Responding to Methamphetamine Use, Abuse, and Addiction in Families[1]

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Introduction

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

Child protective workers in particular, and child maltreatment professionals in general, are responsible for (1) recognizing methamphetamine or other drug related symptoms; (2) collecting information about methamphetamine use, abuse, addiction, and/or manufacture as part of risk assessment and safety evaluation; (3) developing and managing safety plans to address the safety influences that jeopardize a child's immediate safety; (4) conducting family assessments that evaluate the specific effect of methamphetamine use, abuse, or addiction and manufacture on parenting adequacy and assessing the effects of these circumstances on children; (5) developing change-oriented case plans that address the impact of methamphetamine use, abuse, or addiction; (6) selecting and coordinating meaningful interventions provided by addiction counseling and other agencies; and (7) evaluating progress of parents and children in recovery.

This article focuses on item 6 in this list by reviewing promising or acceptable interventions that may be useful in work with families once methamphetamine use by a caregiver has been identified. It acknowledges that safety plans need to first be developed to assure that children are safe and that appropriate interventions may be selected only 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, the family is engaged in a process to understand its strengths and needs and, in particular, to understand the way in which methamphetamine is affecting parenting and the 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 & 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 practitioner is to understand whether the methamphetamine problem is one of use, abuse, or addiction (Zuskin & 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 at risk of maltreating their children may be substance abusers, careful assessment may reveal that many are more likely to be chemically dependent or addicted. This is particularly true with methamphetamine (see Appendix).

Dependency or addiction. Dependency, or addiction, refers to a physiological disease process that can be identified behaviorally. In addition to psychosocial problems, the chemically dependent person loses control over use with regard 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).

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Assessing Effects on the Individual

If parental use of methamphetamine is suspected, it is important that the parents undergo a specific assessment of the effects of this use, abuse, or addiction on their everyday functioning (see examples of effects in the Appendix). The practitioner may observe physical, behavioral, cognitive, and psychological consequences. Physical problems include skin lesions (SAMHSA, 1999a), 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, & 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 et al., 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 are understood, safety and change-oriented 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 delays in physical and neurobehavioral development (Lester et al., 2006). Research in this area is ongoing. Children with these effects may need specific treatment to address these consequences.

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, it is also possible that users may not regularly purchase or prepare food, leaving children at risk of nutritional neglect (Rawson, Anglin, & Ling, 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 practitioner 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 article 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., CEBC, 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 practitioners 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 three components: (1) substance abuse treatment for addicted parents, (2) parent and family-focused interventions, and (3) 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, O'Brien, Mayrhauser, & Anglin, 2004; Stoops, Tindall, Mateyoke-Scrivner, & 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 next. 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 and higher rates of treatment completion (Luchansky, Kruspki, & Stark, 2006).

Motivational interviewing. First developed for use with problem drinkers, motivational interviewing may be used in combination with other interventions or to successfully engage clients in other specific treatment strategies. Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence about making changes in behavior (Rollnick & Miller, 1995). Motivational interviewing has demonstrated effectiveness in improving outcomes for alcohol or other drug users (Hettema, Steele, & Miller, 2005) but has not been tested specifically with parents addicted to methamphetamine. Usually implemented as a group intervention, motivational interviewing has been classified by the California Evidence-Based Clearinghouse for Child Welfare (2007a) as a well-supported, effective practice.

Community reinforcement approach. First developed as an effective treatment with alcohol addiction (Myers & Smith, 1995), it has more recently demonstrated positive outcomes for cocaine addiction (Budney & Higgins, 1998). The community reinforcement approach is a comprehensive cognitive-behavioral intervention that creates environmental contingencies, such as familial, social, recreational, and occupational events, to support a client to change drug-using behaviors. The community reinforcement approach has been classified by the California Evidence-Based Clearinghouse for Child Welfare (2007b) as a promising practice.

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).

The Matrix treatment model acknowledges the impact of cognitive changes that may result from extensive methamphetamine use; these changes may result in impaired decision making and impulse control that can inhibit treatment (Obert, London, & Rawson, 2002). Evaluation of Matrix program participants' relapse rates suggests that longer treatment decreases the risk of relapse. Factors that increase the risk of relapse include the following: (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).

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 treatments 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, & Currant, 2002). Involving families in treatment 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.

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Parent- and 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), may be a component of parent education and support groups, or may be provided as part of a multi-service intervention (DePanfilis, 1996). Cont'd on page 16

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, parenting skills interventions may benefit some parents affected by methamphetamine. Based on a review of effectiveness of parent training programs for use with biological parents involved with child welfare services, research by Barth et al. (2005) stresses 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 behavior 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 with a nontreatment 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 other services such as mental and physical health care, housing assistance, and job training. In addition, because a drug-using lifestyle 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 and other professionals both to 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 and 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, as with children of other substance-abusing parents, may exhibit behavior problems at home and school and other socioemotional challenges, including aggression and antisocial behaviors. Antisocial 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 prosocial and decrease antisocial behavior.

Social skills interventions. Social skills interventions provided to children as part of parent training models or delivered in child-focused (individual or group) cognitive-behavioral therapy have 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).

Individual or family therapy. Often conducted in school-based settings, child-focused therapy 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-CBT) has been identified by SAMHSA as a model program. Children who have been exposed to traumatic life events and receive TF-CBT 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 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 imple-

ment 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 the practitioner must select interventions that best match those needs in order to increase child safety and 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 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: FAQs 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 to 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 pseudophedrine 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 United States 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 1990s; 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 et al., 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 prenatal 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-psychosocial 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 previously listed 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 neurological delays (Lester et al., 2006).
- 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).
- May compromise 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, 2005).

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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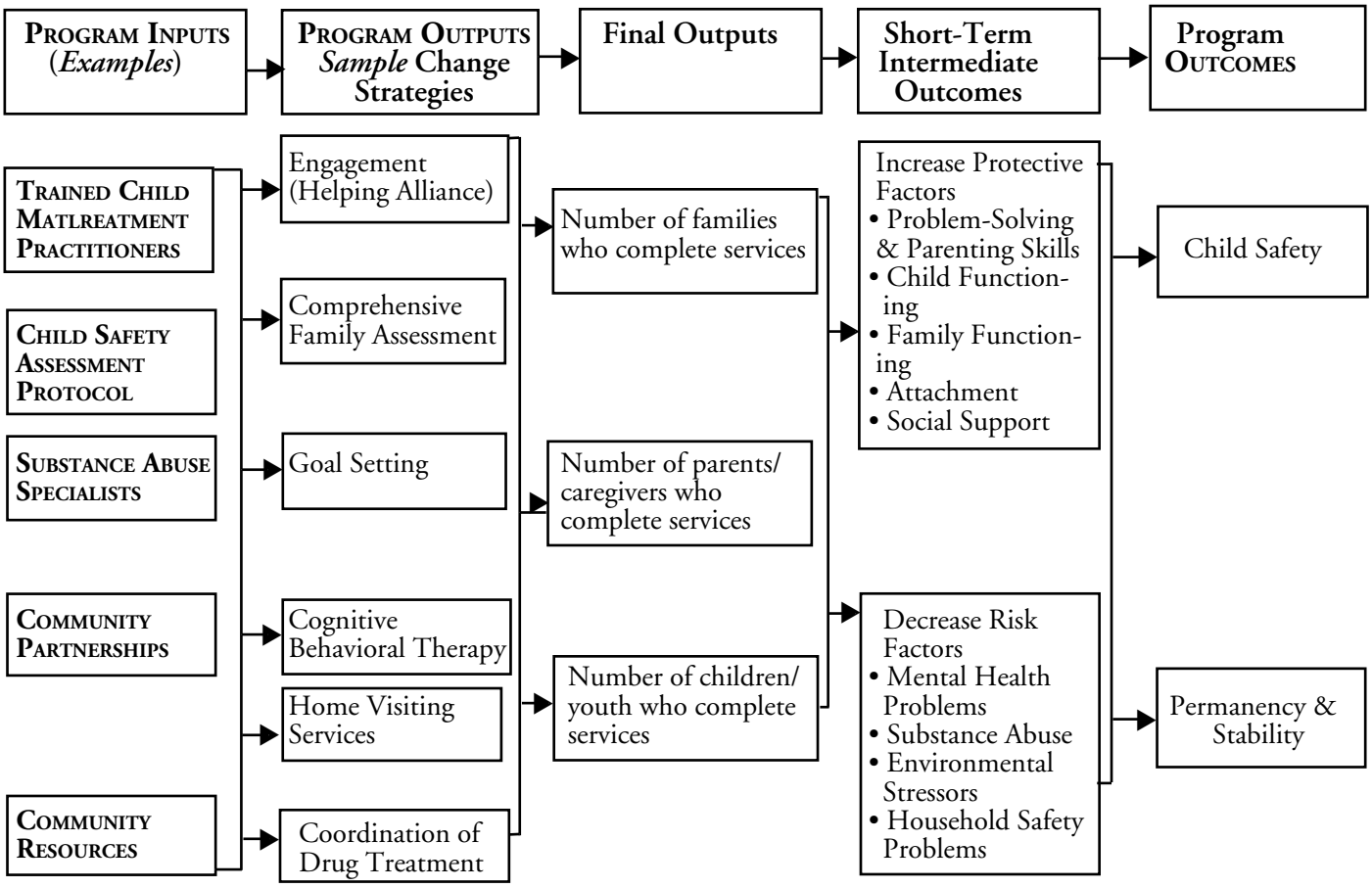
Figure 1. Sample Logic Model for Work With Methamphetamine-Affected Families
Assumptions: Providing or facilitating change strategies that enhance protective factors and decrease risk factors will eventually increase safety and permanency for children



Notes

[1]Adapted with permission from the National Resource Center for Child Protective Services: DePanfilis, D., & Hayward, R. A. (2006). *Ongoing child protective services (CPS) with methamphetamine using families: Implementing promising practices*. Prepared for the National Resource Center for Child Protective Services, a program of the USDHHS, Children's Bureau. Available at: http://www.nrccps.org/PDF/Ongoing_CPS_with_Meth_Using_Families_Implementing_Promising_Practice10302006.pdf

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