Drug Exposed Children

Strategies for Tribal Child Care (and other) Providers

January 24, 2017

- ✓ This document offers a list of strategies Tribal child care providers can use with drug exposed children to support a healthy developmental trajectory for these children and their families.
- ✓ These strategies are divided into a five-point framework and have been taken from publications/presentations available online. Corresponded sources and links are listed in each section.
- ✓ This document is intended to link CCDF Tribal programs in Region V to online resources based on their T&TA requests. It is not intended to stand alone or as a CCDF/HHS publication.
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The five-point intervention framework[1]

The National Center on Substance Abuse and Child Welfare (NCSACW) created the following **five-point framework** emerged from a multi-year review and analysis of existing policies and practices in 10 states regarding prenatal exposure to alcohol and other drugs:

1. **PRE-PREGNANCY:** This timeframe offers the opportunity to promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members;
2. **PRENATAL:** This intervention point encourages health care providers to screen pregnant women for substance use as part of routine prenatal care and make referrals that facilitate access to treatment and related services for women who need those services;
3. **BIRTH:** Interventions during this timeframe incorporate testing newborns for substance exposure at the time of delivery;
4. **NEONATAL:** Developmental assessment and the corresponding provision of services for the newborn as well as the family at this intervention point, immediately after the birth event, are the emphasis; and
5. **THROUGHOUT CHILDHOOD AND ADOLESCENCE:** This timeframe calls for ongoing provision of coordinated services for both child and family.

Although most substance-affected births are not detected at birth, the opportunities for intervention continue as parents come into contact with numerous other agencies and organizations throughout the five-point framework, including child care programs. Therefore, an approach that addresses all stages of development for the affected child is critical, beginning with pre-pregnancy and continuing throughout a child's developmental milestones.

This five-point intervention framework highlights opportunities for cross-system collaboration and policy development at each critical point in time.

The framework shows that no single system has the necessary resources, information, or influence needed to adequately serve this vulnerable mother–infant dyad and other involved family members who are likely to need services. All those who have a role in improving outcomes for such families need to collaborate in order to put the necessary policies and practices in place. These collaborations can set the stage for maternal recovery from substance use disorders, child safety, and the well-being of all those involved.

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[1] **Sources**:

- Substance-Exposed Infants: State Responses to the Problem: https://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf
- A collaborative approach to the treatment of pregnant women with opioid use disorders http://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978
- How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care: www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report

Pre-Pregnancy (Prevention)[2]

Prevention Efforts

- Support family-centered, **cross-tribal program collaboration**: Prevention efforts focused on alcohol and substance misuse and ensuing conditions in young children, should extend across the health, early childhood, education, and social services sectors.
- Prevention and promotion for young children begins in pregnancy and before, with **access to treatment for health, mental health and substance misuse challenges**.
- Tribal leaders can prioritize expanding **access to high-quality early childhood programs**, including both early education programs and home visiting programs, and ensure that programs have the resources they need to support the children and families they serve.
- **Expand access to mental and behavioral health** supports in healthcare facilities.
- Sustain and strengthen **traditional cultural values and practices**: Tribal communities can use traditional practices and ensure their long-term sustainability by ensuring that the next generation understands those practices.

Safeguarding Against Discrimination and Stigmatization

- ✓ Prevention and treatment should promote and facilitate **family, community and social support** as well as **social inclusion** by fostering strong links with available childcare, economic supports, education, housing, and relevant services.
- ✓ Early childhood program directors should ensure that all staff recognize that alcohol and substance misuse **are not the fault** of the person with the disease, and are not within that person's control. Addiction is often a **chronic or relapsing disease**, supports are needed over the long term, and a relapse is not a sign of failure, but something to be prepared for and expected.

Grade School Strategies

- Programs targeting children making the transition to elementary school focus on building a repertoire of **positive competencies** including academic, self-regulation, and social skills. For example, **tutoring, especially in reading**, is one important focus of prevention programs because reading difficulties during the early elementary years is a strong risk factor for school failure and later drug use.
- Prevention intervention programs also target **social skills** that affect the **children's relationships with peers and adults outside the family**. For example, some

[2] **Sources:**
- A collaborative approach to the treatment of pregnant women with opioid use disorders http://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978
- Principles of Substance Abuse Prevention for Early Childhood: A Research-based Guide: *https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/index*

approaches used in programs that address social skills development include **positive behavior teams, group practice, playground and free play monitoring, and rewarding good behaviors**. Incorporating skills development into the natural environment of children allows them to practice these skills with peers.

- Another frequently used strategy for these interventions is **training teachers in classroom management** strategies. This approach provides teachers with both the skills for managing children's behaviors and activities for **teaching children to manage their own behaviors and emotions**, thereby helping children develop **self-regulation**.
- Also, approaches that draw on **mindfulness-based strategies** (e.g., meditation, yoga, martial arts) are being developed and tested for their potential to enhance **self-regulation**.

Pre-Natal[3]

This intervention point encourages health care providers to **screen pregnant women** for substance use as part of routine prenatal care and make **referrals** that **facilitate access to treatment** and related services for women who need those services.

Some addicted pregnant women will be recommended (by their physicians) to start a **Medication Assisted Treatment** (MAT). MAT is the use of pharmacological medications, in combination with **counseling** and behavioral **therapies**, to provide a 'whole patient' approach to the treatment of substance use disorders. Addicted mothers **remain opiate dependent, but functional**. In doing so, there are fewer chances the baby will **die** in uterus or be born **prematurely** due to an abrupt discontinuation of the drug, which is worse than overcoming the Neonatal Abstinence Syndrome.

During pregnancy, many mothers are not aware or nor prepared for the effects of drug use and replacement therapy on their newborn infants. **Offering training to pregnant mothers could build capacity and help them make informed decisions that benefit the health and safety of both, mom and baby.**

Interventions should be provided to pregnant and breastfeeding women in ways that prevent **stigmatization, discrimination, criminalization, and marginalization** of women seeking treatment to benefit themselves and their infants.

Most of the trainings listed under the "postnatal" section can also be offered to addicted pregnant women.

To find more information on this topic visit:

- Prenatal Exposure to Drugs of Abuse: www.drugabuse.gov/sites/default/files/prenatal.pdf
- How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care: www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report
- Substance Use among Women During Pregnancy and Following Childbirth: http://archive.samhsa.gov/data/2k9/135/PregWoSubUse.htm
- Supporting the Development of Young Children in American Indian and Alaska Native Communities Who Are Affected by Alcohol and Substance Exposure: https://www.acf.hhs.gov/sites/default/files/ecd/tribal_statement_a_s_exposure_0.pdf
- Substance-Exposed Newborns: New Federal Law Raises Some Old Issues www.ncsl.org/print/cyf/newborns.pdf

[3] **Sources:**

▶Substance-Exposed Infants: State Responses to the Problem: https://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf

▶Neonatal Abstinence Syndrome (NAS): Treating Pregnant Women and Their Newborns: http://www.slideshare.net/OPUNITE/nas-treating-pregnantwomenfinal

▶A collaborative approach to the treatment of pregnant women with opioid use disorders: http://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978

At Birth[4]

Seventy five to ninety percent of substance-exposed infants are **undetected** at birth and go home without a diagnosis/treatment. Drug exposed infants are more likely to be identified at birth than alcohol exposed infants. Unless a woman is intoxicated at delivery, it is extremely unlikely her alcohol use will be identified.

Drug-exposed infants should not be viewed as a homogeneous group but as **individual at-risk infants** presenting with a broad spectrum of possible effects, ranging from **healthy term** newborns with no apparent effects to **high-risk births** with significant effects.

In utero exposure to certain drugs can cause neonatal withdrawal after birth when the drug is abruptly stopped because the infant— like the mother—has developed physical dependence on the drug.

Neonatal Abstinence Syndrome (NAS)

- A baby born to a woman who takes opioids [or another drug: **heroin or methadone**] is no longer getting the drug from the mother's blood stream. As a result, the baby may have withdrawal symptoms. This is called **neonatal abstinence syndrome (NAS).**
- **Not all the babies** born to women who use opioids will have NAS.
- NAS usually lasts days or weeks. Their **average hospital stay is 16.9 days versus 2.1 days** for a non-opioid exposed child.
- NAS can appear **right after birth or 5-10 days later.**

Common Symptoms of Neonatal Abstinence Syndrome

- Blotchy skin coloring (mottling)
- Diarrhea
- Excessive crying or high-pitched crying
- Excessive sucking
- Rapid breathing
- Seizures
- Sleep problems
- Slow weight gain

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[4] **Sources**

▶ Substance-Exposed Infants: Policy and Practice (Presentation) www.cffutures.org/.../SubstanceExposedInfants_PolicyAndPractice.pdf

▶ Improving Treatment for Drug-Exposed Infants https://www.ncbi.nlm.nih.gov/books/NBK64750

▶ How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care: www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report

▶ Important Information about Opioid Use Disorder and Pregnancy: http://www.acog.org/Patients/FAQs/Important-Information-About-Opioid-Use-Disorder-and-Pregnancy & Neonatal Abstinence Syndrome and Associated Health Care Expenditures: http://jamanetwork.com/journals/jama/fullarticle/1151530

▶ Supporting the Development of Young Children in American Indian and Alaska Native Communities Who Are Affected by Alcohol and Substance Exposure: https://www.acf.hhs.gov/sites/default/files/ecd/tribal_statement_a_s_exposure_0.pdf

- Fever
- Hyperactive reflexes
- Increased muscle tone
- Irritability
- Poor feeding
- Stuffy nose, sneezing
- Sweating
- Trembling (tremors)
- Vomiting

Frequently, these babies do **not like to be touched** and are difficult to soothe, profoundly impacting the first days of **bonding** between parent and child.

Infants at who are being observed for withdrawal need to be continuously monitored, such as with pulse oximetry or a cardiorespiratory monitor, but if this can be conducted **using a mother-baby unit, then there is more opportunity to support mother-infant bonding**. Some evidence indicates that the site of care may influence short-term outcomes:

- ✓ **Support mother-infant bonding**: infants who room-in with mothers instead of being transferred to a NICU had an increased likelihood of being discharged home with their mother and a decreased need for NAS drug therapy.
- ✓ Parental support and teaching can be crucial for mothers who may be dealing with feelings of **guilt** and **anxiety** upon witnessing their infants' symptoms of withdrawal. Partners or relatives seeing the newborn with NAS may blame the mother for her drug dependency, which can add to maternal distress or precipitate abusive or violent confrontations. **Positive role modeling** by healthcare providers on how to recognize and respond to infants' cues can help set the tone for mother-infant attachment and healthy interactions.

Because of their distinctive needs, drug-exposed infants should receive more than the standard medical follow up. Such follow up should preferably be carried out **under the supervision of a specially trained pediatrician**. Follow up interventions include but are not limited to:

- ✓ Nutrition (especially if inadequate sucking reflex is evident)
- ✓ Psychomotor assessment and monitoring of development
- ✓ Vision and hearing screening
- ✓ Speech and language assessments and therapy
- ✓ Emotional development assessments and therapy
- ✓ Play therapy
- ✓ Early educational needs assessments
- ✓ Physical therapy
- ✓ Immunization

Postnatal[5]

Targeted interventions during early childhood can help avoid adverse outcomes. By the time children enter preschool, **the caregiving environment has had ample opportunity to affect their development.**

Children at risk for school failure because of their drug exposure or drug-using home environment can master critical tasks **within an integrated early childhood program.** For drug exposed children, interventions would include **quality, developmentally based early childhood program**s **with appropriate staffing and curriculum**.

Drug related issues that affect infants must be handled in an int**ensely collaborative setting,** since no single agency has the resources, the information base, or the dominant role to address the full range of needs of all substance-exposed or substance-affected newborns and their families.

The needed Partners

Collaboration on drug exposed children related issues requires roles for:

- ✓ Hospitals
- ✓ Private physicians
- ✓ Health care management plans
- ✓ Maternal and child health
- ✓ Children's and adult mental health

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[5] **Sources:**

- A collaborative approach to the treatment of pregnant women with opioid use disorders http://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978
- Identifying and Responding to the Needs of Substance Exposed Infants and Their Families-It Takes a Collaborative (Presentation) http://www.cffutures.org/presentations/identifying-and-responding-needs-substance-exposed-infants-and-their-families-it-takes
- Improving Treatment for Drug-Exposed Infants: https://www.ncbi.nlm.nih.gov/books/NBK64750
- Positive Indian Parenting: http://nayapdx.org/services/parent-involvement/positive-indian-parenting/
- Risk and Reality: The Implications of Prenatal Exposure to Alcohol and Other Drugs: https://aspe.hhs.gov/basic-report/risk-and-reality-implications-prenatal-exposure-alcohol-and-other-drugs
- Substance-Exposed Infants: State Responses to the Problem: https://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf
- Supporting the Development of Young Children in American Indian and Alaska Native Communities Who Are Affected by Alcohol and Substance Exposure: https://www.acf.hhs.gov/sites/default/files/ecd/tribal_statement_a_s_exposure_0.pdf
- How States Can Help Advance the Knowledge Base for Primary Prevention and Best Practices of Care: www.astho.org/Prevention/NAS-Neonatal-Abstinence-Report
- Early Intervention Services with American Indian Tribes in New Mexico: http://cdd.unm.edu/ecspd/pubs/pdfs/1_Perspectives_Oct_2009.pdf
- Early Intervention and Preschool Special Education Services for Children Who Live on Reservations with BIE Funded Programs: http://ectacenter.org/~pdfs/topics/bie/EC_services_children_on_reservations_2-28-13-aml-v9.pdf

- ✓ **Child care and development**
- ✓ Domestic violence agencies
- ✓ Child welfare
- ✓ Drug and alcohol prevention, treatment and aftercare
- ✓ Developmental disabilities agencies
- ✓ Schools and special education
- ✓ Family/dependency courts
- ✓ Employment and family support agencies
- ✓ And more…

Positive parenting may be more difficult with drug exposed children and when adult wellness is disrupted due to drugs/other stressors. A mother who is working towards recovery might not be able to provide the needed environment/strategies to the support the child to decrease his/her developmental delays, so child care programs play a critical role in **supporting these children and families**.

Positive Indian Parenting is an eight week class designed to provide a brief, practical culturally specific **training program for Native American parents** (as well as non-Native American foster parents of Native American children) to explore the values and attitudes expressed in traditional Native American child-treating practices and then to apply those values to modern skills in parenting. Its curriculum is divided into 9 sessions:

- Session 1: Welcome and Orientation/Traditional Parenting
- Session 2: Lessons of the Storyteller
- Session 3: Lessons of the Cradleboard
- Session 4: Harmony in Child Rearing
- Session 5: Traditional Behavior Management
- Session 6: Lessons of Mother Nature
- Session 7: Praise in Traditional Parenting
- Session 8: Choices in Parenting/Graduation
- Session 9: Reflection

Early childhood staff can serve as stable, warm and sensitive caregivers while children are in their care and work with families to: **promote prevention, raise awareness** of the effects of substance misuse on children, foster **healthy parent-child relationships, screen children for developmental issues, and refer t**hem to appropriate specialized service providers, among other services.

These are general principles in support of Tribal children's social, emotional, and behavioral development:

- ✓ Building on Cultural Strengths and Traditions
- ✓ Taking a Developmental, Strengths-Based, and Reflective Approach

- ✓ Using Trauma-Informed Approaches to Well-Being
- ✓ Taking a Two Generation/Intergenerational Approach

Recommendations for ECE Programs

*A. Ensure that **staff, understand the prevalence and impact of alcohol and substance exposure on children,** what they can do about it, and how to partner and communicate with families.*

- Program leaders should **provide trainings and briefings** for staff on the effects of alcohol and substance misuse on the developing fetus and on children's later development, while emphasizing the importance of **not judging parents, building strong relationships** with them, and focusing on their strengths in order to work together for child and parent recovery.
- Program leaders should ensure **staff are aware** of the prevalence of this issue, specific behavioral, developmental, and learning challenges that may present in a child who has been exposed, specific practices and environmental modifications they can implement to support children, and community resources that can assist families with managing these issues.
- It is critical to support staff in **communicating and partnering with families**. It is possible to help parents and caregivers move past **shame** and **stigma** of alcohol and substance misuse and other challenges, including when those challenges have resulted in the birth of children with NAS or FASD, through supportive, relationship-based interventions that meet families where they are – throughout pregnancy and a child's early years (and beyond).

*B. Raise **awareness with families** about alcohol and substance misuse and its effect on children.*

- Early childhood programs should **promote prevention** of alcohol and substance misuse during pregnancy and parenthood. This may be especially important for families who have struggled with alcohol and substance misuse in the past and are expecting or plan to have another child in the future. Programs should ensure that the families that they serve are aware of the prevalence and effects of alcohol and substance exposure on children during pregnancy and throughout early childhood, and the resources they can turn to if they or their family members need help.
- Programs should share this information in a way that is **culturally responsive** and is careful to avoid perceptions of blame or judgment and prevent stigma.
- A **strong partnership between families and providers** sets the foundation for discussing more difficult issues. In addition, programs can partner with health, mental health, and behavioral health providers to share information with families and raise awareness in the community about opportunities for prevention and treatment.

*C. Implement practices and make **environmental modifications** for children with NAS and other infants affected by in-utero exposure to substance.*

Partner with families and ensure clear and constant communication:

- Early childhood programs should have close communication with families and partner with them in implementing the recommended practices below.
- Partnership with parents and all primary caregivers is key so that both primary caregivers and early childhood providers are on the same page and consistently using the **same strategies, feeding and sleep schedules,** and making the same environmental modifications to best support the infant.
- Infants with NAS or a history of NAS, may face an array of challenges and they should be addressed consistently across settings. Early childhood programs should also ensure that they have a way to **contact families at all times** and that they discuss the child's difficulties and progress at the end of each day, or more often when necessary.

Partner with other service providers:

- Early childhood programs (with family permission) should **partner with other service provide**rs, especially the child's medical providers, and other specialists providing services, such as an early interventionist or social worker.
- A team approach to **promote consistency** across settings and practices is critical.
- In addition, early childhood programs should know how to contact the child's medical home and other service providers if they have serious concerns or face an emergency and cannot contact the family.

Decrease sensory stimulation: exposed babies are easily overstimulated so have **a quiet and stable environment. T**hese children can more easily handle stimulation in one sensory channel at a time (sight, hearing, touch), rather than in combination. Interventions include but are not limited to:

- ✓ **Avoid loud noises** (turn off the television and loud music)
- ✓ Use a calm, soothing **voice**
- ✓ Keep the **lights** turned down low: use subdued and incandescent lighting
- ✓ Ensure the temperature is stable: Keep the baby from being **too** hot or too cold
- ✓ **Keep Plain walls**
- ✓ **Avoid mobiles/hanging** items
- ✓ **Use Soft lighting**
- ✓ **Cover part of windows**
- ✓ **Limit open spaces**
- ✓ **Label areas with pictures and words**
- ✓ **Keep work areas clean** – only have out materials being used
- ✓ Use **preferential seating for classroom**

Take supportive measures to keep infants calm and comfortable:
Exposed babies may cry excessively in a high-pitched tone and have difficulty sleeping.

- In such cases, **early childhood providers should** wrap the baby snugly in a blanket to control movements and provide comfort and **hold the infant close to them, and swaddle, rock, sway, or walk**.
- **Playing soft gentle music or speaking softly** to the infant in a darkened room to reduce visual stimulation may also help.
- **Try soothing activities (one at a time):**
  - ✓ Gently **rock or bounce** the infant with a slow rhythmic movement—being careful to never shake him/her
  - ✓ **Massage** the infant with light, gentle, soothing touch
  - ✓ **Bathe** the infant in a warm bath and then lightly apply lotion on his/her body
  - ✓ **Reduce activity** levels before bedtime
- Ensure that the infant's **diaper is clean** and that he or she is fed if he or she is hungry.
- **If at all possible, limit the number of caregivers.** Drug exposed infants do best with consistent care and familiar faces.
- **Low student-teacher ratios** (1:1 being optimal for kids with disabilities) are recommended to allow for quality programming and an individualized focus.
- **Keep the same routine for the infant:** Have a set **bed time and feeding time.**

Feed smaller and more frequent meals:

- Infants with NAS may experience difficulties with **feeding, sucking, and swallowing**.
- If this is the case, early childhood providers can try feeding the infant **smaller**, but more **frequent meals.**
- Feeding should also be done in a **calm and quiet** place and should be done **slowly**, giving the infant time to pause between sucking intervals.
- If the infant is sucking excessively, early childhood providers can **alternate** between **pacifiers and the bottle**.
- **Burp** the infant after he or she feeds or sucks on the pacifier.

Prevent and address skin irritation

- ✓ Infants with NAS may suffer from **diarrhea**, which makes them more susceptible to skin rashes or irritation.
- ✓ Early childhood providers should ensure that **diapers are checked** regularly and that soiled diapers are changed immediately using warm water.
- ✓ Infants with NAS may also excessively suck their hands or their thumbs, which over time can cause skin irritation. If the infant is excessively sucking, avoid lotions and creams and try to cover his or her hands with **gloves**.
- ✓ If the skin becomes irritated, make sure to keep it clean with baby **soap and water.**

Ensure safe sleep practices:

- Early childhood providers should ensure that they implement safe sleep practices by always placing **babies on their back to sleep.**
- Providers should ensure that they **monitor** the infants as they sleep in case of vomiting, which may be more likely with NAS.
- Ensure that infants and their **bedding are always clean**.

Monitor infants closely

- Infants with NAS may experience an array of symptoms that require **careful monitoring**.
- They may experience increased **sneezing or a stuffy** nose.
- Early childhood providers should ensure that infants' **noses and mouths** are clear, monitor their breathing, and contact the family or with the family's permission, the child's medical home, if breathing troubles ensue.
- Infants with NAS may also be more likely to have **fevers**, which are important to monitor. Providers should contact families if the infant has a fever and seek medical attention if the fever is elevated for more than four hours or other symptoms develop.

Relationships

Strategies to support secure relationships with ongoing caregivers include:

- Individual **attention, encouragement** of mutual respect, and celebration of each person to build healthy self-esteem.
- Activities that foster **self-esteem** in both mother and child.
- Labeling of feelings, so the child can learn to identify and express a range of emotions.
- Clear **boundaries** within adult-child relationships.

*D. Implement strategies that build **self-regulation and co-regulation** in children, parents, and providers.*

- ✓ Self-regulation can be disrupted by prolonged, elevated levels of stress and adversity.
- ✓ Children's development of self-regulation is also dependent on "**co-regulation**" provided by parents or other caregiving adults. Through their interactions children learn to express and manage their feelings, and to understand those of others.
- ✓ Adults' abilities to participate in co-regulation is influenced by their own ability to self-regulate.

Early childhood marks the beginning of self-regulation. Specific strategies to support self-regulation include:

- ✓ An orderly, consistent, child-appropriate **environment**.
- ✓ Predictable **routines** and consistent schedules.
- ✓ **Clear** expectations and rules.
- ✓ Clear patterns for **transitions** (such as a daily routine, warning signals, and signals to move to next activity).
- ✓ Offering **choices** to children.

- ✓ Praising a child's **efforts**, not just successes, each day.
- ✓ Using **anticipatory guidance** to avoid difficult situations.
- ✓ **Explaining** how a child's actions affect others.

In order to support **self-regulation,** early childhood programs should ensure that providers use:

- Warm and responsive caregiving by reading children's cues accurately, and responding to their needs **sensitively and consistently.**
- Effective teaching skills that **follow children's interests** and provide multiple opportunities for learning across all interactions and activities.
- **Classroom management strategies** that promote social, emotional and behavioral development and decrease chaos, over-stimulation, and the likelihood for challenging behavior.
- Early childhood programs should ensure that **providers work with parents and families to build their own confidence** to provide warm and responsive interactions, establish routines, teach rules and consequences, and talk with children to identify solutions and manage emotions in a developmentally appropriate way.
- **Ceremony, smudging, and storytelling,** as well as childrearing practices such as the **cradleboard** and infant massage can all promote co-regulation.
- In many Tribal cultures, it is understood that adults help children learn and grow by **talking** with them and **teaching** them, not through punishment.

*E. Engage families and expand the use of **positive parenting practices**.*

- Early childhood programs should ensure that staff have **relationship-building competencies that facilitate strong partnerships** and engagement with families. These relationships are pre-requisites to supporting families well and, once established, can serve as the foundation to more extensive support.
- Strong family engagement by early childhood programs is central in promoting children's healthy development and wellness.
- Early childhood programs should help parents feel able to access support through **connections** to other families or to community resources.
- Programs should reinforce feelings of **parental self-efficacy** by eliciting parents' knowledge about raising their children and incorporating new knowledge about positive parenting practices into daily interactions with families.
- Positive parenting may be more difficult with drug exposed children and when adult wellness is disrupted.
- A report by the National Academies of Sciences, Engineering, and Medicine found a number of parenting practices that are associated with positive child outcomes, including:
  - ✓ **Contingent responsiveness** ("serve and return")—adult behavior that occurs immediately in response to a child's behavior and that is related to the child's focus of attention, such as a parent smiling back at a child;

- ✓ Demonstration of **warmth and sensitivity**;
- ✓ Routines and **reduced household chaos**;
- ✓ Shared **book reading**, talking, and singing with children;
- ✓ Practices that promote **children's health and** safety—in particular, receipt of prenatal care, breastfeeding, vaccination, ensuring children's adequate nutrition and physical activity, monitoring, and household/vehicle safety; and
- ✓ Use of **developmentally appropriate discipline**.

*F. **Screen** all children for early identification of strengths and needs.*

- Early childhood programs in Tribal communities should prioritize developmental and behavioral screening and follow-up for **all** children **since some children were drug exposed but did not develop NAS or such.**
- Screening requires the availability of valid**, reliable, and feasible research-based** screening tools that detect concerns consistently and in a way that is practicable in a community-based setting such as an early childhood classroom or home.
- There are many tools and resources that can help programs facilitate screening and follow-up, including:
  - Ages & Stages: http://agesandstages.com
  - Birth to 5: Watch Me Thrive!, https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive; and
  - CDC's Learn the Signs; Act Early: https://www.cdc.gov/ncbddd/actearly/index.html

*G. Partner with **early interventionists**, special educators, and other specialized professionals to ensure that children affected by alcohol or substance exposure receive **individualized and consistent supports**.*

- Children who have been diagnosed with a FASD or who have been affected by exposure to substances may be eligible for **early intervention services** from birth until age three (and potentially beyond) and preschool special education services from age three to school-entry.
- **Interventions**, including speech and language services and physical, Occupational and play therapy should be based on individual profiles of abilities and weaknesses.
- When there is some indication that a child is experiencing delays, to best understand how to meet the child's needs, a **referral** can be made for:
  - A full developmental assessment that involves a developmental pediatrician, speech and occupational therapists, a child psychologists, and other professionals; or
  - The Program for Infants and Toddlers with Disabilities (IDEA Part C); or
  - The Program for children 3 - 5 years old with Disabilities (IDEA Part B).

The Office of Special Education Programs (OSEP) within the US Department of Education (USDOE) administers the Individuals with Disabilities Education Act (IDEA), which has two major components: Part C and Part B.

- ✓ Part C of IDEA requires States that accept Part C funds to provide early intervention (EI) services for children with disabilities under the age of 3. Under Part C, the State Lead Agency is responsible for ensuring that EI services are available to all infants and toddlers with disabilities in the State and their families, including Tribal infants and toddlers with disabilities and their families residing on a reservation geographically located within that State.
- ✓ Part B of IDEA requires that States provide Free Appropriate Public Education (FAPE) for eligible children with disabilities beginning at age 3 and possible lasting to the 22nd birthday depending on the State law and practice. Under Part B of IDEA, the State Education Agency (SEA) is responsible for making FAPE available to children with disabilities aged 3-21 on reservations with a few exceptions where certain preschool aged children remind the responsibility of the Department of the Interior, Bureau of Indian Education (BIE).

Part C of IDEA			
State	**MI**	**MN**	**WI**
State Lead Agency	Department of Health and Human Services	Interagency initiative: 1. Department of Education 2. Department of Health 3. Department of Human Services	Department of Health Services
Program Name	Early On	Help Me Grow	Birth to 3
Referrals	1-800-Early-On Online: referral form	1-866-693-GROW (4769), Online: Help Me Grow online referrals	800-642-7837 Online: Primary Point of Referral
Link	https://www.1800earlyon.org/	http://www.health.state.mn.us/divs/cfh/program/cyshn/infant.cfm http://helpmegrowmn.org/HMG/index.html	https://www.dhs.wisconsin.gov/birthto3/index.htm
Direct Services on Reservations	✓ Hannahville ✓ Saulte St. Marie	✓ Fond Du Lac ✓ Leech Lake ✓ Mille Lacs Band ✓ White Earth	✓ Lac Courte Oreilles ✓ Menominee ✓ Oneida

Part B of IDEA		
State	State Lead Agency	Link
MI	Department of Education	http://www.michigan.gov/mde/0,4615,7-140-6530_6598_8391-287355--,00.html
MN	Department of Education	http://education.state.mn.us/MDE/fam/sped/index.htm
WI	Department of Public Instruction	http://dpi.wi.gov/sped/laws-procedures-bulletins/laws/idea

Infants, toddlers, and preschoolers living on reservations are entitled to the **same access to integrated settings as all other children.** For children under age three, this means early intervention services are provided to the maximum extent appropriate in the **natural environment** (i.e., in the home or community settings in which typically developing children participate). 20 U.S.C. § 635(a)(16).7. For children aged 3 through 5, this means special education services are provided, to the maximum extent appropriate, in the **least restrictive environment.**

Some Tribes provide EI services to their communities, either as se**rvice providers for the SLA or as BIE grantees**. In order to do so, a Tribe has to be able to hire qualified specialists to provide the 16 services within EI, including therapists, developmental specialists, and others.

BIE grantees receive funding through DOI. USDOE provides funds to DOI/BIE to be distributed to eligible Tribes to **assist** States in screening, identification, and coordination of early intervention services, and to refer children for services when appropriate. The ultimate responsibility for service provision under IDEA Part C and Part B for infants, toddlers, and preschoolers birth through 5 living on reservations **lies with the State** in which that child resides, and not with BIE, or the Tribes, with the exception of five-year old children with disabilities enrolled in elementary schools operated or funded by the BIE.

Cultural and linguistic differences within and across each Tribe require **cultural sensitivity** by providers. Respect families' usage of both **traditional and western** (Euro-centric) views of disability and intervention. Respecting family decision making may mean that the services are delayed until the family has had a chance to seek **traditional medicine**.

If a Tribe is unable to provide direct services in its own community, it may consider co-treatment models where a **Tribal paraprofessional** accompanies and supports the work of a non-Tribal provider.

Traditional Native approaches to interaction have been those embedded in **relationships**, **cultural common ground, and clan and family connections**. It is, therefore, much more personal and developed over time than through public awareness campaigns.

*H. Pilot or expand culturally appropriate and relevant infant and early childhood **mental health consultation, reflective supervision, and two-generation mental health** and wellness supports.*

- ✓ **Reflective supervision** are promising approaches in Tribal communities and may be especially relevant to the needs of families struggling with issues of alcohol and substance misuse and the staff who support them.
- ✓ Infant and early childhood **mental health consultation** (ECMHC) is an approach for promoting the social, emotional, and behavioral health of infants and young children, by providing support to those who care for them.
- ✓ Establishing a **warm and positive climate** through supportive policies.

- ✓ Coaching providers on how to support children's social, emotional, and behavioral development.
- ✓ **Aligning classroom teaching** and learning practices with these supports.
- ✓ **Conducting developmental and behavioral screenings**.
- ✓ Strengthening **family-provider relationships**, and
- ✓ **Connecting** children, families, and staff to **additional services** and supports as needed.

White Earth Nation

The Tribe provides mental health services to children and adolescents 0-18. Comprehensive services provided include:

- Diagnostic assessments,
- Mental health counseling,
- Mental health case management, and
- Therapeutic services and supports. (**CTSS**)

Children's Therapeutic Services and Support (CTSS)

- CTSS includes psychotherapy and skills training, which consists of activities designed to promote skill development of both the child and family.
- The goal of CTSS is to promote family preservation, unification, and family integration into the community.

- **Traditional Healing**: the Tribe works with a full time traditional healer who connects traditional families with traditional methods of healing.
- The Tribe has utilized **movement therapy** for infant mental health.
- Using more Western society approaches, the Tribe has used **yoga with their toddlers**.
- Culturally, the program has utilized **more traditional music for movement therapy** in their therapeutic childcare center, such as **drumming**. The program has listened to audio tapes, had people present with hand drums, and had people present with big drums (Anishinaabe drums). They have created hand drums for their infants and toddlers to utilize in movement therapy.

When treating these families, WE uses:

- ✓ PCIT: Parent-Child Interaction Therapy: http://www.pcit.org/
- ✓ The Incredible Years: http://incredibleyears.com/about/ Develop comprehensive treatment programs for young children with early onset conduct problems and ADHD

*I. Restore or revitalize **traditional cultural practices** that support children's social and emotional development across all services and strategies.*

- The child care team should be **culturally competent, well trained** and understand how services provided with cultural awareness of the mother's and father's background can play a positive role in recovery.

- Building on traditional and cultural strengths includes **acknowledging and celebrating families' cultural identitie**s, supporting parent's and children's connections to **traditional indigenous practices**, and championing their acquisition and use of Native languages.
- Early childhood programs in Tribal communities can partner with **Tribal leaders, elders, and cultural** leaders to offer culturally-grounded practices that support children's development in early childhood programs.
- **These can include using Native languages, and incorporating the community's songs and stories**. Local elders and cultural specialists should be invited into the program to ensure that these practices are used appropriately and respectfully, and that indigenous worldviews inform classroom practice and family engagement activities.

*J. Support **staff wellness**.*

- Child wellness is dependent on adult wellness, which includes primary caregivers, but also includes early **childhood providers** who spend time with children and families.
- High levels of stress and adversity can affect **self-regulation** and the ability to co-regulate, and more broadly, affects the ways in which adults interact with children.
- Early childhood programs should ensure that staff have access to **health and mental health supports,** have fair working conditions with breaks, earn fair compensation, and have paid sick leave.
- All professionals working with addicted people and their children must have access to regular **Reflective supervision**. Staff should have the ability to **reflect** on the emotional effects of their work experiences.
- Staff should be patient and take care of themselves. If staff monitors drug exposed infants **closely** on an ongoing basis, and with the adequate support/network, in time, they will discover what **works best for each individual child**.

*K. Facilitate an organizational "culture of continuous **quality improvement**."*

By fostering a culture of continuous quality improvement in their organizations, early childhood programs in Tribal settings can reinforce **the non-stigmatizing ways** that they work with Tribal families.

Trainings that should be available to child care providers and related staff:

1. **Drug Exposed Children: Tribal, State and Federal Regulations.**
2. **System Linkages and Information Sharing:** how, when, and where to refer women for treatment and other services and which women to transfer; how and where to refer children for developmental services and other health related services; how to gather more information from medical providers; how to work with Child Welfare and other agencies.
3. Understand **cultural and racial factors** in the family's background.

4. Understanding historical **trauma**, the signs of trauma, the impacts of trauma on children's development, and how to work with children who have been exposed to trauma.
5. Understanding the signs of **neglect and abuse**, where to report it, and how to support children who have been abused or neglected.
6. Tribal **Challenges** (historical trauma, underfunded health program; graduation rate, poverty, unemployment, suicide rate; etc.) **and Strengths** (leaders, elders, history of resilience; traditional healers, strong cultural identity, etc.).
7. **Opioids; Cocaine; Meth and other Drugs:** what, why, where, when, etc… State Data and trends.
8. **Substance Use, Misuse, Addiction & mental health implications:** addictions, substance abuse treatments, recovery and opioids, trauma-informed treatment (including trauma associated with loss of child custody), recovery definitions and practices, and characteristics of gender-responsive treatment; Understand women's addiction issues and family systems.
9. **Medication-Assisted Treatment (MAT):** evidence-based care and use of MAT (including for MAT providers), use and efficacy of MAT during pregnancy, and complications of MAT with other prescriptions (i.e., opioid pain medications).
10. Identifying, understanding, and addressing **biases** about alcohol and substance misuse, in order to engage with families in a positive, strengths-based, and non-judgmental way.
11. Forming strong relationships with families/ building **strong relationships** with addicted **parents,** including, as applicable, biological parents, grandparents and other caregivers, foster parents and adoptive parents; Communicating with families who are struggling with alcohol and substance misuse.
12. **Domestic Violence.**
13. 5 Major Timeframes to intervene in the life of a drug exposed child: 1) **Pre-Pregnancy; 2) Prenatal; 3) Birth**; 4) **Neonatal**; And 5) **Throughout Childhood And Adolescence.**
14. Recognize behavioral cues in individual children to promote the child's **self-regulation.** Provide a consistent, predictable, well-structured environment to promote the child's **self-regulation;** Plan for **transitions** to promote the child's **self-regulation.**
15. **Screening:** Conducting developmental and behavioral screenings, best practices for screening of drug exposed infants: how to interpret results, talking to families about results, monitoring results over time, interventions for neonatal abstinence syndrome (NAS), and referring children for additional services.
16. **Assessment:** Conducting developmental and behavioral assessments, observations, planning, etc.
17. **Supporting children's development across all domains**, including children who are developing typically or children who may be delayed in their development.
18. Specific **practices** and **environmental** modifications providers can implement to support drug exposed children.
19. **Child and Adult Mental Health.**
20. Substance Use, Effects in Pregnancy and Early Child Development: **Effects** of alcohol and substance misuse on the developing fetus and on children's later development:

behavioral, developmental, and learning challenges that may present in a drug exposed child.

21. Creating **Home Environments** that Promote Healthy Development.
22. Conducting Effective **Home Visits.**
23. **Other Environmental Factors** that affect Drug Exposed Children: poverty, poor nutrition, prenatal care, domestic violence, abuse or neglect, alcohol and other drug abuse, homelessness, unemployment, incarceration, low educational achievement, poor parenting skills, discrimination, etc.
24. **Culturally appropriate practices.**

Does a parent need treatment?

- ✓ If the Tribal program does not have the capacity to provide treatment services to a pregnant woman, the woman must be **referred (with the use of a toll-free number or similar mechanism) to the State**.
- ✓ The State is then required to refer the woman to a treatment program that has room to serve her **not later than 48 hours** after seeking treatment.
- ✓ Treatment should focus on the **dual goals of abstinence from drugs and successful parenting.**

Childhood & Adolescence[6]

Children and adolescents with a history of prenatal substance exposure:

- Often show symptoms consistent with **ADHD;**
  - Inattentiveness
  - Distractibility
  - Impulsivity
  - Hyperactivity
- Typically **desire friendships but their Emotional dysregulation** contributes to social difficulties and t**heir Inability to anticipate consequences** leads to interaction problems. They often respond to peers in an **impulsive manner.**
- Therefore, they experience significant emotional, behavioral, and **social difficulties:**
  - Fighting
  - Depression
  - Rule-breaking behavior
- **These social difficulties might be complicated by historical trauma** and **multiple placements.**
- With despair, guilt and frustration pecking away at their psyches, they often find solace in food, alcohol, tobacco, **drugs**, and/or high-risk sports, restarting a **multigenerational issue.**
- Depending on substance used and effect, it can result in **careless behavior**, **irritability, violence, paranoia, psychiatric symptoms, and suicide.** Tribal teens experience the highest rate of suicide of any population group in US.

Intervention Strategies: Communication

- ✓ Avoid timed activities
- ✓ Closely monitor independent work
- ✓ Avoid "why" questions
- ✓ Use "how," "who," "what," and "where" questions
- ✓ Give 1 instruction at a time

Intervention Strategies: Transitions

- Allow child to feel a sense of completion before transitioning to next task
- Adapt work to minimize frustration and anxiety
- Provide warning and preparation for transition times
- Assist student to devise organizational strategies for transition
- Rely on routines and rituals for memory consolidation

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[6] **Sources:**

- Impact of Prenatal Substance Exposure on Children and Adolescents http://www.cffutures.org/files/B4_ImpactOfPrenatalSubstanceExposureOnChildrenAndAdolescents.pdf
- A Place To Go: Safe Havens for Tribal Youth - http://tribal-dec.blogspot.com/

- Create a picture of time

Intervention Strategies: Attention

- Use multi-sensory teaching
- Ensure child is listening prior to direction
- Discuss what to listen for/look for
- Break instructions into small segments
- Do not assume prior knowledge
- Have child repeat instructions in his/her own words
- Encourage child to pay attention to details
- Ask questions that cue memory
- Picture cues/schedules
- Audio tape important Information

Intervention Strategies: Self-Regulation

- Gradual shift from external to internal regulation
- Must teach self-regulation
- Allow opportunities for sensory input: Fidget toys, water bottles, gum, chew toys, straws, silly putty
- Provide frequent breaks with motor movement
- Provide a quiet, safe place for times of dysregulation: Bean bags, soft
- lighting, soft pillows, music

Intervention Strategies: Social Skills

- ✓ Teach relationship skills
- ✓ Pair child with a positive peer role model
- ✓ Convene small lunch bunch" with school counselor to teach social skills

Strategies- Relationships 2- Secure Attachment

- Caregiver generally available
- Caregiver usually responsive
- Caregiver sensitive to child's signals

Intervention Strategies: Discipline

- Be firm, not punitive
- Consistently adhere to rules
- Wait until child is calm and de-escalated before intervening
- Avoid debates, just state the rule
- Positive/negative reinforcement works for some children but not all
- Use "cool down" space, not "time out"

- Learn what the child values
- Avoid punitive consequences such as isolation
- Provide frequent praise for positive behavior, delivered immediately after it occurs
- Catch the child being "good"
- Recognize something good at the end of everyday
- "All of our brains work differently"
- Make "choice cards" for positive rewards
- Distinguish between willful behavior and neurological deficits
- Multi-sensory learning

Intervention Strategies: Tribal Identity

- Many Tribes have programs that encourage pride in their Native culture, as well as imparting important health messages and engaging participants in traditional activities like **hunting, fishing, and canoeing** (starting with building the canoes), etc.