

PERINATAL AND FAMILY SERVICES

Pregnant and Parenting Women

Chang, J. C., Dado, D., Frankel, R. M., Rodriguez, K. L., Zickmund, S., Ling, B. S., et al. (2008). When pregnant patients disclose substance use: Missed opportunities for behavioral change counseling. *Patient Education & Counseling*, 72(3), 394-401.

Objective: The first obstetric visit is an opportunity to provide counseling to women with substance abuse risks, including smoking, drug use, and alcohol use. Little is known about how obstetric care providers and patients discuss these issues. Our objective was to examine patient-provider communication about substance use behaviors during these visits. Methods: We audio-taped and transcribed verbatim first prenatal visits in an outpatient hospital clinic, then qualitatively analyzed them for content and process of communication using modified grounded theory methods. Results: Twenty-nine providers (21 residents, 5 midwives, 3 nurse practitioners) and 51 patients participated. Twenty-five patients were smokers, 4 used alcohol, and 11 used drugs. Provider responses to smoking disclosures included discussions of risks, encouragement to quit-cut down, affirmation of attempts to quit-cut down, and referral to smoking cessation programs. Responses to alcohol or drug disclosures included only a general statement regarding risks and referral to genetics. Conclusion: Providers were less attentive to alcohol and drugs than smoking where they had pre-established patterns of response. Practice implications: Providers should discuss behavioral change strategies and motivations with pregnant patients who use drugs and/or alcohol as well as those who smoke.

Clark, H.W. (2001). Residential substance abuse treatment for pregnant and postpartum women and their children: Treatment and policy implications. *Child Welfare*, 80(2), 179-198.

In FY 1993 and FY 1995, the federal government awarded 27 five-year grants that supported 35 residential treatment projects for substance-abusing pregnant and postpartum women (PPW) and their children. The impetus for the PPW program came not only from legislation, but from an increasing focus on research corroborating the significant consequences of substance abuse for women and their children. These projects provided comprehensive, culturally competent, and gender-sensitive treatment. Preliminary findings indicate that comprehensive residential treatment in which infants and young children live with their mothers is a promising approach for alleviating the women's substance abuse and other problems, improving birth outcomes, and helping these mothers become more competent parents. These programs were also found to help the women reduce substance use, avoid criminal activity, and become responsible wage earners. The findings from the PPW program demonstrate the importance of treatment services for these families and it appears that intensive, comprehensive, and prolonged residential services are effective for women with multiple, serious needs, with benefits for both mothers and children. Future cost data are expected to demonstrate the efficiencies and benefits of these projects compared to no treatment.

Goler, N. C., Armstrong, M. A., Taillac, C. J., & Osejo, V. M. (2008). Substance abuse treatment linked with prenatal visits improves perinatal outcomes: A new standard. *Journal of Perinatology*, 28(9), 597-603.

Objective: To evaluate the impact of Early Start, an obstetric clinic-based prenatal substance abuse treatment program, on perinatal outcomes. Study Design: Subjects were 49 985 women who completed Prenatal Substance Abuse Screening Questionnaires at obstetric clinics between 1 January 1999 and 30 June 2003, had urine toxicology screening tests and either live births or intrauterine fetal demises (IUFDs). Four groups were compared: women screened/assessed positive and treated by Early Start ('SAT', n=2073); women screened/assessed positive without treatment ('SA', n=1203); women screened positive only ('S', n=156); controls who screened negative (n=46 553). Ten neonatal and maternal outcomes were studied. Result: SAT women had either similar or slightly higher rates than the control women on most outcomes but significantly lower rates than S women. SA women generally had intermediate rates to the SAT and S groups. In multivariate analysis, the S group had significantly worse outcomes than the SAT group: preterm delivery (odds ratio (OR)=2.1, 1.3 to 3.2), placental abruption (OR=6.8, 3.0 to 15.5) and IUFD (OR=16.2, 6.0 to 43.8). Conclusion: Substance abuse treatment integrated with prenatal visits was associated with a positive effect on maternal and newborn health.

Grella, C.E., Hser, Y.-I., & Huang, Y.-C. (2006). Mothers in substance abuse treatment: Differences in characteristics based on involvement with child welfare services. *Child Abuse & Neglect*, 30(1), 55-73.

Greater awareness of the role of parental substance abuse in child maltreatment makes it imperative that the substance abuse treatment and child welfare systems coordinate services for these parents. Yet little is known about the characteristics of child-welfare involved parents (primarily mothers) who enter into substance abuse treatment. This paper compares the characteristics of mothers in substance abuse treatment who were and were not involved with child welfare services, and discusses the treatment implications of these differences. Data were obtained from a statewide treatment outcome monitoring project in California. Clients were assessed at treatment admission using the Addiction Severity Index. The authors found that mothers who were involved with child welfare were younger, had more children, and had more economic problems. They were more likely to be referred by the criminal justice system or other service providers, to have a history of physical abuse, and to be treated in outpatient programs. They had lower levels of alcohol severity, but did not differ with regard to psychiatric severity or criminal involvement. Primary users of methamphetamine were disproportionately represented among this group and had a distinct profile from primary alcohol- and opiate-users. The authors conclude that mothers involved with child welfare enter substance abuse treatment through different avenues and present a clinical profile of treatment needs related to exposure to physical abuse, economic instability, and criminal justice involvement.

Haight, W. L., Carter-Black, J. D., & Sheridan, K. (2009). Mothers' experience of methamphetamine addiction: A case-based analysis of rural, Midwestern women. *Children & Youth Services Review*, 31 (1), 71-77.

Engaging mothers who are abusing methamphetamine in services is an important goal for rural child welfare. Four rural, white, mothers in recovery from methamphetamine addiction described their life experiences through in-depth interviews. Three of the women grew up with parents who abused drugs, and all had experienced trauma as children and used other illegal drugs before methamphetamine. Mothers vividly portrayed the rapid loss of control that can occur with methamphetamine use, as well as the power of the addiction. They became "obsessed" with the drug and nothing was more important to them, not even the children whom they loved. They lost the ability to think "rationally," experienced serious lapses in judgment, lost motivation, and lived in a "fog." They described their illness as impacting their children's physical and psychological well-being including through exposure to domestic violence, adult substance abuse and other anti-social behavior, and loss of important relationships. They expressed concern that their children would abuse drugs. Women described recovery as possible only with significant external support, and they reported lasting physical, psychological and social side effects of their illness. Understanding mothers' experience of methamphetamine addiction can increase our awareness of this illness thereby reducing stigma and suggesting strategies for engaging them in intervention.

Harris, M. S. (2008). Alcohol, child maltreatment, and parenting stress in the lives of birth mothers. *Journal of Human Behavior in the Social Environment*, 18(2), 129-150.

This exploratory study examines the potential relationship between parenting stress, child maltreatment, and alcoholism in a pilot data set. Twenty-four participants (six African-American, six European-American, six Mexican-American, and six Native-American) completed four questionnaires (Parenting Stress Index, Conflict Tactics Scale Parent-Child, Michigan Alcoholism Screening Test, Chemical Dependency Assessment Profile [PSI, CTSPC, MAST, and CDAP]). Through principle component analyses and multiple regression analyses, it was suggested that self-perceived parenting strength or competence directly affect a parent's tactics to deal with parent-child conflicts. Results indicated that self-confidence as a competent parent was related to the frequency of using verbal degrading and physical punishment. Parents who reported that the child's temperament bothers them a lot were more likely to physically abuse the child. Though all the participants could be categorized as alcoholic by the MAST, parents' alcoholic abuse did not appear to elevate the severity of child maltreatment, as measured by the CTSPC.

Havens, J. R., Simmons, L. A., Shannon, L. M., & Hansen, W. F. (2009). Factors associated with substance use during pregnancy: Results from a national sample. *Drug & Alcohol Dependence*, 99 (1-3), 89-95.

Objective: To examine the prevalence and correlates of substance use during pregnancy among women in the United States. Methods: We analyzed data from pregnant (n =1800) and non-pregnant women (n =37,527) aged 15–44 years who participated in the 2002 or 2003 National Survey on Drug Use and Health, a nationally representative epidemiologic survey. Study variables included demographics, any substance use in the prior 30 days, and possible current psychopathology. Data were analyzed using weighted chi-square and multiple logistic regressions that accounted for the complex survey design. Results: The overall prevalence of any past month substance use during pregnancy was 25.8%; the prevalence rates of past month illicit drug, cigarette and alcohol use were 4.7%, 18.9% and 10%, respectively. Compared to the prevalence of substance use among women in their first trimester, use was significantly lower among women in their second or third trimesters. Women who reported using substances during pregnancy were significantly more likely to meet the criteria for possible current psychopathology and be White. Additionally, women who were employed, married, and in their second or third trimester compared to the first were significantly less likely to have used any substance during pregnancy, adjusting for age, ethnicity and income. Conclusions: Although the prevalence of substance use among pregnant women was significantly lower than non-pregnant women, some groups of women remain vulnerable to continued use, including those who are unemployed, unmarried, and experiencing possible current psychopathology. Prevention and intervention programs aimed at high-risk populations are warranted to reduce the deleterious effects of substance use on pregnancy outcomes.

Hser, Y.I., & Niv, N. (2006). Pregnant women in women-only and mixed-gender substance abuse treatment programs: A comparison of client characteristics and program services. *Journal of Behavioral Health Services & Research*, 33(4), 431-442.

This study compared characteristics of pregnant women treated in women-only (WO) and mixed-gender (MG) substance abuse treatment programs and compared services provided by these two types of programs. Participants were 407 pregnant women who were admitted to 7 WO programs and 29 MG programs in 13 counties across California during 2000-2002. Pregnant women treated in WO programs demonstrated greater severity in drug use, legal problems, and psychiatric problems than those treated in the MG programs. They were also less likely to be employed and more likely to be homeless. Women-only programs were more likely to offer child care, children's psychological services, and HIV testing. The greater problem severity of pregnant women treated in WO programs suggests that these specialized services are filling an important gap in addiction services, although further expansion is warranted in psychiatric, legal, and employment services.

Jones, H. E., Martin, P. R., Heil, S. H., Kaltenbach, K., Selby, P., Coyle, M. G., et al. (2008). Treatment of opioid-dependent pregnant women: Clinical and research issues. *Journal of Substance Abuse Treatment*, 35(3), 245-259.

This article addresses common questions that clinicians face when treating pregnant women with opioid dependence. Guidance, based on both research evidence and the collective clinical experience of the

authors, which include investigators in the Maternal Opioid Treatment: Human Experimental Research (MOTHER) project, is provided to aid clinical decision making. The MOTHER project is a double-blind, double-dummy, flexible-dosing, parallel-group clinical trial examining the comparative safety and efficacy of methadone and buprenorphine for the treatment of opioid dependence in pregnant women and their neonates. The article begins with a discussion of appropriate assessment during pregnancy and then addresses clinical management stages including maintenance medication selection, induction, and stabilization; opioid agonist medication management before, during, and after delivery; pain management; breast-feeding; and transfer to aftercare. Lastly, other important clinical issues including managing co-occurring psychiatric disorders and medication interactions are discussed.

Kerwin, M.E. (2005). Collaboration between child welfare and substance-abuse fields: Combined treatment programs for mothers. *Journal of Pediatric Psychology*, 30(7), 581-597.

This article provides a review of collaboration between child welfare and drug-abuse fields in providing treatment to mothers who abuse drugs and maltreat their children. A literature review of studies examining effects of maternal drug abuse on parenting skills and outcomes of interventions for both maternal drug abuse and parenting skills is provided. Results indicate that parenting skills differ between mothers who do and do not abuse drugs, but these studies are primarily limited to mothers of infants and preschoolers. The author finds that the evidence base for interventions to address both substance use and parenting in these mothers is growing, but more well-controlled studies are needed. Opportunities for improved collaboration between fields are presented. The author concludes that progress has been made toward collaboration to address drug abuse and parenting skills of mothers who abuse drugs, but more integrated strategies are needed, especially for mothers who use drugs and maltreat their children.

Kettinger, L.A., Nair, P., & Schuler, M.E. (2000). Exposure to environmental risk factors and parenting attitudes among substance-abusing women. *American Journal of Drug and Alcohol Abuse*, 26(1), 1-11.

This study examined the amount of exposure to negative environmental risks and their association with parenting attitudes among a group of 198 inner city substance-abusing women. Mothers were recruited at delivery and were part of a randomized longitudinal intervention study for substance-abusing women and their infants. When the infants were 18 months old, a cumulative environmental risk score was calculated for each mother based on nine factors: violence (both domestic and environmental), depression, homelessness, incarceration, number of children, life stress, psychiatric problems, and absence of significant other. Based on their cumulative scores, mothers were placed in a low or high environmental risk group. Mothers in the high-risk group had fewer years of education, were younger when their first child was born, and had significantly worse scores on parenting attitude scales. Given the current state of welfare reform, it is important to determine which factors besides maternal substance abuse place these mothers at risk for poor parenting.

Knight, D.K., Logan, S.M., & Simpson, D.D. (2001). Predictors of program completion for women in residential substance abuse treatment. *American Journal of Drug and Alcohol Abuse*, 27(1), 1-18.

Although there is increasing emphasis on providing drug treatment programs for women that address their specific needs (including parenting and childcare), some women still fail to complete treatment. Because of the limited information about the barriers involved, this study examines pretreatment characteristics as predictors of program completion for 87 women who were pregnant or who entered residential treatment with their children. Women who completed program requirements were more likely to have a high school degree or equivalent, no arrests in the 6 months before admission, and friends who were less deviant. These findings support the need for specialized education and services that address social deviancy of pregnant and/or parenting women.

Kovalesky, A. (2001). Factors affecting mother-child visiting identified by women with histories of substance abuse and child custody loss. *Child Welfare*, 80(6), 749-768.

The influence of maternal substance abuse upon the placement of children in out-of-home care increased significantly in the 1980s and 1990s, affecting mother-child visiting in numerous ways. The present study sought to identify factors that affect mother-child visiting when maternal substance abuse is a contributing reason to the placement of a child in out-of-home care. Content analysis of interview data from 15 mothers with histories of illegal drug use and child custody loss provides insight into five major factors that can promote or inhibit visiting: (1) mother's drug use and health status, (2) effects of visits on the child, (3) transportation, (4) scheduling/visit settings, and (5) support of others. The authors conclude that if treatment for the mother's substance abuse problem is not imminently available following child custody loss, the mother may find it difficult to maintain her abstinence for visits with her child. In addition, the visits themselves can elicit such strong emotional responses regarding custody loss that a relapse can occur following a visit. The authors state that ready access to a counselor, 12-step sponsor, substance abuse treatment program, or other source of support is essential to promoting mother-child visiting.

Lam, W.K.K., Wechsberg, W., & Zule, W. (2004). African-American women who use crack cocaine: A comparison of mothers who live with and have been separated from their children. *Child Abuse & Neglect*, 28(11), 1229-1247.

This study examined factors that influenced caregiver status for African-American mothers who use crack cocaine but are not receiving drug treatment and participated in an HIV prevention study in North Carolina. Given that many mothers who use illicit drugs may retain care of their children, understanding the contexts in which these mothers and their children live is important for advancing research and practice in the fields of substance abuse and child welfare. This study fills an important gap of the literature by examining factors that affect whether mothers retain care of their children among a rarely

studied sample of African American women who actively abuse drugs but are not connected to formal service or welfare systems. Caregiver mothers who were living with at least one of their children were compared with non-Caregivers who were separated from all of their children. Non-Caregivers were more likely to be older, to have been physically abused as children, to trade sex more frequently, to be homeless, to have no health insurance, report higher frequencies of drug use, risky sex practices, psychological distress, and victimization experiences. Findings that socio-environmental factors were more strongly associated with caregiver status than crack use underscore the importance of contextual issues such as housing, victimization history, and resources in serving maternal crack users. This article suggests that community outreach and interventions that engage mothers who use drugs and live with their children may be more effective strategies than formal office-based services to link mothers who use crack and their children to needed drug treatment and family and child services.

May, P. A., Miller, J. H., Goodhart, K. A., Maestas, O. R., Buckley, D., Trujillo, P. M., et al. (2008). Enhanced case management to prevent fetal alcohol spectrum disorders in Northern Plains communities. *Maternal & Child Health Journal*, 12(6), 747-759.

Women proven to be extremely high risk for drinking during pregnancy were provided case management (CM) enhanced with strategies derived from motivational interviewing (MI) as a part of a comprehensive Fetal Alcohol Syndrome (FAS) epidemiology and prevention program in four American Indian communities in Northern Plains states. Data on the first women enrolled (n = 131) revealed that they have extreme issues with alcohol abuse to overcome. Sixty-five percent of these women have experienced extensive alcohol use within their immediate family. At intake, 24% of CM clients reported binge drinking one or more days in the preceding week. Heavy drinking resulted in estimated blood alcohol concentrations (BAC) as high as .576 using the BACCUS methodology. Project staff has attempted to actively engage each of these women in CM. Clients have been in CM an average of 17.2 months (SD = 16.6). The mean number of significant contacts (face-to-face or telephone MI sessions) was 19. Thirty-one percent of the women entered some type of formal alcohol or drug treatment while in CM. Data were collected at 6 month intervals from 6 to 72 months after enrollment. Consumption of alcohol, as measured by both quantity and frequency measures, was reduced at 6 months. Thirty-eight percent of enrolled women reported complete abstinence from alcohol use at 6 months, and the number of binges while drinking in CM declined significantly from 15 at baseline to 4.3 at 6 months. However, mean peak BACs for the heavy drinking sessions were still problematic for those who continued to drink. They ranged from .234 to .275 from baseline to 12 month follow-up, but the total number of binges was reduced substantially at 12 months as well. Furthermore, the most important outcomes are the status of the children born while in CM. [PUBLICATION ABSTRACT]

Mayet, S., Groshkova, T., Morgan, L., McCormack, T., & Strang, J. (2008). Drugs, alcohol and pregnant women—changing characteristics of women engaging with a specialist perinatal outreach addictions service. *Drug & Alcohol Review*, 27(5), 490-496.

Pregnant substance misusers present an increased risk to themselves and the unborn child. The aim of this study was to investigate changes in the characteristics of women referred to a specialist perinatal addictions outreach service (1989-1991 versus 2002-2005). A cross-sectional audit of health records was conducted. Information was gathered for each woman who contacted the service (2002-2005). Data were compared to an earlier study in the same locality (1989-1991). A total of 167 pregnant substance-using women were referred between 2002 and 2005, of whom 126 made contact. The mean age was 30.2 years at 20.8 weeks' fetal gestation, with 76% not in addictions treatment, 32% from black or minority ethnic (BME) communities, 49% polysubstance users and 29% homeless. The primary substance used was illicit heroin (38%), followed by cocaine (24%). Compared to 1989-1991, there were significantly more pregnant women presenting at an older age, later gestation, with increased polysubstance use and a higher percentage of women from BME communities. This service was able to access vulnerable substance-abusing women with an altered pattern of substance use compared to over 10 years previously. However, improvements are needed for engaging all referred women and accessing women at an earlier gestation. [PUBLICATION ABSTRACT]

Metsch, L.R., Wolfe, H.P., Fewell, R., McCoy, C.B., Elwood, W.N., Wohler- Torres, B., et al. (2001). Treating substance-using women and their children in public housing: Preliminary evaluation findings. *Child Welfare*, 80(2), 199-220.

Demonstration research and service programs have been initiated to verify that comprehensive, long-term residential treatment services for women will decrease alcohol and drug use, reduce reliance on social and health welfare programs, and improve functioning in specific life-skill and vocation areas. The article reports on one such program, SafePort, a residential substance abuse treatment program within public housing to provide drug treatment to parenting women. All family members-women, children, and significant others-receive comprehensive assessments to determine appropriate therapeutic interventions to resolve their problems. Preliminary evaluation findings suggest that women who participate with their children are more likely to remain drug free than are those who participated without their children. This model suggests that providing women and their children with a home as well as treatment for substance abuse and related issues facilitates women's abstinence from drug use after treatment.

O'Connor, M.J., & Whaley, S.E. (2006). Health care provider advice and risk factors associated with alcohol consumption following pregnancy recognition. *Journal of Studies on Alcohol*, 67(1), 22-31.

This study examined the extent to which pregnant women participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) were counseled by their health care providers to stop drinking alcohol during pregnancy. A second purpose was to identify characteristics associated with alcohol consumption postrecognition of pregnancy. The sample consisted of 279 women who continued to drink after learning they were pregnant. Measures of provider advice on alcohol

consumption, demographic characteristics caffeine intake, smoking, other drug use, alcohol risk (using the TWEAK scale), and depressive symptoms on the Center for Epidemiological Studies Depression Scale (CES-D) were collected. The authors found that 62% of women had significantly high TWEAK scores, and 60% scored within the clinical range for depression. Sixty percent of sample women had been advised by their care providers not to drink alcohol during pregnancy. Women who were most likely to receive advice were black non-Hispanic and Hispanic, were Spanish speaking, were less educated, were on public assistance, and had a higher number of alcohol-related risk behaviors. Advanced age, public assistance, caffeine use, smoking, and elevated TWEAK and CES-D scores predicted elevations in alcohol consumption rates. The authors concluded that although advice to stop drinking during pregnancy was provided to 60% of this sample, women continued to drink following pregnancy recognition, with alcohol consumption rates highly associated with sociodemographic and psychological factors, namely maternal depression. Because elevations in alcohol consumption during pregnancy are associated with poorer developmental outcomes for children, further efforts are needed to better address social and mental health factors that influence consumption.

Ondersma, S. J., Winhusen, T., Erickson, S. J., Stine, S. M., & Wang, Y. (2009). Motivation enhancement therapy with pregnant substance-abusing women: Does baseline motivation moderate efficacy? *Drug & Alcohol Dependence*, 101 (1), 74-79.

Some evidence suggests that motivational approaches are less efficacious – or even counter-productive – with persons who are relatively motivated at baseline. The present study was conducted to examine whether disordinal moderation by baseline motivation could partially explain negative findings in a previous study [Winhusen, T., Kropp, F., Babcock, D., Hague, D., Erickson, S.J., Renz, C., Rau, L., Lewis, D., Leimberger, J., Somoza, E., 2008. Motivational enhancement therapy to improve treatment utilization and outcome in pregnant substance users. *J. Subst. Abuse Treat.* 35, 161–173]. Analyses also focused on the relative utility of the University of Rhode Island Change Assessment (URICA) scale, vs. a single goal question as potential moderators of Motivation Enhancement Therapy (MET). Participants were 200 pregnant women presenting for substance abuse treatment at one of four sites. Women were randomly assigned to either a three-session MET condition or treatment as usual (TAU). Generalized Estimating Equations (GEE) revealed no significant moderation effects on drug use at post-treatment. At follow-up, contrary to expectations, participants who had not set a clear quit goal at baseline were less likely to be drug-free if randomized to MET (OR=0.48); participants who did set a clear quit goal were more likely to be drug-free if randomized to MET (OR=2.53). No moderating effects were identified via the URICA. Disordinal moderation of MET efficacy by baseline motivation may have contributed somewhat to the negative results of the [Winhusen, T., Kropp, F., Babcock, D., Hague, D., Erickson, S.J., Renz, C., Rau, L., Lewis, D., Leimberger, J., Somoza, E., 2008. Motivational enhancement therapy to improve treatment utilization and outcome in pregnant substance users. *J. Subst. Abuse Treat.* 35, 161–173] study, but in the opposite direction expected. A simple question regarding intent to quit may be useful in identifying persons who may differentially respond to motivational interventions. However,

moderation effects are unstable, may be best identified with alternate methodologies, and may operate differently among pregnant women.

Perreira, K.M., & Cortes, K.E. (2006). Race/ethnicity and nativity differences in alcohol and tobacco use during pregnancy. American Journal of Public Health, 96(9), 1629-1636.

The authors examined race/ethnicity and nativity correlates of prenatal substance use. Using data on a nationally representative cohort of pregnant women in US cities (N = 4185), the authors evaluated the relative importance of socioeconomic status, paternal health behaviors, social support, and maternal stress and health history in explaining variations in prenatal substance use by race/ethnicity and nativity. The authors found that maternal stress and health history appeared to fully explain differences in alcohol use by nativity, but these and other factors could not explain differences in prenatal smoking. For all races/ethnicities, paternal health behaviors were most strongly associated with maternal substance use. Except among Black women, socioeconomic background bore little relation to prenatal substance use after adjustment for more proximal risk factors (e.g., paternal and maternal health behaviors). Social support was most protective among Hispanic women. The authors concluded that foreign-born immigrant women are at equal risk of prenatal alcohol use compared with similarly situated US-born women and should not be overlooked in the design of interventions for at-risk women. Furthermore, the inclusion of fathers and the development of social support structures for at-risk women can strengthen interventions.

Pregnancy-related drinking reduction varies between white, black women.(2008). DATA: The Brown University Digest of Addiction Theory & Application, 27(10), 3-4.

The article presents a study on the pregnancy-related changes in alcohol consumption between Black and White women. Daniel S. Morris and colleagues found that White women appear more likely to reduce drinking and binge drinking upon becoming pregnant than Black women. Other predictors of differences in drinking levels include age, education and smoking. Authors highlight the need for alcohol education programs and interventions for pregnant drinkers in the Black community.

Reid, C., Greaves, L., & Poole, N. (2008). Good, bad, thwarted or addicted? Discourses of substance-using mothers. Critical Social Policy, 28(2), 211-234.

This paper examined discourses of mothers who use substances. Focus groups were conducted at two different treatment programs with diverse women who identified as mothers challenged by substance use. Real scenarios were presented to the participants and feedback was sought about how the women within the scenarios managed their situations and the actions taken by legal, media, and health authorities. Through the use of three lenses - rights, risks, and evidence - we identified four major discourses in the participants' talk. The 'good mother', 'bad mother', 'thwarted mother' and 'addicted mother' discourses revealed the multiple and at times contradictory ways the women made sense of their lives. Within all of the discourses the mother-child bond and the importance of providing necessary

supports to mothers with substance-use problems were central. The women's discourses highlighted the challenges of negotiating the prevailing attitudes, practices and stigmas of being a substance-using mother while trying to do the right thing for their children. [PUBLICATION ABSTRACT]

Sarkola, T., H. Kahila, et al. (2007). "Risk factors for out-of-home custody child care among families with alcohol and substance abuse problems." *Acta Paediatr.*

Aim: To study the risk of children to mothers with alcohol and/or substance abuse related problems for early childhood out-of-home care in Finland. Methods: A population-based cross-sectional retrospective analysis of 526 pregnant women attending special outpatient clinics during 1992-2001 and their 626 offspring, with out-of-home care data until 2003 provided by the National Child Welfare Register. Results: Fifty percent (95% confidence interval 46-54%) were at some point and 38% (34-42%) by the age of two years, in out-of-home care. Out-of-home care was associated with maternal care for substance abuse after delivery, nonemployment, housing, daily smoking during pregnancy, increasing number of previous births, mother in custody in her childhood, maternal education, previous child in custody, drug in urine during pregnancy, unplanned pregnancy, partner with significant abuse, regular health-care contact for abuse, daily alcohol consumption before and/or during pregnancy, newborn not discharged with mother, neonatal abstinence symptoms (NAS), intensified perinatal surveillance or NICU, and delayed discharge from hospital. Conclusions: There is a substantial risk of children born to mothers with significant alcohol and/or substance abuse related problems for out-of-home care during early childhood. Factors identified during the pre- and perinatal period are associated with this risk.

Schilling, R., Mares, A., & El-Bassel, N. (2004). Women in detoxification: Loss of guardianship of their children. *Children and Youth Services Review*, 26(5), 463-480.

Conducted in hospital-based clinics in New York City, this study depicts the living circumstances of children of women in detoxification for heroin or crack cocaine. Structured interviews were conducted with 160 African American and 96 Latina female patients who had at least one child under age 18. High-risk drug use was common, including injection, frequenting crack houses, overdosing and trading sex for drugs. Fewer than half of the mothers had a high school education, and few received income from wages or child support. Mothers, with a mean age of 36, reported an average of 2.84 minor children. Only 34% of children were in the guardianship care of their mothers alone or mothers and their partners. Only 21% of mothers indicated that they were the guardians of all of their minor children. Rates of guardianship and custody were somewhat higher for Latina mothers compared to African American mothers. The most important sources of care for the children were grandparents, other relatives and foster parents. Of the children of detoxifying mothers, 21% were living with a non-relative, whereas in a national comparison sample of African American and Latino households, only 2% of children were living with non-relatives. The study also found that women who did not live in their own home, had less education and used multiple drugs were more likely to have lost guardianship of one or more children. Study findings expand understanding of the detrimental effects of parental drug abuse on children's life opportunities.

Sharpe, T. T., & Velasquez, M. M. (2008). Risk of alcohol-exposed pregnancies among low-income, illicit drug-using women. *Journal of Women's Health* (15409996), 17(8), 1339-1344.

Objectives: Poor women of childbearing age who use crack, cocaine, marijuana, and heroin may be at risk for having an alcohol-exposed pregnancy because of concurrent alcohol use. Women who use illicit drugs may not know the harmful effects of fetal alcohol exposure. Fetal alcohol exposure is a leading cause of developmental disabilities and mental retardation. Methods: We report findings of a survey administered to 2672 women 18–44 years of age in settings serving low-income women, including an urban jail, a drug treatment facility, and healthcare facilities in Florida, Virginia, and Texas. We compared women who reported using more than one illicit drug (drug users) and women who reported never using illicit drugs (nonusers) for frequent alcohol consumption, binge drinking, failure to use contraception, unplanned pregnancies, and drinking during pregnancy. Results: Of women interviewed, 75% (2000) reported using more than one illicit drug. Drug users were more likely to report frequent drinking (33%, relative risk [RR] 12.73, 95% confidence interval [CI] 7.9-20.4, binge drinking (39%, RR 5.7, 95% CI 4.9-7.6), and drinking during pregnancy (37%, RR 2.10, 95% CI 1.75-2.53) compared with nonusers (3%, 7%, 17%, respectively, $p < 0.0001$). Greater proportions of drug users (27%, RR 2.20, 95% CI 1.75-2.53) also failed to use contraception compared with nonusers (19%, $p < 0.05$). Notable proportions of both groups, drug users (91%) and nonusers (82%), reported unplanned pregnancies. Conclusions: The findings suggest that poor women who reported ever using more than one illicit drug were at greater risk for having an alcohol-exposed pregnancy. Unplanned pregnancies in both groups surpassed national averages. Poor women likely require enhanced education about the hazards of drinking during pregnancy and methods to reduce unplanned pregnancies.

Simmons, L. A., Havens, J. R., Whiting, J. B., Holz, J. L., & Bada, H. (2009). Illicit drug use among women with children in the United States: 2002–2003. *Annals of Epidemiology*, 19 (3), 187-193.

Purpose: Given research that shows youth exposed to maternal addiction have increased rates of cognitive, socioemotional, and behavioral problems, we examined the prevalence and correlates of past year illicit drug abuse or dependence among women with children younger than 18 years of age in the home to identify maternal risk factors. Methods: Data were from the 2002 and 2003 National Survey on Drug Use and Health, a nationally representative sample of the U.S. civilian population. The current analysis utilized a subsample of women ($N = 19,300$) who reported having children younger than 18 years in the home. Past year abuse or dependence on cocaine, heroin, marijuana, stimulants, and hallucinogens as well as nonmedical use of prescription medications were assessed. Results: The prevalence of illicit drug abuse or dependence was 1.9%. Mothers reporting drug abuse or dependence had increased odds of being unmarried, controlling for other demographics. They also were more likely to report stress, poorer health status, and meet the criteria for serious mental illness (SMI). Conclusions: Prevention and intervention strategies should focus on developing and testing methods to screen for both risk factors associated with maternal drug abuse and actual substance abuse in primary and emergency care settings to reduce youth exposure and improve child developmental outcomes.

Suchman, N., Mayes, L., Conti, J., Slade, A., & Rounsaville, B. (2004). Rethinking parenting interventions for drug-dependent mothers: From behavior management to fostering emotional bonds. *Journal of Substance Abuse Treatment*, 27(3), 179-185.

Mothers who are physically and/or psychologically dependent upon alcohol and illicit drugs are at risk for a wide range of parenting deficits beginning when their children are infants and continuing as their children move through school-age and adolescent years. Behavioral parent training programs for drug-dependent mothers have had limited success in improving parent-child relationships or children's psychological adjustment. One reason behavioral parenting programs may have had limited success is the lack of attention to the emotional quality of the parent-child relationship. Research on attachment suggests that the emotional quality of mother-child relationships is an important predictor of children's psychological development through school-age and adolescent years. In this paper, the authors present a rationale and approach for developing attachment-based parenting interventions for drug-dependent mothers and report preliminary data on the feasibility of offering an attachment-based parenting intervention in an outpatient drug treatment program for women.

Suchman, N., Pajulo, M., DeCoste, C., & Mayes, L. (2006). Parenting interventions for drug-dependent mothers and their young children: The case for an attachment-based approach. *Family Relations*, 55(2), 211-226.

Maternal substance abuse is the most common factor involved when children come to the attention of the child welfare system. Although there is a clear need for clinical trials to evaluate parenting interventions for drug-dependent women, few studies to date have systematically examined the efficacy of interventions for this population. The authors review six published reports of outpatient interventions that aimed to enhance the caregiving skills of substance-abusing mothers caring for children between birth and 5 years of age. Following a discussion of the implications of these studies, the authors describe an attachment-based intervention that addresses these implications and has demonstrated preliminary feasibility in a pilot trial.

Suchman, N.E., McMahon, T.J., Zhang, H., Mayes, L.C., & Luthar, S. (2006). Substance-abusing mothers and disruptions in child custody: An attachment perspective. *Journal of Substance Abuse Treatment*, 30(3), 197-204.

Using an attachment framework, the authors examined (1) whether substance-abusing mothers' perceptions of how they were parented were related to the severity of their substance abuse and psychological maladjustment and (2) whether these two factors mediated the association between mothers' perceptions of how they were parented and their children's placement out of home. The sample included 108 mothers of 248 children who completed interviews upon admission to a methadone maintenance program for women. Measures included lifetime risk composite scores derived from the Addiction Severity Index, the Parental Bonding Instrument, and a demographics questionnaire. The

authors found that out-of-home placement of substance-abusing children appeared to be linked with risks at multiple levels of influence (e.g., sociodemographic, family/social, individual maternal adjustment, and child characteristics). In addition, mothers who perceived their own mothers as uncaring and intrusive were more likely to have developed severe substance abuse problems and psychological maladjustment and to have lost custody of a minor child. The authors suggest that the findings are consistent with an attachment perspective on parenting suggesting that the internal psychological processes of a parent play a critical role in the continuity of parenting.

Sun, A-P. (2004). Principles for practice with substance-abusing pregnant women: A framework based on the five social work intervention roles. *Social Work, 49(3), 383-394.*

The author discusses components essential to pregnancy-specific substance abuse treatment, based on a review of the literature. Elements and issues related to substance abuse during pregnancy are identified under the five social work intervention roles: teacher, broker, clinician, mediator, and advocate. These five roles are used as a framework and integrate relevant literature. The concepts and approaches presented in this article can be applied by social workers in residential or outpatient substance abuse treatment programs; hospital prenatal, labor, and delivery units; the child welfare system; public health districts; or community family service centers.

Velez, M.L., Jansson, L.M., Montoya, I.D., Schweitzer, W., Golden, A., & Svikis, D. (2004). Parenting knowledge among substance abusing women in treatment. *Journal of Substance Abuse Treatment, 27(3), 215-222.*

The purpose of this study was to assess parenting knowledge and beliefs among drug abusing pregnant and recently postpartum women engaged in a comprehensive substance abuse treatment program. In addition, this study examined the effects of a parenting skills training program incorporated into a maternal substance abuse treatment program. Seventy-three pregnant and drug-dependent women received a manualized 8-week training program on parenting instruction. Preliminary results obtained from this clinic-based sample suggest that these substance abusing mothers lacked important parenting knowledge and held misconceptions about basic parenting practices. This knowledge improved after comprehensive substance abuse treatment that included parenting training. This study demonstrated that parenting skills training, as a component of drug treatment, was associated with at least short-term improvements in parenting knowledge. Parenting knowledge and practices are particularly important for this group of women, as their children are at high risk for developmental and other difficulties. Therefore, systematic evaluation of parenting knowledge among women of childbearing age entering substance abuse treatment is recommended. Substance abuse treatment for drug-dependent pregnant and postpartum women should include a parenting skills training component with the ultimate goal of improving the overall development of the drug-exposed child.

Winhusen, T., Kropp, F., Babcock, D., Hague, D., Erickson, S. J., Renz, C., et al. (2008).

Motivational enhancement therapy to improve treatment utilization and outcome in pregnant substance users. *Journal of Substance Abuse Treatment*, 35(2), 161-173.

Pregnant substance users can benefit significantly from substance abuse treatment, but treatment retention can be challenging. Two hundred pregnant substance users entering outpatient substance abuse treatment at one of four treatment programs were randomized to receive either three individual sessions of Motivational Enhancement Therapy for pregnant substance users (MET-PS) or the first three individual sessions normally provided by the program. All participants were encouraged to participate in all other treatment offered by the program. Outcome measures included treatment utilization according to clinic records, qualitative urine toxicology measures, and self-report of substance use. One hundred sixty-two (81%) participants completed the 1-month active phase. Participants attended 62% of scheduled treatment on average and reported decreased substance use during the first month of treatment, with no differences between MET-PS and treatment-as-usual (TAU) participants. There was some evidence that the efficacy of MET-PS varied between sites and that MET-PS might be more beneficial than TAU in decreasing substance use in minority participants. These results suggest that MET-PS is not more effective than TAU for pregnant substance users in general but that there might be particular subgroups or treatment programs for which MET-PS might be more or less effective than TAU.

Winklbaaur, B., Kopf, N., Ebner, N., Jung, E., Thau, K., & Fischer, G. (2008). Treating pregnant women dependent on opioids is not the same as treating pregnancy and opioid dependence: A knowledge synthesis for better treatment for women and neonates. *Addiction*, 103(9), 1429-1440.

Aims Through a novel synthesis of the literature and our own clinical experience, we have derived a set of evidence-based recommendations for consideration as guidance in the management of opioid-dependent pregnant women and infants. **Methods** PubMed literature searches were carried out to identify recent key publications in the areas of pregnancy and opioid dependence, neonatal abstinence syndrome (NAS) prevention and treatment, multiple substance abuse and psychiatric comorbidity. **Results** Pregnant women dependent on opioids require careful treatment to minimize harm to the fetus and neonate and improve maternal health. Applying multi-disciplinary treatment as early as possible, allowing medication maintenance and regular monitoring, benefits mother and child both in the short and the long term. However, there is a need for randomized clinical trials with sufficient sample sizes. **Recommendations** Opioid maintenance therapy is the recommended treatment approach during pregnancy. Treatment decisions must encompass the full clinical picture, with respect to frequent complications arising from psychiatric comorbidities and the concomitant consumption of other drugs. In addition to standardized approaches to pregnancy, equivalent attention must be given to the treatment of NAS, which occurs frequently after opioid medication. **Conclusion** Methodological flaws and inconsistencies confound interpretation of today's literature. Based on this synthesis of available evidence and our clinical experience, we propose recommendations for further discussion.

Prenatal Exposure and Effect on Children

Barth, R.P., Freudlich, M., & Brodzinsky, D. (Eds.). (2000). Adoption and prenatal alcohol and drug exposure: Research, policy and practice. Washington, DC: Child Welfare League of America.

As professionals become aware of the impact of prenatal substance exposure on children in the adoption process or who are available for adoption, there is a heightened need for understanding the range of issues connected with prenatal alcohol and drug exposure. This book addresses many of these issues, providing important information on: the impact of prenatal substance exposure on children's immediate health and well-being; the long-term implications for the health and development of substance-exposed infants; the role that a positive postnatal environment can play in remediating the effects of prenatal substance exposure; counseling suggestions for prospective adoptive parents regarding the effects of prenatal substance exposure; and the ongoing services and supports that are needed for adoptive families and their substance-exposed children to maximize positive outcomes.

Barth, R.P. (2001). Research outcomes of prenatal substance exposure and the need to review policies and procedures regarding child abuse reporting. Child Welfare, 80(2), 275-296.

Research on the outcomes of drug-exposed children evinces elevated developmental risks from the interaction of subtle biological vulnerabilities and compromised parenting. States, however, have generally not reviewed the procedures and policies they developed in the early 1990s when there was less research and experience with these children. At that time the gravest risks related to perinatal substance exposure seemed to be excessively punitive treatment of mothers by overzealous criminal justice prosecutors. This article discusses primary and secondary risks of prenatal drug exposure. The author also clarifies policy options for reporting and serving children who are born testing positive for controlled substances and calls for strengthening existing state policies regarding child abuse reporting and response.

Bauer, C.R., Langer, J.C., Shankaran, S., Bada, H.S., Lester, B., Wright, L.L., et al. (2005). Acute neonatal effects of cocaine exposure during pregnancy. Archives of Pediatrics & Adolescent Medicine, 159(9), 824-834.

The purpose of this study was to identify associations between cocaine-exposure during pregnancy and medical conditions in newborn infants from birth through hospital discharge. A total of 717 cocaine-exposed infants and 7442 nonexposed infants participated in a multi-site, prospective, randomized study. The authors examined results of physical examination and conditions observed during hospitalization. The study found that cocaine-exposed infants were about 1.2 weeks younger, weighed 536 g less, measured 2.6 cm shorter, and had head circumference 1.5 cm smaller than nonexposed infants. Results did not confirm previously reported abnormalities. Central and autonomic nervous system symptoms were more frequent in the exposed group: jittery/tremors, high-pitched cry, irritability, excessive suck, hyperalertness, and autonomic instability. No differences were detected in organ systems by ultrasound

examination. Exposed infants had more infections, including hepatitis, syphilis, and human immunodeficiency virus exposure; were less often breastfed; had more child protective services referrals; and were more often not living with their biological mother. The authors conclude that central and autonomic nervous system symptoms were more frequent in the exposed cohort and persisted in an adjusted analysis. They were usually transient and may be a true cocaine effect. Abnormal anatomic outcomes previously reported were not confirmed. Increased infections, particularly sexually transmitted diseases, pose a serious public health challenge. Exposure increased involvement of child protective services and out-of-home placement.

Belcher, H.M.E, Butz, A.M., Wallace, P., Hoon, A.H., Reinhardt, E., Reeves, S.A., & Pulsifer, M.B. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants and Young Children, 18(1), 2-15.*

Intrauterine illicit drug exposure may lead to a variety of adverse neurobehavioral and neurodevelopmental outcomes. Providing early intervention to reduce the impact of maternal substance abuse on the developing fetus may have significant benefits for the child and family. This article highlights three different approaches utilized by programs to provide early intervention and improve the well-being of parents for parents who have a history of drug dependence and their children. The initiation of these programs spans from pregnancy through early childhood. All three programs are community-based, using comprehensive culturally relevant developmental models. The first program, Project STRIVE (Support, Trust, Rehabilitation, Initiative, Values, and Education), provided onsite comprehensive substance abuse treatment, intensive center- and home-based social work, and parent education care for pregnant women with drug dependence and their newborns. The second program, the Early Infant Transition Center, enrolled newborns with a history of neonatal abstinence syndrome and their mothers and provided 24-hour nursing care, oncall physicians and nurse practitioners, social workers, parent education, and onsite sleeping accommodation for parents during their infant's recovery. The third program, Home-U-Go Safely, used community-based nurses to give home-based health monitoring, education, and support to new mothers with a history of cocaine and/or opiate dependence. Data collected from these programs showed significant improvements in maternal/caregiver and child outcomes such as improved parent knowledge, decreased parental stress and better perceptions of their children's behavior, improved neonatal birth growth parameters including weight and head circumference. The authors point out that interventions for children with intrauterine drug exposure require a comprehensive culturally relevant family-oriented approach. Intervention strategies which address the multiple needs of the drug-dependent mother and the child have the greatest promise in improving overall outcomes.

Berger, L.M, & Waldfogel, J. (2000). Prenatal cocaine exposure: Long-run effects and policy implications. *Social Service Review, 74(1), 28-54.*

This article reviews the literature regarding prenatal cocaine exposure and child development. The authors reexamine current child welfare policies in light of that literature, paying particular attention to laws that mandate reporting substance-exposed newborns and substance use during pregnancy as well as policies that view such reports as prima facie evidence of child maltreatment. The authors also reassess the utility of such policies, given the current knowledge of the long-term effects of prenatal exposure, and consider alternative approaches to protecting children who are born to parents who are using crack cocaine.

Burry, C.L., & Wright, L. (2006). Facilitating visitation for infants with prenatal substance exposure. *Child Welfare*, 85(6), 899-918.

Permanency planning for infants with prenatal substance exposure is challenging due to characteristics of the infants and the ongoing substance use or relapse of the parents. Visitation is a primary mechanism through which child welfare workers determine and support permanency planning. This article addresses the use of visitation as a child welfare intervention when a child with prenatal substance exposure is in out-of-home care, and discusses special issues in providing such intervention. Productive use of visitation for permanency planning for infants with prenatal substance exposure is described, along with strategies for skillfully focusing visits on issues and needs relevant to this population. The authors suggest that although substance use is a critical factor in planning, it cannot be the deciding factor in decision making about permanency. The authors state that the child welfare service of visitation is the primary mechanism through which workers normally deal with issues such as psychological or emotional reactions to separation, improvement of parenting skills, sharing information, and determining and supporting permanency planning. The authors conclude that visitation is no less important when substances are involved and the productive use of visitation for permanency planning depends on workers understanding of how substance use affects the dynamics of visitation and skillfully focusing visits on issues and needs that are particularly relevant to this population.

Chasnoff, I. (2001). *The nature of nurture: Biology, environment, and the drug-exposed child*. Chicago: National Training Institute Publishing.

The health consequences for children exposed to alcohol, cocaine, and other drugs are enormous, but the implications for behavior and learning are even greater. This book explores the biological and environmental factors that impact the ultimate development of drug-exposed children and presents practical strategies for helping children reach their full potential at home and in the classroom. In particular, this book addresses risk and protective factors in the life of a child; fetal alcohol syndrome; drugs, pregnancy, and the growing child; understanding children's behavior; a theoretical basis for behavioral change; developing an intervention strategy; and the problem-solving process for behavior management.

Davies, J.K., & Bledsoe, J.M. (2005). Prenatal alcohol and drug exposures in adoption. *Pediatric Clinics of North America*, 52(5), 1369-1393.

Families choosing to adopt domestically or internationally are faced with the possibility of prenatal substance exposure for their child. As more families turn to medical providers for consultation before adoption, the challenge of accurately identifying risk factors (such as prenatal substance exposure) for poor medical or cognitive outcomes becomes paramount. Although accurate data from the pregnancy history are crucial to helping medical professionals assess the risk of adverse neurodevelopmental outcomes in waiting children, these data are frequently not available at the time of a preadoptive medical review. Even with prenatal history available, it is extremely difficult to disentangle the consequences of prenatal substance exposure from the frequent comorbidities of prematurity, malnutrition, neglect, abuse, multiple placements, or institutional deprivation as discussed elsewhere in this issue. In addition, prenatal exposure to potentially harmful substances often occurs in the context of social dysfunction: poverty, parental addiction, impaired parenting, and poor access to services. A family history of mental illness or learning disabilities is often present, which can carry additional genetic risk for adoptees. This article addresses the major potential prenatal substance exposures for children joining families by adoption or, indeed, by birth: alcohol, opiates, tobacco, marijuana, cocaine, and methamphetamines. For each substance, the authors review the teratogenicity of the exposure and identify the spectrum of neurodevelopmental issues that can present in children exposed to this substance. Diagnosis of the spectrum of fetal alcohol outcomes is also discussed. When possible, the authors provide country-specific statistics on exposure risks for adopted children.

Day, N.L., Goldschmidt, L., & Thomas, C.A. (2006). Prenatal marijuana exposure contributes to the prediction of marijuana use at age 14. *Addiction*, 101(9), 1313-1322.

The purpose of this study was to evaluate the effects of prenatal marijuana exposure (PME) on the age of onset and frequency of marijuana use among 14-year-olds. In this longitudinal cohort study, women were recruited in their fourth prenatal month from a hospital-based prenatal clinic. Women and children were followed throughout pregnancy and at multiple time-points into adolescence. The women ranged in age from 18 to 42, half were African American and half Caucasian, and most were of lower socio-economic status. The women were generally light to moderate substance users during pregnancy and subsequently. At 14 years, 580 of the 763 offspring-mother pairs (76%) were assessed regarding socio-demographic, environmental, psychological, behavioral, biological and developmental factors. A total of 563 pairs (74%) were included in this analysis. Outcomes were age of onset and frequency of marijuana use at age 14. PME predicted age of onset and frequency of marijuana use among the 14-year-old offspring. This finding was significant after controlling for other variables including the child's current alcohol and tobacco use, pubertal stage, sexual activity, delinquency, peer drug use, family history of drug abuse and characteristics of the home environment including parental depression, current drug use and strictness/supervision. The authors conclude that prenatal exposure to marijuana, in addition to other factors, is a significant predictor of marijuana use at age 14.

Derauf, C., L. L. LaGasse, et al. (2007). "Demographic and Psychosocial Characteristics of Mothers Using Methamphetamine During Pregnancy: Preliminary Results of the Infant Development, Environment, and Lifestyle Study (IDEAL)." *The American Journal of Drug and Alcohol Abuse* 33(2): 281.

This study describes the psychological characteristics and caretaking environments of 131 women enrolled in the first longitudinal study of prenatal methamphetamine (MA) exposure and child development. Prenatal MA use was associated with lower maternal perceptions on quality of life, greater likelihood of substance use among family and friends, increased risk for ongoing legal difficulties, and a markedly increased likelihood of developing a substance abuse disorder. Our preliminary findings suggest that MA using women are more likely to have multiple, intertwined psychosocial risks that may result in maladaptive parenting and caregiving. These factors may impact the developmental outcomes of affected children. [PUBLICATION ABSTRACT]

Effects of prenatal alcohol exposure on hippocampal volume, verbal learning, and verbal and spatial recall in late childhood. (2008). *Journal of the International Neuropsychological Society*, 14(6), 1022-1033.

Children with prenatal alcohol exposure (PAE) show deficits in verbal learning and spatial memory, as well as abnormal hippocampal development. The relationship between their memory and neuroanatomic impairments, however, has not been directly explored. Given that the hippocampus is integral for the synthesis and retrieval of learned information and is particularly vulnerable to the teratogenic effects of alcohol, we assessed whether reduced learning and recall abilities in children with fetal alcohol spectrum disorders (FASDs) are associated with abnormal hippocampal volumes. Nineteen children with FASDs and 18 typically developing controls aged 9 to 15 years were assessed for verbal learning and verbal and spatial recall and underwent structural magnetic resonance imaging. Images were analyzed for total intracranial volume and for right and left hippocampal volumes. Results revealed smaller left hippocampi and poorer verbal learning and verbal and spatial recall performance in children with FASDs than controls, as well as positive correlations between selective memory indices and hippocampal volumes only in the FASD group. Additionally, hippocampal volumes increased significantly with age in controls only, suggesting that PAE may be associated with long-term abnormalities in hippocampal development that may contribute to impaired verbal learning and verbal and spatial recall.

Eiden, R. D., McAuliffe, S., Kachadourian, L., Coles, C., Colder, C., & Schuetze, P. (2009). *Effects of prenatal cocaine exposure on infant reactivity and regulation. Neurotoxicology & Teratology*, 31 (1), 60-68.

The purpose of this study was to examine the role of prenatal cocaine exposure and associated risk factors on infant reactivity and regulation at 7 months of infant age. Participants consisted of 167 mother–infant dyads participating in an ongoing longitudinal study of prenatal cocaine exposure, who completed the arm restraint procedure at the 7-month assessment (87 cocaine exposed, 80 non-cocaine

exposed). We hypothesized that cocaine exposed infants would display higher arousal or reactivity and lower regulation during a procedure designed to arouse anger/frustration. Results indicated that cocaine exposed infants were more reactive to increases in the level of stress from trial 1 to trial 2 but exhibited no change in the number of regulatory strategies as stress increased, unlike the control group infants. Infant birth weight moderated the association between cocaine exposure and infant regulation. Among cocaine exposed infants, those with lower birth weight displayed higher reactivity compared to those with higher birth weight. Contrary to expectations, there were no indirect effects between cocaine exposure and infant reactivity/regulation via environmental risk, parenting, or birth weight. Results are supportive of a teratological model of prenatal cocaine exposure for infant reactivity/regulation in infancy.

Hyter, Y. D. (2007). "Understanding children who have been affected by maltreatment and prenatal alcohol exposure." *Language Speech and Hearing Services in Schools* 38(2): 93-98.

This prologue introduces an important topic for multiple disciplines involved with children and their families. This introduction includes a review of some of the current literature on the effects of maltreatment and prenatal alcohol exposure on child development, an explanation of why this topic is essential learning for communication professionals, prevalence figures for the occurrence of these effects, and a summarization of the articles that have been contributed by a cross section of researchers from various disciplines.

Lemola, S., Stadlmayr, W., & Grob, A. (2009). Infant irritability: The impact of fetal alcohol exposure, maternal depressive symptoms, and low emotional support from the husband. *Infant Mental Health Journal*, 30 (1), 57-81.

Objectives: The aim of this study was to investigate the impact of fetal alcohol exposure, maternal depressive symptoms, and low emotional support from the husband on infant irritability in the first one and a half years of life. Four models describing the interplay of these factors were assessed: A direct effect model, an interaction or threshold model, a mediational model and a transactional model. Method: A sample of initially 458 women was assessed in a prospective 3-wave study across the first 17 months after childbirth. Fetal alcohol exposure was questioned retrospectively six weeks after birth. Infant irritability was reported by the mothers and fathers. Results: Support for the direct effect model and the interaction model could be found: Fetal alcohol exposure and low emotional support from the husband were associated with increased infant irritability at 5 months. The impact of fetal alcohol exposure was moderated by postnatal depressive symptoms. More irritability was reported if both risk factors, prenatal alcohol exposure and maternal depressive symptoms, were present. Infant irritability and maternal depressive symptoms were associated cross-sectionally. At the age of 17 months only a main effect of prenatal alcohol exposure on irritability could be found. Conclusion: Direct effects of fetal alcohol exposure, maternal depressive symptoms, and low emotional support from the husband on infant irritability as well as an interaction between fetal alcohol exposure and maternal depressive symptoms

were revealed. The interaction can be understood in terms of a diathesis-stress model. However, no longitudinal associations between maternal depressive symptoms and infant irritability could be found.

Minnes, S., Singer, L. T., Humphrey-Wall, R., & Satayathum, S. (2008). Psychosocial and behavioral factors related to the post-partum placements of infants born to cocaine-using women. *Child Abuse & Neglect*, 32(3), 353-366.

OBJECTIVE One objective was to determine if cocaine-using women who did not maintain infant custody (NMC) would report more psychological distress, domestic violence, negative coping skills, lower social support and more childhood trauma than cocaine-using women who maintained custody (MC) of their infant. A second objective was to evaluate the relative contribution of psychosocial factors to infant placement. **METHODS** Psychosocial profiles of MC women (n = 144) were compared with NMC (n = 66) cocaine-using women. Subjects were low income, urban, African-American women who delivered an infant at a county teaching hospital. The Brief Symptom Inventory (BSI), an assessment of coping strategies (COPE), Multidimensional Scale of Perceived Social Support (MSPSS), Conflict Tactics Scale (CTS) and Childhood Trauma Questionnaire (CTQ) were administered. The associations of infant placement status to demographic factors, drug use and psychosocial measures were evaluated.

RESULTS The NMC group reported greater overall psychological distress, psychoticism, somatization, anxiety and hostility than the MC group. The NMC group had more childhood neglect and physical abuse and used more negative coping strategies than the MC group. Lack of prenatal care [OR = .83, CI (.75–.91), p < .0001], heavier prenatal cocaine use [OR = 2.55, CI (1.13–4.34), p < .007], greater psychological distress [OR = 2.21, CI (1.13–4.34), p < .02] and a childhood history of emotional neglect [OR = 1.10, CI (1.02–1.19), p < .02] were associated with increased likelihood of loss of infant custody after control for other substance use and demographic variables.

CONCLUSIONS NMC women have more negative psychological and behavioral functioning post-partum than MC women. Less prenatal care and greater cocaine use, psychological distress and maternal childhood emotional neglect are associated with the post-partum placement of infants born to cocaine-using women.

PRACTICE IMPLICATIONS Results of this study indicate that poor, urban women who use cocaine prenatally display several measurable differences on psychosocial and behavioral risk factors based on child placement status. Among these risk factors heavier cocaine use, lack of prenatal care, more severe psychological symptoms and early childhood experiences of emotional neglect increase the likelihood of loss of infant custody. Routine, objective assessments of psychosocial and behavioral characteristics of women who use cocaine during pregnancy can aid Child Protective Service workers and clinicians by providing baseline data from which to tailor interventions and set improvement criteria for mother-child reunification. [PUBLICATION ABSTRACT]

Nordstrom Bailey, B., Sood, B.G., Sokol, R.J., Ager, J., Janisse, J., Hannigan, J.H., et al. (2005). Gender and alcohol moderate prenatal cocaine effects on teacher-report of child behavior. *Neurotoxicology & Teratology*, 27(2), 181-190.

Prenatal cocaine exposure has been associated with behavior problems at school age. Cocaine use during pregnancy is often associated with alcohol use, making it difficult to control for the effects of multiple substances. In addition, child gender-specific effects are not typically reported. Thus, the purpose of the current study was to determine the degree to which gender-specific effects of prenatal cocaine exposure on teacher-reported child externalizing behavior problems were evident when evaluated in relation to prenatal alcohol exposure. Subjects were single birth infants of mothers who were prospectively evaluated during pregnancy. At age seven, 499 children (214 exposed prenatally to cocaine) were evaluated in our laboratory and teacher reports were solicited. Results revealed that among boys with prenatal alcohol exposure, co-occurring prenatal cocaine exposure was associated with increased levels of teacher-reported externalizing behavior, particularly delinquent behavior. Boys with any prenatal cocaine exposure were twice as likely as unexposed boys to have clinically significant externalizing behavior scores. For girls, prenatal cocaine exposure only was associated with increased levels of externalizing behaviors and aggressive behavior. In contrast, the authors found no evidence of an externalizing behavior effect for girls with prenatal alcohol exposure only. The current findings support gender- and alcohol-moderated effects of prenatal cocaine exposure on school-age teacher-reported child behavior problems. These findings are consistent with other studies that have suggested that behavior of boys is more likely to be negatively impacted by prenatal and postnatal environmental influences than the behavior of girls.

Riley, E.P., & McGee, C.L. (2005). Fetal alcohol spectrum disorders: An overview with emphasis on changes in brain and behavior. *Experimental Biology and Medicine*, 230(6), 357-365.

Fetal alcohol spectrum disorders constitute a major public health problem. This article presents an overview of important issues that surround these disorders and emphasizes the structural and neurobehavioral consequences associated with prenatal exposure to alcohol. Diagnostic criteria are discussed, and possible moderating factors for the range of outcomes are mentioned. In addition, the prevalence of fetal alcohol spectrum disorders is described, and estimates of the financial impact of these disorders are given. Heavy prenatal alcohol exposure can severely affect the physical and neurobehavioral development of a child. A wide range of neuropsychological deficits have been found in children prenatally exposed to alcohol, including deficits in visuospatial functioning, verbal and nonverbal learning, attention, and executive functioning. These children also exhibit a variety of behavioral problems that can further affect their daily functioning. Children exposed to alcohol prenatally, with and without the physical features of fetal alcohol syndrome, display qualitatively similar deficits. Determining the behavioral phenotypes that result from heavy prenatal alcohol exposure is critical, because the identification of these children is crucial for early interventions. In addition, knowing which brain areas are involved might enable the development of better intervention strategies. However, intervention needs to go beyond the affected individual to prevent future cases. As evidenced by the staggering financial impact these disorders have on society, prevention efforts need to be aimed at high-risk groups, and this issue needs to be made a high priority in terms of public health.

Schiller, C., & Allen, P.J. (2005). Follow-up of infants prenatally exposed to cocaine. *Pediatric Nursing, 31(5), 427-436.*

Maternal cocaine use during pregnancy continues to be of great concern for health care professionals. Research in this area has increased as investigators examine the effects of prenatal cocaine exposure in the infant/young child. This paper reviews the literature, identifies the primary care needs of infants and young children with a known history of prenatal cocaine exposure, and presents guidelines for the primary care practitioner to monitor the infant's physiologic and developmental sequelae during the first 3 years of life. Findings in the literature demonstrate inconsistencies in regard to the physiologic and developmental outcomes of infants/young children prenatally exposed to cocaine. The authors conclude that further research is warranted, as it is evident from studies that not all investigators are controlling for confounding variables such as poly-drug use, which is necessary in isolating cocaine's effects. Subtle effects, however, have been reported from well-controlled studies and, thus, particular attention needs to be paid to early identification and interventions by primary care practitioners to prevent negative health outcomes. The guidelines proposed assist the practitioner with a thorough and focused approach to assessing the physiologic and developmental effects that are currently known to occur in the infant/young child prenatally exposed to cocaine.

Shankaran, S., Lester, B.M., Das, A., Bauer, C.R., Bada, H.S., Lagasse, L., & Higgins, R. (2007). Impact of maternal substance use during pregnancy on childhood outcome. *Seminars in Fetal Neonatal Medicine, 12(2), 143-150.*

The impact of maternal substance abuse is reflected in the 2002-2003 National Survey on Drug Use and Health. Among pregnant women in the 15-44 age group, 4.3%, 18% and 9.8% used illicit drugs, tobacco and alcohol, respectively. Maternal pregnancy complications following substance use include increases in sexually transmitted disorders, placental abruption and HIV-positive status. Effects on the neonate include a decrease in growth parameters and increases in central nervous system and autonomic nervous system signs and in referrals to child protective agencies. In childhood, behavioral and cognitive effects are seen after prenatal cocaine exposure; tobacco and alcohol have separate and specific effects. The ongoing use of alcohol and tobacco by the caretaker affects childhood behavior. Therefore, efforts should be made to prevent and treat behavioral problems as well as to limit the onset of drug use by adolescent children born to women who use drugs during pregnancy.

Smith, L.M., LaGasse, L.L., Derauf, C., Grant, P., Shah, R., Arria, A., et al. (2006). The Infant Development, Environment, and Lifestyle Study: Effects of prenatal methamphetamine exposure, polydrug exposure, and poverty on intrauterine growth. *Pediatrics, 118(3), 1149-1156.*

Methamphetamine use among pregnant women is an increasing problem in the United States. Effects of methamphetamine use during pregnancy on fetal growth have not been reported in large, prospective studies. This study examined the neonatal growth effects of prenatal methamphetamine exposure in the

multicenter, longitudinal Infant Development, Environment and Lifestyle (IDEAL) study. The IDEAL study screened 13 808 subjects at 4 clinical centers: 1618 were eligible and consented, among which 84 were methamphetamine exposed, and 1534 were unexposed. The authors found that the methamphetamine exposed group was 3.5 times more likely to be small for gestational age than the unexposed group. Mothers who used tobacco during pregnancy were nearly 2 times more likely to have small-for-gestational-age infants. In addition, less maternal weight gain during pregnancy was more likely to result in a small-for-gestational-age infant. Birthweight in the methamphetamine exposed group was lower than the unexposed group. These findings suggest that prenatal methamphetamine use is associated with fetal growth restriction after adjusting for covariates. Continued follow-up will determine if these infants are at increased risk for growth abnormalities in the future.

Sood, B.G., Nordstrom Bailey, B., Covington, C., Sokol, R.J., Ager, J., Janisse, J., et al. (2005). Gender and alcohol moderate caregiver reported child behavior after prenatal cocaine. *Neurotoxicology & Teratology*, 27(2), 191-201.

The concurrence of prenatal alcohol exposure with other drug exposure, low socioeconomic status and environmental risk factors may obscure associations, if any, between prenatal cocaine exposure and child outcomes. This study evaluates the effects of prenatal cocaine exposure on child behavior in a sample of 506 mothers and their children. Maternal alcohol, cigarette, and illicit drug use were assessed pre- and postnatally. Caregiver report of child behavior was assessed with the Achenbach Child Behavior Checklist. The authors found girls prenatal exposed to cocaine only had higher rates of adverse behavioral outcomes on caregiver reported child behaviors, such as externalizing (i.e., aggression), internalizing, and attention problems. No differences were found for boys prenatally exposed to cocaine only. Girls and boys with both prenatal cocaine and alcohol exposure had higher scores on delinquent behavior. Maternal age, cigarette and alcohol exposure during pregnancy, and current drug use were increased with prenatal cocaine exposure. In addition, children with any prenatal cocaine exposure were less likely to have consistently been in the custody of their biologic mother. These results emphasize the need for collection of longitudinal data to follow the effects of prenatal exposure in children. The manifestations of prenatal cocaine exposure are likely to change with the development of the child and are probably different in adolescents.

Wobie, K., Eyler, F.D., Garvan, G.W., Hou, W., & Behnke, M. (2004). Prenatal cocaine exposure: An examination of out-of-home placement during the first year of life. *Journal of Drug Issues*, 34(1), 77-94.

This paper presents basic placement issues for infants at risk for out-of-home placement by describing the postnatal living arrangements of a group of cocaine-exposed infants and a matched control group of nonexposed infants during their first year of life. Descriptions of birth mothers include demographic data, substance use, social support, life events, and other psychosocial measures as reported by the mothers during the prenatal period, and obstetrical history and outcomes, including birth outcomes of the infants.

Risk factors for infant placement outside of the maternal home are identified. Of this predominantly African-American, low socioeconomic status, multiparous cohort, 46% of the women who used cocaine prenatally had infants in out-of-home placement at some time during the first year of life. More positive life experiences and higher education significantly improved the potential of retaining custody. Depression had a small but significant negative effect on the possibility of maintaining custody. The prenatal and post-partum period is an important time to provide services that encourage substance abuse recovery and associated factors of stability that facilitate an intact mother-infant dyad. This study reinforces the idea that the pregnancy and postpartum period presents an opportunity for physicians and other medical practitioners to engage in more extensive interviewing of at-risk patients in order to identify and refer users as early as possible to substance abuse treatments and services. This proactive approach creates an opportunity for more women to receive help for their substance use and psychosocial problems and may decrease the likelihood of mother-infant separation.

Children of Substance Abusers

Conners, N.A., Bradley, R.H., Mansell, L.W., Liu, J.Y., Roberts, T.J., Burgdorf, K., et al. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. American Journal of Drug and Alcohol Abuse, 30(1), 85-100.

The purpose of this study was to offer some insight into the life circumstances and experiences of a large group of children affected by maternal addiction. The study addresses the characteristics of their caregivers, the multiple risk factors faced by these children, their health and development, and their school performance. Data were collected from mothers at intake into 50 publicly funded residential substance abuse treatment programs for pregnant and parenting women. Findings from this study suggest that children whose mothers abuse alcohol or other drugs confront a high level of risk and are at increased vulnerability for physical, academic, and social-emotional problems. Children affected by maternal addiction are in need of long-term supportive services. Programs are needed to fully address the fully array of immediate, transitional, and long-term needs of these children as individuals or members of a family. Treating the complex needs of children requires a team of professionals that extends well beyond the kind of team found in a traditional treatment setting.

Harwin, J. (2008). Focusing on parental and young people's substance misuse: Exploring the links. Child Abuse Review, 17(6), 365-370.

The author reflects on the issue of parental substance misuse and the effect that it has on young children. The author argues that this is an important subject to look into for a number of reasons, including the growth of research in the field, the types of harm that parental substance misuse has on childhood development and the impact this issue has on child welfare services. The article references various changes that have taken place in the fields of health and social services in order to integrate parental substance misuse.

Moe, J., Johnson, J. L., & Wade, W. (2008). Evaluation of the Betty Ford children's program. *Journal of Social Work Practice in the Addictions*, 8 (4), 464-489.

This article reports on a program evaluation of the Betty Ford Center Children's Program, a program specifically designed for the children of substance abusers. Approximately 160 participating children (aged 7-12) were evaluated at pretest and posttest using a comprehensive psychological battery; a subsample of 50 children participated in a follow up telephone interview 6 months later. Results showed that children of substance abusers benefit from brief, intensive program efforts that serve their special circumstances and highlight the important role social workers and other clinicians have in helping children reevaluate how they are impacted by their parent's addiction.

Office of Applied Studies (2003, June). The NHSDA report: Children living with substance-abusing or substance-dependent parents. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available online at: <http://www.oas.samhsa.gov/2k3/children/children.cfm>

This brief report is based on SAMHSA's National Household Survey on Drug Abuse, which is the primary source of information on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general U.S. civilian non institutionalized population, age 12 and older. This report focuses on biological, step, adoptive, and foster children younger than 18 years of age who were living with one or both parents at the time of the survey interview. This report found that in 2001, more than 6 million children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year. Past year substance abuse or dependence by parents involved approximately 10 percent of children aged 5 or younger. Among parents who lived with one or more children, fathers were more likely than mothers to abuse or be dependent on alcohol or an illicit drug.

Osborne, C., & Berger, L. M. (2009). Parental substance abuse and child well-being: A consideration of parents' gender and co-residence. *Journal of Family Issues*, 30 (3), 341-370.

Parental substance abuse is associated with adverse health and developmental outcomes for children. Existing research, however, has not fully explored the relative magnitude of the associations between maternal, paternal, and both parents' substance abuse and child outcomes, nor has it examined these associations in regard to substance abuse among nonresident fathers. We use data from the Fragile Families and Child Wellbeing Study (N = 3,027) to explore these issues among a cohort of 3-year-old children. We find that children living with a substance-abusing parent are at considerable risk for poor health and behavior outcomes, that such risk is not moderated by parent gender, and that it is substantially larger when both parents have substance abuse problems. Moreover, children with substance-abusing fathers are at a potentially higher risk of health and behavior problems when their fathers live with them, although this risk is still substantial when they do not.

VanDeMark, N.R., Russell, L.A., O’Keefe, M., Finkelstein, N., Noether, C.D., & Gampel, J.C. (2005). Children of mothers with histories of substance abuse, mental illness, and trauma. *Journal of Community Psychology*, 33(4), 445-459.

Children exposed to parental substance abuse, mental illness, and violence face profound challenges, including increased risk for emotional and behavioral problems, substance abuse, and victimization. In this article, the authors describe the characteristics of a sample of children of women entering treatment. The children had been exposed to domestic violence, frequent child welfare involvement, and residential instability. Parental entry into treatment affords treatment providers an opportunity to intervene early with these children, enabling them to offer supportive and preventive services and to help children build skills to avoid problems later. Treatment providers are encouraged to offer assessment and services to children of parents entering treatment, capitalizing on the opportunity to intervene early with a group of children who are at risk for problems with significant individual and social consequences.

Family Treatment, Evidence-Based Practices and Related Issues

Center for Substance Abuse Treatment. (2004). Substance abuse treatment and family therapy. Treatment Improvement Protocol (TIP) Series, No. 39. DHHS Publication No. (SMA) 04-3957. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Family therapy has a long and solid history within the broad mental health field. Substance abuse treatment, on the other hand, developed in considerable isolation. This TIP represents advice on how both fields can profit from an understanding and incorporating the methods and theories of the other field. The primary audience for this TIP is substance abuse treatment counselors; family therapists are a secondary audience. This TIP addresses how substance abuse affects the entire family and how substance abuse treatment providers can use principles from family therapy to change the interactions between family members. Basic information about family therapy for substance abuse treatment professionals and basic information about substance abuse for family therapists is provided. The TIP presents the models, techniques, and principles of family therapy, with special attention to the stages of motivation as well as to treatment and recovery. Discussion also focuses on clinical decision-making and training, supervision, cultural considerations, special populations, funding, and research. The TIP concludes with policy and program issues for administrators and trainers to consider for effectively joining family therapy and substance abuse treatment.

Coombes, L., Allen, D., Marsh, M., & Foxcroft, D. (2009). The strengthening families programme (SFP) 10-14 and substance misuse in Barnsley: The perspectives of facilitators and families. *Child Abuse Review*, 18 (1), 41-59.

The aim of this study was to evaluate the Strengthening Families Programme for young people aged ten to 14 and their parents (SFP 10-14) in Barnsley, a northern English city, based on the experience of facilitators and families who had participated in the programme. A mixed methods design blending both

quantitative and qualitative data was used in the study carried out in two phases over a nine-month period in 2005. Quantitative data were collected through: the SFP 10-14 Parent/Caregiver Survey Questionnaire, the SFP 10-14 Young Persons' Survey Questionnaire and the Strengths and Difficulties Questionnaire. Questionnaire data were compared at the beginning of the SFP 10-14 programmes (weeks 1-2) and at the end of the programmes (week 7). In addition, two focus group meetings were held with families who had undertaken the SFP 10-14 programme; and three focus group meetings were conducted with facilitators of SFP 10-14 programmes. Once quantitative and qualitative data had been analysed separately, a synthesis of the main findings from both approaches was then completed. Following the programmes, parents reported significant changes in communication limit setting, emotional management, prosocial behaviour and drugs/alcohol use. Total difficulties scores were also significantly different pre- and post SFP 10-14 programmes. For the young people, communication, and emotional management were improved and their drugs/alcohol use was less. Their total difficulties scores were also significantly different. Qualitative evidence indicated that families who participated in the study found the SFP 10-14 useful in preventing young people's alcohol and drug use in terms of: learning more about alcohol and drugs, using knowledge and skills to reduce behaviours that might lead to alcohol and drug use and, for young people, dealing with peer pressure that might lead to drug and alcohol use. Parents/caregivers and young people reported that the SFP 10-14 had played a part in improving family functioning through strengthening the family unit. The findings from this exploratory study suggest that the SFP 10-14 may be a useful primary prevention intervention in helping to prevent drug and alcohol misuse in young people.

Corless, J., Mirza, K. A. H., & Steinglass, P. (2009). Family therapy for substance misuse: The maturation of a field. *Journal of Family Therapy*, 31 (2), 109–114.

The authors reflect on the maturation of the family therapy for substance misuse. They mentioned that determining if a clinical field has reached a state of maturation include organizing ideas and themes, and compelling evidence. They presented the challenges regarding family therapy approaches to substance misuse which include the more effective translation of research findings into clinical practice, and additional research to pin down the essential ingredients of effective family therapy.

Diamond, G., & Josephson, A. (2005). Family-based treatment research: A 10-year update. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(9), 872-887.

This article provides an update on the state of the art of family-based treatment research. The authors reviewed randomized clinical trials conducted in the past 10 years that included parents as a primary participant in treatment of child and adolescent psychiatric problems. Studies were identified from major literature search engines and current significant pilot work was identified in the National Institute of Mental Health Computer Retrieval of Information on Scientific Projects Web page or from the authors themselves. The results indicate that family treatments have proven effective with externalizing disorders, particularly conduct and substance abuse disorders, and in reducing the comorbid family and

school behavior problems associated with attention-deficit/hyperactivity disorder. In addition, several new studies suggest that family treatments or treatment augmented by family treatments are effective for depression and anxiety. The authors conclude that for many disorders, family treatments can be an effective stand-alone intervention or an augmentation to other treatments. They state that engaging parents in the treatment process and reducing the toxicity of a negative family environment can contribute to better treatment engagement, retention, compliance, effectiveness, and maintenance of gains. Lastly, recommendations for the next decade of research and some implications of family-based treatment for child and adolescent psychiatry are explored.

Haggerty, K. P., Skinner, M., Fleming, C. B., Gainey, R. R., & Catalano, R. F. (2008). Long-term effects of the Focus on Families project on substance use disorders among children of parents in methadone treatment. *Addiction*, 103 (12), 2008-2016.

AIMS This study examines the efficacy of the Focus on Families project (currently called Families Facing the Future), a preventive intervention to reduce substance use disorders among children in families with a parent in methadone treatment. **DESIGN** One hundred and thirty families were assigned randomly to a methadone clinic treatment-as-usual control condition or treatment-as-usual plus the Focus on Families intervention between 1991 and 1993. **SETTING** Participants were recruited from two methadone clinics in the Pacific Northwest. **PARTICIPANTS** This study examines the development of substance use disorders among the 177 children (56.84% male) involved in the program using data from a long-term follow-up in 2005, when these participants ranged in age from 15 to 29 years. **INTERVENTION** The intervention was delivered through group parent-training workshops at the methadone clinics and through individualized home-based services. The intervention taught parenting skills and skills for avoiding relapse to drug abuse. **MEASUREMENTS** At long-term follow-up, substance use disorders were measured by the Composite International Diagnostic Interview (CIDI). Survival analyses were used to assess intervention versus control differences in the hazard of developing substance use disorders. **FINDINGS** Overall, intervention and control participants did not differ significantly in risk of developing substance use disorders. However, there was evidence of a significant difference in intervention effect by gender. There was a significant reduction in the risk of developing a substance use disorder for intervention group males compared to control group males (hazard ratio = 0.53, $P = 0.03$), while intervention versus control differences among females were non-significant and favored the control condition. **CONCLUSIONS** Results from this study suggest that helping parents in recovery focus on both reducing their drug use and improving their parenting skills may have long-term effects on reducing substance use disorders among their male children. However, the overall long-term benefits of this program are not supported by the results for female children.

Jackson., V. (2004). Residential treatment for parents and their children: The Village experience. *NIDA Science & Practice Perspectives*, 2(2), 44-53. Available at: <http://www.drugabuse.gov/PDF/Perspectives/vol2no2/05Perspectives-Residential.pdf>

The Village South, Inc., in Miami, Florida, offers comprehensive substance abuse treatment and prevention services to adults, adolescents, and children. The Village's Families in Transition (FIT) program, launched in the early 1990s as one of the Nation's first 11 federally funded programs for women with children, has provided services to nearly 800 parents and approximately 2,000 children. This article discusses the philosophy behind FIT's family focused residential treatment program, characterizes its participants, describes its challenges and successes, and points out research needs that have come to light through experience with mothers and children in treatment.

McComish, J.F., Greenberg, R., Ager, J., Essenmacher, L., Orgain, L.S., & Bacik, W.J. (2003). Family-focused substance abuse treatment: A program evaluation. *Journal of Psychoactive Drugs*, 35(3), 321-331.

Until recently, few programs were available for children whose mothers are in recovery. A refinement of the gender-specific model of substance abuse treatment, the "family-focused" approach, has placed increased emphasis on the needs of children and other family members. However, because these programs are relatively new, little is known about the effectiveness of this type of treatment for either the mother or her children. This article presents findings from a three-year evaluation of a family-focused residential treatment program for women and their children. Longitudinal assessment of the mothers indicated that their psychosocial status and parenting attitudes improved over time. Additionally, the mothers remained in treatment longer. At intake, as a group, the children who were birth to three years of age did not exhibit developmental delay. However, developmental concerns were identified for some children in the areas of motor and/or language development. The results reported here provide beginning evidence that family-focused treatment improves retention, psychosocial functioning, and parenting attitudes of pregnant and parenting women. They also support the evidence that having children on site improved retention in treatment for pregnant and parenting women, as well as self-esteem, depression, and parenting. This study also provides a mechanism for early identification and intervention for children.

Moore, J., & Finkelstein, N. (2001). Parenting services for families affected by substance abuse. *Child Welfare*, 80(2), 221-238.

This article describes the development, implementation, and replication of a group-based parenting program for families affected by substance abuse, the Nurturing Program for Families in Substance Abuse Treatment and Recovery. Developed as a result of a federally funded demonstration project for pregnant and parenting women in substance abuse treatment, this program represents significant changes in substance abuse treatment services and increases the ability of child welfare and substance abuse service systems to coordinate service planning. Preliminary results indicate that this program improves parenting, as measured on objective scales; enhances parents' satisfaction and competence, as measured by participant reports; and is based on principles demonstrated to be effective in reducing risk of both child abuse and neglect and substance abuse for both parents and children. The Nurturing Program for Families in Substance Abuse Treatment and Recovery was designed to be easily adapted to

the needs of different agencies and client populations. The development of a parenting program specifically for families affected by substance abuse enhances opportunities for substance abuse and child welfare systems to work together for the families they both serve. This leads to not only greater understanding of each other's missions and how they are often seen as conflicting with one another, but to the building of more trusting, collaborative relationships across systems.

Morgenstern, J., Neighbors, C., Kuerbis, A., Riordan, A., Blanchard, K., McVeigh, K., et al. (2009, February). Improving 24-month abstinence and employment outcomes for substance-dependent women receiving temporary assistance for needy families with intensive case management. *American Journal of Public Health* , 99 (2), 328-333.

OBJECTIVE: We examined abstinence rates among substance-dependent women receiving Temporary Assistance for Needy Families (TANF) in intensive case management (ICM) over 24 months and whether ICM yielded significantly better employment outcomes compared with a screen-and-refer program (i.e., usual care). METHODS: Substance-dependent (n = 302) and non-substance dependent (n = 150) TANF applicants in Essex County, New Jersey, were recruited. We randomly assigned substance-dependent women to ICM or usual care. We interviewed all women at 3, 9, 15, and 24 months. RESULTS: Abstinence rates were higher for the ICM group than for the usual care group through 24 months of follow-up (odds ratio [OR] = 2.11; 95% confidence interval [CI] = 1.36, 3.29). A statistically significant interaction between time and group on number of days employed indicated that the rate of improvement over time in employment was greater for the ICM group than for the usual care group (incidence rate ratio = 1.03; 95% CI = 1.02, 1.04). Additionally, there were greater odds of being employed full time for those in the ICM group (OR = 1.68; 95% CI = 1.12, 2.51). CONCLUSIONS: ICM is a promising intervention for managing substance dependence among women receiving TANF and for improving employment rates among this vulnerable population.

O'Farrell, T. J., Murphy, M., Alter, J., & Fals-Stewart, W. (2008). Brief family treatment intervention to promote aftercare among substance abusing patients in inpatient detoxification: Transferring a research intervention to clinical practice. *Addictive Behaviors*, 33(3), 464-471.

Two earlier studies showed that a brief family treatment (BFT) intervention for substance abusing patients in inpatient detoxification increased aftercare treatment post-detox. BFT consisted of meeting with the patient and a family member with whom the patient lived to review aftercare plans for the patient. A phone conference was used when logistics prevented an in-person family meeting. Based on the earlier research results, we trained a newly hired staff person to continue providing BFT. We monitored key process benchmarks derived from the earlier research studies to ensure ongoing fidelity in delivering BFT. This method proved successful in transferring BFT from delivery in a research study to ongoing delivery in routine clinical practice after the research ended. It also ensured that a high proportion of patients had their families contacted and included in planning the patients' aftercare. [PUBLICATION ABSTRACT]

Suchman, N., DeCoste, C., Castiglioni, N., Legow, N., & Mayes, L. (2008). The Mothers and Toddlers Program: Preliminary findings from an attachment-based parenting intervention for substance-abusing mothers. *Psychoanalytic Psychology*, 25(3), 499-517.

The authors examined pilot data from an attachment-based parenting intervention for substance-abusing mothers of toddlers (ages 12-36 months). The Mothers and Toddlers Program (MTP) is a 20-week individual therapy intervention that aims to help mothers develop more balanced representations of their children and improve their capacity for reflective functioning (i.e., recognition of the intentional nature of children's behavior). The authors hypothesized that improvement in maternal representational balance and maternal capacity for reflective functioning would correspond with improvements in maternal behavior with toddlers (e.g., sensitivity to cues, responsiveness to distress, and social-emotional growth fostering) and reduction in maternal psychiatric distress and substance abuse. Eight mothers who completed MTP showed moderate improvements in representational balance and reflective functioning, and these changes corresponded with significant improvements in maternal behaviors with toddlers. The authors also compared MTP completers and noncompleters on sociodemographic and psychosocial indexes and examined the validity of the intervention's proposed mechanisms of change. Preliminary findings support the importance of attachment mechanisms and indicate that attachment-based interventions may strengthen substance-abusing mothers' capacities to foster their toddlers' socioemotional development. [PUBLICATION ABSTRACT]

Worley, L.L.M., Conners, N.A., Crone, C.C., Williams, V.L., & Bokony, P.A. (2005). Building a residential treatment program for dually diagnosed women with their children. *Archives of Women's Mental Health*, 8(2), 105-111.

The epidemic of drug and alcohol abuse in our nation impacts millions of women, mothers, and children. Addicted mothers with complex problems and numerous co-morbidities present unique treatment challenges. This intergenerational cycle of abuse and addiction is difficult to stop. Arkansas CARES (Center for Addictions Research Education and Services, referred to in this article as CARES) initially was created to treat addicted pregnant and postpartum women and their infants. CARES evolved into a residential treatment program for dually diagnosed mothers with their children. The purpose of this study is to share a glimpse inside the treatment program and lessons learned along the way in an effort to assist others who are interested in building treatment programs for addicted women with their children.

Childhood Abuse and Trauma

Boles, S.M., Joshi, V., Grella, C., & Wellisch, J. (2005). Childhood sexual abuse patterns, psychosocial correlates, and treatment outcomes among adults in drug abuse treatment. *Journal of Child Sexual Abuse*, 14(1), 39-55.

This study reports on the effects of having a history of childhood sexual abuse (CSA) on treatment outcomes among substance abusing men and women (N = 2,434) in a national, multi-site study of drug

treatment outcomes. A history of CSA was reported by 27.2% of the women and 9.2% of the men. Patients reporting CSA were younger at entry into the current drug treatment, were more likely to be White, were more likely to have a comorbid mental disorder, be alcohol or cocaine dependent, had higher levels of criminal activities, had a higher level of problem recognition, and had a more negative peer influence than patients without CSA. A history of abuse was also related to a lower likelihood of post-treatment abstinence. High concentrations of adults with abuse histories indicate that drug treatment represents an opportunity for targeted intervention strategies to address the often traumatic experiences associated with abuse, and the link between these abusive strategies and drug use.

Brems, C., Johnson, M.E., Neal, D., & Freemon, M.. (2004). Childhood abuse history and substance use among men and women receiving detoxification services. American Journal of Drug and Alcohol Abuse, 30(4), 799-821.

The current study was designed to shed additional light on the link of childhood victimization and subsequent substance use and psychological adjustment among men and women receiving detoxification services at a large, comprehensive substance abuse treatment center in the Northwestern United States. Specifically, this study assesses the link between childhood sexual and physical abuse and subsequent life adjustment via the following variables: type and severity of substance use, psychological symptoms, and criminal behavior. Results revealed 20% of men and more than 40% of women reported childhood physical or sexual abuse. Sexual or physical abuse had negative sequelae, regardless of gender. Individuals with abuse history reported earlier age of onset of drinking, more problems associated with use of alcohol/drugs, more severe psychopathology, and more lifetime arrests, arrests related to substance use, and arrests related to mental health. Given their high reported rates of both types of abuse, especially among women, it appears crucial to screen for abuse histories among individuals seeking detoxification services. Early intervention may be made possible by identifying consumers with such histories early on in their contacts with the substance abuse treatment system and more appropriate treatment planning will ensue. In addition, they will most likely benefit from additional mental health counseling because they have greater psychological distress than individuals without abuse histories. Criminal activity also increases among individuals with abuse histories, making prevention plans in this regard necessary to serve this population appropriately. This is particularly true with regard to criminal activity that occurs under the influence of drugs or alcohol or in the presence of symptoms of mental illness.

Center for Substance Abuse Treatment. (2000). Substance abuse treatment for persons with child abuse and neglect issues. Treatment Improvement Protocol (TIP) Series, No. 36. DHHS Publication No. (SMA) 00-3357. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Research and clinical evidence indicates that physical, sexual, and emotional abuse and neglect during childhood can increase a person's risk of developing substance abuse disorders. This TIP examines

treatment issues for both adult survivors of child abuse and neglect and adults in treatment who may be abusing or neglecting their own children. This TIP does not, however, address the treatment needs of children who are currently being abused or who are abusing substances. Definitions and rates of child abuse and neglect are provided for the general population and among those in substance abuse treatment. There is also a review of the literature on links between childhood abuse and subsequent substance abuse. Screening and assessment tools that can be used to determine whether a client has a history of childhood abuse or neglect are included and guidelines on treating clients with histories of child abuse or neglect are provided. The TIP also discusses the personal issues that counselors may encounter when working with clients with histories of abuse or neglect and offers suggestions for addressing them. Treatment guidelines and an overview of the legal issues that counselors should be aware of as mandated reporters are provided. Also included is an overview of continuing and emerging trends such as fast-track adoption and welfare reform.

Dunlap, E., Golub, A., Johnson, B. D., & Benoit, E. (2009). Normalization of violence: Experiences of childhood abuse by inner-city crack users. *Journal of Ethnicity in Substance Abuse, 8* (1), 15-34.

An increasing literature mostly based on retrospective surveys has been consistently documenting a correlation between physical abuse in childhood (CPA) and substance abuse in adulthood (ASA). This article uses ethnographic data to reveal the processes behind and context of this linkage for one population—poor, inner-city New York residents who became crack users. Life in the inner city is qualitatively different than in more fortunate circumstances. CPA is but one of numerous stressors and factors contributing to ASA. Approximately half of the subjects reported clear recollections of being physically beaten by their mothers or their various male partners. Although several denied being beaten in childhood, they typically reported various forms of physical assaults that they “deserved.” Physical assaults, especially by mothers, were often understood as expressions of love. As such, these respondents viewed their ongoing physical assaults as an ordinary part of their childhood and adolescence. Such physical punishment also socialized and prepared children for the violence that would likely occur during their childhood in their inner-city communities. This analysis highlights how reducing substance abuse in the inner city may require a much more comprehensive effort than a focus on reducing CPA. These findings also have important implications for quantitative research regarding CPA and ASA. Such studies should subdivide their analyses by socioeconomic status to more clearly measure how much of a risk factor CPA represents among wealthier populations and how much not being abused may serve as a protective factor among poor inner-city populations.

Eiden, R.D., Foote, A., & Schuetze, P. (2007). Maternal cocaine use and caregiving status: Group differences in caregiver and infant risk variables. *Addictive Behaviors, 32*(3), 465-476.

This study examined differences between cocaine and non-cocaine-using mothers, and between parental and non-parental caregivers of cocaine-exposed infants on caregiver childhood trauma,

psychiatric symptoms, demographic, and perinatal risks. Participants included 115 cocaine and 105 non-cocaine mother-infant dyads recruited at delivery. Approximately 19% of cocaine mothers lost custody of their infants by 1 month of infant age compared to 0.02% of non-cocaine mothers. Mothers who used cocaine during pregnancy had higher demographic and obstetric risks. Their infants had higher perinatal risks. Birth mothers who retained custody of their infants had higher demographic risks and perinatal risks, higher childhood trauma, and higher psychiatric symptoms compared to birth mothers who did not use cocaine and non-parental caregivers of cocaine-exposed infants. Results highlight the importance of addressing childhood trauma issues and current psychiatric symptoms in substance abuse treatment with women who engaged in substance use during pregnancy.

Felitti, V.J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente Journal*, 6(1), 44-47. Available online at: <http://xnet.kp.org/permanentejournal/winter02/goldtolead.pdf>

This article reports on the Adverse Childhood Experiences Study, a long term, in-depth analysis of over 17,000 adult Americans, matching their current health status against adverse childhood experiences that occurred on average a half-century earlier. The study found that adverse childhood experiences are quite common although typically concealed and unrecognized; that they still have a profound effect a half century later, and that they are the main determinant of the health and social well-being of the nation. The findings are of direct importance to the everyday practice of medicine and psychiatry because they indicate that much of what is recognized as common in adult medicine is the result of what is not recognized in childhood. The ACE Study challenges as superficial the current conceptions of depression and addiction, showing them to have a very strong dose-response relationship to antecedent life experiences.

Hyman, S.M., Garcia, M., & Sinha, R. (2006). Gender specific associations between types of childhood maltreatment and the onset, escalation and severity of substance use in cocaine dependent adults. *American Journal of Drug and Alcohol Abuse*, 32(4), 655-664.

The authors examined associations between types of childhood maltreatment and the onset, escalation, and severity of substance use in cocaine dependent adults. Results indicated that, in men (n = 55), emotional abuse was associated with a younger age of first alcohol use and a greater severity of substance abuse. In women (n = 32), sexual abuse, emotional abuse, and overall maltreatment was associated with a younger age of first alcohol use, and emotional abuse, emotional neglect, and overall maltreatment was associated with a greater severity of substance abuse. There was no association between childhood maltreatment and age of nicotine or cocaine use. However, age of first alcohol use predicted age of first cocaine use in both genders. All associations were stronger in women. Findings suggest that early intervention for childhood victims, especially females, may delay or prevent the early onset of alcohol use and reduce the risk for a more severe course of addiction.

Libby, A.M., Orton, H.D., Novins, D.K., Spicer, P., Buchwald, D., Beals, J., & Manson, S.M. (2004). Childhood physical and sexual abuse and subsequent alcohol and drug use disorders in two American-Indian tribes. *Journal of Studies on Alcohol*, 65(1), 74-83.

The purpose of this study was to examine the relationship of childhood physical and sexual abuse to subsequent lifetime alcohol or drug use disorders among two American Indian tribes. A sample of 3,084 American Indians participated in a large-scale, community-based study. Participants were asked about traumatic events and family history and were administered standard diagnostic measures of substance use disorders. Prevalence of childhood physical abuse was approximately 7% for both tribes, and childhood sexual abuse was 4%-5%, much higher for females. Childhood physical abuse had a stronger effect than childhood sexual abuse on lifetime substance dependence. Childhood sexual abuse, on the other hand, was more associated with lifetime substance abuse. Females more commonly experienced childhood abuse but were less likely than males to develop substance use disorders. The results provide clinical guidance to constellations of risk factors and expand the population at risk to include males. This study is unique in that it is one of the few that examines tribal and cultural variations among American Indians. The authors provide several observations that would be helpful when developing interventions for this population.

Liebschutz, J., Savetsky, J.B., Saitz, R., Horton, N.J., Lloyd-Travaglini, C., & Samet, J.H. (2002). The relationship between sexual and physical abuse and substance abuse consequences. *Journal of Substance Abuse Treatment*, 22(3), 121-128.

This study examines the relationship between past physical and sexual abuse and drug and alcohol related consequences. Three hundred fifty-nine male and 111 female subjects were recruited from an urban inpatient detoxification unit. Eighty-one percent of women and 69% of men report past physical and sexual abuse, starting at a median age of 13 and 11, respectively. Physical and sexual abuse was significantly associated with more substance abuse consequences for both men and women. This study reinforces the high rate of physical and sexual abuse among both men and women admitted for detoxification. Thus, future research should develop interventions to lessen the substance abuse consequences of physical and sexual abuse. There is a need for trauma and PTSD assessments among substance abuse clients, and battered women's shelters should be aware of substance abuse issues among its clients.

Pederson, C. L., Vanhorn, D. R., Wilson, J. F., Martorano, L. M., Venema, J. M., & Kennedy, S. M. (2008). Childhood abuse related to nicotine, illicit and prescription drug use by women: Pilot study. *Psychological Reports*, 103(2), 459-466.

A sample of 811 women ages 18 to 59 ($M=26.0$, $SD=6.5$) responded to an advertisement by telephone. Inquiries were made about childhood abuse status and adult use of alcohol, nicotine, and prescription and illicit drugs. Significant associations were noted for reported sexual, physical, and emotional

childhood abuse with use of nicotine, marijuana, and antidepressants in adulthood. Reported childhood physical and emotional abuses were also significantly associated with use of cocaine and anxiolytics, and sexual abuse with antipsychotic use in adulthood. Only childhood emotional abuse was associated with the use of sleeping pills. Number of types of abuse was significantly related with use of nicotine, marijuana, cocaine, antidepressants, antipsychotics, and anxiolytics. Alcohol use was not related to any type of abuse. The long-term effects of childhood emotional abuse may be just as severe as physical or sexual abuse.

Pirard, S., Sharon, E., Kang, S.K., Angarita, G.A., & Gastfriend, D.R. (2005). Prevalence of physical and sexual abuse among substance abuse patients and impact on treatment outcomes. *Drug and Alcohol Dependence*, 78(1), 57-64.

More than half of substance abusers entering addiction treatment report a history of physical or sexual abuse. It is unclear if such a history impacts treatment outcomes. This one-year follow-up study of 700 substance abusers sought to clarify the relationship between lifetime physical and/or sexual abuse and addiction treatment outcome to help address the specific needs of this population. This study found that abused subjects, predominantly women, were significantly more impaired at baseline on clinical dimensions including family/social severity and psychiatric severity as measured by the Addiction Severity Index, and general level of functioning than non-abused subjects. In addition, the abused group less frequently endorsed heroin and cocaine in favor of alcohol and polydrug use. Abused subjects reported more prior medical and psychiatric treatments. Abuse history was not a predictor of no-show for treatment. Over the 1-year follow-up, lifetime physical and/or sexual abuse was significantly associated with worse psychiatric status and more psychiatric hospitalizations and outpatient treatment despite receiving similar intensive addiction treatment. These findings indicate that substance abuse patients with lifetime physical or sexual abuse have worse treatment outcomes than their counterparts. The development of programs that would specifically address the needs of substance abusers with histories of abuse might improve the efficacy and lower the costs of treatment for this population.

Robertson, A. A., Baird-thomas, C., & Stein, J. A. (2008). Child victimization and parental monitoring as mediators of youth problem behaviors. *Criminal Justice and Behavior*, 35(6), 755-771.

This study examines the effects of family characteristics, parental monitoring, and victimization by adults on alcohol and other drug (AOD) abuse, delinquency, and risky sexual behaviors among 761 incarcerated juveniles. The majority of youth reported that other family members had substance abuse problems and criminal histories. These youth were frequently the victims of violence. Relationships between victimization, parental monitoring, and problem behaviors were examined using structural equation modeling. Monitoring was negatively related to all problem behaviors. However, type of maltreatment was related to specific problem behaviors. The effects of family substance abuse and family criminal involvement on outcomes were mediated by monitoring and maltreatment. The study

underscores the need to provide family-focused and trauma-related interventions for juvenile offenders.
[PUBLICATION ABSTRACT]

Sprang, G., Staton-Tindall, M., & Clark, J. (2008). Trauma exposure and the drug endangered child. *Journal of Traumatic Stress, 21(3), 333-339.*

This study examines the differences in trauma exposure and the response to those events between drug endangered children (DEC) and non-drug endangered children involved in the child welfare system. This data represents the experiences of 1,127 children randomly selected from the state's child protective service database and represents 20% of all open cases during 2005–2006. Archival data were analyzed to determine the presence of exposure using DSM-IV-TR posttraumatic stress disorder (PTSD) Criterion A1, and whether or not the child's response to exposure met PTSD Criterion A2. Results reveal high rates of trauma exposure in the DEC group and indicate that trauma exposure and trauma response did significantly vary across groups. Implications for the assessment and treatment of child welfare-involved children are drawn. [PUBLICATION ABSTRACT]

Valtonen, K., Cameron Padmore, J., Sogren, M., & Rock, L. (2009). Lived experiences of vulnerability in the childhood of persons recovering from substance abuse. *Journal of Social Work, 9 (1), 39-60.*

The aim of the study was to deepen understanding of the context of vulnerability which is associated with drug-taking behavior and addiction. The researchers sought to identify recurring psychosocial and environmental factors in the childhood and early adulthood backgrounds of the participants. They further scrutinized the data for pairs or co-occurrences of such risk factors across the target groups. Qualitative methodology was employed, based on in-depth interviews. The participants were accessed in drug rehabilitation centers in Trinidad and in Barbados, bringing a cross-national dimension to the work. The Qualitative Comparative Analysis (QCA) method was used to analyze the data. Findings: It is significant that nearly half of the Trinidad group and two-thirds of the Barbados group reported experience of rejection or abandonment in childhood. A profile of stressful or traumatic experiences was compiled for each participant, from which it was possible to identify co-occurring pairs of stressors, which suggest inter-relationships between the phenomena. Marked co-occurrence was found between domestic violence and alcoholism; domestic violence in the participants' family background and non-attainment of Secondary School Certification; non-attainment of Secondary School Certification and rejection; poverty and rejection; domestic violence and rejection. Applications: Case management techniques can benefit from research-generated insights on interrelationships between critical risk-connected phenomena, especially in developing concerted approaches to problems of substance abuse using preventive techniques.

Widom, C.S., Schuck, A.M., & White, H. R. (2006). An examination of pathways from childhood victimization to violence: The role of early aggression and problematic alcohol use. *Violence and Victims, 21(6), 675-691.*

Using prospective data from a cohort design study involving documented cases of child abuse and neglect and a matched control group, the authors examine two potential pathways between childhood victimization and violent criminal behavior: early aggressive behavior and problematic drinking. Results revealed different pathways for men and women. For men, child maltreatment has direct and indirect (through aggressive behavior and problematic alcohol use) paths to violence. For women, problematic alcohol use mediates the relationship between childhood victimization and violence, and, independent of child maltreatment, early aggression leads to alcohol problems, which lead to violence. The authors suggest that interventions for victims of childhood maltreatment need to recognize the role of early aggressive behavior and alcohol problems as risk factors for subsequent violence.