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A quantitative study of parental drug use and its effects on attachment

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A QUANTITATIVE STUDY OF PARENTAL DRUG USE AND ITS EFFECTS ON ATTACHMENT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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ABSTRACT

A healthy attachment is necessary for children to obtain meaningful relations with others, have a healthy development, and trust in their social environment. When the parent-child relationship is dysfunctional, the child is at a risk for developing an unhealthy attachment. This research project will examine, from the social worker's perspective, parental substance abuse and its effects on attachment. If drug abusing parents are unable to appropriately respond physically and emotionally to their children's needs, the attachment process can be jeopardized. This inappropriate response results in the child exhibiting the inability to maintain positive meaningful relationships, establish a healthy development, and trust in his or her social environment. A sample of social workers completed the Parent/Child Reunion Inventory in order to assess whether or not they perceived parental substance abuse interfering with the attachment process. The results of the study indicate that social workers believe the children on their caseload have achieved a minimal level of secure attachment with their substance abusing parents.

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CHAPTER ONE

INTRODUCTION

Problem Statement

Prenatal drug exposure was first brought to the public's attention during the 1980s when the media portrayed stories of "crack babies." The stories showed these babies being born to young minority women of low socioeconomic classes. The media portrayed these women as bad mothers who exhibited a lack of morals. However, current studies contradict this. Drug addicted babies are born to mothers who come from all ages, ethnic, cultural, and socioeconomic backgrounds. In 1987, estimates accounted for 38,000 infants born to drug abusing mothers. However, in 1996, estimates suggest there are 375,000 infants each year who are born prenatally exposed to some type of drug. In California alone 90,500 (approximately 15%) infants are born prenatally exposed to drugs (Kralix, 1996).

Meaningful relationships are critical to the healthy development of all children. They provide the emotional energy children need to explore, discover, and learn. These meaningful relationships give children a sense of self that enable them to persist in difficult tasks, pursue goals which are not immediately attainable, and handle internal frustrations and internal stressors (Newman & Newman, 1995).

However, when children have been prenatally exposed to drugs, they are at an increased risk of not being able to maintain relationships.

Attachment theory describes individual and dyadic aspects of significant relationships that develop within the family and can account for behavior that occurs later on in life. Attachment can be defined as a significant and enduring emotional bond that occurs between two people. The parents' acceptance of the infant and in their own abilities to care and respond to the infant's signs of distress are critical to the development of a secure attachment. The development of a secure bond is significant because it facilitates a child's trust in the environment and it aids the development of coping skills. Attachment can be viewed as the foundation of healthy development (Newman & Newman, 1995).

Social attachment can be viewed as the process through which individuals establish specific, emotional bonds with others. Attachment within the first few months of life results when there are certain patterns of infant and caregiver interaction. Positive attachments between the infant and caregiver can be described as rhythmic, well-timed, and mutually rewarding. However, less positive

attachments occur when the caregiver is unresponsive to the infant's signs of distress, is excessively intrusive when the infant is calm, or is disengaged from the infant (Newman & Newman, 1995).

Being able to self-regulate one's own behavior is important within the first few years of life. The ability to regulate or restrain behavior is a product of changing cognitive, social, and emotional competencies. Infants have their own self-regulating behavior where they will suck or soothe themselves, and they will turn away, cry, or go to sleep in order to avoid stimulation. Infants have the ability to override negative emotions and to regulate or reduce the intensity of emotional responses. With this self-regulating behavior, infants become aware of themselves as casual agents. They begin to explore their environment in order to gain confidence in themselves. Infants who have been prenatally exposed to drugs lack this self-regulating ability. They are not able to override their negative emotions and will not see themselves as casual agents. Consequently, they will begin to mistrust themselves and their social environment (Coles, Coles, Poulsen & Smith, 1995).

Studies suggest infants who are prenatally exposed to

drugs exhibit marked delays in cognitive, affective, and psycho-motor development. Most of these children have average to low average intelligence but exhibit impulsiveness, poor self-regulation, distractibility, low levels of play, inappropriate peer relationships, and disordered attachment. However, many of these children are also exposed to a variety of environmental risks, such as inadequate parental care and unhealthy nutrition. The combination of these risks invites a chaotic and unpredictable family life for the developing infant (Kandall, 1993).

When a parent responds in a sensitive and timely manner to the child's needs for nurturance, stimulation, and food, that child will develop a sense of security and trust in his or her environment (Burns, Chethik, Burns, & Clark, 1997). The drug abusing parent often is not able to appropriately respond physically and emotionally to the child's needs because of his or her own dysfunctional lifestyle, thus inhibiting the child's development and sense of security. "Negative life experiences, the presence of instability, deficits in social support and the effect of chemical abuse on the central nervous system have all been implicated as contributors to parenting dysfunction in maternal drug

abusers" (Burns, et al., 1997, p.286). Furthermore, due to the lack of his or her own parenting skills, the parent easily becomes frustrated with the child and consequently will spend less time taking care of the child. Sometimes parents are even hesitant to invest in a relationship with their child. They may avoid becoming too attached to their child because they are afraid he or she may be removed from their care.

Prenatally drug exposed children also have difficulty achieving a calm alert state. These children can become unresponsive to their environment when the level of stimulation they experience is excessive or inadequate. This results in a lack of interaction, attentiveness, and learning. It has also been found that children who are easily overstimulated may not engage in a relationship of eye gazing and smiles with the mother. To the substance abusing mother, she perceives this lack of interaction and attentiveness as a personal rejection of her as the mother. This may confirm to her that she is a bad mother, irresponsible, or immoral. This reinforces feelings of worthlessness and a negative self-image. The result is a disengagement of emotion and attention where the mother withdraws from caring for her child. Due to this, the

bonding process between the mother and child is inhibited (Kandall, 1993).

Psychosocial and environmental factors can also affect the attachment process between the substance abusing parent and the child. The psychosocial factors include the parent's attitude and expectations toward the child, the parent's intellectual ability, and the parent's chaotic lifestyle. "Addiction prevents a mother from responding to her infant's needs; her primary focus is on her drug of choice, not on her child" (Brooks, Zuckerman, Bamforth, Cole, & Kaplan-Sanoff, 1994, p.204). This results in the parent being unable to relate emotionally to the child, as well as not providing for the nurturance needed to develop a sense of trust. The environmental factors that affect the attachment process include single parenthood, inadequate income, poor housing and nutrition, lack of education, and a lack of support systems. When the home environment becomes unstable, the basic needs of the child are not met. Therefore, the child cannot trust his or her social environment, which results in the inability to obtain and maintain meaningful relationships.

Problem Focus

The purpose of the study was to evaluate the effects of

parental substance abuse on attachment so social workers can recognize, identify, and resolve problems in the interactions between these parents and their children. It is important for a healthy attachment to occur so these children can maintain meaningful relationships with others and reduce behavioral problems that may occur later in their lives. Also, if these drug abusing parents can learn how to adequately parent and promote an atmosphere conducive to achieving a healthy attachment, such learning can reduce the number of drug exposed children involved in Child Protective Services.

The research question addressed the problem of parental drug use and its effects on the attachment process. Parental drug use is a problem because many parents do not realize or are not aware of the extent of damage drugs can do to the developing fetus, as well as the developing child. Children who are born addicted to drugs exhibit behavior such as excessive irritability, distractibility, crying, and poor self-regulating behavior. This, coupled with the parent's lack of parenting skills and chaotic lifestyle places the prenatally drug exposed child at a risk of not being able to bond with the parent and not being able to trust in the social environment. Thus, the major research

question is: Do social workers perceive parental substance abuse affecting the attachment process in young children?

CHAPTER TWO

LITERATURE REVIEW

Freier (1994) examines the relationship between a mother and her infant, as well as the complexities that effect their relationship when the use of drugs is prevalent. The article focuses on the characteristics that the mother and infant bring into their interaction with one another. Substance abusing mothers tend to be easily frustrated in their parenting skills and interactions with their children which leads to the mothers becoming emotionally detached and refraining from interaction with their children altogether. Furthermore, psychosocial and environmental factors are considered influences that negatively affect the attachment process between mothers and their infants. Educating the mother is a key factor in establishing a positive mother-infant relationship.

Davidson (1991) uses the theory of attachment to address the relationship between substance abusing parents and their children exposed prenatally to drugs. The author suggests that multiple factors consisting of parental drug use, inadequate parenting skills, inadequate social support, nutrition, and health care, as well as poverty, violence, and neglect have been empirically linked to insecure attachment relationships between children and their mothers.

When looking at cocaine exposed infants and their mothers through the theory of attachment, the impact of multiple risk factors are apparent. In addition, a new way of thinking about appropriate and effective interventions for this dyad becomes evident.

Erickson (1996) proposes a conceptual model of the factors that influence infant well-being and attachment based on perceived maternal support. The model suggests that mother-infant bonding and attachment will occur only when the mother's own needs have been met. The model points out that when mothers perceive that they are supported and cared for, they can cope better with stressors in their lives. By coping, the growth and development of their infants is facilitated. The mother-infant attachment process becomes jeopardized when the mother has a diminished sense of self-worth and parental competence. When mothers lack these characteristics, they are not able to cope with stress and anxiety, nor have the capacity to balance satisfaction of their own needs with the needs of their infants.

Brooks, et al. (1994) examine how drug addiction affects a mother's ability to parent her child, and in turn negatively affects the mother-infant bonding process. The

authors discuss how drug addiction leads to difficulty in controlling one's behavior and impulses. This can prevent mothers from being able to respond to their infants' needs because the mothers' focus is on obtaining drugs, not parenting. Since drugs can numb emotions, mothers are not able to respond emotionally to their children, which result in a lack of attachment. Further, the use of drugs impairs the mothers' ability to develop normal social and other relationships, especially with their children. Furthermore, these mothers are so disengaged from themselves that their ability to care for themselves, as well as their children, is immensely impaired.

Burns and Chethik (1991) observed drug abusing mothers interacting with their infants. The Parent-Child Early Relationship Assessment was used to assess the level of attachment these mothers had with their infants. Five mothers had volunteered for this study. The infants ranged in age from eight to 11 months. The interactions were based on four segments of feeding, structured play, unstructured play, and conversation. An analysis of the dyadic behaviors showed an overall reduction in reciprocity, mutual enjoyment, and regulation of interaction between the mother and the infant. The lowest rating for the infants were in

the expressions of positive affect, happiness, pleasantness, and cheerfulness in their mood. The most depressed dyadic variable was enthusiasm, arousal, and mutual enjoyment of the mother and infant for one another. These mothers were viewed as not reaching out to their infants and as a consequence, the infants did not exhibit the happiness as that of a normal baby.

In another study, mother-infant dyads were observed to assess which interactional characteristics were problematic for drug abusing mothers and their infants. The researchers compared ten drug dependent mother-infant dyads to ten drug free dyads. The dyads were matched for similar characteristics and the infants ranged from eight to 12 months of age. The authors observed the dyads in structured and unstructured play and then rated them on 50 different characteristics. Interesting to note, significant differences between the drug dependent and drug free dyads were found on only two of the 50 characteristics. This included the drug free dyads scoring higher for maternal enjoyment and pleasure in the structured play situation and mutual(dyadic) arousal, enthusiasm, and enjoyment in the unstructured play situation. Although very little significant differences between the two groups were found,

the authors noted that there was a tendency for the drug dependent dyads to consistently score lower than the drug free dyads (Burns, et al., 1997).

Mayes, Feldman, Granger, Haynes, Bornstein, and Schottenfeld (1997) assessed face-to-face interactions of infants and their parents to determine if there were any disturbances in parental attention, mother-infant dyadic organization, maternal interruption, and infant readiness to interact. The researchers divided the parents into three groups, those who used cocaine as well as other drugs, those who used other drugs but not cocaine, and those who used no drugs at all. There was a total of 81 dyads in the sample population, consisting of 43 mothers who abused cocaine as well as other drugs, 17 mothers who used drugs other than cocaine, and 21 mothers who used no drugs at all. The mothers were matched for similar ethnicity, age, education, and extent of prenatal care. The researchers conducted the study in a laboratory setting on two different occasions when the infants were three months and six months of age. The mothers were observed while they interacted with their children face-to-face for three minutes.

The results of this study indicated that at both three and six months of age, the mothers who used cocaine as well

as other drugs were less attentive, engaged in fewer dyadic interactions, and had more frequently interrupted interactions with their children than the other two groups of mothers. Furthermore, it was found that the mothers who used cocaine as well as other drugs were less attentive with their children at six months than they were at three months of age. It was also noted that no significant differences were found among the three groups in the area of infant readiness to interact. The study concluded that maternal cocaine use poses substantial risks on parenting abilities and behaviors, including not being able to attend to or sustain interactions with their children (Mayes, et al., 1997).

The focus of a study by Fineman, Beckwith, Howard, and Espinosa (1997) was to explore the relationship between maternal behavioral characteristics and its effects on mother-infant interaction among substance abusing mothers. The authors assessed whether the substance abusing mothers' level of ego development had any impact on the interaction with the infants at one month of age. The sample population consisted of 74 substance abusing mothers, most of whom were African American. All mothers lived in extremely stressful environments and had little emotional, social, and financial

support. These mothers were poorly educated, unemployed, approximately 29 years of age, and had an average of three children.

Data for this study were collected at prenatal lab visits and when the infants were one month of age. At the one month visit, the mothers participated in a sentence completion test of ego development and a 15 minute videotaped observation of the mother-infant interaction during feeding. The data were measured by the Adult Attachment Interview, the Addiction Severity Index, the Million Clinical Multiaxial Inventory, and the Loevinger Sentence Completion Test for Ego Development. The results indicated that the mothers' level of psychological well-being and the level of ego development affects the quality of interaction with their infants. Interestingly, the level of ego development rather than the extent of substance abuse had the most influence on maternal sensitivity and quality of interaction. Conclusions of the study were that ego development outweighs the level of psychological disturbance, the extent of substance abuse, and other environmental factors as influencing factors on the mother's sensitivity to her infant (Fineman, et al., 1997).

The focus of the study conducted by Nair, Black,

Schuler, Keane, Snow, and Rigney (1997) was to identify perinatal factors that are predictive of disruption in primary caregiving among infants of substance abusing women. In this study, the researchers assessed 152 mother-infant dyads for evidence of disruption of primary caregiving during the first 18 months of their life. The researchers defined disruption as voluntary placement of the child with a relative. Sixty-six infants (43.4%) were found to have disruption in their primary care, whereas 86 infants (56.6%) remained in the care of their mothers during the first 18 months of life. The study concluded that although all infants who are born to substance abusing women are at a high risk for disruption in the continuity of their primary caregiving, maternal demographic and psychosocial factors present at the time of birth can help predict which infants are likely to experience an early disruption in their caregiving (Nair, et al., 1997).

In another study by Brinker, Baxter, and Butler (1994), mother-infant interactions were related to four different hypotheses. The hypotheses are that (1) mothers become more sensitive toward their infants when they recognize their infant's cues; (2) mothers become more sensitive and responsive with their infants only when the infants

increased their own initiative, participation, and attentiveness to the mother; (3) the mothers become progressively less sensitive to their infants due to the infants' handicaps or extreme environmental adversity of the mother and infant; (4) there will be less maternal reaction to an increased amount of the child's cues and activity.

In this study, there were 18 African American mother-infant dyads used for the sample population, however, only four of these dyads consisted of prenatally drug exposed infants and their substance abusing mothers. The researchers observed these dyads every five months (for a total of four observations) for eight minutes with their mothers in a free play interaction session. The results of these four dyads indicated that in two of the dyads, the mothers became more sensitive and responsive in their interactions only when the infants increased their own initiative, participation, and attentiveness to the mother. For the other two dyads, it was found that the mothers became progressively less sensitive as an interaction partner for their infants because of the extreme environmental influences, namely drug usage (Brinker, et al., 1994).

A study conducted at the Department of Pediatrics at

the University of California at Los Angeles focused on the effects of prenatal exposure to drugs in the intellectual, social, and emotional aspects of development. A sample of 18, 18 month old toddlers who had been exposed to a variety of drugs including cocaine, heroine, methadone, and PCP were studied. These children came from environments such as foster families, extended families, and biological parents. The attachment relationship between the toddler and the primary caregiver was assessed by using the "Strange Situation." This consisted of a placing a toddler in a new environment with new toys and the primary caregiver leaves the toddler and returns after a short period of separation.

For this study, developmental scores were determined by the Gesell and Bayley Developmental Assessment procedures. The researcher studied the toddlers during a 15 minute period where they could play with a variety of toys in a large, open floor spaced area. It was found that the toddlers who lived in foster care or with extended family exhibited a secure attachment to their caregiver. On the other hand, the toddlers that lived with their biological mothers displayed insecure attachments (Hutchings, 1989).

The results of a study by Tyler, Howard, Espinosa, and Doakes (1997) contradict those of the previous studies.

Tyler and her colleagues studied the caregiving behaviors toward infants who remained in the custody of their substance abusing mothers compared to infants who were in the care of relatives. Both groups of caregivers were matched for socioeconomic status, level of education, age, ethnicity, and employment history. The sample population consisted of 44 substance abusing mothers who retained custody of their children and 23 relatives who had children placed in their care.

In this study, the caregiving behaviors were assessed when the infants were six months of age according to social engagement, stimulation, facilitation of development, quality of physical contact, frequency of expressed negative regard, delight with the infant, maternal intrusiveness, and sensitivity. The researchers videotaped the caregivers and infants over a 30 minute period, during activities such as feeding, playing, watching t.v., and interacting with siblings. The results indicated that there were no differences found in the quality of caregiving behaviors provided by substance abusing mothers compared to that of relative caregivers (Tyler, et al., 1997).

In a related study, Griffith (1992) focused on the self-regulatory problems exhibited in prenatally drug

exposed infants. In this study, 300 hundred cocaine and poly drug exposed infants were followed. The study found that these infants displayed disorganized nervous systems that interfered with their ability to regulate their own states of arousal. These infants exhibited difficulty reaching the state of quiet alertness, the time when infants are best able to process and respond to their external environments. The infants also exhibited a low threshold for overstimulation. When the infants would become overstimulated, some of them would withdraw from their environment, while other infants lost control and displayed heightened activity and impulsivity. It was found that a number of environmental situations and stimuli may trigger withdrawal or loss of behavioral control in children with self-regulatory problems. Children who had difficulty relating to themselves also had a hard time coping with transitions and changes in their lives, especially when they were placed in new environments (Griffith, 1992).

Of the studies and articles examined, the majority suggest that prenatally drug exposed children have difficulty attaching to or bonding with their primary caregivers. Some studies suggest that these children cannot or have difficulty in being able to regulate their own

states of arousal. This leads to problems in responding to their external environment, namely their caregivers. Consequently, these children have problems with the attachment process. Other studies suggest that prenatal substance abuse in conjunction with other psychosocial and environmental risks cause difficulties for these children during the attachment process. The psychosocial and environmental risks include the mother's own emotional state and negative self-image, as well as inadequate parenting and health care. However, a few studies concluded there were either no or very little differences found in attachment and caregiving ability between drug dependent mothers and non drug dependent mothers.

Unfortunately, there are limited studies on parental substance abuse and its effects on attachment. Most of the studies performed are limited due to small sample sizes and the inability to control for extraneous variables such as polydrug use, prematurity, prenatal care, current status of the parent's drug usage, and multiple out of home placements of the child. Due to the limited literature on addiction and the effects of drug usage on the parent-child relationship, this study will add to the existing literature.

CHAPTER THREE

METHODS

Design of the Study

The purpose of this study was to expand upon the current literature in parental substance abuse and attachment. The research question addressed whether or not social workers perceive parental substance abuse affecting the attachment process in young children. For this research, the post-positivist paradigm was used. Also, a quantitative approach was used to analyze the data. Because the questionnaire was a three-point Likert scale, it lended itself readily to quantitative analysis. The social workers' perceptions were reduced to numbers to allow for objectified data that could be easily understood. By using the quantitative approach to objectively measure the results of the study, the researcher's own biases did not affect the results (Rubin & Babbie, 1997). Descriptive statistics were used to describe the sample. Further, to measure the strength of association between the variables, the Pearsons' product-moment correlation (r) and the Spearman rho test were utilized.

Some practical methodological implications for using the post-positivist paradigm with the quantitative approach are: it is subjective; it lends value to the social workers'

observation of the parent-child dyad; and it allows the researcher to add to the knowledge base. In addition, by quantifying the results through standardized measurements, the findings will be more precise (Rubin & Babbie, 1997).

Sample

The researcher distributed 75 questionnaires to Riverside County social workers. In all, there were 41 social workers who participated in the study. The researcher chose to have social workers as the sample population because they work with these children on a consistent basis. Social workers are also expected to be familiar with attachment theory. Further, social workers may not be as emotionally involved with these children as the parents are and may be more objective in their observations and responses to the questionnaire.

Data Collection and Instrument

The researcher used the Parent/Child Reunion Inventory (Marcus, 1988). The Inventory was used according to the social workers' perception on how they observe children interacting with their substance abusing parents. The Inventory focused on the child's behavior at reunion with their parents after the child has been removed from their care. It was designed to measure a secure or insecure

attachment between parents and their children. The Inventory consisted of a three-point Likert scale as a way to measure the responses.

For this Inventory, "secure attachment is measured by the presence of six reunion behaviors such as 'child seems relaxed throughout reunion' or 'child initiates positive interaction with the parent(e.g., invites the parent to see what they are doing)'" (Marcus, 1991, p. 377). The score for these six reunion behaviors range from 0-12, where a high score means the attachment is more secure while a low score indicates the attachment is less secure. Insecure attachment is indexed by 14 items such as "'child moves away from the parent' or 'child rejects the parent by asking parent to leave the room' or saying 'don't bother me'" (Marcus, 1991, p. 377). The score of these 14 items range from 0-28, where a high score means the attachment is more insecure while a low score indicates the attachment is less insecure.

For this study, secure attachment in children was defined as having trust in their caregiver and environment, and initiating positive interactions with their caregiver. On the other hand, insecure attachment was defined as a mistrust in their caregiver and the environment, and is

evidenced by the child exhibiting avoidant, ignoring, or angry behavior toward the caregiver (Marcus, 1991; for Parent/Child Reunion Inventory, see Appendix C). According to Psychological Reports (1990), "The inventory has shown adequate reliability and both concurrent and predictive validity in its use so far" (Marcus, 1990, p.1330).

Procedure

The researcher passed out the Parent/Child Reunion Inventory to four different units of Riverside County Department of Social Services and obtained 41 responses. The four units are in various areas of Riverside County, including Riverside, Perris, and Indio. With these four units, the results can be generalized to the areas of Riverside County serviced by social workers.

Protection of Human Subjects

All participants were asked to sign a consent form (see appendix A) before completing the Parent/Child Reunion Inventory. The consent form informed the participants of the purpose of the study as well as ensured them of confidentiality. In addition, the participants were given the opportunity to withdraw from the study at any given time. Further, a debriefing statement (see appendix B) was provided with the Inventory, which included a phone number

to a local family service agency or community mental health agency and a phone number to contact the researcher or project advisor if they needed to do so.

CHAPTER FOUR

RESULTS

In order to address the research question, the data taken from the demographic survey and the Parent/Child Reunion Inventory were analyzed using the Statistical Package for the Social Sciences (SPSS). The data were inputted into SPSS and each variable was given a numerical value. The numerical values were used to determine descriptive statistics, including the mean, median, and mode. Further, correlations were computed to assess if the social workers' level of education and experience had an impact on their perceptions of the attachment style between substance abusing parents and their children.

The researcher utilized the Parent/Child Reunion Inventory (Marcus, 1988) and a demographic survey to collect the data. The demographic survey assessed the social workers' level of education, how long they have worked for the Department of Public Social Services, how many children are on their caseload, and how many of these children have parents that abuse illegal substances.

The researcher distributed the questionnaires to social workers who work at four different units of Child Protective Services throughout Riverside County. In all, 75 questionnaires were distributed to two units in Riverside,

one unit in Perris, and one unit in Indio. The researcher received 41 completed questionnaires, resulting in a response rate of 55%.

As shown in Table 1, the sample population consisted of 41 social workers. The social workers' years of experience with the Department of Public Social Services ranged from six months to 27 years with a mean of 6.93 years of experience. Twelve percent of the social workers possessed a Bachelor of Social Work degree(BSW), 34% possessed a Master of Social Work degree(MSW), and 54% possessed other types of degrees, including Master of Arts and Master of Family Therapy. The social workers had an average of 36 children on their caseload. Of these 36 children, 28 (78%) of the children have parents who abuse illegal substances (See, Table 1).

Table 1

Sample Population

Variable	Frequency	%	Mean
Years of Experience			6.93
0-7	28	68.3	
8-14	6	14.7	
15-21	4	9.7	
22-28	3	7.3	
Level of Education			
BSW	5	12.0	
MSW	14	34.0	
Other Education	22	54.0	
Children on Caseload			36
0-25	13	31.7	
26-50	16	39.0	
51-75	12	29.3	
Parents Who Abuse Drugs			28
0-25	23	56.1	
26-50	11	26.8	
51-75	7	17.1	

The question examined in this study was: Do social workers perceive parental substance abuse affecting the attachment process in young children? To answer this question, descriptive statistics were calculated. Table 2 presents that the mean score on the secure subscale of the Parent/Child Reunion Inventory is 7.5 (See, Table 2).

Table 2

Parent/Child Reunion Inventory

Secure Subscale		
Participants' Score	Frequency	%
0-3	3	7.3
4-6	11	26.8
7-9	15	36.6
10-12	12	29.3
Total	41	100%

Mean: 7.560 Median: 8.000
Mode: 6.000

Table 3 presents that the mean score on the insecure subscale is 11.7 (See, Table 3). These scores indicate that social workers perceive that children on their caseload achieve a minimal level of secure attachment with their parents.

Table 3

Parent/Child Reunion Inventory

Insecure Subscale		
Participants' Score	Frequency	%
0-7	7	17.1
8-14	22	53.6
15-21	12	29.3
22-28	0	0.0
Total	41	100%

Mean: 11.756 Median: 12.000
Mode: 12.000

Upon further examination of the data, it is noted that there is more of a range in scores on both the secure and insecure subscales when classifying the social workers by their level of education. As seen in Table 4, it was found that social workers who possess a BSW felt the children on their caseload achieved a secure attachment with their parents (See, Table 4).

Table 4

Bachelor of Social Work Degree

Secure Subscale		
Participants' Score	Frequency	%
0-3	0	0
3-6	0	0
7-9	3	60
10-12	2	40
Total	5	100%

Mean: 9.200
More Secure

Table 5 shows that social workers who possess an MSW felt the children on their caseload achieved a minimally secure attachment with their parents (See, Table 5).

Table 5

Master of Social Work Degree

Secure Subscale		
Participants' Score	Frequency	%
0-3	1	7.1
4-6	4	28.6
7-9	2	14.3
10-12	7	50.0
Total	14	100%

Mean: 8.428
Minimally Secure

In contrast, Table 6 shows that social workers who possess other types of degrees felt the children on their caseload achieved a less secure attachment with their parents than social workers who possess a BSW or MSW (See, Table 6).

Table 6

Other Education

Secure Subscale		
Participants' Score	Frequency	%
0-3	2	9.1
4-6	7	31.9
7-9	10	45.4
10-12	3	13.6
Total	22	100%

Mean: 6.636
Least Secure

As shown in Table 7, although BSW level social workers found children on their caseload to have a more secure attachment, they also found children on their caseload to have more of an insecure attachment with their parents (See, Table 7).

Table 7

Bachelor of Social Work Degree

Insecure Subscale		
Participants' Score	Frequency	%
0-7	0	0
8-14	2	40
15-21	3	60
22-28	0	0
Total	5	100%

Mean: 15.6
More Insecure

Further, Table 8 presents that MSW level social workers perceived children on their caseload to achieve a less insecure attachment than social workers who possess a BSW or other education (See, Table 8).

Table 8

Master of Social Work Degree

Insecure Subscale		
Participants' Score	Frequency	%
0-7	3	21.4
8-14	8	57.2
15-21	3	21.4
22-28	0	0.0
Total	14	100%

Mean: 10.357
Least Insecure

However, as seen in Table 9, social workers who possess other types of degrees perceived children on their caseload to achieve a minimally insecure attachment between their parents (See, Table 9).

Table 9

Other Education

Insecure Subscale		
Participants' Score	Frequency	%
0-7	4	18.2
8-14	12	54.5
15-21	6	27.3
22-28	0	0.0
Total	22	100%

Mean: 11.772
Minimally Insecure

Further, correlations were also computed to determine whether the years of experience had an effect on the social workers' perception of the level of attachment between children and their substance abusing parents. The researcher utilized the Pearson's product-moment correlation (r) and the Spearman rho test. There were no statistically significant trends found.

CHAPTER FIVE

DISCUSSION

The results of the study contradicted other studies found among the current literature on substance abuse and its role on the attachment process. The results of this study indicated that social workers perceived the children on their caseload developing a minimal level of secure attachment to their substance abusing parents. It appears that BSW level social workers rated the children on their caseload to be more securely attached than MSW level social workers and social workers who possess other types of degrees. However, it is noted that the BSW level social workers contradicted themselves when rating both the secure and insecure level of attachment. BSW level social workers perceived the children as having a more securely attached as well as a more insecurely attached relationship to their parents. A possible explanation for this could be that these social workers are not familiar with attachment theory and did not associate the child's behavior as an indication of the level of attachment between the child and his or her parents.

The results of this study provided an unexpected outcome for the researcher because the results did not support the current literature on substance abuse and its

role on the attachment process. The majority of studies suggest that children raised in substance abusing families have difficulty attaching to or bonding with their parents (Burns, et al., 1991; Mayes, et al., 1997; Nair, et al., 1997; Brinker, et al., 1994; Hutchings, 1989). This contradiction in results could be due to several factors.

First, there was no specification for the age of the child on the questionnaire. The social workers' responses to the questions could vary depending on the age of the child and what developmental stage the child is in. Most of the social workers have children on their caseload that range from one month old to 18 years of age. Older children are more likely to be angry with their substance abusing parents whereas younger children are more likely to be excited to see their parents, resulting in more affectionate interactions between the younger children and their parents.

Next, the responses to the questions will vary according to how long the children have been in foster care placement. The length of separation from the parents may be more severe for some children than for others. The longer the separation, the more likely it will be that the parents and children are more affectionate toward one another. Also, the amount and type of contact between the parents and

children will affect social workers' perception of the level of attachment. Children who see their parents on a weekly basis and keep in contact with their parents by way of the telephone and mail are more likely to be perceived as more securely attached than children who see their parents on a monthly basis and do not communicate with them through telephone conversations or letters.

In addition, there was no specification on how often the social workers observe the parents and children interacting together. It is more likely that social workers see the parents and children once a month due to time and caseload constraints. It is usually during this time that the social workers communicate with the parents about progress achieved on the reunification case plan. During this time, parents appear to be more concerned with communicating to the social worker about the activities outlined in the case plan than with spending quality time with their children. Further, just by having the social worker present during a visit between parents and their children could make the parents apprehensive and nervous. The parents may be afraid to interact with their children in fear that they may do something wrong or the issue of disciplining their children may be perceived by the social

worker as inappropriate.

Further, the social workers were asked to generalize their perceptions based on what they typically observe during visits for all of the children on their caseload. If the social workers were asked to respond according to each individual child, their responses would have yielded more accurate results.

Finally, the social workers reported that a few of the questions were poorly written. Due to this, they did not feel they could accurately answer those questions. This may have caused the results to be skewed.

There were limitations of this research project. Due to the time constraints, the sample population was small and limited to a specific geographic area of social workers. Consequently, the results could only be generalized to the children involved in Child Protective Services within the county of Riverside. The Social workers' biases could not be controlled for because of the scope of this study. The study's goal was to ascertain the social workers' perception and this could have been tainted, especially if they feel negatively toward the parents who may have prenatally exposed their children to drugs or toward the parents who continue to abuse drugs even after being involved with the

system.

There are also other factors that can contribute to attachment difficulties among children of substance abusing parents that the researcher was not able to control for. These factors include the cognitive, affective, and psychomotor development of the children, the parents' attitudes and expectations toward the children, the children's home environment, and the support systems of both the parents and the children, as well as the amount of time the children have been separated from their parents.

Since the results of this study did not support previous studies found among the literature, it is suggested that further research be conducted on whether or not social workers perceive that substance abuse affects the attachment process. In order to produce a wider range of results, a larger sample size should be utilized. To yield more accurate results, the questionnaire should specify the age of the child, the amount of time the child has been separated from his or his parent(s), and the amount of contact the child has had with his or her parent(s). Further, the questionnaire used may need rewording so the statements are not confusing to the social workers.

Implications For Social Work

Social workers can do many things that will help children from substance abusing families foster mutually satisfying relationships with their parents and promote healthy development. First, social workers must possess a thorough knowledge base on attachment theory and have extensive training in substance abuse and its negative impacts on the functioning of the family unit. This will enable the social worker to recognize and identify when attachment problems arise between the children and their parents.

By treating the substance abusing family as a unit, the goal of the social worker would be to support the parents in their role of caretaker. This should include educating the parents on how to facilitate growth and healthy development in their children. Also, the social worker can work with the parents to help them develop positive self-esteem, competency in their abilities, and teach them appropriate coping skills. Once parents feel better about themselves, they will be able to focus on raising their children in a way that will foster healthy attachments.

Early intervention would be necessary to lessen the effects on the child's developmental and attachment

processes. The best way to intervene is to first make sure the parents are receiving treatment to recover and abstain from drug use. Social workers would need to understand what types of experiences the drug abusing parents had when they were growing up, who they were before they became addicted to substances, and what experiences contributed to their addiction. This would guide the social worker in knowing what would be the best treatment for the parents.

Social workers should provide case management that consists of parenting classes, drug treatment, education, counseling, and access to a wide variety of support services, including housing, food, and employment. Further, social workers should network with different agencies to make sure the parents and children are receiving the care, support, and training they need to foster a healthy relationship and attachment.

APPENDIX A

INFORMED CONSENT

This study is designed to determine whether maternal substance abuse affects child-parent attachment. This study is being conducted by Kathy Lowe under the supervision of Dr. Ira Neighbors, Assistant Professor of Social Work at California State University San Bernardino. This study has been approved by the Human Subjects Review Board of CSUSB.

In this study, you will be asked to complete a questionnaire. The questionnaire is designed to get Social Workers' perceptions on the interaction between substance abusing parents and their children. This questionnaire will take approximately 10 minutes of your time.

Participation in this study is voluntary and completely confidential. There are no risks to you for participating in this project. If you have further questions about the study, or would like a report of its results, please contact Kathy Lowe or Dr. Neighbors at (909) 880-5501.

By placing a mark in the space provided, I acknowledge that I am an adult who has been informed of, and understand, the nature and purpose of this study, and I freely consent to participate. Place a check or "X" mark here:_____

Today's date is_____

APPENDIX B

DEBRIEFING STATEMENT

This research was conducted by Kathy Lowe, Graduate Student in the Department of Social Work at California State University, San Bernardino to find out whether substance abuse affects the relationship between the mother and child. This study was approved by the Institutional Review Board at California State University, San Bernardino.

If any of the questions asked on the Parent/Child Reunion Inventory or any aspect of the research caused you any emotional stress, you might want to contact your local family service agency or a community mental health agency in your area. You can find the number for your local agencies by calling 1-800-843-7274.

A brief summary of the research will be available after June 20, 1999 and can be obtained by calling Dr. Ira Neighbors at the Department of Social Work at (909) 880-5501, or by calling Laurel Brown in Staff Development at the Department of Public Social Services at (909) 413-5614.

APPENDIX C

DEMOGRAPHIC SURVEY

PLEASE COMPLETE THE FOLLOWING ABOUT YOURSELF

1. What is your level of education?

   A. BSW

   B. MSW

   C. Other

2. How long have you been a Social Worker for DPSS?_____

3. How many children are on your caseload?_____

4. How many of these children have parents who abuse illegal substances?_____

APPENDIX D

PARENT/CHILD REUNION INVENTORY

Dr. Robert F. Marcus

Thank you for voluntarily agreeing to participate in this anonymous survey. This questionnaire is designed to gain information about how children interact with their substance abusing parents. Please rate your responses based on what you observe during a typical family visit between substance abusing parents and their children. Please do not put your name or any identifying marks on this paper, other than circling your answer. If you have any questions on how to take the survey, please ask.

CHILD'S BEHAVIOR	RATING (CIRCLE ONE)		
1. Child seems relaxed throughout reunion.	Usually	Occasionally	Never
2. Child shows some pleasure at being with the parent.	Usually	Occasionally	Never
3. Child comes nearer to the parent.	Usually	Occasionally	Never
4. Child initiates positive interaction with parent (e.g., invites parent to see what they are doing; tells about their day, etc.)	Usually	Occasionally	Never
5. Child physically touches the parent in an	Usually	Occasionally	Never

affectionate manner.

6. Child reacts positively to parent initiations (requests, touches, etc).	Usually	Occasionally	Never
7. Child moves away from parent.	Usually	Occasionally	Never
8. Child stays away from parent.	Usually	Occasionally	Never
9. Child ignores presence or words of parent.	Usually	Occasionally	Never
10. Child gives an excuse or explanation for being unable to interact with the parent (is looking for a toy).	Usually	Occasionally	Never
11. Child continues to be engaged with toys, other objects, or activities.	Usually	Occasionally	Never
12. Child shows hostility (e.g. by jabbing at parent with a toy or making a hurtful remark).	Usually	Occasionally	Never
13. Child acts immaturely wriggling approach to parent, lying across parent's lap, using a babyish voice).	Usually	Occasionally	Never
14. Child rejects the parent by asking parent to leave the room or saying don't bother me.	Usually	Occasionally	Never
15. Child makes humiliating or embarrassing remarks to the parent such as "You're really clumsy" or "I told you to keep quiet".	Usually	Occasionally	Never

16. Child shows extreme, nervous cheerfulness.	Usually	Occasionally	Never
17. Child asks parent to play in a "parental", eager or overprotective manner.	Usually	Occasionally	Never
18. Child responds more like a spouse, as in a sexually playful manner.	Usually	Occasionally	Never
19. Child seems very sad or depressed.	Usually	Occasionally	Never
20. Child seems fearful of the parent.	Usually	Occasionally	Never

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