



## Evaluating the evidence

What works in supporting parents who misuse drugs and alcohol



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### Understanding the impact of parental substance misuse

Substance misuse is a serious mental health disorder involving the persistent use of drugs or alcohol despite negative consequences (DSM-IV; ICS10; Schuckit, 2009). Substance misusing behaviours frequently interfere with one's ability to hold down a job and also increase the risk of interpersonal and legal problems. When parents misuse drugs and alcohol, their ability to appropriately care for their children is often compromised and is commonly associated with high levels of family dysfunction, including child abuse and neglect (Nair et al, 2003; Wekerle et al, 2007). Other negative child outcomes related to parental substance misuse include lower levels of school achievement, poor mental health, an increased risk of anti-social behaviour and an increased risk of drug and/or alcohol dependency in adulthood.

Within the UK, up to 1.3m children are believed to be affected by parental alcohol problems and 2 – 3 % of the child population has a parent who misuses drugs (Advisory Council on the Misuse of Drugs, 2003; Cabinet Office, 2004). It is also estimated that parental substance misuse is a factor in 62 % of all care proceedings and these are often the most serious cases (Forrester, 2001; Forrester & Harwin, 2006). Collectively, these findings suggest that parental substance misuse is a serious social problem, requiring interventions that consider the needs of the entire family, not just those of the addicted parent.

### Understanding UK policy

The negative impact of parental substance misuse was first recognised by the UK government in the report *Hidden Harm* (published by the Advisory Council on the Misuse of Drugs in 2003) that considered the ways in which parental drug and alcohol dependency interferes with child development. In response to the report's findings, the Children's Plan (DCFS, 2007) introduced three initiatives to reduce the impact of parental substance misuse:

- Family Intervention Projects (FIPs) that combine family support and legal enforcement to encourage disruptive individuals to become responsible members of the community.
- Family Pathfinders that add to the FIPs scheme through the use of dedicated key workers who assess the needs of families (including those who abuse substances) and co-ordinate services accordingly.
- The National Academy for Parenting Practitioners, that provides evidence based training for those delivering parenting services, to improve support for all parents, including those who are drug and alcohol dependent.

More recently (February 2008), the UK government launched a new ten-year strategy entitled *Drugs: Protecting families and communities* (HMG, 2008), that emphasises the need to identify parental substance misuse in its early stages. Key strategy actions involving children and families include:

- More rapid access to services for misusers with children
- Drugs assessments that take into account family needs
- Services that address parenting skills
- Support for keeping the family together and more intensive intervention when needed
- Steps for ensuring that relatives, such as grandparents, are provided with information, guidance and local authority funding
- Methods for ensuring that children do not assume a caregiving role for their misusing parent.

The UK government also encourages local authorities to identify services for substance misusing parents as part of their Children's Services Plan. A recent study by Cleaver et al (2007) found, however, that most local authorities do not do this.

## Understanding the challenges in working with parents who misuse drugs and alcohol

Working with parents who misuse drugs and alcohol can be challenging. This is partially due to the fact that many parents are reluctant to seek help for their addictions and partially because their lives are chaotic and unstable. Reasons for not seeking help include parents' fears that they will be judged or stigmatised (Fraser et al, 2007; Morton and Konrad, 2009; Pajulo et al, 2001) and/or a lack of recognition that their addiction is a problem (Kroll, 2004). This makes it difficult for practitioners to understand the extent to which substance misuse creates problems for family members and can also inadvertently interfere with their access to care.

Additional challenges in working with parents who misuse substances include the fact that they frequently must cope with multiple adversities, including economic deprivation, single parenthood, social isolation and inadequate housing (Hutchins & DiPietro, 1997; Marcenko et al, 2000). These individuals may also have been physically or sexually abused as children (Knisely et al, 2000) or may be suffering from a mental health problem such as depression, post-traumatic stress disorder (PTSD), a personality disorder (Grella, 1997; Horrigan et al, 2000) and/or a learning disability (Kaltenback & Finnegan, 1998). Practitioners therefore must be skilled in understanding how all of these problems influence parents' ability to care for their children. Research also suggests substance misuse problems frequently span generations, affecting multiple family members, including grandparents, siblings and other close relatives. It is nevertheless common practice within the UK to ask relatives to look after children when their parents misuse drugs or alcohol. This practice includes the use of 'kinship care' placements, where children are automatically placed in the custody of a close relative when their parents cannot care for them. Kroll (2007) cautions that the use of these arrangements must be carefully considered when parents misuse drugs and alcohol, however, as they frequently do not improve children's circumstances.

The above findings suggest that practitioners must take into account a variety of factors when assessing the needs of children whose parents misuse substances. These factors include the child's stage of development, the extent to which he or she is reliant upon the misusing parent, this parent's capacity to appropriately care for their child and the extent to which other family members are available for help. The Common Assessment Framework (HMG, 2006a) provides guidelines for assessing these issues and co-ordinating services.

## Understanding the evidence

The above findings point to the need for interventions and practices that effectively reduce the likelihood of child maltreatment and improve the well-being of children in families where parents misuse drugs and/or alcohol. This Evaluating the Evidence briefing paper examines the effectiveness of such programmes in terms of their evidence base, as rated by the Academy's Evaluating the Evidence scale.

As the scale suggests, randomised control trials (RCTs) are widely considered to be the most robust way of determining whether an intervention is effective. While a single RCT provides some indication of a programme's effectiveness, it is usually not sufficient, however, since effectiveness can vary across settings and populations. Impact is therefore best understood through multiple RCTs conducted across multiple settings. Other, less rigorous methods for establishing an evidence base include well-designed cross-sectional studies (where the treatment and control group are only measured at one point in time – not via pre & post treatment measures) and the use of norm-referenced instruments, which compare pre and post intervention changes to 'normed' scores that are based upon population averages. Qualitative methods, such as in-depth interviews and focus groups, should not be used to determine a programme's impact, although they are useful for understanding why or how a programme works.

## Evaluating the evidence

### Understanding ‘what works’

Using the Evaluating the Evidence Scale, a thorough literature search was conducted to identify robust studies evaluating the impact of interventions aimed at parents who misuse substances and their children. The search resulted in 238 studies, although many of these were excluded because they were not evaluated with rigorous methods or they did not measurably improve outcomes for children. In fact, only one intervention -- the Parents Under Pressure (PUP) programme in Australia – met all of the search criteria by demonstrating a positive impact on parent and child behaviour through a rigorously conducted randomised control trial. This programme combines empirically tested therapies with sound theories of child development to address multiple problems that may impact the parents’ substance misuse and the parent/child relationship. These methods are described briefly below.

#### Evaluating the evidence scale

Ranking the quality of the evidence from highest to lowest

- Multiple RCTs, showing long-term outcomes across multiple, independent settings.
- A single or multiple RCTs demonstrating short-term effects only
- A carefully matched control trial
- Cross-sectional studies
- Studies using pre and post norm-referenced questionnaires
- Qualitative studies (not considered a measure of impact).

The Parents Under Pressure programme supports the parent/child relationship through specific therapies aimed at improving parents’ emotion regulation, their parenting capacity and their coping ability (Dawe & Harnett, 2007). The programme is delivered by licensed Master’s level psychologists to parents individually in their homes via 10 modules that take place weekly over a 10 – 12 week period. Additional case management may also occur alongside the treatment sessions, depending upon family needs.

The first Module begins by exploring the parent’s view of him or herself as a parent and encourages him/her to identify personal parenting strengths and positive child behaviours. The Modules are then introduced consecutively as themes which are reinforced throughout the rest of the sessions. Daily child-focused playtimes are also used to improve the parent-child relationship and mindfulness techniques are taught to help parents learn how to better regulate their emotions<sup>1</sup>. The programme additionally aims to extend social networks by helping families reconnect to their local community. The ten Modules are as follows:

**Module 1** Assessment. Standardised questionnaires, semi-structured interviews and direct observations (including video-taping) are used to assess the current family situation, including the quality of the parent/child relationship. This information is then used to inform the feedback session that provides the basis of Module 2.

<sup>1</sup>Mindfulness techniques are a form of cognitive therapy with a proven track record in treating addictions and major depression (Linehan, 1993; Linehan et al, 2002; Van den Bosch et al, 2002).

**Module 2** Checking out priorities and setting goals. At this stage, the practitioner provides feedback from the assessment and works with the parent to determine goals and monitor progress. Both strengths and weaknesses in the family system are identified during this session and significant others (if they exist) are asked to join the treatment at this stage.

**Module 3** View of self as a parent. This module addresses parents' views of themselves, as many substance misusers often feel incompetent as parents. This is facilitated via video-tapes made during the assessment session that highlight positive or 'good enough' parent/child interactions.

**Module 4** 'How to' under pressure. The aim of this Module is to teach parents how to regulate their moods and emotions through the use of mindfulness techniques. Mindfulness techniques (Linehan, 1993) are a form of cognitive therapy that emphasises an awareness of the present moment in order to reduce the negative thinking related to parenting stress and the desire to misuse substances.

**Module 5** Connecting with your child and encouraging good behaviour - mindful play. Module 5 supports the parent/child relationship by encouraging parents to praise, reward, and play with their child.

**Module 6** Mindful child management promotes parenting strategies for dealing with unacceptable child behaviour. This is done by encouraging parents to discipline their children when they are in a calm emotional state (achieved through mindfulness techniques) and teaching them non-punitive disciplinary techniques.

**Module 7** Coping with lapse and relapse. This Module aims to provide parents with the skills and confidence to avoid lapses and relapses into uncontrolled substance misuse. Issues surrounding parental substance misuse and child safety are also discussed.

**Module 8** Support Networks helps parents identify supportive people and accept the help that is offered to them. They are also encouraged to become involved in their child's education by volunteering in the classroom or chaperoning school outings.

**Module 9** Life Skills aims to help parents develop practical life skills in the areas of their finance, health, employment, education, benefits and housing.

**Module 10** Relationships identifies difficulties in parents' relationships with intimate partners, providing them with strategies for better communication and conflict resolution. The role of partners who are not the children's natural parent is also addressed within the context of each family's needs.

# Evaluating the evidence

## Key messages for good practice

Findings from the PUP evaluation and the other research reviewed here translate well into a set of key messages that can inform strategic planning and frontline work with parents who misuse drugs and alcohol.

### Key Message 1

Interventions should address a variety of risk and protective factors. Parents who misuse drugs and/or alcohol are likely to be coping with numerous problems. For this reason, interventions need to address multiple issues in order to have any impact, including those at the level of the child, parent, family and community. Practitioners therefore must be able to accurately assess each family's needs and identify resources so that they can provide the appropriate level of support.

### Key Message 2

Implement the Common Assessment Framework. Practitioners must be able to understand the individual strengths and weaknesses of parents who misuse substances and the Common Assessment Framework for Children and Young People (CAF) (HMG, 2006a) provides a method for doing this. The research reviewed in this paper suggests that this framework, or a similar system, should be used to understand family's needs so that an appropriate package of support can be made available.

### Key Message 3

Services for parents who misuse substances should be part of every local authority's Children and Young People's Plan. Cleaver et al (2007) observed that most local authorities have not yet identified services to support parents who misuse drugs and alcohol, despite the fact that many believe their provision for these families is inadequate (Williams, 2004). It is likely that the effectiveness of frontline practice will be limited if it does not take place within the wider context of a well-considered strategy that identifies services for substance misusing parents and the resources for delivering them.

### Key Message 4

Parents who misuse drugs or alcohol require a high degree of intervention. Findings from the PUP evaluation demonstrate that parental substance misuse is best addressed through intensive, long-term interventions. This suggests that services for parents who misuse drugs and alcohol should be provided at Tier 3 or 4, especially if child protection is an issue.

### **Key Message 5**

Interventions for substance misusing parents require a high degree of professional support. The PUP and the other interventions identified through this exercise were all delivered by therapists with a Master's qualification or higher. This finding suggests that service planning needs to consider whether appropriately trained professionals are available to deliver effective services and that systems are in place to manage their ongoing supervision and development.

### **Key Message 6**

Effective interventions for parents who misuse substances require multi-agency working. Interventions that address multiple family problems involve input from multiple agencies. Service planning should therefore consider methods for sharing information and referring families.

### **Key Message 7**

Interventions should include methods for improving the parent child/relationship. Programmes emphasising sensitive responding to children's behaviour are generally the most effective in improving child outcomes. Effective interventions also often use video-taping to help parents reflect on their own behaviour.

### **Key Message 8**

Interventions should be based upon well-tested models of therapeutic practice and sound theories of child development. Interventions for substance misusing parents should be informed by well-substantiated theories of the parent/child relationship and empirically tested therapeutic practices. Therapeutic work should include specific mechanisms for developing a strong therapeutic alliance, processes for initiating client change, maintaining abstinence and avoiding relapse. Interventions should also provide parents with knowledge of child development and opportunities for improving parenting behaviours with the support of a trained counsellor.

### **Key Message 9**

Carefully consider the ways in which other family members are involved in treatment plans. It is common practice within the UK to involve close relatives in providing care for children whose parents misuse drugs or alcohol. This practice includes the use of 'kinship care' placements, where children are placed in the custody of a close relative, which is most often a grandparent or uncle or aunt. Research suggests, however, that the use of these arrangements must be carefully considered since grandparents and other relatives may have similar substance misusing or parenting difficulties.

### Key Message 10

Services for substance misusing families must be carefully planned and monitored. Effective interventions have methods for assessing parenting capacity at the beginning of the treatment, as well as systems for monitoring parents' progress. These methods allow frontline workers and programme developers to understand whether the treatment results in specific benefits for individual families, as well as determine its overall impact. Guidelines for planning and monitoring family-based drug and alcohol services can be found at the University of Bath Alcohol, Drugs and Family Research website at <http://www.bath.ac.uk/health/mhrdu/adf/toolkit.html>

### Conclusions

The research reviewed in this paper contains both bad and good news. The bad news is that parental substance misuse is a widespread problem with devastating consequences for both parents and children. The good news is that it is a problem with a solution. Evaluations of the PUP and other similar interventions suggests that the life circumstances of substance misusing parents and their children can be substantially improved through interventions that address the multiple risk factors affecting the parent/child relationship. Even when parental substance misusing problems are not immediately responsive to treatment efforts, child outcomes can be improved through interventions that aim to improve parents' sensitivity and their ability to discipline effectively. There is currently a widespread need across the UK for local authorities to include evidence-based interventions for substance misusing parents as part of their Children's and Young Peoples Plans. Service providers and parenting practitioners should carefully consider how findings from the PUP programme, as well as other effective interventions, can inform the development of these plans, as well as improve their frontline practice.

## References

- Advisory Council on the Misuse of Drugs. (2003). Hidden Harm- Responding to the needs of children of problem drug users. s.l.: s.n.
- American Psychiatric Association. Diagnostic and statistical manual of mental disorders—text revision (DSM-IV). 4th edn. Washington, D.C., USA: American Psychiatric Association.
- Cabinet Office, Prime Minister's Strategy Unit. (2004). Alcohol Harm Reduction Strategy for England. London: Crown copyright.
- Cleaver, H., Nicholson, D., Tarr, S. and Cleaver, D. (2007). Child protection, domestic violence and parental substance misuse. London: Jessica Kingsley.
- Department for Children Schools and Families. (2007). The Children's Plan: Building Brighter Futures. Norwich: The Stationery Office.
- Forrester, D. (2001). Prevalence of prenatal substance misuse in Britain. Children Law UK Newsletter, Summer, 4 - 5.
- Forrester, D. and Harwin, J. (2006). Parental substance misuse and child care social work: Findings from the first stage of a study of 100 families. Child and Family Social Work, 11, 325 - 335.
- Fraser, J. A., Barnes, M., Biggs, H.C., and Kain, V.J. (2007). Caring, chaos and the vulnerable family: Experience in scaring for newborns of drug-dependent parents. International Journal of Nursing Studies, 44, 1363 – 1370.
- Grella, C.E. (1997). Services for perinatal women with substance abuse and mental health disorders: The unmet need. Journal of Psychoactive Drugs, 29, 67 - 78.
- Her Majesty's Government (HMG). (2006). The Common Assessment Framework for Children and Young People: A Practitioners Guide. London: Department for Education and Skills.
- Her Majesty's Government (HMG). (2008). Drugs: Protecting Families and Communities: The 2008 Drug Strategy. s.l.: COI.
- Horrigan, T.J., Schroeder, A.F. and Schaffer, R.M. (2000). The triad of substance abuse, violence, and depression are interrelated in pregnancy. Journal of Substance Abuse Treatment, 18, 55 - 58.
- Hutchins, E. and DiPietro, J. (1997). Psychosocial risk factors associated with cocaine use during pregnancy: A case-controlled study. Obstetrics & Gynecology, 90, 142 - 147.
- Kaltenbach, K. and Finnegan, L. (1998). Preventions and treatment issues for pregnant cocaine-dependent women and

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Barker, S.B., Ingersoll, K.S. and Dawson, K.S. (2000). Psychopathology in substance abusing women reporting childhood sexual abuse. *Journal of Addictive Diseases*, 19, 31 - 44.

Kroll, B. (2004). Living with an elephant: Growing up with parental substance misuse. *Child and Family Social Work*, 9, 120 – 140.

Kroll, B. (2007). A family affair? Kinship care and parental substance misuse: Some dilemmas explored. *Child and Family Social Work*, 12, 84 – 93.

Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. New York, NY: Guilford Press.

Marcenko, M.O., Kemp, S.P. and Larson, N.C. (2000). Childhood experiences of abuse, later substance use, and parenting outcomes among low-income mothers. *American Journal of Orthopsychiatry*, 70, 316 - 326.

Morton, J. and Konrad, S.C. (2009). Introducing a caring/relational framework for building relationships with addicted mothers. *JOGNN*, 38, 206 – 213.

Nair, P., Schuler, M.E., Black, M.M., Kettinger, L. and Harrington, D. (2003). Cumulative environmental risk in substance abusing women: Early intervention, parenting stress, child abuse potential and child development. *Child Abuse & Neglect*. 27, 997 - 1017.

Pajulo, M., Savonlahti, E., Sourander, A., Ahlqvist, H., and Piha, J. (2001). An early report on the mother-baby interactive capacity of substance – abusing mothers. *Journal of Substance Abuse Treatment*, 20, 143 – 151.

Schuckit, M.A. (2009). Alcohol-use disorders. *The Lancet*, 373, 492 – 501.

Wekerle, C., Wall, A., Leung, E. and Trocmé, N. (2007). Cumulative stress and substantiated maltreatment: The importance of caregiver vulnerability and adult partner violence. *Child Abuse and Neglect*, 31, 427 – 443.

World Health Organization. (2007). *International Classification of Diseases- 10th Revision*.  
<http://www.who.int/classifications/apps/icd>



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