



## Parenting outcomes of parenting interventions in integrated substance-use treatment programs: A systematic review

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### ABSTRACT

The high prevalence of women in substance use treatment programs with children, and the co-occurring negative physical and mental health outcomes associated with substance use, led to the development of integrated substance use treatment programs that target a range of women-specific issues. Integrated programs typically offer some type of parenting component, although the level of parenting services varies widely. Existing reviews have found positive child and parent outcomes following integrated treatment programs in general, although studies were not selected on the basis of whether they included parenting interventions. Due to the large percentage of substance using parents and research that parenting interventions contribute to decreased maternal substance use, this critical review examines parental outcomes of published studies on integrated programs that specifically include a parenting intervention component, as well as moderators of parenting and parental substance use/relapse. Across the 15 studies identified, this systematic review primarily focused on 8 parenting outcomes, including program retention, substance use, parenting stress, psychosocial adjustment, depression, child abuse potential, parenting behaviors, and parent-child interaction; as well as 5 additional secondary outcomes. The review discusses results on each of these outcomes, as well as retention rates across the parenting interventions.

### 1. Introduction

In the United States, between 59 and 70% of women in substance use treatment programs have children (SAMHSA, 2013), and women involved in substance use treatment programs are steadily increasing due to the high prevalence of substance use among reproductive-age women in general (McHugh, Wigderson, & Greenfield, 2014), and among pregnant women specifically (SAMHSA, 2013). In addition to stressors and unique needs associated with parenting, women in substance use treatment programs have a high prevalence of co-occurring negative physical health and mental health outcomes, including anxiety, depression, and posttraumatic stress disorder (Beckwith, Rozga, & Sigman, 2002; Luthar, Cushing, Merikangas, & Rounsaville, 1998); as well as histories of physical or sexual abuse, relationship problems, negative support systems, family substance use problems, and inadequate income (Greaves & Poole, 2007; Niccols, Milligan, Sword, Thabane, et al., 2010; Sword et al., 2009). Further, substance-using women display a higher likelihood of severe psychopathology and personality disorders that can significantly impact their emotional and cognitive ability to serve as effective parents (Luthar et al., 1998; Mayes & Truman, 2002; Najavits et al., 2003). Due to the significant needs

identified in women with substance use problems, strong recommendations have been made by policymakers, clinicians, and researchers for women-specific, comprehensive, integrated treatment models conducted in centralized settings for women and their children (Coalescing on Women and Substance Use, 2007; Greenfield, 2002; Women's Service Strategy Work Group, 2005). Integrated treatment programs are those that focus on two or more conditions, such as substance use and mental health concerns, and also use a combination of psychotherapy and pharmacotherapy (Kelly & Daley, 2013). Integrated treatment involves an interdisciplinary team, such as social workers, therapists, and case managers, that address a range of concerns related to substance use. Research has found significantly greater positive outcomes for individuals involved in integrated treatment, when compared to treatment of individual disorders alone (Kelly & Daley, 2013).

These recommendations led to the development of integrated treatment programs that target a range of women-specific issues, including addiction treatment, maternal mental health services, trauma treatment, parenting education and counseling, life skills training, medical and nutrition services, education and employment assistance, child care, and children's services. Integrated programs vary

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significantly from one another and include residential, inpatient, and outpatient models; short- and long-term duration of treatment; and individual and/or group delivery of services. Integrated substance use treatment programs typically offer some type of parenting component, although the level of parenting services ranges from offering childcare to parents during treatment to fully integrated programs that devote a significant portion of treatment to parent-related issues. In a literature review of 38 studies, [Ashley, Marsden, and Brady \(2003\)](#) examined different components of women-specific substance use treatment (i.e., childcare, prenatal care, women-only admissions, supplemental services, mental health programming, comprehensive programming) and found positive outcomes (i.e., decreased substance use and relapse, healthy perinatal outcomes, increased self-esteem, less high risk sexual behavior, improved parenting knowledge) associated with comprehensive programs that address women's unique and specific needs. Additionally, a qualitative meta-analysis conducted by [Sword et al. \(2009\)](#) explored the processes that contribute to recovery in integrated substance use programs, and found that women reported positive experiences and perceived benefit to themselves and their children following involvement ([Sword et al., 2009](#)). Overall, these reviews establish support for integrated programs in general, but do not examine which pieces of integrated programs produce positive outcomes, nor do they examine outcomes specific to parenting.

Three additional systematic reviews have examined parental outcomes following involvement in integrated substance use treatment programs and found positive parental outcomes, including improvements in parenting ([Niccols et al., 2012](#)) and maternal mental health ([Niccols et al., 2010](#)). Specifically, [Niccols et al. \(2012\)](#) examined the effectiveness of integrated substance use treatment programs on parenting outcomes; results of their review indicated a “small advantage” of integrated compared to nonintegrated programs on parenting skills and capacity. [Niccols et al. \(2010\)](#) conducted a meta-analysis of three studies comparing maternal mental health following participation in integrated versus non-integrated programs, and found that maternal mental health was improved slightly more for parents involved in integrated compared to non-integrated programs (effect size = 0.23). In another meta-analysis, [Milligan et al. \(2011\)](#) further selected evaluations of integrated treatment programs for substance-using women and their children by including studies that included at least one child treatment service (e.g., prenatal care, child care, parenting classes). Findings demonstrated that parents involved in integrated programs with child treatment services had reductions in severity of substance use (effect sizes ranged from 0.18 to 1.41). While these studies included reviews of integrated treatment programs, studies were not selected on the basis of whether they included interventions that addressed parenting specifically or the level of parenting services that were provided. Thus, conclusions can be made regarding the positive outcomes of integrated programs in general, but these positive outcomes cannot be directly tied to the involvement of parenting interventions, as the mechanisms of these integrated programs have not been separately examined.

Due to the large percentage of parents involved in substance use treatment programs (59–70%; [SAMHSA, 2002](#)) and research that parenting interventions contribute to decreased maternal substance use ([Suchman, Pajulo, DeCoste, & Mayes, 2006](#)), it is critical to examine parental outcomes specifically related to parenting interventions in integrated treatment, and the mechanisms of these interventions. To address this, two systematic reviews have been conducted to specifically investigate parenting interventions in integrated substance use treatment programs. Specifically, [Renk et al. \(2015\)](#) outlined several skill-based and attachment-based parenting interventions, describing the characteristics of several interventions, as well as the outcomes. In addition, [Neger and Prinz \(2015\)](#) conducted a systematic review to specifically investigate parenting interventions in integrated substance use treatment programs. The review examined reduction in parental substance use and improvements in parents following involvement in

parenting interventions within integrated substance use treatment programs and found positive parental outcomes, including decreased substance use and improved parenting practices ([Neger & Prinz, 2015](#)). While not a systematic review, [Mirick and Steenrod \(2016\)](#) examined parenting interventions that target substance using parents and found similar results regarding the effectiveness of attachment-based approaches in improving parenting practices and the parent-child relationship.

While these reviews described characteristics of the interventions and examined overall substance use and general parenting practices, they focused more specifically on parenting outcomes and did not outline or specifically examine additional constructs related to parenting and parental substance use/relapse such as maternal mental health outcomes, parenting stress, and parent-child interactions. From a developmental-ecological theoretical model ([Belsky, 1993](#)), it is essential to broaden examination of parental outcome beyond specific characteristics in order to account for the multiple domains that interact in the parenting role and the parent-child relationship.

To address the need for more broadly examining constructs related to parenting and parental substance use, the current review focuses explicitly on studies that broaden outcomes beyond parenting or parent-child relationship outcomes into other essential outcomes related to parent-child relationships. Specifically, both parental outcomes, as well as related constructs of these relationships are examined in published studies on integrated substance use treatment programs that include a parenting intervention component. Integrated programs are those which address two or more conditions, such as substance use and related mental health concerns, and contain a combination of psychotherapy and pharmacotherapy ([Kelly & Daley, 2013](#)).

## 2. Method

### 2.1. Search strategy and selection criteria

The electronic databases PsychInfo, PubMed, and Google Scholar were used to identify relevant studies published between 1996 and 2016. Searches were based on keyword terms “substance use,” “substance abuse,” “addiction,” “treatment,” “intervention,” “integrated programs,” “parenting,” “parental,” “parent education,” “parenting skills,” “parent training.” Following the identification of relevant studies, we checked the reference sections of identified articles for additional studies that met inclusion criteria.

### 2.2. Inclusion and exclusion criteria

Studies were included if they met the following criteria: (1) publication in English between 1996 and 2016, (2) evaluation of parenting intervention within integrated substance use treatment program in the United States, defined as a substance use program that addresses at least one additional concern such as comorbid mental health, family and parenting issues, and (3) quantitative data including substance use and parental outcomes. Both randomized control trials and non-randomized designs were included. Qualitative studies, case studies, and unpublished dissertations were not included in the review.

### 2.3. Data extraction and synthesis

Database searches and study selection was conducted by the first author. A total of 312 studies were initially identified to meet search criteria. The titles and abstracts were reviewed, which narrowed the studies to 39. The full texts were then screened and all ineligible papers were excluded. Information relevant to the research question was systematically extracted and tabulated for synthesis of studies. Extracted data included publication data, country of origin, study design and data analysis methodology, sample and setting characteristics, parenting intervention, relevant measures, and main findings on parenting

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