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Impact of Parental Substance Misuse on Attachment in Young Adults:

A Qualitative Approach

Susan E. Hardman

A Dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

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Dedication

For my Lily girl—who made me a mama. And for Mike—who has been my secure base and safe haven throughout this crazy doctoral journey.

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I am filled with gratitude for the many individuals who have supported me in completing this dissertation. First, I want to acknowledge each of the participants in this study. Thank you for your generosity in sharing your time and experience and adding to our understanding of the impact of parental substance misuse. Your stories are forever with me. I also want to acknowledge my incredibly supportive dissertation committee. Anne Stewart has been a constant guide and support over the past four years. Thank you for choosing me, believing in me, and sharing your love and knowledge of attachment theory with me. Robin Anderson's passion for research and teaching helped me dive deeper so I could feel grounded in a guiding methodology. Debbi Kipps-Vaughan's care and compassion for those impacted by substance misuse has been a constant source of validation of my work and cheered me along. And William Whelan generously shared his time and wisdom to help shape this study and deepen my understanding of attachment. I would also like to thank my wonderful research team, Hannah Jarrett, Hayley Becker, and Megan Hopkins, for their careful and caring analysis, and for the JMU Graduate Psychology Department for financially supporting this project.

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Abstract

This study examined the impact of parental substance misuse on young adult development and relationships by interviewing young adults about their experience being raised by a parent who misused substances. A qualitative design based on constructivist grounded theory and informed by constructs from attachment theory was used. Participants consisted of 10 young adults, ages 18-26, who endorsed being raised by a parent who misused substances. The interview questions developed for the study were informed by a measure of adult attachment. Analysis of the data included identification of emergent categories/themes as well as a priori constructs from attachment theory (safe haven, secure base, reflective functioning, coregulation). Based on the analysis, the following emergent categories/themes were identified and described: behavior of the parent with substance misuse, feelings/experience of the offspring, acknowledgement of substance misuse, impact on the parent-child relationship, impact on relationships with others, and impact on mental health and identity. A priori attachment constructs were evident in the narratives and provided a useful frame for understanding the impact of parental substance misuse. This study demonstrated how constructs from attachment theory can be applied to better understand the relationship between a parent's behavior and the impact on attachment security in the child when substance misuse is occurring. Parental absence, lack of attunement to the child's needs, and inconsistent behavior may contribute to offspring feeling rejected, unknown, and confused, which may impact their sense of attachment security, feelings of worth, and perception of the reliability of others.

Introduction

Parental substance misuse is common and can negatively impact the well-being and development of offspring (Daley et al., 2018; Kerr et al., 2020; Romanowicz et al., 2019). A 2017 report produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) found that from 2009 to 2014, approximately one in eight children lived in a home where at least one parent had a substance use disorder in the past year. Lipari and Van Horn (2017) reported that one in 10 (7.5 million) children were living in a home with a parent with an alcohol use disorder and one in 35 (2.1 million) children were living in a home with a parent with an illicit drug use disorder. The National Center on Substance Abuse and Child Welfare (n.d., NCSACW) reported that in the United States between the years 2000 and 2016, the prevalence of children entering the child welfare system due to parental alcohol or other drug use increased by 16.8%, with approximately 35.3% of child removal cases in 2016 being attributed to parental substance misuse. During the COVD-19 pandemic, rates of substance use have increased. According to the Centers for Disease Control and Prevention (CDC), in June 2020, 13% of adults reported that they either started or increased substance use during the pandemic (Panchal, Kamal, Cox, & Garfield, 2021).

Broadly speaking, substance use disorders are a class of disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013) resulting from the use of specific drugs that activate the brain's reward system and result in the individual neglecting other important daily activities. SAMHSA defined abuse of drugs and alcohol as recurrent substance use for at least 12 months that results in at least one of the following: failure to fulfill work

obligations, use in situations that are physically hazardous, legal problems, and persistent or recurrent social or interpersonal problems (Young et al., 2006). SAMHSA further noted that parental substance misuse can lead to children being neglected or left in unsafe environments, with their needs for clothing, regular meals, and cleaning going unmet, and inconsistent parental behavior often characterized by a pattern of violence followed by remorse. While the occurrence and general impact of parental addiction is well understood, we still have much to learn about the lived experience from a child's point of view and long-term impact of substance misuse on offspring (Young et al., 2006).

As described above, when parents are addicted to substances, they may struggle to attend to important parenting activities and become less aware of and responsive to a child's needs. Attachment theory posits that a caregiver's ability to identify and respond consistently to a child's needs has long-term implications for the development of the child (Bowlby, 1969/1982). Research examining the impact of substance use disorders on attachment indicates that children of parents with substance use disorders are more likely to develop insecure, disorganized attachment styles (Lyons-Ruth & Jacobvitz, 2016). Mirick and Steenrod (2016) argued that parents who are addicted to substances may not have the skills needed to develop healthy attachment relationships with offspring, even during periods of abstinence, and that interventions targeting the attachment relationship are needed.

Thus far, most studies investigating the impact of parental addiction on offspring have used a primarily quantitative approach, typically relying on the reports of parents or caregivers (Romanowicz et. al, 2019; Voogt, Kleinjan, Otten, Engels, Smit, & Kuntsche, 2017). When the offspring of parents who misuse substances have participated directly

in research studies, they are typically already connected to substance use treatment programs (either for the parent or for the offspring). If we are to more fully understand the impact of parental addiction and effective ways to intervene, we need a more in-depth understanding of the complex experience of the offspring, including those who have not accessed treatment.

The purpose of this study was to further understand the impact of parental substance misuse by interviewing young adults and asking them to reflect on their experience growing up with a parent with addiction. A qualitative design was used to compare and explore the impact of parental addiction on offspring. Participants were asked open-ended interview questions informed by attachment theory. This study was guided by the following sensitizing concepts/questions: In what ways did the parent's substance misuse impact the parent-child relationship over time, what factors related to parental addiction impacted the quality of the parent-child relationship (e.g., availability of the parent, access to support/treatment for the parent and/or child, changes in parental custody), and what are the differing themes reported in the experiences of young adults whose parents were addicted to substances at different developmental periods for the offspring (e.g., childhood vs. adolescence)?

Literature Review

This literature review examines evidence describing the incidence, prevalence, and continuum of parental substance misuse. An overview of the relevant history and controversies in defining and treating addiction are provided, and findings related to intellectual, social, and emotional difficulties for offspring of parents with substance use disorders are reviewed. In addition, information related to attachment and the quality of these parent-child relationships is examined. The developmental period of emerging adulthood is defined, and a rationale is provided for employing a qualitative design based in Constructivist Grounded Theory to examine the impact of parental substance misuse on emerging adults.

Incidence, Prevalence, and Continuum of Parental Substance Misuse

Substance misuse continues to be a significant health concern in the United States that negatively impacts children (Daley et al., 2018; Kerr et al., 2020; Romanowicz et al., 2019). The National Survey on Drug Use and Health estimated that in 2017, approximately 19.7 million adults and adolescents (ages 12 and older) in the United States struggled with a substance use disorder (Bose, 2017). Of those individuals, 74% were struggling with an alcohol use disorder. In its yearly report on emerging trends, the National Institute on Drug Abuse (NIDA) reported that the rate of drug overdose deaths in the United States in 2019 rose to nearly 27,000 after a slight decline in 2018 (National Institute on Drug Abuse, 2020). Since the release of the NIDA report, the COVID-19 pandemic has increased concerns that the rate of substance misuse will rise due to increased isolation, economic hardship, and rising mental health concerns (Alexander, Stoller, Haffajee, & Saloner, 2020). Panchal, Kamal, Cox, and Garfield (2021) analyzed

data from several large-scale surveys conducted in the United States during the Pandemic. A survey conducted by the CDC found that in June 2020, 13% of adults reported that they either started or increased substance use during the pandemic. The Census Bureau's 2020 Household Pulse Survey, which was designed to collect data on the impact of the COVID-19 pandemic in the United States via an online questionnaire, found that the mental well-being of children and families (particularly mothers) had suffered during the pandemic due to school closures and lack of childcare. They also found that essential workers and young adults reported a greater increase in substance use and mental health challenges compared to other adults surveyed during the pandemic. In a Kaiser Family Foundation Health Tracking Poll, adult participants reported a 12% increase in substance use, which they attributed to stress caused by the pandemic (Panchal et al., 2021). The COVID-19 pandemic is also taxing an already overburdened health care system, so treatment for substance use disorders may become more challenging to access.

The high incidence of substance misuse and recent increase in drug overdose deaths is concerning, and means that more and more children are being negatively impacted. A 2017 report produced by SAMHSA found that between 2009 and 2014, approximately one in eight children lived in a home where at least one parent was diagnosed with a substance use disorder in the past year. One in 10 (7.5 million) of these children were living in a home with a parent with an alcohol use disorder and one in 35 (2.1 million) were living in a home with a parent with an illicit drug use disorder (Lipari & Van Horn, 2017). The National Center on Substance Abuse and Child Welfare (n.d., NCSACW) reported that in the United States between the years 2000 and 2016, the

prevalence of children entering the child welfare system due to parental alcohol or other drug use increased by 16.8%, with approximately 35.3% of child removal cases in 2016 being attributed to parental substance misuse. It is important to note that the exact prevalence rates of children being impacted by parental addiction in the United States is difficult to determine and better reporting practices are needed to adequately capture the full scope of the issue. For example, Seay (2015) found that reported rates of families in the child welfare system affected by parental substance use disorders varied widely throughout the United States (3.9%-79%), with regional estimates being higher than national estimates.

Historical and Current Definitional Controversies in Substance Use Disorders

Substance misuse as a phenomenon has been a focus of considerable study, but its etiology continues to be a topic of debate (Barnett, Hall, Fry, Dilkes-Frayne, & Carter, 2018; Leshner, 2001). Researchers and medical professionals disagree on whether substance misuse can be attributed more to genetic or environmental factors (i.e., nature vs. nurture). Models explaining the etiology of addiction make different assumptions about how much responsibility the individual has in causing and resolving the problem (Barnett et al., 2018). The disease model of addiction emphasizes physiological dependence and the powerlessness of the addicted person to rid themselves of the addiction. Barnett and colleagues (2018) systematically reviewed attitudes of treatment providers related to the disease model of addiction. They examined 34 studies where treatment providers expressed views on the clinical impact of the disease model of addiction. They found that most providers endorsed the disease model of addiction but could simultaneously draw on other models of addiction (e.g., moral, free-will, social) to

strategically support patients. In a column written by the director of the National Institute on Drug Abuse in 2001, Alan Leshner explained that drug abuse and addiction are complex and dynamic processes and that there are no simple explanations or solutions. He argued for a more comprehensive approach to understanding drug addiction when he wrote, "The point that voluntary decisions, external influences, and brain changes all contribute to drug addiction is not just interesting theory. It has vitally practical implications" (Leshner, 2001).

Appropriate terminology related to addiction and problematic use of psychoactive drugs has also been a topic of some debate, as some terms appear to carry more stigma. Common terms related to problematic use of psychoactive drugs include substance misuse, substance abuse, drug abuse, drug addiction, polysubstance use, and substance use disorders. These terms have varying implications. For example, substance use disorders are a class of disorders defined in the DSM-5 as addictions resulting from the use of specific drugs that activate the brain's reward system and result in the individual neglecting other important daily activities (American Psychiatric Association, 2013). Specific criteria must be met to qualify for a diagnosis of substance use disorder. SAMHSA defined abuse of drugs and alcohol as recurrent substance use for at least 12 months that results in at least one of the following: failure to fulfill work obligations, use in situations that are physically hazardous, legal problems, and persistent or recurrent social or interpersonal problems (Young et al., 2006). For the sake of consistency and in an effort to avoid stigmatizing language, the term *substance misuse* will generally be used in this paper as a way of including both diagnosed and undiagnosed substance- and

polysubstance-related addictions. Exceptions will be made when reviewing research that uses specific terminology to operationalize who was included in a study.

Impact of Parental Substance Misuse on Offspring

Numerous studies have highlighted the short- and long-term impact of parental addiction on offspring (Fairbairn et al., 2018, Fuller-Thomson et al., 2013, Salo & Flykt, 2013). As Salo and Flykt (2013) describe, a child exposed to parental substance use prenatally may be born with birth defects to major organs and the central nervous system, and be diagnosed with Fetal Alcohol Syndrome, Alcohol-Related Neurodevelopmental Disorder, Alcohol-Related Birth Defects, and Neonatal Abstinence Syndrome. Children born with these conditions tend to be more challenging to care for, which may lead to further stress for the caregivers and an increased likelihood of children being placed in the child welfare system.

Children with parents who misuse substances are more likely to have social, emotional, physical, and intellectual problems (Fuller-Thomson et al., 2013; Romanowicz et al., 2019; Salo & Flykt, 2013). In examining the impact on intellectual development, Salo and Flykt (2013) noted that these problems may vary based on time of exposure (prenatally vs. after birth) and on the types of substances used by the parent. For example, children exposed prenatally to cocaine tended to score lower on IQ tests and demonstrate poorer language skills, whereas children exposed prenatally to marijuana had weaker executive functioning skills, but no negative impact was noted on IQ tests. Children exposed to opioids prenatally have also performed lower on IQ measures in comparison to non-exposed children.

Several studies have also investigated if parental substance misuse increases the likelihood that offspring will misuse substances. In a longitudinal study examining the impact of exposure to parental substance use disorders on female participants with ADHD and their siblings, Yule, Wilens, Martelon, Simon, and Biederman (2013) found that at a five-year follow-up, exposure to maternal substance misuse, but not paternal substance use, was significantly associated with substance misuse in offspring. This association was strongest for offspring who were exposed to their mother's substance misuse during adolescence relative to the preschool and latency years.

In examining the impact of parental addiction on emotional and relational well-being, Fuller-Thomson et al., (2013) reported that adults who were exposed to parental addiction as children are 69% more likely to have depression compared to peers without the same exposure, even when controlling for other adverse childhood experiences, adult health and socioeconomic status, and other stressors. Other studies show a link between parental substance use and the development of anxiety and affective disorders in offspring (Kelly et al., 2011; Salo & Flykt, 2013). In a systematic review, children of parents with Opioid Use Disorder demonstrated a variety of challenges, including avoidance, increased emotional and behavioral issues, poor academic performance, poor social skills, and more disorganized attachment (Romanowicz et al., 2019). Further, a recent metanalysis (N=56,721) of longitudinal studies showed that those with insecure attachment styles are more likely to develop a substance use disorder when they grow into adulthood (Fairbairn et al., 2018). These studies identify the negative impact of parental addiction broadly but stop short of exploring the experiences of the children who

were impacted, and why exposure to parental addiction continues to impact offspring into adulthood.

As stated above, many studies have examined outcomes for children of parents with addictions; however, more research is needed that captures the perspective of offspring. A smaller number of studies have implemented a qualitative element and have helped to highlight this perspective. One such study conducted by Moe and colleagues (2007) examined the perspectives of 50 children of parents using substances, and asked the children to reflect on their strengths and ideas about healthy development. Participants were randomly selected from a group of 149 children participating in a four-day program for children of parents who were in treatment for a substance use disorder. A structured qualitative interview was administered, followed by a standardized thematic analysis to identify major themes and subthemes. Themes centered around resiliency factors and included: a perspective that to have a good life in the future, both the parents and children should not use substances; a recognition of the importance of relieving oneself of guilt/blame, the importance of treatment and recovery, and recognizing the impact of parents as negative role models; and a recognition of internal resources or skills such as being able to express feelings, gain knowledge about addiction, and seeing the impact of one's attitude and choices. This study was unique in that it used a qualitative approach with young children. The use of qualitative methods with young children allowed researchers to gain more in-depth understanding of the experience of the children and did not rely on the report of caregivers or more quantitatively measured outcome variables. This in-depth understanding is vital for developing effective supports and treatments for the offspring of individuals with a substance misuse history.

Another study that used a primarily qualitative design (Tedgard et al., 2018) included in-depth interviews with current parents who grew up with parents who misused substances. The goal of the study was to identify key elements of growing up with a parent with a substance use disorder and explore resulting challenges for these individuals in their own parenting efforts. The in-depth interviews were semi-structured and conducted with 19 participants who were all participating in a mental health intervention program. Participants also completed a self-report questionnaire, the Attachment Style Questionnaire (ASQ), assessing their attachment style using a cross-sectional design. Qualitative content analysis was used to analyze the data from the interviews. When participants reflected on their childhood experience with parents who misused substances, they described a family climate characterized by fear, insecurity, aggression, and unpredictability. All but one of the participants experienced emotional neglect, and 15 out of the 19 participants reported experiencing emotional abuse. An additional theme identified was inadequate support in developing functional affect regulation; participants indicated that their parents were unable to help them to understand and cope with difficult feelings. Many participants reported feeling abandoned and isolated in their experience, and the majority indicated that they had no one with whom they could talk about their parent's addiction. Many of the participants also reported difficulties in their own parenting practices, including difficulty being separated from their offspring. This study is notable in that it shows the richness of understanding that can be gleaned by using qualitative measures. One critique of this study is that data gathered using the ASQ were not well integrated into the other findings. Based on responses to the ASQ, the majority of participants had an insecure attachment

style, with the most common pattern of attachment being ambivalent. However, about one-third of participants had a secure attachment. Further exploration of the differences between those that were found to have secure attachments and those found to have insecure attachments based on the in-depth interviews would have been informative. In examining these issues, an integration of qualitative and quantitative data is needed. Notwithstanding this lack of integration, this study highlighted how an attachment theory lens can be applied to understanding the impact of parental addiction.

Attachment Theory

Attachment theory provides a scientifically grounded frame for understanding the importance of the parent-child relationship. It is a well-developed, empirically supported theory that describes the biological bases of attachment behavior. Attachment theory was first posited by John Bowlby in the 1950s. It explains why a parent's ability to identify and respond consistently to a child's needs has long-term implications for the development of the child (Bowlby, 1969/1982). According to Bowlby, children engage in "attachment behaviors" (i.e., smiling, vocalizing, crying) to increase proximity to attachment figures. Bowlby argued that a child's drive to be close to their caregiver is evolutionarily adaptive and that children who are biologically predisposed to stay close to their mothers are less likely to be harmed.

Mary Ainsworth, a prominent early researcher of attachment theory, said that caregiver attunement or sensitivity to the child is the primary ingredient needed for a child to develop secure attachment patterns (Ainsworth, Blehar, Waters, & Wall, 1978). Secure attachment patterns are evident when a child is able explore their environment with ease and return to the parent for support as needed. When parents are attuned to the needs of

their children, they respond in ways that meet the child's needs for exploration and emotional support. As Kobac, Zajac, and Madsen (2016) described, parents need to provide a safe haven and secure base to support development of secure attachment in children. They described *safe haven* episodes as those in which the child becomes distressed, hurt, frightened or endangered, and they seek comfort and protection from their parent. They described *secure base* episodes as those in which the child feels uncertain in a new or challenging situation and the caregiver provides encouragement and support. Chisholm (1996) described how when parents have an inability or unwillingness to invest in offspring, children are able to detect this threat. When children detect an inability in the parent to meet their needs, they develop anxious-ambivalent attachment patterns, whereas when they detect an unwillingness to meet their needs, they feel rejected and develop more avoidant attachment patterns. Anxious-ambivalent and avoidant patterns are considered insecure attachment styles. When the parent, rather than being unable or unwilling to meet the needs of the child, is experienced by the child as a source of danger, disorganized (fearful-avoidant) attachment patterns can develop. As Lyons-Ruth and Jacobvitz (2016) point out, research examining the impact of parental substance misuse on attachment indicated that children of parents with substance use disorders are more likely to develop disorganized attachment styles.

Internal Working Models

The concept of internal working models (IWMs) is key to understanding attachment. Internal working models are essentially a person's mental map for how they and others function in relationships. IWMs help us anticipate, make sense of, and guide reciprocal interactions (Bretherton & Munholland, 2016). A person's sense of security

within an attachment relationship is informed not only by the moment-to-moment interactions with important others, but also by the person's memory and interpretations of interactions with important others over time. As Bretherton and Munholland explain, Bowlby preferred the term "internal working model" to more static terms like "cognitive map" or "image" because the "term connotes a dynamic representational system that allows humans to imagine (or internally simulate) habitually experienced sequential patters of social interaction" (pg. 63). According to Bowlby, these IWMs are updated with new experience and development of communication, social, and cognitive abilities. (Bowlby, 1988).

Attachment Through Adolescence and Young Adulthood

As children grow into adolescence and adulthood, the nature of their relationship with their caregivers changes. Throughout childhood and adolescence, children and caregivers engage in *negotiation of goal conflict*. For example, a child's goals to explore their environment might conflict with a parent's goal to ensure safety (Kobac, Zajac, & Madsen, 2016). As adolescents grow, their need for autonomy increases and peer relationships become more significant. As Kobac and colleagues (2016) describe, parents and adolescents must negotiate the adolescent's need for autonomy with the parent's need to monitor and reduce risky behavior. Emotionally attuned communication of needs and expectations is particularly important during this period to promote secure attachment. Research has demonstrated that experiences with attachment figures during childhood and adolescence often impact the attachment style of the offspring, and that many children carry that same attachment style into adulthood (Feeney, 2016). In several studies, attachment security in adulthood has been tied to lower levels of emotional

distress, whereas insecure attachment has been tied to anxiety, avoidance, and heightened distress during stressful events (Mikulincer & Shaver, 2016).

Assessment of Attachment

Many methods for assessing attachment patterns across the lifespan have been developed. Mary Ainsworth was a developmental psychologist and early member of Bowlby's research team. She developed an observational assessment tool called the "Strange Situation" that provided a way for attachment behaviors to be systematically observed. This assessment tool has been used in many studies examining the quality of attachment relationships (Cassidy, 2016) and has added empirical evidence supporting Bowlby's theory.

The Adult Attachment Interview (AAI) is a well-known and generally well-regarded measure of adult attachment. It is a semi-structured interview in which adult respondents are asked questions about their relationship with their parents and about experiences involving their parents that are thought to activate the respondent's "attachment system" (Crowell et al., 2016). Interviews are transcribed verbatim, and attention is given to both what the respondent reports and how they report the information. Trained coders are then able to score protocols and provide a classification to describe the respondent's type of attachment security.

One component of assessing attachment is examining narrative coherence. Waters and colleagues (2018) reviewed literature showing that during AAI interviews, a participant's ability to produce a coherent autobiographical narrative was linked to quality early life caregiving experiences, predictive of behavior in romantic relationships, and predictive of behavior in parent-child relationships. This impact of attachment

experiences on a person's ability to produce an organized, coherent narrative demonstrates just one way in which experiences with attachment figures impacts development.

Attachment and Addiction

Several studies have investigated the relationship between addiction and attachment (Parolin et al., 2016; Handeland et al., 2019; Tedgard et al., 2018; Suchman et. al, 2016; & Strathearn et al., 2019). In a review of the literature examining parent and infant attachment styles in the context of addiction, Parolin et al. (2016) described how substance misuse negatively impacts parental attitudes and behaviors toward their children, reviewing numerous studies showing insecure attachment patterns between infants and mothers who were abusing substances. The review shows some inconsistency between studies on the type of insecure attachment most observed (e.g., avoidant, ambivalent, disorganized). They also noted that some studies identify offspring of parents who misuse substances who demonstrate secure attachment styles. The authors rightly point out that one limitation of this study is the lack of clarity regarding which attachment patterns are typically observed in offspring of parents with addiction. More research is needed that identifies moderating variables that may explain the varying attachment outcomes for offspring, such as the type of substance being used or the time and duration of the parent's addiction. This review also notes that interventions for parents with substance use disorders have typically focused on building parenting skills rather than addressing attachment through enhancing the emotional and relational bond between the parent and child. For interventions to be effective in breaking the cycle of

addiction, a clear understanding of the cause of addiction and the impact on offspring is needed.

Reflective Functioning

One way to better understand the influence of parental substance misuse on attachment is by measuring parental reflective functioning. Reflective functioning is a person’s ability to understand, anticipate, and interpret their own behavior and the behavior of others given particular mental states (Fonagy, Steele, Steele, Moran, & Higgitt, 1991). Another way to define reflective functioning is the observable and measurable manifestation of mentalization capacity (Fonagy, 1995; Suchman, Ordway, de las Heras, & McMahon, 2016). As children develop reflective functioning, they can understand and respond not only to another person’s behavior, but also to their concept of the person’s beliefs, feelings, and plans (Fonagy, 1997). With this capacity, the behavior of others becomes more predictable to the child. Handeland, Kristiansen, Lau, Hakansson, and Oie (2019) described parental reflective functioning as “a caregiver’s capacity to interpret behavior of oneself and the child in terms of mental states,” and explained how strong parental reflective functioning lays an important foundation for the cognitive, social, and psychological development of offspring. In examining parental reflective functioning, Handeland and colleagues (2019) found that mothers with substance use disorders demonstrated deficits in parental reflective functioning as measured using the Parent Development Interview and the Reflective Functioning Questionnaire (RFQ). One goal of the study was to identify more efficient ways of measuring various aspects of parental reflective functioning using the RFQ. They found that mothers with substance use disorders showed a higher degree of uncertain reflective

functioning (RFQu) on the RFQ compared to what would be expected in a normal population. High levels of uncertain reflective functioning indicate more concrete and inflexible ways of mentalizing, which may make it difficult for a parent to understand the complexity of their own mind or their child's mind. Fortunately, reflective functioning capacities can be developed later in life. In three randomized controlled trials in which mothers struggling with substance misuse received psychotherapy aimed at strengthening reflective functioning, the majority of participants showed improvement in reflective functioning and demonstrated more sensitive interactions with their children (Suchman et. al, 2016).

Intergenerational Impact

To further explore the complexity of attachment and addiction, Strathearn et al. (2019) reviewed recent studies examining the intergenerational impact of parental addiction on attachment from a developmental and neurobiological perspective. They examined three interconnected neuroendocrine pathways in mice: the dopamine-related reward system, the oxytocin-related affiliation system, and the glucocorticoid-related stress system. These reward, affiliation, and stress systems are believed to be programmed to some extent in early life. The researchers concluded that each of the three neuroendocrine pathways interact to impact attachment and subsequent risk of addiction. In comparison to mothers without addiction to substances, mothers who were dependent on substances showed less brain activation in their dopamine- and oxytocin-related systems in response to seeing their offspring's face. One limitation of this study may be the oversimplification that occurs in trying to divide neuronal functioning into three distinct categories. The authors rightly clarify that the three pathways identified

interact and are in some ways interdependent. Another major limitation of this review is that the authors included results from research that used non-human subjects (i.e., mice) and then attempted to make inferences about human patterns of drug addiction based on these findings. This use of animal-subjects research in the context of measuring neuroendocrine functioning is understandable, but results need to be interpreted with great caution.

This review is valuable in that it explores an important debate within the world of substance-use research and treatment, namely, should drug addiction be understood as a brain disease or is it more accurate and useful to understand drug addiction as resulting from early life experience. The researchers were seeking to understand if brain patterns involving these three systems are related more to drug use (as is posited in the brain disease model of addiction) or if early life experience such as childhood trauma or insecure attachment explain these patterns. The authors argue that by viewing drug addiction through a lifespan developmental lens, treatment and prevention efforts can focus more on the intergenerational risk of substance use.

To further explore the intergenerational connection between attachment and substance use, Meulewaeter, De Pauw, and Vanderplasschen (2019) conducted in-depth qualitative interviews with mothers with substance use disorders about their experience parenting, bonding with their child, and their experiences with their own parents. The impact of trauma on the mother's sense of self and its subsequent impact on parenting were identified as major themes in the thematic analysis. To outline the connections they observed between trauma, substance use, and attachment, they identified five "latent mechanisms of intergenerational trauma transmission" (p. 1), which included:

> 1) early interpersonal childhood trauma experiences in mothers, 2) trauma as a precursor for substance use, 3) substance use as a (self-fooling) enabler of parental functioning, 4) continued substance use impacting parental functioning, and 5) dysfunctional parental functioning and its relational impact on offspring.

The authors posited that the mothers' early traumatic experiences contributed to substance use, which they then perceived as enabling them to continue parenting. In describing the mothers' dysfunctional parenting and its impact on the parent-child relationship, the authors noted that the mothers often reported a preoccupation with substance use, prioritizing drug use over their child, and emotional unavailability. These mothers also observed indicators of attachment insecurity (e.g., separation anxiety), developmental disorders, and trauma in their children, which they attributed to their own substance use or trauma responses (e.g., repeated suicide attempts, domestic violence). One major contribution of this study is that it clearly identified connections between parental trauma and substance misuse, and the impact on the parent-child relationship. A limitation of the study is that the researchers relied solely on the parent's perspective to describe the impact on the parent-child relationship.

Emerging Adults, Attachment, and Addiction

An important period in human development is the transition from adolescence into adulthood. This period of emerging adulthood was first described in detail by researcher Jeffrey Arnette (2004) and encompasses ages 18 to 29. Trible et al., (2015) described emerging adulthood as a time in development characterized by increased self-focus, feelings of instability, identity exploration, feeling "in-between," and an increased sense of possibilities. Given the significant developmental tasks associated with this

period of life, it is important to understand how being raised by a parent who misused substances might impact this process. Schafer (2011) used a qualitative design to understand family factors that were present in adults who developed polysubstance use disorders. This study included 12 adults, including some emerging adults, who were currently participating or had previously participated in a drug treatment program in New Zealand. The most salient finding identified by the authors of the study was that each of the participants reported that they had been unable to develop functional relationships with either their current family members or their family of origin. Each of the participants connected their substance use with experiencing dysfunctional family relationships, and many of the participants reported having a parent who misused substances. Using a descriptive thematic analysis technique, four major themes were identified: having had traumatic childhood or adolescent experiences, continued difficulty in relationships with family members as adults, problematic dynamics in intimate couple relationships, and engaging in destructive parenting styles due to unresolved issues with their family of origin. This study provides valuable insights into the experience of adults who developed addiction to substances by examining family and relationship dynamics using an interview technique. However, it did not focus specifically on emerging adults who had parents who misused substances and who may or may not have developed their own substance-related addiction.

Another study focusing on an emerging adult population examined the availability of substances in the home during adolescence and subsequent substance use in young adulthood (Broman, 2016). They used data from the National Longitudinal Study of Adolescent Health, which followed a nationally representative sample of adolescents

from the United States through young adulthood (*N*=17,359). Data revealed that substance use tended to be higher during early young adulthood (average age 22.4) as compared to later young adulthood (average age 29.1). They found that availability of illegal drugs in the home during adolescence was associated with younger age of first use of illegal drugs for offspring. Overall, availability of substances in the home predicted greater substance use in young adulthood. The authors also found significant differences by race and ethnicity, with Hispanic and Asian respondents reporting higher availability of substances in the home during adolescence, yet White respondents reported higher substance use during young adulthood. Black or African American adolescents reported less access to alcohol in the home compared to White adolescents, which contradicted previous studies. Overall, the findings of this study are beneficial as they draw from a large, representative sample, and identify demographic differences in access to and subsequent use of substances during young adulthood. As the authors point out, one of the limitations of this study is that while it identifies patterns in drug availability and subsequent substance use for young adults, it fails to offer possible explanations for *why* these patterns occur. Factors such as parental functioning and monitoring of offspring, as well as genetic predispositions toward substance use disorders, need further exploration. This study also does little to increase understanding of the experience of the young adult who had in-home access to addictive substances.

Selection of Methodology

Within social science research, it is often helpful to include a discussion of philosophical paradigms. Creswell and Plano Clark (2011) describe four major paradigms within social science research: postpositivism, constructionism, participatory,

and pragmatism. For this study, I adopted an overarching constructivist worldview. According to Creswell and Plano Clark (2011), the constructivist worldview recognizes and honors an individual's subjective experience as their reality. Research methods based on constructivism tend to be inductive and phenomenological, where researchers begin with participant views and then "build up" to identify patterns and make interpretations. Grounded Theory (GT) is a research methodology that applies a systematic, yet flexible approach to exploring a phenomenon, and can be used to further develop a theory relative to a specific group or population (Groen et al., 2017). Constructivist GT is a methodology within qualitative research that is rooted in GT but maintains a constructivist perspective. According to Groen and colleagues (2017), Constructivist GT is similar to traditional/classic GT in maintaining an approach that is emergent, comparative, inductive, and uses open-ended data collection methods, however, it is unique in recognizing the agency of the individual in making meaning of their experience. Additionally, Constructivist GT acknowledges that the interpretation and meaning constructed by both participants and the researcher may change throughout the research process, allowing for a more flexible and iterative use of GT. Based on the principles of Constructivist GT (Charmaz, 2014), the current study will use an open-ended interview process, informed by attachment theory, as the primary method of data collection and analysis.

The constructionistic worldview also values open acknowledgement of the researcher's beliefs and worldview. For this study, my research methods and interpretation of data were strongly informed by attachment theory. Broadly speaking, attachment theory is an ethological and evolutionary theory about the importance of

relationships. Attachment theory asserts that attachment is a biologically based emotional connection that occurs between an infant and caregiver and that a caregiver's ability to consistently attend to the needs of the child will have long-term impacts on the development of the child (Bowlby, 1969/1982). When applied to parental drug addiction, attachment theory helps explain why offspring of substance using parents often face long-term social, emotional, and relational challenges. As Mirick and Steenrod (2016) describe, substance use can prevent a parent from developing a secure attachment with a child by disrupting a cycle of healthy reciprocal interactions and disrupting previously secure attachment relationships. This attachment theory lens influenced the current study in two ways. First, the open-ended interview used to assess participant experience drew from a common measure of adult attachment, the Adult Attachment Interview (AAI). Second, interpretation of data and identification of pertinent themes were influenced by the researcher's belief in the importance of parental responsiveness as understood through attachment theory. Throughout the research process, I tried to be continually mindful of the influence of my beliefs on the interpretation the data and construction of theory, and document this influence in memos and research supervision.

Further Discussion on the Selection of Constructivist Grounded Theory

In approaching this study, a variety of research methodologies were considered. Phenomenological research is a type of qualitative research that aims to capture the "essence" of a subject's experience. While I was certainly interested in the participant's experience, I also wanted to understand how the participant's relationship with their parent was impacted by the parental substance misuse, and I believed that applying an

attachment theory lens to this investigation would allow us to identify and name broader theoretical categories. This led me to consider Grounded Theory as a methodology.

Grounded Theory (GT) is a methodological approach within qualitative research with the end goal of producing theory. Qualitative research often has the goal of producing "petite" theory, rather than grand theory. There are three main types of grounded theory research: Straussian, Classical, and Constructivist. One type of GT was developed by Strauss and Corbin is often referred to as Straussian GT. This is the most prescriptive form of GT. Glaser's critique of Straussian GT was that it was overly prescriptive and that it "forced theory" on the data. One benefit of Straussian GT is it clearly outlined a method for coding that started with open coding (e.g., constant comparison, code for events, actions, interactions), developing concepts or categories based on researcher notes and by asking questions of the data, being precise in coding, reflecting on process, minimizing assumptions, and remaining open-minded. This process is followed by axial coding, where the researcher links identified concepts or categories based on four properties: conditions, context, consequences, and strategies. Concepts and categories are linked to one another to identify patterns to produce a broader theory. Finally, selective coding is the step of integrating categories to identify a core category and the "storyline" of the theory.

The form of GT developed by Glaser is often referred to as classical GT. Glaser's approach is less prescriptive and is open to a variety of methodological approaches. He recognized axial coding as one method, but also recognized other coding methods. He felt simply using the constant comparison process would naturally lead to theory.

The newest version of GT is constructivist GT, which was developed by Kathy Charmaz (2004). As stated above, constructivist GT acknowledges that the interpretation and meaning constructed by both participants and the researcher may change throughout the research process, allowing for a more flexible and iterative use of GT. Constructivist GT applies open and axial coding, as well as constant comparison and theoretical sensitivity, and encourages a flexible approach. Constructivist GT also encourages a recognition of context and complexity and allows for multiple interpretations of the data (Charmaz, 2014; Moerman, 2016).

Constructivist GT was selected for this study for the following reasons. First, the methodological flexibility within constructivist GT seemed most conducive to exploring the data from a variety of angles. For example, in this study I used an initial and focused coding process to identify theoretical categories, in addition to using analytic practices based on Attachment Theory to further investigate the impact of parental substance misuse on the attachment relationship. Second, Charmaz's encouragement to continually recognize context and complexity aligned well with my personal values and seemed most likely to result in interpretations that are both respectful of the participants and did not overstate the findings.

Conclusion

In this review of the literature, I began by reviewing the prevalence, incidence, and continuum of parental addiction. I then outlined outcomes for offspring of parents with substance use disorders, including difficulties intellectually, socially, and emotionally. I reviewed research focusing on the relationships between these children and their parents, including the impact of parental substance use on attachment

relationships. I described emerging adulthood as an important stage in development and reviewed studies examining the impact of parental addiction and substance availability on offspring during this period of development. Throughout the review, I argued that studies using qualitative designs add depth to our understanding of the outcomes and experiences of these offspring, and that further studies are needed that apply an attachment lens to understanding the impact of parental substance misuse. I concluded by providing a rationale for the use of a qualitative design in investigating the impact of parental substance misuse.

Method

The current study used a qualitative design based on Constructivist GT to explore the impact of parental addiction on young adult offspring. The sensitizing questions that guided this study were as follows: In what ways did the parent's substance misuse impact the parent-child relationship over time, what factors related to parental addiction impacted the quality of the parent/child relationship (e.g., availability of the parent, access to support/treatment for the parent and/or child, changes in parental custody), and what were the differing themes reported in the experience of young adults whose parents were addicted to substances at different developmental periods for the offspring (e.g., childhood vs. adolescence)? This section includes a description of recruitment methods, participants, instruments, and procedures for data collection and analysis.

Participant Recruitment

Inclusion criteria for participation in this study was young adults (ages 18-29) who reported being raised by a parent or parents who were addicted to substances for at least one year while the participants were children and/or adolescents (between the ages of birth and 18, inclusive). Being "addicted to substances" was defined broadly and included addiction to illicit drugs, prescription drugs, alcohol, and/or a combination of these substances, but excluding addiction to tobacco/nicotine and/or caffeine. Participants were recruited through an email sent to all students at a university in the mid-Atlantic region in the United States. The email was sent to 20,641 undergraduate and graduate students. 95 students indicated interest in participating by completing a brief demographic survey included in the email.

The goal in participant recruitment was to achieve saturation, which Richards (2009, pp. 144-146) described as having enough participants to arrive "at a stage where nothing new is coming up" and the breadth of the data has been covered. Based on studies that examined the impact of parental addiction using similar qualitative methodology (Schafer, 2011; Tedgard et al, 2018), and given the nature of the current dissertation, it was estimated that between 10-15 participants would be needed. To ensure adequate demographic variability, the researcher initially invited 10 of the 95 volunteers to participate in an interview based on basic demographic variables (e.g., age, gender, race). Three of the volunteers who were initially invited, declined to participate or did not respond to the invitation. Three additional volunteers were invited and a total of 10 participants were interviewed for the study. Given the potentially sensitive nature of the study, participants were asked to sign an informed consent document describing potential benefits and risks of participation and were provided with a document highlighting resources for support. Participants were also provided with the contact information for the primary researcher and her advisor, in the even that they wanted support in connecting with resources or wanted to further process their experience participating in the interview.

Participants

Participants included 6 females, 3 males, and 1 gender variant/non-conforming individual between the ages of 18 and 26 (M = 21.1 years, SD = 2.92). The majority of participants selected more than one race or origin (60%), with most participants identifying as White (European American, 80%). Other race or origins identified included American Indian or Alaska Native (10%), Asian (20%), Hispanic, Latino, or

Spanish Origin (30%), Black or African American (20%), Native Hawaiian or Other Pacific Islander (10%), and Other (10%, *Haitian*). Three participants identified exclusively as White (30%) and one participant identified exclusively as Black or African American (10%).

All participants were enrolled in a university in the mid-Atlantic region of the United States, with two participants reporting they were in graduate programs, and the remaining participants in undergraduate programs. Information regarding socioeconomic status or relationship status was not collected; however, during interviews 50% of participants reported being in a committed relationship.

Participants were asked which parent struggled with substance misuse and which substances the parent misused. 70% reported their mother struggled with substance misuse and 40% said their father struggled with substance misuse, with one participant indicating that both her mother and father misused substances. Substances of misuse included alcohol (80%), opioids (40%), cocaine (20%), methamphetamines (10%), other unknown illicit drugs (10%), and other prescription medications (20%).

Participants were also asked their age at the time when their parent was struggling with substance misuse. The majority of participants (80%) indicated that their parent's substance misuse occurred during both their childhood (i.e., 0-10 years) and adolescence (i.e., 11-18). One participant's parent misused substances exclusively during his childhood (0-7 years) and another participant indicated that her parent's substance misuse began when she was 16 years old.

Participants were also asked questions regarding the impact of their parent's substance misuse on daily functioning. 50% of participants reported that their parents

had divorced, 40% said that their parents were still married, and 10% (one participant) indicated their parents had never been married. 30% of participants reported their parent had lost parental custody due to the substance misuse. At least two of the parents were involved in the court system due to their substance use, and one parent was incarcerated multiple times. Four (40%) participants believed their parent had been involved in some kind of treatment, although specific details of this treatment (e.g., duration, type of treatment) were not known to the participants. One participant reported that her parent died when the participant was 14 years old due to complications during a routine surgery that were likely caused by prolonged substance misuse.

Instruments

The Parental Addiction and Attachment Survey (PAAS; see Appendix) is a semi-structured interview containing open-ended questions about a person's relationship with a parent who raised them while abusing substances. The PAAS was developed for this study and is informed by the Adult Attachment Interview (AAI) (Main & Goldwyn, 1991). The AAI, is a semi-structured interview where adults are asked questions about their relationship with parents during childhood, including experiences of separation, rejection, and threats related to discipline (Hesse, 2016). The interviewee is asked how these experiences may have affected them in adulthood and why they believe their parents behaved as they did. The AAI also includes questions about the experience of loss of significant persons through death and the nature of current relationships with parents, if the parents are still living. The transcript from an AAI interview can then be coded and rated for security of attachment. In the PAAS, participants were asked to identify which parent(s) struggled with substance misuse, and then asked to think of this

parent while responding to questions. Participants were asked, to the best of their knowledge, to outline the sequence of their parent's addiction (e.g., when the addiction began, what substances the parent was addicted to, and important changes in the family system related to the addiction), and specify how old they (the respondent) were throughout the sequence. Similar to the AAI, respondents were then be asked to identify adjectives that describe the identified parent and provide specific memories that illustrate the chosen adjectives (Hesse, 2016). Additional open-ended questions prompted the respondent to reflect on how their relationship with the parent changed over time due to the substance misuse, why their parent behaved as they did, and the impact of the parent's addiction on the respondent's development and relationships with others. To enhance confirmability of results, the primary researcher consulted with experts in attachment theory who have training in administration of attachment-informed interviews throughout development of the PAAS.

Procedures for Data Collection

Permission from the Institutional Review Board (IRB) at James Madison University to conduct the study was obtained prior to recruiting participants. Specific methods for participant recruitment are outlined above. Participants were recruited to participate in a private, one-on-one interview (PAAS) with the primary researcher. Participants were asked to complete an informed consent document prior to beginning the interview. Interviews were conducted virtually, through a HIPPA-compliant videoconferencing platform. Interviews were recorded and later transcribed by the primary researcher. Video recordings and transcripts were stored in an encrypted, secure drive. De-identified transcripts were also entered into a secure, cloud-based computer

program (*Dedoose)* to assist with data analysis. The length of interviews varied (40-120 minutes), with the majority of interviews lasting about 70 minutes. Upon completion, participants were provided with a list of support resources and contact information for the primary researcher to enable them to request additional resources if desired. Participants also received a $15 electronic gift card to compensate them for their time.

As depicted in Figure 1, data collection and analysis occurred simultaneously to facilitate a more emergent process. This process of analyzing data and adjusting data collection methods aligns with constructivist GT, as recommended by Charmaz (2014, p. 343; Charmaz & Thornberg, 2020). After the first three interviews, the primary researcher reflected on the process and initial interviews in memos, consulted with colleagues, and adjusted interview methods/questions accordingly. Adaptations to the PAAS included: 1) adding additional questions to clarify the nature and impact of the parent's substance misuse, and 2) to query the participants regarding their relationship with other identified attachment figures. The first adaptation was made to verify that the parents would likely have met criteria for a substance use disorder. The second adaptation was made to identify if a participant received substantial support from another individual that may have influenced their sense of attachment security.

Analysis of Data

Demographic Data Analysis

The demographic data (e.g., age, gender identity, ethnicity, etc.) were used to report a description of the sample. Descriptive statistics (e.g., mean, frequency etc.) were used to provide additional information about participants (e.g., age of participant when

parents were abusing substances, relationship status, etc.). These data are included in the participants section above.

Qualitative Data Analysis

The qualitative data analysis was conducted by a research team consisting of the primary researcher and three graduate student coders. Qualitative data were analyzed using an emergent, comparative coding process consistent with Constructivist GT (Charmaz, 2014). Charmaz emphasized that researchers may use grounded theory strategies flexibly, with a variety of data collection methods (Charmaz, 2006). The methods used in this study included initial coding, focused coding, a priori coding based on constructs from attachment theory, and theoretical memo-writing by the research team. The first transcript was reviewed by all four members of the research team as a "pilot case" to facilitate training of the research team. During the pilot case team members met together frequently to review assigned codes and reach consensus. Each subsequent transcript was reviewed by two members of the research team, including the primary researcher. Team members were instructed to read each transcript four times, with a different focus during each reading. For the first reading team members read through the entire transcript and wrote memos, documenting initial impressions. During the second reading, team members engaged in line-by-line coding as a way of staying close to the data and identifying initial emergent codes. During the third reading team members engaged in focused coding, to begin to identify broader themes or categories. During the fourth reading team members applied the a priori attachment codes. All four team members met to review and memo observed patterns on responses to select questions from all ten interviews. Finally, the team was provided with a set of prompts to

facilitate further reflection on the data and engage in theoretical memo-writing. Each of these steps is described in greater detail below. These methods supported the team in engaging in constant comparison. Charmaz (2014, p. 181) defines constant comparison as a process in which "every part of data, including emerging codes, categories, properties, and dimensions… are constantly compared with all other parts of the data to explore variations, similarities and differences in data." During each of these steps the primarily researcher met with members of the research team to compare assigned codes and recent memos. These methods facilitated thorough and thoughtful identification of theoretical categories and supported the trustworthiness of the results (Charmaz & Thornberg, 2020).

It is important to acknowledge that for this study, selection of interview questions and identification of a priori codes was influenced by a particular conceptual frame (i.e., attachment theory). While the overarching goal of the researcher was to maintain an inductive coding process that would allow for participant perspectives to emerge, Elliott (n.d.) explains that it is common for qualitative researchers to codify initial emergent codes into an a priori framework for subsequent coders to reference. Additionally, Groen and colleagues (2017) argued that Grounded Theory (GT) is a flexible research methodology that can be used to further develop a theory relative to a specific group or population. While a priori codes were provided, the research team was also encouraged to remain open to additional emergent codes throughout the coding process to allow for participant views to be reflected (Creswell, 2007; Elliott, n.d.).

Throughout the research process memos were written by the primary researcher and the coding team as a way of continually exploring emerging categories, comparing

data, and reflecting on the research process (see Figure 1). During supervision with the researcher's advisor, discussions about emergent categories and the research process helped the researcher to reflect on the process and inform next steps. To further enhance trustworthiness, after coding was completed, excerpts for each identified focused and a priori code were reviewed to verify that the excerpts for each code "fit together" and that an additional code or category was not needed.

Initial Coding. Each transcript was read by the primary researcher and a member of the research team with an initial focus on identifying emergent codes related to the research questions (sensitizing questions). This was done by engaging in "line-by-line" coding, to ensure that members of the research team stayed close to the data so that participant's experiences would be adequately reflected in the results. After coding each transcript, team members met together to compare codes. When new codes or differences in coding were identified, the coders achieved consensus through discussion while reviewing the original transcript. This consensus coding process enhanced dependability and consistency of results.

Focused Coding. Members of the coding team then reviewed initial codes to identify which codes were most substantive or which codes could be subsumed under a broader code or category. As these broader, focused codes were identified, members of the research team were asked to review transcripts and apply focused codes where appropriate. According to Charmaz (2014, p. 136):

> Focused coding means using the most significant and/or frequent earlier codes to sift through large amounts of data. Focused coding requires decisions about which

> initial codes make the most analytic sense to categorize your data incisively and completely. It also can involve coding your initial codes.

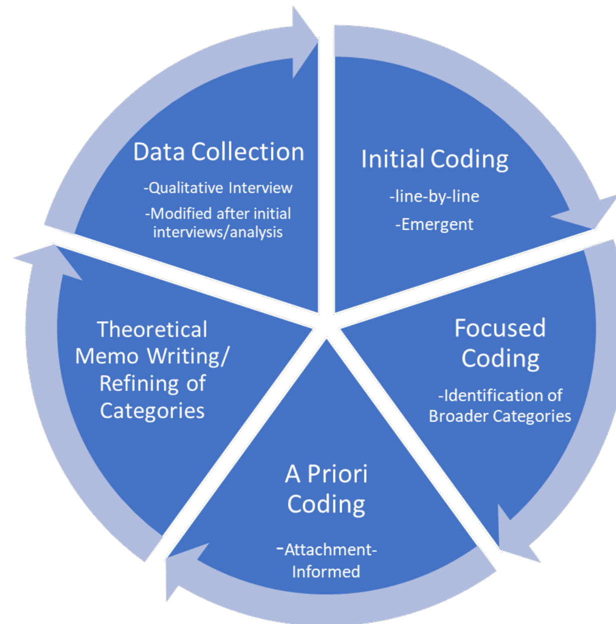
The goal was to identify broader theoretical categories. The process of focused coding involved asking the question, "What kinds of themes or theoretical categories do these codes indicate?" as recommended by Charmaz (2014). Comparing data within and between interviews further helped identify focused codes. The primary researcher also engaged in ongoing consultation with colleagues who have expertise in attachment theory and addiction regarding identification of codes and adjustments to data collection to support greater confirmability of results.

A Priori Coding. As discussed above, an attachment-informed lens was applied when developing the interview questions and during analysis. In addition to identifying emergent codes, several attachment-based, a priori codes were selected for the research team to identify when coding the transcripts. The codes were: safe haven, secure base, reflective functioning, and coregulation. Safe haven was defined for the research team as: 1) Parent provides protection from harm (physical or emotional) and 2) Child perceives parent as a safe haven from threat (physical or psychological). Secure base was defined as: 1) parent supports child in exploring and 2) parent delights in child. Reflective functioning was defined as: 1) shows awareness of their own internal emotions/experience and 2) shows awareness of parent's internal emotions/experience. Coregulation was defined as: parent provides emotional support and is protective, patient, kind, and soothing in response to child's upset or dysregulation. Members of the research team were instructed to code excerpts for both the presence and absence of a priori codes (e.g., safe haven, lack of safe haven).

Theoretical Memo Writing. Memos were written by the primary researcher and by members of the research team throughout the coding process. To further consolidate and clarify findings after coding was completed, members of the research team were asked to write a set of memos in response to specific prompts. These prompts were developed by the primary researcher to facilitate identification of overarching themes and to engage in constant comparison. First, responses by all participants to a few questions from the interview were reviewed and members of the research team were asked to write a memo noting patterns, relationships, and differences between responses. Second, to identify broader themes, members of the research team were asked to write separate memos about what was expected and what was unexpected in the data. Additionally, members of the research team wrote a memo in response to the prompt, "Imagine you are sharing what you learned from these interviews with a group of professionals that work with children. What 3-5 things would you want to share?" Finally, members of the research team were asked to review the research questions (i.e., sensitizing questions) and write a memo reflecting on responses to the research questions based on the data. To build consensus and increase trustworthiness, members of the team were asked to write memos in response to the prompts individually, prior to sharing responses with the team.

Figure 1

Summary of Data Collection and Coding Approach



Applying a Theoretical Framework. The final step of this analysis included the applying of a theoretical framework. Charmaz advises referring to the literature again at this stage in the analysis, to better understand how the current findings fit within the current literature and scientific understanding (Charmaz & Thornberg, 2020). Accordingly, one step in applying a theoretical framework included reviewing the literature on attachment and addiction and comparing those results to the data collected for this study. Another step included continuing to ask questions of the data and compare within and between data to identify broad patterns and make connections between the patterns identified and attachment theory. The primary researcher also consulted with colleagues with expertise in attachment theory while formulating and applying the theoretical framework.

Conclusion

A qualitative design based on Constructivist GT was conducted to investigate the impact of parental substance misuse on young adult offspring using an attachment theory lens. Young adults who endorsed growing up with a parent who struggled with substance misuse were recruited to participate in an open-ended, semi-structured interview (PAAS) related to their parent's substance misuse history and the impact of the parental substance use on the respondent. Interviews were conducted virtually and recorded. Recordings were then transcribed for analysis by the primary researcher. Data were analyzed using both an emergent coding process where initial and focused codes were identified, and by identifying a priori codes based on constructs from attachment theory. This process allowed for themes to emerge relevant to the research questions and to be understood and framed through an attachment theory lens.

Results

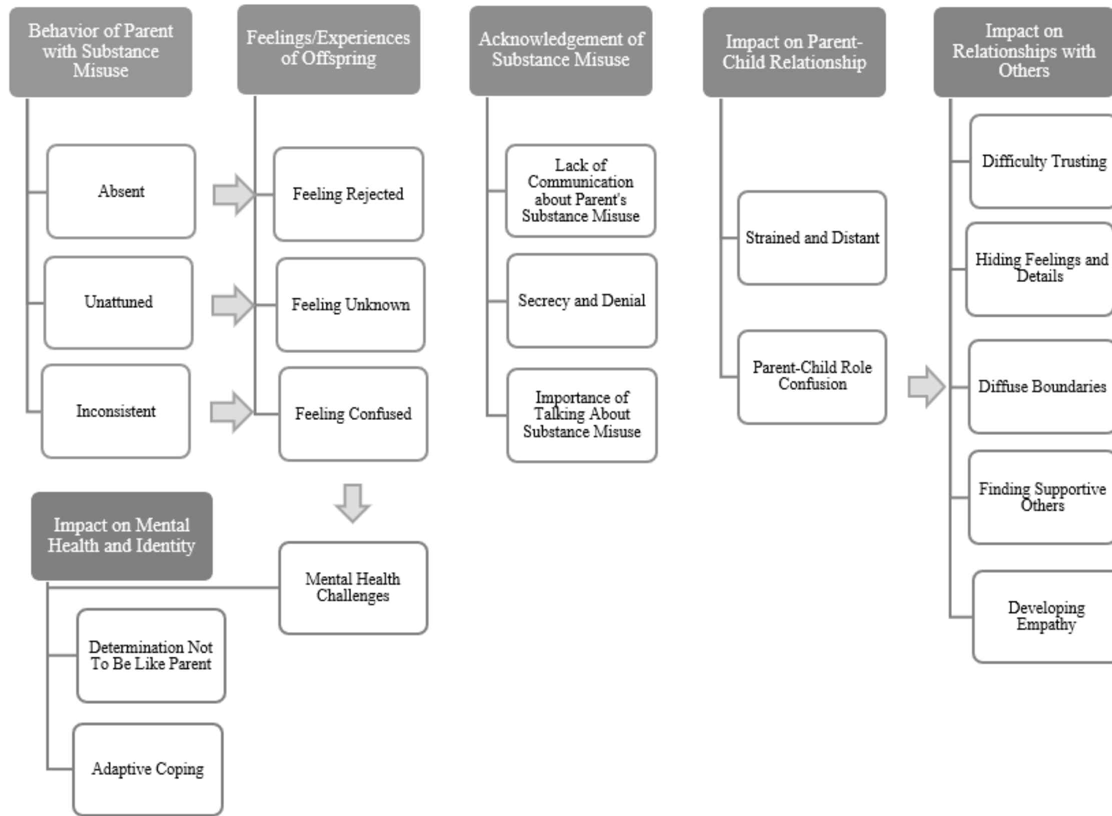
The purpose of this study was to further elucidate the impact of parental substance misuse by interviewing young adults and asking them to reflect on their experience growing up with a parent who struggled with substance misuse. This study focused specifically on the impact of parental substance misuse on relationships, and the data collection and analysis processes were informed by constructs from attachment theory. The following sensitizing questions guided this inquiry:

1. In what ways did the parent's substance misuse impact the parent-child relationship over time?
2. What factors related to parental substance misuse impacted the quality of the parent-child relationship?
3. What were the differing themes reported in the experience of young adults whose parents were addicted to substances at different developmental periods for the offspring (e.g., childhood vs. adolescence)?

As a result of the emergent analysis, 19 sub-categories were identified. These sub-categories were grouped into six main theoretical categories (see Figure 2). The theoretical categories are as follows: 1) behavior of the parent with substance misuse, 2) feelings/experiences of the offspring, 3) acknowledgement of substance misuse, 4) impact on the parent-child relationship, 5) impact on relationships with others (e.g., friends, romantic partners, siblings, the parent without substance misuse), and 6) impact on mental health and identity.

Figure 2

Emergent Categories: Impact of Parental Substance Misuse



These categories are described below, along with corroborating quotes from the participants. The core categories within the findings were then contextualized within an attachment-informed frame. In the descriptions below, unless otherwise specified, "parent" refers to the parent with substance misuse.

Behavior of the Parent with Substance Misuse

One broad category to emerge from the data was a description of problematic parent behavior. Specifically, parents were often described as absent, unattuned to the emotional needs of the child, and inconsistent or unpredictable. Participants often

connected these behavioral patterns with the parent's substance misuse and mental health challenges. Each of these behavioral patterns are described below.

Absence of Parent

A prominent theme in participant narratives was the absence of the parent in the life of the child. One form of absence described was a literal, physical absence of the parent in the home due to divorce, changes in parental custody, incarceration, or being away while using substances. The majority of participants seemed to feel this absence keenly and provided detailed descriptions of their experience. One participant shared:

> I did a lot of theater in elementary and middle school and high school and looking out into the crowd and not seeing my mom, that I can see everyone else's mom, or you know, my crewmates would go up and be like, "Mom, dad, did you see that performance?" And I'd be like, "Dad… did you see that performance?" I never really said the word mom, ever. So, that's just why it felt absent, because I never was able, I felt like I was never able to experience that.

Another participant said his dad was regularly away during dinnertime because he was out drinking. In reflecting on this experience, he said:

> As a kid growing up you just kind of get angrier and angrier in terms of like just wishing you had, just wishing he was home, or like just wishing it was a normal childhood. It's like, when do we see our dad?

These statements illustrate how many participants viewed their growing up experiences as abnormal due to their parent's substance-related absence.

Another form of absence described was a mental or emotional unavailability. This unavailability was attributed either directly to substance use or to emotional

challenges of the parent. One participant, in referring to her mother's state when she was abusing prescription opioids, said, "She might have physically been there, but she wasn't mentally there." In several cases, parents seemed to be actively isolating themselves. One participant stated, "… when I'd stay with her, you know, I left her alone because she'd still go to her bedroom and shut the door." Another participant shared:

> He would just mainly stay at home and never come to games or anything. So it was kind of odd, like as a child to grow up with that. He was just kind of there, but not really acted like a father should, in a way. Just kind of lived with me but wasn't really present.

These examples demonstrate how in many cases, while the parent remained in the home, they were not actively involved or available to their offspring during the period when substance misuse was occurring.

Poor Attunement to Emotional Needs of the Child

Another category to emerge from the data was poor attunement to the emotional needs of the child. This poor attunement was often evidenced as parents failing to provide appropriate co-regulation when the child was upset. Parents were described as either minimizing their child's feelings or reacting in hostile or overly apologetic ways. Unsurprisingly, many participants reported that their primary way of coping when upset was either to isolate or seek out another parent or support person, rather than seek out the parent struggling with substance misuse. In describing her mother's response to her emotions, one participant said, "She would just yell at you for being upset because it was an inconvenience for her. And if I was upset because of it, again, not knowing it was an inconvenience, I would just go to my bedroom." Another participant contrasted her

father's willingness to fully listen to her concerns with her mother's more minimizing reaction, when she said, "My mother would be like, 'Rub it off,' 'It's fine.' Like, 'Just get over it.'"

Several examples of parent responses to the child's emotional needs were quite dramatic and could possibly be attributed to the parent being in an altered state. For example, in the following excerpt, the participant mentions screaming in her mother's face after being injured, and being met with a minimizing and "cold" response:

> Even when I had my finger slammed in the door, and I ran down screaming at her face she just went, "You're kidding. You're joking. I know you're faking it." You know, cold and just not very… doesn't really acknowledge your presence and also doesn't acknowledge your feelings and so you just stayed away from her.

Another participant reported suffering from a severe ear infection and her mother delaying taking her to the doctor for several days. This participant said, "I'm telling her I'm really struggling with something she's just kind of like, 'Oh, it'll be fine,' you know, 'You don't actually feel that way.'" These examples illustrate how in some cases, parents failed to respond to significant physical needs, and participants experienced the parent as minimizing and denying their physical and emotional needs.

Inconsistent and Unpredictable Parental Behavior

Consistent with the literature, many participants commented on inconsistency or unpredictability in their parent's behaviors. Parents were often described as unreliable and several participants reported relying either on other adults or themselves for basic caretaking (e.g., rides to and from school, meals, laundry, etc.). Parents were also described as being emotionally labile, ranging from warm and loving, to apathetic, to

hostile and/or apologetic. One participant described, “He would go from really nice to just kind of flip a switch to be kind of mean and kind of demanding.” Another participant, in speaking of the change she saw in her mother when she was using substances, said:

> “You went from someone who was always nice, would never do anything like that to me… to now you're like putting your hands on me and you're like acting like I'm someone that's not your daughter. Like, that's not okay”

Many participants seemed to expect this inconsistency from their parents and reflected feelings of disappointment, frustration, or resignation in response. One participant said, “You just go, wow, we can't, we can't get through a whole week where it's all ups. You know what I mean? It's, you know, something we're kind of like are expecting.” Another participant described how she became apathetic in response to her mom’s emotional lability at a young age:

> So, even when I was younger, like five to 10, she would still get very angry with me and my brother and like yell at us. And then we would, you know, she would yell as us, we would go to our rooms, whatever, and then we would come out and find her crying about how sorry she was and about how she hadn't meant to yell at us and, like all this just stuff. And I just remember really not caring. And it was kind of weird to me as a little kid because, when your parent cries that's like probably one of the scariest things that can happen… so I just remember, she would just cry and wail and talk about how terrible of a mother she was. And I just didn't care.”

Throughout the interviews, participants shared examples of feeling disappointed, confused, and angry in response to their parent's inconsistency and emotional lability.

Feelings/Experiences of Offspring

Another broad category to emerge from the data was the overall emotional impact of the parent's behavioral patterns on the child. While many emotions were endorsed, the few that seemed to be tied most directly to the parent's substance misuse, were feeling rejected, unknown, and confused.

Feeling Rejected

Many participants indicated feeling rejected by the parent. This perception of rejection was often tied to times when the parent was either physically absent or emotionally unavailable. In some cases, the participants connected the sense of rejection directly to the parent's choice to use substances. For example, one participant said:

> My mom is alive and she chooses everyday substances over her children. And that's really hard because there's no excuse for it that at least makes logical sense. Again, the reasoning is she's sick, but to your child that doesn't make sense, because it's like you're here and we love you and you're supposed to love us."

Another participant stated:

> She would show up to her therapy appointments like drunk. I just remember talking to her on the phone and being like, "Don't you even want us to come home?" You know, I'm like, "Do you?" And she was like, "I'm trying." I'm like, "Not very hard." I mean, I know it's like substance misuse is very complicated, but like as a child with a parent, I don't know, it just feels more black and white.

In these examples the participants each describe how they perceived their parent as prioritizing substance use over their children. As adults reflecting on these experiences, the participants acknowledged that addiction may have limited their parent's choice, but they explained that as a child they did not understand, and it felt like more of a direct rejection. Several participants also indicated that their attempts to get closer to the parent were rebuffed. One participant explained, "It was very like, she repelled me away from her. If I did go towards her it was very dismissive, very denying of what I was experiencing."

Feeling Unknown

Another common theme in the data was a feeling of being unknown to the parent. When participants were asked if any parents or caregivers knew how they felt inside, the majority of participants responded that none of their caregivers understood how they felt inside or what it was like to be them. Even when participants described having a close relationship with a parent or caregiver (typically the parent who was not struggling with substance use) they still indicated that no one knew how they felt inside. In some cases, the parent's lack of understanding was attributed to the parent's absence in the life of the child. One participant said, "I wouldn't be surprised if half the time she forgot I existed because she was either too high or in a rehab facility the entire time" and "I don't think she ever really understood me as well, again, because she wasn't there for the beginning." In other cases, the participants said they chose not to disclose their feelings to their caregivers due to a lack of trust. For example, one participant stated, "I kept that information very private as I didn't trust anyone."

Feeling Confused

Another feeling often described in the narratives by participants was confusion. Participants shared many examples of situations involving their parents that left them feeling confused. These situations often involved their parents behaving in inconsistent or unpredictable ways or expecting their child to take on more of the parental or adult role (i.e., role confusion). One participant talked about being confused by her mother's behavior when taking opioids, because her mother would become more warm and available while taking opioids, and then when she stopped she would become withdrawn. This participant said:

> And then afterwards I was just kind of like not understanding, like what did I do? Like, why is it not the same? And I think I carried that with me for a long time, like did I do something wrong? Like why isn't it like that anymore?

In this example the participant's confusion included wondering about her role in her parent's shifting behavior and a question of if she was to blame for the parent's withdrawal. Consistent with the literature, this theme of the child taking on responsibility or blame for the parent's behavior was present in several of the narratives.

Another situation that contributed to confusion was a lack of communication regarding the parent's substance misuse. Participants were often unclear on the details and timeline related to their parent's addiction. In one case, a participant was not permitted to be told the reason for his mother's absence and his parent's divorce until he was 18 years old due to the divorce agreement. This participant explained:

> And so, I was just confused. I mean upset and anger is going along with that, but confused is the main one because I was never told. It was always, you'll find out when you're older, or your mom was very sick or, you know, go ask your dad,

> you'll find out when you're older. But none of those answer the question. And so I stopped asking because I knew I was never going to get an answer. That's why I just said confused, cause for the longest period of my life I was confused. I never knew.

In this example, lack of clear, developmentally appropriate communication regarding the parent's substance misuse contributed to feelings of confusion and anger for the child.

Acknowledgement of Substance Misuse

Another broad theme to emerge from the data was acknowledgement of the parent's substance misuse. Within this category, subthemes identified included lack of communication about parent's substance misuse, secrecy and denial of the substance misuse, and participants recognizing the importance of talking about substance misuse.

Lack of Communication

Many participants reported a lack of communication regarding their parent's substance misuse. As stated in the previous session, participants were often unaware or unclear about details related to their parent's substance misuse. In some cases, other parent's or caregivers provided a space to discuss addiction, however, often participants reported limited communication regarding the addiction even within the immediate family. One participant described having to "force" information out of the non-substance using parent to better understand the situation. This lack of communication was often present within the immediate family, extended family, and broader community. Half of the participants said that the parent's addiction was kept hidden from extended family, such as grandparents. One participant connected this lack of communication to stigma within his racial or ethnic group, when he said, "Like addiction is one of those things,

especially like me being like black in a black community, is something that you know we just like shun completely. It's just something that like people don't really talk about." This same participant described how as an adult, he has been able to talk with his father about his father's substance misuse indirectly:

> I feel more confident or comfortable now to have a conversation with my dad, in terms of, like not really just like, not call him an alcoholic or anything like that, but I just like that, "You need to be healthy." Like you know, like, "You're too young. You're 55. Like that's… you need to be here kind of for us, or for mom at least." So that's honestly, like the toughest, the toughest thing--having these conversations now.

As this excerpt demonstrates, as adults many participants indicated feeling uncomfortable talking with their parent about the parent's substance misuse.

Denial and Secrecy

In addition to a lack of communication regarding the parent's substance misuse, many participants also reported that their parent actively denied having an issue with substance misuse and tried to keep their substance use a secret. One participant said, "She would own up to it occasionally, but for the most part she denied it." Another participant said, "He would just kind of be in denial about it… Maybe he felt he had it under control, or he felt like there wasn't a problem… he's just you know, just drinking or just, you know, having a good time."

Participants also noted parent's attempts to keep their substance misuse secret from others. As one participant described, "He kind of puts on a mask of like he's… that he's completely like normal and non-addicted person when he's out in public, but then at

home he's like completely different." This example demonstrates how parent's attempts to keep their substance use hidden resulted in inconsistent parental behavior, which was apparent to the offspring.

Importance of Talking About Substance Misuse

As adults, many participants spoke of the importance of talking about substance misuse and the need to break the stigma related to acknowledging substance misuse. Several participants also stated that as a child and adolescent they would have liked to have someone to talk with about their parent's addiction. One participant, in reflecting on his experience participating in the interview, stated, "I wish I had someone talking to me when I was seven years old about this." Another participant spoke of the importance of talking about the ongoing impact of substance misuse on offspring. She said, "I think we fail to also realize, there are people that are taking on the consequences of that [referring to a person's substance use disorder] and those people are important too." Broadly speaking, this lack of communication seemed to feed into and be driven by a sense of shame regarding substance misuse. The lack of communication also contributed to feelings of confusion and uncertainty for the child.

Impact on Parent/Child Relationship

Another broad theoretical category identified in the data, was the overall impact of the parental substance misuse on the parent/child relationship. Each participant's relationship with their parent evolved over time and was distinct; however, in each case, the relationships were generally described as strained or distant. Role confusion was also a prominent dynamic within the parent/child relationship.

Strained or Distant

In describing their relationship with the parent, all participants indicated that during the time when the substance misuse was occurring, their relationships were strained and/or distant. Most participants reported wanting a closer relationship with their parents during their childhood but struggling to establish that closeness. In many cases, participants seemed to “give up” as adolescents after a period of trying to get develop a closer relationship with the parent. One participant said, “Whether she was in her bedroom locked away or outside with the door shut, you just didn't want to get close to her at all, because it just felt more painful than it was to just stay away from her.”

As adults, three participants shared that they had chosen to cut ties with their parent; whereas two reported some improvements in their relationship, and four indicated they were still in contact with the parent and the relationship continues to be strained or distant. The final participant’s parent died as a result of the substance use when the participant was an adolescent. For those that reported improvements, they also reported that the parent’s substance misuse had decreased or stopped.

Parent-child Role Confusion

Parent-child role confusion was another phenomenon observed in more than half of the narratives. Parent-child role confusion is described in the literature as a deterioration of generational boundaries in which the parent seeks comfort and support from the child to meet their own needs (Linde-Krieger & Yates, 2021). In this study, several participants either described providing emotional or physical support for their parent. One participant described cleaning up after her parent and checking on her after school. She said:

> I really feel like from that our relationship definitely changed because I became the parent to her. I became the one who would clean up her messes, who would make sure that she was okay… I would get home at the end of the day, instead of her asking me how my day at school was I would be like, “How are you today?” Like, “How was work? Tell me about it.” She really didn't, she didn't really care much about me and (brother’s name)'s life. Didn’t really know a lot about us.

Most participants in reflecting on their experience as a child seemed to resent the expectation to care for their parent, as one participant explained:

> He expected me, having my permit, to drive him home while he's drunk. It's just very confusing. I think that's just a really confusing thing for someone growing up and not really… I mean, it makes me angry thinking about it.

Additionally, three participants either referred to their parent as their best friend or stated that the parent referred to them as their best friend, suggesting a blurring of generational boundaries. One participant said:

> A really hard thing was my mom would call me her best friend. All the time. Like that was her thing, and she still does it sometimes, but she would call me her best friend and kind of just cut through that boundary between like mom and daughter, and really just over share things and you know, it really wasn't a mother daughter relationship. I was supporting her and she would support me as well, but it was more like a codependent relationship than it was a mother-daughter relationship.

As these excerpts illustrate, the behaviors of the parent often led to a sense of blurred relational boundaries and feelings of confusion or frustration when the child felt compelled to provide support to the parent.

Impact on Relationships with Others

Another broad category identified was the impact of parental substance misuse on the participant's other relationships. Just as the impact on the parent-child relationship varied by participant, the impact on other relationships also varied. Participants also demonstrated varying levels of awareness of the impact of their experience with their parent on other relationships. Some participants initially reported minimal to no impact on their relationships, however, they later shared several examples of ways in which their experience with their parent had influenced their interactions with others. Several themes emerged for this category, including difficulty trusting, hiding feelings, hiding details of the parent's addiction, poor boundaries, finding supportive others, and showing empathy.

Difficulty Trusting

Many participants shared experiences indicating difficulty trusting others. Examples of difficulty trusting included questioning the motives of others, struggling to believing others could be relied upon, or not believing others would approve of or accept them. One participant explained, "I have always kept my cards close to my chest. I try not to reveal too much at any given time, either because I don't think they need to know, or I don't want to share." Another participant explained how this lack of trust impacted her friendships:

> I would get really close to someone and then I would feel like I was trusting them too much or I was letting them in too much, and then I would kind of cut it off. And I would of go through that cycle of not allowing myself to truly open up. And when I did, I would shut down really quickly.

Several participants made direct connections between their experience with their parent and difficulty trusting others. For example, one participant stated:

> I do have problems believing people when they tell me something, especially when it's something good about me, which I think might be an everyone problem. But you know it kind of goes back to that little kid thing of like, are they being nice to me because they love me or because they want something from me? Like a deal. You know? So, I think I do have problems like opening up to people for a while because of mom.

As this participant described, difficulty accepting kindness from others and trusting that others would think well of them was connected to experiences where trust was broken in the parent-child relationship.

Hiding Feelings and Details

Another theme to emerge from the data was a need for the participant to hide feelings and details related to the parent's addiction from others. This tendency to hide feelings and details was especially common during childhood. As one participant described:

> As far back as I can remember, I was just like shy and didn't want to talk about it, for a lot of the stuff, kind of just ignored the problems that were going on. Like very aware, but like just chose to not talk about it.

Several reasons were given for hiding personal feelings and details about the parent's behavior. In some cases, the participant did not want to disclose details or feelings about their parent's addiction to other adults, because they did not want the parent to get in trouble. The majority of participants also said they were hesitant to

disclose their parent’s substance misuse to peers because they feared social rejection. One participant said, “It's so hard to talk to friends about that because it's like you may be afraid of how people view you and how you view your family.” Several participants described how they would actively avoid having friends come over to their house, due to fear that friends would learn about the parent’s substance misuse. In a few cases, participants actually reported experiencing rejection as a result of the parent’s behaviors. For example, one participant said:

> Like when I started dating in high school, for instance, like in adolescent years, I couldn't bring people home and I tried a couple of times and like multiple people rejected me for my family because they kind of came in and they saw the craziness and didn't like it and were like it's not worth it.

As adolescents and adults, more participants indicated that they found supportive individuals who they would confide in, such as peers, school counselors, or teachers. A few participants shared that this tendency to hide feelings has continued into adulthood. For example, one participant said they tend to prioritize caring for others before expressing their own needs or feelings. They said, “I still bottle up a lot of stuff, like my emotions. I tend to like keep them down, focus on other people's emotions, take care of them first, you know?” While many participants said they are more open to talking about their parent’s addiction as adults, they also acknowledged that they worried about judgement from others.

Diffuse Boundaries

Another theme identified was diffuse relational boundaries. Examples of diffuse boundaries included accepting mistreatment in relationships, becoming overly reliant on

certain individuals, feeling excessively guilty for letting friends down, and seeking frequent approval from others. Some participants attributed these weak boundaries to not having healthy models for relationships as children. For example, one participant said, "I didn't know really what friendship looked like and like a positive friendship that didn't kind of have these toxic circles." Another participant stated:

> I guess I didn't have like that guidebook of, "This is how an average human is supposed to be treated." Because I didn't have that, so I just kind of let everybody free range unconditionally love me when they wanted."

Four participants shared that they noticed themselves either seeking approval from or reacting harshly toward women, in particular. In each of these cases the participants had a mother who struggled with substance misuse. In speaking of his relationships with female friends, one participant said, "I definitely did like latch myself on to some of them emotionally very, very much." Another participant shared how they reacted harshly toward female teachers who offered support because it reminded them of the support they were not receiving from their mother. Many participants reflected on their struggles with diffuse boundaries as having a negative impact on relationships and indicated they had made progress in developing healthy relational boundaries as young adults.

Finding Supportive Others

When asked who or what helped them during their parent's addiction, the majority of participants identified individuals who supported them, often unknowingly. Supportive individuals included another parent or caregiver, a babysitter, aunts and uncles, teachers, school counselors, and friends. One participant, in speaking of the support she received from her father after her mother's substance-related death said:

> If he wasn't there for me or if it had been him and not my mother, I just don't really know what I would be doing because he kept everything intact… and he never wanted my brother and I to understand what, how bad the situation was.

Another participant spoke of the active support of her babysitter. She said:

> So when I was having like anxiety attacks or panic attacks while in elementary school, because those happened a lot, the person who would get called and then would come pick me up was (*baby sitter's name*). So again, and when my mom couldn't be involved because of her mental illness and her substance misuse (*baby sitter's name*) was always the one to fill the role.

Another participant spoke at length about the support he received from teachers throughout middle and high school. Of their support, he said, "Even like when they weren't directly like emotional support people, they've just been really nice like to look forward to, like kind, adult, good, positive figures in my life." In this latter example, teachers often provided an unstructured space for students to gather. Three out of ten participants identified school as a place that provided significant support throughout their parent's addiction.

Developing Empathy

The last sub-theme identified in the data for this category was developing empathy for others who are struggling with substance misuse or are impacted by a family member who is struggling with substance misuse. In reflecting on what they had learned from their experience having a parent who struggled with substance misuse, several participants emphasized the importance of being kind to others and recognizing that many people carry unseen burdens. One participant said:

> You just never know for anyone what's going on behind the scenes. Like you, people are good at like masking it… I just feel like it's so important to remember like, hey, you don't know what's going on in anybody else's life and you don't know what they're thinking or what they're experiencing, whatever, so just, just treat everybody with kindness and an open mind is so important.

In addition to emphasizing the importance of being kind to others, most participants spoke about the challenges of substance misuse and how they felt empathy for their parent. As one participant explained, "I have a lot of empathy for people who struggle [with substance misuse], because it is so, it's hard. I mean it's, it's really hard." Another participant said:

> I've just become much more sympathetic in general because I used to think that people who had addictions were weak, who like didn't have, were just weak, right? It was a cop out. But my mom was one of the strongest people I knew growing up and so it definitely wasn't like a weakness or anything. It's just, it's hard. I think life just gets hard. And it's not a weak to want to seek some form of relief from that.

In empathizing both with her mother's and her own challenges with substance misuse, another participant said:

> I don't want to ever invalidate the way my mom feels because I don't think a lot of people with substance misuse choose that life. I don't. I don't think they do. And I don't think they enjoy it. I know, sometimes my mom, I think she does it to be malicious, but I think, because these people are sick, at least all the ones I've met and me personally, I'm sick.

Similar to this example, many participants simultaneously expressed empathy for their parent, while also admitting that they wonder about how much choice their parent has in using substances. These mixed feelings of the participant toward the parent were common throughout the interviews.

Impact on Mental Health and Identity

The last broad category identified in the data was the impact of parental substance misuse on the mental health and identity of offspring. The subthemes identified within this category were mental health challenges, a determination not to be like the parent, and engaging in adaptive coping strategies.

Mental Health Challenges

Consistent with the literature, in discussing the impact of parental addiction, many participants referred to having personal mental health challenges. Half of participants shared that they struggled with anxiety, depression, or "anger issues" as children. The other half of participants gave examples of emotional challenges as a child that may indicate the presence of anxiety or depression (e.g., self-isolating, high levels of irritability, conflict with peers or adults). Descriptions of these mental health challenges included "extreme crippling anxiety," suicidal ideation, anxiety attacks or panic attacks, and engaging in aggressive behaviors. As one participant described:

> I had anger issues when I was a kid. Definitely. For sure. Because at that point, I didn't really yell at her (*the parent with substance misuse*) when I was little, so I'd kind of keep it all in until I got to school. And then, you know, I'd like yell at a kid or like smack a kid or something. Yell at teachers. So I for sure had some anger problems when I was younger.

Several participants shared that they have continued to have mental health challenges as adults and have sought out treatment, such as therapy. In a few cases, participants have experienced grief due to loss of loved ones due to substance use. One participant's brother died of an overdose and other participants shared that they worry about the health of their parents who continue to struggle with substance misuse. In one case, a participant disclosed that she had made multiple suicide attempts using substances as a young adult and that she had been hospitalized once. While other participants indicated continued mental health challenges, no other participants indicated that they had struggled with suicidality or had used substances in an attempt to harm themselves. This participant identified a similarity in her mother's mood fluctuations and her own. She explained:

> I had a mom whose emotions were not consistent, and I got diagnosed with a mood disorder at 23. I'm 25 now and it just made complete sense, because… I had to learn to respond to her irregularity. And so I think as an adult or as a kid I had the same thing… when I did have those irregularities, like my mom, they were very, very high and very, very low…And I realized my mom was exactly like that.

Overall, participants reported improvements in the mental health as adults in comparison to their mental health challenges as children.

Determination Not to be Like the Parent

Another theme to emerge from the data was a determination not to be like the parent who was struggling with substance misuse. This was evidenced in a variety of ways, including participants not wanting to use substances, not wanting to reenact

unhealthy intergenerational patterns, and in one case, not wanting to have the same career as the parent. As this participant explained, “Not wanting to be him is always at the back of my mind.” All participants spoke about wanting to limit their own substance use due to a belief that they may be genetically predisposed toward addiction based on their parent’s substance misuse. One participant stated, “I’m like worried about myself becoming like him and then other people… like following the same route that like I know a lot of alcoholics do, because his family… like they were all a bunch of like town drunks.”

Adaptive Coping

The final category to emerge was adaptive coping. While many participants mentioned times where they engaged in coping that could be considered less adaptive or less effective, such as isolating, the majority of coping strategies shared by participants were more adaptive. For example, participants reported engaging in activities that helped them connect with supportive others, experience enjoyment or fulfillment, and/or process their emotions and experience in helpful ways. Specific examples of adaptive coping included: writing poetry, reading, learning about topics of interest, playing games by themselves or with others, playing sports, exercising, doing art, connecting with friends through social media, and meeting with a therapist. In one case a participant said she developed an imaginary friend who helped her feel more connected when she was isolated during her mother’s substance. In another case, a participant said he used humor as a way of coping, and said, “There’s a poet somewhere that says bad choices make great stories, something like that. And while they're not my bad choices, they’re still things that are very clear in my mind and it it's taught me how to laugh.” Overall,

participants seemed to isolate more frequently as children and then develop more adaptive coping strategies as they grew into adolescence and young adulthood.

Attachment-Informed Categories

As stated in the methods section, in addition to identifying emergent themes in the data, I applied an attachment-theory lens to data collection methods and analysis for this study. In this section, I review evidence of the a priori attachment constructs (safe haven, secure base, coregulation, reflective functioning) as identified in the data. I include a discussion of the relationship between emergent categories and a priori attachment constructs in Chapter 5. I also include a summary and discussion of adjectives selected by participants to describe their relationship as a child with the parent with substance misuse and other supportive attachment figures.

Safe Haven

One a priori attachment code used in the analysis was safe haven. Safe haven was defined as: 1) parent provides protection from harm (physical or emotional) and 2) child perceives parent as a safe haven from threat (physical or psychological). After reviewing excerpts from the data that were given a safe haven code, the research team observed that in most of the excerpts a parent or caregiver other than the parent with substance misuse provided the safe haven protection. For example, one participant described the safe haven provided by her babysitter during her parents' contentious divorce. This participant would often become dysregulated as a child and she described her babysitter responding with patience, while her mother with substance misuse would dismiss or minimize her feelings. In describing her babysitter, she said, "Her presence was just warm because you knew there was nothing that you could do that she wouldn't love about

you." On one occasion she recalled, "I went and sat on her lap and like curled up in a little ball. And she held me, and I don't think I ever remember being held like that, like at that age, except by her." This example illustrates how a trusted adult other than the parents was able to provide needed emotional support and enable the child to feel some sense of security during a challenging time.

The research team noted that in several cases where a safe haven code was given, the parent with substance misuse attended to the physical needs of the child, but less to the emotional needs. In other excerpts, a *lack of safe haven* code was given when the parent with substance misuse actually created an unsafe or threatening situation in response to the child expressing need. In some of these cases, another parent or caregiver stepped in to provide safe haven protection. These excerpts all demonstrated a lack of attunement to the child's emotional needs for the parent struggling with substance misuse. For example, one participant described her mother's reaction after telling her mother that she felt depressed as a child. She said:

> It really sucked and my mom actually kind of lashed out at that. Like, you know, like, "No, you don't know you're talking about." Like, "That's not true." And I knew she was scared. Like I understood that, but I feel like my entire life it's been kind of like that, where it's like I don't understand it so my reaction is going to be completely off.

In this example, the parent's reactivity prevented her from providing safe haven support to a child expressing need. The research team also observed that many excerpts given the safe haven code were also given a coregulation code. This overlap made sense, as

providing support in regulating emotions was frequently also viewed by the researchers as providing psychological protection or creating an emotional safe haven for the child.

Secure Base

Another a priori attachment code was secure base. Secure base was defined as: 1) parent supports child in exploring and 2) parent delights in child. In comparison to the other a priori attachment codes, few examples of secure base were identified in the data. When secure base codes were given, they were typically examples of another parent or caregiver providing secure base support or a *lack of secure base* from the parent with substance misuse. One participant called her father, who was not struggling with substance misuse, her “rock” and described how he maintained a “very laid back” but interested attitude when she would share a concern with him. Another participant described how his mother would delight in his performance at track meets, regardless of how well he performed, whereas he struggled to read the response of his father and hid from him after doing poorly in a race.

In a few cases, the participants provided examples showing that a parent’s ability to provide a secure base decreased after their substance use began. A few participants shared examples of their parent taking them on outings, playing with them, or delighting in them prior to the increase of substance use, which they contrasted with a lack of involvement, lack of awareness, or critical responses after the substance use increased. For example, one participant speaking of the change in her relationship with her mother after the substance misuse increased, said, “She started getting… she was like, cold, mean. She wouldn't let us go anywhere, was very, ‘no, no, no.’” In a few other cases, the parent discouraged the child from pursuing an extracurricular activity, as the parent either

did not want to provide transportation to the events or did not want to attend the events themselves.

Coregulation

Coregulation was also included as an a priori code. Coregulation was defined as: parent provides emotional support and is protective, patient, kind, and soothing in response to child's upset or dysregulation. As mentioned above, providing coregulation when a child is upset is one way a parent becomes a safe haven for a child. Hence, many excerpts that were given a coregulation code were also given a safe haven code. In reviewing excerpts that were given a coregulation code, the research team observed that many coregulation codes were given, but coregulation was rarely provided by the parent with substance misuse. Typically, the parent with substance misuse did not provide coregulation either because they were physically or mentally absent or because they were unable or unwilling to provide such support. In a few cases, the child's need for coregulation was met with hostility by the parent with substance misuse. Four participants endorsed having another parent who provided coregulation at least some of the time. Other participants identified other individuals (e.g., friends, teachers, school counselors, aunts, or babysitters) who provided regulating emotional support, typically when the participant was an adolescent. Two participants described how a trusted teacher or counselor would pull them out of class regularly to talk if they seemed upset. The research team also noted that participants frequently shared that they experienced a lot of anxiety and tended to isolate when upset. These excerpts were often given a *lack of coregulation* code, as no other individual was aware or present to provide coregulating support when needed.

Reflective Functioning

The final a priori attachment code included in the analysis was reflective functioning. Reflective functioning (RF) was defined as: 1) shows awareness of their own internal emotions/experience and 2) shows awareness of parent's internal emotions/experience. All participants were given multiple RF codes showing some awareness of their own internal emotions/experience and the emotions and wishes of their parents. For example, in describing what he had learned from having a parent who struggles with substance misuse, one participant said:

> It's taught me how to rely on myself and how to experience emotions without letting it be the only thing I'm experiencing. Like how to go within myself. Okay, yes, this thing makes me sad. Why am I sad? What about the situation is making me sad? How do I find a solution to this? Or, am I sad because of this reason or am I sad because of this reason? Okay, what are the origin of those reasons? Is this going to affect how my day is? I can control this. And going through that thought process of how to maturely deal with and experience emotions, both positive and negative.

In this example, the participant described his internal process of identifying emotions and connecting those emotions with his experiences, which helps him not to be overwhelmed by the emotions. He also shared that as an adult he had participated in psychotherapy. While all participants were given RF codes demonstrating some awareness of their internal experience, some participants, like the one above, were either given this code more frequently or demonstrated more in-depth reflective functioning in the excerpts that were coded. There was no clear pattern differentiating those with higher rates of RF

codes from those without, which may speak to the complexity of reflective functioning capacity. It is possible that if a more formal assessment of reflective functioning had been applied to the data, clearer patterns would emerge.

Participants were also asked specifically to reflect on what aspects of their parent's internal experience contributed to the substance misuse, and most participants provided lengthy explanations that included wondering about the parent's mental health and unfulfilled dreams or needs. For example, one participant said:

> My mom was very, very, very jealous because my dad did not give her attention and he gave us a lot more attention. And I remember, I actually found a note and read it one time, and it was a whole note she had written to him, saying that she was very upset that he wasn't spending enough time with her and spending too much time with us. So, in order to fulfill that time that he was not spending with her she went out and she went and partied a lot and that's when I think it started to get a lot worse.

In this example, the participant connected her mother's internal experience of jealousy with her mother's increased substance use. In reflecting on their parent's internal experience and how it might have contributed to substance misuse, participants provided the following reasons: feeling stressed, needing a "pick-me-up," financial stress, needing an "easy way out," depression, feeling stuck or unfulfilled, not knowing how to deal with emotions, feeling like they had missed out on the college experience, not believing the substance use was problematic, and not feeling accepted by their parent.

Adjectives: Describing the Parent-Child Relationship

As part of the interview, an adaptation of an AAI process was employed. Participants were asked to provide three adjectives that describe their relationship with their parent who struggled with substance misuse, and then to share a memory that would help show why they chose the adjective. If participants endorsed having another parent or caregiver who was a supportive attachment figure (e.g., describing the caregiver as a person who understood how they felt inside), they were also asked to provide adjectives describing that individual as well. Out of the ten participants, half of participants identified an additional supportive attachment figure. Table 1 includes a list of adjectives given, along with their frequency. Adjectives were reviewed by the primary researcher and grouped thematically in the table below.

Table 1

Adjectives Used to Describe Parent and Other Supportive Attachment Figures

Adjectives for Parent Using Substances	Adjectives for Other Attachment Figure
Adjectives indicating absence or emotional/physical unavailability	*Adjectives indicating warmth or nurturance*
Absent	Loving (2)
Closed off	Compassionate
Brief	Selfless
Conditional	Warm
Cold	Nurturing
Distant	Fun
Avoidant	Friendly
Estranged	
Apathetic	
Lukewarm	
Adjectives indicating warmth, nurturance, or understanding	*Adjectives indicating connection and understanding*
Loving (5)	Involved
Caring	Close
Positive	Patient
Healthy	Open
Respectful	Understanding
Protective	
Adjectives indicating inconsistency	

Confusing (3)
Chaotic
Up and down
Questionable
Curious
Stressful
Adjectives indicating lack of trust or understanding
Cynical
Pessimistic
Misrepresenting
Misunderstanding
Adjectives indicating threat or harm
Damaging
Fearful

In reviewing the adjectives provided, participants generally described the relationship with the parent with substance misuse using adjectives indicating: 1) absence or emotional/physical unavailability, 2) warmth, nurturance, or understanding, 3) inconsistency, 4) lack of trust or understanding, and 5) threat or harm. In describing other parents or caregivers who were identified as supportive attachment figures, participants provided adjectives indicating: 1) warmth or nurturance and 2) connection and understanding. Overall, the adjectives given to describe the relationship with the parent with substance misuse were more negative in comparison to the adjectives given to describe the other supportive attachment figure. However, several participants provided at least one positive adjective (e.g., loving, caring, protective) for the parent with substance misuse. It is important to note that participants were not asked to provide adjectives for all parents or caregivers, so the adjectives given describing other attachment figures do not include descriptions of all parents who did not use substances. Therefore, we cannot assume that parents without substance misuse would necessarily be described more positively than parents with substance misuse.

Discussion

The purpose of this study was to further our understanding of the complex experience of having a parent who struggles with substance misuse. The impact of parental substance misuse has been well documented in the literature (Daley et al., 2018; Kerr et al., 2020; Romanowicz et al., 2019). However, by focusing on the impact of parental substance misuse on relationships and applying an attachment-informed lens to the data collection and analysis, this study revealed important themes and dynamics that may inform future interventions and supports for families impacted by substance misuse. In this chapter, I review the purpose of the study, describe expected and unexpected findings, discuss applications of attachment theory to the findings, and explore implications, limitations, and directions for future research.

Purpose of the Study

In constructivist grounded theory, sensitizing concepts and questions, rather than more narrow research questions, guide the study (Charmaz, 2014). By naming sensitizing concepts and questions, the researcher identifies a general focus for research, but also allows for unexpected themes and categories to emerge from the data. The first sensitizing concept for this study considered the impact of parental substance misuse on the parent-child relationship over time. The existing literature identified many common outcomes for offspring of parents with substance misuse (Romanowicz et al., 2019; Fairbairn et al., 2018; Parolin et al., 2016). However, I sought to further understand this impact by conducting in-depth interviews and focusing questions on the impact of parental substance misuse on important relationships. For the second sensitizing concept, I wanted to understand what factors related to the parent's addiction might impact the

quality of the parent-child relationship. I named several possible factors based on my review of the literature, including availability of the parent, access to support/treatment for the parent and/or child, and changes in parental custody (Moe et al., 2007; Romanowicz et al., 2019). Finally, I wondered if there would be notable differences in the experiences of young adults whose parents misused substances at different developmental periods (e.g., childhood vs. adolescence). With these questions in mind, I sought to collect "rich data" by conducting in-depth, one-on-one interviews.

The results included both emergent categories and identification of attachment-based phenomena in the narratives. I described my selection of a guiding methodology, constructivist grounded theory, in the literature review. This methodology provided flexibility by allowing for the identification of emergent themes, but also provided structure by grounding these themes in constructs from an existing, well-established theory (attachment theory). One important contribution of this study was the development of an attachment-informed qualitative interview to evaluate the impact of parental substance misuse on relationships for young-adult offspring, which is included in the appendix of this report. Anecdotally, several participants commented that they appreciated the questions asked as part of the interview, as well as the overall focus of the study (i.e., their experience having a parent who struggles with substance misuse). It was my impression that participants generally found the process of participating in the interview and sharing their experience to be challenging, yet meaningful.

Expected Findings

Negative Impact of Parental Substance Misuse

Results from this study aligned with the current literature in several ways. Regarding the first sensitizing question, the identified themes/categories indicated a generally negative impact of parental substance misuse on the parent-child relationship over time. Consistent with the literature, parents struggling with substance misuse were described by participants as absent, unattuned to their child's emotional needs, and inconsistent or unpredictable (Fairbairn et al., 2018; Tedgard et al., 2018; Parolin et al., 2016). Adjectives provided by participants to describe their childhood relationship with the parent, such as "confusing," "chaotic," and "stressful," demonstrate the inconsistent or unpredictable nature of these relationships. Previous research identified social, academic, and mental health challenges as common for children of parents with substance misuse (Fuller-Thomson et al., 2013; Kelly et al., 2011; Salo & Flykt, 2013; Romanowicz et al., 2019; Tedgard et al., 2018; Schafer, 2011). The current study extends our understanding of these challenges by providing detailed examples, and by illustrating how these challenges were often connected to the patterns of interaction between parent and child. For example, one participant described how he would struggle the most emotionally and academically on weeks leading up to a visit with his mother, because he was anticipating confusing interactions and feelings of rejection. Participants in this study frequently reported feeling rejected by, and unknown to, their parent. Several participants connected their difficulty trusting and developing meaningful relationships with others (e.g., peers, teachers, romantic partners) to their experience of feeling rejected by their parent. Many participants reported having continued difficulty in their relationship with their parent as adults, with several participants limiting or cutting off contact with the parent. These findings are important in that they both replicate existing

findings that connect parental substance misuse to negative outcomes, and expand upon these findings by illustrating in greater depth why a young adult may struggle to maintain a healthy relationship with a parent who struggled with substance misuse, particularly if they continue to experience a lack of understanding and acceptance by the parent.

Lack of Attuned, Consistent Support

Another finding of the current study that aligned with the existing literature was a notable difficulty for parents struggling with substance misuse to provide attuned, consistent caregiving (Fairbairn et al., 2018; Tedgard et al., 2018; Meulewaeter et al., 2019). This was evidenced in the current study by parents being perceived by offspring as absent, inconsistent, and failing to provide adequate coregulation when the child was upset. As Mary Ainsworth noted, caregiver attunement or sensitivity to the child is the primary ingredient needed for a child to develop secure attachment patterns (Ainsworth et al., 1978). Consistent with the literature, participants identified many possible explanations for why their parents struggled to be attuned to their needs, such as the parent struggling with mental health issues, being mentally or physically absent, having a preoccupation with acquiring or consuming substances, or being in an altered state (Fairbairn et al., 2018; Tedgard et al., 2018; & Meulewaeter et al., 2019). It is likely that these factors had a collective, compounding impact on parents' lack of attunement (e.g., a lack of attunement due to preexisting mental health issues was exacerbated by impaired emotional awareness stemming from the effects of the substances themselves).

One distinct feature of substance misuse and its impact on parent-child interactions is that the substances themselves can contribute to a significant shift in parental behavior and in the parent's awareness of their own and their child's emotional

or mental state. This diminished awareness can have a corresponding negative influence on the parent's ability to regulate their own emotions and recognize and respond supportively to coregulate the emotions of their children. This study provided detailed examples of the types of confusion and poor attunement experienced by offspring which can negatively impact attachment security. For example, several participants described instances of parents acting recklessly when they typically would not (e.g., drunk driving, becoming physically aggressive when the youth would not comply with a direction), showing strong and unexpected emotion, showing a sudden increase in affection toward the child, and responding harshly and dismissively when the child was obviously injured or ill. As noted in the literature review, Handeland and colleagues (2019) found that many parents with substance use disorders also demonstrated deficits in parental reflective functioning, meaning they struggled to accurately understand and interpret their child's inner state. The examples of confusing and unpredictable behaviors listed above also illustrated poor parental reflective functioning. All of these factors contribute to challenges in effectively and consistently caring for offspring and helping those offspring develop attachment security.

Complexity and Variability of Experience

Participant narratives reflected broad variability and complexity of experience. In previous studies examining the impact of parental substance misuse on attachment security, offspring demonstrate variability in attachment security, with up to a third of participants demonstrating secure attachment (Romanowicz et al., 2019; Tedgard et al., 2018; Parolin et al., 2016). Given this variable impact on attachment security, it is important to investigate factors that may exacerbate or minimize this impact. While I did

not assess attachment security directly, participants in this study described a broad range of experiences that impacted their sense of security in their relationship with their parents and others. These descriptions add to our understanding of this complex experience and help to identify future areas of inquiry. In considering differences in the experiences of young adults whose parents were addicted to substances at different developmental periods (e.g., childhood vs. adolescence), we observed that when parents were addicted to substances when the offspring were young (0-10 years) and remained in the home as the primary caregivers, participants reported more potentially traumatic experiences, such as parents responding with greater hostility toward their needs. At the same time, even when the substance misuse was severe and had a long duration, the impact on the parent-child relationship into adulthood seemed to vary. For example, some participants reported improvements in their relationship with their parent over time, whereas others reported no longer having contact with the parent. In the one case where a participant's parent began using substances when she was an adolescent, she noted very little impact on her relationship with her parents or others. It was beyond the scope and intent of this study to determine which factors related to parental substance misuse most strongly influence the quality of the parent-child relationship over time. However, it is important to be familiar with the variety of factors that may impact the parent-child relationship to acknowledge just how diverse a child's experiences may be.

Given the prevalence of stigma associated with substance use disorders, it is also important to limit assumptions about the experience of offspring. Several participants reflected on the importance of not making assumptions about a person's experience simply based on the fact that their parent struggles with substance misuse. One

participant stated, "Having a parent with addiction isn't the worst thing," and several participants commented on having learned to be less judgmental and more empathic because of their experience. It is important to recognize that children of parents with substance use may experience a psychological tension between not wanting to be defined or limited by their experience and wanting to share or acknowledge the challenges of having a parent with substance misuse. As such, understanding what factors may negatively or positively impact the child and seeking to provide support in a variety of ways is important. Future research investigating these factors might benefit from exploring the influence of having at least one parent or caregiver that provides attuned caregiving, the impact of the type of substance use and severity of the substance use disorder, and the presence of mental health conditions in the parent and/or offspring. In our study, participants' report of the co-occurrence of parental substance misuse and mental health concerns was notable, which is consistent with reports indicating that approximately half of individuals diagnosed with a substance use disorder were also diagnosed with a another mental health disorder (The National Institute of Mental Health, 2021). In supporting children of parents with substance use disorders, it is vital to recognize the multiplicity of factors that may impact the child's experience.

Shame and Lack of Acknowledgement

Another sensitizing question for this study was what factors might impact the quality of the parent-child relationships. In reflecting on the results, shame was identified as one major factor that seemed to exacerbate the negative impact of parental substance misuse on the parent-child relationship. Across the data, participants described a lack of communication, secrecy, and denial related to their parent's substance misuse, which

contributed toward feelings of rejection, isolation, anger, and confusion and placed strain on the parent-child relationship. The presence of shame, secrecy, and denial related to addiction is a well-documented phenomenon in the literature (O'Flanagan, 2013; Kroll, 2004). O'Flanagan (2013) described two reasons why individuals with substance use disorders likely experience shame. First, when a person is abusing substances, they generally perceive themselves as having limited self-control and failing to live up to their own rational intentions. Second, as a result of the substance misuse, the person is often unable to live up to certain societal standards. O'Flanagan points out that shame can be helpful in motivating a person to stop using substances; however, as evidenced in the current study, parental shame and its accompanying secrecy and lack of acknowledgement can be harmful to children. Kroll (2004) reviewed qualitative findings across several studies and identified secrecy and denial, with resultant confusion, tension, and anxiety, as common issues that children of parents with substance misuse experience. Consistent with these findings, in this study many participants described unspoken family rules in which the parent's problematic substance use was often not acknowledged or was denied. This response to parental addiction seemed particularly hurtful to offspring, as it invalidated their struggle. Several participants also endorsed a value of open communication about both substance use and mental health as a result of their experience. In response to growing up in an environment where shame likely concealed the problem and limited access to support, these participants seemed to recognize that having open conversations would have helped them as youth.

Unexpected Findings

Limiting Personal Substance Use

One surprising finding of this study is that very few participants endorsed struggling with personal substance use. In discussing their determination not to be like their parent, most participants stated that they either abstain from substance use entirely or are moderate in their use. Only one participant stated that she had struggled with substance misuse. Previous research indicated that individuals with a parent with a substance use disorder were more likely to engage in problematic substance use (Yule et al., 2013; Schafer, 2011; Broman, 2016) and that the presence of substances in the home increased the likelihood that youth would engage in substance use at a younger age (Broman, 2016). One possible explanation for the lower-than-expected rate of substance misuse in this sample is a cultural shift in the conversation surrounding the dangers of substance use. Many participants mentioned a concern of having a genetic predisposition toward developing an addiction given their parent's struggle with substance misuse. Another possible reason for the lack of substance use among participants is that our sample included only individuals who were attending a university. It seems plausible that individuals who struggle with substance misuse may have more academic and financial challenges, making it difficult for them to be admitted to a university. Hence, they would not have been included in the current sample. A final possibility is that individuals who engage in substance use have a higher likelihood of dying of an overdose, and so the experiences of those individuals are not accounted for in this sample. One participant shared that her response to her parent's substance misuse was to avoid all substances, whereas her brother had developed a substance use disorder and had died of an overdose at a young age. Sadly, those who struggle the most from a parent's substance misuse may not survive into adulthood.

Minimal Other Agency Involvement

Another unexpected finding was that very few participants indicated that other agencies such as law enforcement, social services, or rehabilitation services were involved. It was unclear from the literature how many participants would have experienced other agency involvement as a result of their parent's substance misuse. In this sample, while a few participants indicated that their parent temporarily lost parental custody, no participants were placed in foster care, and none of them described active involvement from social services, such as social workers coming to the home. Other agency involvement seemed to impact a few participants indirectly. For example, one participant described how child protective services was called once due to her brother lighting a fire, which may have occurred due to parental neglect while using substances. Another participant was not permitted to know the reason for his parent's divorce until he was 18 due to the divorce agreement. Fong (2016) found that families of a lower socioeconomic status (SES) were more likely to be connected to social services, and therefore more likely to be referred to Child Welfare Services by social service workers when parents struggled to meet the needs of children. Therefore, the lack of other agency involvement for participants in this study may reflect the higher SES of this particular sample, rather than reflecting the typical experience of a child of a parent with substance misuse. Families with higher SES have greater access to healthcare services and treatment for substance misuse, and may therefore avoid involvement with agencies such Child Welfare Services. It is important to note the long history of neglect and discrimination by government and healthcare organizations against marginalized people who struggle with substance misuse (Ghoshal, 2021). While the current sample was

ethnically/racially diverse, issues of diversity, equity, and inclusion in substance use treatment may not have been accurately represented in the narratives of the current sample due to the limited sample size and SES of participants.

Significance of Divorce

Another unexpected finding was the significance of parental divorce or separation. In speaking of parental absence and feelings of rejection, many participants seemed to feel the impact of their parents' divorce very deeply. Several members of the research team noted this trend in memos. One memo stated, "Often it seemed like the pain from the divorce rivaled the pain from the parental substance use." In each case in which a participant's parents divorced, parental substance misuse preceded the divorce. In considering this finding, I wanted to reference research describing the cumulative effect of experiencing multiple adverse childhood experiences (ACEs). Many studies have demonstrated connections between experiencing multiple ACEs and increases in risk for developing physical and mental health problems (Jones, Nurius, Song, & Fleming, 2018). In this study, in addition to experiencing parental substance misuse, many participants reported experiencing emotional abuse or neglect, and other household dysfunction such as having an incarcerated relative, parents divorcing, or parents struggling with mental illness. Without mitigating factors, such as increased social support, stressful life experiences tend to cascade, leading to additional mental and physical health problems (Jones, Nurius, Song, & Fleming, 2019). Given these findings, it may be that the reason divorce was experienced as so significant is that it added to the stress and uncertainty that the participant was already experiencing as part of having a parent struggling with substance misuse.

Variety in Coping and Sources of Support

The research team was struck by the variety in methods of coping and support sources identified by participants. As mentioned in the previous section, social support has been shown to be a protective factor for individuals who have experienced multiple ACEs (Jones, Nurius, Song, & Fleming, 2018). In addition to seeking support from peers, teachers, and extended family, participants endorsed a variety of activities that they found helpful in coping with their parent's substance misuse. Many participants described feeling socially isolated, particularly as children. In the absence of other social supports, participants often found creative ways to cope that were not reliant on another individual. Helpful activities included: writing poetry, reading, learning about topics of interest, playing games, playing sports, exercising, doing art, and creating an imaginary friend. Consistent with previous findings (Moe et al., 2007), offspring demonstrated resilience as they sought creative ways to cope.

Applying an Attachment-Based Frame

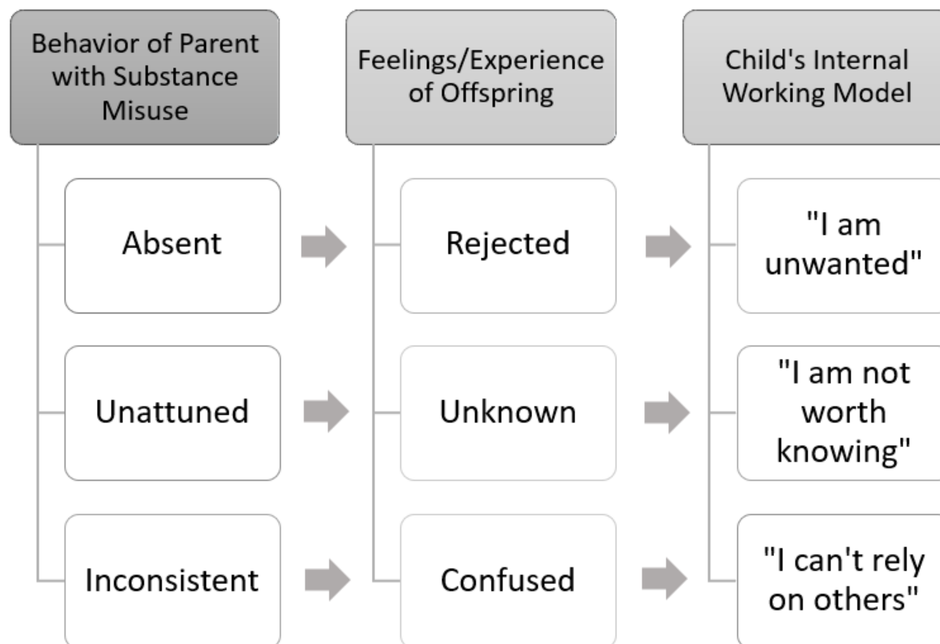
In this study, I found that constructs from attachment theory provided a useful frame for understanding the impact of parental substance misuse. In this section, I will first briefly discuss how attachment theory relates broadly to the findings. I will then review each of the a priori attachment constructs applied in the analysis and how they relate to the emergent categories. Finally, I will briefly review the caregiving behavior system (Britner, Marvin, & Pianta, 2005), and discuss how this attachment-based observational system, which demonstrates the connection between certain parental behavior patterns and attachment security in offspring, may apply to the findings of this study.

Attachment and Parental Substance Misuse

Research in attachment demonstrates how caregiver attunement and sensitivity to the child is crucial for the development of secure attachment patterns (Ainsworth, Blehar, Waters, & Wall, 1978). Given the significance of the parent-child relationship on development (Bowlby, 1969/1982), it was unsurprising that parental substance misuse, which may alter a parent's awareness and availability, would have a generally negative impact on indicators of attachment security in offspring. In this study, across narratives, participants provided descriptions of their parents as absent, unattuned, and inconsistently available. They also endorsed feelings of rejection, being unknown to the parent, and confusion in connection with these parental behaviors.

Figure 3

Parental Substance Misuse and a Child's Internal Working Model



In Figure 3, I depict how parental behavior related to substance misuse may impact the perspective and feelings of the child, and how these may in turn may influence the child's

internal working model of relationships. As the figure illustrates, children who experience parents as absent, unattuned to their needs, or inconsistently available may develop maladaptive ideas about their own worth and desirability and struggle to trust and rely on others. The negative impact of parental substance misuse on relationships with others and the self, as demonstrated in this study, included difficulty trusting others, a tendency to hide feelings, diffuse relational boundaries, and mental health challenges (e.g., anxiety, depression, mood disorders). These factors, in many cases, are indicative of insecure attachment.

Bretherton & Munholland (2016) remind us that the relationship between parental behavior and a child's internal working model is complex and dynamic. According to Bowlby, a person's internal working model can be "updated" with new experience and development of communication, social, and cognitive abilities (Bowlby, 1988, p. 130). While participants in this study generally reported having negative relational experiences as a result of parental substance misuse, they also demonstrated well-developed resilience, as evidenced by successfully attending college and, in many cases, maintaining positive long-term relationships with others (although often not with the parent struggling with substance misuse). There are many possible factors that may have contributed to participants' resilience. Previous research has noted connections between higher SES and better mental health outcomes (Macintyre, Ferris, Gonçalves, & Quinn, 2018). Participants in the current study may have benefitted from their household SES literally "affording" them a pathway to other developmentally supportive experiences (e.g., high quality childcare, stable housing, and educational and extracurricular activities). Several participants also received significant support from other attachment

figures (e.g., another parent, aunt, babysitter), which may have influenced their sense of security. For example, one participant who reported having a father who was consistently present, available, and supportive, also reported having developed many positive relationships with others, establishing healthy boundaries, and feeling positively toward herself. In this case, having a more attuned, consistent attachment figure seemed to contribute to the development of a more positive and functional internal working model of relationships.

Lack of Secure Base

Just as children have a need for emotional support, they need parents to support them in exploring their world. Results from this study indicated that parents with substance misuse were limited in providing a secure base to support exploration. In reviewing the data, participants often experienced their parents as absent, suggesting they were not aware or present at times when parental encouragement was needed. In the few cases in which parents actively discouraged participants from pursuing interests, the parents seemed to be struggling with significant avoidant behaviors, suggesting that their difficulty providing a secure base for their child may have been due to their own fears and lack of an internalized secure base.

Limited Safe Haven Protection and Coregulation

In looking specifically at the construct of safe haven, examples provided in the narratives indicated that the parent's ability to provide safe haven protection was limited, and seemed to be negatively impacted by substance use, unhealthy intergenerational patterns, and mental health challenges. These limiting factors aligned with research conducted by Meulewaeter and colleagues (2019), who described the intergenerational

connection between attachment and substance use. They found that mothers who were struggling with substance misuse also endorsed having experienced traumatic experiences as children and unhealthy family dynamics, and subsequently developed a range of mental health challenges. In coping with their own trauma, mothers developed substance use disorders, which also hindered their ability to provide attuned caregiving. In this study, participants often wanted support from their parent, but over time they learned that their parent could not be relied on as a safe haven. Into adolescence and young adulthood, most participants described seeking safe haven support from other individuals, such as teachers or peers.

Similar to limited safe haven protection, participants consistently reported a lack of soothing, coregulating responses from the parent with substance misuse when the participant was upset. In a few cases, the child's distress was met with hostility by the parent. In the examples provided by participants, parents often seemed either unavailable, unaware, unable, or unwilling to provide a soothing, coregulating response when the child was upset. One reason the parents may not have responded appropriately to the child's emotions is that the substances they were using altered their mental or emotional state, limiting their awareness or altering their perception of the child's state. At the same time, given the research indicating higher levels of attachment insecurity in individuals with substance use disorders (Fairbairn et al., 2018), it seems equally plausible that many of the parents of the participants in this study were grappling with their own emotional needs, which may have impaired their ability to act as a coregulator for their child independent of (though perhaps compounded by) the state-altering effects of the substances they misused.

Reflective Functioning

Another way to understand the parent's difficulty providing a secure base, safe haven protection, and coregulation, is to consider the parent's reflective functioning capacity. Handeland and colleagues (2019) described parental reflective functioning as a parent's capacity to interpret their own behavior and the behavior of their child in terms of mental states. In this study, I did not directly measure parental reflective functioning. However, based on descriptions from participants, parents often demonstrated a poor understanding of their child's internal state. Throughout the narratives, there seemed to be poor alignment between what the child perceived they needed from the parent and how the parent responded. Consistent with recent findings about parental reflective functioning and substance use (Handeland et al., 2019), it is possible that the parents of participants in this study had limited parental reflective functioning, as evidenced by poor attunement, reactivity, and difficulty providing effective coregulation.

Interestingly, many of the participants in this study seemed to demonstrate adequate reflective functioning. It is important to note that reflective functioning capacity of participants was not measured directly. However, when asked to describe the internal state of their parent that contributed to substance misuse, many of the participants provided lengthy responses that demonstrated an awareness of their parent's internal state. At the time of the interview, the participants were all young adults. It is possible that as children and adolescents, these participants may have struggled to accurately interpret their parent's mental state, which would have contributed to feelings of confusion. Participants in this study not only demonstrated a plausible awareness of their parent's internal state, but they also demonstrated insight regarding their own internal

experience and empathy for the hidden struggles of others. Additional studies are needed to explore the impact of parental substance misuse on reflective functioning and directly measure reflective functioning for both parent and offspring. If participants were given a formal measure of reflective functioning, clearer patterns might emerge.

The Caregiving Behavior System

Research in attachment theory has sought to explain the relationship between parental behaviors and attachment security in offspring. The Marvin and Britner (Britner, Marvin, & Pianta, 2005) caregiving behavior system is an empirically validated observational system that provides insight into this relationship. I will now briefly review the caregiving behavior system (Britner, Marvin, & Pianta, 2005) and discuss how its findings may apply to the results of this study. In making these comparisons, I do not mean imply that the participants or their parents in this study would meet criteria for the classifications outlined in the Marvin and Britner system, merely that the relationship behaviors described in this study between the child and parent align with the patterns observed in this system. The Marvin Britner system of classifying parent behaviors was developed for direct observation of preschool-aged children, and the current study relied on participant descriptions of their own behavior and the behavior of their parent throughout childhood, adolescence, and young adulthood. Nevertheless, I found it helpful to draw a connection between the parental behaviors described and the impact on the participant as described from the participant's perspective.

In the caregiving behavior system, caregivers are observed interacting with preschool-aged children during the Strange Situation. The Strange Situation is a commonly used, standardized procedure for observing and classifying attachment

behaviors. The caregiving behavior system was developed to complement the original Cassidy and Marvin (1992) preschool child-parent attachment classification system, which resulted in secure and insecure classifications for preschool-aged children: B (secure), A (insecure), C (insecure), D (insecure), and I/O (insecure/other). In the Marvin and Britner caregiving system, parents are given one of the following classifications: Beta (Ordered-Secure), Alpha (Ordered-Insecure), Gamma (Ordered-Insecure), Delta (Disordered-Insecure), and Iota (Insecure-Other; do not fit any other category). These classifications were found to be highly concordant with child classifications from the Cassidy and Marvin preschool child-parent attachment classification system, which helped to further demonstrate the relationship between specific parental behavior and types of attachment security in offspring. For example, a parent who is classified as Beta (Ordered-Secure), most often will have a child who is given a classification of B (secure).

Many of the parental behaviors described by participants in this study aligned with parental behaviors described in the caregiving behavior system that were associated with insecure attachment. For example, the parents in this study most often resembled Marvin and Britner's description of Alpha parents (although aspects of Delta and Iota patterns were also reported). In interacting with offspring, Alpha parents had the most "minimizing" approach to intimate interactions and engaged in the most "rejecting" or "neglecting" behaviors. They interacted the least with their children. When they did interact, they tended to focus more on their child completing tasks competently rather than providing intimate focus or soothing. Similar to the Alpha parents, in this study participants often described their parents as absent and unattuned, and endorsed feelings of rejection. Examples of interactions with parents indicated that parents were limited in

providing more intimate focus and soothing (i.e., limited coregulation). Marvin and colleagues (2005) found that Alpha parents most frequently had children with an avoidant (i.e., Type A) attachment style. This classification also aligned in several ways with participants' descriptions of themselves in relationships with others. For example, individuals in this study reported difficulty trusting others, a tendency to hide their feelings, and social difficulties as children. In reviewing the other classifications, Delta parents often displayed role-reversed behaviors with their children (Britner, Marvin, & Pianta, 2005), similar to the role confusion described by participants in this study. Iota parents demonstrated a mix of strategies in response to their child with generally negative affect (Britner, Marvin, & Pianta, 2005), similar to the inconsistent or unpredictable behaviors described by participants in these studies. Delta and Iota patterns in parents aligned most with disorganized (Type D) and I/O classifications in children. In a few cases, participants described themselves as engaging in more disorganized patterns, such as "having anger issues," engaging in self harm, and having significant difficulty trusting others.

Again, in making comparisons between the Marvin and Britner system and the results of the current study, I do not mean imply that the participants or their parents in this study would meet criteria for the classifications outlined above. Rather, I simply observed a relationship between parental behaviors and behaviors of offspring that aligned in several ways with those outlined in the Marvin and Britner (Britner, Marvin, & Pianta, 2005) caregiving behavior system. As such, this study further illustrates the relationship between parental behavior and attachment security in offspring.

Implications

Having a parent who struggles with substance misuse can be a confusing and isolating experience for youth. A lack of communication and acknowledgement of the problem fuels misunderstanding and limits access to needed support. Additionally, many parents who struggle with substance misuse also have a history of trauma, mental health challenges, and insecure attachment patterns that predate the substance misuse (Meulewaeter et al., 2019). To support children impacted by parental substance misuse, intervention is needed at the individual, family, and community level.

Implications for Individuals and Families

Based on the experience of participants in this study, increased acknowledgement and communication regarding their parent's substance misuse would have been helpful as a child. In addition to receiving treatment, parents struggling with substance misuse and other caregivers can support children by 1) communicating clearly and directly with the child about the nature of their substance misuse, 2) acknowledging the challenges that the child may be experiencing based on the parent's substance misuse, and 3) engaging in attachment-informed interventions aimed at improving the quality of parent-child interactions. Many parents likely feel ill-equipped to speak with their children about substance misuse. Programs such as Sesame Workshop (Sesame Street in Communities, n.d.) include free materials that model developmentally appropriate communication about parental substance misuse. Parolin and Simonelli (2016) reviewed attachment-focused interventions to nurture the parent-child bond in the context of parental addiction. These interventions generally begin with a focus on developing a strong relationship between the parent and a therapist, allowing the parent to experience a secure base and explore

past traumatic experiences. They then focus on helping the parent develop greater affect regulation and mentalization skills (i.e., reflective functioning), so they can more effectively provide attuned caregiving and attend to their child's physical and psychological needs. Additionally, the attachment security framework (Whelan & Stewart, 2015) is an attachment-based model that can guide therapists in working with families and children impacted by substance misuse.

Participants in this study also emphasized the importance of finding supportive figures, such as other parents, peers, or teachers. Since parental addiction can be an isolating experience, it is important for offspring to know they are not alone and to connect them with other supportive and understanding individuals. Participation in individual and group therapy is recommended so individuals can gain insight, experience healthy ways of relating, and break unhealthy intergenerational patterns. Support groups such as Al Anon Family Groups have also been shown to improve quality of life and the relationship with the family member who misuses substances (Timko, Cronkite, Kaskutas, Laudet, Roth, & Moos, 2013).

Implications for School-Based, Community, and Healthcare Providers

Given the long-term impact of parental addiction on offspring, early and on-going intervention is crucial. As was evidenced in this study, individuals outside of the family such as teachers, daycare providers, or religious leaders, are often unaware that a child or family is suffering as a result of parental substance misuse. It is important for school-based, community, and healthcare providers to familiarize themselves with the impact of parental substance misuse on attachment and to understand how this impact may manifest in a variety of ways. Whereas some children may present as withdrawn, angry, anxious,

or depressed, others may present as more typical. Because attachment insecurity is more likely, some of these children may be more closed off or push back when support is offered. For example, one participant in this study reported that she struggled with "anger issues" and would lash out at female teachers who were kind to her, because the kindness reminded her of the caring she was not receiving from her mother. Regardless of the response, it is important for individuals who work with children to know that consistent support, kindness, and acceptance will benefit these youth.

Knowing that children of parents with substance misuse may struggle with a variety of challenges, it is important to provide support that will help break the cycle of addiction and intergenerational trauma. One way to do this is by creating a space for conversation about addiction, mental health, and navigating dysfunctional family dynamics. Finding safe, welcoming spaces in schools, community clubs, and religious institutions was tremendously helpful for many participants in this study. Simultaneously, it is important to recognize there are many legitimate reasons why a child or adolescent may choose not to speak about their parent's substance misuse (e.g., fear of the parent getting in trouble, changes in custody, fear of rejection from others). Regardless of whether or not the child or adolescent speaks directly about their parent's substance misuse, being connected with other caring adults and having regular access to a positive environment will likely benefit these youth.

Finally, it is important for healthcare providers and clinicians working with individuals with substance use disorders to learn about the impact of parental substance misuse and identify when an individual struggling with substance misuse is also a parent. Educating parents and helping to connect families with therapeutic and support resources

is one way to support these children and reduce future occurrence of substance misuse. Additionally, training programs for mental health professionals should include training in the impact of parental substance misuse and attachment-based interventions to support all members of a family, such as those reviewed by Parolin and Simonelli (2016).

Implications for Government and Community Agencies

Parental substance misuse also has a significant and costly impact on government and community agencies. In 2016, parental substance misuse was provided as a reason for children being removed from the home in more than 35% of foster care cases (n.d., NCSACW). This has likely increased in recent years due to the COVID-19 pandemic and the corresponding increase in substance use (Alexander et al., 2020 and Panchal et al., 2021). To reduce the negative impact of parental substance misuse on government and community agencies, funding is needed to support both research and intervention. Specifically, based on the results of this study and other studies that have examined the impact of parental substance misuse on attachment (Parolin & Simonelli, 2016; Fairbairn et al., 2018; Mirick & Steenrod, 2016), continued funding for attachment-based interventions for children and families is recommended, along with attachment-focused training for social service workers and government agencies.

Limitations and Recommendations for Future Research

The limitations of this study relate to characteristics of the sample and methodology. In an effort to collect rich data to deeply explore the experience of offspring, I chose to conduct in-depth interviews with a smaller sample of participants rather than collecting less detailed narratives from a larger sample. Having a smaller sample meant that fewer perspectives were accounted for in the data. However, the

research team was able to thoroughly analyze and incorporate the perspectives of each interview into the results.

Another limitation of this study was that the sample included only individuals who were enrolled at a university. By exclusively interviewing young adults who were attending a university, the sample was limited to individuals with higher academic achievement and access to secondary education. While there are many reasons why a person may not attend a university, parental substance misuse could be one factor. For example, parental substance misuse has been shown to impact academic, cognitive, and social/emotional functioning (Kelly et al., 2011; Romanowicz et al., 2019; Salo & Flykt, 2013). As such, the results of this study need to be interpreted with a recognition that the voices of those who may have struggled more and developed their own debilitating conditions as a result of their parent's substance misuse are not represented in the data. Participants in this study may represent a more economically privileged subset of those impacted by parental substance misuse. The sample may also be limited to individuals who shunned personal substance misuse rather than developing their own struggles with substance misuse, as is commonly reported (Yule et al., 2013; Schafer, 2011; Broman, 2016). For example, a participant in this study completing a doctoral degree at the university shared that her brother had developed a substance use disorder at a young age and died of a heroin overdose. To better understand the impact of parental substance use, recruiting participants from a variety of socioeconomic and educational backgrounds is needed.

Another limitation of this study was the lack of more direct, standardized measures of attachment. The design of the study and analytic methods focused on

emergent themes related to the impact of parental substance misuse, rather than directly assessing the attachment style of participants or their parents. The "rich description" provided by participants in the interviews allowed for analysis of attachment-based themes and constructs to generally describe the impact of parental substance misuse on attachment. To better understand the interaction between certain parental behavior, parental substance misuse, and outcomes for offspring, future research could apply a mixed methods design to assess attachment behaviors more directly.

Regarding the third sensitizing question (What were the differing themes reported in the experience of young adults whose parents were addicted to substances at different developmental periods for the offspring), no clear differences in themes were observed in the current study, primarily due to the lack of participants indicating their parent misused substances exclusively during adolescence. Only one participant indicated her parent began misusing substances when the participant was an adolescent. All other participants endorsed having a parent who misused substances during the participant's childhood and 8 out of 10 participants indicated the parent(s) misused substances throughout the participant's childhood and adolescence. Attachment theory emphasizes the importance of early-life parent-child interactions and their impact on attachment security (Bowlby, 1982), so it is possible that individuals whose parents misused substances while the individual was a child would be more likely to report a negative impact on attachment security than those whose parents misused substances exclusively when the individual was an adolescent. To address this limitation, future research should include participants with greater variation in the timing of parental substance misuse (e.g., include more participants who report parental substance misuse when they were adolescents). To

further explore this question, future research could also include standardized measures of attachment security so that researchers could more directly examine the impact of parental substance misuse across developmental periods.

Finally, because I did not interview the parents of participants, I do not have a clear picture of the relationship between the parent's mental health, substance misuse, and attachment insecurity in the parent. For example, it is entirely possible that the parent's substance use was a way of coping with their own emotional, relational, and mental health challenges that predated the substance use. It does appear that the substance use likely exacerbated the problematic behaviors and contributed to difficulties in the parent-child relationship, but future studies could clarify this relationship by soliciting both parent and offspring perspectives in the research.

Conclusion

Being raised by a parent struggling with substance misuse is unfortunately a common experience, and rates of parental substance use have increased in recent years, in part due to the COVID-19 pandemic (Lipari & Van Horn, 2017; Panchal et al., 2021). Research has demonstrated that parental substance misuse can negatively impact the well-being and development of offspring (Daley et al., 2018; Kerr et al., 2020; Romanowicz et al., 2019). Given the prevalence and significance of parental substance misuse, it is important to develop an in-depth understanding of the lived experience of offspring in order to better support these children and families.

In addition to identifying emergent themes and illustrating aspects of participants' experience having a parent with substance misuse, this study demonstrated how constructs from attachment theory can be applied to better understand the relationship

between a parent's behavior and the impact on attachment security in the child when substance misuse is occurring. This is a novel approach to examining the impact parental substance misuse has on child well-being, and it has powerful implications both for future research and clinical practice. Furthermore, this study allowed individuals whose parents misused substances to give voice to their experiences in a manner that allowed them to feel heard and understood. Not only did their stories provide valuable insight into the impact of parental substance misuse, but the sheer act of soliciting their perspectives validated their experiences. As such, this study is notable both in its theoretical and methodological approach toward understanding the ways in which a parent's substance misuse can affect their children, and the corresponding needs of these children.

Appendix

Parental Addiction and Attachment Survey (PAAS)

Introductory Script:

I'd like to introduce myself. My name is Susan Hardman. I'm a student in JMU's Combined Clinical and School Psychology Doctoral program. I'm conducting these interviews as part of my doctoral dissertation. The interviews have been taking anywhere from half an hour to an hour and a half. About how much time do you have available today? Are you in an area where you feel you have enough privacy to speak comfortably?

Thank you for agreeing to participate in an interview. Our goal is to learn more about the experience of young adults who were raised by a parent who abused substances. Discussing issues related to familial addiction can be challenging and may bring up uncomfortable feelings. If at any point you have questions, concerns, or wish to discontinue the interview, please let me know.

If some kind of emergency arose during our conversation, I'd like to ask for your address so that I could send emergency support services if needed. To protect your confidentiality, I will delete the address after we complete our conversation.

What is the address of your current location? ____________________________________

As I described in the informed consent document, I will be recording our interview today. I will go ahead and start the recording now. (START RECORDING)

Do you have any questions before we get started?

Demographic/Historical Questions:

1. In the screening to participate in this study, you indicated you have at least one parent who at some point during your childhood or adolescence struggled with a drug or alcohol addiction. Which of your parents struggled with addiction?

2. I'd like to ask you to tell me about your parents' addiction.
   1. As far as you know, what substances were they addicted to?
   2. About how long were they addicted to (*insert substance*)?
   3. As far as you know, did your (parent who was addicted) ever try to stop (*drinking or using X drug*), and how did that go?

4. How do you think your parent's addiction impacted their day-to-day life, for example at work, financially, or in attending to other responsibilities?

3. Now I'd like to ask at what points during your life was your parent addicted to substances. Please tell me what age you were and describe any important events related to your parent's addiction (e.g., changes in parental custody, participation in treatment.)

Primary Caregiver Questions:

4. As you think back, who was the person that mostly raised you during childhood? (parent, grandparent, foster parent, aunt, uncle, etc.).

5. Which parent (or caregiver) knew you best?

6. Did any of them seem to know what it was like to be you? Who knew how you felt inside? To which parent (or caregiver) did you feel the closest?

(NOTE: If the participant's responses to questions 4-6 indicate they had a significant attachment figure other than the parent who was addicted, question 7 and 8 should be asked regarding the parent with addiction and the identified attachment figure)

Attachment-Based Questions:

7. I'd like to ask you to choose three adjectives or words that describe your childhood relationship with your (*parent who was addicted*) from as far back as you can remember. I'll write each one down as you give them to me.

_____________________, _____________________, _____________________

8. For each of the adjectives you chose, I'd like to ask why you chose them. If you can, think of a memory involving your (*parent who was addicted*) that helps show why you chose that adjective. (Note: If participant provides an example from adult life, prompt: "Can you think of an example from when you were younger, say between 5 to 10 years old?")

a. Think of a specific memory or incident that would show why you chose the word (1st adjective) to describe your childhood relationship with (*parent who was addicted*)?

b. Think of a specific memory or incident that would show why you chose the word (2nd adjective) to describe your childhood relationship with (*parent who was addicted*)?

c. Think of a specific memory or incident that would show why you chose the word (3rd adjective) to describe your childhood relationship with (*parent who was addicted*)?

9. Describe your relationship with your (*parent who was addicted*) before the substance abuse started?

10. In what ways did your relationship stay the same or change when the substance abuse started?

11. How well do you feel your (*parent who was addicted*) understood you as a child and adolescent (e.g., Interests? Thoughts? feelings?)

12. During the time when the substance abuse was happening, when you became upset, what would you do? What would your parent do?

13. I'd like to ask you to put yourself in your parent's shoes and imagine… What do you think was going on inside your *(parent who was addicted)*, their thoughts and feelings, that contributed to the substance abuse?

14. Now let's take some time to consider how your experiences with your (*parent who was addicted*)'s addiction affected your development as a person? I'm wondering how you think those experiences shaped you in terms of who you are and how you think, feel, and behave?

    1. First, let's think about how it might have affected you as a child.
    2. Now let's think about how it might have affected you as an adult.
    3. How might it have affected you in school?
    4. How might it have impacted your ideas about substance use?

15. How do you think your experience with your parent's addiction affected your relationships with others when you were a child and adolescent?

16. How do you think your experience with your parent's addiction has affected your relationships with others now that you are an adult?

(Potential follow-up questions for items 15-16)
How might it have affected your relationship with family?
How might it have affected your relationship with friends?
How might it have affected your relationship with romantic partners?

Resiliency-Based Questions:

17. Who or what helped you during your parent's addiction (e.g., a trusted adult, a friend, or an extracurricular activity)?

18. What life lessons do you believe you have you learned from your experience having a parent (*or parents*) with an addiction?

19. We've completed the interview questions. Is there anything else you would like to add about your experience? Anything else related to these topics you believe is important to let me know?

Debriefing Script:

Thank you for participating today and sharing your experience. As I mentioned, discussing issues related to familial addiction can be challenging and may bring up uncomfortable feelings. These feelings can arise during and after the discussion. I will email you a list of educational resources related to familial addiction. The list will also include counseling resources should you decide you would like to continue discussing your experience with a trained counselor. I will also provide you with my contact information should you want to discuss your experience participating today or receive support connecting with counseling or support resources.

To compensate you for your time today, we would like to give you a $15 electronic Amazon gift card. What email address would you like me to send the card to?

____

As we close, I want to remind you that my contact information, as well as contact information for my advisor, is in the informed consent document. Please don't hesitate to reach out. Thank you again for your time.

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