A Thematic Analysis of Substance-Abusing Mothers' and Their Children's Discussions during Family Therapy

THESIS

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ABSTRACT

Substance abusing mothers and their children are a vulnerable, understudied, and underserved population. Mothers and their children are more likely to experience a range of social, behavioral, and psychological difficulties. Despite the significant challenges faced by these families, little is known about their experiences in treatment. The current study utilized thematic analysis to identify common themes that arose in three substance abusing mothers and their children's discussion during family therapy. An ecological framework was used to classify themes. Themes related to each level of the families' ecological systems were identified. Several themes related to the mothers and their children's relational and emotional needs. Based on these findings, implications for clinicians working with these families are discussed and suggestions for future research are offered.

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CHAPTER 1: INTRODUCTION

Substance-abusing mothers and their children are a vulnerable, understudied, and underserved population. Maternal substance use is associated with parenting problems which may lead to poor mother-child relationships (Mayes & Truman, 2002; Gruber & Taylor, 2006). Further, children of substance-abusing mothers are at risk of experiencing several negative behavioral, social, and mental health-related outcomes (Gruber & Taylor, 2006; Johnson & Leff, 1999). While a number of previous studies have assessed the vulnerabilities experienced by these mothers and their children, as well as the negative impact substance use and associated risk factors have on parenting and child outcomes, less is known about mothers' and their children's experiences when the mother seeks help for her substance use disorder. Given the significant damage that may have occurred to the mother-child relationship due to maternal substance use (Mayes & Truman, 2002; Davis, 1990), in addition to the increased likelihood that these children will exhibit difficulties of their own (Chatterji & Markowitz, 2001; Osborne & Berger, 2009; Johnson & Leff, 1999), therapy with these families will likely be multifaceted and address a wide range of concerns. However, little is known about the issues substance-abusing mothers and their children choose to discuss in therapy. Due to the complexity of problems faced by mothers and their children and the difficulties associated with treatment engagement and retention among substance-abusing mothers (Finkelstein, 1994) it may be important to develop a better understanding of their discussions during family therapy. Since individuals often discuss issues they feel are salient in therapy

(Farber, 2003), qualitative analysis of therapy sessions may be an important first step, by providing insight on issues which may be important to target in the context of family therapy.

Previous research has advocated for the use of ecological systems theory as a way to understand and treat substance abuse among women (Center for Substance Abuse Treatment (CSAT), 2009). This theory can be applied to substance abuse in mothers and their children to demonstrate the bi-directional influence between the mother's substance use and the multiple systems in her environment, including the family system (Bronfenbrenner, 1994). The current study will utilize an ecological systems theoretical framework to identify concerns that arise for these families during family therapy, with the goal to develop an understanding of how these concerns relate to the multiple systems that these mothers and their children are involved with in their environment. Developing an ecological systems perspective of these families' discussions during therapy will provide insight on the multiple systems that may influence these families during treatment.

Risks Associated with Maternal Substance Abuse

Substance-abusing mothers and their children experience multiple vulnerabilities. An understanding of these vulnerabilities provides a context for interpreting the issues they present with and ensuing discussions in therapy. Substance-abusing mothers often report poor support systems and co-morbid psychological difficulties in addition to substance abuse (Brady & Ashley, 2005, Conners et al., 2003). These additional risk factors associated with substance abuse may contribute to parenting problems and negatively impact the children (Suchman & Luthar, 2000). Children of these mothers are

at an increased risk of exposure to traumatic environments and are more likely to develop problems of their own (Gruber & Taylor, 2006). Below, risks experienced by these mothers and their children are reviewed.

Risks among mothers. Substance-abusing women often report low levels of education and employment, and therefore are more likely to experience economic difficulties (Hser, Huang, Teruya, & Anglin, 2003; Yaffe, Jenson, & Howard, 1995). For example, in a large national study of mothers in residential substance abuse treatment, 32% of the mothers reported being homeless prior to treatment (Conners et al., 2003). Additionally, substance-abusing women often have partners who also abuse drugs or alcohol (Amaro & Hardy-Fanta, 1995; Conners et al., 2003), and are often single parents (Conners et al., 2003; Davis, 1990; Eliason, Skinstad, Gerken, 1994; Grella & Joshi, 1999). Conners and colleagues found that nearly 50% of the children of substance-abusing mothers had no relationship, or a distant relationship, with their father and only 13% of the mothers received child support. Further, female substance abusers are less likely than male substance abusers to received support and encouragement to seek treatment are less likely to receive support or encouragement to seek treatment (Grella & Joshi, 1999).

In addition to lack of social support, substance-abusing women often experience emotional or psychological difficulties (Brady & Ashley, 2005; Conners et al., 2003; Grella & Joshi, 1999). These women often report histories of trauma including childhood sexual and physical abuse, and intimate partner violence (Brady & Ashley, 2005; Conners et al., 2003; Green, Polen, Dickinson, Lynch, & Bennett, 2002). Conners and colleagues (2003) found that over half of the mothers reported previous abuse by their

parents and nearly three-fourths of mothers reported being abused by someone other than a parent. Co-morbid psychological disorders, such as depression, anxiety, post-traumatic stress disorder (PTSD), and personality disorders are also prevalent among these women (Brady & Ashley, 2005; Conners et al., 2003; Grella & Joshi, 1999). For example, among Conners and colleague's national sample of substance abusing mothers 58.1% of mothers reported experiencing a mental health problem. Overall, there are multiple risks associated with maternal substance use which increase the vulnerability of these mothers and their children.

Risks among children. Children of substance-abusing mothers are more likely to experience neglect and/or abuse than other children (Mayes & Truman, 2002; Gruber & Taylor, 2006; Kelleher et al., 1994). Previous literature notes that mother's preoccupation with obtaining drugs may lead them to the neglect of their children's needs (Gruber & Taylor, 2006), sometimes using their financial resources to obtain drugs rather than to support their children (Gruber & Taylor, 2006). Maternal substance use is also associated with unstable and inconsistent home environments where children may be exposed to illegal activities such as drug dealing and/or prostitution (Baker & Carson, 1999; Gruber and Taylor, 2006; Mayes & Truman, 2002). Several studies have also found that substance use is associated with family violence (Brookoof, O'Brien, Thompson, & Williams, 1997; Jester, Jacobson, Sokol, Tuttle, & Jacobson, 2000), with children of substance users being more likely to be victims of physical, sexual, and emotional abuse than other children (Mayes & Truman, 2002). For example, Kelleher and colleagues (1994) found that children of parents with an alcohol or drug use disorder

were 3 times more likely to be abused and 4 times more likely to be neglected than children of non-substance abusing parents.

Another aspect of vulnerability among children of substance-abusing mothers is their increased risk of experiencing a range of psychological, behavioral, and substance use problems of their own throughout their lives (Chatterji & Markowitz, 2001; Luthar et al., 1999; Lynskey, Fergusso, & Harwood, 1994; Osborne & Berger, 2009; Weissman, et al., 1999). Using the Fragile Families national data set, Osborne and Berger (2009) found that three-year-old children of substance users were more likely to exhibit aggressive behaviors, anxious/depressed behaviors, as well as behaviors related to attention deficit hyperactivity disorder and oppositional defiant disorder. Studies of older children also show similar results; Reich and colleagues (1993) found that children of alcoholics between the ages of 6-18 years were more likely to have a conduct disorder or oppositional defiant disorder in comparison to children of non-alcoholic parents. Stanger and colleagues (1999) found that 2-18 year old children of opiate or cocaine dependent parents were more likely to exhibit externalizing behavior problems than children from a matched community sample and 28.8% of the children of drug abusing mothers had clinically significant externalizing behavior problems. Further, Luthar and colleagues (1999) found that 46% of their sample of 7-17 year old children of opiate and/or cocaine addicted mothers had an affective or anxiety disorder. Studies have found that by adolescence and young adulthood, children of substance abusing parents are more likely to be diagnosed with a psychiatric disorder and/or substance use disorder than children of non-substance abusing parents (Chassin, Pitts, Delucia, & Todd, 1999; Hill, Tessner, &

McDermott, 2011). Overall, substance-abusing mothers and their children are at-risk for experiencing a range of challenges.

Challenges during Substance Abuse Treatment

While no previous study has assessed issues mothers and their children discuss during therapy, a modest number of qualitative studies have assessed issues mothers identify as challenging during their substance abuse treatment. Nardi (1998) used interviews, observations, and therapy case notes with 17 women in outpatient treatment to develop an understanding of pregnant and parenting women's experiences with recovery from addiction. Many of the women in the study showed little understanding of the impact that their addiction had on their children (Nardi, 1998). Additionally, for most of the women it was their first experience of parenting while abstinent, so they had to adapt to their evolving parental role (Nardi, 1998). Coyer (2001) conducted interviews with 11 mothers of children in treatment for a cocaine addiction and found that the mothers struggled with developing a maternal identity. For example, many of the mothers had limited experience with parenting their children and tended to overlook their children's emotional needs. Davis (1997) conducted interviews with 10 women who were recovering from alcohol dependence and many of the women noted that having children made focusing on their recovery more complicated. Mothers asserted that the ideology of Alcoholics Anonymous as a "selfish program" where one must focus solely on recovery was not feasible because they needed to care for their children as well. While these studies indicate that mothers often face challenges related to parenting during treatment, only mothers' perspectives during individual-based treatment were assessed. Therefore, the findings do not offer insight on the challenges that children may identify or whether

the identified challenges may be different when the child participates in treatment. The current study will address these gaps in the literature.

Parenting and Relationship Difficulties Associated with Maternal Substance Abuse

While previous research does not address whether mothers discuss parenting and relationship difficulties during therapy, these studies show that parenting is self-identified as a challenge by mothers during treatment (Coyer, 2001; Davis, 1997; Nardi, 1998). Problematic parenting practices and poor mother-child relationships can negatively influence children's functioning (Luthar & Sexton, 2007; Suchman, Rounsaville, DeCoste, & Luthar 2007). Unfortunately, many substance-abusing mothers grew up in substance-abusing and/or abusive family systems and may not have had good parenting role models (Davis, 1990; Gruber & Taylor, 2006; Mayes & Truman, 2002). Previous research has shown that these mothers often lack knowledge about appropriate parenting (Velez, et al., 2004). They also are more likely to have problems understanding children's developmental and emotional needs, and often overestimate their children's abilities (Mayes & Truman, 2002; Seagull, et al., 1996). Additionally, mothers report feeling inadequate and insecure in their role as a mother (Gruber & Taylor, 2006; Mayes & Truman, 2002), and experience high levels of parenting-related stress (Kelley, 1998). In particular, Kelley (1998) found that 47% of substance abusing mothers reported clinically significant levels of parenting stress compared to 3.3% of non-substance abusing mothers. In summary, these mothers may experience difficulties and express more negative parenting attitudes in their role as mothers.

Substance-abusing mothers experience problems in terms of parental control, monitoring, and effective discipline (Kandel, 1990), and are more likely to report

authoritarian parenting styles than non-substance-abusing mothers (Mayes & Truman, 2002). Studies have found that they often endorse harsh and/or inconsistent disciplinary practices including physical discipline (Hien & Honeymoon, 2000; Miller, Smyth, & Mudar, 1999), and low levels of parental supervision and monitoring (Kandel, 1990). Further, mothers report that they have trouble controlling their children's behavior (Baker & Carson, 1999), which is associated with several negative child outcomes (Stanger, Dumenci, Kamon, & Burstein, 2004; Suchman et al., 2007). Suchman and colleagues (2007) found that parental control predicted externalizing problems, depression, and school maladjustment among children of substance abusing mothers. Mothers who reported appropriate limit setting and promotion of autonomy were less likely to report that their child had externalizing behaviors, depression or school problems (Suchman et al., 2007). In summary, mothers report significant difficulties with parental control and discipline (Kandel, 1990; Mayes & Truman, 2002), which can have a negative influence on their children's development and psychosocial functioning (Suchman et al., 2007).

In addition to difficulties with parental control of child behaviors, substance-abusing mothers are also less likely to have positive relationships with their children (Kandel, 1990). Specifically, substance abuse is associated with lower levels of closeness and warmth in the mother-child relationship than in non-substance abuse relationships (Kandel, 1990). Qualitative studies have shown that mothers report past experiences of not being present to support their children both physically and emotionally (Baker & Carson, 1999; McKeganey, Barnard, & McIntosh, 2002). Children often report feeling unloved and abandoned by their substance-abusing parent (Kroll, 2004). Lack of positive mother-child relationships are related to negative child outcomes (Luthar & Sexton,

2007; Suchman, Rounsaville, Descoste & Luthar, 2007). Children from substance-abusing families who report low levels of closeness with their parent are less likely to be rated as socially competent (Luthar & Sexton, 2007). Further, lower levels of parental warmth are related to increased child depression, maladjustment, and externalizing behaviors (Suchman et al., 2007).

Additional Factors Related to Mother-Child Relationship and Child Outcomes

While maternal substance abuse is associated with problematic parenting practices, poor mother-child relationships, (Kandel, 1990; Gruber & Taylor, 2006; Mayes & Truman, 2002) and negative child outcomes (Johnson and Leff, 1999; Luthar & Sexton, 2007), there are several additional factors that may influence this association. Previous research has shown that maternal psychological functioning often mediates the relationship between maternal addiction and parenting problems (Burstein, Stanger, Kamon, & Dumenci, 2006; Hans, Berstein, & Henson, 1999). Hans and colleagues (1999) found that maternal psychopathology was related to increased problems in parenting behavior even after controlling for maternal opiate addiction. Low socioeconomic status among substance-abusing mothers has also been found to predict parenting problems. Suchman and Luthar (2000) found that while maternal addiction was directly related to parental involvement, lower maternal SES predicted less maternal autonomy promoting behaviors. In addition to attempting to understand the unique influence of each risk factor, previous research has shown that an accumulation of risks also predicts parenting problems. Nair and colleagues (2003) assessed the prevalence of ten different risk factors among substance-abusing mothers, such as domestic violence, psychiatric problems, and homelessness. The findings showed that women who reported

five or more risks were more likely to report higher levels of parenting stress and child abuse potential than mothers with less than five risk factors. Overall, multiple factors in addition to maternal substance abuse influence the relationships between these mothers and their children.

Drug of choice and drug use behaviors. While previous literature has demonstrated that maternal substance abuse is associated with parenting problems and negative child outcomes, mother's drug of choice and severity of addiction also influence the parent-child relationship (Straussner, 2011). Mothers who use illicit drugs versus alcohol may expose their children to more risks given that illicit drug use is illegal, but alcohol is not (Mayes & Truman, 2002; Straussner, 2011). Additionally, children of illicit drug users are more likely to experience behavior problems in comparison to children of alcohol users (Chatterji and Markowitz, 2001; Cooke, Kelley, Fals-Stewart, and Golden, 2004). Chatterji and Markowitz (2001) found that while illicit drug use was a consistent predictor of child problem behaviors even when controlling for maternal psychopathology, alcohol use was no longer a predictor when controlling for maternal psychopathology. Even among illicit drug using mothers, there are notable differences in parenting; for example, mothers using stimulants, such as cocaine, may be easily agitated and express hostility towards their children whereas mothers using depressants such as alcohol or opiates may be more withdrawn and under-involved (Mayes & Truman, 2002). Some mothers report being able to refrain from drug use around their children, while others, with more severe addictions, may not be able to protect their children from seeing them use (Baker & Carson, 1999). Overall, substance abuse is not homogenous among mothers, and different drugs of abuse may impact the mother-child relationship

differently. Therefore, examining mother-child discussions during therapy separately based on mother's drug of choice is important for reducing heterogeneity and increasing internal validity.

Child's age. The mother-child relationship may also differ based on children's age. Stanger and colleagues (2004) found that within substance-abusing families with children between the ages of 2 to 18 years, poor parental monitoring increased with child's age and positive parenting behaviors decreased with age. Further, Luthar and colleagues (1998) found that older children of opiate or cocaine addicted mothers were more likely to have anxiety/affective disorders than younger children. Adolescent children may be at an increased risk for multiple challenges due to the increased length of exposure they have had to their mother's substance abuse and the cumulative associated negative environment and its interactions (Strausnner, 2011). In summary, there may be significant differences between outcomes observed in younger and older children of substance-abusing mothers based on the mothers' parenting styles and the child's experience of problems. Thus, discussions during therapy within these families may differ depending on the child's age and the current study focuses on therapy with mothers and their adolescent rather than pre-adolescent children.

Overall, there are several factors that influence the relationship between substance abusing-mothers and their children. Therefore, their conversations in therapy are also likely to be shaped by a wide range of factors. Subsequently, it is necessary to utilize a framework that will account for the wide range of contextual factors influencing these families' discussions in therapy.

Ecological Systems Theory and Ecologically Based Family Therapy (EBFT)

Recent family therapy approaches to substance abuse have begun to acknowledge the importance of systems, beyond the family, in initiation, maintenance, and recovery from substance use disorders (Rowe, 2012). The Substance Abuse and Mental Health Service Administration (SAMHSA) recommends using Bronfenbrenner's ecological systems model (1989) when understanding and treating substance use disorders among women because it emphasizes the bi-directional relationship between the women's substance use and the multiple systems she is involved within her environment (Bronfenbrenner, 1989; CSAT, 2009). An ecological systems perspective is appropriate for the current study because it can provide a rich understanding of the multiple environmental and relational factors influencing mothers and their children's discussions in therapy.

Bronfenbrenner's (1994) ecological systems theory proposes that individuals can best be understood in the context of their environment. He further explains that the environment can be classified into multiple systems of interactions nested in one another. There is a bi-directional influence between the multiple systems and the individual. The most influential system is the microsystem which consists of relationships and interactions that the individual has frequent and direct contact with, such as the mother and child's relationship. The mesosystem links different systems together, for example the involvement that substance abusing mothers' children may have with their mother's substance abuse treatment center would be classified within the mesosystem because it illustrates how two of the mother's microsystems (family and treatment) interact and influence one another. The exosystem consists of settings that individuals do not have

direct contact with, but still influence the individual. For example, a mother's involvement in the judicial system could be a possible component of a child's exosystem because the mother's involvement in the judicial system will have an impact on the child, but the child does not have direct involvement with judicial system. The macrosystem exerts overarching influence on the environment of an individual and consists of things such as societal beliefs and culture. For example, the societal stigma associated with maternal substance use is likely an influential aspect of substance abusing mothers' macrosystems, which likely influences their interactions within their microsystems, mesosystems, and exosystems. The chronosystem is the final aspect of environment within ecological systems theory and focuses on aspects of individuals and their environment that remain constant or that change over time. Overall, the ecological systems model provides a framework for understanding how different elements of an individual's environment interact to influence individuals and families.

Several interventions have incorporated ecological systems theory to develop multi-systemic and ecologically based approaches to family therapy (Rowe, 2012). Within the current study, mothers and their children participated in Ecologically-Based Family Therapy (Slesnick, 2008). EBFT (Slesnick, 2008) is a family systems approach that incorporates aspects of ecological systems theory (Bronfenbrenner, 1979) and contextual therapy (Boszormenyi-Nagy, Grunebaum, Ulrich, 1991). It was originally developed for multi-risk families, specifically families with a runaway adolescent child. However, in the current study it was further developed for families in which the mother had a substance abuse problem (Slesnick, 2008).

One of the basic assumptions within EBFT (Slesnick, 2008) is that individuals' lives are influenced by multiple systems and the family is the primary system for individuals. All family members are assumed to contribute to the development, maintenance, and resolution of family problems, such as substance use. Therefore, EBFT does not focus on only one individual, but seeks to understand the entire family system. EBFT also considers how other systems, including larger societal systems, influence the family system and individuals. Overall, EBFT seeks to improve interactions within the family system as well as larger societal systems. Given that EBFT focuses on the family system as well as outside systems, it is expected that families participating in EBFT will discuss not only their concerns within their family relationships, but also their experiences with other social systems. Therefore, it will be possible to identify how the discussions between these mothers and their children during therapy, incorporate issues arising from multiple systems. The current study will identify the multiple systems these families discuss and classify them within the multiple levels of ecological systems (microsystems, mesosystems, exosystems, macrosystems, and chronosystems) described by Brofenbrenner (1994).

Qualitative Analysis of Therapy Sessions

Analysis of recorded therapy sessions is a commonly used approach in qualitative family therapy research (Gehardt, Ratliff, & Lyle, 2001). Previous research has used qualitative analysis of therapy sessions to highlight themes that arise in therapy with vulnerable populations. For example, MacIntosh and Johnson (2008) conducted a thematic analysis of Emotionally-Focused Therapy (EFT) sessions with ten couples in which one partner had experienced childhood sexual abuse. They identified several

themes that reflected the couples' challenges with regulating emotional affect (MacIntosh & Johnson, 2008). Similarly, Inder and colleagues (2008) used thematic analysis of therapy sessions with bipolar patients. They identified themes that described how these patients struggled with developing their self-identity. Previous studies have also used qualitative analysis of therapy sessions to exemplify how theoretical processes can be illustrated by themes that arise in discussions during therapy. For example, McLeod and Balamoutsou (1996) conducted a qualitative analysis of a single session of narrative therapy and identified and described five narrative processes that arose in the therapy session. Overall, previous studies utilizing analysis of therapy sessions have demonstrated that is possible to illustrate aspects of therapeutic processes and theories as well as identify themes based on the conversations during therapy.

Similar to the MacIntosh and Johnson (2008) study, which identified themes discussed between couples during EFT, the current study will identify themes that arise in discussions between mothers and their children during EBFT. By examining these mothers and their children's discussions during therapy, it is possible to identify issues that arise while mothers and their children are actively working their relationship and recovery. Also, similar to the McLeod and Balamoutsou's (1996) study in which narrative theory processes within therapy sessions were identified, the current study will identify how the themes identified from discussions during therapy can be understood within and ecological systems framework.

Thematic analysis. Thematic analysis is one of the most widely used methods of qualitative analysis (Braun & Clarke, 2006) and has previously been used to identify themes within therapy sessions (MacIntosh & Johnson, 2008). The main purpose of

thematic analysis is to identify and describe patterns and themes within qualitative data (Braun & Clarke, 2006). Themes are not based on any preset quantifiable measures, such as the frequency or prevalence within the data, but rather on the ability to demonstrate something significant related to the research question. Thematic analysis can be done inductively or theoretically (Braun & Clarke, 2006). Inductive thematic analysis relies only on the data being analyzed and no theoretical perspective is used to guide data analysis, whereas, theoretical thematic analysis analyzes the data based on previous theoretical framework and works to explain how the data fits in with a pre-existing theory (Braun & Clarke, 2006). Given the current study's goal of identifying themes within an ecological systems framework, a theoretical thematic analysis approach will be utilized to identify issues discussed by mothers and their children during therapy.

Current Study

Despite significant research documenting challenges faced by substance-abusing mothers and their children, little is known about issues that arise for families when the mother seeks help for her substance use disorder. Since individuals are likely to discuss issues they feel are salient during therapy (Farber, 2003), identifying issues discussed between these mothers and their children may be an important step because it can provide insight on issues that may be important to these families during treatment. Further, by utilizing a theoretical thematic analysis based on ecological systems theory, it will be possible to develop an understanding of how issues stemming from multiple systems in these families' lives may influence mothers and their children during therapy. Therefore, the current study provides a theoretical thematic analysis of EBFT sessions with three substance-abusing mothers and their adolescent children.

Given the exploratory and qualitative nature of the current study, there are no hypotheses being tested. Rather this study seeks to generate information that can be used to develop hypotheses about substance-abusing mothers and their children's challenges during treatment, as well as how their problems can be understood within an ecological systems framework. Therefore, the goals of the current study are: 1) to identify issues discussed by substance-abusing mothers and their children and 2) to identify the multiple systems influencing the issues discussed by these families as described by Brofenbrenner's (1994) ecological systems theory.

CHAPTER 2: METHODS

Participants

Participants in the current study were part of a larger, on-going clinical trial of Ecologically-Based Family Therapy with single substance-abusing mothers and their adolescent children. Mothers were recruited to the project through a community substance abuse treatment center in a large Midwestern city. Mothers were eligible to participate if: 1) they had a child between the ages of 8-16 who lived with them at least 50% of the time for the past 2 years or 100% of the time in the past 6 months, 2) were seeking outpatient treatment for their substance use disorder, and 3) met diagnostic criteria for an alcohol or drug use disorder. Mother-child dyads who agreed to participate were then randomly assigned to receive: 1) in-home EBFT, 2) office-based EBFT, or 3) women's health education intervention. These treatments were in addition to the outpatient treatment they received from the substance abuse treatment center. It was intended that EBFT would act as a supplement to the women's outpatient treatment; however, many women reported not attending their outpatient treatment. Consequently, in many cases EBFT was the only treatment received by the women.

Three families who were assigned to receive in-home EBFT were included in the current study. Mothers who completed all 12 sessions of EBFT and had an adolescent child present at least 4 of the sessions were selected because it was necessary to use cases where both the mother and child were engaged in treatment. Among the sessions coded

for the current study (1 or 2, 4, 8, and 12), the number of children attending varied from session to session. "Alexia1[1]" had seven children, but began the first session with only one daughter, but later included two more of her daughters in the therapy session. She included four of her children and her mother in session four. Session eight began with only the mother, but her son later joined the session. Alexia attended the final session by herself. "Brooke[1]" had two children, but had custody of only one child. Her son attended all of the therapy sessions. "Christina[1]" had three children. She attended the first session of therapy by herself, but included her children in the rest of the sessions. During the second session her youngest son and daughter were present. All three of her children were present during the fourth session. The oldest son and daughter were present during the eighth session and the youngest son and daughter attended the twelfth session.

All of the mothers in current study used cocaine as their drug of choice. Since drug of choice has been associated with differences in individual, social, and family consequences (Cooke et al., 2004), all three mothers were selected to have the same drug of choice. Cocaine was selected because, within the current study, cocaine using mothers were the most likely to complete all 12 session. For example, at the time cases were selected 21.4% of alcohol-abusing mothers, 15% of opiate-abusing mothers, and 35.3% of cocaine-abusing mothers had completed all therapy sessions. While cocaine was the mothers' drug of choice, they also reported other drug and alcohol use including opiates, marijuana, and alcohol throughout the project.

The mothers' ages ranged from 28-35 years. Two of the mothers were African-American and one reported mixed ethnicity. Children reported the same ethnicity as their

[1] Pseudonym used to protect participant identity

mothers. The target adolescents' ages ranged from 12 to 14 years. None of the target adolescent children reported illicit drug or alcohol use in that past 90 days.

Similar to other samples of substance-abusing mothers, the three mothers in the current study reported factors that indicated they faced increased vulnerabilities. In addition to being single mothers, they also reported low levels of education, ranging from 10^{th} grade to one year of post-secondary education. Subsequently, each of the mothers reported low income levels ranging from $5,001-15,000 annually and prior experiences of homelessness ranging from 60 to 365 days in length. Each mother reported a history of physical abuse; one mother reported abuse from both parents and friends, one mother reported multiple incidents of intimate partner violence, and one mother indicated she had experienced physical abuse in the past, but did not specify by whom. Mothers also reported experiences of an unstable home environment as children; two mothers reported living in foster homes and group homes as children as well as running away from home multiple times. Mothers' experiences of legal problems were also common, two mothers reported a history of arrests, and one mother reported spending time in prison.

Procedure

The Ohio State University Institutional Review Board approved all study procedures. Mothers were informed about the research study by a research assistant at the substance abuse treatment center. They were then screened for eligibility, and permission from eligible mothers to contact their child was obtained. The child was then contacted and informed about the research study. If the child did not agree to participate, the mother received treatment as usual from the treatment center. When mothers had more than one eligible child, the children were assessed for substance use and the child with

more severe substance use was included. If neither child reported substance use, the children were given the Youth Self Report (Achenbach & Edelbrock, 1982) and the child with the highest total problem behavior score was included as the target child. However, all children were invited to participate in therapy sessions. Both the mother and target child completed an assessment battery that included several individual and family measures as well as a video recorded interaction task.

EBFT sessions were conducted by master's level therapists who were currently in a doctoral couple and family therapy program. Each mother in the current study was selected to have a different therapist in order to ensure that the therapist did not influence themes that arose across cases. The therapist recorded the therapy sessions, which were later transcribed verbatim by a research assistant. To ensure that different time points in the therapy were represented, session 1 or 2, 4, 8, and 12 were coded.

Measures

The measures included in the current study include both the mother and child's Form-90 and demographic questionnaire. The Form-90 is a structured interview that measures daily drug use for the past 90 days using a timeline follow back approach. (Miller,1996). Within the current study, information collected through the Form-90 was only used to identify mother's drug of choice and to assess whether the child had used drugs or alcohol in the past 90 days. In order to characterize the sample, self-report demographic questionnaires were administered to mothers and children by research assistants. The current study utilizes this information to report mothers' and children's ages, education, income, and possible traumatic experiences.

Data Analysis

Cross-case analysis was done to identify common themes that arose in all three families' therapy sessions (Creswell, 2007). Themes consisted of common patterns of issues or concerns that were discussed throughout families' therapy sessions. Braun and Clarke's (2006) procedures for thematic analysis were followed to identify themes within and across cases. Audio recordings of therapy sessions were transcribed verbatim by a research assistant. The audio recordings of therapy sessions were then listened to and compared with the transcriptions to ensure accuracy and familiarize the researchers with the data. Next, initial coding was done to find patterns in the data. Following initial coding, codes were compared and combined to create preliminary themes and subthemes. After initial themes were developed, codes within each theme were reviewed to ensure they were consistent with the theme and modifications were made when necessary. Finally, the themes were reviewed to ensure they represented the data from the therapy sessions.

In order to ensure reliability of the analysis, the first author as well as a research assistant coded the data (Boyatzis, 1998). The first author coded all of the selected therapy sessions and the research assistant coded one session from each family. The first author and research assistant independently coded sessions and then met and compared findings. Discrepancies in their findings were discussed until an agreement was reached (Boyatzis, 1998). To further ensure reliability, themes were reviewed and discussed with the second author, who was the therapy supervisor and oversaw all therapists involved in the project.

Given the sensitive nature of the topics discussed in therapy, several efforts to protect participants' identity were made. Each mother was given a pseudonym and

children were not referred to by name. Any potential identifying information was not included in the study. Furthermore, issues discussed in therapy were only developed into themes if more than one family discussed that issue. This helped ensure that all of the information discussed by each family in therapy was not revealed in order to prevent the possibility of the families being identified.

CHAPTER 3: RESULTS

While each family's therapy sessions were unique, several common themes were identified. Theme development was guided by the goal of relating themes to an ecological systems theory framework. Rather than focusing on one individual family member's ecological context, the current study focused on understanding the systems that influence the mother-child microsystem. Since the mother-child microsystem was the basic unit of analysis, only themes directly related to the relationships involving mothers and their children were classified at the microsystem level within the current study. Themes were classified at the mesosystem level if they related to the mother's and/or their children's interaction or experience with other microsystems. Themes that related to systems that influenced mothers and their children despite the fact they had no direct involvement with the system were classified at the exosystem level. Themes that conveyed the larger societal influence on the families' lives were coded at the macrosystem level. Since therapy occurred over a relatively short period of time (six months) themes related to chronosystems were not identified.

Microsystems

As would be expected given the primacy of microsystem interactions, several themes related to the family microsystem were discussed throughout therapy. Issues related to the mother-child relationships were discussed extensively, which resulted in the identification of the overarching theme of mother-child relationships which was

composed of several sub-themes. In addition to mother-child relationships, a theme related to sibling relationships also arose in the families' discussions.

Mother-child relationships. All three families identified goals related to improving their relationships. As a result, a substantial amount of time was spent discussing mother-child relationships. While each family had different experiences, several common sub-themes emerged throughout the families' discussions, which are presented in more detail below.

Children expressing their feelings. Each of the three mothers expressed hope that therapy would help their children express their feelings. Mothers seemed to sense that their children tended to withhold their feelings and tried to encourage their children to express their thoughts and feelings throughout therapy sessions. One mother, Christina, expressed concern that her children withheld their thoughts and feelings. She tried to encourage them to be more open. For example, she stated to her children, "Everybody this is a time to let things out...I worry about you because I feel like you hold things in." Another mother, Alexia, expressed joy when she saw her daughter cry and noted that she had never seen her daughter express feelings about the mother's addiction. Alexia responded by saying, "Tell the truth, honey. It's okay if you cry. See that's what she [therapist] is here for." After this experience with her daughter, Alexia requested to have more of her children join the therapy session and indicated that she hoped all of her children would have a similar opportunity to express their feelings. A different mother, Brooke, also expressed concern that her son was not being expressive and encouraged him to be more open with her about what he wanted her to do differently in their relationship. When her son continued to be somewhat withdrawn during the first session,

she sought reassurance from the therapist by asking, “Do you think that him holding back is okay right now?” The concern these mothers had regarding their children withholding their feelings seemed to relate to their belief that it would negatively affect their children later in life. For example, Alexia said, “I teach my kids to allow yourself to feel what you’re feeling because if you don’t, one day you’re gonna explode.” Christina conveyed a similar concern, “When you hold enough in, eventually it’s going to release itself somewhere or another and so that is where my concern lies.”

Two of the mothers also shared their belief that their children’s resistance to share their feelings and thoughts was related to their children’s concern about their mother’s reaction. Alexia acknowledged that during her drug use she would get angry easily and suspected her children may be afraid of her, she commented:

> I guess with my addiction and the anger that I had…they was walking on eggshells. Like, is she going to go off… you know, if I say this? Or I want to say this to her, but I better not.

Alexia’s children did not provide much feedback in response to their mother’s concerns, but they did agree it was hard for them to share their feelings with their mother. Similarly, Christina conveyed her belief that her children may not be sharing their feelings because they did not want to hurt her. She commented, “I feel like you hold things in…because you’re scared you’re going to hurt your mom or you’re going to hurt someone else’s feelings.” Christina’s daughter agreed that she often withheld her feelings because she was afraid of hurting other people, she commented, “I should share my opinions. I just get scared it would hurt other people’s feelings.” While the children did not engage in a significant amount of discussion about their comfort expressing their

thoughts and feelings, the children who did contribute to the conversation tended to agree that they struggled with communicating openly.

Despite each of the mothers' desire and encouragement for their children to be more expressive, these mothers also tended to engage in behaviors that limited their children's ability to vocalize their thoughts and feelings. Each of the mothers talked over or answered for their children. Christina sometimes answered for her children, but her therapist often stopped her from doing so and encouraged her to let them answer first. Brooke seemed to answer for her child when she perceived he would say something negative about her. For example, when the therapist asked the child what it was like for him when his mother's mood changed due to medication changes, she responded for him by saying, "Hell." However, when the child did not say anything in response to her, she got upset because she indicated that meant he agreed she needed to take medication. She said to her child, "See? It's like you agree. I need to take my medication every day. So you're saying that mom has a problem mentally?" Alexia also frequently answered for her children and would often try to emphasize the changes that had occurred since she quit using drugs. After her daughter cried and talked about her pain associated with her mother's addiction, the therapist commented, "That's wonderful you're willing to let off those feelings. You're excited to have mom back in your life." Before the child could answer, Alexia responded saying, "Better than ever, right. We have a ball." The mother then identified positive activities she had been doing with her children. In the last therapy session, Alexia discussed how her boyfriend recently informed her that she talked for her children. She noted that she had never noticed herself doing this before, but now wanted to change her behavior. In sum, despite the mothers' desire for children to be more

expressive of their feelings, they may have also unknowingly inhibited their children's communication.

Over the course of therapy, two families noted that they felt therapy had helped the children become more expressive. Alexia expressed her gratitude for therapy by saying, "I like it because it allows my kids to open up about some things they probably wouldn't have opened up about." One of Alexia's children also explained she liked therapy by saying, "It's good. It gave me a chance to open up and really tell her [mother] how I felt and not just keep it in and make it bother me." Christina's youngest son noted that through therapy he was able to become a little more "open," however he was not sure if it was something he would continue in the future because it felt "weird." Alexia and Christina also felt that their children were more expressive outside of therapy as well. Brooke and her son did not state whether or not they felt therapy had helped the son become more expressive. Overall, the families that discussed changes in the children's expressiveness indicated that therapy was effective at helping the children communicate more openly with their mothers.

Mother's desire for her children to understand her experiences. Discussions from the three families indicated the importance the mothers placed on having their children understand and appreciate their struggles and experiences. Christina explained that she was writing a book about her experience, so her children could understand her life, "I think it'll [her book] make…things that aren't clear a little more clear for you to understand mom." Brooke expressed frustration because she perceived that her son did not understand her struggles. During one session, she discussed her disappointment that her son would not go with her to her appointments. She perceived he would have gained

a better understanding of her everyday struggles if he went with her. She explained that he would have thought to himself:

> To have my mom go through all this and she still maintaining and she still paying the bills…and she got the house. Dang my mom really goes through. My mom really tries.

The therapist responded by acknowledging that Brooke may feel like people do not understand the challenges she faces. The mother responded by saying "No, it is not people, [it is] my son." Alexia communicated the belief that her negative behaviors in the past were due to her addiction, thus she expressed the desire for her children to understand that her past behaviors were a result of her addiction. For example, when one of her daughters said that she had hated her mom and felt like her mom did not care about her, the mother responded by saying, "So do you feel now that mommy's getting better - that it was just the addiction? You know it wasn't me right?" The daughter responded by saying, "mmm-hmm." The mother proceeded to discuss how the addiction impacted her parenting and how things had improved since she stopped using drugs. Overall, throughout therapy it appeared that the mothers hoped their children would gain a better understanding of their struggle.

Support from one another. The three families all reported receiving different levels of support from each other. While two families discussed receiving support from one another, one family was disappointed with the amount of support they were receiving from one another. However, all the families indicated the importance of having support from their family members. Both mothers and their children shared their perspectives of the support they received from one another.

The children discussed support in broad terms by indicating they wanted to be closer or spend more time with their mother. Brooke's son stated he wanted to be closer to his mom and noted his ideal close relationship would include "sitting down and talking" with his mother. Alexia's children indicated their relationship with their mother had improved since Alexia stopped using drugs because they spent more time together, one child noted, "I'm happy for her that she decided to…get better and stuff. So it's been good, we been doing stuff together as a family more." Christina's children also discussed how his mother would help them settle conflict. He happily noted, "My mom always has our back." Throughout therapy, at least one of the children in all of the families indicated that they valued/would value having support from their mother.

The mothers were able to identify specific examples of the support their children provided or how they wanted their children to support them. Brooke described several expectations about the support she hoped her son would provide. However, he was not meeting her expectations, thus she often discussed how she wanted him to behave. She suggested that since she had a physical disability, her son should want to help her more and would understand that she needs his help. She also expressed feeling overwhelmed with all the bills and responsibilities she had as a single mother. Therefore, she expressed the desire for her son to help her with household chores more than he was currently helping. She also expressed the belief that since her son did not care about her very much because he did not provide her with the amount of support she wanted. She explained, "I believe that you care in your own way…you do and you don't." The son seemed upset by his mother's assertion that he did not care and responded, "So you going to say all that stuff about how we changed or something and then you keep saying I'm stubborn and

don't care." Overall, Brooke tended to focus on how she hoped her son would support her. When the therapist asked Brooke what her son needed help with, the mother responded with an answer that reflected what she wanted from him, she said, "He needs help with helping his mother, helping around the house." Throughout therapy Brooke tended to express disappointment because of her perceived lack of support from her son.

In contrast to Brooke, the other two mothers acknowledged that their children were a source of support. Alexia noted that when she was struggling with her addiction her children took on some of her responsibilities. In fact, she discussed her current effort to have her children take on fewer responsibilities since she was no longer using drugs, she stated:

> When I was delivered from this I told my kids…I am giving ya'll permission to be children again. You don't have to cook…of course help out. But as far as taking on mommy's role, they don't have to do that no more.

She also described how her oldest daughter provided her with both emotional and financial support. She said that she could talk with her oldest daughter when she was stressed and noted that her oldest daughter helped pay the monthly expenses. Christina also described her children as a source of support. She indicated that she liked therapy because it gave her family a chance to spend time with one another. She also noted that she did not like to leave the house because it felt unsafe. Consequently, she did not have connections with many systems beyond her children. She indicated that the only people she really wanted to interact with regularly were her children, saying "Everyone I love is in this house." Overall, these two families' discussions revealed the substantial amount of support these children provided to their mothers.

Children's behavior problems impact on mother. Alexia and Christina conveyed that their children's behavior problems were a source of stress. Brooke mentioned once that her son was doing poorly in school, but did not identify his problem behaviors as a stressor. Alexia and Christina both discussed serious challenges with their sons. Both mothers reported that their sons were not coming home, were getting in trouble at school, and were struggling academically. Through various points in therapy both mothers would direct discussions to their son's problems.

Alexia spent a lot of time discussing concerns about her son when he was not present, but when the therapist tried to focus the conversation on Alexia, she responded by saying, "I'm fine…But I just want to know what's going on with [son's name]." Her son was often absent when she discussed her concerns about him; however she did have a one-on-one therapy session with him and noted that she also sought advice from the therapist about how she could talk to him and get him to open up about what he was experiencing. During their one-on-one session, the son indicated that he felt the family was singling him out by focusing. Christina also expressed concern about both of her sons' behavior. However, as time progressed, she felt the oldest son had improved and began to center conversations on problems the youngest son was experiencing, thus singling that child out. The youngest son was temporarily placed in foster care because of his behavior problems. During one of the sessions that the youngest son was absent, the entire family appeared to blame him for the stress within the family and discussed their concern that his return would negatively impact the family. The mother noted:

> With [son's name] gone, a lot of the stress has alleviated, and I hate saying that, and I feel guilty as a mother saying that, but it's the truth…I want him to be a part

> of the family, but…if he's going to come back the same way that he was when he left…It's like we're just going backwards again.

Similarly, the older son expressed concern that his brother's return would negatively impact his mother and the family:

> I never want to be stuck in that position again where my mom's going to be going through a lot more stress…She's calmed down a lot and then if that goes back on her shoulders then I think everything in the house is really going to have a lot of tension.

Overall, children's problem behaviors were a major source of concern for two of the mothers. And, it appeared as if they were able to use therapy to address some of these concerns.

Mothers' beliefs about children's behaviors. The mothers also discussed their beliefs about the innate and environmental causes of their children's behavior. All three mothers conveyed a belief that some aspects of their children's behaviors were often inherent to the child. Alexia noted that her son's ethnic background contributed to his "anger problem." Both Christina and Brooke indicated that their son's zodiac signs contributed to their attitudes. Brooke explained "A Capricorn is stubborn and cheap. That's him." Christina indicated that she believed her child had a mental illness that caused him to act out. She said, "I believe honestly and truly that he has some kind of mental illness." Christina's therapist tried to reframe the family's perception of the son by suggesting that there may also be environmental reasons the child was acting out. Christina acknowledged her son had experienced previous trauma, but continued to assert that the main cause of his behavior was inherent to her son. She suggested it was a

condition he was born with and noted that even as a small child he had anger problems. In contrast, Alexia acknowledged environmental factors may have contributed to her son's problem behaviors. She expressed that her son's problems were related to her behaviors, saying "It was my fault because mommy wasn't home. He was starting to steal stuff because he probably felt he just didn't have what he needed." She also acknowledged that her son may be hurt over the absence of his father. Brooke also noted that their impoverished living conditions may be contributing to her son's attitude towards her. Initially, many of the mothers identified innate attributes of their children's behaviors. However, throughout the process of therapy two of the mothers were able to also acknowledge environmental influences on their children's behavior.

Mothers' behaviors influence on children. All the mothers acknowledged the possible influence their behaviors may have on their children. Alexia discussed how her addiction had negatively impacted her children, stating, "Its [addiction] contagious. I hurt all of my children around me." She also acknowledged the importance of her children participating in therapy saying, "The whole family had to suffer, so the whole family needs to recover." However, she also indicated that her experience with addiction may benefit her as a mother in the future, saying "Now I can teach my children, I can educate my children…I can see the signs of drugs and alcohol in teenagers." Christina discussed how her mental health problems impacted her relationship with her children. She noted that she had a personality disorder and that it may be difficult for her children to know what to expect from her. However, she asserted that she tries to maintain a positive attitude around her children even when she is upset. For example, she said:

> I know that no matter how I feel inside, however I choose to react to things or whatever… affects them, [it] affects the whole family. So no matter how I may be feeling…I want to greet them when they get home from school with a positive attitude.

Possibly because of her own experiences with mental health problems, Christina appeared very concerned that her children had mental health problems. She noted that she tried to watch for symptoms in her children, saying, "I study a lot…I want to know what's going on in here and what things I should look for." Brooke did not extensively discuss the impact of her behaviors on her son, but she conveyed the belief that her mental health problems may impact her son. She acknowledged that having the right medication improved their relationship. She commented, "He'll know when I miss a pill when I start arguing, start hollering." She also noted that many of his behaviors she disliked, such as being "anti-social", he likely learned from her. Overall, each mother revealed insight regarding how her struggle with mental health or addiction influenced her children.

Changing role as a mother. All three mothers discussed changes to their parenting behavior. Some of these changes reflected the mothers' belief that their adolescent children were nearing adulthood and may need more independence. For example, Brooke discussed how she was trying to find new ways to show her son that she loved him, such as patting him on the back rather than giving him a kiss. Alexia described how she was promoting independence among her children by encouraging them to make their own plans and handle their own arguments.

Two of the mothers also noted changing their parenting behaviors to adapt to their own needs. Both Alexia and Christina expressed the belief that they had always put their children first and subsequently had not taken care of their own needs. However, they both indicated they now recognized the importance of taking care of themselves, so they could be there for their children. Christina struggled with determining her role in helping her son that was in foster care. She commented:

> I [would] hate for him to grow up in the system. I would hate for that to happen to him…I need to take care of my son. But, I mean, I really need to take care of me because I can't be here for anyone if I'm not here."

Alexia expressed a similar a view that she had over extended herself in the past. She noted that she had been a mother since the age of fourteen and lost herself as an individual, saying, "That's where I kind of lost myself because... I've been a mother so I never got to go to prom, I never got to graduate." She expressed her desire to take time for herself to have personal life outside of her family. Alexia also acknowledged that in the past she created her personal life around drugs, but now hoped to use her personal time more constructively, she noted:

> I always loved my children, but I felt I raised ya'll up to this point, through the addiction. I'm like…now it's time for me to do me, but I guess, I just did it wrong and now God is showing me, now it's time to do you, but…do it properly.

Overall, the mothers discussed the efforts they were making to adapt their parenting style that reflected their own and/or their children's needs.

Sibling relationships. In the two families in which more than one child lived with their mother, mothers discussed their desire for their children to have positive

relationships with each other. Alexia identified her children's fighting as a major source of stress because she did not like to see them mistreating one another. She hoped that they would instead use each other as a source of support. For example, during therapy Alexia learned that her children never discussed their thoughts or feelings about her addiction with one another. She hoped by having her children open up during therapy, they would be able to provide support to one another in the future. In the final session she concluded, "It was cool for them to be able to speak around each other. So, maybe if they were keeping to themselves, they know they can come together. You know, they're not going through it by themselves." Though, her children indicated that they did not talk with one another about their struggles with their mother; some of the children identified their siblings as a source of support. Alexia also described how some of the older siblings cared for the younger siblings in her absence. Christina also encouraged her children to talk with one another when they were upset and gave them permission to complain about her with one another. She indicated that it was better they complained about her to one another rather than be disrespectful to her. She told her children, "You can even talk to each other about me…Say whatever you want, but leave me out of it." Her son insisted that they never talked negatively about her with each other; however, she insisted that they did, but reassured him she was not upset. Though Christina's children did not discuss their relationship with one another, the oldest son did convey that he hoped to support his brother and help his brother change his negative behavior by getting him involved in activities with his brother. Overall, these discussions highlighted the mothers' belief that siblings should be an extra source of support to one another. While

the siblings indicated receiving some support from one another, they did not report discussing their concerns about their mother with one another.

Mesosystem

The mothers and children discussed several microsystems that that they had joint interaction and influence over. Many of these systems also appeared to have an influence on the relationship between mothers and their children. These systems included their relationships with their mother/grandmother, mothers' involvement with men, children's school, children's friends, and community agencies.

Relationship with mom/grandma. All three mothers identified their own moms as an important person in their life. Alexia lived with her mom and Brooke lived across the street from her mom. Christina talked about the influence her mother had on her, but her mother had passed away so she was no longer an active part of her life. In the two families in which the mother's mom was still living, the mothers relied on their moms for some financial support and help with parenting. Brooke described her relationship by saying, "I lean on my mom…I rely on my mom." Both mothers discussed the closeness of their relationship with their mother. Alexia included her mother in some of the therapy sessions and indicated that she believed her addiction had also hurt her mother. However, Alexia also identified her mother as a source of stress. She described her mother as "clingy" and indicated she wanted space from her. She recounted telling her mom, "I don't want to be here because if I'm not here you can't tell me to do anything." Brooke also discussed her mother's involvement in her life and described her mother as "controlling." However, she conveyed that she accepted her mother's controlling behavior because she was dependent on her mom. She explained "If she [her mother] did

less… she would have less to say, but…I rely on mommy. She's my payee…I rely on her for a lot of things." Overall, mothers conveyed that their mothers played an influential role in their lives.

The children also had a close relationship with their maternal grandmother. Even though Christina's mom had passed away years ago, her children still identified their grandmother as an influential person in their life and discussed their sadness surrounding her death. Brooke's child discussed spending time at his grandmother's house when his mother was gone. He expressed being content with his close relationship with his grandmother saying, "While my grandma's still living she's going to be involved in everything." However, at times his mother indicated his relationship with his grandmother was a source of frustration because it appeared her son was closer with his grandmother than he was to her. Brooke expressed anger that she needed her mother's help with parenting her son, saying:

> It's messed up that he won't listen to me, but he listens to my mom. That's crazy. I'm the one that had him. I'm the one that carried him for nine months.

. Alexia's son, who was experiencing a lot of behavior problems, also identified his grandma as a source of support. Further, his grandmother mentioned that she tried working with the son to help him with his anger problems. Overall, in the families in which the grandmother was living, she provided an extra source of support for the children as well as their mothers.

Relationship with men. Two of the mothers and their children discussed the mother's involvement with men. Both families discussed past involvement with men that negatively impacted them. Brooke reported that her last boyfriend had left without paying

bills and had molested her daughter. Alexia discussed her experience with a previous boyfriend who introduced her to crack. She explained that she began using crack in order to stay with him, saying "[I would] just do anything to keep him around, so I started getting high with him and it just started going downhill from there." Alexia's daughter expressed that her mother's involvement with a previous boyfriend was a source of frustration. The mother understood the child's feelings and validated the child's perspective, by saying, "Yeah, cause I did a lot for him and I should've been doing for my children. When the addiction came it was just like me and him, me and him, me and him." Alexia expressed not having men in her life was a positive change for her family saying, "No man lives here, no man running in and out of the house. You know, where they used to see that too…They don't see that anymore…Our bond is even stronger than ever now." Indeed, both of these mothers identified previous negative experiences with men that had an impact on their children and on themselves.

Throughout the course of therapy two of the mothers reported that they began new relationships and discussed their relationship with their boyfriend during therapy. In both families, mothers perceived that their children and their mothers were unhappy about their new relationships. While Brooke's son did not directly tell his mother that he did not like her boyfriend, he did tell his grandmother negative information about the boyfriend. The grandmother would then relay that information to his mother. He also informed his mother that other family members did not like her boyfriend. Brooke also noted that her boyfriend expressed concern that she was overly involved with her family. Despite her suspicion that her son did not like her boyfriend, she still expressed a desire for them to have a relationship with one another. Her son expressed ambivalence about

having a relationship with Brooke's boyfriend, but the mother stated that it was important to her, saying, "I don't care what you say…If I'm involved with somebody, they have to be involved with you also."

Similarly, Alexia conveyed that her mother and children were reluctant to accept her relationship with her boyfriend. She noted that when she began dating her boyfriend, she started staying with him overnight. She expressed frustration that her mother would frequently call or text her while she was out with her boyfriend. She agreed with the therapist's suggestion that her children and mother may connect her disappearance with the feelings of abandonment they experienced when she was using drugs. In fact, she reported that her 19 year old daughter temporarily moved out of the house as a result of this new relationship. The mother described her daughter's perception of the situation by saying, "Mom, what are you doing?...You leaving me out and… you leave out the rest of the kids out." However, as previously mentioned Alexia noted she was trying to develop a personal life outside of her family, saying "I told them I have to have a personal life. I never have. A boyfriend that I'm so close with." Therefore, she justified her relationship by describing the positive support her boyfriend provided. For example, she explained, "I just kind of tell them you're just going to have to accept this because he is a good guy and we're having fun… He's staying around me and there's no violence involved." She also discussed her boyfriend's involvement with her children and indicated that her children should not feel abandoned since her boyfriend spent time with them as well. Throughout therapy both of these mothers discussed their struggle with balancing their relationship between their family and their boyfriend.

Children's school. Children's involvement and progress in school was discussed by two of the mothers and their children. A portion of Brooke and her son participation in therapy was during the summer months, which may have contributed to their lack of discussion concerning school. The other two mothers tended to use their children's performance in school as an indicator of their children's well-being. For example, when talking about their children, mothers often mentioned how their children were doing in school. When Alexia first discussed her children, she noted, "They're all in school, no truancies. I have one son that's suspended now." If their children were doing well in school the mother would use it as a source of pride by acknowledging their success. Christina commented:

> I'm very, very proud of both of you…Even though what happened, happened, you've been doing good this school year outside of that with your grades and everything and your behavior…That's one less thing I have to worry about is you guys and school.

Children who were doing well in school also discussed their school and related activities. Christina's daughter frequently discussed her activities in school. Similarly, the eldest son discussed his improvement in school. One of Alexia's daughters also discussed her achievements at school. However, when children were doing poorly in school or getting in trouble at school it was a source of stress for the family because it indicated that their child was struggling. In summary, the mothers seemed to use their children's progress in school as a way to assess their child's well-being.

Children's friendships. Children's friendships were a source of concern for mothers. Alexia was unhappy with her teenage son's choice in friends. She attributed

some of his behavior problems to his friends because she felt he was susceptible to peer-pressure and described him as being a "follower." Christina also expressed concern about her daughter's friends. She explained that she did not allow her daughter to spend time with some of her previous friends because she thought they would have a negative influence on her daughter. Her oldest child also acknowledged the important role friends could have in their lives. He believed that if he got his younger brother involved with positive people and activities then his brother's behavior would improve. Brooke also discussed her son's involvement with friends. She perceived that his involvement with his friends distanced him from his family. She told him that their family members that lived across the street described him as "antisocial" because he would not interact with them since he was communicating to his friends on his phone. The child explained, "They don't ever do nothing…that's why I'm always trying to leave and go other places... All ya'll do is just stay home and sleep." It appeared that the child perceived spending time with his friends as a way to meet his needs, but his mother viewed it as him rejecting his family. During the course of therapy each of the mothers expressed some level of concern about their children's friends. Alexia and Christina wanted to ensure their kids were not negatively influenced by peers, while Brooke indicated that her son's interactions with his friends were having a negative impact on his family's perception of him.

Community support systems. In addition to their involvement with their family and romantic relationships, mothers also reported involvement with various community support systems. Brooke discussed her involvement with several community support providers to help with her physical disability and her addiction. She also indicated that

she felt overwhelmed by all of the appointments and meetings she had to attend, she commented, “I’m hopping in, hopping out of cars. I’m hopping in, going to this place, hopping out, coming back in the house. I am doing everything.” She also mentioned her involvement in parenting classes, and discussed her attempts at utilizing those techniques with her son. She even indicated that she currently limited her interactions to professionals and family. Christina also noted that she tried to limit her relationships to family members and service providers.

Church was a community support discussed by Alexia and Christina. Christina briefly discussed her family attending church, while Alexia frequently discussed her family’s church attendance and how her faith in God had improved her life. She credited her newfound religious devotion for her recent sobriety. She explained:

> I just appreciate, by the grace of God to be able to go through that [her addiction] and get out of it and still have my family. And we are just closer now more than ever.

She noted that she stopped attending her outpatient treatment and twelve-step meetings because she believed that God and her faith were her main support for sobriety. For example she stated, “I know what is working for me and that is God.” Each of the families appeared to receive some level of support from community agencies; however the mothers differed in the services they chose to utilize.

Exosystem

As previously discussed, an individual’s exosystem consists of systems that influence individuals, but the individual is not able to influence because they do not have direct access to the system (Bronfenbrenner, 1994). Therefore, it would be expected that

mothers and their children would not discuss issues related to their exosystems as frequently as issues related to their microsystem and mesosystem. Consistent with this proposition, only one theme related to exosystems was identified.

Compliance with Children Protective Services. Each of the three families mentioned children protective services. Alexia noted as a point of pride that she had always retained custody of her children, saying "By the grace of God, I was able to keep them all, even thru my addiction. [I] never had children services in my life." The other two families were involved with children services. Brooke reported that she was trying to regain custody of her daughter through the court system. The daughter had recently been removed from the home and placed in her father's custody. Brooke discussed her involvement with her lawyer and the tasks she was completing to regain custody of her daughter. Brooke's son expressed concern regarding his sister's removal from the home saying, "I love my little sister too. I don't want her to be over there. I don't know where she is at." Christina was also involved with children services, but she utilized the family court system as a parenting support. She noted that she filed charges against her sons to prevent them from misbehaving. She further, utilized the system by having one son placed in foster care based on the belief he would get help with his behavior problems. However, she learned that he was not receiving the help she thought he needed and expressed frustration she was not getting the support she wanted for her son. Christina explained, "I'm very concerned with the fact that he has been gone for a month and he's not getting any help. So there's no point in him leaving the home." While the mother initially initiated their involvement with children's services, it seems that she felt a loss of control after placing her son in foster care because she could no longer dictate what

services he received. Overall, all mothers seemed aware of the possible influence children protective services could have on their lives whether or not they were currently involved with children services.

Macrosystem

Macrosystems consist of the larger societal and cultural context of an individual's environment (Bronfenbrenner, 1994). Mothers and their children did not directly discuss aspects of their macrosystems, however the influence of societal beliefs and structures were transmitted in their discussions. Thus, themes related to their macrosystems were identified in their discussions. These themes included beliefs about male gender, their attempts to maintain a positive maternal image, and the experience of poverty.

Beliefs about male gender. As previously mentioned, mothers in the current study identified and discussed challenges they were having with their sons' behavior problems. However, their beliefs about gender seemed to influence how they handled the situation with their son. Two of the mothers expressed concern that they were not able to understand or help their son because they were women. For example, one mother asserted "He's a young man and goes through things that…I won't understand as a woman." They also felt that their sons may withhold information from them because they were women. Therefore, the mothers mentioned the importance of their children having a male role model. Alexia wanted her son to receive additional counseling, but wanted it to be from a male counselor. She expressed concern that it may be difficult for her son to live in a house with so many females. She asserted that his father could not be in his life because of physical distance. Christina, on the other hand, indicated that she wished her son's father would "step up" and be involved in their son's life and act as male role

model. Brooke's son's gender also influenced their relationship. However, she did not discuss the belief that he may need a male role model and instead conveyed her perception that he should take on more responsibilities, since there were no other men in their life. She explained to her son, "[Boyfriend's name] is gone, so I need you to help around the house. Be more of the man, you know, since you're the man of the house." In sum, mothers' beliefs about gender influenced their relationship with their sons by creating the perception that they would not be able to understand their son's experiences and by creating different expectations from their children based on their son's gender.

Maintaining a positive maternal image. Substance-abusing mothers face social stigma in regards to their addiction (Finkelstein, 1994). While their experiences of social stigma were not directly discussed by these families, the mothers appeared to act defensively and made frequent statements to justify or minimize the impact their addiction had on their children. For example, Alexia commented, "I always knew I was a good mother. I always got compliments, but of course through my addiction…[it was] kinda going downhill." Despite some awareness that their previous behaviors may have impacted their children, these mothers would often minimize the negative impact of their behaviors. When discussing her drug use, Alexia explained, "The crack that was only, like the last two years...It never distanced me and my family to point where my kids started to hate me." Further, mothers would often focus on discussing the positives things they had done. When the therapist suggested that Christina's children may have been negatively impacted by their previous placement in foster care, Christina responded, by saying "I wrote them every week." Similarly, Brooke expressed sadness and cried when she reported that her mother blamed her for her son's dropping grades. She asserted, "It's

just me and him. It's not all those other people coming in and coming out. You know, so I don't have that. I guess I'm the chaos." She then proceeded to discuss all she was doing to maintain the house for her son. Throughout their discussions these mothers attempted to maintain a positive maternal image, it is possible that societal expectations and perceptions of mothers may be one factor that influenced these mothers' desire to maintain this image.

The experience of poverty. Throughout their therapy sessions, mothers discussed concerns that indicated they were living in poverty. Alexia conveyed that finances used to be a major concern in her life. However, because of her faith she no longer worried about finances because she believed all their needs would be met. She did note how it took a collaborative effort between her mother, her young adult daughter, and herself to meet all their financial obligations. Brooke frequently discussed the stress of paying bills. She also expressed sorrow that they did not have enough food at their house, and noted that may contribute to her son's negative attitude towards her. Christina did not explicitly discuss her financial situation, but did discuss situations that indicated financial difficulties were negatively impacting her family. She noted how she disliked that they did not have a computer or internet because her children were not able to use that as a resource for their school work. Additionally, they discussed the difficulties of not having their own transportation. The daughter discussed being tired because she had to wake up very early for school because she had to take a two hour bus ride to get there. In sum, each of these families struggled with issues related to poverty, which likely not only impacted their discussion in therapy, but their family relationships as well.

CHAPTER 4: DISSCUSSION

The current study sought to identify themes that emerged during mothers' and their children's discussions during family therapy sessions. An ecological systems framework was used as a guide to classify themes. Several themes and sub-themes related to microsystem interactions were identified, as well as themes related to their mesosystems. Issues related to their exosystems were not discussed as frequently, which may be attributed to the lack of direct involvement and influence families have on exosystems. Themes related to the families' macrosystems were also identified through the societal beliefs conveyed during the families' discussions. In sum, substance abusing mothers and their children's discussions in therapy appeared to incorporate their interactions with multiple systems.

Implications

To our knowledge this is the only study to provide a qualitative analysis of substance abusing mothers and their children's discussions during therapy. This information can provide clinicians working with this population with an awareness of possible concerns these families may experience. While the current sample is limited in size, many of the findings are consistent with previous research. However, the in-depth nature of the current analysis provides further insight about the interactions and relationships between substance abusing mothers and their children as well as their interactions with other social systems.

Concerns about Children. A major concern expressed by the mothers was the belief that their children were withholding their feelings. Similarly, previous studies have noted that children of substance abusing parents have difficulty expressing their feelings (Black, 1982; Kroll, 2004). The current study adds to this knowledge by providing insight on mothers' perspective of their children's withdrawn behavior. Findings from the current study indicate that mothers are aware and concerned about their children's difficulty expressing their feelings. Two mothers acknowledged that their children's resistance to share their feelings may be related to the children's concerns about their mother's reaction. Further, while mothers actively encouraged their children to be more expressive, they unintentionally engaged in behaviors that inhibited their children's expressiveness, possibly resulting in confusion associated with mixed messages experienced by children. While no formal assessment of children's communication was utilized in the current study, therapy appeared to help children communicate more openly. Both mothers and children noted some improvements in children's ability to communicate openly with their mother throughout their participation in therapy.

Consistent with previous studies focused on children of substance abusing parents (Chatterji & Markowitz, 2001; Johnson & Leff, 1999; Luthar et al., 1998; Lynskey, Fergusso, & Harwood, 1994), some of the children in the current study appeared to have behavioral problems. Two of the mothers expressed concern about their children's problem behaviors. However, mothers differed in their understanding and reaction to their children's behavioral problems. Alexia recognized how her own behaviors and other environmental factors were influencing her son's negative behaviors, while Christina seemed to attribute her son's behavioral problems to an inherent trait of the child. Both

mothers expressed frustration about their sons' behaviors, but differed in the strategies they used to help their children. Alexia had part of a therapy session with her son without her other children present so that she could focus on her concerns with him. She also reported attempting to talk with her son outside of therapy in order to understand his experiences. In contrast, Christina reported filing charges against her son in family court which resulted in her son being placed in foster care. It is possible that Alexia's understanding of the different environmental factors influencing her son helped her be more understanding and gave her a sense of efficacy that she could help him change. Christina's view that her son's behavior was innate may have increased her feelings of helplessness resulting in relinquishing control of her son's treatment to an outside service system. While no definitive conclusions can be made from the current study, future research may benefit from examining how mother's perception of the source of their child's problems influences their perceived self-efficacy in managing their child's behavior, and the association to relinquishing custody of children. Furthermore, clinicians working with these families may benefit from addressing mothers' potentially distorted beliefs regarding the source of their children's behaviors.

Mothers' Parenting Beliefs and Practices. The mothers in the current study appeared defensive of their parenting skills, possibly due to the social stigma they face (Finkelstein, 1994). Despite this stigma, the current and previous qualitative studies find that substance abusing mothers often challenge the negative societal image of them as mothers. Substance-abusing mothers often report that they highly value their relationship with their children (Baker & Carson, Reid, Greaves, & Poole, 2008; Woodhouse, 1992), and report that their role as a mother is central to their life (Baker & Carson, 1999;

Woodhouse, 1992). Similarly, mothers in the current study discussed the importance of their children. Two of the mothers reported previous problems with putting their children's needs ahead of their own needs. The mothers' current relationship quality with their children varied but each mother expressed the desire to have positive relationships with their children. Despite the general tendency to focus on positive aspects of their parenting throughout therapy, mothers were able to recognize some aspects of their behavior that may negatively impact their children Possibly, as mothers built a trusting relationship with their therapist, they were able to let down some of their defenses and recognize the impact of their behaviors on their children. It may necessary to build trusting therapeutic relationships with these mothers before suggesting changes to their parenting practices.

In the current study, children's gender appeared to influence the mothers parenting beliefs. Similarly, among a sample of low-income African American single mothers, Jackson (1993) observed mothers of male children were more likely have negative perceptions of their child. Having a male child was also associated with lower life satisfaction and higher depressive symptoms among mothers (Jackson, 1993). Likewise, the mothers in current study discussed frustration with their sons' behaviors or attitudes; however, they rarely described their daughters' behaviors as a source of stress. The mothers in the current study indicated that they were not able to understand their sons' experiences because of the gender difference, which may have contributed to their increased frustration with their sons' behaviors. Perhaps, mothers may have poor self-efficacy regarding their ability to parent their male children due to their perceived lack of understanding. This low self-efficacy may contribute to the increased depression,

decreased life satisfaction, and increased negative perception of the child that is associated with parenting male children among single low-income women (Jackson, 1993).

Two of the mothers expressed the belief that their son needed male role models in their life and that they could not understand their sons' experiences. This may have contributed to the emphasis the mothers placed on having their boyfriend be involved with their children. However, the two mothers who discussed their boyfriends indicated that past boyfriends were a negative influence on their family. This may be due to substance abusing women's tendency to become involved with destructive men. For example, substance abusing women are more likely than non-substance abusing women to experience intimate partner violence and are often involved with men who also abuse drugs and/or alcohol (Amaro & Hardy-Fanta, 1995; Bassel, Gilbert, Wu, Go, and Hill, 2005; Conners et al., 2003). Further, the mothers indicated that their children were generally displeased with their mother's boyfriends. Overall, mothers' descriptions of their male partners indicated that their male partners may not act as the best male role models and may not be the best opportunity for a consistent adult male relationship in their children's lives. It may be advantageous for clinicians working with substance abusing mothers to query mothers about their male partners and discuss the potential impact of their partners on their children and family.

Support Systems. The current study also highlights the importance mothers place on receiving support from their children. Previous studies have found that children often play an important role in substance abusing mothers' support systems (Tracy & Martin, 2007). In fact, Tracy and Martin (2007) found that during recovery, substance abusing

women reported that they received an equal amount of support from children as they did from other adults. While children can play an important role in providing support to their mothers during recovery, children may be negatively impacted if they are given an inappropriate amount of responsibility.

Parentification refers to the parent-child role reversal that occurs when children are given adult responsibilities and/or expectations (Boszormenyi-Nagy & Krasner, 1986). Previous research has found that parental addiction is associated with parentification of children (Burnett, Jones, Bliwise, & Ross, 2006; Gogila, Jurkovic, Burt, & Burge-callaway, 1992). Similarly, the descriptions provided by two of the mothers indicated the possibility that their children were parentified. Alexia discussed how her children had taken on several of her responsibilities during her addiction; however, she noted that she was trying to take over those responsibilities now that she was sober. Brooke's expectations of her 14 year-old son also seemed to indicate an inappropriate amount of responsibility. Since he was the only male in the house, she said he was the "man of the house" and conveyed expectations that he needed to take on more responsibilities. Children can undoubtedly play an essential role in their mother's support network. However, it may be beneficial for clinicians to help mothers identify other adult supports to alleviate some of the children's responsibilities and help ensure children are not subjugated to adult responsibilities.

Substance abusing mothers' moms appear to be a potential source of adult support for both mothers and their children. Previous studies have documented the support grandmothers provide to their grandchildren when the child's substance-abusing parent is no longer able to fulfill their parental duties (Goldman & Silverstein, 2002; Jendrek,

1994). The current study also highlights the support grandmothers provided to both the mother and her children, even when the children are in the mother's custody. In the two families in which the mother's mom was living, the mom/grandma appeared to act as a safety net for these families by providing both financial and parenting support. Christina who did not have her mother's support relied on community support systems more than the other two mothers when she had problems with her children. For example, when she had difficulty with her sons, she sought help from the family court system, which resulted in one son being placed in foster care. Whereas Alexia and Brooke both noted that their mothers sometimes helped them handle problems with their sons. While the grandma provided support to the families, the mothers also indicated that there were negative aspects of their relationship with their mom. They noted that their mom could be controlling or "clingy." Further, Brooke appeared to be hurt because her son was more cooperative with his grandma than he was with her. Consequently, while these substances abusing mothers' moms provided support to their adult daughters and grandchildren, it may have come at the cost of the substance abusing mother's sense of control and power as a mother. When mothers/grandmothers are actively involved in substance abusing mothers' and their children's lives, it may be necessary for clinicians to address relational concerns between substance abusing mothers and their own moms.

The mothers and their children did not directly identify the children's school as a source of support. Even so, it seemed that school provided them with some support. It appeared that mothers used their children's progress in school as a measurement of their well-being. Many of the complaints mothers had about their children's behavior resulted from issues that were happening at school, such as getting in fights, or poor grades.

Possibly, children's struggles went unnoticed by mothers until individuals from other systems, such as school officials, notified mothers of their children's behavioral problems or academic difficulties. Consequently, school officials may play an important role in helping mothers identify their children's behavioral problems.

School also appeared to provide children with some support. Some of the children appeared to find comfort in their achievements at school. One daughter talked extensively about her involvement in school activities, another child also discussed her academic achievements in school. Even children who had previously not done well in school discussed how they were improving. Overall, achievements at school appeared to provide some of the children with a sense of accomplishment that may have helped them foster a positive self-concept in spite of their chaotic home life. Previous literature has found that intelligence and academic achievement are major predictors of resiliency among at-risk children (Condly, 2006; Kitano, Lewis, and Roeper, 2005). It is possible that intelligence and other skills allow children of substance abusing parents to receive positive attention at school. This may be attention that they would not otherwise receive and may help promote a positive self-image.

Limitations and Strengths

Several limitations should be acknowledged. The sample was limited to three families in order to provide an in-depth understanding of the families' discussions in therapy. The mothers and children included in the current study were purposively selected, thus, they are not representative of the larger population of substance abusing mothers and their children. Mothers and their children were successfully engaged in treatment as evidenced by their completion of all the available therapy sessions. Issues

discussed by mothers in the current study may be different than issues faced by mothers who are harder to engage in treatment. Further, while each mother in the current study discussed issues related to improving their relationship with their children, this may have been due to sampling bias, since only mothers with children who attended therapy sessions were included. Overall, the results from the current study were drawn from a small, non-representative sample, thus caution should be used when interpreting the findings.

The current study relied on audio recordings and written transcriptions of the therapy sessions, thus non-verbal communication was not assessed. Non-verbal communication would have likely provided further insight on the families' experiences in therapy. This information may have been particularly beneficial to understanding the children's experiences since they did not engage in dialogue as often as their mothers. Future studies may benefit from utilizing video recordings of therapy sessions rather than audio recordings.

While the current study provides an in-depth overview of these families' discussion in therapy, it does not provide an exhaustive list of themes discussed by these families. Only four sessions were coded, consequently additional themes may have been identified if more sessions were coded. However, efforts were made to ensure different time points of therapy were represented. Case notes from each session were also reviewed, which provided a general sense of each session. In sum, the current study provides an overview of themes discussed in therapy sessions, but other important issues may not have been identified.

Despite its limitations, the current study has significant strengths. To our knowledge, this is the first study that analyzed mothers and their children's discussions during therapy sessions. This methodology allowed mothers and their children's conversations to be examined as they naturally unfolded in therapy rather than being guided by a structured or semi-structured interview or questionnaire. It also provided rich information about their relationship with one another as well as with other systems in their lives. Further, by analyzing mothers and their children's discussions using an ecological systems framework, it was possible to identify themes related to systems outside of their relationship.

Conclusion and Future Directions

Substance abusing mothers' initiation into treatment is a unique opportunity to intervene with their children as well. However, substance abuse treatment programs often fail to include children in treatment partially due to the belief that children will improve as a result of their parent's improvement (Conners et al., 2004; Coppello et al., 2006). However, children may have unique treatment needs as a result of their experiences with their mothers' challenges, as one mother noted, "Its [addiction] contagious. I hurt all of my children around me." In fact, families in the current study spent a significant amount of time discussing concerns related to the children's own struggles, such as their behavioral problems. Furthermore, children often withheld their feelings and required encouragement from the therapist to discuss their feelings. It is likely that if these children were not given the opportunity to express their feelings in a safe environment, they would have continued to withhold many of their negative feelings. Overall, children of substance abusing mothers appear to have their own treatment needs which may

require special attention; efforts should be made to incorporate children's unique needs into interventions designed for substance abusing mothers.

Interventions for substance abusing mothers often focus on parenting skills and overlook the emotional and relational needs of mothers and their children (Suchman et al., 2004). In fact, research indicates that parenting skills interventions do not lead to improvements in mother-child relationship quality (Catalano, Gainey, Fleming, Haggerty, & Johnson, 1999; Kumpfer, 1998). In the current study, mothers and their children discussed several pertinent emotional and relational concerns emphasizing the importance of targeting these areas in treatment. For example, mothers and children each discussed the importance of having support from one another. Specifically, children indicated that they wanted to have closer relationships with their moms. Future interventions may benefit from continuing to explore and target substance abusing mothers' and their children's relational and emotional needs.

In addition to the mother-child relationship, mothers and children discussed interactions with multiple systems. In fact, it appeared that mothers and their children received support from both familial and social systems. Mothers and their children also appeared to be negatively impacted by relationships with other systems. In summary, there appeared to be multiple systems beyond the mother-child relationship that impacted these families throughout treatment. Further research of the ecological context of these families' lives may provide valuable insight for multi-systemic interventions targeting substance abusing mothers and their children.

The current study addresses an understudied and underserved population. While the small sample size limits the conclusions that can be drawn, the findings provide rich

insight into mothers' and their children's experiences in treatment which should be explored further. Future qualitative research should assess children's and mother's unique needs and experiences through qualitative interviews. Given mothers' tendency to guide conversations and children's difficulty communicating openly with their mothers, interviewing children separately may provide a better understanding of their perspectives. Additionally, many of the findings presented in the current study may be further explored and substantiated utilizing quantitative methods. Quantitative methods using a larger sample may lead to more conclusive findings. In conclusion, while the current study provides a glimpse into these mothers and their children's discussions during therapy, future research should continue to explore their treatment needs and experiences in order to further develop interventions targeting mothers' and their children's unique needs.

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APPENDIX A: Figure 1

Ecological Systems Model