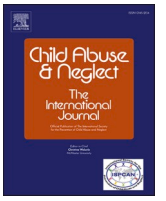
Child Abuse & Neglect 149 (2024) 106657

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg



Parenting attitudes and behaviors among parents involved with the child welfare system and affected by substance use disorders

Susan Yoon [a,b,*], Alexa Ploss [a], Margaret Hutzel [c], Robin Webb [c], Ally Hatfield [c], Joyce Y. Lee [a], Additti Munshi [a], Angelise Radney [a], Jen McClellan [d]

[a] College of Social Work, The Ohio State University, Columbus, OH, USA
[b] Department of Social Welfare, College of Social Sciences, Ewha Womans University, Seoul, South Korea
[c] Voinovich School of Leadership and Public Service, Ohio University, Athens, OH, USA
[d] Public Children Services Association of Ohio (PCSAO), Columbus, OH, USA

ARTICLE INFO

Keywords:
START
Parental substance use
Parenting attitudes
Child maltreatment
Child welfare

ABSTRACT

Background: Co-occurring parental substance use and child maltreatment is a serious concern in the U.S child welfare system.
Objective: The aim of the study was to examine parenting attitudes and practices among parents who participated in Ohio START (Sobriety, Treatment, And Reducing Trauma), a statewide initiative that provides support to families affected by co-occurring parental substance use and child maltreatment.
Participants and setting: Study 1 involved quantitative data collected from 73 enrolled parents through pre-test and post-test telephone surveys. Study 2 (parent interviews) involved qualitative data collected through in-depth interviews with 34 enrolled parents.
Methods: The paired-sample *t*-test and the McNemar test were conducted in Study 1 and thematic analysis was conducted in Study 2.
Results: Quantitative analysis indicated significant improvements in parental expectations of children ($t = -3.42$, $p = .001$, Cohen's d $= -0.40$), parent-child family roles ($t = -5.74$, $p < .001$, Cohen's d $= -0.67$), and children's power and independence ($t = -3.42$, $p = .001$, Cohen's d $= -0.40$). Qualitative analysis revealed six themes related to changes in parenting after participation in Ohio START: (1) Being present for children, (2) Engaging in activities with children, (3) Enjoyment in providing care to children, (4) Maintaining employment for financial stability, (5) Better emotion regulation and stress management, and (6) a sense of pride.
Conclusions: Our findings demonstrate positive changes in parenting attitudes and practices among parents who participated in Ohio START and provide further support for the potential merits of this model and its continued expansion throughout Ohio.

1. Introduction

Parental substance use is a serious concern among families in the U.S. child welfare system (U.S. Department of Health & Human Services [DHHS], 2023; Ghertner et al., 2018). A robust body of research has linked parental substance use with less optimal parenting,

* Corresponding author at: College of Social Work, The Ohio State University, 1947 College Road., Columbus, OH 43210, USA.
E-mail address: yoon.538@osu.edu (S. Yoon).

https://doi.org/10.1016/j.chiabu.2024.106657
Received 15 August 2023; Received in revised form 13 December 2023; Accepted 16 January 2024
Available online 22 January 2024

including negative parenting attitudes and child maltreatment (e.g., Child Welfare Information Gateway, 2014; Neger & Prinz, 2015). Parental substance use often disrupts important structures and functions within the family as substances may cause physical, cognitive, or mental impairments that inhibit the capacity to develop appropriate parenting attitudes (Camilo et al., 2022) and the ability to parent effectively (Child Welfare Information Gateway, 2014; Kepple, 2017). Building on this knowledgebase, the present study sought to explore parenting attitudes and behaviors among parents who participated in Ohio START (Sobriety, Treatment, And Reducing Trauma), a statewide implementation of the National START Model that provides support to families involved in the children welfare system who are affected by co-occurring parental substance use and child maltreatment.

1.1. Parental substance use and child welfare

Child maltreatment remains one of the United States' most pervasive public health issues, with approximately 600,000 confirmed victims reported to the child welfare system in 2021 (U.S. DHHS, 2023). It is estimated that 37.4 % of all children in the U.S experience child welfare involvement by the age of 18 years (Kim et al., 2017). Parental substance use disorders (SUDs) remain a primary concern within the child welfare system, as research has shown caregiver substance misuse to be a significant predictor of child maltreatment (e.g., Austin et al., 2020; Young et al., 2007). While researchers have found it difficult to determine actual prevalence rates (e.g., Seay, 2015), many studies have indicated the substantial overlap between parental substance use and child welfare involvement (e.g., Ghertner et al., 2018; Young et al., 2007). Among all U.S. child maltreatment cases reported to the child welfare system in 2020, parental alcohol abuse was a risk factor in 15.0 % of cases and parental drug abuse was a risk factor in 26.1 % (U.S. DHHS, 2023). A report by Sepulveda and Williams (2019) found one out of three children entered foster care as a result of parental substance use in 2017, marking a rise in such rates for the sixth consecutive year. Another study that examined the relationship between indicators of substance use prevalence and child welfare caseloads, using nationally representative data from 2011 through 2016, found that counties with higher overdose death and drug hospitalization rates also had higher child welfare caseloads and foster care entry rates (Ghertner et al., 2018).

Various studies have evidenced that children who are maltreated by their parents who misuse substances often have worse child welfare outcomes, such as higher rates of substantiated maltreatment allegations and foster care entry, more negative outcomes in foster care, longer stays in out-of-home care, lower reunification rates, higher rates of re-reports or re-victimization, and longer involvement in the child welfare system (Freisthler et al., 2017; Mirick & Steenrod, 2016; Young et al., 2007). However, it is important to note that parental substance use is only one risk factor in a complex pattern of child welfare involvement. Beyond parental substance use, various risk factors—including but not limited to family poverty and material hardships, parenting stress, intimate partner violence, parental mental health problems, neighborhood crime and violence, and concentrated disadvantage in neighborhoods— can contribute to child maltreatment (Austin et al., 2020; Stith et al., 2009).

Parenting Attitudes and Parenting Behaviors among Parents Affected by Substance Use.

Parenting attitudes are defined as the knowledge, values, beliefs, and expectations about child rearing and child development, which influence the way parents perceive and act towards their children (Camilo et al., 2022). Parents with SUDs may experience additional challenges in developing positive parenting attitudes. Research has found parents who use substances are more likely to demonstrate parenting styles that are demanding or coercive, provide less supervision, exhibit more intrusive caregiving, have less knowledge of appropriate parenting practices and developmental expectations, and demonstrate higher reliance on more punitive discipline methods (Kerwin, 2005; Neger & Prinz, 2015). For example, one study found that parents who used substances in the past six months were more likely to have poorer parenting attitudes, including inappropriate expectations for their children, lack of empathy, parent-child role reversal, and belief in corporal punishment (Im, 2021).

Research has also suggested that parents who misuse substances often struggle with emotional regulation and other empathetic skills that allow them to accurately perceive and sensitively respond to their children's socioemotional needs (Borelli et al., 2012; Neger & Prinz, 2015). Lack of emotional regulation and low empathy can lead parents to make more negative attributions about their children's behaviors and respond in a hostile manner (Borelli et al., 2012; Neger & Prinz, 2015; Rodriguez et al., 2016). Further, research has identified inappropriate parenting attitudes towards child rearing as a known risk factor related to poor parenting behaviors, such as child maltreatment (e.g., Camilo et al., 2022). For example, physical abuse has been associated with inappropriate developmental expectations, disregard for the child's needs and abilities, lack of empathy, negative child attributions, role reversal in which parents expect the child to meet their needs, higher belief in corporal punishment, and inconsistent and ineffective parenting practices (Rodriguez et al., 2016; Rodriguez & Tucker, 2015).

It is noteworthy that substance use and child maltreatment are two highly stigmatized conditions that contribute to health disparities among marginalized and minoritized communities, including families of low income and families of color (National Center on Substance Abuse and Child Welfare, n.d.). The "War on Drugs" policy approach in the United States that prioritizes criminalization, penalties, and punishment over support for recovery, coupled with substance use stigma, can create barriers for parents seeking treatment services and exacerbate negative health outcomes among vulnerable populations (National Center on Substance Abuse and Child Welfare, n.d.; Cohen et al., 2022). Despite the challenges associated with substance use, many parents display parentings strengths and resilience, especially when they are provided with the needed resources and supports. Previous studies have suggested that substance use treatment intervention programs integrated with parenting interventions are associated with improved parenting outcomes, including parenting skills and positive parent-child interactions (Moreland & McRae-Clark, 2018; Neger & Prinz, 2015; Niccols et al., 2012). Taken together, it is vital to explore parenting attitudes and behaviors among parents involved in the child welfare system with co-occurring SUDs, especially within the context of a substance use treatment program.

1.2. The START model and parenting outcomes

The National Sobriety Treatment and Recovery Teams model (referred to as START hereafter) assists families affected by parental SUDs and child maltreatment (Huebner, 2018). START provides support to families involved in the child welfare system with at least one child under the age of five years and one parent with a SUD. The START model's primary objectives are to ensure child safety and well-being, prevent and/or decrease out-of-home placements, increase parental recovery, increase parenting capacity and family stability, and improve system capacity for addressing parental substance use and child maltreatment. START is a child welfare-led model that capitalizes on strong cross-system collaboration and coordination between child welfare agencies and SUD treatment providers (Bunger et al., 2020; Huebner, 2018). Families are enrolled in START within 14 days following a report to the child welfare system and connected to SUD/MH treatment services. Families also receive case management by a child welfare case worker and family peer mentor paired to work the case together. Family peer mentors are in long-term recovery from a SUD and have lived experience with involvement with the child welfare system. Parents may also be connected to parenting and life skills coaching and individual, group, and/or family counseling. Evidence suggests that the START model successfully reduces incidents of subsequent child abuse and neglect and the number of children placed in out-of-home care, as well as improves the rate of reunification, parenting capacity, and the likelihood of parents achieving and maintaining sobriety (Hall et al., 2016, 2021; Huebner et al., 2012, 2015, 2021). START is rated as a supported practice by the Title IV-E Prevention Services Clearinghouse (Title IV-E Prevention Services Clearinghouse, n.d.).

Ohio START is an affiliate of the national START model. Ohio START (Sobriety, Treatment and Reducing Trauma) has slight differences in the START acronym because of its focus on the underlying trauma. Ohio START also expanded the child age-related eligibility criterion from families with at least one child under the age of five years [the national START model criterion] to families with at least one child under the age of 18 years (Bunger et al., 2020). To assess substance misuse severity in parents, the 6-item UNCOPE screening tool (Hoffmann et al., 2003) is used. Parents who score three or higher on the UNCOPE screening tool are eligible for enrollment. The reported primary substances used at the time of intake include methamphetamine, tetrahydrocannabinol, heroin, cocaine, amphetamines, opiates, fentanyl, and alcohol. Ohio START was first implemented in 2017. As of November 1st, 2023, Ohio START has served 3951 parents across 53 counties in Ohio.

1.3. The current study

The current study consists of two separate but interrelated studies (i.e., Ohio START family survey and Ohio START Parent Interviews) that are subcomponents of a larger evaluation of Ohio START. Study 1 involved quantitative telephone surveys administered to parents at the time of enrollment into Ohio START (pre-test) and approximately six months after the pre-test (post-test). Study 2 involved in-person qualitative interviews conducted with parents who were successfully completed participation in Ohio START. Using data from both quantitative surveys and qualitative interviews, the current study sought to understand parenting experiences (e.g., parenting attitudes, behaviors) among parents who have been involved with the Ohio child welfare system due to co-occurring parental SUDs and child maltreatment. Two research questions were addressed: *Research Question* 1: Are there significant

Table 1
Sample characteristics.

	Study 1 ($n = 73$)		Study 2 ($n = 34$)	
Demographics	%/*M* (*SD*)	Range	%/*M* (*SD*)	Range
Child characteristics				
Age (in years)	4.7 (4.9)	0–16		
Sex (female)	49.3			
Race/ethnicity				
White	76.4 %			
Black	2.85			
Multiracial	16.7 %			
Other	4.2 %			
Parent characteristics				
Age (in years)	32.1 (6.8)	19–54	31.0 (5.9)	20–45
Sex (female)	91.8 %		76.5 %	
Race/Ethnicity				
White	90.4 %		94.1 %	
Black	4.1 %		5.9 %	
Multiracial	4.1 %		–	
Other	1.4 %		–	
Marital status				
Single	54.2 %		50.0 %	
Married	8.3 %		29.4 %	
Separated/Divorced/Widowed	18.0 %		11.8 %	
Living with a partner	19.4 %		8.8.%	

Note. Other race included American Indian, Asian, and Native Hawaiian/Pacific Islander.

improvements in parenting attitudes among parents who participated in Ohio START? *Research Question* 2: How did participating in Ohio START affect the parenting (e.g., behaviors, challenges, strengths) of parents involved with the child welfare system and affected by SUDs?

2. Method

2.1. Study 1: pre-test to post-test changes in parenting attitudes

2.1.1. Sample

Study 1 examined parenting attitudes among 73 parents served by Ohio START who had completed both pre-test and post-test i.e., approximately 6 months after pre-test), as part of a broader parent survey process. As shown in Table 1, parents' ages ranged from 19 to 54 years, with a mean age of 32.06 years ($SD = 6.83$). The sample was largely homogenous, as the majority of parents were female (91.8 %) and identified as White (90.4 %). For parents with multiple children under the age of 18 years, we focused on the child with the most recent birthday at pre-test. Parents were asked to focus on this target child and answer all questions regarding that child only throughout the survey. Children's ages ranged from 0 to 16 years, with a mean age of 4.67 years ($SD = 4.86$). At the pre-test period, 83.6 % of children had lived with the interviewed parent at some point in the previous six months. At post-test, 65.8 % of children had lived with the interviewed parent at some point in the previous six months.

2.1.2. Data collection procedures

The family survey research team partnered with child welfare agencies across participating Ohio counties to recruit participants for the family survey (Yoon et al., 2022). Using password-protected Excel files and a secured e-mail account, child welfare caseworkers provided the research team with contact information for any newly enrolled parents who agreed to be contacted by the research team about their participation in a phone survey. Research assistants (RAs) contacted parents to provide information about the study and to schedule surveys if interested. RAs contacted parents up to 10 times via calls, text messages, and/or voicemails to schedule a survey. Once parents completed the pre-test survey, they were contacted again 6 months after the pre-test survey.

Verbal consent to participate in the survey was obtained over the phone and RAs administered surveys immediately after obtaining consent. If participants needed phone minutes to complete the survey, they were sent a $15 e-gift card via text at the start of the call before beginning the survey. Surveys took approximately 60 min to complete, and participants received a gift card to a local retail store for each survey. The incentive was increased in February 2022, from $25 to $40, based on decisions to include additional items in the survey. Participants were able to choose whether they receive gift cards via email or standard mail. This study was approved by the Institutional Review Board of The Ohio State University.

2.1.3. Measures

Parenting Attitudes. Parenting attitudes were measured at pre-test and post-test, using the *Adult Adolescent Parenting Inventory-2.1* Form A (AAPI-2.1 Form A; Bavolek & Keene, 2010). The AAPI-2 is a validated measure (Conners et al., 2006) designed to assess parenting and child-rearing attitudes (Bavolek & Keene, 2010). The survey consists of 40 items measuring five constructs that are assessed using the following subscales (Assessing Parenting, n.d.): Subscale *A - Expectations of Children*, assesses the degree to which parents have realistic expectations for their children, by focusing on expectations of compliance (e.g., "A good child sleeps through the night."); Subscale *B - Parental Empathy towards Children's Needs*, measures parents' awareness of their children's feelings and the extent to which they separate the children's needs from their own (e.g., "A certain amount of fear is necessary for children to respect their parents."); Subscale C - *Use of Corporal Punishment*, indicates parents' endorsement of corporal punishment versus other forms of discipline (e.g., "Sometimes spanking is the only thing that will work."); Subscale *D - Parent-Child Family Roles*, assesses parents expectations for their children to nurture them and fulfill roles outside of the traditional child role (e.g., "Children should be responsible for the well-being of their parents."); and Subscale *E - Children's Power and Independence*, measures parents' beliefs around obedience and children's autonomy (e.g., "Children should be taught to obey their parents at all times.").

Responses are on a five-point Likert scale: 1 = *strongly agree*, 2 = *agree* 3 3 = *uncertain*, 4 = *disagree*, and 5 = *strongly disagree* (Bavolek & Keene, 2010). Subscale sum totals are converted to standard ten scores (sten) using norm tables based on age (adolescent vs. adult) and parental status (parent vs. non-parent; Assessing Parenting, n.d.). Subsequently Sten scores provide an index of risk for parenting attitudes associated with maltreatment. Sten scores ranging from 1 to 3 are considered high risk, 4–7 reflect moderate risk, and scores ranging from 8 to 10 are considered low risk (Assessing Parenting, n.d.).

2.1.4. Data analysis

Prior to conducting the main analysis, preliminary analysis was performed (e.g., examining means, standard deviations, range, skewness, kurtosis) to check the appropriateness of coding and to detect any invalid values or univariate outliers. A series of paired samples *t*-tests was conducted to determine the changes in parenting attitudes among Ohio START participants. Next, the McNemar test was conducted to compare the pre-test scores and post-test scores on caregivers' parenting attitude risk category (i.e., low risk, medium risk, high risk). The McNemar test is useful and appropriate for paired nominal data (Adedokun & Burgess, 2012). All analyses were completed using SPSS v.28 (IBM Corp, 2021).

2.2. Study 2: self-perceptions of change in parenting upon completion of Ohio START

2.2.1. Sample

The interview sample consists of 34 parents who completed Ohio START between June 2020 and November 2022 and elected to participate in an interview with the research team. The parents who participated in parent interviews lived in 15 predominantly rural, Appalachian counties. Table 1 summarizes demographics of the participants. At the time of their interviews, all but two parents were living with their children. The average age of children was just over five years old (range: 3 months-17 years).

2.2.2. Data collection procedures

The participants were recruited for interviews via a flyer that included details about the interview study, as well as information for contacting the study team. The county-level Ohio START staff provided parents with the recruitment flyer upon completion of child welfare involvement. Interviews focused on parents who participated in Ohio START and completed child welfare involvement to address questions about their parenting in recovery. Sample questions included: "How did substance use affect your parenting?", "How is your parenting different after completing Ohio START?" Once a parent contacted the study team, a phone interview was scheduled at a time most convenient for the parent.

Consent to participate in the qualitative study was obtained verbally at the beginning of each phone interview. The interviews took approximately 30 min to complete. Participation was incentivized monetarily. With participants' permission, the study team contacted the county-level START staff after the interview to confirm that the interviewed parent had indeed participated in Ohio START and has completed their child welfare case. Upon completion of the interview, participants choose to receive a $75 store gift card via text, email, or standard mail. Most interviews (33) occurred within two months of case completion with Ohio START, but one outlier interview occurred almost six months after completion.

2.2.3. Data analysis

Parent interviews were audio recorded, transcribed verbatim, and analyzed thematically using Nvivo 20 (QSR International, 2020) qualitative data analysis software. A grounded theory (Corbin & Strauss, 2015) approach was the overarching orientation of the study analysis. The data were analyzed employing both an a priori and an emergent coding strategy. Two researchers independently coded all interview transcripts. Intercoder reliability was run and we found substantial levels of agreement (Cohen's $\kappa = 0.76$) between the two coders.

3. Results

3.1. Study 1: pre-test to post-test changes in parenting attitudes

Table 2 presents the results of paired-samples *t*-tests. Higher mean scores on the AAPI indicated more positive parenting attitudes and lower risks to the child. Parents' levels of appropriate expectations of children were significantly higher at post-test ($M = 5.55$, $SD = 1.76$) than at pre-test ($M = 4.93$, $SD = 1.58$), $t = -3.42$, $p = .001$. Parents' attitudes towards appropriate family roles (i.e., proper parent-child role responsibilities) were also significantly higher at post-test ($M = 5.95$, $SD = 2.11$) than at pre-test ($M = 4.95$, $SD = 2.16$), $t = -5.74$, $p < .001$. Finally, the positive value parents placed on children's power and independence (i.e., honoring children's power and independence) increased from pre-test ($M = 5.40$, $SD = 2.05$) to post-test (M = 6.18, SD = 2.26), $t = -3.42$, $p = .001$. There were no significant changes between pre- and post- test scores for attitudes concerning empathy towards children's needs or the use of corporal punishment.

Table 3 displays the results of the McNemar tests in which parenting attitude risk scores were compared between pre-test and post-test surveys. There were no statistically significant differences between pre-test and post-test risk scores for expectations of children, parental empathy towards children's needs, and use of corporal punishment. There was a statistically significant difference in the proportion of the risk categories of parent-child family roles between pre-test and post- test ($p = .002$). Specifically, parents were more likely to be in the low-risk group (pre-test: 11.00 %, post-test: 20.50 %) and less likely to be in the high-risk group (pre-test: 28.80 %, post-test: 15.10 %) at post-test than at pre-test (Fig. 1). There was also a statistically significant difference in the proportion of the risk categories regarding children's power and independence between pre-test and post-test ($p = .010$). As shown in Fig. 2, parents were more likely to be in the low-risk group (pre-test: 15.10 %, post-test: 32.90 %) and less likely to be in the medium-risk group (pre-test:

Table 2
Differences between pre-test and post-test on parenting attitudes.

	Pre-test	Post-test	*t*	*df*	*p*	*Cohen's d*
	M (SD)	M (SD)				
Expectations of children	**4.93 (1.58)**	**5.55 (1.76)**	**−3.42**	**72**	**0.001**	**−0.40**
Empathy towards children's needs	4.45 (1.81)	4.85 (1.92)	−1.87	72	0.066	−0.22
Use of corporal punishment	5.55 (1.89)	5.51 (1.78)	0.24	72	0.811	0.03
Parent-child family roles	**4.96 (2.16)**	**5.95 (2.11)**	**−5.74**	**72**	**<0.001**	**−0.67**
Children's power and independence	**5.40 (2.05)**	**6.18 (2.26)**	**−3.42**	**72**	**0.001**	**−0.40**

Note. Cohen's d (effect size): 0.2 = small effect, 0.5 = moderate effect, 0.8 = large effect.

Table 3
Differences between pre-test and post-test on parenting attitudes risk scores.

		[post-test] Expectations of Children			χ^2	*p*
		Low risk (13.7 %)	Medium risk (75.3 %)	High risk (11.0 %)		
[pre-test] Expectations of Children	Low risk (6.8 %)	80.0 %	20.0 %	0 %	4.571	0.102
	Medium risk (78.1 %)	10.5 %	84.2 %	5.3 %		
	High risk (15.1 %)	0 %	54.5 %	45.5 %		
		[post-test] Parental Empathy towards Children's Needs				
		Low risk (6.8 %)	Medium risk (67.1 %)	High risk (26.0 %)		
[pre-test] Empathy towards Children's Needs	Low risk (2.7 %)	50.0 %	50.0 %	0 %	3.800	0.150
	Medium risk (63.0 %)	8.7 %	78.3 %	13.0 %		
	High risk (34.2 %)	0.0 %	48.0 %	52.0 %		
		[post-test] Use of Corporal Punishment				
		Low risk (8.2 %)	Medium risk (80.8 %)	High risk (11.0 %)		
[pre-test] Use of Corporal Punishment	Low risk (13.7 %)	20.0 %	80.0 %	0 %	1.476	0.478
	Medium risk (76.7 %)	7.1 %	85.7 %	7.1 %		
	High risk (9.6 %)	0 %	42.9 %	57.1 %		
		[post-test] Parent-Child Family Roles				
		Low risk (**20.5 %**)	Medium risk (**64.4 %**)	High risk (**15.1 %**)		
[pre-test] Parent-Child Family Roles	Low risk (**11.0 %**)	**62.5 %**	**37.5 %**	**0 %**	**12.103**	**0.002**
	Medium risk (**60.3 %**)	**22.7 %**	**75.0 %**	**2.3 %**		
	High risk (**28.8 %**)	**0 %**	**52.4 %**	**47.6 %**		
		[post-test] Children's Power and Independence				
		Low risk (**32.9 %**)	Medium risk (**47.9 %**)	High risk (**19.2 %**)		
[pre-test] Children's Power and Independence	Low risk (**15.1 %**)	**90.9 %**	**9.1 %**	**0 %**	**11.286**	**0.010**
	Medium risk (**64.4 %**)	**27.7 %**	**61.7 %**	**10.6 %**		
	High risk (**20.5 %**)	**6.7 %**	**33.3 %**	**60.0 %**		

Note. Statistically significant results are bolded.

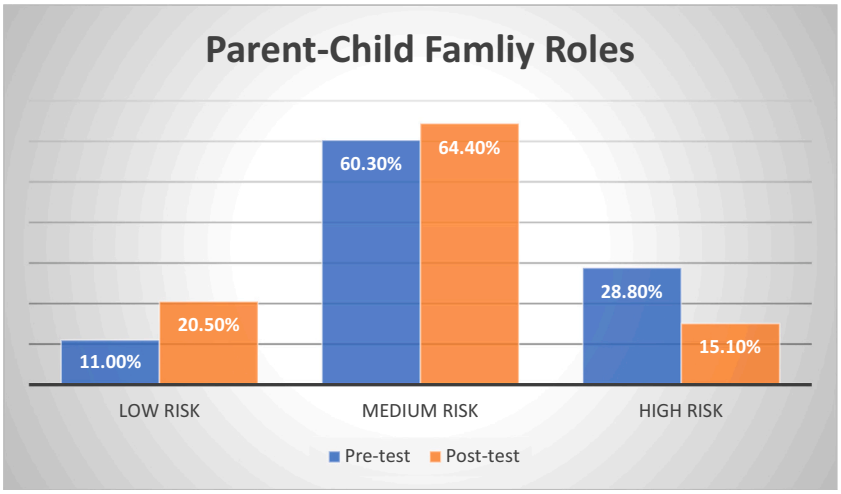


Fig. 1. Pre-post differences in caregivers' attitudes towards parent-child family roles.

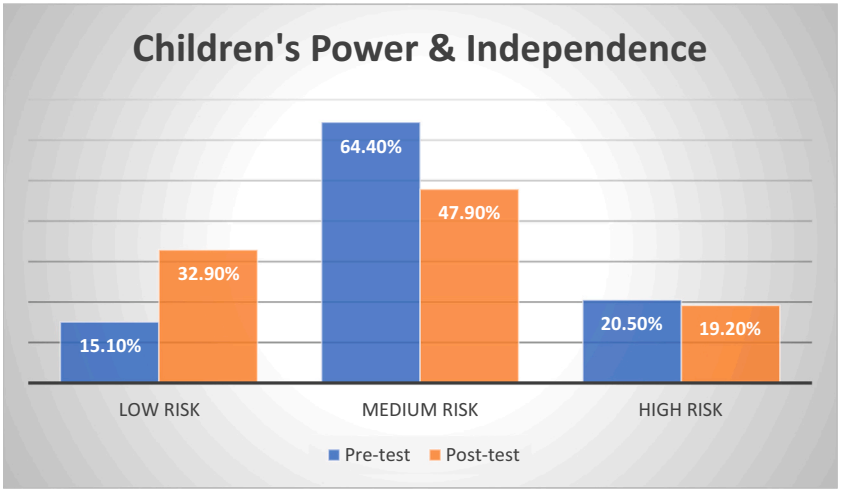


Fig. 2. Pre-post differences in caregivers' attitudes towards children's power & independence.

64.40 %, post-test: 47.90 %) at post-test than at pre-test.

3.2. Study 2: self-perceptions of change in parenting upon completion of Ohio START

The qualitative interviews with parents revealed details around perceptions of parenting while in active substance use and changes in their parenting after completing START. Six themes emerged: (1) being present for children, (2) engaging in activities with children, (3) enjoyment in providing care to children, (4) maintaining employment for financial stability, (5) better emotion regulation and stress management, and (6) a sense of pride. Each theme and relevant quotes are presented below. Pseudonyms were used to protect parents' confidentiality.

3.2.1. Theme 1: being present for children

Nearly all participants discussed being more psychologically, and in some cases physically present, with their child(ren) after completing child welfare involvement participating in the START model. This perception was often noted as different than when they were in active substance use as parents noted that their substance use was directly related to their feelings of not being present. For example, when asked about the ways in which substance use affected her parenting, Jessica stated "Well, I mean, even though like I was there, like I wasn't there." Similarly, Julia stated "I wasn't a parent. I mean, I would attempt to parent when I was high, but I couldn't focus enough to be a parent. And then I would come down and all I would want to do is sleep. So obviously, I wasn't a parent. I was existing and I was in her life, but I wasn't present in her life." Other participants also highlighted *being present* as the major change they experienced in regard to their parenting, after participating in Ohio START.

> But now it's like, "Okay, honey. I'll get up and I'll make you breakfast." Before I never could get up and make breakfast because I had to lay in bed until I could get something to be able to get out of bed. Or we can go and do things together without me being sick or being like, "I can't go because I got to do this or that." Or paying more attention about who she's hanging out with, who she's around, stuff like that. Little things in life that really mean more. - Desiree

3.2.2. Theme 2: engaging in activities with children

Parents reported being more engaged in new and more appropriate activities with their children than prior to completing child welfare involvement. Changes in activities included things such as homework, playing games, and eating dinner together. When asked how her parenting is different now after participating in Ohio START, Margaret described, "Before, I feel like my son was raising himself, and now I sit down and do homework every night with him. I tuck him in at night. I didn't do that stuff before." Similarly, Sophie shared, "I'm always trying to do a little fun activities with them, like we decorated the Christmas tree together and made little Christmas stuff like that." Kelli reinforced this sentiment,

> This might sound silly, but I make sure my kids aren't on the tablet and the phone 24/7, and in their room. Like last week, this past weekend we just had, we went bowling. I got a kitchen table, a brand new one. We all sit and eat dinner at dinner time, every night, as a family. No phones, no TV. We actually sit together and eat. We talk about our day. And I never did that before.

3.2.3. Theme 3: enjoyment in providing care to children

Parents also described improvements in how they care for their children after participating in Ohio START. In addition to increased engagement in several specific activities, parents also described an increase in their desire to interact with their children, as well as the

joy they experience while providing their care. When asked about specific things that he is doing differently in his parenting, Nicolas stated "I mean, I always made sure my kids were taken care of. But like I said, once I got sober I realized how much I wasn't engaged with my children, how much I wasn't alert and aware of their emotions, and how to really enjoy time with them, and things of that nature." Kelli similarly shared,

> Even when I cooked it was, "Hurry up, eat. And then I got to hurry up and do the dishes. I got to give you guys showers for school, ready for school tomorrow." Now, I enjoy the moment. The dishes will get done. I can sit down and enjoy being with my children.

3.2.4. Theme 4: maintaining employment for financial stability

Participants also discussed how their substance use contributed to household financial instability, which affected the care they were able to provide, prior to completing Ohio START. Parents cited maintaining employment for financial stability as a key example of the ways in which their parenting has changed. Parents primarily attributed their increased ability to financially provide for their families to the availability of money that would have previously gone towards their substance use, as well as the ability to maintain employment. Many participants recognized that prior to participating in Ohio START, their families often went without "extras" for parents to afford their substance of choice. For example, Josephine stated "I always made sure that they were taken care of, but I never had any extra money to go places like that, because I would spend it on drugs. But I would always make sure that they had what they needed first. But there just wouldn't be any extra." On the contrary, being in recovery has afforded families some financial freedom or additional discretionary funds to use otherwise. Additionally, maintaining employment was something many parents shared they were not able to do previously. Katie shared: "I wasn't able to provide. I wasn't able to keep the job. Me and my kids prior to this incident, we were bouncing from home to home."

3.2.5. Theme 5: better emotional regulation and stress management

Another prominent theme that emerged throughout the interviews was a change in how parents interact with their children. Specifically, parents acknowledged that during active substance use, they were quicker to become aggravated or lose their temper with their children. Some described this increased irritability when coming down from or not having their substance of choice, while others described feeling angry and stressed all the time. For example, Mark stated, "I was an alcoholic from the time I got up to the time I went to bed. I didn't want nothing to do with nobody. I was just constantly staying drunk and if I wasn't drunk, I was giving attitude and treating everybody like crap." Further, some parents acknowledged that they would lash out at their children for seemingly innocuous things like their toys or the television making noises they did not like. However, after participating in Ohio START, parents developed skills to better regulate their emotions and manage stress in a healthier manner.

> Yeah. I would be more irritable before, so things like if he was playing with something and it was making a loud noise or something, I might yell at him and tell him not to play with it. Whereas now I'm like, oh, he's a kid, he's going to make noise. -Ashley

> Me and the mother, we fought a lot between coming down or not having drugs. We never took our kids out to get drugs or anything. It was one thing we never used in front of them. We just got along a lot better and we learned how to handle our problems a lot different and became better people for our kids to see. -Ted

3.2.6. Theme 6: a sense of pride

Many parents demonstrated a sense of pride when describing changes in their parenting after completing Ohio START, specifically related to their ability to provide for and care for their families. The quote below demonstrates the sense of accomplishment one parent felt in being able to give their child a birthday party.

> Just all the way around. I'm a completely different person. I'm there. I threw my son his first birthday party since he was a year old. And I did it. I bought the cake. I bought the presents. I wrapped everything. I bought balloons. It was all me. -Heide

4. Discussion

The overarching goal of the current studies were to examine Ohio START —an evidence-informed model and initiative that leverages cross-system collaborations between child welfare and behavioral health organizations (Bunger et al., 2020)— as a potential strategy to address the increasing issues around parental substance use and associated child abuse and neglect affecting vulnerable children and families in the state of Ohio. Specifically, we focused on exploring the role of Ohio START in promoting positive parenting, including attitudes and behaviors, among parents who were served through the model.

The results from the quantitative analysis indicated positive changes in some areas of parenting attitudes among parents who participated in Ohio START. Specifically, significant changes in parents' level of appropriate expectation of their children, parents' attitudes towards appropriate family roles, and the value parents placed on children's power and independence were found among Ohio START participants. It is noteworthy that the overall mean scores of parents' level of appropriate expectation of their children increased significantly between pre and post-tests, but the proportion of parents in each of the risk categories (i.e., low, medium, high) of this construct did not change significantly. These findings suggest that while there were generally positive changes in parents'

expectations of their children, these changes might not have been sufficient to alter the level of risk (e.g., moving parents in the high-risk group to the low- or medium-risk group) regarding parents' inappropriate expectations of children based on their age and developmental stage.

To the best of our knowledge, no previous research has examined parenting attitudes in relation to the START model, as most studies have focused on parental substance use-related outcomes (e.g., addiction recovery, sobriety; Huebner et al., 2012) or child welfare outcomes (e.g., subsequent maltreatment, out-of-home placement, rates of placement in state custody, family reunification; Hall et al., 2021; Huebner et al., 2012, 2021). Thus, our findings add to the growing body of literature on the START model and its associations with child and family outcomes, by providing empirical evidence that suggests the promising role of Ohio START in improving parents' attitudes towards appropriate family roles, children's development, and children's power and independence.

In addition to statistical significance, these results indicate clinical significance and relevance, as they had small to moderate (i.e., expectations, power and independence) and moderate to large (i.e., family roles) effect sizes. In contrast to these findings, we found no evidence of changes in parental beliefs in corporal punishment or parental empathy towards children among Ohio START participants. It may be that parental empathy and attitudes towards corporal punishment represent areas that involve and are more rooted in individuals' values and beliefs, whereas parents' attitudes towards appropriate family roles, children's development, and children's power and independence are more informed by relevant parenting knowledge. Since it generally takes longer to change values and beliefs than to gain knowledge (e.g., developing appropriate expectations about children's development, understanding appropriate family roles), it is possible that the six-month time fame (i.e. the approximate interval between pre-tests and post-tests) was too short to observe changes in these domains. However, more research is needed to understand why significant changes were not demonstrated in these certain areas among Ohio START participants.

Findings from the qualitative analysis helped us gain a deeper understanding of specific mechanisms and processes through which parents participating in Ohio START have experienced significant changes and improvements in their capacity to care for their children. Consistent with the existing literature (Dunn et al., 2002; Holland et al., 2014), parents discussed various parenting-related challenges, including difficulties in providing appropriate care and being responsive to their children's needs during active substance use. Prior research has found that parental substance use might increase the risk of supervisory neglect via decreased social support or the comorbidity of SUDs and other mental disorders, such as depression (Lloyd & Kepple, 2017; Roy, 2021). The role of depression was also described by participants during parent interviews as a key barrier to effective parenting prior to their participation in Ohio START. Notably, after Ohio START, parents reported increases in their abilities to be more present for their children and engaged in various activities (e.g., homework, eating meals together, playing games) with their children. While we did not specifically test which components of Ohio START influenced changes in parenting outcomes, previous START evaluation research has underscored peer mentors' face-to-face visits with families, coaching around sober parenting, and support provided by relatives caring for children as important components that predicted improved parenting capacity (Huebner et al., 2018).

Beyond the quantity of involvement, parents also described the increased quality of their involvement and engagement with their children. Specifically, they discussed an improved ability to manage stress and regulate emotions in a healthier manner, as well as their sense of pride and enjoyment in providing care for their children. These findings are significant given that previous studies have argued for the need to distinguish between quantity and quality in studying parental involvement, stressing the importance of the quality of involvement over the quantity of involvement in predicting positive child outcomes and healthy child development (Moroni et al., 2015; Yoon et al., 2018). Our findings are in line with previous studies that suggested the positive effects of START in promoting parental capabilities and parent-child attachment (Huebner et al., 2012).

A novel and interesting finding from the qualitative parent interviews is that financial stability served as an important underlying mechanism via which participants felt their parenting had improved following their participation in Ohio START. Parents with SUDs are at a higher risk of experiencing economic challenges, such as material hardships, unemployment, financial instability, and food and housing insecurity (Roy, 2021; Smith et al., 2016). Even though Ohio START does not explicitly provide financial education, such as maintenance of employment, financial literacy, or job training, as part of the intervention, many parents described maintaining employment and financial stability as core examples of the ways in which their parenting has changed. That is, being able to provide for their children financially, rather than spending money on substance use, was an important part of improved parental capacity that was recognized and shared by many parents who participated in Ohio START. It may be that parents in Ohio START received informal guidance and coaching on financial literacy, such as paying bills, setting goals, saving, and managing finances, through family peer mentors and/or through manualized SUD treatment interventions.

4.1. Limitations

The current study has several limitations. First, our findings may not be generalizable to other parents involved with the child welfare system or other Ohio START participants. Both studies (family survey, parent interviews) relied upon self-selection to participate. Therefore, parents may have different characteristics than other Ohio START participants. Second, the lack of a comparison group in Study 1 (family survey) makes it difficult to draw any conclusions about the effects of Ohio START on changes in parenting attitudes. Third, we had limited diversity regarding parental race/ethnicity and gender. Most participants in both Study 1 and Study 2 were White women, which mirrors the population being served by Ohio START. To gain a more comprehensive understanding of the link between Ohio START and parenting attitudes and practices, it is imperative that future research includes more racially and ethnically diverse families, including fathers of color. Fourth, our data showed that 83.6 % of children lived with the parent at some point in the previous 6 months whereas only 65.8 % children lived with the parent within 6 months at post-test. Future research should investigate possible reasons for the decrease in the percentage of children who lived with the parent at post-test and

examine how child placement status may be associated with changes in parenting attitudes among Ohio participants. Despite these limitations, the current study makes significant contributions to the literature by focusing on an understudied yet important population (e.g., child welfare-involved families in rural and Appalachian areas), evaluating the role of a child welfare-led intervention (i.e., Ohio START) in addressing co-occurring SUDs and child maltreatment, utilizing both quantitative and qualitative data.

4.2. Conclusions and implications for child welfare practice, policy, and research

The two studies showed that desired changes were elicited among Ohio START parents, including positive changes in attitudes towards parenting. Additionally, the qualitative interviews provide rich details about specific behaviors and practices parents are engaging in upon participation of Ohio START and completion of child welfare involvement. The findings based on both qualitative and quantitative data suggest that the START model may be a useful tool in helping parents develop skills around effective and positive parenting among families involved with the child welfare system due to co-occurring parental SUDs and child maltreatment. With regard to implications for the practice field, the findings highlight the potential merits of START as a promising model that contributes to enhanced parental capacity to care for their children and further supports the need for continued service and expansion of the START model throughout Ohio and potentially in other states as well. At the policy level, our findings provide further support for increased state funding to expand Ohio START across all counties in Ohio to benefit a larger number of children and families. At the research level, as more families enroll in Ohio START, future research should explore the extent to which the benefits of the START model might vary for subpopulations based on their characteristics, such as race/ethnicity, gender (e.g., fathers versus mothers) and geographic locations (e.g., rural versus urban). START is a complex model with multiple fidelity components. This study does not draw conclusion about what aspects of the model contribute to the outcomes. Future research is warranted to examine model fidelity components (i.e. peer recovery services, quick engagement, etc.) as they relate to family outcomes.

CRediT authorship contribution statement

Susan Yoon: Conceptualization, Investigation, Supervision, Validation, Writing – original draft, Writing – review & editing, Formal analysis, Methodology, Project administration. **Alexa Ploss:** Conceptualization, Investigation, Methodology, Writing – original draft, Writing – review & editing. **Margaret Hutzel:** Conceptualization, Formal analysis, Funding acquisition, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing. **Robin Webb:** Formal analysis, Writing – original draft, Writing – review & editing. **Ally Hatfield:** Formal analysis, Writing – original draft, Writing – review & editing. **Joyce Y. Lee:** Writing – review & editing, Writing – original draft. **Additti Munshi:** Writing – original draft, Writing – review & editing. **Angelise Radney:** Writing – review & editing. **Jen McClellan:** Writing – review & editing.

Data availability

The authors do not have permission to share data.

Acknowledgments

This research was made possible in collaboration with PCSAO, whose mission is to advocate for safe children, stable families, and supportive communities. This study was supported by a grant [grant number G-2223-06-0069] awarded by the Ohio Department of Job and Family Services and by an internal grant from The Ohio State University, College of Social Work. The content is solely the responsibility of the authors and does not necessarily represent the official views of the funders. The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

References

Adedokun, O. A., & Burgess, W. D. (2012). Analysis of paired dichotomous data: A gentle introduction to the McNemar test in SPSS. *Journal of MultiDisciplinary Evaluation, 8*(17), 125–131.

Assessing Parenting. (n.d.). Adult adolescent parenting inventory-version 2.5. https://assessingparenting.com/assessment/aapi.

Austin, A. E., Lesak, A. M., & Shanahan, M. E. (2020). Risk and protective factors for child maltreatment: A review. *Current Epidemiology Reports, 7*, 334–342.

Bavolek, S. J., & Keene, R. G. (2010). *Adult-adolescent Parenting inventory (AAPI-2): AAPI online development handbook*. Family Development Resources.

Borelli, J. L., West, J. L., Decoste, C., & Suchman, N. E. (2012). Emotionally avoidant language in the parenting interviews of substance-dependent mothers: Associations with reflective functioning, recent substance use, and parenting behavior. *Infant Mental Health Journal, 33*(5), 506–519. https://doi.org/10.1002/imhj.21340

Bunger, A. C., Chuang, E., Girth, A., Lancaster, K. E., Gadel, F., Himmeger, M., … Aarons, G. A. (2020). Establishing cross-systems collaborations for implementation: Study protocol for implementation decision support. *Implementation Science, 15*(1), 1–14.

Camilo, C., Garrido, M. V., & Calheiros, M. M. (2022). Parental attitudes in child maltreatment. *Journal of Interpersonal Violence, 37*(5–6), 2920–2947.

Child Welfare Information Gateway. (2014). *Parental substance use and the child welfare system*. U.S: Department of Health and Human Services, Children's Bureau. https://projectlifeline.us/wp-content/uploads/2020/09/Child-Welfare-System.pdf.

Cohen, A., Vakharia, S. P., Netherland, J., & Frederique, K. (2022). How the war on drugs impacts social determinants of health beyond the criminal legal system. *Annals of Medicine, 54*(1), 2024–2038.

Conners, N. A., Whiteside-Mansell, L., Deere, D., Ledet, T., & Edwards, M. C. (2006). Measuring the potential for child maltreatment: The reliability and validity of the adult adolescent parenting inventory—2. *Child Abuse & Neglect, 30*(1), 39–53.

Corbin, J. M., & Strauss, A. L. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (4th ed.). Sage Publications.

Dunn, M. G., Tarter, R. E., Mezzich, A. C., Vanyukov, M., Kirisci, L., & Kirillova, G. (2002). Origins and consequences of child neglect in substance abuse families. *Clinical Psychology Review, 22*(7), 1063–1090. https://doi.org/10.1016/S0272-7358(02)00132-0

Freisthler, B., Kepple, N. J., Wolf, J. P., Curry, S. R., & Gregoire, T. (2017). Substance use behaviors by parents and the decision to substantiate child physical abuse and neglect by caseworkers. *Children and Youth Services Review, 79*, 576–583.

Ghertner, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The relationship between substance use indicators and child welfare caseloads. U.S. Department of Health and Human Services, Office of the Assistant Secretary for planning and evaluation. https://aspe.hhs.gov/sites/default/files/private/pdf/258831/SubstanceUseCWCaseloads.pdf.

Hall, M. T., Kelmel, A. B., Huebner, R. A., Walton, M. T., & Barbee, A. P. (2021). Sobriety treatment and recovery teams for families with co-occurring substance use and child maltreatment: A randomized controlled trial. *Child Abuse & Neglect, 114*, 1–14.

Hall, M. T., Wilfong, J., Huebner, R. A., Posze, L., & Willauer, T. (2016). Medication-assisted treatment improves child permanency outcomes for opioid-using families in the child welfare system. *Journal of Substance Abuse Treatment, 71*, 63–67.

Hoffmann, N. G., Hunt, D. E., Rhodes, W. M., & Riley, K. J. (2003). UNCOPE: A brief substance dependence screen for use with arrestees. *Journal of Drug Issues, 33*(1), 29–44.

Holland, S., Forrester, D., Williams, A., & Copello, A. (2014). Parenting and substance misuse: Understanding accounts and realities in child protection contexts. *The British Journal of Social Work, 44*(6), 1491–1507.

Huebner, R. A. (2018). Basic tenets and essential elements of START: Nomore business as usual. In T. Willauer, L. Posze, & R. Huebner (Eds.), *The sobriety treatment and recovery teams (START) model: Implementation manual. Children and family futures*.

Huebner, R. A., Hall, M. T., Smead, E., Willauer, T., & Posze, L. (2018). Peer mentoring services, opportunities, and outcomes for child welfare families with substance use disorders. *Children and Youth Services Review, 84*, 239–246.

Huebner, R. A., Hall, M. T., Walton, M. T., Smead, E., Willauer, T., & Posze, L. (2021). The sobriety treatment and recovery teams program for families with parental substance use: Comparison of child welfare outcomes through 12 months post-intervention. *Child Abuse & Neglect, 120*, 1–13. https://doi.org/10.1016/j.chiabu.2021.105260

Huebner, R. A., Posze, L., Willauer, T. M., & Hall, M. T. (2015). Sobriety treatment and recovery teams: Implementation fidelity and related outcomes. *Substance Use & Misuse, 50*(10), 1341–1350. https://doi.org/10.3109/10826084.2015.1013131

Huebner, R. A., Willauer, T., & Posze, L. (2012). The impact of sobriety treatment and recovery teams (START) on family outcomes. *Families in Society, 93*(3), 196–203.

IBM Corp. (2021). *IBM SPSS statistics for windows (version 27.0)*. IBM Corp.

Im, J. (2021). *The relationship between distress tolerance, Parenting, and substance use among adolescent mothers*. Columbia University.

Kepple, N. J. (2017). The complex nature of parental substance use: Examining past year and prior use behaviors as correlates of child maltreatment frequency. *Substance Use & Misuse, 52*(6), 811–821. https://doi.org/10.1080/10826084.2016.1253747

Kerwin, M. L. E. (2005). Collaboration between child welfare and substance-abuse fields: Combined treatment programs for mothers. *Journal of Pediatric Psychology, 30*(7), 581–597.

Kim, H., Wildeman, C., Jonson-Reid, M., & Drake, B. (2017). Lifetime prevalence of investigating child maltreatment among us children. *American Journal of Public Health, 107*(2), 274–280. https://doi.org/10.2105/AJPH.2016.303545

Lloyd, M. H., & Kepple, N. J. (2017). Unpacking the parallel effects of parental alcohol misuse and low income on risk of supervisory neglect. *Child Abuse & Neglect, 69*, 72–84.

Mirick, R. G., & Steenrod, S. A. (2016). Opioid use disorder, attachment, and parenting: Key concerns for practitioners. *Child and Adolescent Social Work Journal, 33*(6), 547–557.

Moreland, A. D., & McRae-Clark, A. (2018). Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review. *Journal of Substance Abuse Treatment, 89*, 52–59.

Moroni, S., Dumont, H., Trautwein, U., Niggli, A., & Baeriswyl, F. (2015). The need to distinguish between quantity and quality in research on parental involvement: The example of parental help with homework. *The Journal of Educational Research, 108*(5), 417–431.

National Center on Substance Abuse and Child Welfare. (n.d.). Disrupting Stigma: How understanding, empathy, and connection can improve outcomes for families affected by substance use and mental disorders. https://ncsacw.acf.hhs.gov/files/disrupting-stigma-brief.pdf.

Neger, E. N., & Prinz, R. J. (2015). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review, 39*, 71–82. https://doi.org/10.1016/j.cpr.2015.04.004

Niccols, A., Milligan, K., Sword, W., Thabane, L., Henderson, J., & Smith, A. (2012). Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. *Harm Reduction Journal, 9*, 1–11.

QRS International. (2020). *Retrieved from: www. Lumivero-Software Solutions for Data Analysis & Management* (Retrieved on, 7/25/2023).

Rodriguez, C. M., Smith, T. L., & Silvia, P. J. (2016). Multimethod prediction of physical parent-child aggression risk in expectant mothers and fathers with social information processing theory. *Child Abuse & Neglect, 51*, 106–119.

Rodriguez, C. M., & Tucker, M. C. (2015). Predicting maternal physical child abuse risk beyond distress and social support: Additive role of cognitive processes. *Journal of Child and Family Studies, 24*(6), 1780–1790. https://doi.org/10.1007/s10826-014-9981-9

Roy, J. (2021). Children living with parental substance misuse: A cross-sectional profile of children and families referred to children's social care. *Child & Family Social Work, 26*(1), 122–131.

Seay, K. (2015). How many families in child welfare services are affected by parental substance use disorders? A common question that remains unanswered. *Child Welfare, 94*, 19–51.

Sepulveda, K., & Williams, S. C. (2019). One in three children entered foster care in 2017 because of parental drug abuse. Child trends. https://www.childtrends.org/blog/one-in-three-children-entered-foster-care-in-fy-2017-because-of-parental-drug-abuse.

Smith, V. C., Wilson, C. R., Ryan, S. A., Gonzalez, P. K., Patrick, S. W., Quigley, J., … Walker, L. R. (2016). Families affected by parental substance use. *Pediatrics, 138*(2), e1–313. https://doi.org/10.1542/peds.2016-1575

Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J. M., … Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior, 14*(1), 13–29.

Title IV-E Prevention Services (n.d.). Sobriety treatment and recovery teams. https://preventionservices.acf.hhs.gov/programs/456/show.

U.S. Department of Health & Human Services [DHHS]. (2023). Child maltreatment 2021. Administration for children and families, children's bureau. https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf.

Yoon, S., Bellamy, J. L., Kim, W., & Yoon, D. (2018). Father involvement and behavior problems among preadolescents at risk of maltreatment. *Journal of Child and Family Studies, 27*, 494–504.

Yoon, S., Coxe, K., Bunger, A., Freisthler, B., Dellor, E., Langaigne, A., & Millisor, J. (2022). Feasibility of engaging child welfare-involved parents with substance use disorders in research: Key challenges and lessons learned. *Journal of Public Child Welfare, 16*(4), 451–469.

Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment, 12*(2), 137–149.