

CURRICULUM VITA
Mary W. Jones

PROFESSIONAL ADDRESS

Salvin Special Education Center
1925 S. Budlong Ave.
Los Angeles, California 90007
Telephone: (213) 731-0703

PROFESSIONAL PREPARATION

<u>Institution</u>		Degree/Date
University of Southern California Los Angeles, California	Graduate Program Special Education	1974
University of Southern California Los Angeles, California	Credential Program Standard Elementary	1968
California State University Northridge Northridge, California	Major: Geography Minor: Health Science	B.A./1967

PROFESSIONAL QUALIFICATIONS

California Standard Elementary Credential - Life
California Specialist Credential - Severely Handicapped - Life
California Specialist Credential - Learning Handicapped - Life

PROFESSIONAL EXPERIENCE

1992 to 1993 Member of the Advisory Council - Project READY,
California Department of Education, Pre-School
Training: Children at Risk due to Pre-Natal Exposure
to Drugs.

1991 to 1992 Developed Teacher Training Component of Leadership Empowerment Against Drugs (LEAD) Project, Pre K- K. Drug Free Schools, Los Angeles Unified School District, Los Angeles, California.

1991 to 1992 Teacher Trainer, LEAD Project. Drug Free Schools, Los Angeles Unified School District, Los Angeles, California.

1990 to 1993 Mentor Teacher, Special Education; Los Angeles Unified School District, Los Angeles, California.

1988 to DATE Preschool Teacher, Pilot Program for Children Who Have Been Prenatally Exposed to Drugs. Salvin Special Education Center, Los Angeles Unified School District, Los Angeles, California.

1984 - 1988 Preschool Teacher, Non-Categorical Preschool Program, Salvin Special Education Center, Los Angeles Unified School District, Los Angeles, California.

1981 - 1984 Primary Teacher, Multiply Handicapped Program, Salvin Special Education Center, Los Angeles Unified School District, Los Angeles, California.

1979 - 1981 Teacher, Primary and Preschool Autistic Program, Salvin Special Education Center, Los Angeles Unified School District, Los Angeles, California.

1975 - 1977 Teacher, Pilot Mainstreaming Program - Multiply Handicapped, Lankershim Elementary School, Los Angeles Unified School District, North Hollywood, California.

PUBLICATIONS

Jones, M.; Ferrana, V.; Cole, C.; Johnson, D.; Schoenbaum, M.; Tyler, R.; Wallace, V. "Today's Challenge: Teaching Strategies for Working with Young Children Prenatally Exposed to Drugs/Alcohol." Los Angeles Unified School District, Publications Department.

Jones, M.; Ferrana, V.; Cole, C.; Johnson, D.; Tyler, R.; Wallace, V. "Born Hooked: Confronting the Impact of Perinatal Substance Abuse." Testimony Presented to the Select Committee on Children, Youth and Families; United States House of Representatives, April 27, 1989.

Jones, M.; Cole, C.; Sadofski, G. "Working with Children at Risk Due to Prenatal Substance Exposure."

GRANTS

- 1988 Classroom Teacher Instructional Improvement Program,
Classroom Environment
- 1986 Classroom Teacher Instructional Improvement Program,
Language Arts

INVITED PRESENTATIONS

- 1993 Jones, M. A Nation's Challenge: Substance-Exposed Children
A National Teleconference, U.S Department of Education,
Florida Department of Education, West Coast location
Portland, Oregon
- 1993 Jones, M.; Schoenbaum, M.; Strategies for High Risk
Children N.A.E.Y.C. Annual Conference, Valley
College, Los Angeles, CA.
- 1992 Jones, M. Drug Exposed Children: Educational Factors.
Learning Disabilities State Conference, Learning
Disabilities Association of California, San Diego, CA
- 1992 Jones, M.; Ferrana, V.; Teaching Strategies For Teachers
Of Hi-Risk Students. Headstart Training Seminar.
Delaware County Headstart. Chester, Pennsylvania.
- 1992 Jones, M. Teaching Strategies For Children Prenatally
Exposed To Substances. Oklahoma City Public Schools
and Oklahoma State University Teacher Training.
Oklahoma City, Oklahoma.
- 1992 Jones, M.; Johnson, D.; UCLA Project TEAMS Workshop. Los
Angeles County. Los Angeles, CA.
- 1992 Jones, M. Classroom Strategies For Teaching Children
At-Risk. Children OF The 90's. Berkshire County Area
Health Education Center. Pittsfield, Massachusetts.
- 1992 Jones, M. Classroom Strategies For The Substance Exposed
Preschool Child. Kern County Perinatal Substance
Abuse Coalition. Bakersfield, Ca.
- 1992 Jones, M. Classroom Interventions For Children Prenatally
Exposed To Drugs. Phi Delta Kappa Youth At-Risk
Conference. California State University Long Beach.
Long Beach, CA.
- 1992 Jones, M.; Ferrana, V.; Strategies For Managing Prenatally
Exposed Students. Oklahoma City Public Schools
Training. Oklahoma City, Oklahoma.

- 1992 Jones, M.; Schoenbaum, M.; Teaching Students Prenatally Exposed To Drugs and Alcohol. Linn-Benton Education Service District. Albany, Oregon.
- 1992 Jones, M. Taking The Risk Out Of At-Risk. Santa Monica-Malibu School District. Santa Monica, CA.
- 1992 Jones, M. Programming For Children Prenatally Exposed To Drugs. Mississippi Department Of Education Conference And Institute. Jackson, MS.
- 1992 Jones, M.; Ferrana, V. How Do Schools Respond? The Challenge Of Substance-Exposed Children. Los Angeles County Office Of Education. Los Angeles, California.
- 1992 Jones, M.; Ferrana, V. Classroom Strategies for Teachers Working With Children Prenatally Exposed To Substances. Montgomery County Headstart. Fort Washington, Pennsylvania.
- 1992 Jones, M.; Ferrana, V. Staff Development. Tate Topa Tribal Elementary School. Fort Totten, North Dakota.
- 1991 Jones, M. The High Risk Child. Arcata School District. Arcata, California.
- 1991 Jones, M. Caring For At-Risk Children Ages 3-5 Years. Parents Of Adopted Hi-Risk Children. Arcata, California.
- 1991 Jones, M. Strategies For Working With Children Prenatally Exposed To Drugs. American Federation Of Teachers National Conference. Los Angeles, California.
- 1991 Jones, M. Educational Programming For The Affected Child Prenatal Exposure To Alcohol And Drugs. University Of Colorado At Boulder. Denver, Colorado.
- 1991 Jones, M. Teaching Strategies For Children At Risk Due To Parental Drug Exposure. The Artistry Of Teaching. University Of Phoenix. Los Angeles, California.
- 1991 Jones, M.; Schoenbaum, M. Teaching Strategies For Working With Children Who Have Been Prenatally Exposed To Drugs. Long Beach School District. Long Beach, California.
- 1991 Jones, M. "Children Prenatally Exposed to Drugs - A Pilot Program (PED)", Early Intervention Project Symposium; Alameda County Office of Education, Hayward, California
- 1991 Jones, M.; Ferrana, V. "Perinatal Substance Abuse: Our Perilous Futures", Region VIII Education

Service Center, Mt. Pleasant, Texas.

- 1991 Jones, M.; Ferrara, V. "Drug Babies: New Challenge for the 90's", Moore-Norman School District, Oklahoma City, Oklahoma.
- 1991 Jones, M.; Ferrara, V. "Endangered Child", Region VII Interagency Childhood Project, CMECSU; St. Cloud, MN.
- 1991 Jones, M.; Ferrara, V.; Johnson, D.; Schoenbaum, M. UCLA Project Teams Workshop. Los Angeles and San Bernadino, CA.
- 1991 Jones, M. "A Symposium on Prenatal Drug Effects", Minneapolis Public Schools, Special Education; Minneapolis, MN.
- 1991 Jones, M.; Schoenbaum, M. "Strategies in the Classroom for Children P.E.D."; Los Angeles County Schools, Torrance, California.
- 1991 Jones, M.; Schoenbaum, M.; Johnson, D. "Understanding Substance Abuse in the Classroom"; Florida Department of Education; Orlando, Florida.
- 1991 Jones, M.; Signorelli, V.; Wallace, V. A Pre-School Program For Children P.E.D.; San Diego / Vista S.E.L.P.A.; Vista, California.
- 1991 Jones, M.; Schoenbaum, M.; Tylor, R. "A Team Approach to Teaching High Risk Children, Due to Pre-Natal Substance Exposure", University of San Diego County Department of Children's Services; San Diego, California.
- 1990 Jones, M. "Pre-Natal Exposure to Drugs" OSAP Issues Forum; Washington, D.C.
- 1990 Jones, M.; Ferrara, V. A New Challenge for Education-Children Prenatally Exposed to Drugs. Region IV Educational Service Center. Houston, Texas.
- 1990 Jones, M.; Ferrara, V.; Johnson, D. A Team Approach for Teaching Pre-Schoolers That Have Been Prenatally Exposed to Drugs. Conference sponsored by Region VII, Education Service Center, Mount Pleasant, Texas.
- 1990 Jones, M.; Schoenbaum, M. Strategies for Working with Young Children Prenatally Exposed to Drugs. Washtenaw Intermediate School District; Ann Arbor, Michigan.

- 1990 Jones, M.; Schoenbaum, M. Drug Exposed Children: Intervention Strategies, University of Michigan Hospital; Ann Arbor, Michigan.
- 1990 Jones, M. Drug Babies and Professionals, Tri-Counties Regional Center and Department of Developmental Services.
- 1990 Jones, M.; Johnson, D.; Schoenbaum, M.; Tyler, R. Classroom Intervention Strategies, Kids on Campus, Stockton Unified School District; Stockton, California.
- 1990 Jones, M.; Johnson, D.; Tyler, R.; Schoenbaum, M. Mothers, Babies and Drugs, Where Do We Go From Here, Tri-County Regional Center; Medesto, California.
- 1989 Jones, M.; Ferrara, V.; Cole, C.; Johnson, D.; Wallace, V. Impact of Prenatal Drug Exposure on Children in Schools and Preschools. Conference on: Our Drug War Challenge: Mothers and Babies in the Crossfire. The Perinatal Substance Abuse Councils of Los Angeles, Orange, and San Diego Counties; Long Beach, California.
- 1989 Jones, M.; Ferrara, V.; Johnson, D.; Wallace, V. Effects of Prenatal Drug Exposure on Young Children: Implications for Schools, Parents and Social Worker. National Association for Social Workers. San Francisco, California.
- 1989 Jones, M.; Ferrara, V.; Johnson, D.; Cole, C.; Wallace, V. Public School-Based Program for Drug Exposed Preschoolers: An Interdisciplinary Interagency Report. California State Department of Education, Personnel Development for Infant Preschool Programs, Summer Institute. La Jolla, California.
- 1989 Jones, M.; Ferrara, V.; Cole, C.; Johnson, D.; Tyler, R.; Wallace, V. Perinatal Substance Abuse and Its Effects / Strategies for Intervention. Conference sponsored by Los Angeles Unified School District Early Education Department. Los Angeles, California.
- 1988 Jones, M.; Ferrara, V.; Johnson, D.; Cole, C.; Tyler, R.; Wallace, V. Education Intervention National Association for Perinatal Addiction Research and Education (NAPARE) National Training Forum. Los Angeles, California.

- 1988 Jones, M.; Ferrana, U. Substance Abuse/Preschoolers: Assessment and Intervention in the Classroom. Southern California State Conference Region IX Resource Access Project. Los Angeles, California.
- 1988 Jones, M. Drug Abuse. Staff Development Day; Citrus College Department of Early Education, Citrus, California.

SERVICE

Reviewer: Institute for Disabilities Studies. The Effects of Prenatal Crack/Cocaine Use on the Memory and Learning of Infants. Proposal to the General Mills Foundation.

Consultant: Packhard Foundation, Center for the Future of Children.

Consultant; Meeting with Superintendent Dr. John Murphy. Prince George County School District, Maryland.

Consultant: Meeting with Linda Delphenda, Diagnostic Services, Hillsborough County Public School, Florida.

Consultant: Meeting with Assistant Superintendent for Special Populations, Dr. Lillian Gonzales. District of Columbia Public Schools.

Interviewed: Meeting With General Accounting Office / United States Senate Finance Committee.

Member: California Early Intervention Technical Assistance Network. California State Department of Special Education.

Interviewed: Meeting with the California State Office of Research.

Trainer: Training Los Angeles County Supervisors, Department of Children Services, Assessment and Case Management of Children and Families, Perinatal Council of Los Angeles.

Member: Sub-Committee Children's Issues Perinatal Council of Los Angeles.

MEDIA

Newspapers

American Teacher. "Crack Babies: Ready or Not, Here They Come." Diane Laderman. November 1990.

CTA Action. "Crack Babies are Here! Can You Help them Learn?" Sandra Jackson. November 1990.

The Daily News. "Hope for the Children of Crack." Keith Stone. September 1990.

The Los Angeles Times. "Crack's Children Grow Up." Denise Hamilton. August 1990.

Wall Street Journal. "Second Chance." Cathy Trost. December 1990.

Education Week. "Drug-Exposed Children Pose Special Problems." Debra Viadero. October 1989.

Periodicals

Toufexis, A.; "Innocent Victims", Time Magazine, May 1991.

Barth, Richard P. " Educational Implications of Prenatally Drug Exposed Children." Social Work in Education, 1990.

Bellissimo, Y. "Crack Babies: The Schools' New High Risk Students." Thrust, January 1990.

Kantrowitz, B., Wingert, P., de la Pena, N., Gordon, J., & Padgett, T. "The Crack Children." Newsweek February 1989.

AFFILIATIONS

Council for Exceptional Children

National Association for the Education of Young Children

Prenatal Substance Council of Los Angeles

CURRICULUM VITA

Victoria Ferrara

PROFESSIONAL ADDRESS

Seventy-Fifth Street School
142 West Seventy-fifth Street
Los Angeles, California 90003
Telephone: (213) 971-8885

PROFESSIONAL PREPARATION

Institution

Degree/Date

San Jose State University Dual Credential Program 1975
San Jose, California

San Jose State University Major: Psychology B.A., 1974
San Jose, California Minor: Special Education

PROFESSIONAL QUALIFICATIONS

California Standard Elementary Credential - Life

California Specialist Credential-Severely Handicapped - Life

California Specialist Credential-Learning Handicapped - Life

PROFESSIONAL EXPERIENCE

1988 to Date Kindergarten/Transition Class Teacher, Pilot
Program for Children Who Have Been
Prenatally Exposed to Drugs. Seventy-Fifth
Street School, Los Angeles Unified School
District, Los Angeles, California.

1991 to 1992 Developed Teacher Training Component of
Leadership Empowerment Against Drugs (LEAD)
Project, Prek-K. Drug Free Schools, Los
Angeles Unified School District. Los Angeles,
California.

- 1991 to Date Teacher Trainer, LEAD Project: Drug Free Schools, Los Angeles Unified School District. Los Angeles, California.
- 1987 - 1988 Preschool Teacher, Pilot Program for Children Who Have Been Prenatally Exposed to Drugs. Salvin Special Education Center, Los Angeles Unified School District, Los Angeles, California.
- 1985 - 1987 Preschool Teacher, Non-Categorical Preschool Program, Salvin Special Education Program, Los Angeles Unified School District, Los Angeles, California.
- 1981 - 1985 Infant Educator Center-Based and Home-Based Program, Infant Development Program, Exceptional Children's Foundation, Los Angeles, California.
- 1980 - 1981 Infant Educator, Center-Based and Home-Based Program, Atypical Infant Motivation Program Gilroy, California.
- 1976 - 1980 Teacher, Primary-Intermediate T.M.R. Class, Southside School, San Benito County Office of Education, Hollister, California.

PUBLICATIONS

Ferrara, V.; Cole, C.; Jones, M.; Johnson, D.; Schoenbaum, M.; Tyler, R.; Wallace, V. "Today's Challenge: Teaching Strategies for Working with Young Children Prenatally Exposed to Drugs/Alcohol." LAUSD Publications Department.

Cole, C.; Ferrara, V.; Johnson, D.; Jones, M.; Tyler, R.; Wallace, V. "Born Hooked: Confronting the Impact of Perinatal Substance Abuse." Testimony Presented to the Select Committee on Children, Youth and Families. U.S. House of Representatives. April 27, 1989.

GRANTS

- 1988 Classroom Teacher Instructional Improvement Program (CTIIP), Dramatic Play
- 1987 Classroom Teacher Instructional Improvement Program (CTIIP), School Readiness

INVITED PRESENTATIONS

- 1993 Ferrara, V. Mainstreaming The Substance Exposed Student. Los Angeles County Office Of Education Second Annual Symposium. Los Angeles, CA.
- 1993 Ferrara, V. Strategies For Teaching Children Who Have Been Prenatally Exposed To Substances. The Second National Conference On Successful Prevention Model Programs. Wholistic Stress Control Institute, Inc. Atlanta, Georgia.
- 1993 Ferrara, V. Working With Children Who Have Been Prenatally Exposed To Substances: A Challenge For Education. Tulare County Child Protective Services. Visalia, CA.
- 1992 Ferrara, V. Education Panel: Infant, Preschool, and Primary Practice Perspectives. Tri-counties Regional Center. Santa Barbara, CA.
- 1992 Ferrara, V.; Jones, M.; Teaching Strategies For Teachers Of Hi-Risk Students. Headstart Training Seminar. Delaware County Headstart. Chester, Pennsylvania.
- 1992 Ferrara, V. Preschool Services For Children From Substance-Abusing Families. Headstart Substance Abuse Grantees Meeting. Fairfax, Virginia.
- 1992 Ferrara, V.; Johnson, D., Practical Techniques For Children Pre-natally Exposed To Drugs. Dayton Public Schools Conference. Dayton, Ohio.

- 1992 Ferrara, V. Classroom Strategies For Working With Children Prenatally Exposed To Substances. Ferguson-Florissant School District. St. Louis, Missouri.
- 1992 Ferrara, V. Strategies for Teaching Children Prenatally Exposed to Drugs. Valley View School. Los Angeles County Office of Education. Los Angeles, CA.
- 1992 Ferrara, V. Graduate Seminar. Department of Education. Long Beach City College. Long Beach, CA.
- 1992 Ferrara, V.; Jones, M.; How Do Schools Respond? The Challenge Of Substance-Exposed Children. Los Angeles County Office Of Education. Los Angeles, California.
- 1992 Ferrara, V.; Jones, M.; Classroom Strategies for Teachers Working With Children Prenatally Exposed To Substances. Montgomery County Headstart. Fort Washington, Pennsylvania.
- 1992 Ferrara, V.; Jones, M. Staff Development. Tate Topa Tribal Elementary School. Fort Totten, North Dakota.
- 1991 Ferrara, V. Strategies For Teaching Children Prenatally Exposed To Substances. Alaska Council On Alcohol And Drug Prevention. Anchorage, Alaska.
- 1991 Ferrara, V.; Johnson, D.; Tyler, R. Managing Children with Prenatal Drug Exposure in School. Issues in Black Health Care: Focus 1991. Kansas City, MO.
- 1991 Ferrara, V.; Johnson, D. Strategies for Working with Children Prenatally Exposed to Drugs. Seventh Annual Child Development Conference. California State Department of Education. Garden Grove, CA.
- 1991 Ferrara, V. Teaching Strategies for Children At-Risk. University of Miami Summer Institute. Key West, Naples, Miami, Florida.

- 1991 Ferrara, V. Teaching Young Children Prenatally Exposed to Drugs.The Mayor's Advisory Committee on Child Care. Los Angeles, CA.
- 1991 Ferrara, V. Teaching Strategies for Young Children. Building Skills to Effect Positive Change: A Perinatal Substance Abuse Coalition Conference. Redding, CA.
- 1991 Ferrara, V.; Johnson, D.; Cole, C. Today's Challenge. Interagency Alliance for Children. Sacramento, CA.
- 1991 Ferrara, V.; Jones, M. "Perinatal Substance Abuse: Our Perilous Futures", Region VIII Education Service Center, Mt. Pleasant, Texas.
- 1991 Ferrara, V.; Jones, M. "Drug Babies: New Challenge for the 90's", Moore-Norman School District, Oklahoma City, Oklahoma.
- 1991 Ferrara, V.; Jones, M. "Endangered Child", Region VII Interagency Childhood Project, CMECSU; St. Cloud, MN.
- 1991 Ferrara, V.; Johnson, D.; Jones, M.; Schoenbaum, M. UCLA Project Teams Workshop. Los Angeles and San Bernadino, CA.
- 1991 Ferrara, V.; Johnson, D.; Tyler, R. Educational Challenge for the 90's: Intervention for Children Exposed to Drugs. Chicago Unified School District. Chicago, Ill.
- 1991 Ferrara, V.; Johnson, D.; Tyler, R. Aids: The Effects of Drugs and Aids in Children and Adults. Black Health Care Coalition. Kansas City, MO.
- 1991 Ferrara, V.; Signorelli, V.; Wallace, V. Today's Challenge: Children Prenatally Exposed to Substances. California's Seventh Annual Conference on Parent-Professional Collaboration. Sacramento, CA.

- 1991 Ferrara, V. Children At Risk in the 90's. The Solano County Substance Abuse Pregnancy Task Force. Solano, CA.
- 1990 Ferrara, V.; Jones, M. A New Challenge for Education--Children Prenatally Exposed to Drugs. Region IV Educational Service Center. Houston, Texas.
- 1990 Ferrara, V.; Jones, M.; Johnson, D. A Team Approach for Teaching Pre-Schoolers That Have Been Prenatally Exposed to Drugs. Conference sponsored by Region VII, Education Service Center, Mount Pleasant, Texas.
- 1990 Ferrara, V.; Cole, C.; Johnson, D.; Tyler, R. Managing Children with Prenatal Drug Exposure in School. The Black Health Care Coalition of Greater Kansas City, MO.
- 1990 Ferrara, V. Use of Interdisciplinary Model with Children and Families; Classroom Intervention Strategies. San Francisco Unified School District. San Francisco, California.
- 1990 Ferrara, V.; Johnson, D.; Jones, M. A Team Approach for Teaching Preschoolers That Have Been Prenatally Exposed to Drugs. Region VIII Education Service Center. Mt. Pleasant, Texas.
- 1989 Ferrara, V.; Cole, C. Following Crack Babies to School. A Conference on Drug-Free Pregnancy. Far West Laboratory for Educational Research and Development, San Mateo, California.
- 1989 Ferrara, V.; Cole, C.; Johnson, D.; Jones, M.; Wallace, V. Impact of Prenatal Drug Exposure on Children in Schools and Preschools. Conference on: Our Drug War Challenge: Mothers and Babies in the Crossfire. The Perinatal Substance Abuse Councils of Los Angeles, Orange, and San Diego Counties; Long Beach, California.

- 1989 Ferrara, V.; Jones, M.; Johnson, D.; Wallace, V. Effects of Prenatal Drug Exposure on Young Children: Implications for Schools, Parents and Social Worker. National Association for Social Workers. San Francisco, California.
- 1989 Ferrara, V.; Johnson, D.; Tyler, R. Educational Interventions for Children Exposed to Drugs In Utero. The March of Dimes of Greater Kansas City. Kansas City, MO.
- 1989 Ferrara, V.; Jones, M.; Johnson, D.; Cole, C.; Wallace, V. Public School-Based Program for Drug Exposed Preschoolers: An Interdisciplinary Interagency Report. California State Department of Education, Personnel Development for Infant Preschool Programs, Summer Institute. La Jolla, California.
- 1989 Ferrara, V.; Johnson, D.; Wallace, V. Effects of Parents' Drug Abuse. Santa Cruz-San Benito Counties S.E.L.P.H.A. Cabrillo College, Soquel, California.
- 1989 Ferrara, V.; Jones, M.; Cole, C.; Johnson, D.; Tyler, R.; Wallace, V. Perinatal Substance Abuse and Its Effects / Strategies for Intervention. Conference sponsored by Los Angeles Unified School District Early Education Department. Los Angeles, California.
- 1988 Ferrara, V.; Jones, M.; Johnson, D.; Cole, C.; Tyler, R.; Wallace, V. Education Intervention National Association for Perinatal Addiction Research and Education (NAPARE) National Training Forum. Los Angeles, California.
- 1988 Ferrara, V.; Cole, C.; Tyler, R.; Wallace, V. Intervention for the Child Exposed to Drugs Prenatally. California Association for Neurologically Handicapped Children/Association for Children and Adults with Learning Disabilities State Conference. Los Angeles, CA.

- 1988 Ferrara, V.; Jones, M. Substance Abuse/Preschoolers: Assessment and Intervention in the Classroom. Southern California State Conference Region IX Resource Access Project. Los Angeles, California.
- 1988 Ferrara, V.; Cole, C.; Tyler, R. Prevention/Intervention Strategies for the Preschool Classroom: Developing Environments to Promote Wellness and to Accommodate Children Suffering the Effects of Perinatal Substance Abuse. Substance Abuse Prevention Seminar. Los Angeles County Office of Education Headstart Grantee.
- 1987 Ferrara, V.; Cole, C.; Tyler, R. Diagnosis and Interventions: Drug Exposed Children. Second Annual Council on Perinatal Substance Abuse Conference. Burbank, CA.

SERVICE

- 1992 Member of the Advisory Committee for Substance Abuse Training and Referral Program (STAR). Los Angeles County Office of Education Headstart State Preschool Program.
- 1992 Consultant: Initiative to Increase Capacity of Headstart to Help Prevent Substance Abuse. Robert Wood Johnson Foundation. Princeton, New Jersey.
- 1990 Reviewer: Institute for Disabilities Studies. The Effects of Prenatal Crack/Cocaine Use on the Memory and Learning of Infants. Proposal to the General Mills Foundation.
- 1990 Consultant: Packhard Foundation, Center for the Future of Children.
- 1990 Consultant: Meeting with Superintendent Dr. John Murphy. Prince George County School District, Maryland.
- 1990 Consultant: Meeting with Linda Delphenda, Diagnostic Services, Hillsborough County Public School, Florida.
- 1990 Consultant: Meeting with Assistant Superintendent for Special Populations, Dr. Lillian Gonzales. District of Columbia Public Schools.

- 1990 Interviewed: Meeting With General Accounting Office / United States Senate Finance Committee.
- 1989 Member: California Early Intervention Technical Assistance Network. California State Department of Special Education.
- 1989 Interviewed: Meeting with the California State Office of Research.
- 1988 Trainer: Training Los Angeles County Supervisors, Department of Children Services, Assessment and Case Management of Children and Families, Perinatal Council of Los Angeles.
- 1988 Member: Conference Committee: Los Angeles Unified School District Early Education Department Spring Conference.
- 1988 Member: Sub-Committee Children's Issues Perinatal Council of Los Angeles.
- 1984 Member: Conference Committee Infant Development Association State Conference.
- 1979 Member: Community Advisory Committee. San Benito/ Santa Cruz Bi-County Masterplan.

MEDIA

Newspapers

- American Teacher. "Crack Babies: Ready or Not, Here They Come." Diane Laderman. November 1990.
- OTA Action. "Crack Babies are Here! Can You Help them Learn?" Sandra Jackson. November 1990.
- The Daily News. "Hope for the Children of Crack." Keith Stone. September 1990.
- The Los Angeles Times. "Crack's Children Grow Up." Denise Hamilton. August 1990
- Wall Street Journal. "Second Chance." Cathy Trost. December 1989.
- Education Week. "Drug-Exposed Children Pose Special Problems." Debra Viadero. October 1989.
- The Los Angeles Times. "Drug Babies' and the Schools." Allan Parachini. October 1988.

Pacific News Service. "As Crack Babies Reach School Age 7 More Behavioral Problems Appear." Mandy Erickson. June 1988.

Periodicals

"Profile: Pioneering Teacher for Drug Exposed Children." Special Care 2 (1989). Published by Children's Research Institute.

Barth, Richard P. "Educational Implications of Prenatally Drug Exposed Children." Social Work in Education. 1990.

Bellisimo, Y. "Crack Babies: The Schools' New High Risk Students." Thrust. January 1990.

Lockwood, Susan E. "What's Known, What's Not Known- About Drug Exposed Infants." Youth Law News. Vol. XI, No. 1. 1990.

AFFILIATIONS

Council for Exceptional Children

National Association for the Education of Young Children

Perinatal Substance Council of Los Angeles

California Infant Development Association

CURRICULUM VITA

Marci Blankett Schoenbaum

PROFESSIONAL ADDRESS

Salvin Special Education Center

1925 S. Budlong Ave.

Los Angeles, CA 90007

(213) 731-0703

PROFESSIONAL PREPARATION

'89 to Date	Completing Masters Degree in Early Childhood Special Education - California State University, Los Angeles
1993	Received Severely Handicapped Specialist Credential - California State University, Los Angeles
1978	Received Ryan Multiple Subjects Credential - California - Pepperdine University
1973	Received Wisconsin Teaching Credential - University of Wisconsin, Madison
1971	Received B.A. in Asian Studies; Graduated with Distinction - University of Wisconsin, Madison

PROFESSIONAL EXPERIENCE

'89 to Date	Early Childhood Educator with PED Pilot
-------------	---

Program, Salvin Special Education Center,
Los Angeles Unified School District:
Teaching preschool children prenatally
exposed to drugs

'89 to Date Mentor Teacher for Division of Special
Education, Los Angeles Unified School
District

'92 to Date Member of Advisory Council for Project Ready
California Department of Education's
Preschool Training for Children at Risk due
to Prenatal Substance Exposure, Sacramento

'91 - '92 Developed Teacher Training Component of
Leadership Empowerment Against Drugs (LEAD)
Project, Pre K - Kgn. Drug Free Schools,
Los Angeles Unified School District, Los
Angeles

'91 - '92 Teacher Trainer, LEAD Project. Drug Free
Schools, Los Angeles Unified School District
Los Angeles

'87 - '90 Teacher in Early Education Program, an after
school program for preschoolers with mild
learning problems, Los Angeles Unified
School District

'81 - '89 Pre-Kindergarten Teacher in School Readiness
Language Development Program (SRLDP) - 42nd
Street School, Los Angeles Unified School
District

Summer '85 Teacher of LOGO for school age children at
Computer Summers Day Camp, Brentwood

'80 - '81 Teacher in a 5th - 6th grade combination
classroom - 42nd Street School, Los Angeles
Unified School District

'78 - '80 Teacher in a 4th grade classroom - Hillcrest
Drive School, Los Angeles Unified School
District

INVITED PRESENTATIONS

April '93 "Teaching Strategies for Drug Exposed Pre-
School Children" New Jersey Department of
Education, Office of Special Education.

Jan. '93 "A Nation's Challenge". Florida Department
of Education Teleconference. West coast
location: Portland, Oregon.

'91 to Date UCLA Teams Project. Los Angeles, California

Oct. '92 "Teaching Strategies for Children at Risk
Due to Prenatal Substance Exposure", NAEYC
Annual Conference. Valley College, Van Nuys
California.

Sept. '92 Start Conference. Los Angeles County Office
of Education, Headstart State Preschools.
Torrance, California.

Sept. '92 "Joyous and Safe Futures for Our Children".
State of Illinois, Department of Children
and Family Services. Chicago, Illinois.

'89 - '92 Staff inservices. School sites, Los Angeles Unified School District.

May '92 National School Safety Annual Conference. Seattle, Washington.

May '92 "Working with Children Prenatally Exposed to Drugs". Department of Education, University of California, Irvine.

March '92 "Our Most Important Resource". Community Association of the Retarded. Stanford University. Palo Alto, California.

March '92 "Teaching Students Prenatally Exposed to Drugs and Alcohol", Linn-Benton Education Service District. Albany, Oregon.

Feb. '92 "The Fragile Child". Starlink. Dallas Community College Network Teleconference. Dallas, Texas.

Jan. '92 "Helping and Healing". Detroit Public Schools. Detroit, Michigan.

Oct. '91 "Families at Risk". Portland Public Schools Portland, Oregon.

May '91 "Families at Risk". Yuba-Sutter Mental Health. Yuba City, California.

May '91 "Working with Children Prenatally Exposed to Drugs", Helping and Healing Conference. San Joaquin Headstart & Kids on Kampus. Stockton, California.

May '91 "Education's Challenge". California PTA

- State Annual Conference. Santa Clara, California.
- Feb. '91 "Strategies in the Classroom for Children Prenatally Exposed to Drugs", Los Angeles County Schools. Torrance, California.
- Jan. '91 "Understanding Substance Exposed Children in the Classroom", Florida Department of Education, Orange County, Florida.
- Jan. '91 "A Team Approach to Teaching High Risk Children Due to Prenatal Substance Exposure" University of San Diego and San Diego County Department of Children Services. San Diego, California.
- Oct. '90 "Drug Exposed Children", Washtenaw Intermediate School District. Ann Arbor, Michigan.
- Sept. '90 "Cocaine and Babies", LRW Publications. Burlingame, California.
- May '90 "Mothers, Babies and Drugs: Where do we go From Here?", Modesto, California.
- April '90 Kids on Kampus. Stockton, California.
- March '90 L.A. County Mental Health: Citizen's Children's Advisory Committee, United Way Building. Los Angeles, California.
- Dec. '89 School-Law Enforcement Partnership. State Attorney General's Office, Palm Springs, California.

Oct. '89 Head Start, Los Angeles County Office of
Education, L.A. Convention Center, Los
Angeles, California.

SERVICE

1990 Consultant: Packhard Foundation, Center for
the Future of Children.

1990 Consultant: Meeting with Superintendent Dr.
John Murphy. Prince George County School
District, Maryland.

1990 Interviewed: Meeting with General
Accounting Office, United States Senate
Finance Committee.

1989 Interviewed: Meeting with the California
State Office of Research.

1988 Member: Conference Committee: Los Angeles
Unified School District Early Education
Department Spring Conference.

AFFILIATIONS

California Parent Teacher Association
National Association for the Education of Young Children
Perinatal Substance Abuse Council of Los Angeles
Sholem Educational Institution

EDUCATION WEEK

American Education's Newspaper of Record

Volume IX, Number 3 - October 25, 1989

© 1989 Editorial Projects in Education / \$2.50

Drug-Exposed Children Pose Special Problems

School Systems Are Not Ready To Deal With It

By Debra Viadero

LOS ANGELES—Watching the 4-year-old leave the school bus, Vicky Ferrara could tell that something was wrong.

The boy was agitated. He leaped to a bench, then onto a nearby wall. A word with the bus driver disclosed that he had also misbehaved on the way to school.

What could have been a small, familiar vignette for most preschool teachers became then, for Vicky Ferrara, cause for gentle probing and extra emotional support.

Hers is a special preschool class, a pilot program serving some of this city's youngest drug victims: the children of drug-using mothers. And here, even the smallest event can take on layers of added significance.

In this boy's case, the agitation had been prompted, Ms. Ferrara learned, by a morning spat with his foster mother. "That's why I didn't want to come to school," he admitted.

As a baby, the boy had been abandoned for stretches that could last from two hours to two days while his natural mother searched for drugs. Even in his current, loving home environment, Ms. Ferrara said, he is still afraid he will not find a mother at home when he returns—especially if he has made her angry.

The boy's anguish was easily soothed this day with a reassuring telephone call to his foster mother. But Vicky Ferrara wonders whether others among the estimated 375,000 children born each year to

Continued on Page 10



Debra Viadero/Education Week

A teaching assistant in a program for drug-exposed youngsters comforts a child.

mothers who take drugs will be so lucky.

Her school program, among the first in the country designed expressly to deal with the little understood problems of prenatally drug-exposed youngsters, puts Ms. Ferrara in a better position than most to pick up on the subtle cues to their distress.

But how, she wonders, would a typical kindergarten teacher have handled the boy from the bus?

"If you've got 28 or 30 kids in your class, and a couple of them have separation anxiety, and you've got one 35-minute lunch break, it's difficult" to find time to nurture, she said.

Yet nurturance and understanding is what a growing number of experts say may be crucial to helping these front-line casualties in the nation's drug war become productive citizens.

New research studies and the experience gained in a handful of programs similar to the project here indicate that children born with traces of such illegal drugs as "crack" cocaine in their system pose special problems for schools.

Like the boy in Ms. Ferrara's class, many carry the emotional scars of a home life devastated by drugs. But, perhaps more significantly for educators, recent research has also opened the possibility that neurological impairment may be an additional legacy of their mothers' drug use.

New studies show that children exposed to crack cocaine in the womb have difficulty relating to their world, are easily distracted, and have trouble performing some of the tasks that come easily to other children their age.

"It looks like we are going to need some special interventions for these kids," said Dr. Ira Chasnoff, a Northwestern University medical researcher who has been among those leading the study of children exposed to drugs before birth.

"The teachers are calling this to the attention of school systems," he said. "But the school systems are not ready to deal with it."

The existence of babies exposed to

moved," added Dr. Chasnoff, who is president of NAPARE and associate professor of pediatrics and psychiatry at Northwestern. "Tremors are common, especially in their arms and hands, when they reach for objects."

Distracted and Passive

In an effort to determine the long-term effects of the drug, Dr. Chasnoff conducted one of the first studies to track these babies to age 2.

The study, findings from which were released last month, followed the progress of 263 babies whose mothers were being treated for addiction to cocaine and other drugs.

Dr. Chasnoff found that, although the infants seemed to "catch up" with their drug-free peers in terms of weight, height, and cognitive development, there were still significant differences in the drug-exposed babies at the end of two years.

Those children tended to score lower on tests that measured their ability to concentrate, interact with others in groups, and cope with an unstructured environment.

"For example, if they were given one block at a time, they could put it into a cup as easily as other children," Dr. Chasnoff explained. "But, if given several blocks, they have a problem concentrating and they just can't do it."

"One aspect of this is that these are children that are going to have problems in a large classroom environment," said the researcher. "It looks like they're going to need special intervention, small classes, and direct one-on-one intervention."

Findings from a similar study conducted last year by researchers at the University of California at Los Angeles provide clues to additional problems for schools.

The U.C.L.A. researchers compared two groups of 18-month-old children from similar backgrounds. One group of 18 had been exposed to cocaine and other drugs in the womb. Another 18, used as a control group,

had been born prematurely but had not been exposed to drugs.

In both groups, the children were at high risk for developmental disabilities. Their mothers were poor, uneducated, and had had little prenatal care.

Children in both groups were participating in an intervention program at U.C.L.A. through which they had been receiving regular health care.

When the toddlers were left to play by themselves, the researchers noted, the premature babies played as most children do. They would comb a doll's hair, pretend to stir a

*"They aren't scary,
and they don't have
green horns. We
don't want
educators to give
up on them."*

—Carol Cole

pot, or sit a doll at a table.

"But play for the majority of drug-exposed children was characterized by scattering, batting, and picking up and putting down the toys, rather than sustained combining of toys, fantasy play, or curious exploration," said Dr. Judith Howard, who led the study.

Dr. Howard, a professor of clinical pediatrics, also said that the drug-exposed children seemed to be more passive than the other children. They did not express joy at the appearance of a novel toy. They showed no distress at the departure of a caregiver.

"The bottom line is: What we're trying to present are children with a pretty consistent environment—they're getting some interven-

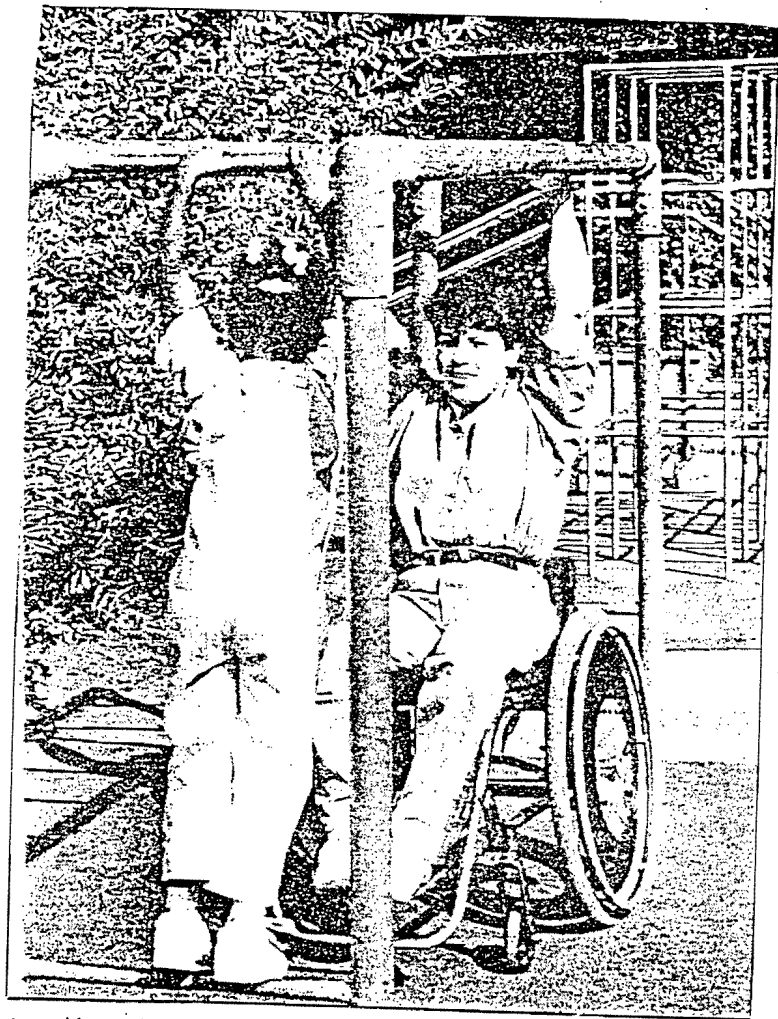
Continued on Following Page



Carol Cole says Los Angeles's pilot program is designed to offer a consistent and nurturing environment.

Children Exposed to Drugs in the Womb Pose Special Problems for the Schools

Continued from Page 1



A teaching assistant works with a youngster in a Los Angeles program for children exposed to drugs while their mothers were pregnant.

drugs in the womb is not a new phenomenon. What is new is the recent and rapid explosion in their numbers.

The National Association for Perinatal Research and Addiction estimates that 11 percent of all babies born this year will have some trace of drugs in their bodies. And 15 of 18 major hospitals surveyed last summer by the House Select Committee on Children, Youth, and Families reported that the number of drug-exposed births at their hospitals this year was three to four times higher than in 1985. Experts say similar increases can be found in hospitals nationwide.

And New York State health authorities just last week predicted that, if current drug-abuse patterns continue, 5 percent of all babies born in New York City in 1995 could be sick enough to require intensive

care, and be especially devastating for pregnant women and their unborn children.

Of the estimated 175,000 children being born each year with drug exposure, approximately 200,000 are thought to have traces of crack in their systems, according to experts.

"The word on the street is that if you smoke lots of crack, you'll have a miscarriage," said Trish Magyari, director of a March of Dimes prenatal substance-abuse education program in Washington. "Sometimes that works and sometimes it doesn't, but the risk to the baby is severe retardation."

Moreover, she and others point out, women who use crack tend to use other drugs as well. Experts say they often take alcohol, sedatives, and other "downers" to ease the emotional crash that follows a crack high.

And few such heavy drug users receive adequate prenatal care.

Many women believe the placenta acts as a shield protecting the fetus from the harmful effects of the drugs they take. Researchers say the opposite is true with cocaine: the placenta acts as a sponge absorbing the drug. And cocaine circulates in the fetal system for up to seven days—five days longer than it does in an adult, Ms. Magyari said.

Called "the inconsolables" by some maternity-ward nurses, the babies born addicted to crack are often highly irritable, shrinking from the caresses that calm other infants.

Studies of them, which have focused so far on the infants of addicts rather than casual users, show that these babies are at greater risk of being born prematurely or with anatomical malformations. Many may also carry the virus for acquired immune deficiency syndrome and other infectious diseases.

Smaller and lighter than drug-free babies, the cocaine-exposed infants also tend to have smaller head circumferences, a characteristic that experts say is sometimes a marker for developmental disabilities. Some stand an increased risk for strokes or sudden infant death syndrome.

"Many cocaine-exposed infants feel stiff when their limbs are

Schools "have the trained people to begin to work with these kids. It's that we're not ready for the numbers."

—Valerie Wallace

care. The figure for nonwhite babies could approach 10 percent, the officials said.

"It's not to say that schools wouldn't have the trained people that could begin to work with these kids," said Valerie Wallace, a psychologist who works with Ms. Ferrara in the Los Angeles program. "It's that we're not ready for the numbers."

Impact of 'Crack'

At the root of the rapid growth in this population, experts say, is the emergence of crack. Cheap, easily available, and highly addictive, this smokable cocaine derivative has been used by increasing numbers of both men and women since the early 1980's. But the effects of the drug

Continued from Preceding Page

tion—and these are still the problems that we're seeing," Dr. Howard said. "What the school systems are going to have to deal with are children coming from very chaotic and violent homes, because wherever there are drugs there is violence."

"They are going to be even less organized and show even more developmental delays," she said.

Moreover, the U.C.L.A. researcher added, schools will need to interact with the other public agencies that control these children's lives—the court system that has ordered their foster placement or jailed their parents, social-service agencies, or hospitals.

"School systems are going to have to learn to deal with a major thrust of this new kind of student," she predicted.

'Complicated' School Challenge

The Los Angeles Unified School District has been one of the first school systems in the country to heed Dr. Howard's warning.

In March 1987, the district launched the pilot program employing Ms. Ferrara. It is designed to serve children, ages 3 to 6, who have been prenatally exposed to drugs but would not necessarily qualify for special education.

"The situation for these kids is almost more complicated, because they look so good that we expect them to do better than they really are able to do," said Carol Cole, a teacher, who, along with Ms. Ferrara, developed the program.

Like the children in the U.C.L.A. study, the children in the program come from what are now relatively stable home environments. Most are being cared for either by foster parents or a relative. A handful live with mothers who are undergoing treatment for their addiction.

The 23 children currently participating are spread over three classrooms in two different schools—the 75th Street Elementary School, located amid the drug-ravaged neighborhoods of south-central Los Angeles, and the Salvin Special Education Center in a part of town known as mid-city.

Each classroom is staffed by three adults, including at least one teacher, a doctor, a psychiatric social worker, and a psychologist are also assigned to the program part time to work with the children and their families. All of the staff make home visits—some to provide

training for the parents, others just to touch base and provide support to the family.

In the beginning, teachers here saw some of the same characteristics identified by researchers who have looked at younger drug-exposed children.

Some of the pupils had difficulty putting a check on their emotions, for example. A giggle would become a scream. And one boy's eagerness to answer a question would cause his spoken response to escalate into a shout.

"I think that goes back to their infancy," Ms. Ferrara said, "when they are unable to be consoled."

Others in the program did not speak clearly or could not solve problems. Some, when asked to copy their printed names with a pencil and paper, could make only letters of varying sizes and shapes.

Some of the children, teachers noted, were also physically awkward for their age.

"They have difficulty perceiving the relationship of their bodies to, say, a chair. And when they try to sit, they fall down," Ms. Wallace explained.

Staff members also found that many children needed adult guidance to play with toys. Ms. Ferrara once observed a girl who whined and rolled about the room, exhibiting almost no attention span. In the space of the 20 minutes she was watched, the child picked up and discarded 20 different toys. All the while, she clutched a doll in her left hand.

One of their challenges, those involved with the program say, has been trying to determine which problems stem from drug exposure and which are products of the children's chaotic early home life. The girl who whined and rolled passively on the floor, for example, had just come to the program following her sixth foster-care placement. She was 3½ years old.

Now settled in a more stable foster home, the girl's play has improved, however. On a recent day in class, she sat quietly in a corner of the room, hooking up the cars on a toy train and rolling the train across the floor.

"Her progress is definitely related to her feeling better about herself," Ms. Ferrara said. "It might've been her sixth home, but it was somebody now that she knew was going to be there."

Life at home remains, however, more difficult for these children than for others their age. Some live

in foster homes where there are as many as five other foster children, many of them also drug-exposed at birth. Some of the pupils, in addition, have younger brothers and sisters who share their predicament.

The streets where many of the children live also share the common

"What the school systems are going to have to deal with are children . . . from very chaotic and violent homes."

—Dr. Judith Howard

scourge of this city's poor neighborhoods. They are marred with the graffiti of local gangs.

'A Lot To Contend With'

Last year, Ms. Cole observed one child in the program giving the hand signal for the Crips, one of Los Angeles's most notorious youth gangs.

"These kids do have a lot to contend with," Ms. Wallace said.

Over time, however, most of them begin to show improvement in nearly every area in the program. The only deficits that seem to remain, according to Ms. Wallace, who regularly tests the students, are some visual-perceptual problems and difficulty with fine motor skills—the small-muscle coordination needed, for example, to write with a pencil and paper.

Teachers here also note that many of the children continue to have difficulty making transitions. The end of free-play period and the beginning of story-telling time, for example, tends to trigger emotional outbursts. To ease such transitions, teachers try to give the students plenty of warning and preparation time when an activity is about to end.

In addition, some of the children still have occasional tremors.

For the most part, however, the message teachers here want to spread is that these children are more similar to than different from other children their age.

"We're trying to stress that they aren't scary and they don't have green horns," said Ms. Cole. "We don't want educators to give up on them."

"A lot of what works for these kids is what the National Association for the Education of Young Children tells us is good for any preschooler," she added. (See story on this page.)

For educators here as well as in other pioneering projects for drug-exposed children, however, the unanswered question is what will happen to their pupils several years from now, when they enter a regular classroom.

Program staff members here do not know how long the city board of education plans to fund their pilot program. So far, two of the children enrolled have gone on to a regular kindergarten class. A third boy in Ms. Ferrara's class spends one-half to three-quarters of his day in a regular kindergarten class.

And, as teachers here acknowledge, most of their counterparts in regular school programs have neither the time nor the resources to give these students the special attention they may require.

"This is not an inoculation against what will happen when they leave," Ms. Cole said. "What we can do is give them a nurturing experience, with consistent, trusting adults, and show that the world can be a trusting place."

"And also," she said, "I think we can spoil them."

L.A. Program Stresses Nurturance, Understanding

LOS ANGELES—The same classroom strategies that work for most preschoolers will work for children whose mothers took drugs in pregnancy, according to leaders of a special pilot program here for drug-exposed toddlers.

"We want educators to know that these kids are nothing to be afraid of," said Carol Cole, one of two teachers in the program.

Operated by the Los Angeles Unified School District, Ms. Cole's program currently serves about 23 children, ages 3 to 6, who were exposed prenatally to some kind of illegal drug. The purpose of the project—one of only a handful of such programs nationwide—is to offer these children a consistent, nurturing environment and teach them the skills they will need to succeed

in school.

In developing their pilot nearly three years ago, Ms. Cole and other professionals involved drew largely on preschool guidelines issued by the National Association for the Education of Young Children.

"Then we modified some of the things to fit the needs of our kids," said Vicky Ferrara, who also teaches in the program.

Part of their mission now, Ms. Cole and Ms. Ferrara said, is to share what they have learned with other teachers around the country who now or in the future will be dealing with students having similar problems.

Among their recommendations are the following:

- Drug-exposed children and other preschoolers who are at risk

of school failure need predictable classroom routines and rituals.

- Classroom rules should be limited, allowing children to explore and actively engage their environment.

- The transition time from one classroom activity to another should be seen as an activity in itself. To prevent emotional outbursts from occurring, teachers need to warn pupils to prepare for the end of an activity, allow time for the transition to occur, and warn the students again that a new activity is about to begin.

- The ratio of adults to children should be small enough to promote nurturing and allow the children to become attached to the adults in the program.

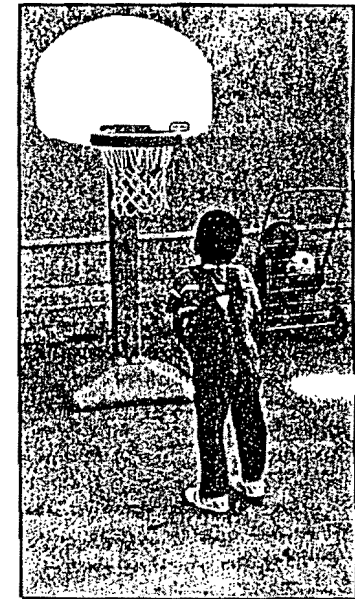
- The classroom environment

must be flexible, with teachers able to remove pictures or other objects that could be too distracting for the children.

- There should be continuity in the program's staff, with no workers appearing or disappearing without explanation. Adults who visit on a part-time basis should reintroduce themselves to children when they come, tell them when they will arrive again, and stick to their word.

- Teachers must accept the children and the feelings they have—whether negative or positive—and should allow time for children to discuss those feelings.

- Close contact with the home is essential—not only to find out what may be troubling a child, but also to support the parent. —D.V.



A drug-exposed preschooler gets in some play time.

Zero to Three

Bulletin of

NATIONAL CENTER FOR CLINICAL INFANT PROGRAMS VOL. IX. NO. 5, JUNE 1989 ISSN 0736-8083

Register now for
NCCIP's Sixth National
Training Institute
December 1-3, 1989
See Centerfold

Drug Exposed Babies: Research and Clinical Issues

by

Donna R. Weston, Ph.D., Children's Hospital
Oakland, California

Barbara Ivins, Ph.D., Children's Hospital
Oakland, California

Barry Zuckerman, M.D., Boston City Hospital

Coryl Jones, Ph.D., National Institute on Drug Abuse

Richard Lopez, Ph.D., J.D., D.C. General Hospital

Specialists in drug treatment know well the pervasive destructive effects of drug addiction or drug abuse on an individual's capacities to function in daily life. In recent years, however, the drug abuse problem has developed a new face—the face of a baby. Drug-exposed infants are a large and still growing population requiring treatment in newborn nurseries, neonatal intensive care units, and early intervention programs. The increasing prevalence of drug use or addiction among women of childbearing age is redefining the drug treatment problem, bringing new challenges and complexities to professionals working with infants, children and families. Changes in prevalence are due in large part to increasing use of cocaine with its very high addictive potential. We can no longer view drug abuse or drug addiction as problems of individuals; these are problems with a devastating impact on infants, children and families.

Four facets of babies' exposure to drugs deserve special mention.

First is the sheer increase in the numbers of babies born in the United States who have been exposed to



JOHN DAVID ARMS

drugs in utero (U.S. House of Representatives, May, 1988). A recent nationwide hospital survey conducted by the National Association for Perinatal Addiction Research and Education (NAPARE) found that the overall rate of deliveries affected by substance abuse

Contents:

Drug-Exposed Babies: Research and Clinical Issues	p.1
Development of Young Children of Substance-Abusing Parents	p.8
Serving Drug-Involved Families with HIV Infection in the Community	p.12
Promoting Health and Development of Drug-Exposed Infants in a Comprehensive Clinic ...	p.18

Addicted Infants and Their Mothers:

A Survey	p.20
Letters to the Editors	p.23
National Center Notes	p.25
Publications	p.26
Conference Call	p.28
Training Institute Information	centerfold
NCCIP Publications	centerfold

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

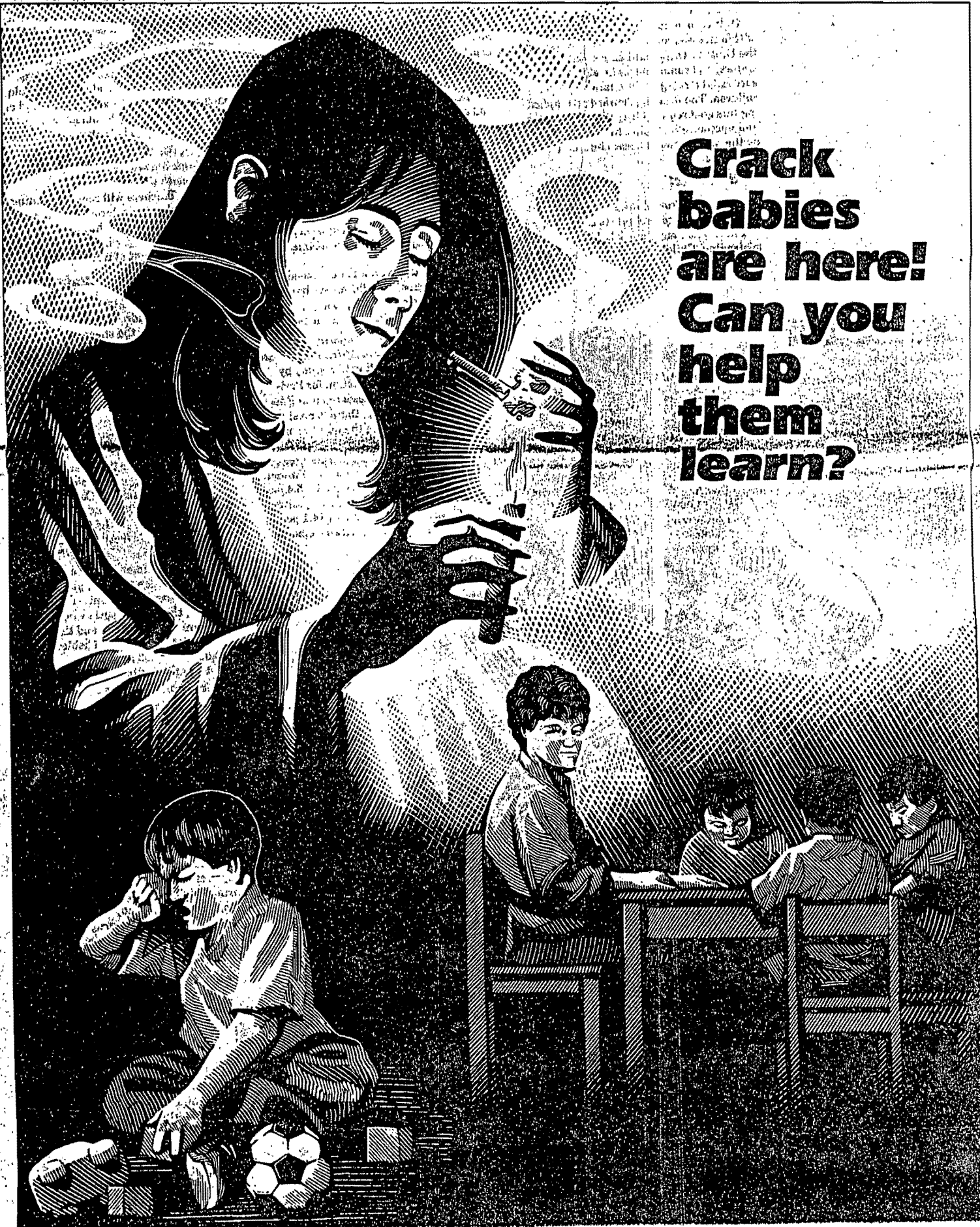
This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



ACTION

Volume 29 Number 3, November 1990



Crack babies are here! Can you help them learn?

'Crack babies' are here! Can you help them learn?

By Sandra Jackson

Education is on the cutting edge of one of the toughest challenges it has ever met or probably ever will have to meet—educating drug-exposed children. How well schools rise to this challenge could determine the future of education as well as the future of the nation.

Only through an accurate understanding of this crisis—occurring in every corner of the United States—will educators, administrators, and communities be able to develop successful strategies for educating these children. The first step toward accomplishing this goal requires dispelling the myths and misconceptions that have been created by the media around these children and their mothers.

Myth vs. fact

Myth #1: "Crack babies" are children who have been exposed only to crack cocaine.

Fact: The name "crack babies" is misleading. Children who are born of

crack-addicted mothers have probably been exposed to a number of different drugs, including marijuana, alcohol and methamphetamines. More accurate terms are "drug-exposed" or "drug-affected" children.

Myth #2: Drug-affected children are hopelessly and irreparably damaged, doomed to lives of dependence on public health and social welfare, and are ineducable.

Fact: The majority of these children can lead normal, healthy lives and can and do learn in school, but intervention must come early enough to assist mother and child.

Myth #3: Children prenatally exposed to drugs are different from other children.

Fact: These children are more like their peers than unlike them.

Myth #4: Drug-exposed children are found primarily in poor, African-American, urban areas.

Fact: No area is untouched. Drug-exposed children are born in every neighborhood, to every race, across all socioeconomic lines.

Myth #5: The majority of drug-using mothers are African-American.

Fact: According to a study by the National Association for Perinatal Addiction Research and Education in Chicago, there is no significant difference in the number of middle and upper income women who are using drugs during pregnancy versus low income and minority women. Of those tested, 15.4 percent of white women tested positive for drugs compared with 14.1 percent of African-American women.

Myth #6: Because most drug-exposed babies have obvious handicaps that will place them in special education classes, teachers won't have to deal with them.

Fact: Many drug-exposed children score in the normal range on standardized tests and will be placed in regular classrooms. In addition, most special education students are mainstreamed for at least part of their education and the trend is toward more mainstreaming, not less. Teachers who are untrained in the unique characteristics of these children could end up labeling them as troublemakers and possibly failing to help them at all.

Myth #7: Teachers will require an inordinate amount of preparatory training to work with these kids.

Fact: Teachers will require training to recognize the characteristics of these children and what approaches to use when necessary. But that will not amount to an inordinate amount of training.

The numbers are disturbing

While relatively little research has been done on children who are prenatally exposed to drugs, the sheer number of mothers of child-bearing age who are using drugs and delivering drug-exposed children into society has forced researchers and experts to take a more critical look at the problem and to devise more effective ways of helping them.

To put it all in perspective, approximately 5 million American women of child-bearing age use illegal substances and 1 million of those are using cocaine, according to the National Council on Disability. Of the 375,000 drug-exposed babies born each year, the National Institute on Drug Abuse says about 100,000 of them are exposed to cocaine. By the year 2000, experts estimate that we could see from half a million to over 4 million drug-exposed children in the United States. Of course, there are experts who say these figures are much too high and that the number of cocaine-exposed babies is closer to 30,000 to 50,000 each year.

But what is really known about cocaine/crack, its users and their children?

Cocaine and crack — Why are they so lethal?

By definition, "cocaine is a central nervous system stimulant which acts through the release of dopamine and, to a lesser extent, serotonin, giving a sense of euphoria, power, decreased appetite, a sense of sexual prowess and competency," says Suzanne Dixon, director of the Special Babies Program at the University of California San Diego Medical School. "Peripherally both drugs act through the release of norepinephrine to increase heart rate, blood pressure, sweating and body temperature."

Cocaine is by far the drug of choice for women of child-bearing age who use drugs. Statistics support the contention that this group has the fastest growing use of any group in the U.S. Cocaine use is disproportionately concentrated among poor minority mothers.

Methamphetamine or crystal meth, on the other hand, is a homemade derivative of easily obtainable chemicals, mainly ephedrine. It is made in backyard stills and is often snorted like cocaine or combined in an intravenous injection.

Methamphetamine and cocaine are related pharmacologically, explains Dixon. Its users tend to be low-income whites who live in semirural and rural areas.

Teachers who are untrained in the unique characteristics of these children could end up labeling them as troublemakers and possibly failing to help them at all.



Educating drug-exposed children:

Because addicted mothers often consume other drugs when the drug of choice is not available, it is difficult to attribute specific abnormalities to specific drugs.

and have a transient lifestyle. American Indians also have a high usage pattern of methamphetamine.

Whereas cocaine was primarily used by the middle class in the '60s and '70s, its derivative form—crack—has spread widely among the lowest economic groups in the mid-'80s. Crack is much cheaper than cocaine, and easier to use, and is more highly addictive, providing an instant "high." Rather than being ingested through the nose by snorting or sniffing as cocaine powder is, crack crystals are usually smoked in a pipe or can be injected. As a comparison, Dixon explains that it takes an average of 10 years to become an alcoholic, two years to become addicted to cocaine and two weeks to get hooked on crack.

Mothers who use drugs— Who are they?

The Department of Alcohol and Drug Programs says there are over 60,000 alcohol- and drug-impaired pregnant women in California each year. Since drug testing at hospitals is not mandated by law, many hospitals have not implemented testing. This makes it difficult to determine how many women are actually using illegal drugs and what type of drugs they're using.

These women are generally in their mid-20s—not teens. Many have one or two other children.

U.C. Davis Medical Center, which universally screens all mothers admitted to the center, found that 22 percent of the women in labor tested positive for illegal drug substances. At U.C. San Diego, 19 percent of women admitted to illicit drug usage during their pregnancy in an anonymous questionnaire.

A recent report by Theodora Ooms and Lisa Herendeen, titled "Drugs, Mothers, Kids and Ways to Cope," says that, contrary to popular belief, there is no national profile available of the socioeconomic characteristics, family background and status of pregnant women and mothers who abuse drugs. Nor is there any national data on their patterns of drug use.

What is known, however, about urban, low-income populations—the groups that are most commonly serviced and studied—is that "crack" use is only one of a number of serious problems with which these women have to deal. Many of their problems are associated with poverty. Addicted mothers from inner cities generally live in poor housing, in neighborhoods scarred by the drug trade; they tend to be isolated and have no network of support.

Non-white women are 10 times as likely to be reported for substance abuse as white women, although the rate of drug abuse is higher for white women. Hispanic drug usage has increased rapidly, according to Dixon. Identified as less than 2 percent four years ago, drug use during pregnancy by Hispanic women seen at U.C. San Diego is at 38-40 percent. Many of these women are new immigrants.

Media headlines have often reported that crack kills the maternal instinct and that crack babies "have no parents." The stories suggest that efforts at treatment are fruitless. Yet there are reports and studies that contradict that information. Women who are specifically targeted by model programs designed to meet their needs do improve. The impending birth often provides the motivation and catalyst some women need to moderate or discontinue crack use.

One of the unfortunate results of their abuse is the negative reactions these mothers receive from the helping professionals.

Christine Lubinski, director of public policy for the National Council on Alcohol-

ism and Drug Dependence, says, "Too much of the media and policy attention to this issue has viewed these children in isolation, has written off their parents, especially their mothers, and has presumed that all of these children are, or will become, wards of the state."

Treatment services that meet the special needs of addicted mothers and provide therapeutic child-care services for the dependent children of addicted mothers are rare. There are fewer than 50 treatment programs with the capability to provide services to pregnant addicts and their children nationwide. Often the wait for assistance at these facilities is as long as seven months. By then the damage is done. The mother has turned away, and the child has been born.

Lubinski also asserts that there are successful methods to treat pregnant women with alcoholism and drug dependence. Unfortunately, there are punitive measures directed against pregnant addicts which discourage them from seeking the prenatal care and drug treatment that may be available.

Anatomy of a drug-exposed baby

There are 600,000 babies born in California each year. Figures on exactly how many of these children have been prenatally exposed to drugs are shaky at best.

The State Department of Alcohol and Drug Abuse estimates that 72,000 babies were born in California in 1988 prenatally exposed to drugs, including alcohol.

Studies have shown that it does not matter whether the drug is cocaine or methamphetamine, the effects on the infant are similar: decreased head circumference, anemia, premature birth, low birthweight, fetal distress, intrauterine growth retardation and neuro-behavioral problems in the newborn period. The nature and extent of brain damage that may occur is still unknown.

Because the drug-addicted mothers will often smoke marijuana, drink alcohol and consume other drugs when the drug of choice is not available, it is difficult to attribute specific abnormalities to specific drugs.

Many women who abuse drugs will continue to use them without realizing they are pregnant. It is in the first trimester that the damaging effects of drugs on the fetus are strongest. This is compounded by the fact that a single use by the mother translates into repeated use by the fetus because of the way the drug is broken down in the mother's system.

Dan Griffith with the National Association for Perinatal Addiction Research and Education in Chicago has worked with 300 cocaine-exposed infants and children up to 4 years of age. Griffith, who has developed early intervention strategies for promoting the development of healthy mother/child relationships between substance-abusing mothers and their children, shared the following at a recent Cocaine and Babies conference in Burlingame:

"Most cocaine-exposed infants are fragile, disorganized infants who spend the majority of their time in a sleep or cry state. They have great difficulty reaching and

maintaining a quiet alert state during which they can process, respond to, and begin to learn about their external environment. With careful handling in the forms of swaddling, pacifiers, vertical rocking and adjustment of intensities of environmental stimuli, caretakers can help cocaine-exposed infants to reach quiet alert states."

"...With early intervention we have found it possible to teach the mothers of cocaine-exposed children the specific skills they will need to calm their infants, bring them to alert responsive states, and stimulate them appropriately," said Griffith.

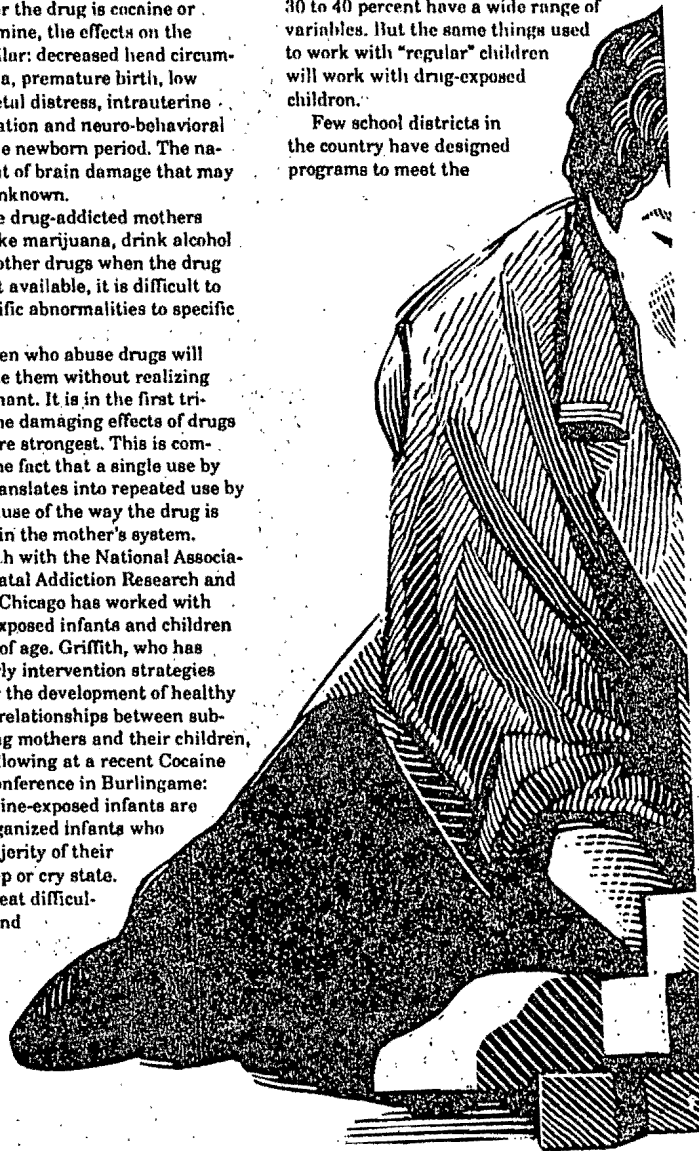
"All of the children do eventually respond. The media reports them as a lost generation, but, as far as I'm concerned, that's a bunch of crap. They do get better."

Surprisingly, one- and two-year-old drug-exposed children who receive early intervention are no different from other kids. Even with intervention though, there are problems—smaller heads, which is the best indicator of brain growth; language development; and attention problems.

As far as testing is concerned, 100 percent of these children perform harder tasks if they are structured. Conversely, only 70 percent are able to perform easier, less structured tasks. Intelligence tests are highly structured, playing to the child's weaknesses. These tests do not indicate behavioral problems.

Sixty to 70 percent of these children are normal in all tasks and every situation. That's not to say that neurological problems won't surface later. The remaining 30 to 40 percent have a wide range of variables. But the same things used to work with "regular" children will work with drug-exposed children.

Few school districts in the country have designed programs to meet the



Does anyone have an answer?

educational needs of drug-affected children. Even fewer have begun training teachers to work with these students. This year the first round of cocaine-exposed children walked into the classrooms of schools around the country, and teachers were unprepared.

The Los Angeles Unified School District, Division of Special Education, in cooperation with District Psychological, Health and School Mental Health Services is leading the way in developing teaching strategies for drug-exposed children. The Children Prenatally Exposed to Drugs Program at the Salvin Elementary School in Los Angeles has four classes, including a transitional kindergarten class located at the 75th Street School—a regular school campus. Salvin teachers have been working with 16 youngsters aged 3-5 for the last four years. As the only program of its kind anywhere in the nation, Salvin has become a model.

The teaching situation at Salvin is ideal to say the least. The school uses a team approach that includes a pediatrician, a psychiatric social worker and a developmental psychologist.

CTA member Marci Schoenbaum, one of the teachers at Salvin, describes the kids who come there as "kids who would not be accepted elsewhere. They are not blind or physically impaired children who would go to special education classes. These are the kinds of kids who would get referrals or whose teacher would say, 'There is something wrong with this kid, but I'm not sure what.'"

"These children are as different from each other as other children are from each other," says Schoenbaum.

"But, they do exhibit extreme mood swings, speech and language delays, clumsiness and delayed motor skills."

Ironically, it's not the temper tantrums or outbursts

for which these kids have become famous that concerns teachers. It's their withdrawal. Quite often drug-exposed children will withdraw into their own private world. This is misleading because teachers could then assume that the child is merely being quiet or is well-behaved.

Other behavioral characteristics include poor social and play skills, irritability, heightened response to internal and external stimuli, and tremors.

The basic premise at Salvin is two-fold, explains Schoenbaum:

1. An interdisciplinary team of teachers, a psychiatric social worker, a developmental psychologist and a pediatrician is made available to work with the students and their families or caretakers.

2. A commitment is made to a home/school partnership, regular home visits and phone contact between the parent or guardian of the children.

A major issue of concern to teachers at Salvin is the drug-affected child's problem of attachment to adults—either too much or too little. Some children have been moved so frequently within the foster care system by the time they arrive at Salvin that they are confused and lack the ability to trust. "There's one little girl who runs into the arms of any adult she sees," says Schoenbaum. Then there are those who won't respond to anyone. The average number of times most foster-care children are moved is three, but some of these children have been uprooted as many as six times before their third birthday.

Experts say that it's impossible to determine whether the behavioral problems exhibited by drug-exposed children are caused by the drugs or are a result of their environment.

"We have to take a different approach with these kids. We have to approach them within the context of the family. This will enable us to provide the intervention necessary for the success of these kids in regular school," Schoenbaum explains.

"We have to take a more interdisciplinary approach. I hesitate to say this to teachers because they do so much already, but they will basically have to become social workers themselves."

"Sometimes," says Schoenbaum, "all it will mean is giving children a hand to hold or taking them aside to read them a book or just talk to them."

The real challenge for teachers will be working with kids who have multiple risk factors: They could be slow learners, they could be "biologically vulnerable," they could be living in dysfunctional homes or they could have multiple care-givers. They could have one or all or any combination of these problems. Teachers are used to dealing with kids who have learning disabilities, but they usually come from supportive families.

Some of the children will make it and some won't, says Schoenbaum. Teachers are in a good position to provide the nurturing that could make the difference. "I think it's worth it to try. I don't think it will require tremendous training. But we need to begin by being a little more aware of who these children are."

Teachers and researchers agree that these children should not be segregated into special classes for children who are

prenatally exposed to drugs. Labeling will only cause them greater problems. There will always be children who have problems adjusting and who have special needs, but most of those needs can be met in regular classrooms.

Last year Salvin graduated three children who went on to regular kindergarten. Another three went to Salvin's transitional kindergarten at the 75th Street School, and one stayed behind. Salvin accepts children at age 3 and keeps them for two to three years.

At the 75th Street School, CTA member Vicky Ferrara says she doesn't know how important it is for a teacher to know what kind of drugs kids have been exposed to as much as what their background and family life has been. "We need to begin to set up early intervention programs for high-risk students."

Salvin teachers have developed a detailed booklet that outlines strategies and techniques they've found to be successful in working with drug-exposed children. They maintain that classrooms should have:

- A closely-structured curriculum designed to promote "learning by doing" through interaction, exploration and play.

- A small teacher-child ratio that promotes attachment, predictability, nurturing.

- A setting which is predictable, providing continuity and reliability through routines, rituals and scheduling.

- A minimum of stimuli (toys and other classroom materials) that could be distracting—they believe such stimuli can be added as needed.

The booklet also says teachers should adjust their approach so that they are respectful of children's work and play space; can accept a child with a history of positive and negative experiences and feelings; and can talk about behavior and feelings with empathy rather than judgment.

Currently, programs designed to train teachers are scarce. San Francisco Unified School District started a pilot program for preschool children who tested positive for crack at birth. Unfortunately, many of the other districts that need it most, such as Oakland, have no programs in place.

The cost of educating these drug-affected babies so far has run as high as \$15,000 per child in Los Angeles. Although the figure seems high, experts are saying it will be higher if society waits until later, when these kids could possibly end up in the penal system or in some other public-supported program.

More and more the enormity of the problem of drug-afflicted mothers and their drug-exposed babies is forcing educators, policy-makers, health care providers and social service agencies to analyze new and more effective means of addressing their needs. They are recommending that service providers

- become advocates for the needs and rights of drug-affected women and children;

- encourage outreach and community involvement with aggressive campaigns emphasizing the dangers of prenatal drug and alcohol exposure;

- develop guidelines and training for educational staff; and

- expand interagency mechanisms to coordinate services and integrate funding.

Schoenbaum gives the best reasons for developing immediate programs to help these children and their mothers: "This isn't a lost generation. These children are salvageable. Some may need more help than others. They will need a little more love and attention, but teachers mustn't be frightened of them."

"They are, after all, only children."

Ironically, it's not the temper tantrums or outbursts that concern teachers as much as it is the children's withdrawal.

