



# ECI Library Matters

## Parents and Their Children Affected by Opioids, Alcohol, and Other Drugs

This month, we are featuring library resources, including selected journal abstracts, on parents and their children who have been affected by opioids, alcohol, and other drugs.

The library also owns a selection of books, DVDS, and streaming videos on substance abuse. Please contact the library for more information on how to borrow these items.

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### In This Issue

#### [Select Journal Table of Contents](#)

- [Infants & Young Children](#) - Vol. 32 (3) July/September 2019
- [Journal of Early Intervention](#) - Vol. 41 (2) June 2019
- [Topics in Early Childhood Special Education](#) - Vol. 39 (1) May 2019
- [Young Exceptional Children](#) - Vol. 22 (2) June 2019

#### [Select Journal Abstracts](#)

#### [New Books](#)

#### [New DVDs](#)

#### [Select Audiovisuals](#)

#### [Select Books](#)

#### [Select eBooks](#)

#### [Select Websites](#)

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## Select Journal Table of Contents

---

### Infants and Young Children – July/September 2019

The use of peer mediation and educator facilitation to promote turn taking in young children with autism spectrum disorder in inclusive childcare. p. 151-171. Kemp, C., Stephenson, J., Cooper, M., Hodge, K.

"We weren't prepared for this": parents' experiences of information and support following the premature birth of their infant. p. 172-185. Blackburn, C., Harvey, M.

Family outcomes for families of 4-5-year-old children on the autism spectrum who have received early childhood intervention in Australia. p. 186-200. Adams, D., Keen, K., Heussler H. S., Wicks, R., Roberts, J.

Construct, convergent, and discriminant validity of the Beach Center Family Quality of Life Scale for Singapore. p. 201-214. Waschl, N., Xie, H., Chen, M., Poon, K. K.

Utility of the Early Delay and Disabilities Code Set for exploring the linkage between ICF-CY and Assessment Reports for children with developmental delay. p. 215-227. Pan, Y.-L., Hwang, A.-W., Simeonsson, R. J., Lu, L., Liao, H.-F.

### Journal of Early Intervention – June 2019

Training needs of professionals and the family-centered approach in Spain. p. 87-104. Vilaseca, R. M., Galván-Bovaira, M. J., González-del-Yerro, A., Baqués, N., Oliveira, C., Simó-Pinatella, D., Giné, C.

Self-regulation, engagement, and developmental functioning in preschool-aged children. p. 105-124. Coelho, V., Cadima, J., Pinto, A. I., Guimarães, C.

Experiences of families with young power wheelchair users. p. 125-140. Currier, B. A., Jones, M. A., DeGrace, B. W.

Contingent imitation and young children at-risk for autism spectrum disorder. p. 141-158. Killmeyer, S., Kaczmarek, L., Kostewicz, D., Yelich, A.

Parents' experiences of completing home practice for speech sound disorders. p. 159-181. Sugden, E., Munro, N., Trivette, C. M., Baker, E., Williams, A. L.

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## Select Journal Table of Contents (continued)

---

### Topics in Early Childhood Special Education – May 2019

A word on contributions of research with non-effects to early childhood special education research. p. 4-4. Barton, E. E.

Component analysis of Stay, Play, Talk interventions with and without self-monitored group contingencies and recorded reminders. p. 5-18. Osborne, K., Ledford, J. R., Martin, J., Thorne, K.

Efficacy of a comprehensive early childhood curriculum to enhance children's success. p. 19-31. Odom, S. L., Butera, G., Diamond, K. E., Hanson, M. J., Horn, E., Lieber, J., Palmer, S., Fleming, K., Marquis, J.

Performance-based feedback to enhance early interventionist's practice and caregiver and child outcomes. p. 32-44. Coogle, C. G., Larson, A. L., Ottley, J. R., Root, A. K., Bougher-Muckian, H.

Shared book reading to promote math talk in parent-child dyads in low-income families. p. 45-55. Hendrix, N. M., Hojnoski, R. L., Missall, K. N.

Fidelity of a teacher-implemented intervention for preschoolers with autism spectrum disorder: no, some, and unexpected effects. p. 56-67. Reszka, S. S., Belardi, K., Amsbary, J., Boyd, B. A., Watson, L. R.

### Young Exceptional Children – Vol. 22 (2) June 2019

Message from the DEC Executive Board. p. 55. Horn, E.

Introduction to the special issue: anti-bias curriculum and critical praxis to advance social justice in inclusive early childhood education. p. 55-61. Beneke, M. R., Park, C. C.

What stories do my classroom and its materials tell? Preparing early childhood teachers to engage in equitable and inclusive teaching. p. 62-73. Souto-Manning, M., Rabadi-Raol, A., Robinson, D., & Perez, A.

An inclusive, anti-bias framework for teaching and learning about race with young children. p. 74-86. Beneke, M. R., Park, C. C., & Taitingfong, J.

Rethinking "we are all special": anti-ableism curricula in early childhood classrooms. p. 87-100. Lalvani, P., & Bacon, J. K.

Building just ecologies for educators and young children. p. 101-111. Madison, M. P. R.

## Select Journal Abstracts

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Fragassi, P. A. (2018). Creating a community of support for children and families affected by opioid dependence: identifying and addressing gaps in maternal fetal care. *Zero to Three, 38*(5), 29–38.

The last decade has seen an exponential increase in the use of illicit and prescription opioids during pregnancy. Opioid dependency during pregnancy increases the risks of obstetric complications for mothers and potential dangers for newborns during infancy and later in life. The mother--child dyad faces specific hurdles when it comes to getting their medical and psychosocial needs met. The purpose of this article is to identify gaps in care of families affected by opiate abuse and review how the Mother and Child Dependency Program at the MetroHealth System in Cleveland, Ohio, is trying to bridge these gaps through comprehensive, multidisciplinary, and standardized treatment for this vulnerable population.

Haabrekke, K., Siqueland, T., Nygaard, E., Bjornebekk, A., Slinning, K., Wentzel-Larsen, T., Walhovd, K. B., Smith, L., Moe, V. (2018). Cognitive and socioemotional functioning at 4½ years in children born to mothers who have received treatment for substance abuse problems while pregnant. *Infant Mental Health Journal, 39*(5), 581-594.

Cognitive and socioemotional functioning at 4½ years of age were examined in children born to mothers with substance-abuse problems ( $n = 22$ ) recruited from residential treatment institutions while pregnant, and then compared to children born to mothers with mental health problems ( $n = 18$ ) and children from a low-risk group ( $n = 26$ ). No significant group differences in cognitive functioning were found, but the children born to mothers with substance-abuse problems showed more caregiver-reported socioemotional problems than did the low-risk children, like the children born to mothers with mental health problems. Birth weight had an effect on internalizing problems at 4½ years and mediated the relation between group and socioemotional problems, although not when controlling for caregiver education, single parenthood, and anxiety and depression. At 4½ years, seven children born to mothers with substance-abuse problems were placed in foster care. These children had lower birth weight and higher caregiver-rated internalizing problems. In addition to emphasizing the importance of the quality of the prenatal environment, this study suggests that families with previous substance abuse are in need of long-term follow-up to address socioemotional problems and enhance further positive child cognitive development. The foster-placed children may be in particular need of long-term follow-up.

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Haight, S. C., Ko, J. Y., Tong, V. T., Bohm, M. K., Callaghan, W. M. (2018). Opioid use disorder documented at delivery hospitalization - United States, 1999-2014. *MMWR: Morbidity & Mortality Weekly Report*, 67(31), 845-849. Opioid use by pregnant women represents a significant public health concern given the association of opioid exposure and adverse maternal and neonatal outcomes, including preterm labor, stillbirth, neonatal abstinence syndrome, and maternal mortality (1,2). State-level actions are critical to curbing the opioid epidemic through programs and policies to reduce use of prescription opioids and illegal opioids including heroin and illicitly manufactured fentanyl, both of which contribute to the epidemic (3). Hospital discharge data from the 1999-2014 Healthcare Cost and Utilization Project (HCUP) were analyzed to describe U.S. national and state-specific trends in opioid use disorder documented at delivery hospitalization. Nationally, the prevalence of opioid use disorder more than quadrupled during 1999-2014 (from 1.5 per 1,000 delivery hospitalizations to 6.5;  $p < 0.05$ ). Increasing trends over time were observed in all 28 states with available data ( $p < 0.05$ ). In 2014, prevalence ranged from 0.7 in the District of Columbia (DC) to 48.6 in Vermont. Continued national, state, and provider efforts to prevent, monitor, and treat opioid use disorder among reproductive-aged and pregnant women are needed. Efforts might include improved access to data in prescription drug monitoring programs, increased substance abuse screening, use of medication-assisted therapy, and substance abuse treatment referrals.

Honein, M. A., Boyle, C., Redfield, R. R. (2019). Public health surveillance of prenatal opioid exposure in mothers and infants. *Pediatrics*, 143(3), e20183801. doi:10.1542/peds.2018-3801.

The US opioid crisis is the public health emergency of our time and requires urgent public health action to monitor and protect the most vulnerable Americans. We have witnessed a startling death toll in 2017 with 7,237 drug overdose deaths in the United States, of which two-thirds involved opioids. The devastating consequences of this epidemic for mothers and infants have received less attention. Increases in opioid use and misuse in pregnancy have paralleled the increases in the general population; at delivery hospitalization, there were four times as many women with an opioid use disorder in 2014 compared with 1999. One of the most immediate and visible impacts of the opioid crisis on infants is the drug withdrawal in the newborn period, termed neonatal abstinence syndrome (NAS). On the basis of 2014 data, one newborn was diagnosed with NAS every 15 minutes in the United States, totaling about 32,000 infants annually with associated hospital costs estimated at \$563 million.

## Select Journal Abstracts (continued)

Miriyala, K. (2018). Infants and toddlers in the midst of an opioid crisis: a busy intersection on the road to well-being. *Zero to Three, 38*(5), 4–8. Opioid use in pregnancy and the postpartum period increases the vulnerability of the newborn in many ways. No single system can appropriately meet all the needs of this population. Due to the variety of systems that are involved, there are multiple opportunities for gaps in care. Thus, the systems of care must collaborate, communicate, and share information in an effective manner in order to provide optimal care. This article uses the metaphor of driving on a long journey with many twists and turns to illustrate the various aspects of opioid use in pregnancy, the challenges to intervention, and how to effectively support children and families in recovery.

Novins, D. K., Ferron, C., Abramson, L., Barlow, A. (2018). Addressing substance-use problems in tribal home visiting. *Infant Mental Health Journal, 39*(3), 287-294.

Given the high rates for substance use among women and men of childbearing age, perinatal and early childhood home-visiting programs serving tribal communities must consider how they will address substance-use problems among the families they support. In this study, we explored the approaches to identifying and addressing family-based substance-use problems that were implemented by nine home-visiting programs serving American Indian/Alaska Native (AI/AN) communities that are funded through the federal Tribal Maternal, Infant, and Early Childhood Home Visiting Program (Tribal MIECHV). These programs demonstrated a high awareness of substance-use problems and took concrete action to address them above and beyond that included in the home-visiting model they used. All nine programs reported that they provided substance-use preventive services and screened for substance-use problems. While all programs referred to substance-use treatment programs when needed, in six programs the home visitor provided substance-use services. Through Tribal MIECHV, the intense need for substance-use education, assessment, service delivery, and referral in many AI/AN communities is pushing the home-visiting field forward to address this increasingly critical issue for low-income families across the United States and the world.

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## Select Journal Abstracts (continued)

Rodríguez, J. J., Smith, V. C. (2018). Prenatal opioid and alcohol exposure: understanding neonatal abstinence syndrome and fetal alcohol spectrum disorders to safeguard maternal and child outcomes. *Zero to Three, 38(5)*, 23–28. Substance use and alcohol abuse during pregnancy are significant public health concerns. Neonatal abstinence syndrome (NAS) is a withdrawal syndrome that infants exposed to opioids may experience in the first few days of life. For most infants with NAS, exposure to opioids occurs during pregnancy while they are fetuses. Similarly, prenatal alcohol exposure (PAE) is the most common preventable cause of intellectual and developmental delay and disabilities in the United States. Fetal alcohol spectrum disorders (FASDs) is a term used to describe preventable birth defects and intellectual/developmental disabilities resulting from PAE. This article offers a general overview of NAS assessment, management, and treatment considerations, as well as a brief overview of FASD.

Shea, K., Graham, M. (2018). Early childhood courts: the opportunity to respond to children and families affected by the opioid crisis. *Zero to Three, 38(5)*, 39–47. The opioid epidemic has led to a dramatic increase in the number of infants and toddlers being removed from their homes and placed in foster care. Doing so places these vulnerable young children at high risk for attachment issues, postnatal medical problems, and development delay. Early childhood courts have been found to be a very effective intervention in coordinating two-generation services and utilizing an infant mental health approach toward addressing the child, parent, and relationship needs using child-parent psychotherapy. Florida has a statewide approach with 22 judges currently implementing early childhood court which are showing more timely permanency, minimizing return to foster care, and improving child well-being as has been demonstrated in previous evaluations of the Safe Babies Court Teams. Structures and procedures imbedded in early childhood court protocols can ensure CAPTA compliance with tracking and follow up.

Suchman, N.E., DeCoste, C.L. (2018). Substance abuse and addiction: implications for early relationships and interventions. *Zero to Three, 38(5)*, 17–22. New developments in the treatment of mothers and infants affected by opioid addiction point to the promising effects of interventions that adopt a developmental perspective, occur concurrently with addiction treatment, and target the parent-infant relationship as early as possible. In this article, the authors provide general guidelines for clinicians who wish to use attachment-informed, mentalization-based approaches to support mother-child relationships during a mother's recovery from addiction. They share an update on research from Mothering From the Inside Out (MIO), an evidence-based individual parenting therapy developed for mothers in addiction treatment.

## Select Journal Abstracts (continued)

Terrell, S., Conradt, E., Dansereau, L., Lagasse, L., Lester, B. (2019). A developmental origins perspective on the emergence of violent behavior in males with prenatal substance exposure. *Infant Mental Health Journal*, 40(1), 54-66.

Children with prenatal substance exposure are at increased risk for externalizing behavior problems and violence. However, the contribution of early life experiences for placing these individuals at risk is not well understood. Utilizing a sample of 1,388 children with prenatal substance exposure from the Maternal Lifestyle Study, we attempt to shed light on these contributing factors by examining the impact of infant temperament, maternal sensitivity, and early life stress on the expression of violent behavior at ages 12 through 14 years. Males may be more at risk for increases in violent behavior in early adolescence through a number of early life experiences, such as variability in responses to maternal flexibility and engagement related to individual differences in temperament, as well as exposure to early adversity. Comparing two prevailing developmental theoretical frameworks, deficit models and differential susceptibility, we aim to understand the developmental origins of violent behavior in males by identifying children who may be most susceptible to early caregiving experiences.

Vanderzee, K. L., John, S. G., Edge, N., Pemberton, J. R., Kramer, T. L. (2017). A preliminary evaluation of the Managing Youth Trauma Effectively program for substance-abusing women and their children. *Infant Mental Health Journal*, 38(3), 422-433.

This article provides a description of the development, implementation, and preliminary evaluation of feasibility and acceptability of the Managing Youth Trauma Effectively (MYTE) program and highlights perceptions of changes in mothers' trauma-informed parenting practices. The program consists of a training and consultation program for staff of the U.S. State of Arkansas' Specialized Women's Programs (SWS), and an 8-week, group psychoeducational program designed to help mothers with substance-abuse problems learn how traumatic experiences may affect their children and how they may help support their children by creating a safe and nurturing environment. A post training evaluation with leadership and staff at SWS centers, feedback provided on consultation calls with MYTE facilitators, and a retrospective pre/post survey were used to examine feasibility, acceptability, and perceptions of changes in mothers' trauma-informed parenting practices. Preliminary results suggest that the MYTE program is feasible to implement and is acceptable to training participants, facilitators, and mothers participating in the program. Mothers reported significant growth in their perceptions of use of trauma-informed parenting practices. Future research is necessary to confirm these results and examine the effectiveness of the program using a randomized clinical trial.

## Select Journal Abstracts (continued)

Winkelman, T. N. A., Villapiano, N., Kozhimannil, K. B., Davis, M. M., Patrick, S. W. (2018). Incidence and costs of neonatal abstinence syndrome among infants with Medicaid: 2004-2014. *Pediatrics*, 141(4), 1–8.

**Objectives:** To describe incidence, health care use, and cost trends for infants with neonatal abstinence syndrome (NAS) who are covered by Medicaid compared with other infants.

**Methods:** We used 2004-2014 hospital birth data from the National Inpatient Sample, a nationally representative sample of hospital discharges in the United States (N = 13 102 793). Characteristics and trends among births impacted by NAS were examined by using univariate statistics and logistic regression.

**Results:** Medicaid covered 73.7% of NAS-related births in 2004 (95% confidence interval [CI], 68.9%-77.9%) and 82.0% of NAS-related births in 2014 (95% CI, 80.5%-83.5%). Among infants covered by Medicaid, NAS incidence increased more than fivefold during our study period, from 2.8 per 1000 births (95% CI, 2.1-3.6) in 2004 to 14.4 per 1000 births (95% CI, 12.9-15.8) in 2014. Infants with NAS who were covered by Medicaid were significantly more likely to be transferred to another hospital and have a longer length of stay than infants without NAS who were enrolled in Medicaid or infants with NAS who were covered by private insurance. Adjusting for inflation, total hospital costs for NAS births that were covered by Medicaid increased from \$65.4 million in 2004 to \$462 million in 2014. The proportion of neonatal hospital costs due to NAS increased from 1.6% in 2004 to 6.7% in 2014 among births that were covered by Medicaid.

**Conclusions:** The number of Medicaid-financed births that are impacted by NAS has risen substantially and totaled \$462 million in hospital costs in 2014. Improving affordable health insurance coverage for low-income women before pregnancy would expand access to substance use disorder treatment and could reduce NAS-related morbidity and costs.

Wright, C. L., Dallas, R., Moldenhauer, R., Carlson, E. A. (2018). Practice and policy considerations for parents with opioid use disorders. *Zero to Three*, 38(5), 10–16.

Parental substance use disorders negatively impact a child's development both prenatally and postnatally. Caregivers struggling with substance use disorders, and opioid use disorder in particular, often have difficulty accessing appropriate holistic clinical interventions and are at high risk of losing custody of their children due to abuse and neglect issues. Treatment interventions that attend to the caregivers' substance use disorders, mental health symptoms, and parenting needs are essential. Moreover, system collaboration among medical, mental health, substance use, corrections, and child protection providers is required to optimally address the parenting needs of caregivers with substance use issues to maximize treatment outcomes and enhance their children's overall development.

## Select Journal Abstracts (continued)

Wu, Q., Slesnick, N., Murnan, A. (2018). Understanding parenting stress and children's behavior problems among homeless, substance-abusing mothers. *Infant Mental Health Journal*, 39(4), 423-431.

Substance use and alcohol abuse during pregnancy are significant public health concerns. Neonatal abstinence syndrome (NAS) is a withdrawal syndrome that infants exposed to opioids may experience in the first few days of life. For most infants with NAS, exposure to opioids occurs during pregnancy while they are fetuses. Similarly, prenatal alcohol exposure (PAE) is the most common preventable cause of intellectual and developmental delay and disabilities in the United States. Fetal alcohol spectrum disorders (FASDs) is a term used to describe preventable birth defects and intellectual/developmental disabilities resulting from PAE. This article offers a general overview of NAS assessment, management, and treatment considerations, as well as a brief overview of FASD. This article tested a model of parenting stress as a mediator between maternal depressive symptoms, emotion regulation, and child behavior problems using a sample of homeless, substance-abusing mothers. Participants were 119 homeless mothers (ages 18–24 years) and their young children (ages 0–6 years). Mothers responded to questions about their depressive symptoms, emotion regulation, parenting stress, and child behavior problems. A path analysis showed that maternal depressive symptoms were positively associated with child behavior problems through increased parenting stress whereas maternal cognitive reappraisal was negatively associated with child behavior problems through decreased parenting stress. Moreover, maternal expressive suppression was negatively related to child externalizing problems. Findings support the parenting stress theory and highlight maternal parenting stress as a mechanism associated with homeless children's mental health risk. This study has significant implications for understanding the parenting processes underlying child's resilience in the context of homelessness and maternal substance use.

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## New DVDs

**Changing brains: effects of Oregon brain development lab.** 76 min. 2009. (DD0822).

Viewers learn about the brain, how it develops, the methods used to study its structures and function, and how experience shapes the brain systems important for vision, hearing, motor skills, attention, language, reading, math, music, emotions, and learning.

**Life with baby: parenting from birth to 12 months.** 24 min. 2019. (DD0824).

This program demonstrates the ways babies are born ready to think, feel, and learn. A baby's brain is growing and developing right from the start. They communicate their needs to their caregivers. They learn through experience and by processing information through their five senses.

**Life with newborn: parenting from birth to 3 months.** 33 min. 2010. (DD0823).

Viewers learn how to respond to babies with sensitivity and support. They see the importance of fostering a child's healthy physical, emotional, and cognitive development. They create a feeling of safety and security when they recognize their baby's emotions and respond with kindness and consistency. Parents come to understand their baby's cues for hunger, safety, and calmness.

## New Books

**Keeping your child in mind: overcoming defiance, tantrums, and other everyday behavior problems by seeing the world through your child's eyes.** Claudia M. Gold, 2011. (WS 105.5 C3 G618 ECI 2011).

Being understood by someone you love is one of the most powerful feelings, at all ages. For a young child, it is the most important of all experiences because it allows the child's mind and sense of self to grow. This book shows the magical effect of seeing a problem from a child's point of view. Most parenting books teach parents what to do to solve behavior problems, but this one shows parents how to be with a child. Crises are defused when children feel truly heard and validated; this is how they learn to understand, and, eventually, control themselves.

**Leading and managing early childhood settings: inspiring people, places and practices.** Nadine McCrea, 2015. (LB 1775.6 M478 2015 ECI).

This book examines what it means to be a leader across the early childhood education field. It introduces core concepts, including understanding through professional reflection and consideration of people's beliefs and values. It also explores the challenges of working in various roles within early childhood settings.

## **New Books (continued)**

**Maternal mental health: a guide for health and social workers.** Sally Field, 2018. (WM 55 F453 2018).

This book outlines how to make mental health referrals. It includes how to help mothers with mental health problems and explains special issues in maternal mental health. There is also a resource section for assessing and supporting mothers in the perinatal period.

**Off to a good start: a behaviorally based model for teaching children with Down syndrome book 1, foundations for learning.** Emily A. Jones, 2019. (WS 107 J76 2019 ECI).

This book is a starting point for parents and professionals with little or no knowledge of Applied Behavior Analysis (ABA). It gives an overview of ABA and how to apply its principles and strategies to teach skills, and it provides background information on the characteristic learning profile of children with Down syndrome and how strengths (such as visual learning abilities and the desire to interact with others) can be used to overcome weaknesses. It also covers the importance of inclusion and high expectations and of generalizing skills learned in one setting to another.

## **Select Audiovisuals**

**Alcohol and pregnancy: making healthy choices.** 10 min. 2010. (DV0741).

This program features teenagers but is appropriate for all audiences. Viewers will learn how alcohol affects the fetus, how to live an alcohol-free lifestyle, and where to find help if they are at risk for abusing alcohol.

**Domestic violence and substance abuse: the abusers.** 29 min. 2012. (DV1089).

Four former abusers, men and women, tell their stories of substance abuse and how it led to violence. What they learned about themselves during recovery changed their thinking and resulted in sobriety. They learned how to be better parents and how to get their lives back for good.

**Don't drink for two: prevent fetal alcohol spectrum disorders/ No beba por dos evite los trastornos del espectro alcohólico fetal** (English/Spanish). 8 min. 2010. (DV0505).

Two moms share their personal stories of sorrow after giving birth to children with fetal alcohol spectrum disorders (FASD). This DVD combines facts about FASD and information women can use to get help to quit drinking.

**Foster parents working with birth parents.** 50 min. 2003. (DD0097).

Dr. Vera Fahlberg talks with a panel of experienced foster parents about the issues of increased drug and alcohol related placements, the importance of communication with birth parents, and the need for early permanency planning.

## Select Audiovisuals (continued)

**Listening heart.** 37 min. 2005. (DD0147).

This DVD chronicles the day to day life of four adoptive families who are raising children with fetal alcohol spectrum disorders. Dr. Ira J. Chasnoff provides medical information.

**Mothers addicted to meth.** 11 min. 2006. (DD0131).

Kristi is a 33-year-old woman battling a methamphetamine (meth) addiction, while trying to be a good mother to her small children at the same time. It isn't only meth users who are falling victim to the powerful stimulant. Meth profoundly affects their sons and daughters as well. Focusing on the rehabilitation of mothers addicted to meth, the program examines the struggles they face in staying clean and reconciling with their families.

**Recovering hope: mothers speak out about fetal alcohol spectrum disorders.** 60 min. 2005. (DD0406).

In this DVD, eight mothers of children with fetal alcohol spectrum disorders (FASD) share their stories. They speak of effective new ways to parent, and how they are recovering. One mother discusses the benefits of early childhood intervention for her child with FASD. The program is divided into short chapters so that it can easily be used in training.

**Safe babies court teams: building strong families and healthy communities.** 55 min. 2012. (DD0681).

This DVD contains the segment fetal alcohol spectrum disorders: the elephant in the courtroom. This segment documents the causes and effects of FASD. A case study demonstrates the value of early diagnosis.

**Stories from our hearts: teen parenting and grandparent custody.** 17 min. 2011. (DD0805).

In this DVD, families narrate their experiences with teen parenting and grandparent custody. Often grandparents must raise their grandchildren because the child's parents become addicted to drugs. Adeline is a grandmother who assumes custody of her young grandsons after the children's parents become addicted to drugs.

**Substance exposure and promoting attachment.** 79 min. 2007. (CA0006).

In this audiobook on CD, Mary Susan Rudisill, clinical psychologist, presents information about prenatal substance exposure and the early absence of consistent, loving caregivers. The first part of the session explores the interrelationship of biological and environmental risk factors as they affect attachment and development in substance-exposed children. Part two presents a comprehensive view of this multi-deficit model and innovative intervention options.

## Select Books

### **Early intervention with multi-risk families: an integrative approach.**

Sarah Landy, 2006. (271 L264 2006 ECI).

Helping families who live in environments with multiple risk factors, including poverty, domestic violence, and substance abuse, requires that people work together to provide the best possible interventions. This book shows service providers how to help these multi-risk families by using an integrative model that brings together the most effective intervention techniques from a variety of theoretical approaches, parenting strategies, and innovative programs.

### **The mystery of risk: drugs, alcohol, pregnancy and the vulnerable child.**

2010. (WA 320 C487 2010 MHSA).

This book begins by discussing the development of an infant and child's brain. Exposure to drugs or alcohol, as well as abuse or neglect, affect the child's developing nervous system. The author outlines a problem-solving approach to behavior management of these "at risk" children. He provides policy recommendations for early intervention and treatment, clinical models to screen and treat women for substance use in pregnancy, and guidelines that redefine the notion of risk inside the child welfare system.

### **Parental psychiatric disorder: distressed parents and their families.**

2015. (WM 140 P228 2015 ECI).

The impact of various parental psychiatric disorders on children and family relationships are summarized, including coverage of depression, substance abuse disorders, and trauma. Multiple interventions are outlined, targeting children, parents and families, as well as strategies that foster workforce and organizational development.

### **Research and practice in infant and early childhood mental health.**

Cory Shulman, 2016. (WS 105 S562 2016 ECI).

This book examines infant and early childhood mental health and the importance of early emotional and social development for later developmental trajectories. This book explores risk factors for poor outcomes such as exposure to substance abuse, which influence and change developmental processes.

### **Supporting infants, toddlers, and families impacted by caregiver mental health problems, substance abuse, and trauma: a community action guide.**

Beth Maschinot, 2012. (271.5 M396 2012 ECI).

This guide discusses the importance of the environment on a child between birth and age 5. It explains threats to resilience and ways to promote resilience in children. It describes how to create community coalitions to assist children and parents at risk.

### **The sky isn't visible from here.** Felicia C. Sullivan, 2008. (WM 270 S949s 2008 MHSA).

The adult child of drug addicted mother, Sullivan describes the experience of growing up in an unstable household. She looks back on her life among drug dealers and substitute 'fathers', the highs and terrifying lows of her mother's cocaine addiction, and her battle to escape the same fate.

## Select eBooks

### **Children of substance-abusing parents: dynamics and treatment.**

Christine Huff Fewell, 2011.

This book is intended as a reference for all mental health professionals who need to understand and treat this population. It offers a look at treatment options and programmatic interventions across the life span. The contributors include a range of experts who provide evidence-based clinical and programmatic strategies for working with children of alcohol and other substance-abusing parents of any age and in almost any practice setting.

### **Fetal alcohol spectrum disorders.** Jo Egerton, 2014.

Fetal alcohol spectrum disorders (FASDs) have emerged as a major phenomenon within the education, health, criminal justice, and social care systems of many countries. Current prevalence figures suggesting that one in a hundred children and young people have FASDs. In this publication, academics, professionals, and families from around the world have shared expertise and insights on FASDs. Their combined interdisciplinary perspective makes an invaluable contribution to how we understand and address the complex social, educational, and health needs associated with this growing group of children and young people.

### **Opioid addiction.** 2018.

The articles in this collection from the American Academy of Pediatrics focus on the manifestations of the opioid epidemic in children and adolescents, such as the increased rate of neonatal abstinence syndrome (NAS), teens increased risk of opioid abuse after legitimate opioid use, and the hopeful evidence that sports and exercise participation by adolescents lowers their risk of abusing opioids.

### **Parenting and substance abuse: developmental approaches to intervention.**

Linda C. Mayes, 2014.

Historically, there has been little integration of theoretical or applied research on addiction treatment and parenting intervention development. Rather, the fields of addiction and developmental research have progressed on largely separate trajectories, even though their focus powerfully and often tragically intersects each time a parent is diagnosed with a substance use disorder. Parenting and substance abuse is one of the few books to report on pioneering efforts to move the treatment of substance-abusing parents forward by embracing their roles and experiences as mothers and fathers directly and continually across the course of treatment.

## Select Websites

### **Addiction Science Research & Education Center.**

See [sites.utexas.edu/asrec/](https://sites.utexas.edu/asrec/)

Addiction treatment professionals, medical personnel, social workers, psychologists, law enforcement personnel, teachers, students, and the general public are often not aware of the newest research in addiction science. University researchers working on the leading edge of this research have been trained to communicate the latest findings in understandable language. This website is one of the ways that scientists can help educate professionals and non-professionals to better understand the science of addiction, and to overcome myths about drug abuse and addiction.

### **Centers for Disease Control and Prevention: Fetal Alcohol Spectrum Disorders.**

See [www.cdc.gov/NCBDDD/fasd/facts.html](https://www.cdc.gov/NCBDDD/fasd/facts.html)

The Centers for Disease Control and Prevention shares basic facts about fetal alcohol spectrum disorders (FASDs).

### **National Institute on Alcohol Abuse and Alcoholism: Fetal Alcohol Exposure.**

See [www.niaaa.nih.gov/alcohol-health/fetal-alcohol-exposure](https://www.niaaa.nih.gov/alcohol-health/fetal-alcohol-exposure)

Fetal alcohol exposure occurs when a woman drinks while pregnant. No amount of alcohol is safe for pregnant women to drink. Nevertheless, data from prenatal clinics and postnatal studies suggest that 20 to 30 percent of women do drink at some time during pregnancy.

### **National Organization on Fetal Alcohol Syndrome.**

See [www.nofas.org/](https://www.nofas.org/)

This organization works to prevent prenatal exposure to alcohol, drugs, and other substances known to harm fetal development by raising awareness and supporting women before and during their pregnancy, and supports individuals, families, and communities living with fetal alcohol spectrum disorders (FASDs) and other preventable intellectual/developmental disabilities.

### **Office of Disability Prevention for Children.**

See [hhs.texas.gov/about-hhs/process-improvement/office-disability-prevention-children](https://hhs.texas.gov/about-hhs/process-improvement/office-disability-prevention-children)

The Office of Disability Prevention for Children (ODPC) focuses on preventing disabilities in children from the time of conception to the age of 12 including preventing disabilities caused by prenatal alcohol or substance exposure.

### **Prescription Opioids During Pregnancy.**

See [medlineplus.gov/pregnancyandopioids.html](https://medlineplus.gov/pregnancyandopioids.html)

Medline Plus provides a collection of full-text links from reliable sources compiled by the National Library of Medicine.