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This study explores the parenting beliefs of substance abusing women. Extant research on substance abusing women clearly demonstrates factors that interrupt the development of appropriate parent-child relationships including poor models of parenting, difficulty with childrearing (Luthar, Cushing, Merikangas, & Rounsaville, 1995), the guilt of past parenting failures (Lester, 2005), and lower feelings of parental efficacy (Carlson, Matto, Smith & Eversman, 2006).

For the purposes of this research, mothers' hostile attributions for challenging behavior, their expectations for their children's behavior, and their perceived maternal efficacy were examined to determine if they varied by the mothers' recovery status, child age, or child behavior problems. Secondly, maternal self-blame for child misbehavior and its relation to parenting attitudes was explored and whether the relation was moderated by the mothers' recovery status was examined. Finally, the data were used to develop recommendations for improving intervention approaches for substance abusing mothers in recovery.

The research questions were addressed by obtaining questionnaire data from 30 substance abusing women in recovery. Four measures were used: the structured Parent-Social Information Processing Interview (P-SIPI) (Snyder, 2007), a measure of developmental expectations (Azar, Robinson, Hekimian, & Twentyman, 1984), the efficacy subscale of the Parenting Sense of Competence (PSOC): Satisfaction and Efficacy scale (Gibaud-Wallston & Wandersman, 1978; Johnston & Marsh, 1989), and a

parenting survey adapted for this study from Abidin's (1995) Parenting Stress Index, 3rd Edition. The Child Behavior Checklist (CBCL 4/18) (Achenbach, 1991) was completed on all participants' children to record behavior problems.

Responses to the parenting vignettes of the P-SIPI revealed that the majority of the participants had hostile attributions for their children's challenging behavior and these were not related to child age, level of behavior problems, or the length of time the mother had been in recovery. Findings on maternal blame indicate that mothers who blamed themselves for their children's behavior also had higher levels of inappropriate expectations of support and nurturance from their children, endorsed more lax parenting responses as effective for their children and perceived themselves as more efficacious. Mothers with higher scores on the P-SIPI efficacy scale tended to blame their children less and endorsed more firm responses as effective for managing child behavior.

These findings have several implications for improving parenting intervention approaches with substance abusing women. These include a component that employs the use of social cognitive interventions to increase program effectiveness with this population. Instruction in child development is likely to counteract inappropriate expectations for child behavior. Additionally, the teaching of specific parenting skills designed to manage challenging behavior will improve the likelihood of increased feelings of efficacy in daily parenting tasks. Finally, a therapeutic component to the parenting interventions based on cognitive behavioral therapy (CBT) could increase the likelihood that the participants will become more cognizant of how their thoughts influence their behaviors and learn effective strategies to redirect irrational thoughts.

EXPLORING THE PARENTING BELIEFS OF SUBSTANCE ABUSING WOMEN

by

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APPROVAL PAGE

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CHAPTER I

INTRODUCTION

"When she was born I felt like I, like I, did something wrong cause I felt like… I got high with all my other kids but my son was the only one that was really crack addicted when he was born… I thought she was going to be premature or brain damaged or something because my son was like that. You know, the chemicals in that crack cocaine… it does something to the baby I guess, and I thought that would of happened to her." *Shelly, mother of 3-year-old, Anissa[1]*

"I just felt like I was beneath, you know? Just nothing. And you know, the thing is that I think I beat up myself more than other folks did and looked down on myself more than other people because I said 'How could you do this? You don't love him. If you did, you wouldn't have ever got high'." *Kelly, mother of 5-year-old, Nathan*

"I wanted to be a mother. I always wanted to be a mother. I loved being a mother. I just didn't have any feelings. It (drug addiction) just killed everything in me, you know? I didn't have no nothing. I was empty." *Marsha, mother of 5-year-old-, Jacob*

The quotations above hint at the parenting beliefs of substance abusing women in their own words.

High numbers of pregnant and parenting women abuse drugs. Three-fourths of the women in substance abuse treatment have children (Beckman & Amaro, 1986; Marsh & Miller, 1985). Children of substance abusing women are likely to experience many

poor child outcomes including mental and physical health problems such as premature births, low birth weight (MacGregor, Keith, Bachicha & Chashoff, 1989; Oro & Dixon, 1987; Ryan, Ehrlich & Finnegan, 1987), emotional and behavioral problems, and high risk for childhood obesity (Hans, 1992; Steinhauser, Nestler & Spohr, 1982). The children suffer further because their mothers are often impaired by additional psychosocial stressors such as mental illness, domestic violence and childhood trauma (Carlson, Matto, Smith & Eversman, 2006; Luthar, Cushing, Merikangas & Rounsaville, 1995; Miller, 2001; Pajulo, Suchman, Kalland & Mayes, 2006). These vulnerabilities impede the development of appropriate parent-child relationships. Additionally, guilt and shame of parenting failures during active substance addiction influence the parenting behaviors of substance abusing women and their views of themselves as capable parents. Substance abusing women tend to punish too harshly because they lack understanding of child development and have unrealistic expectations for their children's behavior (Dore,1998) or are lax and overly permissive because they feel guilty about past parenting failures (Lester, 2005).

Statement of the Problem

The purpose of the current study was to explore the parenting beliefs of substance abusing women. The project sought to describe the attributions, expectations, and efficacy of the participants and how these were related to maternal self-blame for child misbehavior. Consequently, the current study lines up with the paradigmatic shift in current parenting literature from an explicit focus on parenting behaviors to examination of underlying social cognitions (Coleman & Karraker, 1997).

Under the rubric of social cognition are such beliefs as parents' expectations for their children's behavior, thoughts about their children's behavior (attributions) and feelings of parental competency (parental efficacy). Because these beliefs are considered key determinants of parenting behavior (Hastings & Rubin, 1999), one can postulate that specific changes in parenting behavior might be predicted by changes in these parental social cognitions. To that end, the aims of the current study are as follows:

1.   To describe the attitudes and beliefs about parenting held by substance abusing mothers and to determine if they vary by recovery status, child age, or child behavior problems.

2.   To examine the extent to which maternal self-blame relates to maternal negative attributions and beliefs about parenting and to examine whether these relations are moderated by recovery status of the mother.

3.   To develop recommendations for improving intervention approaches for substance abusing mothers in recovery.

CHAPTER II

REVIEW OF THE LITERATURE

Prevalence of the phenomenon

Substance abuse is a public health problem of enormous proportion in the United States. According to the National Institute on Drug Abuse (2008), every year 40 million illnesses and injuries are caused by the use and abuse of illicit drugs and alcohol. In the year 2000, over 460,000 deaths were attributed directly to the use of alcohol, tobacco and other addictive substances. Substance abuse affects all segments of society without regard to race, gender or socioeconomic status. The phenomenon also contributes to the prevalence of such social problems as drunk or "drugged" driving, violence, and child abuse. The impact of substance abuse in the larger society includes its effects on rates of homelessness, incarceration and workplace absenteeism. Substance abuse costs the United States over $484 billion per year (National Institute on Drug Abuse, 2008).

Impact on substance abusing mothers and children

Substance abuse and addiction can also destroy families because of the prevalence of the problem among pregnant and parenting women. Second only to poverty, substance abuse by mothers results in child welfare involvement more often than any other social problem (Suchman, Pajulo, DeCoste & Mayes, 2006). Additionally, children of substance abusing mothers are more likely to experience multiple foster care placements, and they tend to remain in foster care longer than other children (Tracy, 1994).

Three-quarters of the women in substance abuse treatment have children (Beckman & Amaro, 1986; Marsh & Miller, 1985). In addition to suffering the negative consequences of substance abuse, many pregnant and parenting substance abusing women share many of the same psychosocial stressors. Many of them have problems with limited financial resources and inadequate social and emotional support (Pajulo, Suchman, Kalland & Mayes, 2006). They often have problems stemming from their families of origin that include physical and emotional abuse, a history of poor attachment in childhood and parents who abused substances (Grella, Joshi & Hser, 2000; Mayes & Truman, 2002; Suchman, McMahon, Slade & Luthar, 2005). Additionally, these women may have undiagnosed mood disorders such as depression and other comorbid psychiatric illnesses such as personality disorders that may be exacerbated by their substance abuse (Kessler, Crum, Warner, Nelson, Schulenberg & Anthony, 1997; Kessler, Nelson, McGonagle, Edlund, Frank & Leaf, 1996; Rousanville, Anton, Carroll, Budde, Prusoff & Gawin, 1991).

Children are also impacted by their mothers' abuse of substances. Children of substance abusing women are more likely to be born prematurely or at low birth weight because of exposure to substances in utero (MacGregor, Keith, Bachicha & Chasnoff, 1989; Oro & Dixon, 1987; Ryan, Ehrlich & Finnegan, 1987). The children are also at higher risk for diagnoses of attention deficit hyperactivity disorder, conduct disorders, and childhood obesity than children of nonabusers (Hans, 1992; Steinhauser, Nestler & Spohr, 1982). Rates of child physical and sexual abuse and the need for special education services in school are also higher among children whose mothers abuse

substances (Aronson & Hagberg, 1998; Chambers, Hinesby & Molestad, 1970; Raynes, Clement, Patch & Ervin, 1974).

Effects of Substance Abuse on Parenting

Characteristics of substance abusing women

Luthar et al. (2006) asserted that substance abusing woman commonly face a "constellation of vulnerabilities"(p.341). These vulnerabilities include the following psychosocial stressors: low self-esteem, feelings of guilt and shame over failed parental obligations, unplanned pregnancies, co-occurring mental illness, abusive and unstable interpersonal relationships, childhood trauma, poor models of parenting, difficulty with childrearing and higher rates of child maltreatment (Carlson, et al., 2006; Luthar, et al., 1995; Miller, 2001 and Pajulo, et al., 2006). Additional research literature on substance abusing women indicates several factors that interfere with the development of appropriate parent-child relationships.

Emotional responses of substance abusing mothers to their children

Of particular importance to the proposed research, substance abusing mothers experience high levels of guilt and shame over past "failures" during active addiction. The women have low self-esteem and feel hopeless, helpless and like failures as mothers (Lester, 2005). They tend to view child misbehavior as a result of their own past neglect during active addiction (Hohman & Butt, 2001). Because of their views, the mothers try to overcompensate and be "perfect", thereby setting themselves and their children up for failure with unrealistic expectations that could result in harsh parenting if the child is not obedient to the mother's demands (Dore, 1998).   Diagnoses of behavioral and cognitive

disorders in their children, as a result of drug use in pregnancy, serve to compound the mother's feelings of guilt and shame (Hohman & Butt, 2001).

Although there is relatively little literature on the role of parenthood in recovery from substance abuse, it has been suggested that mothers working toward reunification with their children experience a double bind, in that they wish to have custody of their children but find everyday parenting stressful. Carlson, Matto, Smith and Everson (2006) conducted a study of six mothers and 11 substance abuse treatment providers and child welfare caseworkers in order to examine the post-reunification experiences of recovering mothers following their children's out of home placements. While the mothers indicated a sincere desire for family reunification, many of them also expressed feelings of being overwhelmed with parental responsibility and doubts about parental efficacy in light of having had children removed from their care. The mothers also reported that post-reunification parenting was complicated by their fear of failure and difficulty setting limits and boundaries due to guilt and shame over past failed parental obligations. Children experienced both positive and negative emotions at the time of reunification and often feared that their mothers would disappoint them. The mothers experienced difficulty coping with the children's anger, hurt, and uncertainty about the possibility of a return to out-of-home placement due to a relapse. Successful reunification did occur when the mothers were prepared to resume parenting. Supports needed to facilitate resumption of parenting included counseling, child care, transportation, financial assistance, respite care and parenting education. Despite the success of family reunification, problems persist. Weaver, Turner and O'Dell (2000) reported that two-

thirds of women with one to five years of sobriety still reported parenting stress. Additionally, Wolock and Magura (1996) found that substance abuse predicted reopening of closed child protective services cases within a two-year follow up period. Substance abuse also contributes to reentering out-of-home placement following initial reunification in approximately 20 to 40% of child welfare cases (Berrick & Brodowski, 2000; Festinger, 1996; Goerge, 1990; Terling, 1999).

Maternal responsibility

Substance abuse directly affects parenting function through several mechanisms. First, the physiological effects of specific substances (e.g. amphetamines or cocaine) can cause erratic sleep-wake cycles, loss of appetite, distorted perceptions, and other substance-induced psychiatric symptoms that impede substance abusing parents' ability to respond to their children in ways that promote optimal psychological and physical growth (Dore, 1998). Substance abusing parents are challenged even further, and the risk of child maltreatment increases exponentially, if their children have been exposed to substances in utero. For example, cocaine-exposed infants tend to be more irritable and more sensitive to stimulation, making them more difficult to soothe and calm than non-exposed infants (DiPietro, Suess, Wheeler, Smouse & Newlin, 1995; Hawley & Disney, 1992).

Second, mind- and mood-altering substances also interrupt normative personality development. Lief (1985) noted that substance abusing parents do not exhibit the basic understanding of reciprocity in interpersonal relationships. Such a lack of understanding would most likely produce difficulty in meeting a child's emotional needs. If the abuse

of substances begins in adolescence, substance abusing parents can experience arrested development, whereby psychosocial development stops in the early stages (Dore, 1998) and negatively impacts the development of skills for effective parenting such as coping with stress and problem-solving (Davis, 1990; Windle, 1996).

Additionally, the chaos and unpredictability that is characteristic of the substance abusing lifestyle is diametrically opposed to parental structure and consistency necessary for young children's development (Bauman & Dougherty, 1983).

Finally, substance abusing women tend to be socially isolated and therefore more likely to seek inappropriate nurturing and emotional gratification from their children (Dore, 1998). Termed "role reversal" by Morris and Gould (1963) and Steele (1975), when a mother inappropriately seeks nurturing and support from her child, the child becomes "parentified" and the mother ceases to function in the position of a parent.

In the proposed study, the beliefs and attributions of recovering mothers, as they talk about their children, will be examined in order to provide a framework for the development of more successful interventions with these mothers.

Current Intervention Approaches

Components of effective programs

Because of the complexity of the issues surrounding substance abuse, there are varied approaches to the treatment of substance abusing women. However, extant research suggests that the programs that deal most effectively with the specific needs of substance abusing mothers and their children often share key similarities such as the use of a broad spectrum treatment approach (Killeen & Brady, 2000; French, McCollister,

Cacciola, Durell & Stephens, 2002), gender-specificity (Camp & Finkelstein, 1997; Grella et al., 2000; Moore & Finkelstein, 2001) a structured parenting component (Camp & Finkelstein, 1997; Howell, Heiser & Harrington, 1999; Namyniuk, Brems & Clarson, 1997) and being residential in nature so that children can also reside with their mothers (Hughes, Coletti, Neri, & Urmann, 1995). An in-depth discussion of each of these components will highlight their importance to effective substance abuse treatment for women.

First, the broad spectrum approach to substance abuse treatment entails addressing all of the areas of life that have been impacted negatively by the active substance addiction. Depending on the duration and severity of the addiction, mothers' problems can include issues of mental and physical health, legal issues, child custody, homelessness, social support and relationships, educational and vocational needs, and the lack of daily living skills. Program evaluation studies have indicated that programs with the best outcomes for substance abusing women have access to services that address the psychosocial dysfunction (Black, Nair, Kachtel, Roby & Schuler, 1994; Huebner, 2002; Schuler, Nair & Black, 2002). Such services may include, but not be limited to case management, individual and group psychotherapy, housing assistance, nutrition education, child care, substance abuse counseling and access to health care and a therapeutic community (Miller, 2001; Luthar & Walsh, 1995).

Second, there is a virtual consensus among researchers of substance abusing women that gender-specific treatment provides the best treatment outcomes for women due to their various needs and the manner in which they engage in treatment (Bassuk,

Weinreb, Buckner, Browne, Saloman & Bassuk, 1996; Geissler, Bormann, Kwiatkowski, Braucht, & Reichardt, 1995; Kaltenbach & Finnegan, 1998; Nyamathi et.al. 2000; Opler, White, Caton, Dominguez, Hirshfield, & Shrout, 2001 ; Ridlen, Asomoah, Edwards& Zimmer, 1990);;;. The social stigma of being a female drug addict, the social constructions around motherhood and the higher incidences of the victimization of female children and women in active drug addiction all intersect to create a level of clinical complexity that justifies the need for woman-only treatment (Alexander 1996; Bassuk et.al. 1996; Brunette and Drake 1998; Buckner, Bassuk, & Zima, 1993; Coughey, Feighan, Cheney & Klein, 1998;; ; Goodman, Rosenberg, Mueser, & Drake1997; North, Thompson, Smith, & Drake, 1996; Rosenberg, Drake & Mueser,1996; Wenzel, Koegel & Gelberg,2000;). Jainchill, Hawke, and Yagelka (2000) provide empirical support for the link between gender differences and the impact on treatment needs:

> Gender differences indicate that, except for antisocial personality, females yield higher rates on measures of both psychiatric disturbance and abuse. The relationship between psychopathology and abuse also appears to be much stronger for females than for males. However, the relationship between abuse and adult homelessness appears to be similar for men and women. The gender differences in the relationship between histories of abuse and manifestations of psychiatric disturbance support a hypothesis that has been proposed elsewhere: Females internalize the trauma associated with abusive experience, while males externalize it. The findings suggest that, although there may be a need for gender-specific targeted interventions, treatment providers must also recognize that the impact of abuse seems to transcend gender within this population. (pp. 553-554)

Additionally, studies of gender-specific treatment indicate that connecting with others (Brown & Gilligan, 1992; Grossman & Schottenfeld, 1992; Jordan, Kaplan, Miller, Stiver & Surry, 1992) and developing functional interpersonal relationships, particularly with

maternal figures (Jordan et al, 1992), is an integral part of psychological development for women.

Finally, a clear parenting component is essential to an effective women's substance abuse treatment program. A focus on parenting has been associated with positive treatment outcomes such as higher retention rates, an increased likelihood of admission to treatment, and increased parental knowledge, self-esteem and positive attitudes toward their children (Camp & Finkelstein, 1997; Grella, Joshi & Hser,2000; Howell et al., 1999; Knight, Wallace, Joe, & Logan, 2001 ; Moore & Finkelstein, 2001; Namyniuk et al., 1997).

Effectiveness of parent training for substance abusing mothers

Research indicates positive child and parent outcomes as a result of parent education and training (Plasse, 1995). However, because of past failed parental obligations, many substance abusing women are initially resistant to parent education and fearful it will involve critical feedback (Luthar & Walsh, 1995). Suchman, Pajulo, DeCoste and Mayes (2006) conducted a review of six published reports on outpatient interventions targeted to improve the parenting skills of substance abusing mothers with children from the age of birth to five years old. Four of the six interventions studied were cognitive behavioral or psychoeducational in their approaches: Systemic Training for Effective Parenting (STEP), the Focus on Families Program for Parents in Methadone Maintenance (FOF), a home-based intervention using the Carolina Preschool Curriculum & Hawaii Early Learning Program, and another home-based intervention using Infant Health and Development Program materials. All of these interventions focus on

improving child outcomes through teaching more effective and appropriate parenting techniques, such as setting limits and boundaries and positive reinforcement, to replace maladaptive parenting behaviors such as harsh discipline and overpermissiveness. The two remaining programs, a multi-component intervention for teen mothers and their infants and the Seattle Birth to Three Program, both used relational approaches (i.e., the programs focused on increasing the emotional quality of interactions in the mother-child dyad as the mechanism by which to improve child outcomes). The study determined that all of the programs, (with the exception of the multi-component intervention) generally affected maternal adjustment and active substance use. However, the authors concluded that the relational interventions rather than the cognitive behavioral programs improved the quality of mother-child interactions and child developmental outcomes.

Because mothers who have lost custody of their children due to substance abuse experience feelings of guilt and shame and insecurity surrounding their ability to fulfill their parenting roles (Plasse, 1995; Carlson et al., 2006) traditional, didactic, "ages and stages" parenting classes tend to be less effective with substance abusing women. The research literature suggests that the inclusion of a therapeutic component that provides affirmation and support could be useful in increasing parental receptiveness and active participation.

The group treatment modality is ideal for substance abusing women because of its many associated benefits. First, studies of gender-specific treatment indicate that connecting with others and developing functional interpersonal relationships, particularly with other females in recovery, is an integral part of recovery for women. Second,

Yalom (1975) clearly delineates the curative factors of group therapy. He cites the many benefits as follows: instillation of hope, catharsis, interpersonal learning, the universality of human problems and imparting of information. Lastly, besides its therapeutic benefits, group treatment is also more cost effective in terms of treating a large number of clients with a few clinicians (Luthar & Walsh, 1995).

A review of clinical and research literature conducted by Luthar and Walsh (1995) indicates that parent education and training for substance abusing women is more likely to be effective if it also addresses the following issues: dealing with the children's experiences and feelings surrounding the mother's addiction, awareness of the concept of the "parentified" child, effective discipline and guiding children's behavior appropriately, anger control and conflict management (includes stress reduction), and prevention and treatment of negative child outcomes (e.g. physical safety and determining whether their children need professional intervention to deal with cognitive and behavioral concerns).

Another aspect of parent education that could be expected to be particularly helpful to recovering mothers who experience guilt and shame and tend to blame themselves for any behavioral difficulties their children have involves taking a social cognitive perspective.

Social Cognition and Parenting

Much of the current parenting literature reflects a paradigm shift from an explicit focus on the study of parenting behavior to an examination of its underlying social cognitive components (Coleman & Karraker, 1997). The study of social cognitions

includes parents' expectations for their children's behavior, thoughts about their

children's behaviors (attributions), and feelings of parental competency (parental self-

efficacy). Such parental beliefs are considered to be among key determinants of parenting

behavior (Hastings & Rubin, 1999). To the extent that parental expectations, attributions

and self-efficacy influence parenting behaviors, one could postulate that specific changes

in parenting behavior might be predicted by changes in these parental social cognitions.

Extant literature offers empirical evidence that supports the use of social cognitive

interventions in parenting education. Many studies have reported positive clinical results

in parents who have participated in parenting education that has a social cognitive

component. For example, Stirtzinger, McDermid, Grusec, Bernadini, Quilan, and

Marshall (2002) discuss the results of a 10-week parenting course for high-risk

adolescent mothers. In addition to the more "traditional" parenting education offerings of

child development and parenting skills, the course offered psychological reflection,

termed "maternal reflectivity" (p.17). Each mother reflected on the manner in which she

was parented and its subsequent impact on her parenting. The authors assert that the

therapeutic element of the group process also added to the efficacy of the program. With

a combination of child development education, interactive engagement and psychological

engagement, Stirtzinger et al. report the following significant changes in the program

participants: (a) decrease in levels of depression, (b) increased perceptions of parental

control, (c) decrease in negative attributions and negative affect toward children, and (d)

increased knowledge base about children and parenting.

White, McNally and Cartwright-Hatton (2003) also report the success of focusing on parental cognitions as a mode of intervention in parenting education. More specifically, White et al. discuss the use of the "thoughts, feelings, behaviour (TFB) cycle" (p. 101) in a 7-week intervention program with low-income families. The cycle was introduced to the parents as a way to examine their attributions and their behaviors in daily parenting interactions with their children. The discussions, activities and interactions with other participants created a supportive environment for the parents to challenge their attributions with alternative explanations for their children's behavior. Parents were also afforded the opportunity to discuss thoughts and feelings surrounding the new concepts and beliefs to which they were exposed. The authors report that the addition of the cognitive component improved the efficacy of the clinical intervention in comparison with 12- week parenting programs. Participant self-report data indicated that the TBF cycle fostered increased levels of perceived parenting efficacy and control and the development of positive attributions that result in positive parenting behavior. . One year following participation in the parenting program, participant gains remained statistically significant.

Goddard and Miller (1993) reported on the success of the "Building Strong Families" program. The program was developed using elements of traditional parenting programs (e.g. "empathic communication", "logical consequences", and "reinforcement", p. 86), parent-child socialization (e.g. "supportive behaviors", "inductive control" and "authoritative/reciprocal behavior", p. 86) and attribution research (e.g., "withhold judgments", "beware of bias", "attend to circumstances", "allow for mistakes", "interpret

failure helpfully", "make positive affect salient", and "view child success as likely", p. 86). For the purposes of the program, the attribution literature was organized into five premises that served as the core of the program and the guiding principles. The authors reported participants' perceptions of improvement in parenting behaviors. Mothers posted significant differences in their pre- and posttest scores, which suggested that "they were more likely to see good in their children, were less bothered by their children, were more understanding and less likely to become angry, were less likely to say things that made children feel bad, and were more likely to say nice things" (p. 88). Goddard and Miller also report low attrition as evidence of the program's effectiveness.

Expectations

The deleterious effects of inappropriate expectations on parenting behavior and child outcomes are well-documented. Children who have unrealistic demands put upon them by their parents are often debilitated by feelings of worthlessness and shame because of their failure to meet parental expectations (Martin, 1976). Unrealistic and inappropriate expectations are also a common practice of abusive parents. The inaccurate perceptions of children's skills and abilities are due to the parents' ignorance of appropriate expectations, the parents' low self concept and subsequent low regard for their children's self-concept and the inability to express empathy toward their children (Bavolek, 1979). Substance abusing mothers are unaware of their children's developmental states. They expect behavior which is too developmentally advanced or mature for their children's chronological ages and skill levels (Hohman & Butt, 2001).

Alcohol affects judgment of child behavior and decreases parental efficacy in managing their children (Lang, Pelham, Atkeson, & Murphy, 1999).

<div align="center">**Program designed to change expectations**</div>

A proven example of a program designed to change parental expectations is the Nurturing Program created by Stephen Bavolek. The Nurturing Program was designed to target behaviors that lead to dysfunctional and abusive parenting behaviors. In 1984, Bavolek created the Adult-Adolescent Parent Inventory (AAPI) to assess parenting and child rearing attitudes of adolescent and adult populations. The instrument provides a risk level (low, medium, high) for the likelihood that parents will engage in abusive and negative parenting and child rearing behaviors and measures the constructs which are the target of change in the Nurturing Program: inappropriate parental expectations of the child, parental lack of empathetic awareness of the child's needs, parental value of physical punishment, parent-child role reversal and oppressing child power and independence. Gorzka (1999) used the AAPI-2 to assess the potential for abuse in 19 homeless parents before providing them a three-week parent training class targeting the attitudes and behavior likely to cause abusive parenting. The results indicated that scores on unrealistic expectations for their children decreased following the intervention.

<div align="center">**Attributions**</div>

In a study using experimental manipulation, Slep and O'Leary (1998) found that changing the mothers' attributions caused differences in the mothers' discipline styles and affective states and their children's negative affect. In other words, when the mothers' attributions were manipulated to indicate that child misbehavior was intentional

and voluntary, the manipulation produced anger and overreactivity in the mothers'

interactions with their children, thereby upsetting the children and subsequently

increasing their negative affect. The Slep and O'Leary study documents actual causality

between parental attributions and parenting behavior, whereas the more common

correlational/regression studies observe co-variation between the two constructs. A

further review of the literature reveals empirical support for the assertion that attributions

affect parenting behavior (Goddard & Miller, 1993; Milner, 2003; Rodriguez & Price,

2004).

In simple terms, attributions indicate how people make meaning of and explain

the events around them. Causal attributions can help to make meaning out of situations in

which there is a high degree of unpredictability and uncontrollability (Abramson,

Metalsky & Alloy, 1989). Managing causal attributions is a component of adjustment

and has an impact on emotional and behavioral outcomes. Pessimistic attributional styles

predict maladjustment and depressive symptomatology (Chaney, Mullins, Wagner,

Hommel, Page, & Doppler, 2004; Mullins, Chaney, Pace, & Hartman, 1997) while

optimistic attributional styles predict coping behaviors (Hasan & Power, 2002),

Likewise, the attributions that parents make for their children's behavior are also linked

to both parent and child outcomes such as child health and satisfaction in the parent-child

relationship (Antshel, Brewster & Waisbren, 2004). Whether the outcomes are positive

or negative depends on whether the parent utilizes self-focused or child-focused

attributions. Child-focused attributions link the child's behavior directly to something

about the child (e.g. "my child misbehaves because he is bad.") versus self-focused

attributions which view the child's inappropriate behavior as a function of parent

responsibility (e.g. "my child misbehaves because I am not a good parent.") (Carpentier,

Mullins, Wolfe-Christensen, & Chaney, 2008). Parents who view children as

responsible tend to react negatively to inappropriate behavior (Alexander, Waldron,

Barton, & Mas, 1989; Baden & Howe, 1992; Compas, Friedland-Bandes, Bastein, &

Adelman, 1981; Slep & O'Leary, 1998). As described in the method section, the current

study includes the coding of attributions as hostile, benign, or ambiguous and tallied as an

index of the mothers' negative attributions. Mother blame, as reported by the

participants' view that they are responsible for their children's behavior in given

situations, was also examined. Several studies that have examined attributions report

findings that support the assertion that hostile attributions are likely to result in

ineffective and inappropriate parenting behaviors. Since parental beliefs and parenting

goals are factors that contribute to the development of parental attributions, they would

be likely targets of any program aimed at incorporating social cognitive interventions.

Parenting beliefs not only factor into the development of attributions, but they also

determine parenting behavior (Hastings & Rubin, 1999).

Daggett, O'Brien, Zanolli and Peyton (2000) reported that parental beliefs,

influenced by the parents' experiences as children, attitudes about life, and expectations

for children's behavior, affect the manner in which parents interpret their children's

behavior. The authors' findings suggest that parents who report having experienced harsh

parenting as children hold negative perceptions about their lives, have unrealistic

behavioral expectations (given their children's developmental levels), and are more likely

to attribute intentionality to their child's behavior. Similarly, Rodriguez and Price (2004) report that in a sample of 140 non-parent college students, those who reported having deserved the discipline that they received as children were more likely to reveal attitudes and beliefs consistent with a high potential for abusing future children. The findings in these two studies support Milner's (2003) social information processing model that posits that parenting behavior is theory-driven, based on preexisting cognitive schemata.

Hastings and Grusec (1998) indicate that parenting goals are related to parenting behaviors, attributions for children's actions, and parent affective states (whether positive or negative). The authors assert that parenting goals fall into one of three categories: "parent-centered or self-oriented goals," "child-centered goals," or "relationship-centered goals" (p.2). They describe parent-centered goals as being short-term with a focus on compliance and obedience. Child-centered goals, both socialization and empathic, are designed to teach lessons or transmit values and to promote positive feelings, respectively. Relationship goals foster close family bonds. Given the empirical link between parental beliefs and parental goals and their impact on attributions and subsequent parenting behavior, parenting programs that target beliefs and goals are more likely to be successful at decreasing negative attributions.

Programs designed to change attributions

Parenting programs designed to change parents' attribution would contain the components of other parenting programs that employ the use of social cognitive interventions to enhance the programs' effectiveness. First, the program would include the traditional parenting education offerings of education on child development. If

parents are aware of their children's abilities, given their levels of cognitive, emotional

and social maturity, they are less likely to have unrealistic expectations for child behavior

that are associated with hostile attributions and negative affect (Goddard et al., 1993;

Stirtzinger et al., 2002). Ideally, the second component of a program that targets

attributions would include the teaching of basic parenting skills to manage specific

problems so that parents feel more confident in daily parenting tasks (Sanders &

Woolley, 2005). Parental competence is linked to parental self-efficacy, improved

mental health and better caregiving (Daggett et al., 2000; Jones & Prinz, 2005). The third

component would be education on cognitive behavioral therapy (CBT), which is designed

to increase the parents' awareness of how their thought patterns influence their behavior.

This portion of the program would instruct parents on the manner in which they can

change the way that they think about their children's behavior so that their interpretations

(attributions) are more benign (White et al., 2003). Lastly, the proposed parenting classes

would include an interactive component, which allows for participants to engage with

other parents and the facilitators. This element would provide a safe and therapeutic

environment for parents to practice newly acquired skills, challenge their own cognitions

and learn from the parenting successes of the other participants (Goddard et al, 1993;

Sanders & Woolley, 2005; Stirtzinger et al., 2002; White et al., 2003).

Self-efficacy

Another element of parent social cognitions that affects parenting behavior is

parental self-efficacy. A review of the literature indicates that self-efficacy is a good

target for intervention. The concept of parental self-efficacy has its roots in Bandura's

self-efficacy theory (Hess, Teti & Hussey-Gardner, 2004). In short, parents should feel

that they can parent effectively in order to do a good job of parenting their children. Hess

et al. delineated the benefits and outcomes of maternal self-efficacy, although there is no

direct link between maternal self-efficacy and parenting behavior (Leerkes &

Crockenberg, 2002; Teti et al., 1999). However, the Hess et al. study indicated that there

is a relationship between parental self-efficacy and parental competence that is moderated

by parental knowledge of development. Parental self-efficacy was linked with higher

levels of parental competence only when knowledge of infant development was taken

into consideration. Parental self-efficacy has been shown to be linked to other parental

variables such as cultural connection (Ortega, 2001). Sanders and Woolley (2005)

examined the relationship between maternal self-efficacy and parenting practices. The

study reported on three levels of self-efficacy—global, domain (parenting), and task—

and their impact on parenting practices. The findings indicated that parenting

interventions aimed at teaching parents to manage specific problems also increased

effectiveness in daily parenting tasks such as dealing with difficult child behavior and

contextual factors such as environment, economics, and ethnicity (Jones & Prinz, 2005;

Brody, Flor & Gibson, 1999; Shumow & Lomax, 2002). However, Donovan, Taylor and

Leavitt (2007) conducted a study of 70 mothers to assess self-efficacy and to determine

their knowledge of infant development as a measure of behavioral sensitivity to their nine

month old infants. The results showed that mothers reporting the highest levels of

control and the highest levels of developmental knowledge were the least sensitive to

their children's behavioral cues. The results of the study indicate that there may be a curvilinear relationship between high levels of perceived efficacy and positive parenting.

Programs designed to increase self-efficacy

Hess, Teti, and Hussey-Gardener (2004) write: "Self-efficacy judgments are based on four primary sources of information, including performance attainments; vicarious experiences, derived from observing the performances of others; verbal persuasion and encouragement; and affective and psychological states" (p. 3). According to Bandura's self-efficacy theory, as stated by Hess et al, many successful "cognitively enhanced" (White et al., 2003, p. 99) parenting programs already implement strategies that are expected to inherently increase self-efficacy (e.g. increasing knowledge of parenting skills and child development to increase feelings of competence and improved psychological functioning, and providing opportunities for active engagement and interaction with other parents as a means of practicing new skills and obtaining support). Interventions aimed at increasing competence can effectively increase efficacy.

Use of social-cognitive intervention across different cultural groups

Great care should be exercised when using social-cognitive interventions with different cultural groups. Before engaging parents from minority ethnic groups in parenting education aimed at changing attributions, there must be some awareness on the part of the facilitator regarding ethnic differences in affective meanings. Day-Vines and Day-Hairston (2005) assert that there is a relationship between cultural thought and the expression of behaviors. Consequently, similar behaviors can result in vastly different emotional responses dependent upon ethnicity (Mason, Walker-Barnes, Simons, &

Martinez-Arrue, 2004). Behaviors that may seem inappropriate or are known to have negative effects in one culture (e.g. corporal punishment, discouraging children from interacting with adults, etc.) may be traditional and culturally accepted in another (Mason, et al., 2004; Cain & Combs-Orme, 2005).

Sociodemographic factors, such as levels of education and income, are associated with attributions and parenting styles. Parenting behavior seen as associated with "power assertion", such as "commands, threats, and physical punishment" (Wilson & Whipple, 2001, p.235) may actually be protective factors and adaptive strategies within the context of culture (Bluestone & Tamis-LeMonda, 1999; Brodsky & DeVet,2000).

Revelations regarding the nuances of racial and ethnic differences in parenting have come to light due to a shift in research trends in parenting literature. Parke (2004) offers a more recent analysis of the trends in the study of ethnic and minority families, noting that current studies have made the shift from the examination of differences between majority and minority culture to emphasizing adaptive strategies influenced by both cultures. There is also more of a focus on within-group analyses that indicate variability among ethnic groups. Lastly, emphasis is being put into the process orientation that characterizes ethnic minority groups. A focus on process orientation allows for the study of *how ethnic families do what they do* as opposed to the narrow focus on *what they do* (Mason, et al., 2004).

Parke (2004) delineated the trends and examined the sociocultural context that spawned them. They are as follows:

1) The prevalence of systems theory: The entire family is now the unit of analysis as opposed to parent-child relationships.

2) Reciprocal parenting influences: There is bi-directional influence between parents and children that co-create parenting behavior. Children are not passive in the process.

3) Focus on ecological systems: Families are now being examined in other social contexts.

4) Application of elements of life course perspective: Families are studied within the context of their historical period (e.g. post 9/11) and their life cycle stages.

5) Exploration of biological connections: Family studies researchers are looking to the advances in genetics to explain child outcomes.

6) A focus on social information processing: Affect, ideation and other social cognitive processes are being studied in relation to their impact on family functioning.

Lastly, Parke notes that family studies researchers are beginning to challenge universality in the broad application of family theory. The field of family studies now recognizes social class differences in child socialization and appreciates the racial and cultural differences in family organization, goals and parenting strategies. Parke asserts that these shifts in focus have arisen out of a need to address such societal changes as decreases in the fertility rate and family size, the increased number of women in the workforce, the increase of the divorce rate, the increase in the number of single-parent families, and the changing racial demography in the United States.

Although the majority of family studies researchers have clearly identified racial and ethnic differences in parenting, the addictions literature has not. Racial and ethnic differences are addressed across a range of subjects in the addictions literature, including disparities in the legal system (Dannerbeck, Harris, Sundet, & Lloyd, 2006), the need for different types of ancillary services and treatment modalities to improve retention and rates of program completion (Dunlap, Sturzenhofecker & Johnson, 2006; Fowler, DiNitto & Webb, 2004; Simons, 2008) and the need for different types of relapse prevention strategies (Walton, Blow, & Booth, 2001). Of particular relevance to the current project, studies on substance abusing mothers have focused largely on the effects of substance exposure and other child outcomes, issues of custody and reunification and the effectiveness of gender-specific treatment.

The paucity of research on racial and ethnic differences among substance abusing parents may be due to an oversight by researchers in the field that can be likened to that of past family studies researchers who did not address issues of gender, sexual orientation and cultural processes in their early work. It is also possible, however, that ethnic differences are eclipsed by the similarities of experience among women who have been substance abusers. It may be that because of the depths to which their addictions have taken them (as a biological, psychological, social and spiritual disease), substance abusing parents tend to hold similar beliefs regardless of race or ethnicity. Clearly, more research is needed to answer the question with any certainty. However, in my clinical experience, it has been the case that substance abusing mothers tend to *identify with* each other rather *compare themselves to* each other.

Conclusion

The present project explored the parenting beliefs of substance abusing women and how these beliefs relate to their social cognitions. The goal of the project was to determine how attributions, expectations, and efficacy are related to the participants' attitudes and beliefs about parenting. Additionally, the results of the project will be examined to understand what implications for practice can be informed in the development of effective treatment and intervention approaches with substance abusing women.

Research Aims

The goals of the proposed research are:

1. To describe the attitudes and beliefs about parenting held by substance abusing mothers and determine if they vary by recovery status, child age, or child behavior problems.

2. To examine the extent to which maternal self-blame relates to maternal negative attributions and beliefs about parenting and to examine whether these relations are moderated by recovery status of the mother.

3. To develop recommendations for improving intervention approaches for substance abusing mothers in recovery.

CHAPTER III

METHODOLOGY

Method

<u>Participants</u>

Participants in the study were 30 substance abusing women in recovery.   We

used a purposive sampling strategy in that the research participants were all receiving

services from a particular substance abuse treatment provider in Greensboro, North

Carolina. Some of the participants were from the agency's residential treatment and

transitional housing program, and some of them were from the permanent housing

program. The participants' length of sobriety ranged from two months to eight years.

All of the women were either currently homeless or had been homeless previously as a

result of their active drug addiction. The women were all from the urban neighborhoods

of Greensboro and had at least one aged 2-8 years who was currently living with them

and not in an out-of-home placement. The racial composition of the sample was 60%

African American, 33.3% Caucasian and 6.7% other.

<u>Procedure</u>

Participants were recruited from a program serving women in recovery from drug

abuse in Greensboro, North Carolina. Information about the study was provided to all

eligible mothers and those who indicated interest in participating were scheduled for

individual interviews at the program office. Upon completion of the interviews, mothers

received a $25 gift card. The interviewer, who was a staff member at the program and had regular contact with the children, completed the Child Behavior Checklist on each study child.

Measures

Mother and Child Characteristics

Demographic characteristics of the mothers, including age, education level, income, and ethnicity, were obtained by maternal report. Mothers also reported on the length of time they had been in recovery from active addiction, and the type of drug to which they had been addicted.

Child age and gender were reported by the mother. Because level of child behavior problems can affect mothers' beliefs about their child and about their own parenting, an index of behavior problems was also obtained. The measure used was the Child Behavior Checklist (CBCL/4-18) (Achenbach, 1991), a 118-item scale that records the frequency with which the child exhibits behavioral problems. For the purposes of this study, the CBCL/4-18 was completed on each target child by the interviewer, who at the time of data collection was also the clinical director of the substance abuse treatment program in which all of the participants and their children participated and had observed each of the target children's behavior at some point in the mothers' treatment. The total problem score was used in analyses.

<u>Parenting Interview</u>

The interview consisted of three separate components: the structured Parent
Social Information Processing Interview, a measure of developmental expectations, and a
parenting survey.

Parent Social Information Processing Interview. First, the participants were
presented with five vignettes from the Parent Social Information Processing Interview (P-
SIPI) (Snyder, 2007), a copy of which is provided in Appendix A. The P-SIPI assessed
the participants' cognitions about discipline and their children's challenging behaviors.
After the vignettes were presented, the participants answered five questions designed to
elicit their social information processing about each situation. The questions were as
follows: 1. "Why do you think [the behavior presented in the vignette] occurred? 2.
Who do you think was responsible?" 3. "What would you do or say in response to your
child in this situation?" 4. "Which of the responses you gave above would you most
likely do first?" 5. "How do you think your child would react to the response?" The
vignettes presented what may be considered challenging behavior that can be exhibited
by any child (e.g. a child spilling milk, a child interrupting a parent on the phone, a child
receiving an unsatisfactory conduct report from a teacher, etc.). An additional two
vignettes describing challenging behavior were used to obtain the mothers' perceptions of
the effectiveness of harsh, lax or firm responses. These vignettes and responses were
adapted for this study from Snyder (2007).

Developmental expectations. Second, the participants were administered a
Developmental Expectations survey (Azar, Robinson, Hekimian, & Twentyman, 1984)

about raising children. The survey, a copy of which is provided in Appendix B, included 30 items regarding appropriate behavior for young children. Respondents were asked whether they agreed or disagreed with each statement. Some sample statements included: "A 1 year old can usually feed herself (without help from a parent)." "Even small babies have mean tempers and disobey when they're mad". Subscales on the measure were: Self-Care (items 5, 9, 13, 20, 30), Help/Affection to Parents (items 15, 19, 23, 26, 28), Leaving Children Alone (items 1, 6, 18, 22, 29), Proper Behavior and Feelings (items 2, 7, 10, 12, 25), and Punishment (items 3, 8, 16, 17, 21). Each agreement counted one point. Five items were fillers. Each subscale could range from 0 to 5; total scores from 0 to 25. Scores for negative expectations were calculated by omitting items 4, 11, 14, 24 and 27 and counting the number of AGREE scores to the other items.

Parenting efficacy. Third, the participants completed the efficacy subscale of the Parenting Sense of Competence (PSOC): Satisfaction and Efficacy (Gibaud-Wallston & Wandersman, 1978; Johnston & Marsh, 1989). The subscale contained seven items which tapped capability, problem-solving and competence. The items were measured on a 6-point Likert scale ranging from 1 (Strongly disagree) to 6 (Strongly agree), with higher scored indicating higher levels of perceived parenting efficacy. Some sample statement included the following: "If anyone can find the answer to what is troubling my child, I am the one." "Being a parent is manageable and any problem is easily solved." I honestly believe I have all the skills necessary to be a good mother to my child." Cronbach's alpha for this scale was .63.

Parenting survey. Finally, the participants completed the Parenting Survey, adapted for this study from Abidin (1995). The survey, a copy of which is provided in Appendix C, consists of 20 statements that assessed the participants' perceptions of their knowledge of their children's developmental milestones, level of parenting skill, discipline practices and child behavior management. Some sample statements included: "I have a good understanding of how my child grows and develops." "I do what is right for my child." "I have the ability to help my child learn." The interviewer read each statement aloud and circled the response that each participant indicated was the best reflection of how they felt about each statement. The choices included the following: On a scale from 1-4, Strongly Disagree, Disagree, Agree and Strongly Agree. Subscales are: Confidence (items 1-6), Stress (items 7-12), Empathy (items 13-15), Discipline (items 16-19), Overall (item 20). The responses were scored by calculating points for each subscale.

Coding

Mothers' responses to the P-SIPI were coded according to Snyder (2007; see Appendix A). Responses to the first five vignettes were coded independently by two coders who were trained to 85% agreement on these codes prior to final coding. The. variables obtained from these vignettes were

Attributions (why did your child behave this way?) The number of hostile responses across the five vignettes were used as an index of the mothers' negative attributions.

Child Response (what would your child do?) Mothers' reports of their child's responses were coded as cooperative, resistant, or uncooperative. Following Snyder (2007), these responses were considered an efficacy score, with high scores representing higher efficacy.

In addition to the codes developed by Snyder (2007), we coded Mother Blame (from the question, "Who do you think was responsible?"). The number of times the mother reported herself to be responsible for child misbehavior was summed.

Responses to vignettes 6 and 7 were coded for Responses to Challenging Behavior. The perceived effectiveness of possible parent reactions to challenging child behavior was determined by the mothers' ratings of each possible reaction using a 1-5 point Likert-type scale. The ratings were coded according to Snyder (2007) (see Appendix A) to represent three a priori discipline classes: harsh/tough, lax and firm.

Analyses

Research aim 1. Analyses for the first research question involved examining descriptive data (means, standard deviations and ranges) for all parenting attitude variables. In addition, correlations between parenting variables and potential control variables of child age and behavior problems were calculated. Correlations between parenting variables and mothers' recovery status were also calculated.

Research aim 2. Analyses addressing the second research question focused on the extent to which maternal feelings of blame for her child's negative behavior are linked to negative attitudes about parenting. A correlation coefficient between maternal blame

(from the P-SIPI) and the parenting variables (attribution and efficacy from the P-SIPI; expectations, and parenting efficacy) were calculated.

To examine the potential moderating role of recovery status, regression analyses were conducted entering mother blame, recovery status and the interaction term (mother blame x recovery status) to predict each parenting attitude variable.

Research aim 3. To develop recommendations for improving intervention approaches for substance abusing mothers in recovery, implications from the results will be drawn.

CHAPTER IV

RESULTS

Descriptive statistics, including means, standard deviations and ranges, were calculated for the sample. Correlational analyses were conducted to assess the relationship between study variables.

Description of Sample

Table 1 provides the means, standard deviations and ranges of participant demographics.

Sociodemographic Characteristics. The participants ranged in age from 24-49 years, with the mean age being 36.3 years. Each participant had approximately 2.5 children. The mean age for the participants' target children was 5.7 years. The majority of the participants were undereducated (mean education was 12.4 years), underemployed (46.7% were unemployed), single (63.3% were never married) and low-income (mean income was $10, 110).

Substance Abuse History and Recovery Status. In the sample, 80% of the participants had been addicted to crack cocaine prior to entering treatment. The mean number of months in active addiction was 165.3. The mean number of months in recovery was 28.0.

Child Behavior Problems. Children's total scores on the CBCL ranged from 38 to 77 with a mean of 57.31.

Parent Social Information Processing Interview

Table 2 provides frequency distributions for the participants' responses to the Parent Social Information Processing Interview (P-SIPI), which included five vignettes about typical parenting situations. Each vignette was scored for hostile attributions, whether the mother blamed herself or her child, the mother's response to her child in the given situation, the child's subsequent response to his/her mother's actions and the percentage of negative child affect.

Situation 1. The mother was presented with a scenario in which a child spills juice during breakfast time. Seventy percent of the participants had hostile attributions. In this situation, 76.7% blamed the child or both the mother and child for the spilled juice, and 6.7% blamed themselves. While 53.3% of the participants responded to the situation with either problem-solving or giving the child a directive, 33.3% responded with punishment. The participants indicated that 46.7% of the children would respond negatively to their mothers' actions and 30% of them would exhibit negative affect.

Situation 2. The mother was presented with a scenario in which her child interrupts her while she is on the phone calling for repairs. In this situation, 53.3% of the participants had hostile attributions, and 33.3% of the mothers blamed themselves for their child's behavior. While 63.3% of the participants responded to the situation with either problem-solving or giving the child a directive, 20% responded with punishment. The participants indicated that 54.9% of the children would respond negatively to their mothers' actions and 33.3% of them would exhibit negative affect.

Situation 3. The mother was presented with a scenario in which her child continues to watch T.V. when asked to come to dinner. In this situation, 63.3% of the participants had hostile attributions, and 53.3% of the mothers blamed themselves for their child's behavior. While 23.3% of the participants responded to the situation with either problem-solving or giving the child a directive, 16.7% responded with punishment. The participants indicated that 66.7% of the children would respond negatively to their mothers' actions and 36.7% of them would exhibit negative affect.

Situation 4. The mother was presented with a scenario in which her child comes home from school upset and crying because other children at school do not like him/her. In this situation, 6.7% of the participants had hostile attributions and 20% of the mothers blamed themselves for their child's behavior. While 16.7% of the participants responded to the situation with either problem-solving or giving the child a directive, in this situation only, none of the participants responded with punishment, and 80% reported they would respond by comforting the child. The participants indicated that 10% of the children would respond negatively to their mothers' actions and 13.3% of them would exhibit negative affect.

Situation 5. The mother is presented with a scenario in which her child brings home an unsatisfactory conduct report from school. In this situation, 46.7% of the participants had hostile attributions, 60% of the mothers blamed the children for their own behavior, and 13.3 % blamed themselves. While 66.7% of the participants responded to the situation with either problem-solving or giving the child a directive, 6.7% of the participants responded with punishment. The participants indicated that 50%

of the children would respond negatively to their mothers' actions and 43.3% of them would exhibit negative affect.

Parent Responses to Challenging Behavior

Table 3 presents the frequency distributions for the participants' responses to two additional P-SIPI vignettes for which mothers were asked to rated the perceived effectiveness of harsh, lax or firm responses. The possible range of scores for each category was 1.00-5.00.

Situation 1. The mothers were presented with a scenario in which their child insists on buying candy in the grocery store. The mean for harsh response was 2.17, for lax response was 2.07, and for firm response was 3.67.

Situation 2. The mother is presented with a scenario in which her child refuses to eat a meal that she has just prepared. The participants' mean harsh response was 3.53. The mean lax response was 2.73 and the mean firm response was 3.60.

Developmental Expectations

The number of mothers who endorsed each item on the Developmental Expectations scale is shown in Table 4. Alphas for each of the subscales were low, with the exception of the Help Parent scale. This one subscale (M= 9.20, SD= 1.13, alpha = .60) along with the total score (M= 3.83, SD= 2.38, alpha = .57) was used in later analyses.

Parenting Efficacy

The mothers responded to seven items which measured parental efficacy. The range of the scores for each item was 1.00-6.00, with a higher score representing stronger

feelings of parental efficacy. Table 5 presents the mean scores for all seven items (alpha

= .63).

Parenting Survey

    The mother responded to 20 items, across four domains (Parenting Confidence,

Parenting Empathy, Parenting Stress and Parenting Discipline). The score range for each

item was 1.00-4.00 Alphas for all subscales were very low on this measure and therefore

it is used only for descriptive purposes. Table 6 presents the mean scores for the items in

each domain.

Analyses Addressing Research Questions

    Means, standard deviations and ranges for all of the study variables are shown in

Table 7. The sample demonstrated a wide range on all measures.

    Table 8 shows the correlations between parenting variables and two variables

considered as likely to be related to mothers' attitudes, child age and child behavior

problems (CBCL), and mothers' recovery status (months in recovery). Only five of the

30 correlations were significant and they did not fit a consistent pattern; therefore, these

variables were not used in further analyses due to the small sample size.

    Means for the European American and African American mothers were compared

using t-tests to determine if there were ethnic differences in mothers' parenting attitudes.

In comparison with African American mothers, European American mothers reported

that Lax parenting responses would be less effective with their children (AA mean =

2.58, EA mean = 1.90, t (26) = 2.45, p = .02) and had higher scores on the P-SIPI

40

Efficacy scale (AA mean = 2.25, EA mean = 2.56, t (26) = -2.69, p = .01). There were no

significant differences by ethnicity in any of the other parenting attitude variables.

Table 9 shows the correlations between all aspects of parenting. Mothers who

blamed themselves for their child's misbehavior also reported inappropriate expectations

that their child would provide nurturance and emotional support to them and higher

scores on the Parenting Efficacy Scale. The mothers were also, marginally, more likely

to blame the child in situations where they did not blame themselves and reported a

perception that lax responses were most effective for their child. Other marginally

significant correlations include the following: Mothers who had more hostile attributions

scored lower on the P-SIPI Efficacy Scale. Mothers with higher scores on the P-SIPI

Efficacy Scale were less likely to blame their children for their misbehavior and more

likely to perceive firm responses as more effective. Mothers who blamed their children

for their behavior were less likely to perceive firm responses as effective for their child.

Mothers who perceived harsh responses as more effective for their child were more likely

to see lax responses as less effective. Mothers who perceived lax responses as more

effective for their child were more likely to have inappropriate expectations for their

child's behavior.

Regression analyses were conducted to examine the question of whether relations

between maternal self-blame and parenting attitudes are moderated by recovery status.

None of the interaction terms (mother blame x recovery status) were significant, and

these results are not presented.

TABLE 1
Demographic Characteristics of Participants

	Mean	SD	Range
Maternal Age	36.3	7.6	24-49
Educational Level	12.4	1.7	9-16
Annual Income	$10,110	$6,483	$0-22,360
# of Children	2.5	1.7	1-8
Age of Target Child (yr)	5.7	1.9	2-8
Time in Active Addiction (mo)	165.3	95.9	15-396
Time in Recovery (mo)	28.0	23.5	2-96

	%
Employment Status	
Full-time	30.0
Part-time	23.3
Not employed	46.7
Sex of Target Child	
Male	46.7
Female	53.3
Marital Status	
Married	16.7
Divorced	16.7
Widowed	3.3
Never Married	63.3
Living with a Partner	30.0
Ethnicity	
African American	60.0
Caucasian	33.3
Other	6.7
Substance of Abuse	
Crack Cocaine	80.0
Other	20.0

TABLE 2
Mothers' Responses to the Parent Social Information Processing Interview

	Situation 1	Situation 2	Situation 3	Situation 4	Situation 5
Attribution					
% Hostile	70.0	53.3	63.3	6.7	46.7
Blame					
% Mother	6.7	33.3	53.3	20.0	13.3
% Child (or both)	76.7	40.0	30.0	40.0	60.0
Response					
% Punishment	33.3	20.0	16.7	0	6.7
% Teach	53.3	63.3	23.3	16.7	66.7
(Problem-solving or instruction)					
Child Response					
% Negative	46.7	54.9	66.7	10.0	50.0
Child Affect					
% Negative	30.0	33.3	36.7	13.3	43.3

TABLE 3
Mothers' Responses to Challenging Behavior Situations

	Mean	SD	Range
Situation 1: Child is defiant in the grocery store			
Harsh	2.17	1.29	1.00-5.00
Lax	2.07	1.08	1.00-5.00
Firm	3.67	1.21	1.00-5.00
Situation 2: Child refuses to eat a meal prepared by the mother			
Harsh	3.53	1.17	1.00-5.00
Lax	2.73	1.23	1.00-5.00
Firm	3.60	1.33	1.00-5.00

TABLE 4
Mothers' Inappropriate Expectations

Expectations	*Number Endorsing*
Self Care	α = .02
5. 4-year-old can choose clothing and get self off to school.	3
9. 1-year-old can feed self without parents' help.	6
13. 2-year-old can toilet train self with little parent help.	1
20. 2-year-old can bathe without parent in room.	0
30. 2-year-old can go get dressed alone when told.	3
Help/ Affection to Parent	α = .60
15. 2 ½ -year-old can comfort a parent who is crying.	6
19. 12-year-olds can listen to mother's problems and give advice.	4
23. 10-year-old can stay out of school when a parent is sad or ill.	1
26. A baby will always show a parent love and affection.	8
28. 3 or 4-year-olds should know how to behave in a sore so as not to embarrass parents.	5
Leaving Children Alone	α = -.05
1. 4 or 5-year-old can play outside unsupervised with no fence to keep them in.	1
6. 2-year-old will play quietly for hours.	0
18. 8 or 10-year-old can be left home alone if a parent works nights.	1
22. 3-year-old can be left home alone sleeping so parent can run a quick errand.	0
29. 8-month-old baby can be left alone on bed or couch.	0
Proper Behavior and Feelings	α = -.03
2. A baby will be well behaved if the baby loves the mother and father.	2
7. 3 or 4-year-old will behave when mother is upset.	2
10. 3-year-old knows to stay out of the way when mom and dad are upset.	10
12. A 3-year-old will play quietly longer than usual when mom is sick.	12
25. Small babies have mean tempers and disobey when mad.	21
Punishment	α = .40
3. It is good to set a 4-year-old on the toilet for an hour after a toileting accident.	2
8. It is not wrong to punish a 9-month-old for crying too much.	1
16. Mother should bite a 2-year-old back to teach the child not to bite.	7
17. It is okay to spank a child once to stop thumbsucking.	3
21. It is okay to slap the hand of a 2-year-old who touches a stereo.	16

TABLE 5
Mother's Responses to the Parenting Efficacy Scale

	Mean	SD	Range
1. The problems of taking care of a child are easy to solve once you know how your actions affect your child-I believe I have this understanding.	5.33	0.84	3-6
2. I would make a fine model for a new mother to follow in order to learn what she needs to know to be a good parent.	4.40	1.10	2-6
3. Being a parent is manageable, and any problem is easily solved.	2.70	1.70	1-6
4. I meet my own personal expectations for expertise in taking care of my child.	3.73	1.66	1-6
5. If anyone can find the answer to what is troubling my child, I am the one.	4.43	1.65	1-6
6. Considering how long I've been a mother, I feel thoroughly familiar with the role.	4.37	1.33	1-6
7. I honestly believe I have all the skills necessary to be a good mother to my child.	4.40	1.33	1-6
Total Score	4.20	0.78	2.14-5.86

TABLE 6
Mothers' Responses to the Parenting Survey

	Mean	SD	Range
Parenting Confidence			
Item 1 Know how child grows and develops	3.30	.60	2.00-4.00
Item 2 Know abilities child should have	3.17	.75	1.00-4.00
Item 3 Know what is right for child	3.13	.63	2.00-4.00
Item 4 Know what is right for child	3.33	.48	3.00-4.00
Item 5 Have ability to help child learn	3.50	.57	2.00-4.00
Item 6 Fear not knowing a lot about parenting	2.40	.86	1.00-4.00
Item 12 Know responsibilities as a parent	3.50	.51	3.00-4.00
Parenting Stress			
Item 7 Feel trapped by parenting responsibilities	1.80	.81	1.00-4.00
Item 8 Give up more time than expected to meet child's needs	2.20	1.03	1.00-4.00
Item 9 Have support and guidance regarding parenting	1.27	.64	1.00-4.00
Item 10 Feel child makes more demands than most children	2.23	.86	1.00-4.00
Item 11 Feel child is more of a problem than expected.	1.43	.68	1.00-4.00
Parenting Empathy			
Item 13 Child thinks of me as a friend	2.20	.89	1.00-4.00

Item			
Item 14 Remember being a child	3.20	.61	2.00-4.00
Item 15 Believe child has same emotional needs and feelings as parent	3.27	.87	1.00-4.00
Parental Discipline			
Item 16 Tend to use spanking to discipline	2.03	.81	1.00-4.00
Item 17 Believe alternate discipline method can work	3.50	.51	3.00-4.00
Item 18 Use other discipline methods besides spanking	3.47	.68	1.00-4.00
Item 19 Believe child is well-behaved	3.03	.81	1.00-4.00
Overall			
Item 20 Believe I am a good parent	3.33	.48	3.00-4.00

TABLE 7
Mean Scores on Measures of Parenting Attitudes

	Mean	*SD*	*Range*
Hostile Attributions	2.40	1.22	0-4
P-SIPI Efficacy	2.38	0.33	1.6-3.0
Mother Blame	1.27	1.26	0-5
Child Blame	1.43	1.33	0-5
Vignettes			
Harsh	2.85	1.02	1-5
Lax	2.40	0.84	1-4.5
Firm	3.63	0.96	1-5
Inappropriate Expectations	3.83	2.38	0-9
Help Parent	0.80	1.13	0-4
Parent Efficacy	4.20	0.78	2.14-5.86

TABLE 8

Correlations Between Parenting Attitudes and Child Age, Problem Behavior and Mothers' Recovery
Status

	Child Age	CBCL	Recovery Status
Hostile Attributions	.26	-.05	.07
P-SIPI Efficacy	- .16	-.07	- .36 [+]
Mother Blame	.37 [*]	-.06	- .37 [*]
Child Blame	.36 [*]	.42 [*]	.54 [**]
Harsh	.08	.23	.12
Lax	- .08	.08	- .09
Firm	.11	-.47 [**]	- .11
Inappropriate Expectations	- .11	.13	.04
Help Parent	- .08	-.14	- .16
Parent Efficacy	- .04	.02	.25

*p<.05; **p<.01

TABLE 9

Correlations Between Maternal Blame and Other Parenting Variables

1. Hostile Attributions	.24
2. PSIPI Efficacy	-.10
3. Child Blame	-.32
4. Harsh	-.12
5. Lax	.35+
6. Firm	.13
7. Inappropriate Expectations	.18
8. Help Parent	.53**
9. Parent Efficacy	.38*

+p < .10; *p <.05; **p < .01; N = 30.

CHAPTER V

DISCUSSION AND CONCLUSIONS

Discussion

The purpose of this study was to explore the parenting attitudes of substance abusing women. Although the sample was small (N=30), the participants shared many of the same sociodemographic characteristics seen in participants of other studies involving substance abusing women, in that participants all experienced many sociodemographic disadvantages such as low income, unemployment, low levels of education, being an unmarried parent without a partner, and homelessness (Grella, Joshi & Hser, 2000; Mayes & Truman, 2002; Pajulo, Suchman, Kalland & Mayes, 2006; Suchman, McMahon, Slade, & Luthar, 2005). Other psychosocial stressors common among substance abusing women such as mental illness, histories of abuse and trauma, and lack of social support are compounded by their chemical dependency (Kessler, Crum, Warner, Nelson, Schulenberg & Anthony, 1997; Kessler, Nelson, McGonagle, Edlund, Frank & Leaf, 1996; Rousanville, Anton, Carroll, Budde, Prusoff & Gawin, 1991). The findings of this study support extant literature regarding substance abuse and parenting.

The participants' responses to the parenting vignettes of the P-SIPI revealed a tendency to view their children's behaviors as mean-spirited, intentional, and careless. That is, approximately half of the mothers had negative attributions in scenarios where a child spilled juice, interrupted them during a phone call, continued to watch T.V. when

called to dinner, and received an unsatisfactory conduct report. This finding supports current literature that reveals a tendency toward harsh, punitive parenting styles among substance abusers (Carlson et al., 2006; Luthar, et al 1995; Miller, 2001 and Pajulo et al., 2006). However, in one scenario in which the child comes home crying because the children at school have made fun of him, the percentage of mothers reporting hostile attributions dropped to 6.7%. The participants all expressed concern over the thought of their children being teased and appeared to become automatically protective. Many of them expressed guilt and shame over having not been around for their children in prior times of need. Some of the mothers (20%) took responsibility for the scenario and explained that their children's oversensitivity and acting out may have been caused by the mother's absence during active addiction or use of substances during pregnancy.

In addition, mothers reported a high percentage of child blame versus mother blame across the scenarios, supporting the substance abusers' tendency toward harsh parenting. There was one notable exception to this trend. In the scenario where the child continues to watch T.V. after being called to dinner repeatedly, more than half of the mothers blamed themselves for their child's behavior. During the interviews many of the participants indicated that their past failed parental obligations, lack of structure, and inconsistency had "programmed" their children to challenge their parental authority.

Analyses of mothers' responses to the question about what they would do in response to their child's behavior, showed unexpected results. Surprisingly, given the high percentage of negative attributions, many of the participants elected to respond with problem-solving or instruction as opposed to punishment. This finding may be a function

of the fact that all the study participants attended parenting classes as a condition of their involvement in their substance abuse treatment program. The parenting curriculum at the treatment center is based on positive discipline and teaches mothers alternatives to corporal punishment and other harsh discipline practices. When asked how their children would respond, however, many of the participants indicated that their children would respond negatively and exhibit negative affect, even though mothers used positive responses. Perhaps this finding indicates a general negativity in the children that would be supported by the literature on the deleterious effects of drug exposure in utero (DiPietro, Suess, Wheeler, Smouse & Newlin, 1995; Hawley & Disney, 1992) and the problems that children develop as a result of living with a parent in active substance addiction (Bauman & Dougherty, 1983; Dore, 1998). The literature reveals that the children often have behavioral and emotional problems, are easily upset and difficult to soothe, and have difficulty modulating their own behavior (DiPietro, et al, 1995; Hawley & Disney, 1992).

Another interesting finding on the participants' responses to the P-SIPI can be seen in the difference in harsh responses across the last two vignettes. In the first situation, the mothers were asked whether harsh, lax or firm responses would be more effective if their child was defiant and insisted on purchasing candy at the store. In the second situation, the mothers were asked if harsh, lax or firm responses would be more effective if their child refused to eat a meal that she had prepared. While the participants largely indicated that firm responses would be most effective in each scenario, the mothers were more likely to endorse a harsh response as effective when their child

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refused to eat versus insisting on having candy. This finding may be explained by an issue to which many of the study participants gave voice. Many of the mothers indicated that they felt such guilt and shame about their past failed parental obligations that once in recovery, they often tried to "buy back" their children's love and trust. They explained that, particularly in early recovery, they often times were permissive in their parenting and bought things for their children out of their guilt for being absent during their active addiction. Many of the participants also said it was sometimes easier to give in because their children were often given excessive freedoms and few limitations when the mothers were in active drug addiction and that the children still had those expectations upon reunification with their mothers.

High participant endorsement on particular items on the Developmental Expectations Scale is not surprising. The participants' responses support assertions in the literature that substance abusing mothers would be more likely to punish harshly because of lack of knowledge of child development, low self-esteem, and an inability to be empathic toward their children (Bavolek, 1979). Twenty-one of the 30 participants indicated that they would slap the hand of a 2-year-old for touching a stereo. Extant literature about substance abusing women also indicate that these mothers have unrealistic developmental expectations for their children and often expect behavior that is too developmentally advanced given a child's age (Hohman & Butt, 2001).

Mothers in the study also responded in a way that suggested a tendency to rely on children for their own emotional support. Ten of the study participants indicated that a 3-year-old would be cognizant of their parents' emotional states and avoid the parent who

was upset. Twelve of the participants believed that 3-year-olds would be able to determine that their mother is ill and play alone for extended time periods. Eight of the participants agreed that parents can expect babies to always show them love and affection. These findings reveal a tendency for substance abusing women to depend on their children for nurturance and emotional support. Participant endorsement of this belief may be explained by the fact that substance abusing women generally have a lack of social support and tend to rely on their children for such support (Dore, 1998).

Well over half of the 30 participants endorsed the belief that small babies have mean tempers and will disobey their parents in defiance. The participants indicated that infants can willfully choose to act out in anger against their parents. The mothers explained that their own infants had done such things as shunned their affection, glared at them and cried as a means of arguing with them. This finding can be explained by the mothers' unrealistic developmental expectations of their children (Hohman & Butt, 2001).

Mothers' high mean scores on the Efficacy Scale indicate that the participants feel efficacious as parents. The highest mean score was for the item regarding mothers' understanding of how their actions affect their children and that caring for them was easier with this understanding. This finding can possibly be explained by the fact that effective substance abuse treatment for women involves extensive parent education (Camp & Finkelstein, 1997; Howell et al., 1999; Namyniuk et al., 1997). The participants in the present study were all involved in a treatment program that required parent education. This component of the program is intended to address the negative effects of

the mothers' active addiction on their children's development. It is not surprising that the participants in this study are keenly aware of how their behavior directly impacts their children. Also, during the interviews, the participants revealed a belief which may explain their high levels of perceived efficacy. For mothers who had not previously been present for their children, even minor custodial things such as preparing a meal or helping with homework made them feel worthy as mothers.

The high mean score on item 20 on the parenting survey ("I believe I am a good parent") undergirds the belief that the participants perceive themselves as "good parents". Conversely, the low mean score on item three of the Efficacy Scale ("Being a parent is manageable, and any problem is easily solved") most likely indicates a perception by the participants of high parenting stress. They tended to disagree with the statement that "being a parent is manageable and all problems are easily solved." Many of the participants gave voice to the difficulty of parenting in recovery and balancing long-term sobriety with parenting responsibility. The participants also spoke of the stress of reunification with their children. Although they indicated excitement over rebuilding their families, they discussed feeling stressed and overwhelmed by assuming full responsibility for children that were cared for by others previously and by being faced with their children's issues including emotional, behavioral, educational and medical problems that resulted from the mothers' active drug addiction (Carlson, et al, 2006; Hohman & Butt, 2001)

Although many studies on parenting efficacy demonstrate a post-intervention increase in efficacy, these studies also highlight the fact that the increase in efficacy is not

always coupled with changes in parenting behavior (Leerkes & Crockenberg, 2002; Teti et al., 1999). However, Hess, Teti and Hussey-Gardner (2004), determined that there is a relationship between parental self-efficacy and parental competence that is moderated by parental knowledge of development. The findings on the Parenting Survey indicate that most do not endorse the use of spankings to discipline, but instead support the use of alternate discipline methods and believe they can work. This finding can possibly be explained by the "no spanking" policy to which the participants agreed when they enrolled in their current substance abuse program. The clinicians at the participants' substance abuse treatment facility indicated that the policy was implemented to correct problems of harsh and sub-abusive discipline practices with mothers who come into the program with open child protective services cases and other legal issues. The policy is discussed at admission and explained in the required parent education classes where the mothers are taught positive discipline practices. Direct care staff also monitor parent-child interactions and intervene to model alternative methods to harsh discipline. This type of concentrated focus, education and support may explain why the participants in this study appear to report high levels of parenting efficacy that appear to translate into parenting confidence. Findings from the P-SIPI also support this assertion. Even though many of the respondents made hostile attributions for their child's behavior, the percentage of responses that favored teaching (problem-solving or instruction) over punishment were markedly higher across all five scenarios.

The correlations between parenting attitudes, child age, problem behavior and mothers' recovery status reveal interesting findings. Child blame was positively

correlated with child age, child behavior problems, and mothers' recovery status.   Older

children were more likely to be blamed for their own behavior. Children with more

behavioral problems were also blamed more and the mothers were less likely to respond

to these children with firm parenting. The findings also indicate that the longer that a

mother is in recovery, the more likely she is to blame the child, rather than herself, for his

or her own behavior.

Correlations among parenting values present relevant findings about mother

blame. Mothers who blamed themselves for their children's behavior also had higher

levels of inappropriate expectations of support and nurturance from their children,

endorsed more lax responses as effective for their children, and perceived themselves as

more efficacious. This finding highlights two issues that are prominent in the literature on

substance abusing women: their tendency to produce "parentified" children, and their

difficulty in setting limits and boundaries for their children (Carlson, et al, 2006; Dore,

1998). Research indicates that due to their active drug abuse, substance abusing women

are very often isolated and lack few natural resources and emotional supports (Dore,

1998; Pajulo, et al, 2006). To fill the void, many of the mothers turn to their children to

meet their emotional needs, thereby relying on their children to be caretakers. This type

of role reversal and enmeshed boundaries are common in the parent-child relationships of

substance abusing women (Morris & Gould, 1963; Steele, 1975). Also quite common is

lax parenting or overpermissiveness (Carlson et al, 2006; Dore, 1998). The casual attitude

toward limit-setting seems to stem from several causes: the habit of inconsistency and

the lack of structure in parenting during active drug addiction (Bauman & Dougherty,

1983) and overcompensating for the guilt and shame of past parenting failures upon reunification with their children (Dore, 1998). Mothers in the present study who exhibited more hostile attributions scored lower on the P-SIPI efficacy scale. In other words, they saw firm responses as less effective in managing child misbehavior. Mothers with higher scores on the P-SIPI efficacy scale tended to blame their children less and tended to endorse firm responses as effective for managing child behavior.

In summary, these findings support much of the current literature on substance abuse and parenting. These data indicate that substance abusing women tend to make hostile attributions regarding their children's challenging behavior, and these attributions are not significantly correlated to child age or the mothers' recovery status. Maternal self-blame was not significantly correlated with hostile attributions. Older children were blamed more by their mothers and mothers with longer time in recovery assigned more child blame. Additionally, mothers who assumed blame for their children's challenging behavior endorsed lax parenting responses and inappropriate expectations of emotional support from their children.

<u>Limitations</u>

Though this study provided a unique and informative look at an understudied research topic in a marginalized population, it does have limitations.

First, due to the small sample size (N=30) and the purposive sampling strategy, the results in this study may lack generalizability to the larger population of substance abusing women.

Second, the composition of the study sample is a limitation. Although the sample is similar to those used in other studies on substance abusing women, it overrepresented many of the same sociodemographic disadvantages. The participants were largely poor, single, minority women with few social supports and natural resources. The majority of the participants (80%) were also crack cocaine addicts. A sample with a broader racial makeup, different drugs of abuse and different socioeconomic statuses may elicit different results.

Third, the study lacked observational data. Given that the participants generally endorsed positive discipline practices in spite of their high percentage of negative attributions for their children's challenging behavior, observational data would have indicated whether the participants were merely endorsing ideas or if they were actually implementing them in their everyday parenting practices.

Finally, because the research is the clinical director of the program from which the participants were sampled, the results of the study may be colored by the social desirability effect. The participants may have given answers that they believed would meet the approval of the researcher rather than speaking truthfully about their parenting beliefs and attitudes.

Implications for Intervention

Although studies have been conducted to examine the parenting practices of substance abusers, there has not been research on the social cognitions of substance abusing women and how they translate into parenting practices. This study, although conducted on a small scale, has set forth an agenda that calls for further exploration. The

findings from the study have implications for the study of parenting efficacy and improving intervention approaches with substance abusing women. Based on the study findings, effective parent education for substance abusing women must include components beyond traditional teaching of developmental milestones. Because of their addictions substance abusing women enter treatment with many challenges that need to be addressed before they can begin to develop strong positive relationships with their children.

Suggestions for the development of more effective curricula include the following:

1) Instruction in child development to decrease the likelihood of inappropriate expectations for child behavior. Empirical evidence demonstrates that substance abusing women tend to lack knowledge of child developmental milestones, so an intervention aimed at teaching substance abusing women about age-appropriate cognitive, emotional and social abilities may serve to counteract inappropriate child expectations.

2) Instruction on specific parenting skills designed to manage challenging behavior to improve the likelihood of increased feelings of efficacy in daily parenting tasks. Parental competence is linked to parental self-efficacy, improved mental health and better caregiving (Daggett et al., 2000; Jones & Prinz, 2005).

3) Even though there were no significant ethnic differences across the parenting variables in the current study, empirical evidence supports the fact that cultural meaning can affect parenting attitudes. Any interventions should be culturally sensitive and include a wide range of parenting interventions.

4) Because of fear of critical feedback, substance abusing women may be resistant to parenting education (Luthar & Walsh, 1995). A therapeutic component in which mothers can address the guilt and shame of their past parenting failures, receive support to ease the stress of reunification with their children and get affirmation and support could be useful in increasing parental receptiveness and active participation. Maternal blame could also be a focus of the therapeutic component so as to combat the likelihood of the endorsement of lax parenting responses and inappropriate expectations of emotional support and nurturance from their children.

5) More effective interventions for substance abusing women should include mechanisms by which mothers can be referred for family therapy and have their children assessed for behavior and emotional problems. The children of substance abusing women tend to have poor child outcomes including many physical and mental health problems. Interventions that provide this practical assistance would benefit both the mother and the child.

6) Given the high percentage of substance abusing mothers' hostile attributions for their children's challenging behavior and the subsequent effect on the mothers' responses and their children's affective states, interventions aimed at changing attributions would be appropriate. A theoretical orientation such as cognitive behavioral therapy (CBT) would be appropriate. The rationale behind CBT is that thoughts influence feelings and behaviors. Therapy is aimed at teaching the participants to change destructive thought patterns.

This project examined the parenting beliefs of substance abusing women. The insight provided by the results of this project indicates the complexity of the parent-child relationship in chemically dependent families. The effects of drug addiction have deleterious effects on both the addicted parent and their children. Findings from this project indicate that mother self-blame is correlated with inappropriate expectations of support and nurturance from their children and endorsement of lax parenting responses as effective. Also, recovering mothers tend to have inappropriate developmental expectations of their children. Further, the mothers' hostile attributions for their children's behavior are correlated to child blame. Children whose mothers blamed them for their own misbehavior are less likely to receive firm/authoritative parenting responses.

Designing effective parenting interventions for substance abusing women entails helping them understand child development, but should also include a therapeutic component to address unresolved issues surrounding past parenting failures and interventions aimed at changing the mother's hostile attributions. Directions for further research include studies on a broader scale with more participants from varying socioeconomic backgrounds and a range of addictive substances and a focus on how race and ethnicity affect parenting responses in this population.

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FOOTNOTES

[1]Names of the participants and their children have been changed to protect their identities.

APPENDIX A

Parent Social Information Processing Interview

(adapted from Snyder et al., 2007)

Introduction

Present the interview to the parent using a paraphrase of the following information:

Today what we'd like to do is to get information from you about how you think about and respond to different learning situations at home with CHILD. You will be presented with some situations that parents often experience. Many of these situations involve what may seem to be difficult child behavior, ones that occur with most children. They are simply part of the learning process. We would like to learn how you think about these situations and how you understand your child's behavior. We would also like to learn how you respond to your child in these kinds of situations. There are no right or wrong answers to the questions I will be asking. Parents develop a style of way of responding to their children that works for them. We are interested in learning about the different ways that parents respond. Although we would like you to answer all the questions you will be asked, as always, if any questions make you feel uncomfortable or you don't want to respond, just ay so and we'll move on to the next question. Does this make sense to you? Do you have any questions?

*Each of the stories I'm going to read to you describes a situation that many parents have experienced. I would like you to imagine that the child in the story is **your** child and that this situation actually happened to you. Then I'll ask you how you think about that situation and how you might respond to your child.*

When reading the stories, be sure to read them exactly as they are written. Read with some interest and inflection, but without being dramatic or mimicking the voices of the children or adults in the story. When parents are asked to tell how they would respond to the child, encourage the parent to give three responses if possible, but do not be too insistent.

Throughout the task, it is important to provide the parent with positive social feedback. This feedback should be non-specific-in other words, you do not want to comment on their responses but on their effort and cooperation. Do not indicate that you either agree or disagree with any of the responses but just thank the parent for staying involved and thinking about the situations. If the parent asks what you think, say that we are interested in learning how *they* think, and that parents are the experts on their own children and know best how to handle things.

STORY #1

It's morning. You've finished breakfast and are listening to some music. Your child has just come to the kitchen table for breakfast, where you have placed a glass of juice at his/her place at the table. You've also placed a spoon and a napkin at his/her place. Your child is full of energy, moving quickly and talking excitedly about a field trip to the zoo at school today. He/she pulls out the chair at the table, sits down and begins to play with the spoon. You ask what kind of cereal he/she wants for breakfast. He/She tells you and you go to get the cereal from the cupboard and the milk from the refrigerator. You hear a clinking sound and turn to see the juice glass tipped over on the table and juice is running off the edge of the table onto the floor.

1. Why do you think the juice spilled?
2. Who do you think was to blame for the spilled juice?
3. What would you do or say in response to your child in this situation? (Probe for three answers by asking, "What is another thing you might do?"
4. Which of this would you be most likely to do first?
5. What do you think your child would do after you did this?

STORY #2

It's 4:00 in the afternoon. It's 98 degrees outside and supposed to be just as hot tomorrow. You've had a busy day, are feeling tired and are looking forward to getting home. You open the front door and it's incredibly hot in your house/apartment/trailer. The air conditioning isn't working. You get on the phone and try to get someone to come out and fix the air conditioner. You finally get someone to answer your call after trying for 15 minutes. Your child comes in from outside and slams the door. He/She drops his/her backpack loudly on the table and starts to excitedly pull out papers and pictures from projects at school. He/She starts poking you in the leg, saying "Hey, Mom," over and over again to get your attention at the same time as you're talking on the phone.

1. Why do you think you child is doing this?
2. Who do you think is to blame for you child's behavior?
3. What would you do or say in response to your child in this situation? (Probe for three responses by asking, "What is another thing you might do?"
4. Which of these would you be most likely to do first?
5. What do you think your child might do after you did this?

STORY #3

Your son/daughter is watching his/her favorite show on TV, and you can tell by his/her laughter that he/she is really enjoying the show. You are in the kitchen making dinner and call your child to say dinner is just about ready. You get no response. You walk into the room where you child is watching TV and tell your son/daughter to turn off the TV

and come into the kitchen for dinner. He/She says, "Ok. I'll be right there." But after you walk back into the kitchen, he/she doesn't come. You go back and see that your child hasn't turned off the TV and in fact is still sitting in the same spot watching the program.

1. Why do you think your child behaved this way when you asked him/her to come to dinner?
2. Who do you think is to blame for you child's behavior?
3. What would you do or say in response to your child in this situation? (Probe for three responses by asking, "What is another thing you might do?")
4. Which of these would you be most likely to do first?
5. What do you think your child might do after you did this?

STORY #4

Your son/daughter comes home from school one afternoon and drops his/her backpack by the front door. You look up from what you're doing and see that he/she is looking sad. You ask what the matter is, and he/she starts to cry. He/She says that nobody likes him/her at school, nobody wants to play with him/her at recess and the other kids call him/her ugly and stupid.

1. Why do you think your child reacted this way to the other kids at school?
2. Who do you think is to blame for this situation?
3. What would you do or say in response to your child in this situation? (Probe for three responses by asking, "What is another thing you might do?"
4. Which of these would you be most likely to do first?
5. What do you think your child might do after you did this?

STORY #5

Your son/daughter comes home Monday after school. He/She is carrying a packet of papers that comes home every Monday from the teacher. You start looking through all of the school announcements, permission slips and papers. There are papers with number practice and number recognition. You notice a note from the teachers, with a sad face on it, saying that you child has been inattentive, overactive and disruptive at school. The note asks you to call the teacher.

1. Why do you think your child got this bad behavior report from school?
2. Who do you think is to blame for this situation?
3. What would you do or say in response to your child in this situation? (Probe for three responses by asking, "What is another thing you might do?"
4. Which of these would you be most likely to do first?
5. What do you think your child might do after you did this?

STORY #6

You're at the grocery store with your child. It's right before supper, and you and your child are hungry. You have just a few things to pick up for dinner, so you're moving quickly through the store with a small basket and holding your child's hand. You get to the express checkout counter, and there are two people ahead of you. You child asks in a pleading voice for a bag of M & M's that are right at the checkout stand. You say, "No, I don't want you to ruin your supper." As you are placing the items you are buying on the conveyor belt, your child comes up holding a bag of M & M's and looks defiant and angry.

I'm now going to read three things parents might do in this situation. I'm going to ask you tell me, from your experience, which of these responses would be most effective for you and your child. You should tell me how well you think each one would work-would it be awful, not very good, Ok, pretty good or very good?

1. One response by parents to this situation is to buy the M & M's for the child. After all, he/she is hungry, and it would be embarrassing to create a scene.

2. Another response by parents is to explain the situation to the child. "I know you're hungry, but it's just about dinner time. I told you no, so put the candy back."

3. Another response by parents is to give the child a swat on the bottom and take the candy form the child and put it back on the candy stand.

STORY #7

Your child is just sitting down to eat with you and other family members. You carry over the food that has taken you 45 minutes to prepare. Your child looks at the food in the serving dishes and says, in slightly whiny voice, "I don't like this. I'm not going to eat it." He/She crosses his/her arms and looks a little pouty.

Now I will read three things parents might do. Tell me how well you think each one would work.

1. One response by parents to this situation is to give the child a choice: "You can eat what is on your plate or you can go hungry and wait to eat until breakfast."

2. Another response by parents is to say, "If you eat some of what was made for supper and still don't like it, then I'll make you a peanut butter and jelly sandwich."
3. Another response by parents is to offer the child another kind of food: "Would you like a peanut butter and jelly sandwich instead, or something else?"

APPENDIX B

Developmental Expectations Survey

About Raising Children

Below are some statements about parents and children. These are all things that different people have different opinions about, and we are interested in finding out what you think, in general, about raising children. Please circle whether you *AGREE* with each statement or *DISAGREE* with it.

1. When they're 4 or 5, children can play outside alone even when there's no fence to keep them in.	Agree Disagree
2. If a baby really loves her mother an father, the baby will be well behaved.	Agree Disagree
3. It's good for a parent to set a 4 year old on the toilet for an hour after the child has messed in his pants.	Agree Disagree
4. It's natural for a parent to be upset if a child breaks something expensive.	Agree Disagree
5. Most of the time a 4 year old can choose the right clothing for the weather and then get herself off to school.	Agree Disagree
6. Usually a 2 year old can sit and play quietly alone in a room for several hours.	Agree Disagree
7. A 3 or 4 year old can be expected to behave and not cry when his mother is upset.	Agree Disagree
8. There is nothing wrong in punishing a 9 month old child for crying too much.	Agree Disagree
9. A 1 year old can usually feed herself (without help form a parent).	Agree Disagree
10. A 3 year old child usually knows when his mom or dad is upset and that he should stay out of the way at these times.	Agree Disagree
11. It's OK to punish a child once in a while if she really misbehaves.	Agree Disagree
12. Most often a 3 year old will know how to play quietly for longer periods of time when his mother isn't feeling well.	Agree Disagree
13. A 2 year old can be expected to toilet train herself with little help from parents.	Agree Disagree
14. Parents should have older children participate in household chores.	Agree Disagree
15. Parents can expect a 2 ½ year old child to be able to comfort the parent when the parent is sad and crying.	Agree Disagree
16. When a 2 year old bites her mother, it's OK for the mother to bite the child back to teach the child that biting mother is not allowed.	Agree Disagree

17. If a baby or young child sucked his thumb a lot, and kept doing it even when told not to, it would be good to spank him once to teach him to stop.	Agree Disagree
18. If a parent had to work nights, 8 or 10 year old children would be able to take the responsibility of being left home alone.	Agree Disagree
19. Most 12 year olds are old enough to be able to listen to their mothers' problems and give advice.	Agree Disagree
20. A two year old can sometimes take a bath without the parent being in the room.	Agree Disagree
21. Generally it is a good idea to slap the hand of a 2 year old who touches a stereo.	Agree Disagree
22. If a parent needs to do a quick errand, it's OK to leave a 3 year old alone in the house or apartment as long as he or she is sound asleep in bed.	Agree Disagree
23. It won't hurt a 10 year old to stay home from school now and then when a parent feels sad or ill.	Agree Disagree
24. I don't think kids should ever get punished.	Agree Disagree
25. Even small babies have tempers and disobey when they're mad.	Agree Disagree
26. Parents can expect a baby to always show them love and affection.	Agree Disagree
27. A parent should not be upset if a child breaks something expensive, because it's normal for children to do things like that.	Agree Disagree
28. A parent can expect a 3 or 4 year old to know enough to behave in the grocery store so the parent won't look foolish in front of other people.	Agree Disagree
29. It's OK to leave an 8 month old baby alone on a bed or couch for awhile.	Agree Disagree
30. A 2 year old can be expected to go to her room and get dressed when told.	Agree Disagree

APPENDIX C

Parenting Survey

(adapted from Abidin, 1995)

Read each statement below and circle the number that best reflects how you feel about
the statement.

1.   I have a good understanding of how my child grows and develops.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

2.   I know what abilities my child should have at his/her age.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

3.   I have confidence that I know what is right for my child.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

4.   I do what is right for my child.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

5.   I have the ability to help my child learn.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

6.   I am afraid sometimes because I do not know a lot about how to be a parent.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

7.   I feel trapped by my responsibilities as a parent.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

8.   I find myself giving up more of my life than I expected to meet my child's
      needs.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

9.   I have people who support me and give me advice about parenting.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

10.   My child makes more demands than most children do.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

11.   My child is more of a problem than I expected.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

12.   I know what my responsibilities are as a parent.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

13.   My child probably thinks of me as more of a friend than a parent.

1   2   3   4
Strongly   Disagree   Agree   Strongly
Disagree   Agree

14. I remember what it is like to be a child.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

15. My child has emotional needs and can experience the same feelings that I do.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

16. When my child misbehaves, I tend to use spanking to discipline him/her.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

17. I believe that time out or another alternative can work in disciplining my child.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

18. I use other methods, besides spanking, to discipline my child.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

19. I think that my child is well-behaved.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

20. I believe that I am a good parent.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree