



Research article

Differential responsiveness to a parenting intervention for mothers in substance abuse treatment[☆]Ruth Paris^{a,*}, Anna Herriott^a, Melissa Holt^b, Karen Gould^c^a Boston University, School of Social Work, 264 Bay State Road, Boston, MA 02215, USA^b Boston University, School of Education, 2 Silber Way, Boston, MA 02215, USA^c Institute for Health and Recovery, 349 Broadway, Cambridge, MA 02139, USA

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ABSTRACT

This study examines the relationship between levels of psychological distress in substance-dependent mothers and their differential response to a dyadic parent–child intervention. A sample of 66 mothers who were receiving treatment for substance abuse, as well as a simultaneous parenting intervention, were interviewed pre and post-treatment on measures of psychological distress, adult and child trauma history, parental reflective functioning, and child social–emotional development. Additionally, clinicians provided assessments of the parent–child relationships. As anticipated, trauma histories for mothers and children, children's social emotional development, and parental reflective functioning were associated with aspects of maternal psychological distress. Kruskal–Wallis and subsequent Wilcoxon signed rank tests revealed that women with highest levels of baseline psychological distress showed significant improvements in psychological functioning post-treatment while women with moderately elevated levels of psychological distress did not. Women who were most distressed at baseline showed increased levels of parental reflective functioning post-treatment while women with moderate and lower levels of baseline psychological distress showed improvements on clinician-rated assessments of parent–child relationships. Chi Square analyses showed that parents who endorsed the highest levels of distress at baseline reported that their children's risk status regarding social–emotional development decreased post-treatment. Despite similarities in substance dependence, mothers in this sample had different needs and outcomes in the context of this parenting intervention due to variation in mental health. Given this variation, parenting interventions for substance-dependent mothers need to account for the individual differences in levels of psychological distress.

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Introduction

Children of substance-dependent parents are at risk for poor cognitive, social, and emotional development (Beckwith et al., 1994; McNichol & Tash, 2001; Salo & Flykt, 2013). They are highly represented in the population of children in protective custody, having been removed from their primary caregivers due to abuse or neglect (U.S. Department of Health and Human Services, 2009). Rather than in utero exposure alone causing these difficulties, the quality of relationships with caregivers,

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the caregiving practices themselves, and the home environment are significantly associated with developmental outcomes for these young children (Bennett, Bendersky, & Lewis, 2002; Hurt, Malmud, Betancourt, Brodsky, & Giannetta, 2001; Nair, Schuler, Black, Kettinger, & Harrington, 2003). Parental substance use and related factors, including the psychological distress and co-occurring disorders often experienced by these same parents, contribute to the ongoing risk (Whitaker, Orzol, & Kahn, 2006). Given the complexities of addiction and co-occurring disorders, and the ways in which they influence parenting and the parent–child relationship, it is imperative to understand how they contribute to children's cognitive, social, and emotional developmental risk and, subsequently, the best ways to intervene at a dyadic level in order to positively impact these outcomes. Increasingly, there is evidence that interventions targeting the mother–child dyad that recognize the differential needs of substance-dependent women can address these complexities (Suchman, Mayes, Conti, Slade, & Rounsaville, 2004). Building on knowledge gained from these new interventions, this study examines differential responsiveness to a dyadic parenting intervention for mothers and young children offered as an enhancement to substance abuse treatment. The foci of the study include mothers' psychological distress, children's social emotional developmental risk, parenting capacities, and the parent–child relationship.

Connections Between Trauma and Psychological Distress

In the context of intervention development for substance-dependent mothers, it is difficult to overstate the importance of trauma and its impact on women's mental health and substance use. Significant trauma histories and posttraumatic stress disorder (PTSD) have been associated with substance-dependent women (Back, Sonne, Killeen, Dansky, & Brady, 2003; Cohen and Hien, 2006; Schiff, Levit, & Cohen-Moreno, 2010; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). In a sample of 402 men and women in treatment for substance use disorders, 52% were diagnosed with PTSD, while the majority endorsed child trauma histories (Wu, Schairer, Dellor, & Grella, 2010).

Often connected with trauma, mental health disorders co-occur with substance dependence at notable rates. It has been reported that among adults with substance use disorders, 36% have co-occurring disorders, whereas among adults without substance use disorders, 16% reported mental illness (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Additionally, it has been estimated that the majority of women with co-occurring disorders are mothers (Hans, Bernstein, & Henson, 1999; Nicholson et al., 2006). Moreover, distinct levels of psychopathology were found in drug-dependent women who were part of an outpatient perinatal addiction program (Ingersoll, Knisely, Dawson, & Schnoll, 2004). These clinically relevant findings support the notion that treatment programs for substance-dependent mothers should take into account differing types and levels of psychopathology (Kessler et al., 1996).

Addiction and Parenting

Contrary to popular discourse that tends to characterize substance-dependent pregnant and parenting women as lacking an ability to care for their children and demonstrating an unwavering preference for their substance of choice rather than focusing on parenting, the nature of addiction and mothering is profoundly complex (Beekman & Neiderhiser, 2013; Kaltenbach, 2013). Focusing attention on the bio-psychosocial understanding of addiction as it relates to pregnant and parenting women (Kaltenbach, 2013) provides insight into those complexities, as well as a necessary springboard from which to base the development of interventions. The growing research behind the establishment of these bio-psychosocial profiles indicates characteristics related to trauma history, levels of psychological distress, caregiving environment, and attitudes about parenting, among others (Kaltenbach, 2013). Additionally, recent research on the neurobiology of addiction, specifically related to the reward and pleasure system in the brain, suggest difficulties in maternal responsiveness and subsequent attachment relationships (Landi et al., 2011). Furthering the complicated nature of addiction and mothering, these findings related to the impact of addiction on neural reward pathways combine with the bio-psychosocial profiles of women who are substance dependent to suggest the need for a nuanced approach to intervention development for these families.

Parental Substance Misuse and Child Social–Emotional Developmental Outcomes

Given the complexity of factors contributing to addiction and impacting the environment in which children of parents who are substance dependent develop, there are a number of ways young children may be affected in terms of social–emotional development. Research findings show that children of substance-dependent parents have an increased risk of poorer developmental outcomes than those whose parents are not misusing substances (Beckwith et al., 1994; McNichol & Tash, 2001; Salo & Flykt, 2013). However, the etiology of a child's compromised development is complex and multi-determined. Recent findings have shown that children exposed in utero to opiates have a greater risk of birth defects (Yazdy, Mitchell, Tinker, Parker, & Werler, 2013). Conversely, another study extended previous findings indicating that in utero cocaine exposure itself was not associated with poor developmental outcomes (Hurt et al., 2001). Consideration of the reciprocal nature of the parent–child relationship is important as the substance-exposed infant may have difficulty regulating his/her physical and emotional states and the mother may have an impaired ability to read the child's cues. This combination can be problematic, leading to maternal withdrawal, increase in the risk of child neglect and subsequent negative consequences for development (Pajulo, Suchman, Kalland, & Mayes, 2006). Furthermore, we know that the quality of relationships with caregivers,

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