Parent skills training for individuals in substance abuse treatment

Frances Quintana

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PARENT SKILLS TRAINING FOR INDIVIDUALS
IN SUBSTANCE ABUSE TREATMENT

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

by
Frances Quintana
June 2006
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ABSTRACT

This study examines the relationship between substance abuse and the need for parent skills training. Predicted is that adults in substance abuse treatment are likely to be in need of parent skills training. Previous research has associated the lack of parent skills with inept parenting practices that often leads to developmental problems in children. Sixty-eight individual volunteer participants from Central Valley Regional Recovery Center in Colton, California, participated in this research project. Data collection consisted of demographic questions and a quantitative parent skills questionnaire consisting of questions directly related to prenatal and neonatal care, feeding, and child development. Bivariate correlations procedure was used to compute for Pearson’s correlation coefficient to determine the association between respondent’s age and total number of correct answers. T-tests group analysis was utilized to compare the means correct answers of participants with substance abuse in family of origin and those without. T-test was also used to compare the means of correct answers utilizing demographic characteristics of participants to determine if any significant differences existed.
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DEDICATION

I wish to dedicate this project to my mother, Antonia Delatorre, for having instilled in me my love for education and to Vanessa and Nicole, my daughters, for permitting me to pass it on. There are no words able to convey the love and respect that I have for each one of you.
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CHAPTER ONE
INTRODUCTION

Studies of substance abuse suggest a direct link between growing up with parental substance abuse and developmental problems. Research suggests that risk factors involved with growing up in such an environment has a direct affect on the biopsychosocial development of children. This chapter will explore those issues and explain the significance of this study. This chapter will also explore the implications of this study for good social work practice.

Problem Statement

Parenting competence is an important link to child development. Parenting knowledge affects parenting decisions concerning prenatal care, infant care, nutrition, education, and discipline, nurturing, and parenting style. These decisions ultimately influence the child’s development. Appropriate parenting information provides the parent the ability to parent effectively by increasing parenting competence. Lack of parenting skills, or misinformation, often results in attachment disorders created by the lack of sensitive care, conduct
disorders attributed to coercive or inconsistent parenting styles, and emotional and behavioral problems, often the result of poor parental modeling. Developmental problems created by poor parenting practices increases when the parent abuses drugs or alcohol.

Children of parents living with substance abuse are at an increased risk of suffering from depression, anxiety disorders, problems with cognitive and verbal skills, and are more likely to suffer abuse and neglect. These children also have a higher probability of becoming substance abusers themselves. Often, a child turns to substance use to escape the emotional chaos associated with living with a parent with a substance abuse problem. In addition, these children are more likely to become involved with child welfare agencies, the juvenile justice system, and develop lack of performance, or behavioral problems with educational institutions. Ultimately, without adequate intervention, these children grow up to emulate their parent's lifestyle.

Substance abuse during pregnancy often results in children with cognitive and neurological damage, and organic teratogenic damage produced by exposures to the toxin in-utero (Finnegan, 1994; Jansson, Svikis, Lee,
Paluzzi, Rutigliano, & Hackerman, 1996). These children are at an increased risk of involvement with public and private agencies due to congenital defects, developmental problems, and/or child maltreatment. This involvement may produce additional emotional and psychological harm to the child due to the trauma of separation from their parents. Hospital stays for congenital problems, caused by teratogens, are often lengthy and traumatic coming during the first three years of life when the human brain develops to 90 percent of adult size. During this time, the brain is putting into place the systems and structures that will be responsible for all future emotional, behavioral, social, and physiological functioning (Perry, 2001). Involvement with child welfare agencies and law enforcement is just as traumatic, often occurring before age seven, when the child is unable to process grief and loss. Individuals in substance abuse treatment are in need of developing their parenting skills to decrease the incidence of physical, emotional, and developmental harm to children affected by the consequence of substance abuse.

In the United States, approximately 3.3 million people, age twelve or older, received some type of
substance abuse treatment in 2003 (Substance Abuse & Mental Health Services Administration, 2004). Estimates state that approximately 20% of adults in treatment for drug dependence live with and parent children (Stanger, Dumenci, Kamon, & Burstein, 2004). Parents living with substance abuse are more likely to be of low socioeconomic status, have lower levels of education, and have higher levels of conflict in their daily life. Consequently, children of parents living with substance abuse are exposed to high levels of conflict in their daily life. Living with daily conflict and inadequate support due to the lack of parenting skills creates an environment of daily maltreatment for the child. In fact, parents involved with substance abuse have a propensity towards neglect due to personality characteristics, poor cognitive functioning, impulsivity, and history of neglect and substance abuse in the family of origin (Bays, 1990).

Parenting skills have been of major concern to various national and community organizations since the 1960s. Approximately 67% of the parents with children in the child welfare system require substance abuse treatment (Child Welfare League of America, 2004). Child
Welfare League of America estimates that 11% of all children live with a parent, or parents who abuse drugs or alcohol (2004). In addition, parents who are physically, or psychologically, dependent on drugs or alcohol are at high risk of having parenting deficits (Suchman, Mayes, Conti, Slade, & Rounsaville, 2004). Often, children who grow up in a home with substance abuse and parenting deficits continue involvement with child welfare agencies as parents themselves.

The lack of parenting skills, or misinformation, such as what is normal behavior for an infant, often leads to abuse or neglect. Parenting misinformation often passes on from one generation to another creating an intergenerational cycle of child abuse. Substance abuse treatment must address parenting skills to affect future generations. It is also important to understand the parenting skills of those afflicted with substance abuse because treatment effectiveness increases when focused on strengthening the family, including parent/child interactions.
Purpose of the Study

This study evaluates the parenting knowledge of sixty-eight individuals in outpatient substance abuse treatment at Central Valley Regional Recovery Center, a subsidiary of Mental Health Systems, Inc. The facility is an outpatient alcohol and drug treatment center, which serves clients referred by CalWorks, Parolee Service Network, and Child Protective Services, and Proposition 36 participants referred by the court. Individuals in substance abuse treatment include self-referred clients seeking help with maintaining substance free living. The purpose of this study is to determine if individuals in outpatient substance abuse treatment are in need of parent skills training. The results of the study will determine if parenting education should be required of individuals participating in outpatient substance abuse treatment.

The results of the study are important to San Bernardino County and its agencies in the formulation and implementation of family support programs, and education that will address preventive measures in child health and child maltreatment. Strengthening child-rearing processes in families afflicted by substance abuse is an effective
way to decrease risk factors in child development and prevent child abuse. The study’s results demonstrate that there is a need for parenting education in outpatient substance abuse treatment centers. The study also makes evident that there is an effective way to disseminate basic parenting recommendations to those living with substance abuse.

The study involved the administration of an instrument to sixty-eight clients of the Central Valley Regional Recovery Center, now known as Central Valley Prevention, a subsidiary of Mental Health Systems, Inc. The instrument consisted of a questionnaire that measured the individual’s knowledge of prenatal care, newborn care, feeding, and child development. The quantitative study assessed which areas of parenting, for those living with substance abuse, are in most need of parent skills training. The approach was chosen for its convenience due to the availability of qualified participants capable of self-administering the instrument. The instrument was chosen because of its simplicity in self-administration. In addition, study results will be useful in assessment and planning when implementing intervention strategies in child endangerment cases.
Significance of the Project for Social Work

Parent skills training for individuals in substance abuse treatment are to child welfare agencies as yearly physicals are to health; both are preventive measures. It is undesirable to continue removing children from, or reuniting with, parents living with substance abuse without attempting to correct the conditions that negatively affect children. Requirement of parent skills training for all individuals in substance abuse treatment, whether currently parenting or not, would effectively influence child maltreatment through the development of understanding of the individual’s own upbringing. Skill development would positively affect current and future parent/child relationships and congenital development of future offspring. Future research is needed to determine the type, style, and intensity of parent skills training that is best suited for the type of addiction.

Child welfare practitioners will need to make complete and culturally competent family assessments to determine the need and intensity of parenting skills interventions in cases involving substance abuse. It is also necessary that outpatient substance abuse treatment
centers collaboratively work with child welfare practitioners in the assessment and identification of family relational problems and the prevention of child maltreatment. Substance abuse treatment centers can adequately disseminate parenting education and behavioral parent skills training to individuals in outpatient substance abuse treatment that will effectively address the emotional and nutritional needs of a child.

This study is relevant to child welfare practice in that it provides awareness that an assessment of parental educational needs is of extreme importance when implementing treatment services in child maltreatment cases. Parent skills training may easily be incorporated into interagency collaborative programs, such as the Family Group Decision Making process or Wraparound programs, which are currently available in San Bernardino County. In addition, understanding substance abuse effects on parenting and its affects on child development will result in empowerment of the consumer and will lead to greater collaboration between the practitioner and the consumer in development of treatment plans that implement appropriate services and resources. Appropriate services will lead to healthier families and better outcomes for
children. The question remains, are individuals in outpatient substance abuse treatment in need of parent skills training?
CHAPTER TWO

LITERATURE REVIEW

Introduction

There has been an onslaught of empirical studies and literature reviews regarding the affect of substance use on the parenting practices of individuals affected by the condition. We now recognize substance abuse as a family problem. In the United States, the nationwide concern has accelerated with the nationwide spread of methamphetamine labs and methamphetamine use. The biological, psychological, and social factors associated with the parenting practices of individuals living with substance abuse that negatively affect children are of major concern. This chapter will concern itself with explaining why there is a need for parent skills training education for individuals in substance abuse treatment. The chapter will cite information from various studies and explain why there is a need to assess the parenting skills of individuals in outpatient substance abuse treatment in San Bernardino County.
Environment

Child maltreatment is often preventable by assisting families to diagnose problems and develop skills to resolve them. Lack of parenting competence, such as what is age appropriate behavior for a child, often leads to maltreatment and has a direct negative affect on child development. The learned, or lack of appropriate parenting skills development of individuals living with substance abuse place their children at a higher risk for abuse because often their own development and acquirement of appropriate parenting skills was stunted through substance abuse in the family of origin and early onset of substance use.

Individuals living with substance abuse are prone to parenting deficits due to a combination of environmental, emotional, and biological factors. These factors include poverty, chaotic lifestyle, limited education, medical complications, history of substance and child abuse in family of origin, personality and psychiatric disorders, poor cognitive functioning, organic damage from substance abuse, and psychological characteristics (Bays, 1990; Dunn, Tarter, Mezzich, Vanyukov, Kirisci, & Kirillova, 2002; Finnegan, 1994). However, not all children suffer
developmental setbacks from growing up with parental substance abuse in spite of these environmental factors (Johnson & Jacob, 1995). Some children do display great resiliency, overcome adversity, and develop masterfully.

Not all individuals affected by substance abuse are prone to parenting deficits. Some individuals in substance abuse treatment developed an awareness of appropriate parenting practices through supportive environments with their families of origin. Others had a caring relative, or neighbor, who provided emotional support and modeling for appropriate parental behavior. Appropriate parenting behavior and positive parental modeling transmits through the socialization process according to the social learning theory. However, scientific, medical, and social science research concerning effective parenting practices is continually developing and changing social expectations of appropriate parenting behavior. Parenting practices considered appropriate ten years ago now often lack validity. Regardless of parenting theories, substance abuse is directly associated with child neglect and abuse.
Substance Abuse Effects on Parenting

Individuals who live with substance abuse are at high risk for child maltreatment. Studies indicate that high numbers of substance abusers have a history of growing up with substance abuse, child abuse, and household dysfunction in their family of origin (Dunn et al., 2002; Dong et al., 2004; Brems, Johnson, & Freemon, 2004; Walsh, MacMillan, & Jamieson, 2003; Dube, Anda, Felitti, Croft, Edwards, & Giles, 2001). Studies estimate that from 37 to 50 percent of those diagnosed with substance abuse also suffer from a comorbid psychiatric diagnosis (Ellis, Zucker, & Fitzgerald, 1997). Children and adults recount a life of conflict, anxiety, denial, and distortion growing up with substance abusing parents (Kroll, 2004). These individuals grow up without an opportunity to learn and develop problem solving skills, conflict resolution skills, or parenting skill acquisition through appropriate role modeling.

Appropriate parenting behavior is learned through the adult modeling behavior of caregivers in an individual’s life. Research that made a comparison between the parenting styles of abusive and non-abusive mothers found that abusive mothers used emotion focused
coping strategies while non-abusive mothers were more prone to using problem solving focused strategies (Cantos, Neale, O’Leary, & Gaines, 1997). Suchman et al. (2004) explains that over time children develop an internal mental representation of the care-giving relationship based on their experience with the primary caregiver during times of distress. Parent skills training included with substance abuse treatment is an effective way of providing education and reframing the caregiver relationship in a setting of peers undergoing similar circumstances.

Risk factors that contribute to the parents’ substance abuse problem have the potential to affect family characteristics. These factors include poverty, low self-esteem, and family conflict, lack of parenting skills, family management problems, inconsistent parenting, and comorbid disorders. The detrimental affects of the accumulation of these risk factors result in psychosocial characteristics that negatively affect parenting (Nair, Schuler, Black, Kettinger, & Harrington, 2003). Furthermore, inept parenting has been associated with violent and antisocial children (Pettit, 2004; Perepletchikova & Kazdin, 2004). Children whose parents
misperceive or insensitively respond to their emotional cues are more likely to demonstrate maladjustment behaviors during school age and adolescent years (Suchman, Mayes, Conti, Salde, & Roundsaville, 2004). Parenting education may assist the parent in identifying and modifying inappropriate behaviors to their child’s emotional cues.

Studies recommending preventive interventions in youth violence and reducing risk factors for children also emphasize focus on improvement of parenting skills (Rapp-Paglicci & Dulmus, 2003; Rhule, McMahon, & Spieker, 2004). In fact, research links multiple risk factors in the home to children’s psychiatric disorders, drug use, and delinquency (Conners et al., 2004; Keller, Catalano, Haggerty, & Fleming, 2002). Parent skills training provide the caregiver the opportunity to develop problem-solving skills and to develop an awareness of support services available to assist children under their care.

The psychosocial effects of parental substance abuse on children warrant intervention to improve parenting behavior. Fals-Stewart, Kelley, Fincham, Golden, and Logsdon (2004) have found that children with drug-abusing
fathers have more emotional and behavioral problems than those from homes with alcoholic or non-substance abusing fathers, largely due to parental behavior and interparental conflict (p. 328). In addition, inept parenting behavior by alcoholic fathers negatively influences a child's ability for self-regulation, or effortful control (Eiden, Edwards, & Leonard, 2004). However, individuals in substance abuse treatment develop effective parenting skills when provided emotional support, instrumental assistance, and an understanding of social expectations in family relations (Belsky, 1984; Huebner, 2002).

Research shows that the parental behavior modification approach in parent skills training is an effective intervention for externalizing symptoms in young children and for enhancing child-parent attachment (Cartwright-Hatton, Phil, McNally, White, & Verduyn, 2005). Research has shown that parent behavior modification through parent skills training is helpful in preventing youth maladaptive behaviors and in breaking the cycle of intergenerational substance abuse by improving parenting and family dynamics (Kumpfer & Alvarado, 2003). Helping parents effectively acquire
skills in a group process of peers helps individuals modify rigid roles and individualistic perspectives they develop to survive in a chaotic and unsupportive environment of substance abuse (Sandu-Beckler, Devall, & de la Rosa, 2002). The member driven group process of parenting skills training empowers the individual to modify their own behavior according to the needs of their individual families. Improving parenting practices will serve to strengthen family relationships, decrease the chance for substance use relapse, and prevent child abuse.

Need for Parent Skills Training

The self-awareness that individuals in substance abuse treatment develop from parent skills training regarding parenting difficulties helps contribute to their recovery and reduces the multiple risk factors that negatively affect child development. Research indicates that parents in drug treatment often feel guilt and shame about their status. Research shows that there is a reduction in psychological distress and the severity of addiction with parenting activities (Collins, Grella, & Hser, 2003). In fact, women have higher rates of
completing substance abuse treatment programs when treatment includes parent-training classes (Grella & Greenwall, 2004). Instrumental assistance and emotional support provided in parent skills training helps individuals develop a sense of competence and self-esteem, which translates positively onto parenting behavior.

Parenting skills training for individuals in substance abuse treatment may positively affect the entire family system according to systems theory. Failure to address parenting skills could result in substance abuse treatment relapse according to the homeostatic feature of the dysfunctional family system. Research has shown that individuals in substance abuse treatment often fail to seek out help with parenting issues or voluntarily discuss parenting problems during individual counseling sessions (Collins et al., 2003). This may be due to fear of child protective services involvement. Families afflicted by a parent or parents who abuse drugs or alcohol devote a great deal of their time to the challenges presented by the substance abuser (Kroll, 2004). Children in these families prematurely take on adult roles and rush through childhood stages of
development that ultimately negatively affects the child’s self-concept and self worth (Sandu-Beckler, Devall, & de la Rosa, 2002; Kroll, 2004; Godsall, Jurkovic, Emshoff, Anderson, & Stanwyck, 2004). Parent skills training in addition to substance abuse treatment may result in strengthening the family system.

The psychosocial characteristics of individuals afflicted with substance abuse leave them vulnerable to parenting stress. Individuals with substance abuse problems show low capacities to reflect on their children’s emotional and cognitive experience stemming from an authoritarian style of relating to their children (Suchman, Mayes, Conti, Slade, & Rounsaville, 2004) and a propensity for denial of problems created by their substance abuse. Research shows that mothers who are highly confident about their parenting abilities but have limited knowledge of child development and parenting practices are less competent in parenting than those that are less confident (Hess, Teti, & Hussey-Gardner, 2004). Maladjusted mothers who only receive substance abuse treatment without parent skills training are at risk of child maltreatment and parenting deficits (Suchman, McMahon, & Luthar, 2004).
Psychoeducational parent skills training through discussion, modeling, and role-playing of appropriate parenting techniques is an effective way of aiding individuals in substance abuse treatment to diagnose and resolve relational problems and help them understand the social expectations in their community. Individuals in substance abuse may develop functional ways of relating in a family system and effective ways of relating to their children if they were also required to participate in parent skills training. Socialization research shows that a high degree of affection and democratic child rearing stimulates the child’s positive orientation towards others (Dekovic & Janssens, 1992; Zahn-Waxler, Radke-Yarrow, & King, 1979). Parent skills training may influence the parenting style, which influences the child’s socialization into society and future behavior.

Parenting practices play a critical role in the development and maintenance of conduct disorder and oppositional defiant disorder through coercive parenting, dysfunctional disciplining practices, inconsistent parental control, harsh physical punishment, and negative parental attitudes (Perepletchikova & Kazdin, 2004). Hudson and Rappee (2001) found mothers of children with
conduct disorders display more intrusive, and negative, parenting behaviors in their interactions with their children. Parent skills training may provide the individual in substance abuse treatment the education and training to develop an effective style of parenting.

Effects of Parenting Skills Interventions

Parents undergoing substance abuse treatment often have difficulties understanding the needs and intentions of their children's behavior. Inept parenting practices often intensify parental stress through child misconduct. In fact, research into parent skills interventions have found that parenting skills training has a positive affect on substance abuse treatment and children's developmental outcomes. Women living with substance abuse that participate in parenting skills training show improvement in self-esteem and in relating to their children (Jansson et al., 1996). Other studies suggest that positive parent-child relationships are a positive force for individuals in substance abuse treatment (Collins et al., 2003). Significantly, Pereplechikova and Kazdin (2004) found a direct correlation between inept parenting and children's conduct problems when
assessing parenting practices. Their study also found that parent skills training inversely affected the negative style of parenting that is associated with conduct problems in children.

Improving the parenting skills of individuals in substance abuse treatment may improve their approach to parenting and way of relating to children in a family setting. Preschool children require good parenting, cognitive stimulation, adequate housing, nutrition, and socialization because these are the most powerful risk factors at this age for future developmental problems (Rapp-Paglicci & Dulmus, 2003). Jay Belsky (1984) claims that the parent/child relationship is influenced by the personal characteristics of the parent, the personal characteristics of the child, and the social environment in which the parent/child interact. Parent skills training for individuals in outpatient substance abuse treatment may improve the family environment through development of effective ways of communicating.

Velez, Jansson, Montoya, Schweitzer, Golden, and Svikis (2004) found that women in substance abuse treatment lack parenting skills in general but in particularly knowledge about newborn care. Lack of
parenting skills in basic infant care often leads to involvement with child protective services (CPS) due to child endangerment. In fact, hospitals routinely make referrals to CPS regarding drug-exposed newborns and infants receiving inadequate care. Newborns of substance using families are predisposed to a host of neonatal problems and infant mortality (Finnegan, 1994). However, not all drug-exposed infants suffer negative outcomes.

Age appropriate expectations for child development and information to offset misconceptions about the consequences of prenatal and postnatal drug exposure have a positive effect on parenting. Research demonstrates that developmental outcomes can be positive for drug-exposed children if they receive warm and responsive care (Johnson, Glassman, Fiks, & Rosen, 1990). Nevertheless, these children are often restless, irritable, and hyperactive, with learning disabilities that place them at high risk for maltreatment. Parenting attuned to the developmental stages of human development supports positive developmental outcomes that include emotional security, behavioral independence, social competence, and intellectual achievement (Belsky, 1984). Knowledge of normative child infant behavior and
development positively affects the parent-child relationship with reasonable expectations and helps give the parents a sense of competence.

Required parent skills training for individuals in substance abuse treatment is an effective method of strengthening families and a preventive measure in child maltreatment. In the first three years of life, the brain develops to ninety percent of adult size and puts into play the major connections responsible for future emotional, behavioral, social, and psychological functioning needed the rest of life (Perry, 2001). Current research suggests that positive and nurturing child infant sensory experience alters subsequent brain development and future coping mechanisms and development (Als et al., 2004; Werner & Johnson, 2004). However, lack of knowledge and parental guilt and anxiety over the effects of their drug use on their newborn creates often leads to apathetic responses or neglect. Inappropriate parental responses further impede the forming of neurological brain connections that could reduce the in-utero negative effects of substance abuse and the formation of attachment bonds. Parent skills training
during substance abuse treatment would develop appropriate caregiver responses.

Behavioral parent skills’ training is known to positively affect child maladaptive behavior (Cartwright-Hatton et al., 2005). This approach includes lectures and homework exercises that help parents play more effectively with their children, use praise and rewards for desirable behaviors, set effective and reasonable limits, and use ignoring and mild negative consequences to handle undesirable behaviors. It is unknown which approach of parent skills training is more effective for individuals in substance abuse treatment.

Theories Guiding Conceptualization

An infant that interacts with a consistent caregiver through sensitive gratification of needs develops trust and secure attachment. Erikson’s psychosocial learning theory posits that basic trust versus basic mistrust is especially important in infancy because it is through this first stage that socialization occurs (Erikson, 1993). Attachment research has demonstrated the existence of a neurological and behavioral system of synchrony between a child and a consistent caregiver (Field, 1996).
Families afflicted with substance abuse display low levels of cohesion and high problematic family interactions. Cognitive-behavioral theory argues that what people think determines how they feel and that affects how people behave and Behavioral theory argues that all behavior that is learned can be unlearned (Cooper & Lesser, 2005). Group discussions and homework exercises will help parents become aware of their core beliefs and automatic responses (Beck, 1995). Education provided in parent skills training often includes information regarding appropriate behavior expectations for a child's developmental age, and how to build family strengths. Introduction of information in a supportive peer group environment and open for discussion will facilitate reframing the caregiver relationship.

Social learning theory posits that individuals develop behavior through contingencies and imitation. Targeting the ecosystem of family functioning through parent skills training while undergoing substance abuse treatment is an effective way to develop healthy parent/child interactions and affectively deal with homeostatic tendencies to maintain established patterns of relating. Through practice and accumulation of new
information through discussions of individual experiences, the parents will become aware of their core beliefs and the need for change. Through group bonding and support among the parenting skills group members, the change process will be reinforced and parents will become aware of social expectations. Through improvement of parenting skills, parents may improve their social skills and develop a connection and awareness of their community. Group members will undergo the change process needed to become effective parents feeling safe, supported, and encouraged by their peers.

Parent skills training self-management strategies will lead to empowerment through education and coping skill development. Development of coping skills and parenting education regarding prenatal, neonatal care and age appropriate parenting discipline may serve as child maltreatment prevention. This may lead to a decrease in child maltreatment referrals, strengthen the living capabilities of families, and decrease child development risk factors.
Summary

This chapter covered current literature that has expressed concern regarding parenting practices and substance abuse. Also explored was research regarding the impact that the parenting practices of parents living with substance abuse has on children. While various studies have also been undertaken on the effectiveness of parent skills training the one most often recommended is behavioral parent skills training. Child development studies recommend some form of parent skills training for families at risk. These studies also suggest a direct link between parenting skills and child development. Therefore, it becomes important to provide parent skills training to individuals in substance abuse treatment.
CHAPTER THREE

METHODS

Introduction

This chapter will address the type of research design utilized to evaluate the parenting skills of individuals in substance abuse treatment. The data source and the type of sample used for the study are also identified. The instrument is described in detail along with the study's specific procedures. The importance of the protection of human subjects is addressed and the measures taken to protect the privacy and confidentiality of participants are explained. Finally, the specifics of the data analysis procedures used to test the hypothesis are described.

Study Design

The purpose of this study is to evaluate the parenting skills of individuals in outpatient substance abuse treatment at Central Valley Regional Recovery Center, a subsidiary of Mental Health Systems, Inc. Central Valley Regional Recovery Center administers an outpatient substance abuse treatment program that includes psychoeducational group sessions, individual
counseling and Narcotics Anonymous (NA) meetings with a 12-step program. At this center was administered an instrument, consisting of 11 demographic questions and a Parenting Skills Questionnaire consisting of 29 questions, to sixty-eight individuals in outpatient substance abuse treatment. The questionnaire focused on parent knowledge and beliefs regarding drug exposure during pregnancy, newborn care, feeding, and child development. This approach was chosen for its convenience of available participants in one location, and because the instrument is clinically relevant and can be self-administered to ensure confidentiality.

The quantitative research method was utilized because of its measurable, value free, descriptive, and explanatory design. The independent variables of substance abuse in family of origin, gender, and ethnicity were measured for their influence on the dependent variable of parenting skills. In addition, test results for categories of prenatal care, newborn care, feeding, and child development, were analyzed for explanatory purposes as to the areas in most need of parent skills training.
This study evaluated whether individuals in outpatient substance abuse treatment at Central Valley Regional Recovery Center are in need of parent skills training. The study also assessed the areas that individuals living with substance abuse treatment are in most need of education and parent skills training. In addition, the study implied at what stage of development children are at most risk for endangerment through the lack of parenting skills by individuals in substance abuse treatment. This study also implies that without education and intervention, inept parenting practices that endanger children will pass from generation to generation.

While the study hypothesizes that there is a direct link between substance abuse and the lack of parenting skills, it will not attempt to prove there exists an inverse correlation between parenting skills and substance abuse. That relationship is left for future studies to prove with a non-treatment control group. However, this study will determine whether substance abuse in family of origin has a direct affect on parenting skills. This study advocates for a behavior parent skills training program that is effective for
strengthening families and preventing child maltreatment. The results of this study determine that there is a need for incorporating parent skills training into the outpatient substance abuse treatment program at Central Valley Regional Recovery Center.

Sampling

The sample was one of convenience consisting of sixty-eight volunteers drawn from individuals participating in outpatient substance abuse treatment at Central Valley Regional Recovery Center. The center had a clientele of approximately 107 adult clients participating in substance abuse treatment at the time of data collection. Respondents were diverse in gender, age, marital status, ethnicity, and education. Non-parents were not eliminated, as a demographic question would determine their status. A parent was defined as an individual that was a biological parent or non-biological parenting individual that co-parented a child or children belonging to someone else. Assumed was that the majority of participants were under 30 years of age and either a biological parent or serving as a parent to a child. Also expected was that the majority of participants would be
male and of Hispanic origin based on the population demographics of the local area. A Spanish translation was developed for the approximately seven Spanish speaking monolingual clients.

To gain access to the population of individuals in outpatient substance abuse treatment at Central Valley Regional Recovery Center, permission was requested from Gary Akins, the director of Central Valley Regional Recovery Center at the time of data collection. A staff meeting was scheduled at which time the study was explained and the cooperation was requested and obtained from the individual counselors and Kim Adams, supervisor. The counselors provided valuable information as to the best days to reach the greatest number of participants. AOD counselors, Dusty and Birgit, were especially helpful in facilitating room arrangement and providing insightful information as to literacy and personalities.

Data Collection and Instruments

Data collection consisted of participant completion of an instrument that included five demographic questions, six questions regarding parental substance use in family of origin, and completion of a Parenting Skills
Questionnaire. The demographic questions inquired as to age, sex, and ethnicity, number and ages of their children. Following the demographic questions were three questions regarding mother's substance use and three questions regarding father's substance use in family of origin. The Parenting Skills Questionnaire consisted of 29 questions with possible "true," "false," or "I don't know" answers. Sixty-eight voluntary participants, 18 years of age or older, participating in outpatient substance abuse treatment at Central Valley Regional Recovery Center participated through completion of the instrument.

A team of physicians and behavioral scientist from John Hopkins University School of Medicine, Virginia Commonwealth University, and University of Antioquia, Colombia developed the Parenting Skills Questionnaire. The team consisted of M.L. Velez, M.D., L. M. Jansson, M.D., I. D. Montoya, M.D., W. Schweitzer, M.S., A. Golden, M.D., and D. Svikis, Ph.D. Permission to use the Parenting Skills Questionnaire was obtained from Dr. Martha L. Velez via e-mail. The strength of the questionnaire is that the developers designed it to assess parenting knowledge in clinically relevant areas.
The Parenting Skills Questionnaire yields a parenting knowledge score of 29 correct answers with a possible score of 100%. It assesses knowledge in newborn care, feeding, child development, and prenatal care. Reliability analysis indicated that the Cronbach’s alpha for the entire questionnaire was 0.70. The developers of the questionnaire applied it at intake to women entering an intensive substance abuse/parenting skills treatment program and then reapplied the questionnaire post substance abuse/parenting skills treatment program. Repeated t-test comparisons of the pre and posttest scores showed a significant increase (p < .001) in total scores and improvement in all test domains.

The demographic questions regarding age, sex, ethnicity, number of children, and ages of children are to control for demographics and their influence on the dependent variable of parent skills. Parental substance use in family of origin was compared as an independent variable with the dependent variable of parenting skills. The demographic questions were assessed in t-test comparisons with total test scores to determine whether age, sex, and ethnicity, and substance abuse in family of origin had any influence on parenting skill.
Procedures

The researcher contacted the director of Central Valley Regional Recovery Center, to explain the research study and request his permission and assistance in utilizing the center’s clientele. Permission was also requested to contact Central Valley Regional Recovery Center group counselors and obtain their assistance in identifying their client’s literacy and understanding capacity level. The researcher also explained that to ensure participant confidentiality any paid or unpaid staff member of Mental Health Systems, Inc., or any of its subsidiaries would be asked to leave the room before the data collection process started.

The researcher met with the group counselors during a scheduled staff meeting to schedule administration of the instrument. At this time, the decision was made to administer the Spanish version of the instrument separately from the English version because the substance abuse treatment group sessions were already split in this manner. The AOD group counselors from Central Valley Regional Recovery Center provided information on the best date and time to reach the most participants. The staff was told that participation in the research project was
voluntary and confidential without any form of retribution for non-participation.

The study commenced with the researcher giving her name and identifying herself as a student and the researcher conducting the study. The name and the telephone number of her faculty supervisor were also provided. The researcher explained to participants that they had the option of participating, not participating, or discontinuing participation at any point without fear of retribution. They were also assured that group counselors would not be aware of who participated or not. Participants were informed that results would only be reported in aggregate form and individual scores would be unavailable. The researcher then introduced the proctor as a person unaware of Mental Health Systems, Inc., or its subsidiaries, clientele, or purpose of the center and would continue the study to ensure privacy and confidentiality.

Participants received a packet consisting of an Informed Consent (Appendix B) sheet on top, the instrument (Appendix A), followed by a Debriefing Statement (Appendix B). They were also provided candy and a pen. The proctor read the Informed Consent statement,
each question on the instrument, and the Debriefing Statement. Informed consent included the introductory statement describing the purpose of the study, what was requested from each participant, the time that it would take to complete the task, and the request that voluntary consent for participation be given by placing a check mark on the consent form and dating it. Participants were instructed that in order to maintain anonymity to remain seated until the proctor had completed reading the Debriefing Statement at which time they were to keep the debriefing statement and place the rest of the packet in a large manila envelope at the back of the room.

Protection of Human Subjects

The researcher gave her name and identified herself as a student and researcher conducting the study. She verbally and in written form provided the name and telephone number of her faculty supervisor should participants later have additional questions regarding the study. The researcher explained the measures taken to ensure participant privacy and confidentiality. They were also assured that group counselors of Central Valley Regional Recovery Center, or any other person would be
unable to find out who participated or not because all results would be in aggregate form.

Participants were given an informed consent form (Appendix B) explaining the purpose of the study, the task to be accomplished and the approximate time that it would take to accomplish the task, and assurance of anonymity. A request was made to place a check mark on the consent form to indicate the participant had read and agreed to voluntary participation and was over 18 years of age.

The debriefing statement expressed gratitude for participation, the importance of the study, and that group results would be available after June 17, 2006 at Central Valley Regional Recovery Center. In addition, the debriefing statement provided the name and telephone number of the faculty supervisor and Central Valley Regional Recovery Center telephone number for counseling services should there be any ill effects from the research project.

Data Analysis

The expectation was for the standardized instrument to measure the influence of substance abuse in family of
origin on parent skills training. In addition, the independent variable of age, ethnicity, and gender was measured for its influence on the dependent variable of parent skills.

The data analyses begin by running descriptive statistics to run frequencies for all variables. Frequencies were also taken on category and total test scores. Bivariate correlations were completed for all variables to examine the relationship between them. T-tests were run to compare the means of the number of correct answers in each category with independent variables. A correlation analysis was computed using Pearson’s r to test the association between the various categories and the respondent’s age. Comparisons between the variables demonstrated if demographics influenced final scores.

Summary

An overview of the research design and its methodology was described. Also presented were the type of sampling, data collection, and instrument employed to obtain the data. The specific procedures utilized in this study were described, along with the importance of the
study, and methods used to assure confidentiality and anonymity of human subjects. In addition, the quantitative procedure used to measure the variables was addressed.
CHAPTER FOUR
RESULTS

Introduction

This chapter is a presentation of the results of the study. This chapter will cover the demographics of the participating population and the outcomes of the statistical analysis of the aggregate resulting scores of the applied instrument of parenting skills questionnaire. Results of demographic frequencies, associations utilizing bivariate correlations, and t-test scores to analyze and compare means will also be presented.

Presentation of the Findings

Demographics

Table 1. Age in Four Categories

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid Under 30</td>
<td>27</td>
<td>39.7</td>
<td>39.7</td>
<td>39.7</td>
</tr>
<tr>
<td>30 to 39</td>
<td>17</td>
<td>25.0</td>
<td>25.0</td>
<td>64.7</td>
</tr>
<tr>
<td>40 to 49</td>
<td>16</td>
<td>23.5</td>
<td>23.5</td>
<td>88.2</td>
</tr>
<tr>
<td>50 to 59</td>
<td>8</td>
<td>11.8</td>
<td>11.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Respondent’s age ranged between 19 and 59 years of age. See Table 1 demonstrating that approximately 40
percent of the respondents were under age 30 and approximately 65 percent were under age 40.

Table 2. Race or Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>23</td>
<td>33.8</td>
<td>36.5</td>
<td>36.5</td>
</tr>
<tr>
<td>Caucasian/white</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino/</td>
<td>35</td>
<td>51.5</td>
<td>55.6</td>
<td>92.1</td>
</tr>
<tr>
<td>Mex AfAm</td>
<td>5</td>
<td>7.4</td>
<td>7.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>92.6</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>5</td>
<td>7.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Over fifty percent of the respondents self identified as Hispanic, Latino, or Mexican with approximately 34 percent declaring themselves as Caucasian or white. Only seven percent self identified as African-American or Black, however, the small sample is attributable to the inability to coordinate an appropriate time to enlist the cooperation of the only AOD counselor with an all African American outpatient substance abuse treatment group at Central Valley Regional Recovery Center.
Table 3. Children’s Age

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid No children</td>
<td>8</td>
<td>11.8</td>
<td>11.8</td>
<td>11.8</td>
</tr>
<tr>
<td>Range between 0 to 6 years of age</td>
<td>18</td>
<td>26.5</td>
<td>26.5</td>
<td>38.2</td>
</tr>
<tr>
<td>Range between 0 to 12 years of age</td>
<td>9</td>
<td>13.2</td>
<td>13.2</td>
<td>51.5</td>
</tr>
<tr>
<td>Range between birth and adolescent</td>
<td>14</td>
<td>20.6</td>
<td>20.6</td>
<td>72.1</td>
</tr>
<tr>
<td>Range between 0 to adult</td>
<td>5</td>
<td>7.4</td>
<td>7.4</td>
<td>79.4</td>
</tr>
<tr>
<td>Range between adolescent to adult</td>
<td>5</td>
<td>7.4</td>
<td>7.4</td>
<td>86.8</td>
</tr>
<tr>
<td>All over 21 years of age</td>
<td>9</td>
<td>13.2</td>
<td>13.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>68</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3 demonstrates that family characteristics in a single family may include children whose ages vary from birth to adult.

Table 4. Frequencies of Percentage Correct

<table>
<thead>
<tr>
<th>N</th>
<th>Valid</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td>Mean</td>
<td>.5573</td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>.5862</td>
<td></td>
</tr>
<tr>
<td>Mode</td>
<td>.59</td>
<td></td>
</tr>
<tr>
<td>Std. Deviation</td>
<td>.12305</td>
<td></td>
</tr>
<tr>
<td>Minimum</td>
<td>.24</td>
<td></td>
</tr>
<tr>
<td>Maximum</td>
<td>.90</td>
<td></td>
</tr>
</tbody>
</table>

Correct percentage totals ranged from 24 percent to 90 percent correct answers on the parenting skills questionnaire. The mode was 59%; the median was 59%, and
the mean 56% all demonstrating that forty-six of the sixty-eight participants scored less than 60 percent.

Table 5. Bivariate Correlations

<table>
<thead>
<tr>
<th></th>
<th>Respondent Age</th>
<th>Newborn</th>
<th>Feeding</th>
<th>Child Development</th>
<th>Prenatal Care</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.283(*)</td>
<td>.046</td>
<td>-.038</td>
<td>.033</td>
<td>.075</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.020</td>
<td>.710</td>
<td>.755</td>
<td>.790</td>
<td>.545</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.283(*)</td>
<td>1</td>
<td>.019</td>
<td>.176</td>
<td>.220</td>
<td>.415(**)</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.020</td>
<td>.879</td>
<td>.151</td>
<td>.072</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.046</td>
<td>.019</td>
<td>1</td>
<td>.273(*)</td>
<td>.130</td>
<td>.530(**)</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.710</td>
<td>.879</td>
<td>.025</td>
<td>.292</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>-.038</td>
<td>.176</td>
<td>.273(*)</td>
<td>1</td>
<td>.382(**)</td>
<td>.791(**)</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.755</td>
<td>.151</td>
<td>.025</td>
<td>.001</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.033</td>
<td>.220</td>
<td>.130</td>
<td>.382(**)</td>
<td>1</td>
<td>.746(**)</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.790</td>
<td>.072</td>
<td>.292</td>
<td>.001</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.075</td>
<td>.415(**)</td>
<td>.530(**)</td>
<td>.791(**)</td>
<td>.746(**)</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.545</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
<td>68</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

The relationship between the respondent’s age and total test scores was investigated using Pearson product-moment correlation coefficient. Preliminary analyses were performed to ensure no violation of the assumptions of normality, linearity and homoscedasticity. There was a positive correlation between the two
variables \( r = .283, n = 68, p < .05 \), the respondent’s age and total answered correctly for newborn care. In addition, the total number of correct answers for prenatal and child development were positively correlated \( r = .382, n = 68, p < .01 \), and feeding correct totals were positively correlated with child development correct totals \( r = .273, n = 68, p < .05 \).

Table 6. Gender and Total Correct

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>Male</td>
<td>44</td>
<td>16.23</td>
<td>3.191</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>24</td>
<td>16.04</td>
<td>4.248</td>
</tr>
</tbody>
</table>

An independent-samples t-test was conducted to compare the correct scores for males and females. There was no significant difference in scores for males and females. The magnitude of the differences in the means was very small.
Table 7. Substance Abuse in Family of Origin and Total Correct

<table>
<thead>
<tr>
<th>AOD Abuse in Family of Origin</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals No AOD in family of origin</td>
<td>28</td>
<td>16.36</td>
<td>2.921</td>
<td>.552</td>
</tr>
<tr>
<td>AOD abuse in family of origin</td>
<td>37</td>
<td>16.08</td>
<td>3.737</td>
<td>.614</td>
</tr>
</tbody>
</table>

An independent-samples t-test was conducted to compare for substance abuse in family of origin and the number of correct answers. There was no significant difference in the number of correct answers between those with substance abuse in family of origin and those without.

Table 8. Race and Total Correct

<table>
<thead>
<tr>
<th>Race Into Two Categories</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals White</td>
<td>23</td>
<td>16.48</td>
<td>3.654</td>
<td>.762</td>
</tr>
<tr>
<td>People of Color</td>
<td>40</td>
<td>16.08</td>
<td>3.526</td>
<td>.557</td>
</tr>
</tbody>
</table>

An independent-samples t-test was conducted to compare the total number of correct answers for white respondents and respondents of color. There was no significant difference between the total scores.
Summary

This study used a quantitative approach to analyze the data. The parenting skills questionnaire collected information about the knowledge of participants regarding prenatal care, infant care, feeding, and developmental care of children. An evaluation of respondent’s scores demonstrated that the average correct score was approximately 55 percent. This chapter reviewed the results of the project using several types of data analysis.
CHAPTER FIVE
DISCUSSION

Introduction

This chapter will address the significance of the associations found and the lack of significance found in chapter four. This chapter also provides an explanation as to why these results were found. In addition, the chapter describes the significance of the results for child welfare practitioners.

Discussion

The purpose of the study was to identify the need for parent skills training for individuals in outpatient substance abuse treatment to prevent child maltreatment. A review of age frequencies indicates that approximately 40 percent of participants were less than thirty years of age, 25 percent were in their thirties and more importantly that approximately 35 percent were from 40 years of age to 59 years of age. The reason for this may be that substance abuse cuts across all social lines and affects all stages of life. This information is important to child welfare practitioners in alerting them to the
importance of assessing for substance misuse when placing children with grandparents.

Frequencies taken on ethnicity of the sample population indicate that over 50 percent of the participants classified themselves as Hispanic, Latino, or Mexican. This may be due to the demographics of the area; the cities of Colton and San Bernardino have a large Hispanic population. This is information is important to child welfare practitioners for application of culturally appropriate interventions with treatment plans.

Frequencies taken on the ages of the participants indicate that family composition of individual in substance abuse treatment may include children varying in age from birth to adulthood. This may be due to divorce and individuals having additional children with the new spouse. This is important information for child welfare practitioners in assessing for the various developmental needs of children in a single family and applying appropriate services that address each developmental stage.

Frequencies taken on percentage totals of correct answers indicate that individual scores ranged from 24%
to 90% with a mean of 56%, which indicates that outpatient substance abuse groups have consumers with sufficient parenting skills knowledge to lead self-help groups. This has relevant implications for child welfare practice in the development of self-group parenting skills programs to assist consumers.

Bivariate correlations taken on the age of the respondent and newborn care knowledge indicate a strong positive correlation: as the respondent’s age increases so does his knowledge of newborn care. This may be because the individual self educates on appropriate newborn care from his failures with his older children. This is important information to child welfare practitioners in assessing the educational needs of the parent in services plan development. In addition, bivariate correlation results indicate an association between feeding and child development scores, and prenatal care and child development scores. This may be due to the likelihood that if the individual lacks understanding in feeding and prenatal care the individual most likely lacks an understanding of child development. This is important for child welfare practitioners to know when implementing services due neglect.
Sample t-tests demonstrated there were no significance in differences between male and female, substance abuse in family of origin and no substance abuse in family of origin, and between whites and people of color. This may be because anyone is capable of falling victim to substance abuse. This is important information for child welfare practitioners in development of an understanding that substance abuse cuts across all racial, social, and economic lines.

Limitations

This research project lacked a control group of non substance abuse participants to appropriately determine if scores 55 percent is the average understanding of prenatal and neonatal care, feeding, and child development. Such a study would demonstrate if parenting education is needed countywide or only for individuals in substance abuse treatment. This researcher advocates for such a study in the development of preventive measures in child maltreatment. In addition, this research project failed to address the age the onset of substance use occurred. This would have determined whether individuals whose onset of substance use occurred at age twelve might
have greater need for parenting skills training than individuals whose substance use occurred at a later age.

Recommendations for Social Work Practice, Policy and Research

This researcher recommends the undertaking of a study involving the measurement of parenting skills of all individuals in any type of substance abuse treatment in San Bernardino County. The earlier the onset of substance use determines not only the severity of addiction but may lead to underdeveloped parenting skills.

This research project has relevant implications for social work practice because it gives an understanding of important risk factors when assessing child endangerment in cases involving substance abuse. When assessing for neglect due to inappropriate or lack of nutrition, the practitioner needs to be aware of the likelihood that inappropriate prenatal care took place and that inept parenting practices are taking place that directly affect child development. In addition, the practitioner must be aware that the younger the parent the greater the likelihood that the parent is in need for parent skills training. This project also has relevant implications for
development of service plans that effectively address parenting skill needs in child safety assessment.

Conclusions

The conclusions developed from the project are that the younger the parent the greater the need for parent skills training. Contrary to expectations, substance abuse in family of origin had no affect on parenting skills scores, although this could be due to the cultural composition of the sample population. Hispanics are known to have a low tolerance for anyone implicating parents for individual deeds. In addition, total correct scores indicate that prenatal care and feeding are positively correlated with child development.
APPENDIX A

QUESTIONNAIRE
# Parenting Skills Questionnaire

Check only one answer for each question. If you think that the statement is mostly true, check true. If you think that the statement is mostly false, check false. If you are not sure if the statement is true or false, check I don’t know.

## Newborn care:

1. At birth, babies can see, hear, smell, and feel.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

2. You will spoil your baby by holding him/her each time he/she cries.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

3. Infants who are held frequently tend to cry less.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

4. A newborn who is experiencing too much stimulation, or stress, may have poor eye contact, hiccup, yawn, arch neck or back, cry and/or fuss.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

## Feeding

5. Giving cereal to an infant during the first month of life will make him/her sleep better.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

6. Cereal, or other solid foods, started before the baby is four months old, may produce respiratory and skin allergies.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

7. If you add sugar to your baby’s food, you will increase his/her energy level.
   - True [ ]
   - False [ ]
   - I don’t know [ ]

8. During hot weather, it is better to add extra water to the baby’s formula to avoid dehydration.
   - True [ ]
   - False [ ]
   - I don’t know [ ]
9. Chewing food, then feeding it to your baby is a healthy way to introduce solid food to your baby.
   True ☐   False ☐   I don't know ☐

**Drug exposure during pregnancy**

10. Women who are abusing alcohol or drugs should avoid breast-feeding.
    True ☐   False ☐   I don't know ☐

11. If the mother is not using alcohol or other drugs, breast-feeding helps the newborn who is experiencing drug withdrawal symptoms.
    True ☐   False ☐   I don't know ☐

12. Infants who are exposed to drugs during pregnancy will grow up to be addicts.
    True ☐   False ☐   I don't know ☐

13. Poor eating habits, smoking cigarettes, and lack of prenatal care put the pregnant woman and her child at risk for a variety of problems.
    True ☐   False ☐   I don't know ☐

14. If you continue to use drugs after your baby is born it is likely that he/she will experience problems related to drug exposure.
    True ☐   False ☐   I don't know ☐

15. Rigidity, or stiff muscles, is a frequent problem seen in infants who are exposed to alcohol or other drugs during pregnancy.
    True ☐   False ☐   I don’t know ☐

16. Drinking alcohol (e.g.; beer, wine, liquor) during pregnancy may lead to developmental and/or learning problems in the child.
    True ☐   False ☐   I don't know ☐

17. Walkers are specifically recommended for children who are stiff because these children have strong muscles.
    True ☐   False ☐   I don't know ☐
18. Fetal Alcohol Syndrome is one of the leading causes of mental retardation.
   True ☐    False ☐    I don’t know ☐

19. Children who are exposed to drugs during pregnancy are born addicts.
   True ☐    False ☐    I don’t know ☐

20. One-fourth to one-third of the babies born to women who are HIV positive will be infected with the virus.
   True ☐    False ☐    I don’t know ☐

Child’s development

21. As a group, children of substance abusing mothers are more likely to have speech or language problems.
   True ☐    False ☐    I don’t know ☐

22. Children with poor language skills are more likely to have low self-esteem.
   True ☐    False ☐    I don’t know ☐

23. Letting young children look at themselves in a mirror is risky because it may cause eye problems.
   True ☐    False ☐    I don’t know ☐

24. Toilet training should be initiated when the child is one year old.
   True ☐    False ☐    I don’t know ☐

25. Ignoring bad behavior, placing a child on time out, or removal of privileges are methods of discipline that are more effective than spanking.
   True ☐    False ☐    I don’t know ☐

26. Appropriate time out for a 4 year old is 20 minutes.
   True ☐    False ☐    I don’t know ☐
27. Cartoons are the best TV shows for children.
   True □   False □   I don't know □

28. Healthy TV watching habits should be established between the ages of one and two years old.
   True □   False □   I don't know □

29. Teaching children about sex will stimulate them to engage in sexual experimentation.
   True □   False □   I don't know □
Cuestionario de Aptitudes Paternal

Tachar nomas una repuesta por cada pregunta. Si usted piensa que la declaración es verdad, taché cierto. Si usted piensa que la declaración es mentiras, taché falso. Si usted no esta seguro/segura de la repuesta taché, Yo no sé.

Cuidado para Recién Nacidos:

1. Al nacer, recién nacidos pueden ver, oler, y sentir.
   Cierto □  Falso □  Yo no sé □

2. Si levanta al recién nacido cada vez que llora se hace caprichoso.
   Cierto □  Falso □  Yo no sé □

3. Levantando a recién nacidos frecuentemente lloran menos.
   Cierto □  Falso □  Yo no sé □

4. Recién nacidos que siente excesiva sensación, o tensión, pueden tener problemas de hacer contacto de vista, hipo, bostezar, arquear el pescueso o la espalda, llorar o quejarse mucho.
   Cierto □  Falso □  Yo no sé □

Alimentación:

5. Dar cereal a recién nacidos, durante el primer mes de vida, les ayuda dormir mejor.
   Cierto □  Falso □  Yo no sé □

6. Darle de comer cereal, o otros alimentos sólidos, a pequeños antes de cumplir cuatro meses, puede causar problemas con la respiración o alergias de la piel.
   Cierto □  Falso □  Yo no sé □

7. Si pone azúcar en la comida de su criatura, el o ella va sentir mas energía.
   Cierto □  Falso □  Yo no sé □
8. Echando más agua de lo que avisa la fórmula del niño o niña evita deshidratación durante el verano.
   Cierto □   Falso □   Yo no sé □

9. Mascando la comida y luego darsela de comer a su criatura es un modo saludable de introducir a su niño o niña a alimentos sólidos.
   Cierto □   Falso □   Yo no sé □

Exponer a drogas durante el embarazo:

10. Una mujer que esta abusando drogas o es alcohólica no debe dar de pecho a su criatura.
    Cierto □   Falso □   Yo no sé □

11. Dar de pecho ayuda a recién nacidos sufriendo de síndrome de abstinencia de drogas, si la madre no esta usando drogas o tomando bebidas alcohólicas.
    Cierto □   Falso □   Yo no sé □

12. Criaturas expuestas a drogas mientras están en la matriz se hacen adictos a narcóticos de adultos.
    Cierto □   Falso □   Yo no sé □

13. Comiendo mal, fumando, y falta de cuidado antenatal ponen a la mujer embarazada y a su criatura en peligro de una variedad de problemas.
    Cierto □   Falso □   Yo no sé □

14. Seguir usando drogas después de parto, probablemente va causar que su criatura tenga problemas de los efectos de las drogas.
    Cierto □   Falso □   Yo no sé □

15. Rigidez, o agarrotamiento, son problemas frecuentes en infantiles introducidos al alcohol o drogas mientras que están en la matriz.
    Cierto □   Falso □   Yo no sé □
16. Ser bebedor de alcohol (por ejemplo, cerveza, vino, bebidas alcohólicas) durante el embarazo puede causar que su criatura no se desarrolle adecuadamente y que tenga problemas en aprender.

Cierta □  Falsa □  Yo no sé □

17. Se recomienda andaderas específicamente para criaturas que tienen rigidez de los músculos porque estos niños o niñas tienen músculos muy fuertes.

Cierta □  Falsa □  Yo no sé □

18. Fetal Alcohol Syndrome o efectos de alcohólico prenatal es la primera causa de que niños o niñas estén retardados mental.

Cierta □  Falsa □  Yo no sé □

19. Criaturas nacen toxicómanos, o adictos a drogas, si los expone a drogas durante el embarazo.

Cierta □  Falsa □  Yo no sé □

20. Un tercero a un cuarto de infantes de mujeres que son seropositiva, o HIV positive, nacen infectados de la virus de inmunodeficiencia humana.

Cierta □  Falsa □  Yo no sé □

Desarrollo:

21. Niño o niña de mujeres que abusan drogas narcóticas son prepenso a defectos del habla o problemas con lenguaje.

Cierta □  Falsa □  Yo no sé □

22. Criaturas con poca aptitud para el lenguaje, o defectos del habla, sufren de menos amor propio y de confianza en sí mismos.

Cierta □  Falsa □  Yo no sé □

23. Dejando a su niño o niña mirarse en el espejo riesga problemas de la vista.

Cierta □  Falsa □  Yo no sé □
24. Debe de comenzar a enseñar a su niño o niña a usar solo el baño.
C:  F:  Y:  

25. Ignorando comportamiento impropio, o poniendo a la criatura en tiempo solitario, o quitar privilegios, son mejores y maneras muy eficaz de disciplinar, que darle unas palmadas al niño o niña en el tracero.
C:  F:  Y:  

26. Veinte minutos en tiempo solitario es adecuado como disciplina para una niña de cuatro años de edad.
C:  F:  Y:  

27. Dibujos animados (cartoons) son los preferible programas de televisión para niños o niñas.
C:  F:  Y:  

28. Entre uno y dos años de edad se enseña modos saludables de mirarse la televisión.
C:  F:  Y:  

29. Es estimulante erótico educar a jóvenes de sexualidad.
C:  F:  Y:  
APPENDIX B

INFORMED CONSENT
INFORMED CONSENT

The study in which you are about to take part is to find out if our past experiences with substance abuse have an effect on our parenting skills. Frances Quintana is handling this study under the supervision of Dr. Thomas Davis, Assistant Professor in the Master of Social Work Program at California State University, San Bernardino. This study has been reviewed and approved by the Department of Social Work Sub-Committee of the Institutional Review Board of California State University San Bernardino. In this study you will first answer eleven questions about your family situation and complete a Parenting Skills Questionnaire with answers of “true,” “false,” and “I don’t know.” It will take you about thirty minutes to complete.

By placing a check mark and dating the end of this form you agree with and understand that taking part in this study is totally voluntary. You are also confirming that you are over 18 years of age and know that you are free to choose not to take part, or stop at any point after taking part, or not to answer any question without fear of punishment. Counselors of Central Valley Regional Recovery Center, or any subsidiary of Mental Health Systems, Inc., will not know who took part in the study. By placing a check mark, you are also stating that you understand that records will not be made known and will be reported by group form only. You are also stating that you are aware that you will be able to get group results by asking for them when the study is completed after June 17, 2006.

If you have any questions or are uneasy about this study, please feel free to contact Dr. Thomas Davis at (909) 880-5000 extension 3839.

PLEASE DO NOT SIGN OR WRITE YOUR NAME

The check mark in the space below declares that I have read and understand this form, am over 18 years of age, and willingly agree to take part in this study knowing that I can stop at any time.

_________________________________________  ________________________________
Check Mark Here                          Date
ENTERADO CONSENTIMIENTO

Este estudio en que usted toma parte es para aprender si uso de drogas o alcohólicos en familias afecta la habilidad paternal. Frances Quintana va llevar a cabo este estudio bajo la supervisión del Dr. Thomas Davis, Asistente Profesor del Programa de Maestro de Asistente Social en la Universidad del Estado de California en San Barnardino. Este estudio fue revisada y certificada por el comité que protege los derechos humanos de participantes. El comité se nombra Department of Social Work Sub-Committee of the Institutional Review Board of California State University San Bernardino. En este estudio va dar respuestas a once preguntas de su situación familiar. Después sigue el Cuestionario de Aptitudes Paternal que se completa tachando respuestas de “cierto,” “falso,” o “yo no se.” Se dura como treinta minutos para responder todas las preguntas.

Poner una ✓ y la fecha al final de esta forma quiere decir que entiende que participa voluntariamente. También alega que tiene más de 18 años de edad, y entiende que puede rechazar tomar parte, y parar de participar en cualquier punto, sin miedo de castigo.

Consejeros de Central Valley Regional Recovery Center, o filial de Mental Health Systems, Inc., no se van a dar cuenta quién participo. Poner una ✓, y la fecha, también esta afirmando que entiende que todos los resultados son secretos y nomas se van a reportar en grupo. Usted puede agarrar los resultados en grupo, después del 17 de Junio del 2006, de Central Valley Regional Recovery Center.

Si tiene preguntas acerca el estudio por favor llamé al profesor Dr. Davis al número (909) 880-5000 extención 3839.

POR FAVOR NO FIRME SU NOMBRE

Pongo una ✓ y la fecha, para decir que voluntariamente fome parte después de leer, y entender, y que se me explico de este estudio. También digo que tengo más de 18 años de edad y que puedo para de participar cuando deseo.

__________________________

Ponga una ✓ arriba de la línea Fecha
APPENDIX C

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

We would like to thank you for taking part in this study. The main reason for the study is to decide if substance abuse in families has an effect on parenting skills. This information will allow us to find out if there is a need for parent skills training in substance abuse treatment centers. We hope that this study will lead to an increase in parenting information for individuals in substance abuse treatment. If you have any questions or concerns, about this study, please contact Dr. Thomas Davis, faculty supervisor, at (909) 880-5000, extension 3839.

If these questions raise feelings that make you feel uneasy, and you would like to discuss them with a counselor, you can contact Central Valley Regional Recovery Center at (909) 433-9824. This study will be completed on June 17, 2006. You may obtain the group results of this study from Central Valley Regional Recovery Center after the study is completed.

YOU MAY REMOVE AND KEEP THIS PAGE
THANK YOU FOR YOUR PARTICIPATION
DECLARACIÓN DE INTERROGATORIO

Queríamos dar gracias porque tomo parte en este estudio. El propósito principal del estudio es para averiguar si el abuso de sustancia, como narcóticos o bebida alcohólica, tiene un afecto en habilidades paternal. Esperamos que esta información permitirá empujar por más información para mejorar las habilidades paternal de los individuos en tratamiento de abuso de sustancia. Si tiene preguntas sobre este estudio puede llamar a Dr. Thomas Davis, supervisór de facultad de California State University San Bernardino, a numero (909)880-5000 extencion 3839.

Si estas preguntas hacen sentir incómodo y pides discutirlos con un consejero puedes llamar a Central Valley Regional Recovery Center número (909) 433-9824. Este estudio estará completado después del 17 de Junio del 2005 y puedes obtener los resultados aquí de Central Valley Regional Recovery Center.

USTED PUEDE QUITAR Y PODER MANTENER ESTA PÁGINA

GRACIAS POR SU PARTICIPACIÓN
APPENDIX D

DEMOGRAPHICS
Demographics:

Age: _______  Sex: _______  Ethnicity: ____________

Number of children: ______

Your children's ages? ___  ___  ___  ___  ___  ___  ___

Did your mother abuse drugs when you were growing up? ____________

Did your mother abuse alcohol when you were growing up? ____________

How old were you when your mother abused drugs or alcohol? _____________

Did your father abuse drugs when you were growing up? ____________

Did your father abuse alcohol when you were growing up? ____________

How old were you when your father abused drugs or alcohol? ____________
Demográficos:

*Táché una*

Edad: ____________  Sexo: [ ] [ ]  Ethnicidad: ____________

Cuántos hijos/hijas tiene?: ______________

La edad de cada niño/niña  ___  ___  ___  ___  ___  ___  ___

Uso su madre drogas narcóticas mientras lo crió? *Táché una*  [ ] [ ]

Era su madre alcohólica mientras lo crió?  *Táché una*  [ ] [ ]

Cuántos años tenía cuando su madre usó drogas o alcohol? __________

Uso su padre drogas narcóticas mientras lo crió? ________________

Era su padre alcohólico mientras lo crió? ________________

Qué era su edad cuando su padre usó drogas o alcohol? __________
REFERENCES


