Familial Experiences of Parental Substance Misuse

A thesis submitted to the University of Manchester for the degree of Doctor of Educational and Child Psychology

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Abstract
Parental substance misuse affects approximately two million families in the UK. Of these, the individual stories and experiences of the families are rarely heard. These stories can contribute towards a rich picture of the lived experiences of those affected by substance misuse. This could help in developing a guiding framework for understanding the impact that substance misuse can have upon family life.

In Paper 1, a meta-ethnographic evaluative systematic literature review (SLR) sought to identify features of the lived experiences of children growing up in families with parental substance misuse. Seven qualitative papers, published between 2008 and 2019 were identified based upon methodological quality, appropriateness and relevance to the research question. The SLR identified themes around the significant emotional consequences associated with addiction, living within chaotic households and positive and negative accounts of adult support.

In Paper 2, an empirical investigation used semi-structured interviews to elicit the stories of four adult participants who have been affected by substance misuse in different ways. Interpretive Phenomenological Analysis (IPA) was used to analyse their accounts and draw comparisons across the stories to build an understanding of how parental substance misuse impacts upon family life. The investigation highlighted the concepts of unacknowledged difficulties, agency, cascading chaos across the lifespan, putting others before yourself and defining and creating the mother figure. Reflections around children’s services professionals’ roles in identifying and supporting these children and their families are discussed.

In Paper 3, links to theory and practice and implications for future research are considered both locally and nationally. A dissemination strategy for sharing findings with relevant stakeholders, including the academic community, charities and children’s services professionals is proposed.
Declaration Statement
No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.
Dedication

None of this would have been possible without the support of my husband Ryan, my course comrade Alice and my lovely proof-reader Auntie Jackie.
Acknowledgements

First and foremost, thank-you to Kathryn, Donna, Birdie and Mia; without whom there would be no thesis. I feel privileged and delighted that they wanted to share their stories with me. Also thank-you to Rachel and Steph who kindly gave their time to support me with participant recruitment.

It has been a joy to work with my colleagues at UoM over the past three years, and special mention must go to my supervisor Dr Philippa Grace whose knowledge and advice has been invaluable. Thanks also to Dr Catherine Kelly, who has been a fountain of knowledge in these last few months.
Introduction

Parental substance misuse background

Available data suggest that 20% of children in the UK are affected by a parent’s problem drinking (Henriques, 2021). In England and Wales, approximately two percent of all children under 16 have a parent who is a problem drug user (Adamson & Templeton, 2012; Hidden Harm, 2011). In Scotland, it is between four and six percent (Hidden Harm, 2011). This means that it is likely that all educational psychologists (EPs) will at some point become involved with children who are experiencing parental substance misuse. Knowledge and understanding of the experiences of this group of children and families is vital in the development of effective practice of EPs in supporting these families.

Families who are affected by substance misuse can experience a range of other problems, such as financial insecurity, aggression and violence, unpredictable behaviour and children taking on additional responsibilities (NACOA, 2021). This altered family system may contribute to other difficulties within the family, which could have lasting effects upon the family dynamics and children’s development.

There are differing views and norms within the EP community around the capacity and scope of working directly with families. However, it is widely agreed that understanding the context in which families exist is at the heart of assessment and formulation for EPs (McGuiggan, 2020). Consideration for, and understanding of, parental substance misuse is therefore central to EP practice, as this may be a key contextual factor to consider when developing formulations. This could be challenging for EPs as it is a topic which can be difficult to talk about and acknowledge both for other professionals such as school staff, and for families themselves.

This thesis seeks to contribute to the knowledge base around the experiences of families affected by substance misuse. Paper 1 has a research question of

‘What are the experiences of children and young people (CYP) who have lived with parental substance misuse?’

and Paper 2 has a research question of
‘How does parental drug or alcohol misuse impact upon family life?’

Researcher’s professional background

I was drawn to this area of study as I am particularly interested in the intersection of sociological and psychological issues and how the two can impact one another. As a psychologist who comes from a family of social workers and teachers, I have always been curious about family structures and social issues and how they can impact upon psychological wellbeing and outcomes. Families and familial experiences are a central feature of identity and I am interested in facilitating others’ exploration of how their familial experiences shape who they are.

In my career I have worked with families from a broad range of backgrounds, starting out as a nanny to an affluent family before moving into a teaching assistant role in a school within a very deprived community. Latterly, I have worked as part of an EP service which encompasses some of the most deprived areas of the country, as well as some communities of substantial affluence. Across all of these contexts, I have found the stories and experiences of families to be both unique and interesting.

It was during my first year on this doctorate course that I first became interested in and aware of the impact of parental substance misuse, as I worked with a colleague on a case in which the child and the family were experiencing parental substance misuse. This made me reflect upon how and why families may experience difficulties as either a direct or indirect result of the substance misuse, and how the role of an EP can be well-positioned in offering support in relation to this.

The skills that I have developed as a part of the counselling and therapeutic part of this Doctorate course have been vital in my data collection process for Paper 2. Application of principles of unconditional positive regard, warmth, being non-judgemental and asking open-ended questions all contributed to the yielding of the rich and personal dataset that was used in the analysis.
Development of project

A preliminary study was carried out during my first year of this doctorate course. It investigated the frequency of children with complex social, emotional and mental health (SEMH) needs who had been bereaved of a parent. This study uncovered that a leading cause of death of these parents was due to substance misuse. Although this thesis project was initially positioned as an investigation around the SEMH consequences of parental bereavement, the findings around substance misuse pointed to another, previously not considered, path towards parental substance misuse. This captured my interest in the family dynamics of those who have experienced parental substance misuse and how this may impact their family life. Thus the thesis project developed a new focus, away from bereavement and towards families who have lived or are living with substance misuse.

The research commissioner initially involved was a charity to support those who have been bereaved of a parent. However, the North-West branch of this charity disbanded shortly after the commissioning of the project, and as such this project does not have an official commissioning body. The final project was developed by myself and my project supervisor, who agreed that this would be both a relevant and interesting area of study.

Thesis outline

Paper 1 aimed to explore the lived experiences of children of drug users or alcoholics. A meta ethnographic methodology of seven identified papers sought to develop a novel interpretation of what it is like to live with parental substance misuse as a child. The included papers all featured children’s accounts of their experiences as the primary data source, which yielded a rich and detailed dataset for analysis.

The aim of Paper 2 was to explore participants’ experiences of substance misuse within the family. These accounts were analysed using Interpretive Phenomenological Analysis (IPA) with the aim of interpreting how parental substance misuse may impact upon family life and what the implications of this may be.
Paper 3 focusses on a dissemination strategy for Paper 1 and Paper 2, which is considered alongside the ideas of evidence-based practice and practice-based evidence. The dissemination strategy considers how to reach audiences at local, national and international level and the mediums of communication which would be most appropriate for this. It considers the different audiences to whom the research would be relevant and possible strategies for engagement with these audiences.

**Positioning for data access**

One of the schools who participated in the preliminary study expressed an interest in participating in further research. When approached, they said that they would be happy to support with participant recruitment for the thesis project, as they had a large number of families at the school who have experienced parental substance misuse. Through this school, two participants were recruited. It was felt that two participants would be insufficient and that four participants would be optimal, so a well-known charity who support families with parental alcohol misuse were approached in order to recruit further participants. They are active in researching the topic of parental alcoholism and said that they would be happy to support with participant recruitment from their pool of volunteers. It was through this avenue the two other participants were recruited.

**Ethical considerations**

Paper 2 and Paper 3 both required careful consideration around ethics. The emotive subject matter of the research topic is considered high-risk and it was of great importance that participants did not experience psychological distress by participating in the research. All participants were self-selecting volunteers who were aware of the research topic and potential conversation topics before agreeing to take part. A distress protocol was also in place to safeguard participants, should they experience any distress during the data gathering process. Informed written consent was obtained before data collection, participants were reminded of their right to withdraw at any point during the interview and debrief was offered.
Consideration around where, how and to whom research findings in relation to Paper 2 were disseminated is discussed in Paper 3. Key considerations included maintaining anonymity of participants and only sharing research findings within the confines of what they gave their consent for. This means that some of the more public dissemination activities focussed primarily on the findings of Paper 1. Careful consideration had to be made around balancing the importance of disseminating findings and informing practice, and in maintaining anonymity.

Axiology

Axiology is concerned with an individual’s values and how they may influence their decisions and perceptions. My axiological stance is informed by my curiosity about people’s lives and experiences and how they interpret these, particularly in relation to family dynamics and structures. A non-judgemental, curious and supportive approach in which participant voice is privileged is at the centre of this research and is reflected in the axiological stance throughout the thesis. It is my view that participant voices and experiences make a credible and valuable contribution to research in the field of children and families. Insight into their lived experiences can help researchers and practitioners to develop robust and detailed understanding of the lives of those with whom they work and support, as well as offer a sense of empowerment, agency and validation for participants. IPA and meta ethnographic methods were selected because they put the participant experience at the centre of the analysis and the configuration of the findings.

Ontology and Epistemology

Ontology is the philosophical study of being and ontological assumptions are concerned with what constitutes reality and is concerned with the concepts of existence, being, becoming and reality (Scotland, 2012). Epistemology is concerned with the nature and forms of knowledge and epistemological assumptions are concerned with how knowledge can be created, acquired and communicated (Scotland, 2012). The epistemological position adopted for this study is that of social constructionist, as this complements the chosen methodologies of IPA and meta ethnography. The key concept of social constructionism is
the idea that a potentially infinite number of alternative constructions of events exist; that human beings construct their own reality and that all alternative realities are valid (Burr, 1998). Participants’ perspectives are explored in relation to their own experiences and reflections upon them and as they have had unique insights and experiences to date, they each understand the world from the construction of their own perspective (Maxwell, 2012). The social constructionist perspective rejects the idea that a single truth exists; and this is consistent with my approach to the current study. IPA is a deeply personal approach with the overall aim of examining lived experience and thinking about what the experience of being human is like (Smith et al., 2009 p.11); I attempt to capture this through the data interpretation in a way which makes sense to me, thus capturing my construction around the participants’ lived experiences. It can be said that researchers who use IPA are engaged in a dual hermeneutic because the researcher is trying to make sense of the participants’ efforts to make sense of their experiences (Smith et al., 2009 p.3).
References


NACOA, 2021 retrieved from https://nacoa.org.uk/support-advice/for-concerned-others-professionals/information/


Paper 1

A Systematic Literature Review

The Experiences of Children Living with Parental Substance Misuse

Prepared in accordance with author guidelines for submission to the Journal of Family Studies (Appendix 1)

Word count: 8,444 including references
Abstract
Growing up in a family in which parents experience drug or alcohol addiction can have significant consequences for children throughout their lives. This meta ethnography analyses seven qualitative research papers in which the voice of the child is central, and narratives are explored in relation to growing up with parental substance misuse. Key findings include significant emotional consequences associated with the addiction, living within chaotic households and positive and negative accounts of adult support. Implications for professional practice are discussed, with an emphasis on identification of at-risk children who are often part of a hidden population.

Introduction
Research estimates that around 100,000 babies in the UK are living in a household with an adult who misuses substances (defined as meeting the criteria for problem drinking or illicit drug use) (Manning, 2011). Parental substance misuse is an identified risk factor for children, which can lead to poor outcomes (Park & Schepp, 2015). This is why it is important to examine in more detail the experiences of these children, in order to develop the narrative around their lived experiences.
Specific social and emotional characteristics have been identified in children of alcoholics, including interpersonal difficulties, low self-esteem and higher levels of aggression (Park & Schepp, 2015) compared to children of non-alcoholics (Park & Schepp, 2015). Children of alcoholics are exposed to a higher risk of becoming alcoholic themselves (Marino et al., 2018), which could be explained by Bandura’s Social Cognitive Model (1986) as children learn about social norms from observing parental behavioural patterns and resulting outcomes. Children of alcoholics are defined as at-risk of mental and physical health problems, chemical dependency and abuse and neglect (Mylant et al., 2002).
Many families who are struggling with alcohol misuse do not access services, or access them when difficulties are long-standing, which means that they access support much later on, or contact services in relation to other issues (Adamson & Templeton, 2012). It is not known how the level, frequency or severity of alcohol use affects children, nor how the natural recovery processes may influence the experiences and needs of children. Alcohol and substance misuse is strongly correlated with family conflict, domestic abuse and abuse,
which can have further psychological implications for children (Adamson & Templeton, 2012). Children of drug users are also likely to develop affective, behavioural, cognitive and interpersonal adverse childhood experiences (ACEs) that manifest at home, school and in peer groups (Horn et al., 2018).

Children of drug users can experience further difficulty throughout their childhood, as they are more likely than children of non-drug users to have low bonding or attachment from birth, persistent family conflict, poverty and low household income, poor school attendance, low social bonding and inadequate supervision or neglect (Horn et al., 2018). These effects can go on into adulthood, where research with older adults has found significant associations between parental substance misuse during childhood, and poor mental health and substance misuse in later life (Choi et al., 2017). This research was conducted with adults who are over 50, and so generalisability to future generations may be limited as societal norms change and more support and earlier intervention is available.

There is a substantial body of research which suggests that households in which there is substance misuse are more likely to experience domestic abuse (Adamson & Templeton, 2012; Holland et al., 2014; Marino et al., 2018). Domestic abuse can also be associated with poorer outcomes for children, as well as other inter-related risk factors such as social and emotional difficulties (Meltzer et al., 2009).

The Motivation Model (Maslow, 1943), now almost 80 years old, is still a central theme within modern psychological theory, practice and research (Crandall et al., 2019; Oved, 2017). The literature suggests that children who experience parental substance use may experience unsafe or chaotic home environments, thus compromising their physiological and safety needs. Indicators of violent or neglectful parenting suggests that these children may not have a strong sense of love and belonging within familial networks, which may impede their access to higher-order needs such as esteem, cognitive and aesthetic needs. There are no reliable studies of prevalence of both factors within families in the UK, but in the USA, domestic abuse victimisation rates are reported to be three times higher amongst women who misuse substances than in the general population (Holland et al., 2014).

Misusing drugs or alcohol increases propensity to be violent and to be a victim of violence (Holland et al., 2014). There is now considerable evidence that witnessing domestic abuse can have adverse consequences for children (Meltzer et al., 2009), namely poorer mental health and significantly higher rates of conduct disorder in children who have witnessed
domestic abuse. The witnessing of domestic abuse by children, coupled with the exposure to substance misuse is suggestive that this group of children is one of the most vulnerable groups in society in terms of physical and emotional wellbeing. The UK Hidden Harm Initiative (Hidden Harm, 2011) brought into stark focus the lasting impact of parental substance misuse on children, specifically within the UK context.

Rationale
On issues which can affect children so profoundly, it is important that their stories are captured and their voices heard in order to develop understanding of the lived experience of this group of children. Good-quality qualitative research with children gives power and voice to the child research participants and provides insights into their subjective world (Grover, 2004). This is also reflected in the UN Convention on the Rights of the Child (Article 12), which states children’s entitlement to express their views on matters affecting them (UNICEF, 1992). With this in mind, this systematic literature review seeks to investigate and then synthesise the lived experiences of children who are living or have lived with parental substance misuse. The aims of this are twofold; to seek to identify common experiences amongst children from families with parental substance misuse and to use this information to develop understanding around the lived experience of this group of children. This is in order to inform policy and practice for children’s services professionals around how to support these children and families. With this in mind, this leads to a research question of ‘what are the experiences of children and young people (CYP) who have lived with parental substance misuse?’

Methodology

Literature search strategy and selection of research

The structural process of this review was guided by The Preferred Reporting Items for Systematic Reviews and Meta-Analyses Framework (PRISMA) (Moher et al., 2009). The journal articles were selected through interrogation of several databases, plus hand search of relevant journal archives and reference harvesting of relevant publications. These searches were carried out between January and April of 2020. A date range of between 2008 and 2020 was selected, to ensure that results were still up to date and relevant. The
databases Web of Science, PsychInfo and Applied Social Sciences Index and Abstracts (ASSIA) plus grey literature search engine ETHoS and Google Scholar were all searched using the following search terms: parent* drug OR alcohol *use, children of alcoholics AND experiences, children of drug users AND experiences, families drug *use, parent* substance *use. The database and Google Scholar searches yielded a total of 658 papers. These 658 papers were screened according to the following inclusion criteria:

- Qualitative research design
- Published within the last 20 years
- Written in English
- Peer-reviewed journal article or doctoral thesis
- Some element of the child voice/accounts of their experiences
- Focus on children or young adults whose parents or carers are drug or problem alcohol users whilst also a parent or in a caring role
- Original empirical research

Initial screening of titles and abstracts, resulted in 57 potential papers, eight of which were duplicates, which left 49. These papers were read to assess their suitability in addressing the research question, and further narrowed the pool down to seven potential papers to be read in more detail. Of these, two were discounted due to not providing accounts of children themselves on their own experiences of parental substance use (Ebersole et al., 2014) and (Eiden et al., 2009). The grey literature search yielded two relevant papers, which were read and ultimately decided not to be relevant, but these papers’ reference lists led to the discovery of two further papers which were included in the final review. As this review is configurative, and not aggregative, then the need to identify every relevant study is less important, as it is primarily concerned with smaller samples from specific and diverse contexts, rather than statistically representative samples (D. Gough et al., 2013). On this basis, it is felt that the search strategy was undertaken with the appropriate rigour to address the research question.

Quality Assurance Process

The papers included in this review were all subject to a quality assurance process, using the Gough (2007) framework for assessing the quality and relevance of evidence. All papers
were assessed for coherence and integrity of the evidence (WoE A) using a checklist specifically devised for evaluating qualitative research (Woods et al., 2011), which has been employed in a number of published systematic literature reviews primarily concerned with qualitative research (Greenwood & Kelly, 2018). The checklist is derived from the criteria set by two other well-used checklists for qualitative research (Henwood & Pidgeon, 1992; Spencer et al., 2003).

Papers were evaluated against 12 criteria such as the appropriateness of the research design, well executed data collection, evidence of attention to ethical issues and emergent theory related to the question. Most criteria could be awarded a maximum of one point, and some carried up to two points, so that the total points available for each paper was 14. Three of the seven papers were rated by two researchers; as inter-rater agreement was 94%, the remaining four papers were evaluated by one researcher only. Of these seven papers, total scores ranged between 9.5 and 11.75. All papers could therefore be classified as ‘high’ quality as a score of greater than 9 can be deemed ‘high’ quality, whilst 0-4 would be ‘low’ and 5-9 ‘medium’ quality.

There is debate among meta ethnographic researchers as to whether or how studies should be appraised for inclusion, as methodological rigour alone does not determine the quality of the research (Toye et al., 2013). Within this current study, the checklists used were specifically developed for use with qualitative research, in which the robustness of the findings is a key criterion against which the prospective papers were judged.

**Abstraction and synthesis**

A meta ethnographic approach was selected for abstraction and synthesis of the data as it involves induction and interpretation, and therefore resembles the qualitative methods of the studies that it aims to synthesise (Britten et al., 2002). This methodology has as its specific aim the achievement of the developmental goal of qualitative synthesis in terms of producing interpretations that go beyond individual studies and thus contribute to conceptual and theoretical development in the field (Campbell et al., 2011). This complements the chosen methodology of IPA for Paper 2, which also has an interpretative focus (Campbell at al., 2011). The product of such synthesis is the translation of studies into one another, which encourages the researcher to understand and transfer ideas, concepts
and metaphors across different studies (Britten et al., 2002). In a synthesis, studies can relate to one another in one of three ways: they can be directly comparable reciprocal translations; stand in opposition to one another as refutational translations; or taken together they may represent a line of argument (Britten at al., 2002). This is with the aim of configuring a novel interpretation of the phenomenon, as a result of reciprocal translation across the included papers. The stages of the meta ethnographic process can be seen below:

<table>
<thead>
<tr>
<th>Meta Ethnography Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Getting started</td>
<td>Deciding and refining the research question. Establishing the aims of the review.</td>
</tr>
<tr>
<td>2.Deciding what’s relevant</td>
<td>Searching for relevant literature. Screening for relevance and evaluating the quality of the studies.</td>
</tr>
<tr>
<td>3.Reading the studies</td>
<td>Getting to know the data. Extracting first- and second-order constructs.</td>
</tr>
<tr>
<td>4.Determining how the studies are related</td>
<td>Looking at themes across the different studies. Developing third-order constructs.</td>
</tr>
<tr>
<td>5.Translating studies into one another</td>
<td>Comparing themes and concepts across papers, grouping them, merging and collapsing some categories.</td>
</tr>
<tr>
<td>6.Synthesising translations</td>
<td>Organise, clarify and develop deeper interpretive meanings.</td>
</tr>
<tr>
<td>7.Expressing the synthesis</td>
<td>Development of a novel interpretation of the data, such as through a new model, theory or thematic structure.</td>
</tr>
</tbody>
</table>

*Figure 1: the 7 stages of meta ethnography, cited by Britten at al. 2002.*

In accordance with meta-ethnography methodology, the analysis involved the extraction of first-order constructs (direct quotes from participants) and second-order constructs (original authors’ interpretations of these). The synthesis of these first- and second-order constructs into a novel interpretation about the phenomenon forms the basis of the third-order constructs. The process of reciprocal translation then occurs, in which these constructs are compared across the different papers, looking for commonalities between papers. These commonalities across papers formed the development of the synthesis into a novel
interpretation of the data as a whole, and formed the structure for the expression of the synthesis.

**Overview of studies**

Of the 7 included studies, two were carried out by researchers in Scotland, two Sweden, two Norway and one from Finland. It is interesting to note the British papers are Scottish only, and the abundance of literature coming from Nordic and Scandinavian countries. The numbers of participants in the studies ranged from five (Wangensteen & Westby, 2019) to 70 (Holmila et al., 2011). Subjects ranged in age from 7 to 27 years of age at the time of data collection. Six of the 7 studies used interviews of some variation as the primary method of data collection, and one used an internet survey. A more detailed overview of the studies can be seen in table 1.0 below.
<table>
<thead>
<tr>
<th><strong>Author/year/country</strong></th>
<th><strong>Aims and/or research questions</strong></th>
<th><strong>Participants and age range</strong></th>
<th><strong>Participant recruitment</strong></th>
<th><strong>Methodology</strong></th>
<th><strong>Findings/themes/foci</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Backett-Milburn, Wilson, Bancroft &amp; Cunningham-Burley (2008) <em>Challenging Childhoods</em> <strong>Scotland</strong></td>
<td>To explore the accounts of participants’ childhoods and the daily practices that might be seen to constitute survival, resilience or coping, examining both the children’s own agency and the help they said they drew upon</td>
<td>38 young people aged 15-27 who had parents with drug or alcohol misuse</td>
<td>Community drug agencies, youth groups, young carers’ organisations, drug maintenance clinic, higher and further education institutions and researchers’ personal contacts</td>
<td>Semi-structured interviews supported by a ‘life grid’</td>
<td>Experiences related to survival included challenging the user, escaping to their room and observing the experiences and reactions of siblings. Ways of ‘getting by’ included the safer structures of the school environment (for some), visiting friends’ homes and wider family relationships. Themes around ‘holding yourself together’ included the importance of family, being cared about, sustaining belief in the ideal family and talking to others.</td>
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<tr>
<td>Hagstrom &amp; Forinder (2019), ‘If I whistled in her ear she’d wake up’: Children’s narration about their experiences of growing up in alcoholic families <strong>Sweden</strong></td>
<td>Children’s narrated experiences of growing up in a family affected by parental alcohol dependency. Of particular interest were</td>
<td>19 participants aged 7-12 at first interview whose parents were psychologically or chemically dependent on alcohol</td>
<td>Children attending a support group for COAs were asked if they wanted to participate</td>
<td>Longitudinal; three narrative, unstructured interviews carried out approximately five years apart. First interview</td>
<td>Difficulties and trends around the children’s social backgrounds and experiences of living with an alcohol-dependent parent. The ‘two faces’ of the alcohol-dependent parent, representing how the parents’ behaviour changed when they were under the influence of alcohol. Positioning oneself as the ‘vulnerable victim’.</td>
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<tr>
<td>Hill (2015) Don’t Make Us Talk! Scotland</td>
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<td><strong>To explore, from the child’s perspective, the impact on their lives and their experiences of support around having a parent or carer with alcohol problems</strong></td>
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<td>30 participants aged between 9 and 20 who had at least one parent with an alcohol problem</td>
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<td>Via 8 different voluntary organisations in Scotland who support children and families affected by substance misuse</td>
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<tr>
<td>Three-phase methodology; phase 1- running a group programme for 4 weeks, phase 2- a film-making group to explore experiences through film-making, phase 3- individual, paired and small-group interviews</td>
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<td>Emphasising that the difficulties were historic. Views on use of treatment services. Varied or inconsistent living arrangements. Choosing to talk about the alcoholism indirectly such as through hypothetical scenarios or using the third person.</td>
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| Tinnfalt et al (2018), “I feel it in my heart when my parents fight”: Experiences of 7-9-year-old children of alcoholics Sweden | To explore the consequences for a child of having an alcoholic parent, from the point of view of 7-9 year old children of alcoholics | 19 children aged between 7-9 who had a parent who was an alcoholic and some who were also drug users | Sadness and hope for change in a loving family  
Feeling sad when parents are fighting  
Trying to control the situation  
Having bad experiences  
Wishing for change  
Despite problems, doing things together with a loving parent |
| Wangensteen & Westby (2019) Breaking the Cycle: Young People’s Stories of Protection and Support While Growing up with Parental Substance use Disorder | Explore the narratives of young people regarding the circumstances that protected and supported them as they grew up around | Five young people aged between 21 and 26 who had both parents and at least one grandparent | Safe living conditions; reflections around this  
The significant relationships which helped participants to cope during childhood  
The need to have respectful and caring conversations with professionals |
| Norway | Parental substance misuse during childhood with substance use disorder | Wangensteen, Bramness & Halsa (2019) Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support | Interviews starting with an open question and follow-ups as required | Mixed and contradictory emotions
Struggling with closeness and distance with the substance-using parents
A lack of professional support |
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<td>To explore young people’s perceptions and reflections around growing up with parents who have a substance use disorder</td>
<td>12 young people aged 13-26 with at least one parent in treatment or in active use of substances</td>
<td>Via professionals and family members</td>
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| Finland | To examine the lives of children with problem drinking parents from three points of view: children’s experiences, agency and coping | 70 young people aged 12-18 whose parents use alcohol or drugs | Two children and young people’s help pages on the internet; one being a page specifically for CYP whose parents use substances, and another a general | The harms caused by the parent’s substance use
The CYP’s strategies for coping with the everyday life and distress
Searching for help from friends, relatives and professionals
The obstacles of seeking help
Experiences of successful search for help |
<p>| Finland | Holmila, Itapuisto &amp; Ilva (2011) Invisible victim or competent agents: Opinions and ways of coping among children aged 12-18 years with problem drinking parents | An online questionnaire with some open-ended questions and some with ready alternatives | | |</p>
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<td>Usefulness of information, support and therapy for the CYP</td>
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Table 1: overview of included studies
Findings

A detailed breakdown of the process of translating first- and second-order constructs into third-order constructs can be seen in appendix A. These third-order constructs formed the basis of the development of overarching themes, as illustrated in the thematic map below:

Figure 2: thematic map
Lived Experiences

The qualitative data allows insight into the lived experiences of the participants and was central to their narratives, illustrating the complexity and chaos of their everyday lives. A large proportion (exact numbers are not available, but a minimum of 25) of the participants were care-experienced, whilst many also noted how they felt unsafe within households which were characterised by poverty, chaos and neglect. This can have implications for participants’ attachments with caregiving adults. Attachment Theory is concerned with the nature of the bond between a child and a caregiver (Bowlby, 1973; Simpson & Rholes, 2015), which has implications for social and personality development across a person’s lifespan (Simpson & Rholes, 2015). It is often noted that children who have been separated from their primary caregivers experienced intense anxiety and despair (Bowlby, 1973).

“I moved to the nicest foster parents that I chose myself. Finally, I felt safe.” (Wangensteen & Westby, 2019 p.6).

“When she’s drunk she cries a lot...it’s difficult to watch...it’s dark and everything’s messy and it smells disgusting in the whole apartment.” (Hagström & Forinder, 2019 p.8)

Participants often spoke of the coping mechanisms that they had developed to try to protect themselves from witnessing either the consumption or the effects of the parents’ substance use. Most commonly, children spoke of trying to keep emotional and physical distance from the substance-using parent when they were under the influence. Removing oneself into the privacy and protection of one’s own room, turning up music to cover up noise or tidying up the house can all be seen as ways of minimising the impact of parental substance misuse (Holmila et al., 2011). Another common strategy adopted by the children was to try to find ways of preventing or discouraging the use of substances. One child suggested an approach of hiding parents’ money or car keys so that they could not go to the liquor store (Tinnfält et al., 2018), whilst others spoke of directly challenging parents:

“I forced him out the door and said come back when you’re sober! I don’t want you here when you’re drunk!” (Hagström & Forinder, 2019 p.13)

Although many participants spoke of either themselves or their siblings directly challenging the parent about their substance use, it was often seen as futile or counterproductive in promoting any positive change in parent behaviour (Backett-Milburn, Wilson, Bancroft, &
Cunningham-Burley, 2003). Thus, perhaps the only way of exercising control over the situation was to remove themselves from the substance use, in whichever way was within the child’s means. One child would save coins so that they could call their mum on a payphone on their way home from school, and if she sounded drunk, then they would stay outside until their dad came home (Hagström & Forinder, 2019). Others talked of going to friends’ or neighbours’ houses when they knew their parent was under the influence. Backett-Milburn et al. (2003) note how these coping mechanisms were often fragile and flawed, susceptible to being damaged or disrupted by adults, which speaks to the vulnerability of participants and how stressful it must be to try to manage with limited resources or means.

Within this, the participants showed developing understanding of the nature of substance misuse, which may have impacted their narratives around it. Those who understood the substance use as a disease seemed to blame the parents less and have more openness around it (Wangensteen, Bramness, & Halsa, 2019).

“They told me that heroin addiction is a disease, which it actually is. Understanding this made it easier for me to talk to others about it.” (Wangensteen et al., 2019 p.203).

Access to education about substance misuse for children and young people could help to provide clarity and understanding for them and relieve some of the anxieties and confusion they feel about it.

Hoping for change was a significant feature of the younger participants’ lived experiences. A desire for parents to seek treatment was one way in which participants expressed hope that things could change in a positive way (Holmila et al., 2011); a trait which was most often observed in the younger participants, whereas the older participants seemed to be more resigned to the situation. This points to a level of optimism amongst younger participants, which sadly may have eroded by the time the children entered adolescence, as the possibility of change may seem ever less likely to them as time goes on.

The lasting effects of parental substance misuse

As children grow, the effects of their early experiences, particularly in relation to parental substance misuse, can be far-reaching. In addition to the potential for attachment
difficulties (Bowlby, 1973), another key feature within participants’ lives was the pattern of intergenerational cycles of substance misuse. A significant proportion of the participants had grandparents as well as parents and other relatives who had engaged in substance misuse in some form.

“My father used to use drugs. Mum has substance use disorder. Both her parents were alcoholics. So was my great-grandfather, and his mother...You see, I really break the cycle of problems in my family.” (Wangensteen & Westby, 2019 p.6)

Participants’ awareness of being vulnerable to this intergenerational cycle may have influenced their own narratives around substance use (Wangensteen & Westby, 2019). This presents as another disadvantage for these children, especially if it is a pattern which goes back generations, and there may be an absence of positive role models within the family. Awareness of their own vulnerability to this may lead to a complex relationship with substances, especially if it could be seen as a coping mechanism for the adversities faced within their own lives. The relationship could be characterised as complex, as the young people are aware of the negative consequences and impact of substance use, but they may perceive or have access to few alternatives than substance use as a mechanism for coping with the difficulties that they face in their lives.

As many of the children had to take on caring responsibilities for the substance-using parent or for younger siblings, children were often deprived of some aspects of the conventional idea of childhood. Some participants tried to control the situation in their alcoholic families, and took on responsibilities which should have been taken on by their parents (Tinnfält et al., 2018). Having such levels of responsibility at a young age means that many participants’ childhoods were defined by the substance misuse of their parents, thus shaping their identity, sense of self and understanding of the world. This can have lasting effects into adulthood, especially if these experiences also included instances of physical, sexual or psychological abuse or neglect, which many of the participants reported. The children’s exposed positions as ‘vulnerable victims’ became central to their childhood experiences (Hagström & Forinder, 2019).

Attending school was also a difficulty for many of the participants; reasons for not attending school included having to look after younger siblings and parents, not being woken up in time for school, not being encouraged to attend school and being bullied (Hill, 2015). This
can have lasting effects in that children may end up with poor educational outcomes, social isolation and decreased access to safeguards which may be in place through school.

**The emotional consequences**

The emotional consequences within participants’ narratives are significant and far-reaching. Feelings of shame and embarrassment were a key feature of participants’ accounts, as was a strong desire to seem ‘normal’ to the outside world. Participants spoke of not bringing friends home due to embarrassment around the chaos within the family home (Backett-Milburn et al., 2003), and feeling ashamed when parents turned up to school drunk.

> “Even though I go out and I know what I want to do, I still feel ashamed when people ask me about my family.” (Backett-Milburn et al., 2003 p.476).

> “She was drunk, then I was ashamed. Everyone stared.” (Hagström & Forinder, 2019 p.17).

This sense of shame or embarrassment often caused participants to experience feelings of loneliness and isolation. This could be due to the avoidance of socialising due to feelings of shame towards parents, as well as increased caring responsibilities for parents or siblings which could reduce opportunities for social interaction with peers outside of school. Some participants spoke of being judged or ostracised by members of the community due to the parents’ substance use or other associated factors.

> “I am afraid my friends would no longer accept me in their company.” (Holmila et al., 2011, p.183)

> “Often…parents didn’t want me to play with their kids. As if something was wrong with me…I was ashamed…and then I was sad” (Hagström & Forinder, 2019 p.17)

Findings include an analysis of the idea of Westernised idealised parenting. In the Western world, the dominating norms of what is considered ‘good’ parenting is based on middle-class values and norms (Wangensteen et al., 2019). These norms include emotional and physical closeness to children, adherence to routines and effective communication (Andenaes, 2014; Wangensteen & Westby, 2019). Activities such as reading, talking and bedtime rituals are highly valued (Andenaes, 2014), and substance use by a parent may challenge that ideal if such routines, rituals and emotional availability are not adhered to (Wangensteen et al., 2019). Parents who breach these societal expectations can be judged
by society, which can create feelings of ostracism for the family. The consequences of this could be that the societal views and expectations of parenting compound children and parents’ feelings of shame and as such they try to keep the substance use secret and therefore not seek support for themselves or the children. This can therefore reinforce the experience of loneliness and shame and stigma for the children and families.

Many participants clearly stated that they longed to live a normal life without too many interruptions (Wangensteen et al., 2019). Some participants seemed to try to minimise the extent of the substance use problem, possibly in an attempt to create feelings of normality and protect themselves from experiencing feelings of shame and stigma within the community.

“My mum was an alcoholic, but she’s not really an alcoholic now, she’s cut down to one bottle a day...which is really, really good.” (Hill, 2015 p.347).

Participants became aware that their family was different to others, reinforcing the lack of ‘normality’ (Backett-Milburn et al., 2003). Caring for parents and siblings, not bringing friends home and awareness of limitations in the parents’ abilities to parent all contributed to a feeling of anomie for some participants, as societal norms regarding family life had broken down.

“I just want it to be normal...that it shouldn’t be so obvious.” (Hagström & Forinder, 2019 p.12)

The value of secrets as a strategy for controlling what is known about them and their families can be justified (Hill, 2015) as a way of maintaining an element of control and feelings of normality, on the child’s own terms. In a life in which the children were afforded such little control, they often sought to gain control in ways which were accessible to them. This could be in controlling what is known about them and by whom, some attempts to keep home and school life separate and enjoy school as a safe haven from the substance use and its effects.

“I probably liked the – the first primary school I went in . . . it was getting me out the house at the time . . . I probably felt safer there than I did at home.” (Backett-Milburn et al., 2003 p.470).
Complex family relationships

A recurrent theme in participants’ narratives was a reversal of roles between parents and children. Either the participants themselves or their older siblings often assumed caring roles towards parents and younger siblings.

“There isn’t much else to do, you can’t let them go to bed without food’. (Hagström & Forinder, 2019 p.15)

“She [her mother] took care of him in a bad way. I felt more like a mom than a sister.” (Hagström & Forinder, 2019 p.16)

Taking on worries and responsibilities beyond their years could have deprived participants of childhoods in which they could expect to be parented adequately. It was often left to the children themselves to create the family life that they yearned for.

“My childhood came to an early end when I had to look after my little sisters and separate the quarrelling parents from one another.” (Holmila et al., 2011 p.181).

The feeling most often expressed towards parents was worry. Many participants expressed concern about their parents’ health, particularly if they were using substances heavily. The most serious concern about substance use was that it would result in death (Hill, 2015); which for several of the participants, it did.

Interwoven within participant accounts was a strong sense of love and protectiveness towards their parents.

“The only thing in life I am afraid of is that she will die” (Wangensteen et al., 2019 p.203).

Many participants felt sorry for their parents (Wangensteen et al., 2019) and many used language which conveyed a strong sense of loyalty towards them (Hill, 2015). This could also perpetuate feelings of sadness and isolation, as participants tried to protect their parents from feeling shame by not admitting how sad they felt, or by avoiding telling anybody how things were at home (Tinnfält et al., 2018). This again relates to the idea of children taking on worries and responsibilities beyond their years by trying to control what was known about their families and protect their parents.

The family dynamics in place for many of the participants were complex in nature. The conflicting feelings of shame, worry and love, coupled with the caring role that many participants had taken on, could add extra complexity to what is considered a typical
parent-child relationship. Some participants identified a struggle in transitioning into independent living as they got older, due to concerns for parents or siblings left behind in the family home (Backett-Milburn et al., 2003).

“It’s hard to have a relationship with a person who goes through extreme transformations like that—all the time” (Wangensteen et al., 2019 p.204). Relationships with the wider family such as grandparents, aunties and uncles could also become difficult for participants, either as a direct or indirect result of the substance use. These difficulties manifested as things such as family members speaking ill of the participants’ parents to their children or withdrawing support if the parents did not seek professional help or stop using substances. This could leave children more isolated and conflicted about their feelings towards the parent.

“I always felt like they were always horrible to my mum...Even if my mum is horrible, it’s still my mum.” (Backett-Milburn et al., 2003 p.473).

Sources of Support

Support networks were identified as informal sources of support such as from family members, neighbours and friends, as well as formal support such as therapeutic practitioners and child protection professionals. Participants share that they experienced positive, even empowering feelings, when their attempts to be understood and supported had been successful (Holmila et al., 2011), and that practical as well as emotional support was highly valued.

“I always enjoyed staying at other people’s houses a lot...there was a next door neighbour...I could always go round there for tea and get fed.” (Backett-Milburn et al., 2003 p.471)

Siblings were often seen as important social resources and sources of support, as they were the ones who could truly understand the lived experience of the participants, as they were often living it too. As too, were other children who also lived with parental substance misuse (Hagström & Forinder, 2019), most likely for the same reasons of shared or similar experiences and thus mutual understanding. Some of the relatives and teachers mentioned seem to have functioned as practical support and a safe haven in the face of adversity, but also as enablers of a continuing alcohol-dependent family situation (Hagström & Forinder,
2019), possibly due to them providing the emotional and practical support that their parents were unable to give.

Sadly, there were myriad examples of children being let down by adults across formal and informal contexts. Help-seeking strategies were rarely described as resulting in action being taken to improve their situation by the adult or professional selected (Hagström & Forinder, 2019). One participant told of trying to alert child protection services five times over several years due to concerns over the safety of her siblings, but that no discernible action was taken (Holmila et al., 2011).

“Maybe we, the children, should have been protected earlier.” (Wangensteen et al., 2019 p.203)

Possibly as a result of the inaction of adults in intervening or supporting children sooner, there was a sense of weariness amongst participants when it came to trusting adults. As some of the participants experienced significant abuse or neglect from their parents and other adults seemingly did not intervene, then the ability or willingness to trust adults became ever less likely for some participants. This means that some participants did not disclose the full extent of the difficulties within the family, and as such they are at risk of being or continuing to be a hidden population (Holmila et al., 2011).

Discussion

The process of carrying out this SLR brought into sharp focus some of the difficult and emotive experiences and disadvantages that children living with parental substance misuse can face. The rich narratives which were given by participants tell of the nuances, complexities and feelings which characterised their childhood experiences. The stories they told portrayed a sense of yearning for what they considered ‘normal’ childhoods, in which their parents could ‘parent’ them consistently in stable and nurturing households. Parental substance use had far-reaching effects in participants’ lives; living conditions, relationships, emotional wellbeing and education were all discussed in some way in relation to substance use. This means that participants’ their sense of self was often heavily influenced by these factors which are either direct or indirect consequences of parental substance use, and thus become central to their identity. The children themselves were often the ones striving to create and control their sense of identity, in an attempt to avoid
internalising the spoiled identities Goffman (1974) has described, as a consequence of the stigma and shame associated with their parents’ addiction. This adds further context to what is already known about the social and emotional consequences for these children (Park & Schepp, 2015) as it illuminates their everyday, lived experiences. It tells the story of how these lived experiences can contribute towards interpersonal difficulties, particularly as these children have often been let down by adults and thus can experience feelings of loneliness and abandonment as well as a justified sense of reluctance to trust others. This is likely to have lasting effects into adulthood, as demonstrated by some of the older participants’ accounts of the lasting effects of their parents’ substance use. These lasting effects can include participants using drugs or alcohol themselves, which reflects the previous research findings around the intergenerational nature of substance misuse (Mylant et al., 2002).

In light of the findings of this SLR, it highlights the importance of promoting resilience for this group of children, so that their context provides the best possible opportunity for positive outcomes in spite of disadvantage that they may have faced as a result of experiencing parental substance misuse. The idea of resilience can go some way to exploring the extent to which there is variation in how different people can cope with adverse or traumatic experiences (Prince-Embury & Saklofska, 2013). Supporting children with the emotional consequences of living with parental substance misuse and giving practical support around the everyday challenges could go some way in promoting resilience.

The themes derived from this analysis map onto Maslow’s hierarchy of needs (Maslow, 1943), and this offers a broad psychological framework for considering the consequences of parental substance use on children’s development and wellbeing. Participants’ accounts often painted a bleak picture of less than good enough parenting, and childhoods in which basic physiological and safety needs went unmet, thus compromising the child’s access to psychological wellbeing and self-fulfilment. This links closely to ideas around attachment (Bowlby, 1973), as it is likely that disordered and disrupted attachments could form in relation to the experiences as parenting can become inconsistent or unreliable as the substance use compromises the physical and emotional capabilities of parents.
Implications for practice

The findings of this SLR will have implications across a range of professional practices including educational psychology, social work, family support, mental health and education. A key theme which emerged from the data was that children were let down by professionals who failed to act, or whose actions did not seem to the children to have had any positive effects. In contrast with this, however, many participants also spoke about the invaluable support that they received from professionals such as teachers, social workers and therapists. This is testament to the impact that adults can have if they are responsive to these children’s needs in a way and which makes a meaningful difference to their lives. This could be through formal therapeutic support or informal, nurture-informed (Binnie & Allen, 2008) approaches within school. This reiterates the importance of having robust processes to identify children who may be living with parental substance misuse, so that steps can be taken to provide appropriate professional support.

This may be due to such children being part of a hidden population, as there was a general reluctance to disclose the nature of the substance use to others outside of the family, perhaps in bids to maintain or create identities of ‘normality.’ Additionally, parents themselves may under-play the severity or nature of their substance use and delay seeking support, echoing previous findings around the vulnerabilities of these families to becoming a hidden and thus neglected population (Adamson & Templeton, 2012).

The complexity of the family dynamics that was often described in participant narratives will be particularly pertinent for professionals working with families in a variety of capacities. Supporting and encouraging the communication between children and parents, in order to promote positive relationships and mutual understanding could promote resilience and a sense of control for the children, as well as reduce feelings of shame if issues are discussed more openly with the support of appropriate professionals.

Education professionals can draw upon the findings of this SLR to give greater context to the experience of this group of children, particularly with regard to the emotional aspects of the experiences. This means that if a child is identified in school as having a parent who misuses substances, then intervention can be put in place to provide emotional support to compensate for a possible lack of stability or dependability to have basic, psychological or emotional needs met within the home.
Limitations

The literature selected for inclusion offers a broad range of perspectives, drawn from countries including Scotland, Finland and Norway. As such, participants’ accounts and experiences could have been influenced by the cultural and societal context of their home countries. For example, the participants in the Norwegian study were all care-experienced and had a social worker, whereas the Scottish participants seemed to have limited involvement with children’s social care professionals. This means that it is difficult to draw robust conclusions about professional involvement for this group of children, as it can vary drastically depending on their home country and its child protection policies and procedures.

Another limitation is in the methodology. As with all SLRs, the available data is dependent upon the original authors’ selection of relevant parts of their dataset in order to tell their story. It is possible that, if access to the full dataset was available, different themes and conclusions could have been drawn from that same dataset by different researchers, due to its qualitative and subjective nature.

Recommendations for future research

This research gives detailed insight into the lived experiences of children of drug users or alcoholics, a further area of enquiry could be to explore and give voice to the parent experience; either those who use substances themselves, or their partners. This would go further to address the question of how drug or alcohol use can affect family life.

Conclusions

This meta ethnography contributes to the knowledge base on the effects of parental substance misuse on children and families. This should lead to greater awareness in professional practice around children’s experiences of the effects of parental substance misuse, and the immediate and longer-term consequences for their development and wellbeing. It identifies the additional support needs that they may have, as well as giving context to any difficulties that they may experience. Hopefully, developing awareness and
knowledge of the consequences of parental substance misuse will mean that this population becomes more visible and thus able to access appropriate support in a timely manner and implement protective factors in order to promote positive emotional health for these children.
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An Interpretative Phenomenological Analysis Exploring Familial Experiences of Parental Substance Misuse

Prepared in accordance with author guidelines for submission to the Journal of Family Studies (Appendix 1)

Word count including references: 7,663
Abstract

This paper presents interpretative accounts of four people who have been affected by parental drug or alcohol misuse. Their accounts are explored in relation to how the substance misuse affects family life, and what this means for children’s service professionals. Interpretive Phenomenological Analysis (IPA) is used as a guiding methodology for data analysis and interpretation. Data were gathered through semi-structured interviews with four women aged between 25-45 who talked about their experiences of substance misuse either personally or within their family. Key findings present unacknowledged difficulties, agency, cascading chaos across the lifespan, putting others before yourself and defining and creating the mother figure. These themes are explored in light of contemporary psychological literature to aid understanding in how to identify, support, empower, include and protect families who are affected by parental substance misuse.

Introduction

The ‘Toxic Trio’
Children most at risk of suffering significant harm live in families experiencing a number of different difficulties, such as substance misuse, domestic abuse and parental mental health problems or learning difficulties. This is sometimes known as the ‘toxic trio’ (Cleaver et al., 2011). Although this is a widely referenced and accepted concept within child protection, it is suggested that contextual factors such as socioeconomic status, ethnicity and children’s ages should be considered alongside the ‘toxic trio’ (Skinner et al., 2020), as family systems are more complex than simply the absence or presence of these risk factors. Parental substance misuse is the primary focus of this study, which will be considered alongside these other factors within family life.

Living in a household where a parent or carer misuses substances does not mean that a child will experience abuse, but it is a significant risk factor. An analysis of 175 serious case reviews from 2011 to 2014 found that 47% of these cases featured parental substance misuse (Sidebotham et al., 2016). This suggests an interaction between substance misuse and other risk factors which can lead to poorer outcomes such as psychological wellbeing, educational attainment and health for children. Co-occurrence of these risk factors is
associated with greater difficulties for the children, as explored within a cumulative risk framework. Effective prevention for these children requires a focus on multiple risk factors as it is unlikely that they will experience these risk factors in isolation (Horn et al., 2018).

**Children’s Experiences**

Children of alcoholics as young as seven are able to reflect on their experiences of having an alcoholic parent. From interviewing 18 children aged between seven and nine, Tinnfält, Fröding, Larsson and Dalal (2018) identified key themes amongst the children’s experiences; feelings of sadness, wishing for change, having bad experiences and also doing things together with a parent, despite problems. Participants for this study were recruited via their parents who were accessing rehabilitation support for their alcoholism, and therefore the parents and children were aware that they had difficulties and were seeking support. The findings may be different if the study was replicated with children who possibly were not aware of their parents’ level of alcohol addiction or had a limited understanding of it. This may have an impact on the child’s ability to reflect upon their experiences and understand their feelings. Additionally, children of parents who were not yet ready for change and therefore had not sought out support may also have different experiences from those sampled in this study.

Neonatal abstinence syndrome (NAS) can occur once a baby is born, after abrupt discontinuation of gestational exposure to substances taken by the mother whilst pregnant. The term NAS has been principally used to describe neonatal symptoms occurring after in-utero exposure to opioids such as heroin or methadone (Jansson & Patrick, 2019). Foetal alcohol spectrum disorder (FASD) can have similar effects for babies exposed to alcohol in-utero and can have long-term implications for children (Paintner et al., 2012). Aside from the physical symptoms suffered by babies who are experiencing NAS or FASD, there can also be implications around attachment and bonding for parents and babies, whilst the baby may be hospitalised for the treatment of NAS and mothers’ capacity to care for their babies at this time may be limited whilst they struggle with their own addiction. This may then have further psychological implications for the child and the parent as the child grows up (Paintner et al., 2012).
Access to Support

“Societal aid for affected children is often guided by a belief that unless the drug dependent parent receives treatment, there is little help for the child. This view is debilitating because most opioid users never seek treatment. In turn, an entire family system remains frozen in uncertainty until the addicted individual accepts treatment, is forced into treatment, becomes justice-involved, is hospitalised, or dies.” (Horn et al., 2018).

The above extract suggests that for the most vulnerable children, who are living with parents who are drug users and are not ready to engage in change or support, they are likely not to receive adequate support, as not enough is known about how to reach these families in supporting their needs without applying pressure to change if they are not ready or able to seek help or engage in support. This can also apply to children of parents who misuse other substances such as alcohol, where there may be reluctance to acknowledge or seek treatment for the addiction (Kroll, 2004).

Parental Perceptions

The perceptions of affected parents are key in exploring the impact of parental substance misuse on children. In a study exploring the views of parents who were attending a compulsory, court-ordered parenting programme (Holt, 2010), some key themes emerged around a sense of “spoiled identities” (Goffman, 1974), reluctance to accept advice from perceived experts and apprehension around the effectiveness of the programme. Studies of this type are useful in giving voice to the groups to which public services aim to provide support and attempting to open up a dialogue around how and if such group members wish to receive support.

Parents whose children are subject to Child Protection Plans frequently identify difficulties with drugs and alcohol as barriers to effective parenting (Ghaffar et al., 2012). These parents also report high levels of motivation to overcome these difficulties for the sake of their children and reflect positively on the support offered to them in relation to their drug
or alcohol difficulties. This is important to note, as it suggests that parents who misuse substances are likely to be able to engage in change, given the right circumstances.

Interviews with alcoholic and drug user parents have highlighted several pertinent themes around the experiences of these parents (Holland et al., 2014). One emergent theme was around a fear of losing their children and therefore downplaying the severity of the addiction, which could be a barrier to effective support. The parents also spoke of the desire to reduce their children’s exposure to the drug-taking activity, and of guilt and regret around some of the past or present consequences of their actions on their children. A further theme was around parents’ resentment at being labelled as inadequate parents due to their substance issues and overlooking any positive qualities that they had as parents.

In an analysis of new mothers’ views on balancing motherhood and drug addiction (Silva et al., 2013), the mothers’ main concern was the ambivalence they felt towards pregnancy and motherhood and their drug addiction, which was associated with strong feelings of guilt. Confronted with this ambivalence, they felt that their maternal role was merely functional. They focussed on providing the basic care to the child, but showed little willingness to talk or play, which could have impact upon the child’s social and emotional development. Studies of this type are useful in allowing the reader to gain insight into the parents’ thoughts and feelings, though they do rely on the parent having the presence of mind and the emotional capacity to be able to reflect upon, articulate and open up about their experiences, thoughts and feelings.

Giving voice to parents and families and eliciting previously untold stories, particularly in relation to difficult and life-changing experiences, can be a valuable research exercise. For example, being silenced by others and silencing themselves was a key theme identified in research with parents who had been bereaved of a child through suicide (Maple et al., 2010). This could be extended to families who have experienced other stigmatising life events or lifestyles, such as substance misuse. It is important that these voices are heard so that policy and practice can be effectively informed by those who have direct experience of the phenomena.
In an analysis of accounts of parents who had been users of crack cocaine (Melhuish, 2011), three key themes emerged: putting the drugs first, coping mechanisms, and blame and responsibility. Participants identified how at the height of their drug use, the drugs were controlling them, and they put them before anything else in their lives, such as their children. The idea emerged that participants felt that life was happening around them rather than being a part of it, because the drug use was an all-encompassing entity within their lives. The researcher’s analysis was concerned solely with the participants’ use of crack cocaine and their reflections around that, even though all the participants also used other substances such as heroin and alcohol. Melhuish’s research concluded that further research on crack cocaine and its impact on parenting is required for children’s services professionals to build their practice on a solid evidence base; thus identifying a need for the present research.

Capturing the voices of these groups can be difficult as the researcher-participant relationship needs to be a trusting one in which participants feel safe in their disclosure of difficult experiences. In research conducted with parents who were drug users, challenges were identified in engagement with distrustful families, and in creating an environment where open discussion was possible (Taylor & Kroll, 2004).

**Rationale**

This research developed as a result of an earlier study which I carried out to investigate the social, emotional and mental health implications for children who had been bereaved of a parent. As part of this research, I gathered data on the cause of death of the parents and noticed that a significant proportion of these deaths were related to drug or alcohol misuse. This was very interesting and motivated me to find out more about how parental substance misuse can affect family life.

Reaching and hearing the most vulnerable families can develop societal understanding of the experiences of these families, as well as illuminating marginalised voices. This can then continue to inform policy, develop educational provision and widen the reach to children and families in need. This links to previous public services agendas around mainstreaming
marginalised voices, particularly those who may be from stigmatised groups and encouraging active participation of service users in planning their own support (Finlay, 2013).

The literature discussed here examines parental substance misuse, and its implications for children and families across differing contexts, given how voices from this population can be marginalised, particularly in relation to family life and parenting. With potential ambivalence around treatment and feelings of guilt and the positive aspects of parenting not being recognised, it is important to gain a nuanced understanding of the impact on family life and children’s development in order to build services which are accessible and meaningful for this group. I surmise from this literature that children want and need support from dependable adults who can provide the emotional support that is not always available to them within the home.

I chose to focus on examining the experiences of adults who have experienced parental substance misuse, rather than children. Literature suggests that adults who have experienced parental substance misuse can be at-risk for negative outcomes such as substance misuse, depressive symptoms, anxiety and difficult family relationships (Harter, 2000; Park & Schepp, 2015). However, these outcomes are not uniformly observed in this group, nor are they specific to this group (Harter, 2000). This suggests a gap in the literature in identifying common experiences of adults who have experienced parental substance misuse. Many previous studies involving adult participants have focussed on quantitative research methods (Kelley et al., 2011; Pasternak & Schier, 2012), and so a qualitative research design would complement this by giving more detailed insight into the lived experiences of this group, as constructed by them.

This leads to a research question of ‘how does parental drug or alcohol misuse impact upon family life?’

Methodology
Design of the study

This study utilises a qualitative research design, specifically Interpretive Phenomenological Analysis (IPA). This methodology is appropriate for the current study as IPA’s central aim is to explore meaning and sense-making of the experiences of the participants.

Phenomenology is a philosophical approach to the study of experience. Phenomenologists all tend to share a common interest in thinking about what the experience of being human is like (Smith, Flowers, & Larkin, 2009 p.13), especially in things which constitute our lived world. A key value of IPA is that it provides us with a rich source of ideas about how to examine and comprehend lived experience.

One of the most dominant methodological approaches employed by qualitative researchers in social sciences is Grounded Theory (Charmaz, 2014; Gill, 2020), a methodology in which the core aim is to generate theory (Gill, 2020). When collecting data through in-depth interviews, it is suggested that a minimum sample size of between 25 and 30 participants would be required to reach the saturation point that is required to be able to generate theory (Dworkin, 2012). Given the exploratory nature of this study, I considered it unlikely that saturation could be reached within the potential available sample and as such considered IPA to be more appropriate. IPA research typically utilises smaller sample sizes (Smith et al., 2009). A narrative approach was also considered, as this approach is concerned with eliciting rich stories and exploring how participants make sense of these stories (Weatherhead, 2011). However, no single approach has been widely accepted as the preferred one for narrative analysis (Weatherhead, 2011), which can mean it is a complex methodology to employ rigorously. For these reasons, IPA methodology was selected as the most appropriate methodology to address the research aims with the available resources.

Participant recruitment

Participants were recruited both through a school in the North of England, and through a charity which supports families affected by alcohol misuse. Participants were recruited by sending an email inviting them to participate. All parents at the school, and all volunteers at the charity were sent the email, whether they were known to have been affected by parental substance misuse or not. The inclusion criteria were that the participant had to be
somebody who has experienced drug or alcohol misuse within their family, or that they themselves had suffered from addiction. The definition of drug or alcohol misuse was left open to interpretation to the prospective participants, so it was for the participant themselves to self-identify as someone affected by substance misuse. I utilised a self-selecting sample drawn opportunistically from people who had responded to the invitation to participate. Of those who responded to the invitation to participate, four participants were selected based on convenience and availability for interview. It is recommended that between three and six participants is optimal for IPA research (Smith et al., 2009, p.51). In this case, it was felt that four participants would be manageable in terms of data collection and analysis whilst also sufficient to be able to develop meaningful points of similarity and difference between participants. Participants were all women. Specific data were not gathered on their ages, but they were all adults aged between approximately 25 and 45 at the time of data collection.

Participants

**Kathryn** is a mother of four children. She spoke of the challenges and triumphs she has faced in her journey to stop using heroin, and how she managed this alongside bringing up her children.

**Donna** is a mother of three children. She grew up with an alcoholic mother and later started a relationship with a partner, and the father of her two eldest children, who was a drug user. She reflected upon her experiences during her own childhood, as well as the challenges of parenting her children whilst managing her partner’s addiction.

**Birdie** is a young adult whose mother was an alcoholic. At the time of the interview her mother had recently died as a result of her addiction after a long illness brought about by prolonged use of alcohol.

**Mia** is a young adult whose mother is a recovered alcoholic. She reflected upon her experiences of living with an alcoholic mother during her childhood, and her relationship with her mother now that she has stopped drinking.

Ethics
This study followed all guidelines set out by the Health and Care Professions Standards of Conduct, Performance and Ethics (Health and Care Professions Council, 2012) and the British Psychological Society Code of Ethics and Conduct (British Psychological Society, 2012). The study also complied with guidelines set out by The University of Manchester School of Environment, Education and Development research integrity and ethics policy (2014) and Full University Research Ethics Committee (UREC) was granted. An amendment was made to the original ethics submission to allow interviews to be carried out by video call, due to the ongoing pandemic.

Specific ethical considerations were made as this is a highly emotive subject, and so rigorous procedures were in place to safeguard participants during the data gathering process. A distress protocol was in place, and I was mindful of safeguarding participants’ emotional safety during the interviews. Conversation topics were led by the participant, so that they had control over deciding what they did and did not want to discuss. Participants were also made aware that the interviews could be as long or as short as they wished and that they could stop at any time. Participants were debriefed at the end of the interview sessions and given contact details for any follow-up that they required.

**Data gathering methods**

Data were gathered between March and December of 2020. The mode of data collection was through semi-structured interviews (see appendix for interview schedules), with the aim of gathering a rich dataset which gives a detailed insight into the experiences of the participants and how they construct meaning from them. Due to the personal and individualised nature of each participant’s experiences, it was important that I was able to be reflexive in my approach to the interviews, taking account of the effect of my personality or presence on how the participants chose to frame their accounts to me. I aimed to utilise neutral language complemented by a warm tone in the hope that participants felt comfortable enough to share as much of themselves as they were able. I was led by them as to how the interviews unfolded; some participants spoke freely and at length, and required minimal input or direction from me, whereas others preferred to be asked questions more directly and offered shorter answers, with more turn-taking with me. This meant that the
The interview schedule was adhered to in varying degrees, dependent upon the participant’s needs.

The first two participants’ interviews were carried out in-person. Due to the ongoing pandemic at the time of subsequent data collection, the third and fourth participants’ interviews were conducted via video call.

Interviews ranged in length from 52 minutes to one hour 27 minutes. All participants were offered follow-up interviews if they felt that they had more to explore, but they all felt that they had sufficiently told their stories and did not feel the need to meet again. Interviews were audio recorded and then transcribed, ready for analysis.

**Data analysis methods**

Data were analysed by following IPA guidance (Smith et al. 2009). One transcript at a time, the transcripts were read and re-read, and first reflections noted. The transcripts were then annotated and coded for emergent themes. Connections between the codes for each transcript were identified to generate a thematic structure for each interview (see appendix for thematic maps for each participant and one overarching thematic map for the whole dataset). These thematic structures for each participant formed the basis from which the final thematic structure is derived. This was done by noting commonality and nuance between the accounts and thinking about how these commonalities are presented and experienced within the different participants’ stories. The process of supervision was key in the development of this, as the supervisory process allowed critical discussion and exploration of these themes in order to develop the coherence and plausibility of the interpretation.
<table>
<thead>
<tr>
<th>IPA Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reading and re-reading</td>
<td>Immersing oneself in the original data.</td>
</tr>
<tr>
<td>2. Initial noting</td>
<td>Free association and exploring semantic content (e.g. by writing notes in the margins).</td>
</tr>
<tr>
<td>3. Developing emergent themes</td>
<td>Focus on chunks of transcript and analysis of notes made into themes.</td>
</tr>
<tr>
<td>5. Moving to the next case</td>
<td>Trying to bracket previous themes and keep open-minded in order to do justice to the individuality of each new case.</td>
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<tr>
<td>6. Looking for patterns across cases</td>
<td>Finding patterns of shared higher order qualities across cases, noting idiosyncratic instances.</td>
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<tr>
<td>7. Taking interpretations to deeper levels</td>
<td>Deepening the analysis by utilising metaphors and temporal referents, and by importing other theories as a lens through which to view the analysis. Engaging in the hermeneutic circle, considering the data in the context of both its parts and as a whole.</td>
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</table>

*Table 1: Step by Step IPA Process, adapted from Charlick et al. (2016)*
Findings and Discussion

Findings and discussion are presented concurrently, as it is possible to merge the two sections, relating themes to extant literature within the same section (Smith, Flowers, & Larkin, 2009, p.113) when using IPA.

Five superordinate themes were developed to conceptualise the essence of the data. Each superordinate theme will be explored in turn, plus general reflections upon the experiences of the participants, and my own interpretations of this. This is presented in Table 1 below.
<table>
<thead>
<tr>
<th>Superordinate theme</th>
<th>Emergent themes</th>
<th>Original transcript</th>
<th>Exploratory comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unacknowledged</td>
<td>Denial of problem</td>
<td>Mia: if you ever said anything to her about her drinking, she would just like...be like...just get really angry and go to bed basically and not speak to you for like three days.</td>
<td>Explains why confronting the addict can be very difficult as they may be in denial</td>
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<tr>
<td></td>
<td>The elephant in the room</td>
<td>Mia: when we were little, I don’t think...people probably just didn’t notice...</td>
<td>Denial of a problem can lead to isolation or loneliness as unable to confide in anyone or access support; family becomes more insular</td>
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<td></td>
<td>Hidden in plain sight</td>
<td>Kathryn: the social came round lots of times, but I was quite good at getting rid of them</td>
<td>Impact upon mental health of being told there is no problem when child feels that something isn’t right. Can foster a feeling of shame as made to feel like they have something to hide</td>
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<tr>
<td></td>
<td></td>
<td>Birdie: she didn’t want me to tell anybody or for anyone to find out...everything was pushed under the carpet the entire time. My mum’s big thing was like...there was no problem, there was no problem whatsoever and being young...it did affect me...it’s affected me quite a lot because you lose any sense of self....and right and wrong...and...you become just very confused with what you’re seeing, compared to what you’re told...is going on...I’ve never got any</td>
<td>Those affected (children, partners) are denied the right to experience their own feelings as they are told there is not a problem</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Therapeutic benefit to telling their stories after being kept quiet for so long</td>
</tr>
<tr>
<td>Agency (or lack of)</td>
<td>Powerless to bring about change</td>
<td>Mia: I think the easiest thing was just to...to run away from it because</td>
<td>It's more complex than just telling the addict to ‘get clean’.</td>
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</tbody>
</table>

Birdie: I’ve had a lot of people...women, adult, people who were friends with my mum at a certain time, who left...and just didn’t do anything, didn’t involve anybody...my mum was very, very good at hiding it though, to be fair, and obviously I helped her hide it ’cause...just, you know...so I did a very good job...

Donna: the kids knew, it’s really strange how they knew from such a young age, what mood he would be in. They knew

Birdie: People don’t just see like the...they always think addicts...and stuff like that are out on the street...and like... no, my mum was in like quite a big house with a balcony and stuff

Societal ideas around what addiction ‘looks like’ may not be accurate

More robust procedures needed to identify children living with parental substance misuse
| Only the addict themselves can bring about change, they have the control | it just seemed like there’s nothing you could do anyway. Kathryn: I think someone telling you is not going to work, yeah you have to do it for yourself...something had to change, and the only person to do that was me. Kathryn: I didn’t really think about what they needed it was more like what I wanted and what I needed and yeah...but then gradually since I’ve had the social involved then I’ve tried to give them what they need and worked with them, and now I’m better for it Birdie: and I would beg her and scream...for her just to sit there and just show absolutely nothing and not change...and...one of my massive things, which I’ve heard of quite lot now, like when you research it...is I’d always say like, ‘If you’d love me enough, you’d stop, but why don’t you love me enough?’ I can’t do anything...like you’ve got to choose recovery. | Addiction seems to override all other priorities, e.g. children, family Children felt that if parent was forced to choose between addiction and their child, they would choose the addiction- how must that feel? Some addicts may decide to choose recovery and be successful (Kathryn, Mia’s mum) while others are never able to do so (Donna’s partner, Birdie’s mum), which can have a significant impact upon the outcomes for the families Self-efficacy – the impact of trying to bring about change in a helpless situation |
Birdie: I wish she would have been forced to go to treatment because that’s what she needed...that’s what she needed at the time, but she never got given...well, was never forced.

Birdie: I couldn’t stop it...I couldn’t fix it...I couldn’t do it...I couldn’t make her better...and I felt that responsibility

Kathryn: I didn’t really care to be honest because I was more interested in...getting my next fix.

<p>| Cascading chaos across lifespan | Addiction leads to myriad other problems for the family | Birdie: I spent the majority of the time in court against my dad because he was arrested for domestic abuse, sexual assault and rape. Birdie: so when he left, we were poor. Birdie: I ended up in a clinic anyway, back in [county] but I did that by myself as well, my mum didn’t know where I was...she didn’t care where I | Chaotic or traumatic childhoods can lead to adults becoming addicts, and perpetuating the cycle of chaotic or traumatic childhoods for their children Compromised mental capacity brought about by addiction can cause other problems, e.g. chaotic households, poverty, abuse, neglect Even if physical needs are met (Maslow, 1943), emotional needs |</p>
<table>
<thead>
<tr>
<th>Kathryn</th>
<th></th>
<th>Donna</th>
<th>Researcher</th>
</tr>
</thead>
<tbody>
<tr>
<td>was, she...I was in there for a year, I didn’t have any visitors.</td>
<td></td>
<td>Donna: I was concerned about him because he hadn’t had a good upbringing.</td>
<td>General feeling that parents are/can be good parents when not under the influence, which could be even more confusing and unpredictable for children</td>
</tr>
<tr>
<td>Donna: her expression reminded me of being a kid again and I don’t want her being scared and on edge.</td>
<td></td>
<td>Donna: I think a lot of it were to do with how he were brought up, what he went through as a child...definitely the cannabis, definitely...and then he couldn’t handle drinking – he’d become nasty with a drink...and the cocaine all mixed in one...</td>
<td>Children feel that parent is prioritising substance use over parenting; how must that feel?</td>
</tr>
<tr>
<td>Kathryn: Just getting up and not having to worry about, you know, where you’re getting your drugs from and what you’re gonna do and, you know, there’s more to life isn’t there than being like that. It’s just can be neglected by parents who are addicts</td>
<td></td>
<td>Kathryn didn’t want to talk about her childhood – what does that tell us in itself?</td>
<td></td>
</tr>
</tbody>
</table>
nice to look outside and, well, live life I suppose! It’s like you get your life back isn’t it

Mia: the main thing I think is that we just always felt really unsafe, like no-one was looking after us and it’s a really horrible feeling to think that...no-one’s looking out for you, especially when you’re that young,

Kathryn: Just not being there for them and not doing the things I should’ve been doing. Like cos when they were five and six they were wandering the streets and getting into trouble and being out late and had no boundaries.

<table>
<thead>
<tr>
<th>Putting others before yourself</th>
<th>Trying to protect the addict, to great personal cost</th>
<th>Donna: I was concerned about him [partner] because he hadn’t had a good upbringing.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taking on caring responsibilities</td>
<td>Donna: I was worrying about him [partner] because he couldn’t cope.</td>
</tr>
<tr>
<td></td>
<td>Emotional and practical burden</td>
<td>Donna: me and my brother were very much left to bring us selves up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>All felt love and care towards the addict, even if they had hurt them</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeling sorry for the addict, risking own wellbeing to support them</td>
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<tr>
<td></td>
<td></td>
<td>Impact upon own mental health and wellbeing, do they ever</td>
</tr>
</tbody>
</table>
Mia: when we were young and it was really bad, she [sister] kind of just looked after me and I was only probably about four or five and she was probably six...so...I think she probably had to take on a lot of responsibility

Donna: I was more concerned about her than myself. Yeah I just thought I could help keep it together for my mum, keep things going for her.

recognise the sacrifices that are made? Links to denial of problem- if problem is denied, the sacrifices may also not be acknowledged

Defining/creating the mother figure

Birdie: I was also looking after my younger sister as well...so I tried to make it nice for my younger sister and like do baking and trying to make it like a family, but I couldn’t...not fully, I couldn’t fill the gap that my mum was meant to...meant to fill

Kathryn: I always got off that that I wanted to be a good parent... like the way my parents treated me I always felt like I wouldn’t want to treat my son or my baby like that, so you know, you can learn a bit from that

The challenges of balancing addiction with motherhood

Protective factors very important in safeguarding parent-child relationships

Trying to create a mother figure based on ideas of what that looks like
Mia: I felt like I didn’t know her and I used to always think like if she died and I had to do a speech at her funeral or something, I just wouldn’t know what to say about her because...I just don’t know her at all. But in the past couple of years since she’s been sober, it’s been really nice because I’ve been really getting to know her...and feel a lot closer to her...it’s just a shame that it’s...so far on in...in life that I’ve actually...known who she is.

Table 2: Thematic Table
Unacknowledged and unspoken

This theme was identified as it stood out as a significant barrier to change. Addicts and their families cannot access support if nobody knows about the problem. All the participants identified secrecy or denial of the problem as a key feature within their experiences.

Without acknowledgement of the problem, families of addicts are denied the opportunity to explore or process how it is affecting them. This leads to confusing feelings of shame, embarrassment or loneliness as family members are left to deal with the emotional consequences of familial addiction in isolation from any forms of support. This is why it is important that children are given a voice and the time and space to explore these emotions.

Despite it being largely unspoken, Birdie in particular, and Kathryn to an extent, spoke of how it felt that other adults were aware of the problem, but did not take action to intervene. Mia spoke of how nobody seemed to notice a problem, which created the notion of being hidden in plain sight, possibly because nobody was looking out for the signs of addiction within the family. This echoes the findings of Allen-Summers & Grace (submitted for review) that school and community settings need to take a proactive role in identifying families affected by substance use in order to facilitate access to support and intervention. Secrecy was key for all the participants and could be interpreted as a way for the addict to maintain some control over their identity and their parenting. It suggests that they knew that something was wrong but keeping that information secret could be a way of creating the impression of everything being fine. This theme links closely to previous, older research in this area, in which it is suggested that denial, distortion and secrecy are key features of families in which parents are substance users (Kroll, 2004). A “conspiracy of silence” evolved for many children, where shame and fear of the consequences of telling the secret effectively cuts off families from both wider family and their communities (Kroll, 2004), as is seen again in Mia and Birdie’s stories.

Societal ideas around addiction and lifestyle could also play a part in whether and how families are identified as in need of support around addiction. The participants who came from affluent backgrounds (as self-identified by them) explored the idea that this meant...
that professionals may have overlooked or downplayed the severity of their situation, as they may not have looked like a ‘typical’ family in need.

**Agency**

The concept of agency runs through the accounts of all four participants; whether it was agency in choosing how to cope with the demands of living with a family member who misuses substances, or in being agentic in engaging in recovery. Participants’ accounts made it clear that only the substance user themselves can bring about change, which can lead to feelings of powerlessness for their family members. This can be understood within a ‘Stages of Change’ model, in which it is understood that engaging in change is a gradual process which passes through several stages before a person is ready to engage with change (Zimmerman et al., 2000).

Kathryn and Donna examined the idea that drug use overrode all other aspects of their lives, to the detriment of the welfare of the children. This is further supported by Birdie and Mia’s accounts, in which they explored the idea that their mothers chose drinking over parenting as their main priority. This idea is explored in previous literature (Holmila et al., 2011) in which children’s roles within substance-misusing families are examined both as invisible victims and as competent agents. Children who experience adverse childhood experiences (ACEs), of which parental substance misuse is one, generally have lower levels of self-efficacy (Hardcastle et al., 2018). This could explain this difference; given that they are trying to affect change in a situation which is unlikely to change as a result of their efforts.

**Cascading chaos across the lifespan**

Donna and Birdie’s stories stood out as adhering to the concept of the ‘toxic trio’ (Skinner et al., 2020). It is suggested that these are the families most at-risk of poor social and psychological outcomes and more likely to suffer abuse and neglect (Cleaver et al., 2011). This aligns to the data in the current study, as Donna and Birdie were the two participants whose outcomes were less positive, in that the addicts in their stories did not recover from the addiction, when those in Kathryn and Mia’s stories did. Kathryn and Mia framed the substance misuse as a historical issue and made clear distinctions between what life was like
when living with substance misuse, compared to what it is like now that the substance use has ceased. Donna and Birdie spoke of much more chaotic circumstances, in which mental ill-health and domestic abuse were key features alongside the substance misuse. This leads to the notion of cascading chaos, as their accounts painted a picture of the substance misuse being at the centre of a dysfunctional family, with each element fuelling another.

Psychological and physical safety was a feature in the accounts as all the families reported points at which the children were unsafe. Birdie and Mia spoke of how they felt unsafe in their own homes by being inadequately cared for by their parents. Donna and Kathryn both gave examples of times in which their children were physically at-risk due to inadequate or harmful parenting. The psychological consequences of this can be understood in relation to Maslow’s hierarchy of needs (Crandall et al., 2019; Maslow, 1943), where feeling and being safe is identified as a basic need which must be met before psychological wellbeing can be achieved.

**Putting others before yourself**

Relationships within families of addicts are complex (Allen-Summers & Grace, 2021). Feelings of contempt often intertwine with feeling sorry for the addict, feeling protective towards them and worrying about them. A further emerging theme was that often the family members of the addict have to make significant sacrifices in order to promote the wellbeing of the addict, or other family members such as younger siblings. This was particularly evident in Donna’s story, where she reports of how she repeatedly compromised her own wellbeing and happiness for the sake of her partner, despite her limited ability to affect change, as discussed earlier. Parallels also run in Mia and Birdie’s stories, in which older siblings took on caring responsibilities for their younger siblings as they felt that their parents were unable to provide adequate care for them. This is supported in previous literature, in which children caring for younger siblings is a common theme within families with substance-using parents (Wangensteen & Westby, 2019). This could be perceived as a thankless role as potentially neither the younger sibling nor the parent is able to recognise the sacrifices made by the young carer in order to protect vulnerable family members, as is seen in Birdie’s story. The psychological implications of this
could be in alignment with that of other young carers; it is suggested that young carers are at-risk for poorer psychological and social wellbeing and educational outcomes, as well as lower self-esteem and levels of life satisfaction (G. Gough & Gulliford, 2020). Young carers may experience worry about their care recipient, which can lead to difficulties with concentration and school attendance (G. Gough & Gulliford, 2020), and can have further implications in terms of outcomes for these young people and families. This again points to a need for these families to be identified in a timely manner, so that effective support can be implemented; however, this can be particularly difficult given what is known about the secrecy and denial which often features in families of substance-using parents.

**Defining and creating the mother figure**

Mothers and the concept of motherhood are at the centre of this research. Kathryn was striving to become the sort of mother she wanted to be, despite her own limited experience of being mothered herself. Donna was still processing her experiences in early childhood of being parented by an alcoholic mother, alongside her own experiences in adulthood in co-parenting her children with a drug user. Mia and her mother were able to repair and develop their relationship, and a significant thread within Mia’s narrative was around sense-making of her mother’s addiction and her subsequent recovery. Birdie’s story told of her and her sister being let down by their mother, and the far-reaching consequences of her addiction. Birdie went on to talk about how she and her sister both found adoptive mothers, and how these figures were able to meet that need for warm, nurturing and supportive mothering that their biological mother was unable to provide.

Mia and Kathryn describe how parenting whilst managing substance misuse was mostly focused on functional parenting, in which physical needs may be being met, but the psychological and attachment needs (Bowlby, 1973) of the child may be neglected. Kathryn in particular identified feelings of guilt and regret in relation to these needs; this is reflective of previous findings in this area that feelings of guilt are central to the stories of recovered addicts (O’Connor et al., 2014). This idea is also examined in previous research around balancing motherhood and addiction, in which a key theme of functional parenting as opposed to attachment-led parenting was identified (Silva et al., 2013).
**Conclusions and application to practice**

Parental addiction can prevail across multiple socioeconomic, social and cultural backgrounds and can often go unacknowledged or unidentified, to the significant detriment of the whole family. Effective and timely professional intervention can significantly improve the futures of these families, and so robust practices for identifying and effectively supporting these families are key. This responsibility extends to education, social care, health and community-based professionals.

There are a wide range of professionals who are well-placed to support schools and families in promoting the needs and rights of children who are affected by familial addiction. Drawing upon the findings of this study, it can be asserted that if children are presenting as withdrawn, anxious, tired, unkempt or secretive about their home lives, then parental substance misuse should be considered as a possible factor. It is imperative that safe spaces are created in schools whereby children feel able to disclose that they are experiencing parental substance misuse. They should then be involved in co-constructing the package of support that they feel that they need in order to cope with the situation. This could be as simple as weekly mentoring appointments with a trusted adult, or in-school counselling sessions, check-ins with key adults, signposting to relevant charities or organisations, and safeguarding referrals as necessary.

Family therapy could be key in supporting families to talk about and explore their experiences in relation to substance misuse. Each of the narratives explored in this research feature elements of reluctance to talk about the issue by the parent and leave unanswered questions for children even after abstinence or recovery. Professionals such as psychologists, social workers and therapists all have the skills to be able to offer this to families. Research suggests that parental reflectiveness and awareness of their child’s mental state plays an important role in parent-child attachment security and the child’s development (Camoirano, 2017). A non-judgemental approach to supporting the promotion of reflectiveness by these professionals could be a key way of promoting attachment
security and resilience, and thus more positive outcomes for children and families (Camoirano, 2017).

Lastly, it is important to acknowledge the complexity and significance of the effects of parental substance misuse and to continue to illuminate the difficulties that this highly vulnerable group can face throughout their childhoods and beyond.

Limitations

The qualitative and subjective nature of this research methodology means that its generalisability will be limited. Although some themes were identified across all participant accounts, each account was also completely unique and each participant experienced the substance misuse differently. The only way to ensure robustness in the findings is to continue to elicit more stories of people who have been affected by this issue, in order to continue to build the bigger picture of the range of experiences.

More people came forward to volunteer to participate in this study than were included in the final sample, and each of those people will have had a unique take on how substance misuse affected them. Participants were selected in quite an arbitrary way, based upon availability for interviews and speediness of response to the participant information. This means that many stories have been left untold, despite a clear readiness for people to tell their stories. A future research direction could focus upon eliciting data from a wider range of participants, in order to identify broader themes and more generalisable conclusions. It is also important to note the limitations of an all-female sample; this inevitably excludes the perspectives of males who have also experienced parental substance misuse and therefore limits the application of the findings to females only. It is noted within the Paper 1 research papers that males are generally harder to reach in research terms than females, as demonstrated by significantly more female than male participants sampled in these studies. This suggests that there is still work to be done in finding ways to engage males in research activities.
Implications for EP Practice
Statistics suggest that one in 30 children in the UK are experiencing parental substance misuse at any one time (Adamson & Templeton, 2012; Henriques, 2021). This means that every UK school, and likely every class within that school, will have children who are experiencing parental substance misuse.

The findings from this paper can be directly applied to EP practice in three key ways, listed below:

- In individual casework, if a child is presenting with social and emotional difficulties such as distress, anxiety, secrecy, anger or withdrawn, the EP should consider as part of their hypotheses and formulation, whether parental substance misuse could be a relevant factor within this case.
- In consultations, EPs may wish to include questions about whether there is parental substance misuse in the child’s background, as this can provide context to the child’s presenting difficulties.
- EPs can also play a psycho-educational role around parental substance misuse by sharing information with school staff about the impact it can have upon children.

Key strategies and resources
- Henriques (2021) provides a resource pack for professionals concerned about children living with alcoholic parents, as well as a specific resource pack for teachers. https://nacoa.org.uk/research-resources/publication/
- ‘Elephant in the Living Room’ (Typpo, 1994), ‘Jasper’s Wish’ (Munafo, 2020) and ‘Up and Down the Mountain: Helping Children Cope with Parental Alcoholism’ (Higgins & Zawacki, 1994) are all child-friendly resources for working directly with children who are experiencing parental substance misuse
- ‘Different Like Me: A Book for Teens Who Worry About Their Parents’ Use of Alcohol/Drugs’ (Leite & Espeland, 1999) and ‘Paper Therapy – Children of Alcoholics Edition’ (Dawson & Burkill, 2020) are resources specifically for adolescents
- The National Association for Children of Alcoholics (NACOA) have a range of resources on their website https://nacoa.org.uk/
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Paper 3

The Dissemination of Evidence to Professional Practice

Word count including references: 5,279
This paper will consider the importance of evidence-based practice (EBP) and practice-based evidence (PBE) within the field of educational psychology. This will be explored in relation to how this can shape the development of the profession and the contribution to knowledge. Dissemination is then discussed and considered, and a dissemination strategy is detailed. This includes a strategy for disseminating the findings of both paper 1 and paper 2 of this thesis.

**Psychologists as scientist-practitioners**

Educational psychologists (EPs) have long debated and theorised on the exact nature and function of the profession (Lane & Corrie, 2006). It can generally be agreed that educational psychology is the field that applies the principles of psychology to education, as well as being a profession in which original contributions to knowledge are made both in the fields of education and of psychology (Hagstrom et al., 2007). This traditionally has been concerned with attributes and domains such as learning, individual differences and measurement (Glover & Ronning, 1987). This approach is most commonly operationalised through testing, particularly assessment of IQ; which aligns with a positivist epistemology. Additionally, the scope of the EP role extends to social, emotional and mental health needs in a bid to promote positive outcomes for young people who are experiencing a range of difficulties. Psychological issues can be very complex, and so using specific frameworks for professional practice such as COMOIRA (Gameson & Rhydderch, 2008) or the problem-analysis framework (Woolfson et al., 2003) can help to structure the thinking around them to make them manageable and meaningful. Application of such models allows practitioners to operate in a way which is systematic, clear and accountable in its process.

For practitioner psychologists, the scientist-practitioner model represents an identity through which organisation and sense-making of beliefs and practices can be structured (Lane & Corrie, 2006). This view can be controversial, as there is debate as to whether applying scientific principles to human problems is the optimum way of advancing professional practice (Lane & Corrie, 2006). The British Psychological Society positions the scientist-practitioner model as central to effective psychological practice (British Psychological Society, 2005).
Hierarchy of evidence

Within clinical and medical research, there is a generally agreed hierarchy of evidence, as illustrated in Figure 1 below. This model dictates the scientific value of different types of evidence and asserts that evidence lower down in that hierarchy should only be drawn upon in the absence of higher forms of evidence (Frederickson, 2002). It will be discussed later whether or when this model is applicable to psychological research, particularly educational psychology, which can be viewed as both a science and an art (Fox, 2011). This hierarchy of evidence has value within clinical and medical contexts, where the efficacy of interventions and treatments is being evaluated. This also has relevance within EP practice, where the efficacy of interventions is being evaluated. This model privileges quantitative methodologies, which are important in identifying facts and establishing starting points for further research. This is how the development of this thesis project was conceived. A pilot study was carried out in which data were collected on the frequency of children who experienced parental bereavement as a result of substance misuse. The data from this led to a curiosity around the experiences of these families, and so this is how the paper 1 and paper 2 research questions and strategies were developed.
Evidence-based practice and practice-based evidence

Central to the concept of psychologists as scientist-practitioners is the notion of evidence-based practice (EBP). This is a robust way of ensuring rigour and replicability in a psychologist’s approach to a range of work. Although the ways in which psychology is applied will vary between psychologists, there needs to be a robust evidence base from
which the theoretical underpinnings are drawn. This means that clients will receive intervention and formulation which is generally viewed as effective, even if individual psychologists’ approaches to developing this formulation can vary.

The rationale for EBP is that professional practice must be based on evidence of what works, rather than on opinion, belief or personal preference and that that evidence must come from research (Lane & Corrie, 2006). Randomised control trials (RCTs) are generally seen as the ‘gold standard’ of scientific research evidence (Fox, 2011), with systematic reviews of these adding to their robustness (Frederickson, 2002). Within the field of psychology, however, it could be argued that a RCT design would negate a key aspect of psychological effectiveness, which is the relationship between client and psychologist. Any research design which removes this element of relational quality, either by randomising or blinding, effectively reduces the benefits of the intervention, given what is known about the importance of relationships in psychological intervention (Fox, 2011). Furthermore, psychologists could argue that RCTs are based upon the assumption that each individual would respond to an intervention in the same way, which we know from practice is often not the case and can be at odds with the social constructionist epistemology adopted by many practising psychologists. Other research approaches such as observation, ethnography and qualitative research methodologies can be employed to complement RCTs to develop a more robust evidence base (American Psychological Society, 2006).

The British Psychological Society’s generic professional practice guidelines expect psychologists to draw upon a range of theoretical frameworks, drawn from multiple evidence sources depending upon the case or situation (British Psychological Society, 2018). This speaks to the adaptability required of psychologists in selecting appropriate tools and approaches depending upon the situation.

As there can be difficulties with developing a universally agreed evidence base, respect within the world of psychology is also given towards the notion of practice-based evidence (PBE). If applying the hierarchy of evidence model, PBE would be an amalgamation of expert consensus opinion and the individual opinions which are drawn from this. PBE can be problematic if an EP becomes attached to particular perspective and practises only within
that. PBE also privileges experience over knowledge or skill, which may put less experienced EPs at a disadvantage, even though they may be aware of the most contemporary evidence from research.

Dutton (1995) proposed a model which conceptualises the translation of experience into everyday practice for psychologists. It is proposed that there are three strategies which a psychologist uses to guide their practice when employing PBE. The first of these is ‘pattern matching’, in which a case or situation is analysed to the point at which the psychologist recognises similarities with previous cases and can then draw upon what worked in those cases to apply to the current case. The danger of using this approach may lie in attempting to match patterns which are not overly similar or failing to see key differences in the situations which may warrant differing treatment. Pattern matching is also based upon the assumption that the psychologist has experience of every conceivable situation and therefore is bound to be able to find similarities with previous cases, which may not be true.

The second strategy within Dutton’s model is called ‘knowing in action.’ This is used once the psychologist has defined the problem, they can then take a familiar path in implementing what they know to work in this situation.

The third of Dutton’s strategies is known as ‘naming and framing’, which is a way of clarifying a problem with a client which also indicates a solution. This is an approach which is often used within consultation and solution-focussed approaches by EPs. Application of this strategy can be challenging for less experienced EPs as they need to be able to draw upon a large knowledge base quickly and easily whilst conversing with a client. The ability to do this fluently can develop as an EP becomes more experienced as employing ‘pattern matching’ and ‘knowing in action’ and can do so with conviction about the nature of the problem without having to go away and think about it first. This is where supervision is particularly important for less experienced practitioners, so that supervisors can support the practitioner to reflect upon their practice and ways in which they can utilise and apply their psychological skills and knowledge (Woolfson et al., 2003).
It may be that as an EP grows in confidence and experience, they become ever more competent at translating EBP into everyday practice, from which they are then able to develop their own frameworks of PBE. Using and applying evidence from research into practice and then reflecting upon its effectiveness and refining its implementation based upon this may be an effective way of using an evidence-based approach to develop idiosyncratic PBE.

With this in mind, there is a hierarchy of evidence which can apply specifically to educational psychology as set out by Lane and Corrie (2006) in helping psychologists to understand the decision-making process involved in reaching robust, evidence-based conclusions. This has been summarised in Figure 2 below:

![Hierarchy of decision-making for psychologists. Based on Lane and Corrie (2006).](image)

**Evidence-based practice in relation to the topic area of parental substance misuse**

Finding out about people’s lived experiences is best suited to a qualitative research design. This is because eliciting information and stories about people’s lived experiences can help to build up a rich picture of what it is like for the people who have the most knowledge about
the phenomena. Utilising a qualitative research design allows participants to explore what their experiences mean to them, which may be different to other people’s experiences of the same phenomena. This is in contrast to the pilot study which utilised a quantitative research design because it was setting out to answer specific, pre-determined questions which had limited potential answers.

Through carrying out a systematic literature review (SLR) in the area of parental substance misuse, this is adding to an ever-increasing evidence base around what is known about the experiences of families who have experienced it. Additionally, a systematic literature review of qualitative research can contribute towards a robust evidence base in which many small-scale qualitative pieces of research can begin to form a bigger picture about the phenomenon. This is because it is rare that a single piece of evidence can answer a research question, however its contribution towards an SLR can be very significant (Freemantle & Watt, 1994).

**Effective dissemination – a literature review**

The potential for research evidence to improve practice or strategic approaches is not yet fully realised (Wilson et al, 2010). Effective dissemination is key in ensuring the research-to-practice continuum is maintained. Dissemination is defined as “a planned process that involves consideration of target audiences and the settings in which research findings are to be received” (Wilson et al, 2010 p.73). It can also involve communicating and interacting with wider policy and public services audiences in ways which encourage research consideration in decision-making processes and practice. Effective dissemination encompasses more than just the distribution and diffusion of information. It is the process by which target groups become aware of, receive, accept and utilise information from research (Freemantle & Watt, 1994). The ultimate aim of dissemination is to implement the findings of research in order to improve the outcomes or experiences of clients around whom the research is centred. Although publishing papers in an academic or professional journal is one way of reaching an intended audience, it is suggested that this may not always be an effective way of implementing change within a profession (Freemantle & Watt, 1994).
It is therefore of the upmost importance that the relevant people have access to the research in order to be able to implement change.

There are several dissemination techniques which are relevant to the field of educational psychology research. These are: continuing EP education, face-to-face interactions and media marketing. Continuing EP education can be an effective dissemination strategy as all practising EPs are required by the Health and Care Professions Council (HCPC) to engage in activities of continuing professional development (CPD). As such, they are generally receptive to hearing about new and developing research activities in order to maintain up-to-date knowledge and practice to evidence their CPD. Face-to-face interactions between practitioners and academics or respected colleagues in which the merits of a particular approach or piece of research are discussed, has been shown to be effective in changing practitioners’ perspectives (Freemantle & Watt, 1994). This again can be relatively straightforward within the EP profession, as colleagues tend to be curious and open-minded by nature and are interested in discussing and analysing new research developments with colleagues. Lastly, media marketing is becoming an ever more efficient and engaging way of disseminating research and reaching a wider audience. Whilst academic journal articles or professional conferences are exclusive in who can access them, many media outlets are accessible by anyone and research findings can therefore be disseminated quickly and easily to a larger, more inclusive, audience. This is particularly true of social media platforms; whilst other means of digital communication such as blogs, videos and website articles can be easily accessed by anyone who is interested enough to seek them out. This can be viewed as a positive development in the world of academics as it may be that those people who the research may directly impact upon can now have greater access to the information, thus removing some of the element of exclusivity around academic research. With this in mind, EPs must act within the core ethical principles of ensuring that research findings are shared in a responsible way, if it is to be freely accessed by a wide potential audience. Research specifically about dissemination places emphasis upon the idea that no single strategy for dissemination is the most effective and therefore utilising multiple strategies or channels for dissemination is advised (Freemantle & Watt, 1994).
Clarity and specificity are key considerations when developing a dissemination strategy. Macoubrie and Harrison (2013) developed a six-step framework for planning research dissemination. The first step is establishing who the stakeholders are, which is known as ‘stakeholder analysis.’ This could encompass multiple groups at different levels, for example other members of a project team, allied professional groups, practitioner colleagues, academics and those who the research is about. Once each potential stakeholder group is identified, it can then be established what they do, what barriers they may face, what resources they have and the level of influence they may have on promoting change. It then needs to be established what their current level of knowledge and understanding is about the subject matter and if and why the research may be meaningful to them.

The next stage within this framework is to identify a dissemination goal. This could be to increase awareness or interest around the research topic, to increase understanding, or to promote action. Once this is established, the next stage is to identify and develop a message. To develop a concise and relevant message, it must consider what the stakeholder already knows and what they do not know, how the research may be useful to them and what the key messages of the research are. Once this is established, the message must be clear, concise, relevant to the audience and building upon the stakeholder’s existing knowledge around the subject area.

The next step involves establishing how the research will be disseminated, by identifying the relevant channels and vehicles for reaching stakeholders in the most appropriate way. These channels may include print means such as journal articles, newspaper articles, information sheets and pamphlets, policy briefs and book chapters. Communication through the press may include press releases or briefings, audio releases such as radio shows or podcasts, or video news releases. Informational sessions make up another channel of communication. This may include poster sessions or verbal presentations at professional conferences, public lectures or talks, speeches to identified groups or attendance at specialist network meetings. Professional training is another avenue through which dissemination can be conducted. This may include workshops, webinars, pre-recorded training sessions or individual training. These can be pre-recorded and distributed or delivered in-person depending upon the context. Pre-recorded can be seen as a more
efficient way of doing this as the materials can be re-used as new people join stakeholder groups or can be re-visited if stakeholders wish to refresh their knowledge on the topic at a later date. Lastly, other electronic formats can be utilised such as websites, e-mail mailing lists and social media platforms.

Deciding upon a time frame of the dissemination activities is another important phase of the dissemination process. This involves trying to align the timelines of the stakeholders, the researcher and the channels to ensure that it is appropriate and convenient for all involved. Specific times may be particularly relevant for some projects. For example, in the UK it is Children of Alcoholics week the 14th to the 20th February each year, and so this may be a particularly suitable time for this particular research to engage in dissemination activities as the subject area is already on the national agenda during that time.

The final stage within this framework is to evaluate the goal attainment. This would involve setting out what is it that is hoped to be achieved through the dissemination process and establishing a measure of what the success criteria of this might be. This might involve eliciting feedback from stakeholders about whether and how the dissemination activities impacted upon them, including suggestions around how this could be improved. It may also involve a self-reflective measure by the researcher in establishing how confident or satisfied they feel that they have achieved their desired dissemination goals. Some statistical measures of stakeholder engagement can be employed such as number of website hits, retweets and comments, as well as citations of academic publications.

Figure 3 below presents a visual representation of this dissemination framework:
Other considerations for project dissemination are around time, resource and budget allocation. Some activities may benefit from professional expertise such as graphic designers, copywriters and video producers, which can be costly. This can present as a barrier to dissemination for some researchers.

**Implications of the current research**

This section focusses on the specific approach of disseminating the findings of paper 1 and paper 2 of this thesis. The first paper examined the effects of parental substance misuse on children, specifically seeking out the voices of children within the included research papers. The key findings focussed on the lived experiences of the children, the lasting effects of parental substance use disorder (SUD), the significant emotional consequences, complex family relationships and the sources of support as experienced by participants. This is represented by a visual model which details the sub-themes which contribute to each of the overarching themes in order to develop a novel interpretation of the research area. The aim in disseminating the findings of this is to raise the awareness of a range of children’s services professionals of the effects of parental SUD on children. This is with the aim of this knowledge informing their practice in identifying and supporting children who are experiencing parental SUD.

The second paper of this thesis is an empirical study which sought to examine how parental SUD can impact upon family life. This was investigated through interviewing four adult participants who had experience of parental SUD either through using substances themselves, or through family members’ SUD. Analysis of the participants accounts led to identification of five superordinate themes. These were the unacknowledged state of parental substance misuse within the family, the concept of agency, or the lack of agency, a notion of cascading chaos across the lifespan, putting others before yourself and defining and creating the mother figure. The dissemination of this paper is with the hope of promoting discussion amongst education professionals about the effects of parental SUD on children and illuminating their experiences. It is hoped that this knowledge and discussion
will empower education professionals to feel more confident in supporting children and families who are affected by parental SUD.

Research site level – individual

Participants were drawn from two research sites; two participants were parents at a school known to the researcher and two participants were involved with a charity which supports families effected by parental alcoholism. The participants who opted-in to being informed of the findings received an email summary of the findings (see appendix for this email) from paper 2.

At the school research site, it would not have been possible to ensure the anonymity of the participants and therefore would be considered to be unethical to disseminate the findings to that specific school community. This was agreed during the planning stage of this project, and so the school and participants were aware of the ethical considerations in relation to this and that their anonymity would be maintained. The school’s deputy headteacher has a professional interest in parental substance misuse and has seen within school some of the effects of this upon children. The deputy headteacher was therefore happy to support the participant recruitment and data gathering process of the project, even though there would be no direct benefit to the school.

Research site level – organisational and professional

Charity
The charity research site was consulted about what they would find useful with regards to dissemination. During this consultation with the charity’s head of communications, the Macoubrie and Harrison (2013) model of dissemination was adhered to, in which it was established what the content of the dissemination activity would be, how it would be delivered and to what effect.
It was decided that a short video would be most appropriate in this instance. The video would set out to outline the key findings in an engaging and accessible way and to a wide range of potential viewers. The aims of this are:

- to raise awareness of the emotional consequences of parental substance misuse amongst those who are involved with the charity
- to contribute to the body of research around parental substance misuse for those who have professional or personal interest in the subject area
- to provide more information about parental substance misuse to anyone who may be browsing the website doing research about parental substance misuse

It is important to note at this point that the dissemination at this level, through the video, focusses upon the findings from paper 1. This is because the participants of paper 2 did not explicitly give their consent for the findings to be disseminated in this way; they had only consented to the findings being disseminated in academic journals, books and reports. It would therefore be considered unethical for the participants’ data to be used in this way.

As the subject of parental substance misuse is an area which is both a personal and a professional matter, it is important to remember that the video could be accessed by a broad range of different people, all of whom have differing levels of experience and knowledge about the subject area. Those who access it will also have differing levels of emotional investment in the subject area, depending upon whether they have experienced it personally, or if they are supporting someone who has. With this in mind, the video aims to increase awareness, interest and understanding for people who may have a little or a moderate amount of experience of the subject matter already. The information within it also needs to be considered carefully with regards to any potentially distressing content, and a trigger warning given so that potential viewers can make an informed decision about whether they wish to view it. The video does not contain any explicit details or distressing imagery, and the video description gives an indication as to its content. There are other resources and videos on the charity website which are tailored for younger age groups and for those who have specific professional interests in it, such as teachers. The video will be hosted on the charity website, as well as shared through their social media channels including Facebook, Instagram and Twitter. The Facebook and Instagram pages have
approximately 4,500 followers each and the Twitter account is followed by 6,000 accounts. This represents a significant reach in terms of how many people are able to view the video. This can be monitored by tracking how many views they each get, and whether there is further engagement such as through comments and shares by other accounts.

**EP services**

A second strand of organisational and professional level dissemination is through EP services. As professionals involved in promoting the wellbeing of vulnerable children and in maintaining up-to-date knowledge of research, EPs are well-placed to being able to action some of the findings of this research through their work in schools.

Dissemination to EP services was organised through EP team meetings, including the researcher’s own team and the team of another EP service with whom the researcher is in contact. The findings will be presented to the team, and then a shared discussion encouraged, in which EPs share ideas about how this knowledge and information can be applied to EP work. This is intended to be an informal, collaborative discussion in which the researcher takes part as an equal participant to the discussion, rather than an expert who is setting out a specific framework for how this should be done. This is because EP practice varies greatly between practitioners and situations, and so the application of the research findings may work differently depending upon the EP’s preferred style of working and the type of work that they typically undertake. This may mean utilising different approaches to casework, developing training on the subject for school staff members in schools which may experience high levels of parental substance misuse, or it may involve delivering specific interventions to pupils who are known to be experiencing parental substance misuse. The secondary aim of this dissemination activity is to raise awareness amongst EPs of the prevalence and effects of parental substance misuse, so that they may consider whether this could be a relevant factor within their casework. Some EPs may not have previously been aware of the body of research around parental substance misuse and so this dissemination activity could be useful in helping to develop that knowledge.
National and international level

The dissemination activities carried out in conjunction with the charity makes up one part of the national dissemination, as it is a national charity. A second strand of the national dissemination activities is through the UK’s North West EP conference which takes place every year in December. The conference brings together EPs from across the North West region to hear about and discuss the latest developments, debates and research within the field of applied educational psychology. This research project has been put forward for consideration to be presented at the North West conference. The aims of this dissemination activity are the same as the dissemination to the EP services, but with a wider reach of EPs from across a broad geographic region.

There are two activities planned for dissemination on an international level. The first is through publication in the Journal of Family Studies, which is a peer-reviewed international academic journal which aims to develop the understanding of families, households and relationships in society from a range of interdisciplinary perspectives. Subscribers come from a range of backgrounds such as academia, education, social work, law, clinicians, psychologists, policy makers and helping professions. This gives a wide reach for the potential impact of the research across multiple disciplines worldwide. Paper 1 has been submitted for peer review with this journal. If the peer review is favourable and paper 1 is accepted for publication, then paper 2 will also be submitted for consideration. If paper 1 is unsuccessful at peer review, then alternative journals will be considered.

The second strand at international level is the International School Psychology Association (ISPA) conference which is scheduled for July 2021. This thesis has been accepted as a poster presentation at the conference, which will be attended by school and educational psychologists from across the world. This presents as a further opportunity to engage in discussion about the topic area and to contribute to the body of research on this topic on an international level amongst professional peers.
Conclusion

Consideration of the application of scientist-practitioner model and the utility of EBP and PBE has informed the development of this dissemination strategy. A model of dissemination is presented and evaluated and consideration of how this model could be applied to research dissemination activities at differing levels is discussed. Ethical implications of research dissemination are central to this, as issues around consent and how participants’ data are used are considered. Each dissemination activity that is outlined serves the function of providing information and raising awareness of the impact of parental substance misuse, so that it can become part of an ongoing discussion around how to support some of the most vulnerable families within society.
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Manning, V. (2011). *Estimates of the number of infants (under the age of one year) living with substance misusing parents*.


Appendix A: Journal Guidelines

Appendix A 1.1 Aims and Scope (Journal of Family Studies)

Journal of Family Studies

Aims and scope

Due to the extraordinary number of manuscripts submitted recently, Journal of Family Studies is temporarily not accepting new submissions from 19 March to 19 May 2021. We apologize for any inconvenience and invite all interested Authors to submit their manuscripts after 19 May 2021. Editorial Board.

The Journal of Family Studies is a peer-reviewed international journal that aims to develop the understanding of families, households and relationships in society, from a range of interdisciplinary perspectives. Original research, review articles, practice notes and commentaries are published from a range of disciplines, including: family studies, sociology, demography, social work, legal studies, psychology, human ecology, policy studies, history, and religious studies.

We are particularly interested in receiving papers on family sociology, gender relations, children's perspectives and family policy or work-life balance policy.

Both qualitative and quantitative research is encouraged, as are conceptual pieces, critical literature reviews and policy analyses. Research articles are typically between 5,000 - 8,000 words, in APA 6th edition format, and should be prepared according to the journal's Author Guidelines.

The Journal of Family Studies will be of particular interest to academics, researchers, policy makers, counsellors, public administrators, psychologists, social workers, educators, mediators, lawyers, and clinicians in the helping professions. The Journal of Family Studies is a necessary and valuable research tool for practitioners, researchers, teachers and students in this field.

All submissions are subject to double-blind peer review by at least two reviewers. Authors can choose to publish gold open access in this journal.
Appendix A 1.2 Instructions for Authors (Journal of Family Studies)

Format-Free Submission

Authors may submit their paper in any scholarly format or layout. Manuscripts may be supplied as single or multiple files. These can be Word, rich text format (rtf), open document format (odt), or PDF files. Figures and tables can be placed within the text or submitted as separate documents. Figures should be of sufficient resolution to enable refereeing.

- There are no strict formatting requirements, but all manuscripts must contain the essential elements needed to evaluate a manuscript: abstract, author affiliation, figures, tables, funder information, and references. Further details may be requested upon acceptance.
- References can be in any style or format, so long as a consistent scholarly citation format is applied. Author name(s), journal or book title, article or chapter title, year of publication, volume and issue (where appropriate) and page numbers are essential. All bibliographic entries must contain a corresponding in-text citation. The addition of DOI (Digital Object Identifier) numbers is recommended but not essential.
- The journal reference style will be applied to the paper post-acceptance by Taylor & Francis.
- Spelling can be US or UK English so long as usage is consistent.

Note that, regardless of the file format of the original submission, an editable version of the article must be supplied at the revision stage.

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To help you improve your manuscript and prepare it for submission, Taylor & Francis provides a range of editing services. Choose from options such as English Language Editing, which will ensure that your article is free of spelling and grammar errors, Translation, and Artwork Preparation. For more information, including pricing, visit this website.
## Appendix B 1.1: Eligibility screening and searches

<table>
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<tr>
<th>Database searched</th>
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<th>Number of papers found</th>
<th>prospective papers</th>
<th>Comments</th>
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<tr>
<td>Web of Science</td>
<td>parent* drug alcohol *use AND effect AND children TITLE ONLY</td>
<td>2</td>
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<td><strong>The Enduring Effects of Parental Alcohol, Tobacco, and Drug Use on Child Well-being: A Multilevel Meta-Analysis.</strong> By: Kuppens, Sofie; Moore, Simon C; Gross, Vanessa; et al. Development and psychopathology Pages: 1-14 Published: 2019-Jul-05 (Epub 2019 Jul 05)</td>
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<td>23</td>
<td><strong>Parent-offspring transmission of drug abuse and alcohol use disorder: Application of the multiple parenting relationships design</strong> By: Kendler, Kenneth S.; Ohlsson, Henrik; Sundquist, Jan; et al. AMERICAN JOURNAL OF MEDICAL GENETICS PART B-NEUROPSYCHIATRIC GENETICS Volume: 180 Issue: 4 Pages: 249-257 Published: JUN 2019</td>
<td>Paper mostly concerned with genetics. Dismissed. Downloaded full article to read</td>
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<td>Web of science</td>
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<td>HOUSEHOLD CRISIS PREDICTED SELF-REPORTED SLEEP DIFFicultIES IN CHILDREN OF ALCOHOLICS</td>
<td>By: McManimen, SL (McManimen, S. L.)[1]; Curran, M (Curran, M.)[1]; Wong, MM (Wong, M. M.)[1]</td>
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<td>SLEEP QUALITY AND QUANTITY IN CHILDREN OF ALCOHOLICS AND CONTROLS</td>
<td>By: Wong, MM (Wong, M. M.)[1]; Conroy, DA (Conroy, D. A.)[1]; McManimen, S (McManimen, S.)[1]</td>
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<td>'If I whistled in her ear she'd wake up': children's narration about their experiences of growing up in alcoholic families</td>
<td>By: Hagstrom, AS (Hagstrom, Anneli Silven)[12]; Forinder, U (Forinder, Ulla)[12]</td>
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**DRUG AND ALCOHOL REVIEW**

This paper is just an editorial, not an empirical study.

Concerned with sleep difficulties – not necessarily psychological

Concerned with sleep difficulties

Downloaded full article to read
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<th>Children of Drug Users</th>
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<th>Temporary housing as a mental health intervention for the needs of children and adolescents users of alcohol and other drugs: Hybridity between care and protection</th>
<th>Children who are drug users, not parents</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>By: de Oliveira, Adriano; Vicentin, Maria-Cristina G. JOURNAL OF HEALTH PSYCHOLOGY Volume: 21 Issue: 3 Special Issue: SI Pages: 429-438 Published: MAR 2016</td>
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<tr>
<td></td>
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<td>Psychinfo</td>
<td>&quot;parent* alcohol *use&quot;</td>
<td>20</td>
<td>About adolescent drug use, not parental</td>
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</table>

**residential circumstances to inform United Kingdom research, policy and practice**
By: Duffy, Paul; Shaw, Claire; Woolfall, Kerry; et al.
**DRUGS-EDUCATION PREVENTION AND POLICY** Volume: 17  Issue: 5  Pages: 470-484  Published: 2010

The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes. [References].
Kelley, Michelle L; Klostermann, Keith; Doane, Ashley N; Mignone, Theresa; Lam, Wendy K. K; Fals-Stewart, William; Padilla, Miguel A. *Aggression and Violent Behavior*. Vol.15(1), 2010, pp. 76-82. [Journal; Peer Reviewed Journal]

The longitudinal impact of HIV+ parents' drug use on their adolescent children. [References].
Lester, Patricia E; Weiss, Robert E; Rice, Eric; Comulada, W. Scott; Lord; Lynwood; Alber, Susan; Rotheram-Borus, Mary Jane. *American Journal of Orthopsychiatry*. Vol.79(1), 2009, pp. 51-59. [Journal; Peer Reviewed Journal]

Predicting latent classes of drug use among adolescents through parental alcohol use and parental style: A longitudinal study. [References].
Valente, Juliana Y; Cogo-Moreira, Hugo; Sanchez, Zila M.
Exposure to drinking mediates the association between parental alcohol use and preteen alcohol use. [References].
Smit, Koen; Otten, Roy; Voogt, Carmen; Kleinjan, Marloes; Engels, Rutger; Kuntsche, Emmanuel.
Addictive Behaviors. Vol.87 2018, pp. 244-250. [Journal; Peer Reviewed Journal]

Parental alcohol use disorder and offspring marital outcomes.
Salvatore, Jessica E; Larsson Lonn, Sara; Long, Elizabeth C; Sundquist, Jan; Kendler, Kenneth S; Sundquist, Kristina; Edwards, Alexis C.

Associations of parental alcohol use disorders and parental separation with offspring initiation of alcohol, cigarette and cannabis use and sexual debut in high-risk families. [References].
McCutcheon, Vivia V; Agrawal, Arpana; Kuo, Sally I-Chun; Su, Jinni; Dick, Danielle M; Meyers, Jacquelyn L; Edenberg, Howard J; Nurnberger, John I; Kramer, John R; Kuperman, Samuel; Schuckit, Marc A; Hesselbrock, Victor M; Brooks, Andrew; Porjesz, Bernice; Bucholz, Kathleen K.

Parental alcohol use, parenting, and child on-time development. [References].
Guttmannova, Katarina; Hill, Karl G; Bailey, Jennifer A; Hartigan, Lacey A; Small, Candice M; Hawkins, J. David.
<table>
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<th>Year of Publication</th>
<th>The role of parental alcohol use, parental discipline and antisocial behaviour on adolescent drinking trajectories. [References]. Alati, R; Baker, P; Betts, K. S; Connor, J. P; Little, K; Sanson, A; Olsson, C. A. Drug and Alcohol Dependence. Vol.134 2014, pp. 178-184. [Journal; Peer Reviewed Journal]</th>
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<td></td>
<td>Dimensions of parental alcohol use/problems and offspring temperament, externalizing behaviors, and alcohol use/problems. [References]. Kendler, Kenneth S; Gardner, Charles O; Edwards, Alexis; Hickman, Matt; Heron, Jon; Macleod, John; Lewis, Glyn; Dick, Danielle M. Alcoholism: Clinical and Experimental Research. Vol.37(12), 2013, pp. 2118-2127. [Journal; Peer Reviewed Journal]</td>
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<tr>
<td></td>
<td>The relationship between parental alcohol use, early and late adolescent alcohol use, and young adult psychological symptoms: A longitudinal study. [References]. Brook, Judith S; Balka, Elinor B; Crossman, Andrya M; Dermatis, Helen; Galanter, Marc; Brook, David W. The American Journal on Addictions. Vol.19(6), 2010, pp. 534-542. [Journal; Peer Reviewed Journal]</td>
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<tr>
<td>PsychInfo</td>
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About improving resilience, not psychological effects

Not empirical study

Not clearly about psychological effects

Looking good, do checklist

Breaking the Cycle: Young People’s Stories of Protection and Support While Growing up with Parental Substance use Disorder

Turid Wagensteen & Lena Catherine Lossius Westby

To cite this article: Turid Wagensteen & Lena Catherine Lossius Westby (2019): Breaking the Cycle: Young People’s Stories of Protection and Support While Growing up with Parental Substance use Disorder

Do checklist
DOI: 10.1111/cfs.12603 Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support
Turid Wangensteen1,2 | Jørgen Gustav Bramness3,4 | Astrid Halsa2 Child and Family Social work

Estimating the numbers of children of problematic drug users and their residential circumstances to inform United Kingdom research, policy and practice
Duffy, Paul; Shaw, Claire; Woolfall, Kerry; Beynon, Caryl M. Drugs: Education, Prevention and Policy Vol. 17, Iss. 5, (0, 2010): 470-484

Temporary housing as a mental health intervention for the needs of children and adolescents of children and other drugs
Hybridity between care and protection

The Relationship between Parental Alcohol Use, Early and Late Adolescent Alcohol Use, and
About child alcohol use

ASSIA
Children of drug users title only
2

| 114 (many papers are related to child’s alcohol |
| About child alcohol use |
Young Adult Psychological Symptoms: A Longitudinal Study

Brook, Judith S; Balka, Elinor B; Crossman, Andrya M; Dermatis, Helen; Galanter, Marc; et al. The American Journal on Addictions Vol. 19, Iss. 6, (November 2010): 534-542.

A Systematic Review of Research on Children of Alcoholics: Their Inherent Resilience and Vulnerability


A Longitudinal Study of Social Competence Among Children of Alcoholic and Nonalcoholic Parents: Role of Parental Psychopathology, Parental Warmth, and Self-Regulation

Eiden, Rina D; Colder, Craig; Edwards, Ellen P; Leonard, Kenneth E. Psychology of Addictive Behaviors Vol. 23, Iss. 1, (March 2009): 36-46

"I Feel It In My Heart When My Parents Fight": Experiences of 7–9-Year-Old Children of Alcoholics

Downloaded, read full paper
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<tr>
<th>Title</th>
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<td>Adolescent Children of Alcoholics on Disclosure, Support, and Assessment of Trustworthy Adults</td>
<td>Tinnfält, Agneta; Eriksson, Charli; Brunnberg, Elinor</td>
<td>Child &amp; Adolescent Social Work Journal: C &amp; A; New York Vol. 28, Iss. 2</td>
<td>Vol. 28</td>
<td>Iss. 2</td>
<td>133-151</td>
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<td>Parental separation and early substance involvement: Results from children of alcoholic and cannabis dependent twins</td>
<td>Waldron, Mary; Grant, Julia D; Bucholz, Kathleen K; Lynskey, Michael T; Slutske, Wendy S; et al</td>
<td>Drug and Alcohol Dependence Vol. 134</td>
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<td>A Conceptual Model Predicting Internalizing Problems in Middle Childhood Among Children of Alcoholic and Nonalcoholic Fathers: The Role of Marital Aggression</td>
<td>Eiden, Rina D; Molnar, Danielle S; Colder, Craig; Edwards, Ellen P; Leonard, Kenneth E</td>
<td>Journal of Studies on Alcohol and Drugs; Piscataway Vol. 70, Iss. 5</td>
<td>Vol. 70</td>
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<td>741-50</td>
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Duplicate

Not directly about effects of parental misuse

Not relevant
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<th>The case for examining and treating the combined effects of parental drug use and interparental violence on children in their homes</th>
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Kelley, Michelle L; Klostermann, Keith; Doane, Ashley N; Mignone, Theresa; Lam, Wendy KK; et al. Aggression and Violent Behavior; Tarrytown Vol. 15, Iss. 1, (Jan/Feb 2010): 76.

More about marital aggression than alcohol use
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<th>Google scholar</th>
<th>Children of drug users title only</th>
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**The association between parent early adult drug use disorder and later observed parenting practices and child behavior problems: Testing alternate models**


Parents weren’t necessarily drug users whilst also parents.
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<th>Title</th>
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<tr>
<td>The Correlates of the Resilience of the Children of Alcoholics</td>
<td>I Grzegorzewska, M Farnicka</td>
<td>pdfs.semanticscholar.org</td>
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<td><strong>HTML</strong> Externalizing behavior and impulsivity in the children of alcoholics: A case-control study</td>
<td>A Sugaparaneetharan, S Kattimani...</td>
<td>jmhbb.org</td>
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<td>Play therapy for children of alcoholics</td>
<td>L JACOBUS-KANTOR...</td>
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<td>Are the children of alcoholics different? An overview</td>
<td>TS Jiji, TP Rakesh</td>
<td>journals.rajagiri.edu</td>
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<td>Children of Alcoholics: How Patterns and Perceptions of the Past Affect the Future</td>
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<td>Features of parent-child interaction as predictors of emotional, cognitive, and behavioral markers of resilience in children of alcoholics</td>
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<td>The Risk and Resistance Factors Influencing the Propensity Toward Alcoholism Among Children of Alcoholics: An Integrative Review of the Literature</td>
<td>M Pierce</td>
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<td>A Study on Insecurity Feelings Faced By the Children of Alcoholics</td>
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<td>What about me: providing in school support for children of alcoholics</td>
<td>K Dalton</td>
<td>[PDF] digitalcommons.csumb.edu</td>
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<td>Help. my father is an alcoholic: A qualitative study of children of alcoholics</td>
<td>AJ MIKO</td>
<td>[PDF] diva-portal.org</td>
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<td>Secure attachments and how they promote resilience in children of alcoholics</td>
<td>SA Mahoney</td>
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Sample is adult COAs

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Grey literature ETHoS – Children of Alcoholics/Children of Drug users

- An exploration of alcohol misuse, attachment and parental relationships
  Hannah Ainslie, Uni of Liverpool, 2018

- Experiences of parenting beyond the norm
Sarah Gowling, Uni of Warwick, 2018
REFERENCE HARVEST

CHALLENGING CHILDHOODS
Young people’s accounts of ‘getting by’ in families with substance use problems
KATHRYN BACKETT-MILBURN
Centre for Research on Families and Relationships (CRFR) and Research Unit in Health, Behaviour and Change, University of Edinburgh

Invisible victims or competent agents: Opinions and ways of coping among children aged 12–18 years with problem drinking parents
Marja Johanna Holmila, Maritta Itäpuisto & Minna Ilva DOI: 10.3109/09687637.2010.493168

Revealing lives: A qualitative study with children and young people affected by parental alcohol problems
Louise Catherine Hill Uni of Edinburgh 2011
made into a journal article here ‘Don’t Make Us Talk!’: Listening to and Learning from Children and Young People Living with Parental Alcohol Problems
Louise Hill

Downloaded full article to read

Do checklist looks good
Do checklist looks good
Do checklist

127
Reference harvest: Government policy/research

‘Hidden Harm’
### Appendix B 1.2: Weight of Evidence Rating Frameworks

**D.Ed.Ch.Psychol. 2016**

**Review framework for qualitative evaluation/ investigation research**

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<td>Clear details of who, what, how; effects of methods on data quality</td>
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<td>Analysis close to the data</td>
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<tr>
<td>Researcher can evaluate fit between categories/theme and data</td>
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<td>Evidence of explicit reflexivity</td>
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<td>e.g. schedules, transcripts, thematic maps, paper trail for external audit.</td>
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<td>Eg contrasts/contradictions/outliers within data; categories/themes as dimensional; diversity of perspectives</td>
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<td>Clarity and coherence of the reporting</td>
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<td>Clear structure, clear account linked to aims, key points highlighted</td>
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<td>Evidence of researcher-participant negotiation of meaning</td>
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E.g. member checking, empower participants

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<td>Abstraction from categories/themes to model/explain</td>
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<td><strong>Valid and transferable conclusions</strong></td>
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<td><strong>Evidence of attention to ethical issues</strong></td>
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<td>Presentation, sensitivity, minimising harm, feedback</td>
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| **Total** | **Max 14** | **Mean coeff.** | **Mean coeff.** |

**References**


### Appendix B 1.3: Summary of Weight of Evidence Ratings

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<td>Hagstrom &amp; Forinder (2019), ‘If I whistled in her ear she’d wake up’: Children’s narration about their experiences of growing up in alcoholic families</td>
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<td>Hill (2015) Don’t Make Us Talk!</td>
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<tr>
<td>Wangensteen &amp; Westby (2019) Breaking the Cycle: Young People’s Stories of Protection and Support While Growing up with Parental Substance use Disorder</td>
<td>10.75</td>
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<tr>
<td>Wangensteen, Bramness &amp; Halsa (2019) Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support</td>
<td>11.75</td>
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<td>Holmila, Itapuisto &amp; Ilva (2011) Invisible victim or competent agents: Opinions and ways of coping among children aged 12-18 years with problem drinking parents</td>
<td>9.5</td>
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</tbody>
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### Appendix B 1.4: First-, second- and third-order constructs

<table>
<thead>
<tr>
<th>Study</th>
<th>Key quotations</th>
<th>First-order constructs</th>
<th>Second-order constructs</th>
<th>Third-order constructs</th>
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<tr>
<td>Backett-Milburn, Wilson, Bancroft &amp; Cunningham-Burley (2008) Challenging Childhoods</td>
<td>Well I’ve basically had to look after myself my whole life. “It was the most hellish experience that you could ever imagine.”</td>
<td>Experiences of disruptions, neglect, poverty, unpredictability and violence described by participants</td>
<td>Trying to keep the SUD secret and seeing few options but to live with it characterised participants’ childhoods</td>
<td>Children describing the emotional and practical consequences of not being adequately parented</td>
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<td>“I wouldn’t want to be in the house with her, you know, just sit in my bedroom or watch TV or listen to music”</td>
<td>Awareness/feeling that their home lives were not ‘normal’ ‘Normal’ or ‘happy’ times when a parent was not using or when a family event happened without disruption</td>
<td>Turning to wider family support may have reinforced the participants’ feelings of love and responsibility towards the substance-using parent</td>
<td>An awareness of being different from other families, e.g. caring for parents and siblings.</td>
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<td>“[I] was just so sad... I was on anti-depressants at 15 years old”</td>
<td>Hiding the misuse and hiding from it</td>
<td>Participants’ complex emotions of anger, pity and love towards SUD parents</td>
<td>Awareness of limitations in parenting, not bringing friends home.</td>
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<td>“I was never really in the room...I was kept in the bedroom”</td>
<td>Participants described being active carers as children, looking after parents or siblings, or being looked after by older siblings</td>
<td>Despite many examples of damaging experiences, the need for close, family-type relationships still pervaded</td>
<td>Very complex relationships and feelings towards parents; caring role, challenging them around their use, managing information about what is known outside of the family, still expressing need for close family relationships with parents</td>
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<td>“I don’t blame her. She said things that I would love to say but I just wouldn’t say it because I</td>
<td>Ensuring the safety of the misusing parent</td>
<td>Turning to wider family support may have reinforced the participants’ feelings of love and responsibility towards the substance-using parent</td>
<td>A feeling of lack of control relating to parent behaviours, involvement of other professionals and home environment. Only way of exercising control and protecting oneself was by removing self from parents within the home</td>
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<td>Difficulty transitioning into independent living, as concerned for parents/siblings left behind</td>
<td>Participants’ own drug use</td>
<td>Direct challenges to parents’ use as futile or counterproductive</td>
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<td>Participants’ complex emotions of anger, pity and love towards SUD parents</td>
<td>Removing themselves from the situation by going to own room</td>
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<td>“I don’t blame her. She said things that I would love to say but I just wouldn’t say it because I</td>
<td>Siblings as important social resources</td>
<td>Parents trying to keep substance use away from children</td>
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<td>Siblings became depressed or resorted to substance misuse</td>
<td>Siblings as role models</td>
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<td>Children describing the emotional and practical consequences of not being adequately parented</td>
<td>Siblings as role models</td>
<td>Enjoyed school as a chance to be with friends and participate in enjoyable activities</td>
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<td>An awareness of being different from other families, e.g. caring for parents and siblings.</td>
<td>Siblings as role models</td>
<td>Protective factors thought to promote resilience seldom in</td>
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<td>Awareness of limitations in parenting, not bringing friends home.</td>
<td>Siblings as role models</td>
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I knew what would go with it. I knew what happens when I try to say those things. But my sister always got thrown out all the time. About four times or something she got thrown out when I was there."

"I used to hate sitting in my room as well because he used to come up and annoy us in my room. I'm like that, shutting the door on him and everything. I'm like trying to get him away from me."

"I probably liked the – the first primary school was getting me out the house at the time. I probably felt safer there than I did at home."

"[Stepfather] would like get tanked up with drink and he'd beat me. Hit me. Take it out on me, and that sort of thing."

"Experiences of violence and bullying at school as a chance of respite from home life. Being able to turn to a close friend, neighbour or relative was very important to participants. Potentially supportive networks could also be risky e.g. leading to risky behaviours or drug use. Common coping strategies were school staff knowing about the problems, which many said they did not like. Lack of trust in potential sources of support. Being able to turn to a close friend, neighbour or relative was very important to participants. Potentially supportive networks could also be risky e.g. leading to risky behaviours or drug use. Common coping strategies were school staff knowing about the problems, which many said they did not like. Lack of trust in potential sources of support."

"Not seeing friends out of school life. Not speaking to peers or friends about parental SUD, using positive social relationships as a 'time out' from home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. Using school as a place to vent frustrations at home life. Dislike of school, getting suspended or excluded. 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“I always enjoyed staying at other people’s houses a lot… But I didn’t stay there and there was a next door neighbour I always had tea with and stuff so, when I wasn’t cooking, I could always go round there for tea. So if it was an arranged plan I’d go there at tea time and stuff and get fed.”

“I used to be really stressed sometimes, I used to phone my friend in the night.”

Withdrawal of extended family support/relationships due to arguments, moving away or divorce
Family relationships characterised as important
Complex relationships with extended family
Importance of close family relationships, particularly with parents and siblings
Expectations of parents unfulfilled
Complete rejection of a parent was difficult and quite unusual
Holding on to hope for a change in parents’ behaviour
Feeling angry with SUD parent
Feeling sorry for SUD parent
Feeling not cared about if other parent hadn’t protected them from SUD parent
Parents cared about them, even if they weren’t able to care for them
Lower expectations of parenting or family life
Cherished moments of the infrequent happy times
Talking with others eased the pain
Talking about things was more helpful once they had left home and were living independently (feeling less helpless, more in control?)
Professionals with whom they could talk in confidence
Shame and embarrassment about families

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Provided temporary respite and escape
Ps became aware that their family was different to others, reinforcing lack of ‘normality’
Disclosure about the realities of home life risked rejection, so required trust
Asking for, or receiving extended family support may cause criticism of SUD parent and damage relationships
Revealing problems at school could lead to unwanted attention or loss of private escape from problems
The need to exercise love and care just as important to Ps as receiving it
Ps coping mechanisms were fragile and flawed, susceptible to being damaged or disrupted by adults
and she’d come and meet me half way and so I could go and stay with her and stuff.”

“And I always felt like they were always horrible to my mum. So like I didn’t want to live up there with them if they’re being horrible. Even if my mum is horrible, it’s still my mum.”

“After a few years I’ll forgive them. Absence makes the heart grow fonder and all that crap. But I keep reminding myself, no I can’t forgive them because they did put me through absolute hell every single day of the week.”

“Obviously I still go down to my mum and dad’s right. Because it’s your mum and dad, you know, and it’s just a built-in emotion I suppose isn’t it?”

“Well hopefully, all I can say is that I hope she

Difficulties finding people they could trust
phones me and tells me that she’s off drugs and away from her boyfriend, and then I’d be right back down to see her”

“I think I, I am cross with her for having not done anything for such a long time. Because I remember telling, her telling me that I was a very difficult kid. As if to justify what was going on.”

“I could never do that to my kid. Never watch my kid being hit and not do anything for years and years.”

“Even though I go out and I know what I want to do, I still feel ashamed when people ask me about my family.”

Hagstrom & Forinder (2019), ‘If I whistled in her ear she’d wake up’: Children’s narration about

‘Grandma never went out... She laid at home and read her detective stories and drank her wine and was constantly drunk... Grandpa [on

The children seldom mentioned social services or other professions that could offer psychosocial support, such as counsellors or psychologists in school, or child and adolescent psychiatric teams.

Finding the voice to confront the parent with alcohol misuse problem seems to be a strategy connected to increased maturity and

Experiences of unsafe or volatile home environments, can also cause feelings of loneliness as isolated from peers and insufficient care from parents

Unpredictable or worrying parent behaviours which CYP became weary of – forcing them to grow up quicker than other children of their age.
<table>
<thead>
<tr>
<th>Experience of growing up in alcoholic families</th>
<th>Father’s side: pulled himself together in his last years, but before that… he was an active alcoholic.</th>
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<tbody>
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<td>“She’s always depressed… When she’s drunk she cries a lot. She’s so angry. She’s screaming and she’s getting it all out… It’s difficult to watch […] It’s dark and everything’s messy and it smells disgusting in the whole apartment.”</td>
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<td>“She talked weird and she took nothing seriously. It was as if she was newly awake all the time. That’s what I remember at least. She got angry so easily… Yes, you knew when she had been drinking, her eyes didn’t look the same.”</td>
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<td>Sober father: ‘He’s a very kind dad, caring, has fun ideas, fearless, likes to go swimming and such’. He could see on his father’s face when he was drunk;</td>
<td>Referenced to psychiatric care and/or social services due to their own psychological problems and/or alcohol or drug misuse; they understood early on, usually at the age of 5 or 6, that their alcohol-dependent parents changed their behaviour—always for the worse—by drinking, sometimes in combination with taking drugs.</td>
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<td>While under the influence of alcohol, the parents became less physically and emotionally available and lost their caregiving capacity; unpredictability in parental behaviour and caregiving capacity created great insecurity and distress; became experts in noticing markers of the parent starting drinking, such as that the parent became depressed or restless, and developed strategies both for trying to prevent the parent from drinking and for managing the drunk parent; parents’ alcohol misuse problems caused repeated incidences of neglect of their basic needs; verbal and physical violence as a common feature of their everyday life; self-reliance, but also to an understanding of how a family is supposed to function and a strong conviction that something needs to change;</td>
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| Many children’s childhood were defined by the SUD, thus shaping their identity, sense of self and understanding of the world, having lasting effects, especially if these experiences also included physical/sexual/psychological abuse or neglect.
he lost his energy and usually fell asleep.

“He was absent the whole time...it was impossible to get in contact...tired and sad...and...there was just no glow. Otherwise he was very...happy. It was so obvious.”

“It’s like you have two dads; one who works and struggles and one who’s home drunk.

“You weren’t...taken care of in the loving way a parent should take care of his child...You didn’t get the love that you needed...at all.”

“You didn’t have a family, that’s the thing...you’re different.”

“What’s negative is that I ended up abusing alcohol myself.”

“there were quarrels, fist fights and tumult all the time.”

sexually abused by people included in the family environment

feelings of abandonment, sadness and anger from experiences of not being lovingly cared for, as well as anxiety and distress

concern for the health of their parents with alcohol problems, and for their own and their siblings’ safety and well-being

conscious attempts to not think about them, for example by playing with their toys or watching television

the alcoholic family was described as a chaotic, stressful and risky environment

characterized by their exposure to the parents’ drinking, neglect and, in many cases, aggressive behaviour and violence, without any possibility of making the alcohol misuse stop

experiences of insufficient caretaking while the parents were under the influence of alcohol.

She decided to stay with her father, who she was worried about

keep quiet about her father’s relapses to her mother

to cope with emotional distress and risk

urgent need for protection and care.

the alcoholic family environment was mainly described as deprived, unpredictable, stressful and risky

half the children also reported parental violence and two reported sexual abuse

children showed agency and inventiveness in coping with their parents’ alcoholism

most caring in relation to their alcohol-dependent parents and younger siblings at a younger age

ended to distance themselves from the alcohol-dependent family in their teen.

parents’ alcohol dependency as a taboo
“She was terrified of mum...she had been beaten so many times.”

“I’ll walk around watching her all the time, so she doesn’t have a relapse”

“So I stopped going to school...I took care of her a lot and thought I could cure her”

“I was so angry.”

“[I] try to do funny things for them...for us all. Joke and such for attention. Try to cheer them up a bit.”

“I just want it to be normal...that it shouldn’t be so obvious”

“When they fought, it was me and [brother] who needed to say “stop!” and “that’s enough!” because they couldn’t stop themselves”

“I forced him out the door and threaten to kill himself by jumping from the balcony if she decided to move in with her mother.”

His family never ate at specific times; it could be five in the morning or late at night.

He told of a fragmented existence where he was usually left to himself: children describe their lonely position and their management of everyday life, and where their basic needs were not sufficiently met

repeated reports of verbal and physical violence.

not all parents who have alcohol misuse problems become truculent and violent towards their children situations could easily escalate into physical violence against them, their siblings or the other parent

One time, he [SUD parent] kicked [participant] and fractured a bone in his leg

told the doctors but ‘nothing was done’.

parents got into a violent fight

subject – a family secret that was usually not talked about within the family and was also carefully hidden from their social circle

children’s main strategy for normalizing themselves was to not talk about it

induced shame and stigma

met other children of parents with alcohol misuse problems in their social networks, from whom they could find recognition and support

children expressed a self-perception of being unloved and abnormal due to their experiences

active outreach approach did not lead to a change in their life situation

the outcome was the same: an unchanged
"I said: 'Now you must choose, it's me or the bottle!' and she takes the bottle and walks away."

"I'd help her. She leaned on me and walked to bed."

"I figured that if I whistled in her ear, she'd wake up. That way I could check that she was alive."

"I remember lying awake at night and could hardly sleep...I just waited for him to come home...It felt like I was the father and he somehow became the child."

"I could never cry in front of her because I wanted her to feel good."

"I wanted her to be well. I was so scared that she would die."

"throw him and his younger siblings into their rooms, pull them by the hair, drag them to the floor and kick them."

mother would repeatedly force her to drink alcohol:

disclosed that he had been sexually abused by his older brother as a child:

Asked about who he could talk to about this, he said: 'No one: the adults have abused my trust'.

confusion and uncertainty over the roles the parent and child might play in the family dynamic:

demonstrated purposeful strategies that helped them to cope in the alcoholic family environment:

tried to control what and how much their parents drank:

dilute, hide or pour away the alcohol:

strategy was to hide her pills or throw them in the trash:

continuing care responsibility, mistrust and worry in relation to their now sober parent:

life situation for many of the children, and especially for those who told of repeated incidents of parental violence:

It highlights the therapeutic potential of this narrative:

longitudinal approach:

since the children, in a trustful relationship with their interviewer built up over time, eventually felt able to voice their most stigmatized experiences:

children who grow up in vulnerable life situations benefit from adult support that extends throughout childhood:

develop professional practice and support professionals, such as teachers, health care personnel and social
"watching children's programmes when mom and dad started to fight"

“Our brother covered our ears and we just sat there crying. It was pretty nasty”

“There isn’t much else to do, you can’t let them go to bed without food’

“She [her mother] took care of him in a bad way. I felt more like a mom than a sister.”

her older sister: ‘It was as if she was my mother’

“I did what I was supposed to and kept quiet...went on with my things. Tried to stay calm and not to be in the way. Didn’t talk if not necessary and so on. I kept to myself.”

“I was totally paralysed. I didn’t know what to do”

“she was drunk, then I was ashamed. Everyone stared”

as a child she took it on herself to care for her mother

filled with frustration and anger due to her position as an abandoned child.

witnessing their parents’ drinking as highly distressing

their parents had had a difficult childhood too, referring to their grandparents’ alcoholism or absence from their parents’ lives:

making the parents happy in order at least temporarily to prevent them from drinking.

tried to adjust to or stay out of the way of their alcohol-dependent parents when they drank

confront their alcohol-dependent parents;

described how ‘awful’ and ‘like into hell’ it was when his mother drank.

mother died of an alcohol-related illness

children first and foremost performed as caretakers of their alcohol-dependent parents,

workers, to make themselves available as trusting adults, to initiate conversations about sensitive subjects such as alcohol misuse, violence and sexual abuse and to more closely follow up on children’s disclosures:
“Often...parents didn’t want me to play with their kids. As if something was wrong with me...I was ashamed...and then I was sad”

“There were so many adults and not one...someone could have said something...but they just closed their eyes”

“I think people close their eyes because they think it’s awkward...They know very well that it’s not alright, but you don’t always have the strength and don’t know what to do...because it’s difficult”

parent–child roles became reversed when the parents were under the influence

telephoning for help from their social network,

a persistent worry that the parents would die from their alcoholism

three Ps parents died as a result of SUD

he constantly dreaded that his mother would die

Difficult to receive recognition and support from the non-alcohol dependent parent

her biggest worry in childhood was for her sober mother

assist with household chores, such as buying groceries, cooking and cleaning

oldest child usually took care of and sought to protect younger siblings

took responsibility for his younger brothers

help her younger brother get under his bed when their parents fought
contacted social services and argued that they could no longer live with their mother due to her alcohol misuse problem.

Children had few opportunities to reduce their parents’ drinking.

Commonly reported protection strategies, particularly in the younger ages, was to adjust to and avoid the drunk parent.

Used to hide in a small space under the house with a torch.

Dissociated themselves from loaded situations by making a habit of going to their room to play, read, watch TV or listen to music.

Ran to his room or to a friend when they drank.

Her strategy was to live with the parent who was sober, which made it difficult to plan.

Saved coins so that he could call from a payphone on his way home from school to check on his mother. If she was too drunk, he stayed outside until his father came home.
developed strategies to avoid ending up in an even more exposed position.

showed awareness of their physical and psychological needs and told how they saw to their own well-being.

determined that they would never consume alcohol and frequently underlined the importance to them of sleep, food and drink, and taking care of their personal hygiene.

cared for himself by performing well in school and planning for his high school studies, hanging out with friends, skating and playing basketball.

described it as vital for their well-being to be able to read and write.

set up rules for himself to sleep long nights and to read and write regularly.

boosting her self-esteem with positive thoughts, working out at the gym and writing poetry.

exposed situation where there was no adult support to be had.

reinforced a self-perception of being abnormal.

the children decided to disclose their situation to others.
The children selected specific peers, adults and professionals who they trusted.

Children described how they confided in another child who they had identified as living in a similar situation with alcohol-dependent parents, or in a relative or school teacher who they found extra available and supportive.

Help-seeking strategies were rarely described as resulting in action being taken to improve their situation by the adult or professional selected.

Relatives and teachers mentioned seem to have functioned as practical support and a safe haven in the face of adversity, but also as enablers of a continuing alcohol-dependent family situation.

Teachers saw the need to act to protect and provide support.

There were no indications from their life stories, however, that these incidents linked to their parent’s alcoholism led to a social services investigation, which could have led to measures being taken to improve their situation.
The children—along with older siblings—contacted the social services themselves and argued that their situation was untenable, which led to foster placements.


| “My father used to use drugs. Mum had an SUD. Both her parents were alcoholics. As you see, I really break the cycle of problems in my family” | All participants talked about the transgenerational cycle of substance misuse; none had developed a substance use problem or disorder at the time of interview, but they were all aware of their own vulnerabilities to developing such problems. They talked about being afraid, worried and feeling different or lonely whilst living with their parents. They described how moving into foster homes was a necessary solution that offered protection from the insecurity and instability of living with parents with SUD. They reflected on the contrast between living with the unpredictability of parents using substances and a safe home in residential care or in a foster home. Close relationships that helped them cope. They described parents, foster parents, grandparents, friends and teachers who contributed to their feelings of attachment, belonging and wellbeing. They stated the importance of being able and allowed to maintain these relationships (with the substance using parent) even though they were aware of the transgenerational nature of addiction presents as another disadvantage for these children as it may be a pattern which goes back generations. Awareness of their own vulnerability to this may cause a complex relationship with substances, especially if it could be seen as a coping mechanism for the adversities faced within their lives. Adults outside of or within the family often were aware of the SUD and the need for support, but support not given (or not adequately according to Ps). Being let down by adults therefore becomes a consistent theme for these children who are let down by parents initially, and then by other adults, ultimately leading to difficulties trusting any adults.

Informal support networks (friends, neighbours, extended family) are very important; these could enable resilience building and negate feelings of loneliness or helplessness. Formal or therapeutic support also important, giving children the chance to have a safe space in which to explore their feelings away from parents/family members. This could also be important in breaking the intergenerational cycle and in building resilience. | The awareness of being vulnerable to this may have Influenced their own narratives Some participants had a sense that adults knew about the unstable or chaotic living environments, but that nothing was done to help. All participants had an adult recognise the situation that they were in and inform the authorities. Narrow socio-cultural norms of parenting may have been a positive factor in ensuring the effective support of these children. The importance of caring connections with others (biological or not) that contribute to resilience |
Aunt as such an important person in my life, as was my foster mother. I spoke with two therapists. They helped me a lot. I could talk about everything. They were such nice people. They helped me name feelings and understand them. They comforted me...I often think of them, of their care. There was this woman from Child Welfare Services. I liked talking to her. She seemed to understand me.

Also perceived as demanding and complicated. All of them offered some examples of professionals with whom they had useful and caring conversations during childhood. The informants wanted someone with whom to talk about their feelings. Mentioned several times that she felt abandoned and lonely...she asked for therapy but she did not receive any support.

The development of resilience, increased feelings of hope and decreased feelings of loneliness. Biological bonds are often perceived as substantial and significant, independent of whether the perceptions of the relationships themselves were good or bad. Children are more likely to connect with new people if they are allowed to also maintain relationships with their biological family.

The importance of professional support as well as the informal support from friends and family. Those who sought therapy in their late teens found it useful, but that it occurred too late. Children with parents with SUD need professional support to...
address the complex emotions and stressful experiences within their lives.

Sharing of narratives may contribute to the creation of meaning and coherence for participants. Early interventions in the form of respectful dialogues with these children are essential to support the deconstruction of stigma and promote the creation of meaning and sense-making in their experiences.

The ability to talk about their own emotions and experiences with a trusted adult seems to be a crucial part of coping with adverse childhood experiences.
| Wangensteen, Bramness & Halsa (2019) Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support | The only thing in life I am afraid of is that she will die” |
| | “He was on drugs. He was so aggressive when I tried to wake him up. I just wanted us to play PlayStation. He said: “Get the fuck out of here.” I got so afraid.” |
| | “Even though he was like that, violent, to mum … He was such an important person to me. He gave me the security I needed. He was never mean to me. I cannot hate him, I cannot.” |
| | “I can’t be angry with my mum. I can feel many things, like |
| | preoccupied with thoughts and feelings concerning their parents |
| | fear of overdose and death |
| | emotional ties, the attachment, and the longing seemed to be strong despite adverse childhood experiences due to the parental SUD |
| | All the informants mentioned they had been afraid |
| | found her mother unconscious several times during childhood |
| | had experiences of domestic abuse and loud arguing |
| | expected by nearby adults to be angry with their parent; none of them mentioned anger as the most prominent emotion |
| | wanted support to talk with their parents, and they wanted an interlocutor for themselves. They longed for a trusted adult that was not the parent, foster parent or child protection services |
| | Importance/significance of relationship between child and SUD parent |
| | Need for professional support to process complex emotions |
| | Feel both betrayed and loved at the same time |
| | Separation from parents causes strong feelings of loss and pain |
| | Important attachments to parents, foster |
| | Constant worry about parents can starve children of a stable and happy childhood; living as others beyond their years |
| | Formal support also needs to acknowledge the importance of the parent/child relationship in order to equip families to deal with problems long-term. Therapy needs to be accompanied by environmental adjustments as the issues are not within-child |
| | Access to education about SUD for children could help to provide clarity and understanding for them, relieve some anxieties and confusion they may feel around it |
| | Societal views and expectations of parenting may compound children and parents’ feelings of shame and reinforce the ideas of keeping it secret and thus not seeking support |
disappointment, betrayal, grief, but not anger.”

“When I got older, I understood mum’s disease better—she did not give me away because she wanted to. She knew I would have a better home with someone else”

“They told me that heroin addiction is a disease, which it actually is. Understanding this made it easier for me to talk to others about it.”

“Maybe we, the children, should have been protected earlier.”

“She said all the time that she loved us, but when she chose her substance dependent boyfriend instead of us ... I did not talk with her for almost one year. (...) Mum is the best mum ever, when she is sober.”

“I do not miss her. She is so strange. She always forgets what I say. I must

Those who understood the substance use as a disease seemed to blame the parents less

A few of them explicitly expressed that they did not miss their parent and that they were content with minimal contact.

clearly stated that they longed to live a normal life without too many interruptions

mother disrupted her feelings of normality by showing up at school events.

tried to keep physical and emotional distance from their parents during childhood.

refused to see her mother for almost a year because she felt betrayed

insecurity and disappointment of never knowing the parent’s condition, whether they were sober or drunk, in treatment, in prison, or with a new partner

those who grew up in kinship care accentuated that living with their grandparents or other family members was the preferred solution. This made

carers, grandparents and other family members

Westernised idealised parenting is highly valued, and SUD may challenge that

Parents who breach such expectations often blame themselves and are judged by society potentially destructive fathers are kept out of children’s lives and often made invisible mothers’ reluctance to talk about the children’s childhood experiences could be interpreted as a manner of protecting their own dignity as a mother

Listening to the children’s accounts might be a confirmation of their shortcoming of cultural standards for what a parent, particularly a mother, should represent for a child

family relationships could also be perceived as “sticky” and difficult to escape
tell her the same thing over and over again."

“I didn’t want mum to come. I was embarrassed, probably shameful. I thought mum was different from the others.”

“It’s hard to have a relationship with a person who goes through extreme transformations like that—all the time”

“Mum often spent time with my grandparents and me. She was often high, and that was scary, of course. I noticed she was different. She was less attentive. I asked her, Why are you sad, why do you cry? I knew because of that look in her eyes”

“I am tired of her, too, but someone has to defend her (...) I often feel obligated to spend some time with her. She wants to spend a lot of time

the contact with their parents more regular and under natural conditions.

Many, especially the older informants, felt sorry for their parents and perceived some sort of obligation to spend time with them.

They found themselves in the middle of a conflict between their grandparents or other adults and the parent.

Those who had dialogues about this found it difficult to express their thoughts and feelings because of their mixed emotions towards the parents.

The informants underlined the lack of support in dealing with the emotional struggle.

parents had a limited ability to talk about the relationship between them and about themselves as parents.

Experiences of receiving useful professional support, arranged by themselves, in their late teens.

Most of them had never been offered anyone to talk to, apart from family and foster family. Not having any trusted professionals to talk to about the chaotic, confusing, and mixed experiences of receiving useful professional support, arranged by themselves, in their late teens.

They longed for a “normal” life that was not too interrupted by their parents, and they struggled to keep a certain distance. Nevertheless, they also expressed love for their parents and wanted to spend time with them.

They should receive support both to deal with their emotions and new family situation and to regulate contact with their parents.

Professional support in families who do not live together could contribute to making contact between children and parents safe and confident and may prevent children’s experience of loneliness and insecurity.

seems to be a lack of understanding of the necessity of including the whole family when parents suffer from SUD.

found it notable that they received no attention and support
with me. I do understand her, because she lost a lot of my childhood, and she probably has a bad conscience …and so on."

"I need to talk with my mum about it, but it is very difficult for her. When I try to tell her how I feel about my childhood, she gets so upset. I feel that if we talk about it and she goes back to the drugs and maybe even dies, then—it'll be my fault."

"I was never offered any help when I lived in the foster home. I am sorry about that today. I should have had the opportunity of talking to someone (…) A friend of mine was invited to the treatment centre her mother stayed in. They talked with a family therapist, I think. I wish mum and I could have had the same opportunity to talk together."

"When I was 15 I asked for some help, I felt I had emotions reinforced the informants' feelings of being different and lonely."

the focus by professionals and family members on the parents and the lack of attention on them, the children all stressed the importance of having someone with whom they could share their thoughts and feelings from their parents' therapists.

Child protection services... offered little attention to the relationship between children and parents or to the family as a whole consistent with other research on adult children of parents with SUD who experience demanding periods and situations as adults due to their childhood interdisciplinary support in these families, with professionals who receive supervision in dealing with this double challenge of inadequate parenting due to SUD could contribute to making these families more visible.
needed it for a long time. Nevertheless, I experienced that my foster mother didn’t care. She just said: Go and fix it. Like that. It wasn’t easy though; I couldn’t do it. (...) I have been alone a lot.”

“People talk about the problem, but not of the consequences of the problem. I am one of the consequences of the problem. They keep talking about my mother: “Your mum is on drugs, your mum is off drugs, your mum is in treatment, your mum is in the process ...” I do understand it, but we never talked much about me.”

Holmila, Itapuisto & Ilva (2011)
Invisible victim or competent agents: Opinions and ways of coping among children aged 12-18 years with substance use disorder (SUD). Parents may not wish for people to know about the SUD and so children feel alone and may develop maladaptive coping strategies. Chaotic home environments (disturbed sleep, inconsistent routines) may affect other aspects of life such as schooling and friendships, causing an often upset about parents’ violence, and felt fear because of the quarrels between the parents, parents’ unreliability and poor care the effects that parents’ substance use has for their friendships and social ties. Lack of sleep and impossibility to concentrate in one’s own life, household responsibilities and care of

| Holmila, Itapuisto & Ilva (2011) | Invisible victim or competent agents: Opinions and ways of coping among children aged 12-18 years with substance use disorder (SUD). | These children are still neglected by services and are in that sense a rather hidden population. Children appreciate individual support, therapy and information from understanding adults or professionals. Need to maintain a balance of privacy/confidentiality but also access to support: this is a hidden population and so needs careful consideration about how to reach them. Chaotic home environments (disturbed sleep, inconsistent routines) may affect other aspects of life such as schooling and friendships, causing an often upset about parents’ violence, and felt fear because of the quarrels between the parents, parents’ unreliability and poor care the effects that parents’ substance use has for their friendships and social ties. Lack of sleep and impossibility to concentrate in one’s own life, household responsibilities and care of. |
### Problem Drinking Parents

- "Disturbs my sleep and makes fun of me in front of my friends."
- "My childhood came to an early end when I had to look after my little sisters and separate the quarrelling parents from one another."
- "All my life I have had to hide mother’s substance use, and that takes up a lot of energy. As she was not able to look after my siblings, I had to do it."
- "There is nothing to tell. Everyone looks down on alcoholic parents."
- "I am afraid my friends would no longer accept me in their company."
- "This person told about it to someone else, and when my father heard about it, he was very angry. I am very quiet nowadays and do not talk to anyone."
- "I understood why father does as he does."
- "I have been able to share my experiences, and also found a place to stay overnight in case I need it."

Younger siblings were mentioned by several respondents. Some harmful acts inflicted to the child are direct and intended, such as violence or sadism. Majority of the harmful acts are indirect and unintended consequences of the substance use lifestyle: poverty, reduced social status, marginalization, lack of care, support and attention, lack of time for schoolwork and proper sleep.

The majority of the problem-focused coping strategies are characterized by avoidance. This can reflect the powerlessness of a family member when faced with addiction.

- Removing oneself into the privacy and protection of one’s own room, turning up music to cover up noise or tidying up the house can all be seen as ways of minimizing the impact of parental substance misuse.
- She had tried to alert the child custody officials five times between 10 and 18 years of age, as she was worried about her siblings.
- Challenging the parent by shouting and telling him/her off was also reported.
- Coping by inflicting harm on themselves; using alcohol or drugs or smoking. Such reactions – even if self-destructive – can also be seen as an overall negative impact upon the child’s life. These are indirect consequences of the SUD. Lots of Ps talked about going to their room/removing themselves from direct contact with SUD/parents, which paints a picture of loneliness, isolation and lack of quality time with parents. Could feel that parents are prioritising substances over parenting.
“If the drinker was in good treatment, there would no longer be so many worries and difficulties.”

“Some close relative living near-by would help when needed.”

“Those, who are already over 10 years old, should be able to go and talk to a psychologist, but it might be more sensible to move the younger ones to live in a calmer family, so that they would not suffer too much.”

“Also in schools teachers could (. . .) be on the watch as to how the child behaves at school, and could the bad situation at home be the reason for the problem behavior.”

“That all reports on family violence would be taken seriously. In schools, they could distribute questionnaires and then these persons would be helped.”

“I think everyone should have a friend to whom one could tell about one’s worries.”

act of wanting to see for oneself, what it feels like to use substances. Working on one’s emotions was also reported by almost everyone. The respondents often wrote about crying, sometimes about eating sweets or trying to escape into a dreamworld, reaching out to friends or siblings and telling them about their problems. Many wrote that they had no one to talk to.

Lost their trust in their peers and adults and started to cover up the problems from everyone.

fear of rejection that any revelation might incur, and the need to manage information about parental substance misuse. Same-age friends were the main source of support. Many wrote that they had no one to talk to.

Lost their trust in their peers and adults and started to cover up the problems from everyone.

fear of rejection that any revelation might incur, and the need to manage information about parental substance misuse. Same-age friends were the main source of support.

Many expressed a general feeling of social stigma and shame around substance misuse problems.

threat of becoming marginalized or the object of unwanted interference from society.

positive, even empowering feelings, when their attempts to be understood and supported had been successful.

many wrote that the children suffering from their parents’ substance use

Secrecy also helps the child to achieve a sense of control over his/her environment. children are not always heard by the authorities, not even when they are facing violence in their homes. The respondents found the web-based tools specifically designed for children useful in providing an opportunity for peer discussion and also for therapeutic support.
<table>
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<th><strong>Hill (2015) Don’t Make Us Talk!</strong></th>
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<td>‘my mum was an alcoholic, she’s not really an alcoholic now’ ‘…she’s has cut down to one bottle a day, and it’s not even a bottle a day, it’s half a bottle, maybe not even that, a couple of glasses out of it which is really, really good.’ “They’d be house parties at my house every single day … But I wouldnae. I dinnae like my mum drinking. I dinnae like my mum drinking cos she was screaming and shouting at me but they were the best days of my life.”</td>
<td><strong>most participants were keen to emphasise that parental alcohol problems were historical</strong></td>
<td><strong>canonised mum’s current drinking</strong></td>
<td><strong>Talking about parental alcohol problems ‘in the past’, allowed some participants a sense of distance, thus creating an effective mechanism for sharing experiences</strong> <strong>visiting the hospital in emergency situations ‘countless times’ due to his stepdad’s drinking</strong></td>
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positive and negative aspects of parental alcohol problems. The most serious concern about alcohol use was that it would result in death. Identified drinking alcohol with increased aggressiveness and being violent. Talked about school life and a number of them had difficulties in attending school. A number of reasons for not attending school that included having to look after younger siblings and parents, not being woken up in time for school, not being encouraged to attend school and being bullied.

Parental alcohol and drug use children and young people’s own abilities to self-identify and access services may be overlooked. Needs to be greater recognition of children and young people’s own role in supporting their parents and potential for seeking support for themselves. Use of vignettes to communicate through a ‘third person’ may be a particularly valuable area to develop. Children and young people have extensive knowledge about alcohol use in their families; yet they often demonstrated considerable agency in choosing the mechanisms by which to share this knowledge.

Tinnfalt et al (2018), “I feel it in my heart when”

| It’s almost like crying, you can’t think about nice | They expressed that they felt really bad, and that it also could be very | They knew a great deal about their situation and were very aware of | Feelings of shame or embarrassment around SUD could reinforce isolation as children stop bringing friends home/taking parents to school events |
|-------|--------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
**my parents fight**: "Experiences of 7-9-year-old children of alcoholics"

things or anything like that”. “She doesn’t want anybody else to know. It’s like, it’s my family it’s all about. So I don’t want anybody else to know what’s happening in my family.”

embarrassing hearing their parents fighting, especially in front of friends. They might sometimes be ashamed of their parents. Even when they did not cry, it could be very difficult to think about good things. The sadness that the children felt could also be expressed by a feeling of protecting or caring for their parents, for example by not admitting how sad they felt, or by avoiding telling anybody how things were at home. The children were strongly affected by their parents’ quarrelling and fighting, and they used different strategies to deal with the sadness they felt; removed themselves from the situation by leaving the house, or by walking into their own room and shutting the door, trying to think about something else, and trying not to hear or care what the fight was all about, watching television to give themselves something else to think about, trying to think about positive things, not bad things, and avoiding listening to the fight. Other suggestions the children made for controlling the situation were to become very angry when their parents fought, which could influence their parents to stop the fight, or to show their parents that they felt sad.

what this meant for the family. These children were accustomed to the idea that their parents would fight when one of the parents had used alcohol. Others hid their feelings and did not show them to their parents. Most of these COA had a feeling of sadness which they could feel in their body.

COA in middle childhood, only 7–9 years old, can express feelings and describe the consequences for them having an alcoholic parent. Children were well aware of the connection between the parent’s alcohol abuse and the child’s feelings of sadness, leading to feelings of disappointment towards parents.

It is important to provide support to COA in middle childhood, designed for their developmental stage.

Feelings of loneliness, experiences of neglect, chaotic home environments, lack of external support all amount to a feeling of ‘sadness’. Younger children seem to have more optimism, hoping for change, whereas older children may be more resigned to the situation. Children as young as 7 are aware of the challenges of living with SUD parents, suggesting intervention and support needs to be in place early.
Another way to handle the situation was to talk to somebody; that is, to seek company who they could call or go to if their parents started to fight—perhaps a grandmother or siblings. Talking to a teacher at school, or the school counsellor, another possibility was to go to a friend, and maybe to talk with a friend’s mother. Hide their parent’s money or car keys so that they could not go to the liquor store. They did not want other people to know about their parent’s alcoholism or drug addiction. The children could feel embarrassed, or even be ashamed of one or both of their parents. According to the children, it would be much better if their parent did not drink alcohol. They had happy memories of their alcohol or drug abusing parent. The children viewed their parents with love and affection.

Some of the children tried to protect their parents from understanding that they were hurting their children. Planned to talk about the matter when they found their parent alone. Children act like adults and take too great a responsibility for the family. Parentification can also be seen in the current study, when the children took responsibility by hiding their parent’s money or car keys to prevent them from buying alcohol. COA who take on an adult’s role in the family have a higher risk of feeling ashamed of themselves as adults. Important to give special support to COA in middle childhood (7–9 years old) to give them the opportunity to avoid feelings of shame and guilt.
because of their parent’s addiction, tried to control the situation in their alcoholic families, and took on a responsibility that should have been taken by their parents. Some of the children in the current study also demonstrated the “acting-out child” (Black, 2001), when trying to draw the attention to themselves by “being mean”. They wanted to do ordinary things, mainly with their parents and family.

The children felt sadness over the current situation in their families, but still had hope for change. They understand a lot of what is happening in the family, and take responsibility for themselves and for their family.
Appendix B 1.5: Naming and Colour Coding of Third-Order Constructs

Colour coding (third-order constructs)

- **Lime green**: Intergenerational cycle
- **Bright blue**: Difficult or stressful home environments
- **Magenta pink**: Informal support networks
- **Navy blue**: The role of Professionals /therapeutic intervention
- **Teal**: benefits of participating in research, sense-making for participants?
- **Purple**: The lasting effects of parental SUD
- **Maroon**: Taking on a caring role/role reversal
- **Olive green**: Coping strategies
- **Light Grey**: Social, Emotional or Mental health difficulties
- **Yellow highlight**: externalising or risky behaviours
- **Purple text**: Challenging the SUD parent
- **Orange text**: Complex family relationships
- **Blue text**: Protective feelings/worry towards SUD parent
- **Green text**: Being let down by adults
- **Maroon text**: Feeling embarrassed or ashamed of SUD family
- **Red text**: Positive family experiences/feelings of love and care
- **Pink text**: reluctance to talk/disclose to others
- **Dark blue text**: Parents’ attempts to protect children from the SUD
- **Bright green text**: trying to create feelings of ‘normality’
- **Tan text**: feeling lonely
- **Light grey text**: Hoping for change/control
- **Cyan text**: feeling helpless
- **Brown text**: difficulties with trust
- **Dark green highlight**: lack of support or protective factors
- **Red highlight**: Wanting to stay together with family
- **Dark grey highlight**: Feeling different
- **Salmon text**: Descriptions of parent behaviours
- **Teal text**: Abuse/neglect
- **Lilac text**: Parental death due to SUD
Magenta text- being judged or ostracised

Coral text- Self-care

Dusky pink text – developing an understanding of SUD
Appendix C: Paper 2
Appendix C 1.1: Ethical Approval

Dear Ms Jessica Allen-Summers, Dr Philippa Grace

Study Title: Parenting under the influence: accounts of parents who are past or current users of drugs or alcohol

University Research Ethics Committee 3

I write to thank you for submitting the final version of your documents for your project to the Committee on 19/12/2019 10:10. I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

Please see below for a table of the title, version numbers and dates of all the final approved documents for your project:

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<td>Consent Form</td>
<td>new and updated consent form</td>
<td>18/12/2019</td>
<td>1.3</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Dear Ethics Committee</td>
<td>18/12/2019</td>
<td>1.0</td>
</tr>
</tbody>
</table>

This approval is effective for a period of five years however please note that it is only valid for the specifications of the research project as outlined in the approved documentation set. If the project continues beyond the 5 year period or if you wish to propose any changes to the methodology or any other specifics within the project, an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

Reporting Requirements:

You are required to report to us the following:

1. Amendments: Guidance on what constitutes an amendment
2. Amendments: How to submit an amendment in the ERM system
3. Ethics Breaches and adverse events
4. Data breaches
5. Notification of progress/end of the study

Feedback

It is our aim to provide a timely and efficient service that ensures transparent, professional and proportionate ethical review of research with consistent outcomes, which is supported by clear, accessible guidance and training for applicants and committees. In order to assist us with our aim, we would be grateful if you would give your view of the service that you have received from us by completing a UREC Feedback Form. Instructions for completing this can be found in your approval email.

We wish you every success with the research.

Yours sincerely,
**Please ensure you read the contents of this message. This email has been sent via the Ethical Review Manager (ERM) system on behalf of the University of Manchester.**

Dear Ms Jessica Allen-Summers,

Thank you for submitting your amendment request on 04/11/2020 12:12 for project 2020-7688-16840, entitled: Parenting under the influence: accounts of parents who are past or current users of drugs or alcohol which has now been approved. Your documentation has been suitably updated to reflect the proposed changes, please ensure you use this documentation.

Please note that if you have submitted revised supporting documents to accompany your amendment request, the approved versions of these are listed in a table below:

<table>
<thead>
<tr>
<th>Document Type</th>
<th>File Name</th>
<th>Date</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional docs</td>
<td>invitation to participate</td>
<td>28/10/2020</td>
<td>1.4</td>
</tr>
<tr>
<td>Additional docs</td>
<td>P info sheet Nov 2020</td>
<td>03/11/2020</td>
<td>1.5</td>
</tr>
<tr>
<td>Additional docs</td>
<td>Ethics amendments responses Nov 2020</td>
<td>04/11/2020</td>
<td>1</td>
</tr>
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</table>

Please ensure you read the information on the Research Ethics website in relation to data collection in the COVID environment as well as the guidance issued by the University in relation to face-to-face (in person) data collection both on and off campus.

A word document version of this guidance is also available.

We wish you every success with the research.

Best wishes,

Mrs Genevieve Pridham

Secretary to University Research Ethics Committee 3
University research opportunity

Dear Volunteer,

My name is Jessica and I am a researcher at the University of Manchester studying for a Doctorate in Educational and Child Psychology.

I am writing to you as I would like to speak to some people who have experienced drug or alcohol misuse within their family. If this is something you have experienced, I would be interested in speaking to you.

If you were to take part in my research, it would involve speaking to me about your experiences, at a time that is convenient for you. We can meet on one, two or three occasions, depending on what you prefer. The meetings would be conducted via Zoom video call. (amendment)

I will not share your personal details with anyone else and when I write it up, all place names, organisation names and names of individuals will be changed so that you will not be identifiable.

If you are interested in taking part in this research, please email me on Jessica.allen-summers@postgrad.manchester.ac.uk and we can discuss it further and arrange a Zoom call if you think you would like to take part. Before we arrange to meet, I will send you further information about the study which you can have a look through and ask any questions about.

If you have any questions about this, please contact me on the email address above, and I will be happy to help.

Thank-you for reading and I look forward to hearing from some of you soon.

Yours faithfully,

Jessica Allen-Summers
Trainee Educational Psychologist
University of Manchester
You are invited to take part in a research study as part of a Manchester University Doctorate student project – **Experiences of Parental Drug or Alcohol Use**. The research is part of a project for the Doctorate in Educational and Child Psychology.

Before you decide if you would like to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part. Thank you for reading this.

**About the research**

**Who will conduct the research?**

Jessica Allen-Summers – Trainee Educational Psychologist at the University of Manchester.

**What is the purpose of the research?**

The study is aiming to find out more about how parental drug or alcohol use may impact upon families.

The researcher is hoping to speak to four people as part of the research.

**Will the outcomes of the research be published?**

The researcher is seeking to get this study published in an academic journal in 2021. Where this research or evidence from this research is put forward for publication the author will inform all participants.

Participants who choose to take part will receive an email summary of the main findings of the study (should they wish) after the research has been carried out.

**Disclosure and Barring Service (DBS) Check**

The researcher holds a full DBS clearance.

**Who has reviewed the research project?**

The project was reviewed by the University of Manchester Research Ethics Committee on 23rd October 2019.
What would my involvement be?

What would I be asked to do if I took part?

If you would like to take part, it would involve talking to me (Jessica, the researcher) about your experiences of parental drug or alcohol use.

The questions I would ask you would be things like:

‘Tell me about you’ and ‘tell me about your family’

We will only talk about things that you are comfortable with and you are free to choose not to answer any questions that you do not want to. The aim of my research is to find out about your individual story and experiences, so I will be led by you in terms of what we talk about.

We can meet between one and three times, whichever you prefer, and each interview can be up to two hours, but may be less depending on how much you would like to talk. The interviews will be conducted via Zoom video call.

Please note that I will be unable to carry out an interview if you are under the influence of drugs or alcohol at the time of the interview. In these circumstances, the interview will be rearranged.

Will I be compensated for taking part?

No, there will be no compensation (monetary or otherwise) for participating in the research.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether to take part. The research participation is wholly voluntary. If you change your mind at any point during our conversations, that is fine, and we can stop. If you decide afterwards that you do not want me to include your conversation in my write-up, please let me know within one week of the interview and I can make sure that it is not included.

If you decide to take part, you are still free to withdraw at any time without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. This does not affect your data protection rights. If you decide not to take part, you do not need to do anything further.

The interviews will be audio recorded, which is an essential part of the study so that I can listen back to the recordings to transcribe and analyse them. If this makes you uncomfortable, you are free to stop at any time during the interview and I will stop the recording.
Data Protection and Confidentiality

Please note that if something is shared during the interviews which makes the researcher concerned for the safety of yourself or others, or criminal activity is disclosed, then I am obliged to pass this information on to the relevant safeguarding bodies, such as the school’s designated safeguarding lead officer.

What information will you collect about me?

I will need to know your name in order for you to sign the consent form.

During the interviews we would talk about your experiences and your family life. This will be audio recorded, so your voice will be recorded.

Under what legal basis are you collecting this information?

We are collecting and storing this personal identifiable information in accordance with data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

What are my rights in relation to the information you will collect about me?

You have a number of rights under data protection law regarding your personal information.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our Privacy Notice for Research which can be viewed at http://documents.manchester.ac.uk/display.aspx?DocID=37095

Will my participation in the study be confidential and my personal identifiable information be protected?

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

The data will be fully anonymised, so I will change your name and omit any personal details so that you will not be identifiable. I will delete the audio recording as soon as I have transcribed the conversations. All data and digital files will be stored safely and securely, using password protection, and will only be accessible by the researcher and any relevant members of university staff. Your consent form will be digitised and stored on a secure computer, and the hard copy will be destroyed. Your contact details will be deleted once feedback had been provided at the end of the project.
What if I have a complaint?

If you have a complaint, that you wish to direct to members of the research team, please contact my supervisor, Philippa Grace at:

philippa.grace@manchester.ac.uk

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance, then please contact the Research Governance and Integrity Team by either writing to:
The Research Governance and Integrity Manager,
Research Office,
Christie Building,
The University of Manchester,
Oxford Road,
Manchester
M13 9PL
by emailing: Research.complaints@manchester.ac.uk
or by telephoning 0161 275 2674.
If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to
The Information Governance Office,
Christie Building,
The University of Manchester,
Oxford Road,
M13 9PL
At the University, and we will guide you through the process of exercising your rights.

You also have a right to complain to the Information Commissioner’s Office about complaints relating to your personal identifiable information Tel 0303 123 1113.

Contact Details

If you have any queries about the study please contact the researcher at

jessica.allen-summers@postgrad.manchester.ac.uk

Thank you very much for considering participation in my study.
Appendix C 1.4: Participant Consent Form

Experiences of parental drug or alcohol use
Consent form

If you are happy to participate please complete and sign the consent form below

<table>
<thead>
<tr>
<th>Activities</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 I confirm that I have read the participant information sheet (version 1.4) for the above study and have had the chance to consider the information and ask questions and had these answered satisfactorily.</td>
<td></td>
</tr>
<tr>
<td>2 I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.</td>
<td></td>
</tr>
<tr>
<td>3 I agree to the interviews being audio recorded.</td>
<td></td>
</tr>
<tr>
<td>4 I agree that any data collected may be published in anonymous form in academic books, reports or journals.</td>
<td></td>
</tr>
<tr>
<td>5 I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.</td>
<td></td>
</tr>
<tr>
<td>6 I agree that the researchers may retain my contact details in order to provide me with a summary of the findings for this study.</td>
<td></td>
</tr>
<tr>
<td>7 I understand that there may be instances where during the course of the interview information is revealed which means that the researchers will be obliged to break confidentiality, and this has been explained in more detail in the information sheet.</td>
<td></td>
</tr>
<tr>
<td>8 I agree to take part in this study.</td>
<td></td>
</tr>
</tbody>
</table>

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with data protection law as explained in the Participant Information Sheet and the Privacy Notice for Research Participants.

Name of Participant ___________________ Signature ___________________ Date __________

Name of the person taking consent ___________________ Signature ___________________ Date __________

[1 copy for the participant, 1 copy for the research team (original)]
Appendix C 1.5: Interview Schedule

Interview Question Prompts

Tell me about you, what is your story?

Tell me about your family
- who brought you up?
- who were/are you close to?
- who is in your family?

Tell me about your experiences of drug/alcohol use
- when did you first become aware of it?
- how did it make you feel?
- how did it affect day to day life?

How do you think this has impacted on your family life?
- What does 'family life' mean to you?
- How did other family members respond?
- Any things which you think might be different in your family, had they/you not used drugs/alcohol?
- Anything you find particularly easy or difficult within family life?

Tell me about them/you as a parent
- do you feel it impacted upon them/you as a parent?
- how did the alcohol use impact upon their/your parenting?
- how did this make you feel?

Did the thoughts/feelings/actions of others have any impact on you/your family?
- Family/friends?
- other support networks?
- Have any professionals been particularly helpful/unhelpful in supporting you?
- what helped you to cope?

Is there anything else you wanted to tell me about?
Appendix C 1.6: Thematic Maps

Birdie thematic map

- Domestic abuse
- Chaotic house
- Mess
- Sensory memories
- Poverty
- Feeling unsafe
- Manipulated by mother
- Isolated
- Eating disorder
- No safe spaces in which to explore feelings
- Just wanted a 'normal' life
- Trying to create normality for sister
- Wanting to please mother
- Transient adults
Identity

Always someone who has to look after others?

Identity as a mother mixed up with relationship with own mother

Looking after others

Putting others’ needs before her own

Parallels between parent and partner both needing to be looked after

Trying to create the family life she wanted

Chaotic family life

Knew the impact on children but struggled to make changes

Drugs/alcohol just one aspect of the chaotic circumstances

Family life characterised by being on edge, pandering to needs of partner

Sense of own identity beyond partner, mother, daughter? Who is she as a person?
Kathryn Thematic Map

Challenges of parenting
- Drug use/competing demands
- Lack of support
- Lack of experience of parents/parenting role models

Self-reflection
- Guilt and regret
- Self-determination
- Readiness to change

The impact of relationships
Final thematic map

Denial of problem

Secrecy

Abuse and neglect

Feeling unsafe

Hidden in plain sight

Chaos

Addiction is one of many problems within family

Emotional and practical

Powerless to bring about change

Helplessness

Taking on caring responsibilities

Obligation

Addict has to choose recovery

Trying to protect the addict, to great personal cost

The addict has the control
Appendix D: Paper 3

Appendix D 1.1: Letter to Participants

Dear [Participant name],

I hope you are well.

I just wanted to write to you to follow up from our conversation for my thesis research into parental substance misuse.

Firstly, thank-you so much for taking the time to speak to me, it is much appreciated. I really enjoyed talking to you and finding out more about your experiences. Your contributions were invaluable to my research.

Secondly, I wanted to update you on my findings and next steps on my research. From the conversation that I had with you and the other participants; these are the main themes which I identified:
- Unacknowledged and unspoken nature of substance misuse
- A lack of control/powerless to make change
- Chaotic home environments
- Putting others before yourself
- Defining and creating the mother figure

As this is the overall findings of all of the people who took part, some of these themes you may feel fit in with your experiences quite well, whilst some may be more relevant to the others than to you.

You are welcome to email me if you would like to discuss anything further about the research project. Thank-you again for taking part, and I wish you all the best for the future.

Yours sincerely,

Jessica Allen-Summers
Trainee Educational Psychologist
University of Manchester
Appendix D 1.2: Link to Video

https://youtu.be/ab6hV_f9IzQ

(scan this using a smartphone camera and it will open the video)
The Effects of Parental Substance Misuse

Jessica Allen-Summers
Year 3 TEP
University of Manchester
What I did

• Carried out a Systematic Literature Review (SLR)
• Empirical study with four participants

Investigating and exploring the experiences of families affected by substance misuse

What is substance misuse?

• Regular use of illegal substances (heroin, cocaine, mephedrone etc.)

Or

• Excessive alcohol consumption to the extent that it impairs functioning in other aspects of life e.g. work, family, self-care
Why is this relevant to EPs?

• Every school in the country will have some pupils in it who have experienced substance misuse within their family

• A key theme within my findings was around children being let down by adults (both professionals and family members) so the more people are aware of the effects, the better

• It’s unlikely a child will be referred to an EP directly because of parental substance misuse, but the difficulties they are experiencing may be in part due to this

Key Findings: SLR

• Analysis of seven qualitative papers which privileged the voice and experiences of CYP who experienced parental substance misuse

• Lived experiences characterised as stressful, confusing and hoping for change
• Lasting effects included childhoods defined by substance misuse and a strong intergenerational cycle
• Significant emotional consequences including feelings of loneliness, being judged, shame and embarrassment and a want for control
• Family relationships were often complex; often left caring for parents or younger siblings, also feeling both protective and worried about parents
• Support in school was seen as invaluable, those who didn’t get that felt let down. Therapeutic support was often seen as positive. Many experienced difficulties in trusting adults
Key Findings: Empirical Study

• Spoke to four participants about their experience of substance misuse within the family:
  • One parent who is an ex-heroine user
  • One parent whose partner was a drug user
  • Two young adults whose mothers were alcoholics

  Analysis of these accounts using IPA; looking for commonalities and divergence within their stories to build a narrative around the effect of substance misuse upon family life

Five Key Themes:

• Unacknowledged and unspoken

• Agency (or lack of)

• Cascading chaos

• Putting others before yourself

• Defining and creating the mother figure
Unacknowledged and unspoken

• Substance misuse often described as the ‘elephant in the room’

• ‘Hidden in plain sight;’ many indicated a feeling that adults seemed to know what was going on but didn’t do anything. Links to being let down by adults

• Substance users often seemed to be in denial of a problem

Agency (or lack of)

• Only the addict themselves can choose to change

• Family members are powerless to bringing about change

• Addicts have to choose recovery; no-one else can make that happen

• Children felt that if the addict was forced to choose between their children or substances, they would choose substances
Cascading Chaos

• The ‘Toxic Trio’

• Outcomes were worse for the participants who experienced 2-3 of the Toxic Trio
• More positive outcomes for those who only experienced substance misuse, without the others

• Poverty, domestic abuse, neglect, feeling unsafe, relationship breakdowns. Substance misuse at the centre of this

Putting Others Before Yourself

• Trying to protect the addict at great personal cost

• Taking on caring responsibilities for parents and younger siblings

• Emotional and practical burden when parenting capacity is impaired. Sacrifices often not acknowledged or recognised
Defining and Creating the Mother Figure

• Feelings of loss of the relationship between mothers and children

• Yearning for the mother figure they wished they had

• Trying to be the mother figure for others, e.g. siblings

• Reflecting on their own mothering as a result of their own parents’ challenges

Limitations

• Small sample

• Social constructionist epistemology; others may have come up with entirely different findings!

• EPs are a small part of this bigger picture, it can make us feel powerless
Implications

• If a child is showing a range of warning signs in school: withdrawn, externalising behaviours, tired, unkempt, secretive, reluctant to go home, exceptionally protective of younger siblings, maturity beyond their years, anxiety. Parental substance misuse should be considered as a possible factor

• Therapeutic input can be beneficial, as well as informal nurturing, relational approaches in which the child feels safe and can explore their feelings. Acknowledgement of difficulty may be all that it takes

Any Questions or Comments?

• Thank-you for listening

Jessica.allen-summers@postgrad.Manchester.ac.uk