The Impact of Substance Use on Parenting

Eric Arzubi, MD
- Board Certified, Child and Adolescent Psychiatry
- Board Certified, General / Adult Psychiatry
- Assistant Clinical Professor, Yale Child Study Center
- CEO, Frontier Psychiatry, PLLC
- Past President, Big Sky Regional Council of Child and Adolescent Psychiatry

Self-promotion: Child and adolescent psychiatrists offer a unique perspective as we have training and experience at the intersection of several systems.
- Biological system
    - Cells, organs, organ systems, human beings
- Family system
- School system
- Health system
- Justice system
- Social service system
- Faith system

Huge service gaps across the care continuum have created “all-or-nothing” systems in Montana. Stakeholders play “defense” instead of “offense”, waiting for individuals to experience crisis before intervening.
- Mental Health
- Addiction Services
- Child Protection

Substance use disorders defined: the DSM-5 criteria. A problematic pattern of X use leading to clinically significant impairment or distress, as manifested by at least 2 of the following, occurring within a 12-month period:
1. X is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control X use.
3. A great deal of time is spent in activities necessary to obtain X, use X, or recover from its effects.
4. Craving, or a strong desire or urge to use X.
5. Recurrent X use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued X use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of X.
7. Important social, occupational, or recreational activities are given up or reduced because of X use.
8. Recurrent X use in situations in which it is physically hazardous.
9. X use is continued despite knowledge of having a persistent or recurrent physical or

psychological problem that is likely to have been caused or exacerbated by X.

10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of X to achieve intoxication or desired effect.
    b. Markedly diminished effect with continued use of the same amount of X.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for X.
    b. X (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

Our focus is necessarily the best interest of the child. In Montana, this is defined in Montana Code Annotated 2019, Title 40 (Family Law), Chapter 4 (Termination of Marriage, Child Custody, Support), Part 2 (Support, Custody, Visitation, and Related Provisions).

40-4-212. Best Interest of the Child.

1. The court shall determine the parenting plan in accordance with the best interest of the child. The court shall consider all relevant parenting factors, which may include but are not limited to:
    a. The wishes of the child's parent or parents;
    b. The wishes of the child;
    c. The interaction and interrelationship of the child with the child's parent or parents and siblings and with any other person who significantly affects the child's best interest;
    d. The child's adjustment to home, school and community;
    e. The mental and physical health of all individuals involved;
    f. Physical abuse or threat of physical abuse by one parent against the other parent or the child;
    g. Chemical dependency, as defined in **53-24-103***, or chemical abuse on the part of either parent;
    h. Continuity and stability of care;
    i. Developmental needs of the child;
    j. Whether a parent has knowingly failed to pay birth-related costs that the parent is able to pay, which is considered to be not in the child's best interests;
    k. Whether a parent has knowingly failed to financially support a child that the parent is able to support, which is considered to be not in the child's best interests;
    l. whether the child has frequent and continuing contact with both parents, which is considered to be in the child's best interests unless the court determines, after a hearing, that contact with a parent would be detrimental to the child's best interests. In making that determination, the court shall consider evidence of physical abuse or threat of physical abuse by one parent against the other parent or the child, including but not limited to whether a parent or other person residing in that parent's

household has been convicted of any of the crimes enumerated in **40-4-219**(8)(b);

m. Adverse effects on the child resulting from continuous and vexatious** parenting plan amendment actions.

*"Chemical dependency" means the use of any chemical substance, legal or illegal, that creates behavioral or health problems, or both, resulting in operational impairment. This term includes alcoholism, drug dependency, or both, that endanger the health, interpersonal relationships, or economic functions of an individual or the public health, welfare, or safety.

**Denoting an action or the bringer of an action that is brought without sufficient grounds for winning, purely to cause annoyance to the defendant.

We are risk managers, trying to balance risk factors and protective factors in our attempt to determine the best interest of the child. It has been suggested that a better term is “the least detrimental alternative” when making difficult decisions about placement or parental rights. No one can predict the future, so we must rely on trying to assess the probability of good and bad outcomes based on available data. The ACEs (Adverse Childhood Experiences) Study greatly advanced our ability to quantify the risk of poor outcomes based on exposure to childhood adversity. We must balance protective or resiliency factors against the number of ACEs or the so-called “ACE score”.

1. The ACEs Study, one of the most comprehensive public health studies in recent history, mapped the health status of nearly 20,000 adults against their exposure to childhood adversity. The Study examined 10 types of childhood adversity, including 5 forms of household or family challenges, 3 forms of abuse, and 2 forms of neglect:
    a. Parental separation or divorce;
    b. Mother or stepmother victim of domestic violence;
    c. Household member with substance use disorder;
    d. Household member with mental illness or suicide attempt;
    e. Household member incarcerated;
    f. Emotional abuse;
    g. Physical abuse;
    h. Sexual abuse;
    i. Emotional neglect;
    j. Physical neglect.
2. Researchers calculated odds of poor physical and mental health outcomes based on the level of exposure to ACEs. Increasing ACE scores are associated with increasing risk of poor outcomes (see Appendix A).
3. Exposure to ACEs is common and, when exposed, multiple ACEs is the rule, not the exception.
    a. 64% of all individuals experienced at least one ACE;
    b. There is an 87% chance that individuals exposed to one ACE will be exposed to two or more by age 18yrs;
    c. 1 in 8 individuals have experienced 4 or more ACEs.

John Bowlby was a British developmental psychologist and psychiatrist who is widely considered the founder of attachment theory. He started publishing his findings in the 1940's and Mary Ainsworth, a developmental psychologist and Bowlby's colleague, built on his work. The fundamentals of attachment theory have stood the test of time and advancements in genetics and neurobiology have only served to add nuance to the theory.

1. Attachment Behavior System
    a. why is the mother so important to the child?
    b. NOT secondary drive, ie. feeding
    c. rhesus monkeys - mesh vs. cloth mother; ie. food vs. comfort
    d. look to evolutionary pressures, biologically based desire for proximity
    e. Mary Ainsworth, a colleague of Bowlby - "Strange Situation"
    f. attachment vs. affectional bonds!
    g. attachment behavior designed to increase proximity of the child to the attachment figure (ie. mom), including smiling, vocalizing, "signaling behaviors" - signal child interest in interaction, serve to bring child to mom
    h. aversive behaviors - crying - bring mom to the child to terminate them
    i. approaching and following behaviors move child to the mother
    j. attachment = protection and survival advantage, protection from predators
    k. other purpose of attachment: feeding, learning about the environment, self-regulation, social interaction
    l. attachment is a normal, healthy characteristic of humans throughout the lifespan
    m. infants become attached even to abusive mothers
    n. attachment doesn't just happen b/c of pleasurable associations
    o. child can seek proximity in many ways and eventually learns which are the most effective ways
    p. attachment behavioral system vs. heat-seeking missile
    q. attachment system vs. thermostat (kicks on when separation is too great in distance or time)
    r. the goal is a state, NOT and object (ie. mom)
    s. attachment and behavioral homeostasis; level of activation (low, medium, high) and proximity needed to turn it off varies
    t. location and behavior of mom are BOTH important (ie. absence, withdrawal, rejection)
    u. emotions are important regulatory mechanisms within attachment relationships
    v. attachment security is affected by ways in which emotions are responded to, shared, communicated about, and regulated within the attachment relationship
2. Exploratory Behavioral System
    a. exploratory system in dynamic equilibrium with attachment system
    b. learn about the environment through exploration
    c. how to use tools, build structures, obtain food, negotiate physical obstacles
    d. secure base from which to explore (Ainsworth)
    e. attachment-exploration balance
    f. attachment fosters exploration; activated attachment system (fear, danger) then dampens the exploration system

   g. the BELIEF that the attachment figure will be available if needed!!
   h. link b/w maternal availability and infant exploration
   i. Relationship between exploration and learning
3. Fear Behavioral System
   a. function of the fear behavioral system is protection, just like attachment system
   b. fear promotes survival
   c. activated fear behavioral system increases attachment behavior
   d. presence or absence of the attachment figure is thought to play an important role in activation and regulation of an infant's fear system; available and accessible attachment figure makes infant less susceptible to fear
   e. even photographs of mom can calm a fearful infant, "security blankets" can do the same for kids attached to those objects
4. Sociable or Affiliative Behavioral System
   a. attachment behavioral system (ABS) is different from the sociable (or affiliative) behavioral system
   b. include friendliness and goodwill, desire to do things in company of others
   c. MUCH broader than ABS
   d. individuals in the presence of others are much less likely to be killed by predators
   e. monkeys raise with mothers but without peers were seriously hindered in social development and could not mate or parent effectively
   f. SBS is activated when ABS is not activated
   g. child seeks attachment figure when tired, hungry, ill, alarmed, or uncertain about that figure's whereabouts
5. Caregiving System
   a. the focus on mother's tie to her infant
   b. "parenting behavior" is in some degree pre-programmed, like attachment behavior
   c. biologically based urge to care for and protect children; individual differences in nature of parenting emerges through learning
   d. "attachment-caregiving social bond"
   e. what are those behaviors? only those designed to promote proximity and comfort when parent perceives that child is in real or potential danger or distress; chief behavior is retrieval of the infant from a potentially dangerous situation and include others, like calling, reaching, grasping, restraining, following, soothing, and rocking
   f. some parental discomfort or anxiety may emerge when infant behavior interferes with parents' ability to preserve the state of mind that had seemed optimal for maintenance of the relationship to their own parents during childhood
   g. CBS complements ABS in a dynamic equilibrium
   h. experiment: mom diverts attention away from infant to magazine, then child explores less or quality is reduced
   i. activation of CBS depends on internal and external cues (internal: hormones, cultural beliefs, parental state; also activation of other parental BS

   j. attachment behaviors typically motivate parents to provide care in order to terminate aversive behaviors; attachment behaviors motivate parents to respond
   k. soothing behaviors: monitor potential or real dangers to the child; ongoing soothing provides additional information about threat to the child

At times, there is confusion about the difference between “attachment” and “bond” when discussing the relationship between caregiver and child.

1. attachment bond is a specific type of a larger class of bonds, called "affectional bonds"
2. bonds and attachments are NOT the same
3. Elements of an affectional bond:
   a. persistent, not transitory
   b. specific person, not interchangeable
   c. relationship is emotionally significant
   d. individual wishes to maintain proximity to or contact with the person
   e. feel distress at involuntary separation from the person
4. additional criteria for attachment bond
   a. in times of distress, the individual seeks security and comfort in the relationship with the person
   b. "secure" if security is achieved; "insecure" if it is not
   c. parental bond vs. child attachment
   d. child attachment is defined by he/she seeking security
   e. EXISTENCE OF AN ATTACHMENT BOND CANNOT BE INFERRED FROM THE PRESENCE OR ABSENCE OF ATTACHMENT BEHAVIOR
   f. not every approach is an attachment behavior; it can be exploratory or sociable behavior
   g. attachment bond vs. attachment behavior
   h. most behaviors can serve more than one behavior system
   i. cannot label "very attached" a child who clings to mom; it could be insecure attachment
5. "penetration" as a measure of attachment bond
   a. responsiveness to crying and readiness to interact socially are amongst the most relevant variables in determining who will serve as an attachment figure
   b. there is an "attachment hierarchy"
   c. structure of attachment hierarchy: 1) time spent in each figure's care; 2) quality of care each provides; 3) each adult's emotional investment in the child; 4) social cues
   d. monotropy: existence of a primary caregiver; helps cultivate a main caregiver, most efficient for the child in times of distress
   e. infant's selection of principal attachment figure occurs over time; the infant needs to be able to discern which individual is making the intensive investment upon which he or she is dependent; that takes time
   f. Bowlby and Ainsworth theories have held up well
   g. experiences within the attachment relationship can influence the functioning of the HPA axis and stress reactivity

h. Bowlby: internal working model (cognitive); later on more about non-cognitive, ie. influence on physiology; emotion regulation
i. emotion regulation capacities develop within the context of attachment relationships and then mediate the link b/w attachment and social functioning
j. continued research appears to enrich, rather than overturn attachment theory
k. Cognitive representation
    i. mental representations of the attachment figure, the self, and the environment
    ii. repeated attachment interactions become scripts, then building blocks of broader representations
    iii. [how do you think we develop working models of human relationships? blueprints of interactions, relationships?]
    iv. "representational models" and "internal working models"
    v. these are important to anticipate the future and to make plans
    vi. nearly all kids are attached (even to abusive moms), but not all are securely attached; secure attachment happens when a child has confident expectations of the attachment figure as available and responsive when needed

Irony that vulnerable or at-risk children require EXTRA parenting skills, yet we are sending them to families with limited skill sets. Parents in recovery are vulnerable and fragile...impact on probability of recovering?

Co-occurring disorders represent the rule, not the exception. Can rarely focus on ONLY substance use disorders; what about psychopathology.

Risk vs. Protective Factors

Parenting Interventions vs. Attachment Promotion

The Impact of Parental Addiction on Child Development

- Genes vs. environment
    - Environment A: in utero
    - Environment B: post-partum
- Early parenting environment is critical
    - Needed for normal development of children: predictable, consistent environment; positive caregiver relationships
    - Household of parent with addiction: likely unpredictability, possible child maltreatment
    - Competing drives and related behaviors:
        - Physical and emotional needs of children
        - Obtaining, using, recovering from substance use
- In-utero alcohol exposure

    - Fetal alcohol syndrome (FAS): growth deficiencies, CNS system problems, lower IQ's (mild to severe retardation), small eye openings, poor development of optic nerve, small head and brain and join, limb, ear and heart malformations
- Substance use happens in clusters
    - Most people who abuse drugs abuse multiple drugs
    - May also use alcohol, smoke cigarettes, have suboptimal nutrition and health care during pregancy
        - Each of these factors represent a potential hit to normative child development
    - Developmental or cognitive insults from in utero exposure to substances can interfere with the emotional bonding between caregiver and the infant
        - How to mitigate this risk factor? Sensitive and competent caregiving
- Children of parents who abuse substances are more likely to experience the following problems and associated involvement by the child welfare system:
    - Physical
    - Intellectual
    - Social
    - Emotional
- Pre-requisite for the formation of healthy parent-child attachment
    - Caregiver ability to pay attention to the child and to notice his/her signals for emotional communication
    - Enthusiasm and mutual enjoyment are essential to fueling a healthy affectional bond b/w parent and infant
    - Emotionally available (EA) relationship
        - Sensitive, structuring, nonhostile, nonintrusive caregiving facilitates the infant's ability to regulation emotion and behavior, leading to responsive and involving interactions
- Parents who abuse substances may repeatedly miss babies' cues; babies then stop providing them, resulting in a disengaged mother and a disengaged baby
    - Research shows that mothers who abuse opioids scored low in maternal sensitivity, structuring, and nonintrusiveness during the first year of baby's life
    - When children were 3yo, opioid abusing mothers scored lower on maternal sensitivity and non-hostility than both normative and foster mothers
    - Similar findings were documented in mothers who abused other substances
    - Maternal polydrug use was found to decrease maternal contingent responsiveness and dyadic reciprocity during feeding interactions
- Overall there is a consistently lower quality of early interaction patterns between parents who abuse drugs and their children
    - Parental substance abuse hurts the development of attachment relationships
    - It's a bidirectional dynamic that evolves over time; the DYAD is affected
    - Majority of substance exposed children may be insecurely attached or have disorganized attachment to their primary caregivers
- High needs children matched with vulnerable caregivers
    - Impact of child-rearing on recovery?

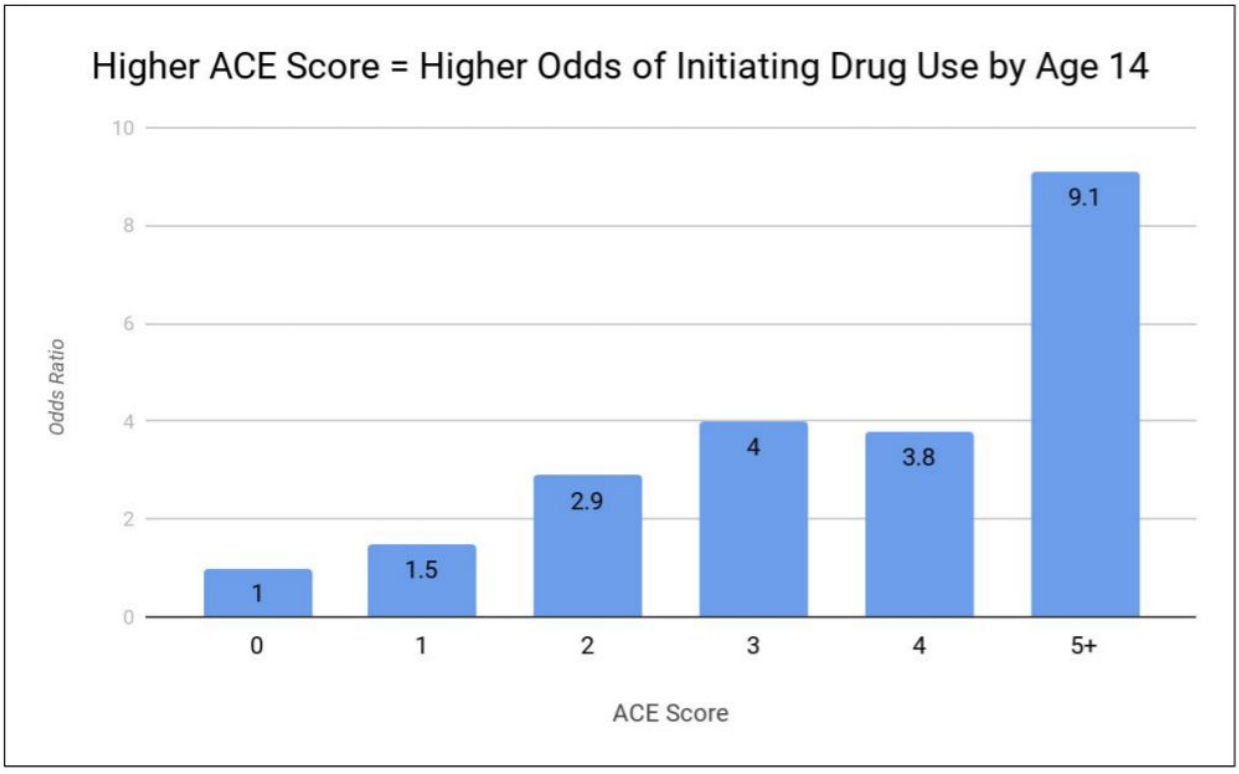
- Research suggests that environmental factors, including the mother's vocabulary and quality of home environment may be stronger developmental predictors than prenatal drug exposure
- Interventions can work
    - Among cocaine exposed children remaining with biological mothers, those receiving case management services had higher verbal scores at 36mos than those with care as usual
- Attention and emotion regulation
    - Parental addiction has impact on child neuropsychological mechanisms that control
        - Attention
        - Memory
        - Visuoperception
        - Emotion regulation
    - Children growing up with persistently drug-using mothers at 7yo showed problems with sustained visual attention tasks
    - The stress response system is affected
    - Children of drug abusing mothers show problematic emotional regulation patterns, probably due to combination of prenatal drug exposure and deficits in maternal interactive behavior
- Prenatal drug exposure affects infant temperament, leading to problems with reactivity and affect regulation
    - A more challenging child under the care of a compromised caregiver
    - Parenting can become less rewarding and compromise the development of the attachment bond
- Socioemotional development
    - Parental addiction increases risk for child abuse and neglect
    - Neglected children who cannot form secure attachments with their primary caregivers may struggle to understand the emotions of others
    - Abusive moms may respond to child non-compliance with more negative behavior
        - Cycle of mounting anger between child and caregiver can affect ability of the child to feel remorse or empathy
    - Impaired social cognition
        - Problems with awareness of oneself in relation to others and of others' emotions
        - Maltreated children have been shown to demonstrate less understanding of negative emotions and to use fewer internal state words
            - VOCABULARY of emotions
    - Impaired social skills may prevent school success, worsening the cognitive, attention, and emotion regulation difficulties in children of parents with addiction
- Risk for SUDs and other psychiatric disorders
    - 66% of children of mothers with cocaine and opioid addiction had at least 1 major psychiatric diagnosis by 12 years of age

- 54% of children admitted to psychiatric hospital were found to have histories of parental substance abuse
- 53% of children living with fathers who abuse drugs at 8- to 12 years were likely to have a lifetime psychiatric diagnosis vs. 10% for non-substance abusing fathers
- Strong positive home environments can significantly buffer negative outcomes
- Abusive relationships and maternal emotional unavailability have been suggested to be the most important factors underlying later maladjustment and psychopathology
- Hostile aggressive behavior beyond toddlerhood is perpetuated by dysfunctional nature of parent-child interactions
    - Negative emotionality, low levels of engagement, high coercion and limited face-to-face contact
- Interventions
    - Drug-exposed children receiving family-based intervention have been shown to score higher in mental and psychomotor functioning than drug exposed children without such interventions
    - There is an association between early emotional relationships and positive developmental trajectories among high risk families
        - Interventions should focus on emotional aspects of parent-child relationships, namely sensitivity and responsiveness, AND reflective capabilities of the parent
    - Critical elements of attachment-based interventions with maltreating families
        - Improve parental mentalizing capabilities: understand behaviors, emotions, and signals of infants and children
        - Learning to give appropriate care in spite of past hardships and present preoccupations
        - Provide an interpersonal environment that encourages child's development of emotional and regulatory abilities
    - Mothers with lower postnatal reflective functioning relapsed to substance use more often after treatment and their children were more likely to be placed in foster care
- Cumulative effect of multiple risks
    - Family size
    - Life events
    - Psychological status of parents
    - Drug abuse severity
    - Domestic violence
    - Parenting attitudes
    - Early interaction quality
- Side effects of treatment
    - Involvement in drug rehab may shift the maternal focus from infant's needs

- Drug withdrawal
- Underlying psychiatric problems
- Other psychosocial stressors

Appendix A

ACE Score	Health Problem	Multiplier by which risk for Health Problem is elevated
5 or more	Early (by age 14) initiation of illicit drug use	9.1x
4 or more	Considers self an alcoholic	7.4x
4 or more	Ever used illicit drugs	4.7x
4 or more	Ever attempted suicide	12.2x
4 or more	2+ weeks of depressed mood in past year	4.6x



Appendix B

A brief summary of the general- and parenting effects of different substances of abuse.

Substance	General Effects	Parenting Effects
Alcohol	● Lowers inhibitions, often leading to inappropriate or risky behaviors; ● Impairs judgment; ● Diminishes motor coordination; ● Severe withdrawal symptoms include delirium and seizures.	● May forget or neglect to attend to parenting responsibilities; ● May stay out all night and leave children alone when intoxicated; ● May have rages and depressive episodes, creating an unstable environment at home.
Benzodiazepines	● Slow down the nervous system, producing a sedating or calming effect; ● Severe withdrawal symptoms may lead to delirium and seizures; ● Using in combination with opioids can lead to death.	● May forget or neglect parenting responsibilities; ● May leave children alone while seeking, obtaining, or using the drug; ● May “nod out” while under the influence, rendering them unable to supervise or protect their children; ● May expose their children to dealers, other users in unsafe and dangerous situations.
Cocaine	● Influx of energy, heightened senses. Colors may appear brighter, smells seem stronger, and noises louder; ● In prolonged use, increases irritability and aggression. ● Can cause psychotic distortions of thought, causing unpredictable behavior.	● A child’s crying may be magnified in a parent using cocaine; ● May become angry or impatient with a child for minor reasons due to thought distortion and misperceptions.
Methamphetamine	● Releases high levels of dopamine in the brain, leading to euphoric mood and motor agitation; ● Following the initial euphoria, users “crash” into an irritable, anxious, paranoid, aggressive or empty feeling; ● Severe withdrawal episodes can include psychotic episodes and extreme violence; ● Highly addictive and even short-term, regular use can lead to permanent brain changes.	● May not supervise children or provide basic nutritional, hygienic, or medical needs; ● Violence, aggression, and paranoia may lead to severe forms of abuse toward children; ● Severe health hazards in homes used to “cook” the drug, including explosions, absorption of the drug into the body from the environment.

Prescription Opioids	● Block pain messages to the brain, followed by euphoria and drowsiness; ● Chronic use leads to cycles of tolerance, dependence, and withdrawal.	● May forget or neglect parenting responsibilities; ● May leave children alone while seeking, obtaining, or using the drug; ● May “nod out” while under the influence, rendering them unable to supervise or protect their children; ● May expose their children to dealers, other users in unsafe and dangerous situations.
Heroin	● Highly addictive drug leading to serious, even fatal health conditions; ● Injecting, snorting, or smoking heroin causes initial euphoria, followed by an alternately wakeful and drowsy state; ● Tolerance to the drug develops with regular use, meaning that the abuser must use more heroin to produce the same effect; ● Physical dependence and addiction develop, and withdrawal can occur as soon as a few hours after the last use.	● May forget or neglect parenting responsibilities; ● May leave children alone while seeking, obtaining, or using the drug; ● May “nod out” while under the influence, rendering them unable to supervise or protect their children; ● May expose their children to dealers, other users in unsafe and dangerous situations.
Marijuana	● Slows down the nervous system, producing a drowsy or calming effect; ● Increases risk for developing psychotic disorders in young, habitual users.	● A parent may forget or neglect to attend to parenting responsibilities; ● Parents may leave children alone while seeking, obtaining, or using the drug; ● Parents may fall asleep while under the influence of depressants and be unable to supervise or protect their children.

Bibliography

Brown, Julie A., and Melinda Hohman. 2006. “The Impact of Methamphetamine Use on Parenting.” *Journal of Social Work Practice in the Addictions* 6 (1-2): 63–88.

Cassidy, Jude, and Phillip R. Shaver. 2016. *Handbook of Attachment, Third Edition: Theory, Research, and Clinical Applications*. Guilford Publications.

Haight, Wendy, Teresa Ostler, James Black, Kathryn Sheridan, and Linda Kingery. 2007. “A Child’s-Eye View of Parent Methamphetamine Abuse: Implications for Helping Foster Families to Succeed.” *Children and Youth Services Review* 29 (1): 1–15.

Hayward, R. Anna, Diane DePanfilis, and Kristen Woodruff. 2010. “Parental Methamphetamine Use and Implications for Child Welfare Intervention: A Review of the Literature.” *Journal of Public Child Welfare* 4 (1): 25–60.

Henry, Brook L., Arpi Minassian, and William Perry. 2010. “Effect of Methamphetamine Dependence on Everyday Functional Ability.” *Addictive Behaviors* 35 (6): 593–98.

Lander, Laura, Janie Howsare, and Marilyn Byrne. 2013. “The Impact of Substance Use Disorders on Families and Children: From Theory to Practice.” *Social Work in Public Health* 28 (3-4): 194–205.

Lowell, Amanda F., Angela N. Maupin, Nicole Landi, Marc N. Potenza, Linda C. Mayes, and Helena J. V. Rutherford. 2020. “Substance Use and Mothers’ Neural Responses to Infant Cues.” *Infant Mental Health Journal* 41 (2): 264–77.

Mirick, Rebecca G., and Shelley A. Steenrod. 2016. “Opioid Use Disorder, Attachment, and Parenting: Key Concerns for Practitioners.” *Child & Adolescent Social Work Journal: C & A* 33 (6): 547–57.

Parolin, Micol, and Alessandra Simonelli. 2016. “Attachment Theory and Maternal Drug Addiction: The Contribution to Parenting Interventions.” *Frontiers in Psychiatry / Frontiers Research Foundation* 7 (August): 152.

Peleg-Oren, Neta, and Meir Teichman. 2006. “Young Children of Parents with Substance Use Disorders (SUD): A Review of the Literature and Implications for Social Work Practice.” *Journal of Social Work Practice in the Addictions* 6 (1-2): 49–61.

Romanowicz, Magdalena, Jennifer L. Vande Voort, Julia Shekunov, Tyler S. Oesterle, Nuria J. Thusius, Teresa A. Rummans, Paul E. Croarkin, Victor M. Karpyak, Brian A. Lynch, and Kathryn M. Schak. 2019. “The Effects of Parental Opioid Use on the Parent-Child Relationship and

Children's Developmental and Behavioral Outcomes: A Systematic Review of Published Reports." *Child and Adolescent Psychiatry and Mental Health* 13 (January): 5.

Salo, Saara, and Marjo Flykt. 2013. "The Impact of Parental Addiction on Child Development." In *Parenting and Substance Abuse: Developmental Approaches to Intervention , (pp*, edited by Nancy E. Suchman, 534:195–210. New York, NY, US: Oxford University Press, xx.

Suchman, N.E., Pajulo, M., Mayes, L.C., ed. n.d. "Attachment and Biobehavioral Catch-up: An Attachment-Based Intervention for Substance Using Mothers and Their Infants." In *Parenting and Substance Abuse: Developmental Approaches to Intervention*.

Winstanley, Erin L., and Amanda N. Stover. 2019. "The Impact of the Opioid Epidemic on Children and Adolescents." *Clinical Therapeutics* 41 (9): 1655–62.