



Care Coordination for Families with Parental Mental Health and/or Substance Use Disorders

Untreated or unresolved mental or behavioral issues experienced by parents can contribute to developmental problems with their children in multiple domains, including problems in social, emotional, and behavioral functioning.



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PURPOSE OF BRIEF

The purpose of this brief is to present information on families who face multiple risks due to the presence of parental mental health and/or substance use disorders and describe how the disorders may affect the development of their children. Their challenges are discussed and suggestions to address their needs are presented. These families face multifaceted challenges and require a higher level of care coordination to ensure that the complex multigenerational concerns are addressed. Addressing these complex issues requires service delivery in both adult and child healthcare systems and necessitates coordination with other basic essential services such as financial support and housing. With the proper interventions and supports, these negative outcomes can be averted or ameliorated. Treatment and supports must be four pronged— involving the child, parent, environment and parent-child relationship

PARENT AND CHILD FACTORS THAT AFFECT CHILD DEVELOPMENT

Untreated or unresolved mental or behavioral issues experienced by parents can contribute to developmental problems with their children in multiple domains, including problems in social, emotional, and behavioral functioning. Also the child may have issues that present difficulties for the parents and compromise the dyadic functioning. Risk factors that may impact the family include the following:

- Child has risk factors related to a genetic and biological condition.
- Parent has a mental or substance use disorder.
- Parent may be dealing with unresolved trauma.
- Parent is unable to provide adequate nurturing and responsive interactions with a child and may use harsh and angry language or abusive discipline.
- Parent may withdraw from the child and neglect the child’s needs.



In some cases, two or more of these conditions may co-exist, creating a very high level of risk for the child. In these multi-risk families, a child's development can be negatively impacted by the interplay of the child's genetic and biological disposition and the parental behaviors. The parent-child interaction may also be influenced by parental disorders and the environmental characteristics of the home and neighborhood such as poverty and violence. Even in cases where the child has no apparent genetic or biological risk, the exposure to chronic harsh parenting, abuse and neglect, violence or inconsistent interactions from the parent, can lead to compromised development.¹

The Importance of Early Development

The presence of multiple risks in the family poses serious risks, especially for the development of young children. Although the quality of parenting is important from infancy to adulthood, it is during the first five years of life that the critical stage of brain development occurs. At birth, only the lower portions of the nervous system consisting of the spinal cord and brain stem are well developed. These systems control functions such as breathing, circulation, sleeping, sucking and swallowing and provide the capacity for basic survival. The newborn is totally dependent upon caregivers for this survival and is neurologically wired to be able to connect with the caregiver. Infants are able to distinguish their mother's smell, the sound of her voice, and will respond to facial expressions. During the first few years of life the cerebral cortex and the limbic system develop dramatically. The cerebral cortex controls the ability to reason, to discern difference and similarities in situations, and to use language. The limbic region is known as the emotional center of the brain. This system registers happiness, sadness, frustration, and anger. It is through the limbic system that we learn to regulate our responses. During the first few years of life, the young child develops competencies that serve as the basis for lifelong functioning. For example, the infant learns to soothe themselves when upset, and as a toddler, to delay gratification. The foundation for healthy functioning is established during these early years.² The development of these functions is integrally connected to the quality of the care that the infant and young child receives.

Basic Parental Capacities

Beyond healthy nutrition, a safe environment, and appropriate medical attention, a young child's development is dependent upon a nurturing relationship with a parent (adult caregiver) who is responsive to the child's needs. Responsive care giving encompasses prompt, contingent response to the child's behavior which is appropriate to the child's needs and developmental state. The parent responds to verbal or facial overtures, signs of discomfort and illness, and supports exploratory behavior. During these encounters the parent is responding to child-initiated and directed behavior. Responsiveness can be explained as a three-part process:

1. The parent observes the child's cues, such as a movement or vocalization.
2. The parent accurately interprets what the child needs.
3. The parent responds to swiftly and consistently to meet the child's needs.³

Additionally, parents must be able to address their children's developmental needs through the following activities:

- Establishing smooth and consistent routines.
- Providing appropriate levels of stimulation.
- Creating sensitive and cooperative parent-child interactions.
- Providing a secure base to the child which entails the parent providing the child with a point of safety from which to explore.
- Establishing firm support.
- Ensuring clear and consistent expectations and boundaries.⁴

Vulnerable Families

When examining risk for developmental outcomes, the type of a parent's disorder is less relevant than their capacity to provide protection and support for the child, especially when the parent is facing personal, environmental, and relationship stressors. Children who are at most risk of suffering harm are children whose parents have a combination of risk factors. For example, the combination of maternal depression and misuse of alcohol increases the child's exposure to domestic violence. Research shows that when domestic violence is present with other issues such as parental mental illness and/or substance use disorders, the risk for significant harm to the child increases dramatically.⁵



Genetic and biological factors are also important. It is well established that genetics plays a role in the transmission of mental health and substance use disorders. Although the genetic factors present risks for developing the behavioral health disorders, research shows that the environment, especially exposure to high levels of stress and a chaos increases the risk for onset of the disease.⁶ Children with a genetic predisposition for a disorder may be at even greater risk if their parents have not sought treatment for their own disorders and are unable to provide a stable and supportive environment.

The child's temperament also is a factor in the child-parent relationship. Some children have a difficult temperament showing poor adaptability, negative mood, and intense reactions. They may be more difficult to engage in nursing and eating, have irregular sleeping patterns, and withdraw in new situations. Children who have experienced prenatal exposure to substances may have difficult temperaments and be difficult to soothe. The young child's temperament can make parenting more difficult for parents with already compromised abilities because of mental health and substance use disorders;

thus creating another risk factor within the family. Other children are much easier to parent as they can be easily soothed, socialize easily, and engage well with others. The characteristics of the "easy" temperament are considered protective factors for these children.

Unresolved Trauma and Adverse Childhood Experiences

Traumatic experiences and adverse childhood experiences are correlated to poor outcomes in child development. Trauma experienced in childhood can result in later adult mental health and substance use disorders and health problems.⁷ The affect of the unresolved trauma can result in a greater risk of trauma for the next generation.⁸ This intergenerational transitional exposure to trauma and the potential negative consequences is present with parents with mental health and substance use disorders. For more information about trauma and adverse childhood experiences, please see the [Discussion Guide: Addressing Trauma & Toxic Stress through Care Coordination](#)

Parenting Challenges

Parents facing mental health and substance use disorders have many personal challenges, issues with basic supports and may struggle to be good parents. The chart below summarizes some of these challenges.

Parents must provide basic care, safety, nurturing, appropriate stimulation, guidance and stability. Mental illness and substance use disorders can affect parents' capacity to provide these fundamental care requirements.

Mental or substance use disorders can create difficulty for parents to organize their lives—resulting in chaotic environments. The consequence is inconsistent and ineffective parenting and a lack of routine. A disorganized life style may affect children differently depending on their age, development, and personal characteristics; however, a lack of supervision leaves children, especially young children, vulnerable to abuse and neglect. When parents are unavailable either to the effects of substances or symptoms of mental illness, children are likely to be physically unsafe. When mental illness results in a parent not able to attend to daily issues or is drawn into delusional thinking, children are often not cared for properly and can become part of the parent's delusional thinking.

Parental difficulties may result in parents unable to control their emotions. They may react violently, irrationally, or withdrawn and frighten their children. Mental health and substance use disorders may lead to parent's feelings of apathy and disengagement, which can result in the parent not providing adequate emotional warmth.

When parents experience feelings of depression and despair, they may neglect their own and their children's physical needs.

Children may insecurely attach to the parent due to the parent's insensitive, unresponsive, angry, and critical behavior toward their children. Insecure patterns of attachment may mean that children develop unstable internal working models that can affect later relationships.

Adapted from Cleaver, Unell and Aldgate 2011⁹



SPECIFIC ISSUES FACING PARENTS WITH MENTAL HEALTH DISORDERS

Majority of Persons with Mental Health Disorders are Parents

Research shows that 67 percent of women and 57 percent of men with severe mental health disorders are parents.¹⁰ The 2014 National Survey on Drug Use and Health showed that families in which the parent has a mental health or substance use disorder also frequently have children with social, emotional and behavioral disorders.¹¹ Children of parents with mental health disorders are at 1.5 to 8 times greater risk for these disorders compared with children without parents who have mental health disorders. The risk increases when multiple risk factors are present.¹² Research findings have indicated that between 30 percent and 50 percent of children who grow up with a mentally ill parent develop depression by the age of 19 if no measures are taken to help them.¹³ This relationship is illustrated through an analysis of 560 children participating in the National Comprehensive Community Mental Health Services for Children and Their Families Program. The analysis found:

- 66 percent have a family member with a history of substance abuse.
- 45 percent have a biological relative with a history of mental illness.
- 19 percent have a parent who has experienced psychiatric hospitalization.

The Need for Additional Interventions and Supports

Research shows that parents with mental health disorders share the same joys and challenges that all parents experience with their children. However, they also face additional challenges, such as dealing with stigma and managing the disorders and symptoms, while also dealing with the stressors of parenting.¹⁴ Parents with mental health disorders often are living in poverty, have low levels of family support, and have co-occurring substance use disorders, unresolved trauma, and housing difficulties. These factors, coupled with the mental health disorder may create difficulties in parenting, as described above, which in turn can result in compromised social and development in the child. Research shows that some mothers with a severe mental health disorder may not spontaneously provide reciprocal parent-child interaction, which is so essential to healthy development in young children. Also, mothers facing psychiatric hospitalization

or residential treatment may experience prolonged separation from their children, which is stressful to the child and parent and can disrupt attachment.¹⁵

The importance of providing interventions and supports to parents with mental health disorders is two-fold. First, parents with mental health disorders need assistance in managing their disorder and accessing the necessary supports to provide a safe and nurturing home for the family. Secondly, because the parent's mental health disorder can have a deleterious impact on young children's brain development and social, emotional and behavioral status, the parent will likely need parenting interventions and supports. A meta-analysis of research on the effect of interventions for this population showed that interventions could reduce the risk factors for children by 40 percent and concluded that interventions to prevent mental disorders and psychological systems in the offspring of parents with mental disorders appear to be effective. The interventions included cognitive, behavioral, and psychoeducational programs to address parenting.¹⁶ To address these needs for Medicaid recipients, the healthcare system must be able to provide integrated child and parent services from a family-focused perspective.

Several publications cited in this Brief have found that there are essential components that must be in place to provide the necessary interventions. These components are as follows:

- Create an environment in which the parent is not afraid to reveal that they have parenting challenges. Many parents may be concerned that if they acknowledge problems that they will lose custody of their children.
- Change the focus of the healthcare delivery from pathology and deficits to individual strengths and interventions and ensure that all treatment and recovery management programs are trauma informed.
- Encourage adult behavioral healthcare providers to determine whether their patients are parents and to provide family planning services, as well as pregnancy and parenting supports.
- Encourage behavioral health providers that serve children to be aware of the parent's mental health condition and provide parenting supports, as well as services directly to the child.



- Provide for medication management during pregnancy and after birth.
- Work with the parent to create a balance between medications to provide for psychiatric stability with the least negative impact on the parenting capacity.
- Ensure that the health care services are family focused.
 - Assessments are comprehensive and look at the parent's needs, the child's developmental needs, and the needs of the parent-child relationship.
 - The care planning must encompass the needs of all family members and plan for the integration of the adult and child services.
- Health care plans and services must be trauma-based.
- Provide for specifically designed parenting interventions that are developed and implemented specifically for parents with mental health disorders.
- Provide for parenting coaching and peer support.
- Provide infant and early childhood mental health services and dyadic focused parent-child interventions when necessary to support the parent-child relationship.
- Have available intensive care coordination or case management to help link all services and ensure the integration of the health care across adult and child behavioral health systems.

SPECIFIC ISSUES FACING PARENTS WITH SUBSTANCE USE DISORDERS

Positive social and emotional child development is linked to nurturing family settings in which caregivers are predictable, daily routines are respected, and everyone recognizes clear boundaries for acceptable behaviors.¹⁷ Parents with substance use disorders may not be able to provide this type of stable home environment. The chaotic and stressful atmosphere, often present in homes with parental substance use disorders, is the result of problems associated with the substance use and abuse. Typically, problems include: increased family conflict; emotional abuse or physical violence; decreased family cohesion; decreased family organization; increased family isolation; incarceration; frequent family moves; and increased family stress including work and financial problems, illness, and marital strain.¹⁸

Parents, especially mothers, with substance use disorders often have experienced past trauma.

- Women with substance use disorders have a 30 percent to 59 percent rate of co-occurring posttraumatic stress disorder, usually from a history of childhood physical and sexual abuse.
- 60 percent to 90 percent of treatment-seeking persons with substance use disorders had a history of victimization.¹⁹

How Parental Substance Use Disorders Affect Children

Children of parents with substance use disorders have several risk factors for negative outcomes. However, many of the risks may be associated with factors that

co-occur with the mental health disorders as listed above. A literature review revealed a large body of research suggesting that the following risks and outcomes are associated with children of parents with substance use disorders:

- Poorer academic functioning which may be influenced by possible prenatal exposure to substances.
- Higher levels of internalizing behaviors (anxiety, depression, low self-esteem) and externalizing symptoms (conduct problems, aggression) than their peers.
- Increased risk for children's behavioral problems when the parental substance use disorder co-occurs with a mental health disorder.
- Risk for earlier onset of substance use, faster acceleration in their patterns of substance use, and higher rates of alcohol and drug use disorders.²⁰

One of the primary factors influencing the child's risk for compromised development is the quality of parenting. As described earlier in this Brief, several specific parental behaviors that can result in negative child outcomes have been reported in the literature as follows:

- The use of substances alters the parent's state of consciousness, memory, affect regulation, and impulse control to varying degrees which results in inconsistent parenting of either over-controlled/authoritarian or under-involved.
- Mothers with substance use disorders are more likely to use harsh and punitive interactions, as well as neglectful, parenting styles—often vacillating between the two styles. This inconsistency can cause great difficulties for the child.



- Parents with substance use disorders are less involved with their children. The preoccupation with the use of drugs and drug seeking behaviors can compromise a parent's ability to be consistent, warm and emotionally responsive.
- Parental substance use disorders are positively correlated with child abuse and neglect and exposure to trauma due to the parent's impaired judgment and lack of emotional regulation.²¹

The Need for Additional Interventions and Supports

Parental substance misuse and the associated impact on the child have costly consequences for the healthcare system. The presence of these conditions increases

the use of public health services for children and their parents. These families are over-represented in public welfare and healthcare systems, as well as special educational programs.²² Nationally, 14 percent of children under the age of 5 live with a parent who is dependent on alcohol or illicit drugs.²³ Many of these families are enrolled in the Florida Medicaid program and are served by the Managed Medical Assistance (MMA) health plans representing a multi-risk population with the need for effective and coordinated health care services. As with families with mental health disorders, health care, treatment, and supports for families with parental substance use disorders must address the needs of the entire family.

GOALS FOR CARE COORDINATION FOR FAMILIES WITH PARENTAL MENTAL HEALTH AND SUBSTANCE USE DISORDERS AND THEIR YOUNG CHILDREN

Now that the knowledge base is well established that parental mental health and substance use disorders have a significant impact on children, it is imperative that healthcare systems make major changes in how care is provided to parents and children. Integrated services for children and adults and the provision of parent-child psychotherapies for children with parents with behavioral health disorders must be available.²⁴ The MMA health plans can assist in making this change by the taking the following actions:

- Provide information to the provider network regarding the special needs of the population.
- Encourage work with local advocacy and parent organization to increase sensitivity to the issue.
- Take measures to reduce the stigma associated with parents with these disorders within the provider network.
- Ensure that all providers are aware of the resources available in the MMA health plans provider network and community.

Identification of Families in Managed Medical Assistance Health Plans

- MMA data analytics may show parents with a mental health or a substance use disorder who have young children. These families can be identified through the MMA database in two ways: 1) through identification of adults with one or both disorders and data analytics to determine if they have a young child; and 2) through the

identification of young children with a social/emotional/ or behavioral disorder—parents may also have a disorder and should be screened.

- Routine screening by primary care, pediatric, and other providers for developmental, behavioral, or social-emotional issues and providing notification to the health plans of high-risk families.

Establish a Relationship with These Vulnerable Families

- Identify means to establish contact and develop a professional relationship with the families – preferably through face-to-face contact. It is critical that the parents see the intervention as supportive and do not feel threatened in their parenting role.
- Establish methods to track families with these characteristics to determine if they are stable and that the children are not showing signs of developmental delay.

Promote Screening for Mental Health and Substance Abuse Disorders and Developmental Delays

- Encourage the MMA health plans and providers to use formal screening tools to screen for depression and substance use disorders in obstetrics/gynecological care and primary care and inquire about the well-being of children.
- Encourage the use of formal screening instruments in pediatrics and family practices to identify developmental



delays, including social and emotional delays in young children.

- Encourage the use of formal screening instruments in pediatrics and family practices to identify exposure to trauma and to screen or observe possible mental health or substance use disorders with the parents.
- Establish mechanisms for physicians to alert the MMA health plan when they suspect parental mental health and substance use disorders in families with young children.
- Encourage treatment providers for adults with mental health and substance use disorders to inquire about their children and offer parental supports.
- Encourage treatment providers for children's mental health services to identify parents with mental health and substance use disorders and to offer assistance in accessing treatment.

Include Family-Focused Integrated Care in the Managed Care Network

- Promote the use of family-focused assessments in both adult and children mental health and substance abuse provider systems.

- Include a children's specialist on adult assessment teams and include an adult specialist on assessment teams for children.
 - All assessments should identify the needs of the children, the parents, and the parent-child relationship.
 - All assessments should be trauma-based.
- Ensure the provider network has family-focused treatment and interventions that include science and trauma-based treatment programs and parenting interventions that are geared to the needs of the family.
- Ensure that case management services are in place to address basic supports, transportation and child care that are necessary for the families to participate in treatment.
- Consider providing supported parenting programs for parents with serious mental health disorders.
- Provide for psychotherapeutic programs to address the child-parent relationship such as Circle of Security or Child Parent Psychotherapy.

SUMMARY

Due to the multi-faceted issues, care coordination or case management should address:

- Basic financial needs and housing
- Infant and early childhood mental health
- Parenting programs
- Therapeutic treatment for child-parent relationships
- Trauma treatment for both the child and parents
- Primary care
- Effective treatment for the substance use disorder
- Medication management
- Recovery management

A managed care network that includes these essential healthcare components can facilitate healing in the families and prevent or reduce the intergenerational transmission of the disease. Care coordination also requires collaborative care across both adult and children's healthcare systems and the integration of the components of healthcare delivery to create a comprehensive response to the families' needs.

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