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# The Effects of Caregiver Substance Abuse on School Performance: A Systematic Review

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The Effects of Caregiver Substance Abuse on School Performance: A  
Systematic Review

by

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MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
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in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is Conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

The purpose of this systematic review was to identify how a school-aged child's school performance is affected by having a primary caregiver who abuses substances. It is important for social workers to understand what behaviors indicate concerns about substance abuse in the child's home because social workers can work on interventions to best support the child. Ten studies met inclusion criteria for the systematic review. The findings demonstrated that children living with a caregiver who abuses substances tend to be more often truant, have an increase in externalized behaviors in the classroom, and lower academic performance. The findings also found that school performance varied in the children whose caregiver abused substance due to protective factors in the child's home, such as exposure to the substance use or other caretakers involved in the child's life. Most of the research studies were conducted in populations that already were involved in social welfare systems. More research is needed to understand the impact of substance abuse on children whose caregivers are not involved in social welfare systems already.

### **Acknowledgements**

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### **Introduction**

For a child growing up in a home where the primary caregiver abuses substance it can be chaotic and unpredictable (Conners-Burrow et al, 2012; He, 2015; Miller et al, 2014). Some risks of maltreatment in homes where children live with a caregiver abusing substances are increased neglect, decreased social and emotional development, and increased instances of the children using substances (Branstetter & Furman, 2013; Conners-Burrow et al, 2012; Mendoza, 2012; Miller et al, 2014; Roditti, 2005; Seay & Kohl, 2012). Beyond being unstable, a home where a child grows up with their caregiver using substances can also be dangerous (Conners-Burrow et al, 2012; He, 2015; Miller et al, 2014, Seay & Kohl, 2012). It can be estimated that two-thirds of the cases involved with child protection services also involve substance-use disorders (He, 2015).

In the Conner-Burrows (2012) study, it was cited that in 2009, about 3.4 million children in the United States were identified to live in a home where their primary caregiver met the criteria for substance abuse or dependence. Social workers tend to be the front line in support and intervention while working in a school setting for seeing concerns in a child's home life. It is important to be able to understand what behaviors are exhibited by children living with a caregiver using substances in order to intervene appropriately. The purpose of this research is to identify how a school-aged child's school performance is affected by having a primary caregiver who abuses substances. This study is beneficial to the field of social work because substance abuse and dependence affect millions of children throughout the United States (Conners-Burrow, 2012). This study will help social workers that are working in a school setting to provide empathy and understanding for children that are in the school district. A school social

worker can use the information in this study to help identify potential underlying family concerns in a child's home and for making effective intervention plans for the child.

Another reason that this study is important for field of social work is to highlight the importance of having a social worker in a school setting, as children spend a majority of their time there and it can be a first place that support and intervention can take place if there are troubles in the child's home. Social workers in schools can identify concerns of having a caregiver abuse substances and then create prevention and intervention programs for the at risk children in their schools.

### **Definition of Terms**

Throughout this research project term caregivers abusing substances will be abbreviated to the acronym CAS in order to avoid repetitive language.

## **Literature Review and Research Question**

### **Risk Factors of Substance Abuse**

There has been a wealth of research conducted on the subject of substance abuse and the effects that the abuse can have on a family, especially if the person abusing substance is the primary caregiver. The families living with a CAS can face many challenges. When a caregiver abuses substances, it can reduce the ability for the caregiver to be able to care for the child's basic needs, such as shelter and food (Grella, Hser, & Huang, 2006). These families who are struggling to meet basic needs due to substance abuse are disproportionately represented in the child welfare system (Connors-Burrow et al, 2012; Grella, Hser, & Huang, 2006). Research states that between fifty to eighty percent of the families in the child welfare system are affected by the use of substances in their family system because of the increased instances of neglect by not providing for the child's basic needs (Seay & Kohl, 2012). Substance abuse is also a risk factor in predicting homelessness and poverty (Connors-Burrow et al, 2012; Grella, Hser, & Huang, 2006; Seay & Kohl, 2012). Children can be affected when their mother is using or abusing substance while they are pregnant. There are many risk factors related to using chemicals while pregnant such as premature births, birth defects, and cognitive delays (Roditti, 2005). Mental illness is another concern that affects the children that grow up with a caregiver abusing substances (Roditti, 2005). Depression is one of the main mental health concerns for people abusing substances, and as a parent, depression can lead to adverse effects for the children such as neglect of basic needs and emotional distress (Roditti, 2005).



Two pieces of research highlight the fact that children growing up in a home with parental substance abuse are at heightened risk for experiencing traumatic-life events (Mendoza, 2012; Seay & Kohl, 2012). According to a study by Mendoza (2012), she discusses the rate that children involved with child protection and family substance abuse are 4.77 times more likely to experience a traumatic event compared to children involved with child protection but do not have a history of family substance abuse. These children are also 1.5 times more likely to experience physical abuse and 3.2 times more likely to experience violence in the home (Mendoza, 2012). She also reported these children are 60 times more likely to be exposed to the drugs or the chemicals to make the drugs in their home (Mendoza, 2012). In the research by Stalans and Richie (2007), the children who experienced violence in the home was specifically through intimate partner violence (IPV) and the use of substances contributed to an increase of this violence. According to a study by Stalans and Richie (2007), different substances had a different effect on the amount and type of abuse that occurred in the homes. Stimulant, sedative, and alcohol use was found to directly increase the amount of physical and verbal aggression in relationships no matter the race of the person using the substances (Stalans & Richie, 2007). It was reported that between 20-50 percent of the reports for domestic violence that are reported involve alcohol use at the time of the incident (Stalans & Richie, 2007). This research indicated that the increase of violence by the use of alcohol is true for both men and women (Stalans & Richie, 2007). Heroin and cocaine are reportedly the most dangerous drugs that can be used in terms of IPV (Stalans & Richie, 2007). Stalans and Richie (2007) report that the use of these two drugs increases a person's impulsivity and the most severe injuries are sustained in instances of IPV.

### **Impact on Children**

The increase of violence and instances of neglect for children growing up in a home affected by substance abuse can have many different effects on the children. Many studies highlight the increase in delinquent behaviors by these children, but only a few studies actually describe what these behaviors look like (Branstetter & Furman, 2013; Mendoza, 2012; Seay & Kohl, 2012). Branstetter & Furman (2013) reports that a child that grew up in a home where a CAS, the caregiver tended to be less involved in the child's life, which in turn, increased the amount of delinquent behaviors exhibited by the children. Some behaviors that have been linked to CAS are increased incidents of eating disorders, increased likelihood of adolescent pregnancy, decreased importance of education, and increased suicidality (Branstetter & Furman, 2013; Seay & Kohl, 2012). Mendoza (2012) states that children affected by caregiver substance abuse experience poor social and emotional development, lower intellectual functioning, and less physical development. One behavior that was highlighted in many pieces of research was that due to the increase of exposure to substances, children growing up in a setting with caregivers abusing substances were likely to use substances themselves (Branstetter & Furman, 2013; Conners-Burrow et al, 2012; Mendoza, 2012; Seay & Kohl, 2012; Roditti, 2005).

There was one study by Conners-Burrow and colleagues (2012) that actually stated that the caregiver's use of substances had less of an impact on externalized behaviors of preschool aged children than expected. The research was conducted on low-income children in a head start program in Arkansas and measured by two home visits examining family functioning and maternal substance abuse. The findings were that the children exhibited more externalized acting out behaviors due to a harsh parenting style

and family conflict versus the mother's use of substances. The research highlighted that the maternal use of substances compounded the effects of harsh parenting and family conflict but substance use alone did not increase externalized acting out behaviors (Conners-Burrows et al, 2012). This study did not provide a full definition of specific behaviors that were measured specifically.

### **Protective Factors for Children**

As discussed in the previous section, there are many challenges facing children growing up in a home with a CAS. Research also discusses the fact that there can be protective factors in homes of children growing up with a CAS (Hilarski, 2005; Roditti, 2005; Walker, 2011). These protective factors can potentially reduce the negative effects of substance abuse in the family. Having a positive emotional and supportive relationship between caregiver and child and being raised in a supportive extended family or community are the two most powerful buffers to the negative effects of the substance abuse (Hilarski, 2005; Walker, 2011). Hilarski (2005) states that it is essential to childhood development to have a caregiver emotionally and physically available to the child from birth to adolescence in all situations, but even more when a caregiver abuses substances. The caregiver-child relationship has been stated to be just as important to a child's development as food, shelter, and clothing (Hilarski, 2005). A poor quality relationship between child and caregiver actually has a statistically significant negative impact on the child's own substance use (Hilarski, 2005).

Another area that has been studied in relation to a caregiver's substance use, has been the amount of support that the child receives from family or the community as a way to counteract the potentially negative effects of having a CAS (Roditti, 2005).

Caregiving provided by multiple different people typically can be most successful when one of the caregivers is considered a kin-keeper or has a strong emotional tie to the child (Roditti, 2005). Kin-keepers are people who are related to the child and provide the caregiving to the child. A situation where there is a kin-keeper involved with the child along with the primary caregiver it can create a stable and supportive environment (Roditti, 2005). There has also been research stating that a kin-keeper can be detrimental to the development of a child if the schedules and support changes on a regular basis (Roditti, 2005).

### **Gaps in Literature and Research Question**

Due to the complexity of substance use and abuse, specific family systems, and individual resiliency factors, it can be difficult to understand how substance use can specifically affect the child in a family. Some studies have looked at externalized behaviors displayed by children with a CAS but do not actually discuss what the behaviors look like. Also most studies that are conducted use ready-made samples with low income families or families that are already involved in the child protection system. This leaves out many family systems that are affected by substance abuse. It is important for social workers to understand what behaviors indicate concerns about substance abuse in the child's home because social workers can work on interventions to best support the child. With the recent attempts to make mental health supports available in schools through legislation, such as the Mental Health in Schools Act being presented to congress in 2013 and 2015, social workers will be on the forefront of addressing the concerns that are present for a child growing up in a home with CAS ("H.R.1211 - 114th Congress 2015-2016"). This research is going to attempt to answer the question "how does living

with a caregiver who abuses substances affect school performance among school-aged children?”

### **Conceptual Framework**

While conducting clinical research, it is important to understand the lens in which the researcher is using to view the population being studied and the framework for which the research is being conducted. In this research project the conceptual framework will be based on the ecological systems theory. This theory addresses the importance that caregivers and family systems have on an individual's development and behaviors.

#### **Ecological Systems Theory**

The ecological systems theory is adapted from both systems theory and ecological theories (Hepworth et al, 2013). The ecological systems theory identifies that an individual is affected by their environment and that the individual can affect their own environment. It also states that in order for a person's human needs to be satisfied their needs to be adequate physical resources and positive transactions with their environment (Hepworth et al, 2013). A social worker operating under this theory effectively needs to understand how many different systems impact the client and where the client is experiencing any gaps in resources, limitations of the individual, or dysfunctional transactions between individuals and environment (Hepworth et al, 2013). This assessment through an ecological systems perspective works to understand how each system plays into the individual's experience of their concerns, which has been described as a person-in-environment approach (Hepworth et al, 2013). The ecological systems theory focuses on the micro, mezzo, and macro systems that affect the individual (Hepworth et al, 2013).

The use of the ecological systems theory is appropriate for this research as it is effective for understanding the broad scope of an individual's problems (Hepworth et al,

2013). Through this research, the goal was to gain understanding how a child's school performance is affected by living with a caregiver that abuses substances. The ecological systems theory is used to understand how the child's school performance and behaviors are affected on a micro level. By the nature of the research, it examined the mezzo level of impact of how the family system affects a child's school performance and links the two systems together. The mezzo level is also examined throughout the discussion by how the school and communities can support these children. On a macro level, this research facilitated discussion about how policy and stigma of substance abuse impact how communities and institutions respond to the needs of this population.

## **Methodology**

### **Research Design**

The research conducted was a systematic literature review of the existing research in the area of how living with a caregiver who abuses substances affects school performance for school-aged children. According to Petticrew and Roberts (2006), systematic reviews can be used to identify gaps when a research topic is new or to consolidate a wealth of knowledge that already exists. Due to the extensive research that has been conducted on the effects of substance abuse, the systematic literature review was beneficial to combine the existing research completed by experts in the field to create an in depth understanding of the research topic.

### **Selection Methodology**

A systematic review uses a specific set of criteria while gathering the research for this project called the inclusion criteria (Petticrew & Roberts, 2006). The research articles collected were peer-reviewed articles published in an academic journal. In order to meet the inclusion criteria, these research articles were empirically based and either qualitative, quantitative, or mixed-method designs in order to be considered. Another piece of inclusion criteria that the articles met were that the articles pertained to the effects of substance abuse by a caregiver on a child's school performance. For this study, school performance includes a child's grades, attendance, emotional regulation, ability to be in mainstream classes, participation in extra-curricular activities, the need for an IEP or other behavioral plan, etc. The research chair and committee members approved of the research criteria before any data was collected.

### **Search Strategy**



The researcher searched online journal databases in order to conduct the search for existing research on my topic. The databases used were Social Work Abstracts, SocINDEX, PsycINFO, and Child Development and Adolescent Studies, and Family Studies Abstracts. The terms that were searched simultaneously were “caregiver”, “substance abuse”, and “school performance”. This search of the literature was conducted between November 1, 2015 and December 1, 2015. The initial search yielded 176 articles between the five different databases. The title and abstract of each identified article was reviewed and 161 were excluded due to not meeting inclusion criteria. There were 15 articles that met preliminary inclusion criteria and the full article was reviewed to ensure that they fit the search criteria. Of the 15 articles, 4 articles were discarded due to not meeting inclusion criteria. Reasons that the articles were discarded were if they did not meet the inclusion criteria, if the exact same article and author was included from a different search database, or the article was a theoretical in nature instead of a research based. Since knowledge and theories change over time and as more research is conducted, the articles considered in this piece of research were written after the year 2000 in order to make sure that the most current information was being studied. Eleven articles were included in this systematic review of the literature (Appendix A).

### **Data Analysis**

The researcher created a data abstraction form (Appendix B) to help organize the research articles collected (Petticrew & Roberts, 2006). The form included areas to record the population examined, setting, behaviors identified, research design, sample size, measures used to collect data, and findings of research. The findings of the studies were analyzed by the researcher. Once the articles were collected, the researcher

reviewed the articles and developed codes for the different types of behaviors (truancy, disciplinary action, etc) identified in the article. These codes were used to develop themes of the research. The use of codes helps to increase the validity of the research due to making the research easier to recreate (Petticrew & Roberts, 2006). The ecological system theory was then utilized in order to organize the data collected. The data was organized into the micro level by looking at the child's behaviors in the classroom and school performance impacted by the caregiver's abuse of substances. The information collected about family systems and how the school structure affected these children made up the mezzo level. The macro level information collected addressed how policy and stigma impact how communities and schools respond to the needs of this population.

### **Strengths and Limitations**

There are both strengths and limitations while conducting a systematic research design study. One strength is that the collection of the research articles can be duplicated, which adds to the validity of the research design. Another strength to using this research design is that the systematic approach to the collection of data prevents including bias from the person conducting the research. This research model also is effective for finding holes in the current research and addresses where further study is necessary.

One limitation to using a systematic literature review is since there are strict search guidelines some important research articles could be missed during the process. Two ways that this could happen is that the search terms used could miss a relevant article or if the specific database used may not have as many articles on the topic being research. The systematic literature review also can also be limited because poorly

conducted studies are mixed with well-designed studies and both bear equal weight in the findings. Another limitation with the study is that there were so few articles collected to conduct the research. This limits the information analyzed and makes it difficult to draw conclusions on the population being studied. A way that this could have been done differently would be to change the search terms used in order to cultivate more potential articles or expand the search to include more than the five databases.

## **Findings**

The purpose of this research was to explore the question: how does having a caregiver abuse substances affect the school performance of school-aged children? Using the databases of Social Work Abstracts, SocINDEX, PsycINFO, Child Development and Adolescent Studies, and Family Studies Abstracts, and working within the inclusion and exclusion criteria laid out above, eleven peer-reviewed articles met criteria and were reviewed. Of the eleven articles reviewed, six (55%) gathered their information through social service agencies or correctional agencies such as publicly funded residential substance abuse treatment centers or child protection services. One (9%) article was a systematic review on the effects of CAS on children and three (27%) of the articles employed a qualitative research design. Seven articles (64%) used qualitative research design to gather the data.

Through the review of the research articles, themes emerged as to how children are impacted by their CAS. The information has been broken down into the micro effects of CAS on the individual child in school, the mezzo effects of how the child's home life can be a challenge to the child's school performance, and how there can be protective factors in a child's home life to substance abuse experienced by the caregiver.

### **Micro Level Impacts**

#### **Truancy**

A child's school performance is linked to school attendance (Gifford et al, 2015). Children with a CAS have an increased likelihood of being truant from school (Flaherty, Sutphen, & Ely, 2012; Gifford et al, 2015; Haight et al, 2005; Serec et al,

2012). One article studied the use of substances of the caregiver and their children who were arraigned for truancy in one southeastern city in the United States. It was found that 23 percent of the caregivers tested positive for substances and another 26 percent failed to produce testable results (Flaherty et al, 2012). The national average for people, parents or caregivers using substances was only 11.8 percent (Flaherty et al, 2012). It was also highlighted that the children who were truant from school had an increase in their own substance use (Flaherty et al, 2012). This is consistent with much of the research stating that children that grow up in a home with CAS have an increased likelihood of using substances (Gifford et al, 2015, Flaherty et al, 2012; Serec et al, 2012).

### **Classroom Behaviors**

There are many behaviors that children display in a classroom that are linked to CAS. One study that took place in southern Illinois interviewed teachers, foster parents, police, and social workers about the effects of methamphetamine use by parents on their children. It was cited that the children were often guarded and isolated from their peers (Haight et al, 2005). The children were often less engaged in school activities and their studies (Haight et al, 2005). The study by Haight and colleagues (2005) stated that the children affected by CAS have difficulties with authority figures and lie to their teachers. The participants in this study cited the difficulties with authority figures as a learned behavior from their parent's own distrust of authority figures, such as police. Another study surveyed women in multiple publicly funded residential substance abuse treatment programs throughout the United States (Connors et al, 2003). In that study, twenty-four percent of the mothers reported that their child's school had contacted them about behavior concerns in the most recent school quarter and 10.9 percent had been

contacted due to their child having a serious argument with their teacher (Conners et al, 2003). Children of CAS also display more emotional reactivity and out of control behaviors than other children in the classroom (Haight et al, 2005; Serec et al, 2012). There were some differences in the way that the different genders react to having a CAS. Males are more likely to display externalized behaviors, while females experienced more emotional and physical health concerns (Conners-Burrows et al, 2012; Serec et al, 2012).

### **Academics**

The children of CAS experience difficulties in school with learning and comprehension (Conners et al, 2003; Gifford et al, 2015; Haight et al, 2005; Stanton-Tindall et al, 2013). These children scored lower on math and reading standardized tests in research completed by Gifford and colleagues in 2015. In the study of the women in the publicly funded residential substance abuse treatment center, the women reported that seventeen percent of their children received special services in school, such as paraprofessionals and Individual Education Plans (Conners et al, 2003).

### **Mezzo Level Impacts**

#### **Challenges**

Children growing up in an environment with a CAS tend to experience more environmental risks than children whose parents are not using substance (Conners et al, 2003; Gifford et al, 2015; Stanton-Tindall et al, 2013). Environmental risks are situations or experiences that can negatively affect the well-being of the child, including maternal mental health, low income status, parental involvement with child protection services, low maternal education, not living in a two-parent home, and maternal substance abuse

during pregnancy (Conners et al, 2003). A study by Conners and colleagues (2003) suggests that a higher number of environmental risks can lower a child's IQ and therefore hinder the child's school performance.

One environmental risk that children with a CAS are more likely to experience is a more volatile home life (Conners et al, 2003; Gifford et al, 2015; Stanton-Tindall et al, 2013). These children have an increased exposure to violence in their home and experiences of trauma (Stanton-Tindall et al, 2013). Seventy-three percent of women in publicly funded residential substance abuse treatment centers throughout the United States reported being the victim of physical abuse (Conners et al, 2003). Caregiver mental health is another environmental risk that children with CAS experience. One study of African American mothers that abuse substances, found that the mother's had dramatically increased symptoms of depression compared to African American mothers that were not abusing substances (Johnson, 2015). In the residential treatment center setting, 58 percent of the women reported concerns with their mental health (Conners et al, 2003).

People that abuse substances have a higher likelihood of living in a low socioeconomic status (SES) for a variety of reasons, such as difficulties with employment and lower levels of education (Conners et al, 2003; Gifford et al, 2015; Miller et al, 2014). A child living in a lower SES can have difficulties getting their basic needs met, such as housing concerns, food, and clothing. When a child is concerned with having their basic needs being met, it makes it difficult for them to focus on school work. Children living in low SES have been found to have statistically significantly lower scores in standardized reading tests (Gifford et al, 2015).

### **Protective Factors**

There can be many risk factors for children growing up in a home with their CAS, but there can be protective factors in place in family systems that help reduce the negative impacts of CAS. One way that family structure that can help is reducing the child's exposure to the caregiver that is using (Haight et al, 2005). Multiple studies suggested that if the child has a secondary caregiver or an adult figure that they have a supportive relationship with, it can reduce some of the negative behavioral concerns that can disrupt the child's learning in school (Haight et al, 2005; Johnson, 2015; Ostler, Bahar, & Jesse, 2010). It is suggested that even a supportive relationship with an adult in a school setting, church, etc can be beneficial in reducing some of the negative effects of CAS (Haight et al, 2005; Ostler et al, 2010). Children that live in a home with only one caregiver and that caregiver abuses substances displays more externalized behaviors than if there are two caregivers, even when one abuses substances (Mendoza, 2012; Miller et al, 2014).

Ostler and colleagues (2010) studied the important effects of caregiver relationship on the negative effects of growing up in a home with the caregiver abusing substances. They conducted their study due to the discrepancies in the effects of CAS on children that were being observed. It was set up to test 26 school-aged children who were in foster care due to being exposed to methamphetamine use by their biological parents and measured their ability to mentalize with others. Mentalization is the ability to attend to feelings, thoughts, and emotions of one's self and others (Ostler et al, 2010). It was found that the more a child could mentalize with others, the more socially competent the child. The more mentalization that occurred was also linked to reducing externalized



behavioral problems (Ostler et al, 2010). A child's ability to mentalize with someone is directly linked to having a secure attachment with their caregiver (Ostler et al, 2010). Therefore if a child has a secure attachment with their caregiver, it can help to negate some of the negative consequences of having a CAS. (Ostler et al, 2010).

### **Discussion**

This systematic review was developed to discover the current research available on the topic of how children's school performance is affected by living with a caregiver that abuses substances. This research highlighted many concerns that children can face in their school performance if they have a CAS. Children that have a CAS have higher rates of truancy and concerns with lower standardized test scores (Flaherty et al, 2012; Gifford et al, 2015; Haight et al, 2005). There are risks of behavioral concerns when the child is in the classroom, such as lying to teachers, isolating themselves, and becoming more emotionally reactive (Haight et al, 2005; Serec et al, 2012). In the homes of these children, they more likely to have a lower socioeconomic status, higher exposure to violence, and higher concerns of their provider having mental health concerns (Conners et al, 2003; Gifford et al, 2015; Miller et al, 2014). The children living in homes with a CAS experience many complex circumstances and each situation has its own unique challenges. Another piece of information that emerged from this research is that there are many different individual responses from children based on their exposure of the substance use, their ability to mentalize, and if they have access to a supportive adult in their life (Haight et al, 2005; Mendoza, 2012; Ostler et al, 2010).

Children living with a CAS experience difficulty with their academic performance such as being less engaged in class, cognitive delays, and higher rates of truancy (Flaherty et al, 2012; Gifford et al, 2015; Haight et al, 2005). There are also many environmental risks that are increased for children living with a CAS such as lower socioeconomic status, increased rate of violence in the home, and an increased rate of child protection involvement (Conners et al, 2003; Gifford et al, 2015; Miller et al,

2014). Each one of these environmental risks can have an impact on the child's school performance, even if their parent was not abusing substances. For instance, children who live in a lower socioeconomic status, their family may have a difficult time finding consistent housing. If a child is unsure if they will have a place to sleep that night, they may appear less engaged in the classroom. For the children who are going up with a CAS and experiencing one or more of the environmental risks that were highlighted in this research, it is almost as if the likelihood of their school performance being affected negatively compounds against these children.

Through this research, many of the articles discussed the increase of environmental risks in a home for children living with a CAS (Conners et al, 2003; Gifford et al, 2015; Miller et al, 2014). It is clearly documented the impact these environmental risks could have on children. It was, however, difficult to separate the impact of only growing up with a caregiver abusing substance with the other environmental risks that are increased due to substance abuse in the home. The research suggests that each of these instances with children growing up in a home with a CAS is individualized based on how the substance abuse manifests in the home (Conners et al, 2003; Gifford et al, 2015; Miller et al, 2014). It is difficult to isolate the use of substances on the children itself due to a large number of uncontrolled variables in the home such as violence in the home, parental mental illness, or socioeconomic status. These variables make it difficult to answer directly and specifically what the impact of CAS is on a child's school performance.

The research on behaviors that children displayed in the classroom due to having a caregiver abuse substances also highlighted how many school programs intervened with

the children (Conners-Burrow et al, 2012; Gifford et al, 2015; Ostler et al, 2010; Staton-Tindall et al, 2013). The two behavioral interventions that were offered in schools were paraprofessionals and Individual Education Plans or IEPs. These two interventions look at the child's behaviors in the classroom and identify how the school and teacher can support the child's learning more effectively when the child is having a difficult time in the classroom. These interventions are identifying the micro level supports needed for the children. The research has identified that the child's home environment and parental use of substances can affect the child's behavior and performance in school (Conners et al, 2003; Gifford et al, 2015; Miller et al, 2014). In order to have a long term impact on the child's behaviors in the classroom it would be important to gain an understanding of what the child is experiencing at home in order to implement supports that meet the child's needs on a mezzo level. The main protective factors identified for the children growing up with a CAS are having a supportive adult relationship in the child's life, reducing the child's exposure to the substance abuse, and the child's ability to mentalize (Haight et al, 2005; Mendoza, 2012; Ostler et al, 2010). It would be important for schools to consider this type of research in order to develop supports or programs to help these children thrive in a school setting.

### **Mezzo Level Recommendations**

#### **Research**

One way that social work could move forward for supporting these children would be to conduct more research around protective factors in reducing risks of CAS. Understanding how to reduce the impact of the risks associated with CAS can be a starting point to making programs or providing interventions that can support these

children living in difficult situations. It is also important to assess the needs of each specific community because each community is going to be different based on the services available, what type of substances are being used most predominately, and the beliefs about substance use in the community.

### **Schools**

Schools can be a strong place of stability for these children and a way to universally reach children that may be at risk due to parental substance abuse. With the information learned through this study of the effects of CAS on the child's school performance, social workers could educate teachers about behavioral concerns with the students. If teachers are looking for the potential signs of CAS with their students, it could help to identify children that may be affected by CAS and the social workers could help support these children in the school setting. Early intervention could potentially lead to less impact of the risks of substance abuse by their caregiver. If there is a large population of students needing support due to parental substance abuse, a social worker could work to provide group support through groups similar to Alateen, a group for teenagers who have family members who abuse alcohol. Many articles discussed the importance of having a supportive adult figure in the child's life in order to mediate against the risks associated with CAS (Haight et al, 2005; Mendoza, 2012; Miller et al, 2014). In order to help provide support for these children, it would be important to advocate for social workers in schools, as they are often the people to support at-risk students.

### **Mental Health Support**

According to this study, an increased level of emotional dysregulation has been identified to be a concern for children whose parents have been abusing substances (Haight et al, 2005; Serec et al, 2012). It was noted in many studies that mental health support could be beneficial to the children affected by CAS (Haight et al, 2005; Mendoza, 2012; Ostler et al, 2010). Mental health counseling and services can be difficult to access in some communities due to availability and times when services are offered. Providing mental health services in a school setting would remove some barriers of accessibility for these children.

### **Macro Level Implications and Recommendations**

#### **Stigma**

Stigma of using and abusing substances is a large hindrance to being able to talk to people about their substance use. Children might find talking about their parent's substance abuse difficult due to feeling like they will get their parents in trouble. If the child is older, they may feel embarrassed to discuss their parent's substance abuse due to feeling judged by others. Stigma also affects the way that policy makers decide to allocate money. It can be difficult to get public funding for mental health and substance abuse programs due to community attitudes of these concerns.

#### **Policy**

Social workers can work to combat some effects of the stigma in a community by advocating for policies that would affect these children. The Mental Health in Schools Act has been introduced to Congress in both 2013 and 2015 and it would provide mandated funding to position mental health therapists in the school setting. Social workers can influence the policy makers by contacting their lawmakers and educating the

public about the importance of legislation like the Mental Health in Schools Act. Open and honest conversation about the needs of the community can work to reduce stigma of the issues.

### **Limitations of Study**

Through this research it became apparent that there is a wealth of research conducted on the effects of substance abuse and prenatal effects of substance abuse, however, there is a lack of research on the effects of CAS. Conducting a study including children can be a sensitive and tedious task to be able to get approval to conduct research in this population. This can deter researchers from studying a specific subject. Another reason that there could be a lack of research in this area is that there is negative social stigma regarding using substances if someone were to admit that they use. Another reason that people do not freely talk about substance use is that some substances are illegal and they do not want to get in trouble for admitting that they are using the substance.

The studies that were found were made up of people that were in legal trouble with their substance abuse. This makes it difficult to understand what the experiences are like for other children that live in homes where the substance abuse is being managed without any legal involvement. It would be important to understand the experience for all children and not only the children that are involved in community services in order to effectively support these children that could potentially need just as much support.

Understanding how substance abuse in a child's home impacts their school performance is imperative to helping support them in school, in their home, and in the community. Social workers are needed to facilitate continued research in protective

factors for these children in order to develop programs or supports to remove some of the environmental risks inherent to growing up in a home where the caregiver is abusing substances.



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**Appendix A: Included Articles and Summary**

Database	Author(s)	Title	Summary
Child Development and Adolescent Studies	Haight, W., Jacobsen, T., Black, J., Kingery, L., Sheridan, K., & Mulder, C. (2005).	“In these bleak days”: Parent methamphetamine abuse and child welfare in the rural Midwest.	35 adults working with children in rural counties in Illinois describe their experience with parents using methamphetamines. State children learn antisocial behaviors from parents. Stated children experience psychological, social, and educational concerns.
	Ostler, T., Bahar, O., & Jessee, A. (2010).	Mentalization in children exposed to parental methamphetamine abuse: Relations to children's mental health and behavioral outcomes	Assessed 26 school-aged children in foster care due to parents using methamphetamine for mentalization. Semi-structured interviews, trauma checklists, child behavior checklists, Found mentalization could be a protective factor for children with CAS.
PsychNet	Gifford, E., Sloan, F., Eldred, L., & Evans, K. (2015).	Intergenerational effects of parental substance-related convictions and adult drug treatment court participation on children's school performance.	Assessed effects of parental conviction of substance-related charges on the child's school performance. Also assessed if Drug Treatment Court Program had an impact on the child's school performance. Found that Drug Treatment Court Program did not show any significant difference in school performance.
	Serec, M., Švab, I., Kolšek, M., Švab, V., Moesgen, D., & Klein, M. (2012).	Health-related lifestyle, physical and mental health in children of alcoholic parents	Compared children of alcoholics to a control group of children in an elementary school. Found children of alcoholics to be live less healthy lifestyle, have poorer school performances, and more mental health difficulties.
Social Work Abstracts	Conners-Burrow, N., McKelvey, L., Pemberton, J., Lagory, J., Mesman, G., & Whiteside-Mansell, L. (2012).	Moderators of the relationship between maternal substance abuse symptoms and preschool children's behavioral outcomes.	Studies 250 low-income children in Head Start program for family functioning and maternal substance abuse and how these two impact a child's externalized behavior. Found that harsh parenting and family conflict have larger impact on behavior than substance abuse alone.
	Flaherty, C., Sutphen, R., & Ely, G. (2012).	Examining substance abuse in truant youths and their caregivers: Implications for truancy intervention.	Studies substance use among chronically truant youth and their caregivers. Found that youth substance use was connected with caregiver use.
	Mendoza, N. (2012).	Family structure, substance abuse, and child protective services involvement: Child outcomes and services.	Studied 5,501 cases from the National Survey on Child and Adolescent Well-Being. Found children with CAS fair better with two caregivers in the home and single mothers need more mental health services.
SocINDEX	Conners, N., Bradley, R., Mansell, L., Liu, J., Roberts, T., Burgdorf, K., & Herrell, J. (2003).	Children of Mothers with Serious Substance Abuse Problems: An Accumulation of Risk	Studied 4084 children whose mother went to residential treatment center. Found child at risk for physical, academic, and SES concerns.
	Johnson, S. (2015).	Substance abuse and parenting among African	Studied 103 African American mother-adolescent dyads, some

		American mothers of adolescents	using and some not using substances. Academic performance was how mothers viewed their parenting efficacy. Both using and non-using mothers displayed positive parenting skills.
	Miller, K., Orellana, E., Briggs, H., & Quinn, A. (2014).	Influence of caregiver substance dependence and serious mental illness on children's mental health: Moderating effects of social support.	Studied 3,225 children and caregivers. Found alcohol dependence and serious mental illness risks were moderated by a child having positive social support.
	Staton-Tindall, M., Sprang, G., Clark, J., Walker, R., & Craig, C. (2013).	Caregiver substance use and child outcomes: A systematic review.	Systematic review pulling together literature on the effects of CAS. Findings suggest that more research needs to be conducted in this field and the problems experienced by the children are extremely complex.

**Appendix B: Data Abstraction Form**

**Data Abstraction Form**

**Authors:**

**Title:**

**Date:**

Population:

Setting:

Research Design:

Modality:

Outcome:

How is substance abuse defined?:

Overall impacts of the substance abuse on children identified:

Behaviors and impacts on school performance identified: