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**Identifying Challenges and Resiliency of Adolescents Living with Parents Misusing
Substances: A Mixed Methods Study**

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In Partial Fulfillment of the Requirements

for the degree of

Educational Specialist

Department of Graduate Psychology

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Abstract

This study aimed to identify challenges, resiliency factors, and needs of adolescents living with parents misusing substances. Seven first-year students at James Madison University in PSYC 101 and PSYC 160 classes signed up to participate in this study to receive course credit. While supervised by a mental health provider, participants individually completed a Modified CAST-6 screener as well as a locally developed survey. A nonexperimental mixed-methods study was conducted including the convergent collection of quantitative and qualitative data. Quantitative data were analyzed using descriptive statistics and qualitative data were analyzed through Braun and Clarke's (2006) model of thematic analysis. The researcher used percentages of responses of all quantitative data to find the most prominent challenges for participants. Quantitative results include: 27.7% of parents did not help with schoolwork; 22.5% of parents were unable to help with household responsibilities; 16.6% of parents were incapable of providing for the family; 41.6% of parents did not take care of their children as much as they feel they should have; and 8.3% of parents tried to get their child to use substances with them. The researcher found major themes amongst resiliency factors of participants, including finding their own coping skills and refining them as they got older, receiving support from other adults, and having family traditions that mostly did not change based on their parents' substance use. Participants' responses indicated they needed counseling support, both adults and peers checking in on them, assistance with getting the parent to stop using substances, support for the other parent, and connecting with others in similar situations during their adolescent years. By forming relationships with adolescents at school, support staff can recognize the resiliency factors within these students and provide effective coping skills. Finding healthy strategies for students and providing them with a judgment-free space to express their experiences and concerns is most likely to promote success and well-being for these adolescents.

Identifying Challenges and Resiliency of Adolescents Living with Parents Misusing Substances: A Mixed Methods Study

Introduction

Substance use disorders are a class of disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR; American Psychiatric Association, 2022) resulting from the use of specific drugs that activate the brain's reward system and result in the individual neglecting other important daily activities. The Substance Abuse and Mental Health Services Administration (SAMHSA) note that parental substance misuse can lead to children being neglected or left in unsafe environments, with their needs for regular meals, clothing and cleaning going unmet, as well as inconsistent parental behavior. This may also be categorized by a pattern of violence. While the occurrence and general impact of parental addiction is well understood, researchers still have much to learn about the lived experience from a child's point of view and long-term impacts of substance misuse on offspring (Young et al., 2006).

The COVID-19 pandemic exacerbated substance misuse throughout the United States. According to the Centers for Disease Control and Prevention (CDC), in June 2020, 13% of adults reported they either started or increased substance use during the pandemic (Panchal et al., 2021). With the increase in substance misuse, among parents specifically, researchers were interested in the patterns of this misuse as it is a risk factor for early adolescents' substance use (Kerr, et al., 2020) and due to the limited research on school-based interventions and resources for students. If researchers could determine the lived experiences, challenges and resiliency factors of adolescents who live with parents misusing substances, schools can form interventions

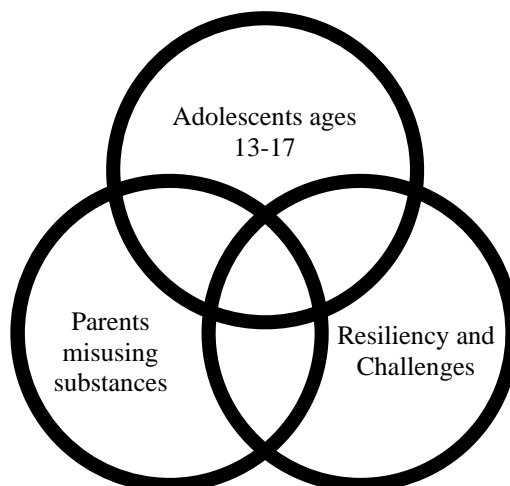
that target the specific needs of these students in efforts to increase their resilience and guide them down a healthy and safe path.

Literature Review

Students' academic performance can be affected by an array of different factors including cognitive abilities, social stress, current events, and level of support they receive. The support students receive is closely related to their home life and family dynamics. Household dysfunction is defined as the presence of alcoholism, drug abuse, mental illness, domestic violence, incarceration, and divorced or separated parents (Marie-Mitchell & Kostolansky, 2019). This research focused on households consisting of at least one parent with alcoholism, or current drug users, and how to best serve the affected children in school. This research aimed to identify resiliency and challenges of adolescents whose parents misuse substances in order to formulate ideas to construct future school-based interventions. The conceptual framework displayed in Figure 1 represents the three main areas explored in this research: resiliency and challenges, adolescents aged 13-17, and parents misusing substances.

Figure 1.

Conceptual Framework of Research



The articles that are discussed in this review are presented thematically to explore what adolescents' roles look like in the home, current interventions, as well as research indicating how substance use in parents can directly affect the outcomes of their children in an array of areas. Throughout this research, the goal was to determine if adolescents with parents misusing substances benefit from specific interventions and how to screen for these students in a school setting.

The language used throughout this research was taken from the most updated literature surrounding verbiage that least impacts the likelihood of individuals choosing not to seek out services, as well as the quality of help they receive. Stigma is defined as “negative attitudes toward people based on distinguishing characteristics” (Volkow, et al, 2021), so in order to decrease stigma around mental health and substance use disorders, researchers used the term “substance misuse” or “substance use disorder,” rather than “substance abuse,” as it appears in the DSM-IV (American Psychiatric Association, 1994). Mental health and substance use disorders are two of the most stigmatized health conditions in the United States. According to Han (2020), 35% of people with serious mental illness do not receive treatment compared to 90% of those with a substance use disorder, as the stigma is one of the several causes for not seeking out help.

A study conducted by the World Health Organization (WHO) in 14 countries determined the 18 most stigmatized conditions, and found alcoholism was #4 and other drug addiction was ranked #1 most stigmatized (Room, et al., 2001). Kelly and Westerhoff (2009) conducted a study aimed to distinguish a difference in how individuals are portrayed by health care professionals based on the terms “substances abuse” or “substance use disorder.” This research surveyed health care workers attending two mental health/addiction-focused conferences. There were two

versions of the survey, each using either “substance abuse” or “substance use disorder” and presented the participants with a vignette describing an individual with substance related problems. The survey then asked participants to rate the extent to which they agreed with the cause of this individual’s substance related problems, whether this individual should receive more therapeutic or punitive actions, if the individual was a social threat, and if they were capable of regulating their substance related behaviors. The results of this study suggested the difference in language was significant regarding thoughts on therapeutic or punitive action needed, as well as the cause of the individual’s substance related problems. When “substance abuse” was used, health care workers responded that the individual needed more punitive action and was willfully engaging in reckless behavior (Kelly & Westerhoff, 2009). Therefore, researchers are encouraged to use neutral, person-centered language, which reflects that the disorder is only one aspect of the individual (Volkow, et al, 2021), instead of potentially stigmatizing language.

Effects of Parental Substance Misuse on Children and Adolescents

According to Kallander, et al. (2018), children take on more caregiving activities in the home when their parents are affected by severe illness or disability, especially when their parents lack access to care or support from other family members or a significant other. These children are at greater risk for physical health problems, mental health difficulties, lower well-being, and are limited in higher education possibilities. This study used the Multidimensional Assessment of Caring Activities (MACA-YC18) to have children self-report the nature of their caring activities across 6 domains: domestic tasks, household management, financial management, personal care, emotional care, and sibling care. Parents were given multiple measures to assess their perceptions of their child’s increased caring activities, as well as their own capacity for taking

care of their child. Both child and parent measures used 6-point Likert scales. Descriptive statistics were used to describe the sample characteristics, and extent and nature of caring activities. Within this study, parents' illness type, severity and duration were positively associated with more caring roles in children, which increases further for children of parents who have both physical and mental illnesses. This study aimed to explore the patterns in caring activities of children in relation to the type of illness their parents are experiencing. An analysis of variance (ANOVA) was used to examine the differences in child caregiving activities in relation to parental illness. Results showed 25% of children with parents who have a mental illness reported spending more than ten hours a week caring for their parent, in comparison to 4% of children caring for parents with a physical illness (Kallander, et al., 2018). These findings suggest that researchers must consider when school-based interventions take place, as after school programs may not be feasible for adolescents who have obligations at home.

Ashrafioun et al. (2011) looked into the opioid crisis that is continuing to affect not only the individual using the substance, but the entire family, and aimed their study on the effects on children whose parents misuse prescribed opioids. This study used a convenience sample of 14 parents and 24 children who were recruited from those admitted to detoxification and inpatient rehabilitation units who met the DSM-IV criteria for opioid dependence. Parents were given the Brief Impairment Scale (BIS) to report their children's interpersonal relationships, school-related functioning, and self-fulfillment. Parents were also administered an adaptation of the Short Inventory of Problems – Lifespan to assess any negative consequences they experience due to their opioid use, as well as a questionnaire designed for this study to collect participants' demographics, current drug use, treatment history, legal history, and their children's demographics. The goal of this study was to determine which characteristics of opioid-using

parents were associated with greater impairment in their children. Linear regression analyses were used to examine parental characteristics that were associated with the child's scores on the BIS. Results showed 50% of children obtained scores that indicated they were impaired and in need of services (Ashrafioun et al., 2011), suggesting parents recognize their children need help and would be likely to consent to school-based screening and intervention.

Mechling et al. (2021) explained how withdrawal from opioids can look very similar to flu-like symptoms and may range from moderate to severe based on the individual. Parents using opioids may become preoccupied with using the substance and less available to fulfill parental responsibilities. Research has suggested individuals using opioids have a higher relapse rate and lower treatment completion rate than any other substance (Mechling et al., 2021). This cycle puts a large strain on the parent-child relationship, and often leads to the child being removed from the parent's care. Thus, Mechling et al.'s research focused on interventions to reduce risk and increase resilience in children of parents with opioid use. Over an 8-week period, children met with a mental health professional once a week for 90 minutes and took part in activities that were tailored to the child's interests. Paired-samples t-tests were used to compare the children's knowledge on opioid use to the scores obtained through the youth and parent Behavioral and Emotional Rating Scale (BERS-2) in pre- vs. post-intervention. Results showed significant differences in youth knowledge on opioid use pre- vs. post-intervention as well as a significant increase in scores on the youth BERS-2 pre- vs. post-intervention. These findings suggest this intervention shows promise for the increase in behavioral and emotional well-being in children living with parents misusing opioids.

When speaking on parents who misuse alcohol specifically, Dube et al. (2001) conducted a nonexperimental study that aimed to explore how having only a mother, only a father or both

parents misusing alcohol was related to childhood neglect, abuse, and other forms of household dysfunction. In this study, participants were members of a Health Appraisal Center which conducted over 500,000 health assessments annually. Each member evaluated completed a standardized questionnaire including information on health history, health-related behaviors, and psychosocial evaluations. On this questionnaire, members were asked if they lived with someone who was a drinker or alcoholic throughout their childhood and could check all that applied out of the following options: mother, father, brother, sister, or other family member. Those who indicated both their mother and father being alcoholics were classified as having grown up with bi-parental alcohol abuse, compared to those who only selected one parent. Results from this study found strong relationships between parental alcohol misuse and each of the ten Adverse Childhood Experiences (ACEs): verbal abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, battered mother, household substance abuse, mental illness in household, parental separation or divorce, and incarcerated household member (Dube et al., 2001). For each category of ACEs, the presence of an alcoholic parent doubled the risk of that ACE among both men and women. The prevalence of reporting any ACE was two to three times higher if a mother misused alcohol compared to no parental alcohol misuse. The co-occurrence of ACEs was highest for respondents who reported bi-parental alcohol misuse. Obtaining an ACE score of zero was most likely for individuals who grew up without a parent who misused alcohol and obtaining an ACE score of 4 or more was highest among individuals who had at least one parent who misused alcohol throughout their childhood (Dube et al., 2001). Although this study focused on adults who lived with parents misusing alcohol in their childhood, researchers can note the importance of early intervention based on these findings, and how this can lead to lasting effects into adulthood.

Growing up with ACEs has been shown to increase an individual's risk of mental health and substance use difficulties in adulthood, which creates a cycle of ACEs that are then passed down to the next generation. Woods-Jaeger et al. (2018) conducted a study to explore the cycle of ACEs and how to best promote resiliency in children to break this cycle. Their research suggested safe, supportive, nurturing environments reduce the risk of negative health outcomes associated with ACEs. Within this study, researchers conducted semi-structured, one-on-one interviews with low-income parents. Results from this study came in the form of recommendations made by parents on ways to help break the cycle of intergenerational ACEs: "raise awareness about ACEs in the community, build a nurturing and supportive community, and provide accessible parental education and support, including mental health services for parents" (Woods-Jaeger, et al., 2018). These findings show parents are willing to receive interventions to promote healthy parent-child attachments and are mostly willing to take steps to break the intergenerational cycle of ACEs.

Resiliency and Risk Factors

Adolescents are neither children anymore nor adults yet, and are more prone to impulsive and defiant behavior, meaning they are inherently more vulnerable to consequences of parents misusing substances. Children living in homes with a parent who misuses alcohol are two-to-four times more likely to develop a psychiatric disorder by the time they reach the age of 15 (Lynskey & Fergusson, 1994), as well as exhibiting impulsivity and attention seeking throughout adolescent years (Sher, 1997). Additionally, female adolescents living with parents misusing alcohol are at greater risk for eating disorders and teen pregnancy (Mylant, et al., 2002). Adolescents living with parents misusing drugs exhibit greater rates of depression, anxiety, lower self-esteem, and are more fearful or lonely compared to adolescents who do not live with a

parent misusing drugs (Bauman & Dougherty, 1983; Fisher & Harrison, 2000; Perez-Bouchard, et al., 1993).

There are three main variables that can influence risk or protective factors in adolescents living with parents misusing substances: individual characteristics, familial factors, and environmental or cultural factors. Individual characteristic risk factors may include poor school performance or attendance. Children or adolescents who affiliate with peers with deviant behaviors are most likely to engage in deviant behaviors themselves. Individuals with impulsive or sensation-seeking behaviors may also be more likely to engage in an array of risky behaviors (National Institution on Drug Abuse [NIDA], 2002). However, average or above-average cognitive functioning, low tolerance for risk taking, good coping skills, optimistic outlook, self-awareness, moderate self-esteem, and the ability to follow rules all serve as resiliency factors for individuals living with parents misusing substances (Roosa, et al. 1990).

Familial factors that serve as risk factors include the severity of addiction of the parent misusing substances, as well as the presence of a comorbid disorder. The co-occurrence of antisocial personality disorder and substance use disorder is especially linked with poor outcomes for children and adolescents (Barnow, et al., 2007). However, if parents can avoid separating, meet their children's emotional needs, enforce expectations, and maintain family rituals, their children will fare better than those with parents misusing substances who disrupt family ties and rituals (Bower & Word, 1993; Brook, et al., 1990; Perez-Bouchard, et al., 1993; Stewart & Brown, 1993). Environmental factors that contribute to these adolescents' well-being include school and community characteristics. Individuals who perceive their teachers as supportive are less likely to engage in, and associate with, deviant behaviors (Suldo, et al., 2008). Involvement with religious groups (Szewczyk & Weinmuller, 2006) and strongly identifying

with cultural ties (Brook, et al., 1998) also lead to more resiliency. However, living in a disorganized community with violence and drug dealing can increase the risk to the child (Hawkins, et al., 1992).

Current Interventions for Adolescents

Adolescents who live with parents misusing substances may struggle academically for reasons other than their cognitive capabilities. Ashenberg and Fewell (2011) suggests these adolescents may experience difficulties in executive functioning, such as planning, regulating emotions, and controlling their impulses. These difficulties may stem from constant negative feelings or worrying about their parent or the effect on the family. Adolescents may also adopt an external locus of control, or feeling that “outside forces, rather than themselves, control their destiny” (Ashenberg & Fewell, 2011), leading to a lack of motivation. Therefore, school-based interventions are crucial for adolescents living with parents misusing substances. Leichtling et al. (2006) conducted a study of 221 adolescents in substance use treatment to compare experiences of adolescents who live with parents misusing substances to those who do not. Data were collected from a two-state study on the effects of adolescent substance use treatment to examine the characteristics of adolescents following an episode of outpatient treatment. Adolescents could receive family-, individual-, or group-counseling, or any combination of three. Researchers found adolescents living with parents misusing substances exhibited greater degrees of change at a one-year post-treatment follow-up when receiving individual and group counseling, compared to their counterparts. However, on a six-month follow-up, family counseling was linked to increased substance use among adolescents from substance-involved families, an effect that was not observed in adolescents from non-substance-misusing families (Leichtling et al., 2006). As this study only pertains to adolescents who also misuse substances, future researchers can note

that family counseling may not be as beneficial as individual and group counseling for adolescents living with parents misusing substances without further research.

Ashenberg and Fewell (2011) mentions two individual intervention strategies that accomplish the overarching goal of enhancing the adolescents' abilities to care for themselves emotionally, physically, and socially, while mitigating risk factors and strengthening resiliency. The psychodynamic perspective encourages students to tell their story while expressing emotions relating to their parents' substance use. This process brings forth issues that can then be discussed while clinicians assist students in acknowledging and expressing their losses and disappointment without becoming emotionally overwhelmed. Within the psychodynamic approach, students can also develop coping skills, and think through what they have learned from this experience (Ashenberg & Fewell, 2011). More research is needed on the psychodynamic therapy with adolescents as there has been very little to support its effectiveness; however, it has been suggested to be effective for adults with a variety of mental health concerns.

Cognitive-behavioral therapy (CBT) is an intervention strategy that develops students' thinking processes and builds skills in areas of problem solving, interpersonal communication and conflict resolution (Ashenberg & Fewell, 2011). Ashenberg and Fewell (2011) explains how CBT is used for adolescents with parents misusing substances by emphasizing how past experiences shape present perspectives and behaviors. Students learn to examine their thoughts and beliefs and determine how those characteristics influence their behaviors. Students also learn how to choose positive role models, relaxation techniques, and how to build relationships with supportive peers and adults (Ashenberg & Fewell, 2011). CBT is an evidence-based intervention often used, and highly effective, to help adolescents showing symptoms of depression, anxiety, and disruptive behaviors (David-Ferdon & Kaslow, 2008; Eyberg et al., 2008; Silverman et al.,

2008). Adolescents living with parents misusing substances should also be assessed for substance use as they are at greater risk for misusing substances themselves. CBT that incorporates skills training was shown to have the most positive outcomes for prevention and early intervention for students living with parents misusing substances in a systematic review of 56 alcohol prevention interventions (Foxcroft et al., 2002).

Group interventions are useful ways for students living with parents misusing substances to learn they are not alone in dealing with the effects of their parents, which can reduce feelings of shame or guilt. Students can build resiliency by sharing strategies for living with substance misusing parents and establishing new peer relationships with those who understand their experiences. Group interventions can be beneficial for adolescents feeling anger or hatred toward their parents and are unable to express their emotions otherwise in fear of their parents' response (Ashenberg & Fewell, 2011). Groups may also use a CBT approach to build social skills, work through anger, or allow students to determine how their thoughts and emotions surrounding their parents' drug misuse is affecting their behaviors.

Recall of Lived Experiences

Researchers are often unable to collect data from children or adolescents regarding their parents' substance misuse during times in their lives that would be most beneficial to learn about their experiences; therefore, researchers must gather information years afterwards and ask participants to think retrospectively about their experiences. This may threaten the accuracy of recalled events or of the severity of the events. Wilson, et al. (2007) conducted a study focusing on the recall of experiences of individuals who grew up with a parent who misused substances. The participants in this study ranged from 16-23 years old and were interviewed with the intent of recalling their experiences growing up with a parent misusing substances. In this study,

researchers formulated a visual “Life Grid” to assist in facilitating conversation, as well as ordering the events chronologically. Findings of this study suggested participants were able to accurately recall events but struggled putting events in chronological order or narrowing down exactly when events occurred. The Life Grid allowed participants to place the recall of experiences in order based on age, school-grade, or where they lived. When using the Life Grid with individuals aged 60 or older, researchers found it was most beneficial for participants to recall events based on dates or years; however, when participants were younger than 25 years old, it was most beneficial for participants to recall events by their age or school-grade (Wilson et al., 2007). Researchers should be mindful of the potential for misconstrued events when speaking with individuals recalling events and note that a visual map may be most beneficial for obtaining accurate information.

The current literature suggests children of parents who misuse substances are directly impacted by their parents’ addictions. Such challenges follow these children into adulthood and have a high likelihood of being passed down to the next generations; therefore, implementing school-based interventions are crucial in the social, emotional, and physical well-being of these children. The literature suggests there are evidence-based interventions that have been found to be effective with adolescents surrounding their parents’ substance use. The current study aimed at gathering additional information on challenges, resiliency factors and needs of adolescents living with parents misusing substances to influence the formulation of school-based interventions specifically.

Methodology

Purpose Statement

The purpose of this study was to identify the challenges, resiliency factors, and needs of adolescents living with parents who misuse substances in an effort to develop future school-based interventions. By exploring the experiences of these adolescents, evidence-based interventions may be formulated in schools. In order to determine what the interventions will focus on, researchers need to know what challenges these individuals are facing, along with what resiliency factors they already possess or feel they would benefit them. School support staff could then create or find interventions that assist in strengthening resiliency factors and further helping students in working through the challenges.

The current study uses a convergent mixed methods design to explore the impact of parents misusing substances on the lives of their adolescent children. Specifically, the research questions that guided this study were as follows:

- (1) What are the challenges reported by adolescents living with parents misusing substances?
- (2) What are the resiliency factors reported by adolescents living with parents misusing substances?
- (3) What are the needs of adolescents living with parents misusing substances?

Research Design

The researcher engaged in a nonexperimental mixed-methods design that included the convergent collection of quantitative and qualitative data. Given the exploratory, descriptive intent of the study, no hypotheses were developed. Rather, the researcher aimed to gather more information about adolescents living with parents misusing substances to better guide future school-based interventions. Collecting qualitative data was most beneficial for learning about students' lived experiences; open-ended questions elicited information on what these students

went through, as well as what they needed from the school to support them. Quantitative and qualitative data were integrated to give the researcher more insight into resiliency factors, challenges, and needs of adolescents living with parents misusing substances. The phenomenon is much more robustly understood by looking at the data together.

Participants

The researcher originally aimed at collecting data with 10th grade students at a large high school in a rural Mid-Atlantic town, who would receive this survey during one of their academic classes on one occurrence. The researcher anticipated one pool of participants that would be subdivided into two groups based on their responses to initial screener questions: those who live with parents misusing substances and those who do not. The total maximum number of participants in this study would have been 120 students and the total minimum would have been 20 students. Therefore, the maximum number for the subgroup of students with parents misusing substances would have been 60 with a minimum of 10 students, which was the same for the subgroup of students who do not live with parents misusing substances. Based on the location selected, this research design was not feasible, therefore college students were surveyed as a convenience sample instead.

However, due to unforeseeable challenges with the proposed study design, for the current study, first year students in the psychology research participant pool at James Madison University (JMU) had the opportunity to choose to participate in this research for course credit for their Psychology 101 or Psychology 160 classes. This research was advertised on the participant pool website through JMU and was only available to students who are currently living with or have previously lived with at least one parent who misused substances. The researcher surveyed first year psychology students at JMU as a convenience sample. The total

maximum number of participants in this study was twelve students and the total minimum was five students. The maximum number of participants was chosen based on the time limitation involved for providing individual survey times to ensure confidentiality and in-person monitoring to accommodate the sensitivity of the research topic. Based on the results of the screener questions, one participant was screened to not have lived with a parent who misused substances; therefore, the corresponding data were not included in the results or analyzed. Demographics of individual students were not collected during this survey to provide another level of protection of confidentiality. These data were collected in a computer lab where students completed the survey individually during their own time slot, and they could be very easily identified if their demographics were attached to their survey response. Common demographics for first year students at JMU consist of students who are 78% White, 6% Asian/Pacific Islanders, 5% Hispanic, 5% Mixed Race and 4% African American. Additionally, first year students at JMU are 55% female, 43% male, 1% nonbinary, and 10% of first years reported to be first generation (Office of Institutional Research, 2022).

Procedure

Permission from the Institutional Review Board (IRB) at JMU to conduct the study was obtained prior to recruiting participants. The researcher collaborated with managers of the participant pool to advertise the study and recruit students in JMU Psychology 101 and Psychology 160 classes to participate in a 15-minute, confidential survey. The researcher reserved a computer lab in Miller Hall for twelve 15-minute sessions. Students signed up to participate in one of these 15-minute sessions and came to the designated computer lab to complete the survey at the time slot they signed up for. When students arrived at the computer lab for their designated session, they were given a paper consent form (see Appendix A). This

consent form contained the purpose, intent, and potential risks of the research. Providing a hardcopy of the consent form allowed the researcher to obtain consent, keep the identity of the student separate from their survey responses, and take attendance for the participant pool. Once the students signed the consent form, they sat down at a computer, signed into the computer, and followed the link the faculty member wrote on the board which led them to the survey. The faculty member is also a mental health professional and observed students for signs of distress during the survey to maintain the safety of all students. While students were taking the survey, they were able to speak to the mental health professional during, or after, the survey and could cease continuation of the survey at any time if they became distressed. Students took approximately 10 minutes to complete the survey and were able to leave as soon as they completed the survey. There was a five-minute window in between each time slot available to protect the identity of those who signed up for the survey to ensure they would not see other participants walking in or out of the computer lab.

The first six questions of the survey were a modified version of the Children of Alcoholics Screening Test (CAST-6) that includes other substances in addition to alcohol (see Appendix B). If participants answered “yes” to less than two of the first six questions, the researcher would discard those data as the responses indicated the participant did not live with a parent misusing substances. The remainder of the survey questions were a locally developed survey that had been vetted through school psychology graduate students at JMU to test the validity and reliability. Once each of the twelve sessions of surveys were completed, the researcher automatically received the responses on the Question-Pro account and ran descriptive statistics on the results. Data collection and analyses occurred separately, as surveys continued to be completed across the span of twelve sessions.

Instrumentation

The link to the survey granted participants access to Question Pro (an online survey tool) where students confidentially responded to several questions. When students began the survey, participants started with a modified version of the Children of Alcoholics Screening Test (CAST-6). This screener was modified to also include other substances used by parents. The CAST-6 is a subsample of questions appearing on the Children of Alcoholics Screen Test (CAST), developed by Jones and Pilat (Pilat, J. M., & Jones, J. W., 1984-1985) and has also been rigorously tested. Elgán, et al. (2021) conducted a study to evaluate the psychometric properties of the CAST-6 on adolescents compared to adults. These researchers found “the Cronbach’s alpha value of the CAST-6 was 0.88 (same for both sexes) indicating a good internal consistency. The test-retest reliability revealed an excellent level (0.93, 95% CI 0.90–0.95) overall and for both boys (0.96, 95% CI 0.93–0.98, $n = 48$) and girls (0.92, 95% CI 0.86–0.95, $n = 61$). Researchers also found a cutoff score of 2 is more optimal for individuals aged 15-18, compared to a cutoff score of 3 for adults (Elgán, et al., 2021).

After completing the Modified CAST-6, students were automatically directed to a locally developed survey. This survey was intended for students, who either currently live with or previously lived with at least one parent who misused substances. Questions on the survey were written in past tense, second-person language and asked the participants directly about their previous obligations at home, challenges when it comes to living with a parent misusing substances, factors that make them resilient, and a place to comment on any needs they have. These questions were both closed- and open-ended.

Analysis

The quantitative data were analyzed with descriptive statistics. As quantitative data were collected through Likert scales, these data were analyzed as ordinal data because although there is a ranking in answers, the intervals are not evenly spaced or clearly defined. Participants may have interpreted each response differently, which is why qualitative questions were linked with each quantitative question. To get an overall impression of the sample, the researcher calculated the percentages of responses for each question. This allowed the researcher to identify patterns or themes in responses that may be used to create future interventions.

The qualitative data were analyzed through Braun and Clarke's (2006) model of thematic analysis. There are six phases of this model: familiarizing oneself with the data, generating initial codes, searching for themes, reviewing things, defining, and naming themes, and producing the report. To become familiar with the data, the researcher read through all the surveys and began taking notes or marking items for coding in subsequent phases. These notes may include anything the researcher found interesting and any general ideas about the data. Initial codes were generated to identify a feature of the data that appeared interesting to the analyst. Coding is an essential way to organize the data into meaningful groups. The researcher coded the qualitative responses for repeating ideas, concerning responses, or unique answers. Searching for themes refocused the researcher on the larger themes rather than the individual codes. The researcher began searching for how individual codes could be combined to form overarching themes from the open-ended responses. The researcher then reviewed the themes to determine which candidate themes did not have enough data to support them. This phase is the refinement of themes. The researcher found the most prevalent themes and recurring responses from qualitative responses on the surveys. Defining and naming themes was the next phase once all refinements

had been made. The researcher defined the essence of what each theme was about and determined what aspects of the theme the data captured. By the end of this phase, the researcher was able to clearly define what the themes were and what they were not. The final phase was producing the report. The researcher told the complicated story of the data that suggests the validity of the analysis. It was crucial the analysis provided a concise, logical, and interesting story, across and between themes (Braun and Clarke, 2006).

Quantitative and qualitative data were integrated to provide the best overall understanding of students living with parents misusing substances. These data sets were weighed equally as one did not take primacy over the other. The quantitative data provided the researcher with a way to find statistical themes among respondents and the qualitative data allowed respondents to describe their experiences. The explanations allowed the researcher to understand what the participant meant with their Likert scale responses, as well as to understand the experiences of the participant.

Rigor and Trustworthiness

To uphold the standards of quantitative rigor and qualitative trustworthiness, the researcher considered trust value and applicability. Trust value established how confident the researcher was with the truth of the findings based on the research design, informants, and context (Krefting, 1991). This is measured in quantitative research by measuring the validity of the instruments used. In the current study, the CAST-6 was rigorously tested and demonstrated validity evidence for the samples on which the measure was studied. To measure trust value in qualitative research, researchers discover human experiences as they were lived and perceived by the participants. In the current study, open-ended questions addressing the research question

“What are the needs of adolescence with parents misusing substances?” explained those human experiences perceived by the participants.

Applicability refers to the degree to which the findings can be applied to other contexts and settings, or with other groups (Krefting, 1991). This was measured in quantitative research by how well the threat to external validity was managed, and how well the findings could be generalized. In the current study, reliability was measured by how well the findings of what students, who live with parents misusing substances, experience or need could be compared to the information on this topic in previous research. This provided the researcher with how these experiences fluctuated or remained stable across time. Applicability was measured in qualitative research by how well the findings fit into contexts outside of the study situation that were determined by the degree of similarity between the two contexts (Krefting, 1991). In the current study, applicability was measured by how the open-ended questions that gave the researcher insight to the lived experiences of students living with parents misusing substances could be truly understood in efforts to form future interventions.

Results

Quantitative Findings

The seven participants of this study received the same survey and responded to all of the same survey questions; the survey was administered individually during their previously scheduled 15-minute time slot on April 17, 2023, or April 19, 2023. The researcher ran descriptive statistics on the data collected. There were no methods used for addressing missing data as there were seven responses to each of the quantitative questions on the survey. Means and standard deviations were provided for each quantitative question; however, only some of these results are meaningful based on the Likert Scale question format. The modified CAST-6

screeners showed consistent responses across all six questions, shown in Table 1. Six out of seven (85.7%) participants responded that they thought their parent had a drinking or substance use problem. Six out of seven (85.7%) participants responded they had encouraged one of their parents to quit drinking or using substances. Six out of seven (85.7%) participants argued or fought with a parent when they were drinking or using substances. Six out of seven (85.7%) participants heard their parents fight when at least one of them was drunk or under the influence of other substances. Six out of seven (85.7%) participants wished their parent would stop drinking or using drugs. Five out of seven (71.4%) participants responded they felt like hiding or emptying a parent's bottle of liquor or container of substances. All seven participants' responses are included in these results as this screener revealed the participant who was determined to not have previously lived with a parent misusing substances.

Table 1.

Modified CAST-6 Screener Results

| Modified CAST-6 Screener Questions | Percentage of Responses | |
|--|-------------------------|--------|
| | Yes | No |
| Have you ever thought your parent had a drinking or substance use problem? | 85.71% | 14.29% |
| Have you ever encouraged a parent to quit drinking or using substances? | 85.71% | 14.29% |
| Have you ever argued or fought with a parent when they were drinking or using substances? | 85.71% | 14.29% |
| Have you ever heard your parents fight when at least one of them was drunk or under the influence of other substances? | 85.71% | 14.29% |
| Have you ever felt like hiding or emptying a parent's bottle of liquor or container of substances? | 71.43% | 28.57% |
| Have you ever wished your parent would stop drinking or using drugs? | 85.71% | 14.29% |

Five out of six participants lived with a parent misusing substances between the ages of 12 and 18 years old. Participants rated the severity of their parent's substance misuse as a four

out of five ranking (50%), three out of five ranking (33.3%), and five out of five ranking (16.6%) on a Likert scale ranging from 1(*not severe at all*) to 5(*extremely severe*). Participants rated the degree to which they were exposed to their parents' substance use as a three out of five ranking (66.6%) and four out of five ranking (33.3%) on Likert scale ranging from 1(*I was never exposed*) to 5(*I was exposed all day, every day*). Participants ranked the emotional atmosphere of their house as a three out of five ranking (66.6%), two out of five ranking (33.3%), on a Likert scale ranging from 1(*cold/distant*) to 5(*warm/close-knit*). When asked how often their families ate dinner together a week, two out of six participants responded with two (33.3%) and four (33.3%) nights a week. One out of six participants responded with eating three (16.6%) and five (16.6%) nights a week together. Four out of six (66.6%) participants noted how often they ate dinner together did not change based on their parent's substance use. On a Likert scale ranging from 1(*I never took care of my parent*) to 5(*I took care of my parent all day, every day*), two out of six ranked the extent they took care of their parent who misused substances as a one out of five (33.3%), two out of five, (33.3%) and three out of five ranking (33.3%). When selecting how participants cared for their parent, four out of six (57.14%) participants shared they filtered their parent's interactions with others. One out of six participants made appointments for their parent (14.29%), helped with medication management (14.29%), or did not help their parent who was misusing substances (14.29%).

When selecting what their parents' substance use looked like, five out of six (27.7%) participants shared their parent did not help them with their homework. Three out of six (16.6%) participants shared their parent was out of touch with reality. Four out of six (22.2%) participants shared their parent was unable to take care of household responsibilities. Three out of six (16.6%) participants shared their parent was incapable of providing for the family. Three out of

six (16.6%) participants shared their parent could not go a single day without drinking or using drugs. These results are shown in Table 2.

Table 2.

Parental Substance Use

| Survey Items | Percentage of Responses |
|---|--------------------------------|
| My parent was out of touch with reality | 16.6% |
| My parent was incapable of providing for our family | 16.6% |
| My parent was unable to take care of household responsibilities | 22.2% |
| My parent did not help me with schoolwork | 27.7% |
| My parent could not go one day without drinking alcohol or using substances | 16.6% |
| Other | 0% |

When selecting how the participants were exposed to their parent's substance use (see Table 3), five out of six (29.4%) participants shared their parent used substances in front of them. Five out of six (29.4%) participants shared their parent kept substances in plain sight. Four out of six (23.5%) participants shared their parent talked about using substances in front of them. Two out of six (11.7%) participants shared their parent relied on them to take care of them when they were under the influence. One out of six (5.8%) participants shared their parent relied on them to take care of household responsibilities while they were under the influence.

Table 3.

Risk Factors – Exposure to Parental Substance Use

| Survey Items | Percentage of Responses |
|---|--------------------------------|
| My parent used substances in front of me | 29.4% |
| My parent kept substances in plain sight | 29.4% |
| My parent relied on me to take care of them when they were under the influence | 11.7% |
| My parent relied on me to take care of household responsibilities while they were under the influence | 5.8% |
| My parent talked about using substances in front of me | 23.5% |

| | |
|--|----|
| I was not exposed to my parent's substance use | 0% |
| Other | 0% |

When identifying the negative consequences that participants have been exposed to because of their parent's substance use, five out of six (41.6%) participants shared they feel their parent did not take care of them as much as they should. Three out of six (25%) participants shared their parent brought friends over to the house who all used substances. Two out of six (16.6%) participants shared their parent has been arrested due to their substances use. One out of six (8.3%) participants shared their parent put all their money toward buying substances. One out of six (8.3%) participants shared their parent tried to get them to drink or use substances with them. These results are shown in Table 4.

Table 4.

Risk Factors – Exposure to Negative Consequences

| Survey Items | Percentage of Responses |
|---|-------------------------|
| My parent has been arrested due to their substance use | 16.6% |
| My parent put all their money toward buying substances | 8.3% |
| My parent did not take care of me as much as I feel they should have due to their substance use | 41.6% |
| My parent brought friends/people over to our house who all use substances | 25% |
| My parent tried to get me to drink or use substances with them | 8.3% |
| I was not exposed to negative consequences | 0% |
| Other | 0% |

When selecting how their parent who misused substances monitored their activities, five out of six (29.4%) participants shared their parent knew their friends. Three out of six (17.6%) participants shared their parent monitored their schoolwork completion. Three out of six (17.6%) participants shared they had a curfew. Three out of six (17.6%) participants shared their parent knew where they were after school. Three out of six (17.6%) participants shared their parent had

their location on their phone. Participants ranked the extent they missed out on social events due to their parent's substance misuse on a Likert ranging from 1(*I never missed out of social events*) to 5(*I missed every single social event*). Three out of six (50%) participants provided a two out of five ranking, two out of six participants provided a three out of five (33.3%) ranking, and one out of six participants provided a one out of five ranking (16.6%). These results are shown in Table 5.

Table 5.

Monitoring Activities

| Survey Items | Percentage of Responses |
|---|--------------------------------|
| Not at all | 0% |
| Completing schoolwork | 17.6% |
| I had a curfew | 17.6% |
| My parents knew my friends | 29.4% |
| My parents knew where I was after school | 17.6% |
| My parents had my location on their phone | 17.6% |
| Other | 0% |

Three out of six (50%) participants ranked their extra responsibilities at home as a two out of five ranking, on a Likert scale ranging from 1(*no responsibilities at all*) to 5(*I took care of all the responsibilities in my house*). Participants also ranked their extra responsibilities as a three out of five ranking (16.6%), four out of five ranking (16.6%), and one out of five ranking (16.6%), respectively. Table 6 shows the extra responsibilities the participants had at home. When selecting the extra responsibilities the participants had at home due to their parent's substance use, five out of six (26.3%) participants shared they washed dishes. Four out of six (21.05%) participants shared they cleaned the house. Three out of six (15.7%) participants shared they cared for a younger sibling. Three out of six (15.7%) participants shared they took out the trash. Two out of six (10.5%) participants shared they prepared meals. Two out of six (10.5%) participants shared they cared for their parent.

Table 6.*Extra Responsibilities at Home*

| Survey Items | Percentage of Responses |
|-----------------------------|--------------------------------|
| Preparing meals | 10.5% |
| Caring for younger siblings | 15.7% |
| Taking out the trash | 15.7% |
| Washing dishes | 26.3% |
| Cleaning the house | 21.05% |
| Caring for parents | 10.5% |
| Other | 0% |

Three out of six (50%) participants ranked feeling supported by an adult other than their parents as a three out of five ranking, on a Likert scale ranging from 1(*I did not feel supported at all by an adult*) to 5(*I felt very supported by other adults*). Three out of six (50%) participants ranked feeling supported by other adults as a four out of five ranking. When selecting the ways adults other than their parents cared for the participants, four out of six (28.5%) participants shared other adults checked in on them. Four out of six (28.5%) participants shared they went to other adults to talk to them. Four out of six (28.5%) participants shared other adults cared for them when their parent did not. Two out of six (14.3%) participants shared other adults praised them for their hard work. These results are indicated in Table 7.

Table 7.*Resiliency Factors – Support from Other Adults*

| Survey Items | Percentage of Responses |
|--|--------------------------------|
| They checked in on me | 28.5% |
| I went to them to talk to them | 28.5% |
| They cared for me when my parent didn't | 28.5% |
| They praised me for my hard work | 14.3% |
| I did not feel supported by other adults | 0% |
| Other | 0% |

Qualitative Findings

Open-ended questions in this survey allowed participants to further explain their resiliency factors and lived experiences with a parent misusing substances to answer research question two. Participants were asked if they use any skills or strategies to cope with their parent misusing substances, what these skills or strategies are, and how well they work for the participants, as well as how these skills or strategies are similar or different to what they benefit from now. The major themes found throughout these responses are that adolescents try to avoid the difficulties and emotions associated with their parent’s substance misuse, the skills and strategies they used as adolescents are what they continue to use and refine as they get older, and they were not provided the adequate level of support they needed when they were living with a parent misusing substances. Table 8 shares the participants’ responses.

Table 8.

Resiliency Factors – Skills and Strategies

| Skills/Strategies | Same/Different |
|---|--|
| “I try to be understanding of why there is a substance problem but I also try to use the emotional leverage of me being the child. They worked somewhat well but I think there is more to do in the future.” | “I would say the skills and strategies are similar to what I did back in the past, I think I have refined it more as I have aged, and adjusted based on my maturity.” |
| “I try to learn from the bad behavior of others so that I myself can behave positively.” | “Yes, I now have a more positive approach to negative situations like this than I did before. I used to simply stay spiteful.” |
| “I like to listen to music with headphones on, exercise or leave the setting I’m in and go to a friends. These strategies seem to work well for me because they act as distractions and allow me to separate myself from the situation that is bothering me.” | “These are pretty much the same things I would do at home to distance myself from my dad when he was drinking. I mostly relied on blocking him out using noise cancelling headphones or just leaving home entirely.” |
| “Patience.” | “Yes, I was very angry with him and constantly picked out fights. after having realized that my words would have no effect on him I decided that the best things for me to do is let go.” |
| “Think before I speak usually helps a lot because lashing out never works well for me.” | “I think this situation taught me to do this because I tried not to get upset when speaking to her and |

| | |
|----------------------------|--|
| | tried not to place blame because I know addiction is an illness and she wasn't choosing to do this.” |
| “I do not use strategies.” | “N/A” |

Participants were then asked what support, if any, would have benefited them back when they lived with a parent misusing substance, as well as now. These results are beneficial for the researcher to acknowledge the supports adolescents find helpful and what they did or did not receive from their friends, families, or school staff. These supports could be provided in or out of school. Table 9 shares the participants’ responses. These narratives suggest the participants did not receive the support they needed from the school or their other parent. To answer research question three, adolescents living with parents misusing substances need a more reliable support system from both adults and peers.

Table 9.

Needs – Extra Supports

| Supports |
|---|
| “People helping me to try and stop the abuse. Having friends or connecting with people that also share similar problems so we can work together to find the best strategy to stop the substance abuse.” |
| “Both then and now I was benefitted by the good care of my other parent and the support of my social circle.” |
| “I wish both then and now that the schools I attended had better counseling systems. At JMU you can only visit the counseling center six times and in high school I felt like my counselors were cold and judgmental so I didn't want to talk to them.” |
| “My older brother has been my father figure from the day I cut communication with my father. I go to him for everything and he has always been there for me emotionally.” |
| “Checking in always makes me more motivated to make my parents proud.” |
| “My mom’s support.” |

When asked if there was anything else the participants wanted to share about their experience living with a parent misusing substances, two out of six participants responded. These participants shared: “My parent's substance abuse wasn't too bad actually, they would still love me and take care of me. It's just more of a distraction they would use towards stress from working” and “Alcohol abuse can have a heavy impact on family life. My siblings and I saw the best and worse versions of him between days and it is sad to say that I think alcohol has changed him forever.” These personal anecdotes capture the lived experiences these participants encountered.

Mixed-Methods Findings

Quantitative and qualitative findings were used in tandem to best portray the challenges, resiliency factors and lived experiences of adolescents who lived with a parent misusing substances. Qualitative questions were asked in relation to quantitative questions to get a better understanding of the quantitative responses. Participants were asked to describe one family tradition they had, and if that tradition changed based on their parent’s substance use. The family traditions are listed in Table 10. Four out of six (66.6%) participants shared this family tradition did not change based on their parent’s substance use. These results demonstrate the majority of adolescents living with a parent misusing substances are not missing out on family traditions. However, it should be noted that 33.3% of participants shared their tradition did change, meaning these adolescents may feel furthermore isolated during a time where their family use to spend time together.

Table 10.

Resiliency Factors – Family Traditions

| Family Traditions |
|--------------------------|
|--------------------------|

“We all go on vacation once a year during the summer. It depends on the place but typically we alternate each year with a beach place or a city place.”

“We would have a pizza dinner on Fridays.”

“We all go to the beach together every summer.”

“My family had no traditions.”

“Bagels on Christmas.”

“No traditions.”

Participants were asked to rate the quality of their relationship with their parent who misused substances on a five-point Likert scale ranging from 1(*very distant, non-loving*) to 5(*very close-knit, very loving*). Three out of six (50%) participants ranked their relationship as a four out of five rating. Two out of six (33.3%) participants ranked their relationship as a two out of five rating. One out of six participants ranked their relationship as a three out of five (16.6%). There were no participants that ranked their relationship with their parent who misused substances as a one out of five, or five out of five, ranking. Participants were then asked to explain what could have made their relationship with their parent who misused substances better or worse. The participants' responses are presented in Table 11. The qualitative responses enhance the researcher's understanding of their quantitative responses of their relationship with their parent. Researchers can use this information to find out what these adolescents feel would have helped make their experiences better in ways they have already thought of. Major themes of these responses include the parent spending more time with their children, seeking help, and limiting their substance intake. It is important to also understand what the participants feel would have made their situation worse in understanding their outlook on the situation. Major themes of

these responses were increased usage of substances, using a variety of substances, experiencing physical abuse, or not seeking help.

Table 11.

Needs – Making Relationships Better or Worse

| What could have made it... | |
|--|---|
| Better | Worse |
| “More time spent with me and my brother. I think that would have helped more.” | “More substance abuse, or using other substances outside of the ones already being used. More time spent away from the family.” |
| “My parent needed to get help and work on emotional outbursts that were the result of their problems.” | “Continuing to misuse substances without any attempts to change.” |
| “My dad could have set aside more time to spend with me doing things together that weren't just things he was interested in and let me tag along for. He also could have worked on his anger and regulated his emotions better.” | “My dad could have drank earlier in the day and stayed drunk for longer periods of time. He could have been physically abusive to our family but he never was.” |
| “If he were to have altered his extent to how far he would drink I think things would be very different. I grew a hatred for his side of my family which resulted in me no longer having contact with them. If they had realized the consequences to their actions were having a toll on my sibling and I we would still be in touch.” | “Although I myself never experienced physical abuse with my father I did witness it. I think our relationship would have been worse if he were to put his hands on me.” |
| “Being honest.” | “If she didn't get professional help.” |
| “Not misusing substances. Most things that went wrong in our relationship were because of that.” | “If he continued. He's sober now.” |

Discussion

With the continued increase in parental substance misuse, the information collected can be used to identify the resiliency factors students see in themselves and form future school-based interventions, as well as provide a starting point for future research. Collecting data from adolescents in high school who were currently living with a parent misusing substances, as originally intended by the researcher, would have provided the researcher in-time information

about what these adolescents were experiencing, feeling, and needing from the school system. However, by collecting data from first-year college students, researchers were able to obtain information about how the participants handled their lived experiences and what they feel they could have benefited from. It should be noted the literature review focuses on adolescents living with parents misusing substances, however the participants in this study are first-year college students. The information obtained through research remains prominent as researchers asked participants to think retrospectively on their experiences during their adolescent years to best form school-based interventions for current adolescents. The current literature indicates adolescents take on caring activities across 6 domains: domestic tasks, household management, financial management, personal care, emotional care, and sibling care (Kallander, et al., 2018), which can be accounted for within this research study. Findings from this study indicated many challenges the participants experienced throughout their adolescent years. A summary of these challenges include: 27.7% of parents did not help with schoolwork; 22.5% of parents were unable to help with household responsibilities; 16.6% of parents were incapable of providing for the family; 41.6% of parents did not take care of their children as much as they feel they should have; and 8.3% of parents tried to get their child to use substance with them. School support staff should be aware of these challenges when working with adolescents in the school setting in order to best support their needs. While considering the additional responsibilities at home, school support staff can better understand the challenges and lived experiences adolescents living with parents misusing substances face. This may be beneficial to staff if the academic performance of adolescents decreases or their behavior changes abruptly.

This research study also indicated an abundance of resiliency factors the participants already possess or gained through the experience of living with a parent misusing substance. A

summary of these resiliency factors include: 50% felt strongly supported by other adults; 16.6% had a sibling that took on the parental role; and the majority have found coping skills and have refined them as they grow older. School support staff can use this information to understand what has already been found beneficial to these adolescents and what they can offer or look for in other adolescents experiencing a similar situation. For mental health providers in schools, this means that students know what works for them and what does not. Adolescent students have the ability to seek out coping skills on their own, but the additional conversations surrounding healthy skills versus unhealthy skills, as well as encouragement to use the coping skills, are crucial for their development. Identifying existing family supports are important to discuss with the adolescent before providing recommendations to the family. Family counseling was linked to increased substance use among adolescents from substance-involved families (Leichtling et al., 2006); however, identifying a family member who serves as a stable support was a major theme of resiliency across data collected in this study. Adolescent students can benefit from the conversations, interventions, and encouragement from school support staff by having a safe space within the school building to address their specific and individualized needs surrounding living with a parent misusing substances.

This research study provided a handful of supports this group of individuals would have needed throughout their experience of living with a parent misusing substances. Researchers are reminded by narratives provided by participants that all lived experiences with parents misusing substances are different, along with the adolescents and the parents differing from all others in similar situations. A summary of these needs includes counseling support; both adults and peers checking in on them; assistance with getting the parent to stop using substances; support for the other parent; and connecting with others in similar situations. This information is highly

beneficial for school support staff to use moving forward when forming school-based interventions, implementing more supports in school or in the community, or conducting further research. Results from this study suggest that adolescents who live with a parent misusing substance need additional support from adults, whether it be a family member, older sibling, or school staff member. Adolescents want to be checked in on and feel supported through their experience of living with a parent misusing substances in hopes of ultimately getting their parent to stop using or alter their behavior to benefit the family. In the schools, staff can assist these student needs by providing the students the welcoming, judgment-free space they need to talk about their situation. School staff can implement group counseling to allow students of similar situations to share and compare experiences in efforts to encourage further supports and ensure they are not alone. School staff should continue to do research on this topic and remain open to each student's individualized needs.

The purpose of this study was to identify the challenges, resiliency factors, and needs of adolescents living with parents who misuse substances in an effort to develop future school-based interventions. By exploring the experiences of these participants in tandem with the current research, researchers have identified adolescents living with parents misusing substances would benefit from school-based interventions that aim to provide and strengthen adult and peer relationships, coping skills, and information about substance use disorders. Group interventions can be beneficial for adolescents to express and work through their emotions they may otherwise fear their parents' response to (Ashenberg & Fewell, 2011). Groups may also use a CBT approach to build social skills, work through anger, or allow students to determine how their thoughts and emotions surrounding their parents' substance misuse is affecting their behaviors, while forming connections with peers who understand their experience. Mechling et al.'s

research suggests providing information to children and adolescents about the substance their parent is using showed promise for the increase in behavioral and emotional well-being in children. Participants in this study reported continuing to use or refining the coping skills they used during their adolescent years, therefore providing research-based skills in school is crucial.

Limitations

Throughout this study, there were noted limitations that should be taken into consideration when interpreting the results and contemplating future studies. There was a very small sample size of JMU students who participated in this research. Due to unforeseen circumstances of being unable to collect data in a K-12 school district, shifting to getting this research approved by the JMU IRB and JMU Participant Pool fell late in the school year, so many students already contributed to the necessary research for their PSYC 101 and PSYC 160 classes. Due to time limitations involved for providing individual survey timeslots to ensure confidentiality and in-person monitoring to accommodate the sensitivity of the research topic, the sample size could only be a maximum of twelve students.

This population is also very specific. Although no demographic information was collected, all students were freshmen at JMU in psychology classes. The majority of students at JMU live in Virginia, New Jersey, Pennsylvania, Maryland and New York (JMU College Data Analytics Team Unbiased Factual Guarantee, 2023), so assuming the participants in this study are from the Mid-Atlantic region of the United States, these data may be difficult to generalize to other populations of adolescents across the country. Another limitation of this study is that there were no demographics collected. This decision was made in efforts to maintain additional levels of confidentiality with the small sample size; however, the researcher was not the mental health provider overseeing the participants take the survey, therefore, the researcher would have no way

of connecting the data to participants based on their demographics. This information would have given researchers additional data to generalize the results of this study.

The population of students surveyed was not the ideal population to collect data from. This study asked first year college students to think retrospectively on their adolescent years living with a parent who misused substances. By being almost a full year removed from living with parent misusing substances, this may have led to a euphoric recall of experiences. Participants may have suggested their experiences were not as bad as they may have thought when they lived in those environments, or participants may not have believed they needed more supports based on how they currently cope distanced from their parent who misused substances. Although the current literature stated adolescents accurately recalled events from the past related to parental substance use, a visual for mapping and recall purposes may have been beneficial.

Future Research

Although there was not a comparison group of adolescents who did not live with a parent misusing substances, this study quantifies the lived experiences of those who have lived with a parent misusing substances. This information can be used in formulating an alternative hypothesis in future studies to hypothesize that adolescents who live with parents misusing substances will have more challenges than those who do not live with a parent misusing substances. Future studies should include a comparison group in order to compare the challenges, resiliency factors and lived experiences of adolescents based on whether they live with a parent misusing substances.

Future research should also include students who are currently living with a parent misusing substances, as well as more individuals who are five or more years removed from the situation. By hearing from adolescents currently experiencing a parent misusing substances,

researchers can learn more about what challenges are being faced and what skills are currently being used. Adolescents may also provide information when looking retrospectively on when they were younger. Thinking about those previous experiences could give school support staff ideas on how to implement interventions in school to teach skills and strategies at an earlier age to promote resiliency. By working with individuals who have been removed from living with a parent misusing substances by five or more years, researchers can learn if there are any supports, strategies or interventions that would have been helpful for the adolescents in which they were unaware they needed at the time. Researchers may also want to look at these age groups in tandem to compare what would be most beneficial to implement during different age ranges, providing a developmental perspective.

Conclusion

This research study has captured an understanding that there are critical supports which can be provided to promote success and well-being for adolescents living with parents misusing substances. These include the importance of having a supportive adult in their lives, whether it be a family member, older sibling, or staff member in the school. School support staff must be attentive to students who cannot identify a family member who is reliably supportive. These students are in much greater need of adult relationships in the school. Due to these challenges, school support staff are encouraged to be consistently readily available to these adolescents to enhance stability in their lives. Adolescents may also benefit from education on substance use disorders to have a better understanding of what their parent is experiencing. Additional supports include the importance of providing coping skills that are effective for each individual adolescent. Just as each lived experience with a parent misusing substances is different, each student responds differently to a variety of coping skills. By forming relationships at school,

support staff can recognize the resiliency factors within these students and provide effective coping skills. Finding healthy strategies for students and providing them with a judgment-free space to express their experiences and concerns is most likely to promote success and well-being for these adolescents.

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Appendix A

Consent Form

Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Alison Palmer, M.A. from James Madison University. The purpose of this study is to identify the challenges, resiliency factors, and needs of adolescents living with parents who misuse substance to develop future school-based interventions. This study will contribute to the researcher's completion of their master's thesis.

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of a survey that will be administered to individual participants in Miller G025. You will be asked to provide answers to a series of questions related to living with a parent who is either currently or previously misused substances.

Time Required

Participation in this study will require 15 minutes of your time.

Risks

The investigator perceives the following are possible risks arising from your involvement with this study: There is the risk that you may find some of the questions to be sensitive; Some of the survey questions may be distressing as you think about your personal experiences. In order to minimize these risks, a mental health professional will be available during and after this survey if you wish to seek out additional support.

Benefits

Potential benefits from participation in this study include the opportunity for students to share their experiences and use this data collection as a safe outlet of their emotions and needs. This data will benefit scientific knowledge by having more data to create specific school-based interventions for students living with parents misusing substances in the future.

Incentives

You will receive course credit for participation in this study. If you choose not to participate in this research, you will have the opportunity to participate in another research opportunity.

Confidentiality

The results of this research will be presented at a Symposium Day presentation with graduate students and faculty in attendance. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon

completion of the study, all information that matches up individual respondents with their answers will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

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Questions about Your Rights as a Research Subject

Dr. Lindsey Harvell-Bowman
Chair, Institutional Review Board
James Madison University
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Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

Name of Participant (Printed)

Name of Participant (Signed)

Date

Name of Researcher (Signed)

Date

This study has been approved by the IRB, protocol #23-3972.

Appendix B

Survey

Hello:

In this survey, JMU Psychology 101 and 160 students will be asked to answer the following questions about substance use in the home. It will take approximately 15 minutes to complete the survey.

Your survey responses will be strictly confidential. If at any time during the survey you feel you need to speak with a mental health professional, please stop the survey and alert the faculty member who is supervising this session. If you have questions about the survey or the procedures, you may raise your hand at any time.

Your participation in this study is completely voluntary. You are assenting to participate by clicking the START button below.

Thank you very much for your time and support. Please start with the survey now by clicking on the START button below.

1. Have you ever thought that one of your parents had a drinking or substance use problem?
 - a. Yes
 - b. No
2. Have you ever encouraged one of your parents to quit drinking or using substances?
 - a. Yes
 - b. No
3. Have you ever argued or fought with a parent when they were drinking or using substances?
 - a. Yes
 - b. No
4. Have you ever heard your parents fight when one of them was drunk or under the influence of substances?
 - a. Yes
 - b. No
5. Have you ever felt like hiding or emptying a parent's bottle of liquor or container of substances?
 - a. Yes
 - b. No
6. Have you ever wished that a parent would stop drinking or using substances?
 - a. Yes
 - b. No

7. At what age did you live with a parent misusing substances? Select all that apply.
 - a. Birth-3
 - b. 4-7
 - c. 8-11
 - d. 12-15
 - e. 16-18
 - f. I currently live with a parent misusing substances
8. On a scale from 1-5, how severe was your parent's substance use?
 - a. 1 (not severe at all)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (extremely severe)
9. Select as many of the following that describes what your parent's substance use looked like:
 - a. My parent was out of touch with reality.
 - b. My parent was incapable of providing for our family.
 - c. My parent was unable to take care of the household responsibilities.
 - d. My parent did not help me with schoolwork.
 - e. My parent could not go one day without drinking alcohol or using substances.
 - f. Other
10. To what degree were you exposed to your parent's substance use?
 - a. 1 (I was never exposed)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (I was exposed all day every day)
11. Select all of the following that describes how you were exposed to your parent's substance use:
 - a. My parent used substances in front of me.
 - b. My parent kept substances in plain sight.
 - c. My parent relied on me to take care of them when they were under the influence.
 - d. My parent relied on me to take care of household responsibilities when they were under the influence.
 - e. My parents talked about using substances in front of me.
 - f. I was not exposed to my parent's substance use.
 - g. Other
12. Select as many of the following negative consequences you have been exposed to based on your parent's substance use:
 - a. My parent has been arrested due to their substance use.
 - b. My parent put all their money toward buying substances.
 - c. My parent did not take care of me as much as I feel they should have due to their substance use.

- d. My parent brought friends/people over to our house who all used substances.
 - e. My parent tried to get me to drink or use substances with them.
 - f. I was not exposed to negative consequences.
 - g. Other
13. How many nights a week did your family eat dinner together?
- a. 1
 - b. 2
 - c. 3
 - d. 4
 - e. 5
 - f. 6
 - g. 7
14. Did the amount your family ate dinner together change with the amount of your parent's substance use?
- a. Yes
 - b. No
15. If your family has any traditions, name and describe ONE:
16. Did this tradition change with the amount of your parent's substance use?
- a. Yes
 - b. No
17. Select all of the following that describe the extent that your parents monitored your activities:
- a. Not at all.
 - b. Completing schoolwork.
 - c. I had a curfew.
 - d. My parents knew my friends.
 - e. My parents knew where I was after school.
 - f. My parents had my location on their phone.
 - g. Other
18. What was the quality of the relationship between you and your parent who misused substances?
- a. 1 (very distant, non-loving)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (very close-knit, very loving)
19. What are some things that could have made this relationship better?
20. What are some things that could have made this relationship worse?
21. What was the emotional atmosphere of your house?
- a. 1 (cold/distant)
 - b. 2
 - c. 3
 - d. 4

- e. 5 (warm/close-knit)
22. To what extent did you have extra responsibilities at home due to your parent's substance use?
- a. 1 (no responsibilities at all)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (I took care of all the responsibilities in my house)
23. Select as many extra responsibilities that you had at home:
- a. Preparing meals
 - b. Caring for younger siblings
 - c. Taking out the trash
 - d. Washing dishes
 - e. Cleaning the house
 - f. Caring for parents
 - g. Other
24. To what extent did you miss out of social activities/events because of your parent's substance use?
- a. 1 (I never missed out on social events)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (I missed every single social event)
25. To what extent did you take care of your parent because of their substance use?
- a. 1 (I never took care of my parent)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (I took care of my parent all day, every day)
26. Select all of the ways that you helped your parent when they were using substances:
- a. Feeding them
 - b. Bathing them
 - c. Dressing them
 - d. Making appointments
 - e. Help with medication.
 - f. Filtering interactions with others
 - g. Other
 - h. I did not help my parent.
27. If you use skills/strategies, what are they and how well do they work for you?
28. Are these skills/strategies different than when you lived with a parent misusing substances? If so, what did you do back then?
29. To what extent did you feel supported by adults other than your parents when you lived with a parent misusing substances?

- a. 1 (I did not feel supported at all)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (I felt very supported by other adults)
30. Select all of the following that describes the support you received from adults other than your parents:
- a. They checked in on me.
 - b. I went to them to talk to them.
 - c. They cared for me when my parents didn't.
 - d. They praised me for my hard work.
 - e. Other
 - f. I did not feel supported by other adults.
31. To what extent would you have liked to receive more support surrounding your experience with your parent's substance use?
- a. 1 (I would not have wanted any support)
 - b. 2
 - c. 3
 - d. 4
 - e. 5 (I would have wanted much more support ASAP)
32. What are some supports (if any) that would benefit you specifically, both then and now? These could be in school or out of school.
33. Is there anything else you want to mention about your experience surrounding your parent's substance use?

Thank you for taking the time to complete this survey!

If the participation in this study has elicited feelings and emotions that you would like to work through with a mental health professional, the list below is just a few resources provided by JMU that are available to all students.

Madison Cares - madisoncares@jmu.edu

LiveSafe App - https://www.jmu.edu/police/resources_livesafe.shtml

UREC Health Promotion - urec@jmu.edu

JMU Counseling Center - 540-568-6552

Timely Care - timelycare.com/jmu

You may now exit the survey by clicking the NEXT button below.