This entry is our account of a review or synthesis of research findings selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the UK. Unless indicated otherwise, permission is given to distribute this entry or incorporate passages in other documents as long as the source is acknowledged including the web address http://findings.org.uk. The original review was not published by Findings; click on the Title to obtain copies. Free reprints may also be available from the authors - click prepared e-mail to adapt the pre-prepared e-mail message or compose your own message. Links to source documents are in blue. Hover mouse over orange text for explanatory notes. The Summary is intended to convey the findings and views expressed in the review. Below are some comments from Drug and Alcohol Findings.

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Main findings

Three of the trials addressed whether integrated programmes improve parenting more than usual addiction treatment by randomly allocating women and their children to one or the other. One assessed the involvement of the children with child protection services and found no differences attributable to integrated residential or outpatient programmes versus usual outpatient substance use treatment. The other two studies used standard interviews or questionnaires to assess the quality of parenting and/or the child-parent relationship as reported by the mother. Both involved methadone patients offered standard treatment (in one case plus recovery training) versus this plus group maternal psychotherapy. On a variety of measures they found typically small extra parenting improvements among mothers assigned to the psychotherapy.

The issue of whether some types of integrated programmes are more effective than others was addressed by examining all 31 studies with parenting outcome data, most of which simply assessed mothers in integrated programmes without comparing them with equivalent mothers not offered integrated treatment. Across these residential programmes seemed more effective than non-residential, and programmes which included a maternal mental health service more effective than those which did not.

One study randomly assigned mothers (of children under three) in outpatient substance abuse treatment to an attachment-based parenting intervention, or a parenting programme featuring case management and child guidance pamphlets. Immediately after these three-month programmes the attachment-based option had led to slightly greater improvements on some parenting measures, which six weeks later were no longer statistically significant.

In one study, as during treatment mothers became less depressed their parenting scores improved; in another, when their children had stayed with them in a residential facility, mothers were five times more likely to have custody of their children at the end of treatment.

The authors' conclusions

From the few randomised trials it seems that compared to usual addiction treatment, integrated programmes lead to small extra improvements in parenting. The one trial to assess involvement with child protection services found no differences, and no randomised comparisons assessed parenting attitudes, knowledge, or whether mothers retained or regained custody of their children. In three studies parenting improvements were associated respectively with an attachment-based parenting intervention, children residing in the treatment facility, and improvements in maternal mental health.

Even if the advantage of integrated programmes is small, this could have a large impact on the associated financial and human burden in this vulnerable population, for example by reducing the need for foster care, treatment of the child, psychiatric admissions, or by reducing crime.

A weakness of the randomised trials was that none directly observed the mother’s parenting, perhaps a more objective and valid method than the mother’s own accounts. Also, the studies comparing integrated to usual treatment did not assess some important areas of maternal functioning possibly impacted by substance use, such as maternal responsiveness, sensitivity, and reflective functioning, nor did they assess cost-effectiveness.
training, suggesting that doing something extra which was therapeutic was at least as much of an active major ingredient as focusing on parenting.

Partially set against this is the study cited in the review (1 2) which equalised the time mothers were offered in two forms of parenting interventions, one focused on emotions and attachment and the relationship with the child, the other on accessing external services (a ‘case management’ approach) and parenting education. The former generally led to greater improvements, but some were slight and with a small sample, few were statistically significant. These results do however suggest that content can matter, and perhaps too where services are provided (see below).

The studies found by the featured review leave us almost entirely in the dark on whether offering parenting support on-site as one of (as far as the patient is concerned) the services provided by the substance use treatment agency is preferable to referring patients to external support. Perhaps the critical factor will be the patients’ feeling of safety at a familiar service not directly linked to statutory child protection, likely to increase the chances that they will admit to being in need of support and accept it. Another factor is the inevitable degree of attrition when patients are required to make another appointment and go somewhere else for services; even the willing will sometimes not get there. At US methadone treatment services just 10% of the children of patients who had aroused concern completed child development assessments off-site, but 85% when the assessment team visited the clinics and appointments were arranged to coincide with the patient’s supervised consumption visit to the clinic. These considerations could be why (see previous paragraph) a case management approach to parenting support has been found less effective than direct on-site provision.

While the featured review uses the label ‘integrated’, the programmes it evaluated seem best described as on-site add-ons to substance use treatment rather than integrated with it in the manner of some programmes for mentally ill substance users, when the substance use treatment and the psychiatric components are both adjusted to the patient’s condition and to each other.

The population addressed by the featured review – problem substance using parents – are a major concern for the UK where well over a million children have parents with a drug or alcohol problem. Across the UK, national targets, service standards and policy statements have embodied the perspective that their welfare is a core concern for services in contact with problem drug users, a contention featuring strongly in the latest Scottish and English drug strategies. In England it formed a specific workstream of the National Treatment Agency for Substance Misuse (NTA), which produced guidance on how authorities responsible for drug and alcohol services can work more closely with children and family services. In 2010 Scotland produced new child protection guidance which more fully addressed the issue of children affected by parental substance misuse.

For more see this Findings hot topic.

Thanks for their comments on this entry in draft to research author Alison Niccols of McMaster University in Canada. Commentators bear no responsibility for the text including the interpretations and any remaining errors.

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