

Regular article

# Reducing potential for child abuse among methadone-maintained parents: Results from a randomized controlled trial

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## Abstract

High rates of child abuse and neglect occur in many families in which either or both parents abuse illicit drugs. This study reports on the results of a randomized controlled trial with families having a parent on methadone maintenance ( $N = 64$ ), in which an intensive, home-based intervention, the Parents Under Pressure (PUP) program, was compared to standard care. A second brief intervention control group of families received a two-session parenting education intervention. The PUP intervention draws from the ecological model of child development by targeting multiple domains of family functioning including the psychological functioning of individuals in the family, parent–child relationships, and social contextual factors. Mindfulness skills were included to address parental affect regulation, a significant problem for this group of parents. At 3- and 6-month follow-up, PUP families showed significant reductions in problems across multiple domains of family functioning, including a reduction in child abuse potential, rigid parenting attitudes, and child behavior problems. Families in the brief intervention group showed a modest reduction in child abuse potential but no other changes in family function. There were no improvements found in the standard care group and some significant worsening was observed. Results are discussed in terms of their implications for improved treatment. © 2007 Published by Elsevier Inc.

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## 1. Introduction

Substance use and abuse continues to escalate across the world, with increasing numbers of children being raised in households where either or both parents have a substance abuse problem. Approximately 11% of children in the United States live in a household in which one parent has an alcohol or illicit drug problem (National Center on Addiction and Substance Abuse, 1999; Walsh, Macmillan, & Jamieson, 2003). In the UK, between 2% and 3% of children under the age of 16 years have a parent who is a problem drug user (Advisory Council on Misuse of Drugs,

2003). High rates of child maltreatment have been reported in families in which either or both parents abuse substances. For example, Ammerman, Kolko, Kirisci, Blackson, and Dawes (1999) found that 41% of mothers and 25% of fathers with a substance use disorder scored in the clinical range on the Child Abuse Potential Inventory (Milner, 1986), an instrument highly sensitive to actual or potential physical abuse of children. Even when there is no current maltreatment, the presence of a substance use disorder in a parent is the strongest predictor of subsequent new cases of child abuse and neglect 12 months later (Chaffin, Kelleher, & Hollenberg, 1996).

Nonetheless, it would appear that adverse outcomes, including child maltreatment, are not associated specifically with parental drug use as a single risk factor, but rather with the complex interplay between drug use, maternal psychopathology, parenting practices, family environment (including spousal relationship and the availability of social

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support), and socioeconomic factors such as unemployment and poverty. Each of these factors alone influences the likelihood of child maltreatment. Substance-abusing parents often have many of these problems (Cicchetti & Luthar, 1999), highlighting the need to develop interventions that address multiple domains of family functioning including parental psychopathology, child behavior problems, parent–child relationship difficulties, and social–contextual factors (Cash & Wilke, 2003; Suchman & Luthar, 2000). Helping socially isolated families connect to support networks that facilitate access to housing, medical, and child care services has often been neglected in interventions for substance-abusing parents, despite their known impact on child abuse potential.

There is clearly a need for further development of interventions that reduce the risk of child maltreatment in high-risk families with concurrent substance abuse problems. There have been relatively few attempts to develop programs with this difficult population, and those thus far evaluated have produced mixed findings. Schuler, Nair, and Black (2002) compared the effects of a home-based intervention in drug-using mothers with infants to a control group who received monthly visits. The intervention was conducted by trained lay visitors and consisted of weekly visits for 6 months followed by biweekly visits from 6 to 18 months. The goal was to increase maternal competence by assisting the mother to access services and support, and provide information on partner abuse and drug treatment. Measures included self-reported drug use and parenting attitudes as measured by the Child Abuse Potential Inventory Rigidity subscale and behavioral observations of maternal competency. There was no difference between the intervention and control group at 18 months, leading the authors to suggest that the presence of ongoing risk factors such as poverty, depression, and inadequate social support may have weakened the impact of this home-based intervention. In a later study, Nair et al. (2003) used the same home-visiting model to determine whether the number of environmental risks influenced home-visiting efficacy in substance-misusing women with infants. The number of environmental risk factors present, over and above substance abuse, was summed to produce a cumulative risk score for each mother to allow for classification into four risk categories from low to high risk. As predicted, those mothers in the high-risk category reported higher levels of parenting stress and child abuse potential. Although there were some modest improvements in motor and language development for the infants (18 months) in the home-visiting group, there was no impact on either parenting stress or child abuse potential across all risk groups who received the home-based intervention.

A large multisite study, based on the Healthy Start Program, evaluated the impact of a home-visiting program delivered by trained and regularly supervised paraprofessionals. The program involved the delivery of a range of services to high-risk families including parenting education,

the modeling of effective parent–child interaction, and improving access to services that address risks such as domestic violence, parental substance abuse, and poor mental health. Outcome measures included self-report measures of parental abuse and neglect, the Home Observation for Measurement of the Environment (Caldwell & Bradley, 2001), hospitalizations, and substantiated child protective services reports at 1, 2, and 3 years. There were no differences between those who received the home-visiting service compared to those who only received follow-up visits at 1, 2, and 3 years, on any of the above measures. The authors suggest that in working with families with complex needs, home visitor training should include skills that will directly impact on maternal functioning (Duggan et al. 2004).

More favorable outcomes have been found in two recent studies assessing the effectiveness of interventions for families involved with methadone maintenance treatment. Catalano et al. (1999) found that families who participated in an intensive behavioral family therapy program, “Focus on Families,” had a significant improvement at 12 months on parental problem solving and illicit drug use. Treatment consisted of clinic-based groups and a series of home visits. Notably, the improvement in child behavior was confined to those children who were younger (less than 8 years old) rather than the older preadolescent and adolescent group. Luthar and Suchman (2000) evaluated the effectiveness of a multifaceted parenting intervention, the Relational Psychotherapy Mothers’ Group (RPMG), for mothers on methadone maintenance by comparing the intervention to standard care. Treatment took place within the methadone clinic and consisted of supportive, structured psychotherapy with a strong focus on the reduction of maternal anxiety and depression. There was no attempt to enhance parenting skills through structured intervention or practice. Results revealed substantial improvements across many domains. Of particular note was the reduction in child maltreatment risk reported by both mother and child posttreatment and by the mothers at follow-up. However, there were no improvements found on mothers’ self-reported parenting practices such as limit setting or promotion of autonomy.

The studies reviewed above have differed in several important aspects. First, the home-visiting programs delivered immediately following birth tend to use lay visitors to provide treatment. These home visitors aim to enhance maternal competence and improve child outcome by the provision of support and encouragement rather than through the use of psychological treatment components aimed directly at improving maternal psychopathology and reducing drug use. Many of the high-risk mothers were not currently in drug treatment (although this is not always possible to determine from the reports themselves) and for the most part, the role of the home visitor was to liaise with other drug and mental health services rather than to provide the treatment themselves. By way of contrast, the

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