



Dysfunctional parental styles perceived during childhood in outpatients with substance use disorders



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ABSTRACT

People who suffer from substance use disorders (SUDs) frequently report to have undergone childhood adversity that is often associated with father or mother dysfunction, or both. Yet that issue has been barely addressed in opiate dependent patients. Therefore we sought to evaluate parent-specific dysfunctional styles perceived during childhood in a clinical sample from an outpatient addiction treatment program using the Measure Of Parental Styles (MOPS) questionnaire. DSM-IV diagnoses of substance use disorders and history of suicide attempts, family structure and changes of caregiver during childhood were obtained from 159 consecutive outpatients, along with their perception of parental bonding with the MOPS, in which mother and father scores are separate. Mother neglect dimension was significantly correlated with an earlier age at onset of several substances' use, the number of prior hospitalizations and of lifetime suicide attempts. Most of these associations remained significant in multivariate models. This was the first assessment of a representative sample of outpatients with SUDs by the MOPS questionnaire. Given its excellent acceptance and its association with several key correlates of SUDs, it should be used to design specific interventions targeted at attachment and familial management as well as in research models on gene × environment interactions.

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1. Introduction

Substance use disorders (SUDs) remain a public health issue with high rates of mortality and morbidity (Hser et al., 2001; Nutt et al., 2010). Yet knowledge is scarce about the mechanisms involved in addiction trajectories such as early age at onset of drug use, transition from drug use to dependence, and their association with environmental factors such as family structure during childhood.

From available evidence, SUDs are frequently associated with childhood stressful events such as a personal history of separations (Veijola et al., 2008) and of adversity and/or trauma (Harrington et al., 2011). From longitudinal studies, it seems that

such childhood events are also involved in the transition from drug use to dependence (Sartor et al., 2007) and in relapse for subgroups of substance-dependent individuals (Hyman et al., 2008). More specifically, dysfunctional parenting and insecure attachment have been associated with addictive behaviors during adolescence and young adulthood (Schindler et al., 2005; Choquet et al., 2008).

The available tools used in adults for the assessment of parenting perceived during childhood are the Parental Bonding Instrument (PBI) (Parker et al., 1979) and its refined version, the Measure of Parental Style (MOPS) (Parker et al., 1997). Using the PBI, low levels of both paternal and maternal care (i.e. high levels of neglect or indifference) have been associated with mood disorders (Heider et al., 2006), while anxiety disorders have rather been associated with high levels of protection (i.e. overcontrol) (Parker et al., 1997), and drug dependence with mother neglect and overcontrol (Kendler et al., 2000). However, these studies are hardly comparable since they used different custom versions of the PBI, which was systematically shortened, yet maintaining most of its psychometric properties (Heider et al., 2005). Furthermore, the study by Kendler et al. comprised a sample of female twins

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only and did not record the number of separations from caregiver or the years spent with parents together. Consequently, little is known about perceived parental styles in clinical populations of patients suffering from SUDs. Of particular interest is the respective association of fathers' and mothers' bonding with different correlates of SUDs in adulthood. Thus, an early bond between a child and his mother is known to be essential for further psychosocial adjustments (Bowlby, 1951). For example, a prospective study (Veijola et al., 2008) found that even a temporary separation with the mother at birth could increase SUD incidence in adulthood. However, fathers' dysfunction might also be of interest since it has been linked with externalizing disorders among the offspring (Piffner et al., 2005), a condition associated with SUDs in early adulthood (Arcos-Burgos et al., 2012). Moreover, women report more frequently to have undergone emotional and physical abuse, with recent findings showing that childhood history of emotional and sexual abuse or family conflict were associated with substance use disorders in adulthood in women only (Skeer et al., 2011; Fenton et al., 2013).

Thus our objective was to look for parent-specific dysfunction perceived during childhood by using the MOPS questionnaire in a sample of adult outpatients attending an addiction treatment setting. Our hypotheses were that MOPS scores would differ according to parents' and patients' gender, and that these scores would be differentially associated with clinical correlates of addiction.

2. Methods

2.1. Participants

We included outpatients from an addiction treatment program, mainly targeted at opiates dependence. All attending patients were eligible. The inclusion criterion was current dependence on one or more substance, as defined by the *Diagnostic and Statistical Manual of mental disorders, fourth edition, text revised* (DSM-IV TR) (American Psychiatric Association, 2000). We did not consider tobacco for inclusion. Patients had to speak French and were excluded if they had severe cognitive impairment.

A total of 159 consecutive outpatients were included in the study. They were mostly men ($n=116$, 73%) with a mean age of 40.9 years (S.D.=8.2, range: [23–64]).

2.2. Procedures

2.2.1. Socio-demographic and clinical data

Included patients underwent a structured interview to record family separations and changes in caregivers during childhood, history of drug use, suicide attempts, and prior hospitalizations for psychiatric or detoxification reasons. A custom form consisting of closed (e.g. "have you ever attempted suicide?") and semi-opened questions (e.g. "How many times have you attempted suicide?") was designed and used to record these data (available on demand). Current and lifetime DSM-IV substance abuse and dependence diagnoses were ascertained using sections J and K (alcohol and illicit drugs section) of the French version of the Mini Neuropsychiatric Interview (MINI) (Lecrubier et al., 1997).

2.2.2. Assessment of parental bonding

We assessed parenting styles with the MOPS, a self-rated instrument derived from the PBI, which has been used worldwide to assess parental styles with demonstrated construct validity (Parker, 1989). The MOPS was designed for adults to retrospectively assess three dimensions (neglect, abuse, over-control) with 15 questions for each parent, and to overcome several negative aspects of the PBI. First, all of its items are constructed in a direct way whereas some 'double negative' items are used in the PBI, which can cause some confusion. Second, an 'abuse' (i.e. 'psychological or emotional abuse') scale has been added, which seems particularly relevant since that form of maltreatment seems much more frequent than physical abuse and may have as much influence on developmental issues and later psychopathology (Hibbard et al., 2012). Third, it preserved the 'care' and 'control' scales, yet with a considerably reduced numbers of items. Thus, the total count is 15 items for the MOPS vs. 25 for the PBI, resulting in a shorter duration. Of note, several studies have used custom shortened versions of the PBI (Kendler et al., 2000; Heider et al., 2006) in the general population. The MOPS has been validated in clinical samples of outpatients suffering from depressive and anxiety disorders (Parker et al., 1997). It has shown good internal psychometric properties across those samples, as well as a good consistency with the PBI. It has been translated

into German (Rumpold et al., 2002), Greek (Giotakos and Konstantakopoulos, 2002) and Portuguese (Baeza et al., 2010). We performed its French translation for the present study by using validated forward and backward translation methods (Guillemin et al., 1993) performed by two fluently French-speaking trained psychologists whose maternal language was English (unpublished data).

The whole assessment was done during a single face-to-face interview with a trained psychologist. It usually lasted one hour. All patients gave written informed consent and the procedures were approved by local ethics committee.

2.3. Data analysis

We described study population and the scores on the three dimensions (mean, S.D.) of the MOPS questionnaire for each parent, which were our main outcome measures. We calculated correlation factors between those three dimensions and (1) age, (2) the age at onset of substance use, (3) the number of childhood separations, (4) the number of suicide attempts and (5) the number of hospitalizations for psychiatric or detoxification reasons.

The distribution of many variables was skewed across our sample. Therefore we used the non-parametric tests Spearman ρ for correlation and Mann–Whitney or Kruskal–Wallis tests for mean and variance comparisons. P value was set at 0.05/6 = 0.008 for the statistical significance of mean and correlation analyses (Bonferroni corrected P value for the six correlations tested).

After log-transformation, variables associated with higher MOPS scores were used as independent variables in a forward linear regression model including age and gender to test those predicting variables of interest, with a P -value set at 0.05 for statistical significance. Given their very high collinearity, we used separate models for each MOPS subscore. Data displaying non-normal distribution (Shapiro–Wilk test significant at $P < 0.05$) were log-transformed before their inclusion in the model whether they were used as independent or dependent variables.

Data collection and analysis was performed using Predictive Analytic Software Statistics, version 17.0.2 (PASW Statistics 17, 2013).

3. Results

3.1. Study population

We included 159 consecutive outpatients between September 2008 and March 2009. No eligible patient refused to participate but one withdrew consent during interview. The remaining 158 patients' clinical characteristics are listed in Table 1.

Most patients had received treatment for opiate dependence in their lifetime, which reflects the clinic's recruitment, as shown in Table 2.

3.2. MOPS scores

Two subjects had no memory of their mother and 14 had no memory of their father due to early separation. Hence, the mean scores on the 3 dimensions of the MOPS were calculated for 156 mothers (M) and 144 fathers (F). They are reported in Table 4.

No difference was found between mean MOPS scores according to lifetime or current substance-specific use disorder, and they were not correlated to age. MOPS total scores did not differ between mothers and fathers (Wilcoxon $W=1.12$, $P=0.262$) but were strongly inter-correlated (Spearman's $\rho=0.37$, $P < 0.001$). They did not differ according to patients' gender either, except that women had significantly higher scores than men on the mother abuse dimension (Mann–Whitney $U=1723.5$, $P=0.004$). However, the separate study of mother abuse according to gender retrieved no difference in correlation patterns (data not shown, available on request). Therefore we chose for correlation and regression analyses to study the sample as a whole (Table 3).

3.3. Association between dysfunctional parenting style and clinical factors (Table 4)

3.3.1. Univariate analyses

Correlations between ages at onset of substances use, family history, history of suicide attempts, hospitalizations and MOPS scores by dimension are described in Table 4.

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