

CHILD WELFARE, SUBSTANCE USE DISORDERS, AND DEPENDENCY COURTS: A CROSS-SYSTEM BIBLIOGRAPHY

This document identifies the major literature in the field of cross-system issues involving child welfare, substance use disorders, and dependency courts. It is organized in 6 topic areas, and the time frame is from January 2000 through December 2014.

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FAMILY COURT

Boles, S. M., Young, N. K., Moore, T., & DiPirro-Beard, S. (2007). The Sacramento dependency drug court: Development and outcomes. *Child Maltreat*, 12(2), pp. 161-171.

Dependency Drug Courts (DDCs) are a growing method of addressing the functional status and reunification success of families involved in child welfare and affected by substance use disorders. Despite widespread interest in DDCs, few evaluations have appeared in the literature to help inform the discussion about their effectiveness. This article provides a description of various types of DDCs and reports 24-month reunification rates from the Sacramento DDC. Results indicated that DDC participants had higher rates of treatment participation than did comparison participants. In addition, at 24 months, 42% of the DDC children had reunified versus 27.2% of the comparison children. There were no differences in treatment completion or child reunification rates by parent's primary drug problem. Rates of recidivism were extremely low for both the DDC and comparison groups and did not differ significantly. Based on the results of this study, the authors suggest the need for further evaluation of the effectiveness of DDCs.

Bruns, E. J., Pullman, M. D., Weathers, E. S., Wirschem, M. L., & Murphy, J. K. (2012). Effects of a multidisciplinary family treatment drug court on child and family outcomes: results of a quasi-experimental study. *Child Maltreatment*, 17(3), pp. 218-230.

Family treatment drug courts (FTDCs) are an increasingly common approach for serving families involved in child welfare due to parental substance abuse; however, the evidence base for FTDCs remains emergent. This article compares parental substance abuse treatment and child welfare outcomes for 76 FTDC participants to outcomes for 76 non-FTDC involved parents. Results reflect that parents involved with FTDCs had more review and motion hearings, were more likely to enter treatment faster, remain in treatment longer, and more likely to complete treatment than non-FTDC involved parents. The children of FTDC involved parents spent less time in out-of-home care, were likely to return to parental care and likely to be discharged from child welfare. Overall, results from this study are concurrent with other FTDC literature reflecting positive outcomes for both parents and children involved with FTDCs.

Burrus, S. W., Mackin, J. R., & Finigan, M. W. (2011). Show me the money: Child welfare cost savings of a Family Drug Court. *Juvenile and Family Court Journal*, 62(3), pp. 1-14. DOI: 10.1111/j.1755-6988.2011.01062.x

This article summarizes the results of outcomes and selected costs of a system-wide reform located in Baltimore, Maryland. Results from this study found that parents served by the program, entered treatment faster, stayed in treatment longer, and completed treatment more often than those not served by the program. Children in program families spent less time in foster care and were more likely to be reunified with their biological parents. These outcomes resulted in cost savings, including reduced foster care expenditures.

California Supreme Court bars jailing parents for treatment non-compliance. (2009). *Alcoholism & Drug Abuse Weekly*, 21(14), pp. 3-3.

The article discusses a court case wherein a parent cannot be put to prison for not complying with substance abuse treatments. A ruling from the California Supreme Court allows parents to regain custody of their children without attending ordered treatments. According to Judge Carol Corrigan, parents cannot be forced by the court in participating in such treatments. Prior to the ruling was a woman's release after the termination of her parental rights when her child was positive for methamphetamine.

Cannavo, J. M., & Nochajski, T. H. (2011). Factors contributing to enrollment in a family treatment court. *The American Journal of Drug and Alcohol Abuse*, 37(1), pp. 54-61. DOI: 10.3109/00952990.2010.535579

This article presents the findings from a study which evaluated FTC enrollment to identify predictors that may aid in the development of interventions to decrease refusal rates. The results for the study point out the need for possible specialized treatments and a need to consider how motivational elements may be addressed during the intake assessment to aid in decreasing refusal rates. Additionally, the results point toward a need for consideration of family system approaches when working with FTC participants as well as the need for further work with motivational elements and drug court participants.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M, & Aborn, J.A. (2010). Marion County fostering attachment treatment court process outcomes and cost evaluation, Final report. *Oregon Criminal Justice Commission*.

This summary contains process, outcome and cost evaluation results for the Marion County Fostering Attachment Family Treatment Court (FATC). The evaluation of this FATC was funded under the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program: Byrne Methamphetamine Reduction Grant Project 07-001.

Carey, S. M., Sanders, M. B., Waller, M. S., Burrus, S. W. M, & Aborn, J. A. (2010). Jackson County fostering attachment treatment court process outcomes and cost evaluation, Final report. *Oregon Criminal Justice Commission*.

This summary contains process, outcome and cost evaluation results for the Jackson County Community Family Court (CFC). The evaluation of this project was funded under the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program: Byrne Methamphetamine Reduction Grant Project 07-001.

Center for Substance Abuse Treatment. (2011). *Introduction to cross-system data resources in child welfare, alcohol and other drug services, and courts*. HHS Publication No. (SMA) 11-4630. Rockville, MD: Substance Abuse and Mental Health Services Administration.

This guide was developed for use by management and administrative officials at the State, county, and tribal level who wish to develop cross-system relationships in child welfare, alcohol, and other drug services, and court systems. The guide presents detailed information on five child welfare data-reporting systems, three other child welfare data systems, five alcohol and other drugs system data, two court system information sources, two tribal child welfare data systems, and one tribal health system data source. The child welfare data-reporting systems are the Statewide Automated Child Welfare Information System, the Adoption and Foster Care Analysis and Reporting System, the National Child Abuse and Neglect Data System, the National Youth in Transition Database, and the Child and Family Services Review. Other data systems discussed include the Longitudinal Studies of Child Abuse and Neglect, the Center for State Foster Care and Adoption Data, the National Data Analysis System, the Treatment Episode Data Set, the National Survey of Substance Abuse and Treatment Services, the Inventory of Substance Abuse Treatment Services, the National Survey on Drug Use and Health, and the National Outcome Measures for Co-Occurring Disorders. Additional systems include the National Consortium on State Court Automation Functional Standards, Dependency Court Performance Measures, child welfare data from the Bureau of Indian Affairs and the HIS Resource and Patient Management System, and tribal health system data from the Resource and Patient Management System.

Choi, S. (2012). Family drug courts in child welfare. *Child Adolescent Social Work Journal*, 29(1), pp. 447-461. DOI: 10.1007/s10560-012-0272-2

The purpose of this paper is (1) to review the policy and theory behind family drug courts, (2) to review empirical evidence of family drug courts, and (3) develop policy and intervention implication based on this review. Author identified three practice implications including the need for FDCs to develop strategies that motivate parents to engage and stay in treatment, remain drug free and function as parents. The second practice implication is the need for special attention to minority families in child welfare, especially substance using women. The third

practice implication focuses on the need for inter-agency collaboration and integration of service delivery for families involved with the Child Welfare system. The author also identified four policy implications including the need to recognize the limited intervention capabilities of FDCs, the second implication is that public policy should recognize the complex set of factors that contribute to drug addiction. Third, FDCs should safeguard the rights of parents, and lastly the author emphasizes the need for systematic evaluation to determine impacts of FDCs on clients.

Chuang, E., Moore, K., Barrett, B., & Young, M. S. (2012). Effect of an integrated family dependency treatment court on child welfare reunification, time to permanency and re-entry rates. *Children and Youth Services Review, 34*(9), pp. 1896–1902. DOI: 10.1016/j.chilyouth.2012.06.001

This study examined the effect of participation in an integrated FDTCC (Hillsborough County FDTCC) on family reunification, time to permanency, and re-entry into care. Findings of this study reflect that FDTCC participation improves families' likelihood of reunification and decreased re-entry into care within 12 months of achieving permanency. However, FDTCC participation also significantly increased time to permanency.

Crunkilton, D. D., & Robinson, M. M. (2008). Cracking the "black box": Journey mapping's tracking system in a drug court program evaluation. *Journal of Social Work Practice in the Addictions, 8*(4), pp. 511-529.

The researchers sought to address client perspectives on the Internet-based Journey Mapping evaluation tool in a drug court program. Ten clients, who used this tool for 3 months, participated in inter-views and responded to a short questionnaire. The qualitative data analysis was coded according to the constant comparative method. Clients reported that utilizing Journey Mapping initiated behavioral change, promoted cognitive change, tracked personal treatment progress, and created a way for their program feedback to be considered by staff'. Analysis of client data suggested that Journey Mapping enhanced clients' treatment progress, and it not only uncovered program data, but also provided individual clients with their own tangible achievement data.

Dakof, G. A., Cohen, J. B., & Duarte, E. (2009). Increasing reunification for substance-abusing mothers and their children: Comparing two drug court interventions in Miami. *Juvenile and Family Court Journal, 60*(1), pp. 11-23.

This study provides a quasi-experimental test of 80 consecutive enrollments in the Miami-Dade (Florida) Dependency Drug Court in order to examine the impact of a family-based and gender specific intervention, Engaging Moms Program (EMP), on drug court graduation and family reunification. We compared EMP with case management services (CMS). Results indicated that 72% of mothers in the EMP graduated from drug court, and 70% were reunified with their children. In contrast, 38% of mothers receiving CMS graduated from drug court, and 40% were reunited with their children. EMP, then, appears to be a promising family drug court intervention.

Dakof, G. A., Cohen, J. B., Henderson, C. E., Duarte, E., Boustani, M., Blackburn, A., Venzer, E., & Hawes, S. (2010). A randomized pilot study of the Engaging Moms Program for family drug court. *Journal of Substance Abuse Treatment, 38*(1), pp. 263-274. DOI: 10.1016/j.jsat.2010.01.002.

This study looked at the effectiveness of the Engaging Moms Program (EMP) versus Intensive Case Management Services (ICMS) on multiple outcomes for mothers enrolled in family drug court. In this intent-to-treat study, mothers (N = 62) were randomly assigned to either usual drug court care or the Engaging Moms drug court program. Mothers were assessed at intake and 3, 6, 12, and 18 months following intake. Results indicated that at 18 months post drug court enrollment, 77% of mothers assigned to EMP versus 55% of mothers assigned to ICMS had positive child welfare dispositions. There were statistically significant time effects for both intervention groups on multiple outcomes including substance use, mental health, parenting practices, and family functioning. EMP showed equal or better improvement than ICMS on all outcomes. The results suggest that EMP in family drug court is a viable and promising intervention approach to reduce maternal addiction and child maltreatment.

Dice, J. L., Claussen, A. H., Katz, L. F., & Cohen, J. B. (2004). Parenting in dependency drug court. *Juvenile and Family Court Journal, 55*(3), pp. 1-10.

This article discusses the underlying approach and philosophy of the Miami-Dade Dependency Drug Court (DDC), which addresses the needs of families affected by substance abuse through a comprehensive and therapeutic approach. The DDC works with community agencies to provide services that effectively treat the family as a unit. The DDC provides a model approach to addressing risk factors associated with substance abuse in families and a model approach to collaboration with community stakeholders. This article discusses the process of adapting a parenting program to meet the needs of families in the DDC.

Drabble, L. A., Jones, S., & Brown, V. (2013). Advancing trauma-informed systems change in family drug treatment court context. *Journal of Social Work Practice in Addictions, 13(1)*, pp. 91-113. DOI: 10.1080/1533256X.2012.756341

This article presents the findings of a qualitative study aimed at exploring the barriers, benefits, and facilitating factors associated with a trauma-informed systems assessment and improvement initiative conducted in the context of a family drug treatment court (FDTC). The study included semi-structured in-depth interviews with 12 key informants and historical analyses of project documents over a 4-year time span. Results underscore the relevance of trauma-informed systems change in collaborative contexts designed to address the complex needs of children and families.

Edwards, L. (2010). Sanctions in family drug treatment courts. *Juvenile and Family Drug Treatment Court Journal, 61(1)*, pp. 55-62.

This article attempts to clarify some of the questions asked by Family Drug Treatment Courts (FDTC), regarding sanctions and rewards. It addresses questions such as, "What are permissible sanctions in an FDTC? After *In re Nolan W.*, are fines or community service permissible? What about a reduction in visitation? What guidance has the California Supreme Court given trial courts in these areas?" The article concludes that sanctions be guided solely by treatment considerations, and that imprisonment is an unnecessary sanction in FDTCs.

Edwards, L. P., & Ray, J. A. (2005). Judicial perspectives on family drug treatment courts. *Juvenile and Family Court Journal, 56(3)*, pp. 1-27.

Family Drug Treatment Courts are a specialized calendar or docket that operates within the juvenile dependency court. These courts provide the setting for a collaborative effort by the court and all the participants in the child protection system to come together in a non-adversarial setting to determine the individual treatment needs of substance-abusing parents whose children are under the jurisdiction of the dependency court. This article is intended to give judges and others a judicial perspective on FDTCs, and to offer some assistance for those who are operating or who are considering creating one.

Edwards, L. (2013). Ethical Issues in the Family Drug Treatment Court. *Juvenile & Family Court Journal, 64(1)*, pp. 1-21.

This article will discuss the nature of FDTCs and their interaction with Juvenile dependency court. Additionally, the author addresses ethical and legal issues which judges working in FDTCs may encounter in their decision-making process. Author makes suggestions and recommendations for judges when faced with ethical and legal dilemmas in order to continue to provide an environment for increased parental rehabilitation.

Family court and outpatient treatment hoped to lead to more reunification. (2008). *Alcoholism & Drug Abuse Weekly, 20(20)*, pp. 1-6.

The article reports on the joint effort of the Department of Human Resources (DHS) and the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to improve parent reunification in the state. The two agencies believe that the problems in the state's foster care system can be resolved by expanding the family court program, which aims to reunify parents who are substance-dependent. They funded the assessment and treatment for these parents.

Falconer, M. K., Lederman, C. S., Pecora, P. J., Thompson, C. K., & DiLorenzo, P. (2012). Family-centered practice in Florida: Family court actions and perceptions. *Juvenile and Family Court Journal, 63*(3), pp. 1-19.

Family and dependency courts can become valuable partners in efforts to stem the tide of child maltreatment using a family-centered strategy. Florida's response to a 2008 federal Child and Family Services Review included a commitment to implement family-centered practice in child protection services and the courts that hear these cases. A 2010 and 2011 formative evaluation documents evidence of the implementation of family-centered practice in CPS and courts that hear these cases. Interviews with dependency judges, Children's Legal Services attorneys, and Guardian ad Litem volunteers provide useful insights on the perception and implementation of said practices.

Gifford, E. J., Eldred, L. M., Vernerey, A., & Sloan, F. A. (2014). How does family drug treatment court participation affect child welfare outcomes? *Child Abuse & Neglect, 38*(10), pp. 1659-1670.

This article examines the effectiveness of FDTCS in North Carolina child welfare outcomes. The study looks at parental participation including referral, enrollment, and completion of FDTCS. Results of the study reflect that children of parents referred to FDTCS but not enrolled, or enrolled but did not complete the program had longer stays in foster care than children of parents who completed FDTCS program. The reunification rates of children were higher for those with parents who completed the program.

Green, B. L., Furrer, C. J., Worcel, S. D., Burrus, S. W., & Finigan, M. W. (2009). Building the evidence base for family drug treatment courts: Results from recent outcomes studies. *Drug Court Review, 6*(2), pp. 53-82.

This paper reviews current FDTCS research and summarizes the results from four outcome studies of FDTCS. Results suggest that FDTCS can be effective programs to improve treatment outcomes, increase the likelihood of family reunification, and reduce the time children spend in foster care. The authors advise that further research explore variations in program models, target populations, and the quality of treatment services influence effectiveness.

Green, B. L., Furrer, C., Worcel, S., Burrus, S., & Finigan, M. W. (2007). How effective are family treatment drug courts? Outcomes from a four-site national study. *Child Maltreatment, 12*(1), pp. 43-59.

This article presents the findings of a study which examined the effectiveness of the FTDC in improving treatment and child welfare outcomes for parents. Results show that FTDC parents, compared to comparison parents, entered substance abuse treatment more quickly, stayed in treatment longer, and completed more treatment episodes. Furthermore, children of FTDC parents entered permanent placements more quickly and were more likely to be reunified, with their parents, compared to children of non-FTDC participants. Finally, the FTDC program appears to have a "value added" in facilitating positive child welfare outcomes above and beyond the influence of positive treatment experiences. The authors note that one important aspect of the FTDC context important to its success is the increased information sharing between treatment, child welfare, the courts, and the regular contact between judges and participants. The study also suggests that FTDCs support parents struggling with treatment.

Harwin, J., Ryan, M., Tunnard, J., Alrough, B., Matias, C., Momenian-Schneider, S., & Pokhrel, S. (2011). *The family drug & alcohol court (FDAC) evaluation project. Brunel University, FDAC Research Team: Final Report.*

This report presents the findings from the evaluation of the first pilot Family Drug and Alcohol Court (FDAC) in Britain. The catalysts for the FDAC pilot were the encouraging evidence from the USA and concerns about the response to parental substance misuse through ordinary care proceedings in England: poor coordination of adult and children's services; late interventions to protect children; delays in reaching decisions in court; and soaring costs of proceedings, linked to the cost of expert evidence.

He, A. S., Traube, D. E., & Young, N. K. (2014). Perceptions of parental substance use disorders in cross-system collaboration among child welfare, alcohol and other drugs, and dependency court organizations. *Child Abuse & Neglect, 38(1)*, pp. 939-951.

This article presents the findings of a study which examined child welfare, treatment, and court staffs' perceptions on issues related to parental substance use disorders. The objectives of the study were to a) compare differences and similarities in perceptions and values regarding CW-involved parents with SUDs among staff from CW, AOD and court organizations and b) explore possible explanations for why perceptions are different or similar among the organizations. Findings show that AOD respondents were less likely to believe parents could provide effective parenting, more likely to believe abstinence should be criterion for reunification and more likely to agree that parents should receive jail time as consequence for noncompliance, and more likely to believe that parents could succeed in treatment.

Holsapple, S., & Jensen, M. (2014). A model program for patient navigation: Using the justice system to offer a health care intervention to improve birth outcomes – understanding constrained choice and drug treatment court. *Journal of Applied Social Science, 8(1)*, pp. 41.

The purpose of this article is to describe a unique and innovative program that uses an encounter with the justice system to offer a health care plan for a subset of people going through drug court. The intervention used is in the form of patient navigation to meet the needs of clients. The authors conclude that blending healthcare with the justice system provides advocacy, education, stability, and empowerment for this population and their children.

Houston, J. H. (2003). Drug courts: a study of retention and suspension in the Kalamazoo County drug court program. (Doctoral Dissertation). Retrieved from Digital Dissertation Consortium.

This dissertation presents the findings of a study which sought to determine what factors contributed to the success or failure of drug court participants. The study sought to determine which factors were perceived as coercive by participants, judges and administrators and how such perception might be related to variables such as age, race, gender, education, marital status, experience on the job and others.

Lesperance, T., Moore, K. A., Barrett, B., Young, S., Clark, C., & Ochshorn, E. (2011). Relationship between trauma and risky behavior in substance-abusing parents involved in a family dependency treatment court. *Journal of Aggression, Maltreatment & Trauma, 20(2)*, pp. 163-174.

This exploratory study examined participants in a Family Dependency Treatment Court (FDTCT), designed for substance-abusing parents whose children were removed from the home. This study increases understanding of the effect of substance abuse and trauma on high-risk behaviors and might help to improve services for substance-abusing parents involved in the child welfare system. Finally, the future success of reducing child abuse and neglect and parental substance use could hinge on the partnership between judicial and substance abuse treatment through FDTCTs. Findings from this exploratory pilot study should be replicated with more representative and larger samples.

Lloyd, M. H., Johnson, T., & Brook, J. (2014). Illuminating the black box from within: stakeholder perspectives on family drug court best practices. *Journal of Social Work Practice in Addictions, 14(4)*, pp. 378-401.

The purpose of this article is to report findings from a study designed to capture family drug court best practices using an innovative research tool from the perspective of FDC team members and clients. The study sought participant answers to the following questions: (1) what components of a family drug court program contribute to families achieving a successful outcome? (2) Do participants and team members consider certain components of a family drug court program more important than others? Findings suggest that clients value relationship building much more than FDC team members, along with the provision of structure and accountability.

Malbin, D. V. (2004). Fetal alcohol spectrum disorder (FASD) and the role of family court judges in improving outcomes for children and families. *Juvenile and Family Court Journal*, 55(2), pp. 53-63.

The purpose of this article is to support increased recognition and efficacy of services for people with Fetal Alcohol Spectrum Disorder (FASD) in the legal system. According to the authors, the courts are in an important position to increase awareness of the problem by asking whether FASD is a factor in the case. This article includes: (1) an overview of FASD diagnostic criteria and current terminology; (2) exploration of FASD as a physical disability with behavioral symptoms; (3) a case example illustrating common patterns of behaviors in children and adults with FASD without identification and improved outcomes following identification and implementation of appropriate treatment; and (4) recommendations for family court judges. The courts are in an important position to increase awareness of this problem by encouraging advocates and professionals to learn more about FASD and to take it into account when making recommendations to the court.

Marsh, J. C., Smith, B. D., & Bruni, M. (2011). Integrated substance abuse and child welfare services for women: A progress review. *Children and Youth Services Review*, 33(3), pp. 466-472. DOI: 10.1016/j.childyouth.2010.06.017

A review of empirical literature reveals improvements in service utilization and outcomes for women when substance abuse and child welfare services are integrated. The increased use of substances by women involved in the child welfare system has resulted in a call for integrated, coordinated, evidence-based practices. Since the late 1990s, specific system- and service-level strategies have been developed that help coordinate and integrate the provision of substance abuse and child welfare services; such that women are remaining in treatment longer and are more likely to reduce substance use and be reunited with their children. The strategies reviewed provide useful guidelines for developing components of effective, evidence-based programs for substance-involved women in the child welfare system.

Meyer, A. S., McWey, L. M., McKendrick, W., & Henderson, T. L. (2010). Substance using parents, foster care, and termination of parental rights: The importance of risk factors for legal outcomes. *Children and Youth Services Review*, 32(5), pp. 639-649. DOI: 10.1016/j.childyouth.2009.12.011

Using a mixed methods strategy, the authors compared appellate court foster care cases where parents' rights were terminated to those in which decisions to terminate parental rights were reversed, to better understand the experiences of parents struggling with alcohol and drug use. A content analysis of 60 cases was conducted; 30 cases in which parental rights were terminated, and 30 where decisions to terminate parental rights were overturned or remanded to the lower court. Parents whose rights were terminated were more likely to have mental health problems and experienced incarceration. Review of composite score of risk factors reflected that for parents with rights terminated had significantly more risk factors. For both groups, poverty was an equally common risk factor. Implications include universal assessments for alcohol and drug abuse for parents involved in the child welfare system and timely referrals to appropriate treatment. Further, collaboration between mental health providers, substance use treatment programs, and caseworkers to address the integration of potential risk factors may help promote successful outcomes for parents whose children are in foster care.

Moreno, C. M., & Curti, G. H. (2012). Recovery spaces and therapeutic jurisprudence: a case study of the family treatment drug courts. *Social & Cultural Geography*, 13(2), pp. 161-183. DOI: 10.1080/14649365.2012.655768

Working through feminist and post-structural understandings of law and different body-space relations of family treatment and recovery, in this paper we empirically investigate the nature and workings of therapeutic jurisprudence in drug treatment and child welfare management programs based in San Diego, California, and involved in the family treatment drug court (FTDC) system. What is at the forefront in this paper are different critical geographical conceptualizations of the double articulating productive and inhibiting forces inherent to the workings of FTDCs. Through the presentation of two family narratives of different familial, corporeal, spatial, and institutional encounters, movements, and transformations, we argue for alternative, attentive, and empowering understandings of family recovery.

Morse, D. S., Cerulli, C., Bedell, P., Wilson, J. L., Thomas, K., Mittal, M., Lamberti, J. S.... & Chin, N. (2014). Meeting health and psychological needs of women in drug treatment court. *Journal of Substance Abuse Treatment, 46(2)*, pp. 150–157.

Authors explored healthcare-related experiences of women drug court participants using five focus groups with 8 women drug court participants, 8 court staff, and 9 community service providers. Themes emerged across the socio-ecological model that contained experiences either supporting or eroding women's motivation needs: 1) intrapersonal challenges participants termed an "evil cycle" of relapse, recidivism, trauma, and life challenges; 2) interpersonal context of parenting and stigma involving features of this "evil cycle"; 3) institutions with logistical barriers to legal and medical assistance; 4) community resources inadequate to support living and employment needs. Self-determination theory helps explain motivation required to address the women's healthcare needs and multiple demands at all levels of the socio-ecological model.

Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare, 90(1)*, pp. 25-41.

The goal of this paper is to synthesize available data to help guide policy and programmatic initiatives for families with substance abuse problems who are involved with the child welfare system, and identify gaps in the research base preventing further refinement of practices in this area. To date, Family Treatment Drug Court and newly developed home-based substance abuse treatment interventions appear the most effective at improving substance abuse treatment initiation and completion in child welfare populations. Recommendations include future research include a comparison of the efficacy of these two approaches, and examine cost and child well-being indicators in addition to substance abuse treatment and child welfare outcomes.

Osofsky, J. D. (Ed.) (2011). Clinical Work with Traumatized Children. Cohen, J.B., Dakof, G.A., & Duarte, E. (Ch.13) *Dependency drug court: An intensive intervention for traumatized mothers and young children*. The Guilford Press: New York, NY.

Although research on DDC is limited, a small number of studies indicate that drug court has promise. Most DDCs share key elements, including a non-adversarial relationship among the participating partners, comprehensive assessment of service needs, frequent court hearings and drug testing, intensive judicial supervision, enrollment in substance abuse treatment programs designed to improve parenting practices and other necessary services, and the administration of judicial rewards and sanctions. In order to graduate from DDCs, participants must have successfully completed substance abuse treatment, remain compliant with mental health services, have a specified period of continuous abstinence, show evidence of a safe and stable living situation, spend a substantial period of time adequately performing the parental role, and have a life plan initiated and in place (e.g. employment, education, vocational training). DDCs frequently include drug court counselors, who refer clients to substance abuse treatment and other court-ordered services, develop a recovery service plan, and monitor and report clients' ongoing progress to the court. Although there are numerous components to DDCs, the contributions of the drug court judge and counselors to the effectiveness of drug court are undeniable.

Powell, C., Stevens, S., Lo Dolce, B., Sinclair, K. O., & Swenson-Smith, C. (2012). Outcomes of a trauma-informed Arizona family drug court. *Journal of Social Work Practice in the Addictions, 12(3)*, pp. 219-241. DOI: 10.1080/1533256X.2012.702624

This study examines outcomes including AOD use, mental health, education and employment involvement, housing stability, and reunification of 121 FDC participants who completed baseline and 6-month post-baseline self-report assessments. At follow-up, AOD use remained low and mental health problems had decreased. Engagement in employment and education increased, as did housing stability. This study suggests that the Pima County FDC model might be effective for working with parents battling substance abuse.

Rittner, B., & Dozier, C. D. (2000). Effects of court-ordered substance abuse treatment in child protection cases. *Social Work, 45*(2), pp. 131-140.

This study examined the effects of court orders in preventing recurrence of substance abuse in the cases of 447 children in kinship care while under CPS supervision. Results suggested that court interventions had mixed outcomes. Levels of compliance with mandated substance abuse and mental health treatment did not appear to influence rates of re-abuse or duration of service. Court orders appeared to affect both the number of caretakers and placements the children experienced. Children adjudicated dependent were more likely to have multiple caretakers than those under voluntary supervision. Recommendations include further research look at compliance with court-ordered treatment and the decision-making processes regarding continued supervision for workers. In addition, the authors highlight the importance of adequate substance use and abuse screening in good case planning.

Somervell, A. M., Saylor, C., & Mao, C. (2005). Public health nurse interventions for women in a dependency drug court. *Public Health Nursing, 22*(1), pp. 59-64.

This article presents the findings of a study that identified the needs of women who graduated from dependency court and how they think a public health nurse (PHN) could help them in the process of reunifying with their children. In this article, the authors advocate that PHNs are in a position to assist these mothers build bridges across systems, and ensure the facilitation and access to services.

Sparks, S., Tisch, R., & Gardner, M. E. (2011). *¡Celebrando Familias! An innovative approach for Spanish speaking families at high risk for substance abuse disorders. Prevention Partners.*

This article presents the findings of a study seeking to evaluate the *¡Celebrating Families! (CF!)* Program in Spanish-speaking populations. A translated curriculum was culturally adapted and piloted at three different sites: Latino Community Development Center (LCDA) Oklahoma City, OK; EMQ-Families First (Dorsa Elementary School) San Jose, CA; and Mexican American Community Services Agency (MACSA) Collaborative in Gilroy CA. Results were consistent with the findings of the English version, although instruments varied from the English instruments. *¡Celebrando Familias!* evaluation instruments were under development at the time of the pilot. Adults reported significant satisfaction with the program. Results were consistent with the LutraGroup (2007) findings for English speakers with parents also indicating significant impact on family organization, cohesion, communication, conflict solving, strengths and resilience; positive parenting, parent involvement, improvement in parenting skills, and alcohol and drug use reduction.

Spartaro, R. M. (2011). Nipping it in the bud®: Adopting a family drug court approach to fighting the cycle of alcohol addiction for children when parents are convicted of DUI. *Family Court Review, 49*(1), pp. 190-206. DOI: 10.1111/j.1744-1617.2010.01361.x

Many states have implemented Drug Courts in recent years by combining drug and alcohol treatment with ongoing judicial supervision. Drug courts have proven effective in breaking the cycle of addiction, crime and repeat incarceration through the use incentives, including reduced and dismissed charges as well as fines and supervised treatment. However, these courts do little to address situations in which the addict is the custodial parent of a minor child, who is exponentially more at-risk for future alcohol addiction simply by being the child of an alcoholic, due to both environmental and biological factors. The authors argue that these courts should focus their attention on the needs of children as a preventive measure in the breaking of the cycle of intergenerational drug use. Therefore, this Note advocates for states to include an alcohol education and counseling program aimed at children of alcohol-related offenders based on the Drug Court Model. Participation in this program would then act as a mitigating factor for the addicted offender when receiving their final sentence. This proposed program would then serve as a model for other states to adopt in the near future.

Worcel, S., Furrer, C., Green, B. L., & Rhodes, B. (2006). *Family treatment drug court evaluation final phase I study report*. Portland, OR: NPC Research.

This report presents the final analysis of Phase I of the Family Treatment Drug Court (FTDC) Evaluation. The FTDC Evaluation, funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment, is a 4-year study conducted by NPC Research aimed at investigating the short- and long-term child welfare and treatment outcomes for families involved with these innovative programs. There are four study sites participating in this evaluation: San Diego County, CA; Santa Clara County, CA; Suffolk County, NY; and Washoe County, NV. The Phase I design collected archival administrative data on past participants in the FTDCs and similar comparison group cases, and included information about placement changes, types of placements, treatment services and outcomes, case lengths and resolutions, and demographic and background information about the families involved with the cases. Findings indicated that rapid entry into drug court and treatment services result in a number of positive outcomes, including more treatment completion, shorter times to permanent placement, and shorter case closure. In addition, parents who entered treatment faster, stayed in treatment longer, and completed treatment were more likely to graduate from drug court and were more likely to have faster time to permanent placement.

Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W. M., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, 17(6), pp. 427-443.

This paper presents results from the first large-scale outcome study of American Family Treatment Drug Courts (FTDCs)—specialized courts designed to work with substance-abusing parents involved with the child welfare system. The paper examines whether court, child welfare and treatment outcomes differed for 301 families served through three FTDCs as compared to a matched sample of 1,220 families with substance abuse issues who received traditional child welfare services. Overall, the study found that FTDC mothers had more positive treatment outcomes than a comparison sample not served by the FTDC. FTDC mothers were more likely to enter substance abuse treatment services than were non-FTDC mothers, entered treatment more quickly after their initial court petition than did non-FTDC mothers, spent twice as much time in treatment than did non-FTDC mothers and were twice as likely to complete at least one treatment episode than non-FTDC mothers. In addition, data from the study indicate that children involved with FTDCs are significantly more likely to be reunified with their mothers than children not served by the program.

York, J., Lamis, D. A., Garfinkel, P. W., Bluestein, N. P., Boxx, M., Ellis, A., Sullivan, S., & Donaldson, S. (2012). Family drug treatment courts and social determinants of health. *Family Court Review*, 50(1), pp. 137–149.

The goal of this manuscript is to examine how key ingredients of FDTs are related to social determinants of health and the potential for framework integration into FDTs. The authors analyzed a specific FDT including its evidence-based wrap-around services to illustrate opportunities to improve the health of women and children involved in FDTs. Some of the recommendations made by the author include developing policy statements and publications which address the evidence base for targeting health issues specific to women and children. Future research recommendations include a review of cultural competency and culturally-adapted FDT programs. The authors acknowledge the need for long-term evaluation outcome studies to track clients once they exit the court.

INCARCERATED PERSONS WITH SUBSTANCE USE DISORDERS

Bahr, S. J., Masters, A. L., & Taylor, M. B. (2012). What works in substance abuse treatment programs for offenders? *The Prison Journal*, 92(2), pp. 155-174. DOI: 10.1177/0032885512438836

This article reviews empirical research published after the year 2000 on the effectiveness of drug treatment programs for prisoners, parolees, and probationers. Results of their empirical research reflects that cognitive-behavioral therapy (CBT), therapeutic communities, and drug courts had lower rates of drug use and crime than comparable individuals who did not receive treatment. Individuals who received contingency management tended to use drugs less frequently, particularly if they also received cognitive behavioral therapy. Researchers reported that drug use and crime were lower among individuals who received aftercare services after treatment completion. Effective treatment programs tend to (a) focus on high-risk offenders, (b) provide strong inducements to receive treatment, (c) include several different types of interventions simultaneously, (d) provide intensive treatment, and (e) include an aftercare component.

Binswanger, I. A., Merrill, J. O., Kreuger, P. M., Whilte, M. C., Booth, R. E., & Elmore, J. G. (2010). Gender differences in chronic medical, psychiatric, and substance-dependence disorders among jail inmates. *American Journal of Public Health*, 100(1), pp. 476-482. DOI: 10.2105/AJPH.2008.149591

This article presents the findings of a study seeking to examine gender differences in chronic medical, psychiatric, and substance-dependence disorders among jail inmates and whether substance dependence mediated those differences if any. Results showed that compared with men, women had a significantly higher prevalence of all medical and psychiatric conditions, and drug dependence, but women had a lower prevalence of alcohol dependence. Gender differences persisted after adjustment for sociodemographic factors and substance dependence. The authors found that women in jail had a higher burden of chronic medical disorders, psychiatric disorders, and drug dependence, including conditions found more commonly in men in the general population. Thus, there is a need for targeted attention to the chronic medical, psychiatric, and drug-treatment needs of women at risk for incarceration, both in jail and after release.

Carlson, B. E., & Shafer, M. S. (2010). Traumatic histories and stressful life events of incarcerated parents: Childhood and adult trauma histories. *The Prison Journal*, 90(1), pp. 475-493.

Abuse and trauma are common in the histories of prison inmates. This article presents the results of research on the trauma histories and stressful life events experienced by 2,279 male and female inmate parents in Arizona, with a particular focus on gender and ethnic differences across inmates. A sample of 838 incarcerated fathers and 1,441 mothers completed anonymous questionnaires regarding traumatic and stressful events experienced as children and/or adults. This study found high rates of exposure to childhood and adult traumatic events, especially child abuse, for both males and females and across ethnic groups.

Carlson, B. E., Shafer, M. S., & Duffee, D. E. (2010). Events of incarcerated parents II: Gender and ethnic differences in substance abuse and service needs. *The Prison Journal*, 90(1), pp. 494-515.

This article presents findings on substance abuse and service needs of male and female inmate parents in Arizona, with a particular focus on gender and ethnic differences across inmates. A sample of 838 incarcerated fathers and 1,441 mothers completed anonymous questionnaires regarding traumatic and stressful events experienced as children and/or adults, including addiction. Exposure to childhood and adult traumatic events, especially child abuse, was related to self-reported alcohol and drug problems for both males and females. Mothers reported significantly more post release service needs than fathers. The authors discuss implications for practice and policy.

Caudy, M.S., Tang, L., Wooditch, A., & Taxman, F.S. (2014). Short-term trajectories of substance use in a sample of drug-involved probationers. *Journal of Substance Abuse Treatment, 46(2)*, pp. 202-213.

This study estimates trajectories of illegal substance in 251 drug-involved probationers in order to identify risk profiles. The results reflected five patterns of drug use during probation supervision. Age and type of drug were the strongest predictors of involvement in illicit drug use while on probation. This study suggests heterogeneity amongst drug users and emphasizes the importance of identifying trajectories of drug use during supervision can help identify individuals who may be more likely to persist in drug use.

Evans, E., Jaffe, A., Urada, D., & Anglin, D. M. (2012). Differential Outcomes of Court-Supervised Substance Abuse Treatment Among California Parolees and Probationers. *International Journal of Offender Therapy and Comparative Criminology, 56(1)*, pp. 539-556.

This study explored the effectiveness of court-supervised drug treatment for California parolees, as well as examined and contrasted offender characteristics, treatment experiences, and outcomes. The analysis used statewide administrative data on 4,507 parolees and 22,701 probationers referred to treatment by Proposition 36 during fiscal year 2006-2007. Parolee problems were more severe at treatment entry, more were treated in residential settings, treatment retention was shorter, and fewer completed treatment compared to probationers. Regarding outcomes, fewer parolees were successful at treatment discharge and more recidivated over 12-months post admission. Both groups improved in many areas by treatment discharge, but improvements were generally smaller among parolees. Significant interaction effects indicated that parolees benefited from residential care and more treatment days, even after controlling for covariates. According to the authors court-supervised drug treatment for parolees can “work;” however, parolees have more frequent and diverse needs, and their outcomes are enhanced by more intensive treatment. Findings suggest methods for optimizing the effectiveness of criminal-justice supervised programs for treating drug-dependent offenders.

Friestad, C., Ase-Bente, R., & Kjelsberg, E. (2014). Adverse childhood experiences among women prisoners: Relationships to suicide attempts and drug abuse. *International Journal of Social Psychiatry, 60(1)*, pp. 40-46. DOI: 10.1177/0020764012461235

This article examines the prevalence of adverse childhood experiences (ACE) and the relationship between such experiences and suicide attempts and drug use among incarcerated women in Norway. The main outcome variables of the study were attempted suicide and adult drug abuse. This study reflects that the number of ACEs increased the risk of attempted suicide and current drug abuse. The authors make the association between early life trauma and later health risk behavior and a need for early prevention.

Hanlon, T. E., O’Grady, K. E., Bennett-Sears, T., & Callaman, J. M. (2005). Incarcerated drug-abusing mothers: Their characteristics and vulnerability. *American Journal of Drug and Alcohol Abuse, 31(1)*, pp. 59-77.

This study provides treatment-relevant information on the early life circumstances and developmental experiences of incarcerated substance-abusing women; examines the extent to which risk and protective factors derived from these early circumstances and experiences were associated with the adjustment and functioning of the mothers as adults; and contributes to an understanding of the general emotional adjustment of the mothers and their perceptions of themselves as parents. Findings show that there was a high level of emotional attachment between the mothers and their children, yet many of the incarcerated mothers lacked confidence in their parenting skills. Many of the children in the sample, reflected protective factors through a strong kinship environment. The above listed considerations should be taken into account in planning interventions targeting mothers dependent on substances. The first priority in assisting these mothers should involve the provision of a drug abuse treatment intervention, both prior to and following their release from custody that highlights the incompatibility of drug abuse and successful parenting practices. In addition, in this and/or supplemental clinical services, the mothers should be given specific assistance in developing their parenting skills, in reestablishing relationships with their children, and in addressing present family circumstances having a direct

bearing on her reintegration within the family that includes input from both the current caretakers and the children.

Hiller, M. L., Narevic, E., Webster, J. M., Rosen, P., Staton, M., Leukefeld, C., Garrity, T. F., & Kayo, R. (2009). Problem severity and motivation for treatment in incarcerated substance abusers. *Substance Use & Misuse, 44*(1), pp. 28-41.

This article presents the findings of a study seeking to examine predictors of treatment motivation using data collected from 661 male drug-involved inmates during in-depth interviews that include components of the Addiction Severity Index, TCU Motivation Scale, and the Health Services Research Instrument. Findings showed treatment motivation can be measured effectively in prison-based settings. Motivation scores were not significantly different between individuals in a prison-based treatment program and those in the general prison population. Furthermore, higher motivation for treatment scores were associated with greater levels of problem severity, suggesting that individuals with more drug-use related life problems may recognize this need and desire help for beginning long-term recovery.

Messina, N., Grella, C. E., Cartier, J., & Torres, S. (2010). A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment, 38*(1), pp. 97-107.

This experimental pilot study compared post-release outcomes for 115 women who participated in prison-based substance abuse treatment. Women were randomized to a gender-responsive treatment (GRT) program using manualized curricula (Helping Women Recover and Beyond Trauma) or a standard prison-based therapeutic community. Data was collected from the participants at prison program entry and 6 and 12 months after release. Results indicate that both groups improved in psychological well-being; however, GRT participants had greater reductions in drug use, were more likely to remain in residential aftercare longer (2.6 vs. 1.8 months, $p < .05$), and were less likely to have been re-incarcerated within 12 months after parole (31% vs. 45%, respectively; a 67% reduction in odds for the experimental group, $p < .05$). Findings show the beneficial effects of treatment components oriented toward women's needs and support the integration of GRT in prison programs for women.

Oser, C., Knudsen, H., Staton-Tindall, M., & Leukefeld, C. (2009). The adoption of wraparound services among substance abuse treatment organizations serving criminal offenders: The role of a women-specific program. *Drug & Alcohol Dependence, 103*, pp. S82-S90.

This article presents findings from a study using data from the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) research cooperative's National Criminal Justice Treatment Practices Survey (NCJTPS), a nationally representative sample of community-based treatment programs serving predominantly criminal offenders who received wraparound services. Results reflect that larger organizations that utilized a greater number of treatment approaches and believed that treatment could reduce crime were more likely to offer a greater assortment of wraparound services. In an effort to improve behavioral treatment outcomes, it is imperative to examine organizational-level contextual factors that shape the availability of wraparound services for female offenders in community-based substance abuse treatment settings.

Phillips, S., Leathers, S., & Erkanli, A. (2009). Children of probationers in the child welfare system and their families. *Journal of Child & Family Studies, 18*(2), pp. 183-191.

This study describes changes over a 36-month period in the lives of children of probationers who were subjects of reports of maltreatment. Data on a nationally representative sample of reported victims of maltreatment were used to examine probationer-parents' contact with the criminal justice system, and concurrent changes in their children's households, risk exposure, and emotional and behavioral problems. Results show that 36 months after coming in contact with the child welfare system, about 40% of probationer's children no longer lived with their probationer-parents. During the same period, children's exposure to risk (i.e., parental substance abuse, mental illness, and domestic violence) dropped markedly; however, there was an upward trend in the prevalence of child emotional and behavioral problems. These problems ultimately declined among very young children, but persisted among elementary school age children. Suggestions for

further studies include a better understanding the confluence of factors affecting the outcomes of probationers' children.

Redman, D. (2008). Coping-related substance use motives and stressful life experiences among people with a history of incarceration. *Journal of Social Work Practice in the Addictions, 8(4)*, pp. 490-510.

This mixed methods quantitative-qualitative study examined coping-related motives for substance use among 68 men and women with a history of incarceration. Qualitative analyses yielded 3 principal motivational categories: coping, social reinforcement, and enhancement. Discriminant analyses revealed that coping motives were associated with greater drinking frequency and quantity, along with a broader variety of adverse consequences, alcohol dependence, parental divorce or separation, later onset of childhood neglect, and experiencing conditions perceived as analogous to war. Practice implications include a comprehensive motivational assessment at the initiation of treatment, and the prevention or mitigation of stressful events during childhood and adult life.

Robbins, C. A., Martin, S. S., & Surratt, H. L. (2009). Substance abuse treatment, anticipated maternal roles, and reentry success of drug-involved women prisoners. *Crime & Delinquency, 55(3)*, pp. 388-411.

This article reports analyses of recidivism and relapse experiences of substance-abusing women inmates as they reenter the community. Outcomes compared results for women who completed a work-release therapeutic community program, women who entered but did not complete the program, and those who did not receive work-release therapeutic community treatment. Additionally, this article compares women who anticipated living with their children following release to those who did not have children with whom they expected to live. Women who completed the treatment program were more likely to remain arrest-free during the first 18 months following prison, and they used drugs less frequently. Women who expected to live with their minor children were significantly more likely to enter the treatment program, but maternal role expectations had no direct effect on reentry outcomes once treatment experience and background factors were controlled.

Rowe, M., Benedict, P., Sells, D., Dinzeo, T., Garvin, C., Schwab, L., et al. (2009). Citizenship, community, and recovery: A group- and peer-based intervention for persons with co-occurring disorders and criminal justice histories. *Journal of Groups in Addiction & Recovery, 4(4)*, pp. 224-244. DOI: 10.1080/15560350903340874

Group interventions for persons with co-occurring disorders of serious mental illness (SMI) and alcohol or other substance use disorders may positively affect participants' substance use, criminal justice contacts, and transition to community supports and community living. We report on a group intervention with wraparound peer support that, in earlier research, has shown promise regarding these domains. We provide a detailed description and discussion of the intervention, including case vignettes. We also discuss future research on this intervention and offer recommendations for additional research in this area and with this target population.

Smith, A., Krisman, K., Strozier, A. L., & Marley, M. A. (2004). Breaking through the bars: Exploring the experiences of addicted incarcerated parents whose children are cared for by relatives. *Families in Society, 85(2)*, pp. 187-195.

Through this study, the authors sought to clarify the issues encountered by incarcerated parents, their children, and relative caregivers in an attempt to develop recommendations for a multidisciplinary, wraparound approach to designing services for these families during and after incarceration. Results reflected that many children had continuously resided with relative caregivers for a long period of time beginning before the parent's incarceration and that many of the incarcerated parents had not seen their children since being incarcerated, and of the need for a multidisciplinary, wraparound approach to designing services for affected parents, children, and caregivers.

Straussner, S. L., & Fewell, C. (Eds). (2011). *Children of substance-abusing parents: Dynamics and treatment*. Begun, A.L., & Rose, S.J. (Ch.12) Programs for children of parents incarcerated for substance-related problems. Springer Publishing Company: New York, NY.

Children whose parents abuse substances are subject to many challenges, as explored through this book and elsewhere. Professionals assume that increased vulnerability and risk factors experienced by these children result in an increased probability of developing substance use disorders in the future. Children of substance-abusing parents are exposed to many concomitant and co-occurring challenges that affect their behavioral, learning, social, physical, and mental health outcomes. Because parental substance abuse often results in contact with federal, state, or local criminal justice systems, their children incur additional risks and vulnerabilities during periods of parental incarceration in jails and prisons, as well as during community reentry. This chapter concerns the population of children who experience a parent's incarceration for offenses related to alcohol and other substances. Following a brief definition of terms, the chapter includes discussions of (1) the population of parents incarcerated for substance-related offenses; (2) how children's caretaking needs are met while parents are incarcerated; (3) how parental incarceration might affect the other aspects of child well-being; and, (4) practice implications.

Taxman, F. S., & Kitsantas, P. (2009). Availability and capacity of substance abuse programs in correctional settings: A classification and regression tree analysis. *Drug & Alcohol Dependence*, 103, pp. S43-S53.

The purpose of this study was to investigate the structural and organizational factors that contribute to the availability and increased capacity for substance abuse treatment programs in correctional settings. Results show that the two most important variables in predicting the availability of all three types of services were stronger working relationships with other organizations and the adoption of a standardized substance abuse screening tool by correctional agencies. Findings showed that when administrators use an organizational learning strategy and a substance abuse screening tool, capacity increases. The authors propose advancing treatment practices in correctional settings, including further work to test theories on how to better understand access to intensive treatment services. This study presents the first phase of understanding capacity-related issues regarding treatment programs offered in correctional settings.

Tripodi, S. J., & Pettus-Davis, C. (2012). Histories of childhood victimization and subsequent mental health problems, substance use and sexual victimization for a sample of incarcerated women in the US. *International Journal of Law and Psychiatry*, 36(1), pp. 30-40.

This article seeks to understand the prevalence of childhood victimization and its association with adult mental health problems, substance abuse disorders, and further sexual victimization. The research team interviewed 125 women prisoners to gather information on their childhood physical and sexual victimization, mental health and substance abuse problems as adults. The study indicates that in this sample of women, those who were both physically and sexually victimized as children, were more likely to be hospitalized as an adult for a psychological or emotional problem. Women sexually victimized or both physically and sexually victimized were more likely to attempt suicide. Women with a history physical victimization as children and women with a history of physical and sexual victimization are more likely to have a substance use disorder and women sexually abused as children or both physically and sexually victimized were more likely to be sexually abused in the year preceding prison.

JUVENILE DRUG COURT

Carey, S. M., Allen, T. H., Perkins, T., & Waller, M. S. (2013). A detailed cost evaluation of a Juvenile Drug Court that follows the juvenile drug court model (16 Strategies). *Juvenile and Family Court Journal*, 64(4), pp. 1-20.

Although juvenile drug courts (JDCs) have now been in operation for 17 years, there is still no definitive appraisal as to this model's cost effectiveness and in particular, no detailed cost analysis of a JDC program following the 16 strategies until this one. The cost data presented in this paper build on the process and outcome evaluations performed on the Clackamas County Juvenile Drug Court (CCJDC). Costs incurred by participants in drug courts are compared with costs incurred by eligible non-participants.

Goodkind, S., Shook, J. J., Kim, K. H., & Pohlig, R. T., & Herring, D. J. (2013). From child welfare to juvenile justice: race, gender, and system experiences. *Youth Violence and Juvenile Justice*, 11(3), pp. 249-272. DOI: 10.1177/1541204012463409

This article contributes to understandings of which youth are likely to become involved with juvenile justice by examining its relationships with child welfare experiences and mental health and substance abuse service receipt, with particular attention to racial and gender differences. According to the authors, in a sample of child welfare-involved youth, mental health services are associated with juvenile justice, and substance abuse services are predictive for White boys and out-of-home placement for girls. For youth experiencing out-of-home placement, mental health services are associated with increased likelihood of juvenile justice and substance abuse services with decreased likelihood, while congregate care predicts juvenile justice for girls and White youth.

Holmberg, M., & Yeres, S. A. (2013). Engaging Schools in the Juvenile Drug Court: Promising Strategies from the Field. *Juvenile and Family Court Journal*, 64(3), pp. 41-54.

This brief seeks to fill the knowledge gap on juvenile drug court and school collaborations. NCJFCJ gathered the experiences of JDC practitioners who have successfully partnered with schools and offer "promising strategies" on how to build those collaborations. The authors identify barriers, and identify 5 key strategies for successful partnerships.

PERINATAL AND FAMILY SERVICES

CHILDREN OF SUBSTANCE USERS

Bergin, C., & Mccollough, P. (2009). Attachment in substance-exposed toddlers: The role of caregiving and exposure. *Infant Mental Health Journal*, 30(4), pp. 407-423.

According to the authors, adverse outcomes in infants prenatally exposed to substances may result from insecure attachment and low-quality caregiving rather than from substance exposure. In this study, the authors, looked low-income mothers (n = 41) with their substance-exposed 12-month-olds and compared them to a non-exposed group case-matched for other risk factors. According to the findings, attachment security and quality of caregiving were quite low for both groups, with no significant differences. In addition, regression analyses revealed that quality of caregiving predicted attachment, but amount of alcohol and cocaine exposure did not. These results suggest that among toddlers with social risk, substance exposure may not predict insecure attachment. Previous research linking attachment to exposure may be better explained by low-quality caregiving. Implications are that substance-exposed children, and non-exposed children with comparable social risk, are likely to need intervention to enhance maternal sensitivity and involvement to improve psychiatric outcomes.

Burlew, A. K., Johnson, C., Smith, S., Sanders, A., Hall, R., Lampkin, B., & Schwaderer, M. (2012). Parenting and problem behaviors in children of substance abusing parents. *Child and Adolescent Mental Health, 18*(4), pp. 231-239.

This study examined parenting practices, parental stress, and problem behaviors among urban children of substance abusing parents. Children completed the Child Rating Scale and the Children's Depression Inventory, and parents completed the Parenting Practices Scale-Parent Version, Parenting Stress Index, and internalizing and externalizing scales on the Parent Observation of Classroom Adaptation. Results of the study show that unfavorable parenting practices predict parental stress and parental stress predicts internalizing and externalizing behaviors in children. The findings suggest that parenting practices affect development of problem behaviors.

Conners, N. A., Bradley, R. H., Mansell, L. W., Liu, J. Y., Roberts, T. J., Bergdorf, K., & Herrell, J. M. (2004). Children of mothers with serious substance abuse problems: An accumulation of risks. *American Journal of Drug and Alcohol Abuse, 30*(1), pp. 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. Researchers collected data 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 and programs fully address the 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.

Conners-Burrow, N. A., Kyzer, A., Pemberton, J., McKelvey, L., Whiteside-Mansell, L., & Fulmer, J. (2013). Child and family factors associated with teacher-reported behavior problems in young children of substance abusers. *Child and Adolescent Mental Health, 18*(4), pp. 218-224. DOI: 10.1111/camh.12010

The authors examined the impact of four family risk factors, cumulatively and individually, on children's behavior and explored children's engagement of adults as a protective factor. Results of the study show that family risks were associated with increased problems, whereas the presence of a father in the home and the child's ability to engage adults were protective. The results of this study reflect findings from current literature on risk and protective factors. Authors suggest future research look at the role of the father in a family affected by maternal substance use.

Cunningham, S., & Finlay, K. (2013). Parental substance use and foster care: evidence from two methamphetamine supply shocks. *Economic Inquiry, 51*(1), pp. 764-782. DOI: 10.1111/j.1465-7295.2012.00481.x

This article looks at the causal effect of meth on foster care admissions using two meth markets for identification. The results reflect that meth use appears to cause an increase in foster care caseloads through higher numbers of neglect and physical abuse. The authors suggest specific child welfare policies be implemented to address the needs of children of meth-using parents.

Farst, K., Bolden, B. B. (2012). Substance-exposed infants and children: forensic approach. *Clinical Pediatric Emergency Medicine, 13*(3), pp. 221-228.

This article address the recognition and response to substance-exposed infants and children by reviewing the definition of a substance-exposed infant or child, differences in screening vs confirmatory drug testing modalities, and responses to consider once an infant or child is recognized as substance exposed.

Farokhzadi, F., Mohammadi, R. M., Alipur, A., Rostami, R., & Dehestani, M. (2012). Substance abuse disorders in the parents of ADHD Children, and parents of normal children. *Acta Medica Iranica*, 50(5), 319-327.

This study compared the attention-deficit/ hyperactivity, and substance abuse disorders background in the parents of children with attention-deficit/ hyperactivity disorder (ADHD), and the parents of normal children ages 6-18 years old. The results indicated that substance abuse in parents of children with ADHD is 21% more prevalent, and parents of children with ADHD compared to parents of normal children have 2% ADHD, 9% attention deficit disorder, and 1% hyperactivity disorder more in their background. The authors conclude that there exists a significant difference between the above mentioned disorders in the parents of children with ADHD, and parents of normal children. The high prevalence rate of disorders and background of ADHD in families of individuals with ADHD shows the probability of effect of inheritance in the disorder. Also, it shows that parents of children with ADHD have more substance abuse and history of ADHD in their background.

Gregoire, K. A., & Schultz, D. J. (2001). Substance-abusing child welfare parents: treatment and child placement outcomes. *Child Welfare League of America*, 80(4), pp. 433-452.

This article presents findings of a study of 167 child welfare parents referred for substance abuse assessments. Findings indicate that significant others' support positively influences outcomes while court involvement did not appear to make a difference. The authors argue that clients and their partners need multiple sources of support especially in the early stages of recovery.

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

Jansson, L. M., & Velez, M. L. (2011). Infants of drug-dependent mothers. *Pediatrics in Review*, 32(1), pp. 5-13.

After completing this article, readers should be able to:

1. Recognize the effects of maternal substance use on the developing fetus, neonate, and growing child.
2. Describe the effect of maternal substance use on the mother-infant dyad.
3. Discuss the factors that may serve as mediators and moderators of the effects of maternal substance use on the child.
4. Understand the complex context within which the substance-abusing mother and her infant be considered.
5. Evaluate and manage the substance-exposed dyad.

Jones, H. E., Deppen, K., Hudak, M. L., Leffert, L., McClelland, C., Sahin, L., Starer, J...& Creanga, A. A. (2014). Clinical Opinion: Clinical care for opioid-using pregnant and postpartum women: the role of obstetric providers. *American Journal of Obstetrics & Gynecology*, April, pp. 302-310.

This article reviews clinical care issues related to illicit and therapeutic opioid use among pregnant women in the postpartum period and outlines the major responsibilities of obstetric providers who are for these patients during the antepartum, intrapartum, and postpartum periods. The authors highlight select patient treatment issues, and provide case examples as well.

Konijnenburg, E., Sieswerda-Hoogendoorn, T., Brilleslijper-Kater, S. N., Lee, J., & Teeuw, A. H. (2013). New hospital-based policy for children whose parents present at the emergency room due to domestic violence, substance abuse and/or a suicide attempt. *European Journal of Pediatrics*, 172(2), pp. 207-214. DOI: 10.1007/s00431-012-1869-3

This article looks at a 2010, hospital-based policy developed in Amsterdam, The Netherlands that asked all adults presenting at emergency room (ER) departments due to DV, SA and/or suicide if they had children in their care. If patients had children in their care, recommendations were made for them to visit the outpatient pediatric department with all of their children. An evaluation of their problems took place during the visit, and voluntary referrals arranged to different care organizations. Reports to the Dutch Child Abuse Counseling and Reporting Centre were made in cases where parents refused to cooperate. The study aimed to describe (1) characteristics of the identified families and (2) the referrals made to different voluntary and involuntary care organizations during the first 2 years after implementation of the policy. According to the researchers, the policy seems successful in arranging voluntary support for the majority of identified children.

Kyzer, A., Conners,-Burrow, N. A., & McKelvey, L. (2014). Environmental risk factors and custody status in children of substance abusers. *Children and Youth Services Review*, 36(1), pp. 150-154.

This study sought to examine changes in children's living situations before and after their mother's treatment experience. Authors examined pre- and post-treatment changes in the legal and physical custody status of children, as well as neighborhood and household factors that can impact children's physical or emotional health and safety. Mothers who had at least one child living with them reported a significant decrease in problems in the home and neighborhood environments. Authors also examined whether treatment completion predicted healthier living situations for children. Results of the study indicated that treatment graduates were 2.5 times more likely to have at least one child living with them after treatment. In addition, non-graduates experienced more unwanted moves compared to graduates. These findings suggest that the homes and neighborhoods families return to post-treatment are, on the whole, relatively safe.

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. The study evaluated approximately 160 participating children (aged 7-12) 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 the impact of parental substance use.

Morton, C. M. (2013). The moderating effect of substance abuse service accessibility on the relationship between child maltreatment and neighborhood alcohol availability. *Children and Youth Services Review*, 35(12), pp. 1933-1940.

This study investigates how the relationship between dense concentrations of alcohol retailers and high rates of child maltreatment may be moderated by the presence of substance abuse service facilities. Research findings suggest that child maltreatment rates were higher in neighborhoods with lower socioeconomic status and those with greater alcohol outlet density. Neighborhoods with easily accessed substance abuse service facilities had lower rates of child maltreatment. The presence of substance abuse service facilities is a moderator in the relationship between child maltreatment and alcohol outlet density. The study findings highlight the relevance of making primary prevention approaches readily available and using multi-sector collaboration to reduce child maltreatment.

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>

The SAMHSA's National Household Survey on Drug Abuse 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), pp. 341-370.

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. Authors found 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.

Palusci, V. J. (2011). Risk factors and services for child maltreatment among infants and young children. *Children and Youth Services Review*, 33(8), pp. 1374-1382. DOI: 10.1016/j.chilcyouth.2011.04.025

The authors used NCANDS data to study child maltreatment report for infants and young children. The authors found that for the years for 2003–2007 there were 1.2 million confirmed maltreatment reports to state child protective services agencies in 22 states during 2003–2007 in NCANDS, including 177,568 infants and young children under five years. 19.3% had a second confirmed CM report within 5 years. White race, inadequate housing and receiving public assistance were associated with significantly increased risk of CM recurrence. Infants and young children received more services and had less recurrence than did older children. Infants and young children have different risk factors and receive different services than do older children in the CPS system.

Sperry, D. M., Widom, C. S. (2013). Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. *Child Abuse & Neglect*, 37(6), pp. 415-425.

The objective of this study was to determine whether child abuse and neglect predicts low levels of social support in middle adulthood and understand whether social support acts to mediate or moderate the relationship between childhood abuse and neglect and subsequent outcomes. Results reflect that individuals with documented histories of child abuse and neglect reported significantly lower levels of social support in adulthood, belonging, tangible, and self-esteem support than controls. Findings suggest that social support mediated the relationship between child abuse and neglect and anxiety and depression in adulthood. Authors suggest that more research is needed to better understand the timing and mechanisms involved in these relationships that guide preventive interventions and treatment.

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), pp. 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.

Welsh, J., Precey, G., & Lambert, P. (2008). Parents of children at risk—a multi-agency initiative to address substance misuse amongst parents whose children are at risk of neglect. *Child Abuse Review, 17*(6), pp. 454-462.

The article presents information about parents as substance abusers and the impact that this behavior has on young children. The authors comment on the report called "Hidden Harm" that was released in 2003 by the Advisory Council on the Misuse of Drugs. The report shows that the cities of Brighton and Hove in England have some of the highest percentages of parental drug abusers. The report also considers the needs of children affected by these circumstances and the health and developmental consequences that they face in such environments.

EVIDENCE BASED PRACTICE AND RELATED ISSUES

Barnett, E., Sussman, S., Smith, C., Rohrbach, L. A., & Spruijt-Metz, D. (2012). Motivational Interviewing for adolescent substance use: A review of the literature. *Addictive Behaviors, 37*(12), pp. 1325–1334. DOI: 10.1016/j.addbeh.2012.07.001

This article is a literature review which summarizes the most up-to-date MI interventions with adolescents, looks at differences between intervention format and design, and discusses possible theory-based mechanisms of change. Of the 39 studies included in this review, 67% reported statistically significant improved substance use outcomes. Chi square results show no significant difference between interventions using feedback or not, or interventions combined with other treatment versus MI alone.

Brook, J., McDonald, T. P., & Yan, Y. (2012). An analysis of the impact of the Strengthening Families Program on family reunification in child welfare. *Children and Youth Services Review, 34*(4), pp. 691–695. DOI: 10.1016/j.childyouth.2011.12.018

This study examines reunification outcomes of children of alcohol or other drug involved parents placed in foster care who received the Strengthening Families Program as part of their child welfare service intervention to predict reunification rates. The study reflects that families who participated in the Strengthening Families program had significantly higher reunification rate than families who did not receive the intervention.

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

The aim of this study was to evaluate the Strengthening Families Program 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 program. The authors found that following the programs, parents reported significant changes in communication limit setting, emotional management, prosocial behavior and drugs/alcohol use. For young participants, communication, and emotional management improved, and drug use decreased. According to the authors, 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 behaviors 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.

Damashek, A., Bard, D. & Hecht, D. (2012). Provider cultural competency, client satisfaction, and engagement in home-based programs to treat child abuse and neglect. *Child Maltreatment, 17*(1), pp. 56-66. DOI: 10.1177/1077559511423570

The authors of this article claim that home-based programs to treat child abuse and neglect suffer from high rates of attrition, limiting their impact, thus the aim of this article is to identify factors related to client engagement. Families in SC completed more treatment goals than those in SAU. In addition, provider cultural competence and client satisfaction were higher in SC than in SAU. Higher provider cultural competence was associated with higher goal attainment and satisfaction, and these effects partially mediated the service program differences. The effects of service type and cultural competence on goal attainment and satisfaction varied somewhat by client ethnicity. Findings suggest that clients receiving manualized programs for child maltreatment may be more likely to meet their goals and may perceive such programs to be culturally appropriate and satisfactory.

Haggerty, K. P., Skinner, M., Fleming, C. B., Guiney, 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), pp. 2008-2016.

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. 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. 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. The intervention was delivered through group parent-training workshops at the methadone clinics and through individualized home-based services, and taught parenting skills and skills for avoiding relapse to drug abuse. Findings show that the 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. 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.

Kumpfer, K. L., Whiteside, H. O., Greene, J. A., & Allen, K. C. (2010). Effectiveness outcomes of four age versions of the Strengthening Families Program in statewide field sites. *Group Dynamics: Theory, Research, and Practice, 14*(3), pp. 211-229.

Family dysfunction is unacceptably high nationally and internationally with high costs to society in adolescent problems. A number of evidence-based (EB) parenting and family interventions have been proven in research to improve children's outcome. This article addresses the question of whether these EB family programs are as effective in practice. This article summarizes research outcomes from a quasi-experimental, 5-year statewide study of the 14-session Strengthening Families Program (SFP) with over 1,600 high-risk families. The study compared outcomes including effect sizes for the four different age versions of SFP (SFP 3-5, 6-11, 10-14, and 12-16 years).

Morgenstern, J., Neighbors, C., Kuerbis, A., Riordan, A., Blanchard, K., McVeigh, K., Morgan, T. J., & McCrady, B. (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), pp. 328-333.

The authors 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. Results show that abstinence rates were higher for the ICM group than for the usual care group through 24 months of follow-up. 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. ICM group participants had greater odds of full-time employment than non-participants did. The authors believe ICM is a promising intervention for managing substance dependence among women receiving TANF and for improving employment rates among this vulnerable population.

Nenide, L., Sontoski, S. (2014). Breaking the cycle: Supporting parent-child relationships through the “Parents Interacting with Infants” intervention. *Zero to Three, July 2014*. Pp. 31

In this article, the authors present the theoretical basis for the parents interacting with infant’s intervention as well as how this intervention is relevant for working with populations affected by domestic violence, trauma, substance abuse, mental illness, and other stressors.

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), pp. 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. Based on the earlier research results, the authors trained a newly hired staff person to continue providing BFT. They 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.

Riesch, S. K., Brown, R. L., Anderson, L. S., Wang, K., Canty-Mitchell, J., & Johnson D. L. (2012). Strengthening Families Program (10-14): Effects on the family environment. *Western Journal of Nursing Research, 34*(3), pp. 340–376. DOI: 10.1177/0193945911399108

This study examined whether parent–youth dyads participating in the Strengthening Families Program 10-14 (SFP 10-14) would demonstrate greater post program family cohesion, communication, involvement, and supervision and if youth would report less alcohol, tobacco, and other drugs involvement in contrast to a comparison group. From 16 randomly selected schools, we recruited 167 parent–youth dyads: 86 from intervention and 81 from comparison schools. The intention-to-treat analysis found one significant change in family environment. Among dyads receiving a full dose, all the outcomes were in the expected direction and effect sizes were moderate. Among dyads receiving a partial dose, 10 of 18 outcomes were in the direction opposite that expected. Youth participation in alcohol, tobacco, and other drugs was very low and did not differ post-program. Although the expected outcomes were not realized, findings descriptive of dosage effects make a valuable contribution to the field. The authors recommend further study of factors that distinguish intervention completers from non-completers.

Self-Brown, S., Whitaker, D., Berliner, L. & Kolko, D. (2012). Disseminating child maltreatment interventions: Research on implementing evidence-based programs. *Child Maltreatment, 17*(1), pp. 5-10. DOI: 10.1177/1077559511436211

This article looks at implementation science in the field of child maltreatment using definitions of implementation and stages of implementation provided by the National Implementation Research Network. They identify the following six stages as critical to effective implementation: 1) exploration/adoption; 2) program installation; 3) initial implementation; 4) full operation, 5) innovation and 6) sustainability.

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), pp. 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. The authors also compared MTP completers and non-completers 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.

Templeton, L. (2014). Supporting families living with parental substance misuse: the M-PACT (Moving Parents and Children Together) program. *Child & Family Social Work, 19*(1), pp. 76-88. DOI: 10.1111/j.1365-2206.2012.00882.x.19fs

The Moving Parents and Children Together (M-PACT) program is one of the growing number of interventions tailored to meet the multiple and complex needs of children and families affected by parental substance misuse. This article is a literature review on qualitative findings from 13 evaluated Moving Parents and Child Together (M-PACT) programs in England. Six themes are discussed: engaging with M-PACT, shared experiences, understanding addiction, changes in communication, healthier and united families, and ending M-PACT. The majority of families benefitted in a range of ways from the program: meeting others who were experiencing similar problems, greater understanding about addiction and its impact on children and families improving communication within the family. Key findings include a discussion of the potential for interventions of this kind to reduce family-related harm from parental substance misuse.

Whitaker, D. J., Ryan, K. A., Wild, R. C., Self-Brown, S., Lutzker, J. R., Shanley, J. R., Edwards, A. M...Hodges, A. E. (2012). Initial implementation indicators from a statewide rollout of SafeCare within a child welfare system. *Child Maltreatment, 17*(1), pp. 96-101.

This article presents findings from a study looking into a statewide effort to implement the evidence based practice SafeCare into a child welfare system. Findings suggest that only 25% of providers who participated in the training actually implemented the model after training. Findings are in line with the literature that demonstrate issues with implementation often depend on organizational and system-level variables.

FAMILY TREATMENT

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. The TIP provides basic information about family therapy for substance abuse treatment professionals and basic information about substance abuse for family therapists. 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.

Choi, S., Huang, H. & Ryan, P. J. (2012). Substance abuse treatment completion in child welfare: Does substance abuse treatment completion matter in the decision to reunify families? *Children and Youth Services Review, 34(9)*, pp. 1639-1645. DOI: 10.1016/j.childyouth.2012.04.022

This study investigates 1) factors associated with family reunification and 2) the role of treatment completion in relation to mothers' treatment progress and family reunification. Results reflect that variables such as age and marital history were related to family reunification. This current study provided important empirical evidence for the link between family reunification and treatment completion. Improvements in the delivery of treatment services to mothers in child welfare are discussed.

Comiskey, C. M. (2013). A 3 year national longitudinal study comparing drug treatment outcomes for opioid users with and without children in their custodial care at intake. *Journal of Substance Abuse Treatment, 44(1)*, pp. 90-96.

The aim of this research was to measure the longitudinal effects of having children in a client's custodial care, on opioid treatment outcomes. At 1 year significantly fewer of those with children in their care were using heroin, benzodiazepines and cannabis but having children in a client's care at intake was a significant and positive predictor of using other opioids at 1 year. Analysis revealed a significant reduction in the proportion using alcohol in the last 90 days and in the mean days of alcohol usage among those with no children in their care. Results demonstrate that having children in a client's care improves outcomes for heroin use but also suggest the possible use of substitution substances.

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)*, pp. 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.

D'Andrade, A. C., & Chambers, R. M. (2012). Parental problems, case plan requirements, and service targeting in child welfare reunification. *Children and Youth Services Review, 34(10)*, pp. 2131–2138. DOI: 10.1016/j.childyouth.2012.07.008

This is a descriptive study using case file data to examine the relationship between parental problems and case plan requirements for a sample of parents reunifying with their children in one large urban California County. Findings show that most reunifying parents had multiple problems, and were required to attend approximately 8 service events per week. There was a positive correlation between the total number of concerns (treatment problems and life challenges) and required weekly service events. 85% of parents were ordered treatment services for all their identified problems, and over 30% were ordered services targeting problems they were not previously aware of. Overall, 58% of parents were ordered both all appropriate and only appropriate services. Discussion on implications for policy and practice include the need for models of service delivery that limit the burden of accessing multiple service locations for reunifying parents.

Dauber, S., Neighbors, C., Dasaro, C., Riordan, A., & Morgenstern, J. (2012). Impact of intensive case management on child welfare system involvement for substance-dependent parenting women on public assistance. *Children and Youth Services Review, 34(7)*, pp. 1359-1366. DOI: 10.1016/j.childyouth.2012.03.020

This study examined the impact of intensive case management (ICM) on decreasing child welfare system involvement in substance-dependent parenting women. This study tested whether ICM had downstream impacts on child welfare outcomes not directly targeted by the intervention. An initial positive effect of ICM was found on child placements, but its impact lessened over time and was likely due to the increased contact with case managers that occurred early in the study. Overall, minimal benefits of ICM were found, suggesting that while ICM was effective in the areas of treatment engagement and abstinence, there were no downstream benefits for child welfare outcomes. Implications of findings in terms of increased need for cross-system collaboration are discussed.

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)*, pp. 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. 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. 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.

Estefan, L. F., Coulter, M. L., VandeWeerd, C. L., Armstrong, M., & Gorski, P. (2012). Receiving therapeutic services: experiences of parents involved in the child welfare system. *Children and Youth Services Review, 34(1)*, pp. 2353-2360.

This article presents the findings of a study which examined the experiences of parents involved with child welfare services mandated to attend a variety of therapeutic services. The authors' findings suggest that while therapeutic services meet the needs of the families, parents are not empowered to influence the service plan; additionally they face barriers to receiving services, and the case plans often do not take into account systemic family issues.

Gordon, D. M., Oliveros, A., Hawes, S. M., Iwamoto, D. K., & Rayford, B. S. (2012). Engaging fathers in child protection services: A review of factors and strategies across ecological systems. *Children and Youth Services Review, 34(8)*, pp. 1399-1417.

This article reviews the literature concerning paternal engagement in child and family services around an ecological model that examines paternal engagement from individual, family, service

provider, program, and community and policy levels. Authors consider factors and strategies along a continuum of engagement through intent to enroll, enrollment, and retention. This review advances theory by elucidating key factors that foster father engagement. The review also highlights the gaps in the literature and provides strategies for how researchers can address these areas. Future directions in the arenas of practice and policy are discussed.

Henderson, C. E., Rowe, C. L., Dakof, G. A., Hawes, S. W., & Liddle, H. A. (2009). Parenting practices as mediators of treatment effects in an early-intervention trial of multidimensional family therapy. *American Journal of Drug & Alcohol Abuse*, 35(4), pp. 220-226.

This study examined parenting practices as mediators of treatment effects in an early-intervention trial comparing Multidimensional Family Therapy (MDFT), and a peer group intervention. Results show that MDFT was more effective than active treatments as well as services as usual in decreasing substance use and improving abstinence rates. Findings indicate that change in MDFT occurs through improvements in parenting practices. These results set the foundation for examining family factors as mediators in other samples.

Herrenkohl, T. I., Lee, J. O., Kosterman, R. & Hawkins, D. J. (2012). Family influences related to adult substance use and mental health problems: A Developmental analysis of child and adolescent predictors. *Journal of Adolescent Health*, 51(2), pp. 129–135 DOI: 10.1016/j.jadohealth.2011.11.003

This study investigated measures of family conflict, family management, and family involvement at ages 10–12, 13–14, and 15–18 years as predictors of adult depression, anxiety, and substance use disorder symptoms classes at age 27. Results show that family conflict is the strongest and most consistent predictor of the adult mental health and substance use classes. Family management, but not family involvement, was also predictive of the adult outcome classes. Conclusions: It is important to lessen family conflict and improve family management to prevent later mental health and substance use problems in adulthood.

Hill, L. G., Goates, S. G., & Rosenman, P. (2010). Detecting selection effects in community implementations of family-based substance abuse prevention programs. *American Journal of Public Health*, 100(4), pp. 623-30.

To calculate valid estimates of the costs and benefits of substance abuse prevention programs, selection effects must be identified and corrected. A supplemental comparison sample is typically used for this purpose, but in community-based program implementations, such a sample is often not available. The authors present an evaluation design and analytic approach that can be used in program evaluations of real-world implementations to identify selection effects, which in turn can help inform recruitment strategies, pinpoint possible selection influences on measured program outcomes, and refine estimates of program costs and benefits. The results indicate that the program's participants differed significantly from the population at large.

Jackson, V. (2004). Residential treatment for parents and their children: The Village experience. *NIDA Science & Practice Perspectives*, 2(2), pp. 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, and 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.

Klostermann, K., & O'Farrell, T. (2013). Treating substance abuse: partner and family approaches. *Social Work in Public Health*, 28(3-4), pp. 234-247. DOI: 10.1080/19371918.2013.759014

The purpose of this article is to 1) discuss how substance abuse affects the family; 2) present the models of marital and family approaches that have been used with substance-abusing clients; 3)

discuss potential barriers to marriage and family therapy implementation and 4) explore possible future directions with respect to partner-and-family –involved therapies with clients who abuse substances. Authors conclude that the role of the family in the development and maintenance of substance abuse should be a vital part of treatment.

Knight, K. E., Menard, S., & Simmons, S. B. (2014). Intergenerational Continuity of Substance Use. *Substance Use & Misuse, 49*, pp. 221-233. DOI:10.3109/10826084.2013.824478.

The goal of this article is to address a gap in current knowledge on whether, when, and how strongly intergenerational continuity of substance use exists when examining age-equivalent and developmentally specific stages of the life course. Results suggest that intergenerational risk may be reduced if substance use can be curtailed in adolescence.

Lam, W. K. K., Fals-Stewart, W., & Kelley, M. L. (2009). Parent training with behavioral couples therapy for fathers' alcohol abuse: Effects on substance use, parental relationship, parenting, and CPS involvement. *Child Maltreatment, 14*(3), pp. 243-254.

This pilot study examined effects of Parent Skills with Behavioral Couples Therapy (PSBCT) on substance use, parenting, and relationship conflict among fathers with alcohol use disorders. Male participants (N = 30) entering outpatient alcohol treatment, their female partners, and a custodial child (8 to 12 years) were randomly assigned to (a) PSBCT; (b) Behavioral Couples Therapy (BCT); or (c) Individual-Based Treatment (IBT). Children were not actively involved in treatment. Parents completed measures of substance use, couples' dyadic adjustment, partner violence, parenting, and Child Protection Services (CPS) involvement at pretreatment, post treatment, 6- and 12-month follow-up. PSBCT was comparable to BCT on substance use, dyadic adjustment, and partner violence; both groups showed clinically meaningful effects over IBT. Compared to BCT, PSBCT resulted in larger effect sizes on parenting and CPS involvement throughout follow-up. PSBCT for fathers may enhance parenting couple- or individual-based treatment, and warrant examination in a larger, randomized efficacy trial.

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), pp. 321-331.

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. 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), pp. 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. 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 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.

Crane, D. R. (2010). Cost-effectiveness of Family-based substance abuse treatment. *Journal of Marital and Family Therapy*, 36(4), pp. 486-98.

In order to compete in a financially sensitive health care system, family systems-based treatments must demonstrate effective clinical results as well as cost-effectiveness. Cost-effectiveness research can demonstrate to health care insurers and policy makers which treatments are viable options for implementation. The present literature review identified eight cost-effectiveness family-based substance abuse treatment studies. The results suggest that certain family-based treatments are cost-effective and warrant consideration for inclusion in health care delivery systems.

Oliveros, A., & Kaufman, J. (2011). Addressing substance abuse treatment needs of parents involved with the child welfare system. *Child Welfare*, 90(1), pp. 25-41.

This article reviews the available research on families with substance abuse problems involved with the child welfare system and identifies gaps in the research needed to further refine practices in this area. The authors' findings suggest that Family Treatment Drug Courts (FTDC) might be the most effective intervention at improving outcomes for these families.

Peled, E., Gavriel-Fried, B., & Katz, N. (2012). "I've Fixed Things Up": Paternal identity of substance-dependent fathers. *Family Relations*, 61(5), pp. 893 – 908. DOI: 10.1111/j.1741-3729.2012.00729.x

This study deals with how substance-dependent men perceive their paternal identity. The study included in-depth semi-structured interviews with 12 Israeli fathers enrolled in methadone maintenance treatment. Content analysis revealed that participants had undergone a process of parental identity formation composed of four distinct stages: absence, awakening, taking responsibility, and resolution to re-form oneself as a father. The discussion highlights the developmental nature of this process. Also discussed are the effects of three factors on the formation of paternal identity: the treatment for addiction, the subjects' newfound identity as "clean addicts," and social perceptions and discourses about fatherhood and addiction.

Postmus, J. L., Huan, C. C., & Mathisen-Stylianou, A. (2012). The impact of physical and economic abuse on maternal mental health and parenting. *Children and Youth Services Review*, 34(9), pp. 1922-1928. DOI: 10.1016/j.chidyouth.2012.06.005

This article examined the long-term impact of intimate partner violence (IPV) on maternal depression and parenting. Findings demonstrated that economic and psychological abuse at Year 1 had significant effects on the likelihood of mothers experiencing depression and spanking their children at Year 5. Psychological abuse experiences at Year 1 had a significant effect on the level of engagement with their children at Year 5. However, experiences of physical violence at Year 1 did not significantly impact mothers' depression or parenting. In addition, the results indicated that both the level and change of economic abuse increased the odds of mothers experiencing depression at Year 5. Similarly, both the level and change of psychological abuse decreased the odds of mothers engaging with their children at Year 5. Finally, the level of economic and psychological abuse at Year 1 increased the odds of the use of spanking in Year 5. These results suggest that there are long-term effects of economic and psychological abuse on mothers' depression and parenting. Future research should focus on understanding the impact of abuse, specifically of economic abuse, among families that are victims of interpersonal violence.

Riger, S., & Bennett, L. W. (2014). Barriers to addressing substance abuse in domestic violence court. *American Journal of Community Psychology*, 53(1), pp. 208-217. DOI: 10.1007/s10464-014-9636-4.

This article presents the results of a qualitative study of a domestic violence court in a large mid-western metropolitan area including interviews of key informants to better understand how the Court treats substance abuse. Results reflect that substance abuse typically is not identified among perpetrators or survivors going through the Court unless it is mentioned in a police report. Barriers to identification are the organization of the Court, bounded definition of actors' roles in the Court, limited resources, and negative attitudes towards survivors. These results suggest that

specialized courts that attend to only one problem may overlook the possibility of addressing issues that commonly co-occur.

Robertson, A. S., & Haight, W. (2012). Engaging child welfare-involved families impacted by substance misuse: Scottish policies and practices. *Children and Youth Services Review, 34*(10), pp. 1992–2001. DOI: 10.1016/j.childyouth.2012.06.006

This study explores Scottish child welfare policies, beliefs and practices for engaging substance-involved families in child welfare services. Scottish approaches for engaging families are highly focused on child well-being and relationship characteristics, prevention, resilience and recovery. Many of these strategies are designed to change a deeply embedded problem of substance misuse, and considerable effort and resources have been targeted for long-term change. These initiatives are important to examine because, if successful, they may be helpful for understanding relational characteristics in other cultural contexts particularly those using holistic and differential approaches in child welfare.

Rowe, L. C. (2012). Family therapy for drug abuse: review and updates 2003–2010. *Journal of Marital and Family Therapy, 38*(1), pp. 59-81 DOI: 10.1111/j.1752-0606.2011.00280.x

This article is a review of the literature on family therapy for drug abuse and issue recommendations for new research, and practice implications of these findings. Adolescent-focused family-based models that attend to the ecology of the teen and family show the most consistent and strongest findings in recent studies. Adult-focused models based on behavioral and systems theories of change also show strong effects with drug abusers and their families. The overarching conclusion is that family-based models are not only a viable treatment alternative for the treatment of drug abuse, but are now consistently recognized among the most effective approaches for treating both adults and adolescents with drug problems.

Schumacher, A. J. & Holt, J. D. (2012). Domestic violence shelter residents' substance abuse treatment needs and options. *Aggression and Violent Behavior, 17*(3), pp. 188-197. DOI: 10.1016/j.avb.2012.01.002

This article reviews, identifies, and synthesizes the findings of studies in which alcohol and other substance use, problem use, or diagnoses in shelter residents was assessed. Despite methodological limitations, this body of studies provides compelling evidence that a substantial number of domestic violence shelter residents (22–72%) have current or past problems with alcohol or other substances and may benefit from treatment. The second goal of the current review was to provide an overview of the availability and limitations of options that are currently available to address domestic violence shelter residents' substance abuse treatment needs. Although substance abuse is a largely under-met need of women seeking domestic violence shelter, promising findings from model integrated treatment programs, as well as the knowledge gained through implementation of these programs provide useful future directions for addressing these co-occurring issues.

Storhaug, A. S., & Øien, K. (2012). Fathers' encounters with the Child Welfare Service. *Children and Youth Services Review, 34*(1), pp. 296–303 DOI: 10.1016/j.childyouth.2011.10.031

This articles focus was father primary caretakers who were or had been in contact with the Child Welfare Services in Norway, and who had children with women who were unable to take care of them, either because of substance abuse or mental health problems. Authors analyzed how these fathers experienced being met and assessed as caregivers by the Child Welfare Service, as well as how they experienced their own competency as caregivers. The results showed to be consistent with the discourses on “fathers as a threat”, “fathers as irrelevant” and “fathers as better than mothers”. The goal of the article was to increase awareness about fathers who are in contact with the Child Welfare Service so that they are met in a way that helps to support them in their role as fathers for the benefit of their children.

Stover, C. S., Hall, C., McMahon, T. J., & Easton, J. C. (2012). Fathers entering substance abuse treatment: An examination of substance abuse, trauma symptoms and parenting behaviors. *Journal of Substance Abuse Treatment, 43*(3), pp. 335-343.

This article does the following: (a) examine differences in symptoms of men presenting for SA assessment based on fatherhood status and (b) determine how posttraumatic stress disorder (PTSD) symptoms and severity of SA were associated with parenting for men who were fathers. Results of the study reflect that there were no differences in severity of alcohol or drug use between fathers and non-fathers; however, fathers with more PTSD symptoms reported greater severity of alcohol and drug use. Among the fathers, PTSD symptoms correlated significantly and positively with negative parenting behaviors, whereas SA did not. Fathers with more significant PTSD symptoms were more likely to want help with parenting. The authors conclude that further exploration of the impact of trauma-related symptoms on the parenting behaviors of substance-abusing men is warranted.

Stover, C. S., Easton, C. J., & McMahon, T. J. (2013). Parenting of men with co-occurring intimate partner violence and substance abuse. *Journal of Interpersonal Violence, 28*(11), pp. 2290-2314. DOI: 10.1177/0886260512475312

This article looks at mediators of differences in parenting behavior of fathers and the emotional-behavioral problems of their children for men with co-occurring SA and IPV. Results reflect that men with co-occurring SA + IPV had significantly less positive co-parenting and more negative parenting behaviors than community control fathers. Negative parenting and co-parenting were mediated by the fathers' avoidant attachment problems. SA + IPV fathers also reported more emotional and behavioral problems in their children. These results suggest areas of potential focus in interventions with fathers who have co-occurring SA + IPV issues. Focus on attachment difficulties with his co-parent, which may include affect regulation, coping with emotions, and communication skills training related to co-parenting, may yield significant changes in parenting behaviors and ultimately child functioning.

Van Ryzin, M. J., Fosco, G. M., & Dishion, T. J. (2012). Family and peer predictors of substance use from early adolescence to early adulthood: An 11-year prospective analysis. *Addictive Behaviors, 37*(12), pp. 1314–1324 DOI: 10.1016/j.addbeh.2012.06.020

The focus of this study was social influences on substance use from early adolescence to early adulthood, using a diverse sample of early adolescents followed from age 12 to age 23. The authors tested direct and indirect effects of parental monitoring, family relationship quality, and association with deviant peers on change in substance use across time. The results suggested that parental monitoring and family relationship quality indirectly predicted later substance use by way of deviant peers, implying that an important aspect of the family context is its influence on choice of friends and peer group composition. Implications for family-based prevention and intervention are discussed.

Wong, J. (2009). Understanding and utilizing parallel processes of social interaction for attachment-based parenting interventions. *Clinical Social Work Journal, 37*(2), pp. 163-174.

In an effort to meet both the parenting and treatment needs of substance-abusing women who are parents, residential drug treatment programs have been struggling to find the best approach. A qualitative-quantitative study of the parenting experience of mothers in residential drug treatment programs housing both mothers and their children found that relational processes characterized how these mothers perceived parenting as well as treatment. The findings presented the interplay and mutuality between a mother's interactions (natural or facilitated) with the external social world that includes her child and those connected to the treatment facility and the internal formation of her sense of herself, her child, and others, along with the changes in both areas that took place in the facility. These findings lend important support to the use of attachment-based parenting interventions in residential drug treatment programs by drawing on these relational processes.

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), pp. 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.

FETAL ALCOHOL SYNDROME

Douzgou, S., Breen, C., Crow, Y. J., Chandler, K., Metcalfe, K., Jones, E., Kerr, B., & Clayton-Smith, J. (2012). Diagnosing fetal alcohol syndrome: New insights from newer genetic technologies. *Archives of Disease in Childhood, 97*(9), pp. 812-817. DOI: 10.1136/archdischild-2012-302125

This article looks at important things to consider when diagnosing a child with FASD including the role the clinical geneticist plays in the assessment, and the need to obtain an accurate history of prenatal exposure to alcohol. Conclusions Genetic assessment was of particular value in excluding other diagnoses and providing information to carers. According to this study FASD was difficult to ascertain in children under a year old when data on growth and development were limited. Structural malformations were not common in the group overall and some previously reported diagnostic signs were not found to be reliable markers of FASD. Chromosome disorders showed phenotypic overlap with FASD and are an important differential diagnosis.

Feldman, K. A. R. (2012). Children and adolescents with fetal alcohol syndrome (FAS): Better social and emotional integration after early diagnosis. *Klin Pediatrics, 224*(2), pp. 66-71.

This article looked at the FAS diagnosis of 125 patients at the Muenster University Hospital. The researchers found high rates of social and developmental problems. The diagnosis of FASD was identified as a protective factor, with significantly better outcomes for patients being diagnosed in early childhood. A diagnosis established later in life was particularly helpful for the families and caregivers. Improvements in early detection are needed as research shows that receiving the correct diagnosis, despite the persistent impairments, is of major benefit for both patients and their families.

Gummel, K., Ygge, J., Benassi, M., & Bolzani, R. (2012). Motion perception in children with fetal alcohol syndrome. *Acta Paediatrica, 101*(8), pp. e327-e332.

In this article, the authors looked at the motion perception in children diagnosed with FASD living in orphanages. The results of the study showed a significant difference in the motion perception of the children with FASD and the control group. Children with FAS had lower coherent motion perception ability in all the signal-to-noise ratio conditions. The authors conclude that impaired motion perception in FAS children could be indicative of a dorsal stream developmental dysfunction resulting from alcohol brain damage.

Joseph, J., Warton, C., Jacobson, S. W., Jacobson, J. L., Molteno, C. D., Eicher, A., Marais, P., Phillips, O. R... Meintjes, E. M. (2014). Shape analysis of hippocampus and caudate nucleus in children with fetal alcohol spectrum disorders. *Human Brain Mapping, 35*(2), pp. 659-672.

The authors of this article used surface deformation-based analysis to assess local shape variations in the hippocampi and caudate nuclei of children with fetal alcohol spectrum disorders. High-resolution structural magnetic resonance imaging images were acquired for children with FASD and no FASD. Although the exposed and control subjects did not differ significantly in their volumes, the shape analysis showed the hippocampus to be more deformed at the head and tail regions in the alcohol-exposed children. Between-group differences in caudate nucleus

morphology were dispersed across the tail and head regions. Correlation analysis showed associations between the degree of compression and the level of alcohol exposure. These findings demonstrate that shape analysis using three-dimensional surface measures is sensitive to fetal alcohol exposure and provides additional information than volumetric measures alone.

Koren, G., Zelner, I., Nash, K., & Koren, G. (2014). Fetal alcohol spectrum disorder: Identifying the neurobehavioral phenotype and effective interventions. *Current Opinion in Psychiatry*, 27(2), pp. 98-104.

This article looks at the pathogenesis of brain damage caused by FASD. According to the authors, identifying the neurodevelopmental phenotype of fetal alcohol spectrum disorder (FASD) is a major challenge. Recently, a behavioral phenotype of FASD has been described and validated using items from the Child Behavior Checklist. This tool has high sensitivity and specificity in separating children with FASD from those with ADHD and from healthy controls. In parallel, a number of intervention studies show promise in improving the abilities of children and adolescents with the syndrome to cope with daily tasks and improve their quality of life. The neurobehavioral screening test can facilitate screening for FASD and is an official screening tool in the FASD toolkit of the Public Health Agency of Canada. Promising new interventions may attenuate the long-term outcome of these children.

Molteno, C. D., Jacobson, J. L., Carter, R. C., Dodge, N. C., & Jacobson, S. W. (2014). Infant emotional withdrawal: A precursor of affective and cognitive disturbance in fetal alcohol spectrum disorders. *Alcoholism: Clinical and Experimental Research*, 38(2), pp. 479-488.

The aim of this study was to test the hypothesis that emotional withdrawal is an early indicator of affective disorder in infants heavily exposed prenatally to alcohol. The results of the study reflect that prenatal alcohol exposure was associated with increased infant emotional withdrawal and decreased activity, but unrelated to mother–infant interaction. This study is the first to document a direct effect of FA exposure on emotional withdrawal in infancy. The data link prenatal alcohol to infant affective function not attributable to mother–infant interaction, infant temperament, or other socioemotional aspects of the infant’s environment and identify infant emotional withdrawal as an early indicator of affective disturbance, particularly in children later diagnosed with FAS and PFAS.

Paolozza, A., Rasmussen, C., Pei, J., Hanlon-Dearman, A., Nikkel, S. M., Andrew, G., McFarlane, A... Reynolds, J. N. (2014). Deficits in response inhibition correlate with oculomotor control in children with fetal alcohol spectrum disorder and prenatal alcohol exposure. *Behavioral Brain Research*, 259(1), pp. 97-205.

The objective of this study was to determine if a performance-based relationship exists between psychometric tests and eye movement tasks in children with FASD. Results of the study show that the FASD and the PAE groups performed worse than controls on the subtest measures of attention and inhibition. These data suggests that response inhibition deficits in children with FASD/PAE are associated with difficulty controlling saccadic eye movements which may point to overlapping brain regions damaged by prenatal alcohol exposure. The results of this study demonstrate that eye movement control tasks directly relate to outcome measures obtained with psychometric tests that are used during FASD diagnosis, and may therefore help with early identification of children who would benefit from a multidisciplinary diagnostic assessment.

Popova, S., Lange, S., Burd, L., & Rehm, J. (2012). Health care burden and cost associated with fetal alcohol syndrome: Based on official Canadian data. *Plos One*, 7(8), pp. 1-7.

The purpose of this study was to determine the use of health care used by individuals diagnosed with FAS and estimate costs associated with those visits for Fiscal Year 2008-2009. The total direct health care cost of acute care, psychiatric care, day surgery, and emergency department services associated with was about \$6.7 million. The authors believe that the utilization of health care services by individuals diagnosed with FAS are likely to be underreported and costs likely underestimated. The quantification of the health care costs associated with FAS is crucial for policy developers and decision makers alike, of the impact of prenatal alcohol exposure, with the ultimate goal of initiating preventive interventions to address FASD.

Popova, S., Lange, S., Burd, L., & Rehm, J. (2014). Canadian children and youth in care: The cost of fetal alcohol spectrum disorder. *Child and Youth Care Forum, 43(1)*, pp. 83-96. DOI: 10.1007/s10566-013-9226-x

The purpose of the current study was to estimate the number of children (0–18 years) in care with FASD and to determine the associated cost by age group, gender, and province/territory in Canada in 2011. The estimated number of children in care with FASD ranged from 2,225 to 7,620, with an annual cost of care ranging from \$57.9 to \$198.3 million Canadian dollars (CND). The highest overall cost (\$29.5 to \$101.1 million CND) was for 11–15 year-olds. The study findings can be used to demonstrate the substantial economic burden that FASD places on the child welfare system. Attention towards the needs of this population and prevention efforts to reduce FASD incidence in Canada, and other countries are urgently needed.

Stephen, J. M., Kodituwakku, P. W., Kodituwakku, E. L., Romero, L., Peters, A. M., Sharadamma, N. M., Caprihan, A., & Coffman, B. A. (2012). Delays in auditory processing identified in preschool children with FASD. *Alcoholism: Clinical and Experimental Research, 36(10)*, pp. 1720-1727.

The goal of the study was to characterize auditory responses in preschool-aged children with FASD. Results of the study reflect that there is widespread auditory deficits with prenatal ethanol exposure. Auditory delay revealed by MEG in children with FASDs may prove to be a useful neural marker of information processing difficulties in young children with prenatal alcohol exposure. The fact that delayed auditory responses were observed across the FASD spectrum suggests that it may be a sensitive measure of alcohol-induced brain damage. Therefore, this measure in conjunction with other clinical tools may prove useful for early identification of alcohol affected children, particularly those without dysmorphia.

Williams, L., Jackson, C. P. T., Choe, N., Pelland, L., Scott, S. H., & Reynolds, J. N. (2014). Sensory-motor deficits in children and fetal alcohol spectrum disorder assessed using a robotic virtual reality platform. *Alcoholism: Clinical and Experimental Research, 38(1)*, pp. 116-125.

The goal of this study was to use robotic technology to examine sensory-motor impairments in the upper limbs of children with FASD. The current study has shown that robotic technology is a sensitive and powerful tool that provides increased specificity regarding the type of motor problems exhibited by children with FASD. The high frequency of motor deficits in children with FASD suggests that interventions aimed at stimulating and/or improving motor development should routinely be considered for this population.

PREGNANT AND PARENTING WOMEN

Allen, R. H. & Alpert, W. (2012). Maternal Drug Use and Its Effect on Neonates. *OB/GYN Clinical Alert, 119(5)*, pp. 1-3.

The authors of this article sought to estimate trends in prenatal drug exposure and neonatal abstinence syndrome (NAS) in Washington State from 2000-2008/ they identified the types of drugs used, predictors of prenatal drug use and NAS, and outcomes of drug-exposed and NAS-diagnosed neonates. Results show that maternal use of illicit and prescription drugs was associated with considerable neonatal morbidity and significantly higher rates of drug exposure and neonatal abstinence syndrome in recent years. Data suggest that opioid analgesics contributed to the increase in prenatal drug exposure and neonatal abstinence syndrome in Washington State. The authors emphasize the need for clinicians to screen pregnant women for illicit and prescription drug use and minimize use of opioid analgesics during pregnancy.

Arria, M. A., Mericle, A. A., Meyers, K. & Winters, C. K. (2012). Parental substance use impairment, parenting and substance use disorder risk. *Journal of Substance Abuse Treatment, 43(1)*, pp. 114–122. DOI: 10.1016/j.jsat.2011.10.001

This study investigated substance use disorder (SUD) among respondents with ages 15–54 years as a function of their parents' substance-related impairment and parents' treatment history. Results show that parental substance-related impairment was associated with SUD. Paternal treatment history was associated with a decreased risk for SUD but did not appear to be

associated with positive parenting practices. Results suggest that parenting behaviors might operate differently to influence SUD risk in children where parents are affected by substance use problems. Future research is warranted to better understand the complex relationships among parental substance use, treatment, parenting behaviors, and SUD risk in offspring. Opportunities might exist within treatment settings to improve parenting skills.

Barlow, A., Mullany, B. C., Neault, N., Davis, Y., Billy, T., Hastings, R., Coho-Mescal, V... & Walkup, J. T. (2010). Examining correlations of methamphetamine and other drug use in pregnant American Indian adolescents. *American Indian and Alaska Native Mental Health Research*, 17(1), pp. 1-24.

American Indian and Alaska Native (AI/AN) adolescents have high rates of pregnancy, as well as alcohol, marijuana, cocaine, and, increasingly, methamphetamine (meth) use. The progression of adolescent drug use to meth use could have devastating impacts on AI communities, particularly when youth are simultaneously at risk for teen childbearing. In order to inform future prevention efforts, this study explores correlates of meth use in a sample of pregnant AI teens, with a focus on sociodemographic, familial, and cultural factors and use of other drugs.

Benoit, C., Stengel, C., Marcellus, L., Hallgrimsdottir, H., Anderson, J., MacKinnon, K., Phillips, R... & Charbonneau, S. (2014). Providers' constructions of pregnant and early parenting women who use substances. *Sociology of Health & Illness*, 36(2), pp. 252-263. DOI: 10.1111/1467-9566.12106

This article reviews literature and focuses on providers' conceptualizations of problematic substance by women during pregnancy and early parenting. Our results show that most study participants regard any substance use during pregnancy, birth and the postpartum period as fundamentally unacceptable. This framing of problematic substance use is accomplished via gendered responsibility of women as fetal incubators and primary caregivers of infants. Authors suggest that intervention programs should be grounded should move away from a focus on health behavior and instead focus health-related practices.

Berlin, L. J., Shanahan, M., & Carmody, K. A. (2014). Promoting supportive parenting in new mothers with substance-use problems: a pilot randomized trial of residential treatment plus an attachment-based parenting program. *Infant Mental Health Journal*, 35(1), pp 81-85. DOI: 10.1002/imhj.21427

This article presents the results of a pilot program which supplements residential substance-abuse treatment for new mothers with a brief, yet rigorous, attachment-based parenting program. The results of the pilot program reflect that attachment-based services may have particular leverage for breaking intergenerational cycles of maltreatment. The authors suggest there are many potential benefits of supplementing residential substance-abuse treatment with brief, attachment-based interventions.

Blakey, M. J. (2012). From surviving to thriving: Understanding reunification among African American mothers with histories of addiction. *Children and Youth Services Review*, 34(1), pp. 91–102. DOI: 10.1016/j.childyouth.2011.09.006

This study uses the Multiple Embedded Case Study method to study the experiences and feelings of African American mothers struggling to overcome addiction and highlights the main differences between women who regained custody and those who permanently lost custody of their children. The women who lost custody of their children tended to be in survival mode, characterized as going through the motions, engaging in acting-out behaviors, and failing to follow treatment recommendations. The women who regained custody of their children tended to thrive and characterized as having internal motivation, taking responsibility, and engaging the material. This study advances our knowledge of the factors contributing to reunification.

Borelli, J. L., & West, J. L. (2012). Emotionally avoidant language in the parenting interviews of substance-dependent mothers: associations with reflective functioning, recent substance use, and parenting behavior. *Infant Mental Health Journal*, 33(5), pp. 506–519 DOI: 10.1002/imhj.21340

In this study, we examine substance -abusing mothers' (positive and negative) emotion language word use during their discussion of negative parenting experiences on the Parent Development

Interview for its association with reflective functioning (RF), recent substance-use history, and sensitivity to child cues. Results of the study suggest that more frequent positive feeling word use, but not negative emotion word use, is associated with lower RF, more recent substance use, and lower sensitivity to child cues. Positive feeling word use partially mediates the association between self-focused RF and insensitive parenting.

Brakefield, T., Wilson, H., & Donenberg, G. (2012). Maternal models of risk: Links between substance use and risky sexual behavior in African American female caregivers and daughters. *Journal of Adolescence*, 35(4), pp. 959–968. DOI: 10.1016/j.adolescence.2012.01.004

This paper examines pathways from female caregivers' risky sexual behavior and substance use to adolescent girls' risky sexual behavior and substance use. Results of the study suggest that sexual risk reported by female caregivers was associated with adolescent sexual risk, and illicit drug use reported by female caregivers was related to adolescent-reported substance use, which was in turn associated with adolescent-reported sexual risk behavior. These findings suggest that female caregivers' sexual behavior and substance use both relate to girls' sexual risk. Thus, results emphasize the role of female caregivers in transmitting risk.

Brigham, G., Winhusen, T., Lewis, D., & Kropp, F. (2010). Incentives for retention of pregnant substance users: A secondary analysis. *Journal of Substance Abuse Treatment*, 38(1), pp. 90.

This article presents the findings of a multisite clinical trial. 200 pregnant substance users entering outpatient treatment at one of four programs were randomized to either three individual sessions of Motivational Enhancement Therapy for Pregnant Substance users or three individual sessions normally provided. Retail scrip from \$25 to \$30 was provided for attendance of research visits but not treatment visits. A post hoc analysis of the non-methadone-maintained participants (n = 175) evaluated the hypotheses that monetary reinforcement for attendance would result in more consecutive, and overall, weeks of attendance of research versus non-incentivized treatment visits. Findings indicate participants were nearly three times as likely to attend 4 consecutive weeks of research visits versus treatment sessions. There was no effect for income while fewer dependents were associated with more consecutive weeks of attendance. Incentives in the \$25-to-\$30 range may serve to significantly increase attendance and retention.

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

The first obstetric visit is an opportunity to provide counseling to women with substance abuse risks, including smoking, drug use, and alcohol use. The objective of this study was to examine patient-provider communication about substance use behaviors during the first obstetric visit who present with substance abuse risks, including smoking, drug use, and alcohol use. Twenty-nine providers (21 residents, 5 midwives, 3 nurse practitioners) and 51 patients participated in the study. 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. The findings suggest that providers were less attentive to alcohol and drugs than smoking where they had pre-established patterns of response. The authors recommend providers should discuss behavioral change strategies and motivations with pregnant patients who use drugs and/or alcohol as well as those who smoke.

Chuang, E., Wells, R., Bellettiere, J., & Cross, T. P. (2013). Identifying the substance abuse treatment needs of caregivers involved with child welfare. *Journal of Substance Abuse Treatment*, 45(1), pp. 118-125.

This study examined how agency use of standardized substance use assessments and child welfare investigative caseworker education, experience, and caseload affected caseworkers' identification of parental substance abuse treatment needs. Data was collected from a national probability sample of permanent, primary caregivers involved with child protective services whose children initially remained at home and whose confidential responses on two validated

instruments indicated harmful substance use or dependence. Investigative caseworkers reported use of a formal assessment in over two thirds of cases in which substance use was accurately identified. Caseworkers were also less likely to identify substance abuse when their caseloads were high and when caregivers were fathers. Implications for agency practice are discussed.

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

Connors-Burrow, N. A., McKelvey, L., Pemberton, J. R., Lagory, J., Mesman, G. R., & Whiteside-Mansell, L. (2013). Moderators of the relationship between maternal substance abuse symptoms and preschool children's behavioral outcomes. *Journal of Child and Family Studies, 22(8)*, pp. 1120-1129. DOI: 10.1007/s10826-012-9674

The purpose of this study is to examine harsh parenting and family conflict as potential moderators of the relationship between symptoms of maternal substance use problems and child externalizing behavior problems. This study utilized data collected during two home visits, an average of 10 months apart, with data on family functioning and maternal symptoms of substance use problems collected at the first time point and child externalizing behavior collected at the second time point. Over one-third of the children (38.1 %) had clinically elevated externalizing behavior scores. Results reflect that in the absence of family risks related to harsh parenting and family conflict, maternal symptoms of substance use problems did not have a significant impact on child externalizing behavior in preschool children. However, when high levels of family conflict or harsh parenting were present, symptoms of maternal substance use problems increased the risk of externalizing behavior problems in children.

Denton, W. H., Adinoff, B. H., Lewis, D., Walker, R., & Winhusen, T. (2014). Family discord is associated with increased substance use for pregnant substance users. *Substance Use & Misuse, 49(3)*, pp. 326-332.

This study examined the relationship of baseline family discord to substance use and treatment session attendance. Family discord was assessed using items from the family composite of the Addiction Severity Index. Women with family discord were more likely to report living with a problematic substance user, reported a higher percentage of substance use days throughout each study phase, had a greater proportion of positive UDS over the four-month study period, and attended more weeks of treatment during the first month. Specific treatment interventions targeting pregnant women with family discord may be warranted.

Grant, T., Graham, J. C., Ernst, C. C., Peavy, K. M., & Brown, N. N. (2014). Improving pregnancy outcomes among high-risk mothers who abuse alcohol and drugs: Factors associated with subsequent exposed births. *Children and Youth Services Review, 46(1)*, pp. 11-18.

This longitudinal study explores whether loss of an index child due to substance abuse is associated with risk of a subsequent alcohol/drug-exposed birth in a sample of 795 substance-abusing mothers enrolled in the Washington State Parent-Child Assistance Program (PCAP). Results show that at program exit, approximately 1/3 of the women in the study had a subsequent birth, among these, over half, used alcohol, and/or drugs during that pregnancy. Additionally, for

women with subsequent births, the adjusted odds of having an exposed child were increased three-fold if the index child had been removed from the mother's care.

Goddard, K. (2009). Pregnancy and its effects on opiate and alcohol use. *Drugs and Alcohol Today*, 9(4), pp. 18.

This study explores how the provision of opiate substitution therapy to pregnant women could achieve a reduction in heroin use. It further explores whether such a reduction is accompanied by an increase in alcohol consumption, and concludes that women do not substitute decreased opiate use with increased alcohol consumption during pregnancy. Thirty women who had been pregnant and in drug treatment at a community drug team in Dudley West Midlands agreed to participate in this study. For many, this was an opportunity to express their fears and anxieties about being drug-using mothers and being in drug treatment. Data collection methods included semi-structured interviews and collection of urine samples.

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), pp. 597-603.

This study evaluates the impact of Early Start, an obstetric clinic-based prenatal substance abuse treatment program, on perinatal outcomes. Participants included 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 (IUIDs). 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. Results of the study reflect that 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. The authors conclude that substance abuse treatment integrated with prenatal visits was associated with a positive effect on maternal and newborn health.

Graff, F. S., Morgan, T. J., Epstein, E. E., McCrady, B. S., Cook, S. M., Jensen, N. K., & Kelly, S. (2009). Engagement and retention in outpatient alcoholism treatment for women. *American Journal on Addictions*, 18(4), pp. 277-288.

This article presents the findings of a study of 102 women and their partners randomized to individual or couples outpatient alcoholism treatment. Women attended more treatment sessions if they were assigned to individual treatment, older, had fewer symptoms of alcohol dependence, had more satisfying marital relationships, had spouses who drank, and had matched preference for treatment condition. Women were more engaged in treatment (IE, completed more assigned homework) if they had fewer children at home, fewer alcohol dependence symptoms, later age of onset of alcohol diagnosis, more satisfying marital relationships, and spouses who accepted or encouraged their drinking. Results highlight important associations of treatment and relationship variables with treatment retention and engagement.

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

In this article, the authors compare 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)*, pp. 71-77.

According to the authors engaging mothers who are abusing methamphetamine in services is an important goal for rural child welfare. In this article, 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)*, pp. 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, and 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)*, pp. 89-95.

The objective of this study was to examine the prevalence and correlates of substance use during pregnancy among women in the United States. The authors 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. Results show that 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. The authors conclude that 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.

Holden, K. B., McKenzie, R., Pruitt, V., Aaron, K., & Hall, S. (2012). Depressive symptoms, substance abuse, and intimate partner violence among pregnant women of diverse ethnicities. *Journal of Health Care for the Poor and Underserved, 23*(1), pp. 226-241. DOI: 10.1353/hpu.2012.0022

This study examines the relationship between self-reported depressive symptoms, substance abuse and intimate partner violence among 602 African American, Hispanic, White, Asian American, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander pregnant women. Findings of the study are intended to inform strategies for community-based programs to better assist women of diverse ethnicities with addressing depression, substance abuse, and intimate partner violence during their pregnancies, with the ultimate aim of improving health and mental health outcomes for women and children.

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), pp. 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.

Hser, Y., Kagihara, J., Huang, D., Evans, E., & Messina, N. (2012). Mortality among substance-using mothers in California: A 10-year perspective study. *Addiction, 107*(1), pp. 215-222. DOI: 10.1111/j.1360-0443.2011.03613.x

This study's goal was to examine mortality rates and causes of death among a cohort of substance-using mothers and to identify risk factors that predict mortality. At the end of the study in 2010, 194 deaths were confirmed, corresponding to a crude mortality rate of 4.47 per 1000 person-years. Drug overdose (28.8%), cardiovascular disease (10%), and alcohol or drug disorders (8.9%) were the leading causes of death. Baseline factors associated with higher mortality included older age, being white (relative to African American or Hispanic), heroin, alcohol, cocaine or marijuana (relative to methamphetamine) as the primary drug problem, drug injection and greater severity of employment, medical/health and psychiatric problems. The authors conclude that substance-using mothers have 8.4 times the mortality than that observed among US women of similar age.

Huizink, A. C. (2009). Moderate use of alcohol, tobacco and cannabis during pregnancy: New approaches and update on research findings. *Reproductive Toxicology, 28*(2), pp. 143-151. DOI: 10.1016/j.reprotox.2009.04.010

Interest in fetal origins of adverse offspring outcomes has grown extensively in the last decade. This has resulted in many published studies focusing on exposure in utero to substances and human offspring outcomes. Exposure to maternal substance use in pregnancy is believed to be a preventable hazard, and is therefore a main issue for public health concern and policy. However, an important question in human studies remains whether prenatal substance use exposure has an etiological role in pathways to adverse developmental and behavioral outcomes via teratological effects. Recent insights and developments in research methodology will aid the adequate and more refined testing of associations between prenatal substance use and offspring outcomes. In particular, novel approaches could assist in disentangling the exposure to substance effects from correlated risk factors. The purpose of this manuscript is therefore to

provide an overview of methodological issues involved in studies that focus on the association between maternal substance use during pregnancy and offspring's outcomes, to describe novel approaches to test these associations, and present some examples of new and well-designed studies and discuss their findings.

Hunter, B. A., Jason, L. A., & Keys, C. B. (2013). Factors of empowerment for women in recovery from substance use. *American Journal of Community Psychology, 51*(1-2), pp. 91-102. DOI: 10.1007/s10464-012-9499-5

This article explored the factor structure of a modified empowerment scale with women in recovery from substance use who lived in recovery homes located throughout the United States. Results identified three factors of psychological empowerment which were closely related to previous conceptualizations of psychological empowerment: self-perception, resource knowledge and participation. Further analyses demonstrated a hierarchical relationship among the three factors, with resource knowledge predicting participation when controlling for self-perception. Finally, a correlational analysis demonstrated the initial construct validity of each factor, as each factor of empowerment was significantly and positively related to self-esteem. Implications for the application of psychological empowerment theory and research are discussed.

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

Jones, H. E., Finnegan, L. P., & Kaltenbach, K. (2012). Methadone and buprenorphine for the management of opioid dependence in pregnancy. *Drugs, 72*(6), pp. 747-757.

This article presents the findings of a literature review on the research on women maintained on methadone or buprenorphine during pregnancy, with a focus on the comparative effectiveness of methadone and buprenorphine pharmacotherapy. According to the findings of this study, buprenorphine appears less sedating than methadone on the fetus and finally the authors suggest that any treatment plan must be developed in the context of comprehensive care program that is sensitive to women-specific needs.

Jones, H. E., Heil, S. H., Baewert, A., Arria, A. M., Kaltenbach, K., Martin, P. R., Coyle, M. G...Fischer, G. (2012). Buprenorphine treatment of opioid-dependent pregnant women: a comprehensive review. *Addiction, 107*(Supplement 1), pp. 5-27. DOI: 10.1111/j.1360-0443.2012.04035.x

This article presents the results of a literature review on the outcomes following maternal treatment with buprenorphine in maternal efficacy, fetal effects, neonatal effects, effects on breast milk and longer-term developmental effects. According to the authors treatment with buprenorphine is comparable to methadone, however difficulties exist with current buprenorphine induction methods.

Jos, A. C., Cooper-Saddle, S., & Stillwell, D. H. (2014). Advancing current treatments: Women, poverty, and co-occurring disorders. *Journal of Feminist Family Therapy, 25(3)*, pp. 165-182. DOI: 10.1080/08952833.2013.777880

This article aims to conceptually advance current treatments for women in poverty experiencing the co-occurring effects of trauma and substance abuse by employing both systemic and feminist perspectives. Treatment of individuals dealing with substance abuse and trauma has revealed reciprocity between the two experiences. Therefore, in order to be effective, it is crucial that treatment takes this relationship into account. By analyzing the case study of one client, Jenny, current treatment models and societal understandings of women with co-occurring disorders will be addressed and challenged. The evidence indicates that integrative treatment plans will be enhanced with the additional aftercare inclusions of intensive case management, Dual Recovery Anonymous, and family therapy.

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

King, P. A. L., Duan, L., & Amaro, H. (2014). Clinical needs of in-treatment pregnant women with co-occurring disorders: implications for primary care. *Maternal Child Health Journal, 19(1)*, pp. 180-187. DOI: 10.1007/s10995-014-1508-x

The objective of this study was to provide primary care providers with insight into the needs of pregnant patients with high behavioral health risks to serve them better during a window of opportunity for long-term impact. Findings show that interpersonal abuse was associated with increased mental health and trauma symptomatology but not with alcohol or drug abuse severity among pregnant women.

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)*, pp. 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)*, pp. 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)*, pp. 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. 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, and 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.

Light, K. C., Grewen, K. M., Amico, J. A., Boccia, M., Brownley, K. A., & Johns, J. M. (2004). Deficits in plasma oxytocin responses and increased negative affect, stress, and blood pressure in mothers with cocaine exposure during pregnancy. *Addictive Behaviors, 29(1)*, pp. 1541-1564.

In this article, the authors analyzed oxytocin, blood pressure (BP), maternal behavior, and affect in mothers of infants who used cocaine or did not during pregnancy, to determine if cocaine use would disrupt oxytocin activity and increase maternal neglect. Findings reflected that in the experimental group, the women had lower oxytocin levels, greater hostility and depressed mood,

less support from others and mastery over life events, higher BP during all events of testing without the baby and higher ambulatory BP and urinary norepinephrine at home, however findings also reflected that holding their babies decreased BP in these women who then did not differ from the control group or observed affect.

Linden, I., Torchalla, I., & Krausz, M. (2013). Addiction in maternity: Prevalence of mental illness, substance use, and trauma. *Journal of Aggression, Maltreatment & Trauma, (22)*1, pp. 1070-1084.

This study looks at the social and mental health characteristics of substance-using women during maternity in Vancouver. It provides a comprehensive understanding of the experience and impact of substance abuse and mental health in pregnancy and after birth. Results of the study are used to suggest more trauma training is needed for treatment providers in order to provide the best possible care to this population.

Martin, C. E., Longinaker, N., Terplan, M. (2014). Recent trends in treatment admissions for prescription opioid abuse during pregnancy. *Journal of Substance Abuse Treatment, 48*(1), pp. 37-42.

This article investigated recent trends in substance abuse treatment admissions for prescription opioids during pregnancy using the Treatment Episodes Data Set. From 1992 to 2012 the overall proportion of pregnant admissions remained stable at 4%; however, admissions of pregnant women reporting prescription opioid abuse increased substantially from 2% to 28% especially in the south. Demographic characteristics of pregnant opioid admissions changed from 1992 to 2012 with younger, unmarried White non-Hispanic women, criminal justice referrals, and those with a psychiatric co-morbidity becoming more common. About a third received medication assisted therapy despite this being the standard of care for opioid abuse in pregnancy. Substance abuse treatment centers have increased treatment volume to address the increase in prescription opioid dependence among pregnant women, with an emphasis on targeting certain risk groups and increasing utilization of medication assisted therapy.

Massey, H. S. Neiderhiser, M. J., Shawc, S. D., Leve, D. L., Ganiban, M. J., & Reiss, D. (2012). Maternal self-concept as a provider and cessation of substance use during pregnancy. *Addictive Behaviors, 37*(8), pp. 956-961. DOI: 10.1016/j.addbeh.2012.04.002

The goal of this study was to show how self-concept associated with pregnancy may influence motivation to stop substance use. More positive self-concept as an adequate provider was independently associated with cessation of substance use and earlier initiation of prenatal care during pregnancy. Familial substance abuse, depressive symptoms, and antisocial behaviors during pregnancy, were also independent predictors, and more strongly associated with cessation. The authors state that enhancing maternal identity as a provider for the fetus during pregnancy, along with treatment of depression, may improve motivation to stop substance use.

May, P. A., Miller, J. H., Goodhart, K. A., Maestas, O. R., Buckley, D., Trujillo, P. M., & Gossage, J.P. (2008). Enhanced case management to prevent fetal alcohol spectrum disorders in Northern Plains communities. *Maternal & Child Health Journal, 12*(6), pp. 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. At intake, 24% of CM clients reported binge drinking one or more days in the preceding week. 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.

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)*, pp. 490-496.

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 to gather information 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.

McCabe, J. E., & Arndt, S. (2012). Demographic and substance abuse trends among pregnant and non-pregnant women: Eleven years of treatment admission data. *Maternal and Child Health Journal, 16(1)*, pp. 1696–1702 DOI: 10.1007/s10995-011-0872-z

The objective of this study was to identify demographic and substance abuse trends among pregnant women entering treatment over eleven years. This study compiled the publicly available Treatment Episode Datasets from the Substance Abuse Mental Health Services Administration from 1998 to 2008. Compared to non-pregnant women, pregnant women were more likely to be younger, minority, never married, less educated, homeless, and on public-assistance or have no income. Results show that a large proportion of pregnant women entering treatment are referred by the criminal justice system.

McGlade, A., Ware, R., & Crawford, M. (2009). Child protection outcomes for infants of substance-using mothers: A matched-cohort study. *Pediatrics, 124(1)*, pp. 285-293.

In this study, the authors assessed differences in substantiated abuse between 2 groups of mothers in Brisbane, Australia to quantify this risk. Mothers who disclosed opiate, amphetamine, or methadone use between 2000 and 2003 were identified and compared with non-substance-using mothers. Participants were matched for gender and gestational age. All infants were linked to the Department of Child Safety Child Protection Information System database. Child protection outcomes, such as substantiated notifications and entry into foster care, were compared between groups. Results show that infants of substance-using mothers were more likely to suffer substantiated harm (hazard ratio 13.3 [95% confidence interval 4.6-38.3]) and to enter foster care (hazard ratio 13.3 [95% confidence interval 5.1-34.3]). Infants of mothers using illicit drugs were more likely to suffer substantiated harm and more likely to enter foster care than infants of mothers who were compliant with a methadone program. Infants of substance-using mothers have much poorer child protection outcomes than infants of non-substance-using mothers. This study adds substantial evidence toward a real association between maternal drug use and child abuse. Greater interagency collaboration is urgently required to reduce this risk.

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)*, pp. 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.

Meyer, M., Benvenuto, A., Howard, D., Johnston, A., Plante, D., Metayer, J., & Mandell, T. (2012). Development of a substance abuse program for opioid dependent nonurban pregnant women improves outcomes. *Journal of Addiction Medicine, 6(2)*, pp. 124-130

This article provides results from a study aimed at determining if improved access to medication assisted therapy in the general population with improved coordination of ancillary services for pregnant women, improved perinatal outcomes in a nonurban area. Results show that improved access did improve perinatal outcomes and retention of maternal guardianship.

Miller, K. M. (2014). Maternal criminal justice involvement and co-occurring mental health and substance abuse problems: Examining moderation of sex and race on children's mental health. *Children and Youth Services Review, 37*, pp. 71-80.

This study examines the extent that maternal mental health and substance abuse problems affect internalizing and externalizing behaviors among children dually exposed to child welfare and criminal justice systems. Results indicated that maternal risks were significantly associated with internalizing behaviors and that race was significantly associated with internalizing and externalizing behaviors. Sex and race moderated the associations between maternal risks and internalizing behaviors. Females exposed to maternal mental health and substance abuse problems exhibited elevated internalizing behaviors compared to males. Black children exposed to maternal substance abuse had decreased internalizing behaviors as compared to non-Black children.

Mitrani, V. B., Weiss-Laxer, N., & Feaster, D. J. (2009). Factors related to loss of child custody in HIV+ women in drug abuse recovery. *American Journal of Drug & Alcohol Abuse, 35(5)*, pp. 320-324. DOI: 10.1080/00952990903060143

This study explores factors associated with child custody loss among HIV+ women in drug abuse recovery, and compares mothers who have custody of their children to mothers who do not have custody of all of their children. The results of the study reflect that the lost-custody group was less likely to be employed and had more history of violent impulses and arrest, particularly on drug charges. The groups reported similar recent and lifetime drug use patterns, but the custody group had received more drug treatment. Post-hoc analyses found the lost-custody group had lower rates of participation in the interventions offered in the parent clinical trial and higher avoidant coping. The sample in the current study supports that HIV+ women in drug recovery are at high risk of loss of child custody. Non-adherence to available treatment seems to be associated with loss of child custody. Scientific significance: Results suggest the need for further research and active treatment outreach for this population.

Niccols, A., Milligan, K., Smith, A., Sword, W., Thabane, L. & Henderson, J. (2012). Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. *Child Abuse & Neglect, 36(4)*, pp. 308-322.

The goal of this study was to examine the impact and effects of integrated programs for women with substance abuse issues and their children using a review of studies published from 1990 to 2011. Based on the authors literature review, evidence supports integrated programs, suggesting that they are associated with improvements in child development, growth, and emotional and behavioral functioning. More research is required comparing integrated to non-integrated programs. This review highlights the need for improved methodology, study quality, and reporting to improve our understanding of how best to meet the needs of children of women with substance abuse issues.

O'Brien, L. P. (2014). Performance measurement: A proposal to increase use of SBIRT and decrease alcohol consumption during pregnancy. *Maternal Child Health Journal*, 18(1), pp. 1-9. DOI: 10.1007/s10995-013-1257-2

This article aims to address the guidelines recommending SBIRT for pregnant women, appropriate screening instruments, the evidence regarding implementation of SBIRT for pregnant women, and existing performance measures. The authors recommend that clinicians should use universal SBIRT for all pregnant women, claiming that the universal application of the screening tool will reduce disparities in screening and consequences. The results of the SBIRT should also be taken seriously, and advocate for intervention and subsequent booster sessions, and carefully coordinated referral and follow-up to make a difference.

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), pp. 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 post recognition of pregnancy. 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.

Oei, J. L., Kingsbury, A., Dhawan, A., Burns, L., Feller, J. M., Clews, S., Falconer, J., & Abdel-Latif, M. E (2012). Amphetamines, the pregnant woman and her children: a review. *Journal of Perinatology*, 32(10), pp. 737-747.

This study reviews and summarizes available evidence regarding the impact of amphetamines on pregnancy, the newborn infant and the child. Based on the reviews, the authors suggest that exposed children may be at risk of ongoing developmental and behavioral impediment, and recommend that efforts aim to improve early detection of perinatal exposure and to increase provision of early-intervention services for affected children and their families.

Olsen, A., Banwell, C., & Madden, A. (2014). Contraception, punishment and women who use drugs. *BMC Women's Health*, 14(1), pp. 5.

This article provides an in-depth look at contraceptive use, pregnancy and mothering by Australian women with a history of injecting drug use. The authors argue that health programs which aim to reduce barriers to free, non-discriminating reproductive advice and parenting assistance would be best for this population. Women's drug use should not automatically be associated with an inability to make informed health care choices or to care for children. Evidence suggests that women who use drugs do not need to be paid to limit or end their fertility.

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), pp. 74-79.

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). 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 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.

Undersma, S. J., Svikis, D. S., Thacker, L. R., Beatty, J. R., & Lockhart, N. (2014). Computer-delivered screening and brief intervention (e-SBI) for postpartum drug use: A randomized trial. *Journal of Substance Abuse Treatment, 46*(1), pp. 52-59.

This article presents the results of a study designed to replicate previous findings from a single 20-minute e-SBI for drug use among postpartum women. A total of 143 postpartum, primarily low-income African-American women meeting criteria for drug use, were randomly assigned to either a tailored e-SBI or a time-matched control condition. Additional primary outcomes suggested small to moderate effect sizes in favor of the e-SBI, but did not reach significance. This result replicates previous findings but fails to show durable effects. Assessment reactivity, e-SBI design, and possible extension of e-SBI via tailored messaging all merit careful consideration.

Oral, R., Koc, F., Bayman, E. O., Assad, A., Austin, A., Strang, T., & Bayman, L. (2012). Perinatal illicit drug screening practices in mother-newborn dyads at a university hospital serving rural/semi-urban communities: translation of research to quality improvement. *The Journal of Maternal-Fetal and Neonatal Medicine, 25*(11), pp. 2441–2446. DOI: 10.3109/14767058.2012.703714

The purpose of this study is to determine 1) documentation practices among relevant health care professionals to determine if they are documenting risk factors listed in the protocol; 2) prevalence of risk factors of mother/infant dyads admitted for delivery and; 3) prevalence of dyads not tested who present with risk factors indicating a need for testing. Results of this study reflect that some infants who need to be tested were missed during the pregnancy period. The data in the present study revealed the necessity of a staff-training program and the revision of the hospital perinatal illicit drug screening practices- intervention.

Pajulo, M., Pyykkonen, N., Kalland, M., Sinkkonen, J., Helenius, H., Punamaki, R., & Suchman, N. (2012). Substance-abusing mothers in residential treatment with their babies: Importance of pre- and postnatal maternal reflective functioning. *Infant Mental Health Journal, 33*(1), pp. 70-81. DOI: 10.1002/imhj.20342

The aims of the study are to explore maternal pre- and postnatal reflective functioning and its association with background factors, maternal exposure to trauma, and psychiatric symptoms, postnatal interaction, child development, and later child foster care placement. Increase in Reflective Functioning level was found to be associated with type of abused substance and maternal trauma history. Results show that mothers who showed lower postnatal RF levels were more likely to relapse after completing a residential treatment period, with their children more likely to be placed in foster care. The intensive focus on maternal RF is an important direction in the development of efficacious treatment for this very high risk population.

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), pp. 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. 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.

Prasad, M. (2014). When opiate abuse complicates pregnancy. *Contemporary OBGYN*, pp. 28.

This article presents background information on opiate use during pregnancy and provides information on how to best intervene in these situations that will most benefit mother and baby. The authors argue that early prevention, appropriate screening, brief intervention and referral to treatment are the best options for intervention.

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

Roberts, S. C., & Pies, C. (2011). Complex calculations: How drug use during pregnancy becomes a barrier to prenatal care. *Maternal Child Health Journal*, 15(3), pp. 333-41. DOI: 10.1007/s10995-010-0594-7

This study sought to understand how drug use and factors associated with drug use influence women's prenatal care use. According to the authors, women using drugs attend and avoid prenatal care for reasons not connected to their drug use: concern for the health of their baby, social support, and extrinsic barriers such as health insurance and transportation. Drug use itself is a barrier for a few women. Increasing the number of pregnant women who use drugs who receive prenatal care requires systems-level rather than only individual-level changes. These changes require a paradigm shift to viewing drug use in context of the person and society and acceptance of responsibility for unintended consequences of public health bureaucratic procedures and messages about effects of drug use during pregnancy.

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 Paediatrica*, 96(11), pp. 1571-6

The aim of this study was to look at the risk of children to mothers with alcohol and/or substance abuse related problems for early childhood out-of-home care in Finland. According to the authors, out-of-home care was associated with maternal care for substance abuse after delivery, non-employment, 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), pp. 463-480.

This study depicts the living circumstances of children of women in detoxification for heroin or crack cocaine. 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, 17*(8), pp. 1339-1344.

This article presents the 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. Results showed that of the women interviewed, 75% (2000) reported using more than one illicit drug. Drug users were more likely to report frequent drinking, binge drinking, and drinking during compared with nonusers. Greater proportions of drug users also failed to use contraception compared with nonusers. Notable proportions of both groups, drug users (91%) and nonusers (82%), reported unplanned pregnancies. 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), pp. 187-193.

This article draws on data 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. According to the authors, 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.

Slesnick, N., Feng, X., Brakenhoff, B., & Brigham, G. S. (2014). Parenting under the influence: the effects of opioids, alcohol and cocaine on mother-child interaction. *Addictive Behaviors, 39*(1), pp. 897-900.

This article presents the findings of a study looking at the parenting and mother-child interaction among mothers with different drugs of choice or among mothers of older children, between 8 and 16 years. The authors' findings suggest that substance using mothers have less undermining autonomy and higher mother maternal acceptance. African American mothers in the study were observed to have fewer negative interactional behaviors than Whites and both mothers and children reported higher firm control and maternal acceptance.

Stein, J. A., & Koniak-Griffin, D. (2010). Latent growth trajectories of substance use among pregnant and parenting adolescents. *Psychology of Addictive Behaviors, 4*(2), pp. 322-332.

In this study, the authors examine changes among adolescent girls in substance use during pregnancy and the postpartum period. This is a secondary analysis of data from a sample of 305 ethnic minority females (245 Latina, 60 African American), aged 13–18 years, who were pregnant at baseline and were participating in an HIV prevention study conducted in inner-city alternative

schools in Los Angeles County. Data collected at 4 time points captured changes in substance use from pregnancy through the postpartum period. Baseline predictors included ethnicity/race, partner substance use, childhood abuse history, religiosity, acculturation, depressive symptoms, length of gestation at baseline, and previous substance use. Common predictors of greater resumption and/or greater level of use included greater history of use before pregnancy, partner substance use, childhood abuse, and a longer time since childbirth. African Americans were more likely to be smoking at baseline when they were still pregnant and to use marijuana postpartum; Latinas were more likely to use alcohol over the course of pregnancy and postpartum. Findings may assist prenatal care providers to identify and counsel pregnant adolescents at risk for perinatal substance use and to prevent resumption or initiation of substance use after childbirth.

Suchman, N., DeCoste, C., Castiglioni, N., McMahon, T. J., Rounsaville, B., & Mayes, L. (2010). The mothers and toddlers program, an attachment-based parenting intervention for substance using women: Post-treatment results from a randomized clinical pilot. *Attachment & Human Development, 12(5)*, pp. 483-504.

This is a report of post-treatment findings from a completed randomized pilot study testing the preliminary efficacy of the Mothers and Toddlers Program (MTP), a 12 week attachment-based individual parenting therapy for mothers enrolled in substance abuse treatment and caring for children ages birth to 36 months. Forty-seven mothers were randomized to MTP versus the Parent Education Program (PE), a comparison intervention providing individual case management and child guidance brochures. At post-treatment, MTP mothers demonstrated better reflective functioning in the Parent Development Interview, representational coherence and sensitivity, and caregiving behavior than PE mothers. Partial support was also found for proposed mechanisms of change in the MTP model. Together, preliminary findings suggest that attachment-based interventions may be more effective than traditional parent training for enhancing relationships between substance using women and their young children.

Suchman, N. E., DeCoste, C., Leigh, D., & Borelli, J. (2010). Reflective functioning in mothers with drug use disorders: Implications for dyadic interactions with infants and toddlers. *Attachment & Human Development, 12(6)*, 567-585.

In this study, we examined maternal reflective functioning as a bi-dimensional construct in a sample of 47 mothers with drug use disorders caring for infants and toddlers. We first tested a two-factor solution with scale items from the *Parent Development Interview* and confirmed the presence of two related but distinct dimensions: self-mentalization and child-mentalization. We then tested predictions that (a) self-mentalization would be associated with overall quality of maternal caregiving and that (b) child-mentalization would be associated with (i) maternal contingent behavior and (ii) child communication. Results partially supported hypotheses (a) and (bii). Unexpectedly, self-mentalization alone was associated with maternal contingent behavior. Findings suggest that self-mentalization may be a critical first step in improving mother-child relations involving mothers with drug use disorders. Implications for theory and practice are discussed.

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)*, pp. 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), pp. 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), pp. 197-204.

Using an attachment framework, the authors examined the following; (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 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), pp. 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.

Taplin, S., & Mattick, R. P. (2013). Mothers in methadone treatment and their involvement with the child protection system: a replication and extension study. *Child Abuse & Neglect, 37*(1), pp. 500-510.

This article presents the findings of a study in which mothers involved with child protection were interviewed about their histories. Findings reflect that factors which increased the likelihood of involvement with child protective services were: 1) having greater number of children; 2) being on psychiatric medication; and 3) having less than daily contact with her own parents.

Tenkku, L., Morris, D., Salas, J., & Xaverius, P. (2009). Racial disparities in pregnancy-related drinking reduction. *Maternal & Child Health Journal, 13*(5), pp. 604-613. DOI: 10.1007/s10995-008-0409-2

The purpose of this study was to investigate the likelihood that women of different racial and ethnic groups would reduce their alcohol consumption during pregnancy. Results reflected that, Black, Asian/Pacific Islander and Hispanic women were all significantly less likely than White

women to reduce their heavy drinking after becoming pregnant. American Indian/Alaskan Native women who were moderate drinkers before conception were over 2 times more likely than White women to reduce drinking after becoming pregnant, although this difference was non-significant. Among those who binge drank in the months before pregnancy, compared to White women, Black, Hispanic, American Indian/Alaskan Native, and Asian/Pacific Islander women were all less likely to quit binge drinking while pregnant. The authors conclude that significant racial differences in pregnancy-related drinking reduction are evident, and may help explain racial disparities in FAS. Results suggest that more targeted efforts are needed to meet the national goals of preventing alcohol-exposed pregnancies.

Thompson, E. L., Thompson, L. A., Black, E. W., Esernio-Jenssen, D., Hardt, N., Das, R., & Roth, J. (2013). Identifying indicators during pregnancy for child maltreatment. *Maternal and Child Health Journal, 17*(1), pp. 1817-1824.

This article presents findings of a study which looked at interpregnancy interval (IPI) as a predictor of later report of child maltreatment. Findings of the study suggest that an API of less than 18 months was associated with higher odds of maltreatment compared to API greater than 18 months.

Serane, V. T., & Kurian, O. (2012). Neonatal abstinence syndrome. *Indian Journal of Pediatrics, 75*(1), pp. 911.

This article presents the findings of a study on substance misuse in pregnant mothers and its impact on their newborns. According to the findings, the majority of the infants born to mothers on methadone exhibited NAS and required pharmacological treatment.

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), pp. 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. This study examined the effects of a parenting skills training program incorporated into a maternal substance abuse treatment program. Findings 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. 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), pp. 161-173.

This study looks at how pregnant substance users can benefit significantly from substance abuse treatment, and improve treatment retention. 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.

Winklbaur, 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)*, pp. 1429-1440.

The authors of this article derived a set of evidence-based recommendations for consideration as guidance in the management of opioid-dependent pregnant women and infants. The authors believe pregnant women dependent on opioids require careful treatment to minimize harm to the fetus and neonate and improve maternal health. 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.

Yonkers, K. A., Howell, H. B., Allen, A. E., Ball, S. A., Pantalon, M. V., & Rounsaville, B. J. (2009). A treatment for substance abusing pregnant women. *Archives of Women's Mental Health, 12(4)*, pp. 221-227.

The authors describe the adaptation of a manualized behavioral treatment for substance using pregnant women that includes components of motivational interviewing and cognitive therapy. Therapy was administered concurrent with routine prenatal care at inner-city maternal health clinics in New Haven and Bridgeport, Connecticut, small urban cities in the USA. Substance use was monitored by self-report, and urine and breath tests. Treatment fidelity was assessed using the Yale Adherence and Competence System. Behavioral treatment delivery in this setting is feasible and is being evaluated in a randomized, controlled, clinical trial.

Young, J. L., & Martin, P. R. (2012). Treatment of opioid dependence in the setting of pregnancy. *Psychiatric Clinics of North America, 35(1)*, pp. 441-460.

This article gives brief background information on opioid dependence during pregnancy. The authors argue that treatment plans for pregnant women with opioid dependence must consider psychiatric and medical options, as well as buprenorphine, but more research is needed. According to the authors, methadone treatment remains the standard of care for treatment in pregnancy.

PRENATAL EXPOSURE AND EFFECT ON CHILDREN

Backes, C. H., Backes, C. R., Gardner, D., Nankervis, C. A., Giannone, P.J., & Cordero, L. (2012). Neonatal abstinence syndrome: transitioning methadone-treated infants from an inpatient to an outpatient setting. *Journal of Perinatology, 32(6)*, pp. 425-430

This study compares the safety and efficacy of a traditional inpatient only approach with a combined in-patient and out-patient methadone treatment program. Based on this study, the authors suggest that a combined inpatient and outpatient methadone treatment in the management of NAS decreases hospital stay and reduces cost. Additional studies are needed to evaluate the potential long-term benefits of the combined approach on infants and their families.

Bagley, S. M., Wachman, E. M., & Holland, E., & Brogly, S. B. (2014). Review of the assessment and management of neonatal abstinence syndrome. *Addiction Science & Clinical Practice, 2014*, pp. 9-19.

In this article, the authors present the findings of a systematic review examining the available evidence for NAS assessment tools, nonpharmacologic interventions, and pharmacologic management of opioid-exposed infants. The authors found that opioid medications such as morphine or methadone are recommended as first-line therapy, with phenobarbital or clodine, as second-line adjunctive therapy.

Baldacchino, A., Arbuckle, K., Petrie, D. J., & McCowan, C. (2014). Neurobehavioral consequences of chronic intrauterine opioid exposure in infants and preschool children: a systematic review and meta-analysis. *BMC Psychiatry, 14*(1), pp. 104.

This article presents the findings of a quantitative and systematic review of the literature on the consequences of chronic maternal opioid use during pregnancy on neurobehavioral function of children. The authors found that 5 studies out of 200 identified, reported on neurobehavioral function of children after maternal opioid use during pregnancy. According to these findings, the authors conclude that exposed infants and pre-school children experienced no significant impairment in neurobehavioral outcomes when compared to non-exposed children, however in all domains, there was a trend of poorer outcomes.

Bandstra, E. S., Morrow, C. E., Mansoor, E., & Accomero, V. H. (2010). Prenatal Drug Exposure: Infant and Toddler Outcomes. *Journal of Addictive Diseases, 29*(2), pp. 245-258.

In this article, the authors provide an overview of the current literature on the impact of maternal drug use, with a specific focus on opioids and cocaine during pregnancy and the long-term outcomes on infants and toddlers from birth through age 3 years. The findings presented focus on comparing cocaine-exposed with non-exposed infants and toddlers focusing on anthropometric growth, infant neurobehavior, visual and auditory function, and cognitive, motor, and language development.

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), pp. 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., Krause-Steinrauf, M. S...Verter, J. (2005). Acute neonatal effects of cocaine exposure during pregnancy. *Archives of Pediatrics & Adolescent Medicine, 159*(9), pp. 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 non-exposed 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 non-exposed 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.

Bauer, C. R., Lambert, B. L., Bann, C. M., Lester, B. M., Shankaran, S., Bada, H. S., Whitaker, T. M., Higgins, R. D. (2011). Long-term impact of maternal substance use during pregnancy and extrauterine environmental adversity: Stress hormone levels of preadolescent children. *Pediatric Research, 70*(2), pp. 213-219. DOI: 10.1203/PDR.0b013e3182226e26

This study investigated the association between PCE and diurnal salivary cortisol levels in preadolescent children characterized by high biological and/or social risk ($n = 725$). Saliva samples were collected at their home. Analyses revealed no group differences in basal evening or morning cortisol levels; however, children with higher degrees of PCE exhibited blunted overnight increases in cortisol, controlling for additional risk factors. Race and caregiver depression were also associated with diurnal cortisol patterns. Although repeated PCE may contribute to alterations in the normal or expected stress response later in life, sociodemographic and environmental factors are likewise important in understanding hormone physiology, especially as more time elapses from the PCE. Anticipating the potential long-term medical, developmental, or behavioral effects of an altered ability to mount a normal protective cortisol stress response is essential in optimizing the outcomes of children with PCE.

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), pp. 2-15.

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. 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, on call 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), pp. 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.

Bersani, I., Corsello, M., Mastandrea, M., Patacchiola, V., Foligno, S., Garofalo, V., & Dotta, A. (2013). Neonatal abstinence syndrome. *Early Human Development*, 89S4, pp. S85–S87

This article provides a brief and succinct introduction to NAS. The authors give background on drug use during pregnancy and provide safe nursing techniques for mothers wishing to breastfeed their children.

Bhatt-Mehta, V., Ng, C. M., Schumacher, R. E. (2014). Effectiveness of a clinical pathway with methadone treatment protocol for treatment of neonatal abstinence syndrome following in utero drug exposure to substances of abuse. *Pediatric Critical Care Medicine: A Journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies*, 15(2), pp. 162-169. DOI: 10.1097/PCC.0b013e3182a12611

The aim of this study was to evaluate the effectiveness of methadone for the treatment of neonatal abstinence syndrome (NAS) according to a preexisting clinical pathway. The neonates in this study received methadone for the treatment of neonatal abstinence syndrome according to a predefined clinical treatment pathway and were evaluated for treatment success as defined by adherence to the methadone regimen with no residual signs of withdrawal. The clinical pathway used proved to be insufficient for adequate symptom control.

Bridgett, D., & Mayes, L. C. (2011). Development of inhibitory control among prenatally cocaine exposed and non-cocaine exposed youths from late childhood to early adolescence: The effects of gender and risk and subsequent aggressive behavior. *Neurotoxicology and Teratology*, 33(1), pp. 47-60.

The goal of the present investigation was to characterize the development of inhibitory control, an aspect of executive functions, in a sample of prenatally cocaine exposed (CE; $n = 165$) children compared to an at-risk, but prenatally cocaine unexposed (NCE; $n = 119$) sample across time (i.e. 7.5 to 11.5 years of age). Although all participants improved across development, higher cumulative risk in both groups was associated with slower age-related improvements (i.e. higher slopes) in the time to complete the Stroop task across development. After accounting for gender and cumulative risk, findings in both groups indicated that those who made more errors at 7.5 years of age and/or who had slower age-related changes (i.e. higher slopes) of time to complete the Stroop task across development were more aggressive as rated by caregivers at 14 years of age. Although qualified by gender and cumulative risk, these findings are consistent with reduced cognitive processing efficiency and executive function difficulties in CE children relative to NCE children. Findings suggest that executive function difficulties in CE children may be subtle as development continues to unfold over time. Furthermore, these findings indicate that development of inhibitory control may be an important mechanism linking prenatal cocaine exposure, gender, and cumulative risk to later adverse outcomes.

Broome, L., & So, T. (2012). Neonatal abstinence syndrome: the use of clonidine as a treatment option. *Neoreviews*, 12(1), pp. e575. DOI: 10.1542/neo.12-10-e575.

This article presents findings of a study on the effects of clonidine as a treatment option for neonatal abstinence syndrome (NAS). The authors argue that the drug has the potential to serve as an option to treat NAS because it is easy to administer, does not require a long tapering period. The authors advise that more long-term studies are needed to determine the efficacy and safety of clonidine in treatment.

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

Burstyn, I., Kapur, N., & Cherry, N. M. (2010). Substance use of pregnant women and early neonatal morbidity: where to focus intervention? *Canadian Journal of Public Health, 101*(2), pp. 149-53.

Few studies, and none in Canada, have examined the relation between maternal smoking, alcohol consumption and drug dependence during pregnancy and early neonatal morbidity. In this study, the authors analyzed records of singleton live births in Alberta, Canada. Maternal smoking during pregnancy was the most prevalent risk factor, affecting 20% of mothers by self-report, with the figure being possibly twice as high once corrected for under-reporting. Smoking (ORs 1.2), alcohol consumption (ORs 1.2-1.5) and drug dependence (ORs 1.7-2) by the mother during pregnancy were associated with increased risk for each of the markers of early neonatal morbidity ($p < 0.05$, after correcting for covariates). Eliminating the most common among these risk factors, maternal smoking, would prevent 10-15% of each of the three neonatal morbidity markers. Other recorded factors related to mother's pre-conception health, despite some strong associations, were responsible for only a small proportion of cases. We conclude that in preventing early neonatal morbidity among singleton births in Alberta, control of maternal smoking, the most common of the potentially modifiable risk factors, remains an important goal.

Chaplin, T. M., Fahy, T., Sinha, R., & Mayes, L. C. (2009). Emotional arousal in cocaine exposed toddlers: Prediction of behavior problems. *Neurotoxicology & Teratology, 31*(5), pp. 275-282. DOI: 10.1016/j.ntt.2009.05.002

Prenatal cocaine exposure (PCE) may be associated with alterations in children's developing emotional arousal and regulation systems. The authors examined emotional responses to a frustrating task and subsequent behavior problems in 225 2 1/2 year olds (129 Prenatally Cocaine and Other Drug Exposed [PCE], 30 Non Cocaine but other drug Exposed [NCE], 66 Non Drug Exposed [NDE]). Findings indicated a trend for PCE toddlers to show greater agitated emotional arousal than NCE and NDE toddlers. Further, PCE boys made more references to their caregivers in the task than NDE boys. Higher agitated arousal at age 2 1/2 years was related to greater decreases in externalizing behaviors through age 5 1/2 years. Findings suggest a link between cocaine exposure and emotional arousal and regulation and highlight the need to understand complex relations between emotion and risk for later psychopathology in exposed youth.

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.

Cleary, B. J., Donnelly, J., Strawbridge, J., Gallagher, P. J., Fahey, T., Clarke, M., & Murphy, D. J. (2010). Methadone dose and neonatal abstinence syndrome – systematic review and meta-analysis. *Addiction, 105(1)*, pp. 2071-2084.

This article presents the findings of a study aimed at determining if there is a relationship between maternal methadone doses in pregnancy and the diagnosis or medical treatment of neonatal abstinence syndrome (NAS) using a review of the literature. According to the authors, severity of NAS does not appear to differ according to whether mothers are on high- or low-dose methadone maintenance therapy.

Creanga, A. A., Sabel, C. J., Ko, Y. J., Wasserman, R. C., Shapiro-Mendoza, K. C., Taylor, P., Barfield, W...Paulozzi, L. J. (2012). Maternal drug use and its effect on neonates: A population-based study in Washington State. *The American College of Obstetricians and Gynecologists, 119(5)*, pp. 924-933.

The objective of this study was to estimate the effect of maternal illicit and prescription drug use on neonates in Washington State between 2000 and 2008. According to the authors, drug exposure and neonatal abstinence syndrome rates increased significantly between 2000 and 2008, neonatal abstinence syndrome rates being consistently higher than national figures. Maternal use of illicit and prescription drugs was associated with considerable neonatal morbidity and significantly higher rates of drug exposure and neonatal abstinence syndrome in recent years. Data suggest that opioid analgesics contributed to the increase in prenatal drug exposure and neonatal abstinence syndrome in Washington State. In accordance with current guidelines, our findings emphasize the need for clinicians to screen pregnant women for illicit and prescription drug use and minimize use of opioid analgesics during pregnancy.

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

De Cubas, M. M. (1984). Developmental outcome of children of methadone dependent women. *ProQuest Dissertations and Theses*.

The aim of this article is to provide a detailed report on research concerning children living in an environment in which drugs are used. The results indicate that children in the study born prenatally exposed presented with appropriate intellectual development but suggest difficulties in the emotional/behavioral domain.

Derauf, C., LaGasse, L. L., Smith, L. M., Grant, P., Shah, R., Arria, A., Huestis, M....Lester, B. M. (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), pp. 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.

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), pp. 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), pp. 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). The authors 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.

Eiden, R. D., Granger, D. A., Schuetze, P., & Veira, Y. (2011). Child behavior problems among cocaine-exposed toddlers: Indirect and interactive effects. *Development and Psychopathology*, 23(2), pp. 539-550. DOI: 10.1017/S0954579411000058

This study examined the role of maternal psychopathology and maternal warmth as mediators of the association between prenatal cocaine and other substance exposure and toddler behaviour problems. It was also hypothesized that infant cortisol reactivity and environmental risk may moderate these associations. Participants were 220 caregiver–infant dyads (119 cocaine exposed, 101 not cocaine exposed; 49% boys). Mother–infant dyads were recruited at delivery with assessments at 4–8 weeks and 7, 13, and 18 months of child ages. Results yielded no direct associations between prenatal cocaine/other substance exposure and toddler behaviour problems, but significant indirect associations between prenatal cigarette/alcohol exposure and toddler behaviour problems at 18 months. With regard to moderation, results indicated an indirect association between prenatal cocaine exposure and toddler behaviour problems via lower maternal warmth for children with higher, but not lower, cortisol reactivity at 7 months. Results suggest potential pathways to toddler behaviour problems among children at high biological risk.

Finnegan, L. P., Kron, R. E., Connaughton, J. F., & Emich, J. P. (1975). Neonatal abstinence syndrome: assessment and management. *Addictive Diseases an International Journal*, 2(1), pp. 141-158.

This article reports on the experiences of doctors at Philadelphia General Hospital and their use of a clinically based scoring system that monitors the full spectrum of abstinence symptoms, and is used to regulate the therapeutic drug dosage level in the passively addicted infants. From January 1970 to June 1972, 121 passively addicted infants were admitted to the high risk nursery for close observation and management. The scoring method used in this study appeared to be successful.

Flak, A. L., Bertrand, J., Denny, C. H., Kesmodel, U. S., & Cogswell, M. E. (2014). The association of mild, moderate, and binge prenatal alcohol exposure and child neuropsychological outcomes: A meta-analysis. *Alcoholism: Clinical and Experimental Research*, 38(1), pp. 214-226.

This article evaluates the literature on the association between mild, moderate, and binge prenatal alcohol exposure and child neurodevelopment. The authors' findings support previous findings suggesting the detrimental effects of prenatal binge drinking on child cognition. Prenatal alcohol exposure at levels less than daily drinking might be detrimentally associated with child behavior. The results of this review highlight the importance of abstaining from binge drinking during pregnancy and provide evidence that there is no known safe amount of alcohol to consume while pregnant.

Goins, M. (2010). Newborn Drug Withdrawal. *Pediatrics for Parents*, 26(7/8), pp. 3-4.

In today's world, those working in health care know that careful screening of pregnant women and good prenatal care result in healthier babies by identifying those who may have a difficult start. Knowing the mother was taking prescription or illicit drugs can be helpful in the baby's first days. Sometimes, though, the mother denies her drug use and the baby shows signs of problems, of drug withdrawal. Newborn drug withdrawal is known in the medical world as neonatal abstinence syndrome, or NAS. This is the physical process the baby goes through once not receiving a medication anymore. A baby going through withdrawal may have tense muscles, tremors,

frequent sneezing/yawning/hiccups, sweaty and mottled skin, vomiting and loose stools, and may be very restless, often unable to stop crying frantically. There are two causes for NAS: mother's prenatal drug use and drugs prescribed to the baby once born, such as fentanyl for pain control.

Gray, T. R., Choo, R. E., Concheiro, M., Williams, E., Elko, A., Jansson, L. M., Jones, H. E., & Huestis, M. A. (2010). Prenatal methadone exposure, meconium biomarker concentrations and neonatal abstinence syndrome. *Addiction, 105*(12), pp. 2151.

Methadone is standard pharmacotherapy for opioid-dependent pregnant women, yet the relationship between maternal methadone dose and neonatal abstinence syndrome (NAS) severity is still unclear. This research evaluated whether quantification of fetal methadone and drug exposure via meconium would reflect maternal dose and predict neonatal outcomes. Forty-nine opioid-dependent pregnant women received 30-110mg methadone daily. Maternal methadone dose, infant birth parameters and NAS assessments were extracted from medical records. Thrice-weekly urine specimens were screened for opioids and cocaine with newborn meconium specimens quantified for methadone, opioid, cocaine and tobacco biomarkers. According to the findings, methadone and its metabolite 2-ethylidene-1, 5-dimethyl-3, 3-diphenylpyrrolidine (EDDP) concentrations in meconium did not predict infant birth parameters or NAS severity. Prospective urine testing defined meconium drug detection windows for opiates and cocaine as 3 months, rather than the currently accepted 6 months. The presence of opioids in meconium could be used as a biomarker for infants at elevated risk in the newborn period.

Grim, K., Harrison, E. T., Wilder, T. R. (2012). Management of neonatal abstinence syndrome from opioids. *Clinics in Perinatology, 40*(3), pp. 509-524.

This article provides background on NAS, as well as treatment and management strategies. The constellation of behavioral and physiologic signs and symptoms include tremulousness, irritability, inconsolability, as well as feeding intolerance, emesis, watery stools, seizures, tachycardia, and respiratory distress. It has been suggested that affected neonates have an increased propensity for the development of attention-deficit/hyperactivity disorder as they mature.

Hamilton, G. (2012). Neonatal abstinence syndrome as consequence of prescription opioid use during pregnancy. *International Journal of Childbirth Education, 27*(3), pp. 69-72.

This article recreates a day in the life of a nurse/counselor who well knows the dilemmas faced by women who are dependent on prescription opioids and discover they are pregnant. The article also focuses on the newborns and the decisions that must be made at the time of delivery, and provides treatment options for withdrawal of prescription drugs.

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), pp. 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.

Hudak, M. L., & Tan, R. C. (2012). Clinical report: neonatal drug withdrawal. *American Academy of Pediatrics, 129*(2), pp. e540-e560. DOI: 10.1542/peds.2011-3212

This statement updates information about the clinical presentation of infants exposed to intrauterine drugs and the therapeutic options for treatment of withdrawal and is expanded to include evidence-based approaches to the management of the hospitalized infant who requires weaning from analgesics or sedatives.

Jansson, L. M., Di Pietro, J. A., Elko, A., Williams, E. L., Milio, L., Velez, M. (2012). Pregnancies exposed to methadone, methadone and other illicit substances, and poly-drugs without methadone: A comparison of fetal neurobehaviors and infant outcomes. *Drug and Alcohol Dependence, 122(1)*, pp. 213-219.

This article presents findings of a study comparing infants exposed to methadone and other illicit drugs with two control groups (methadone only and no drug exposure), focusing on neurobehavioral development and infant outcomes. Results of the study show that poly-drug exposure may potentiate the effects of methadone on the fetus and infant and highlight the need for intensive treatment for methadone-maintained women who abuse other substances.

Jones, H. E., Fischer, G., Heil, S., Kaltenbach, K., Martin, P. R., Coyle, M. G., Selby, P... Arria, A. M. (2014). Maternal opioid treatment: human experimental research (MOTHER) – approach, issues and lessons learned. *Addiction, 107(Supplement 1)*, pp. 28-35.

This article presents the findings of the MOTHER study, aimed at investigating the safety and efficacy of maternal and prenatal exposure to methadone and buprenorphine. The authors present seven important lessons learned from the study.

Jones, H. E., Dengler, E., Garrison, A., O'Grady, K. E., Seashore, C., Horton, E., Andringa, K., Janson, L. M., & Thorp, J. (2014). Neonatal outcomes and their relationship to maternal buprenorphine dose during pregnancy. *Drug and Alcohol Dependence, 134(1)*, pp. 414-417.

This article aims to look at (1) examined the relationship between maternal buprenorphine dose at delivery and neonatal abstinence syndrome (NAS) peak score, estimated gestational age at delivery, Apgar scores at 1 and 5 min, neonatal head circumference, length, and weight at birth, amount of morphine needed to treat NAS, duration of NAS treatment, and duration of neonatal hospital stay and (2) compared neonates who required pharmacotherapy for NAS to neonates who did not require such pharmacotherapy on these same outcomes. Findings failed to support the existence of a dose-response relationship between maternal buprenorphine dose at delivery and any of 10 neonatal clinical outcomes, including NAS severity and (2) that infants treated for NAS had a higher mean NAS peak score and, spent a longer time in the hospital than did the group not treated for NAS is unsurprising.

Kaltenbach, K., Holbrook, M. A., Coyle, G. M., Heil, H. S., Salisbury, L. A., Stine, M. S., Martin, R. P., & Jones, E. H. (2012). Predicting treatment for neonatal abstinence syndrome in infants born to women maintained on opioid agonist medication. *Addiction, 107*, pp. 45-52. DOI: 10.1111/j.1360-0443.2012.04038.x

The authors of this study tried to identify factors that predict the expression of neonatal abstinence syndrome (NAS) in infants exposed to methadone or buprenorphine in utero. According to the results, maternal weight at delivery, estimated gestational age, infant birth weight, delivery type, maternal nicotine use and days of maternal study medication received and the use of psychotropic medications in pregnancy may play a role in the expression of neonatal abstinence syndrome severity in infants exposed to either methadone or buprenorphine.

Kocherlakota, P. (2014). Neonatal abstinence syndrome. *Pediatrics, 134(2)*, pp. e547-e561. DOI: 10.1542/peds.2013-3524

This article provides a brief explanation of what neonatal abstinence syndrome (NAS) is, historical background, incidence rates, clinical presentation of NAS, and management of NAS including non-pharmacological and pharmacological care. This is a great resource for direct practitioners to educate themselves on how to identify and treat babies presenting with NAS upon birth.

Kraft, K. W., & Van den Anker, N. J. (2012). Pharmacologic management of the opioid neonatal abstinence syndrome. *Pediatric Clinics of North America, 59(5)*, pp. 1147-1165.

Neonatal withdrawal symptoms have been noted following prenatal exposure to several drugs. Examples include opioids,1,2 benzodiazepines,3,4 mood-stabilizing medications, 5 selective serotonin reuptake inhibitors,6 and nicotine.7 For all drug classes except opioids, these symptoms are usually self-limited and do not require pharmacologic treatment. Infants born to mothers with opioid abuse or receiving methadone maintenance often develop withdrawal

symptoms, following the postpartum cessation of in utero exposure to opioids. This complex is known as the neonatal abstinence syndrome (NAS). The full mechanistic basis for the clinical presentation is unclear. Tolerance induced by long-term exposure to opioids is primarily mediated by receptor down regulation coupled with up regulation in the cyclic adenosine monophosphate (cAMP) pathway.

Lambert, B. L., Bauer, C. R. (2012). Developmental and behavior consequences of prenatal cocaine exposure: a review. *Journal of Perinatology, (61) Supplement 1*, pp. 819-828.

This article reviews the most recent literature regarding the association between in utero cocaine exposure and developmental and behavioral outcomes from birth through adolescence across various domains of functioning (growth, neurobiology, intelligence, academic achievement, language, executive functioning, behavioral regulation and psychopathology). Given the large number of exposed children in the child welfare system and the increased need for medical, mental health and special education services within this population, more definitively documenting associations between prenatal cocaine exposure and later child outcomes is essential in order to be able to prospectively address the many significant public health, economic and public policy implications.

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)*, pp. 57-81.

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. 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.

Lester, B. M., Bagner, D. M., Liu, J., LaGasse, L. L., Seifer, R., Bauer, C. R., Shankaran, S...Das, A. (2009). Infant neurobehavioral dysregulation: Behavior problems in children with prenatal substance exposure. *Pediatrics, 124(5)*, pp. 1355-1362. DOI: 10.1542/peds.2008-2898

The objective of this study was to test a developmental model of neurobehavioral dysregulation relating prenatal substance exposure to behavior problems at age 7. The sample included 360 cocaine-exposed and 480 unexposed children from lower to lower middle class families of which 78% were black. Structural equation modeling was used to test models whereby prenatal exposure to cocaine and other substances would result in neurobehavioral dysregulation in infancy, which would predict externalizing and internalizing behavior problems in early childhood. The paths in the models indicate that there are direct effects of prenatal substance exposure on 7-year behavior problems as well as indirect effects, including neurobehavioral dysregulation. The findings suggest that prenatal substance exposure affects behavior problems at age 7 through 2 mechanisms. The direct pathway is consistent with a teratogenic effect. Indirect pathways suggest cascading effects whereby prenatal substance exposure results in neurobehavioral dysregulation manifesting as deviations in later behavioral expression. Developmental models provide an understanding of pathways that describe how prenatal substance exposure affects child outcome and have significant implications for early identification and prevention.

Lester, M. B., Lin, H., DeGarmo, S. D., Fisher, A. P., LaGasse, L. L., Levine, P. T., Shankaran, S., Higgins, D. R. (2012). Neurobehavioral disinhibition predicts initiation of substance use in children with prenatal cocaine exposure. *Drug and Alcohol Dependence*, 126, pp. 80-86.

Through this study, the authors aim to determine if there is an association between these Neurobehavioral Disinhibition scores and initiation of substance use between ages 8 and 16. Our hypothesis was that prenatal cocaine exposure predisposes the child to ND, which, in turn, is associated with initiation of substance use by age 16. The results show that prenatal drug exposure appears to be a risk pathway to ND, which by 8/9 years portends substance use initiation.

Lewis, B. A., Minnes, S., Short, E.J., Weishampel, P., Satayatham, S., Min, M., Nelson, S., & Singer, L. T. (2011). The effects of prenatal cocaine on language development at 10 years of age. *Neurotoxicology and Teratology*, 33(1), pp. 17-24.

To examine the long term effects of prenatal cocaine exposure (PCE) on the language development of 10-year-old children utilizing a prospective design, controlling for confounding drug and environmental factors. Children exposed to cocaine in utero (PCE; $n = 175$) and non-exposed children (NCE; $n = 175$) were followed prospectively to 10 years of age and were compared on language subscales of the Test of Language Development-Intermediate 3rd Edition (TOLD-I: 3) and phonological processing as measured by the Comprehensive Test of Phonological Processing (CTOPP). According to the findings, the caregiver factors of vocabulary, HOME, and psychological symptoms also had consistent effects on language subtests and phonological processing scores. Children with PCE who experienced foster or adoptive care had enhanced language development compared to those living with birth mothers or in relative care. Cocaine exposed girls had lower scores on the phonological awareness subscale of the CTOPP than non-exposed girls. PCE has subtle effects on specific aspects of language development and phonological processing at age 10, even after controlling for confounding variables. Environmental factors (i.e., postnatal lead exposure, home environment, and caregiver vocabulary and psychological symptoms) also impact language skills at 10 years. Adoptive or foster care appears to enrich PCE children's linguistic environment and protects children against language delay in the PCE sample.

Logan, B. A., Brown, M. S., Hayes, M. J. (2013). Neonatal abstinence syndrome: treatment and pediatric outcomes. *Clinical Obstetrics and Gynecology*, 56(1), pp. 186-192.

This article presents short-term and long-term developmental outcomes associated with prenatal opiate exposure, including symptoms and severity of NAS and early cognitive and motor delays. The authors discuss maternal and infant risk factors including patterns of maternal substance use during pregnancy, genetic risk, polysubstance exposure pharmacological treatment for NAS and breastfeeding.

Mactier, H. (2013). Neonatal and longer term management following substance misuse in pregnancy. *Early Human Development*, 89(11), pp. 887-892.

This article is a review of the current literature on NAS and considers current evidence and discusses best practice in the neonatal management and follow-up of affected babies. Authors state that more studies are required to explore alternatives to methadone maintenance in pregnancy and to define optimal treatment for neonatal abstinence syndrome. All infants born to drug-misusing mothers must be considered vulnerable, even if they have not required treatment for neonatal abstinence syndrome.

Mactier, H., Shipton, D., Dryden, C., & Tappin, D. M. (2014). Reduced fetal growth in methadone-maintained pregnancies is not fully explained by smoking or socio-economic deprivation. *Addiction*, 109(3), pp. 482-488. DOI: 10.1111/add.12400

The aim of this article is to determine if reduced fetal growth in infants of opioid-dependent mothers prescribed methadone maintenance in pregnancy is explained by cigarette smoking or socio-economic deprivation. This study shows that reduced fetal growth in infants of opioid-dependent mothers prescribed methadone maintenance in pregnancy is not fully explained by cigarette smoking, area deprivation, maternal age or parity.

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), pp. 353-366.

One of the objectives of this study 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. 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 NMC group reported greater overall psychological distress, psychoticism, somatization, anxiety and hostility than the MC group. Findings suggest that the 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. 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.

Minnes, S., Singer, L. T., Min, M. O., Lang, A. M., Ben-Harush, A., Short, E., & Wu, M. (2014). Comparison of 12-year-old children with prenatal exposure to cocaine and non-exposed controls on caregiver ratings of executive function. *Journal of Youth and Adolescence, 43*, pp. 53-69. DOI: 10.1007/s10964-013-9927-3

This article looks at differences in caregiver reported executive function in 12-year-old children who were prenatally exposed to cocaine (PCE) compared to children who were not prenatally exposed. Higher current caregiver psychological distress levels were independently associated with poorer ratings on executive function scales. Assessment and targeted interventions to improve metacognitive processes are recommended for girls who were prenatally exposed to cocaine.

Minnes, S., Singer, L., Min, M.O., Wu, M., Lang, A., & Yoon, S. (2014). Effects of prenatal cocaine/poly-drug exposure on substance use by age 15. *Drug and Alcohol Dependence, 134* (1), pp. 201-210.

This study examined effects of prenatal cocaine exposure (PCE) on tobacco, alcohol, marijuana and cocaine use by age 15. Results of the study reflects percentages of drug use as follows: tobacco 35% vs. 26%; marijuana 33% vs. 23%; alcohol 40% vs. 35%; and any drugs 59% vs. 50%. PCE adolescents were twice as likely to use tobacco, 2.2 times more likely to use alcohol; and 1.8 times more likely to use marijuana than NCE adolescents. Results also reflected that PCE non-African American adolescents had greater probability of tobacco use (65%) than NCE non-African American youth (21%). PCE was associated with any drug use while higher BLL predicted alcohol use. Violence exposure was a predictor of tobacco, marijuana and any drug. PCE and exposure to violence increased the likelihood of tobacco, marijuana or any drug use by age 15, while PCE and higher early BLL predicted alcohol use. Prevention efforts should target high risk groups prior to substance use initiation.

Murphy-Oikonen, J., Montelpare, J. W., Bertoldo, L., Southon, S., & Persichino, N. (2012). The impact of a clinical practice guideline on infants with neonatal abstinence syndrome. *British Journal of Midwifery, 20*(7), pp. 493-501.

This study evaluated the effectiveness of clinical practice guideline (CPG) on increasing identification of neonates with neonatal abstinence syndrome (NAS) symptoms based on a toxicology screening protocol, decreasing the mean NAS score for neonates and, decreasing the

average length of hospital admission, based on standardized treatment and weaning protocol of morphine or phenobarbital. A high proportion of neonates born to opiate-using pregnant women develop the withdrawal condition known as NAS. This study was successful in describing the benefit of implementing new CPG for managing neonates identified with NAS, and mothers suspected of using substances during their pregnancy.

Narkowicz, S., Plotka, J., Polkowska, Z., Biziuk, M., & Namiesnik, J. (2013). Prenatal exposure to substance of abuse: a worldwide problem. *Environment International*, 54(1), pp. 141-163.

This article presents general information on prenatal exposure to substances. It provides a brief introduction on maternal effects, and effects of substances in utero, effects on pregnancy and delivery, effects on the fetus, the newborn and the developing child, metabolism of the substances, and why it is important to use biological samples for the assessment of in utero exposure.

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

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. 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.

Ondersma, J. S., Winhusen, T. & Lewis, F. D. (2012). Pre-treatment change in a randomized trial with pregnant substance-abusing women in community-based outpatient treatment. *Contemporary Clinical Trials*, 33(5), pp. 1074–1079 DOI: 10.1016/j.cct.2012.06.002

This article summarizes the results of a study which evaluated a) the presence of pre-treatment change; b) the extent to which that change, if any could be specifically associated with a baseline assessment and randomization session; and c) the specificity of any observed change in pregnant woman from a clinical trial. The results of the study reflect that change was sudden and non-linear. The authors suggest that change may be the result of a series of interactions between external efforts (i.e. brief intervention), personal characteristics, substance use severity, state variables, recency and salience of use-related negative consequences or pro-change messages.

Patrick, S. W., Kaplan, H. C., Passarella, M., Davis, M. M., & Lorch, S. A. (2014). Variation in treatment of neonatal abstinence syndrome in U.S. Children's Hospitals, 2004-2011. *Journal of Perinatology*, 34(1), pp. 867-872.

The objective of this study was to determine whether different pharmacotherapies for NAS are associated with differences in outcomes and to determine whether pharmacotherapy and outcome vary by hospital. The findings of the study suggest that there is variation in hospital treatment for NAS among major US children's hospitals, findings also reflect that methadone as the initial treatment was associated with reduced length of treatment and hospital stay.

Popoval, S., Stade, B., Bekmuradov, D., Lange, S., & Rehm, J. (2011). What do we know about the economic impact of fetal alcohol spectrum disorder? A systematic literature review. *Alcohol and Alcoholism*, 46(4), pp. 490-497. DOI: 10.1093/alcalc/agr029

The objective of this study was to conduct a systematic review of the literature related to the measurement of the economic impact of Fetal Alcohol Spectrum Disorder (FASD) in different countries and to categorize the available literature. There are a limited number of studies found in Canada and the USA, and data from the rest of the world are absent. Existing estimates of the economic impact of FASD demonstrate significant cost implications on the individual, the family and society. However, these estimates vary considerably due to the different methodologies used by different studies. Limitations and gaps in the existing methodologies of calculating the economic costs of FASD are discussed. It is evident that there is an urgent need to develop a comprehensive and sound methodology for calculating the economic impact of FASD to the society.

Pritham, A. U., Paul, A. J., & Hayes, J. M. (2012). Opioid dependency in pregnancy and length of stay for neonatal abstinence syndrome. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 41(2), pp. 180-190. DOI: 10.1111/j.1552-6909.2011.01330.x

This study examines opioid replacement therapy in pregnancy and effect on neonatal outcomes, including length of hospital stay for neonatal abstinence syndrome. The findings of this study suggest that the simultaneous use of methadone and benzodiazepines during pregnancy provide further direction for the treatment of opioid dependency during pregnancy. Harm reduction strategies for opioid-dependent pregnant women in substance abuse treatment with MMT may one day include guidance on daily treatment doses and recommendations to avoid the concomitant use of benzodiazepines to lessen NAS. Breastfeeding should be recommended to shorten length of stay.

Richardson, G. A., Larkby, C., Goldschmidt, L., & Day, N. L. (2013). Adolescent initiation of drug use: effects of prenatal cocaine exposure. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(1), pp. 37-46.

This study seeks to investigate the direct effects of prenatal cocaine exposure (PCE) on adolescent drug use, while controlling for other predictors of adolescent use. First trimester cocaine exposure significantly predicted earlier adolescent marijuana and alcohol initiation. The hazard of marijuana and alcohol initiation among exposed adolescents was almost two times greater than among non-exposed adolescents, adjusting for other significant factors. There were no differences in tobacco initiation. Other significant predictors of adolescent drug use were family history of alcohol problems, exposure to violence, and childhood maltreatment. Cocaine exposure during early pregnancy was associated with initiation of marijuana and alcohol use. Exposure to violence, childhood maltreatment, and familial factors also predicted adolescent initiation, but did not mitigate the effects of PCE. The combination of these risk factors has significant implications for the development of later substance use, social, and psychiatric problems.

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), pp. 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. 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.

Sarkola, T., Gissler, M., Kahila, H., Autti-Ramo, I. & Halmesmaki, E. (2012). Alcohol and substance abuse identified during pregnancy: maternal morbidity, child morbidity and welfare interventions. *Acta Paediatrica*, 101(7), pp. 784-790.

The authors look at the relations between postnatal maternal morbidity, child morbidity and welfare interventions in families with prenatal alcohol or substance abuse. Postnatal maternal abuse-related healthcare utilization and use of medication were associated with child out-of-home care. Significant differences were observed in the categories of maternal mental and behavioral disorders caused by psychoactive substance use as well as injury and poisoning. Maternal inpatient care for mental and behavioral disorders peaked at the time of child out-of-home care. Maternal abuse related healthcare utilization was associated with early child healthcare utilization and use of medication for mental and behavioral disorders. These associations were largely explained by the association with child out-of-home care. The authors suggest that postnatal maternal abuse-related morbidity is associated with significant early child morbidity, use of medication and timing of out-of-home care.

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

Serane, V. T., & Kurian, O. (2012). Neonatal abstinence syndrome. *Indian Journal of Pediatrics*, 75(9), pp. 911-914.

This is a case note review of the population affected by Neonatal Abstinence Syndrome. Infants of mothers who had taken substance of misuse were monitored regularly using Finnegan's score and treatment initiated based on a pre-existing protocol. The parameters that were studied included maternal drug habits, antenatal problems, and neonatal epidemiology with particular reference to growth, Neonatal Abstinence Syndrome (NAS), its severity and management. According to the study, the dose of methadone taken by the mother related well with the likelihood of development of NAS. The most common symptoms noted at the time of diagnosis were irritable cry, increased tone, tachypnea, sleeplessness and tremor. Majority of neonates born to mothers on methadone exhibit neonatal abstinence syndrome and require pharmacological treatment. Neonates who had not exhibited symptoms of drug withdrawal within the first 3 days of life are unlikely to present with NAS requiring treatment.

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), pp. 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.

Slamberova, R. (2012). drugs in pregnancy: the effects on mother and her progeny. *Physiological Research*, 61 Supplement 1, pp. S123-35.

This article reviews and summarizes the clinical and experimental evidence showing how opioids and psychostimulants can affect maternal behavior of drug-abusing mother and the development of their offspring. Authors conclude that the adverse effects of prenatal drug exposure are partially reversible by postnatal care, however preventive care is still the best “therapy.”

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), pp. 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. Birth weight 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., Hannigan, J. H., & Delaney-Black, V. (2005). Gender and alcohol moderate caregiver reported child behavior after prenatal cocaine. *Neurotoxicology & Teratology*, 27(2), pp. 191-201.

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.

Sublett, J. (2013). Neonatal abstinence syndrome: Therapeutic interventions. *MCN, March/April 2013*. pp. 102-107.

This article provides an overview of the possible risks, benefits, and outcomes of pharmacologic and complementary therapies in the neonatal population, and illustrates the gaps in knowledge related to their use for neonatal withdrawal. It reviews guidelines for treatment, monitoring Neonatal Abstinence Syndrome (NAS), Pharmacologic Therapy, Nonpharmacologic Therapy, and Complimentary Alternative Medicine (CAM).

Soyka, M. (2013). Buprenorphine use in pregnant opioid users: A critical review. *CNS Drugs*, 27(8), pp. 653-662. DOI: 10.1007/s40263-013-0072-z

This article is a review of the literature on buprenorphine use in pregnancy. It discusses the most recent data which the author believes may facilitate clinical decisions on buprenorphine use for this group of women. According to the review of the literature, findings suggest that

buprenorphine produces maternal outcomes similar to those associated with methadone. However neonates exposed to buprenorphine in utero who were treated for NAS required on average shorter treatment and less medication than those exposed to methadone. Findings also suggest that transferring pregnant women from methadone to buprenorphine can put the fetus at risk. These novel findings indicate that buprenorphine is emerging as a first-line treatment for pregnant opioid users.

Thomas, J. D., Warren, K. R., & Hewitt, B. G. (2010). Fetal alcohol spectrum disorders: From research to policy. *Alcohol Research and Health, 33(1/2)*, pp. 118-126.

Research supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has contributed to the identification of the range and prevalence of fetal alcohol spectrum disorders (FASD), as well as methods for prevention and treatment of FASD. The worldwide prevalence and high personal and societal costs of FASD speak to the importance of this research. This article briefly examines some of the ways that NIAAA has contributed to our understanding of FASD, the challenges that we still face, and how this research is translated into changes in public policy.

Unger, A., Metz, V., & Fischer, G. (2012). Review article: Opioid dependent and pregnant: what are the best options for mothers and neonates? *Obstetrics and Gynecology International, 2012*, pp. 1-6. DOI: 10.1155/2012/195954

This article seeks to provide an update to health professionals on the latest treatment approaches for mothers suffering from opioid dependence and their neonates. The article provides brief background on opioid dependence statistics, medical treatment of opioid-dependent pregnant women, perinatal pain management, NAS, predisposition to NAS and breastfeeding.

Vassoler, F. M., Byrnes, E. M., & Pierce, R. C. (2014). The impact of exposure to addictive drugs on future generations: Physiological and behavioral effects. *Neuropharmacology, 76(1)*, pp. 269-275.

The goal of this review is to describe the trans-generational consequences of preconception exposure to drugs of abuse for five major classes of drugs: alcohol, nicotine, marijuana, opioids, and cocaine. The findings by the authors suggest that exposure to drugs produce transmissible epigenetic changes that result in alterations to the physiology and behavior of offspring.

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(1)*, pp. 1429-1440. DOI: 10.1111/j.1360-0443.2008.02283.x

In this article, the authors review the literature on opioid dependence among pregnant women and provide recommendations as guidance in the management of treatment. The authors suggest that because women enter prenatal care at different stages in their pregnancy and from various settings, treatment services should be provided in a culturally sensitive and non-judgmental environment by the whole health-care personnel spectrum.

Whitaker, T. M., Bada, H. S., Bann, C. M., Shankaran, S., LaGasse, L., Lester, B. M., Bauer, C. R., Hammond, J., & Higgins, R. (2011). Serial pediatric symptom checklist screening in children with prenatal drug exposure. *Journal of Development & Behavioral Pediatrics, 32(3)*, pp. 206-215. DOI: 10.1097/DBP.0b013e318208ee3c

The objective of this study was to examine screening results obtained by serial annual behavioral assessment of children with prenatal drug exposure. The Maternal Lifestyle Study enrolled children with prenatal cocaine exposure (PCE) at birth for longitudinal assessments of developmental, behavioral, and health outcomes. At 8, 9, 10, 11, and 12 years of age, caregivers rated participants on the Pediatric Symptom Checklist (PSC). Serial PSC results were compared with an established broad-based behavioral measure at 9, 11, and 13 years. PSC results were analyzed for 1081 children who had at least 2 annual screens during the 5-year time span. Most subjects (87%) had 4 or more annual screens rated by the same caregiver (80%). PSC scores (and Positive screens) over time were compared at different time points for those with and without PCE. Covariates, including demographic factors and exposures to certain other substances, were

controlled. Children with PCE had significantly higher scores overall, with more Positive screens for behavior problems than children without PCE. Children with PCE had more externalizing behavior problems. Children exposed to tobacco prenatally and postnatally also showed higher PSC scores. Over time, PSC scores differed slightly from the 8-year scores, without clear directional trend. Earlier PSC results predicted later behavioral outcomes. Findings of increased total PSC scores and Positive PSC screens for behavioral concerns in this group of children with prenatal substance exposure support the growing body of evidence that additional attention to identification of mental health problems may be warranted in this high-risk group.

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), pp. 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 non-exposed infants during their first year of life. 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. 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.

Zabaneh, R., Smith, L. M., LaGasse, L. L., Defauf, C., Newman, E., Shah, R., Arria, A...Lester, B. M. (2012). The effects of prenatal methamphetamine exposure on childhood growth patterns from birth to 3 years of age. *American Journal of Perinatology*, 29(3), pp. 203-210.

This study examined the effects of prenatal methamphetamine (MA) exposure on growth parameters from birth to age 3 years. Results of the study suggest that children exposed prenatally to MA have a modest decrease in height growth trajectory during the first 3 years of life with no observed difference in weight, head circumference, or weight-for-length trajectories. The authors suggest that long-term follow-up is needed to determine if the decreased height trajectories of MA exposed children continues into later adulthood.

TRAUMA

Babcock, R. L., DePrince, A. P. (2013). Factors contributing to ongoing intimate partner abuse: childhood betrayal trauma and dependence on one's perpetrator. *Journal of Interpersonal Violence*, 28(7), pp. 1385-1402. DOI: 10.1177/0886260512468248

This study assessed prospectively whether childhood betrayal trauma (BT) history and women's potential dependence on their perpetrators (unemployment, number of children below 13) increased women's risk of ongoing victimization, while controlling for trauma-related symptoms (PTSD, depression, dissociation). Results of the study showed that higher levels of childhood BT were associated with ongoing victimization over the course of 6 months. Women's unemployment status predicted greater physical and sexual aggression and injuries. Higher levels of depression and lower levels of PTSD symptoms were also associated with increases in physical, sexual, and psychological aggression, and bodily injury. The findings have important implications for interventions by demonstrating the need to process women's betrayal trauma experiences, target depression symptoms, and increase women's economic opportunities to prevent further victimization.

Calms, S. M., Laux, J. M., Holly, L. S., Reynolds, J. R., Roseman, C. P., & Piazza, N. J. (2013). Childhood psychological trauma and first-year college students' substance dependence. *The American Counseling Association, 34*(2), pp. 70-80. DOI: 10.1002/j.2161-1874.2013.00016.x

The purpose of this study is to determine if there is a relationship between adverse childhood events and substance use in a 1st-year college student sample. First-year college students (N = 143) completed the Substance Abuse Subtle Screening Inventory-3 and a questionnaire about childhood traumatic experiences. According to the authors' findings, as the number of traumatic experiences increases, so does the likelihood of substance use in college.

Clark, C. B., Reiland, S., Thorne, C., & Cropsey, K. L. (2014). Relationship of trauma exposure and substance abuse to self-reported violence among men and women in substance abuse treatment. *Journal of Interpersonal Violence, 29*(1), pp. 1514.

This article presents the findings of a study looking at the relationship between substance use, trauma, and aggression. The study included 615 individuals in substance abuse treatment program for individuals under criminal justice supervision. Findings suggest that individuals with history of trauma and regular substance use reported the highest rates of homicidal ideation, problem behaviors, and person offences, this group also reported greater desire for help in the management of their stress and tension, dealing with problems in intimate relationships, developing healthier relationships, and learning how to express their feelings. Participants who experienced trauma presented with more externalizing behaviors, and greater desire for coping- and social-skills training than those who did not report experiencing trauma.

Cohen, L. R., Field, C., Campbell, A. N. C., & Hien, D. A. (2013). Intimate partner violence outcomes in women with PTSD and substance use: A secondary analysis of NIDA Clinical Trials Network "Women and Trauma" Multi-site Study. *Addictive Behaviors, 38*(7), pp. 2325-2332.

The current study is a secondary analysis of a larger NIDA Clinical Trials Network study exploring the effectiveness of two behavioral interventions for women with comorbid PTSD–SUD. Participants of the study were assigned to either Seeking Safety (SS), a cognitive-behavioral treatment that focuses on trauma and substance abuse symptoms, or to Women's Health Education, a psychoeducational group. Findings of the study showed that at a trend level participants with recent interpersonal trauma at baseline and higher total of lifetime trauma exposures were more likely to report IPV during follow-up. The authors indicate that an integrated treatment for PTSD and SUD was associated with significantly better IPV outcomes for some individuals. The possibility that women with PTSD–SUD may differentially benefit from SS has important clinical implications. Further research examining the intersection of PTSD, SUD and IPV, and the impact of treatment on a range of outcomes is needed.

Cordovilla Guardia, S., Rodriguez-Bolanos, S., Guerrero Lopez, F., Lara-Rosales, R., Pino Sanchez, F., Rayo, A., & Fernandez-Mondejar, E. (2013). Alcohol and/or drug abuse favors trauma recurrence and reduces the trauma-free period. *Med Intensiva, 37*(1), pp. 6-11.

This study seeks to look at the influence of alcohol and/or drug abuse upon recurrence of trauma, with an analysis of the influence of such abuse upon the time to appearance of first injury in patients without antecedents of trauma. According to the study results, alcohol and/or drug abuse increases the likelihood of recurrent trauma and may shorten the mean trauma-free period among patients without a history of trauma by almost 15 years.

Cross, P. T., Mathews, B., Tonmyr, L., Scott, D. & Ouimet, C. (2012). Child welfare policy and practice on children's exposure to domestic violence. *Child Abuse and Neglect, 36*(3), pp. 210-216.

This article reviews research, policy and programming in Australia, Canada and the US on the child welfare response to Exposure to Domestic Violence. The authors summarize current knowledge on the prevalence of EDV and on child welfare service policies and practices that may reduce the impact and frequency of EDV. The authors suggest that empirical data are limited, but current research and practice experience suggest that child welfare agencies seeking to improve the response to EDV should collaborate with other disciplines involved with preventing and responding to DV, seek resources to support training and programming, consider methods that

avoid stigmatizing parents, and build in a program evaluation component to increase knowledge about effective practice.

Dam, D., Ehring, T., Vedel, E., & Emmalkamp, P. M. G. (2013). Trauma-focused treatment for posttraumatic stress disorder combined with CBT for severe substance use disorder: a randomized controlled trial. *BMC Psychiatry, 13*, pp. 172.

This article investigated the effectiveness of a combined treatment for comorbid Posttraumatic Stress Disorder (PTSD) and severe Substance Use Disorder (SUD). The authors investigated the effectiveness of adding PTSD treatment to the intensive SUD treatment program compared to Treatment as usual. The author's findings provide preliminary evidence that adding a trauma-focused treatment on to standard SUD treatment may be beneficial.

Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., & Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: a systematic review and meta-analysis. *Addictions, 109*, pp. 379-391.

The authors of this article conducted a review of the literature examining 1) the evidence of association between women's alcohol use, alcohol use disorders and experience of physical and/or sexual intimate partner violence victimization; 2) the direction, magnitude and consistency of the association and; 3) sources of heterogeneity in estimates. The authors conclude that women's drinking and victimization from IPV are linked but the causal direction of relationship is not clear. Authors state that further studies looking at victimization and perpetration are needed to further understand the relationship between IPV experience and alcohol use.

Horwitz, M. S., Hurlburt, S. M., Heneghan, A., Zhang, J., Rolls-Reutz, J. Fisher, E...Stein, R. E. (2012). Mental health problems in young children investigated by U.S. child welfare agencies. *Journal of the American Academy of Child & Adolescent Psychiatry, 51(6)*, pp. 572-581.

This article examines the prevalence/predictors of mental health (MH) problems and services used by families with 12- to 36-month-old children who have been investigated for maltreatment. According to the authors, the data suggests that there is a high rate of MH problems in very young children with history of maltreatment. Identifiable MH problems are common, but few children receive services for those problems. The lack of services received by these young, multi-challenged children is a services systems and social policy failure.

Kisiel, C. L., Fehrenbach, T., Torgensen, E., Stolbach, B., McClelland, G., Griffin, G., & Burkman, K. (2014). Constellations of interpersonal trauma and symptoms in child welfare: Implications for a developmental trauma framework. *Journal of Family Violence, 29*, pp. 1-14.

This study seeks to identify youth with histories of interpersonal trauma exposure upon entry to the child welfare system, determine whether there are differences in symptom patterns and severity for these young, and determine if youth with specific constellations of trauma exposure are more likely to have negative child welfare-related outcomes. Findings suggest a developmental trauma framework can more adequately capture the spectrum of needs of these multiply traumatized youth than existing diagnostic formulations. Utilizing this framework for assessment, treatment planning, and intervention can lead to more targeted and effective services for these children.

Lamers-Winkelmann, F., Willemsen, M. A. & Visser, M. (2012). Adverse childhood experiences of referred children exposed to intimate partner violence: consequences for their wellbeing. *Child Abuse and Neglect, 36(2)*, pp. 166-179.

This study investigated the relationships among Adverse Childhood Experiences (ACEs) in a sample of Dutch children whose mothers were abused by an intimate partner, and the severity of behavioral and emotional problems and trauma symptoms. The results showed that child witnesses of IPV were also exposed to other adverse experiences, such as abuse, household dysfunction and neglect. The number of ACEs children were exposed to was unrelated to the level of emotional and behavioral problems, except for trauma related symptoms reported by parents. This study shows that children who witnessed IPV were also exposed to other adverse experiences. The results of this study may imply that in this high-risk clinical sample of children

exposed to IPV, additional adverse experiences have a limited relationship to psychological outcomes. A thorough assessment and inclusion of all Adverse Childhood Experiences is necessary for a comprehensive treatment program.

Lawson, K. M., Back, S. E., Hartwell, K. J., Moran-Santa Maria, M., Brady, K. T. (2013). A comparison of trauma profiles among individuals with prescription opioid, nicotine, or cocaine dependence. *The American Journal on Addictions, 22(2)*, pp. 127-131. DOI: 10.1111/j.1521-0391.2013.00319.x

This study compared the trauma histories (general, sexual, physical and emotional) of non-treatment seeking outpatients dependent on prescription opioids, nicotine, or cocaine. The Life Stressor Checklist—Revised (LSC-R) was completed by participants to assess childhood and adult trauma. The findings revealed that all three groups endorsed high levels of trauma exposure, with 96.5% of the entire sample experiencing at least one traumatic event in their lifetime. The prescription opiate group experienced a greater number of general and total traumas than the nicotine group. However, no group differences in the number of emotional, physical, or sexual traumas were revealed. The prescription opiate group reported a younger age of first traumatic event than the cocaine group, and was significantly more likely to report childhood traumatic events than both the cocaine and nicotine groups. The findings provide clinically relevant information that may help improve screening, interventions, and preventative efforts.

Ruglass, L. M., Hien, D. A., Hu, M., & Campbell, A. N. C. (2014). Associations between post-traumatic stress symptoms, stimulant use, and treatment outcomes: a secondary analysis of NIDA's women and trauma study. *The American Journal on Addictions, 23(1)*, pp. 90-95.

This study's aim was to examine the associations between post-traumatic stress disorder (PTSD) symptoms, stimulant use, and treatment outcomes among dually diagnosed women. The findings of the study suggest that integrated treatment of co-occurring PTSD and addictions may be more effective than general health education approaches for heavy stimulant users. Assessment of frequency of stimulant use among individuals with PTSD symptoms may inform treatment selection for this population.

Salter, M., & Breckenridge, J. (2014). Women, trauma and substance abuse: Understanding the experiences of female survivors of childhood abuse in alcohol and drug treatment. *International Journal of Social Welfare, 23(2)*, pp. 165-173. DOI: 10.1111/ijsw.12045

This article draws on qualitative study of adult women with histories of childhood sexual abuse to explore their experience of AOD treatment in New South Wales, Australia. The authors argue that the generalist 'one size fits all' approach of many AOD services is not gender neutral but should be understood as implicitly gendered in that it neglects the specificity of women's needs in relation to abuse, mental illness and parenting. The discussion presented in this article is based on a qualitative study of the experiences of adult women with histories of childhood sexual abuse and/or domestic violence in AOD treatment. By examining the ways in which AOD treatments effectively ignore or minimize gender, this article uncovers intervention practices that efface the complexities underpinning AOD use among women and suggests ways in which alternative models of service delivery can create more validating and supportive environments.

Schwandt, M. L., Heilig, M., Hommer, D. W., George, D. T., & Ramchandani, V. A. (2013). Childhood trauma exposure and alcohol dependence severity in adulthood: mediation by emotional abuse severity and neuroticism. *Alcoholism: Clinical and Experimental Research, 37(6)*, pp. 984-992.

The authors seek to investigate the prevalence of multiple types of childhood trauma in treatment-seeking alcohol-dependent patients, and the associations between childhood trauma and AD severity. The authors conclude by stating that childhood trauma is highly prevalent in treatment-seeking alcoholics and may play a significant role in the development and severity of AD through an internalizing pathway involving negative affect. Our findings suggest that alcoholics with a history of childhood emotional abuse may be particularly vulnerable to severe dependence.

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

Sprang, G., Craig, C. D., Clark, J. J., Vergon, K., Stanton-Tindall, M., Cohen, J., & Gurwitch, R. (2013). Factors affecting the completion of trauma-focused treatments: What can make a difference? *Traumatology, 19*(1), pp. 28-40. DOI: 10.1177/1534765612445931

This study expands our understanding of treatment attrition by investigating factors predicting treatment dropout in a large national data set of clinic-referred children and parents seeking trauma-specific psychotherapy services. The findings of this study suggest that African American race, placement in state custody, and a diagnosis of posttraumatic stress disorder, oppositional defiant disorder, and major depressive disorder predict treatment attrition. Based on the findings of this study, dropout management recommendations are made, as are implications for further research and ongoing practice.

Waldrop, A. E., & Cohen, B. E. (2014). Trauma exposure predicts alcohol, nicotine, and drug problems beyond the contribution of PTSD and depression in patients with cardiovascular disease: Data from the heart and soul study. *The American Journal on Addictions, 23*(1), pp. 53-61. DOI: 10.1111/j.1521-0391.2013.12053.x

This study examined the role of lifetime trauma exposure in a longitudinal study of adults with cardiovascular disease to determine the unique contribution of trauma exposure to risk for drug and alcohol problems and smoking. Lifetime exposure to a higher number of trauma types predicted substance use outcomes beyond risk explained by PTSD and depression. In addition, across trauma types, interpersonal traumas were most strongly associated with substance use problems. Results suggest that, though PTSD and depression play a role in the association between trauma exposure and substance use, many other factors also contribute; therefore focusing on these psychological comorbidities alone is not sufficient. The integration of mental health care and/or case management support with primary and specialty medical care may improve detection and treatment for patients with substance use and comorbid mental and physical health problems. Screening for trauma exposure is an important part of good clinical care.

PREVALENCE AND SYSTEMS PLANNING

ISSUES AFFECTING TRIBES

Akins, S., Lanfear, C., Cline, S., & Mosher, C. (2013). Patterns and correlates of adult American Indian substance use. *Journal of Drug Issues, 43*(4), pp. 497-516. DOI: 10.1177/0022042613491100

There is substantial literature on the patterns and correlates of substance use across minority youth populations, but comparatively little attention has been directed to substance use among adults. This is particularly the case for adult American Indians, generally due to sampling challenges. This article provides multivariate analyses of the correlates of substance use across five racial/ethnic groups and highlights analyses focused on American Indian adults. In addition to marijuana use and binge drinking, our analyses consider hard drug use, which remains understudied in the literature, and include a first consideration of “bender drinking,” a form of alcohol consumption that is most likely to lead to health, social, and legal problems. Our results indicate that although American Indians report higher levels of substance use and abuse than do

those from other racial/ethnic groups, these differences are attenuated when sociodemographic and individual-level/risk protective factors are taken into account.

Croff, R. L., Rieckmann, T. R., & Spence, J. D. (2014). Provider and state perspectives on implementing cultural-based models of care for American Indian and Alaska native patients with substance use disorders. *The Journal of Behavioral Health Services & Research*, 41(1), pp. 64-79.

This paper describes findings from interviews with 22 program directors and 18 representatives from Single State Authorities on substance abuse. Interviews assessed provider and state efforts to increase AI/A client engagement and to improve the quality of care through culturally relevant interventions. Results suggested that providers employed flexibility and originality to cultural-based programs by broadening established practices, adopting outside traditions, and creating new ones to fit client needs. However, gaps in state-tribal collaborations and inter-group complexities such as staff-based tensions, a widening generational divide, and blurred consensus of "tradition" affect service delivery. Overall, respondents underlined the critical role culturally relevant care plays in individual and community healing.

Crofoot, T. L., & Harris, M. S. (2012). An Indian child welfare perspective on disproportionality in child welfare. *Children and Youth Services Review*, 34(9), pp. 1667-1674.

American Indian and Alaska Native efforts to keep children in their families, communities and tribal nations have created an Indian Child Welfare perspective that is vital to understanding disparities and disproportionalities in child welfare. This article looks at 1) history of child welfare; 2) policies and practices continuing from that history; 3) police and practices continuing from that history and; 4) the child welfare process as a whole. From an Indian Child Welfare perspective this means that institutional racism and institutional bias are the primary causes of disparities and disproportionalities in child welfare. The implication for other communities is the need to do their own research and documentation of the participation of their children and families in child welfare.

Ehlers, C. L., Gizer, I. R., Gilder, D. A., Ellingson, J. M., & Yehuda, R. (2013). Measuring historical trauma in an American Indian community sample: Contributions of substance dependence, affective disorder, conduct disorder and PTSD. *Drug and Alcohol Dependence*, 133(1), pp. 180-187.

The aims of the present study were to evaluate the extent to which the frequency of thoughts of historical loss and associated symptoms are influenced by: current traumatic events, post-traumatic stress disorder (PTSD), cultural identification, percent Native American Heritage, substance dependence, affective/anxiety disorders, and conduct disorder/antisocial personality disorder (ASPD). Over half of the participants of the study indicated that they thought about historical losses at least occasionally, and that it caused them distress. Additionally, anxiety/affective disorders and substance dependence were correlated with historical loss associated symptoms. In this American Indian community, thoughts about historical losses and their associated symptomatology are common and the presence of these thoughts are associated with Native American Heritage, cultural identification, and substance dependence.

Neault, N., Mullany, B., Powers, J., Coho-Mescal, V., Parker, S., Walkup, J., & Barlow, A. (2012). Fatherhood roles and drug use among young American Indian men. *The American Journal of Drug and Alcohol Abuse*, 38(5), pp. 395-402.

The objective of this study was to describe substance use patterns among young American Indian (AI) fathers and examine the intersection of substance use with men's fatherhood roles and responsibilities. Substance use was associated with history of alcohol abuse among participants' fathers (but not mothers); participants' poor relationships with their own fathers; unemployment status; and low involvement in child care. Drug and alcohol abuse may be obstructing ideal fatherhood roles among multiple generations of AI males. Targeting drug prevention among young AI men during early fatherhood may provide special opportunity to reduce substance use and improve parenting. Intergenerational approaches may hold special promise.

METHAMPHETAMINE AND CHILDREN

Asanbe, C. B., Hall, C., & Bolden, C. D. (2008). The methamphetamine home: Psychological impact on preschoolers in rural Tennessee. *Journal of Rural Health, 24(3)*, pp. 229-235.

The purpose of this study was to examine whether preschoolers who lived in methamphetamine-producing homes are at increased risk for developing psychological problems. The participants were 58 white children between the ages of 4 and 5 years; 31 with a history of living in methamphetamine-producing homes and 27 children who live in non-methamphetamine producing homes in rural Tennessee. Biological or custodian parents completed a rating on their preschoolers that provided information about the children's pattern of behavior and feelings. Findings show that preschoolers from the methamphetamine-producing homes showed more externalizing problems than their peers, but were comparable on internalizing problems. On specific behaviors, the data indicate that preschoolers in the methamphetamine group showed higher aggression symptoms than their peers from non-methamphetamine-producing homes. These findings, if replicated, point to the need for mental health screening when a child is removed from a methamphetamine-producing home.

Bassindale, T. (2012). Quantitative analysis of methamphetamine in hair of children removed from clandestine laboratories – Evidence of passive exposure? *Forensic Science International, 219(1-3)*, pp. 179–182. DOI: 10.1016/j.forsciint.2012.01.003.

This study aims to look at the results of hair analyzed from children ages 2 months to 15 years removed from clandestine methamphetamine laboratories during 2008-2010 in New Zealand. The levels of methamphetamine is then compared with those detected in adult users from the same period to determine the likelihood of external contamination. The results of this study show that there is a low level of evidence of external contamination suggests that the children are exposed to methamphetamine and are incorporating it into the hair through the blood stream.

Carbone-Lopez, K., Owens, J. G., & Miller, J. (2012). Women's "Storylines" of methamphetamine initiation in the Midwest. *Journal of Drug Issues, 42(3)*, pp. 226– 246. DOI: 10.1177/0022042612456013

The authors present research from 40 interviews with female methamphetamine (meth) users incarcerated in Missouri, a state that has gained national attention for having high numbers of meth lab seizures. This study focuses specifically on the ways in which women articulate their storylines of initiation into meth use. These reveal a number of important findings, including the most common contexts in which women describe first using meth and their motivations for doing so. In particular, the findings highlight the role of family drug use, prior victimization experiences, and methamphetamine's known pharmacological effects in women's motivations for initiation.

Carnevale Associates. (2004, October). *Children endangered by methamphetamine: Drug endangered children.* Darnestown, MD: Author. Available online at: <http://www.carnevaleassociates.com/CAPoIBriefDEC.pdf#search='Carnevale%20Associates%20and%202004%20and%20Children%20endangered>

The growth in methamphetamine production and use has grown significantly over the past decade. As a result significant numbers of children have been endangered due to direct or indirect exposure to methamphetamine or living in a dwelling where methamphetamine is used or manufactured. This policy brief examines the scope of the drug endangered children, damaging effects of methamphetamine lab exposure, the effects on prenatal development, federal help available, State legislative actions, and the National Alliance for Model State Drug Laws. This brief also identifies the need for policies to improve medical protocols, medical research, and awareness and intervention.

Colby, J. B., Smith, L., O'Connor, M. J., Bookheimer, S. Y., VanHorn, J. D., & Sowell, E. R. (2012). White matter microstructural alterations in children with prenatal methamphetamine/polydrug exposure. *Psychiatry Research: Neuroimaging*, 204(2-3), pp. 140-148.

In this study, whole brain maps of fractional anisotropy (FA) were evaluated using tract-based spatial statistics. Relative to unexposed controls, children with prenatal methamphetamine exposure demonstrated higher FA mainly in left-sided regions. Relative to the methamphetamine-exposed group, children with prenatal alcohol exposure showed lower FA in frontotemporal region. This report demonstrates unique diffusion abnormalities in children with prenatal methamphetamine/polydrug exposure that are distinct from those associated with alcohol exposure alone, and illustrates that these abnormalities in brain microstructure are persistent into childhood and adolescence – long after the polydrug exposure in utero.

Connell-Carrick, K. (2007). Methamphetamine and the changing face of child welfare: Practice principles for child welfare workers. *Child Welfare*, 86(3), pp. 125.

Methamphetamine use and production is changing child welfare practice. Methamphetamine is a significant public health threat (National Institute of Justice, 1999) reaching epidemic proportions. The manufacturing of methamphetamine is a serious problem for the child welfare system, yet child welfare has not addressed the needs of children living in homes where methamphetamine is manufactured. This article presents key issues for child welfare workers related to the use, production, and effects of methamphetamine on children and families, and identifies practice principles for child welfare workers in order to ensure safety for victims, parents, and workers themselves.

Cunningham, S., & Finlay, K. (2012). Parental substance use and foster care: evidence from two methamphetamine supply shocks. *Economic Inquiry*, 51(1), pp. 764-782. DOI: 10.1111/j.1465-7295.2012.00481.x

This paper presents the first evidence of a causal effect of meth on foster care admissions using two exogenous supply-side interventions in meth markets from the late 1990s for identification. According to the authors, meth use appears to cause foster care caseloads to increase. These results suggest that child welfare policies should be designed specifically for the children of meth-using parents.

Derauf, C., Lester, B. M., Neyzi, N., Kekatpure, M., Gracia, L., Davis, J., Kallianpur, K...Kofosky, B. (2012). Subcortical and cortical structural central nervous system changes and attention processing deficits in preschool-aged children with prenatal methamphetamine and tobacco exposure. *Developmental Neuroscience*, 34(4), pp. 327-341. DOI: 10.1159/000341119

The objective of this study is to look at the relationship between prenatal methamphetamine exposure (PME) and inhibitory control at age 66 months in children. Results show that children with PME had significantly reduced caudate nucleus volumes and cortical thickness increases and that PME and PTE may have distinct differential cortical effects on the developing central nervous system. Additionally, PME may be associated with subtle deficits in attention mediated by caudate volume reductions.

Derauf, C., LaGasse, L. L., Smith, L. M., Newman, E., Shah, R., Neal, C. R., Arria, A. M...Lester, B. M. (2012). Prenatal methamphetamine exposure and inhibitory control among young school-age children. *The Journal of Pediatrics*, 161(3), pp. 452-459.

This study examined the association between prenatal methamphetamine exposure and inhibitory control in 66-month-old children. Analysis of the study reflect that heavy prenatal methamphetamine exposure was related to reduced accuracy in both the incongruent and mixed conditions on the Stroop-like task. Caregiver psychological symptoms and Child Protective Services report of physical or sexual abuse were associated with reduced accuracy in the incongruent and mixed conditions and in the incongruent conditions, respectively. Heavy prenatal methamphetamine exposure, along with caregiver psychological distress and child maltreatment, are related to subtle deficits in inhibitory control during the early school-age years.

Haight, W., Jacobsen, T., Black, J., Gingery, L., Sheridan, K., & Mulder, C. (2005). "In these bleak days": Parent methamphetamine abuse and child welfare in the rural Midwest. *Children and Youth Services Review, 27(8)*, pp. 949-971.

This report describes the impact of parent methamphetamine abuse on the development and wellbeing of school-aged children, and considers implications for culturally appropriate child welfare services. Thirty-five adult informants from several, adjacent rural Midwestern counties in the United States were interviewed as part of a larger ethnographic study. Child welfare workers, other community professionals (educators, counselors, law enforcement personnel, and substance abuse treatment providers), and foster caregivers described their experiences with families involved with methamphetamine. Overall, informants described that children are brought by their methamphetamine-abusing parents into a rural drug culture characterized by distinct, antisocial beliefs and practices. Children's experience of this culture includes environmental danger, chaos, neglect, abuse, loss, and isolation. Informants believed that children develop antisocial beliefs and practices such as lying, stealing, drug use, and violence through direct teaching by their parents and, indirectly, through observing parents' own antisocial behavior. Informants described children as displaying psychological, social, and educational disturbances. They also described individual variation in functioning across children that they attributed, in part, to individual (e.g., temperament, intelligence), familial (e.g., extended family), and community (e.g., school) characteristics. Informants noted a need for effective child mental health services in the area, and for ensuring a positive environment for children's future development through education of the children, foster parents and other community members. The authors discuss four strategies for enhancing the development of school-aged children whose parents abuse methamphetamine: (1) enhancing education in schools and communities; (2) enhancing timely, child welfare involvement with children of methamphetamine abusers; (3) providing timely access to quality mental health services focused on adequate assessment, trauma, and socialization; and (4) employing culturally and developmentally sensitive intervention practices.

Holman, M., Oliver, R., & Wright, W. (2004). Methamphetamine abuse and manufacture: The child welfare response. *Social Work, 49(3)*, pp. 373-381.

This article describes the history of methamphetamine, the effects of methamphetamine use, treatment for methamphetamine abuse, and the effects of exposure to methamphetamine during pregnancy. The authors examine the ways exposure to the manufacture of this drug affects clients and social workers in the course of their work. Because children are frequently found at the scene of a manufacturing laboratory, the child welfare system often becomes involved, and child protective services and other social work agencies need protocols on how to recognize home laboratories and on how to address the needs of these children and their parents. In 1997, California created and implemented Drug-Endangered Children's units in seven counties to address the needs of children from families that manufacture methamphetamine; these units involve collaborative efforts among child protective workers, district attorneys, physicians, and police officers. A case example provides information about the role of social workers and their collaboration with these multiple systems.

LaGasse, L. L., Defauf, C., Smith, L. M., Newman, E., Shah, R., et al. (2012). Prenatal methamphetamine exposure and childhood behavior problems at 3 and 5 years of age. *Pediatrics, 129(4)*, pp. 681-688.

The authors evaluated behavior problems in children who were prenatally exposed to methamphetamine (MA) at ages 3 and 5 years. Results show that MA exposure was associated with increased emotional reactivity and anxious/depressed problems at both ages and externalizing and attention deficit/hyperactivity disorder problems by age 5 years. Heavy exposure was related to attention problems and withdrawn behavior at both ages. There were no effects of MA on the internalizing or total behavior problems scales. This first report of behavior problems in patients as young as 3 years associated with MA exposure identifies an important public health problem. Continued follow-up can inform the development of preventive intervention programs.

Liles, B. D., Newman, E., LaGasse, L. L., Derauf, C., Shah, R., Smith, L. M., Arria, A. M...Lester, B. M. (2012). Perceived child behavior problems, parenting stress, and maternal depressive symptoms among prenatal methamphetamine users. *Child Psychiatry of Human Development*, 43(6), pp. 943-57. DOI: 10.1007/s10578-012-0305-2

The present study was designed to examine parenting stress, maternal depressive symptoms, and perceived child behavior problems among mothers who used methamphetamine (MA) during pregnancy. Mothers in the study who used MA during pregnancy reported more parenting stress and more depressive symptoms than a matched comparison group. There were no differences between groups on perceived child behavior problems. Screening for potential parenting problems among mothers with a history of substance abuse is warranted. Parenting interventions targeting depressive symptoms, parenting stress, and child behavior problems are needed for this population.

Lloyd, H. M., & Akin, B. A. (2014). The disparate impact of alcohol, methamphetamine, and other drugs on family reunification. *Children and Youth Services Review*, 44(1), pp. 72-81.

This article presents the findings of a study analyzing the impact of parental use of alcohol, methamphetamine, other drugs, and poly-substances on reunification rates for children in foster care. The author's analyzed data from a Midwestern state between the years 2007-2012 to evaluate the contribution of each substance use domain, results show that methamphetamine had the most significant impact on the likelihood of reunification, followed by other drugs, and poly-substances. Other findings suggest that children removed due to parental substance use stayed in foster care for an average of 49-156 days longer than other children.

Oster, T., W. Haight, et al. (2007). Case series: Mental health needs and perspectives of rural children reared by parents who abuse methamphetamine. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(4), pp. 500.

This case-based, mixed-methods study was undertaken to understand the perspectives and mental health needs of rural children exposed to parental methamphetamine abuse. Participants were 23 children involved with a state child protective agency because of parental methamphetamine abuse. A semi structured interview provided information on children's perspectives of their families. Information on children's mental health needs was obtained from the Child Behavior Checklist and Trauma Symptom Checklist. Case records and caseworker reports provided information on children's family experiences. Children described emotional pain; few social resources for coping with emotions, problem solving, or talking about their experiences; and avoidant or passive coping skills. Sixty-five percent of children evidenced significant dissociative or posttraumatic symptoms on standardized assessments; 57% had other significant emotional and behavioral problems. Challenges to understanding children's perspectives included children's perceptions that talking about methamphetamine abuse was taboo and underreporting of significant symptoms on the Trauma Symptom Checklist. The high rate of mental health problems suggests the need for nontraditional strategies for services delivery in rural areas that are targeted toward these vulnerable children. Early identification and treatment of mental health problems should be a priority. Clinicians should be alert to the complexities in assessing children's mental health needs.

O'Brien, A. M., Brecht, M., & Casey, C. (2008). Narratives of methamphetamine abuse: A qualitative exploration of social, psychological, and emotional experiences. *Journal of Social Work Practice in the Addictions*, 8(3), pp. 343-366.

Clinicians are increasingly confronted with treating the dramatically growing numbers of methamphetamine (MA) abusers. However, scant research documents the internal experience of MA abuse. This study uses data from ethnographic interviews to describe the development of MA abuse across users' lives. Results show drug initiation emerging from abuse during childhood and parental drug abuse. Respondents entered drug-using peer groups that paradoxically offer both protection from and vulnerability to violence and other problems. Consequences of MA abuse include economic instability and concern with only the acquisition and use of MA, instead of MA-related problems. Understandings of "problematic" drug use emerge as respondents stigmatize users who lack basic resources and hurt others for the sake of money or drugs, and parents

whose use interferes with parenting. Respondents describe barriers and alternatives to treatment. Results provide insight into the experience of MA abuse. Theoretical considerations and implications are discussed.

Pennar, A. L., Shapiro, A. F., & Krysik, J. (2012). Drug endangered children: Examining children removed from methamphetamine laboratories. *Children and Youth Services Review, 34(9)*, pp. 1777–1785. DOI: 10.1016/j.childyouth.2012.05.006

The purpose of this article is to describe a sample of children removed from homes with methamphetamine laboratories involved in the Arizona Drug Endangered Children (DEC) Program and examine associations between testing positive for methamphetamine, assessment of risk for abuse, perpetrator of abuse, and placement outcomes. It is the authors' purpose that the findings from this study will help promote more adequate assessments of the needs of children removed from homes with methamphetamine laboratories. Older children were more likely to be designated low risk for further abuse, test negative for methamphetamine, and have paternal alleged perpetrators of abuse. Results also show that children initially placed in foster care were more likely to remain in foster care at the final assessment than to be living with a parent or kin. These findings have implications for individuals working with children removed from homes with methamphetamine laboratories, and recommendations based on study findings are offered to child and family advocates and interventionists.

Shah, R., Diaz, S. D., Arria, A., LaGasse, L. L., Derauf, C., et al. (2012). prenatal methamphetamine exposure and short-term maternal and infant medical outcomes. *American Journal of Perinatology, 29(5)*, pp. 391-400.

This study's objective is to examine maternal and infant medical outcomes of prenatal exposure to methamphetamine (MA). According to this study, MA-exposed infants were more likely to exhibit poor suck, to have smaller head circumferences and length, to require neonatal intensive care unit (NICU) admission, and to be referred to child protective services (CPS). Prenatal MA exposure is associated with maternal psychiatric disorder/ emotional illness, poor suck, NICU admission, and CPS involvement, and MA-exposed infants were less likely to be breast-fed; however, the absence of many serious complications, such as fetal distress, chronic hypertension, preeclampsia, placenta previa, abruptio placentae, and cardiac defects, suggests confounding variables influenced prior studies.

Sheridan, K., Haight, W.L., & Cleeland, L. (2011). The role of grandparents in preventing aggressive and other extreme problems in children from rural, methamphetamine-involved families. *Children and Youth Services Review, 33(9)*, pp. 1583-1591. DOI: 10.1016/j.childyouth.2011.03.023

This mixed method study explored naturally occurring sources of protection and considers the implications for targeted interventions. Participants were 41 children aged six to 14 years from rural families involved with methamphetamine and the public child welfare system, their primary caregivers, and 19 parents recovering from methamphetamine addiction. When invited during semi-structured interviews to talk about their families, 48% of children spontaneously described socially and emotionally supportive relationships with healthy grandparents. Children's and parents' descriptions of grandparent support suggest how grandparents may protect children from the development of aggressive and other externalizing behavior problems. Understanding naturally occurring sources of protection for children can inform the development of interventions by identifying strengths on which to build, and suggesting culturally sensitive approaches when children are struggling.

Smith, L.M., LaGasse, L.L., Derauf, C., Newman, E., Shah, R., Huning, W., Arria, A...Lester, B.M. (2011). Motor and cognitive outcomes through three years of age in children exposed to prenatal methamphetamine. *Neurotoxicology and Teratology, 33(1)*, pp. 176-184. DOI: 10.1016/j.ntt.2010.10.004

To examine the effects of prenatal methamphetamine exposure on motor and cognitive development in children at 1, 2, and 3 years of age. IDEAL enrolled 412 mother–infant pairs at four sites (Tulsa OK, Des Moines IA, Los Angeles CA, and Honolulu HI). The Peabody

Developmental Motor Scales (PDMS-2) were administered to the infants at the 1 and 3 year visits. This analysis includes a subsample (n = 350) of the IDEAL study with completed 1 and/or 3 year visits (n = 330 and 281, respectively). At each annual visit we also conducted the Bayley Scales of Infant Development (BSID-II) as a general evaluation of mental and motor development. The BSID-II analysis includes a subsample (n = 356) of the IDEAL study with completed 1, 2, and/or 3 year visits (n = 331, 288, and 278 respectively). GLM analysis conducted on the PDMS-2 and BSID-II examined the effects of MA exposure and heavy MA exposure (≥ 3 days of use/week), with and without covariates. Longitudinal analyses were used to examine the effects of MA exposure on changes in motor and cognitive performance over time. Heavy MA exposure was associated with significantly lower grasping scores than some and no use at 1 year ($P = 0.018$). In longitudinal analysis, lower grasping scores associated with any MA exposure and heavy exposure persisted to 3 years. There were no effects of MA exposure, including heavy exposure, on the Bayley Mental Development Index (MDI) or Psychomotor Development Index (PDI) at any or across age. There were no differences in cognition as assessed by the BSID-II between the groups. There was a subtle MA exposure effect on fine motor performance at 1 year with the poorest performance observed in the most heavily exposed children. By 3 years, no differences in fine motor performance were observed. These findings suggest MA exposure has modest motor effects at 1 year that are mostly resolved by 3 years.

Smith, L. M., Paz, M. S., LaGasse, L. L., Derauf, C., Newman, E., et al. (2012). Maternal depression and prenatal exposure to methamphetamine: neurodevelopmental findings from the infant development, environment, and lifestyle (ideal) study. *Depression and Anxiety*, 29(6), pp. 515-522.

The aim of this study is to help determine the neurobehavioral effects of maternal depression on infants exposed and not exposed to methamphetamine (MA) using the NICU Network Neurobehavioral Scale (NNNS). According to the authors, maternal depression is associated with neurodevelopmental patterns of increased stress and decreased quality of movement, suggesting maternal depression influences neurodevelopment in infants as young as 1 month.

Vandermause, R. K. (2012). Being wholesome: The paradox of methamphetamine addiction and recovery - A hermeneutical phenomenological interpretation within an interdisciplinary, transmethodological study. *Qualitative Social Work*, 11(3), pp. 299-318. DOI: 10.1177/1473325011401470

This article presents a Heideggerian hermeneutic interpretation of findings from an interdisciplinary, transmethodological study addressing the questions, 'What does it mean to experience methamphetamine addiction? What does it mean to recover?' Study aims, to: (1) uncover the meaning of addiction and recovery via case intensive analysis, and (2) generate an interdisciplinary, transmethodology for understanding complex Health-care problems, were intended to stimulate a deeper understanding of the experience of addiction and recovery through an innovative methodological approach. Scholars from Nursing, English, Teaching and Learning, and Fine Arts contributed to the analysis. This article presents the hermeneutic interpretation of the transmethodological study.

Wouldes, T. A., LaGasse, L. L., Derauf, C., Newman, E., Shah, R., Smith, L. M., Arria, A. M...Lester, B. M. (2013). Co-morbidity of substance use disorder and psychopathology in women who use methamphetamine during pregnancy in the US and New Zealand. *Drug and Alcohol Dependence*, 127, pp. 101-107.

This study examined prenatal MA use and the co-morbidity of SUD and psychiatric disorders at 1-month postpartum. In the US and NZ, MA groups had lower SES, increased single parenting, delayed prenatal care, and increased polydrug use, and had lower income than the comparison group. MA users were 10 times more likely to have a SUD and twice as likely to meet BSI criteria for a diagnosable psychiatric disorder. In NZ, but not the US, MA users were five times more likely to have co-morbidity of both. This disparity may be due to higher quantities of prenatal alcohol use associated with increased psychiatric symptoms. These findings suggest that addressing both substance abuse and psychiatric disorders in mothers who use MA may be required to effectively treat maternal MA use.

RACE AND CULTURAL ISSUES

Bartholin, E. (2009). The racial disproportionality movement in child welfare: false facts and dangerous directions. *Harvard Law School Faculty Scholarship Series. Paper 26.*

This article analyzes the Racial Disproportionality Movement and related issues. The author argues that the racial equity for black children in the child welfare system should include the provision of protection against maltreatment equivalent to that of white children and that if black children are in fact more victimized by maltreatment, the movement's proposed reforms would simply place black children at risk for future maltreatment and victimization.

Boyd, R. (2014). African American disproportionality and disparity in child welfare: Toward a comprehensive conceptual framework. *Children and Youth Services Review, 37(1)*, pp. 15–27.

The disproportional representation and disparity experienced by African American children and families in the child welfare system have received increasing attention over the past three decades. A review of the literature for explanatory factors and conceptual frameworks reveals that, as with the general definitions of disproportionality and disparity, there is a need for increased precision and refinement of the current frameworks used to explain the occurrence of these phenomena in the child welfare system. In order to address these issues, an alternate conceptual framework is proposed, with explanatory factors organized into five major paths: 1) Disproportionate Need; 2) Human Decision-Making; 3) Agency-System Factors; 4) Placement Dynamics; and 5) Policy Impact. This comprehensive framework aims to enhance the theoretical basis relevant to future research, critical thinking, and analyzing responses to the issues of disproportionality and disparity in child welfare.

Cummings, J.R., Wen, H., KO, M., & Dross, B.G. (2014). Race/Ethnicity and geographic access to medicaid substance use disorder treatment facilities in the united states. *JAMA Psychiatry, 71(2)*, pp. 190-196. DOI: 10.1001/jamapsychiatry.2013.3575

This study looks at the availability of outpatient SUD treatment facilities that accept Medicaid across US counties and whether counties with a higher percentage of racial/ethnic minorities are more likely to have gaps in this infrastructure. Results show that counties with a higher percentage of black, rural, and/or uninsured residents are less likely to have one of these facilities. The potential for increasing access to SUD treatment via Medicaid expansion may be tempered by the local availability of facilities to provide care, particularly for counties with a high percentage of black and/or uninsured residents and for rural counties. Although states that opt in to the expansion will secure additional federal funds for the SUD treatment system, additional policies may need to be implemented to ensure that adequate geographic access exists across local communities to serve new enrollees.

De La Rosa, M., Dillon, F. R., Ganapati, N. E., Rojas, P., Pinto, E., & Prado, G. (2010). Mother-daughter attachment and drug abuse among Latinas in the United States. *Journal of Drug Issues, 40(2)*, pp. 379-404.

This study examined associations between mother-daughter attachment and substance abuse among 158 Latina mothers and their adult daughters (N = 316). Dyads of mothers and daughters were categorized into four groups: (a) mother/daughter both drug or alcohol abusers (Dyad 1), (b) mother abuser and daughter non-abuser (Dyad 2), (c) mother non-abuser and daughter abuser (Dyad 3), and (d) mother/daughter both non-abusers (Dyad 4). Dyad 1 participants reported lower levels of attachment to each other than all other types of dyads. Participants born in the U.S. reported more substance abuse than their non-U.S. born counterparts. Future longitudinal research is recommended to determine the presence of a mother-daughter attachment threshold that, if established early and maintained, may act as a protective mechanism against the intergenerational co-occurrence of substance abuse among adult Latinas.

Marciano, M. O., Hook, J. L., Reich, J. L., & Lee, J. S. (2012). Multiple jeopardy: poor, economically, disconnected and child welfare involved. *Child Maltreatment, 17*(3), pp. 195-206. DOI: 10.1177/1077559512456737

This study took advantage of a statewide survey of child welfare–involved parents to examine economic disconnection in this population and to explore the relationship between disconnection and parent engagement in child welfare. Disconnected caregivers were younger and more frequently had children in out-of-home placements as opposed to receiving services in home than economically connected caregivers. They also reported higher unmet needs for basic services, such as housing and medical care, but were more likely to report financial help from their informal network. Finally, disconnected caregivers reported lower engagement in child welfare services even when controlling for demographic characteristics, chronic psychosocial risk factors, placement status, and maltreatment type. The findings document economic disconnection among child welfare–involved parents and raise important questions about the implications of disconnection for families and for child welfare outcomes.

Molina, M. K., Alegría, M. & Chen, C. (2012). Neighborhood context and substance use disorders: A comparative analysis of racial and ethnic groups in the United States. *Drug and Alcohol Dependence, 125S*, pp. S35– S43.

This study looks at nationally representative data (N = 13,837) to examine: (1) what neighborhood characteristics are associated with risk of substance use disorders?; (2) do the associations between neighborhood characteristics and substance use disorders remain after adjusting for individual-level factors?; and (3) do neighborhood characteristics associated with substance use disorders differ by race/ethnicity after adjusting for individual-level factors? According to the results, living in more affluent and residentially unstable census tracts was associated with decreased risk of past-year substance use disorder, even after adjusting for individual-level factors. However, when investigated, the interaction of race/ethnicity and census latent factors with past-year substance use disorders, we found different associations for the different racial/ethnic groups. The authors also found different associations between neighborhood affluence, residential instability and any past-year substance use and alcohol disorders by nativity. Characteristics of the environment might represent differential risk for substance disorders depending on a person's ethnicity/race and nativity status.

Small, E., & Kohl, L. P. (2012). African American caregivers and substance abuse in child welfare: identification of multiple risk profiles. *Journal of Family Violence, 27*(5), pp. 415–426. DOI: 10.1007/s10896-012-9442-4

The authors analyze a subsample of National Survey of Child and Adolescent Well-being (NSCAW) to examine patterns and risks and identify classes of caregivers with similar risk profiles among African American caregivers with a substance abuse problem. Latent Class Analysis (LCA) was used to classify caregivers, and five classes were identified among this high risk sample—each with distinct risk profiles. Based on these findings, we discuss implications for tailored practices to enhance the safety and stability of children involved with child welfare.

Yu, J., Warner, L. A., Haverly, K., & Lambert-Wacey, D. (2014). Service utilization of Asians and other racial-ethnic groups: Comparisons in a state substance abuse treatment system. *Substance Use & Misuse, 49*(3), pp. 205-210. DOI: 10.3109/10826084.2013.840001

Based on an administrative data base of 410,000 substance abuse treatment clients in New York State, Asians are a small minority who differ significantly from other racial–ethnic groups on income, primary language, treatment setting, and substance of abuse, referral source, and discharge status. In particular, relative to other race-ethnicity groups such as whites, blacks, and Hispanics, significantly greater percentages of Asians are referred from drinking–driving programs and completed treatment. However, most of the significant differences between Asians and other groups are found among clients with a first admission, and tended to attenuate among clients with a second or third admission.

SYSTEMS AND POLICY ISSUES

Albert, V., Klein, D., Noble, M., Zahand, E., & Holtby, S. (2000). Identifying substance abusing delivering women: Consequences for child maltreatment reports. *Child Abuse & Neglect*, 24(2), pp. 173-183.

The major objective of this study was to determine how and the extent to which SB2669, which requires the identification of substance abusing delivering women, affected the number of children reported for abuse or neglect in seven high prevalence California counties. The results suggest that the effects of SB2669 on the number of child maltreatment reports are mixed. On an aggregate level, SB2669 is associated with a decrease in child maltreatment reports in two of the participating counties. This decrease may be due to conscientious implementation of the legislation in these counties. This mixed finding is expected mainly because SB2669, although mandated, was never enforced. Moreover, from the process component of the study we learned that the implementation practices of this legislation vary substantially between and even within counties' hospitals. A decrease in maltreatment reports in the presence of SB2669 is not necessarily the most desirable outcome in the light of what we know about the relationship between substance abuse and child maltreatment. Law makers need to rethink the purpose of the law and provide the necessary language, tools and training to ensure that the goals of identifying substance abusing mothers and their families are met. Provisions also need to be made that somehow enforce this legislation. These provisions could lessen county-level and hospital-level variability in implementing the law.

Allen, D. A., Hyde, J. & Leslie, K. L. (2012). "I don't know what they know": Knowledge transfer in mandated referral from child welfare to early intervention. *Children and Youth Services Review*, 34(5), pp. 1050-1059.

In this article, authors argue that knowledge transfer within and between child welfare and Early Intervention (EI) services is a primary systems barrier to, and potential facilitator of, EI referral and service use for maltreated young children. Findings highlight the importance of facilitating knowledge transfer within and between human service organizations, a process that requires an understanding of the various attributes of each participating system. This paper contributes to current knowledge by considering both intra- and inter-system barriers to knowledge transfer, extending examinations of mandated referral to consider downstream service provision, and informing future actions taken to address the developmental needs of young children in child welfare.

Arria, A. M., Derauf, C., LaGasse, L. L., Grant, P., Shah, R., Smith, L., Haning, W...Lester, B. (2006, January). Methamphetamine and other substance use during pregnancy: Preliminary estimates from the Infant Development, Environment, and Lifestyle (IDEAL) Study. *Maternal and Child Health Journal*, 10(3), pp. 1-10.

The purpose of this study was to estimate the prevalence and correlates of alcohol, tobacco, and other substance use-including methamphetamine-during pregnancy. The sample consisted of the first 1632 eligible mothers who consented to participate in a large-scale multisite study focused on prenatal methamphetamine exposure. Results indicated that 5.2% of women used methamphetamine at some point during their pregnancy. One quarter of the sample smoked tobacco, 22.8% drank alcohol, 6.0% used marijuana, and 1.3% used barbiturates prenatally. Less than 1% of the sample used heroin, benzodiazepines, and hallucinogens. Tobacco smokers and illicit drug users were more likely to be single and less educated, have attended less than 11 prenatal visits, and utilize public financial assistance. The authors concluded that this is the first large-scale investigation to report the prevalence of methamphetamine use during pregnancy in areas of the United States where methamphetamine is a notable concern and that follow-up research is ongoing to investigate the outcomes associated with prenatal methamphetamine exposure. The authors also concluded that given that this research extends and confirms previous findings showing that high-risk groups of pregnant women can be identified on the basis of basic demographic characteristics, targeted interventions are greatly needed to reduce serious adverse outcomes associated with prenatal alcohol and tobacco use.

Bellini, C. & Gleason, M. M. (2012). Building a treatment safety net for children in child welfare programs. *Journal of the American Academy of Child & Adolescent Psychiatry, 51(9)*, pp. 855-857.

This article aims to address the knowledge and critical gaps in knowledge about child psychiatry treatment approaches for children in child welfare. The authors propose approaches to decrease the gaps in knowledge and increase the ability to promote quality care as that knowledge base is developed. The use of psychiatric medications in the CW population has come under increasing scrutiny by policy makers, the U.S. Congress, and the media. In 2011, the Government Accountability Office (GAO) released a five-state study of psychotropic medication use for children in foster care. The prescribing rates ranged from 20% to 40%, reflecting rates 2.7 to 4.5 times that seen in non-foster care Medicaid populations in every age group, with higher rates of concomitant medications and few written guidelines for the use of these medications.

Boles, S. M., Young, N. K., Dennis, K., & DeCerchio, K. (2012). The Regional Partnership Grant (RPG) program: enhancing collaboration, promising results. *Journal of Public Child Welfare, 6(4)*, pp. 482-496, DOI: 10.1080/15548732.2012.705239

This article reviews the accomplishments of the 53 Regional Partnerships Grants (RPGs), representing the broadest federal program ever launched to increase the well-being, permanency, and safety outcomes of children who were in or at risk of being placed in out-of-home placement as a result of a parent's or caregiver's methamphetamine or other substance abuse. While not designed as a cross-site evaluation, the collaborative achievements from data collected on a cohort of 7,100 RPG participant families, including 12,227 children and 8,321 adults, suggest improved linkages, strengthened collaboration, and improved outcomes among child welfare agencies, treatment agencies, family courts, and other service providers.

Brecht, M. L., Anglin, M. D., & Dylan, M. (2005). Coerced treatment for methamphetamine abuse: Differential patient characteristics and outcomes. *American Journal of Drug and Alcohol Abuse, 31(2)*, pp. 337-356.

This article assesses the relationship of perceived legal pressure for treatment entry to treatment outcomes for a sample of 350 MA-using clients from a large county publicly-funded substance abuse treatment system. Approximately half the clients reported legal pressure to enter the index treatment episode. Those reporting pressure were younger, less likely to have received residential treatment, and had longer treatment episodes than those not reporting pressure. Outcomes did not differ significantly in simple comparisons between the pressured and non-pressured groups; however, when client and treatment characteristics were controlled, the short term outcome of relapse within 6 months was worse for those reporting legal pressure. Outcomes did not differ by source of pressure. Such results offer optimism for individuals and socially-beneficial outcomes of the growing policy emphasis for substance abuse treatment of MA and other drug users through drug court and other CJS jurisdictions.

Brown, V. B., Harris, M., & Fallot, R. (2014). Moving toward trauma-informed practice in addiction treatment: A Collaborative Model of Agency Assessment. *Journal of Psychoactive Drugs, 45(5)*, pp. 386-393. DOI: 10.1080/02791072.2013.844381

This article describes an agency self-assessment process that combines a trauma-informed assessment, a NIATx process of "walking-through" and use of the Institute of Healthcare Improvement's Plan-Do-Study-Act (PDSA) cycles, and a user-friendly format. The trauma-informed assessment is designed to address issues of safety of clients and staff members, reduction of re-traumatization, consistency in practice, and client empowerment. The article describes how the assessment process can be—and has been—used to develop an Action Plan, including trainings and the identification of "trauma champions"; i.e., staff who will continue to spread trauma-informed changes and new evidence-based practices throughout the agency.

Child Welfare Services Stakeholders Group. (2003, September). *CWS Redesign: The future of California's child welfare services*. Sacramento, CA: California Department of Social Services. Available online at: <http://www.cwsredesign.ca.gov/res/pdf/CWSReport.pdf>

The Child Welfare Services (CWS) Redesign is the long-term strategic plan that sets in motion a series of actions across the state of California to bring the new vision of child welfare services to

every county. The Redesign represents an unprecedented effort to proactively examine what works and what needs improvement about California's child welfare system. The CWS Redesign objectives include: partnering to prevent child abuse and neglect; acting early to preserve and strengthen families; broadening efforts to restore family capacity; strengthening alternatives to rebuild permanent families for children; systematically preparing youth for success in adulthood; affecting change through workforce excellence; strengthening interagency partnerships at the State and Local levels; expanding and restructuring child welfare financing; and achieving better outcomes through accountability. The Redesign also recognizes that substance abuse has profound effects on child abuse and neglect. In relation to AOD issues, the Redesign proposes strengthening community partnerships, having a differential intake system, workforce investments including cross-training, accountability, and funding reforms. This document includes important information on the implementation of the Redesign, particularly in relation to developing evidence-based AOD practices, and progress on its implementation to date.

Chor, B. K., McClelland, M. G., Weiner, A. D., Jordan, N. & Lyons, S. J. (2012). Predicting outcomes of children in residential treatment: A comparison of a decision support algorithm and multidisciplinary team decision model. *Children and Youth Services Review, 34*(12), pp. 2345-2352.

This study compares two models of decision-making, a multidisciplinary team approach and an objective decision support algorithm, and assesses outcomes when the two models either concur or not. Concordant decisions predicted greater clinical improvement than discordant decisions, but no differences were found in length of stay in placement. Policy implications for the decision-making process in child welfare are discussed.

Christian, S. (2004, September). *Substance-exposed newborns: New Federal law raises some old issues*. Washington, DC: National Council of State Legislatures. Available in PDF at: <http://www.ncsl.org/print/cyf/newborns.pdf>.

This paper describes the new federal law, provides an overview of existing state reporting laws, discusses the role of child protective services, and highlights the importance of prevention. State legislators who are called upon to enact legislation to comply with the new CAPTA notification requirement will have an opportunity to re-examine their states' response to drug and alcohol use by pregnant women, including efforts to identify and treat such women as soon as possible after conception and to provide appropriate services to children who are born exposed to substances in utero. An appendix contains the text of state laws that require reporting of substance-exposed newborns.

Coll, K. M., Stewart, R. A., Morse, R., & Moe, A. (2010). The value of coordinated services with court-referred clients and their families: An outcome study. *Child Welfare, 89*(1), pp. 61-79.

This study assessed the effectiveness of building partnerships with community resources and systems for court-referred clients and their families through a participant outcome evaluation. Specific variables studied included change in substance abuse patterns, family well-being, child safety, and recidivism. Results from pre-post testing revealed that a model with a single case coordinator who collaborated across service providers was particularly effective with court-referred clients and their families for increasing family intimacy and child well-being and for decreasing family danger and conflict. Discussion and recommendations are included.

DiLorenzo, P., White, C. R., Morales, A., Paul, A., & Shaw, S. (2013). Innovative cross-system and community approaches for the prevention of child maltreatment. *Child Welfare, 92*(2), pp. 161-178.

This conceptual paper describes the principles of community based family approaches for the prevention of child maltreatment and briefly describes four initiatives that are providing comprehensive, community-based prevention focusing on safety and well-being. The authors make the argument that community-based approaches can be successful but takes commitment, resources and effort to build and sustain these child maltreatment prevention strategies.

Dothan, D., Schmidt, L., & Henderson, S. (2005). From enabling to bootstrapping: welfare workers' views of substance abuse and welfare reform. *Contemporary Drug Problems*, 32(3), pp. 429-442.

In the United States, a trope of "deservingness" shapes policy related to public aid and substance abuse. In recent decades, poor people with substance use problems have increasingly been seen as "undeserving." Federal welfare reform, passed in the mid-1990s, is an important exemplar of this trend. Welfare reform empowered line workers to directly and indirectly withhold aid from people with substance use problems. This paper uses in-depth interviews with workers to explore their views of these new policies. Results indicated that workers generally applauded welfare reform's renewed attention to deservingness, including program emphases on client self-sufficiency and personal accountability and policies that time-limited cash aid and mandated working. They felt that these changes allowed them to stop "enabling" substance abuse and to encourage clients with alcohol and drug problems to bootstrap their way into jobs. Workers' embrace of these policy changes appears likely to shape how substance abuse problems are addressed within the welfare system.

Drabble, L. (2007). Pathways to collaboration: Exploring values and collaborative practice between child welfare and substance abuse treatment fields. *Child Maltreatment*, 12(1), pp. 31-42.

Although recent research has highlighted the importance of "bridging the gap" between child welfare and substance abuse treatment delivery systems, few studies examine specific factors that may facilitate such collaboration. This study examined similarities and differences in values and perceived capacity for collaboration between substance abuse and child welfare fields based on survey data from more than 350 respondents in 12 California counties. Results indicated that although respondents across disciplines held similar values in some areas, such as priorities for services, significant differences between respondents from child welfare and substance abuse fields were found in other areas, including values and beliefs about drug use and drug-using parents, funding; and planning and measurement of outcomes. Respondents from counties with a strong history of collaboration were more likely to report institutionalized collaborative practices in several areas, from use of multidisciplinary teams for case planning to use of multiyear budgeting to plan for integrated services. The author concludes that areas of commonality between child welfare and alcohol and drug treatment fields may provide a rich opportunity for building on a sense of shared purpose and identifying problems to be overcome in the process of collaboration.

Drake, B., Jonson-Reid, M., & Sapokaite, L. (2006). Re-reporting of child maltreatment: Does participation in other public sector services moderate the likelihood of a second maltreatment report? *Child Abuse & Neglect*, 30(11), pp. 1201-1226.

This study uses administrative data to track the first re-reports of maltreatment in a low-income, urban child welfare population (n = 4957) while controlling for other public service involvement. Service system involvement is explored across the following sectors: Child Welfare, Income Maintenance, Special Education, Juvenile Court, and various forms of Medicaid-reimbursed medical or mental health care. This study builds knowledge by adding the services dimension to an ecological framework for analyses and by following recurrence for a longer period of time than prior investigations (7.5 years). Key results included a lower rate of re-reporting among children with parents who were high school graduates and/or permanently exited from the first spell on AFDC; and for children in families that received less intensive in-home services compared to those not receiving services, receiving intensive in-home, or foster care services. Findings show higher rates of re-reporting for children with Medicaid mental health/substance abuse treatment records. The authors conclude that caretaker characteristics and non-child welfare service use patterns had a strong association with the likelihood of a child being re-reported to the child welfare agency, these cases should be more heavily attended to by child welfare workers. High rates of service sector overlap suggest that interagency ties and cooperation should be strengthened. The lower risk associated with less intensive in-home services compared to unserved cases may indicate under-identification of in-home service eligibility following a first report of maltreatment.

Duarte, C. S., & Summers, A. (2013). A three-pronged approach to addressing racial disproportionality and disparities in child welfare: The Santa Clara County example of leadership, collaboration and data-driven decisions. *Child Adolescent Social Work Journal*, 30(1), pp. 1-19. DOI: 10.1007/s10560-012-0279-8

This article outlines strategies and tools used to begin reducing disproportionality within the child welfare and juvenile dependency court system, using San Jose's experience as an example. Some of the key approaches to addressing disproportionality include ensuring a systems approach (creating a Cross Agency Systems Team that prioritizes services for parents and children in various systems, e.g., mental health, substance abuse, etc.); addressing disproportionality from multiple perspectives and examining the roles of caseworkers, supervisors, service providers, judges, and attorneys; gaining community and system stakeholder buy-in by maintaining momentum and providing opportunities for dialogue about the complex issues facing families of color; using a data-driven approach to inform ongoing initiatives and changes in policy and practice (e.g., closely examining policies and practices such as the frequency of recommendations to by-pass reunification services); and implementing changes in practice at multiple levels including child welfare and on the bench. The examination of San Jose's approach reveals challenges, successes, and lessons learned.

Edwards, L. J. (2012). Representation of Parents and Children in Abuse and Neglect Cases: The Importance of Early Appointment. *Juvenile and Family Court Journal*, 63(2), pp. 21-37.

This article discusses the importance of appointing legal representatives for parents and children in child protection cases, prior to the commencement of any court hearings. The authors briefly discuss representation in child abuse and neglect cases, then addresses the nature of initial or shelter care hearing, and discusses the importance of legal representation at the initial hearing. The authors recommend that presiding judges appoint attorneys and GALs simultaneously with the filing of an abuse and neglect petition and before any court hearings occur.

Fang, X., Brown, S. D., Florence, S. C. & Mercy, A. J. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect*, 36(2), pp. 156-165. DOI: 10.1016/j.chiabu.2011.10.006

This article presents estimates of the average lifetime costs per child maltreatment victim and aggregate lifetime costs for all new child maltreatment cases incurred in 2008 using an incidence-based approach. The estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in dollars, including \$32,648 in childhood health care costs; \$10,530 in adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs. The estimated average lifetime cost per death is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion with sensitivity analysis showing the total burden is estimated to be as large as \$585 billion. Compared with other health problems, the burden of child maltreatment is substantial, indicating the importance of prevention efforts to address the high prevalence of child maltreatment.

Frey, L., LeBeau, M., Kindler, D., Behan, C., Morales, M. I., & Freundlich, M. (2012). The pivotal role of child welfare supervisors in implementing an agency's practice model. *Children and Youth Services Review*, 34(7), pp. 1273-1282. DOI: 10.1016/j.childyouth.2012.02.019

In this article, the authors synthesize the literature around child welfare supervision and practice model implementation and explore the fundamental role of the supervisor in child welfare generally and practice model implementation in particular. The authors draw on the permanency practice model developed by Casey Family Services, a private foster care agency in New England and Baltimore, and the supervisory model that that agency developed to implement its permanency practice model. Authors make the case that the supervision model and the practice model should parallel each other with the values and principles that inform the practice model applying to supervision, and argue that practice model implementation is facilitated when the agency supervision model is aligned with its practice model.

General Accounting Office. (2003). *Foster care: States focusing on finding permanent homes for children, but long-standing barriers remain*. Testimony of Cornelia M. Ashby, Director of Education, Workforce, and Income Security Issues presented before the Subcommittee on Human Resources Committee on Ways and Means. Washington, DC: Author. Available online at: <http://www.gao.gov/new.items/d03626t.pdf#search='Foster%20care:%20States%20focusing%20%20and%20GAO>

In response to concerns that some children were languishing in temporary foster care, Congress enacted the Adoption and Safe Families Act of 1997 (ASFA) to help states move children in foster care more quickly to safe and permanent homes. Representative Wally Herger, Chairman of the House Ways and Means Subcommittee on Human Resources asked the Government Accounting Office to review (1) changes in outcomes for children in foster care since ASFA was enacted, (2) states' implementation of ASFA's fast track and "15 of 22" provisions, (3) states' use of two new adoption related funds provided by ASFA, and (4) states' initiatives to address barriers to achieving permanency. In her testimony, Director Ashby provided background information on foster care and AFSA. She also reported that limited data are available to measure changes in the outcomes and characteristics of children since AFSA, other than their being an increase in adoptions. Director Ashby also discussed that some states have reported court-related issues that hinder the use of the fast track provision for more children and that some states do not file termination of parental rights on many children. New AFSA adoption-related funds were most commonly used to recruit adoptive families and provide post adoption services. States are also developing practices in response to long-standing barriers (i.e., a lack of adoptive families, placing children across jurisdictions, poor access to services) that continue to hamper efforts to promote permanency for foster children.

Gilbert, N. (2012). *A comparative study of child welfare systems: abstract orientations and concrete results*. *Children and Youth Services Review, 34(3)*, pp. 532-536. DOI: 10.1016/j.chidyouth.2011.10.014

A comparative analysis of child welfare systems in 10 countries identifies three broad functional orientations – child protection, family service and child development – around the problem definition, mode of intervention and role of the state: The changes in policies and practices since the mid-1990s suggest the possibility of functional convergence among these systems with moderate versions of the child protection and family service orientations incorporated within the more comprehensive approach of child development. An analysis of administrative data on one important outcome reveals that over the last decade nine of the 10 countries experienced an increasing rate of out-of-home placements. A critical examination of the data illustrates the necessity of determining how the rates are calculated, what is included in these counts and what the numbers signify to fully comprehend the implications of this trend.

Green, B. L., Rockhill, A., & Burrus, S. (2002, November). *What helps and what doesn't: Providers talk about meeting the needs of families with substance abuse problems under AFSA: Summary of findings*. Portland, OR: NPC Research, Inc.

This report presents results from a research study designed to understand how child welfare; substance abuse treatment; and the legal system including judges, referees, lawyers, and others are (or are not) working together to meet the needs of substance-abusing families involved with child welfare. Features of the systems themselves that were seen as particularly helpful included Family Decision Meetings; cross-system trainings; outreach workers and other means of providing wraparound services; having appropriate substance abuse treatment available to clients; appropriate judicial and child welfare authority to mandate services; and frequent judicial monitoring. Several other issues also emerged as areas of effective practice that were remarkably consistent across the three systems: having positive, supportive relationships with families; advocacy for parents; communicating clearly and frequently with parents; collaboration across the three systems; and knowledge and experience with substance abuse issues and with AFSA. When these elements are in place, parents are better able to make timely progress.

Guerrero, G. E. (2012). Workforce diversity in outpatient substance abuse treatment: The role of leaders' characteristics. *Journal of Substance Abuse Treatment, 44(2)*, pp. 208–215.

Although the outpatient substance abuse treatment field has seen an increase in referrals of African American and Latino clients, there have been limited changes in the diversity of the workforce. This discordance may exacerbate treatment disparities experienced by these clients. Program leaders have significant influence to leverage resources to develop staff diversity. Analysis of panel data from 1995 to 2005 showed that the most significant predictors of diversity were the characteristics of leaders. A high percentage of African American staff was positively associated with managers' tenure, but inversely related to licensed directors. Diversification of the field has increased, yet efforts have not matched increases in client diversity. Implications for health care reform legislation seeking to improve cultural competence through diversification of the workforce are discussed.

Heflinger, C. A., & Hoffman, C. (2008). Transition age youth in publicly funded systems: Identifying high-risk youth for policy planning and improved service delivery. *Journal of Behavioral Health Services & Research, 35(4)*, pp. 390-401.

Youth with Serious Emotional Disturbances (SED) face many challenges as they approach the transition to adulthood and adult services. This study examines publicly funded transition-age youth in order to describe the numbers and type of youth in need of policy and service planning in one state. Using Medicaid enrollment and claims/encounter data, youth with high risk of transition difficulties were identified in the following groups: SED, state custody/foster care or risk of custody, users of intensive or frequent mental health services, or having diagnoses of major mental disorders, conduct disorders, or developmental disabilities. Almost one quarter of all enrolled 14 to 17-year olds met criteria for at least one of the high risk groups, and three-quarters of these were youth with SED. High risk youth are described, with greater detail on those with SED, and implications for policy, services, and research are discussed.

Howell, J. C., Kelly, M. R., Palmer, J., & Magnum, R. L. (2004). Integrating child welfare, juvenile justice, and other agencies in a continuum of services. *Child Welfare, 83(2)*, pp. 143-156.

This article presents a comprehensive strategy framework for integrating mental health, child welfare, education, substance abuse, and juvenile justice system services. The comprehensive framework consists of a continuum of six levels of prevention programs, interventions, and sanctions, moving from least to most restrictive, followed by aftercare. The authors propose an infrastructure of information exchange, cross-agency client referrals, a networking protocol, interagency councils, and service integration models. The authors also provide information on financing integrated service delivery. Information contained in this article can assist community planning teams with developing an infrastructure and formulating a long-term strategic plan to improve integration of all youth-serving systems.

Jones, L. (2005). The prevalence and characteristics of substance abusers in a child protective service sample. *Journal of Social Work Practice in Addictions, 4(2)*, pp. 33-50.

The purpose of this research was to identify characteristics of substance abusers in a child protective services caseload. The random sample of 443 children was drawn from an urban county from all children with a substantiated abuse case; data was drawn from these files. Sixty-eight percent of the children had mothers who abused alcohol or drugs, and 37 percent of them had mothers who abused both. Substance abuse, service contacts, public assistance, homelessness, and household conditions in the service plan were all associated with child removal from the home. These findings suggest that the risks associated with substance abuse are not necessarily ameliorated with social work intervention.

Jones, D., Macias, R. L., Gold, P. B., Barreira, P., & Fisher, W. (2008). When parents with severe mental illness lose contact with their children: Are psychiatric symptoms or substance use to blame? *Journal of Loss & Trauma, 13(4)*, pp. 261-287.

This study compared parental psychiatric symptom severity, and the absence or presence of severe substance abuse, as predictors of contact with minor children for a representative sample of adults with diagnoses of serious mental illness (N = 45). Child contact and psychiatric symptom

severity were measured during regularly scheduled 6-month research interviews over a total 30-month period following each participant's entry into the project. Severe substance abuse was documented as present or absent for the 6-month interval preceding each interview. Results revealed that incidence of severe substance abuse was repeatedly associated with less frequent parent-child contact, even after controlling for psychiatric symptoms, diagnosis, gender, age, ethnicity, and socioeconomic status. Neither psychiatric diagnosis nor symptom severity predicted frequency of child contact when substance abuse was taken into account. Mental health agencies offering parenting classes for adults with serious mental illness should incorporate substance use interventions to reduce loss of child custody and strengthen parent-child relationships.

Knight, K. D., Becan, E. J. & Flynn, M. P. (2012). Organizational consequences of staff turnover in outpatient substance abuse treatment programs. *Journal of Substance Abuse Treatment, 42(2)*, pp. 143–150. DOI: 10.1016/j.jsat.2011.10.009

The purpose of this study was to examine the impact of staff turnover on perceptions of organizational demands and support among staff who remained employed in substance abuse treatment programs. Results from a series of multilevel models documented that counselors working in programs that had previously experienced high staff turnover perceived higher demands and lower support within their organization, even after controlling for other potentially burdensome factors such as budget, census, and individual measures of workload. Two individual-level variables, caseload and tenure, were important determinants of work environment demands but were not related to supportive work relationships. Findings suggest that staff turnover increases workplace demands, decreases perceptions of support, and underscores the need to reduce stress and minimize subsequent turnover among clinical staff.

Lee, E., Esaki, N., & Greene, R. (2009). Collocation: Integrating child welfare and substance abuse services. *Journal of Social Work Practice in the Addictions, 9(1)*, pp. 55-70.

This article presents findings from a process evaluation of a pilot program to address parental substance abuse in the child welfare system. By placing substance abuse counselors in a local child welfare office, the collocation program was designed to facilitate early identification, timely referral to treatment, and improved treatment engagement of substance-abusing parents. Frontline child welfare workers in 6 of the 7 pilot sites endorsed the program as they found that the collocated substance abuse counselors provided additional resources and facilitated case processing. Findings suggest that clearly defined procedures and sufficient staffing of qualified substance abuse counselors could lead to better programs.

Legal Action Center. (2003). *Safe and sound: Models for collaboration between the child welfare and addiction treatment systems*. Washington, DC: Author.

This report examines policy and practice issues affecting the child welfare and treatment systems. A background on the problem of addiction in the child welfare system is provided, including resources and effectiveness of the treatment system. This report also includes a discussion of the Adoption and Safe Families Act (ASFA), in particular making "reasonable efforts", permanency hearings, and termination of parental rights. Implications for families at risk for involvement or involved in the child welfare system because of parental addiction is included. The report presents case studies of how two localities (Cook County, Illinois, and Cuyahoga County, Ohio) are addressing addiction in their child welfare systems, and also presents a model for addressing the needs of addicted parents involved in the child welfare system based on case study findings.

Lester, B.M., Andreozzi, L., & Appiah, L. (2004). Substance use during pregnancy: Time for policy to catch up with research. *Harm Reduction Journal, 1(1)*, pp. 5-50.

The purpose of this review is to summarize policy research findings in the area of maternal prenatal substance abuse to: 1) inform and advance the field; 2) identify future research needs; 3) inform policy making; and 4) identify implications for policy. This review is a systematic analysis of existing data findings on maternal drug use during pregnancy for determining the best policy among the alternatives for dealing with drug using mothers and their children. This article address the issues of efficacy (which policies work), economics (cost), and politics. New policies are also examined for their fit with existing policies and laws, the social impact, ethical issues, and the

feasibility of implementation and administration. Several general policy recommendations are offered here addressing the critical issues. The authors hope that by focusing on these fundamental issues and ultimately detailing statistics, policymakers throughout the United States will consider the course of action that views both pregnant mother and fetus/child as humanely as possible.

Libby, A. M., Orton, H. D., Barth, R. P., Webb, M. B., Burns, B. J., Wood, P., & Spicer, P. (2006). Alcohol, drug, and mental health specialty treatment services and race/ethnicity: A national study of children and families involved with child welfare. *American Journal of Public Health, 96*(4), pp. 628-631.

The authors used data on a national sample of children involved with child welfare systems to compare American Indian caregivers with White, Black, and Hispanic caregivers in their need for, and receipt of, specialty alcohol, drug, and mental health treatment. The authors found that American Indian caregivers were significantly less likely to receive services than were Hispanic caregivers but not significantly less likely than were White or Black caregivers. Child placement, child age, and caregiver psychiatric comorbidity were significantly associated with service receipt. The authors suggest that racial and ethnic disparity exists in referral to, and receipt of, specialty services for alcohol, drug, and mental health problems.

Lundgren, L. M., Schilling, R. E., & Peloquin, S. D. (2005). Evidence-based drug treatment practice and the child welfare system: The example of methadone. *Social Work, 50*(1), pp. 53-63.

This article examined the extent to which methadone maintenance is discussed in the child welfare and social work literature and the extent to which child welfare policies mention and recommend this treatment method as a treatment alternative for drug-dependent parents. Findings were derived from a review of 15 social work journals published from 1996 through 2002, and from a review of child welfare policies in 27 states to determine the extent to which methadone maintenance is mentioned as a treatment for women with minor children. The social work literature illustrated the following themes: the need to better integrate child welfare and substance abuse treatment services; the need to provide gender-specific treatment; the need for social workers to be better educated about substance abuse issues; the common occurrence of relapse among drug-using populations; and different types of treatment available. Missing from these journals were discussions of the merits of methadone maintenance as a substance abuse treatment option for heroin-dependent individuals, including parents. The review of state policies indicated that methadone maintenance is not specified or recommended as a treatment approach for child welfare workers to consider for opiate-using parents. The authors believe that methadone maintenance improves the welfare of children and reduces parental drug use and that failure to mention its potential utility appears to contradict current substance abuse treatment practices and policy recommendations by organizations such as the World Health Organization and the National Institutes of Health.

Marshall, J. M., Huang, H., & Ryan, J. P. (2011). Intergenerational families in child welfare: Assessing needs and estimating permanency. *Children and Youth Services Review, 33*(6), pp. 1024-1030. DOI: 10.1016/j.chilgyouth.2011.01.004

This study compares 1,196 caregivers and 2,143 children from first and second generation child welfare-involved families. Second generation families experience significantly more risk factors at the time of case opening. Second generation families are half as likely to be reunified as compared with first generation families. Much of the empirical literature on intergenerational child maltreatment focuses on the mechanisms that explain how maltreatment is transmitted across generations. Few studies have examined child protective service outcomes associated with intergenerational families. The current study addresses this gap in the literature. This study compares 1,196 caregivers, most of whom are single African American females, and 2,143 children from first and second generation child welfare-involved families. All families have a history of substance abuse. The authors sought to understand how first and second generation families differ with regard to social and economic status indicators, as well as whether intergenerational child welfare involvement is associated with permanency outcomes. Findings indicate that second generation families experience significantly more risk factors at the time of

case opening, and are two-thirds as likely to be reunified as compared with first generation families. The singular effects of generation status disappeared, however, once the interaction between mental health diagnosis and second generation status was entered into the model, suggesting that it is not just being intergenerationally involved in the child welfare system that reduces the chance of reunification, but rather second generation caregivers have more mental health problems that are associated with a lower likelihood of reunification.

Maschi, T., Hatcher, S. S., Schwalbe, C. S., & Rosato, N. S. (2008). Mapping the social service pathways of youth to and through the juvenile justice system: A comprehensive review. *Children & Youth Services Review, 30*(12), pp. 1376-1385.

The purpose of this review was to detail the human or social service needs and service use patterns (i.e., healthcare, education, social services, child welfare, mental health, and substance abuse) that influence youth's entry and prolonged involvement with the juvenile justice system. What emerged from the literature was a pattern of service needs and prior service usage that placed youth at risk of juvenile justice involvement. Extralegal factors, such as individual characteristics (e.g., race/ethnicity, gender, and mental health and trauma histories) and social/environmental characteristics (e.g., family conflict, unmet service needs, and prior social service use) influenced how youth traveled across the sectors of care. The authors present a social justice systems model that depicts the varied service pathways that youth may concurrently or sequentially travel across the social and justice systems of care. The paper concludes with a discussion of the implications for practice, policy, and research.

McAlpine, C., Marshall, C. C., & Doran, N. H. (2001). Combining child welfare and substance abuse services: A blended model of intervention. *Child Welfare, 80*(2), pp. 129-149.

Service integration is critical to working effectively with substance abusing parents and providing intensive time-limited reunification services to children and families. Based on this premise, the local child welfare services and adult addiction service agencies in Montgomery County, Maryland developed an initiative to address the requirements of the Adoption and Safe Families Act (ASFA) while meeting the needs of families and the community of providers. A blended model of intervention was determined to be the best strategy to achieve the dual mandates of child welfare and the treatment providers. Drawing from criminal justice, systems theory, social work, and addiction treatment, the approach made use of graduated sanctions or levels of intensity in providing services, engaging client participation, and engendering motivation. This article proposes strategies at client and organizational levels to understand the process of adaptation to ASFA and to guide planning for blending services.

McConnella, J. K., Ridgelyb, S. M. & McCartya, D. (2012). What Oregon's parity law can tell us about the federal Mental Health Parity and Addiction Equity Act and spending on substance abuse treatment services. *Drug and Alcohol Dependence, 124*(3), pp. 340– 346 DOI: 10.1016/j.drugalcdep.2012.02.006

This study aims to provide evidence on the effect of comprehensive parity on utilization and expenditures for substance abuse treatment services by looking at Oregon's parity law which is among the most comprehensive including coverage of benefits for the treatment of alcohol and other drug use disorders, as well as restricting management of the behavioral health benefit. Oregon's experience suggests that behavioral health insurance parity that places restrictions on how plans manage the benefit may lead to increases in expenditures for alcohol treatment services but is unlikely to lead to increases in spending for other drug abuse treatment services.

McCrea, J. S., Scannapieco, M., Leake, R., Potter, C. C., & Menefee, D. (2014). Who's on board? Child welfare worker reports of buy-in and readiness for organizational change. *Children and Youth Services Review, 37*(1), pp. 28–35.

This study views the extent to which staff buy-in for an organizational innovation in child welfare (CW) relates to implementation progress. The study occurs during implementation of a statewide practice model that was supported with technical assistance from the Mountains and Plains Child Welfare Implementation Center (MPCWIC) and framed around the National Implementation Research Network model. Results show that implementation progress was higher among smaller

agencies, and agencies with lower levels of job stress. Qualitative themes centered on staff inclusivity in project design, communication, and supervisor support. Findings highlight the need to adapt implementation strategies in urban and rural locales, and to attend strongly to staff selection, supervision, and inclusion during implementation. Addressing job stress may help bolster implementation.

McCrystal, P., Percy, A., & Higgins, K. (2008). Substance use among young people living in residential state care. *Child Care in Practice, 14(2)*, pp. 181-192.

This paper reports on substance use trends of young people living in residential state care during three annual data-sweeps when aged 14, 15 and 16 years. A repeated cross-sectional research design was utilized in the research. The findings suggest some similarities for lifetime prevalence rates for tobacco and alcohol use for those living in residential state care with a group of same-age young people not living in residential state care who participated in the research. However, solvent abuse and cannabis use was higher among those living in care. More frequent substance use was reported by the residential care sample for all substances at each stage of the study. These findings suggest that young people living in state care continue to merit higher levels of vigilance from researchers and policy-makers in order to fully understand this behavior and develop appropriate prevention initiatives to meet their needs regarding potential drug problems.

McFarland, B. H., Gabriel, R. M., Bigelow, D. A., & Walker, R. D. (2006). Organization and financing of alcohol and substance abuse programs for American Indians and Alaska Natives. *American Journal of Public Health, 96(8)*, pp. 1469-1477.

Although American Indians and Alaska Natives have high rates of substance abuse, few data about treatment services for this population are available. The authors used national data from 1997-2002 to describe recent trends in organizational and financial arrangements. Using data from the Indian Health Service (IHS), the Substance Abuse and Mental Health Services Administration, the National Institute on Alcohol Abuse and Alcoholism, the Henry J. Kaiser Family Foundation, and the Census Bureau, the authors estimated the number of American Indians served by substance abuse treatment programs that apparently are unaffiliated with either the IHS or tribal governments. The authors compared expected and observed IHS expenditures. Results indicated that half of the American Indians and Alaska Natives treated for substance abuse were served by programs (chiefly in urban areas) apparently unaffiliated with the IHS or tribal governments. IHS substance abuse expenditures were roughly what we expected. Medicaid participation by tribal programs was not universal. The authors concluded that many Native people with substance abuse problems are served by programs unaffiliated with the IHS. Medicaid may be key to expanding needed resources.

McNichol, T., & Tash, C. (2001). Parental substance abuse and the development of children in family foster care. *Child Welfare, 80(2)*, pp. 239-256.

The purpose of this study was to examine the impact of parental substance abuse on the development of 268 children in family foster care and to document their verbal and nonverbal skills and behavioral characteristics. In addition, this study analyzed changes in these skills and characteristics after a period of time in family foster care and examined where the children were subsequently placed. As a group, the children in family foster care presented with low average cognitive skills and made significant improvement in cognitive functioning during placement. The children with prenatal exposure to drugs scored significantly lower in cognitive skills at the beginning of placement but made significantly more progress than the other children during placement. Behavior ratings by the foster parents and teachers revealed that 29% of the children had scores in the significant range, and the children exposed prenatally to drugs had a higher incidence of behavior problems at school compared to family foster care peers. Policy implications focus on selection, training, and support of foster families, increased mental health services, early identification of needs, individualization of intervention programs to nurture hidden cognitive potential and address specific acting-out behavior problems, comprehensive planning that includes the child's functioning and behaviors at school, and additional funding of research on the causes and treatment of substance abuse and methods of improving outcomes for children in family foster care.

National Association of State Alcohol and Drug Abuse Directors, Inc. (2005, August). *Alcohol research on prenatal alcohol exposure, prevention, and implications for state AOD systems (State Issue Brief No. 2)*. Washington, DC: Author.

This is the second in a series of State Issue Briefs prepared by the National Association of State Alcohol and Drug Abuse Directors primarily for distribution to State Alcohol and Other Drug (AOD) Agencies through support from the National Institute on Alcohol Abuse and Alcoholism. This Brief is not intended to be a comprehensive review of the science around the topic but rather a compilation of selected findings in the area of prenatal alcohol exposure, prevention, and an exploration of the implications for administrators of AOD treatment systems. This Brief includes a the following areas: definitions and diagnoses, prevalence, effects of prenatal alcohol exposure, prevention approaches and their effectiveness, implications for State AOD prevention and treatment systems, and future research.

Noble, A., Klein, D., Zahnd, E., & Holtby, S. (2000). *Gender issues in California's perinatal substance abuse policy. Contemporary Drug Problems, 27(1)*, pp. 77-120.

This article examines gender issues that arose when California created and passed a law related to substance -exposed infants in 1990. The law intended to clarify whether prenatal alcohol and drug use was a reportable form of child abuse. The authors conducted 32 interviews with those who created the law and those who implemented part of the law, creating a model protocol. The authors also collected documents related to the overall project, such as the final report, the model protocol itself and comments on a draft protocol, and then minutes of meeting. Three gender issues arose in interviews with the law's framers and the protocol developers. First, the discourse about the law and the process of the law's creation was a divisive one. Members took sides as being either "pro-woman" or "pro-child" These positions were also respectively aligned with a further division: one was either "pro-treatment" or "pro-protection." Second, there were issues related to drug testing and the purposes of such testing. Drug test results were, and continue to be, turned over to child welfare agencies. Child welfare workers have the difficult task of balancing parents' and children's interests within the legal guidelines.

Patrick, S. W., Schumacher, R. E., Benneyworth, B. D., Krans, E. E., McAllister, J. M., & Davis, M. M. (2012). *Neonatal abstinence syndrome and associated health care expenditures: United States, 2000-2009. Journal of the American Medical Association, 307(18)*, pp. 1934

The objective of this study was to determine the national incidence of NAS and antepartum maternal opiate use and to characterize trends in national health care expenditures associated with NAS between 2000-2009. According to the findings of the study, between these years, there was a substantial increase in the incidence of NAS and maternal opiate use in the United States, as well as hospital charges related to NAS.

Proctor, E. (2012). *Implementation science and child maltreatment: methodological advances. Child Maltreatment, 17(1)*, pp. 107-112. DOI: 10.1177/1077559512437034

This issue's articles persuasively make the case for evidence-based practices in the child welfare system. The authors argue that the quality of care across the social services is substandard, and perilously so in publicly funded settings, such as those that serve child maltreatment and thus child welfare needs implementation science to meet the needs of the population it serves.

Putnam-Hornstein, E., Wood, J. N., Fluke, J., Yoshioka-Maxwell, A., & Berger, R. P. (2013). *Preventing Severe and Fatal Child Maltreatment: Making the Case for the Expanded Use and Integration of Data. Child Welfare, 92(2)*, pp. 59-75.

In this article, the authors examine risk factors for severe and fatal child maltreatment identified from studies based on official maltreatment data, emergency department and hospitalization records, death certificates, and CDRT findings. The authors argue that administrative data can be used to generate information toward better understanding and greater prevention of nonfatal and fatal child maltreatment through: 1) enhanced surveillance, 2) improved decision-making, and 3) cost-effective perspective research and evaluation. After review and reflection upon what is known, the authors consider how integrating this information can advance efforts to protect children, providing examples where the use and linkage of multiple sources of data may enhance

surveillance, improve front-end decision making, and support cost-effective research and evaluation.

Robertson, S. A. & Haight, W. (2012). Engaging child welfare-involved families impacted by substance misuse: Scottish policies and practices. *Children and Youth Services Review, 34*(10), pp. 1992-2001.

This study explores Scottish child welfare policies, beliefs and practices for engaging substance-involved families in child welfare services. Scottish approaches for engaging families are highly focused on child well-being and relationship characteristics, prevention, resilience and recovery. Many of the strategies being used in Scotland are designed to change a deeply embedded problem of substance misuse, and considerable effort and resources have been targeted for long-term change. These initiatives are important to examine because, if successful, they may be helpful for understanding relational characteristics in other cultural contexts particularly those using holistic and differential approaches in child welfare.

Rockhill, A., Green, B. L., & Furrer, C. (2007). Is the Adoption and Safe Families Act influencing child welfare outcomes for families with substance abuse issues? *Child Maltreatment, 12*(1), pp. 7-19.

The Adoption and Safe Families Act (ASFA) was designed to promote more timely permanent placements for children in the child welfare system. To date, however, available data have said little about whether ASFA is meeting its intended goals. This study looks at the impact of ASFA on parents struggling with substance abuse issues. The authors compared child welfare outcomes, pre- and post-ASFA, for children of more than 1, 900 substance-abusing women with some treatment involvement. After the implementation of ASFA, children in this study spent less time in foster care, were placed in permanent settings more quickly, and were more likely to be adopted than remain in long-term foster care. These outcomes were apparent even controlling for case and family characteristics. The authors conclude that the outcomes suggest that ASFA was able to accelerate (at least to a limited degree) the permanency process for children who might have otherwise remained in foster care, while at the same time, it did not unduly hinder the efforts of substance-abusing parents to have their children returned to them.

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois Alcohol and Other Drug Abuse Waiver Demonstration. *Social Work Research, 30*(2), pp. 95-107.

This study provides an initial examination of the effectiveness of one service integration model that emphasizes the provision of intensive case management to link substance abuse and child welfare services. The authors used an experimental design and focused particular attention on two outcomes: access to substance abuse services and family reunification. The findings indicate that the families assigned to the experimental group used substance abuse services at a significantly higher rate and were more likely to achieve family reunification than were families in the control group.

Sandler, I. N., Knox, P., & Braver, S. L. (2012). Collaboration of Prevention Science and the Family Court. *Administration and Policy in Mental Health, 39*(4), pp. 291–300. DOI: 10.1007/s10488-011-0367-7.

This paper describes 27 years of collaborative activities between a team of researchers at the Arizona State University Prevention Research Center (ASU PRC) and the Maricopa County Family Court Division of the Superior Court. The authors credit the expertise of the family court and prevention science for providing the foundation in which the missions of each can be advanced through collaborative activities. Four kinds of collaborative activities are described. Some of the lessons learned from the collaboration include mutual benefits of each activity, the benefit of complementary perspectives, the cumulative value of collaborations over time, the key role of the local key champion, and the societal benefit from the synergistic roles of university-based research and the family courts.

Sakai, C., Lin, H., & Flores, G. (2011). Health outcomes and family services in kinship care: Analysis of a national sample of children in the child welfare system. *Arch Pediatric Adolescent Med, 165(2)*, pp. 159-165. DOI: 10.1001/archpediatrics.2010.277

To comprehensively assess family services, health, and health care outcomes for US children in kinship care vs. foster care. A 3-year prospective cohort study. National Survey of Child and Adolescent Well-Being. The sample consisted of 1,308 US children entering out-of-home care following reported maltreatment. Kinship care vs. foster care. Baseline caregivers' support services and the children's behavioral, mental health, and health service use outcomes 3 years after placement. Kinship caregivers were more likely than foster caregivers to have a low socioeconomic status but reported significantly fewer support services (caregiver subsidies, parent training, peer support, and respite care). Kinship care was associated with a lower risk ratio (RR) of continuing behavioral problems (RR=0.59; 95% confidence interval [CI], 0.41-0.80), low social skills (RR=0.61; 95% CI, 0.40-0.87), mental health therapy use (RR=0.45; 95% CI, 0.27-0.73), and psychotropic medication use (RR=0.46; 95% CI, 0.24-0.82) but higher risk of substance use (RR=1.88; 95% CI, 0.92-3.20) and pregnancy (RR=4.78; 95% CI, 1.07-17.11). Kinship caregivers received fewer support services than foster caregivers. Children in kinship care fared better with behavioral and social skills problems, mental health therapy use, and psychotropic medication use. Adolescents in kinship care may be at higher risk for substance use and pregnancy.

Semidei, J., Radel, L. F., & Nolan, C. (2001). Substance abuse and child welfare: Clear linkages and promising responses. *Child Welfare, 80(2)*, pp. 109-128.

This article examines the prevalence of substance abuse among families involved with the child welfare system; the impact of substance abuse on child welfare practice; and how both the Adoption and Safe Families Act of 1997 and welfare reform legislation intensify the need to address parental substance abuse effectively. The article also includes promising strategies for addressing substance abuse among child welfare clients, such as Delaware's Title IV-E Waiver Demonstration and Family Drug Courts.

Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., & Zhang, J. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics, 116(4)*, pp. 891-900.

The purpose of this study was to determine the level of developmental and behavioral need in young children entering child welfare (CW), estimate early intervention services use, and examine variation in need and service use based on age and level of involvement with CW by using a national probability sample in the United States. As part of the National Survey of Child and Adolescent Well-Being, data were collected on 2813 children under 6 years of age for whom possible abuse or neglect was investigated by CW agencies. Results indicate that both toddlers (41.8%) and preschoolers (68.1%) in CW have high developmental and behavioral needs; however, few children are receiving services for these issues (22.7% overall). Children that remain with their biological parents have similar needs to those in out-of-home care but are less likely to use services. Children under 3 years of age are least likely to use services. Children referred to CW have high developmental and behavioral need regardless of the level of CW involvement. The authors conclude that mechanisms need to be developed to address disparities in access to intervention.

Tregeagle, S., & Mason, J. (2008). Service user experience of participation in child welfare case management. *Child & Family Social Work, 13(4)*, pp. 391-401.

This paper reports the findings of a qualitative study of Australian service users' experiences of participation when using the case management systems, Looking after Children and Supporting Children and Responding to Families. Findings indicate that the majority of service users reported positive experiences of participating in the use of these systems. However, participatory relations were often slow to develop and frequently involved conflict. Some service users used their power to control the flow and accuracy of information, or resisted workers in other ways. Some children and young people were excluded from the opportunity to participate because the systems did not have a 'text-based' format to 'ensure' that this process occurred. These findings indicate that case

management systems did not result in relationships which consistently informed the intervention in a way that the systems' authors had envisaged. Service users did not necessarily take up the openings offered to them and workers did not necessarily comply with the systems' obligations. The findings cause us to question the assumptions that power can be bestowed or withdrawn, in the way suggested by these case management systems.

Twomey, J. E., Soave, R., Gil, L., & Lester, B. M. (2005). Permanency planning and social service systems: A comparison of two families with prenatally substance exposed infants. *Infant Mental Health Journal, 26(3)*, pp. 250-267.

This article introduces an innovative program developed to work with families in which substance use during pregnancy leads to Child Protective Services involvement. The Vulnerable Infants Program of Rhode Island (VIP-RI) was established to facilitate permanency planning for substance-exposed infants by focusing on the interface of social service systems with one another and with the families affected by perinatal substance use. Permanent placement within the time frame mandated by federal legislation places increased pressures on parents and the social service systems designed to provide them with assistance. The Vulnerable Infants Program of Rhode Island promotes collaboration, coordination, and communication among social service systems engaged with families of substance-exposed infants. The Vulnerable Infants Program of Rhode Island works to increase the efficacy of social service systems in order to optimize the resources that are available to a family in their attempts at reunification with their infant. Case examples illustrate the complexities of the families of substance-exposed infants, the breadth of social service systems that become involved with these families, and the vastly different placement outcomes that substance-exposed infants may experience.

What babies get tested for drugs: A system that is 'ripe for bias' (2009). *Alcoholism & Drug Abuse Weekly, 21(2)*, pp. 3-3.

The article reports on the absence of infant drug test in the state laws in the U.S. Physician Joseph P. Ryan, the Cook County child welfare population representative, has revealed that most patients tested come from poor sector since no law has been implemented on testing issue. The National Advocates for Pregnant Women (NAPW) executive director, Lynn M. Paltrow, has perceived mothers losing child custody to be inefficient in addiction recovery of mothers for separation is one of the policies.

Young, N. K., S. M. Boles, et al. (2007). "Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities." *Child Maltreatment, 12(2)*, pp. 137-149.

There are relatively few empirically sound studies or nationally representative data on the number of children in Child Welfare Services (CWS) who are affected by their parents' substance abuse or dependence. The two systems that could systematically monitor this population, CWS and substance abuse treatment, are not required to capture the data elements that would identify families in both systems. The studies that are based on CWS populations or parents in treatment indicate that there is a substantial overlap in client populations. This review provides a summary of the available data; provides estimates of the overlap between populations, including the number of infants born each year with prenatal substance exposure; and suggests important opportunities to close the data gap between the systems. The findings underscore both the need for obtaining accurate data within the systems and the opportunities for states to improve their cross-system data efforts as part of their outcome monitoring.

Zimmer, M. H., & Panko, L. M. (2006). Developmental status and service use among children in the child welfare system: A national survey. *Archives of Pediatrics & Adolescent Medicine, 160(2)*, pp. 183-188.

This study estimated the prevalence of developmental delay and service use among children in the child welfare system and identified factors that influence developmental delay and use of these services. Subjects were children aged 0 to 10 years (n = 4324) and their caregivers, who were interviewed within 60 days of a report being made to the child welfare system. The sample was part of the National Survey of Child and Adolescent Well-Being. Children's development was measured directly using standardized assessment tools. Three questions from the caregiver

interviews estimated receipt of developmental services. Prevalence of developmental delay and service use by age group, type of maltreatment, type of placement, race, sex, and income were reported. The authors found that younger children aged 0 to 2 and 3 to 5 years had higher rates, 33% and 36%, respectively, of developmental delay than school-aged children (13%). Despite their high prevalence of developmental delay, children aged 0 to 2 years were less likely to receive developmental services than preschool-aged children or school-aged children. The authors conclude that rates of developmental delay are high and developmental services are underused, particularly by young children in the child welfare system. In addition, the authors suggest that strategies for overcoming barriers to using early intervention services should be implemented.

SUBSTANCE ABUSE AND CHILD WELFARE PRACTICE

ADOLESCENTS AND SUBSTANCE USE

Alarid, L. F., Montemayor, C. D., & Dannhaus, S. (2012). The Effect of Parental Support on Juvenile Drug Court Completion and Postprogram Recidivism. *Youth Violence and Juvenile Justice, 10*(4), pp. 354-369. DOI: 10.1177/1541204012438422

This study examined client behavior and parental support through various phases to determine factors that contribute toward successful program completion and post-program recidivism reduction. Family support was a significant predictor of both graduation and of post-supervision re-arrest. Time spent in the drug court program and client age were additional predictors of re-arrest, while less prior adjudications were an additional predictor of whether a youth would complete the drug court program. Some of the policy considerations to consider include how to better engage parents in juvenile court, sealing of court records 6-months post-program completion and how to handle youth who need to remain in the program longer.

Becker, S. J., Stein, G. L., Curry, J. F., & Hersh, J. (2012). Ethnic differences among substance-abusing adolescents in a treatment dissemination project. *Journal of Substance Abuse Treatment, 42*(3), pp. 328–336. DOI: 10.1016/j.jsat.2011.08.007

In this article, authors investigated baseline and post-treatment differences in a sample of White, African American, and Latino youth who received the same evidence-based outpatient treatment. The results of the study show that there were no ethnic differences in substance use outcomes among assessment completers when controlling for baseline differences. However, African Americans, older adolescents, and males were less likely to complete the post-treatment assessment.

Chen, P., & Jacobson, K. C. (2012). Developmental Trajectories of Substance Use from Early Adolescence to Young Adulthood: Gender and Racial/Ethnic Differences. *Journal of Adolescent Health, 50*(2), pp. 154–163. DOI: 10.1016/j.jadohealth.2011.05.013

This study examined gender and racial/ethnic (Hispanics, non-Hispanic Caucasians, non-Hispanic African Americans, and non-Hispanic Asians) differences in developmental trajectories of alcohol use, heavy drinking, smoking, and marijuana use from early adolescence to young adulthood using a nationally representative sample. Results showed that females showed higher levels of substance use in early adolescence, although males exhibited greater changes overtime and higher levels of use in mid-adolescence and early adulthood. Findings from the current study suggest that the critical periods for intervention and prevention of substance use may differ across gender and race/ethnicity, and that future research needs to identify common and unique mechanisms underlying developmental patterns of different forms of substance use.

DiCola, L. A., Gaydos, L. M., Druss, B. G., & Cummings, J. R. (2013). Health Insurance and Treatment of Adolescents with Co-Occurring Major Depression and Substance Use Disorders. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(9), pp. 953-960.

The goals of this study were to identify treatment rates among adolescents with co-occurring major depressive episode (MDE) and substance use disorder (SUD), and to examine the role of

health insurance in the treatment of these disorders. Results of this study show that less than one-half (48%) of adolescents received any form of MDE treatment in the past year, and only 10% received any form of SUD treatment. Only 16% of adolescents who received MDE treatment also received SUD treatment. Relative to no insurance, public insurance was associated with an increased likelihood of receiving MDE treatment alone, but not with an increased likelihood of receiving both MDE and SUD treatment. Involvement in the criminal justice system was the major factor affecting the likelihood that an adolescent would receive both MDE and SUD treatment, as opposed to either no treatment or treatment for MDE alone. The authors conclude that exceptionally low rates of SUD treatment were observed in this high-risk sample.

Joe, G. W., Knight, D. K., Becan, J. E., & Flynn, P. M. (2014). Recovery among adolescents: Models for post-treatment gains in drug abuse treatments. *Journal of Substance Abuse Treatment, 46*(3), pp. 362-373.

This article looks at how the treatment process, including motivation, treatment engagement, psychological distress, and retention along with legal pressures, mental health problems, and demographics impact long-term recovery among youth. According to the authors, motivation, therapeutic relationship, and other factors aid in the recovery process. The results document the importance of motivation and therapeutic relationships on recovery, even when taking into account the relative effects of legal pressures, DSM diagnoses, and demographics.

Magid, V., & Moreland, A. (2014). The Role of Substance Use Initiation in Adolescent Development of Subsequent Substance-Related Problems. *Journal of Child & Adolescent Substance Abuse, 23*(2), pp. 78-86.

This is a literature review on the role of substance use initiation in subsequent use and problems among adolescents. Results of the literature review show that age of onset is related to subsequent substance-related problems, however no clear explanation for the association was found. The authors also review available prevention programs with specific focus on prevention of early substance use initiation and subsequent use.

Traube, D. E., James, S., Zhang, J., & Landsverk, J. (2012). A national study of risk and protective factors for substance use among youth in the child welfare system. *Addictive Behaviors, 37*(5), pp. 641–650. DOI: 10.1016/j.addbeh.2012.01.015

This study looks at data from the first National Survey of Child and Adolescent Well-Being (NCSACW), in order to examine the association between baseline psychosocial risk and protective factors on engagement in substance use behavior for child welfare involved adolescents. According to the authors, prevention efforts for this population require a better understanding of biological, psychological, and social protective factors. The child welfare system is an untapped resource that has the potential to be a gateway to and a platform for substance abuse prevention services that should be incorporated into child welfare safety and permanency interventions.

Wechsler-Zimring, A., Kearney, C. A., Kaur, H., & Day, T. (2012). Posttraumatic stress disorder and removal from home as a primary, secondary, or disclaimed trauma in maltreated adolescents. *Journal of Family Violence, 27*(8), pp. 813-818. DOI: 10.1007/s10896-012-9467-8

This study compares maltreated adolescents who 1) endorsed removal from home as their primary traumatic event, 2) endorsed removal from home as a secondary traumatic event, but not their primary traumatic event, or 3) did not endorse removal from home as traumatic. According to findings, adolescents who endorsed removal from home as their primary traumatic event reported significantly lower levels of PTSD and related symptoms than adolescents in the other groups did.

Whittle, S., Dennison, M., Vijayakumar, N., Simmons, J. G., Yucel, M., Lubman, D. I., Pantelis, C., and Allen, N. B. (2013). Childhood maltreatment and psychopathology affect brain development during adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(9), pp. 940-952.

This study investigated whether childhood maltreatment was associated with hippocampal and amygdala development from early to mid-adolescence and whether the experience of

psychopathology during this period mediated the relation. According to the study's results childhood maltreatment was associated with larger baseline left hippocampal volumes and retarded growth of the left amygdala over time and was indirectly associated, through the experience of psychopathology, with retarded growth of the left hippocampus and accelerated growth of the left amygdala over time. According to the authors childhood maltreatment was associated with altered brain development during adolescence. The experience of Axis I psychopathology during adolescence may be one mechanism by which childhood maltreatment has continuing effects on brain development during the adolescent years. These findings highlight the importance of early intervention for individuals who have experienced childhood maltreatment.

Wilens, T. E., & Rosenbaum, J. F. (2013). Transitional aged youth: a new frontier in child and adolescent psychiatry. *Journal of the American Academy of Child & Adolescent Psychiatry, 52(9)*, pp. 887-890.

This article provides brief background and overview on the issues faced by the population known as transitional aged youth (TAY). The article is written from a clinical perspective, providing information on treatment issues this population faces as well as what types of treatment works with this population. Thus, as a field, we must be prepared to address the major concerns and opportunities in focusing on TAY, specifically early recognition of the first signs and symptoms, identifying risk and protective factors, and early and effective intervention for psychopathology and substance abuse.

CHILD ABUSE AND MALTREATMENT

Bailey, H. N., De Oliveria, C. A., Wolfe, V. V., Evans, E. M., & Hartwick, C. (2012). The impact of childhood maltreatment history on parenting: A comparison of maltreatment types and assessment methods. *Child Abuse & Neglect, 36(3)*, pp. 236-246. DOI: 10.1016/j.chiabu.2011.11.005

The aim of this study was to further understand the differential association between specific types of childhood maltreatment and subsequent parenting difficulties by considering a broad range of childhood experiences and to consider self-reported and observer-rated parenting outcomes. Findings highlight the complexity of associations between child maltreatment and subsequent parenting outcomes. Although much previous research has focused on sexual and physical abuse, other more contextual forms of maltreatment may be similarly or more strongly associated with certain parenting outcomes. Furthermore, different forms of maltreatment may be associated with perceived versus observed parenting outcomes.

Banducci, A. N., Hoffman, E., Lejuez, C. W., & Koenen, K. C. (2014). The relationship between child abuse and negative outcomes among substance users: Psychopathology, health, and comorbidities. *Addictive Behaviors, 39(1)*, pp. 1522-1527.

This article presents the findings of a study in which the authors hypothesized that among adults with substance use disorders, child abuse would be associated with elevated rates of all Diagnostic and Statistical Manual (DSM-IV-TR) psychiatric disorders, substance dependence, and comorbidities. The authors looked at 280 inpatients in treatment and sought to establish whether rates of psychiatric disorders, substance dependencies, and comorbidities differed as a function of child abuse. Findings suggest that individuals who reported experiencing abuse had higher rates of psychiatric orders.

Barth, R. P., Gibbons, C., & Guo, S. (2006). Substance abuse treatment and the recurrence of maltreatment among caregivers with children living at home: A propensity score analysis. *Journal of Substance Abuse Treatment, 30(2)*, pp. 93-104.

Policy and programmatic initiatives of the last decade have focused on increased coordination of services and expansion of prompt substance abuse treatment for mothers initially involved with child welfare services (CWS). Yet, little evidence has been amassed concerning the implications of this approach on the recurrent need for CWS. This study examines data from a large national probability sample of children and their caregivers involved with CWS following an allegation of maltreatment. Data include the recurrence of maltreatment reports for this group of children who

remain at home. Selected from 1,101 caregivers with an indicated substance abuse problem, a group of 224 clients who did not receive services were compared with 224 treated clients. Results showed that clients who received substance abuse treatment were nearly twice as likely to have another child abuse report within 18 months. Reasons why participation in substance abuse treatment may result in greater involvement with CWS are posited.

Bartlett, J. D., & Easterbrook's. M. A. (2012). Links between physical abuse in childhood and child neglect among adolescent mothers. *Children and Youth Services Review, 34(11)*, pp. 2164-2169.

This study investigated the etiology of neglect among very young mothers focusing on adolescents' experiences in childhood. The authors hypothesized that a history of childhood physical abuse would increase the odds of neglect, whereas a history of childhood positive care would decrease the odds of neglect. Results showed that one in four mothers was neglectful, and neglect was four times as likely with a maternal history of physical abuse in childhood than with no history of maltreatment. As expected, a maternal history of positive care in childhood decreased the likelihood of neglect. Mothers with a history of both childhood physical abuse and positive care were not at increased risk for neglect, suggesting a compensatory effect of care experiences within the context of an abusive relationship. Findings affirm that adolescent mothers are at considerable risk for perpetuating cycles of maltreatment leading to child neglect, and that nuanced descriptions of their childhood histories are essential for understanding cycles of maltreatment.

Berger, L. M., Slack, K. S., Waldfogel, J., & Bruch, S. K. (2010). Caseworker-perceived caregiver substance abuse and child protective services outcomes. *Child Maltreatment, 15(3)*, pp. 199-210.

The authors used data from the National Survey of Child and Adolescent Well-Being to examine associations of child protective services (CPS) caseworkers' perceptions of caregiver substance abuse with their perceptions of the severity of risk and harm a child experienced as a result of alleged maltreatment, as well as with whether a family experienced a range of CPS outcomes. The outcomes included whether the family received services from CPS, was substantiated for maltreatment, experienced child removal, and was subject to a termination of parental rights (TPR) petition. The authors also compared the magnitude of the association between caseworker-perceived caregiver substance abuse and each outcome to that of the association between other maltreatment-related risk factors and each outcome. Findings suggest that, all else equal, caseworker-perceived caregiver substance abuse is associated with increased caseworker perceptions that children have experienced severe risk and harm and also with an increased probability of each of the CPS outcomes except TPR. These findings imply that CPS decisions are heavily influenced by caseworker perceptions of caregiver substance abuse, regardless of the presence of other risk factors for child maltreatment.

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)*, pp. 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), pp. 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. 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. 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 do. 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.

Carnochan, S., Rizik-Baer, Austin, M. J. (2013). Preventing the recurrence of maltreatment. *Journal of Evidence-Based Social Work*, 10(1), pp. 161-178. DOI: 10.1080/15433714.2013.788947

This article presents findings of a literature review on child, family and systemic factors related to maltreatment recurrence and promising practices for improving performance. The authors suggest that there is no clear evidence-based method for preventing the recurrence of maltreatment, and posit four questions in order to generate discussion on the issue.

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.

Chahine, Z., and Sanders, D. The Road Ahead: Comprehensive and Innovative Approaches for Improving Safety and Preventing Child Maltreatment Fatalities. *Child Welfare*, 92(2), pp. 237-253.

This article presents a high-level overview of the complex issues, opportunities, and challenges involved in improving child safety and preventing child maltreatment fatalities. It emphasizes that improving measurement and classification is critical to understanding and preventing child maltreatment fatalities. It also stresses the need to reframe child maltreatment interventions from a public health perspective. The article draws on the lessons learned from state-of-the-art safety engineering innovations, research, and other expert recommendations presented in this special issue that can inform future policy and practice direction in this important area.

Chambers, R. M. (2008). In Potter C. C., Potter C. C. (Eds.), *Match between family needs and services for high-risk neglecting families. Journal of Public Child Welfare, 2(2)*, pp. 229 -252.

Child neglect is characterized by a complexity of family problems and needs. Whether families' needs are actually matched to the appropriate services is a critical area for study, although little empirical work exists. In this study, we examine the match between needs and services for a sample of high-risk neglecting families, using cluster analysis to identify clusters of services and previously identified need clusters. The authors examine need-service match from two perspectives: 1) how well services are allocated to family need, and 2) how well family needs are covered by available services. Some service clusters are well allocated to corresponding needs, such as intensive drug court and family preservation services to substance-abusing families; however, other service patterns are much less coherent. With regard to how well needs are covered by available services, although approximately one-third of substance-abusing families receive the intensive drug court intervention, another one-third receive the low-service cluster of services.

Chaney, A., Carballedo, A., Amico, F., Fagan, A., Skokauskas, N., Meaney, J., & Frodl, T. (2014). *Effect of childhood maltreatment on brain structure in adult patients with major depressive disorder and healthy participants. Journal of Psychiatry Neuroscience, 39(1)*, pp. 50-59.

The aim of this study was to investigate whether patients with MDD and a history of childhood maltreatment display more structural changes than patients without childhood maltreatment or healthy controls do. The results of this study suggest that early childhood maltreatment is associated with brain structural changes irrespective of sex, age and a history of depression. Thus, the study highlights the importance of childhood maltreatment when investigating brain structures and indicate that childhood maltreatment is associated with structural brain changes.

Chauhan, P., & Widom, C. S. (2012). *Childhood maltreatment and illicit drug use in middle adulthood: The role of neighborhood characteristics. Development and Psychopathology, 24(3)*, pp. 723–738.

This paper examined whether childhood maltreatment increases the risk of living in neighborhoods with less desirable characteristics (i.e., more disorder and disadvantage, less social cohesion, social control and advantage, and fewer resources) in middle adulthood and whether these neighborhood characteristics influence subsequent illicit drug use. Results showed an indirect effect on illicit drug use via neighborhood disorder among maltreated children, even after accounting for drug abuse symptoms in young adulthood, although this was sex specific and race specific, affecting women and Whites. Overall, child abuse and neglect places children on a negative trajectory that dynamically influences negative outcomes at multiple levels into middle adulthood.

Cheng, T. C., & Lo, C. C. (2010). *Drug use among maltreated adolescents receiving child welfare services. Children and Youth Services Review, 32(12)*, pp. 1735-1739.

This study investigated the impact of child maltreatment, child welfare services, parental substance abuse, and parent-child relationship on adolescents' drug use. In a secondary data analysis of 1,799 adolescents, data were extracted from the National Survey of Child and Adolescent Well-Being. Ordered probit regression showed that level of hard drug use within the past 30 days related to adolescents' lifetime use of hard drugs, emotional closeness to parent, sexual maltreatment, and receipt of in-home services. Implications for services and research are discussed.

Connell, C. M., N. Bergeron, et al. (2007). *Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. Child Abuse & Neglect, 31(5)*, pp. 573-588.

This study examines child, family, and case characteristics that impact rates of re-referral to Child Protective Services (CPS) using data on all closed CPS investigations for the state of Rhode Island between 2001 and 2004. A longitudinal dataset of all referrals to CPS was created using state submissions to the National Child Abuse and Neglect Data System (NCANDS). After excluding children whose initial CPS investigation resulted in removal from the home, a Cox proportional hazards model was tested to examine factors impacting the likelihood of re-referral.

Conners-Burrow, N., McKelvey, L., Kyzer, A., Swindle, T., Cheerla, R., & Kraleti, S. (2013). Violence exposure as a predictor of internalizing and externalizing problems among children of substance abusers. *Journal of Pediatric Nursing, 28(4)*, pp. 340-350.

This study explores the associations between exposure to conflict and crime in the home and community, and child anxiety and self-control problems among 60 children whose mothers were in treatment for substance abuse problems. Experiences with violence and crime were widespread, with many children exposed to multiple incidents. Results reflected that children's exposure to violence and the number of years the mother had been using substances predicted higher anxiety in children, while only exposure to violence predicted problems in self-control. Results highlight the importance of screening for violence exposure.

Covington, T. (2013). The public health approach for understanding and preventing child maltreatment: A brief review of the literature and a call to action. *Child Welfare, 92(2)*, pp. 21-39.

This article argues that it is time to rigorously apply a public health framework to improve our understanding of, and accelerate efforts to, prevent child abuse and neglect. The article describes the fundamentals of a public health approach; discusses how this approach has been applied to improve surveillance of serious maltreatment injuries and fatalities, the understanding of risk and protective factors, and the long-term consequences of maltreatment; and describes how a public health approach is an effective means to prevention.

Danielson, C. K., Amstadter, A. B., Dangelmaier, R. E., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G. (2009). Does typography of substance abuse and dependence differ as a function of exposure to child maltreatment? *Journal of Child & Adolescent Substance Abuse, 18(4)*, pp. 323-342. DOI: 10.1080/10678280902973310

This article investigates the link between child maltreatment, including child sexual assault (CSA) and child physical assault (CPA), and addiction-related symptomatology in a subsample of adolescents from the National Survey of Adolescents, all of whom met DSM-IV criteria for substance abuse or dependence (N = 281). More than 60% of the sample reported a history of CSA and/or CPA. Results indicated significant differences in typography of substance abuse and dependence symptoms and rates of comorbid lifetime PTSD based on assault history, specific assault incident characteristics, and sex. Clinical implications for substance-abusing youths with maltreatment histories are discussed.

Diderich, H. M., Fekkes, M., Verkerk, P. H., Pannebakker, F. D., Velderman, M. K., Sorensen, P. J. G., Baeten, P., Oudesluys-Murphy, A. M. (2013). A new protocol for screening adults presenting with their own medical problems at the Emergency Department to identify children at high risk for maltreatment. *Child Abuse & Neglect, 37(12)*, pp. 1122-1131.

The aim of this study is to assess whether this protocol for screening adults presenting for care in the Emergency Department can identify children at high risk for maltreatment. At assessment, child abuse was confirmed in 91% of referred cases. The protocol has a high positive predictive value of 91% and can substantially increase the detection rate of child abuse in an ED setting. Parental characteristics are strong predictors of child abuse. Implementing guidelines to detect child abuse based on parental characteristics of parents attending the adult section of the ED can increase the detection rate of child abuse and neglect allowing appropriate aid to be initiated for these families.

Dinehart, L. H., Katz, L. F., Manfra, L., & Ullery, M. A., (2013). Providing quality early care and education to young children who experience maltreatment: a review of the literature. *Early Childhood Education Journal, 41(4)*, pp. 283-290. DOI: 10.1007/s10643-012-0553-6

The current paper highlights the few studies that examine the role of early care and education on the developmental and early academic outcomes of children who experience maltreatment. The authors argue that children who experience maltreatment are at significant risk for poor developmental outcomes as a result of the chronic exposure to stress that is typical of this population. Recent evidence emphasizing the effects of stress on brain development is discussed. The review serves as a call for international research efforts to explore the role of ECE on the developmental and early educational outcomes of this vulnerable population of children.

Douglas, E. M., & Brandy, L. M. (2014). Fatal and non-fatal child maltreatment in the US: An analysis of child, caregiver, and service utilization with the National Child Abuse and Neglect Data Set. *Child Abuse & Neglect, 38(1)*, pp. 42-51.

The purpose of this study was to compare children who are fatally and non-fatally maltreated in the United States. In this first national comparison study, we used the Child Abuse and Neglect Data Set of children and families who encounter/receive support from child welfare services. We found that children who were fatally maltreated were younger, were more likely to live with both their parents, and that their families experienced more financial and housing instability compared to non-fatally maltreated children. Overall, families in which children die use/receive fewer social services, as compared to families in which children live. The authors discuss the results with regard to child welfare practice and research.

Dubowitz, H., Kim, J., Black, M. M., Weisbart, C., Semiatin, J., & Magder, L. S. (2011). Identifying child at high risk for a child maltreatment report. *Child Abuse & Neglect, 35(2)*, pp. 96-104. DOI: 10.1016/j.chiabu.2010.09.003

The aim of this study was to help professionals identify factors that place families at risk for future child maltreatment, to facilitate necessary services and to potentially help prevent abuse and neglect. Method: The data are from a prospective, longitudinal study of 332 low-income families recruited from urban pediatric primary care clinics, followed for over 10 years, until the children were approximately 12 years old. Children with prior child protective services involvement (CPS) were excluded. Of the 224 children without a prior CPS report and with complete data who were followed for an average of 10 years, 97 (43%) later had a CPS report. 5 risk factors predicted CPS reports: child's low performance on a standardized developmental assessment, maternal education \leq high school, maternal drug use, maternal depressive, and more children in the family. Five risk factors were associated with an increased risk for later maltreatment. Child health care and other professionals can identify these risk factors and facilitate necessary services to strengthen families, support parents and potentially help prevent child maltreatment.

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)*, pp. 15-34.

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.

Duran, B., Malcoe, L. H., Sanders, M., Waitzkin, H., Skipper, B., & Yager, J. (2004). Child maltreatment prevalence and mental disorders outcomes among American Indian women in primary care. *Child Abuse Neglect, 28(2)*, pp. 131-145.

The purpose of this study was to examine the prevalence, types, and severity of child abuse and neglect, and study the relationship between child abuse and neglect and lifetime psychiatric disorders among 234 American Indian women using primary care services. Approximately three-quarters of respondents reported some type of childhood abuse or neglect; over 40% reported exposure to severe maltreatment. Severity of child maltreatment was associated in a dose

response manner with lifetime diagnosis of mental disorders. Severe child maltreatment was strongly associated with lifetime PTSD, and was moderately associated with lifetime substance use disorders, mood disorders, and with two or more disorders. Child abuse and neglect was common in our sample of American Indian women in primary care and was positively associated with lifetime psychiatric disorders outcomes. Screening for abuse and neglect and psychiatric disorders would enhance the treatment of patients seeking primary care services. Primary prevention of child maltreatment might reduce the high prevalence of mental disorders among American Indian women. These findings also confirm the importance of increasing funds and other resources for observation, primary prevention and treatment programs, and research of child abuse and neglect in American Indian 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)*, pp. 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.

Elwyn, L., & Smith, C. (2013). Child maltreatment and adult substance abuse: the role of memory. *Journal of Social Work Practice in Addictions, 13(3)*, pp. 269-294.

This study examines whether memory of maltreatment is a necessary link in the path leading from prospectively measured childhood maltreatment to adult substance use problems. Official Child Protective Services reports and adult retrospective recall of childhood maltreatment were used to predict illegal drug use and alcohol problems in adulthood. Memory was a necessary link in the path between prospective reports of maltreatment and alcohol problems, and it was an important link in the path between prospective reports and illegal drug use.

Ezzo, F., & Young, K. (2012). Child maltreatment risk inventory: Pilot data for the Cleveland child abuse potential scale. *Journal of Family Violence, 27(2)*, pp. 145–155 DOI: 10.1007/s10896-012-9412-x

This article presents data on the development of a child maltreatment actuarial risk inventory, The Cleveland Child Abuse Potential Scale (C-CAPS). Results show that the instrument may have significant potential regarding its ability to detect child maltreatment. The overall factor structure of the instrument is reviewed. The authors argue that actuarial assessment instruments will outperform instruments which rely on clinical decision-making. Lastly, they argue that the tool could be used to assist child protective agencies and courts in determining the appropriateness of reunification plans if a child has been removed from their primary caregiver.

Felitti, V. J. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente Journal, 6(1)*, pp. 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.

Fenton, M. C., Geier, T., Keyes, K., Skodol, A. E., Grant, B. F., & Hasin, D. S. (2013). Combined role of childhood maltreatment, family history, and gender in the risk for alcohol dependence. *Psychological Medicine, 43*(5), pp. 1045-1057. DOI: 10.1017/S0033291712001729

This article looked at data from the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) and examined 1) the association between sexual abuse, physical abuse, emotional abuse, physical neglect and emotional neglect and adult lifetime DSM_IV alcohol dependence; 2) the specific relationship between each maltreatment and alcohol dependence, additionally controlling for the presence of any other maltreatments; 3) whether the relationship between each maltreatment and alcohol dependence remains significant and 4) whether parental history of alcohol dependence and each childhood maltreatment have synergistic effects on the risk for alcohol dependence. Results of the study show that childhood maltreatments independently increased the risk of alcohol dependence. The authors suggest that early identification and prevention, particularly among those with a family history, and could guide genetic research and intervention development, e.g. programs to reduce the burden of childhood maltreatment may benefit from addressing the negative long-term effects of maltreatments, including potential alcohol problems, across a broad range of childhood environments.

Freisthler, B. (2011). Alcohol use, drinking venue utilization, and child physical abuse: Results from a pilot study. *Journal of Family Violence, 26*(3), pp. 185-193. DOI: 10.1007/s10896-010-9352-2

A positive relationship between parents' drinking and child physical abuse has been established by previous research. This paper examines how a parent's use of drinking locations is related to physical abuse. A convenience sample of 103 parents answered questions on physical abuse with the Conflict Tactics Scale-Parent Child version (CTS-PC), current drinking behavior, and the frequency with which they drank at different venues, including bars and parties. Ordered probit models were used to assess relationships between parent demographics, drinking patterns, places of drinking, and CTS-PC scores. Frequent drinking, frequently going to bars, frequently going to parties in a parent's own home, and frequently going to parties in friends' homes had a positive correlation to child physical abuse. The number of drinking locations was positively related to child physical abuse such that parents who report attending and drinking at more of these venues were more likely to be perpetrators of physical abuse. This suggests that time spent in these venues provides opportunities to mix with individuals that may share the same attitudes and norms towards acting violently.

Freisthler, B., Kepple, N. J., & Holmes, M. R. (2012). The geography of drug market activities and child maltreatment. *Child Maltreatment, 17*(2), pp. 144-152.

This study examines how drug market activities place children at risk of maltreatment over space and time. Based on the data collected the authors posit that census tracts with more drug sales had higher numbers of substantiations, and those with more possessions also had more entries into foster care. The temporal delay between drug sales and child maltreatment referrals may indicate that the surveillance systems designed to protect children may not be responsive to changing neighborhood conditions or be indicative of the time it takes for the detrimental effects of the drug use to appear.

Fuller, T. L., & Wells, S. J. (2003). Predicting maltreatment recurrence among CPS cases with alcohol and other drug involvement. *Children and Youth Services Review, 25*(7), pp. 553-569.

The current study examined factors predictive of short-term (e.g. within 60 days) maltreatment recurrence among CPS cases with AOD involvement. The authors found that four factors were related to an increased risk of short-term maltreatment recurrence: 1) the safety assessment factor involving caretaker AOD use checked "yes;" 2) a high risk assessment rating for caretaker criminal behavior; 3) no police involvement during the investigation; and 4) families headed by single, African-American women. The findings of the current study have several implications for CPS practice. They underscore the importance of including information on caretaker substance

use in ongoing safety and risk assessment activities. Once substance use has been identified as a risk factor, investigators should have tools that help them determine the history and extent of addiction, as well as associated problems such as criminal behaviors, health problems, and mental illness. It is vital for investigators to then translate this information into an effective safety plan that addresses the risks present.

Gill, D. F. (2012). Identifying child abuse. *Clinician Reviews*, 22(3), pp. 29-36.

This article, written from the point of view of a clinical nurse, makes the argument that nurses and doctors are well positioned to identify and report child abuse when they encounter it in their daily practice. It provides definitions of all the types of child abuse, risk factors, and provides a case study as an example.

Hager, A. D & Runtz, M. G. (2012). Physical and psychological maltreatment in childhood and later health problems in women: An exploratory investigation of the roles of perceived stress and coping strategies. *Child Abuse and Neglect*, 36(5), pp. 393-403.

This study investigated the association between childhood physical and psychological maltreatment and self-reported physical health concerns in adult women. Findings suggest that child maltreatment is an important risk factor for adverse health outcomes in later life and that current stress and coping strategies may influence this relationship. Implications for the physical health of maltreatment survivors are discussed. Practice implications: The management of perceived stress and the use of adaptive emotion-focused coping responses in the everyday lives of maltreated women may be particularly useful points of intervention in order to mitigate physical health concerns in adulthood.

Hart, H. & Rubia, K. (2012). Neuroimaging of child abuse: A critical review. *Frontiers in Human Neuroscience*, 6(52), pp. 1 – 24.

This article reviews the literature for associations between child maltreatment and cognitive and neuroimaging abnormalities. The authors outline current findings of neuropsychological studies, discusses findings of structural and functional deficits associated with childhood maltreatment as well as review the limitations of previous work done and discuss future work. Overall, the better controlled studies that show a direct correlation between childhood abuse and brain measures suggest that the most prominent deficits associated with early childhood abuse are in the function and structure of lateral and ventromedial fronto-limbic brain areas and networks that mediate behavioral and affect control. Future, large scale multimodal neuroimaging studies in medication-naïve subjects, however, are needed that control for psychiatric co-morbidities in order to elucidate the structural and functional brain sequelae that are associated with early environmental adversity, independently of secondary co-morbid conditions.

Herrenkohl, T. I, Hong, S., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2012). Developmental impacts of child abuse and neglect related to adult mental health, substance use, and physical health. *Journal of Family Violence*, 28(2), pp. 191-199. DOI: 10.1007/s10896-012-9474-9

This study examined the association between officially recorded child abuse and neglect and adult mental health, substance use, and physical health outcomes. Data are from a longitudinal study of more than 30 years in which individuals were interviewed most recently in their mid—30s. According to the authors, adults maltreated in childhood reported more symptoms of adult depression, anxiety, and more impairment due to mental and physical health problems. A higher percentage of those with maltreatment histories reported lifetime alcohol problems and appear at greater risk for substance abuse. Most findings of these bivariate analyses remained significant after accounting for gender and childhood socioeconomic status. Somewhat fewer significant results were observed after controlling for adult age, marital status, and education.

Herrenkohl, T. I., Hong, S., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2013). Developmental impacts of child abuse and neglect related to adult mental health, substance use, and physical health. *Journal of Family Violence*, 28(1), pp. 191-199

This article presents the findings of a study which examined the association between officially recorded child abuse and neglect and adult mental health, substance use, and physical health

outcomes. The results of the study show that adults maltreated as children reported more symptoms of adult depression, anxiety, and more impairment due to mental and physical health problems, they also reported lifetime alcohol problems and appear at greater risk for substance abuse.

Hien, D., Cohen, L. R., Caldeira, N. A., Flom, P., & Wasserman, G. (2010). Depression and anger as risk factors underlying the relationship between maternal substance involvement and child abuse potential. *Child Abuse & Neglect, 34(1)*, pp. 105-113.

In this article, the authors examine the role emotion regulation deficits in the area of anger arousal and reactivity are associated with child abuse potential in mothers with substance use and depressive disorders. 152 urban mothers were interviewed on measures of substance use, diagnosis of depression, anger arousal and reactivity and child abuse potential. Results show that anger arousal and reactivity were found to be partial mediators of the relationship between diagnostic category and child abuse potential. The authors identify areas for prevention and treatment.

Howell, M. L. (2008). Decisions with good intentions: Substance use allegations and Child Protective Services screening decisions. *Journal of Public Child Welfare, 2(3)*, pp. 293-316.

This quantitative study of decision-making factors related to screening maltreatment reports was conducted to investigate whether personal biases, values, and stereotypes surrounding parental drug use and race influenced screening decisions. In one southeastern state, 86 child welfare intake supervisors reviewed 10 scenarios alleging maltreatment. Participants decided which reports to accept for investigation, identified influential decision-making factors, and rated personal and organizational values surrounding parental drug use on a scale developed by the researcher. Participants' decision-making patterns suggest that when their values and child welfare policies conflicted in their desire to protect children, supervisors were willing to compromise policy standards for initiating investigations. The social justice implications of these findings are important for child welfare workers and administrators to consider.

Hurme, T. (2008). Risk factors for physical child abuse in infants and toddlers. *European Journal of Pediatric Surgery, 18(6)*, pp. 387-391.

This study examined the risk factors and injuries in physical child abuse between November 2003 and February 2007. The uptake area of the University Hospital of Turku, Finland, consists of about 700,000 inhabitants. Forty-eight cases of physical child abuse were examined. The median age of the abused children was 2.2 years, for children with skull fractures it was 0.5 years. The incidence of child physical abuse increased during the study period; it was 0.6/month in 2004 and 1.7/month in 2006. Mortality in the study group was 2.1%.

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)*, pp. 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.

Jaffee, S. R., Bowes, L., Ouellet-Marin, I., Fisher, H. L., Moffitt, T. E., Merrick, M. T., & Arsenault, L. (2013). Safe, stable, nurturing relationships break the intergenerational cycle of abuse: A prospective nationally representative cohort of children in the United Kingdom. *Journal of Adolescent Health, 53*(4 Supplement), pp. S4-S10.

The purpose of this study was to identify contextual and interpersonal factors that distinguish families in which the intergenerational transmission of maltreatment is maintained from families in which the cycle is broken. Results show that supportive and trusting relationships with intimate partners, high levels of maternal warmth toward children, and low levels of partner violence between adults distinguished families in which mothers but not children experienced maltreatment from families in which mothers and children experienced maltreatment. Families in which only mothers experienced maltreatment were largely similar to families in which neither generation experienced maltreatment, except that mothers belonging to the former group were more likely to have a lifetime history of depression and low levels of social support. Safe, stable, nurturing relationships between intimate partners and between mothers and children are associated with breaking the cycle of abuse in families.

Juhnke, G. A., Henderson, K., & Juhnke, B. A. (2013). The Juhnke, Henderson, Juhnke child abuse and neglect risk assessment scale: a mnemonic instrument used to assess potential maltreatment of children. *The Family Journal: Counseling and Therapy for Couples and Families, 21*(1), pp. 57-64. DOI: 10.1177/1066480712456820

The primary intent of the authors is to describe the Juhnke, Henderson, Juhnke Child Abuse and Neglect Risk Assessment scale and its use as an aid to facilitate a thorough assessment of child sexual, physical abuse or neglect. The scale is an evidenced informed instrument that considers 20 child maltreatment risk factors identified by the U.S. Department of Health and Human Services (USDHHS) Office of Child Abuse and Neglect. The primary purpose of the scale is to facilitate a thorough maltreatment assessment and to generate guidelines that can be used, in conjunction with clinical judgment, to aid in the creation of an effective child protective agency report and potentially facilitate effective intervention.

LaFlair, L. N., Reboussin, B. A., Storr, C. L., Letourneau, E., Green, K. M., Motjabai, R., & Pacek, L. R. (2013). Childhood abuse and neglect and transitions in stages of alcohol involvement among women: A latent transition analysis approach. *Drug and Alcohol Dependence, 132*(3), pp. 491-498.

This study aimed to: (1) identify stages of women's alcohol involvement, (2) examine the probability of transitions between stages, and (3) investigate the influence of four domains of childhood abuse and neglect (sexual abuse, physical abuse, neglect, and witness to domestic violence), assessed individually and as poly-victimization, on transitions. Based on the findings, the authors claim that women reporting any childhood abuse and neglect were more likely to advance from the non-problem drinking class at Wave 1 to severe and hazardous drinking classes at Wave 2 relative to women without this history. Associations were also observed between individual domains and transition from no problems to severe alcohol stage. Results suggest a long-term impact of childhood abuse and neglect as drivers of progression in women's alcohol involvement.

Lanier, P., Kohl, P.L., Benz, J., Swinger, D., & Drake, B. (2014). Preventing Maltreatment with a Community-Based Implementation of Parent–Child Interaction Therapy. *Journal of Child and Family Studies, 23*(1), pp. 449-460. DOI: 10.1007/s10826-012-9708-8

The purpose of this study was to examine rates of child abuse and neglect reports following a community implementation of Parent–Child Interaction Therapy (PCIT), an evidence-supported intervention for the prevention of maltreatment. During the follow-up period, 12.5 % of families had a report for physical abuse or neglect. Reports of prior victimization as a child and prior perpetration as an adult were strong predictors of a report of perpetration after PCIT. Dosage of PCIT and change in clinical measures did not increase risk for a later report. PCIT can be an effective intervention for preventing maltreatment. Family history of child welfare involvement is a prominent factor in assessing risk for future involvement.

Laslett, A., Room, R., Dietze, P., & Ferris, J. (2012). Alcohol's involvement in recurrent child abuse and neglect cases. *Addiction*, 107(10), pp. 1786-1793.

This paper examined whether or not: (a) care-giver 'alcohol abuse' is associated with recurrent child maltreatment; (b) other 'risk factors' affect this relationship; and (c) which of alcohol abuse or other drug abuse plays a stronger role. It also examined (d) how children and families where alcohol-related child abuse was identified were managed by child protection services (CPS) in Victoria, Australia. According to the results of this study, where career alcohol abuse was identified children were significantly more likely to experience multiple incidents compared with children where this was not identified, as were children where other family risk factors (including markers of socio-economic disadvantage) were identified. The majority of children whose carers were identified with alcohol abuse experienced either repeat incidents or interventions. Alcohol and drug abuse in carers are important risk-factors for recurrent child maltreatment after accounting for other known risk factors; the increased risk appears to be similar between alcohol and drug abuse.

Lee, S., Jonson-Reid, M., & Drake, B. (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector services. *Children and Youth Services Review*, 34(9), pp. 1825–1833. DOI: 10.1016/j.childyouth.2012.05.007

This study seeks to advance the understanding of how modifiable and non-modifiable factors may impact the likelihood of re-entry into foster care. Results show that children removed from homes with parents who had multiple risk factors (e.g., no high school diploma, mental health diagnosis, criminal record, or teen parents) or were receiving AFDC prior to entry were more likely to re-enter. The receipt of in home child welfare services during or after foster care was associated with reduced risk of re-entry. Having the longest placement with a relative was associated with decreased risk of re-entry. The data also suggest that in-home child welfare services provided during and after foster care may be associated with improved long-term permanency after return home. Given the continued import of caregiver risk factors even among reunified families, services provided to support reunification should include attention to caregiver needs outside parenting.

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), pp. 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 between 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), pp. 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.

Luke, N. & Banerjee, R. (2012). Differentiated associations between childhood maltreatment experiences and social understanding: A meta-analysis and systematic review. *Developmental Review, 33*(1), pp. 1-28.

This article examines the links between childhood physical abuse and neglect and skills of social understanding (including emotion recognition and understanding, perspective taking, false belief understanding, and attributional biases) in 51 empirical studies. The results of the review showed an overall negative effect of maltreatment, but moderation analyses revealed that significantly stronger effects were found for measures of emotion understanding rather than recognition, and for younger rather than older age groups. The broader review also reveals a complex and differentiated profile of social understanding among maltreated children.

Magura, S., & Laudet, A. B. (1996). Parental substance abuse and child maltreatment: Review and implications for intervention. *Children and Youth Services Review, 18*(3), pp. 193-220.

In this article the authors review the link between child abuse and neglect and parental substance abuse. The authors state that substance abuse interferes with parenting, and jeopardizes the child's emotional, psychological and physical development. Authors advocate that treatment programs should including parenting and focus on the whole family.

Marshall, B. D., Galea, S., Wood, E., and Kerr, T. (2013). Longitudinal associations between types of childhood trauma and suicidal behavior among substance users: A cohort study. *American Journal of Public Health, 103*(9), pp. e69-e75.

In this study, the authors examined the longitudinal associations between different types and severities of childhood trauma and suicide attempts among illicit drug users. According to the results, individuals with severe to extreme levels of sexual abuse, physical abuse, and emotional abuse predicted suicide attempts, but not associated with increased risk of suicidal behavior. The authors conclude that severe abuse confer substantial risk of repeated suicidal behavior in adulthood. Illicit drug users require intensive secondary suicide prevention efforts, particularly among those with a history of childhood trauma.

McGlade A, Ware R, Crawford M. (2009). Child protection outcomes for infants of substance-using mothers: a matched-cohort study. *Pediatrics, 124*(1), pp. 285-93.

Parental drug use is a critical public health issue; it is estimated to be present in up to 80% of referrals to Australian child protection agencies. However, no data regarding the child protection outcomes of infants of substance-using parents exist in Australia, and no comparisons have been made with infants of non-substance-using parents. We assessed differences in substantiated abuse between 2 groups of mothers in Brisbane to quantify this risk. Mothers who disclosed opiate, amphetamine, or methadone use between 2000 and 2003 were identified and compared with non-substance-using mothers who were matched for gender and gestational age. All infants were linked to the Department of Child Safety Child Protection Information System database. Child protection outcomes, such as substantiated notifications and entry into foster care, were compared between groups.

Miller, A. B., Esposito-Smythers, C., Weismore, J. T., and Renshaw, K. D. (2013). The relation between child maltreatment and adolescent suicidal behavior: a systematic review and critical examination of the literature. *Clinical Child and Family Psychology Review, 16*(2), pp. 146-172. DOI: 10.1007/s10567-013-0131-5

In this review, the authors evaluated all of the research literature to date examining the relationship between child maltreatment (CM) and adolescent suicidal ideation and attempts. Results generally suggest that childhood sexual abuse, physical abuse, emotional abuse, and

neglect are associated with adolescent suicidal ideation and attempts across community, clinical, and high-risk samples. The authors conclude with an overview of the clinical implications of this research, including careful, detailed screening of CM history, past suicidal behavior, and current suicidal ideation, as well as the need for integrated treatment approaches that effectively address both CM and adolescent suicidal ideation and suicide attempts.

Millet, L. S., Kohl, P. L., Jonson-Reid, M., Drake, B., & Petra, M. (2013). Child maltreatment victimization and subsequent perpetration of young adult intimate partner violence: An exploration of mediating factors. *Child Maltreatment, 18*(2), pp. 71-84. DOI: 10.1177/1077559513484821

This study examined whether young adults with documented histories of child maltreatment had higher records of documented severe intimate partner violence (IPV) perpetration than an income-matched control group. Results of the study found that that IPV perpetration rates were higher among maltreated than control participants and higher in maltreated men than in women. For men, maltreatment had both direct and mediated effects on IPV perpetration through violent delinquency. For women, maltreatment did not directly or indirectly predict IPV perpetration, though low power makes these findings tentative. The study highlights the importance of child maltreatment prevention as a way to reduce violence later in life and suggests that the juvenile justice system may also provide a point of intervention for the maltreated youth.

Najavits, L. M. (2009). Psychotherapies for trauma and substance abuse in women: Review and policy implications. *Trauma, Violence & Abuse, 10*(3), pp. 290-298.

Women are subject to high rates of interpersonal violence. One frequent co-occurring issue is substance abuse, which may arise post-trauma as a way to cope. In this article, psychosocial therapies for co-occurring trauma and substance abuse are reviewed. Description of empirically studied models is provided, as well as results of the empirical studies. Overall, this area of work suggests positive growth in the availability of new models but very limited empirical work thus far for all but one model. Directions for the future include the need for greater study of treatments in this area, as well as the need to address issues beyond specific models (e.g., workforce issues, access to care, and changing the culture of treatment systems). Policy implications are also offered.

Noll, J. G. (2009). In Trickett P. K., Harris W. W., Putnam F. W., Trickett P. K., Harris W. W. and Putnam F. W.(Eds.). Cumulative burden borne by offspring whose mothers were sexually abused as children. *Journal of Interpersonal Violence, 21*(3), pp. 424-449.

This multigenerational study empirically demonstrates the extent to which offspring whose parents experienced childhood abuse are at increased risk of being abused or neglected. Females with substantiated childhood sexual abuse and non-abused comparison females were assessed at six points spanning 18 years in a prospective, longitudinal study. Non-abusing parents or caregivers and offspring were also assessed. Descriptive results indicate that offspring born to mothers with histories of sexual abuse were more likely to be born preterm, have a teenage mother, and be involved in protective services. Abused mothers were more likely to be high-school dropouts, be obese, and have experienced psychiatric problems, substance dependence, and domestic violence. Results provide evidence for the advantages of intervention and prevention programs for victims of childhood maltreatment and their families. Primary prevention/intervention efforts extending throughout development and focusing on the cumulative risk to offspring will likely improve victim outcomes and curtail intergenerational transmission of adversity.

Onigu-Otite, E. C., & Belcher, H. (2012). Maternal drug abuse history, maltreatment, and functioning in a clinical sample of urban children. *Child Abuse & Neglect, 36*(6), pp. 491-497.

This article examined the association between maternal drug abuse history, maltreatment exposure, and functioning, in a clinical sample of young children seeking therapy for maltreatment. Approximately half (47.3%) of the children in the study had a history of maternal drug abuse (MDA). In this study, MDA history was associated with increased odds of and abandonment, and decreased odds of sexual abuse. In addition to maternal drug abuse,

clinicians working with children need to identify other factors which could place the child at added risk for maltreatment. This study highlights the need for a multi-disciplinary approach to prevention and intervention programs needed to diminish adverse socio-environmental conditions prevalent in urban environments.

Palusci, V. J., & Ondersma, S. J. (2012). Services and recurrence after psychological maltreatment confirmed by child protective services. *Child Maltreatment, 17*(2), pp. 153-163. DOI: 10.1177/1077559511433817

Recurrence rates of psychological maltreatment (PM) and the services that may reduce those rates have not been systematically evaluated. The National Child Abuse and Neglect Data System was used for 2003–2007 to study a cohort of children in 18 states with PM reports first confirmed by child protective services (CPS) during 2003. PM recurrence rates after counseling and other referrals were assessed while controlling for factors associated with service referral and other maltreatment. A total of 11,646 children had a first CPS-confirmed report with PM, and 9.2% of them had a second-confirmed PM report within 5 years. Less than one fourth of families were referred for services after PM, with service referrals being more likely for families with poverty, drug or alcohol problems, or other violence. Controlling for these factors, counseling referral was associated with a 54% reduction in PM recurrence, but other services were not associated with statistically significant reductions. Few families in which PM was confirmed receive any services, and most services provided were not associated with reductions in PM recurrence. Clarification of key services associated with efficacious prevention of PM is needed.

Palusci, V. J., & Covington, T. M. (2014). Child maltreatment deaths in the U.S. National Child Death Review Case Reporting System. *Child Abuse & Neglect, 38*(1), pp. 25-36.

This article looked at child deaths from cases from 2005 to 2009 in the U.S. National Child Death Review Case Reporting System to compare child and offender characteristics and to link that information with actions taken or recommended by review teams. Child, caretaker, and offender characteristics, and outcomes were compared to team responses, and findings were compared to published case series. Among 49,947 child deaths from 23 states entered into the Case Reporting System during the study period, there were 2,285 cases in which child maltreatment caused or contributed to fatality. Over one-half had neglect identified as the maltreatment, and 30% had abusive head trauma. Several child and offender characteristics were associated with specific maltreatment subtypes, and child death review teams recommended and/or planned several activities in their communities.

Pecora, P. J., Chahine, Z., & Graham, J. C. (2013). Safety and Risk Assessment Frameworks: Overview and Implications for Child Maltreatment Fatalities. *Child Welfare, 92*(2), pp. 143-160.

This article highlights current models used in child protection to assess safety and risk, and discusses implications for child maltreatment fatalities. The authors advance that current risk and safety practice approaches were not designed to accurately estimate the likelihood of low base-rate phenomena and have not been empirically tested in their ability to predict or prevent severe or fatal child maltreatment. They advance that, regardless of the ultimate effectiveness of safety and risk tools, competent assessment and decision making in child protection depend on sound professional judgment and a comprehensive systemic approach that transcends the use of specific tools.

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), pp. 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, whereas 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), pp. 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.

Putnam-Hornstein, E. & Needell, B. (2011). Predictors of child protective service contact between birth and age five: an examination of California's 2002 birth cohort. *Children and Youth Services Review*, 33(1), pp. 2400-2407.

This article presents findings from a study which used population-level birth data from children born in 2002 and used that data to describe children at greatest risk for maltreatment during the first five years of life. Results show that 11 of the 12 birth variables examined presented as significant predictors of contact with child protective services.

Richmond-Crum, M., Joyner, C., Fogerty, S., Ellis, M. L., & Saul, J. (2013). Applying a public health approach: The role of state health departments in preventing maltreatment and fatalities of children. *Child Welfare*. 92(2), pp. 99-117.

Child maltreatment prevention is traditionally conceptualized as a social services and criminal justice issue. Although these responses are critical and important, alone they are insufficient to prevent the problem. A public health approach is essential to realizing the prevention of child abuse and neglect. This paper discusses the public health model and social-ecology framework as ways to understand and address child maltreatment prevention and discusses the critical role health departments can have in preventing abuse and neglect. Information from an environmental scan of state public health departments is provided to increase understanding of the context in which state public health departments operate. Finally, an example from North Carolina provides a practical look at one state's effort to create a cross-sector system of prevention that promotes safe, stable, and nurturing relationships and environments for children and families.

Robboy, J., & Anderson, K. G. (2011). Intergenerational child abuse and coping. *Journal of Interpersonal Violence*, 26(17), pp. 3526-3541. DOI: 10.1177/0886260511403758

The purpose of this investigation was to examine patterns of maltreatment and maladaptive coping among second-generation CSA survivors. It is hypothesized that: (a) maternal CSA history would be associated with a higher incidence of poly-victimization and maladaptive coping and (b) experiencing more forms of abuse would mediate the relation between maternal CSA history and maladaptive coping behaviors. The method used was a chart review of 139 sexually abused females aged 12 to 17, examining maternal abuse history, maladaptive coping behaviors, and child maltreatment. The results showed that poly-victimization differed as a function of maternal CSA history but maladaptive coping did not. Experiencing more types of abuse was associated

with both self-injurious behaviors and substance use. In conclusion, results support the hypothesis that second generation CSA survivors are more likely to experience poly-victimization. Future research should address how intergenerational patterns of abuse might affect presenting symptomatology and treatment outcome.

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), pp. 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.

Rosenkranz, S. E., Muller, R. T., & Henderson, J. L. (2012). Psychological maltreatment in relation to substance use problem severity among youth. *Child Abuse & Neglect*, 36(5), pp. 438– 448.

The purpose of the current study was to look at psychological maltreatment experiences, examining the extent to which emotional abuse and emotional neglect predict substance use problem severity among youth. The results of the current study are consistent with those of a body of research describing the detrimental effects of psychological maltreatment. The findings have potential implications for the development and provision of trauma-informed youth substance use treatment services. The findings suggest that attending to the sequelae of psychological maltreatment may be important in assisting these youth in achieving successful treatment outcomes.

Schneiderman, J. U., Hurlburt, M. S., Leslie, L. K., Zhang, J. & McCue Horwitz, S. (2012). Child, caregiver, and family characteristics associated with emergency department use by children who remain at home after a child protective services investigation. *Child Abuse and Neglect*, 36(1), pp. 4-11.

The objective of this article is to examine emergency department (ED) use among children involved with child protective services (CPS) in the US but who remain at home, and to determine if ED use is related to child, caregiver and family characteristics as well as receipt of CPS services. ED use among children who remained at home receiving CPS services was similar to that of children who did not receive CPS services (35.6% and 37.4%, respectively). According to the findings, children with families who received CPS services, children 6 years or older, and children without a chronic health problem were less likely to use the ED. Children who remained at home in families identified with numerous stressors and, therefore, likely at high risk for future abuse and neglect were 1.73 times more likely to have repeat ED use than children in low risk families. Children who remain at home after a CPS evaluation are at high risk for ED use.

Slack, K. S., Berger, L. M., DuMont, K., Yang, M., Kim, B., Ehrhard-Dietzel, S., & Holl, J. L. (2011). Risk and protective factors for child neglect during early childhood: a cross-study comparison. *Children and Youth Services Review*, 33(1), pp. 1354-1363.

The results presented in this article are from three separate longitudinal studies to identify risk and protective factors associated with subsequent neglect during early childhood. Results show that economic and parenting factors were common risk factors among all three studies, along with parental depression and self-efficacy.

Smith, B.D., & Testa, M.F. (2002). The risk of subsequent maltreatment allegations in families with substance-exposed infants. *Child Abuse & Neglect*, 26(1), pp. 97-114.

This study seeks to assess the relationship between identified prenatal substance use and the risk of subsequent maltreatment allegations among families involved with child protective services, and to compare the types of safety threats encountered by children whose parents had SEI allegations to the types of safety threats faced by children whose parents had other types of allegations. A clearer understanding of these relationships can help child welfare agencies develop family-centered protective interventions that better balance the severity of risks posed by prenatal substance use against the harms of parent-infant separation and out-of-home placement. The authors found that the risk of subsequent allegations associated with parents whose child welfare case opened following an SEI allegation was compared to parents whose case opened following other types of allegations. The authors found that the likelihood of subsequent allegations was greater among parents in the SEI group. However, the increased risk resulted almost entirely from subsequent SEI-related allegations. Parents in the SEI group were not more likely to incur other types of allegations such as physical abuse or lack of supervision. The authors concluded that an increased risk of subsequent maltreatment has been used to justify opening child protective cases on the basis of an SEI allegation alone. The results suggest that concerns about SEI allegations might be balanced with concerns about other risks facing substance-exposed and non-exposed children and that child welfare authorities might pursue the same family-centered interventions with families having an SEI allegation that are pursued with families having other types of allegations.

Street, K., Whittingum, G., Gibson, P., Cairns, P., & Ellis, M. (2008). Is adequate parenting compatible with maternal drug use? A 5-year follow-up. *Child: Care, Health & Development*, 34(2), pp. 204-206.

This prospective, cohort study compares child protection outcomes over the first 5 years of life in a group of children born to self-declared drug-using mothers recruited during pregnancy (cases) and a group of children matched for gestational age, chronological age, maternal neighborhood and place of delivery whose mothers made no such declaration of problematic drug use (controls). We monitored local child protection registers to identify cohort members who came to the attention of the local authority. RESULTS Of the 71 original cases and 142 original controls, 55 (77%) and 96 (68%) remained in the area enrolled in local schools at 5 years of age. In total, 26 (47.3%) of the case children were subject to child protection procedures compared with 18 (18.8%) of the control children. This risk difference of 28.5% (95% CI 13.2% to 43.9%) has increased marginally since our previous report in this journal of child protection outcomes at 18 months of age (32% vs. 7%). However, the level of intervention deemed necessary to protect the child has increased significantly with six cases (compared with one control child) taken into the care of the local authority. Despite early maternal intentions and multiple supportive interventions, 27% of children born to women with significant substance abuse problems in our area required child protection during the pre-school years. Child protection risk assessment procedures need to weigh problematic maternal drug use heavily. Intervention studies with child welfare outcomes are needed to identify the most effective harm reduction strategies and inform public debate on how we can minimize child abuse related to substance misuse.

Sun, A.-P., Freese, M. P., Fitzgerald, M. (2007). An Exploratory Study of Drug-Exposed Infants: Case Substantiation and Subsequent Child Maltreatment. *Child Welfare*, 86(3), pp. 33.

This study explores factors related to drug-exposed infants' case substantiation and subsequent child maltreatment. Child protective services computerized administrative data (from January 1998 to October 2001) were obtained from an urban Nevada county. The data included 457 drug-exposed infant cases. Chi-square, t-test, one-way ANOVA, and logistic regression were used to analyze the data. Results indicate that: (1) drug-exposed infant case substantiation was related to the type of drug exposure and the unit to which the case was assigned, but not to the mother's ethnicity; and (2) subsequent maltreatment among drug-exposed infants was related to the mother's age and prior parental alcohol abuse, but not to the type of drug exposure, nor to the initial drug-exposed infant status of case substantiation. Implications for child welfare practice and research are discussed.

Uliando, A. & Mellor, D. (2012). Maltreatment of children in out-of-home care: A review of associated factors and outcomes. *Children and Youth Services Review, 34(12)*, pp. 2280-2286.

This paper provides an overview of the nature and consequences of the maltreatment of children in out-of-home care. It discusses maltreatment by individual perpetrators such as carers or other children, and maltreatment inflicted through policies, processes and decisions made within the child protection system. The impacts of maltreatment in out-of-home care on children are reviewed, and the child, worker and system factors that contribute to maltreatment of children in care are discussed. The need for changes in child protection services is highlighted.

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)*, pp. 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. 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 and domestic violence in the participants' family background.

Vaught, E., Lanctot, N., Paquette, G., Collin-Vezina, D., & Lemieux, A. (2014). Girls in residential care: From child maltreatment to trauma-related symptoms in emerging adulthood. *Child Abuse & Neglect, 38(1)*, pp. 114-122.

The current study examined the association between child maltreatment and trauma-related symptoms in emerging adulthood – over and above the incidence of such symptoms and conduct problems during adolescence – among a sample of female adolescents in residential care using data from a longitudinal study. Results of the study indicated that child maltreatment, especially emotional abuse and neglect, was related to anxious arousal, depression, and anger in emerging adulthood. This study showed that females from our sample often reported different types of maltreatment during childhood and that these traumatic experiences were significantly associated with poor adult psychological functioning.

Weiss, N. H., Tull, M. T., Lavender, J., & Gratz, K. L. (2013). Neglect Role of emotion dysregulation in the relationship between childhood abuse and probable PTSD in a sample of substance abusers. *Child Abuse & Neglect, 37*, pp. 944-954.

This study examined associations among childhood abuse, emotion dysregulation, and probable posttraumatic stress disorder (PTSD) within a sample of 93 substance use disorder (SUD) patients in residential treatment. SUD patients with probable PTSD reported (a) greater severity of childhood sexual, physical, and emotional abuse and (b) significantly higher levels of overall emotion dysregulation and the specific dimensions of difficulties engaging in goal-directed behavior when upset, difficulties controlling impulsive behaviors when distressed, limited access to effective emotion regulation strategies, and lack of emotional clarity. Findings of the present study highlight a potential mechanism underlying the relationships between both childhood emotional and physical abuse and PTSD in SUD patients.

Welsh, J., Precey, G., & Lambert, P. (2008). Parents of children at risk—a multi-agency initiative to address substance misuse amongst parents whose children are at risk of neglect. *Child Abuse Review, 17(6)*, pp. 454-462.

The article presents information about parents as substance abusers and the impact that this behavior has on young children. The authors comment on the report called "Hidden Harm" that was released in 2003 by the Advisory Council on the Misuse of Drugs. The report shows that the cities of Brighton and Hove in England have some of the highest percentages of parental drug abusers. The report also considers the needs of children affected by these circumstances and the health and developmental consequences that they face in such environments.

Widom, C. S., & Hiller-Sturmhofel, S. (2001). Alcohol abuse as risk factor for and consequence of child abuse. *Alcohol Research and Health*, 25(1), pp. 52-57.

The relationship between child abuse and the use or abuse of alcohol has two aspects. First, some findings have indicated that parental alcohol abuse may be associated with the physical or sexual abuse of children. Research findings in this area remain inconsistent, however. Second, the experience of being abused as a child may increase a person's risk for alcohol-related problems as an adult. This relationship has best been demonstrated in women who had been victims of childhood abuse. Several factors most likely contribute to or influence this relationship, including coping skills; antisocial behavior; and psychological problems, such as posttraumatic stress disorder. This article reviews studies assessing alcohol-related and non-alcohol-related factors that might contribute to parental child abuse and presents research findings concerning the relationship between childhood victimization and subsequent adult alcohol abuse. Within this discussion, the article explores how future research may identify further characteristics that could increase a person's risk for developing alcohol abuse as a consequence of childhood victimization.

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), pp. 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.

Wilson, H. W., & Widom, C. S. (2010). Predictors of drug-use patterns in maltreated children and matched controls followed up into middle adulthood. *Journal of Studies on Alcohol and Drugs*, 71(6), 802-809.

This study examines whether *child abuse*; *child neglect*; demographic, family and social, behavioral, economic, and neighborhood risk; and protective factors predict different drug-use patterns into middle adulthood. Using a prospective cohort design, individuals with documented cases of childhood physical and sexual *abuse* and neglect (processed during 1967-1971) and a matched control group were followed into middle adulthood. Participants completed in-person interviews in 1989-1995 (average age 29), 2000-2002 (average age 39.5), and 2003-2004 (average age 41). The sample for this study included 374 women and 332 men. Four patterns of drug use were revealed: (a) abstinence and low use (34%), (b) adolescent and young adult limited use (31%), (c) chronic-persistent use (29%), and (d) late use (7%). The chronic-persistent pattern was associated with being male, parental *substance*-use problems, involvement in crime, and neighborhood problems. The late-use pattern was significantly associated with childhood neglect and being Black, when other risk factors were controlled; bivariate analyses also indicated associations with female gender, lower income, and greater neighborhood disadvantage. This study revealed two patterns of drug use involving *substance* use and *substance*-related problems in middle adulthood that are associated with different sets of risk factors. Further research is needed to understand the late-drug-use pattern, which appears to disproportionately involve low-income Black women with histories of childhood neglect. These individuals may be missed in efforts to prevent or reduce drug use among youths.

Young-Wolff, K. C., Kendler, K. S., Kericson, M. L., & Prescott, C. A. (2011). Accounting for the association between childhood maltreatment and alcohol-use disorders in males: A twin study. *Psychological Medicine, 41*, pp. 59-70. DOI: 10.1017/S0033291710000425

An association between childhood maltreatment and subsequent alcohol abuse and/or dependence (AAD) has been found in multiple studies of females. Less is known about the association between childhood maltreatment and AAD among males, and the mechanisms that underlie this association in either gender. One explanation is that childhood maltreatment increases risk for AAD. An alternative explanation is that the same genetic or environmental factors that increase a child's risk for being maltreated also contribute to risk for AAD in adulthood. Lifetime diagnosis of AAD was assessed using structured clinical interviews in a sample of 3527 male participants aged 19–56 years from the Virginia Adult Twin Study of Psychiatric and Substance Use Disorders. The sources of childhood maltreatment–AAD association were estimated using both a matched case–control analysis of twin pairs discordant for childhood maltreatment and bivariate twin modelling. Approximately 9% of participants reported childhood maltreatment, defined as serious neglect, molestation, or physical abuse occurring before the age of 15 years. Those who experienced childhood maltreatment were 1.74 times as likely to meet AAD criteria compared with males who did not experience childhood maltreatment. The childhood maltreatment–AAD association largely reflected environmental factors in common to members of twin pairs. Additional exploratory analyses provided evidence that AAD risk associated with childhood maltreatment was significantly attenuated after adjusting for measured family-level risk factors. Males who experienced childhood maltreatment had an increased risk for AAD. Our results suggest that the childhood maltreatment–AAD association is attributable to broader environmental adversity shared between twins.

FOSTER CARE, REMOVAL AND REUNIFICATION

Barber, J. G., & Delfabbro, P. H. (2009). The profile and progress of neglected and abused children in long-term foster care. *Child Abuse & Neglect, 33*(7), pp. 421-428.

This study compared the profile of neglected and abused children in the Australian foster care system as well as differences between maltreatment types in relation to parental contact, reunification and psychosocial progress in care. The case files of 235 children entering foster care were examined and their social workers were administered standardized questionnaires at the point of intake. Neglected children were younger than non-neglected children, more likely to have a physical or mental disability, more likely to experience multiple forms of maltreatment and less likely to pose conduct problems for carers. Neglected children were more likely than non-neglected children to experience a decline in parental contact over time, and were less likely to be reunified with their families of origin. There was minimal difference between neglected and non-neglected in their psychosocial progress while in care. Aboriginal children were more likely to be reunified than non-Aboriginal children when neglect was attributable to transient factors (parental incapacity) but the reverse was true for non-neglected children. The fact that neglected children more often require a second form of maltreatment before being removed from home suggests that children's services workers are less inclined to remove children for neglect than for other forms of maltreatment. As a consequence, those neglected children who are in care tend to come from more dysfunctional families than non-neglected children do, as evidenced by the relatively poorer parental contact and reunification results of neglected children. Neglected children differ systematically from non-neglected children and suffer relative disadvantage in relation to multiple forms of maltreatment, parental contact, and reunification. The fact that declines in parental contact among neglected children in care occurred only when indirect contact was provided suggests that, wherever possible, care plans should include face-to-face visits and overnight stays rather than being restricted to less direct forms of contact. The difference in the success of reunification according to type of neglect (chronic or transient) also suggests that parental intervention programs need to focus their efforts on chronic factors rather than transient parental factors.

Berrick, J. D., Cohen, E., & Anthony, E. (2011). Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care. *Journal of Family Strengths*, 11(1), Article 14. Available at: <http://digitalcommons.library.tmc.edu/jfs/vol11/iss1/14>

Family reunification is one of the central tenants of the child welfare system, yet research supporting effective practices to promote safe reunifications is limited. As a departure from previous initiatives, the Parent Partner (PP) program enlists as staff mothers and fathers who have experienced child removal, services, and reunification. This study examines outcomes for children served by the PP program. The experimental group includes 236 children whose parents were served by a Parent Partner and a matched comparison group of 55 children whose parents were served by the public child welfare agency in 2004, before the Parent Partner program was established. Cases were examined 12 months following case opening to determine reunification status. Results from the outcome study indicate that reunification may be more likely for children whose parents were served by Parent Partners. Although there are limitations to the data, findings from this study suggest that the Parent Partner model may hold promise as a child welfare intervention designed to support reunification.

Blome, W. W. (2009). Association between foster care and substance abuse risk factors and treatment outcomes. *Journal of Child & Adolescent Substance Abuse*, 18(3), pp. 257-273.

The child welfare and substance abuse systems are integrally linked through the children and families they both serve. There is a dearth of knowledge, however, on how children who have experienced foster care fare when they are treated for substance abuse issues as adults. This article presents an exploratory study using the Alcohol and Drug Services Study (ADSS) data set. To pursue a set of exploratory questions, adults in substance abuse treatment who were formerly in foster care were matched with a group who had not experienced substitute care. Their experiences before and after treatment were compared. This article presents the methodological and substantive findings.

Brook, J. (2009). In McDonald T., McDonald T. (Eds.), Impact of parental substance abuse on the stability of family reunifications from foster care. *Children & Youth Services Review*. 31(2), pp. 193-198.

This study examined the likelihood of reentry into foster care following reunification for children whose primary caretakers were stratified into groups based on the type of substance abuse cited as a primary reason for the initial removal: those with alcohol only involvement, those with drug only involvement, those with both alcohol and other drug involvement, and those with no alcohol or drug involvement. Event history analysis showed that children whose reasons for initial placement in foster included caretakers with both alcohol and drug involvement were much more likely to reenter care following reunification than any of the other three groups. However, drug or alcohol involvement as the initial reason for removal was also associated with higher risk of reentry.

Bullock, R. & Gaehl, E. (2012). Children in care: A long-term follow-up of criminality and mortality. *Children and Youth Services Review*, 34(9), pp. 1947-1955. DOI: 10.1016/j.childyouth.2012.06.003

This article looks at the criminal careers and mortality rates of children in care in England in 1980, two cohorts were selected for the study one consists of long-stay children in care for at least two years and another group who left care within five weeks. The aim of the study was to identify risk factors and learn about behavioral continuity and discontinuity. The rates for the subsequent offending of children presenting delinquency and other difficult behavior, especially irregular school attendance, and who stay long in care is 2.7 times higher than for those coming into care because of neglect and abuse and 1.6 times higher than for those coming into care due to family breakdown. There was no evidence that being in care per se reduces or increases the risk of offending, as criminal behavior is not constant and the risks associated with it vary over time with much depending on the child's predisposition, life events and the quality of interventions received.

Bryson, S. A., Akin, B. A., Blasé, K. A., McDonald, T., & Walker, S. (2014). Selecting an EBP to reduce long-term foster care: lessons from a university-child welfare partnership. *Journal of Evidence-Based Social Work, 11*(1-2), pp. 208-221. DOI: 10.1080/15433714.2013.850325

This article describes three major aspects of the evidence-based practice selection process: defining a target population, selecting an evidence-based practice model and purveyor and tailoring the model to the practice context. Additionally, the authors look to and detail each step of the process using aspects of implementation science.

Carison, B. E., Smith, C., Matto, H., & Eversman, M. (2008). Reunification with children in the context of maternal recovery from drug abuse. *Families in Society, 89*(2), pp. 253-263.

Little is known about mothers' experiences of reunification with children in the context of recovery from drug abuse. Using a stress and coping framework, this qualitative study interviewed 6 mothers and 11 service providers from substance abuse and child welfare agencies regarding reunification experiences. Analysis of themes indicated that multiple parenting stressors and lack of resources and supports complicate women's abilities to manage parenting pressures upon reunification. Maternal readiness for reunification was an important theme; returning children prematurely heightens risk for poor outcomes, especially if insufficient services are in place to support children's return home. The stress of dealing with child protective services and multiple service systems was another theme. Implications for service provision to mothers and families are discussed.

Carlson, B. E., Matto, H., Smith, C., & Eversman, M. (2006). A pilot study of reunification following drug abuse treatment: Recovering the mother role. *Journal of Drug Issues, 36*(4), pp. 877-902.

This qualitative study explored the experiences of women in recovery from drug abuse who had resumed parenting their children after child placement. Six mothers and 11 service providers from substance abuse treatment and child welfare agencies were interviewed about their perceptions of the experience of being reunified with one's children following substance abuse treatment. Findings revealed that mothers have intense emotional reactions to having children placed, which can motivate recovery but also be a source of stress. A variety of supports were identified as necessary to prepare mothers for resuming care of children beyond substance abuse treatment including counseling, child care, financial support, and parenting education. Reunification, however desirable, was described as overwhelming and fraught with parenting challenges, such as effective limit setting with children. Numerous challenges and barriers to successful reunification were identified, such as stigmatization in the child welfare system. The authors state that the results suggest the need for continuity and coordination in service delivery that targets several key areas of skill development for substance-abusing mothers following initial treatment and post-reunification with children. This would require coordinated, effective collaborations between treatment providers, the child protective system, and community-based child welfare providers.

Cheng, T. C. (2010). Factors associated with reunification: A longitudinal analysis of long-term foster care. *Children and Youth Services Review, 32*(10), 1311-1316.

Longitudinal analysis and a secondary sample of 411 children were used to examine how child welfare worker engagement with families and parent receipt of needed services shaped the outcomes for children in long-term foster care. The data came from the National Survey of Child and Adolescent Well-Being. Multinomial logistic regression showed reunification to be likeliest for neglected children who had caseworkers deeply involved with their families; whose families needed housing and financial assistance but not domestic violence services, specifically; and who were provided appropriately matched services. Adoption was likeliest for neglected children who had caseworkers deeply involved with their families; whose families needed *substance-abuse* services but not housing services; whose families had a high risk of re-reporting; whose parents were married; who were White and relatively young; and who had experienced foster care for relatively longer periods. Implications for services and training are discussed.

Dorsey, S., Kerns, S. E. U., Trupin, E. W., Conover, K. L., & Berliner, L. (2012). Child welfare caseworkers as service brokers for youth in foster care: findings from project focus. *Child Maltreatment, 17(1)*, pp. 22-31.

This study examines caseworker-level outcomes of Project Focus, a caseworker training and consultation model designed to improve emotional and behavioral outcomes for youth in foster care through increased linkages with EBPs. Project Focus was tested through a small, randomized trial involving four child welfare offices. Caseworkers in the Project Focus intervention group demonstrated an increased awareness of EBPs and a trend toward increased ability to identify appropriate EBP referrals for particular mental health problems but did not have significantly different rates of actual referral to EBPs. Dose of consultation was associated with general awareness of EBPs. Implications for practice and outcomes for youth are discussed.

Grant, T., Huggins, J., Graham, J.C., Ernst, C., Whitney, N., & Wilson, D. (2011). Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review, 33(11)*, pp. 2176-2185. DOI: 10.1016/j.chilgyouth.2011.07.001

The sample is 458 substance-abusing mothers enrolled in long-term case management. Final custody status was among four categories based on parenting continuity. At program exit 60% of the mothers were caring for their index child. These mothers had more service needs met, more time abstinent from substances, support. Mothers who lost custody had more serious psychiatric issues, fewer service needs met. Women with substance abuse disorders typically have psychosocial characteristics that put them at risk for disrupted parenting. Prior research indicates that comprehensive, accessible services tailored to the mothers' needs can contribute to family stability. This study further explores the complicated interplay of how maternal risk and protective characteristics and service elements are associated with reunification. The study contributes to existing literature by following mothers for three years; examining service needs as identified by the mother herself; using a summary proportion score to reflect the totality of services received to matched service needs identified; and using logistic regression to examine interactions of services received with critical maternal characteristics. Findings indicate that at program exit 60% of the mothers were caring for their index child. These mothers had more treatment and mental health service needs met, had more time abstinent from alcohol and drugs, secure housing, higher income, and support for staying clean and sober. Among women with multiple psychiatric diagnoses, the odds of regaining custody were increased when they completed substance abuse treatment and also had a supportive partner. Mothers who lost and did not regain custody had more serious psychiatric problems and had fewer service needs met.

Grella, C. E., Needell, B., Shi, Y., & Hser, Y. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment, 36(3)*, pp. 278-293.

This article examines the predictors of child reunification among mothers who participated in a statewide treatment outcome study. Data were integrated from multiple sources to determine the contributions of characteristics of mothers (n = 1,115), their children (n = 2,299), and treatment programs (n = 43) on reunification outcomes. Hierarchical linear modeling was used to determine the fixed and random effects of mother, child, and program characteristics. Mothers with more employment and psychiatric problems were less likely to be reunified with their children; completion of 90 or more days in treatment approximately doubled their likelihood of reunification. Mothers who were treated in programs providing a "high" level of family-related or education/employment services were approximately twice as likely to reunify with their children as those who were treated in programs with "low" levels of these services.

Haight, W., T. Ostler, et al. (2007). A child's-eye view of parent methamphetamine abuse: Implications for helping foster families to succeed. *Children and Youth Services Review, 29(1)*, pp. 1-15.

This report focuses on the experiences and perspectives of rural, Midwestern children aged 7-14 years who were involved with the public child welfare system because of their parents' methamphetamine abuse. Eighteen children participated in semi-structured, in-depth interviews

focusing on their families of origin. Children reported exposure not only to their parents' and non-kin adults' methamphetamine and other substance abuse, but to a constellation of activities related to drug use or drug seeking behavior including violence within their homes and other criminal behavior. Children responded to the contexts in which they were reared in a variety of ways including accepting or actively resisting socialization messages that normalized substance abuse. The majority of children described involvement with law enforcement and child welfare as a "sad" and "scary" time in their families. Far from embracing their placement within safe and stable families, many children continued to express sadness, distress and resistance to legal and child welfare interventions even after months in foster care. Implications for facilitating the adjustment of children to foster care and beyond are discussed including providing foster parents with support and information about the contexts in which children have been reared and children's understanding of those contexts in order that they may interpret and respond to challenges that may emerge.

Hohman, M. M., & Butt, R. L. (2001). How soon is too soon? Addiction recovery and family reunification. *Child Welfare, 80(1)*, pp. 53-67.

This article describes the addiction recovery process and stages of recovery, the behaviors and attitudes that indicate recovery, and how recovery impacts parenting. This information is crucial for child welfare workers involved in decision making regarding family reunification. Two models of recovery, one from alcoholism and one from cocaine addiction, are reviewed. In addition, issues encountered in recovery, particularly for women are discussed. Case examples and discussion demonstrate how child welfare workers can apply these models in determining the appropriateness of reunification.

Harris-McKoy, D., Meyer, A. S., McWey, L., & Henderson, T. L. (2014). Substance use, policy, and foster care. *Journal of Family Issues, 35(1)*, pp. 1298.

In this article, the authors analyze the impact The Adoption and Safe Families Act (ASFA) has had on parents struggling with alcohol or other drug problems, who are also appealing the termination of their parental rights (TPR). In the study, the authors analyzed court cases from Virginia, Florida, Louisiana, and Georgia involving parental appeals of TPRs pre- and post-ASFA. According to the findings, decisions to uphold TPRs for parents with AOD issues were more frequent post-ASFA.

Huang, H., Ryan, J. P. (2011). Trying to come home: substance exposed infants, mothers, and family reunification. *Children and Youth Services Review, 33(1)*, pp. 322-329.

This article presents the findings of a study of 160 mothers and their substance exposed infants focusing on the relationship between treatment modalities (residential and outpatient), recovery from substance abuse and family reunification. Results show that there are benefits to residential treatment in terms of progress and family reunification, but only when residential services were delivered in combination with transitional services.

Hong, S., & Piescher, K. (2012). The role of supportive housing in homeless children's well-being: an investigation of child welfare and education outcomes. *Children and Youth Services Review, 34(8)*, pp. 1440-1447.

This study seeks to understand the impact of supportive housing services on homeless children's well-being over time, including the academic functioning and child protection involvement of homeless children. Significantly positive effects of recipients of supportive housing services were found in school mobility, school attendance, and math achievement. The proportion of children with child protection involvement for the supportive housing group sharply decreased over time. Recommendations for policy and future research are made; study limitations are addressed.

Koh, E., Rolock, N., Cross, T. P., & Eblen-Manning, J. (2014). What explains instability in foster care? Comparison of a matched sample of children with stable and unstable placements. *Children and Youth Services Review, 37(1)*, pp. 36-45.

This study investigates what characteristics explain placement instability for children in foster care; it also examines specific reasons for placement changes for a group of children who experienced multiple placements. Findings from this study show that the following three

components that contribute to placement stability for children in foster care: a) a caregiver's commitment to a child's legal permanence; b) the absence of a child's mental health diagnosis; and c) placements with a relative caregiver. The findings of the study also illustrate that while system- or policy related reasons explain the largest proportion of placement changes for children's earlier stay in foster care, a majority of placement changes are related to foster family or behavior-related reasons over time.

Leathers, S. J., Spielfogel, J. E., Gleeson, J. P., & Rolock, N. (2012). Behavior problems, foster home integration, and evidence-based behavioral interventions: What predicts adoption of foster children? *Children and Youth Services Review, 34(5)*, pp. 891-899. DOI: 10.1016/j.childyouth.2012.01.017

This article is based on the results of a pilot study focused on testing associations between behavior problems, foster home integration, an evidence-based foster parent intervention, and adoption likelihood. According to the findings, externalizing behavior problems had a negative effect on both integration and adoption, and foster home integration had an independent positive effect on adoption. Internalizing behavior problems (e.g., depression/anxiety) were not related to adoption or integration. The study provides further evidence of the negative effect of externalizing behavior problems on adoption.

Linares, L. O., Li, M., & Shrout, P. E. (2012). Child training for physical aggression? Lessons from foster care. *Children and Youth Services Review, 34(12)*, pp. 2416-2422.

In this article, the authors evaluated the effectiveness of a child-focused adaptation of the Incredible Years Child Training (CT) program to reduce physical aggression. Participants were assigned to the CT program or usual care. Post-intervention results showed that physical aggression decreased over time for both groups and results show that the CT group did not experience better outcomes than those in the Usual Care group. However, children in the Usual Care showed more improvement the overtime in good self-control and physical aggression than those in the CT program. Teacher ratings remained unchanged for both groups.

Linsk, N., Mason, S., Fendrich, M., Bass, M., Prubhugate, P., & Brown, A. (2009). "No matter what I do they still want their family": Stressors for African American grandparents and other relatives. *Journal of Family Social Work, 12(1)*, pp. 25-43.

Grandparents and other relatives increasingly assume the role of primary caregiver to minor children. This study interviewed family members caring for children whose parents were not available due to parental incarceration, other involvement in the criminal justice system, and substance abuse-related issues. Interviews with 25 African American women examined the impact of caregiving including stress and depression. Stress included caregiver issues related to finances, time allocation, care responsibilities, and concerns about the absent parent, as well as issues specific to the children related to school concerns, child behavior, and emotional problems. These stresses were examined along with caregiver depression scores using the Center for Epidemiological Studies Depression Scale, which indicated more depression related to caregiver illnesses, older caregivers, and care for older and a larger number of children. This study suggests that caring for these children is both challenging and stressful, and caregivers are at risk for depression and other mental health concerns. Health and service providers should carefully assess the needs of caregivers when determining the needs of families where children are under care of nonparental relatives. Family-based services are needed that include caregiver supports as well as support for children.

Maliszewski, G., & Brown, C. (2014). Familism, substance abuse, and sexual risk among foster care alumni. *Children and Youth Services Review, 36(1)*, pp. 206-212.

This study examined the relations among family connectedness, substance abuse, and sexual risk for young adults of at-risk environments, looking specifically at foster care alumni. Findings of the study suggest that there was significant associations found between the quality of young adults' relationships with family members and their sexual risk intentions and substance abuse behaviors. The authors suggest that findings could inform clinical practice by helping their clients develop and maintain positive family relationships.

Marcellus, L. (2008). (Ad) ministering love: Providing family foster care to infants with prenatal substance exposure. *Qualitative Health Research, 18(9)*, pp. 1220-1230.

A significant percentage of children in foster care in North America are younger than 1 year of age and are in foster care because of parental substance use and other social challenges. Infants might present with specific health and behavioral issues that are challenging to manage within the foster family home environment; foster families require specialized skills and knowledge to manage these issues. In this article, the author describes a constructivist grounded theory of the process of becoming and providing family foster caregiving in the context of caring for infants with prenatal alcohol and/or drug exposure. The basic social process of (ad) ministering love was identified. The author further describes the three phases of this process and the core concepts within each phase.

Marcenko, M.O., Lyons, S. J. & Courtney, M. (2011). Mothers' experiences, resources and needs: The context for reunification. *Children and Youth Services Review, 33(3)*, pp. 431-438. DOI: 10.1016/j.childyouth.2010.06.020

This paper extends prior scholarship regarding the characteristics of mothers involved with the child welfare system. In-person interviews were conducted with a statewide sample of 747 mothers, 318 with children remaining in home and 429 with children in care, to examine their socio-demographic and psychosocial characteristics as well as service needs. Mothers were mostly impoverished, struggling to meet basic needs, and coping with early trauma, mental health problems, substance abuse and domestic violence. Almost half reported an annual income of less than \$10,000 and 70% were unemployed, but few received public benefits with the exception of food stamps. Mothers with child in care experienced greater economic hardship than mothers whose children remained in home. The implications of the finds are discussed.

Marsh, J. C., Ryan, J. P., Choi, S., & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review, 28(9)*, pp. 1074-1087.

The current study focuses on families in the child welfare system with co-occurring problems and the impact of such problems on the likelihood of reunification. The current study contributes to the literature on service integration by examining whether it is necessary to go beyond assessment and service access to insure families make progress in each co-occurring problem area to achieve reunification. The sample is comprised of 724 substance-abusing families enrolled in the Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) Waiver Demonstration. Data on client progress consisted of provider ratings completed quarterly to track progress related to problems of substance abuse, domestic violence, housing and mental health. The findings indicate that progress in resolving co-occurring problem areas increases the likelihood of achieving family reunification. Thus, the provision of the child welfare service model alone is insufficient. In order for child welfare systems to increase reunification rates, services must target the specific needs of individual families and assist them in achieving progress within co-occurring problem areas. Successful integrated service programs must identify the range of specific problems that clients are dealing with and insure that they address and resolve these problems in order to increase the likelihood of family reunification.

Merritt, D. H., & Klein, S. (2014). Do early care and education services improve language development for maltreated children? Evidence from a national child welfare sample. *Child Abuse & Neglect. In Press.*

This article presents findings from a study which used data from a nationally representative survey of children in the U.S. child welfare system, the National Survey of Child and Adolescent Well-Being II, to assess whether young CWS-supervised children who were enrolled in high quality early care and education (ECE) had better language development outcomes 18 months later than those not enrolled in ECE. The findings suggest that ECE participation predicted better scores at follow-up.

McWey, L. M., Henderson, T. L., & Alexander, J. B. (2008). Parental rights and the foster care system: A glimpse of decision making in Virginia. *Journal of Family Issues, 29(8)*, pp. 1031-1050.

Using ecological theory and a mixed-methods approach, the authors examined family-court interactions for foster care decisions made in Virginia across three policy periods: 1980 to 1993, 1994 to 1997, and 1997 to present (N= 95). For the first and last policy periods, quantitative analyses revealed significant differences in the rates at which parental rights were terminated. Differences also existed in termination rates for parents with mental health issues and limited IQs but not for parents with substance abuse issues or those with special-needs children. The best-interests-of-the-child standard and clear and convincing evidence were the primary legal principles used to determine whether to terminate parental rights or to reunify families. Suggestions were made to enhance the understanding of family professionals.

Miller, K.A., Fisher, P.A., Fetrow, B., & Jordan, K. (2006). Trouble on the journey home: Reunification failures in foster care. *Children and Youth Services Review, 28(3)*, pp. 260-274.

This article examined parent, child, family, environmental, and service utilization factors hypothesized to be associated with reunification failure. The sample for the study included foster children who, at reunification with their birth parents, ranged in age from 4-7 years. All participants were reunified with at least one parent. Among the variables found to significantly differentiate between failed and successful reunifications were parental utilization of substance abuse treatment, child utilization of special educational services, child utilization of individual, family, or group therapy, overall parenting skill level, appropriate use of discipline, and quality of neighborhood. The authors discuss the implications of these results for policies aimed at increasing the success rate of reunifications following foster care.

Miller, K. M., Cahn, K., Anderson-Nathe, B., Cause, A. G., & Bender, R. (2013). Individual and systemic/structural bias in child welfare decision making: Implications for children and families of color. *Children and Youth Services Review, 35*, pp. 1634-1642.

This article summarizes the results of the Child Welfare Equity Task Force which looked at ways in which to engage child welfare and collaborating system decision makers in a subjective interpretative analysis of the practice context for Oregon's child welfare administrative data which reflected the existence of racial disproportionality and disparity. Thematic analysis yielded eleven themes from the participant focus groups, four of which clustered around individual and structural/systemic bias and are examined in this paper: visibility bias; cultural bias and insensitivity; personal influences on determination of minimally adequate care; and foster and adoptive parent recruitment and licensing practices. Participants offered recommendations to improve outcomes for children and families of color in light of these observations: increase awareness of bias, create checks and balances in decision-making, contract with and hire culturally and racially diverse professionals, and increase funding for training.

Pelton, L. H. (2008). An examination of the reasons for child removal in Clark County, Nevada. *Children & Youth Services Review, 30(7)*, pp. 787-799.

The factors precipitating child placement were examined in two randomly selected samples of protective custody cases that were brought before the family court in Clark County, Nevada during a one-year period. Methamphetamine use, homelessness, lack of resources, and physical abuse were factors frequently prompting placement. Homelessness was as prevalent in cases not involving meth or other drug use as in those that did. Police were involved in a large proportion of the cases, in these cases; children were more frequently placed in foster care facilities. In many cases, the arrest and incarceration of parents on outstanding warrants unrelated to the immediate safety of the children precipitated the need for placement. Parents frequently received counseling for their substance abuse and other issues, but were rarely offered concrete assistance or any significant help with housing. The reallocation of resources from Child Haven, the emergency placement congregate care facility in which most children were initially placed, to the provision of direct assistance with housing and other concrete services, is recommended and discussed.

Pilowsky, D.J., & Wu, L.T. (2006). Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health, 38(4)*, pp. 351-358.

The purpose of this study was to ascertain the prevalence of psychiatric symptoms and substance use disorders among adolescents with a lifetime history of foster care placement, using data from a nationally representative sample of U.S. adolescents. Study subjects were adolescents aged 12-17 years in the public use file of the 2000 National Household on Drug Abuse (n = 19,430, including 464 adolescents with history of foster care placement). Psychiatric symptoms and substance use disorders were ascertained through direct interviewing of adolescents. Results indicated that adolescents involved with foster care had more past-year psychiatric symptoms, and especially more conduct symptoms, and past-year substance use disorders than those never placed in foster care. Adolescents involved with foster care were about four times more likely to have attempted suicide in the preceding 12, and about five times more likely to receive a drug dependence diagnosis in the same period. The authors concluded that adolescents involved with foster care have a higher prevalence of psychiatric symptoms and drug use disorders than those never placed in foster care.

Raphel, S. (2008). Kinship care and the situation for grandparents. *Journal of Child and Adolescent Psychiatric Nursing, 21(2)*, pp. 118-120.

Kinship care. What is it? What is needed? What is being done? A totally new swing in child welfare is before us. In 1996, 2.5 million U.S. families were maintained by grandparent(s) who had one or more grandchildren living with them. According to census records, this number increased 30% in the decade ending 2000. The grandparent(s) provide a safety net to children inside and outside the Social Welfare System in cases where parents struggle with substance abuse, incarceration, mental illness, economic hardship, divorce, domestic violence, and other issues leading to their absence as primary caregivers for their children. Although this informal, private or voluntary arrangement has many advantages for the child, there are fewer resources available to the kin caregiver. Kinship care arrangements tend to be complex. Some families find themselves in both formal and informal situations with related children. Many caregivers are still raising their own children or caring for elder parents. Evaluating the quality of kinship care involves many views. The quality indicators are appropriate behavior, school performance, happiness, and the caregiver's experience with raising other children.

Rees, C. A., & Selwyn, J. (2009). Non-infant adoption from care: Lessons for safeguarding children. *Child: Care, Health & Development, 35(4)*, pp. 561-567.

The aim of this study is to explore use of adoption in remedying abuse and neglect, to inform child protection practice and to identify professional responsibilities to adoptive families. A cohort of 130 children was identified for whom adoption was recommended in 1991-1996 at a mean age of 5.7 years (range 3-11). All were in local authority care for child protection reasons. Background information was gathered from social work records. The children were traced between 6 and 11 years later and their adopters interviewed. The Strengths and Difficulties Questionnaire and the Parent-Child Communication Scale were completed. Results all but three birth parents had traumatic childhoods involving abuse, neglect and/or time in care. Eighty-six percent had violent adult relationships. Mental illness, learning difficulties and substance abuse were prominent. Sixty-seven percent of families were known to social services when children were born, but 98% experienced abuse or neglect. Most adopters found the first year challenging, though rewarding. Depression, anxiety and marital problems were common. Children's learning difficulties, conduct problems, emotional "phoniness" and rejection affected closeness. At follow-up 28% described rewarding, happy placements, and 62% described continuing difficulties tempered by rewards. However, 10% reported no rewards. Hyperactivity and inattention frequently persisted despite stable adoption and were associated with conduct and attachment difficulties. Use of professional services was substantial. Thirty-eight per cent of children failed to achieve stable adoption. Later entry to care correlated with poorer outcome. This study highlights the importance in safeguarding children of considering the implications of parental childhood experiences, and indicates the risk of delay. The high prevalence of domestic violence in birth families indicates the need for better resources for managing emotional dysregulation. Adoption is a valuable therapeutic tool, but

professional responsibilities in supporting it need to be acknowledged and adequately resourced. Dysfunctional hypothalamus-pituitary-adrenal axis programming may contribute to persisting difficulties. Supporting substitute care should be considered integral to safeguarding children.

Rischel, C. W., Morris, T. L., Colyer, C., & Gurley-Calvez, T. (2014). Preventing the residential placement of young children: A multidisciplinary investigation of challenges and opportunities in a rural state. *Children and Youth Services Review, 37(1)*, pp. 9-14.

This study identifies systemic factors contributing to the residential placement of young children and opportunities for service improvement in a rural state. Key informant interviews and surveys were used to synthesize a broad array of professional perspectives. Remarkable consensus across multiple groups suggests that young children are best served in a family setting. The authors argue that children and families would be best served by shifting resources from residential placement options toward prevention and early intervention.

Saunders, C., Hetling, A., Ovwigho, P. C., & Born, C. E. (2012). Children without parents in the TANF caseload: thinking beyond the child-only label. *Children and Youth Services Review, 34(1)*, pp. 1024-1034.

This article compares and contrasts the demographics of parental and relative caregiver cases, analyzing the differences between cases with and without adults receiving benefits. The findings suggest that relative caregivers have service needs that are different from those of parents and may be more disadvantaged than child-only cases.

Simmel, C. (2012). Highlighting adolescents' involvement with the child welfare system: a review of recent trends, policy developments, and related research. *Children and Youth Services Review, 34(1)*, pp. 1197-1207

The purpose of this article is to provide a review of the literature on issues pertinent to adolescents involved with the child welfare system. The authors point out gaps in the literature and review policies pertinent to this population. Recommendations made include providing better services to this population.

Smith, B.D. (2003). How parental drug use and drug treatment compliance relate to family reunification. *Child Welfare, 82(3)*, pp. 335-365.

This study assesses the relationships among parental drug use, drug treatment compliance, and reunification from substitute care. Parental drug use and treatment compliance have been presented as justification for a new emphasis in child welfare policy and practice, especially due to the shorter permanency timelines. Using in-person survey data and state administrative data, the study finds that drug treatment compliance is associated with faster reunification, even when accounting for ongoing drug use and three parenting measures. The findings are consistent with a conceptual framework suggesting that certain client actions, such as drug treatment compliance, may serve as markers that substantially affect client outcomes. This study contributes to the growing body of empirical literature on the correlates of reunification, including parents' treatment compliance.

Smith, D. K., Johnson, A. B., Pears, K. C., Fisher, P. A., & DeGarmo, D. S. (2007). Child maltreatment and foster care: unpacking the effects of prenatal and postnatal parental substance use. *Child Maltreatment, 12(2)*, pp. 150-160. DOI: 10.1177/1077559507300129

This article presents findings from a study looking at 1) the effects of prenatal and postnatal parental alcohol and drug use and 2) maternal and paternal substance use as predictors of child maltreatment and Foster care placement transition in a sample of Foster care children. Results show that prenatal maternal alcohol use predicted child maltreatment and the combined prenatal maternal alcohol and drug use predicted Foster care placement transitions.

Svoboda, D. V., Shaw, T. V., Barth, R. P., & Bright, C. L. (2012). Pregnancy and parenting among youth in foster care: A Review. *Children and Youth Services Review*, 34(5), pp. 867-875. DOI: 10.1016/j.childyouth.2012.01.023

This review reports the findings related to prevalence, risk factors, and protective factors for pregnancy and parenting among youth in foster care. Youth report their motivations for parenting and barriers to preventing pregnancy. Child welfare workers and administrators report lack of policy and practice guidance related to pregnancy prevention and reproductive healthcare for youth in foster care. The authors argue that inclusion of family planning and pregnancy prevention should become part of the discussion to ensure child well-being for children in foster care.

Tarren-Sweeney, M. (2013). An investigation of complex attachment – and trauma-related symptomatology among children in foster and kinship care. *Child Psychiatry and Human Development*, 44(1), pp. 747-741.

This article presents findings from an investigation into the nature, patterns and complexity of mental health symptomatology of children in foster and kinship care. Findings indicate that social and interpersonal relationship difficulties are often presented in children in care, including anxiety as a component of felt insecurity, and attention-deficit hyperactivity is often manifested along with other difficulties.

Taylor, O. D. (2011). Children of substance-abusing or substance-dependent parents. *Journal of Human Behavior in the Social Environment*, 21(7), pp. 727-743. DOI: 10.1080/0911359.2011.615683

Children of substance abusing or dependent parents are suffering a tremendous hardship. According to the Office of Applied Studies, an estimated 6 million children live with a parent who abuses alcohol or other drugs. These children are being removed from their natural home environments at alarming rates. Of the 80% of the children within the child welfare system because of a substance abusing or substance dependent parent, an estimated 50% are reunified with their recovering parents and return home. However, the other children are loss in a costly child welfare system of uncertainty.

Uliando, A., & Mellor, D. (2012). Maltreatment of children in out-of-home care: A review of associated factors and outcomes. *Children and Youth Services Review*, 34(12), pp. 2280-2286.

This article provides an overview of the types of maltreatment in out-of-home care and examines the impact of this maltreatment on children's functioning. It discusses maltreatment by individual perpetrators such as carers or other children, and maltreatment inflicted through policies, processes and decisions made within the child protection system. The impacts of maltreatment in out-of-home care on children are reviewed, and the child, worker and system factors that contribute to maltreatment of children in care are discussed.

Vanderploeg, J. J., C. M. Connell, et al. (2007). The impact of parental alcohol or drug removals on foster care placement experiences: A matched comparison group study. *Child Maltreatment*, 12(2), pp. 125-136.

Research has established the coincidence of parental alcohol and other drug (AOD) use and child maltreatment, but few studies have examined the placement experiences and outcomes of children removed because of parental AOD use. The present study examines demographic characteristics and placement experiences of children removed from their homes because of parental AOD use (n = 1,333), first in comparison to the remaining sample of children in foster care (n = 4,554), then in comparison to a matched comparison group of children in foster care who were removed for other reasons (n = 1,333). Relative to the comparison sample, children removed for parental AOD use are less likely to experience co-occurring removal because of neglect and physical or sexual abuse and are more likely to be placed in relative foster care. In addition, these children remain in care longer, experience similar rates of reunification, and have significantly higher rates of adoption.

Vanschoonlandt, F., Vanderfaeillie, J., Van Holen, F., De Maeyer, S. & Andries, C. (2012). Kinship and non-kinship foster care: Differences in contact with parents and foster child's mental health problems. *Children and Youth Services Review, 34(8)*, pp. 1533-1539.

This article aims to compare kinship and non-kinship foster placements in regards to contact with/attitude of parents and the mental health of foster children. According to the authors, non-kinship foster placements fare better on different aspects of contact with/attitude of parents than kinship foster placements. Foster children in kinship foster placements have less behavioral problems than non-kinship foster children. The researchers draw attention the number of previous out-of-home placements as the most important predictive factor for behavioral problems.

Wells, K., & Marcenko, M. O. (2011). Introduction to the special issue: Mothers of children in foster care. *Children and Youth Services Review, 33(3)*, pp. 419-423. DOI: 10.1016/j.childyouth.2010.06.022

This article introduces the special issue of *Children and Youth Services Review* devoted to single mothers with children in foster care. It delineates the policy context in which mothers are operating; examines reasons for mothers' temporary loss of custody of their children, a loss that occurs when their children are placed in foster care; presents expectations of mothers once they enter the public child welfare system; and summarizes empirical and theoretical papers included in the volume intended to advance policy and practice for this population. Taken together, these papers reflect one over-arching theme—the need to re-orient child welfare policy and practice so that the rehabilitation, health, and well-being of mothers is one of the central aims.

White, C. R., O'Brien, K., White, J., Pecora, P. J., & Phillips, C. M. (2008). Alcohol and drug use among alumni of foster care: Decreasing dependency through improvement of foster care experiences. *Journal of Behavioral Health Services & Research, 35(4)*, pp. 419-434.

The Northwest Foster Care Alumni Study examined the effects of family foster care on adult substance dependencies. The study focused on young adults (N = 479) who were served by a private (Casey Family Programs) or public foster care agency in Washington and Oregon states. This paper describes (1) prevalence rates of alcohol dependence and drug dependence, (2) the relation between risk factors and experiences in foster care and adult substance dependencies, and (3) statistical simulations showing how adult substance dependency rates may be reduced through improvement of the foster care experience. The rate of alcohol dependence within the past 12 months (3.6%) among alumni was not significantly different from that of the general population; the rate of drug dependence within the past 12 months (8.0%) was significantly higher among alumni. Optimization of foster care experiences (i.e., improving care) was associated with significant reductions in the estimated prevalence of these two dependencies.

Woolgar, M. (2013). The practical implications of the emerging findings in the neurobiology of maltreatment for looked after and adopted children: recognizing the diversity of outcomes. *Adoption & Fostering, 37(1)*, pp. 237

This article presents findings from a literature review on the most recent research on the neurobiological consequences of maltreatment, by focusing on the impact on children's brain development, physiology and genetics. The article also provides two cases studies in which neurobiological science was used for the detriment of child placements. Authors argue that neurobiological research should be used carefully.

Wulczyn, F., Ernst, M., & Fisher, P. (2011). *Who are the infants in out-of-home care? An epidemiological and developmental snapshot*. Chicago: Chapin Hall at the University of Chicago.

This brief examines five key domains in which infants in out-of-home population differ from older children including 1) incidence of first-time out-of-home placements; 2) duration in care; 3) experiences in care; 4) characteristics and; 5) vulnerability for delayed development.

HEALTH RELATED ISSUES

Bouchery, E. E., Harwood, J. H., Dilonardo, J. & Vandivort-Warren, R. (2012). Type of health insurance and the substance abuse treatment gap. *Journal of Substance Abuse Treatment, 42(3)*, pp. 289-300. DOI: 10.1016/j.jsat.2011.09.002

This study examines the correlation between type of insurance coverage and receipt of substance abuse treatment, controlling for other observable factors that may influence treatment receipt. The authors of the study claim that the likelihood of treatment entry is estimated by type of insurance coverage. Results show that individuals with private insurance have lower treatment entry rates than individuals with public insurance. The authors suggest that the Affordable Care Act should improve coverage for individuals who need it, however the possibility remains that the reform may miss the opportunity to make significant improvements to those who need coverage.

Busch, S. H., Epstein, A. J., Harhay, M. O., Fiellin, D.A., Un, H., Leader, D. J., & Barry, C. L. (2014). The effects of federal parity on substance use disorder treatment. *The American Journal of Managed Care, 20(1)*, pp. 76-83.

The objective of this study is to examine the effects of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) on substance use disorder treatment. The authors claim that in the first year of the implementation of MHPAEA there was not a significant change in the proportion of enrollees using substance use disorder treatment, however there was a small increase in spending in treatment. The authors could also not find any significant change in the identification, treatment initiation or treatment engagement of enrollees. The authors suggest that more research is needed during year 2 of the implementation to determine if any significant changes have occurred in treatment.

Centers for Disease Control and Prevention. (2013). Drug Induced Deaths – United States, 1999-2010. *MMWR: 62 (Supplement 3)*: pp. 161-163

The purpose of this report is to raise awareness of disparities by age, gender, racial/ethnic and/or geographic differences and prompt actions to reduce disparities regarding drug-induced deaths in the United States. Results show that the highest percentage of deaths occurred amongst American Indian/Alaska Natives followed by non-Hispanic whites. Prescription drugs have replaced illicit drugs as the leading cause of drug-related overdose deaths.

Gurewich, D., Prottas, J., & Sirkin, J. T. (2014). Managing care for patients with substance abuse disorders at community health centers. *Journal of Substance Abuse Treatment, 46(1)*, pp. 227-231.

The aim of this study was to look at operational practices in a sample of community health centers (CHCs) which have been able to effectively coordinate substance use disorder services. The study looked at how the CHCs identified patient needs and linked them with appropriate services. The case study results reflected that the integration of behavioral health staff with primary care staff was one of the critical key transitions made with successful CHCs. One of the main challenges faced by CHCs included the coordination of services between primary care and SUD providers.

Knudsen, H. K., Oser, C. B., Abraham, A. J., & Roman, P. M. (2012). Physicians in the substance abuse treatment workforce: Understanding their employment within publicly funded treatment organizations. *Journal of Substance Abuse Treatment, 43(2)*, pp. 152–160. DOI: 10.1016/j.jsat.2011.12.003

This study examined organizational and environmental factors associated with the employment of physicians in substance abuse settings. Results show that some funding barriers were present in the employment of physicians, including the costs of physicians and inadequate reimbursement by funders. Programs unaware that they could use state contract funding to pay for medical staff employed fewer numbers of physicians than programs aware of this type of state policy. Attempts

to increase physician employment in substance abuse treatment may require attention to both organizational and environmental factors rather than simply trying to attract individuals to the field.

Mark, T.L., & Vandivort-Warren, R. (2012). Spending trends on substance abuse treatment under private employer-sponsored insurance, 2001–2009. *Drug and Alcohol Dependence*, 125(3), pp. (2012) 203– 207. DOI: 10.1016/j.drugalcdep.2012.02.013.

The aim of this study is to identify trends from 2001 through 2009 in spending and utilization on substance abuse services by individuals with employer-sponsored health insurance. By analyzing these trends the authors hope to reveal how access, utilization, expenditures, and the mix of treatment may have changed and assess changes that may occur due to recent policy changes. Results of the study reflect that spending remained constant throughout the years analyzed. The study has implications for anticipating the effects of the federal parity law, in that the low share of substance abuse treatment means that even large increases in substance abuse utilization and spending are unlikely to have a significant impact on total health care costs.

Molfenter, T. D. (2014). Addiction treatment centers' progress in preparing for health care reform. *Journal of Substance Abuse Treatment*, 46(1), pp. 158-164.

The researchers of this study designed the Health Reform Readiness Index (HRRRI) for addiction treatment organizations to assess their readiness for the Patient Protection and Affordable Care Act (PPACA). They administered the tool to 27 organizations completed the survey, the results reflected that agencies with annual budgets of less than 5 million were least likely to be prepared for the PPACA than agencies with annual budgets of more than 5 million. The authors make the claim that smaller treatment agencies are not preparing adequately for health care reform and those organizations that are preparing are only making modest gains.

Reich, A. W. & Fuger, L. K. (2012). Accessing child developmental services predicts in-home placement of substance – and HIV-affected children. *Children and Youth Services Review*. 34(12), pp. 2474-2480.

This article focuses on the impact of service provision on child placement in AIA-funded services across the U.S. The findings of the study support the AIA model, the author's state that comprehensive services, including services geared towards pediatric and developmental needs, may have strong effects on family stabilization and permanency.

Shin, P., & Sharac, J. (2012). Opportunities and challenges for community health centers in meeting women's health care needs. *Women's Health Issues*, 22(2), pp. 119-121.

This article reviews how the Affordable Care Act (ACA) and community health centers can increase the chances that low-income women get the coverage and care they need. However, the caveats behind the CHCs are their inability to meet the needs of the large number of newly insured patients seeking assistance at these centers. Although CHCs present an effective option for increasing access to primary care for women under the ACA, they face significant challenges in expanding their capacity to meet the projected increase in demand for care.

Sutherland, M. A., Fantasia, H. C., McClain, N., Hill, C., & Lowell, M. A. (2013). Abuse experiences, substance use, and reproductive health in women seeking care at an emergency department. *Journal of Emergency Nursing*. 39(4), pp. 326-333.

The purpose of this study was to describe child sexual abuse experiences, intimate partner violence, substance use, and reproductive health outcomes in a sample of adult women who were seeking care from a rural emergency department to better understand the health care needs of this unique population. According to the study results, the participants had high rates of abuse, harmful drinking patterns, and substance use and were at risk for sexually transmitted infections. The authors argue that with proper training, nurses in the ER could serve as liaisons between this population and appropriate referrals.

IMPLICATIONS FOR TREATMENT

Blome, W. W., Shields, J., & Verdieck, M. J. (2009). The association between foster care and substance abuse risk factors and treatment outcomes: An exploratory secondary analysis. *Journal of Child & Adolescent Substance Abuse, 18*(3), pp. 257-273

The child welfare and substance abuse systems are integrally linked through the children and families they both serve. There is a dearth of knowledge, however, on how children who have experienced foster care fare when they are treated for substance abuse issues as adults. This article presents an exploratory study using the Alcohol and Drug Services Study (ADSS) data set. To pursue a set of exploratory questions, adults in substance abuse treatment who were formerly in foster care were matched with a group who had not experienced substitute care. Their experiences before and after treatment were compared. This article presents the methodological and substantive findings.

Boekel, L. C., Brouwers, E. P. M., Weeghel, J., & Garretsen, H. F. L. (2014). Healthcare professionals' regard towards working with patients with substance use disorders: Comparison of primary care, general psychiatry and specialist addiction services. *Drug and Alcohol Dependence, 134*(1), pp. 92-98.

In this study, healthcare professionals' regard for working with patients with substance use disorders was examined and three sectors in which professionals are working were compared. Results show that regard for working with patients with substance use disorders was different between the three sectors. Health care professionals of specialist addiction services showed higher regard for working with patients with substance use disorders compared to professionals of general psychiatry services and general practitioners. Improvement of education and shared care models in which healthcare professionals are supported by professionals specializing in addiction might address low regard.

Forrester, D., Copello, A., Waissbein, C., & Pokhrel, S. (2008). Evaluation of an intensive family preservation service for families affected by parental substance misuse. *Child Abuse Review, 17*(6), pp. 410-426.

This article reports on an evaluation of an Intensive Family Preservation Service (named 'Option 2') aimed at families in which parents misuse substances and children are considered at risk of entering care. The study used mixed methods. A quasi-experimental element compared solely data relating to care entry (e.g. how long children spent in care and its cost) for Option 2 children (n = 279) and a comparison group of referrals not provided with the service (n = 89) on average 3.5 years after referral. Findings show that 40% of children in both groups entered care, however Option 2 children took longer to enter, spent less time in care and were more likely to be at home at follow-up. As a result, Option 2 produced significant cost savings. A small-scale qualitative element of the study involved interviews with 11 parents and seven children in eight families. The findings suggested that Option 2 was a highly professional and appreciated service. For some families it achieved permanent change. For others, particularly those with complex and long-standing problems, significant positive changes were not sustained. The implications for services designed to prevent public care, particularly where there are substance misuse issues, are discussed and recommendations for policy and evaluation made.

Goldstein, A.L., Wekerle, C., Tonmyr, L., Thornton, T., Waechter, R., Pereira, J., Chung, R. (2011). The relationship between post-traumatic stress symptoms and substance use among adolescents involved with child welfare: Implications for emerging adulthood. *International Journal of Mental Health and Addiction, 9*(5), pp. 507-524. DOI: 10.1007/s11469-011-9331-8

The purpose of the present study was to examine the role of posttraumatic stress symptoms (PTSS) in predicting substance use and substance-related problems in a sample of older youth and emerging adults involved with child welfare. The sample was drawn from the Maltreatment and Adolescent Pathways (MAP) longitudinal study (Wekerle et al. 2009). Participants were 253 youth and emerging adults (ages 15–20; $M = 16.87$, $SD = 1.04$; 61.4% female and 38.6% male) who were involved with child welfare. Multiple regression analyses were conducted to examine

the impact of PTSS using subscales from the Trauma Symptom Checklist for Children. Outcome variables were past year alcohol, marijuana and illicit drug use, as well as alcohol and drug problems. Controlling for gender, age, child welfare status and child maltreatment, both dissociation and anger emerged as significant predictors of substance use and related problems. The implications of these findings for older youth and emerging adults exiting the child welfare system are discussed.

Grant, T., Huggins, J., Graham, J. C., Ernst, C., Whitney, N., & Wilson, D. (2011). Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review, 33*(11), pp. 2176-2185. DOI: 10.1016/j.chidyouth.2011.07.001

This study further explores the complicated interplay of how maternal risk and protective characteristics and service elements are associated with reunification. The study contributes to existing literature by following mothers for three years; examining service needs as identified by the mother herself; using a summary proportion score to reflect the totality of services received to matched service needs identified; and using logistic regression to examine interactions of services received with critical maternal characteristics. The sample is comprised of 458 substance-abusing mothers enrolled during pregnancy or postpartum in the Washington State Parent-Child Assistance Program (PCAP), an evidence-based case management intervention. Participants' custody status was well distributed among four categories based on continuity of parenting. Findings indicate that at program exit 60% of the mothers were caring for their index child. These mothers had more treatment and mental health service needs met, had more time abstinent from alcohol and drugs, secure housing, higher income, and support for staying clean and sober. Among women with multiple psychiatric diagnoses, the odds of regaining custody were increased when they completed substance abuse treatment and also had a supportive partner. Mothers who lost and did not regain custody had more serious psychiatric problems and had fewer service needs met.

Green, B. L., A. Rockhill, et al. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review, 29*(4), pp. 460-473.

In this statewide longitudinal study of 1,911 women who had children placed in substitute care, the authors examined the influence of three key factors in the treatment process on child welfare outcomes. Results indicated that when these women entered treatment more quickly, spent more time in treatment, or completed at least one treatment episode, their children spent fewer days in foster care and were more likely to be reunified with their parents. These findings were significant even controlling for families' levels of risk including treatment and child welfare history, substance abuse frequency and chronicity, and demographic risks. Implications of these findings for improvements in the way that treatment services are provided to women in the child welfare system are discussed.

Hohman, M. M., Shillington, A. M., & Baxter, H. G. (2003). A comparison of pregnant women presenting for alcohol and other drug treatment by CPS status. *Child Abuse and Neglect, 27*(3), pp. 303-317.

The purpose of this study is to describe the demographic, substance use, and treatment variables of 678 treatment seeking pregnant women and to compare these variables based on Child Protective Service (CPS) status. The authors found that pregnant women reporting CPS involvement were similar to non-CPS women on demographic variables but differed on drug use and treatment variables. CPS women were more likely to report marijuana use as their primary problem drug, be mandated to treatment, attend day treatment and be released from treatment unsatisfactorily compared to the non-CPS pregnant women. Those without CPS involvement were more likely to report cocaine or crack as their primary drug, attend outpatient treatment and be found to have a satisfactory release from treatment compared to those with CPS involvement. Significant predictors of CPS involvement were mandated status and unsatisfactory treatment release. The authors postulate that the specific demands of CPS requirements may be burdensome on pregnant women. CPS demands may include parenting classes, monitored visits,

working with a social worker on concurrent planning, and adhering to specific timelines to prepare for reunification or removal. The authors state that both AOD treatment services and CPS need to examine their policies and practices with pregnant substance-abusing women, to determine if treatment needs are not being met and if burdensome expectations are being placed upon them.

Lewandowski, C. A., & Hill, T. J. (2008). The impact of foster care and temporary assistance for needy families (TANF) on women's drug treatment outcomes. *Children & Youth Services Review, 30(8)*, pp. 942-954.

This study assesses the impact of having a child in foster care and receiving cash benefits through Temporary Assistance for Needy Families (TANF) on women's completion of a residential drug treatment program. The study's hypothesis was that drug treatment completion rates for women who had children in foster care and/or who were receiving TANF would differ from women who did not receive these services. The sample included 117 women age 19 to 54, in a Midwestern state. Findings suggest that women with a child or children in foster care were less likely to complete treatment. Women receiving cash benefits were also somewhat less likely to complete treatment than women not receiving services. Women with children in foster care had similar levels of psychological, employment, and drug and alcohol concerns as other women, as measured by the Addiction Severity Index. Future research should focus on identifying strategies that enhance retention rates of these vulnerable women. Implications for improving treatment retention are discussed in light of the Adoption and Safe Families Act of 1997 and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Libby, A. M., Orton, H. D., Barth, R. P., Webb, M. B., Burns, B. J., Wood, P. A., & Spicer, P. (2007). Mental health and substance abuse services to parents of children involved with child welfare: A study of racial and ethnic differences for American Indian parents. *Administration and Policy in Mental Health and Mental Health Services Research, 34(2)*, pp. 150-159.

American Indian parents of children involved with child welfare were compared to White, Black and Hispanic parents on mental health and substance abuse problems and access to treatment. Data came from the National Study of Child and Adolescent Well-Being, a longitudinal study of a nationally representative sample of children aged 0-14 years involved with child welfare. The study found that there were significant disparities in the likelihood of receiving mental health, but not substance abuse, services. Unmet need for mental health and substance abuse treatment characterized all parents in this study. American Indian parents fared the worst in obtaining mental health treatment. Parents of children at home and of older children were less likely to access mental health or substance abuse treatment.

Marsh, J. C., & Cao, D. (2005). Parents in substance abuse treatment: Implications for child welfare practice. *Children and Youth Services Review, 27(12)*, pp. 1259-1278.

This study compares the predictive factors of post-treatment drug use in organizational, service and individual characteristics between 1237 parents and 1905 non-parents, mothers and fathers. The results show that treatment duration and the frequency of counseling available in treatment facilities are the most predictive factors for parents when other factors are controlled. Further, treatment duration, onsite service availability, and frequency of counseling available are significant factors in predicting post-treatment drug use for fathers, but not for mothers. The authors concluded that outcomes are better for parents who receive services in treatment organizations that provide counseling on a frequent schedule (once a week or more). Further, treatment duration and receipt of comprehensive services were specifically predictive for fathers but not for mothers. These findings have implications for improving substance abuse treatment services for parents in child welfare settings. For example, programs seeking to integrate substance abuse and child welfare services will be most effective when they can connect with substance abuse treatment programs that are able to (a) retain parents in treatment, and (b) tailor services to address health and social problems that typically co-occurring with substance abuse.

New Jersey uses money from child welfare system to treat addicted parents. (2008). *Alcoholism & Drug Abuse Weekly*, 20(21), pp. 1-7.

The article provides facts on the issue of substance abuse problems in the child welfare system in New Jersey. The city government develops alternative way to continue offering foster care program throughout the country by transferring the money from the Division of Youth and Family Services (DYFS) to the Division of Addiction Services (DAS) to assist the parent paying treatment of children in the system. The treatment program is acknowledged as part of the region's child welfare services.

Niccols, A., Milligan, K., Smith, A., Sword, W., Thabane, L., and Henderson, J. (2013). Integrated programs for mothers with substance abuse issues and their children: A systematic review of studies reporting on child outcomes. *Child Abuse & Neglect*, 36(4), pp. 308-322.

In this study, the authors performed a systematic review of studies published from 1990 to 2011 in order to examine the impact and effects of integrated programs for women with substance abuse issues and their children. In studies comparing integrated to non-integrated programs, most improvements in emotional and behavioral functioning favored integrated programs and, where available, most effect sizes indicated that this advantage was small.

Nishimoto, R., & Roberts, A. (2001). Coercion and drug treatment for postpartum women. *American Journal of Drug and Alcohol Abuse*, 27(1), pp. 161-181.

This research examined the extent to which various indicators of coercion were related to treatment retention in a gender-specific treatment program and a traditional outpatient program for pregnant and postpartum women who were mandated to enter treatment. Women who were given custody of their infant stayed in treatment longer than women who did not have custody. Women who had custody and were in the intensive day treatment program also completed treatment at a much higher rate than those in the traditional program. These findings have important implications for social work practice as the decision to place a newborn infant with a mother who has a history of or is currently abusing or dependent on substances is a serious concern for child welfare workers.

Osterling, K. L., & Austin, M. J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5(1), pp. 157-189.

This structured review of the literature focuses on evidence related to two areas: (1) individual-level interventions designed to assist mothers and women in addressing their substance abuse problems, and (2) system-level interventions designed to improve collaboration and coordination between the child welfare system and the alcohol and other drug system. Overall, research suggests the following program components may be effective with substance-abusing women with children: (1) Women-centered treatment that involves children, (2) Specialized health and mental health services, (3) Home visitation services, (4) Concrete assistance, (5) Short-term targeted interventions, and (6) Comprehensive programs that integrate many of these components. Research also suggests that promising collaborative models between the child welfare system (CWS) and the alcohol and other drug (AOD) system typically include the following core elements: (1) Out-stationing AOD workers in child welfare offices, (2) Joint case planning, (3) Using official committees to guide collaborative efforts, (4) Training and cross-training, (5) Using protocols for sharing confidential information, and (6) Using dependency drug courts. Although more rigorous research is needed on both individual-level and system-level substance abuse interventions for parents involved in the child welfare system, the integration of individual-level interventions and system-level approaches is a potentially useful practice approach with this vulnerable population.

Ryan, J. P., Choi, S., Hong, J. S., Hernandez, P., & Larrison, C. R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse & Neglect*, 32(11), pp. 1072-1079.

The objective of the current study is to evaluate the use of recovery coaches in child welfare. Methods: The current study is longitudinal and utilizes an experimental design. The sample

includes 931 substance abusing women enrolled in a Title IV-E Waiver Demonstration, 261 in the control group, and 670 in the experimental group. Women in the experimental group received traditional services plus the services of a recovery coach. Administrative records are used to indicate substance exposure at birth. Of the 931 women enrolled in the waiver demonstration, 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Cox proportional hazards modeling indicates that women in the experimental group were significantly less likely to be associated with a new substance exposed birth. The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection.

Shook, J., Goodkind, S., Pohlig, R. T., Herring, D., & Kim, K. H. (2011). Patterns of mental health, substance abuse, and justice system involvement among youth aging out of child welfare.

***American Journal of Orthopsychiatry*, 81(3), pp. 420-432. DOI: 10.1111/j.1939-0025.2011.01110.x**

Although research on youth aging out of the child welfare system has increased, there has been limited focus on how their experiences vary. In particular, there is a need to examine patterns in the involvement of these youth in other systems, which indicate constellations of challenges facing these young people as they transition out of care and into adulthood. Using administrative data from a large birth cohort of individuals born between 1985 and 1994 whose families have been involved in the child welfare system, this article presents an analysis of the mental health, substance abuse, juvenile justice, and criminal justice system involvement of youth who have aged out of child welfare. Using a 2-step cluster analysis, we identify 5 subgroups of youth. Two of these groups, accounting for almost half of the youth, have little other system involvement and have child welfare care careers of relative stability. The other 3 groups, consisting of just over half of the youth, have much more extensive other system involvement, as well as care careers marked by instability and a greater proportion of time spent in congregate care.

Straussner, S. L. (Ed). & Fewell, C. (Ed). (2011). *Children of substance-abusing parents: Dynamics and treatment*. Lam, W.K., & O'Farrell, T.J. (Ch.3) *Dynamics of substance-abusing families and implications for treatment*. Springer Publishing Company: New York, NY.

Over the past three decades, substance abuse has become widely acknowledged to be a disorder that affects not only the afflicted individual, but also affects and is substantively influenced by family members with whom the individual lives and interacts. Although some continue to view and treat substance abuse as largely an individual problem, the clinical and historical literature across disciplines have converged in recognition of the systemic impact of alcohol, and more recently, other substances, on the family. Understanding the role family members may lay in the development, maintenance, and treatment of alcoholism and drug abuse has not been limited to researchers or even the broader professional community. To wit, in the popular press, the sheer volume of texts which has appeared on the topics of codependency, adult children of alcoholics, addictive personality, enabling, and so forth, is voluminous. For example, an Internet search of large on-line book retail revealed that over 400 books were currently available for purchase on the topic of codependency alone. Moreover, self-help support groups for family members of alcoholics and drug abusers are available in virtually every community. Because relationship problems and substance use disorders so frequently co-occur, it would be very difficult to find clinicians who specialize in the treatment of substance use disorders or relationship problems that have not had to address both sets of issues concurrently for many clients seeking help (either with the client individually or in the context of the client's larger family system).

Sun, A-P., Shillington, A. M., Hohman, M., & Jones, L. (2001). Caregiver AOD use, case substantiation, and AOD treatment: Studies based on two southwestern counties. *Child Welfare*, 80(2), pp. 151-178.

This article includes two separate studies: the first explores the impact of caregiver AOD use on CPS case substantiation; the second compares CPS-involved and CPS-noninvolved females in AOD treatment systems and describes what happens to AOD abusers once they enter the

treatment system. By using two different approaches, the two studies presented here provide a profile of AOD-using caregivers in the child welfare and AOD systems. Results suggest that cases with indications of AOD use are more likely to be substantiated than cases without; and increasing numbers of children and younger maternal ages are risk factors for CPS involvement among AOD-using women. Both studies point to the importance of cross-training and skills in interdisciplinary work between CPS and AOD treatment field. CPS workers need to be familiar with AOD screening, identification, and assessment; AOD workers must be sensitive to the multiple problems and needs experienced by their CPS clients.

Sword, W., Niccols, A., Yousefi-Nooraie, R., Dobbins, M., Lipman, E., & Smith, P. (2013). Partnerships among Canadian Agencies Serving Women with Substance Abuse Issues and Their Children. *International Journal of Mental Health Addiction*, 11(3), pp. 344-357. DOI: 10.1007/s11469-012-9418-x

This study aimed to describe the partnership patterns, activities, and qualities among Canadian agencies serving women with addictions and to determine predictors of partnerships. The authors found that a number of partnerships exist, and that the extent and characteristics of these partnerships vary. Agency responsiveness to clients was predictive of sending referrals whereas friendliness predicted joint programming and consultation. The authors suggest that efforts should be made to build on the social capital inherent in these agencies to strengthen existing networks, further develop linkages to improve service delivery, and promote evidence-informed practice in a field where there is an identified research-practice gap.

Thompson, S., Roper, C., & Peveto, L. (2013). Parenting in recovery program: participant responses and case examples. *Child Welfare*, 92(1), pp. 139-157.

This study reports on the preliminary findings of the Parenting in Recovery program which was created to address the needs of substance-abusing mothers involved in child welfare. This manuscript describes this program and perceptions of participants concerning its effectiveness. The authors argue that intensive service provision within a collaborative setting appears to be one of the core processes needed by this population.

Westermeyer, J., L. Bennett, et al. (2007). Substance use disorder among adoptees: a clinical comparative study. *American Journal of Drug and Alcohol Abuse*, 33(3), pp. 455-66.

Goals of the study were to assess whether adoptees in treatment for Substance Use Disorder (SUD) (1) were over-, equi-, or under-represented in a clinical sample of patients with (SUD) and (2) differed demographically and clinically from non-adoptees with SUD. Sample consisted of 608 patients in two alcohol-drug treatment programs. Data collection included the Childhood Problems Scale, the Minnesota Substance Abuse Problem Scale, and the Minnesota Substance Abuse Treatment Questionnaire, and the Michigan Assessment-Screening Test/Alcohol-Drug. Findings showed that the prevalence of adoptees among SUD patients was 14 times higher than expected (95% Confidence Interval, 10 to 18 times). Adoptees reported childhood histories similar to those of non-adoptees with "any parental SUD", but they more closely resembled non-adoptees without parental SUD in regard to SUD severity and SUD treatment. Conclusion is that adoptees and their adoptive families should be alert to the increased risk of SUD among adoptees. Clinicians can expect that adoptees should manifest milder levels of SUD morbidity, similar to "non-heredity" SUD.

MEDICATION ASSISTED TREATMENT

Fullerton, C. A., Kim, M., Thomas, C. P., Lyman, D. R., Montejano, L. B., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Medication-Assisted Treatment with Methadone: Assessing the Evidence. *Psychiatric Services*, 65(2), pp. 146-157.

This article is a review of the literature on the evidence for methadone maintenance treatment's (MMT) effectiveness. The authors rated the level of evidence (high, moderate, and low) based on benchmarks for the number of studies and quality of their methodology. They also described the evidence of service effectiveness and examined maternal and fetal results of MMT for pregnant

women. MMT in pregnancy was associated with improved maternal and fetal outcomes, and rates of neonatal abstinence syndrome were similar for mothers receiving different doses. MMT is associated with improved outcomes for individuals and pregnant women with opioid use disorders.

Jerry, J. M., & Collins, G. B. (2013). Medication-assisted treatment of opiate dependence is gaining favor. *Cleveland Clinic Journal of Medicine*, 80(6), pp. 345-349.

People addicted to opiates are more likely to avoid returning to these drugs if they participate in a program that includes taking maintenance doses of methadone or buprenorphine than with an abstinence program. Although medical opinion has long been divided on the issue of abstinence vs medication-assisted treatment, the latter seems to be gaining respect as an evidence-based approach.

PREVENTION, SCREENING AND ASSESSMENT

Appleyard, K., Berlin, L.J., Rosanbalm, K.D., & Dodge, K.A. (2011). Preventing early child maltreatment: Implications from a longitudinal study of maternal abuse history, substance use problems, and offspring victimization. *Prevention Science*, 12(2), pp. 139-149. DOI: 10.1007/s11121-010-0193-2

In the interest of improving child maltreatment prevention science, this longitudinal, community based study of 499 mothers and their infants tested the hypothesis that mothers' childhood history of maltreatment would predict maternal substance use problems, which in turn would predict offspring victimization. Mothers (35% White/non-Latina, 34% Black/non-Latina, 23% Latina, and 7% other) were recruited and interviewed during pregnancy, and child protective services records were reviewed for the presence of the participants' target infants between birth and age 26 months. Mediating pathways were examined through structural equation modeling and tested using the products of the coefficients approach. The mediated pathway from maternal history of sexual abuse to substance use problems to offspring victimization was significant (standardized mediated path $[ab] = .07$, 95% CI [.02, .14]; effect size = .26), as was the mediated pathway from maternal history of physical abuse to substance use problems to offspring victimization (standardized mediated path $[ab] = .05$, 95% CI [.01, .11]; effect size = .19). There was no significant mediated pathway from maternal history of neglect. Findings are discussed in terms of specific implications for child maltreatment prevention, including the importance of assessment and early intervention for maternal history of maltreatment and substance use problems, targeting women with maltreatment histories for substance use services, and integrating child welfare and parenting programs with substance use treatment.

Berger, L. M. (2002). Estimating the benefits and costs of a universal substance abuse screening and treatment referral policy for pregnant women. *Journal of Social Service Research*, 29(1), pp. 57-84.

This paper provides a cost-benefit analysis of a universal substance abuse screening and treatment referral policy for pregnant women. The results indicate that mothers and children are likely to benefit economically from a universal substance abuse screening and intervention policy. The extent to which society and non-participants would incur economic costs or reap economic benefits from such a policy, however, is dependent on CPS reporting practices and investigation rates, as well as foster care entry rates. Results suggest that the monetary benefits of such a policy will only outweigh its costs if it does little to increase post-birth child protective services reporting and/or foster care placement rates. Thus, additional policies regarding the ways in which screening results are utilized may be important factors in determining the effects of a universal substance abuse screening policy for pregnant women.

Chan, L. K. (2012). Evaluating the Risk of Child Abuse: The Child Abuse Risk Assessment Scale (CARAS). *Journal of Interpersonal Violence*, 27(5), pp. 951–973. DOI: 10.1177/0886260511423252

The present study developed the Child Abuse Risk Assessment Scale (CARAS), an actuarial instrument for the assessment of the risk of physical child abuse. Data of 2,363 Chinese parents

(47.7% male) living in Hong Kong were used in the analyses. Participants were individually interviewed with a questionnaire assessing their perpetration of child abuse and some theoretically or empirically tested factors associated with child abuse. When applying to the second half of the split sample, the CARAS had a sensitivity of 81.9%, a specificity of 77.8%, and an overall accuracy of 78.1%. The area under the receiver operating characteristic curve (AUC) was .91. Overall, our findings showed that the CARAS is a simple, systematic and validated instrument identifying at-risk population of child maltreatment in Chinese societies.

Chasnoff, I. J., McGourty, R. F., Bailey, G. W., Hutchins, E., Lightfoot, S. O., Pawson, L. L., et al. (2005). The 4P's Plus screen for substance use in pregnancy: Clinical application and outcomes. *Journal of Perinatology*, 25(6), pp. 368-374.

The purpose of this study was to evaluate the performance of a new screening instrument in five diverse populations of pregnant women enrolled in prenatal care. The 4P's plus is a five-question screen specifically designed to quickly identify obstetrical patients in need of in-depth assessment or follow-up monitoring for risk of alcohol, tobacco, and/or illicit drug use. Those women with a positive screen underwent an assessment for substance use through a follow-up structured clinical interview conducted at the same prenatal visit. Among 7818 women in five communities, 2555 (32.7%) had a positive screen for substance use in pregnancy. Four of the communities conducted a follow-up assessment on all women with a positive screen (n = 1548). Among these women, 717 (15% of the total population) had continued use after learning of the pregnancy. Overall, 21% of the pregnant women used alcohol prior to recognition of the pregnancy, and 11% continued use after knowledge of the pregnancy. Among the 512 women who continued to use alcohol, 2% were drinking daily, 7% were drinking 3 to 6 days per week, 27% were drinking 1 to 2 days per week, and 63% were drinking less than 1 day per week. The rates of marijuana use and other illicit drug use among the women were 7 and 2%, respectively, prior to knowledge of pregnancy and dropped to 3 and 1% after learning of the pregnancy. The results indicate that the 4P's Plus identifies not only those pregnant women whose drinking or drug use is at a high enough level to impair daily functioning, but provides an opportunity for early intervention for the much larger group of women whose pregnancies are at risk from relatively small amounts of substance use.

Chariot, P., Lepresle, A., Lefevre, T., Boraud, C., Barthes, A., & Tedlaouti, M. (2014). Alcohol and substance screening and brief intervention for detainees kept in police custody. A feasibility study. *Drug and Alcohol Dependence*, 134(1), pp. 235-241.

Screening and brief intervention programs related to addictive disorders have proven effective in a variety of environments. Both the feasibility and outcome of brief interventions performed in police custody by forensic physicians are unknown. Our objectives were to characterize addictive behaviors in detainees and to evaluate the feasibility of a brief intervention at the time of the medical examination in police custody. This prospective study included 1000 detainees in police custody who were examined by a physician for the assessment of fitness for detention. We used a standardized questionnaire and collected data concerning individual characteristics, addictive disorders, and reported assaults or observed injuries. 944 men and 56 women (94–6%) were studied. We found an addictive disorder in 708 of 1000 cases (71%), with the use of tobacco (62%), alcohol (36%), cannabis (35%), opiates (5%), and cocaine (4%) being the most common. A brief intervention was performed in 544 of these 708 cases (77%). A total of 139 of the 708 individuals (20%) expressed a willingness to change and 14 of 708 (2%) requested some information on treatment options. The main reasons why brief interventions were not performed were aggressive behaviors, drowsiness, or fanciful statements by the detainee. Brief interventions and screening for addictive behaviors in police custody are feasible in the majority of cases. The frequent link between addictive behaviors and the suspected crimes highlights the value of such interventions, which could be incorporated into the public health mission of the physician in police custody.

Chasek, L. C., Jorgensen, M., & Maxson, T. (2012). Assessing counseling students' attitudes regarding substance abuse and treatment. *Journal of Addictions and Offender Counseling, 33*(2), pp. 107-114.

Undergraduate counselors-in-training completed the Substance Abuse Attitude Survey, which measures treatment intervention, treatment optimism, and non-stereotypical attitudes. Treatment optimism was positively correlated with non-stereotypical attitudes and treatment intervention. Results indicated that treatment intervention and non-stereotypical attitudes must be addressed in addiction counseling courses.

Cheon, J. W. (2008). Best practices in community-based prevention for youth substance reduction: Towards strengths-based positive development policy. *Journal of Community Psychology, 36*(6), pp. 761-779.

Substance use among youth remains a major public health and safety concern. One fundamental way to address youth substance use prevention is to keep young people on a positive trajectory by engaging them in positive activities from early years of their childhood. In this article, the author offers a best practice analysis of systematic review about 12 selected community-based preventions, and proposes policy changes towards incorporating a strengths perspective. A substantive, methodological, and value-based critical analysis of the strongly effective preventions was conducted. A strengths-based positive youth development perspective is specified as one feasible needed improvement and subsequent policy changes in the school district as well as in the local, state, and federal levels are proposed along with the suggestion of a mandated community youth participation strategy.

Denvir, M. P. (2012). When patients portray their conduct as normal and healthy: An interactional challenge for thorough substance use history taking. *Social Science & Medicine, 75*(9), pp. 1650-1659.

This article presents findings of a study aimed at addressing the following three questions: 1) what interactional resources did patients use to enact normal/healthy" stances? 2) How did physicians respond to patients' "normal/Healthy" stances? 3) What are some potential functions of patients' "normal/healthy" stances? Researchers and medical practitioners have argued that routine substance use histories are performed less frequently and less thoroughly than they should be. The paper explores some reasons why physicians treated these as appropriate and sufficient responses and did not seek additional details even when the information provided was quite superficial. Two social functions of patients' "normal/healthy" stances are discussed: 1) redirecting the physician's history taking to other topics and 2) presenting oneself as a health-conscious patient. "Normal/healthy" stances can represent an expression of patient agency, but can also present a dilemma for physicians, who must balance a concern for thoroughness with a concern for rapport. Recommendations for navigating this dilemma are discussed.

Edlund, M. J., Sullivan, M. D., Han, X., & Booth, B. M. (2013). Days with pain and substance use disorders is there an association? *Clinical Journal of Pain, 29*(8), pp. 689-695.

In this study, the authors investigated possible associations between pain frequency and the 5 most common substance use disorders: alcohol abuse/dependence, cocaine abuse/dependence, methamphetamine abuse/dependence, opioid abuse/dependence, and marijuana abuse/dependence. Data from the Rural Stimulant Study, a longitudinal (7 waves), observational study of at-risk stimulant users (cocaine and methamphetamine) in Arkansas and Kentucky (n=462) was used. Compared with time periods when individuals had no pain days in the past 30 days, time periods when individuals had 16+ pain days were more likely to have a diagnosis of opioid abuse/dependence (OR=3.32, P=0.02). Number of days with pain was not significantly associated with other substance use disorders. Pain frequency seems to be associated with an increased risk for alcohol abuse/dependence and opioid abuse/dependence in this population, and the magnitude of the association is medium to large. Further research is needed to investigate this in more representative populations and to determine causal relationships.

Floyd, R. L., O'Connor, M. J., Bertrand, J., & Sokol, R. (2006). Reducing adverse outcomes from prenatal alcohol exposure: A clinical plan of action. *Alcoholism-Clinical and Experimental Research*, 30(8), pp. 1271-1275.

Fetal alcohol spectrum disorders (FASDs) are among the leading preventable causes of developmental disorders in the United States; however, recognition and prevention of these conditions cannot be achieved without informed and educated health providers. This commentary addresses the importance of recognition and prevention of FASDs through the use of well-established standardized practices of diagnosis, screening, and brief alcohol reduction counseling. This article includes diagnostic guidelines for FAS, prevention strategies, methods for establishing alcohol use, and brief interventions. The authors suggest that routine formal screening for alcohol use should be conducted with all women of child bearing age and that screening can be done in both physicians' offices and in community health settings.

Guterman, N. B., Tabone, J. K., Bryan, G. M., Taylor, C. A., Napoleon-Hanger, C., & Banman, A. (2013). Examining the effectiveness of home-based parent aide services to reduce risk for physical child abuse and neglect: Six-month findings from a randomized clinical trial. *Child Abuse & Neglect*, 37, pp. 566-577.

This study set out to carry out a feasible, real-world, randomized clinical trial to examine the benefits of home-based paraprofessional parent aide services in reducing physical abuse and neglect risk in high-risk parents. Families were randomly assigned to receive either parent aide plus case management services (n = 73) or case management services only (n = 65), collecting in-home data on physical child abuse and neglect and proximal risk and protective factors, just prior to service initiation, and again after six months of services. Mothers receiving parent aide and case management services reported significant improvements from baseline to six-month follow-up in self-reported indicators of physical child abuse risk, as well as improvements on parental stress, mastery, depression, and anxiety, whereas mothers receiving only case management services did not. The slopes of such observed changes across groups, however, were not found to be statistically significantly different. No discernable improvements were found with regard to indicators of risk for child neglect. As the first randomized clinical trial examining the effectiveness of parent aide services, this study provides the first controlled evidence examining the potential benefits of this service modality. This study suggests promising trends regarding the benefit of parent aide services with respect to physical child abuse risk reduction and related predictors, but evidence does not appear to suggest that such services, as they are presently delivered, reduce child neglect. Practice implications: These findings support the continued use of parent aide services in cases of physical child abuse and also suggest careful consideration of the ways such services may be better configured to extend their impact, particularly with respect to child neglect risk.

Hasin, S. D., Fenton, C. M., Beseler, C., Park, J., & Wall, M. M. (2012). Analyses related to the development of DSM-5 criteria for substance use related disorders: 2. Proposed DSM-5 criteria for alcohol, cannabis, cocaine and heroin disorders in 663 substance abuse patients. *Drug and Alcohol Dependence*, 122(1-2), pp. 28– 37. DOI: 10.1016/j.drugalcdep.2011.09.005

A number of changes have been proposed and investigated in the criteria for substance use disorders in DSM-5. However, although clinical utility of DSM-5 is a high priority, relatively little of the empirical evidence supporting the changes was obtained from samples of substance abuse patients. Proposed changes were examined in 663 patients in treatment for substance use disorders, evaluated by experienced clinicians using the Psychiatric Research Interview for Substance and Mental Disorders (PRISM). Factor and item response theory analysis was used to investigate the dimensionality and psychometric properties of alcohol, cannabis, cocaine and heroin abuse and dependence criteria, and craving. The seven dependence criteria, three of the abuse criteria (hazardous use; social/interpersonal problems related to use; neglect of roles to use), and craving form a unidimensional latent trait for alcohol, cannabis, cocaine and heroin. Craving did not add significantly to the total information offered by the dependence criteria, but adding the three abuse criteria and craving together did significantly increase total information for the criteria sets associated with alcohol, cannabis and heroin. Among adult patients in treatment for substance disorders, the alcohol, cannabis, cocaine and heroin criteria for dependence, abuse

(with the exception of legal problems), and craving measure a single underlying dimension. Results support the proposal to combine abuse and dependence into a single diagnosis in the DSM-5, omitting legal problems. Mixed support was provided for the addition of craving as a new criterion, warranting future studies of this important construct in substance use disorders.

Hill, N. (2008). Adolescent substance use prevention interventions outside of classroom settings. *Child & Adolescent Social Work Journal*, 25(6), pp. 451-467.

Substance use prevention programs empowering individual adolescents to resist substance use through education and skills training are crucial to reducing substance use within this population. However, existing programs of this type are designed primarily for classroom use, and may not meet the needs of social workers intervening with adolescents outside classroom settings. A literature review identified six programs that have demonstrated statistically significant reductions in substance use when implemented outside the classroom. The current study describes these programs, identifies their common characteristics, and draws on additional prevention research to outline recommendations for practitioners seeking to apply the field's most current knowledge base in community settings.

Hunter, B. A., Jason, L. A., & Keys, C. B. (2013). Factors of Empowerment for Women in Recovery from Substance Use. *American Journal of Community Psychology*, 51(1-2), pp. 91-102. DOI: 10.1007/s10464-012-9499-5

Empowerment is an interdisciplinary construct heavily grounded in the theories of community psychology. Although empowerment has a strong theoretical foundation, few context-specific quantitative measures have been designed to evaluate empowerment for specific populations. The present study explored the factor structure of a modified empowerment scale with a cross-sectional sample of 296 women in recovery from substance use who lived in recovery homes located throughout the United States. Results from an exploratory factor analysis identified three factors of psychological empowerment which were closely related to previous conceptualizations of psychological empowerment: self-perception, resource knowledge and participation. Further analyses demonstrated a hierarchical relationship among the three factors, with resource knowledge predicting participation when controlling for self-perception. Finally, a correlational analysis demonstrated the initial construct validity of each factor, as each factor of empowerment was significantly and positively related to self-esteem. Implications for the application of psychological empowerment theory and research are discussed.

Kerker, B. D., Horowitz, S. M., & Leventhal, J. M. (2004). Patients' characteristics and providers attitudes: Predictors of screening pregnant women for illicit substance use. *Child Abuse and Neglect*, 28(2), 209-223.

This study's aim was to determine how patients' and providers' characteristics affect hospital providers' decisions to screen pregnant and postpartum women for illicit substances. Participants included low-income women (N = 1, 100) who delivered at an urban teaching hospital over a 12-month period and the providers (N = 40) who provided prenatal and delivery care for these women. Medical records were abstracted to obtain demographic, medical, social, and substance use information and providers were interviewed to obtain data on their attitudes. Results indicated that women who were single, Black, received prenatal care at the prenatal clinic, saw fewer providers, or had a placental abruption, preterm labor, inadequate prenatal care, a history of involvement with Child Protective Services, a high social/Mental Health Risk Factor Score, a past or present history of illicit drug use, or a present history of tobacco use were more likely to be screened than women without these characteristics. Women whose providers scored medium or high on the Professionalism Scale were more likely to be screened than women whose providers scored low on this scale. This study indicates that providers' decisions to screen pregnant women for illicit substance use are influenced by both patients' characteristics and providers' personal attitudes. Universal hospital protocols might help reduce the potentially biased impact of attitudes on screening decisions.

Laux, M. J., Piazza, J. N., Salyers, K., & Roseman, P. C. (2012). The Substance Abuse Subtle Screening Inventory—3 and Stages of Change: A screening validity study. *Journal of Addictions & Offender Counseling*, 33(2), pp. 82-92.

The sensitivity of the Substance Abuse Subtle Screening Inventory—3 (SASSI-3) was examined among substance-dependent adults enrolled in a family drug court. The SASSI-3 had a high sensitivity rate with this population, even across varying levels of motivation to change.

Martin, E. G., & Wang, K. H. (2013). Integrating substance abuse treatment into HIV care: Missed opportunities in the AIDS drug assistance program. *Journal of Acquired Immune Deficiency Syndromes*, 62(4), pp. 421-429.

Untreated substance use disorders (SUD) among HIV patients contribute to worse HIV care outcomes and increased HIV transmission. Although there are clinical and policy recommendations for integrated SUD and HIV treatment, payment issues including complex funding streams are a barrier. In this article, the authors assessed the availability of guideline-concordant medication-assisted therapies to treat alcohol, tobacco, and opioid dependence on state-administered AIDS Drug Assistance Programs (ADAPs), an important source of drug coverage for low-income HIV patients. They examined which medication-assisted therapies are most likely to be included on formularies and variation of these therapies across states. The most frequently included medication-assisted therapies were those to treat tobacco dependence, followed by opioid dependence. Few states covered alcohol dependence medications. In each year, 10% of states covered all recommended medications and 50% covered a partial formulary for at least 1 SUD. Conclusions: ADAPs could provide access to medication-assisted therapies for SUD for a significant number of HIV patients, but these medications have not been widely covered throughout the program's history. Increased availability of medication-assisted therapies through ADAP could facilitate integrated HIV and SUD care.

McNamara, T. K., Orav, E. J., Wilkins-Haug, L., & Chang, G. (2005). Risk during pregnancy - Self-report versus medical record. *American Journal of Obstetrics and Gynecology*, 193(6), pp. 1981-1985.

This study was undertaken to compare the frequencies with which physicians and patients report medical and behavioral risk factors during pregnancy, with particular attention to identification of women at risk for prenatal alcohol use. The sample included 278 women, drawn from a randomized trial of T-ACE (alcohol screening questionnaire) positive pregnant women receiving obstetric care. Medical records and participants' self-reports were available for comparison. Results indicated that physicians identified only 10.8% of women recognized as at risk for alcohol consumption by the T-ACE screening measure. In contrast, the physicians' records were more inclusive for medical risk factors than the participant's self-reports. Physicians were significantly more likely to correctly identify nonwhite participants as being at risk for prenatal alcohol use, compared with their white counterparts. The authors concluded that self-report on the T-ACE questionnaire is more effective than medical records in identifying women at risk for prenatal alcohol use.

O'Brien, P. L. (2014). Performance measurement: a proposal to increase use of SBIRT and decrease alcohol consumption during pregnancy. *Maternal and Child Health Journal*, 18(1), pp.1-9. DOI: 10.1007/s10995-013-1257-2

In this article, the authors argue that the development and use of performance measures to assure implementation of SBIRT are key towards the effective intervention and reduction of alcohol consumption during pregnancy. This article seeks to address 1) guidelines recommending SBIRT for pregnant women; 2) appropriate screening instruments; 3) evidence regarding implementation of SBIRT for pregnant women and; 4) existing performance measures.

Oral, R., Bayan, L., Assad, A., Wibbenmeyer, L., Buhrow, J., Austin, A., & Bayman, E.O. (2011). Illicit drug exposure in patients evaluated for alleged child abuse and neglect. *Pediatric Emergency Care*, 7(6), pp. 490-495. DOI: 10.1016/j.drugalcdep.2011.05.020

The objective of this study was to analyze the presence of illicit drug exposure in the pediatric subpopulation admitted to pediatric inpatient and outpatient units for an evaluation for

abuse/neglect. The study design is a retrospective chart review. Using hospital databases, every pediatric chart with a child abuse/neglect allegation was retrieved. The association between risk factors and clinical presentation and illicit drug test result was assessed. Excel and SAS were used for statistical analysis. Institutional review board approval was obtained to conduct this study. Six hundred sixty-five charts met study inclusion criteria for child abuse/neglect allegation. Of those, 232 cases were tested for illicit drugs between 2004 and 2008 per the testing protocol. There were long-term abuse findings in 129 children (55.6%). The results of this study showed that an illicit drug screening protocol used in the assessment of children evaluated for child abuse identified almost 15% of the population of allegedly abused and neglected children who were tested according to a protocol being exposed to illicit drugs. Thus, routine drug testing of at least children assessed for neglect and non-accidental burn and soft tissue injuries, children with a history of either parental drug use or domestic violence is recommended.

Roberts, S. C. M., & Nuru-Jeter, A. (2012). Universal Screening for Alcohol and Drug Use and Racial Disparities in Child Protective Services Reporting. *Journal of Behavioral Health Services & Research*. 39(1), pp. 3-16. DOI: 10.1007/s11414-011-9247-x

This study examines racial disparities in Child Protective Services (CPS) reporting at delivery in a county with universal screening for alcohol/drug use in prenatal care. It also explores two mechanisms through which universal screening could reduce reporting disparities: Equitable Surveillance and Effective Treatment. Equitable Surveillance is premised on the assumptions that identification of drug use through screening in prenatal care leads to CPS reporting at delivery and that Black women are screened more than White women, which leads to disproportionate reporting of Black newborns. Universal screening would correct this by ensuring that prenatal providers screen and therefore also report White women to CPS, thereby reducing disparities. Effective Treatment is premised on the idea that identification of drug use through screening in prenatal care leads women to receive treatment during pregnancy, which thereby reduces CPS reporting at delivery. Universal screening would lead to prenatal providers screening more Black women and thereby to more Black women receiving treatment prenatally. The increase in treatment receipt during pregnancy would then decrease the number of Black newborns reported to CPS at delivery, thereby reducing disparities. County data were used to compare the racial/ethnic distribution of women and newborns in three points in the system (identification in prenatal care, treatment entry during pregnancy, and reporting to CPS at delivery related to maternal alcohol/drug use) and explore pathways to treatment. Despite Black women having alcohol/drug use identified by prenatal care providers at similar rates to White women and entering treatment more than expected, Black newborns were four times more likely than White newborns to be reported to CPS at delivery. This contradicts the premise of Effective Treatment. By default, findings were more consistent with Equitable Surveillance than Effective Treatment. Providers and policy makers should not assume that universal screening in prenatal care reduces CPS reporting disparities.

Salehi, H. S., As'adi, K., Musavi, J., Ahrari, F., Nemazi, P., Kamranfar, B., Gaseminegad, K., Faramarzi, S. & Shoar, S. (2012). Assessment of substances abuse in burn patients by using drug abuse screening test. *ActaMedicalranica*, 50(4), pp. 257-264.

There has been an increase in the frequency of substance abuse among hospitalized burn injury patients. However, few studies have investigated substance abuse among burn patients. This study was aimed to identify the incidence of substance abuse in burn injury patients using the "Drug Abuse Screening Test" (DAST-20). We determined the validity of DAST-20 in spring 2010. Subsequently, this descriptive study was performed on 203 burn injury patients who fit the study's inclusion criteria. We chose a score of 6 as the cutoff and thus achieved a sensitivity of 89% and a specificity of 85% for the DAST-20. During the study, we gathered demographic data, burn features and DAST-20 results for all patients. Patients with scores of 6 or more were considered to be substances abusers. A statistical analysis was conducted using SPSS v16 software. According to the DAST-20 results, 33% of the patients were in the user group. The mean score of DAST-20 was significantly higher among users than it was among nonusers ($P < 0.05$). The level of substance abuse was severe in 77% of users. No significant differences were found among the substances, with the exception of alcohol. Substance abuse is an important risk factor for burn

patients. In addition, this study showed that DAST-20 is a valid screening measure for studies on burn patients.

Sharma, M. (2008). Substance abuse in minorities. *Journal of Alcohol & Drug Education*, 52(3), pp. 3-8.

The article discusses the prevalence of substance abuse among minority populations in the U.S. Data reveals that substance abuse in the form of alcohol and other drugs is high among Latinos, as well as in African American and Asian American populations. Such growth in substance use may be attributed to poverty, unemployment, crowded living conditions and single-parent families. According to the article, few prevention programs for youth in school and community settings have been successful for youth from different ethnic and socioeconomic backgrounds. The article outlines different prevention approaches and stresses the need for intervention efforts to take cultural backgrounds into account.

Stover, C. S., Easton, C. J., & McMahon, T. J. (2013). Parenting of men with co-occurring intimate partner violence and substance abuse. *Journal of Interpersonal Violence*, 28, pp. 2290. DOI: 10.1177/0886260512475312

No studies to date have compared parenting behaviors of men with co-occurring intimate partner violence (IPV) and substance abuse (SA) with community controls. This study was designed to document mediators of differences in parenting behavior of fathers and the emotional-behavioral problems of their children for men with co-occurring SA and IPV. The self-reported parenting (negative, positive and co-parenting behaviors) and the child emotional-behavioral problems of 43 fathers with children aged 2 to 6 years with a recent history of SA + IPV were compared to a sample of 43 community control fathers with the same socioeconomic and cultural backgrounds. Fathers completed measures on their parenting behavior with a target child, co-parenting behavior with the child's mother, emotion regulation, romantic attachment, psychiatric symptoms, and the behavior of the target child. Men with co-occurring SA + IPV had significantly less positive co-parenting and more negative parenting behaviors than community control fathers did. Negative parenting and co-parenting were mediated by the fathers' avoidant attachment problems. SA + IPV fathers also reported more emotional and behavioral problems in their children. These poor child outcome differences between groups were mediated by the negative parenting behaviors of the fathers. These results suggest areas of potential focus in interventions with fathers who have co-occurring SA + IPV issues. Focus on attachment difficulties with his co-parent, which may include affect regulation, coping with emotions, and communication skills training related to co-parenting, may yield significant changes in parenting behaviors and ultimately child functioning.

Stucky, B. D., Edelen, M. O., & Ramchand, R. (2014). A psychometric assessment of the GAIN Individual Severity Scale (GAIN-GISS) and Short Screeners (GAIN-SS) among adolescents in outpatient treatment programs. *Journal of Substance Abuse Treatment*, 46(2), pp. 165-173.

The Global Appraisal of Individual Needs (GAIN) - General Individual Severity Scale (GAIN-GISS), and GAIN Short Screener (GAIN-SS) are widely used diagnostic measures of internalizing disorders, externalizing disorders, substance abuse, and criminal and violent behavior. Although prevalent in clinical and research settings, there is only limited psychometric evidence of the dimensional structure of these scales. Our investigation used intake data from 6,909 adolescents presenting to outpatient substance abuse treatment facilities in the United States. Our analytic approach used exploratory and item factor analyses to evaluate the underlying factor structure. Multi- and unidimensional item response theory models were employed to evaluate the utility of the scales at providing precise score estimates at various locations of severity. Most scales were confirmed as unidimensional; scales with evidence of multidimensionality, identified as having a weak general dimension and strong specific dimensions using a bi-factor IRT model, include the Crime and Violence Scale and the GAIN-SS.

Urbanoski, A. K., & Kelly, F.J. (2012). Understanding genetic risk for substance use and addiction: A guide for non-geneticists. *Clinical Psychology Review, 32(1)*, pp. 60–70. DOI: 10.1016/j.cpr.2011.11.002

There is considerable enthusiasm for the potential of genetics research for prevention and treatment of addiction and other mental disorders. As a result, clinicians are increasingly exposed to issues of genetics that are fairly complex, and for which they may not have been adequately prepared by their training. Studies suggest that the heritability of substance use disorders is approximately 0.5. Others report that family members of affected individuals experience a 4- to 8-fold increased risk of disorder themselves. Statements that addiction is “50% genetic” in origin may be taken by some to imply one's chances of developing the disorder, or that a lack of a positive family history confers immunity. In fact, such conclusions are inaccurate, their implications unwarranted given the true meaning of heritability. Through a review of basic concepts in genetic epidemiology, we attempt to demystify these estimates of risk and situate them within the broader context of addiction. Methods of inferring population genetic variance and individual familial risk are examined, with a focus on their practical application and limitations. An accurate conceptualization of addiction necessitates an approach that transcends specific disciplines, making a basic awareness of the perspectives of disparate specialties key to furthering progress in the field.

Wu, L., Blazer, D. G., Woody, E. G., Burchett, B., Yang, C., Pan, J., & Ling, W. (2012). Alcohol and drug dependence symptom items as brief screeners for substance use disorders: Results from the Clinical Trials Network. *Journal of Psychiatric Research, 46(3)*, pp. 360-369. DOI: 10.1016/j.jpsychires.2011.12.002

To address an urgent need for screening of substance use problems in medical settings, the authors examined substance-specific dependence criteria as potential brief screeners for the detection of patients with a substance use disorder (SUD). The sample included 920 opioid dependent adults who were recruited from outpatient treatment settings at 11 programs in 10 U.S. cities and who completed intake assessments of SUDs for a multisite study of the National Drug Abuse Treatment Clinical Trials Network (CTN003). Across all substances (alcohol, amphetamines, cannabis, cocaine, sedatives), withdrawal was among the least prevalent symptoms, while taking large amounts and inability to cut down were among the most prevalent symptoms. Items closely related to the latent trait of a SUD showed good-to-high values of area under the receiver operating characteristic curve in identifying cases of a SUD; IRT defined severe and less discriminative items exhibited low sensitivity in identifying cases of a SUD (withdrawal for all substances; time using for alcohol and sedatives; giving up activities for sedatives). Study results suggest that withdrawal and time using are much less reliable indicators for a SUD than taking larger amounts than intended and inability to cut down and that the latter two items should be studied further for consideration in developing a simplified tool for screening patients for SUDs in medical settings. These findings have implications for the use of common health indicators in electronic health records systems to improve patient care.

Zemore, S. E., & Ajen, I. (2014). Predicting substance abuse treatment completion using a new scale based on the theory of planned behavior. *Journal of Substance Abuse Treatment, 46(2)*, pp. 174-182.

We examined whether a 9-item scale based on the theory of planned behavior (TPB) predicted substance abuse treatment completion. Data were collected at a public, outpatient program among clients initiating treatment (N = 200). Baseline surveys included measures of treatment-related attitudes, norms, perceived control, and intention; discharge status was collected from program records. As expected, TPB attitude and control components independently predicted intention (model R-squared = .56), and intention was positively associated with treatment completion even including clinical and demographic covariates (model R-squared = .24). TPB components were generally associated with the alternative readiness scales as expected, and the TPB remained predictive at higher levels of coercion. Meanwhile, none of the standard measures of readiness (e.g., the URICA and TREAT) or treatment coercion were positively associated with treatment participation. Results suggest promise for application of the TPB to treatment

completion and support use of the intention component as a screener, though some refinements are suggested.

TREATMENT, REHABILITATION AND RECOVERY

Anderson, H. O., & Libby, A. M. (2011). Depression with and without comorbid substance dependence in a child welfare sample of young adults. *Depression Research and Treatment*, 2011, Article ID: 475248. DOI: 10.1155/2011/475248

The objective of this study was to estimate the prevalence of depression with and without substance dependence and examine the effect of risk factors on subsequent disorders among a cohort of young adults in the US Child Welfare System (CWS). We used longitudinal data for 834 young adults age 18–21 from the National Survey of Child and Adolescent Well-being. Depressive symptoms and substance use were measured at baseline (age 11–15); diagnoses of depression and substance dependence were identified at the last wave of data collection (age 18–21). Likelihood of subsequent depression with or without substance dependence was three times higher for those with clinically significant depressive symptoms at baseline. Frequent use of substances at baseline significantly increased the likelihood of subsequent depression with comorbid substance dependence compared to depression alone. These results support screening youth in the CWS at younger ages for both depressive symptoms and substance use with the hope that these disorders can be detected earlier.

Berrick, J. D., Young, E. W., Cohen, E., & Anthony, E. (2011). 'I am the face of success': peer mentors in child welfare. *Child & Family Social Work*, 16(1), pp. 179-191. DOI: 10.1111/j.1365-2206.2010.00730.x

This article presents the findings of a focus group with parent clients and interviews with peer mentors in order to identify characteristics of peer mentoring programs that are helpful to parent clients and to identify the mechanisms that allow peer mentors to be effective in their work. The results showed three themes including the value of shared experiences, communication and support.

Blodgett, J. C., Maisel, N. C., Fugh, I. L., Wilbourne, P. L., & Finney, J. W. (2014). How effective is continuing care for substance use disorders? A meta-analytic review. *Journal of Substance Abuse Treatment*, 46, pp. 87-97.

This article seeks to expand the knowledge on the effectiveness of continuing care for substance use disorders by reviewing the current literature, testing treatment characteristics previously identified and expanding the sample of literature reviewed to include 2011. The results show that that continuing care can provide at least modest benefit after initial treatment. The authors discuss study characteristics that may have reduced the magnitude of the overall continuing care effect estimate.

Brecht, M. L., Greenwell, L., von Mayrhauser, C., & Anglin, M.D. (2006). Two-year outcomes of treatment for methamphetamine use. *Journal of Psychoactive Drugs, Supplement 3*, pp. 415-426.

While evaluation research supports the general effectiveness of substance abuse treatment, there is not a comprehensive literature on treatment effectiveness for methamphetamine (MA) use. The authors consider three outcome measures - MA use, criminal activity, and employment-compared across three periods: 24-months pretreatment, during treatment, and 24-months post-treatment. Data are from an intensive natural history interview conducted two to three years after treatment for 349 randomly selected admissions to treatment for MA abuse in a large publicly-funded county treatment system. Results showed reduction in MA use and crime during and following treatment and increased employment following treatment over pretreatment levels. Analyses showed higher levels of education and more time in treatment related to more positive post-treatment outcomes for all three measures. Lower percentage of post-treatment months with MA use also was related to more pretreatment MA-related problems, lower pretreatment MA use, and residential (compared to outpatient) treatment modality. Lower post-treatment criminal activity was also related to gender (being female), lower pretreatment criminal activity, and residential

modality. Higher percentage of post-treatment months with employment also was related to gender (being male), ethnicity (not African-American), and higher pretreatment employment. The authors conclude that the study results for all three outcome measures showed benefits of treatment for MA users, a pattern of findings that is consistent with results of general large-scale treatment outcomes studies of community-based treatment of other substances.

Brice, Jr., George, H., Swarbrick, M. A., & Gill, K. J. (2014). Promoting wellness of peer providers through coaching. *Journal of Psychosocial Nursing and Mental Health Services*, 52(1), pp. 41.

This article briefly describes how this approach can help peer providers develop self-care skills to improve job tenure and promote satisfaction. The article lays out some of the issues peer providers face in their careers including burnout, physical health concerns, etc., and how wellness coaching helped them focus on self-care practices. Promising results of this new approach are presented.

Cadet, J. L., Bisagno, V., & Milroy, C. M. (2014). Neuropathology of substance use disorders. *Acta Neuropathologica*, 127(1), pp. 91-107.

This article provides a summary of the evidence that has accumulated over the past few years to implicate brain dysfunctions in the varied manifestations of drug addiction. The authors review data on cerebrovascular alterations, brain structural abnormalities, and postmortem studies of patients who abuse cannabis, cocaine, amphetamines, heroin, and “bath salts”. They also discuss potential molecular, biochemical, and cellular bases for the varied clinical presentations of these patients. Elucidation of the biological bases of addiction will help to develop better therapeutic approaches to these patient populations.

Casanueva, C., Stambaugh, L., Urato, M., Fraser, J. G., & Williams, J. (2011). Lost in transition: Illicit substance use and services receipt among at-risk youth in the child welfare system. *Children and Youth Services Review*, 33(10), pp. 1939-1949. DOI: 10.1016/j.childyouth.2011.05.025

This study examined the use of mental health and substance abuse services among adolescents in the child welfare system (CWS) who reported use of illicit substances. 1,004 adolescents age 11–15 years at baseline were followed for 5–7 years, over five waves of data collection. Shortly after the investigation for maltreatment (baseline), 69.1% of youths using illicit substances received mental health and/or substance abuse outpatient specialty services. By the last follow-up, during the transition to adulthood, only 21.5% of young adults using illicit substances received outpatient specialty services. Youth who used illicit substances were more likely to receive outpatient and inpatient specialty services than non-users at the time of contact with the CWS (mostly baseline), but this difference faded over the follow-up period. By 5–7 years follow-up, there was no significant difference in specialty services receipt for illicit substances users versus non-users. Predictors of outpatient service use at most waves were having Medicaid, mental health needs, and having recently seen a school counselor or primary care physician. Among illicit substance users transitioning to adulthood, African American youths were less likely to receive outpatient specialty services than White youths. These findings reveal a need for more attention to illicit substances use among youth in the CWS, better cross agency integration, and special attention to the needs of transition-age youth to better connect them with services as they age out of the CWS.

Cash Ghee, A., Bolling, L. C., & Johnson, C. S. (2009). The efficacy of a condensed seeking safety intervention for women in residential chemical dependence treatment at 30 days post-treatment. *Journal of Child Sexual Abuse*, 18(5), pp. 475-488. DOI: 10.1080/10538710903183287

This study examined the efficacy of a condensed version of the Seeking Safety intervention in the reduction of trauma-related symptoms and improved drug abstinence rates among women in residential chemical dependence treatment. One hundred and four women were randomly assigned to treatment including a condensed (six session) Seeking Safety intervention or the standard chemical dependence intervention. The Seeking Safety participants reported lower sexual-abuse-related trauma symptoms at 30 days post-treatment as compared to participants who received only standard treatment. However, the condensed Seeking Safety intervention was

not more advantageous in reducing overall trauma symptoms or relapse 30 days after treatment ended.

Cattapan, O., & Grimwade, J. (2008). Parental illicit drug use and family life: Reports from those who sought help. *Australian & New Zealand Journal of Family Therapy*, 29(2), pp. 77-87.

Family histories of abuse and neglect are common among persons with substance addictions. Clearly such family backgrounds impact on future lifestyle choices. How this early life experience then impacts on the substance user as a parent and on their children has not been considered in the literature in any detail. Clients of local community drug services were invited to participate in a study evaluating the family life of parents who were dependent on illicit substances. Fifteen parents participated in a qualitative, longitudinal study about their family life, treatment and drug of choice. Four aspects of parental perception of family life were examined: the perceived impact of the family of origin on the parent drug user, self-perception, the impact of parental illicit drug use on the family environment, the impact of parental illicit drug use on children.

Chan, Y., Huang, H., Bradley, K., & Unutzer, J. (2014). Referral for substance abuse treatment and depression improvement among patients with co-occurring disorders seeking behavioral health services in primary care. *Journal of Substance Abuse Treatment*, 46(2), pp. 106-112.

This study examined the relationship between substance treatment referrals and depression improvement among 2,373 participants with concurrent substance use and depressive disorders enrolled in an integrated behavioral health program. Results show that patients accessing substance treatment were significantly more likely to achieve depression improvement than those who declined receiving treatment services and those without a referral for. Study findings highlight the need of enhancing early treatment contact for co-occurring substance use disorders in primary care.

Choi, S., Adams, S. M., MacMaster, S. A., & Seiters, J. (2013). Predictors of Residential Treatment Retention among Individuals with Co-Occurring Substance Abuse and Mental Health Disorders. *Journal of Psychoactive Drugs*, 45(2), pp. 122-131. DOI: 10.1080/02791072.2013.785817

The purpose of this study was to identify factors in treatment which retention in private residential treatment for individuals with co-occurring substance use and mental health disorders. The findings indicate a variety of factors including age, gender, types of drug, Addiction Severity Index Medical and Psychiatric scores, and readiness to change. The study found a relationship between types of mental health disorders and retention in treatment, as well as the role location of facilities played in treatment retention. These identified factors could be incorporated into pretreatment assessments, so that programs can initiate preventive measures to decrease attrition and improve treatment outcomes.

Claus, R. E., Orwin, R. G., Kissin, W., Krupski, A., Campbell, K., & Stark, K. (2007). "Does gender-specific substance abuse treatment for women promote continuity of care? *Journal of Substance Abuse Treatment*, 32(1), pp. 27-39.

Research has stressed the value of providing specialized services to women and suggests the importance of treatment duration. This quasi-experimental retrospective study reports on the continuity of care for women with children who were admitted to long-term residential substance abuse treatment. Women were admitted to 7 agencies offering specialized, women's only treatment (SP, n = 747) or to 9 agencies that provided standard mixed-gender treatment (ST, n = 823). Client and treatment data were gathered from administrative sources. The authors hypothesized that women in specialized treatment would demonstrate higher continuing care rates after controlling for treatment completion and length of stay. Results indicated that women in SP programs (37%) were more likely than those in ST programs (14%) to continue care. Analyses revealed that SP clients who completed treatment with longer stays were most likely to continue care. The authors conclude that the findings show that specialized treatment for women promotes continuing care and demonstrate the importance of treatment completion.

Connecticut juvenile courts test using recovery coaches to help addicted parents. (2009). *Alcoholism & Drug Abuse Weekly*, 21(14), pp. 1-3.

The article focuses on the Recovery Specialist Voluntary Program (RSVP) in Connecticut to aid the recovery of addicted parents and reunified them with their children. Parents are guided to help them stay in the treatment by trained recovery specialists. RSVP specialists provide 9 to 12 months of coaching, a monitor of attendance and monitor drug tests for addicted parents. Reunification of removed children and the addicted parents is impossible if the latter does not respond well to treatments.

Conners, N.A., Grant, A., Crone, C.C., & Whiteside-Mansell, L. (2006). Substance abuse treatment for mothers: Treatment outcomes and the impact of length of stay. *Journal of Substance Abuse Treatment*, 31(4), pp. 447-456.

This article examines the treatment outcomes of 305 women enrolled in a comprehensive, residential substance abuse treatment program for pregnant and parenting women and their children. The women were assessed at intake and three times in the year after discharge. Analyses focused on change in client functioning over time, and investigating the impact of length of stay in treatment on client outcomes. Comparisons of clients' functioning before and after treatment suggest significant improvements in a number of domains, including substance use, employment, legal involvement, mental health, parenting attitudes, and risky behaviors. Longer treatment stays were associated with abstinence from AOD, reductions in cigarette use, employment and higher income, a reduced likelihood of being arrested, a reduction in symptoms of depression, and more positive parenting attitudes.

Crits-Christoph, P., Ring-Kurtz, S., Hamilton, L. J., Lambert, J. M., Gallop, R., et al. (2012). A preliminary study of the effects of individual patient-level feedback in outpatient substance abuse treatment programs. *Journal of Substance Abuse Treatment*, 42(3), pp. 301–309. DOI: 10.1016/j.jsat.2011.09.003

The purpose of this study was to examine the effects of feedback provided to counselors on the outcomes of patients treated at community based substance abuse treatment programs. A version of the Outcome Questionnaire (OQ-45), adapted to include drug and alcohol use, was administered to patients (N = 304) in 3 substance abuse treatment clinics. Phase I of the study consisted only of administration of the assessment instruments. Phase II consisted of providing feedback reports to counselors based on the adapted OQ-45 at every treatment session up to Session 12. Patients who were found to not be progressing at an expectable rate (i.e., “off-track”) were administered a questionnaire that was used as a second feedback report for counselors. For off-track patients, feedback compared with no feedback led to significant linear reductions in alcohol use throughout treatment and also in OQ-45 total scores and drug use from the point of the second feedback instrument to Session 12. The effect for improving mental health functioning was evident at only 1 of the 3 clinics. These results suggest that a feedback system adapted to the treatment of substance use problems is a promising approach that should be tested in a larger randomized trial.

Conca, A. J., & Worthen, D. R. (2012). Nonprescription Drug Abuse. *Journal of Pharmacy Practice*, 25(1), pp. 13-21.

Nonprescription drug, also referred to as over-the-counter (OTC) abuse, is a serious and growing global health challenge. Drugs from many different therapeutic classes and numerous dosage forms and drug delivery systems are implicated in nonprescription drug abuse. Individuals who commonly abuse certain nonprescription medications are likewise diverse, varying in age, demographics, and overall health status. The clinician is in a unique position to assist in identifying those patients at risk for nonprescription drug abuse and those who are abusers, and may play an important role in intervention, patient care, and in the treatment of nonprescription drug abuse. A concise review of nonprescription drug abuse may be of use to the clinician in this regard.

Donohue, B., Azrin, N., Allen, D. N. (2009). Family behavior therapy for substance abuse and other associated problems. *Behavior Modification, 33(5)*, pp. 495-519.

A comprehensive evidence-based treatment for substance abuse and other associated problems (Family Behavior Therapy) is described, including its application to both adolescents and adults across a wide range of clinical contexts (i.e., criminal justice, child welfare). Relevant to practitioners and applied clinical researchers, topic areas include its theoretical and empirical background, intervention protocols, methods of enhancing motivation for treatment, and future directions.

Douglas-Siegel, J. A., & Ryan, J. P. (2013). The effect of recovery coaches for substance-involved mothers in child welfare: impact on juvenile delinquency. *Journal of Substance Abuse Treatment, 45(1)*, pp. 381-387.

This article presents the findings of a study which tested the impact of intensive case management in the form of a recovery coach for substance-involved mothers on youth delinquency outcomes. The findings show that the provision of recovery coaches to parents curbed delinquency among child-welfare involved youth.

Evans, E., Spear, S. E., Huang, Y. C., & Hser, Y. I. (2006). Outcomes of drug and alcohol treatment programs Among American Indians in California. *American Journal of Public Health, 96(5)*, pp. 889-896.

The authors examined differences in substance abuse treatment outcomes between American Indians and their non-American Indian counterparts in California, during 2000 to 2002. A total of 368 American Indians and a matched sample of 368 non-American Indians from 39 substance abuse treatment programs in 13 California counties were assessed at multiple time points. Records on arrests, driving while under the influence of alcohol or drugs, and mental health care were obtained 1 year before and 1 year after treatment entry. Differences in pretreatment characteristics, services received, treatment satisfaction, treatment completion and retention, and outcomes were examined. The results indicated that pretreatment problems were similarly severe among American Indians and non-American Indians. About half in both groups either completed treatment or stayed in treatment more than 90 days; American Indians in residential care had significantly shorter treatment retention. American Indians received fewer individual sessions and out-of-program services, especially for alcohol abuse, but were nevertheless generally satisfied with their treatment. Both groups improved after treatment, with American Indians demonstrating greater reductions in arrests than non-American Indians. The authors suggest that American Indians benefit from substance abuse treatment programs, although the type and intensity of services offered could be improved.

Gallardo, M. E., & Curry, S. J. (2009). Shifting perspectives: Culturally responsive interventions with Latino substance abusers. *Journal of Ethnicity in Substance Abuse, 8(3)*, pp. 314-329.

In 2001, there were 35 million Latinos living in the United States. It is estimated that by 2050 Latinos will comprise 97 million people in the United States, or one-fourth of the U.S. population, establishing this ethnic group as the fastest growing and soon to be largest in the country (U.S. Census Bureau, 2001). These numbers highlight the need for a multicultural paradigm shift, or the inclusion of culture-specific skills and culturally responsive interventions in psychological practice. Latinos face challenges as a racial/ethnic group that the traditional Euro-American model of treatment neither addresses nor validates. Unfortunately, substance abuse serves a purposeful function for many Latinos as a means of escape from the problems related to the social, environmental, and political structures. The current article adapts the model set forth by Parham (2002) as a strength-based therapeutic framework for intervention. The following stages are outlined to serve as the basis for most therapeutic encounters with clients from all racial and ethnic groups presenting with substance abuse problems: therapeutic alliance building, culturally appropriate assessment, sociopolitical awareness and liberation, creating collaborative change, and addressing sustainability of change.

Godlaski, T. M., Butler, L., Heron, M., Debord, S., & Cauvin, L. (2009). A qualitative exploration of engagement among rural women entering substance user treatment. *Substance use & Misuse, 44(1)*, pp. 62-83.

A semi structured interview was administered to a purposive sample of 12 rural women early in substance misuser treatment in a gender specific, intensive outpatient treatment program from March 2001 through March 2003. The interview used open-ended questions about the women's state of mind before entering treatment, the experiences that helped them feel more comfortable with treatment, the experiences that caused them some discomfort in treatment, and any changes they would recommend to the program content or process in an attempt to gain understanding about factors that might facilitate a subjective comfort and engagement with the treatment experience. In approaching treatment, the women almost uniformly expressed a mixture of anxiety about the requirements of treatment and cynicism about its effectiveness. Although aware of the content and structure of the treatment program, the women focused on interpersonal experiences as the critical factors in their level of comfort once in treatment. The most frequently mentioned factors adding to comfort with the treatment experience were the welcoming, accepting, and non-judgmental attitudes of the staff; having their perceptions of their problems taken seriously by the treatment staff; being with other women who shared much of their experiences; and a respectful and generally positive attitude on the part of both the staff and the patients. The only factor that consistently caused some of the women discomfort in treatment was a difficulty in trusting that some of the other women in treatment would keep the matters discussed in group sessions confidential. The women were not completely satisfied with the program content and structure, but this seemed of very little importance to them in relation to their experience of comfort with their treatment experience.

Grella, C. E., Scott, C. K., & Foss, M. A. (2005). Gender differences in long-term drug treatment outcomes in Chicago PETS. *Journal of Substance Abuse Treatment, 28*, pp. S3-S12.

Few long-term follow-up studies of substance abusers have examined gender differences. In the current study, gender differences were examined at 36 months following residential or outpatient drug-free treatment among 951 participants in the Chicago Target Cities Project, the majority of whom were female (62%) and African American (93%). There were no differences in the proportion of men and women who reported any alcohol or drug use at the 36-month follow-up, with an overall reduction of 41% from intake. Greater proportions of men were incarcerated or employed, whereas greater proportions of women had returned to treatment, lived with their children, lived with a substance user, or had interpersonal problems. Women, as a group, had greater increases over time in self-help participation, free time spent with family, non-using family/friends, and employment. Although both men and women showed significant improvements following treatment, gender differences persisted in several areas of psychosocial functioning related to recovery. This study confirms significant reductions in substance use following treatment and corresponding improvements in psychological functioning, social, and family relationships. This study also demonstrates that gender differences persisted in domains of functioning that are relevant to drug treatment processes and outcomes. These findings have implications for treatment provides and program planning.

Greenfield, S. F., Brooks, A. J., Gordon, S. M., Green, C. A., Kropp, F., McHugh, R. K., Lincoln, M., Hien, D., & Miele, G.M. (2007). Substance abuse treatment entry, retention, and outcome in women: A review of the literature. *Drug and Alcohol Dependence, 86(1)*, pp. 1-21.

This article reviews the literature examining characteristics associated with treatment outcome in women with substance use disorders. A search of the English language literature from 1975 to 2005 found 280 relevant articles. Ninety percent of the studies investigating gender differences in substance abuse treatment outcomes were published since 1990, and of those, over 40% were published since the year 2000. Only 11.8% of these studies were randomized clinical trials. A convergence of evidence suggests that women with substance use disorders are less likely, over the lifetime, to enter treatment compared to their male counterparts. Once in treatment, however, gender is not a significant predictor of treatment retention, completion, or outcome. The authors conclude that gender-specific predictors of outcome do exist, however, and individual characteristics and treatment approaches can differentially affect outcomes by gender. The

authors' state that while women-only treatment is not necessarily more effective than mixed-gender treatment, some greater effectiveness has been demonstrated by treatments that address problems more common to substance-abusing women or that are designed for specific subgroups of this population. There is a need to develop and test effective treatments for specific subgroups such as older women with substance use disorders, as well as those with co-occurring substance use and psychiatric disorders such as eating disorders. Future research on effectiveness and cost-effectiveness of gender-specific versus standard treatments, as well as identification of the characteristics of women and men who can benefit from mixed-gender versus single-gender treatments, would advance the field.

Gurewich, D., Sirkin, T. J. & Shepard, S. D. (2012). On-site provision of substance abuse treatment services at community health centers. *Journal of Substance Abuse Treatment*, 42(4), pp. 339–345. DOI: 10.1016/j.jsat.2011.09.012

In this study the authors examined on-site and off-site referral-based provision of substance abuse (SA) treatment services among a sample of community health centers (CHCs). Results of the study reflect that the provision of intensive outpatient treatment services on site was associated with significantly higher engagement rates. It was also associated with higher initiation rates. The authors argue that with limited resources, agencies should invest in more intensive services on site as these may yield better outcomes for CHC patients than lower level services.

Hser, Y. I., Evans, E., & Huang, Y. C. (2005). Treatment outcomes among women and men methamphetamine abusers in California. *Journal of Substance Abuse Treatment*, 28(1), pp. 77-85.

This prospective longitudinal study examined treatment outcomes among 1,073 methamphetamine-abusing patients (567 women, 506 men) from 32 community-based outpatient and residential programs in 13 California counties. Data were collected at intake and at 3 months and 9 months after admission. With one exception, improvements from baseline to follow-up were observed in all areas measured by the Addiction Severity Index for both women and men in either modality. Compared to men, women demonstrated greater improvement in family relationships and medical problems, and similar improvement in all other areas, despite the fact that more women were unemployed, had childcare responsibilities, were living with someone who also used alcohol or drugs, had been physically or sexually abused, and reported more psychiatric symptoms. Study findings confirmed that these meth abusers were a highly troubled group with problems in multiple key life areas, most noticeably employment, legal/criminal, parenting, and psychological distress. Improved intervention strategies should target both substance use and other related needs that are necessary for rehabilitation. Women in the sample, most of whom were of childbearing age or had children, demonstrated more severe problems than did men. Developing and delivering adequate services to address the problems and needs of women will undoubtedly improve treatment outcomes.

Jerry, J. M., & Collins, G. B. (2013). Medication-assisted treatment of opiate dependence is gaining favor. *Cleveland Clinic Journal of Medicine*. 80(6), pp. 345. DOI: 10.3949/ccjm.80a.12181

The authors of this article claim that individuals addicted to opiates are more likely to avoid returning to these drugs if they participate in programs that include taking maintenance doses of methadone or buprenorphine with an abstinence program alone.

Knuuttilla, V., Kuusisto, K., Saarnio, P. & Nummi, T. (2012). Early working alliance in outpatient substance abuse treatment: predicting substance use frequency and client satisfaction. *Clinical Psychologist*, 16(3), pp. 1-13. DOI: 10.1111/j.1742-9552.2012.00049.x

This study examined the effect of the early working alliance on outcome in outpatient substance abuse treatment. One of the main findings of this study was that there was considerable between-therapist variation in the frequency of clients' substance use and client satisfaction at follow-up. The authors argue that more research is needed on the client-therapist relationship as this relationship seems to be associated with patient outcomes.

Korcha, R. A., Polcin, D. L., Evans, K., Bond, J. C., & Galloway, G. P. (2014). Intensive Motivational Interviewing for women with concurrent alcohol problems and methamphetamine dependence. *Journal of Substance Abuse Treatment, 46*(2), pp. 113-119.

This article presents the results of a study which evaluated an intensive 9-session version of MI (Intensive MI) in 163 methamphetamine (MA) dependent individuals. The findings suggest that women with co-occurring alcohol problems in the Intensive IM group reduced the severity of their alcohol problems more than the women in the Standard MI group at a 6-month follow-up. This association is perceived to be the result of the strong alliance developed with the therapist and was inversely associated with alcohol problem severity scores. Findings indicate that Intensive MI is a beneficial treatment for alcohol problems among women with MA dependence.

Manchikanti, L., Fellows, B., Ailinani, H., & Pampati, V. (2010). Therapeutic use, abuse and nonmedical use of opioids: a ten-year perspective. *Pain Physician, 13*(1), pp. 401-435.

This manuscript provides a ten year perspective on the therapeutic use, abuse, and non-medical use of opioids and their consequences. The manuscript provides information on the nonmedical use of psychotherapeutic drugs, current nonmedical use, past year initiates, past year use, lifetime use, abuse based on age, gender, mental health problems, and others.

Marsh, J. C., Smith, B. D., & Bruni, M. (2011). Integrated substance abuse and child welfare services for women: A progress review. *Children and Youth Services Review, 33*(3), pp. 466-472. DOI: 10.1016/j.chilgyouth.2010.06.017

A review of empirical literature reveals improvements in service utilization and outcomes for women when substance abuse and child welfare services are integrated. The increased use of substances by women involved in the child welfare system has resulted in a call for integrated, coordinated, evidence-based practices. Since the late 1990s, specific system- and service-level strategies have been developed to coordinate and integrate the provision of substance abuse and child welfare services such that women are remaining in treatment longer and are more likely to reduce substance use and be reunited with their children. The strategies reviewed provide useful guidelines for developing components of effective, evidence-based programs for substance-involved women in the child welfare system.

McLemore, G., Lewis, T., Jones, C. H., Gauda, E. B. (2013). Novel pharmacotherapeutic strategies for treatment of opioid-induced neonatal abstinence syndrome. *Seminars in Fetal & Neonatal Medicine, 18*(1), pp. 35-41

This article focuses on three strategies that may be beneficial in the treatment of opioid dependence in pregnancy; it specifically focuses on three strategies including 1) pharmacotherapeutic strategies targeting the serotonergic system, 2) mixed opioid immunotherapeutic (vaccines); and 3) pharmacogenomics as a therapeutic strategy to insure personalized care. The authors review and discuss how these strategies may offer additional treatment modalities for the treatment of M-F/N during pregnancy and the treatment of the infant after birth.

McMahon, T. J., Winkel, J. D., Luthar, S. S., & Rounsaville, B. J. (2005). Looking for poppa: Parenting status of men versus women seeking drug abuse treatment. *American Journal of Drug and Alcohol Abuse, 31*(1), pp. 79-91.

This study was designed to document the parenting status of drug-dependent men seeking methadone maintenance treatment and to clarify ways their status as parents differs from that of drug-dependent women. Data concerning demographic characteristics, drug abuse history, and parenting status were systematically coded from the medical records of 362 men and 162 women seeking methadone maintenance treatment during a 12-month period. Results indicated that, although a greater proportion of women were the parent of at least one biological child, there were actually more fathers than mothers seeking treatment. Among the parents, fathers were more likely to have been abusing opioids when they first became a parent, and they were more likely to be living away from their children. There were no significant gender differences in the number of children or the average age of children. The results suggested that fathering may be an important, but largely neglected, treatment issue for drug-abusing men, one which requires

clinical interventions to support them in their role as fathers. These results indicate a need to better document the ways the parenting behavior of drug-abusing men differs from both that of drug-abusing women and men with no history of drug and alcohol abuse. Lastly, there is a need to better document ways the parenting behavior of drug-abusing fathers affects the cognitive, emotional, and social development of their children.

Meade, C. S., Bevilacqua, L. A., Moore, E. D., Griffin, M. L., Gardin, J. G., Potter, J. S., Hatch-Maillette, M., & Weiss, R. D (2014). Concurrent Substance Abuse Is Associated with Sexual Risk Behavior among Adults Seeking Treatment for Prescription Opioid Dependence. *The American Journal on Addictions*. 23(1), pp. 27-33. DOI: 10.1111/j.1521-0391.2013.12057.x

This study examined the prevalence of sexual risk behavior among patients with opioid dependence who primarily use prescription opioids for non-medical purposes. The majority of participants reported unprotected intercourse (76.5%), but few had multiple partners (11.3%). While the majority of sexually active participants engaged in unprotected intercourse, the proportion with multiple sex partners was low relative to other samples of persons who use illicit drugs. Among persons with non-medical prescription opioid dependence, those who concurrently use other substances may be at elevated risk for HIV infection. Comprehensive assessment of substance abuse history among individuals dependent upon prescription opioids is critical for identifying patients who may require additional clinical interventions to reduce HIV sexual risk behavior.

Melvin, M. A., Koch, D. S. & Davis, S. (2012) Employment as a predictor of substance abuse treatment. *Journal of Rehabilitation*, 78(4), pp. 31-37.

This study examines employment status as a factor that contributes to successful treatment outcomes. Traditional substance abuse treatment is discussed and shown to lack an employment component to counseling. Research is discussed and illustrates the benefits employment has on not only successful treatment completion but also reduction in substance use as well as many other benefits. The authors note that most treatment agencies do not incorporate a vocational training component despite research showing the important role employment plays in successful treatment outcomes.

Mullins, S. M., Suarez, M., Ondersma, S. J., & Page, M. C. (2004). The impact of motivational interviewing on substance abuse treatment retention: A randomized control trial of women involved with child welfare. *Journal of Substance Abuse Treatment*, 27(1), pp. 51-58.

This study sought to examine the impact of individual MI sessions on treatment retention and engagement in a treatment program serving clients under heavy child protective services pressure to participate. Seventy-one such women who used drugs during pregnancy were randomly assigned to either receive three MI sessions or to watch two educational videos and participate in a home visit. Treatment retention group attendance and random urine analysis results were evaluated in these women during the first 8 weeks of treatment. No differences were found between the two conditions on these variables. Possible reasons for these negative findings are discussed, including the possibility that MI may not provide any additional benefit when the population is coerced or when they are concerned that specific information about their progress will be shared with the court and with their child welfare worker.

Mullins, S. M., Bard, D. E., & Ondersma, S. J. (2005). Comprehensive services for mothers of drug-exposed infants: Relations between program participation and subsequent child protective services reports. *Child Maltreatment*, 10(1), pp. 72-81.

It is unclear whether intensive services for women using drugs during pregnancy can reduce child maltreatment. This article sought to address this question by evaluating the association between dose of program participation and subsequent reports to CPS in a sample of 142 women whose infants tested positive for illicit drugs at birth. The authors found that simply attending the program without exhibiting behavior changes was not sufficient to avoid future child maltreatment reports. The women's termination status, however, was strongly related to follow-up CPS reports; such that those with higher participation in all aspects of the program had significantly lower risk of re-report. The findings suggest that program effects may be detectable using a treatment process--

based index that combines dose, duration, and quality of program involvement. In addition, the findings suggest that comprehensive interventions for mothers of drug-exposed infants may be efficacious, particularly when participant enthusiasm for a particular treatment approach is considered when conducting treatment planning.

Nayar, P., Yu, F., & Apenteng, B. (2014). Science-based and practice-based innovativeness and performance of substance abuse treatment facilities. *Health Care Management Review, 39(1)*, pp. 66.

The purpose of this study is to examine the influence of the use of innovative organizational practices, both science based (psychosocial interventions) and practice based, on the organizational performance of substance abuse treatment facilities (SATF). The study uses cross-sectional data on 13,513 SATFs in the United States, obtained from the National Survey of Substance Abuse Treatment Services 2009 database. Results of the study show that substance abuse facilities that are high innovators in terms of implementing science based and practice-based innovative practices have higher organizational performance. Organizations that have institutionalized these practices have invested considerable resources in innovation. The shown higher organizational performance provides justification for the organizational investment in innovation.

Odenwald, M., and Semrau, P. (2013). Dropout among patients in qualified alcohol detoxification treatment: the effect of treatment motivation is moderated by Trauma Load. *Substance Abuse Treatment, Prevention, and Policy, 8(14)*, pp. 1-11.

This study aimed to clarify whether individual Trauma Load explains some of the inconsistencies between motivation to change and behavioral change. Results of the study reflected that patients who dropped out reported more traumatic event types on average than completers. The authors believe that the effect of motivation to change on detoxification treatment completion is moderated by Trauma Load. In patients with low Trauma Load, motivation to change is not relevant for treatment completion; among highly burdened patients, however, a high motivation to change might make the difference. This finding justifies targeted and specific interventions for highly burdened alcohol patients to increase their motivation to change.

Ondersma, S. J., Chase, S. K., Svikis, D. S., & Schuster, C. R. (2005). Computer-based brief motivational intervention for perinatal drug use. *Journal of Substance Abuse Treatment, 28(4)*, pp. 305-312.

Computer-based brief motivational interventions may be able to reach a high proportion of at-risk individuals and thus have potential for significant population impact. The present studies were conducted to determine the acceptability and preliminary efficacy of a computer-based brief motivational intervention (the motivation enhancement system, or MES). The goal of MES is to facilitate self-change, treatment engagement, and/or motivation to change via a single intervention session. In Study 1, quantitative and qualitative feedback from 30 postpartum women and 17 women in treatment for drug use were used to modify the software. In Study 2, 50 urban postpartum women who reported drug use in the month before pregnancy completed the intervention and provided repeated within-session ratings of state motivation. In Study 3, 30 women were randomly assigned to intervention or control conditions with 1-month follow-up. Overall, women rated the MES as highly acceptable and easy to use and reported significant increases in state motivation at post intervention and at 1-month follow-up. These preliminary results are encouraging and suggest that further work in this area is warranted.

Ortiz, E., Alvarez, J., Jason, L. A., Ferrari, J. R., & Groh, D. R. (2009). Abstinence social support: The impact of children in Oxford House. *Journal of Groups in Addiction & Recovery, 4(1)*, pp. 71-81.

The present study compared the characteristics of individuals living with (42 men, 52 women) and without children (561 men, 241 women) residing in a communal-living recovery program called Oxford Houses. Results indicated that men living with children and women living without children had more general social support, compared to men living without children and women living with children. Additionally, women and residents of adult-only houses reported having more drug users

in their social networks. However, men and women living with and without children reported similar levels of social support for abstinence. It is suggested that that men in recovery who take care of their children are in situations more advantageous to sustained recovery and have more resources compared to recovering women with children. Women in substance abuse recovery and taking care of children may require additional resources and assistance compared to men.

Pecoraro, A., Ma, M., & Woody, E. G. (2012). The Science and Practice of Medication-Assisted Treatments for Opioid Dependence. *Substance Use & Misuse*, 47(8-9), pp. 1026-1040.

This paper briefly reviews the evolution of opioid addiction treatment from humanitarian to scientific and evidence-based, the evidence bases supporting major medication-assisted treatments and adjunctive psychosocial techniques, as well as challenges faced by clinicians and treatment providers seeking to provide those treatments. The article provides a brief history of opioids, innovation in treatment, and the challenges faced by treatment providers. Attitudes, politics, policy, and financial issues are discussed.

Roberts, A. C., & Nishimoto, R. (2006). Barriers to engaging and retaining African-American post-partum women in drug treatment. *Journal of Drug Issues*, 36(1), pp. 53-76.

Little is known about barriers to engaging and retaining African-American women in drug treatment. This study examines (a) what barriers made it difficult for a sample of 221 African-American women to participate in treatment, (b) the extent to which those barriers differed by program modality, and (3) the extent to which those barriers were related to length of time in treatment and treatment completion. Findings revealed that barriers considered to be internal in nature (i.e., drug severity, did not feel like going, and felt I could manage on my own) were most frequently reported. Only a few program-related barriers were found to be related to length of time in treatment and both internal and programmatic barriers had an effect on treatment completion. Implications for policy decisions, future research, and clinical competence in addressing barriers to treatment for African-American women are discussed.

Romero, V., Donohue, B., & Allen, D. N. (2010). Treatment of concurrent substance dependence, child neglect and domestic violence: A single case examination involving family behavior therapy. *Journal of Family Violence*, 25(3), pp. 287.

Although child neglect and substance abuse co-occur in greater than 60% of child protective service cases, intervention outcome studies are deplorably lacking. Therefore, a home-based Family Behavior Therapy is described in the treatment of a woman evidencing child neglect, substance dependence, domestic violence and other co-occurring problems. Treatment included contingency management, self-control, stimulus control, communication and child management skills training exercises, and financial management components. Results indicated improvements in *child abuse* potential, home hazards, domestic violence, and drug use, which were substantiated by objective urinalysis testing, and tours of her home. Validity checks indicated the participant was being truthful in her responses to standardized questionnaires, and assessors were "blind" to study intent. Limitations (i.e., lack of experimental control and follow-up data collection) of this case example are discussed in light of these results.

Smith, B. D., & Marsh, J. C. (2002). Client-service matching in substance abuse treatment for women with children. *Journal of Substance Abuse Treatment*, 22(3), pp. 161-168.

This article addresses the relation between services matched to client-identified needs and substance abuse treatment outcomes for women with children. The study uses data collected for a program evaluation of an enhanced substance abuse services program for mothers involved with the child welfare system. In-person surveys were conducted with 183 women who were currently attending, or had recently completed substance abuse treatment. Matched counseling services (domestic violence services, family counseling) were associated with reports of reduced substance use; matched ancillary services (housing, job training, legal services) were associated with clients' satisfaction with treatment. However, the total number of services clients received had a stronger relationship to treatment outcomes than did services matched to client-identified needs. This study suggests that the substance abuse treatment clients have many service needs

and that few of these needs were addressed by their treatment programs. Substance abuse treatment services are effectively enhanced when health and social services are also provided.

Somov, P. G. (2008). A psychodrama group for substance use relapse prevention training. *Arts in Psychotherapy, 35*(2), 151-161.

The article reviews utilization of psychodrama group therapy in the context of drug and alcohol treatment and introduces a specific application of psychodrama group therapy for the purposes of relapse prevention. The proposed psychodrama group format features facilitator guidelines for directing relapse prevention behavioral role plays, substance-use specific role plays, and a format for post-role-play processing of group participants' experiences.

Stevens, S. J., Andrade, R. A. C., & Ruiz, B. S. (2009). Women and substance abuse: Gender, age, and cultural considerations. *Journal of Ethnicity in Substance Abuse, 8*(3), pp. 341-358.

Historically, data has shown that a smaller percentage of women use alcohol and illicit substances compared to men, and that frequency of use has been lower among women compared to use among men. Although this data on usage may be true, researchers also acknowledge that substance use among women has been a hidden issue, one not realistically acknowledged by society, especially prior to the mid-1960s. Along with this, more recent data indicates that rates of substance use among women are increasing. Factors contributing to this increase in substance abuse have begun to receive considerable attention, and recent research suggests that many issues exist that are unique to substance use among women. The purpose of this article is to discuss gender specific considerations in women's substance abuse by examining the history of substance use among women; analyzing gender-specific factors, including physiological factors, trauma-related factors, mental health issues, and cultural considerations that impact on women's substance use; articulating treatment approaches for working with substance abusing women and girls; and providing recommendations for further research in this area.

Stover, S. C., Hall, C., McMahon, J. T., & Easton, J. C. (2012). Fathers entering substance abuse treatment: An examination of substance abuse, trauma symptoms and parenting behaviors. *Journal of Substance Abuse Treatment, 43*(3), pp. 335–343

This study was designed to (a) examine differences in symptoms of men presenting for SA assessment based on fatherhood status and (b) determine how posttraumatic stress disorder (PTSD) symptoms and severity of SA were associated with parenting for men who were fathers. According to the authors' findings there were no differences in severity of alcohol or drug use between fathers and non-fathers; however, fathers with more PTSD symptoms reported greater severity of alcohol and drug use. Among the fathers, PTSD symptoms correlated significantly and positively with negative parenting behaviors, whereas SA did not. Fathers with more significant PTSD symptoms were more likely to want help with parenting. The authors suggest that more research is needed on the impact of trauma on parenting behaviors in substance-abusing men.

Sutherland, J. A., Cook, L., Stetina, P., & Hernandez, C. (2009). Women in substance abuse recovery: Measures of resilience and self-differentiation. *Western Journal of Nursing Research, 31*(7), pp. 905-922.

The National Institute of Drug Abuse has promoted drug abuse research in the past two decades focusing on women and gender differences. One hundred twenty-eight Hispanic and White women have participated in this comparative descriptive study that has examined the differences between chemically dependent (CD) women in recovery and non-chemically dependent (non-CD) women in regard to resilience and self-differentiation-demographic variables associated with resilience and self-differentiation and recovery variables associated with resilience and self-differentiation in the CD women. Findings indicate that the CD women and Hispanic women have scored significantly lower on measures of resilience and self-differentiation. Among the recovery variables, resilience and self-differentiation are significant for children support but community support is not significant. The finding that Hispanic and White women in recovery score lower on resilience and self-differentiation is important for designing treatment strategies supportive of women in recovery.

Tang, Z., Claus, E. R., Orwin, G. R., Kissin, B. W. & Arieira, C. (2012). Measurement of gender-sensitive treatment for women in mixed-gender substance abuse treatment programs. *Drug and Alcohol Dependence*, 123(1-3), pp. 160– 166. oi:10.1016/j.drugalcdep.2011.11.003.

The present study examines the extent to which treatment programs vary in gender-sensitive (GS) programming for women in mixed-gender treatment settings. This is the first study to quantify GS treatment for substance abusing women. The identified treatment services and practices and the way they clustered together to form scales have practical implications for researchers, service providers, clinicians, and policy makers. The scales can be used to study treatment outcomes and to evaluate the effectiveness, cost-effectiveness, and cost-benefit of GS programming for women.

Tracy, E. M., Kim, H., Brown, S., Min, M., Jun, M., & McCarty, C. (2012). Substance Abuse treatment stage and personal networks of women in substance abuse treatment. *Journal of Society for Social Work and Research*, 3(2), pp. 65-79.

This study examined the relationship among 4 treatment stages (i.e., engagement, persuasion, active treatment, relapse prevention) and the composition, social support, and structural characteristics of personal networks. According to the findings, women in active treatment were less connected, whereas women in the persuasion stage had a higher degree of centralization. Overall, the authors find that social network relate to the stage of treatment, whereas network composition, type of social support, and socio-demographic variables (with a few exceptions) do not relate to treatment stage. The authors suggest that social context, particularly how social contacts are arranged around clients, should be incorporated into treatment programs, regardless of demographic background.

Tracy, M. E., Laudetb, B. A., Mina, O. M., Kima, H., Browna, S., Juna, K.M. & Singera, L. (2012). Prospective patterns and correlates of quality of life among women in substance abuse treatment. *Drug and Alcohol Dependence*, 124(3), pp. 242– 249 DOI: 10.1016/j.drugalcdep.2012.01.010

This study examines patterns and predictors of quality of life (QOL) at one and 6 months post treatment intake among women enrolled in a substance abuse treatment facility. According to the study findings, QOL had improved significantly, however it still remained below that of normal populations. This study suggests the usefulness of the WHOQOL measure as an indicator of functioning in substance abusing populations. Findings underline the importance of helping women deal with trauma symptoms and develop support for recovery. Further research is needed on the longitudinal relationship between QOL and substance use patterns.

Tsai, J., Salyers, M. P., Rollins, A. L., McKasson, M., & Litmer, M. L. (2009). Integrated dual disorders treatment. *Journal of Community Psychology*, 37(6), pp. 781-788.

Mental health programs are increasingly combining evidence-based practices to provide comprehensive services. Individuals with complex service needs, such as those dually diagnosed with mental illness and substance use disorders, are at high risk for numerous negative outcomes and may benefit from such comprehensive programs. This report describes the process and outcomes of a program that formally integrated assertive community treatment, supported housing, and integrated dual disorders treatment for a sample of clients with dual diagnoses. Over a 2-year period, this pilot program targeted 14 clients with 12 clients successfully transitioned out of a state hospital into the community. Results showed large reductions in hospitalization, homelessness, and incarceration, and increases in employment and later stages of treatment for substance abuse. This study demonstrates the potential of such an integrated program and points to areas for further research in housing services.

Vaughn, M. G., Shook, J. J., & McMillen, J. C. (2008). Aging out of foster care and legal involvement: Toward a typology of risk. *Social Service Review*, 82(3), pp. 419-446.

The article focuses on the study that shows the treatment models with the strongest evidence base for treating adolescent substance abuse. Researchers Sara J. Becker and John F. Curry reveals that the treatment models are ecological family therapy, brief motivational interventions, and cognitive behavioral therapy (CBT). The study evaluated 31 peer-reviewed randomized trials of outpatient interventions for adolescent substance abuse on 14 attributes of trial quality.

Walker, M. A. (2009). Program characteristics and the length of time clients are in substance abuse treatment. *Journal of Behavioral Health Services & Research*. 36(3), pp. 330-343.

Is there a relationship between the characteristics of drug addiction treatment programs and an important correlate of better outcomes, the length of time clients are in treatment? Previous research has consistently shown longer periods in treatment and a range of services each have a salutary effect on client outcomes after treatment. Much of this research has examined the characteristics of clients. Program attributes are another important consideration. Multivariate analysis of data collected from a national survey of outpatient drug addiction treatment programs shows offering a range of services along with several other program characteristics are relevant to the duration of treatment. When a range of services are available, this has a positive association with both the number of months programs report clients are in treatment and with the number of counseling sessions programs report clients receive over the course of treatment. Ultimately, this should lead to better outcomes for clients.

VETERANS AND THE MILITARY

Back, S. E., Killeen, T. K., Teer, A. P., Hartwell, E. E., Federline, A., Beylotte, F., & Cox, E. (2014). Substance use disorders and PTSD: An exploratory study of treatment preferences among military veterans. *Addictive Behaviors*, 39(2), pp. 369-373.

This study looked at Veterans' perceptions of the interrelationship between SUDs and PTSD, as well as treatment preferences. Based on the study findings, approximately 66% of Veterans preferred an integrated treatment approach. Although preliminary, the findings provide clinically-relevant information that can be used to enhance the development and provision of care for Veterans with SUDs and PTSD.

Bucher, J. (2012). Soldiering with substance: substance and steroid use among military personnel. *Journal of Drug Education*. 42(3), pp. 267-292.

This study looks at qualitative data, examining substance use among a military sample to provide nature of substance use and provide possible explanations. The study shows that many of the participants used substances to deal with stress and cope with strain, as well as to deal with negative combat experiences and with pressures related to masculinity. Important findings include marijuana use (36% of sample) and steroid use (32% of sample).

Creech, S. K., & Bursary, B. (2014). Alcohol use, military sexual trauma, expectancies, and coping skills in women veterans presenting to primary care. *Addictive Behaviors*, 39(2), pp. 379-385.

This study seeks to describe and explore the associations between posttraumatic stress disorder symptoms, experience of military sexual trauma (MST), expectancies for alcohol use, and coping skills in predicting drinking behavior. The authors argue that the experience of MST tended to be associated with alcohol use. Findings highlight the importance of considering the function of alcohol use when delivering clinical interventions and the need for further research on the association between MST and drinking in women veterans.

Cucciare, M. A., Simpson, T., Hoggatt, K. J., Gifford, E., & Timko, C. (2014). Substance use among women veterans: epidemiology to evidence-based treatment. *Journal of Addictive Diseases*. 32(2), pp. 119-139. DOI: 10.1080/10550887.2013.795465

In this article, the authors review the substance misuse rates and comorbidities and the risk factors for and consequences of substance use among women Veterans. According to their findings, women Veterans may have higher rates of substance misuse and comorbid psychiatric and medical disorders than male Veterans and women who are not Veterans. Studies support the AUDIT-C as a scaled marker of alcohol-related risk among female Veterans, but validated drug screening instruments are needed. The authors discuss evidence-based approaches in terms of treating women Veterans' substance misuse in primary and specialty care settings, along with knowledge gaps and potential research priorities to improve care in this special population.

Harris, S. H. A., Kivlahan, D., Barnett, G. P., & Finney, W. J. (2012). Longer length of stay is not associated with better outcomes in VHA's substance abuse residential rehabilitation treatment programs. *Journal of Behavioral Health Services & Research*, 39(1), pp. 68-79

In this article the authors examined if longer stays in Veterans Health Administration (VHA) substance abuse residential rehabilitation treatment programs (SARRTPs) were associated with better substance-related outcomes. According to their findings, patients in programs with stays greater than 90 days tended to have more mental health treatment prior to the index episode and less severe substance-related symptoms, but more homelessness, whereas programs longer than 90 days had the least improvement in the ASI Alcohol composite and significantly less improvement than programs with stays of 15 to 30 and 31 to 45 days.

Humensky, J. L., Jordan, N., Stroupe, K. T., & Haynes, D. (2013). Employment Status of Veterans Receiving Substance Abuse Treatment from the U.S. Department of Veterans Affairs. *Psychiatric Services*. 64(2), pp. 177-180. DOI: 10.1176/appi.ps.201200024

This study examined employment outcomes of veterans with substance use disorders post substance abuse treatment. According to the study results, the percentage of veterans with any days of paid work rose from 28% at intake to 35% at follow-up. Veterans with comorbid anxiety and general medical conditions had lower odds of having earnings from employment or days of paid work at follow-up. The authors argue that veterans with substance use disorders, particularly those with comorbid general medical and anxiety disorders, may be at risk of employment problems.