893
THE FACTORS AFFECTING CODEPENDENCE AND RELATIONSHIP WITH HOW TO COPE WITH PATIENT IN THE FAMILY OF ALCOHOLICS
Kye-Seong Lee, M.D., Sang-Eun Shin, M.D., Ju-Eon Park, M.D
237, Yulmokdong, Junggu, Incheon Christian Hospital, Incheon

Objectives: The purpose of this study is to investigate the level and affecting factors of codependence & relationship with how to cope with patient in the family of alcoholics.
Method: The subject were 60 family members of patients with alcohol dependence. All subjects were assessed by questionnaire about the demo-graphic data, Children of Alcoholics Screening Test (CAST), Korean Version of Alcohol Use Disorders Identification Test(AUDIT-K), the Korean Version of Checklist from Co-dependents Anonymous(CCA-K), Spouse Sobriety Influence Inventory (SSIi). Alcohol related characteristics of patients were surveyed through chart review and interview with family members.
Results: First: The level of codependence among family with alcohol dependence was 93.3%. Among the characteristics of family, the presence of job among family members related with codependence & had significant positive relationship with how to cope with patients. Second: among the characteristics of patients, many factors that reflects severity of alcohol dependence had significant positive relationship with codependence & how to cope with patients.
Conclusion: Our result support that codependence was the stress response came from in the relation with alcohol dependent patients because alcohol related characteristics of patients highly related with codependence compared to the characteristics of family members such as family history of alcohol. In the aspect of treatment, codependence should be considered, we have to help the family members to increase capacity how to cope with patients.
Key Words: Alcohol dependence, Codependence, Alcoholic family, Coping

894
ASSESSING A WOMEN'S SPECIFIC SUBSTANCE ABUSE TREATMENT FOR MOTHERS IN THE CHILD WELFARE SYSTEM: WITHIN-TREATMENT OUTCOMES
T.J. Morgan; N. Violette; B.S. McCrady; R. Pandina
Center of Alcohol Studies-Rutgers University, 607 Allison Road, Piscataway

Substance use disorders among women who are caretakers of children are a significant factor in child abuse and neglect. When identified by child welfare agencies, women with substance use disorders often are referred to traditional addictions treatment. However, treatment often is in mixed-gender settings with little focus on the women-specific needs for parenting skills, life skills, and case management of wrap-around services. With few exceptions, women's specific treatments have not been widely developed or well evaluated. In New Jersey, significant child welfare initiatives have been implemented recently and as a result, a women-specific addictions treatment (DYFS-MOMS) was developed for mothers with open cases with child protective services. DYFS-MOMS required certain elements be added to traditional treatments, including parenting classes, groups focusing on improving women's specific life skills and 1 year of case management. This study reports on the end-of-treatment outcomes for women enrolled in drug-free outpatient substance abuse treatment. A sample of 137 women, who were admitted from 15 substance abuse programs, were recruited to participate in an evaluation study. Baseline and end-of-treatment (4-months) assessments were administered to determine the effectiveness of treatment for substance use and psychosocial outcomes. At the end of treatment, 119 women provided data for an 87% follow-up rate. At the end of 4-month outpatient treatment, women showed significant improvements in the area of alcohol use, social functioning, and mental health functioning. However, no significant changes were noted in any of the parenting domains. Short-term outcomes, for this unique women's-specific treatment, shows promise in the areas of alcohol consumption, mental health and social functioning. Since a specific component of this treatment focuses on improving parenting skills it is surprising that improvements at the end of treatment were not noted. More information is needed regarding the dose of parenting training that was provided and whether the women had custody of their children or not. These results will have implications for treatment and policy development for substance use treatment for women in the child welfare system.

895
PRENATAL ALCOHOL AND DRUG EXPOSURE AND 7-YR CUSTODY STATUS
V Delaney-Black, LM Chiado, J Janisse, RJ Sokol, JH Hannigan, J Ager, C Covington
Children's Research Center of Michigan, 3737 Beaubien, Detroit

Introduction: A relation between maternal substance use and loss of child custody has been identified. However, most studies examine the substance use of the postnatal caregiver. We examined the relation between the birth mother’s prenatal drug/alcohol use and 7-yr custody status.
Methods: Maternal use of alcohol, cocaine, heroin, marijuana and cigarettes were assessed prospectively at an urban antenatal clinic. At each prenatal visit, women reported drug/alcohol use during the proceeding 2 weeks. Intake was converted to oz. absolute alcohol/day across pregnancy (AAD_XP); cocaine use was identified as ‘None’, ‘some’ or Heavy and/or Persistent (‘H/P’; ≥2 times/week or continued to term). Both heroin and marijuana use were ‘Yes/No’; smoking was number of cigarettes/day. At age 7, current caregivers reported changes in and current custody status: 1) always with mom (n=380); 2) never with mom (n=29); for children with intermittent maternal custody, groups were 3) currently with mom (n=37) and 4) currently not with mom (n=49). Current caregiver alcohol/drug use was also assessed. Results: A multinomial logistic regression examined the impact of prenatal substance use on custody status; ‘always with mom’ was the reference group. There were no significant differences in current alcohol/drug use between mothers who retained guardianship and non-maternal caregivers (overall~50% of caregivers drank; 13% used marijuana; 1.5% admitted to postnatal heroin or cocaine use). Though retaining custody at birth, mothers who drank or used cocaine during pregnancy were more likely to later lose custody. Compared to abstainers, children of mothers drinking between 0.14 and 0.5 AAD_XP were 5.4 times more likely, and children whose mothers drank ≥0.5 AAD_XP were 9.5 times more likely to be removed. Children of mothers who used cocaine (‘some’ [2.4 times] and ‘H/P’ [5.6 times]) were also more likely to be removed than children of mothers who did not.
Conclusions: Results indicate that prenatal alcohol and cocaine are each independent predictors of 7 yr custody status. Moderate to heavy alcohol consumption and/or using cocaine during pregnancy are strong indicators that problems may arise after delivery resulting in maternal custody loss.

896
PARENTAL PROBLEM DRINKING, PARENTING, AND ADOLESCENT ALCOHOL USE: A LONGITUDINAL FULL-FAMILY STUDY
C. S. van der Zwaluw; R. H. J. Scholte; A. A. Vermulst; J. K. Buitelaar; R. J. Verkes;
R. C. M. E. Engels; Sponsor: R. W. Wiers
P.O. Box 9104, Nijmegen

The present study examined whether parental problem drinking affected general parenting (i.e., behavioral control, support) and alcohol-specific parenting (i.e., permissiveness, alcohol-specific behavioral control). In addition, we examined whether parental problem drinking and both forms of parenting are related to subsequent adolescent alcohol use over time. A nation-wide community sample was obtained consisting of 428 Dutch families. Both parents and two adolescents (aged on average 13.6 and 15.3 years at Time 1) in these families participated in a three-wave longitudinal study with annual waves. Analyses were conducted by means of Structural Equation Modeling (Mplus). First, results showed that parental problem drinking was in general neither associated with general parenting, nor with alcohol-specific parenting in both adolescents. Thus, more alcohol-related problems of parents were not related to lower levels of parental support, rule-setting, or control over time. Second, for the younger adolescents, higher levels of support, rule-setting, and both general and alcohol-specific control were related to lower engagement in drinking over time. For the older adolescents, parenting was not systematically related to their alcohol consumption. Third, for the younger adolescents, direct effects of parental problem drinking on adolescent alcohol use were found. This implies that shared environment factors, such as parenting and modeling effects, influence the development of alcohol use in adolescents when they are still relatively young (until the age of 14) and when their drinking behavior is still in the initiation phase. It is highly conceivable that when adolescents grow older, and start using more alcohol at a regular basis, their drinking behavior is more affected by other factors, such as genetic susceptibility, and peer drinking.