

Strong Start Wraparound: Addressing the Complex Needs of Mothers in Early Recovery

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ABSTRACT

The Strong Start Study tested an innovative, High-Fidelity Wraparound intervention with families in early recovery from substance use. The Strong Start Wraparound model addressed the complex needs of pregnant and parenting women who were in early recovery to increase the protective factors of parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and capacity to support the social and emotional competence of children. The study enrolled pregnant women who recently had been admitted to substance use treatment and randomized half into Strong Start Wraparound and half into standard care. Findings showed that Strong Start Wraparound families had more supports and less family conflict at 1 year postpartum as well as fewer self-reported mental health symptoms. Implications of these findings for the use of Wraparound with this population are discussed.

Maternal substance use, especially during pregnancy and the postpartum period, has been a recognized risk factor associated with maltreatment (Chaffin, Kelleher, & Hollenberg, 1996; Kotch, Browne, Ringwalt, Dufort, & Ruina, 1999; Magura & Laudet, 1996; Wolock & Magura, 1996). Risks are present with not only the mother, whose parental functioning can be impaired from substance use, but also the baby, who could have compromised health and developmental outcomes from prenatal substance exposure (Behnke & Smith, 2013). Additional risk is associated with social factors such as the mother's lack of education, low income, and inadequate housing (Kotch et al., 1999; Palusci, 2011; Wu et al., 2004) as well as commonly co-occurring mental health conditions such as depression and history of trauma (Chaffin et al., 1996; Covington, 2008; Grella, 1997; Saladin, Brady, Dansky, & Kilpatrick, 1995). Yet, pregnancy and the postpartum period is a time in most women's lives when they are known to be highly motivated to reduce their substance use in the interest of their child (Murphy & Rosenbaum, 1999). Beginning a specialized treatment program for pregnant and postpartum women is often evidence of this motivation. The team-based Wraparound intervention piloted in the Strong Start Study aimed to leverage this motivation by helping mothers in early recovery build protective factors within their families by addressing their multiple and complex needs.

Prenatal Substance Exposure and Maltreatment of Infants

The younger a child is, the greater the risk of experiencing maltreatment. Infants and toddlers are the age group most likely to be maltreated in the United States. The maltreatment rate for babies younger than 1 year is 21.9 per 1,000 same-aged children in the population, compared with the rate of maltreatment for all children birth–18 years old of 9.2 per 1,000 children and youth (U.S. Department of Health and Human Services, 2012).

Prenatal exposure to drugs is considered an indicator of maltreatment, especially if there is evidence of maternal substance use at the time of birth. An estimated 11% of babies born in the U.S. each year, (451,000) have been prenatally exposed to alcohol and drugs, although most are not identified at birth (Young, Boles, & Otero, 2007). According to the American Academy of Pediatrics (AAP), the most common substances of concern are nicotine, tobacco, marijuana, cocaine, methamphetamines, and opiates (Behnke & Smith, 2013). Fetal growth and resulting birth weight are negatively affected by all six categories of drugs examined in the AAP report, with the exception of marijuana. Prenatal exposure to alcohol has the strongest and potentially life-long effects to overall development and functioning, although exposure to opiates has the most immediate health effect due to withdrawal experienced by newborns.



Pregnancy and the postpartum period is a time in most women's lives when they are highly motivated to reduce their substance abuse in the interest of their child.

Nationally representative child welfare data has revealed infants as the largest age group of children in out-of-home placement with 61% of cases involving parental substance use, and half of the infants less than 3 months old at the time of placement not reunifying with their families (Wulczyn, Ernst, & Fisher, 2011). Research has found that when maternal substance use is identified, infants are more likely to be removed from mothers who also have mental health problems, lack coping skills, and have personal histories of maltreatment (Minnes, Singer, Humphrey-Wall, & Satayathum, 2008).

Substance Use During Pregnancy

During 2012, drug use among pregnant women 18 to 25 years old in the United States was 9% and dropped to 3.4% for pregnant women 26 to 44 years old (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013c). Alcohol use among pregnant women 15 to 44 years old was reported at 8.5%, with 2.7% of women surveyed reporting binge drinking and 0.3% reporting heavy drinking. Compared with alcohol use among nonpregnant women, pregnant women show an overall lower rate of alcohol use and less problem drinking (SAMHSA, 2013c).

Pregnant women represent 4.8% of all admissions to substance use treatment programs, a percentage that has remained relatively stable over the past decade (SAMHSA, 2013b). Access to treatment for pregnant and postpartum women with substance use problems is limited, with only 12.5% of

treatment facilities offering such specialized programs (SAMHSA, 2013a). In addition, only 37% have programming for co-occurring mental and substance use disorders and 21.7% have programming for persons who have experienced trauma—both program types critical to addressing the needs of women (SAMHSA, 2013a).

High-Fidelity Wraparound Intervention

Wraparound with women in recovery who are parenting infants is not intended to provide specialized treatment, but can help support sustained recovery by extending their available support system and accessing other resources to aid family safety and stability. The Wraparound intervention used in the Strong Start Study is grounded in the principles,

theory, and practice standards developed through the National Wraparound Initiative (Bruns & Walker, 2008). Wraparound is not a treatment or service, per se; rather, it is a process of team-based planning and collaboration designed to address the complex needs of women recovering from substance use problems. Since the 1980s, Wraparound has been considered an individualized care coordination approach that is used primarily with children and youth who have serious emotional and behavioral challenges. Use of this Wraparound approach allows them to remain in their home communities and is aligned with the system-of-care approach for behavioral health that is both strengths-based and family-driven (Bruns et al., 2010; Suter & Bruns, 2009; Winters & Metz, 2009). There is a growing evidence base for the Wraparound process as the model is used in more states and with diverse groups (Bruns, Sather, Pullman, & Stambaugh, 2011; Suter & Bruns, 2010). The use of the Wraparound intervention in the Strong Start Study is an innovative approach in work with pregnant and postpartum women who are in early recovery from substance use and who are parenting infants. These families have complex needs and are often involved with multiple systems such as child welfare, substance use treatment, mental health, and probation. The Strong Start Wraparound intervention provides the facilitated collaboration needed to strengthen participating families by (a) helping them build an ongoing support network and access needed resources, (b) supporting the parent's sustained recovery from substance use, and (c) monitoring the health and development of their young children.

APPROACH

Implementation of Wraparound in accordance with national standards follows a systematic approach to engaging with a family and understanding their life from their perspective. The Wraparound facilitator and the family support partner have initial conversations with women in the study about all aspects of their lives and ask about their most important concerns. The facilitator then records this information in the Wraparound Strengths, Needs, Culture Discovery document that is reviewed by the woman for accuracy and then shared with the Wraparound team. During the first team meeting, the family's priority needs are identified and the team begins planning ways to address the needs. The

initial Wraparound Plan is the written document prepared by the facilitator, circulated to all team members, and used as an ongoing reference as action steps are completed during implementation of the plan. A final Transition Plan is written with the family as the formal Wraparound facilitation is ending as a way of acknowledging gains and identifying ongoing needs and resources.

In this article, I use qualitative data from Wraparound documents prepared with each family in the Strong Start Study to explore how the intervention contributed to improved outcomes by increasing protective factors known to prevent maltreatment. I examined family information from the Strengths, Needs, and Culture Discovery document to determine the priority needs as families began the Wraparound intervention. I then examined data from the initial Wraparound plan to identify goals that were the focus of planning and used final Wraparound plans to determine attainment of those goals. The transition plan developed with families as they finished Wraparound intervention provided data on their experience with the process and how they benefited from it.

PARTICIPANTS

Pregnant women 18 to 44 years old who entered specialized substance use treatment programs, Special Connections, were invited to participate in the Strong Start Study and were informed about the study during their admission to the treatment program. Participants' average age was 27.4 years. Major ethnic group identification was 58.3% White, 44.0% Hispanic, 16.7% Black American, 16.7% Native American, and 7.1% indicating multiracial identities. "Never married" was the status of 38.1% of participants, and 10.7% were separated or divorced. Almost half the participants (48.8%) were either married to or living with the father of their child. Women signed up for the study at different stages of pregnancy, with 19.0% enrolling during the first trimester, 47.6% enrolling during the second trimester, and 23.8% enrolling during the third trimester. The remaining 11.9% enrolled during late-term pregnancy and gave

birth before beginning Wraparound intervention. The primary drug being used at admission to treatment was cocaine (17.9%), followed by marijuana (16.7%), amphetamines and heroin at 11.9% each, other opiates (10.7%), and alcohol (8.3%).

IMPLEMENTATION

Seventy-five percent of the families who were randomized into Wraparound intervention engaged in the process, established a Wraparound team, and held an initial team meeting for integrated planning purposes. Families participated in Wraparound for an average of 9 months and had an average of seven team meetings. The preferred team-membership for Wraparound is

more natural support persons than professional support persons. *Natural support persons* typically included family members and friends. Inclusion of natural supports on the Wraparound team was often challenging due to substance use by those closest to the woman in recovery, or estranged relationships related to the woman's substance use. However, the participation of

only one consistent and reliable natural support person on the Wraparound team proved to be important. *Professional support persons* typically included the treatment provider, a child welfare caseworker, and a probation officer. Participation by these professionals varied significantly from one team to another and from one county agency to another. In the Strong Start Study, there were fewer natural support persons (45.4%) compared to professional support persons (54.6%), reflecting a common need of families to rebuild a social network that is supportive of recovery.

During the Wraparound discovery process with the family, they are asked by the facilitator to describe their desired future through a written family vision statement that is shared with the team during the initial meeting. The Wraparound team's goal is to support the family in realizing that vision through a strengths-based and culturally relevant planning process. The family vision and the family's identified priority needs inform the creation of the team mission statement during the initial team meeting; this mission statement serves as the guide and reference for the team's work going forward. The team's mission represents a contract with the family that is grounded in Wraparound principles, including respect for family voice and choice.

Through this Wraparound team-based process, the woman's identified strengths are considered inherent resources that she can draw upon in addressing priority needs and attaining related goals. The team listens to and honors the woman's hopes for her life and her family. The goal of the team is to provide consistent, reliable support, helping the woman take care of herself so that she is able to take care of her children. In the Strong Start Study, teams met at various locations, including the family home, the treatment facility, a church, a jail, and a hospital. Such flexibility

facilitated participation by team members and for the family, especially when transportation presented a barrier. At times, however, the locations of these meetings and the attempt to schedule meetings at family-friendly times were barriers to some professional support persons when their agencies did not allow for community-based or after-hours meetings.

Building Protective Factors Through Strong Start Wraparound

Themes that emerged from a qualitative analysis of Wraparound documents using the constant comparison method illustrated how the intervention proved well-suited to the lives of women who were parenting during early recovery. Predominant themes were (a) preparation for motherhood, (b) ambivalence in asking for and receiving help, (c) meeting basic needs, (d) perseverance, and (e) reconciliation. In this article, these themes are woven within the Protective Factors framework and are presented in participants' voices via firsthand descriptions of their experiences in Strong Start Wraparound.

The intervention helped strengthen families through protective factors beginning with building social connections when the Wraparound team was established, building concrete supports by accessing resources to meet basic needs, and building parental resilience by supporting parents in sustaining their recovery and developing healthy ways of coping. The routine screening, celebration of milestones, and discussion of ways to promote development by the family support partner through Wraparound also contributed to helping mothers in the Study build two other protective factors: (a) knowledge of parenting and child development and (b) capacity to support the social and emotional competence of their infant.

Building Social Connections: It Takes a Team

The adage "It takes a village to raise a child" describes the combined efforts of a Wraparound team in helping a woman in recovery prepare and begin her parenting role. The Wraparound team created a social network for a woman in early recovery and provided critical social connections for both the mother and her baby. Team members selected by the parent became sources of support beginning during pregnancy and continuing through the first year of the baby's life. The specific inclusion of natural supports (i.e., family and friends) on the team was key to establishing ongoing social connections available to the family. When the father of the baby was present, and when the mother identified him as a source of support, he was included as a team member. Participants expressed respect and appreciation for members of their team and the different perspectives that they offered. Participants noted that team members' ideas and input provided guidance and support in their lives—as one woman said, "Wraparound helped to identify what I needed help with ... talking out loud, not keeping it to myself."

Whereas some pregnant women enter substance use treatment on their own initiative, many others are referred by probation or child welfare. Regardless of referral source, most women are aware that they need help. The difficulty in asking for help was a barrier acknowledged by women who participated in Strong Start Wraparound intervention. Some felt shame about their drug use and thus were uncomfortable asking for help. Others indicated that they did not know who would be there to help or care about them. "To be honest, from the beginning, I didn't know how to ask for help," said one woman in describing this common phenomenon among participants. Strong Start parents indicated that learning what help was available—and learning how to accept and receive that help—benefited their families and was an important life lesson for their future, as well. One participant said, "I learned to reach out ... [now] I will be able to do this on my own when I need help."

Given the poor relationship histories of many women with substance use problems, the purposeful structure of the Wraparound team in bringing together both natural and professional supports provided a context in which women could experience social connections in a unique, therapeutic way. Participants noted that the positive nature of the Wraparound process contributed to their trust in the team. Women who were in early recovery had an opportunity to identify their needs and what they wanted for their families—and to benefit from the team's guidance, encouragement, and acknowledgment of their successful efforts to move forward in their lives.

Participants came to appreciate the need for positive social connections that often meant resolving conflicts with their own families. Reconciliation of relationships within the family was a common experience of participants, and the woman's recovery was sometimes parallel to a beginning recovery process by friends and other family members who had also been involved with substance use. The evidence of improved family relationships could be seen in the reconnection and support that was described by many women. Being close with their family, having the support of their own parents, and learning positive ways to talk with one another were some examples that were given of such improvement.

Wraparound participants at 1 year postpartum reported somewhat more supports than the standard care group. Wraparound participants also reported less conflict in their family relations that, for some, included realizing the enduring support from their families. One member reflected, "Going through difficult times has shown the family [that we] are fortunate and [that we] are very grateful for what [we] have."

Concrete Supports: Maslow's Hierarchy Revisited

Maslow's (1943) theory of motivation based on a hierarchy of human needs was reflected in the priority that participants placed on meeting their families' basic needs. During the Wraparound discovery process, families are asked to identify the

TABLE 1. Matrix of Prioritized Goals by Related Protective Factors

Ranking of life domains by goals	Life domain	PF1	PF2	PF3	PF4	PF5
1	Health/Mental Health	●			●	●
2	Legal			●	●	
3	Family relations		●		●	
4	Financial/Income			●		
5	Housing			●		
6	Education/Training	●		●		
7	Transportation			●		
8	Social/Recreational	●	●			
9	Spirituality	●	●			
10	Civic/Community		●	●		

PF 1 = Parental resilience; PF 2 = Social connections; PF 3 = Concrete supports; PF 4 = Knowledge of child development and parenting; PF 5 = Capacity to support child's social-emotional competence

main concerns that they have in their lives. These concerns are then prioritized within universal life domains, including those related to basic family needs such as income, housing, and health care. Helping a family meet its basic needs through Wraparound contributed to strengthening the protective factor of concrete support in times of need.

Participants agreed that, of all their needs, recovery—framed within the life domain of health and mental health—was the highest priority on which attainment of all other needs depended. As shown in Table 1, other priority needs following recovery were ranked as follows: legal, family relations, financial, and housing. These priority needs were reframed as goals for planning purposes and were considered within the protective factors framework as contributing to parental resilience, social connections, and concrete supports.

During the first meeting, the team develops the initial Wraparound plan by identifying specific ways to attain the goals in meeting the family's basic needs. Strong Start participants found that the written plan was helpful in keeping track of goals and staying organized. The Wraparound process that reaped the greatest benefit, as reported by participants, was breaking down a given task into doable action steps that made that task manageable rather than overwhelming. Success in taking one step provided encouragement in taking another step—a process that contributed to self-efficacy as reflected in the following comments:

- “Wraparound helps breaking down needs to small and specific steps.”
- “Developing a plan and sticking to it helped.”
- “The Wraparound team process helped me see the importance of being prepared and organized ... [I felt] better and in control.”

Once the team members established priority goals and identified action steps, they systematically reviewed and revised progress

or addressed roadblocks, holding participants accountable while supporting their follow-through and attainment of goals. Wraparound facilitators reviewed plans at the time of transition and gave each priority area a rating:

3 = *the goal had been attained*; 2 = *progress toward the goal had been made*; and 1 = *no progress was evident*.

Full goal attainment was highest in the family relations and health domains, with good progress toward goals in the legal domain. Progress was also noted in the domains of housing and financial (see Table 2). Given that participating families typically

had multiple, complex needs with limited resources, the progress in these important areas of life is a notable achievement.

HOUSING DOMAIN

Having a place to live was a basic need for families in the study. Families in both groups reported multiple moves, with only 7.1% in the Wraparound group having no moves in the past 12 months; 28.6% of families reported four or more moves during the past 12 months. Housing goals were met by 41.9% of women, with progress made by another 38.7%; 19.4% made no progress. Families were grateful to have housing and felt relieved to have a place to live. For some families, this meant an

TABLE 2. Rating of Goal Attainment by Life Domain

Ranking of goals by life domain	Rating of goal attainment			Examples of goals
	3	2	1	
Health	55.8%	30.1%	14.1%	Recovery, healthy baby
Legal	47.4%	43.9%	5.3%	Compliance with court, probation
Family	62%	28%	10%	Reconcile relationships, regain custody
Financial	41.7%	37.5%	16.7%	Source of income, job, TANF
Housing	41.9%	38.7%	19.4%	Affordable, stable, place to live
Education	22.6%	48.4%	29%	Finish GED, pursue training

TANF = Temporary Assistance to Needy Families

partment of their own or staying with other family members. For still other families, a transitional housing program with a stay of up to 2 years added to their stability and security while they were in early recovery.

FINANCIAL DOMAIN

A fundamental need for any family is the ability to pay or provide for their needs on a regular basis through income from gainful employment, Temporary Assistance to Needy Families (TANF), or disability benefits. For pregnant women in the study who had no other source of financial support, TANF benefits began during the last trimester. Typically, by the time their infant was 1 year old, women were employed. Most women were working full time and described the jobs as "good," especially noting those jobs that provided benefits for the family. Some said that they "loved" their jobs and felt "positive" about being able to pay bills and provide for the family's needs. At 12 months postpartum, 79.2% met or made progress toward their financial goals.

EDUCATION DOMAIN

At 12 months postpartum, 71% of participants had attained or made progress toward their educational goals. Although most participants had vocational interests beyond high school, completing the General Educational Development (GED) test remained a common educational goal for those who had not graduated. For other women, continuing their education meant (a) finishing training so that they could be certified in a vocation, (b) taking online classes, or (c) enrolling in community college. A few women were using their education loans to cover living costs for their families, thus enabling them to attend school.

HEALTH DOMAIN

At baseline, 78.6% of women reported experiencing a traumatic life event, with 40.5% meeting diagnostic criteria for post-traumatic stress disorder (PTSD). Despite these high rates of trauma, even direct team advocacy with community mental health programs could not address the systemic barriers to accessing professional treatment for many participants. It is interesting to note that, despite barriers to accessing formal mental health treatment, women participating in Wraparound reported fewer mental health symptoms and less severe PTSD symptoms at 12 months postpartum than did women in standard care.

Increasing awareness of and access to concrete supports through Wraparound helped families meet their basic needs, thereby improving their stability during early recovery. An important change in self-efficacy was noted among participants: confidence in their own abilities to secure and use concrete supports when needed. One woman noted, "I'm using resources that I didn't know were out there!"

Parental Resilience: One Wraparound Action Step at a Time

Parental resilience refers to parents' ability to cope with stress and difficulty in a positive and healthy manner. When this protective factor is strengthened in pregnant and parenting mothers of

infants, recovery from substance use is supported, as is the ability to provide nurturing and protective caregiving. Success in recovery depends on getting through life "one day at a time" without using alcohol or other drugs. In Strong Start Wraparound, parenting during the early recovery period is supported one action step at a time and involved safety planning for the infant. Examples of action steps related to recovery and parenting from Wraparound plans include:

- "Ann will stay in the present and do 'one day at a time.'"
- "Julie will attend the Relapse Prevention Group one time a week and will attend parenting class one time a week."
- "Sue and her baby will live at the residential treatment program and will comply with all recommendations of the treatment team, the guardian ad litem, and the caseworker."
- "Jordan will cooperate with all requests for urine samples and will comply with and successfully complete substance abuse treatment, including maintenance of a drug and alcohol free lifestyle."
- "When Karen experiences a craving to use she will contact [her addictions counselor] who will assist her in being admitted to the residential program with her son."

Increased parental resilience was further demonstrated with a number of women in the study who were sustaining their first year of recovery from substance use; this major accomplishment was celebrated with the Wraparound team. Through the treatment program and the Wraparound teams, women received help in focusing on their own physical and mental health as well as the health of their infants; 85.9% of participants met or made progress toward their health goals. The relationship with their treatment provider and support in addressing past traumas were reported by the women as being important to their recovery process. Women continuing in recovery at 12 months postpartum expressed their desire to remain clean and were continuing in treatment or actively working a 12-step program with a sponsor. Completing a treatment program and reaching the first anniversary of their sobriety dates were important milestones. As one participant reflected, "It gets easier to be sober the longer you're sober."

Support in sustaining their recovery and persevering despite the difficulties that they faced exemplified resilience among the women in the Wraparound group who were successful. An optimistic and hopeful attitude about their future—which allowed women to see the possibilities in their lives as they transitioned from Wraparound—was further evidence of the improved mental health necessary for parenting a young child. Reflection on life changes by one participant who sustained her recovery and dealt with the effects of her substance use on her family offers evidence of her resilience in this way, "Wraparound has been a part of my growth and has helped me become stronger ... I have

a little bit of a voice now ... I can't tell you how empowered I feel!"

The relationship with the father of their child was noted by many women as a positive factor, especially when the father was doing well in his own recovery. Whether married or single, many women reported that they parented and enjoyed their child together with the father. Some fathers were members of the Wraparound team and, thus, were directly involved in the planning process to meet the family's needs. In the case of a few families, the parents identified couples counseling as a need in their relationship. This need was addressed through the Wraparound planning process by identifying resources for the couple and developing action steps to access services. Whether or not the father participated in Wraparound, a positive relationship with the father represented an important social connection that provided a source of support associated with a woman's recovery at 12 months postpartum. The father's role—especially when he addressed his own recovery needs—helped strengthen the protective factor of parental resilience within the family.

Both groups of women in the study significantly reduced their substance use, as measured when their babies were 12 months old. This result indicated that the participants had benefited from the specialized women's treatment programs in which they learned and were using healthier ways of coping with life. For women in the Wraparound group, the motivation for their recovery was to be, as they described it, "better" mothers. Some described themselves grateful to be alive and with their children, given the toll that substance use had taken on their lives. Most recognized the need for ongoing support, were accessing resources, and had established closer connections with friends and family. As one participant noted, "Wraparound was a good framework ... [to] keep me in line with my goals. Keeping me sober was work I had to do on my own."

Knowledge of Child Development and Parenting: Great Expectations

Preparing for the birth of their baby was a common motivation of women in the Strong Start Study. As a group, women indicated that beginning their recoveries during this time was done in consideration of their baby's health and preparation for their imminent parenting role. Parenting education was provided through the women's treatment programs and included information on the possible effects of prenatal exposure to alcohol and other drugs. Women expressed appreciation for being part of these parenting groups and for the help that they received in understanding their children's needs.

Through the Wraparound intervention, the family support partner conducted developmental screenings with parents beginning when the infant was 2 months old. Based on screening with the *Ages and Stages Questionnaire* (ASQ), most infants were found to be within the typical range of development. Several infants were monitored for delays and subsequently fell within the typical range without receiving formal intervention. Access to services

for developmental delays is another issue for families affected by substance abuse. On the basis of state early intervention eligibility criteria, a child may have delays yet may not qualify for services. For example, one infant who was known to have significant alcohol and other drug exposure through the fourth month of gestation showed motor delays on screening; however, at 8 months old, his delays were not sufficient to qualify him for early intervention services. The parents noted that he had developed adaptive behaviors in his creeping style by age 12 months, although he was not walking. On follow-up, he was receiving early intervention services at 15 months old focused on his gross motor development.

Supporting Social–Emotional Competence: How Are the Babies Doing?

Maltreatment risk is known to be higher when infants and young children have developmental delays or disabilities. All infants in the Strong Start Study had experienced prenatal exposure to alcohol and other drugs that could affect their developmental outcomes. As a collaborative partner, the state Part C agency recommended that the Study conduct developmental screenings to identify infants needing further evaluation for early intervention services. When delays were noted, the Wraparound family support partner assisted parents in connecting with the Child Find program through the local school district.

This focus on the baby provided the opportunity to discuss typical developmental milestones with parents and to suggest activities that promote growth, such as "tummy time" for play and talking to the baby for language development. This routine monitoring of infant development, celebrating growth, encouraging healthy parent–child interactions, and openly discussing concerns related to prenatal substance exposure by the Wraparound family support partner provided both positive reinforcement for mothers and a source of ongoing support, especially when early intervention services are indicated.

Strong Start Wraparound: Helping Families Get a Strong Start

Helping Strong Start families stay focused and grounded was the benefit that participants mentioned most often. Three important team qualities—attention, as women identified goals for their family; persistence in follow-up; and acknowledgement when progress was made—provided life lessons that parents said they would continue to use after their participation in Wraparound intervention ended. Some of their comments included the following:

- "When I first started [Wraparound], I was discouraged. I saw it as another thing I had to do and thought it wasn't going to help. [The team] gave good advice and emotional support ... I would look forward to going to the meetings ... I had hope after talking to them."

- “It was like a team came together to help me better myself; the team revolved around me ... I really enjoyed someone helping me to break down the steps, motivat[ing] me to keep on track, remind[ing] me of my goals and deadlines, and encouraging me to follow through.”
- “Working on things step by step always gave me a sense of accomplishment and motivation to keep going ... I never felt judged. They were very understanding [and] helped me just to deal with life ... It was helpful to have them say ‘You’ve got it, you can do it, [we’re] proud of you,’ Wraparound was a great experience for me.”

The Wraparound Fidelity Index (WFI; Wraparound Fidelity Index, n.d.) measures adherence to Wraparound principles for family teams. For completion of the WFI, the study coordinator interviewed women who participated in Strong Start Wraparound (caregivers) and team facilitators. Results showed good Wraparound fidelity in the study, with a Caregivers’ Total WFI score of 1.63 out of a possible 2 and a Facilitators’ Total WFI score of 1.65 out of 2. The similarity of ratings by mothers and facilitators also suggests close agreement between the two groups on how Wraparound was implemented through the study.

Discussion

Women in early recovery from substance use and simultaneously parenting infants benefited from a high-fidelity wraparound approach such as that provided through the Strong Start Study. The Wraparound team gave women access to professional and natural supports that helped them stay focused on their goals. In addition to sustaining recovery, Wraparound helped women prepare for and care for a new child by accessing the necessary resources and supports that allowed them to provide a safe, stable home for themselves and their children.

HELPING MOTHERS, HELPING BABIES

Participants in Strong Start Wraparound intervention developed more supports and better family relationships. Almost half the women were co-parenting with the father of their child, and the relationship was a positive support for the women’s recovery. Although most participants did not receive formal mental health treatment, women in the study had fewer and less severe mental health-related and trauma-related symptoms at the end of their participation. These outcomes reflect the active problem solving, support, and associated reduction in stress through the high-fidelity Wraparound process.

The benefits to women in recovery and their infants from the Strong Start Wraparound intervention are consistent with other

research findings on (a) factors related to women’s successful recovery from substance use and (b) reducing maltreatment risks. First, the social connections provided through the Wraparound team offer the support and resources known to be important to sustaining early recovery from substance use (Carten, 1996; Gregoire & Snively, 2001; Marsh, D’Aunno, & Smith, 2000) and reducing maltreatment risk (Kotch et al., 1997; Wu et al., 2004). Second, assisting the family in addressing basic needs such as income and housing contributes to stability as they prepare for a new child and is important to the security needed by young children for optimal development (Sandstrom & Huerta, 2013). Third, research has found that addressing goals in other life domains such as education, vocational training, or employment are positively correlated with sustained recovery (Carten, 1996; Greenfield et al., 2003; Weisner, Delucchi, Matzger, & Schmidt, 2003) and contribute to future self-sufficiency. Fourth, the reduction in the severity of trauma-related symptoms has also been positively correlated with sustained recovery (Hien, Cohen, & Miele, 2004; Hien et al., 2010) and is an important area for further study with this population. Finally, self-efficacy—a central tenet of the Wraparound theory of change—was evidenced in the participants’ increased confidence and sense of

competence in themselves and their abilities and is a recognized factor in sustained recovery following treatment (Greenfield et al., 2000; Kelly, Hoepfner, Stout, & Pagano, 2011). These findings suggest that women who begin substance use treatment during their pregnancy and receive adequate supports during the first year postpartum may have better outcomes in sustaining their recovery and in their capacity to parent.

POLICY IMPLICATIONS

The findings from this study can inform child welfare policy in recognizing the potential for adequate caregiving of infants by their mothers in early recovery given appropriate intervention supports. Strong Start Wraparound in partnership with women’s specialized treatment programs and the Part C early intervention system addresses the needs of both the mother and infant with a focus on family recovery. Given the low reunification rates once infants are removed from parental custody, the alternative of keeping a mother and infant together in a residential women’s treatment facility with a Wraparound intervention should be a policy consideration for families in early recovery. Wraparound can also provide continuity for families during transition from residential treatment into the community while maintaining structure and support through an ongoing team planning process. Strong Start Wraparound offers the facilitated collaboration necessary when there are multiple systems involved with a family and is consistent with practice recommendations from the National Center for Substance Abuse and Child Welfare (Young et al., 2009) for the integrated planning that is needed with families in this population. On the basis of the interest and

engagement of families in this study, mothers in recovery who are parenting infants may prove to be willing participants in such programming efforts.

Conclusion

High-fidelity Wraparound shows promise as an innovative and effective intervention in supporting the early recovery needs of women who are parenting infants by helping them build protective factors critical to safe and stable family life. For these women, pregnancy can be the motivation to enter treatment for their substance use as they prepare themselves to parent. The Strong Start Wraparound approach provides the facilitated

collaboration and team support that can help these mothers sustain their recovery, access resources to meet their basic needs, and provide a nurturing home environment for their children.

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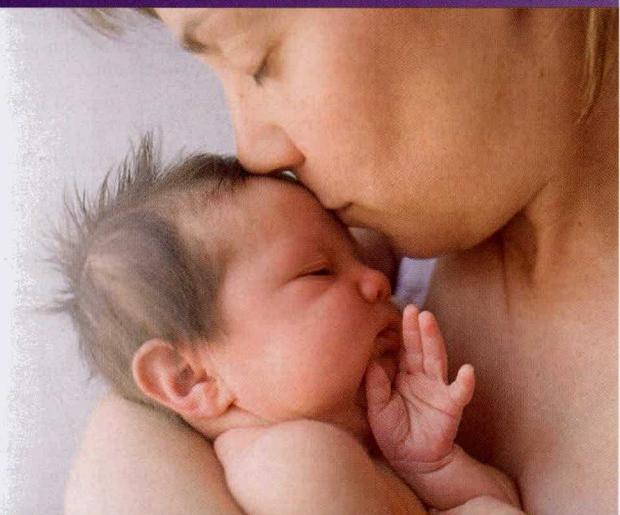
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