



**Family Focus Project  
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**Responding to the needs of children with substance misusing parents  
Literature Review**

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## **The potential vulnerability of children with substance misusing parents**

Substance misuse is an illness that is experienced not only by the substance user but also their family members. Perhaps the most vulnerable of those living with substance use are the children of substance misusing parents. International research indicates that approximately ten percent of children reside in family homes where parental substance misuse is present and that this is a consistent feature of families involved with child protection services (Murphy, Flett, Dillon, & Rundle, 2008).

A wealth of evidence indicates that children of substance misusing parents are at increased risk of developing a wide range of psychological, social and behavioural problems (e.g., Harter, 2000; Kunitz & Levy, 1994; Lieberman, 2000; Melchert, 2000; Sher, 1991). Accordingly, an essential component of the integration of family-inclusive practice into the Alcohol and Other Drugs (AOD) sector is that treatment services recognise the potential vulnerability of children with parents who misuse substances and respond appropriately to their needs (DHS, 2008).

Parental substance abuse has been shown to affect a child's development through a number of interconnected pathways including prenatal exposure, genetic factors that shape the parent and child's behaviour both independently and as a dyad, and the cumulative social effects associated with ongoing parental substance abuse (Boris, 2009). In terms of prenatal exposure, the active properties of alcohol and other drugs have a direct impact on foetal development. Maternal substance use also adversely impacts on the quality of the nutritional environment for the developing foetal brain (Guerrini, Thomson, & Gurling, 2007).

What is concerning is that a recent meta-analysis of the research evaluating the effectiveness of outpatient treatment programs for pregnant substance misusers found no evidence that participation in such treatment resulted in abstinence or better pregnancy outcomes (Terplin & Lui, 2007). This highlights the need to identify and evaluate alternative treatment approaches to individual-centred services.

In addition to the direct effects of substance exposure on prenatal development, parental substance misuse also predisposes children to poorer psychological outcomes. For example, research has demonstrated that, relative to children of non-substance-using parents, children of substance misusing parents exhibit poorer adjustment as they experience greater externalising problems, including aggression and other behavioural issues; internalising problems, including depression and anxiety; and lower self-esteem (e.g. Drucker, 2002; Fals-Stewart, Kelly, Fincham, Golden, & Logsdon, 2004). The evidence also suggests that these early difficulties extend into adulthood with studies demonstrating a positive relationship between parental alcoholism and psychological difficulties, including anxiety, depression, relationship problems, antisocial behaviour, and substance abuse, among adult children of alcoholics (e.g., Melchert, 2000; Sher, 1991; Steinhausen, 1995).

It is important to consider the mechanisms through which parental substance use impacts on a child's development. The research indicates that alcohol and drug misuse is associated with an increased the risk of negative parenting behaviours including low nurturance and social support, inconsistent discipline and irritability (Schroeder et al., 2006). Parents with substance misuse

issues are more likely to be permissive or excessively authoritarian in the parenting styles and hold unrealistic expectations of their children's capabilities (Burke, Schmied, & Montrose, 2006).

Furthermore, as Boris (2009) discusses, the shame and guilt associated with substance misuse are likely to have a strong influence on substance users' parenting behaviours such that the neglect of a child during periods of use is over-compensated for by overstimulation and excessive attention when the parent is not using. In fact, in a qualitative study, Kroll (2004) found that a common theme in adult children's narratives of their experiences growing up with a substance misusing parent was the loss of a reliable and consistent parent, which resulted in low confidence, self-esteem and feeling unsafe. There was also a dominant theme relating to fear of aggression or violence from the substance using parent, especially in the case of parental alcoholism. The types of inconsistent parenting illustrated here can have long-lasting, damaging effects on a child's self-concept and psychosocial development.

As an infant develops, a substance misusing parent's maladaptive parenting style or inconsistent responsiveness pervades the infant's early relationship experiences and behaviour in the social environment (Boris, 2009). According to Boris, maternal substance abuse is frequently documented as a marker of later problematic interactive behaviour. One theoretical perspective that makes specific propositions about the impact of the quality of parent-child bonds on development is Attachment Theory (Bowlby, 1969/1982). It is well-established in the attachment literature that unhealthy and inconsistent parent-child attachments disrupt a child's internal representations about the self and what to expect during interactions with the social world, which predisposes them to poor emotional regulation and relationship difficulties across the lifespan (e.g., Bowlby, 1969/1982; Mikulincer & Shaver, 2003, 2007; Shaver & Mikulincer, 2002).

Parental substance abuse can also affect a child's development through social learning. For example, in families with a substance misusing parent, children may learn narrow or restricted roles for later life events. This results in a limited range of coping strategies for managing stress and interpersonal difficulties that are based on what the child learned from their parents and what they needed to do to survive in childhood (Crespi & Reuckert, 2006). Furthermore, as Kroll (2004) demonstrated, it was common for children from families with a substance misusing parent to be isolated from the wider community and, therefore, neglected of opportunities to engage with supports that would help foster resilience and facilitate the learning of more adaptive ways of coping. Notably, feelings of isolation from the broader community also contributed to low self-worth and feeling rejected and unimportant (Kroll, 2004).

In addition to risks for psychological development, parental substance misuse may also adversely impact on a child via the cumulative social effects and disadvantages associated with ongoing substance misuse. The research suggests that it is the co-occurrence of common risk factors related to family dysfunction that are present with parental substance misuse that account for the most negative developmental consequences associated with the substance abuse (Boris, 2009; Melchert, 2000). That is, with the exception of the direct effects of prenatal substance exposure, it appears to be the cumulative effect of parental substance misuse and conjunction with other types of family risk factors associated with the use that lead to the poorest developmental outcomes for children.

To illustrate, in a longitudinal U.S. study, a representative sample of more than 4000 mothers of infants was tracked over a period of three years (Whitaker, Orzol, & Kahn, 2006). The study investigated the associations between domains of child behaviour, maternal substance use, mental health and domestic violence. Interestingly, when controlling for demographic variables, internalising problems, aggression, and inattention/ hyperactivity in children at the age of three was sequentially related to the number of risks (i.e., maternal characteristics) that were present at the age of one. Therefore, it was the additive effects of the maternal risk conditions (i.e., substance misuse, mental health issues, and domestic violence) that most significantly predicted early psychological difficulties.

In any discussion of the impact of parental substance misuse on children, it is important to note that there may be significant differences in the vulnerability of children depending on the types of substances being misused by a parent. Alcoholism is common across all socio-economic status (SES) groups and the most prevalent substance of addiction among Australians (Australian Institute of Health and Welfare [AIHW], 2005). In contrast, the misuse of illicit substances, such as cannabis, heroin and amphetamines, is disproportionately represented in lower SES groups where there also tends to be greater family conflict, poverty, crime, and neighbourhood instability (Schroeder et al., 2006). This appears to have certain implications for the vulnerability of children living with substance misusing parents.

While parental alcohol misuse is not always associated with a poor home environment and negative family outcomes, illicit substance misuse by parents has been consistently associated with greater family disruption, poorer parenting, and increased risk of neglect and child abuse relative to alcohol misuse (Schroeder et al., 2006). It may be that children with illicit substance misusing parents are at higher risk of social isolation, stigmatisation, and limited community support.

### **Responding to the needs of children with substance misusing parents**

While the risks associated with parental substance misuse for children are clear, it is essential to recognise that the presence of parental substance misuse within a family does not always co-occur with poor psychosocial outcomes and life-long disadvantage for children. There is no doubt that parental substance misuse can disrupt family functioning. Families with a substance misusing parent have been shown to perceive their environment as less supportive or cohesive, experience less warmth and affection, and have greater levels of conflict (Burke et al., 2006).

However, research suggests that the family unit can also serve as a significant protective factor for children of substance misusing parents. Therefore, it is essential for AOD treatment services to recognise the integral role of family functioning in improving child outcomes in order to help prevent the development and continuation of intergenerational problems (Murphy et al., 2008).

Studies have shown that family harmony, consistent discipline, stability of family customs and parental social support significantly lowers the risk of children developing substance misusing problems later in life (Marshall & Chassin, 2000). Moreover, it has been demonstrated that alcohol and drug misuse can have little negative impact on a child if the family unit is supportive and functioning well (e.g., Newcomb & Rickards, 1995). Thus, the presence of parental

substance misuse does not mean that a child will necessarily be predisposed to other early risk factors or later adjustment problems (Kroll, 2004). What the research instead suggests is that, despite specific elements of dysfunction (i.e., parental substance misuse), a family can be supportive and foster resilience. Indeed, adaptive family functioning and the presence of stable external supports for the family are suggested to be central to promoting the resilience of children affected by parental substance misuse (Burke et al., 2006). These factors underscore the fundamental role of family functioning in influencing outcomes for children of substance misusing parents.

Based on this discussion, it is evident family-inclusive practices can clearly help to foster more adaptive outcomes for children affected by parental substance misuse. Family-focused interventions can have a meaningful impact on children whether or not they are directly included in the treatment process. This is very important as children of substance misusing parents tend to be isolated from the broader community and difficult access for treatment (Fels-Stewart et al., 2004; Kroll, 2004). Family-inclusive practice can help bridge this treatment gap by ensuring that parents and children are viewed as a family unit to be treated as a conceptual whole rather than in parts (AIWH, 2005). According to the AIWH (2005) this approach is likely to reduce service division and improve continuity of care for all members of families affected by substance misuse.

Further research is needed to determine whether family-focused interventions that may not directly involve children as their own agents of change can facilitate positive adjustment and more adaptive outcomes for these children (Schroeder et al., 2006). Ideally, given that it is typically the substance misusing parent or partner that present for treatment, family-inclusive interventions need to, amongst other issues, focus on improved parental behaviour and enhanced parental support (AIWH, 2005). This may facilitate improved outcomes for children, without them being directly involved in treatment per se.

A number of family-focused intervention programmes have been developed that may benefit children of substance misusing parents. Family-focused interventions, such as Stepping Stones, (FDS, 2009) and Action for Recovery Course (FDH) have been shown to improve the physical and psychological health of relatives of substance misusers, support family members' in building more adaptive coping strategies and enhancing social support, and reduce the negative impact of the problematic use on the family. However, the extent to which these kinds of interventions improve outcomes for children of substance misusing parents is not always specifically investigated in evaluation research. Nevertheless, a number of treatment programs have been developed that show promise in reducing risk factors for children affected by parental substance misuse.

The Learning Sobriety Together (LST) programme is one family-focused intervention that has demonstrated potential for improving outcomes for children. LST comprises a combination of Behavioural Couples Therapy (BCT) and individual counselling designed to increase conflict resolution and improve communication. Kelly and Fels-Stewart (2002) found that children whose parents had participated in LST showed larger reductions in behavioural and emotional symptoms than children of fathers who participated in traditional individual alcohol and drug treatment or the control group. In later studies, they also found that the association between children's internalising and externalising behaviours (as rated by mothers, fathers and the

teachers of children) and parental functioning (as measured parents' dyadic adjustment and fathers' percentage of days abstinent) was stronger for preadolescent children than for their older (i.e., adolescent) siblings, especially in the context of externalising problems (Kelly & Fels-Stewart, 2007; 2008). This suggests that while family-oriented interventions that focus on reducing parental substance misuse and improving couple functioning may have a positive impact on symptom reduction and outcomes for children, adolescents may require more intensive, individually-tailored interventions (Kelly & Fels-Stewart, 2007; 2008). Nevertheless, this research highlights the potential utility of family-inclusive practices that do not directly involve children to improve their psychosocial well-being and decrease their vulnerability to a range of maladaptive outcomes.

Similar family-focused interventions for alcohol and drug misuse also show promise recognising and addressing the needs of children. For example, the Strengthening Families Program, which is a skills-based program, may have the potential to enhance the family environment and improve children's emotional adjustment (e.g., Kumfer, Alvarado, Tait, & Whiteside, 2007). However, comprehensive evaluations of this program in the context of parental substance misuse are needed to determine the extent to which the program is associated with improved outcomes for youth (Schroeder et al., 2006).

Other programs have been specifically developed for high-risk families. The Parents Under Pressure (PUP) Program is a home-based, intensive, multimodal family-focused intervention that was developed to improve child outcomes and family functioning in Australian families with a methadone-maintained parent (Dawe, Harnett, Randals, & Staiger, 2003). Following participation in a pilot of the PUP program, nine of 12 families reported significant improvements in child behaviours, parental functional functioning and parent-child relationships. Additionally, there was a concurrent reduction in risk-taking parental behaviours and alcohol use and parents reported a high level of satisfaction with the program. These findings provide preliminary evidence for the potential for family-focused interventions to improve not only family functioning, but also specific outcomes for children of substance misusing parents. However, more comprehensive evaluations of this program are needed to validate the study findings and determine the program's overall effectiveness (Dawe et al., 2003).

These family-inclusive treatment programs demonstrate that interventions need not directly target children in order to reduce their vulnerability to negative psychosocial outcomes. In fact, what the literature indicates is that family-oriented programs aimed at reducing parental substance misuse are likely to benefit children by including basic components to address family functioning, parenting and the specific needs of these children (Schroader et al., 2006). Overall, it is clear that children of substance misusers need to be involved in family-inclusive interventions, whether directly or indirectly, not only to improve the functioning of the family unit as a whole and promote a reduction in substance use, but to decrease their vulnerability to negative psychosocial outcomes and improve their developmental trajectory.

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