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Remember—the primary referral reason, or the major need at the time of the referral, is only a fraction of the family’s challenges.

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| Clearinghouse  on Supervised Visitation  Phone Conference Agenda  July 18, 2018  12PM/11CT |

Reminder—The New 2018 Child Sexual Abuse Referrals Manual is available through the Clearinghouse and can be downloaded through this link: <https://familyvio.csw.fsu.edu/new-2018-child-sexual-abuse-referrals-manual-for-providers/>

Reminder—The New Supervised Visitation Manual is available through the Clearinghouse and can be downloaded through this link: <https://familyvio.csw.fsu.edu/clearinghouse/manuals-and-materials/supervised-visitation/>

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| Summary of Studies: Parenting with PTSD |  |

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| Study (authors, year) | Sample/Respondents | Study Design | Measures | Main Findings |
| **(1) Allen et al., 2010** | 434 couples consisting of active duty Army husbands married to civilian wives. | Cross-sectional | PCL, PAI | PTSD symptoms associated with decreased parenting alliance. |
| **(2) Blow et al., 2013** | 1,143 National guard couples/parents | Cross-sectional | AUDIT, PSS, PCL, BDI-2 | Depression, alcohol use, PTSD symptoms were signiﬁcantly correlated with parenting stress for service members and spouses. |
| **(3) Brockman et al., 2016** | 184 male National Guard or Reserve military service members, partners and target child between 4 and 13 years of age | A subset of military service members and their families participating in a larger intervention study | DRRI-2; PCL-M;AAQ-II; videotaped interactions | Service members experiential avoidance and PTSD symptoms associated with increased distress avoidance during the observed interaction with children; experiential avoidance associated with less positive engagement with children. |
| **(4) Creech et al., 2016** | 134 women veterans | Cross-sectional | DRRI-2; PCL;AUDIT; CSI; PSOC | No signiﬁcant association between PTSD symptoms or alcohol misuse with parenting conﬁdence or parenting satisfaction; post-deployment stress predicted parenting satisfaction. |
| **(5) Davis et al., 2015** | 282 National Guard/Reserve fathers | Baseline data from longitudinal prevention study | PCL; DAS; Fathers’ parenting practices – observation | PTSD symptoms, negative life events, and battle experiences not associated with observed parenting. |
| **(6) Gewirtz et al., 2010** | 468 National Guard fathers from a brigade combat team | Prospective 1-year longitudinal study | PCL, APQ, parent-child relationship quality | Increases in PTSD symptoms over time associated with self-reported poorer parenting practices. PTSD symptoms predicted parenting challenges independent of their impact on couple adjustment |
| **(7) Gewirtz et al., 2014** | 181 women; 34 deployed mothers and 147 non-deployed mothers who had experience deployment of a partner/spouse. | Baseline measure part of the ADAPT evaluation | PCL; APQ-9; PLOC; BERS-2 | Deployed mothers reported signiﬁcantly greater distress; more PTSD and depression symptoms, and more difﬁculties in emotion regulation than non-deployed; deployed and non-deployed mothers did not differ in their reports of couple adjustment, parenting, or child behavior. |
| **(8) Herzog et al., 2011** | 54 Army National Guard service members and their spouses/partners | Non-experimental observational single cohort design that included a one-time survey | PCL-M; STS; HITS; RAFFT; CBCL | Parental PTSD symptoms associated with internalizing – but not externalizing – problems in children in this study. Spouse secondary PTSD symptoms mediated between soldier PTSD symptoms and child secondary traumatic stress symptom |
| **(9) Khaylis et al., 2011** | 36 Army National Guard Soldiers with children who had been previously deployed to OEF or OIF | Cross-sectional | PC-PTSD; Parenting concern and parenting stress assessed by parents’ 1 item self-rating | Parents reported being concerned about their child-rearing practices and felt that parenting was more stressful after deployment. |
| **(10) Lester et al., 2010** | 272 children aged 6–12 from 171 United States Army and Marine families | Cross-sectional | Child: CBCL, CDI, MASC Parent: BSI, PDS, PCL-M | Active duty parent PTSD symptoms predicted child depression, as well as CBCL internalizing and externalizing behaviors; greater parent symptoms related to greater child symptoms. |
| **(11) Lester et al., 2016** | 150 active duty or reserve component service members with at least one child under the age of 10; 301 primary caregiving parents and 150 primary military parents who identiﬁed a focal child | Single stratiﬁed sample from the active duty family and reserve duty family database; Community norms comparison for child outcomes. | Child: ASQ-SE, PAS, SDQ. Parent: PHQ8, PCL-M, AUDIT, Parental sensitivity, FAD, marital instability. | Parental depressive and posttraumatic stress symptoms associated with impairments in social emotional adjustment in young children, increased anxiety in early childhood, and adjustment problems in school-age children. Parental sensitivity associated with improved social and emotional outcomes across childhood. |
| **(12) Mustillo et al., 2014** | 206 National Guard member fathers | Cross-sectional | Parenting difﬁculties Combat exposure; PC-PTSD; PHQ-9 | Symptoms of PTSD are not associated with more parenting difﬁculties. |
| **(13) Sayers et al., 2009** | 199 Veterans recruited via VA (referred for behavioral health evaluation) | Cross-sectional | PHQ-9; MINI; Family difﬁculties | Among partnered veterans with children, PTSD was associated with children acting afraid or not acting warm toward the veteran |
| **(14) Sherman et al., 2016** | 19 veteran fathers (recruited via VA hospitals) | Mixed method study | Qualitative | Veterans reported parenting difﬁculties PTSD symptom clusters, including avoidance, alterations in arousal and reactivity, and negative alterations of cognitions and mood. |
| **(15) Sherman et al., 2015** | 19 veteran fathers (recruited via VA hospitals) | Qualitative and quantitative, sequential, mixed method study | 10 interviews PCL-C; AUDIT-C; PHQ-9; DAR-5 | Veterans indicated strong desire to communicate with children about PTSD but also discussed barriers to doing so. |
| **(16) Sullivan et al., 2016** | 513 Veteran parents with at least a child | Cross-sectional | PCL-C; PHQ-15; Child functioning measured using a list of ﬁve challenges often experienced by children in military/veteran families. | Veterans with higher PTSD symptoms more likely to report concerns about adverse child functioning; female veterans were more likely to endorse adverse child functioning compared with male veterans. |
| **(17) TomassettiLong et al., 2015** | 104 active duty parents with children under 13 | Cross-sectional | DRS-15R;PSI-SF;PCL-M | Symptoms of PTSD accounted for parenting stress; dysphoria a unique predictor of parenting stress. |
| **(18) VaughnCoaxum et al., 2015** | 318 single (n=74) and partnered (n=244) veteran parents with at least 1 dependent child | Random sample; (drawn from larger project) | DRRI-2; PCL-M; BDI-PC; BAI | Single parents reported signiﬁcantly higher PTSD symptoms than partnered parents. |
| **(19) Waliski et al., 2013** | 172 OEF/OIF National Guard veteran parents with at least one deployment to Iraq or Afghanistan | Baseline survey results from an evaluation of an ACT-based educational workshop | Parental measures for anxiety, depression, and PTSD combined to produce a single variable; Children’s problems identiﬁed by asking veterans to report whether their children had any adjustment problems. | Parental mental health symptoms associated with 171% increase in likelihood of service member reporting a child with an emotional, behavioral, or adjustment problem. |
| **(20) Yablonsky et al., 2016** | 111 active duty Navy fathers with young children | Cross-sectional | PSI; PC-PTSD; PHQ-8 | Symptoms of depression mediate association between deployment factors (exposure to combat, perceived threat) and increased parenting stress after deployment. |

Creech, S.K. & Misca, G. (2017) Parenting with PTSD: A review of research on the influence of PTSD on parent-child functioning in military and veteran families. *Frontiers in Psychology, 8*(1101). doi: 10.3389/fpsyg.2017.01101

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| Child Maltreatment in the Context of Substance Abuse  By Katherine Parker | C:\Users\kep13b\AppData\Local\Microsoft\Windows\INetCache\Content.Word\hand with pills and alcohol.jpg |

Introduction

Child maltreatment and substance abuse are often connected. Research studies have shown that where there is child abuse or neglect in the home, there is possible substance abuse occurring. Likewise, where there is substance abuse occurring, there is an increased risk for child abuse or neglect. The characteristics of parents who abuse substances and parents who abuse or neglect their children have many overlaps.

The effects of child maltreatment and substance abuse go further than just affecting caregivers, but also can negatively affect children during their adolescent years and into adulthood.

* Substance abuse includes the use of legal drugs such as alcohol or over-the-counter drugs, and illegal drugs such as cocaine or marijuana.
* Polysubstance abuse means that more than one drug is being used.

Objectives

In this E-Press, supervised visitation monitors and social service providers will receive information on:

* How parental substance abuse and child maltreatment are connected
* How parental substance abuse and child maltreatment affect children through adulthood, particularly during adolescent years
* The rates of grandparents raising children are increasing are increasing because of parental substance abuse
* Finally, implications for supervised visitation monitors and social service providers



The Connection Between Substance Abuse and Child Maltreatment

Numerous researchers have studied the connection between substance abuse and child maltreatment and how the increasing usage of substance abuse further increases the likelihood of child abuse or neglect. With increased usage of substance abuse, parental functioning decreases.

Additionally, the frequency of child maltreatment is based on the extent of parental substance abuse. One study, in particular, found that substance-abusing mothers typically showed less warmth and responsiveness and instead, harsher interaction styles compared to non-substance abusing mothers. This creates children of substance-abusing parents to develop less secure attachment patterns.

Effects on Children through Adulthood

Substance abuse and child maltreatment will affect a child throughout their development and into their adulthood. Research has shown that physical abuse can lead youth to substance abuse as a means of coping. Child neglect also serves as a risk factor for drug use in adolescence and young adulthood. For children whose parents have a substance abuse problem, the risk for negative outcomes is increased and associated with poor academic skills. Children of substance-abusing parents are at an increased risk for emotional, behavioral, and social problems.

Adolescent polysubstance usage has been connected with behavior problems, internalizing problems such as depression or anxiety, risky sexual behaviors, and dependency for the substance of choice. As parental functioning is poor because of substance abuse, this negative relational interaction between the parent and child negatively affects the adolescent’s self-confidence.

In adulthood, researchers have found that the combination of child maltreatment and intimate partner violence during adulthood increases the chance for a substance use disorder. Furthermore, a background of child maltreatment increases the chance that an adult will be exposed to intimate partner violence.

Grandparents as Caretakers

Though there is evidence that a key protective factor for children against substance usage and further abuse is living with biological parents, more than ever, grandparents are becoming the primary caretakers of their grandchildren whose parents have a substance abuse problem. Grandparents as caretakers face increased mental distress including poor physical health, social isolation, and financial problems. Grandparents who have assumed this new role may feel resentment or anger and have increased stressors regarding their longevity and being able to care for a child.

Caseworkers are federally mandated to, first and preferably, place children with relatives before placing a child in foster care. This places pressure on all caseworkers, grandparents, and children to make a successful yet stressful transition during a hard time.

Implications

Supervised visitation monitors and social service providers should be aware of the connection between child maltreatment and substance abuse and that families may be, but not always, experiencing or have a history of both. Once aware of the connection between child maltreatment and substance abuse, monitors and providers should further be aware of the effect on children and adolescents. Though children may appear to be fine, problems in school or at home may develop as the child becomes older. Monitors and providers will also find being aware of a family’s living situation, if children may be living with grandparents or relatives, will be beneficial to address these challenges.

Though child maltreatment and substance abuse are connected, there is little interaction and conversation between the two. Monitors and providers can begin to bridge the gap between child maltreatment and substance abuse by increasing one’s awareness and knowledge of resources for families who have been involved with child maltreatment and substance abuse.

Case Scenario

The grandfather of a teenage girl expresses how he has become frustrated with his granddaughter’s behavior. He comments that his granddaughter has been living with himself and his wife for a year now after his son and daughter-in-law, the girl’s parents, lost custody of the teenage girl because of substance abuse problems. The teenage girl has been acting out at home and school where she was recently caught skipping class to smoke marijuana with some friends. The grandfather mentions that he has had no issue with his granddaughter’s behavior until this point.

The supervised visitation monitor patiently listens to the grandfather’s concern and offers a possible explanation for the teenage girl’s behavior, so the grandfather can better understand what she may be experiencing. At the age of adolescence, teenagers are naturally more curious, and it may feel that they are testing their caregiver’s patience. The monitor went on to explain that because of the parental substance abuse, the now teenager may be acting on emotions that she has felt for years. The monitor also describes how if there was child abuse or neglect in the home, this increases the child’s risk for substance abuse. The monitor encourages the grandfather to seek out resources in the community for himself and his wife for support and to have more open conversations with his granddaughter about what she may be thinking or feeling, and healthy ways to cope with these thoughts/feelings.

Conclusion

The connection between child maltreatment and substance abuse are substantial and beneficial to be aware of for supervised visitation monitors and social service providers. Child maltreatment and substance abuse affect multiple generations including children through their adolescence and adulthood, and grandparents who are becoming caretakers at an increased rate. Monitors and providers should be aware of this connection, its effects, and possible resources for all family members affected.

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* This brief online article discusses the interaction between child maltreatment, intimate partner violence, and substance abuse. Research has found that childhood maltreatment and intimate partner violence during adulthood increases the risks of substance abuse disorder.

Kepple, N.J. (2017). The complex nature of parental substance use: Examining past year and prior use behaviors as correlates of child maltreatment frequency. *Substance Use & Misuse, 52,* 811-821.

* The researcher in this study examined how aspects of parental substance abuse are connected with child maltreatment behaviors. Findings included that substance use disorder and the risk of child maltreatment increases. The researcher suggests that screening for a substance use disorder is vital for possible child harm and prevention.

Myers, J.E.B., Berliner, L., Briere, J., Hendrix, C.T., Jenny, C., & Reid, T.A. (2002). *The APSAC Handbook on Child Maltreatment.* Thousand Oaks, CA: Sage Publications, Inc.

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Oshri, A., Carlson, M., Kwon, J., Zeichner, A., & Wickrama, K. (2017). Developmental growth trajectories of self-esteem in adolescence: Associations with child neglect and drug use and abuse in young adulthood. *Journal of Youth & Adolescence, 46,* 151-164.

* Researchers examined the links between self-esteem growth during adolescence, children being supervised compared to the severity of physical neglect, and substance use and abuse in young adulthood. Findings concluded that negative development of self-esteem is associated with neglect and substance use and abuse.

Snyder, S.M. & Smith, R.E. (2015). Do physical abuse, depression, and parental substance use influence patterns of substance use among child welfare involved youth? *Substance Use & Misuse, 50,* 226-235.

* Researchers studied if physical abuse, parental substance use, depression, and demographic characteristics forecasted substance use utilizing a survey for adolescents. Results indicated that youth who were subjected to physical abuse were at a greater risk of using substances and that those youth living with a biological parent were less likely to use a substance drug. Additionally, youth who used alcohol and/or marijuana were more likely to be depressed.

Solis, J.M., Shadur, J.M., Burns, A.R., & Hussong, A.M. (2012). Understanding the diverse needs of children whose parents abuse substances. *Current Drug Abuse Reviews, 5,* 135-147.

* This literature review highlights the risk factors of children whose parents are substance abusers. These children are found to have poor academic performance, using substances earlier with increased substance use patterns, and higher rates of alcohol and drug use disorders.

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