

A peer-based substance abuse intervention for HIV plus rural women: A pilot study.

Boyd MR; Moneyham L; Murdaugh C; Phillips KD; Tavakoli A; Jackwon K; Jackson N; Vyavaharkar M. *Archives of Psychiatric Nursing* 19(1): 10-17, 2005. (40 refs.)

Alcohol and other drug (AOD) use plays a major role in the acquisition and spread of HIV, and the majority of women living with HIV are either active or recovering drug users. Forty-six percent of women's cases of HIV infection have been attributed to injection-drug use and 18% to women's heterosexual contacts with injection-drug users. Substance abuse often contributes to noncompliance with HIV treatment. Individuals with multiple diagnoses, such as those with HIV and substance abuse, may not be able to withstand the burden of integrating the different clinical approaches used to treat their substance abuse and other comorbid disorders such as HIV. This article reports the results of an intervention pilot study testing a peer counseling intervention for substance abuse in rural women with HIV. Thirteen women completed the intervention. Although limited by sample size, results suggest that this intervention was effective in helping women to acknowledge problems with their alcohol and drug abuse and to begin taking steps to achieve sobriety. Copyright 2005, Elsevier Science.

Associations among childhood trauma, adolescent problem behaviors, and adverse adult outcomes in substance-abusing women offenders.

Grella CE; Stein JA; Greenwell L. *Psychology of Addictive Behaviors* 19(1): 43-53, 2005. (71 refs.)

This article explores relationships among exposure to childhood abuse and traumatic events, adolescent conduct problems and substance abuse, and adult psychological distress and criminal behaviors in a sample of substance-abusing women offenders (N = 440). Latent variable structural equation models revealed direct relationships between several childhood traumatic events and greater adolescent conduct problems and substance abuse. Conduct problems predicted more adult criminal behavior, and adolescent substance abuse predicted higher levels of current psychological distress. There were direct relationships between several types of traumatic events

and current psychological distress and between traumatic events and specific criminal behaviors. Ethnic differences were also found, suggesting different pathways to criminal behavior. The findings underscore the need to provide trauma-related services for substance-abusing women offenders. Copyright 2005, American Psychological Association.

Cocaine exposure and mother-toddler social play.

Uhlhorn SB; Messinger DS; Bauer CR. *Infant Behavior & Development* 28(1): 62-73, 2005. (53 refs.)

This study compared the play interactions of 18-month-old cocaine-exposed toddlers and their mothers (n = 48) to non-cocaine-exposed comparison toddlers and their mothers (n = 77). Coders blind to drug-exposure status reliably coded the interactions for maternal directiveness, positivity, and sensitivity; child social initiative and positivity; and dyadic responsiveness. There were no cocaine exposure group differences on any of the measures, with or without statistical controls for birth weight, SES, maternal age, and prenatal exposure to alcohol, marijuana, and cigarettes. Irrespective of cocaine exposure, low birth weight was associated with fewer maternal positive vocalizations and lower levels of maternal sensitivity. In higher SES dyads, children were more likely to respond to mother requests. The absence of cocaine exposure differences in social interactive behaviors during mother-child play in a relatively large sample of mothers and their children, is discussed with respect to the existing literature. Copyright 2005, Elsevier Science.

Characteristics and motives of problem drinkers seeking help from moderation management self-help groups.

Klaw E; Luft S; Humphreys K. *Cognitive and Behavioral Practice* 10(4): 384-389, 2003. (26 refs.)

Moderation Management (MM) is a relatively new self-help/mutual aid organization that adopts a cognitive-behavioral conceptualization of alcohol abuse. Specifically, MM construes problem drinking as a habit that can be brought under control through the application of cognitive-behavioral principles in the context of a network of supportive peers. MM

therefore serves as an alternative to the spiritually oriented disease model of Alcoholics Anonymous (AA), as well as to the abstinence goal orientation of AA and other self-help organizations (e.g., Women for Sobriety and SMART Recovery). To provide cognitive-behavioral therapists and researchers more information about MM, this paper describes the MM organization and presents survey data on the characteristics and help-seeking motives of 467 individuals who contacted the organization by telephone over a 1-year period. Callers to MM's national telephone number had significantly less severe drinking problems and greater educational and economic resources than typical help-seeking populations of alcohol-dependent persons (e.g., AA members). Study participants, particularly women, typically experienced MM as a better "fit" with their drinking problem, life experiences, and valuation of personal mastery than disease-model, abstinence-based approaches. Although the organization has never been subjected to a controlled outcome study, cross-sectional data indicate that MM members appear to reduce their level of alcohol-related harm over time. Cognitive-behavioral treatment professionals working with nondependent problem drinkers may thus wish to consider referring clients to MM. Copyright 2003, Association for Advanced Behavior Therapy.

Improving screening for alcohol use during pregnancy: The Massachusetts ASAP program.

Kennedy C; Finkelstein N; Hutchins E; Mahoney J. *Maternal and Child Health Journal* 8(3): 137-147, 2004. (41 refs.)

Objective: To motivate prenatal care staff in public and private settings to universally screen of alcohol and drug use and to conduct a brief intervention with follow-up referral when appropriate during a routine office visit. Methods: The ASAP Projects methods were engagement of site staff; staff training; self-administered questionnaires embedded with a relational and broad catch screening tool; a brief intervention protocol; unique clinical decision tree/protocols for each site; identification of treatment and referral resources; and ongoing technical assistance and consultation. Sites were located in four regions of the state and included four community health centers, a network of multi-specialty private practices and a teaching hospital. Results: Across 16 sites 118 prenatal staff were trained on use of the screening tool and 175 staff on the brief intervention. The ASAP Project resulted in 95% of pregnant women being screened for alcohol use and 77% of those screening positive for at least one risk factor receiving a brief intervention during a routine office visit. Conclusions: Screening

and visit by prenatal staff by utilizing and building on existing office systems with practice staff, screening for any use not only at risk use, providing training with skills building sessions and information delivered by physicians, offering easy-to-access community treatment resources, and providing ongoing technical assistance. Copyright 2004, Springer/Plenum.

Incarcerated drug-abusing mothers: Their characteristics and vulnerability.

Hanlon TE; O'Grady KE; Bennett-Sears T; Callaman JM. *American Journal of Drug and Alcohol Abuse* 31(1): 59-77, 2005. (39 refs.)

Although the number of mothers with histories of drug addiction who are incarcerated has grown substantially in recent years, there is little information on their unique characteristics and vulnerability. Undertaken to address this issue, this study examined data on 167 incarcerated drug-abusing mothers from Baltimore City who had volunteered for a parenting program offered at a Maryland correctional facility. Prior to entering this program, mothers who consented to participate completed a battery of assessment measures, which included an extensive interview covering their early developmental and current experiences, along with standardized instruments measuring psychological adjustment and parenting satisfaction. Analyses of these data focused on the link between risk/protective factor information drawn from the early development experiences of the mothers and their current adjustment status. Results revealed significant relationships between higher risk levels and less favorable current adjustment. Implications of the findings of the study for both prevention and clinical intervention efforts targeting both mothers and their children are discussed. Copyright 2005, Marcel Dekker, Inc. Used with permission.

Mediating factors for the long-term effects of parental alcoholism in women: The contribution of other childhood stresses and resources.

Griffin ML; Amodeo M; Fassler I; Ellis MA; Clay C. *American Journal on Addictions* 14(1): 18-34, 2005. (79 refs.)

The aim of this study was to identify the stresses and resources in childhood that mediate the relationship between parental alcoholism and adult outcomes in women. Adult outcomes included alcohol problems and measures of psychosocial adjustment. Standardized measures and a face-to face interview were used to collect data on 290 community-dwelling women, with siblings as collateral informants. Mediation analysis showed that the effect of parental alcoholism on several adult outcomes was indirect, mediated by

the other stresses and resources examined. Contextual models such as those presented here are helpful in understanding the long-term effects of childhood environment on women. Copyright 2005, American Academy of Psychiatrists in Alcoholism and Addictions.

Mothers and daughters: The intergenerational reproduction of violence and drug use in home and street life.

Dunlap E; Johnson BD; Sanabria H; Stürzenhofecker G. *Journal of Ethnicity in Substance Abuse* 3(2): 1-23, 2004

In many inner-city households, children are simultaneously exposed to substance use, violence, and sexual exploitation. Sadly, these youths often seek solace and escape in the inner-city street subculture, only to find the same problems there. As young adults, these persons typically reproduce the household norms and the street subculture they experienced in their own childhoods. Researchers illustrate the processes behind these interconnected phenomena based on detailed ethnographic accounts of two generations of females' experiences from two separate households. Copyright 2004, Haworth Press.

Gender: a major determinant of brain response to nicotine.

Fallon JH; Keator DB; Mbogori J; Taylor D; Potkin SG. *International Journal of Neuropsychopharmacology* 8(1): 17-26, 2005. (29 refs.)

Biological factors responsible for nicotine initiation and dependence are largely unknown. Men and women smoke differently, and may smoke for different reasons. Brain metabolic response to nicotine may explain gender differences in nicotine use. We used FDG-PET to measure brain metabolic response on placebo and following nicotine administered by patch in 42 females and 77 males (smokers and nonsmokers) while performing a Continuous Performance Task (CPT) or the Bushman Competition and Retaliation Task (CRT). Nicotine administration affected brain metabolism much differently in males and females, and these differences were dependent on task and smoking history. In the placebo condition female smokers performing the CPT and female nonsmokers performing the CRT consistently had higher brain metabolism than males, especially in the entire prefrontal system and the mid and anterior temporal lobe, language cortices, and related subcortical systems. The overall effect of nicotine was to decrease these gender differences in brain metabolism. Copyright 2005, Cambridge University Press.

Outcomes for women with co-occurring disorders and trauma: Program-level effects.

Cocozza JJ; Jackson EW; Hennigan K; Morrissey JB; Reed BG; Fallot R. *Journal of Substance Abuse Treatment* 28(2): 109-119, 2005. (35 refs.)

Program-level effects at 6 months are reported from meta-analysis of a nine-site quasi-experimental study of comprehensive, integrated, trauma-informed, and consumer-involved services for women who have mental health problems, substance use disorders, and who have experienced interpersonal violence. The average weighted effect size is significant for the treatment condition for improved post-traumatic symptoms ($p < 0.02$), drug use problem severity ($p < 0.02$), and nearly significant for mental health symptoms ($p < 0.06$). There is significant heterogeneity in effect sizes across sites. Program-level variables were examined in an effort to explain this heterogeneity. The findings indicate that sites which provided significantly more integrated counseling produced more favorable results in mental health symptoms ($p < 0.01$) and both alcohol ($p < 0.001$) and drug use problem severity ($p < 0.001$). The same trend is observable for reductions in post-traumatic stress symptoms, although the difference does not attain statistical significance. Copyright 2005, Elsevier Science.

Pathways to adolescent substance use among sexually abused girls.

Bailey JA; McCloskey LA. *Journal of Abnormal Child Psychology* 33(1): 39-53, 2005. (54 refs.)

This study examined the link between childhood sexual abuse and adolescent substance use among girls, and evaluated depressive self-concept and behavioral under-control (BUC) as pathways to substance use for sexually abused girls. Participants ($n = 150$) were drawn from a longitudinal study of the impact of domestic violence on the lives of women and children. Structural equation modeling revealed that girls' childhood sexual abuse was associated prospectively with their later substance use. This relationship persisted when age, co-occurring forms of child abuse (physical, exposure to domestic violence), childhood depression and aggression, family income, maternal substance use, and parenting practices were controlled. Behavioral under-control mediated the relationship between childhood sexual abuse and later substance use, but depressive self-concept did not. Implications, limitations, and directions for future research are discussed. Copyright 2005, Plenum Publishing Corporation.

Service costs for women with co-occurring disorders and trauma.

Domino M; Morrissey JP; Nadlicki-Patterson T; Chung S. *Journal of Substance Abuse Treatment* 28(2): 135-143, 2005. (35 refs.)

Several aspects of costs related to health care and other service use at 6-month follow-up are presented for women with co-occurring mental health and substance abuse disorders with histories of physical and/or sexual abuse receiving comprehensive, integrated, trauma-informed and consumer/survivor/recovering person-involved interventions (n = 1023) or usual care (n = 983) in a nine-site quasi-experimental study. Results: show that, controlling for pre-baseline use, there are no significant differences in total costs between participants in the intervention condition and those in the usual care comparison condition, either from a governmental (avg. \$13,500) or Medicaid reimbursement perspectives (avg. just over \$10,000). When combined with clinical outcomes analyzed in other works in this issue by Coccozza et al. (2005) and Morrissey et al. (2005), which favored the intervention sites, these cost findings indicate that the treatment intervention services are cost-effective as compared with the usual care received by women at the comparison sites. Copyright 2005, Elsevier Science.

Voucher-based incentives for cigarette smoking reduction in a women's residential treatment program.

Robles E; Crone CC; Whiteside-Mansell L; Conners NA; Bokony PA; Worley LLM et al. *Nicotine & Tobacco Research* 7(1): 111-117, 2005. (38 refs.)

Participants were women (N=16) living with their children in a residential substance abuse treatment facility. In this within-subjects repeated measures study, a 1-week baseline was followed by a 4-week intervention and a 2-week follow-up (same as the baseline). The intervention consisted of exposure to an educational video and a smoking cessation workbook, brief individual support meetings, and an escalating schedule of voucher-based reinforcement of abstinence. Throughout the study, three daily breath samples (8 A.M., noon, and 4 P.M.) were collected Monday through Friday to determine carbon monoxide

(CO) concentration. In addition, urine cotinine (COT) was assessed on Monday mornings to monitor weekend tobacco use. Participants received vouchers of escalating value for CO-negative breath and COT-negative urine samples. Positive samples reset the voucher value. Significantly more negative tests were submitted during the intervention than during baseline and follow-up. The intensive behavioral intervention evaluated in this study produced a substantial reduction in cigarette smoking, and 25% of participants remained abstinent 2 weeks after the intervention was suspended. Nevertheless, the percentage of CO-negative samples submitted during the follow-up returned to baseline levels. While retaining many real-world characteristics, residential treatment facilities provide important opportunities for smoking cessation treatment and research. Copyright 2005, Taylor & Francis Ltd.

Coping skills training and 12-step facilitation for women whose partner has alcoholism: Effects on depression, the partner's drinking, and partner physical violence. Rychtarik RG; McGillicuddy NB. *Journal of Consulting and Clinical Psychology* 73(2): 249-261, 2005. (55 refs.)

Women (N = 171), distressed from their partners' untreated alcoholism, received either coping skills training (CST), 12-step facilitation (TSF), or delayed treatment (DTC). CST and TSF resulted in lower depression levels than DTC but did not differ from one another. Skill acquisition mediated the treatment effects of CST; Al-Anon attendance did not mediate the TSF effect. Lower depression levels were maintained at 12 months with no differences between groups. Partner drinking decreased from pretreatment to follow-up in the CST and TSF conditions. However, for partners with a history of relationship violence, drinking improved across follow-up in the CST condition but worsened in the TSF condition. Partner relationship violence was less in the CST condition. CST may be particularly useful for women experiencing physical violence from a partner with alcoholism. Copyright 2005, American Psychological Association, Inc.