

A pilot study of reunification following drug abuse treatment: Recovering the mother role.

Carlson BE; Matto H; Smith CA; Eversman M.
Journal of Drug Issues 36(4): 877-902, 2006. (49 refs.)

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. Implications for service delivery and research are discussed. Copyright 2006, Journal of Drug Issues, Inc.

Mood disorders affect drug treatment success of drug-dependent pregnant women.

Fitzsimons HE; Tuten M; Vaidya V; Jones HE.
Journal of Substance Abuse Treatment 32(1): 19-25, 2007. (23 refs.)

This study examined the impact of co-occurring Axis I disorders on drug treatment outcomes of drug-dependent pregnant women. Participants (N = 106) were women who met Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for opioid dependence and were receiving methadone. Based on DSM-IV Axis I criteria, participants were categorized into three groups: (1) absence of mood/anxiety disorder (n = 29), (2) primary mood disorder (n = 39), or (3) primary anxiety disorder (n = 38). Demographically, the groups were similar. The Mood Disorder group was significantly more likely to be positive for drugs while in treatment

compared with both the no mood/anxiety disorder and anxiety disorder groups. The Mood Disorder and anxiety disorder groups had more psychosocial impairment and higher incidence of suicidal ideation compared with the no mood/anxiety disorder group. Interestingly, the anxiety disorder group spent more days in treatment compared with the no mood/anxiety disorder or Mood Disorder group. These findings highlight the need to treat co-occurring Axis I disorders, particularly given the higher relapse risk for those with mood disorders. Copyright 2007, Elsevier Science.

Substance abuse treatment entry, retention, and outcome in women: A review of the literature. (review).

Greenfield SF; Brooks AJ; Gordon SM; Green CA; Kropp F; McHugh RK et al. *Drug and Alcohol Dependence* 86(1): 1-21, 2007. (217 refs.)

This paper 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 using Medline and PsycInfo databases 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. Gender-specific predictors of outcome do exist, however, and individual characteristics and treatment approaches can differentially affect outcomes by gender. 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. Copyright 2007, Elsevier Science.

Pregnant women in women-only and mixed-gender substance abuse treatment programs: A comparison of client characteristics and program services.

Hser YI; Niv N. *Journal of Behavioral Health Services & Research* 33(4): 431-442, 2006. (31 refs.)

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. Copyright 2006, Springer.

The impact of partner alcohol problems on women's physical and mental health.

Dawson DA; Grant BF; Chou SP; Stinson FS. *Journal of Studies on Alcohol* 68(1): 66-75, 2007. (73 refs.)

Objective: The purpose of this study was to examine the association between partner alcohol problems and selected physical and mental health outcomes among married or cohabiting women, before and after adjusting for potential confounders, and to compare these associations with those reflecting the impact of the women's own alcohol-use disorders (AUDs). Method: This analysis is based on data from the Wave 1 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a cross-sectional, retrospective survey of a nationally representative sample of U.S. adults 18 years of age and older. The analytic sample consisted of 11,683 married or cohabiting women. Classification of their own AUDs was based on self-report of symptoms operationalizing the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV),

criteria for alcohol abuse or dependence. Current partner alcohol problems were identified by the women after an explanation that recapitulated the essence of these criteria. Physical health measures included criminal victimization of any type, injury, emergency-department and hospital visits, self-reported fair or poor health, and Short Form-12 Health Survey Questionnaire, Version 2 (SF-12v2), -based physical quality of life. Mental health measures included DSM-IV mood and anxiety disorders, number of past-year stressors, and SF-12v2-based mental/psychological quality of life. All measures refer to the 12 months immediately preceding the interview. Associations were tested using bivariate and multivariate logistic and linear regression models. Results: At the bivariate level, women whose partners had alcohol problems were more likely to experience victimization, injury, mood disorders, anxiety disorders, and being in fair or poor health than women whose partners did not have alcohol problems (odds ratio [OR]: 1.7-4.5). They also experienced more life stressors and had lower mental/psychological quality-of-life scores. All but one of these differences remained significant after adjusting for potential confounders, which included the significantly greater rates of substance use and AUDs among women whose partners had alcohol problems. Although the magnitudes of the ORs decreased after adjustment (adjusted OR [AOR]: 2.1-3.4), they generally exceeded the AORs associated with the women's own AUDs. Conclusions: Partner alcohol problems pose diverse health threats for women that go beyond their well-documented association with domestic violence. Mood, anxiety, stress, general health, and quality-of-life problems should be addressed by groups that provide couples' treatment or counseling to female partners of alcoholics. Copyright 2007, Alcohol Research Documentation.

Gender specific associations between types of childhood maltreatment and the onset, escalation and severity of substance use in cocaine dependent adults.

Hyman SM; Garcia M; Sinha R. *American Journal of Drug and Alcohol Abuse* 32(4): 655-664, 2006. (20 refs.)

We examined associations between types of childhood maltreatment and the onset, escalation, and severity of substance use in cocaine dependent adults. 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. Copyright 2006, Marcel Dekker, Inc.

Correlates of problem recognition and intentions to change among caregivers of abused and neglected children.

Littell JH; Girvin H. *Child Abuse & Neglect* 30(12): 1381-1399, 2006. (52 refs.)

Objective: To identify individual, family, and caseworker characteristics associated with problem recognition and intentions to change in a sample of caregivers who received in-home child welfare services following substantiated reports of child abuse or neglect. Methods: Caregivers were interviewed at 4 weeks, 16 weeks, and 1 year after referral for in-home services. In these interviews, the University of Rhode Island Change Assessment scale assessed problem recognition and ITC in relation to caregiving practices. Additional data were obtained from administrative records and surveys of in-home services caseworkers. We used growth models to identify caregiver, family, and caseworker characteristics associated with initial levels of problem recognition and intentions to change, and with changes in problem recognition and intentions to change over time. Results: Contrary to expectations, there were no overall increases in problem recognition and intentions to change during the first 4 months of in-home services. Problem recognition and intentions to change scores fluctuated over time, in relation to some external events, case characteristics, and caseworker characteristics; however, we were able to account for small portions of the variance in problem recognition and intentions to change. Controlling for social desirability bias and other variables in the analysis, negative life events, lack of network support, and the severity of caregiver depression were associated with greater PR; housing problems were associated with lower problem recognition. Caregiver depression and age were associated with intentions to change. Caregivers whose children had been removed from their homes showed significant increases in intentions to change in the first few months of in-home services. The duration of caseworkers' child welfare experience predicted increases in their clients' problem recognition in the

first 4 months and more frequent contacts with an experienced caseworker predicted small, but significant increases in intentions to change over time. Conclusions: Problem recognition and intentions to change are associated with somewhat different case characteristics and may be affected by caseworkers' experience. Copyright 2006, Elsevier Science.

Seeking Safety therapy for adolescent girls with PTSD and substance use disorder: A randomized controlled trial.

Najavits LM; Gallop RJ; Weiss RD. *Journal of Behavioral Health Services & Research* 33(4): 453-463, 2006. (39 refs.)

This randomized, controlled trial evaluated a manualized psychotherapy, Seeking Safety (SS), for posttraumatic stress disorder (PTSD) and substance use disorder (SUD) in adolescent females. To our knowledge, no prior study has evaluated any psychotherapy designed for this population. SS was compared to treatment as usual (TAU) for 33 outpatients, at intake, end-of-treatment, and 3 months follow-up. SS evidenced significantly better outcomes than TAU in a variety of domains at posttreatment, including substance use and associated problems, some trauma-related symptoms, cognitions related to SUD and PTSD, and several areas of pathology not targeted in the treatment (e.g., anorexia, somatization). Effect sizes were generally in the moderate to high range. Some gains were sustained at follow-up. SS appears a promising treatment for this population, but needs further study and perhaps additional clinical modification. Copyright 2006, Springer.

Mental symptoms, psychotropic drug use and alcohol consumption in immigrated middle-aged women. The Women's Health in Lund Area (WHILA) Study.

Rundberg J; Lidfeldt J; Nerbrand C; Samsioe G; Romelsjo A; Ojehagen A. *Nordic Journal of Psychiatry* 60(6): 480-485, 2006. (22 refs.)

This study aims to analyse mental symptoms, psychotropic drug use and alcohol consumption, in immigrant women born in Finland, the other Nordic countries, Eastern Europe, Western Europe and countries outside Europe, compared with Swedish-born women, and furthermore, to study if age at immigration may have an influence. All women (n = 10,766) aged 50 - 59 years and living in the Lund area of southern Sweden received a postal invitation to a health survey named the Women's Health in Lund Area; 64.2% (n = 6917) participated. The participants answered a questionnaire including prevalence of mental symptoms during the past 3 months, regular

use of psychotropic drugs, alcohol consumption during an average week, country of birth and age at immigration. Severe mental symptoms were more common among most immigrant groups compared with native Swedes, but the association to country of birth was not significant after adjustment for possible confounders. Regular use of hypnotics was more common among Nordic immigrants only (odds ratio, OR = 4.4). East European and non-European immigrants less often were alcohol consumers (OR = 1.6 and OR = 3.8). Heavy drinking was more common among non-Nordic immigrants who immigrated at a younger age than at an older age. Furthermore, it was found that although East European and non-European immigrants had a higher educational level, they were less often gainfully employed compared with native Swedes. In middle-aged women, country of birth as well as age at immigration are important factors to consider in relation to alcohol consumption, but these factors may be of less importance considering mental health. Copyright 2006, Taylor & Francis.

Life events and peer substance use and their relation to substance use problems in college students.

Taylor J. *Journal of Drug Education* 36(2): 179-191, 2006. (29 refs.)

Substance use disorders among college students are not well understood, and the present study examined the relationship of two environmental factors to alcohol and drug use problems in 616 (316 women) college students. Participants completed measures assessing substance use problems, life events, and substance use among peers. Alcohol use problems were significantly associated with higher drug use problems and regular use of illicit drugs among friends. Drug use problems were significantly associated with male gender, higher alcohol use problems, regular use of alcohol and drugs among friends, illicit drug use among romantic partners, and higher numbers of negative life events. Results extend previous research and suggest that college students who experience multiple negative life events and/or affiliate with substance using friends and romantic partners may be at risk for developing a substance use problem. Copyright 2006, Baywood Publishing.

Children's roles in the social networks of women in substance abuse treatment.

Tracy EM; Martin TC. *Journal of Substance Abuse Treatment* 32(1): 81-88, 2007. (48 refs.)

This study examined the status of children and the types of support available from children as reported by women in substance abuse treatment. Findings indicate that children are viewed as sources of social support to women on treatment. Children were viewed as providing as much sobriety support to respondents as that provided by adult network members. In addition, both children living with the respondent and children in the care of others were viewed as providers of specific types of social support. Implications are drawn for practice and research. Copyright 2007, Elsevier Science.

From the eyes of the beholder: Alcohol expectancies and valuations as predictors of hazardous drinking behaviors among female college students.

Zamboanga BL. *American Journal of Drug and Alcohol Abuse* 32(4): 599-605, 2006. (10 refs.)

Research has shown that drinking expectancies are associated with alcohol use among college students; however, the bulk of these studies have focused exclusively on researcher-labeled "positive" or "negative" expectancies rather than on the student's valuation (i.e., rating of desirability) of these expectancies. The present study examined the utility of expectancies and valuations in predicting hazardous alcohol use in a sample of 330 female college students (mean age = 20.0; 18-25). Hierarchical regression analyses revealed that negative expectancies and favorable valuations of negative and positive expectancies were predictive of elevated hazardous use (controlling for age, athletic membership, and peer use). Expectancy valuations accounted for additional variance in the model beyond that of expectancies. The present findings shed light on the utility of expectancies and valuations of expectancies in predicting hazardous alcohol use among female college students. Future research directions and potential implications for prevention efforts are discussed. Copyright 2006, Marcel Dekker, Inc.