



STRATEGIES TO SUPPORT PARENTS WITH METHAMPHETAMINE USE DISORDER AND THEIR FAMILIES

Child welfare staff across the country identify methamphetamine use as a continuing or re-emerging challenge in their communities. This tip sheet provides facts about methamphetamine use and the effectiveness of treatment and offers strategies for child welfare workers and other professionals to improve outcomes for parents who use methamphetamine and their children and families. This tip sheet is a companion to *Supporting Children Affected by Methamphetamine Use*, which describes the effects that parental methamphetamine use can have on a child's health and well-being and outlines strategies that child welfare staff and other professionals can use to support children and families.

FACTS ABOUT METHAMPHETAMINE USE



Methamphetamine is a highly addictive stimulant associated with serious physical health and psychiatric conditions. Methamphetamine use can alter brain functioning, memory, decision-making, mood, and potentially damage the central nervous system.



A 2019 study showed nearly 2 million people (ages 12+) had used methamphetamine in the past year, and 1 million met the DSM-V criteria for a methamphetamine use disorder.¹ Compared to previous years, the number of people using methamphetamine and having a methamphetamine use disorder has increased significantly. The short-term effects of methamphetamine use may include: increased attention and decreased fatigue, increased activity and wakefulness, decreased appetite, euphoria and rush, increased respiration, rapid/irregular heartbeat, and hyperthermia.²



Long-term use of methamphetamine may lead to adverse effects including significant anxiety, severe agitation, insomnia, mood disturbances, and violent behavior.³ Individuals also may experience psychosis, including paranoia, visual and auditory hallucinations, and delusions (such as the feeling of insects creeping underneath the skin).⁴ Methamphetamine use can also cause adverse physical health effects, such as severe weight loss, skin lesions (from scratching and picking the skin), and rapid tooth decay and gum disease.⁵



Individuals can experience an acute overdose on methamphetamine, or use a large amount at one time, causing reactions such as rapid or irregular heart rate, difficulty breathing, heart attack, and altered mental status. A study published in 2021 indicated that the rate of drug overdose deaths involving methamphetamine increased nearly 5-fold during 2012-2018.⁶ The death rates were the highest among Alaska Natives and American Indians.



Neuroimaging studies have shown that continued methamphetamine use can lead to structural and functional changes in the brain's dopamine system, which is associated with reduced coordination, impaired verbal learning, and emotional problems.⁷ These brain changes have implications for treatment and recovery and may explain why individuals recovering from methamphetamine use have challenges with emotion and memory.

TREATMENT FOR METHAMPHETAMINE USE



Treatment for methamphetamine use disorder requires a combination of therapies and services that include treatment for trauma experiences; mental health conditions, particularly depression and anxiety; and physical health.



Effective clinical interventions for individuals with methamphetamine use disorder focus on timely access to structured treatment and incentive-based therapies. Proven treatment interventions include:⁸

- » **Motivational interviewing** – a counseling style that helps individuals overcome feelings of ambivalence and enhances motivation to change substance use behaviors.
- » **Contingency management** – a type of behavioral therapy that uses positive reinforcements to encourage desired behaviors.
- » **Community reinforcement approach** – a treatment approach that identifies behaviors that reinforce stimulant use and makes a substance-free lifestyle more rewarding than one that includes drugs and alcohol.
- » **Cognitive behavioral therapy** – a short-term, goal-oriented psychotherapy treatment that assists individuals to understand their current problems, challenges, and experiences to change their behaviors and patterns of thinking.



The Matrix Model is a treatment approach shown to be effective in treating methamphetamine use disorder. This approach is a 16-week comprehensive behavioral treatment that combines behavioral therapy, family education, individual counseling, 12-step support, drug testing, and encouragement for non-drug-related activities.^{9, 10}



As with other substance use disorders, the level of care and treatment setting (such as outpatient, intensive outpatient, and residential treatment) for individuals who use methamphetamine are determined through a comprehensive assessment, such as the American Society of Addiction Medicine (ASAM) *Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions*. Substance use treatment should be provided for at least 90 days, with continuing care or aftercare for a minimum of nine months following treatment.



There is no FDA-approved medication to treat methamphetamine use disorders, however, a recent study investigated the use of extended-release injectable naltrexone plus oral extended-release bupropion in adults with moderate or severe methamphetamine use disorder.¹¹ A response to the medications was defined as having at least three methamphetamine-negative urine samples out of four samples obtained at the end of each phase. Results indicated that patients who received the naltrexone and bupropion had a low response, however, they had a higher response than the patients who received the placebo.

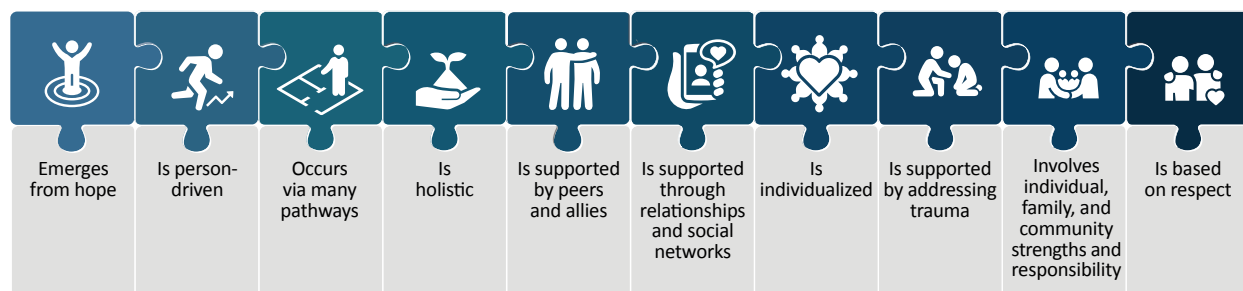


If clinically indicated, psychiatric medications may be prescribed to manage co-occurring conditions such as depression, anxiety disorders, or psychotic disorders.

RECOVERY IS POSSIBLE

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.¹²

RECOVERY...



Methamphetamine use disorders are as treatable as other substance use disorders.

PRACTICE TIPS FOR CHILD WELFARE PROFESSIONALS

Child welfare and other professionals can use specific strategies to address the needs of parents with methamphetamine use disorder and their children and other family members. These strategies are known to ameliorate risk of harm and strengthen critical protective factors for ending patterns of maltreatment and trauma exacerbated by methamphetamine use.



SCREENING AND ASSESSMENT

- Learn the signs and symptoms of methamphetamine use to identify a need for further screening and clinical assessment.
- Recognize the environmental signs of methamphetamine production and coordinate with law enforcement and emergency medical services if needed for site decontamination and physician examinations for exposed children. The [Nevada Attorney General's website](#) offers a description of how to recognize methamphetamine production.
- Use a combination of validated screening tools and environmental observation to identify potential parental methamphetamine use disorder.
- Screen parents for the presence of mental health disorders, trauma, and domestic violence. Screen all children and other identified family members for developmental delays, social-emotional issues, trauma, and mental health disorders.
- Due to the effect methamphetamine may have on physical health, assess parents' medical needs and refer to appropriate healthcare services.
- Refer parents with positive screening results for methamphetamine use to a substance use treatment agency for a comprehensive assessment. Refer children and family members to service providers based on needs identified through screening.
- Review the results of the assessment with the treatment provider. The assessment should determine the type and level of care the person requires along with additional supports including mental health, housing, employment services, medical treatment, and parenting classes.
- Obtain a signed consent form from the parent that allows ongoing communication between child welfare services and the treatment provider about progress or challenges related to the treatment plan or changes in the child welfare case plan.



ENGAGEMENT

- Use motivational enhancement strategies, such as motivational interviewing,¹³ to encourage parents' willingness and commitment to engage in treatment. Motivational interviewing techniques, such as taking a non-judgmental and empathetic approach to talking with parents, can help prepare parents to enter treatment and enhance their motivation to change.
- Address issues related to stigma by creating and supporting an environment of understanding, empathy, and connection when engaging parents and family members affected by SUDs. Negative attitudes create barriers for parents seeking help and affects treatment, services, and outcomes, driving away the very parents and families we seek to serve.
- Assist parents to navigate complex health care systems, such as by making phone calls together to schedule appointments with service providers, setting up appointment reminders, and arranging transportation to appointments if needed.
- Due to the effect methamphetamine has on the brain structures and functions related to memory, decision-making, and mood, maintain frequent and consistent contact with the parent to assess progress and service needs. Use frequent reminders, memory aids, follow-up, reinforcements, and brief written instruction to encourage parents to stay engaged in services. Use strategies that consider the effects of methamphetamine use related to brain functioning, memory, decision-making, and mood.
- Be familiar with resources in the community for families affected by methamphetamine use and develop relationships with local treatment providers.
- Help the parent identify and build on their family protective factors—the strengths and characteristics that can help to reduce the risk of child maltreatment and promote family well-being. Protective factors include: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social-emotional competence in children.¹⁴



FAMILY-CENTERED TREATMENT SERVICES

- Offer family-centered treatment services or refer families to service providers that focus on the well-being of the parent, children, and other family members. Family-centered treatment addresses the needs of each identified family member and strengthens family functioning, family relationships, and social networks.¹⁵
- When residential treatment is indicated, refer to a program that provides an opportunity for parents to live with their children in the treatment environment and receive services together. Studies of residential treatment programs for parenting women with substance use disorders found that women living with their infants had the highest level of treatment completion rates and longer stays in treatment compared to women who did not have their children with them.¹⁶
- Ensure that parents are included in planning, decision-making, and the provision of services related to their family case plan.
- For children in out-of-home care, ensure that quality family time (visitation) is prioritized and not tied to the parent's drug testing results. Frequent and consistent family time allows parents to practice the skills needed to meet the needs of their child(ren) and supports continued attachment and bonding among family members.



PEER AND RECOVERY SUPPORT SERVICES

- Provide parents with peer and recovery support services to foster their engagement into substance use treatment and recovery. Peers are persons who have personal experience with substance use disorders and sometimes have also experienced involvement with child welfare services. Recovery specialists are professionals with training and/or certifications related to substance use treatment and recovery. Both peers and recovery specialists offer support to parents as they navigate treatment and recovery and can significantly improve treatment outcomes.¹⁷



TREATMENT PROGRESS

- With proper consent, communicate often with the parent's substance use treatment provider to understand the parent's progress. Ask questions about:

» Participation in treatment	» Abstinence from substance use
» Knowledge gained about substance use	» Relapse prevention planning
» Participation in support systems	» Treatment completion
- Communicate with the substance use treatment and other service providers about changes in the family's case plan, progress in services, and/or changes in the child placement or permanency plans.

Positive outcomes are more likely with early access to comprehensive treatment that uses evidence-based practices, emphasizes active parent engagement, and encourages family involvement.

NATIONAL CENTER ON SUBSTANCE ABUSE AND CHILD WELFARE

The National Center on Substance Abuse and Child Welfare has many technical assistance resources. These include publications, webinars, and tools that child welfare workers, court professionals, and communities can use to support families affected by substance use disorders. The following resources are available:

- *Understanding Substance Use Disorder Treatment: A Resource Guide for Professionals Referring to Treatment*—This guide provides a fundamental understanding of the substance use treatment and recovery process. It helps professionals make informed referral decisions for services customized to the needs of parents and their families.
- *Understanding Substance Use Disorders, Treatment, and Family Recovery: A Guide for Child Welfare Professionals*—This guide is a self-paced, free tutorial that discusses substance use disorders, engagement strategies, and the treatment and recovery process for families affected by substance use disorders. Continuing Education Units are available for completing this tutorial.

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