

Navigating the Challenges of Parental Substance Abuse

Ron Prinz

Parenting & Family Research Center
University of South Carolina

Helping Families Change Conference
Amsterdam, The Netherlands February 25, 2015

Acknowledgments

- Funding from National Institute on Drug Abuse:
 - Grant R01-DA031780 (PI: Prinz)
 - NIDA Program Official: Dionne Jones
- Collaborating Investigators:
 - Nancy Petry, University of Connecticut Health Center
 - Amanda Fairchild, PFRC, University of South Carolina
 - Emily Neger, PFRC, University of South Carolina
- Prinz consultant to:
 - Triple P International
 - Centers for Disease Control and Prevention

The Problem

Prevalence: Parental substance abuse

- Statistics for EU countries difficult to find
- Some estimates available for the U.S.
 - Average for EU countries not likely to be higher than U.S.
- Many varying factors
 - Which substances?
 - How to characterize alcohol consumption
 - Severity
 - Under-identification/reporting of parental SA

Homes with substance abuse

- 7.5 million children live in homes where a parent has a drug/alcohol problem
- Approximately 10% of the U.S. child population



Overlap: Child Protective Services

Child in substance-abusing home:

3 to 4 times more likely
to become a CPS case



CPS/Child maltreatment

- 60-63% of CPS children have substance-abusing parent
- Parents might hide substance abuse fearing legal ramifications
- Caseworkers sometimes hold back on SA labeling to maintain control of the outcome (avoid parental loss of custody)

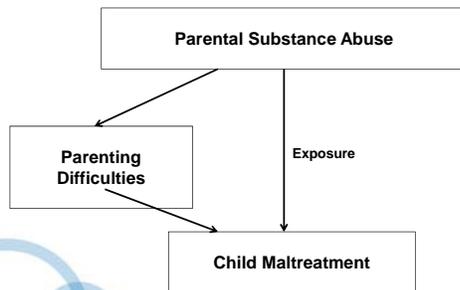


Dual-treatment outcome studies

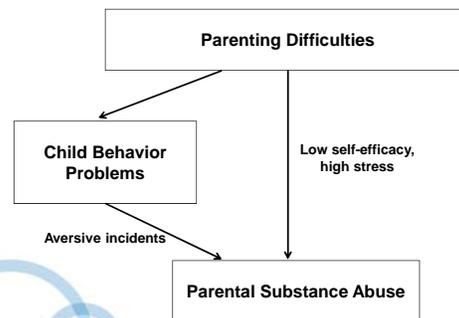
- Published outcome studies addressing both parental substance abuse and parenting
- Only 21 studies from 1993 to 2014
 - 9 randomized controlled trials
 - 3 quasi-experimental studies
 - 9 pre-post, no comparison condition
- Generally favoring benefits of addressing both domains
- Outcome research has not progressed very far

Neger & Prinz (under review). Interventions to address parenting and parental substance abuse: Conceptual and methodological considerations. *Clinical Psychology Review*.

Pathways of influence



Pathways of influence



Obstacles and Challenges



Parents presenting for treatment

- Bring insecurities and low self-confidence
- Encouraged (or mandated) to seek SA treatment
- SA problems do not cease the moment parent enters treatment
- Parents have legitimate fears about consequences
- Relatives might not be supportive of parent's efforts to stop substance use or to improve parenting

Potential consequences

- Stigmatization by family, acquaintances, potential or current employers
- Child/children removed from home
- Prosecution by criminal justice system
- Exploitation of treatment difficulties (or even entrance into treatment) to challenge child custody
- Termination of parental rights

Current dual-treatment RCT

- NIDA/NIH funded trial (Goal: 200 parents)
- Parents who have a substance-abuse problem and substantiated child maltreatment
- Randomized factorial design
 - Enhanced substance-abuse treatment
 - Intensive parenting support (Pathways Triple P)
- 130 parents enrolled in study thus far
- Adversities
 - 3 parents have died (from serious health problems)
 - Several have spent time in jail/prison
 - Child/children out of home; constrained contact

Potentially Fruitful Strategies

Embed parenting intervention

- Instead of isolating the parenting intervention
- Integrate with substance-abuse treatment:
 - Case management
 - Single setting (e.g., outpatient facility; residential program)
 - Coordination between staff
- Engage parent up front for both treatments (SA & parenting) —and provide parent-friendly rationales



Interplay between domains

- Positive parenting targets can be useful for substance-abuse-related issues
- Ex: Self-defeating cognitions
- Trigger for counterproductive parent-child interactions (Pathways Triple P module)
- Also potential trigger for substance-use episodes

RECOMMENDATION: Link parenting strategy to parent's adult-related experiences (e.g., stress as trigger for substance-use pressure)

Critical interpersonal approach

- Truly non-judgmental—accepting the reality of the lives of individuals battling substance abuse
- Optimistic attitude—one step at a time; celebrate small victories
- Persevering—maintaining positive and encouraging communication, despite all-too-common setbacks
- Acceptance—many of the parents experiencing shame, feel they have failed their children; staff need to be vigilant not to inadvertently communicate rejection
- Compassion coupled with practical, focused assistance

Closing thoughts

- Parenting intervention is a critical element in effective treatment of substance-abusing parents
- Dual treatment is an understudied area
- Integration and coordination need to be promoted by design (not by accident)
- Cannot ignore basic human communication skills and attitudes



Thank you