---

Relational Impacts on Children

- Understanding/identifying/utilizing appropriate interpersonal skills
- Concept of Trust
- Threshold to accept and process any type of helpful feedback/redirection

76

---

---

---

---

---

---

---

---

Relational Impacts on Children

- How might this child present?



76

---

---

---

---

---

---

---

---

### Emotional Impacts on Children



---

---

---

---

---

---

---

---

### Emotional Impacts on Children

- ◉ What is being modeled for the child in the home?
- ◉ How emotionally available are the caregivers?
- ◉ What emotions are permitted/tolerated in the family unit/system?

---

---

---

---

---

---

---

---

### Emotional Impacts on Children



---

---

---

---

---

---

---

---

### Further Impacts on Children

- The violent and erratic behavior that may be associated with parental opioid abuse place the child at higher risk of being abused or neglected
- Children whose parents use substances and misuse alcohol are 3 times as likely to be physically, emotionally, or sexually abused and 4 times as likely to be emotionally or physically neglected

---

---

---

---

---

---

---

---

### Further Impacts on Children

- Involvement in Child Welfare System
- Increase in out-of-home placements
- Creating generational/cyclical victimization and trauma

---

---

---

---

---

---

---

---

### Back to the Case: Identifying the Impact

- Physically
- Cognitively
- Relationally

---

---

---

---

---

---

---

---

## Epigenetics and ACEs

- ACEs are passed down!
  - Through witnessing DV and learning poor relational skills
  - Through experiencing child abuse
  - Through missing out on secure attachment relationships causing poor adult relational choices
  - Through genetic re-coding of our DNA

---

---

---

---

---

---

---

---

## Epigenetics

- Environmental changes that impact how our DNA is expressed



---

---

---

---

---

---

---

---

## Brain Body Connection



---

---

---

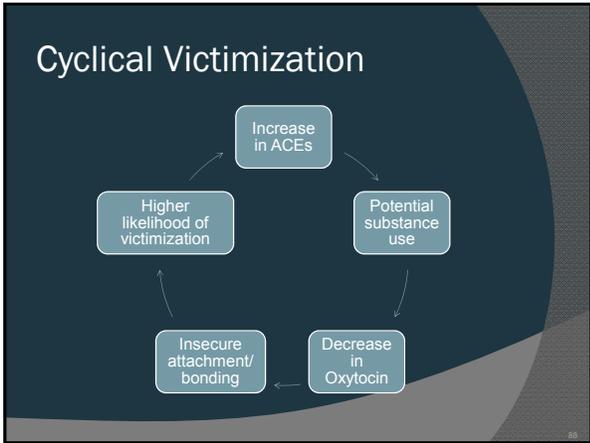
---

---

---

---

---



---

---

---

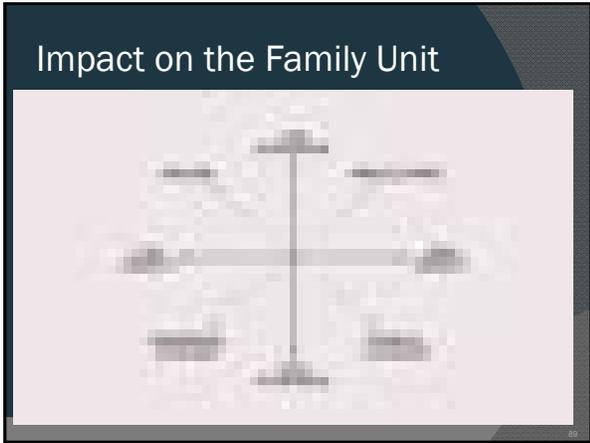
---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---

### Impact on the Family Unit



---

---

---

---

---

---

---

---

### Impact on the Family Unit



---

---

---

---

---

---

---

---

### Trauma-Informed Treatment

- Understanding children from the perspective that their parent's use and abuse of substances is creating a traumatic event for them regardless of the presence of childhood maltreatment
- Identifying the "behavioral" needs of the child as a form of communication of what is really going on
- Holistic Approach

---

---

---

---

---

---

---

---

### Treatment Considerations

- ◉ No pre-set approach/modality for treating this population
- ◉ Not behavior-focused (in practice or in documentation)
- ◉ Including & educating parent/caregiver is crucial

---

---

---

---

---

---

---

---

### Treatment Considerations



---

---

---

---

---

---

---

---

### Treatment Considerations



---

---

---

---

---

---

---

---

### Treatment Considerations

- Coordination of Care
- Integrated Treatment (if available and appropriate)
  - Occupational Therapy
  - Family Therapy

---

---

---

---

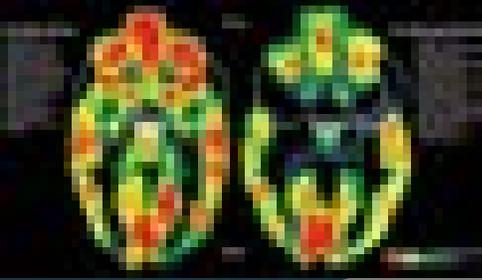
---

---

---

---

### Treatment Considerations



---

---

---

---

---

---

---

---

### Treatment Considerations

- Higher likelihood for caregiver/client sessions to be conducted to assess and strengthen the healthy bonding/attachment client has with their caregiver
  - More difficult for children living in group homes
  - Can be done as part of regular weekly treatment

---

---

---

---

---

---

---

---

### Combating Impact of ACEs

- Identifying/increasing natural supports



---

---

---

---

---

---

---

---

### Combating Impact of ACEs

- Involvement in community-based/extra curricular activities



---

---

---

---

---

---

---

---

### Combating Impact of ACEs

- Connecting/attuning to your child



---

---

---

---

---

---

---

---

## Complicating Factors for the Case Example



---

---

---

---

---

---

---

---

## Treatment Goals

- Rapport and Trust
  - Therapeutic Alliance
  - Power and Respect
  - Participation
  - BUY IN
  - Developmental

---

---

---

---

---

---

---

---

## Treatment Goals

- Emotional Literacy
  - Self-Regulation and Sensory Modulation
  - Emotional Identification and Scaling
  - Situational Emotional Matching
  - Emotional Expression
  - Coping Skills that are adaptive

---

---

---

---

---

---

---

---

### Treatment Goals

- Relational/Environmental
  - Safety!
  - Natural Positive Supports
  - Healthy Relational Boundaries
  - Healthy Masculine Identity
  - Healthy Balance between taking time for self and reaching out when he needs help

---

---

---

---

---

---

---

---

### Treatment Goals

- Processing Trauma
  - Identifying the traumatic events that impacted him
  - Scaling the events and timeline
  - Acknowledging the on-going presence of his Mother in his life even now
  - Appropriate attribution of responsibility
  - Stuck negative cognitions and emotions and physiological reactions
  - Working Through HIS narrative

---

---

---

---

---

---

---

---

### Treatment Goals

- Reconnection and Maintenance
  - Identifying his new narrative and identity
  - Coping with relationships with his mother in the current situation
  - Identifying new triggers and associated thoughts, feelings, physiological reactions and how to deal with those
  - Identifying how to relate to the world with a new perspective

---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---