

Minibibliography

Policy Issues and Intervention Strategies for Young Children Prenatally Exposed to Drugs or Alcohol: Selected Resources

December 2005

Compiled by Evelyn Shaw, MEd and Susan Goode, MLS, PT

Under the *Individuals with Disabilities Education Improvement Act of 2004*, states must have policies and procedures in place that require the referral for early intervention services of a child under the age of 3 who is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure. Substantial scientific evidence has shown that children prenatally exposed to drugs or alcohol can suffer multiple negative effects, often with lifelong consequences. Some of these potential negative effects include, for example: cognitive and growth deficits, developmental delays, attention and hyperactivity disorders, problems interacting with peers, and other social-emotional challenges. Additionally, these children often experience postnatal environmental factors that put them at risk for developmental delays.

This minibibliography contains a selection of resources (published between 1998 and 2005) that discuss policy issues and early intervention strategies for these vulnerable young children and their families. Many of the abstracts come from the source, unless edited by the compilers for brevity or to comply with copyright. The rest were either taken from the ERIC database (<http://www.eric.ed.gov/>) or written by the compilers. Databases searched include ERIC, CINAHL and PsycINFO. Some of the search terms used include: “prenatal drug exposure,” “prenatal influences,” “fetal alcohol syndrome,” “early childhood development,” “infants,” “toddlers,” “young children,” “early intervention,” and “early childhood education.”

Baldwin, S. (2004). *Florida fetal alcohol spectrum disorders resource guide book*. Retrieved April 7, 2005, from <http://www.doh.state.fl.us/family/socialwork/pdf/fasd.pdf>

Abstract: This resource guide summarizes key information from the body of knowledge about fetal alcohol syndrome. It is the result of interagency efforts and is intended for individuals and families who are living with the results of fetal alcohol effects. It is also meant to be a resource for professionals who seek to prevent fetal alcohol exposure and to offer interventions to assist affected individuals and families.

Barth, R. P. (2001). Research outcomes of prenatal substance exposure and the need to review policies and procedures regarding child abuse reporting. *Child Welfare, 80*(2), 275-296.

Abstract: This article clarifies policy options for reporting and serving children testing positive at birth for controlled substances. It advocates the strengthening of existing state policies regarding child abuse reporting and response.

Belcher, H. M. E., Butz, A. M., Wallace, P., Hoon, A. H., Reinhardt, E., Reeves, S. A., et al. (2005). Spectrum of early intervention services for children with intrauterine drug exposure. *Infants & Young Children, 18*(1), 2-15.

Abstract: This article describes the following 3 promising programs, which were developed to improve the well-being of parents with drug dependence and their children: (1) Project STRIVE (Support, Trust, Rehabilitation, Initiative, Values, and Education) provided substance abuse treatment, intensive center- and home-based social work, and parent education onsite at a high-risk obstetric and pediatric clinic; (2) the Early Infant Transition Center provided 24-hour nursing care, on-call physicians and nurse practitioners, social workers, parent education, and onsite sleeping accommodation for parents of infants with a history of neonatal abstinence syndrome, during their infant's recovery; and (3) Home-U-Go Safely provided home-based health monitoring, education, and support to new mothers with a history of cocaine and/or opiate dependence. Data gathered from each of these programs showed significant improvements in maternal/caregiver and child outcomes.

Berger, L. & Waldfogel, J. (2000). Prenatal cocaine exposure: Long-run effects and policy implications. *The Social Science Review, 74*(1), 28-54.

Abstract: This article reviews the literature on prenatal cocaine exposure and child development. The authors examine existing child welfare policies in light of that literature, focusing on laws that require reporting substance-exposed newborns and substance use during pregnancy, as well as policies that regard such reports as confirmation of child maltreatment. The authors also consider substitute methods for protecting newborns of parents who are using crack cocaine.

Bertrand, J., Floyd, R. L., & Weber, M. K. (2005). *Guidelines for identifying and referring persons with fetal alcohol syndrome*. Retrieved October 10, 2005, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5411a1.htm>

Abstract: Fetal alcohol syndrome (FAS) results from maternal alcohol use during pregnancy and carries lifelong consequences. In 2002, CDC convened a scientific working group (SWG) of persons with expertise in FAS research, diagnosis, and treatment to draft criteria for diagnosing FAS. This report summarizes the diagnostic guidelines drafted by the SWG, provides recommendations for when and how to refer a person suspected of having problems related to prenatal alcohol exposure, and assesses existing practices for creating supportive environments that might prevent long-term adverse consequences associated with FAS. The guidelines are intended to facilitate early identification of persons affected by prenatal exposure to alcohol so they and their families can receive services that enable them to achieve healthy lives and reach their full potential. This report also includes recommendations to enhance identification of and intervention for women at risk for alcohol-exposed pregnancies.

Bono, K. E., Bolzani Dinehart, L. H., Claussen, A. H., Scott, K. G., Mundy, P. C., & Katz, L. F. (2005). Early intervention with children prenatally exposed to cocaine: Expansion with multiple cohorts. *Journal of Early Intervention, 27*(4), 268-284.

Abstract: This study expanded on the findings of an earlier study (Claussen, et al., 2004) that looked at 36-month outcomes of an early intervention program for children at risk due to prenatal cocaine exposure. The program included three intervention groups: center-based, home-based, and primary care. It was implemented from 1992 to 2003 and data were collected on 342 children and families primarily from urban, poor, and traditionally underrepresented groups. At 36 months of age, children receiving center and home-based intervention had more advanced cognitive and language abilities and fewer behavior problems than children in the primary care comparison group. Additionally, children receiving center-based intervention demonstrated more advanced language skills than the children receiving home-based interventions. The authors conclude that early intervention has a positive impact on children at risk due to prenatal cocaine exposure and that the effects are sustainable over time.

Burry, C. L., & Noble, L. S. (2001). The STAFF project: Support and training for adoptive and foster families of infants with prenatal substance exposure. *Journal of Social Work Practice in the Addictions, 1*(4), 71-82.

Abstract: This article describes the Support and Training for Adoptive Families (STAFF) project, which was developed in response to concerns about the large numbers of infants with prenatal substance exposure placed in foster care or for adoption with families unprepared to meet their special needs.

Butz, A. M., Lears, M. K., & O'Neil, S. (1998). Home intervention for in utero drug-exposed infants. *Public Health Nursing, 15*(5), 307-318.

Abstract: This article describes the reports of community health nurses who were following in utero drug-exposed infants and providing home visits to support the mothers/caregivers of these infants. Of special concern were the mothers' lack of basic parenting information and their lack of seeking drug treatment for themselves. Findings support the view that home visiting should be a part of the discharge planning for any in utero drug-exposed infant. It is important to keep these infants in the health care system and to monitor their safety.

Butz, A. M., Pulsifer, M., Marano, N., Belcher, H., Lears, M. K., & Royall, R. (2001). Effectiveness of a home intervention for perceived child behavioral problems and parenting stress in children with in utero drug exposure. *Archives of Pediatric and Adolescent Medicine, 9*, 1029-1037.

Abstract: The purpose of this study was to determine whether a home-based nurse intervention program that focused on parenting education/skills and caregiver emotional support reduced child behavioral problems and parenting stress in caregivers of in utero drug-exposed children. Results demonstrated that in utero drug-exposed children receiving the home-based nurse intervention had significantly fewer behavioral problems than in utero drug-exposed children receiving standard care. Furthermore, caregivers receiving the home-based intervention reported a trend toward lower total parenting distress compared with caregivers of children who received standard care.

Christian, S. (2004). *Substance-exposed newborns: New federal law raises some old issues*. Retrieved December 2, 2004, from <http://www.ncsl.org/print/cyf/newborns.pdf>

Abstract: The *Keeping Children and Families Safe Act of 2003* requires States to have policies and procedures for health-care providers to notify child protective services (CPS) of cases of suspected prenatal exposure to alcohol and drugs and to develop a “plan of safe care” for such infants. This publication looks at how this new Federal requirement may potentially impact States by increasing the number of cases, presenting challenges to service delivery systems, and showing the need for multi-agency cooperation. It describes the Federal requirements and provides an overview of existing State laws for reporting child abuse. It also addresses the role of CPS and the place of prevention in reducing substance-exposed births. The wide range of CPS responses to substance-exposed newborns is noted, and the example of a community-based prevention program is provided.

Claussen, A. H., Scott, K. G., Mundy, P. C., & Katz, L. F. (2004). Effects of three levels of early intervention services on children prenatally exposed to cocaine. *Journal of Early Intervention, 26*(3), 204-220.

Abstract: Cocaine use during pregnancy is a high-risk indicator for adverse developmental outcomes. Three levels of intervention (center, home, and primary care) were compared in a full service, birth to age 3, early intervention program serving children exposed to cocaine prenatally. Data were collected on 130 children from urban, predominantly poor, primarily minority families. At 36 months, statistically significant, moderate to large intervention effects were found for cognition, receptive and expressive language, and gross motor development. Small effects were observed for behavior problems, and no statistically significant effects were found for fine motor or prosocial skills. Center-based care was most effective for improving language. These findings provide support that the center- and home-based early intervention programs examined in this study had positive effects on children at risk due to prenatal cocaine exposure.

DHHS, ACY, ACYF, Children’s Bureau, & Substance Abuse and Mental Health Services Administration. (October 6-7, 2005). *Substance exposed newborns: Weaving together effective policy & practice*. Retrieved November 8, 2005 from http://aia.berkeley.edu/training/2005_conference/archive_2005.html

Abstract: This conference focused on the needs and circumstances of substance exposed newborns and their families. Exemplary multi-disciplinary collaborative efforts, policies, and practices from around the nation were presented. Audio recordings, PowerPoint slides, and other handouts from many of the presentations are available on the conference Web site.

Duckworth, S. V., & Norton, T. L. (2000). Fetal alcohol syndrome and fetal alcohol effects—support for teachers and families. *Dimensions of Early Childhood, 28*(3), 19-23.

Abstract: This article reviews the genesis of fetal alcohol syndrome and fetal alcohol effects in children. It identifies physical characteristics and behavioral indicators found and provides three checklists of observable signs for both disorders. Seven steps for educators to follow in seeking assistance with these conditions are recommended.

Guttmacher Institute. (2005). *State policies in brief: Substance abuse during pregnancy [fact sheet]*. Retrieved March 22, 2005, from http://www.guttmacher.org/statecenter/spibs/spib_SADP.pdf

Abstract: This fact sheet presents a state-by-state chart of state policies regarding substance abuse during pregnancy. Highlights include the following: (1) 16 states consider substance abuse

during pregnancy to be child abuse under civil child-welfare; (2) 3 states consider substance abuse during pregnancy grounds for civil commitment; (3) 10 states require health care professionals to report suspected prenatal drug abuse; (4) 4 states require testing for prenatal drug exposure if they suspect abuse; (5) 19 states have either created or funded drug treatment programs specifically targeted to pregnant women; and (6) 7 states provide pregnant women with priority access to state-funded drug treatment programs.

Harwood, M., & Kleinfeld, J. S. (2002). Up front, in hope: The value of early intervention for children with fetal alcohol syndrome. *Young Children, 57*(4), 86-90.

Abstract: This article differentiates fetal alcohol syndrome (FAS) from fetal alcohol effects (FAE) and discusses difficulties in diagnosing these conditions. It describes the effects of FAS/FAE on young children, detailing impact on sensory processing, focusing attention, and cognitive development in infants, toddlers, and preschoolers. Finally, it presents suggestions for caregivers and teachers, and discusses the importance of early intervention for children with FAS/FAE, even when no delays have been observed.

Jansson, L. M., & Velez, M. (1999). Understanding and treating substance abusers and their infants. *Infants and Young Children, 11*(4), 79-89.

Abstract: This article describes the multiple needs of the substance-abusing mother and her infant, challenges faced by people working with this population, and the experience of a comprehensive-care treatment facility in meeting those needs. General recommendations for practitioners treating this unique population are also included.

Kilbride, H., Castor, C., Hoffman, E., & Fuger, K. L. (2000). Thirty-six month outcome of prenatal cocaine exposure for term or near-term infants: Impact of early case management. *Journal of Developmental and Behavioral Pediatrics, 21*(1), 19 -26.

Abstract: This study compared neurodevelopmental outcomes for term or near-term infants prenatally exposed to cocaine with a group of non-exposed matched infants, and examined the effect of early, intensive family case management against routine follow-up. The study found no statistical differences in mean cognitive, psychomotor, or language quotients between the cocaine-exposed and non-exposed infant groups serially tested up to 36 months of age. Case-managed cocaine-exposed infants had a significantly higher mean Bayley Mental Developmental Index score at 6 months than those who were followed-up routinely, but no differences were seen in later assessments. Among cocaine-exposed infants who remained with their mothers at 36 months, those in the case managed group had significantly higher verbal scores than infants followed up routinely.

Kim, Y. M., Sugai, G. M., & Kim, G. (1999). Early intervention needs of children at risk due to prenatal drug exposure: A survey of early childhood educators. *Journal of Research in Childhood Education, 13*(2), 207-215.

Abstract: This survey examined preschool educators' perceptions of learning and behavioral problems of children who were prenatally exposed to drugs, as well as intervention strategies and other issues in educating these children. Results showed that respondents had generally positive attitudes about working with these at-risk children.

Kinnison, L. R., Cates, D., & Baker, C. (1999). Day care givers: The front line force in combating the effects of prenatal drug exposure. *Preventing School Failure, 43*(2), 52-56.

Abstract: This review reports the research and best practices for providing intervention and educational opportunities for young children prenatally exposed to illicit drugs. Symptoms of such children are discussed, such as impairments in language, motor skills, cognitive skills, and social development. The importance of interdisciplinary collaboration is emphasized.

Krauss, R. B., Thurman, S. K., Brodsky, N., Betancourt, L., Giannetta, J., & Hurt, H. (2000). Caregiver interaction behavior with prenatally cocaine-exposed and nonexposed preschoolers. *Journal of Early Intervention, 23*(1), 62-73.

Abstract: This study examined the quality of caregiver-child interaction using the Parent/Caregiver Involvement Scale with 41 preschoolers (who were prenatally exposed to cocaine) and 39 nonexposed preschoolers. Both biological mothers and foster caregivers of exposed children were significantly less emotionally and developmentally appropriate in interactions than caregivers of nonexposed children.

Lester, B., & al., e. (2004). Substance use during pregnancy: Time for policy to catch up with research. *Harm Reduction Journal, 1*(5). Retrieved April 7, 2005, from <http://www.harmreductionjournal.com/content/1/1/5>

Abstract: The purpose of this review is to summarize policy research findings in the area of maternal prenatal substance abuse to (1) inform and advance this field, (2) identify future research needs, (3) inform policy making and (4) identify implications for policy. As a review, this is a systematic analysis of existing data (findings) on maternal drug use during pregnancy for determining the best policy among the alternatives for dealing with drug using mothers and their children. The review addresses issues of efficacy (which policies work?), economics (how much does it cost?) and politics (who is it for or against?). For new policies, the review also considers how they fit with existing policies or laws, the social impact, ethical issues and the feasibility of implementation and administration.

Manheimer, L. (2000). Child life in a nonhospital setting: A play group for substance abusers and their drug-exposed infants and toddlers. In J. D. Oremland & E. K. Oremland (Eds.), *Protecting the emotional development of the ill child: The essence of the child life profession* (pp. 173-189). Madison, CT: Psychosocial Press.

Abstract: This chapter describes Child Life, an approach originally designed to respond to the social and emotional needs of children experiencing persistent ill health and extensive hospitalization, as used in the Center of Chemical Addiction Recovery Efforts (CARE). CARE is a model program that serves drug-exposed children from birth to age 3 and their drug dependent mothers by easing the process of recovery, promoting the development of the affected children, and supporting family preservation to avoid foster care placement.

Mayfield, P. K., & Chapman, J. K. (1998). Children's prenatal exposure to drugs: Implications for early childhood educators. *Dimensions of Early Childhood, 26*(3-4), 38-42.

Abstract: This article examines the effects of drug use during pregnancy on early and later child development, the extent of women's drug use, and behavioral and learning characteristics of children prenatally exposed to drugs. It provides intervention guidelines for early childhood settings including children with prenatal drug exposure, focusing on recommendations for the classroom and family-centered intervention.

McAlpine, C., Marshall, C. & Doran, N. (2001). Combining child welfare and substance abuse services: A blended model of intervention. *Child Welfare*, 80(2), 129-149.

Abstract: This article describes a blended model of intervention developed by Maryland's *Child Welfare Services* and *Adult Addiction Services* to address the requirements of the *Adoption and Safe Families Act (ASFA)*. The approach made use of graduated levels of intensity in providing services and engaging client participation. The authors state that the days of stand alone services are coming to an end. Real change toward ensuring that children of substance abusing parents have improved opportunities to grow up in safe family situations will require interagency collaboration and a commitment on the parts of policymakers, the courts, program administrators, and social workers.

McConnell, S. R., Rush, K. L., McEvoy, M. A., Carta, J., Atwater, J., & Williams, R. (2002). Descriptive and experimental analysis of child-caregiver interactions that promote development of young children exposed prenatally to drugs and alcohol. *Journal of Behavioral Education*, 11(3), 131-161.

Abstract: This article presents two studies that looked at developmental outcomes of young children exposed prenatally to drugs and alcohol. In the first, a descriptive analysis of 38 children and their families revealed that as a group, drug exposed children scored lower on cognitive and language development than non-exposed children. Two rates of oral language and negative behavior by the children were associated with these developmental areas. Several child-caregiver interactions were associated with these differential rates of child behaviors. In the second study, intervention targets were selected from the first study and manipulated in a multiple-baseline design across two pairs of children. Results showed increased rates of all identified ecobehavioral variables for three of four parents or other adult caregivers, with concomitant increases in rates of child language production during play activities.

Messinger, D. S., Bauer, C. R., Das, A., Seifer, R., & Lester, B. M. (2004). The maternal lifestyle study: Cognitive, motor, and behavioral outcomes of cocaine-exposed and opiate-exposed infants through three years of age. *Pediatrics*, 113(6), 1677-1685.

Abstract: The objective of this study was to evaluate the direct effects of prenatal cocaine exposure and prenatal opiate exposure on infant mental, motor, and behavioral outcomes longitudinally between 1 and 3 years old. Results demonstrated that, in the largest at-risk sample observed longitudinally to date, infant prenatal exposure to cocaine and to opiates was not associated with mental, motor, or behavioral deficits after controlling for birth weight and environmental risks.

Reprints available from the American Academy of Pediatrics - <http://www.aap.org>

National Abandoned Infants Assistance Resource Center. (2004). *Perinatal substance exposure: Fact sheet*. Retrieved April 7, 2005, from http://aia.berkeley.edu/publications/fact_sheets/perinatal_substance.html

Abstract: Women who abuse drugs often cope with poverty, mental illness, and histories of physical, emotional, and sexual abuse. Their children are affected by living in a home environment where their developmental needs may not be met, and they are at risk of foster care placement. A number of laws, policies, and service programs have been developed to address these problems, but there are barriers to addressing the complex issues faced by these families. The effectiveness of interventions need to be established through program evaluation and research. This article reviews the impact of perinatal drug use at personal, familial, and societal levels. It discusses controversies surrounding the short- and long-term effects of in-utero drug exposure on children, and advocates for more research.

National Clearinghouse on Child Abuse and Neglect Information. (2004). *Parental drug use as child abuse: Full-text excerpts of state laws*. Retrieved March 22, 2005, from <http://nccanch.acf.hhs.gov/general/legal/statutes/drugexposedall.pdf>

Abstract: There is increasing awareness that abuse of drugs or alcohol by parents and other caretakers can have a negative impact on the health, safety, and well-being of children. Approximately 31 States currently have laws in place within their child protection statutes that address the issue of substance abuse by parents. Two main areas of concern are (1) the harm caused to fetuses by substance abuse by pregnant women and (2) the harm caused to children of any age by substance abuse by others or other illegal drug activity in the home. This resource provides an overview of States' legal responses to infants exposed to maternal drug use and children exposed to illegal drug activity. It also identifies how this issue is specifically addressed in the laws of 32 States.

National Clearinghouse on Child Abuse and Neglect Information. (2005). *Impact of methamphetamines on the child welfare system*. Retrieved September 23, 2005 from <http://nccanch.acf.hhs.gov/topics/issues/meth.cfm>

Abstract: Methamphetamine use is a growing problem for children and families across the country. To protect and support families, child welfare workers need to know what this drug is and how it affects users. The resources on this Web page are separated into the following categories: (1) Statistics and the Scope of the Problem; (2) Responding to and Treating Methamphetamine Use; and (3) Additional Information on Methamphetamines and Child Welfare.

Ondersma, S. J., Simpson, S. M., Brestan, E. V., & Ward, M. (2000). Prenatal drug exposure and social policy: The search for an appropriate response. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 5(2), 93-108.

Abstract: This article reviews the controversy surrounding prenatal drug exposure, outlines related policy dilemmas, reviews current practice in this area and the effectiveness of those practices, and offers specific recommendations to initiate debate. Earlier controversy regarding the impact of prenatal drug exposure may be decreasing as specific and subtle deficits in some affected infants have been identified. The authors suggest that abuse/neglect, attachment disorders, and development delays should be the focus of child protection efforts, and that relevant disciplines must collaborate on the nature of these efforts.

Pulsifer, M. B., Radonovich, K., Belcher, H. M. E., & Butz, A. M. (2004). Intelligence and school readiness in preschool children with prenatal drug exposure. *Child Neuropsychology*, 10(2), 89-101.

Abstract: This study compared intelligence and school readiness in 4-5 year old children with prenatal cocaine/opiate exposure (N= 104) to unexposed, demographically matched children (N= 35). Intelligence and school readiness scores were not significantly different between the two groups, although both groups scored slightly below average. A regression analysis found that caregiver reading scores accounted for the largest variance in both child intelligence and school readiness. Birth weight contributed to variance in school readiness but to a lesser degree. Neither prenatal drug exposure nor continuing caregiver drug use contributed significantly to the variance in child intelligence or school readiness. The findings are consistent with other studies that show maternal/caregiver education to be an important mediator of negative environmental and socioeconomic circumstances. The authors suggest interventions that emphasize caregiver literacy and child/caregiver reading activities as having potential to benefit this population.

Scott, K. G., Hollomon, H. A., Claussen, A. H., & Katz, L. F. (1998). Conceptualizing early intervention from a public health perspective. *Infants and Young Children, 11*(1), 37-48.

Abstract: This article presents a model intervention program for young children with disabilities based on a public health approach that is empirically driven, with correspondence rules relating the independent to the dependent variables. The program was designed to provide a total-service intervention for infants prenatally exposed to cocaine.

Sinclair, E. (1998). Head start children at risk: Relationship of prenatal drug exposure to identification of special needs and subsequent special education kindergarten placement. *Behavioral Disorders, 23*(2), 125-133.

Abstract: This study examined the relationship between prenatal drug exposure, emotional and behavioral disorder (E/BD) identification in Head Start, and subsequent special education kindergarten placement in 145 Head Start children (ages 3-4). The results showed that 47% of the drug-exposed group versus 35% of the non-drug-exposed group met classification criteria for E/BD.

Streissguth, A. P., Bookstein, F. L., Barr, H. M., Sampson, P. D., O'Malley, K., & Young, J. K. (2004). Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental & Behavioral Pediatrics, 25*(4), 228-238.

Abstract: This study found that a stable family is an important protective factor for helping children avoid adverse life outcomes associated with Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effects (FAE). The study also documents the importance of early diagnosis in reducing in the risk of adverse life outcomes. The results highlight the importance of families, communities and physicians working together to assure that children with Fetal Alcohol Spectrum Disorders (FASD) are reared in stable, nurturing homes, and the need to provide families with a meaningful diagnosis for their child as early as possible.

Substance Abuse and Mental Health Services Administration, & U. S. Department of Health & Human Services. (2004). *SAMHSA Fetal Alcohol Spectrum Disorders Center For Excellence: Fetal alcohol syndrome legislation by state introduced in 2003-2004*. Retrieved March 22, 2005, from <http://fascenter.samhsa.gov/pdf/FASDLegislation.pdf>

Abstract: This publication focuses on nationwide legislation pertaining to FAS. The table contains FAS legislation that was introduced or passed with the 2003-2004 legislation session. Staff compiled the data by reviewing online legislative records for each State and identified 28 related laws, distributed across 19 States. The bills fall into four categories: (1) General FASD Information, including definitions and birth registries; (2) Prevention and Intervention Services, including research, public information and awareness, treatment for women, and intervention with individuals with FASD; (3) Requirements for Professionals, including teacher certification, physician licensing, and reporting requirements; and (4) Legal Affairs, including evidence constituting neglect, relinquishment of care of an infant, and removal of a child. Analysis of the data shows that State legislatures are responding to the societal cost of FASD by placing continually more emphasis on prevention and intervention services. State legislative actions range from calling for coordinated State FASD efforts to requiring FASD information to be given to persons applying for marriage licenses. The publication includes a table that shows the number of laws introduced or passed within each category, aggregated by the year in which the bill was introduced. Legislation appears verbatim.

Thomas, J. Y. (2000). Falling through the cracks. Crack-exposed children in the U. S. public schools: An educational policy issue. *Journal of Education Policy*, 15(5), 575-583.

Abstract: This article examines whether crack-exposed children are necessarily doomed for failure and why specialized educational policies and programs are necessary. It reviews relevant research and explores implications of early-intervention and school-based programs.

U. S. Dept. of Health and Human Services, Children's Bureau. (2005). *Substance abuse child welfare waiver demonstrations: Synthesis of findings*. Retrieved November 3, 2005 from http://www.acf.dhhs.gov/programs/cb/programs_fund/cwwaiver/substanceabuse/index.htm

Abstract: Since the mid-1990s, the Federal Government has encouraged innovative child welfare practices through the use of waivers that permit States more flexibility in spending Federal dollars. Under the waivers, regulations that restrict Title IV-E monies to reimbursement for foster care maintenance payments are broadened, giving States greater latitude to fund alternative services to promote safety and permanency for children. Since 1996, 17 States have implemented 25 child welfare waiver demonstration components, using Title IV-E funding for a variety of projects. This report from the Children's Bureau synthesizes characteristics and key findings from programs in Delaware, New Hampshire, Illinois, and Maryland that focused on the early identification of parents with substance abuse disorders and the provision of service referrals for these parents. Outcomes indicated no strong positive effects on foster care placement rates, placement stability, reunification rates, or permanency rates. However, there was some evidence that a substance abuse demonstration project may reduce the duration of foster care placements and lower the risk of maltreatment recurrence.

Wenzel, S. L., Kosofsky, B. E., Harvey, J. A., & Iguchi, Y. (2001). *Prenatal cocaine exposure: Scientific considerations and policy implications*. Retrieved November 8, 2005 from <http://www.rand.org/publications/MR/MR1347/>

Abstract: Research has shown that children exposed to cocaine before birth are also exposed to an array of factors associated with risk of learning and behavioral problems. This book provides an overview of the current state of knowledge on the effects of cocaine on brain development and identifies policy options for addressing the problems resulting from cocaine use by pregnant women.



To search the ERIC databases or access the references herein,
see <http://www.nectac.org/chouse/>

Copyright National Early Childhood Technical Assistance Center 2005

This minibibliography is produced and distributed by the NECTAC Clearinghouse on Early Intervention and Early Childhood Special Education, a component of the National Early Childhood Technical Assistance Center (NECTAC), pursuant to contract ED-01-CO-0112 from the Office of Special Education Programs, U.S. Department of Education (ED). Contractors undertaking projects under government sponsorship are encouraged to express their judgment in professional and technical matters. Opinions expressed do not necessarily represent the Department of Education's position or policy.

