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ABSTRACT

This paper presents, first, the statutory entitlement authorizing support to educators of children affected by drugs or alcohol; then, a population overview which covers family characteristics, infant, preschool, and classroom needs; and finally, suggestions for recruitment and retention strategies in personnel training and direct service provision. Federal legislation cited includes Public Law 94-142, the Education for All Handicapped Children Act; Section 504 of the Rehabilitation Act (1973); and Part H of the Education of the Handicapped Amendments Act (1986). Considered in the population overview are effects of exposure to alcohol and drugs in utero, typical problems of prenatally exposed infants and preschoolers, and classroom needs including emotional bonding, a specialized and highly structured classroom environment, and professionals who know techniques of family and inter-agency coordination. Suggestions for recruitment to training programs include running a high quality program, promoting dialogue across agencies and professional groups, and use of professional recruiting techniques. Retention of school personnel working with this population is covered in suggestions such as augmenting salaries and benefits and planning a home-school monitoring/supportive environment. Includes 26 references. (DB)

Training Personnel for Children Affected by Alcohol or Drugs

by

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Abstract

The statutory entitlement authorizing support to educators of children affected by drugs of alcohol is described. A population overview includes family characteristics, infant, preschool, and classroom needs. Recruitment and retention strategies both for personnel training and direct service are discussed.

TRAINING PERSONNEL FOR CHILDREN AFFECTED BY ALCOHOL OR DRUGS

Statutory Authority

Various estimates range from claiming that 11% to 19% of all newborns have a prenatal addiction to drugs or alcohol. These percentages translate into 100,000 to 375,000 children (Edelstein, Kopenski, and Howard, 1990). The estimates could increase if the child's development is complicated by the mother's continual use of either substance during breast feeding. Such environmental absorption after birth is known as passive addiction. If, as the child matures, he/she becomes an active consumer, the teaching/learning implications are more far reaching than any dynamic addressed to date. If the incidence is high the impact on society will be costly. One source finds that it can take $40,000 just to prepare a student for school entry. (Frank, 1990).

Nonetheless, we do not have to start from rock bottom regarding legislation, appropriation and program. The Education for all Handicapped Children Act, P.L. 94-142 (U.S.C. Section 1471 et. seq.); Section 504 of the Rehabilitation Act (29 U.S.C. Sec. 794); and Part H of the Education of the Handicapped Amendments Act (EHA) (20 U.S.C. Sec. 1401 et seq.), all authorize the nature, extent and method of services which schools are obligated to provide. (Cohen 1990).

The permanently authorized, P.L. 94-142 states in the 1989 Code of Federal Regulations, (34 CFR Parts 300-399), as its purpose to:

a) Insure that all handicapped children have available to them a free appropriate public education which includes special education and related services to meet their unique needs,

b) Insure that the rights of handicapped children and their parents are protected,

c) Assist States and localities to provide for the education of all children, and

d) Assess and insure the effectiveness of efforts to educate those children.

The Education for All Handicapped Children Act spoke to unserved and undeserved children. In the law's definition

(a) "First priority children" means handicapped children who:

(1) Are in an age group for which the State must make available free appropriate public education and

(2) Are not receiving any education.

(b) "Second priority children" means handicapped children, within each disability, with the most severe handicaps who are receiving an inadequate education. (20 U.S.C. 1412 (3)).

Section 504 of the Rehabilitation Act of 1973, Part 104 - Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Assistance states as its purpose:

(a) To eliminate discrimination on the basis of handicap in any program or activity receiving Federal financial assistance.

The 1986 Amendments to the EHA (P.L. 99-457) and final regulations (34 CFR, Part 303) for the Early Intervention Program for Infants and Toddlers with Handicaps has as its purpose to provide States with financial assistance in order for them to:

a) Develop and implement a Statewide, comprehensive, coordinate, multidisciplinary, interagency program of early intervention services for infants and toddlers with handicaps and their families;

b) Facilitate the coordination of payment for early intervention services from-Federal, State, local, and private sources (including public and private insurance coverage); and

c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with handicaps and their families.

The Congress is so concerned about this issue that they have proposed amendments to the Child Abuse Prevention and Treatment Act (P.L. 93-247) requiring a study of the preparedness of school districts to accommodate drug and alcohol exposed students. The report is asked to include:

(1) a national assessment of the educational needs of children who are born affected by alcohol or drugs and of the extent to which such needs are being met from Federal, State, and local efforts;

(2) a plan, including cost estimates, to be carried out during the 5-year period beginning on September 30, 1991, for extending existing special education programs to all preschool and elementary school children born affected by alcohol or drugs, including a phased plan for the training of the necessary teachers and other education personnel necessary for such purpose:

(3) a statement of the additional activities intended to be carried out during the period described in paragraph (2), including an estimate of the cost of such activities; and

(4)(A) an assessment of the number of teachers and other educational personnel needed to carry out the additional activities described in paragraph (3);

(B) a statement describing the activities designed to prepared teachers and other educational personnel for the additional activities described in paragraph (3); and

(C) the number of other educational personnel needed to carry out additional activities for children born affected by alcohol or drugs.

Programs addressing children born affected by alcohol or drugs will no doubt draw upon the experience and long-term focus used to address the requirements of P.L. 94-142 such as:

a) a public awareness program,
b) comprehensive child find system,
c) evaluation and assessment,
d) coordinated, interdisciplinary term approach,
e) individualized comprehensive services, and
f) nondiscriminatory procedures.

The next section will describe what one local school district is already doing in these areas.

Population Overview

Family Characteristics

Although drug abuse cuts across all segments of society, the disadvantaged appear most vulnerable to its effects. The DEMAND Treatment Program in Minneapolis, Minnesota serves women addicted to drugs. They profile their clients as single parents of three or more children with an average age of 24 years. They are polydrug users and on welfare. Most are children of chemically dependent families who themselves have been victimized at early ages by abandonment and/or neglect. Only 55% graduated from high school with 90% having no marketable skills making them unemployable.

The Honorable Thomas J. Downy, Acting Chairman, Subcommittee on Human Resources, Committee on Ways and Means, in an opening statement at the "Hearing on the Impact of Crack Cocaine on the Child Welfare System" on April 3, 1990, stated in reference to mothers of prenatally exposed children, "At what age did we stop feeling sorry for her as victim and become angry with her as a victimizer?"

In Utero

Drugs can be toxic, addictive, or teratogenic to the fetus (Weston, 1989). Addictive drugs, such as methadone, cause the infant to go through a withdrawal period after birth followed by the chance for normal development. Toxic drugs can cause direct and permanent injury to the developing fetus. These infants are premature appearing sick and small for gestational age. Teratogenic symptoms appear as malformations of specific organ systems (endocrine, central nervous system) or of limbs. Some of these deficits are evident at birth, others will not emerge for years possible into latency or adolescence.

The effects of drugs on the developing fetus are also dependent on the types and amounts of drugs used, frequency of use, and stages of the pregnancy drug use. Other factors include the mother's social and physical environment as well as her ability to metabolize and tolerate the drug. (Lockwood, 1990).

Dixon (1990) observed a common pattern of brain injury among a group of 74 children with no risk factor other than prenatal exposure to drugs through the use of serial cranial ultrasound. The abnormalities found included hemorrhage and cyst formation in the areas of the basal ganglia and frontal lobes. These areas of

the brain are difficult to evaluate during infancy. They function in the regulation of internal and external stimuli and they also assist in regulating behavior in response to environmental events. Areas of learning affected by damage to these brain areas may include: language development, affective and social learning, and the ability to synthesize new experience into previously learned patterns.

Infants

Whether attributable to a withdrawal syndrome peculiar to cocaine or to direct effects of the drug, cocaine exposed infants demonstrate disturbed behavior for the first several months of life, including: tremulousness, hypertonia (excessive tension causing muscle rigidity), irritability, rapid mood swings, gaze aversion, vomiting, rapid weight loss, and diarrhea (Chasnoff et al, 1986; Oro & Dixon, 1987, Snieder & Chasnoff, 1987). Withdrawal symptoms peak two to three weeks after birth but may last four to six months (Chasnoff, 1988).

Medically, infants exposed to cocaine during pregnancy are more likely to have their growth retarded, smaller head circumference, low birth weigh, and exhibit several types of neuro-behavioral deficits during the new born period (Weston, 1989). A few have malformations of the uro-genital tract. They also appear to be at somewhat higher risk for Sudden Infant Death Syndrome (SIDS).

Preschoolers

In a follow-up study of 263 prenatally exposed children at age two year, Chasnoff (1988) found that these children scored within the average to low average range of mental ability. The tests occur in one-to-one situations with children asked to carry out one specific task at a time. As soon as the children are distracted by more than one instruction or given more than one toy to handle, they withdraw or become hyperactive. These children are at risk for poor motor development (Snieder & Chasnoff, 1987).

Prenatally exposed children tend to engage in significantly less representational play, such as hair combing, than their peers (Howard, 1989). They do not show strong feelings of pleasure, anger, or distress in reaction to novel toys, caregiver's departure or return. Many of these children exhibit unstable attachments, indiscriminately avoiding or clinging to both caretakers and strangers.

Prenatally exposed preschoolers appeared unable to engage in free play (Howard, 1989). Free play requires self-organization, initiative, and follow through without adult guidance. Instead, prenatally exposed toddlers scatter and bat toys, pick them up and put them down without purpose or involvement. Their peers are combining toys, engaging in fantasy play or curious exploration. Motor difficulties effecting the child's ability to explore and learn about the environment are estimated to be 40 times more likely among the prenatally cocaine exposed (Brody, 1988).

Teachers in Los Angeles Unified School Districts pilot programs for prenatally exposed preschoolers who were not expected to qualify for special education services report behaviors similar to those reported in infants: difficulty in developing attachments, inability to selectively attend to stimulus, the tendency to act out aggressively or completely withdraw when over-stimulated (Rist, 1990). Teachers further report that both the preschoolers and kindergartners experience difficulty processing and integrating information, organizing themselves, maintaining self-control, problem solving, recognizing that there are consequences to their actions (cause and effect), planning, making choices, and transiting from one activity to another (Vindero, 1989).

Thus, these children exhibit difficulty in forming attachments, developing appropriate interactional skills, regulating emotional responses, selective attention, motor development, and organization.

As They Grow

What can we expect from these children as they grow? First, we can expect their abilities lie on a continuum from mild to severe. Extrapolating from known characteristics of young children, it might be expected that as these children grow older, they will exhibit attention deficits, fine and possibly gross motor problems, poor interpersonal skills, poor social skills, and poor organizational skills. They may be overwhelmed by stimulating and lack of structure. They may be expected to experience problems with transitions, self-control, and processing and integrating information. The more severely impaired students may exhibit autistic type behaviors with developmental delays and high levels of impulsivity.

Classroom Needs.

A typical school day is fragmented with teachers moving from one subject areas to another. Interruptions and outside intrusions are common with schedule changes and visitors. A traditional classroom resonates with voices, instructions, interactions, and distractions. For prenatally exposed children the traditional classroom structure may prove difficult. These children have a low frustration tolerance, difficulty structuring information, and are easily overwhelmed by incoming information.

Once again, extrapolating from known characteristics of these children, it is not difficult to anticipate the training that their teachers will need. Teachers will require training in child psychology becoming familiar with techniques for developing emotional bonding accompanied by a working knowledge of play therapy. Child development will be important as some of these children may suffer delays in some but not all areas. They will need some familiarity with language development as it relates to autism and brain injury. They will need to know how to teach academics in a highly specialized and structured environment using a stimulating curriculum with short instructional periods. These teachers will also need a working knowledge of special education particularly areas of learning disabilities, emotionally handicapped, brain injury, and pharmaceutical remedies.

There are at least two other areas that will be vital for the success of these children. The first if learning techniques for family and inter-agency coordination. The families of these children will have multiple agency involvement and in order to ensure consistency with programming it will be necessary to work together.

Another area which is perhaps the most vital and also the most difficult to train is the ability to critically analyze the classroom setting with a view to changes demanded by the needs of the children. These teachers must learn that a place called school is where children come to learn what they will need to know in order to live as independently as possible as adults. Teachers must be challenged to this task by being creative, flexible, and responsive to the needs the children bring. These children can learn given the right environment.

Classrooms will need to be highly structured with a low teacher-student ratio. Walking in, one might expect to find ritualistic scheduling with changes of activities occurring within a tightened framework of curriculum. Areas of the classroom may be designated for particular activities which assist the student in accepting, in ritualized form, the change of activities. Academic activities may be presented from a multisensory model with an emphasis on tactile involvement. Redirection, consistency, and pervasive calm on the part of the teachers will be recognized throughout the day.

Recruitment and Retention

The interface between recruitment and retention go hand-in-glove. We cannot and should not have one without the other. Recruitment always has been and will continue to be an integral part of preservice training. It is in essence, the search for, the evaluation of, and the bringing to a training program the most highly qualified candidates available.

Retention, on the other hand, has two connotations, depending upon the environmental perspective. To many preservice programs it means retaining recruited students in a particular special education track, fending them off from other enticing programs while they are in undergraduate or graduate school. The broader notion and one commonly used by the public at large, is keeping trained and working personnel in their chosen profession. This definition requires the cooperation of State education agencies (SEAs), local education agencies (LEAs), and institutions of higher education. A discussion follows on how colleges and universities stand to benefit from the successful experiences of their colleagues around the country. Some of these tried and true strategies would tell us:

1. Above all else, run a high quality program. Scholars must seek ways to make training matter to students. Retention improvement depends upon student learning and growth, as measured by student satisfaction and achievement. If their presence on campus is not valued they become bored, apathetic, disengaged, and fall into the concern of retention in the college program. The fear of working with chemically dependent or any medically compromised population can only be reduced by a sound curriculum that addresses the terminology, etiology, implications, and interventions associated with providing service. Such training should be multilevel and collaborative across disciplines to address biologic, environmental, and social risks. (Wyley, 1990).

2. Make an effort to promote dialogue and planning across agencies and professional groups at the local, State and national level to pool financial resources for recruiting persons for careers in special education. (Kreider, Iannacone and Curry, 1990).

3. Demonstrate to the public that your institution, your professional association, and State issue professionally recognized certification, licensure, and accreditation standards. "The employment of unqualified personnel is both a disservice to the children who are placed with such personnel and masks shortage problems, so that long term solutions are rarely utilized." (NASDSE, 1990 p.6.).

4. Convince and work with the administration to adjust faculty teaching loads. Support tenure, promotion decisions, and merit pay for recruitment activities. Involve current students (provide travel funds, give credit hours) in a personal contact campaign.

5. Become a professional recruiter! Go for professional interview and marketing training before visiting college campuses. According to a report of surveyed employees (Scheetz, 1989) categories providing the greatest number of hours of training to new recruiters were the military (520); hotels, motels, restaurants, and recreational facilities (170); and construction and building materials manufacturing (93). Can educators not do as well or better?

6. Participate in expert recruitment conventions such as the 1990 National Conference on Student Retention convened by the Noel/Levitz National Center for Student Retention Inc., and the National Black Student Retention in Higher Education hosted by the Florida Agricultural and Mechanical University in November, 1990. Establish dual degree programs/partnerships with colleges having no teacher preparation programs and recruit from these. (Franklin and James 1990). Howard University in Washington, D.C. uses a mentorship "buddy" system to give positive role models for new students. The Waisman Center University Affiliated Program at the University of Wisconsin Madison has published a series of publications on recruitment and retention practices (1990). The University of Rochester offers black and Hispanic students a masters degree in education and provisional certification at no cost.

If teachers are properly prepared to work with the learning disabilities emanating from drug exposure, the chances of their landing a job is high. However, to keep the person from burn-out and early exiting, local school districts and building principals would be well advised to:

1. Augment salaries and benefits; improve working conditions; reduce class size and case loads; provide planning time, paraprofessional/ancillary support, inservice opportunities, guaranteed summer employment, and preferential incentives for spouses. Arrange "Welcome Wagons" for new teachers. Elicit bonuses from the business community, such as restaurant and shopping discounts, service-free bank checking accounts, and reduced apartment rent. "Without question these factors are often the foundation for teachers remaining in special education as well as in a particular setting" (Simpson, Thomas and Jones 1990, p.62).

2. Enhance meaningful relationships among schools of education, State Departments public/private school systems and professional organizations. Such coordination will have a positive effect on retention (NASDSE, 1990).

3. Encourage high school minority students and others to spend time as teachers' aides or camp counselors with special education teachers. Organize Future Teachers of America and hold events such as speakers' forums, panels, films, and field activities, with the goal of drawing them into the profession (Franklin and James, 1990). Encourage all vocational programs such as Distributive Education Clubs of America to highlight recruitment efforts as part of their teaching.

4. Give the entire school, be it secretary, janitor, cafeteria workers, bus driver, other students, EVERYONE, an understanding that drug exposed students are an integral part of the total student body, and are entitled to quality education no less than their non-handicapped peers.

5. Commit a sizeable investment of human and non-human support for teachers of substance abused or abusing students. Involve them in non special education activities of the school such as being an advisor to the Student Council, senior prom coordinator, or band sponsor. Pave the way for them to impact the politics of the community at large by serving on advisory committees and task forces dealing with school board elections and bond levies.

6. Plan a home-school monitoring/supportive environment wherein the family and/or foster parents will be availed of treatment program, and drug counseling services. Any or all indication of condescension or threats of criminal sanctions only compound the jeopardy of the child. "Although a priori these youngsters clearly comprise a population at high biologic and social risk, care must be taken to avoid compounding that risk by stigmatizing the children and being punitive to their parents". (Frank, 1990 p.8).

Recruitment and retention, if brought to the forefront and properly addressed by all involved, can impact positively on the many problems associated with shortages of personnel and numbers of personnel less than fully qualified. Let us not repeat the serious mistakes of our early era in special education when children, ostracized, were placed in the least attractive classroom settings and teachers were isolated from other staff members. Granted, this population is posing a new challenge for educators to the point of a national emergency, both programmatically and fiscally. However, we need not panic. Society has come through successfully with all known and identified handicapping condition to date. We can apply the proven tools and techniques for these new populations, and they will be served!

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