

2022

## **Mothers' Lived Experiences of Parenting Classes and Maintaining Sobriety During Recovery**

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# Walden University

College of Psychology and Community Services

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Christina Rumford

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Walden University  
2022

Abstract

Mothers' Lived Experiences of Parenting Classes and Maintaining Sobriety During  
Recovery

by

Christina Rumford

MA, Walden University, 2018

BS, University of Phoenix, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

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## Abstract

A mother in recovery must have a solid grasp on coping skills, mental health, and the relationship with her children to maintain her sobriety. But it is not known how parenting classes for mothers in addiction treatment feature in these mothers' recovery. The purpose of this qualitative phenomenological study was to understand the lived experiences of mothers in parenting classes during addiction treatment to prevent relapse. The theory for this study was Bandura's social cognitive theory of substance abuse. The study examined the lived experiences of mothers with young children who have attended parenting classes as part of their recovery treatment to prevent relapse. And how substance-misusing mothers of young children in recovery perceive the effectiveness of parenting classes in managing relapse. Open-ended interview questions were asked of seven participants, and thorough analysis of the collected data was completed while considering validity and ethical appropriateness. Four themes were developed: Learning how to manage tantrums and reduce other child problem behaviors, helpful and positive learning experiences for moms in parenting class, maternal bonding with child, and reduce "guilt parenting," inappropriate child interventions that reduce parent guilt but are not good for child. This study contributes to positive social change by supporting parenting classes as a tool for mothers in recovery that can be a permanent part of the curriculum for addiction treatment program for mothers.

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## Dedication

I dedicate this dissertation to my husband, Terrence. Your strength and encouragement have pushed me through it all to never give up. I thank my lucky stars every day for your love, for without it, I would surely have lost my way. I could have never completed this without you. Thank you for being my person, my best friend, and my support. Nothing else matters and it is a feeling only felt.

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## Chapter 1: Introduction to the Study

Living in recovery has many challenges that a person must face in order to maintain their sobriety. Relapse occurs when a person returns to substance abuse after a period of sobriety. Research shows that 40% to 60% of people who are in recovery will have multiple relapses (Gonzales, 2020). This could be especially true for a mother due to the stressors that come with being a parent in recovery. Relapse can be especially dangerous, even deadly, for many people. Often when a person relapses, they take the same amount of the substance that they were regularly using before their sobriety. Because the body is no longer used to this amount, and the body's tolerance has dropped, the dose could be lethal (Ducharme, 2018).

There are many social factors involved in a relapse, such as not having a solid support system, being surrounded with former associates who are still in active addiction, or environments where substances or ways to use are readily available (Ducharme, 2018). Attending parenting classes during addiction treatment could lead to a stronger foundation to manage the stressors of raising children while allowing the mother to keep sobriety in the forefront of their lives and building healthy parenting skills on top of a stable recovery foundation. Learning from the experiences of mothers who have attended parenting classes could have implications for recovery.

Chapter 1 will serve as an overview for understanding the experiences of parenting classes during addiction treatment for mothers in recovery as the background, framework, and significance of the research is discussed. I will also discuss the nature of

the study, sources of data, and limitations to the study. The chapter ends with a summary and transition to Chapter 2.

### **Background**

Recovery includes four components: feeling satisfied with one's quality of living, having hope for the future, a feeling of empowerment, and having knowledge of mental health and treatment (Bonfils et al., 2014). A mother in recovery must be happy with her quality of life in order to maintain sobriety. If there is depression, stress, tiredness, anxiety, and/or self-doubt brought about by feeling an unfit mother, relapse is likely (Bonfils et al., 2014). Often mothers in recovery are unable to balance the needs of their children versus the need for sobriety. The emphasis on recovery means that there is little time to focus on parenting, and simply being a parent can overwhelm mothers in recovery due to responsibilities such as maintaining a schedule, transporting children, handling misbehavior, and managing money (Secco et al., 2014).

Family and children are important motivators in the recovery process. If the parent can control cravings, urges, and thoughts of using drugs then the chance of relapse is lessened. However, mothers who have substance use problems often have difficult relationships with their children, sometimes leading to social services being involved. Research shows that having the potential weight of child custody services involved in recovery has an adverse effect on recovery success (Chopra & Marasa, 2017). When there are legal entities that are bearing down on mothers in recovery, the added stressors for both mother and child opens a gateway to negative thinking leading to a greater risk of relapse. Having child protective services involved in the parent-child relationship

could bring depression, anxiety, and the additional stress of the child or children being removed the mothers' custody (Brown et al., 2016).

Children who grow up with parents in addiction have very poor parent–child relationships, which will affect their developing brain and attachment systems and can further lead to parental stress and the chance of relapse (Barlow et al., 2019; Paris et al., 2015). Additionally, children can experience adverse effects when their parents are suffering from addiction. These adverse effects come in the form of acting out, which can pose additional stressors on mothers in recovery heightening the possibility for relapse (Paris et al., 2015).

In view of these challenges, parenting classes may be helpful. However, there was a minute amount of research available on the benefits of learned parenting skills for mothers in addiction (Neger & Prinz, 2015). A significant gap in scholarly literature is identified regarding studies on the effects of parenting classes during treatment (Pirkanen et al., 2017). For parents who have a substance abuse problem, not having face-to-face interactions that teach the necessary skills of parenting and how to have healthy interactions with children will be detrimental to a successful recovery (Raynor & Pope, 2016). During treatment and early recovery, many lessons are provided to mothers by clinicians, social workers, and others in long term recovery. These lessons take constant review and maintenance, along with a positive support network in order to be effective for continued sobriety. Parenting classes during addiction treatment can provide the necessary environment for more effective learning and absorption of information.

### **Problem Statement**

Substance abuse may lead to the disease of addiction, which is a relapsing disease. Relapse, or the return to drug use, is common for people in recovery. For people in recovery, 85% relapse within the first year after treatment (CDC, 2018). Relapse potential can be increased for mothers in recovery due to stressors that can come with raising children. When women in recovery have children, they face additional challenges to staying clean. Often, there are child protective services involved, and the weight of child protective services often has an adverse effect for mothers in recovery (Chopra & Marasa, 2017). The focus on recovery, and all the aspects that come with it, leaves little time to truly focus on a mother's children (Bonfils et al., 2014). Mothers also face higher levels of depression and anxiety while trying to manage recovery, mental health treatment, maintenance medication, and their children and their children's mental health. When facing addiction, mothers could battle emotional issues, cravings, urges, and thoughts of using, along with the children having their own difficulties such as behavioral and developmental issues (Paris et al., 2015). All these issues combined can cause a mother to relapse (Secco et al., 2014).

It was not known how parenting classes that have been offered to mothers in addiction treatment feature in these mothers' recovery. Children and families are powerful motivators for those battling addiction, with positive or negative effects (Pirkanen et al., 2017). If the stressors are too great, then children and families can lead a mother to depression, anxiety, and relapse. If the children and families are positive motivators, then the mother will have a greater chance with recovery, helping to end the



cycle of addiction and decrease relapse potential. More studies are needed that focus on the positive motivators that children and families can provide to mothers in recovery, encouraging the drive to stay clean.

### **Purpose of the Study**

The purpose of this qualitative phenomenological study was to understand the lived experiences of mothers in parenting classes during addiction treatment to prevent relapse. This understanding may show benefits in assisting mothers to reduce their parental stress, increase the mother's self-esteem, and increase general knowledge of being a parent, fostering better parent-child relationships and more effective discipline (Arria et al., 2013). However, the experience of parenting classes for mothers with a substance abuse problem is still unknown. Learning parenting skills could help a mother in recovery face the adverse effects that their children may develop due to their addiction while adding to the gap in scholarly literature regarding the impact of learning parenting skills for mothers in addiction (Neger & Prinz, 2015).

### **Research Questions**

What are the lived experiences of mothers of young children who have attended parenting classes as part of their recovery treatment to prevent relapse?

How do substance-misusing mothers of young children in recovery perceive the effectiveness of parenting classes in managing relapse?

### **Theoretical Framework**

Bandura's social cognitive theory of substance abuse, first identified in Bandura's work with the National Institute of Mental Health in 1986, was used for this study.

Because this theory suggests that substance use is a social problem as well as a personal one, then it could be thought that learning to be a parent as part of a supportive community, such as a treatment program, would be beneficial to the mother. When part of a positive support environment, learning is more structured and not a forced application, thus being more easily absorbed. Following this theory, if a mother has the foundation of parenting classes, she will have a more positive relationship with her children, legal entities that are involved with the children, and more confidence with the belief that they will succeed (Raynor & Pope, 2016). Parenting classes provides social support and helps to prevent isolation and depression (Horton & Murray, 2015), which can help them apply learned lessons. As such, the parenting skills learned would be used when a mother is no longer in treatment, leading to less stressors, and the greater potential for continued sobriety. Family and children are important motivators in the recovery process and having parenting classes to learn to foster these relationships could be beneficial to a mother in recovery (Pirskanen et al., 2017).

### **Nature of the Study**

Qualitative data collection was used to compile the lived experiences of mothers in recovery who have had parenting classes during their time in addiction treatment. A phenomenological tradition provided understanding in the shared experiences of mothers in recovery and their perceptions of parenting classes during addiction treatment. Using the phenomenological tradition of research, interview questions were composed with the purpose of understanding these experiences. Phenomenology is the study of lived experiences from a first person viewpoint (Larken et al., 2018; Smith, 2018). When a

person closely reviews their emotions, memories, thoughts, and activities they are more likely to have a solid temporal awareness about the event (Smith, 2018). Additionally, research that focuses on the cause and effect of the phenomenon could result in a richer and fuller view of the event. Using multiple perspectives of the same phenomenon, through the lived experiences, can lead to changing of interventions, comprehensible means to practical applications, and newly developed psychological interventions (Larken et al., 2018).

### **Definitions**

The following served as the operational terms of this study.

*Adverse effects:* Chopra and Marasa (2017) defined adverse effects as a negative or harmful result of an action such as a mother being triggered from stressful situations.

*Motivators:* Something that provides a reason or a stimulation to do something (Pirskanen et al., 2017).

*Parent–child relationship:* As discussed by Barlow et al. (2019), a parent–child relationship is the growing combination of feelings and behaviors that are unique to any particular parent and the particular child.

*Parenting classes:* Educational courses parents attend to learn about caring for their children (Neger & Prinz, 2015).

*Recovery:* A process of change through which individuals improve their health and wellness while abstinent from all substances (Steigerwald & Stone, 1999).

*Relapse:* A relapse to an addiction is when the person with the past addiction starts doing their addictive behavior again after a period of not doing it (Steigerwald & Stone, 1999).

*Stressors:* Something that causes a state of strain or tension (Chopra & Marasa, 2017).

*Substance abuse:* A maladaptive pattern of substance use manifested by significant adverse consequences (APA, 2013).

*Trigger:* A trigger of addiction involves any high-risk situation or stressor that sparks off a thought, feeling, or action to use drugs/alcohol. A trigger can lead to a desire to use (Coren, 2019).

### **Assumptions**

It was assumed that participants would be honest in their interviews and provide truthful information. Additionally, it was assumed that the participants would not minimize their experiences. If a mother felt that by providing a full recollection of her experience could incriminate her, she may not provide a full recount of the experience. It was also assumed that the participants would have a solid stance in their recovery so that if any cravings, urges, or thoughts of using present the participant would reach out for help as provided in the research and that no harm would come from the research. Participating in the study without having a strong hold on recovery could be detrimental to sobriety. The assumption was also made that mothers in recovery would accept the invitation to participate in the study. As these questions are personal in nature, a mother may not have chosen to answer due to being afraid of any perceived aftermath.

### **Scope and Delimitations**

The sample in the study included mothers who have attended parenting classes during their addiction treatment. The study findings were limited to this population. The study did not include women with adult children or women who do not have custody of their young children. The study did not include fathers or those currently in active addiction. Additionally, this study did not include those who have since lost custody of their children due to unstable environments.

### **Limitations**

A limitation to this study would be that the cases reviewed were that of the more functioning participants compared to mothers with more complex cases who could have chosen not to participate. For mothers with complex cases, they could have chosen to abstain due to self-incrimination or the thought of bringing up a troubled past. An additional limitation to this study is that the information collected cannot be used to generalize the phenomenon. Because this study was sensitive in nature, there may have been a limitation to how many participants partake due to feelings of embarrassment or shame regarding their addiction. To combat these limitations, confidentiality was stressed to ensure that participants knew their information would not be shared or reported. Outreach and wrap around services were provided before and after the interviews, such as connections with mental health services and connections to recovery services.

### **Significance**

This research helped to gain a better understanding of parenting classes during addiction treatment. The results of this study may support parenting classes as beneficial

in addiction treatment facilities so that mothers could be better parents, avoid relapse, satisfy legal obligations, and create a better environment for their children. Parenting classes during addiction treatment will promote a better learning environment due to a positive support system, offering reinforcement for issues that a mother may struggle with or feelings of shame or guilt. As mentioned in the social cognitive theory of substance abuse, parenting classes in addiction treatment can be beneficial due to a stable social environment as well as a positive and encouraging support network. Research surrounding stress reduction for those in recovery promotes social change in battling the circle of addiction. For example, research conducted by CRC Health of California shows that when a child grows up with parents in addiction, they are twice as likely to become addicts themselves (CRC Health, 2015).

The current study may deepen the understanding for the need of parenting classes in addiction treatment for mothers. With this gained understanding, and any further research that is done could promote stakeholders to implement parenting classes to their addiction treatment facilities. This research will thus help foster positive social change as children with mothers in recovery will have better lives and could grow up leading healthy lives as productive members of society.

### **Summary and Transition**

Relapse for mothers in recovery due to the stressors of parenting has been addressed in many previous studies. In this study, I examined the experiences of mothers in recovery who have attended parenting classes during treatment. For mothers in recovery, there are added stressors on top of the already presented challenges of being a

parent (Arria et al., 2013). Understanding the experiences of parenting classes in addiction treatment can lead to a better comprehension as to why parenting classes are needed (Brown et al., 2016).

In Chapter 1, I presented the relationship between parenting classes in treatment and the benefits to a mother's recovery. In Chapter 2, I will speak about the foundation of the posed theory in greater depth. Immediately following, an extensive representation of the research literature and how it relates to the posed research questions will be reviewed.

## Chapter 2: Literature Review

Mothers in addiction will face the constant compulsion to use along with their own mental health symptoms but may experience unique barriers (Gateway Foundation, 2020). When the addiction becomes overwhelming, the barriers of feelings of low self-worth, low self-esteem, being a failure as a parent, or lack of purpose could become apparent (Northpoint Recovery, 2017). Mothers who have an ongoing addiction to drugs or alcohol feel inadequate regarding their parenting and have a higher probability to use negative discipline toward their children (Silva et al., 2013). Understanding the lived experiences of parenting classes during addiction treatment could provide insight to mothers on how to manage substance use along with the additional stressors that come with addiction and parenting.

This chapter will focus on factors related to mothers in addiction and recovery and how parenting classes could be beneficial. A comprehensive analysis of empirical based literature and research will be reviewed on how it relates to parenting classes for mothers in addiction treatment. Additionally, the theoretical framework will provide information to support this study.

### **Literature Search Strategy**

For this study, I applied a detailed literature research approach. The databases include PsycINFO, PsycBooks, SAGEPremier, National Institute on Drug Abuse with Full Text, and Science Direct. The literary sources retrieved from the library services came from Walden University. I utilized a variety of primary key terms, including *addiction, drug or alcohol use, mothers or mother or motherhood or maternal, parenting,*



*parental stress, children at risk, mothers in addiction, relapse, children of addicts, coping skills for mothers in addiction, balancing lifestyle, recovery, sobriety, 12 step recovery, and relapse prevention.* For this study, the literature selected was from 2015 to 2020. A combination of books, scholarly articles, and general articles focused on information regarding the effectiveness of parenting classes for mothers in addiction and the prevention of relapse through learning to balance motherhood and recovery effectively.

A Walden Library search with the terms *addiction* and *mothers* yielded 505 articles beginning with the publication year of 2015. The terms *drug* or *alcohol use* with *mothers, mother, motherhood, and maternal* generated 1,823 articles, starting with the publication year of 2015. The majority of the articles focused on the effects of substance use during pregnancy and/or the effects of continued use during motherhood.

### **Theoretical Foundation**

The theoretical framework for this dissertation was the social cognitive theory of substance abuse (SCLSA) in which Bandura analyzed substance abuse from the perspective of his established social cognitive learning theory. Social cognitive learning theory (SCLT) describes the idea that a person learns by watching what other people do in a similar situation. Additionally, SCLT describes that the human thought process is essential to understanding personality. Bandura's SCLT notes that a person will learn behaviors and thought processing by observing the behavior of others (Nabavi, 2012). Bandura noted that addiction is a social issue and the act of using substances is a learned behavior from being around others that are abusing substances (Bandura, 1999). As such,

substance abuse begins by socially being around others that are already using drugs or alcohol.

Social cognitive theory of substance abuse (SCLSA) centers on human interaction in the fact that a person will learn from observing others and will implement new behaviors based on efficacy or the desire to produce an intended result. A person seeking a positive experience will gain a positive thought process about substances by watching others seemingly have a good time while they are under the influence (Giovazolias & Themeli, 2014). As such, being around those that misuse substances can be a major motivator for the resumption of drug use (Bandura, 1999). However, being around a positive support system and those who abstain from using substances means a person will have a better chance of remaining sober (Bandura, 1999).

Additionally, perceived self-efficacy is an integral point in the foundation for human agency as beliefs, reaching goals, reward, and failures are what drive human behavior (Bandura, 1999). Self-efficacy is the product of past experience, observation, persuasion, and emotion and is the set of beliefs a person holds about their ability to complete a particular task (Bandura, 1999). Having a positive self-efficacy will help with the belief that recovery is possible and will be a strong foundation when there are feelings of doubt. According to the American Addiction Center, there are a great number of people that continue to use substances because they do not believe in their own abilities to overcome addiction (<https://americanaddictioncenters.org/>). This disbelief can be formed through many factors, such as relapse, seeing others in active addiction fail with sobriety, cravings being too strong, or thoughts that being sober is boring. A person in

recovery with a high self-efficacy will have a better chance meeting new people who have a positive influence on their sobriety. Good self-efficacy will also help a person to continue to identify their own character defects, which is an integral part of continued sobriety. Additionally, good self-efficacy will help a person to establish their own morals within themselves and stand true to these when a challenging opportunity presents itself.

Self-efficacy plays an integral part in parenting as well as in addiction recovery. As a mother grows as a parent, she develops beliefs about her own parenting skills. These beliefs have come to be known as parental self-efficacy (Benedetto & Ingrassia, 2017). Parental self-efficacy is the mother's conviction about being capable to influence her child's behavior or the ability to be a successful parent (Benedetto & Ingrassia, 2017). Parental self-efficacy should not be confused as competence, which is an external estimation or how others view a mother's success. Parental self-efficacy is the parent's own judgment (Benedetto & Ingrassia, 2017). When a mother has a solid parental self-efficacy, she has more positive parental behavior, which can lead to better relationships with children, easier involvement with teaching children, or more positive disciplinary actions (Benedetto & Ingrassia, 2017). Having a low parental self-efficacy could lead to a mother easily frustrated, higher stress, or depression (Benedetto & Ingrassia, 2017). These stressors are in direct relation with relapse for mothers in recovery. Parenting classes for mothers in addiction treatment would provide the positive social network that is theoretically needed for recovery as well as a positive self-efficacy and a positive parental self-efficacy.

Social cognitive theory of substance abuse directly applies to this study due to the need of self-efficacy and a positive environment that demonstrates parenting can be a positive experience, even when parenting challenges are presented (Bandura, 1999). If mothers in treatment are able to directly learn new, positive behaviors and coping strategies from parenting classes, they will be able to foster better relationships with their children, be stronger in their recovery, and promote social change by helping to break the circle of addiction. For a mother to be successful in her recovery, while working to avoid relapse as much as possible, she must be confident in her own abilities and able to manage the stress of being a parent. Parenting classes during addiction treatment would provide this positive atmosphere while improving self-confidence about parenting abilities.

### **Literature Review Related to Key Variables**

The disease of addiction is considered a relapsing disorder. The initial transgression of a problem behavior, such as in the addiction to substances, after a period of abstinence is defined as a lapse (Menon & Kandasamy, 2018). The continuation of a lapsing behavior is defined as a relapse (Menon & Kandasamy, 2018). When a person is in recovery, fighting the urge to relapse can be an immense internal struggle. Cravings, or the strong desire to use, are a characteristic of the disease of addiction and can happen at any time, 30 minutes after the use stops or 30 years into the future (Patterson, 2019). Cravings for a substance can happen in one tenth of a second and can be as strong as the most innate hunger that can be imagined. The strength of cravings can vary from person

to person are usually brought about by a trigger, which can be defined as a stimulus that sparks a craving (Patterson, 2019).

Triggers could be people, places, and things that stimulate cravings and can be classified into four main categories: patterns, social, emotional, and withdrawal (Patterson, 2019). Though there are some commonly understood triggers such as seeing the substance itself or encountering drug paraphernalia, triggers could be individual and personal. Some common examples of triggers could be parties, bars, trauma, relationship stress, holidays, specific stores, or the emotional stress of parenting (Patterson, 2019). For someone who is early in recovery, it is impossible to know each trigger that will cause cravings. Cravings can come at random times and at varying degrees of intensity. Learning triggers and identifying healthy coping skills to combat cravings in treatment, such as parenting classes, leads to a stronger likelihood of success in recovery (Patterson, 2019).

### **Relapse**

A relapse to an addiction is when the person with the past addiction starts doing their addictive behavior again after a period of not doing it (Steigerwald & Stone, 1999). Annually 93%–97% of people who attempt to stop using alcohol or drugs fail and relapse within the first year of their recovery (Mumba et al., 2019). The signs of relapse happen long before the substance is ingested and is a process (Ackermann, 2020). At the onset of cravings, triggers, or thoughts of using, coping skills should be used and contact of an established support network should be made. Being in a period of sobriety does not reverse the effects that drugs and alcohol will have on the brain (Patterson, 2019). As

such, the brain of a mother in addiction will always be more susceptible to the characteristics of addiction such as compulsion, impulsivity, hyper-focus, obsession, and/or negative thinking (Ackermann, 2020).

The process of relapse is broken down into three stages: emotional, mental, and physical (Ackermann, 2020). The emotional stage of relapse is often the first stage that a mother will go through, long before she picks up drugs or alcohol. In the emotional stage of relapse, negative emotional responses will begin to present such as anger, moodiness, depression, and/or anxiety (Ackermann, 2020). For a mother in recovery, possibly new to parenting with a sober mind, there could be stress induced anger at the child that may not be understood leading to outbursts and yelling. This stress could also raise anxiety to an uncontrollable level for a mother, which could be taken out on the child. Additionally, feelings of shame and guilt of the current angry or anxious mood could lead to depression for the mother. The mental stage of relapse also happens before a substance is taken.

The mental stage refers to the internal struggle that a person in addiction can face—that of knowing that a mother needs to be sober and wanting to continue to use. The mental stage could also move to where the mother feels extreme guilt for what the child is having to endure. The desire to use may always be a part of a person in recovery, which is another factor that considers addiction a chronic condition. During the mental stage of relapse, a person could be fighting with themselves and justifying each side, at which time cravings, urges, or thoughts of using become increasingly stronger (Ackermann, 2020).

Once the mental stage of relapse happens, the physical stage is not far behind. The physical stage of relapse is where the substance is taken, and the mother in recovery fully relapses (Ackermann, 2020). One of the warning signs is when a mother is not taking her recovery seriously such as not attending regular recovery meetings, not having a sponsor or support system, or not working a recovery-based program (AddictionCenter, 2021). Another sign that could point to relapse is when a mother does not manage her mental health symptoms such as depression or anxiety. Isolation or not participating in the daily activities of living (e.g., getting out of bed, taking care of hygiene, going to work, attending to children and their needs, or cleaning the house) could also be a sign of potential relapse for a mother in recovery (AddictionCenter, 2021). Additionally, if a mother begins to romanticize her drug use, she could be on the path to relapse. Romanticizing drug use is seeing active addiction in a positive light (Ackermann, 2020). During active addiction, a mother may not see that even though the children had meals and bath time she was not emotionally there (Martin et al., 2011). Relapse can be especially dangerous for a person with a period of sobriety. With abstinence comes a decrease in tolerance for drugs or alcohol. Upon a relapse, a mother may use the same amount of substance that they were using in active addiction, which can quickly lead to overdose and/or death (Ackermann, 2020).

There are many factors in a mothers' life that could affect the potential for relapse. Some examples of these factors are abandonment issues, detachment, a history of abuse, or emotional issues. It is estimated that 75% of women who have a history of substance abuse had a history of physical and/or sexually abusive relationships (Agape

Treatment Centers, 2020). In a study of 252 addicted patients where sociodynamic factors, history of abuse, consumption factors, and personality variables were reviewed, 46% of participants were a victim of abuse (Fernandez-Montalvo et al., 2014). Abusive relationships can come with feelings of disconnect and abandonment due to not having a loving bond or misplaced emotions. Mothers who have experienced these feelings often face struggles of being emotionally connected to their children. During treatment, these feelings are often addressed and seemingly processed. Once relapse occurs, these feelings of abandonment and disconnect can surface again spilling over to children (Agape Treatment Centers, 2020).

For mothers in recovery, the emotional, mental, spiritual, and social consequences can be heightened with regards to children. Emotionally, a mother can feel exponential guilt and shame for relapsing and not sustaining sobriety for her children. Mentally, a mother can feel extremely depressed because of the possible implications that could come from her relapse; legal obligations, losing children to state custody, or that she could not fully be there for her children. Spiritually, a mother could feel like a failure for not maintaining sobriety for her children. When a mother comes back from a relapse, there are an entire new set of emotions that must be processed. These emotional consequences could be increased guilt and shame, new thoughts of depression or anxiety, spiritual consequences such as feelings of loss of purpose, and social consequences with secrecy, denial, and isolation (Solace Asia, 2016). Additionally, there could be health issues that follow a relapse, as well as new legal issues that could present. With new and present health issues, it could be that a mother may not be able to effectively parent with the



possibility of having to stay in bed or prolonged hospital stays. Newly arising legal issues could also hinder a mother's parenting ability with having to pay substantial fines, spending time away from the children or having her children removed all together (Conners et al., 2016). Socially, a mother may hide her relapse and isolate from her positive support network, which in turn will exasperate her delicate emotional, mental, and spiritual state (Silva et al., 2013).

Maintaining sobriety can be a daunting task; with stressors, cravings, and triggers that could be potentially life long, the grip of addiction is a constant battle. One of the most common causes of relapse for mothers is the "superwoman" complex. Many mothers in recovery have a lot that must be balanced such as maintaining a household, children's schedules, and care, working and childcare, and maintaining recovery (Agape Treatment Centers, 2020). A high-risk situation for relapse is when a mother may experience triggers to her previous usage (Menon & Kandasamy, 2018). These triggers happen when a memory from active addiction is activated by sights, sounds, or smells such as walking through a neighborhood where usage occurred (Menon & Kandasamy, 2018). Factors that could point to relapse that may be less obvious are covert antecedents such as lifestyle factors, personal stressors and stress levels, or a mother's personality (Menon & Kandasamy, 2018). Mothers in recovery must take care of themselves before all else. Recovery is about personal growth, learning to self-soothe, changing negative thinking, and developing healthy coping skills. Negative thinking patters such as "I can't change" or "this is too much work" can become overbearing and detrimental to recovery (Melemis, 2015). Mothers who are suffering from any or all phases of relapse can have

subtle or drastic influences that are seen or experienced by their children. These influences can have often lasting effects on children that can follow to adulthood.

### **Effects of Maternal Addiction on Children**

The disease of addiction is a life-long battle and includes using substances, relapsing, recovery, and sobriety. When a mother relapses due to any combination of reasons, it can have lasting effects on herself as well as her children. Connors et al. (2016) conducted a study involving women and children who were part of community-based women and children's programs, as well as data collected from The Substance Abuse and Mental Health Administration/Center for Abuse Treatment. A total of 50 of these entities' programs were reviewed in a quantitative study from 1993-2000. The study concludes that children growing up with a mother with the disease of addiction are at a high level of risk for physical, academic, and socio-emotional problems due to the vicarious effects of the addiction lifestyle.

Many children who are in a household where substance use is prevalent will see drug paraphernalia, have instability of parental direction, experience abuse or neglect, or experience the trauma of seeing their mother use or overdose. Additionally, there is potential for behavior problems in children that have a mother in addiction (Connors et al., 2016). Hser et al. (2013) found that studies performed with the Child Behavior Checklist, a common behavioral and emotional measuring tool, linked maternal substance abuse with children's emotional and behavioral functioning. It was found by Hser et al. (2013) that mothers with comorbid mental health issues and substance use disorders have children with a higher risk for behavioral disorders. Mothers in recovery, who have their

own serious problems, that have children with behavioral disorders have a higher likelihood of constant elevated stress (Hser et al., 2013). Such continuous periods of high stress were linked to relapse (Martin et al., 2011).

When a child transitions from being with a mother in active addiction, to being with a mother in recovery, to being with a mother who has faced a relapse, there are potentially damaging mental health issues that can occur. A child who does not have a constant parent-child relationship or a constant person in a role-model position is more likely to act out. Children with behavioral problems can be distinguished into two major dimensions: internalizing and externalizing behaviors (Woodman et al., 2014). Internalizing behaviors can include sadness, withdrawal from social situations, or being afraid. Externalizing behaviors can come in the form of tantrums, aggression, and/or non-compliance (Woodman et al., 2014). A study with a sample of mothers and fathers with preschool children with and without developmental delay found that child behavioral issues led to parental stress, and, in turn, parental stress was a predictor of childhood behavioral problems (Woodman et al., 2014). As such, a mother that moves through the phases of addiction, recovery, and relapse can have adverse effects on a child's developmental outcome. Connors et al. (2016) found that there is a need for supportive services for mothers and children impacted by maternal addiction to ensure that there is a form of stability and support for the mothers to manage any presenting childhood behavioral issues.

Other studies confirm the challenges that children of mothers with addiction experience, and how these challenges manifest in behaviors which are stressful for

mothers. Children that grow up with mothers in addiction have a greater likelihood of having behavioral problems, both at home and in school (Zhang & Slesnick, 2020). The transference of detachment and abandonment issues from a mother in addiction can lead to defying behaviors along with conduct disorders in children. In the study completed by Zhang and Slesnick (2020) it was found that in a sample with 2476 mothers with an alcohol or drug problem 10% of those mothers had children who have had a serious fight with teachers or authority figures and nearly one fourth of had children that had conduct issues at school. When a mother must visit the school to discuss the behavioral issues of her children, there could be feelings of failure, embarrassment, or anger. These feelings could then carry over to her home, creating undue stress for herself and the children in the home environment. All these factors combined could then begin the emotional, mental, and physical signs of relapse.

Socioeconomic realities for mothers in addiction such as being a single parent, limited finances, less than desirable neighborhoods, or fathers that are not present in the children's lives present are stressors that add to the stressors that must be faced on a regular basis. In a quantitative study conducted by Lipari and Horn (2017) analyzing data from the combined 2009 to 2014 National Surveys on Drug Use and Health, about one in eight children aged 17 years or younger live in a household with at least one parent who suffered from a substance use disorder in the previous year. In this study, it was found that these children were of a lower socioeconomic advantage than children who did not have parents with substance use disorders (Lipari & Horn, 2017). This socioeconomic disadvantage led to more difficulties in academic, social, and family functioning for the

children. As previously mentioned, a mother in recovery that has children with lower socioeconomic and possible behavioral disorders will have a more difficult time with managing her recovery due to poor child development and poor parent-child relationships (Conner et al., 2003). Parenting classes in addiction treatment could provide the skills necessary to manage emotional and behavioral problems from children as well as provide a support network for mothers in recovery. While not all mothers in addiction face these issues, the possibility of such stressors is a reality that many women and their children face. Having internal and external stressors such as socioeconomic disadvantages leave a mother vulnerable to relapse. Learning about parenting skills during addiction treatment can help begin to build an arsenal of coping skills to help manage these internal and external triggers.

### **Parenting Classes**

Parenting classes are classified as a standard intervention with the goal of improving parenting practices while promoting positive outcomes for parental-child relationships (Horton & Murray, 2015). Mothers that are at risk for child maltreatment are often socially isolated and this isolation can be further emphasized when the factor of substance use is added (Horton & Murray, 2015).

Parenting classes during addiction treatment could offer a supportive, group-based teaching environment. Parenting classes for mothers during addiction treatment could potentially teach stress management when dealing with behavioral problems, teach healthy parenting skills, and help foster better parent-child relationships. Popular belief from the lay person may be that a mother suffering from the disease of addiction has no

desire to care for her children or that the specific drug of choice is more important than her children. When in fact, this could not be further from the truth. The actual nature of the relationship between addiction and parenting is extremely complex (Paris et al., 2015). There are many factors that develop in addiction, and these factors can vary from person to person. Addiction could be the result of a trauma response, it could be stemmed from mental health, it could be a learned behavior, or it could be the result of peer pressure (Paris et al., 2015). Focusing on the relationship between the addiction and parenting provides insight as to what interventions should be included in parenting class curriculum. Based on the severity of mental health scores and trauma responses from surveys, Paris et al (2015) found that the most successful of parenting classes would be focused on stress reduction and ways to promote positive parent-child relationships.

Kahn et al. (2017) noted that limited parenting knowledge presents as a common challenge for pregnant women who suffer from opioid-use disorder. Limited parenting knowledge can present as not understanding child cues, not knowing how to develop social skills, not giving appropriate feedback, not accepting differences, not respecting others' rights, or not resolving conflicts in a healthy manner (Wong et al., 2020). Other challenges that may arise are inconsistency in all aspects; discipline, adults that are present, housing, schools, or emotions, abandoning children periodically to obtain and use drugs, impatience and anger, and repeating dysfunctional parenting practices. These challenges that were found with pregnant women will also be apparent when the children are born. Additionally, compounding these issues are the stressors that come with new or young children, crying, lack of sleep, bustling schedules, etc. Kahn et al. (2017) cited in a

study by Salo et al. (2009) that women who face addiction are less emotionally available to their children and lacked parenting self-efficacy.

Kahn et al. (2017) completed a study of the benefits of educational classes for pregnant women during their time in treatment centered on parenting skills. A team of child welfare training specialists and physicians developed a curriculum about pregnancy, delivery, postpartum care, stigma and shame, and parenting in a supportive environment (Kahn et al., 2017). During focus groups, the participants provided feedback requesting more information about loneliness and isolation, social and family education, and relapse prevention education. The results of the study indicated that participants were very appreciative and thought the education was helpful and supportive (Kahn et al., 2017).

It was found that mothers that have an ongoing addiction to drugs or alcohol feel inadequate regarding their parenting and have a higher probability to use negative discipline towards their children (Silva et al., 2012). Negative discipline could be defined as excessive spanking, hitting, sarcasm, verbal shaming, or degrading remarks (Children and Family Resource Center, 2015). While attending parenting classes during addiction treatment, positive disciplinary methods could be taught along with ways to enhance positive parent-child relationships. Mothers in addiction harbor great deals of shame and guilt surrounding their parenting skills and relationships with their children. Moreover, mothers often blame themselves for being in addiction and not being mentally or physically available for their children because of their substance use. This shame and guilt can lead to mothers further pulling away from their children. The shame and guilt, along with the possible associated anxiety and depression, could be the beginnings of the

first and/or second stage of relapse; emotional and mental, leading to the potential for full physical relapse (Silva et al., 2016). Instructors of parenting classes can teach mothers acceptance of their past and to live in the moment. Understanding that the past is part of a mother's story and not who she is today helps her avoid relapse. Additionally, parenting classes can teach a mother to better understand her children, manage their behavior, understand routines, and the importance of being an emotionally present mother (Children and Family Resource Center, 2015).

Relapse for a mother can also cause deterioration in her personality as a parent. Once a mother has relapsed and aside from the guilt and shame a mother could develop feelings of anger and become ambivalent about being a parent all together (Parolin & Simonelli, 2016). It could be possible that a mother begins to build a resentment for her children because she is unable to do what she wants to do. Additionally, it could be possible that a mother has mixed feelings about being a parent due to feeling unfit for her children. She could begin to feel unfit and undeserving of her children (Parolin & Simonelli, 2016). Raynor (2013) found that maternal self-efficacy must be built on the foundation of parental competence. For mothers in recovery, this parental competence could be found in parenting classes. Parenting styles can change from loving and inclusive to low tolerance and authoritarianism for some mothers. For other mothers, however, the parenting style can change to over-involvement. This could be exemplified by refusal to accept outside support or intrusiveness with the child's autonomy (Parolin & Simonelli, 2016).



As previously discussed, there are a host of issues that a child can face with a mother who has relapsed. Spruijt et al. (2020) notes that parent-child interactions are an essential piece in the mental development of children. Mothers that receive parenting education may develop a positive approach for promoting learning and parent-child interactions for young children. Hutchings et al. (2018) note that parenting education could provide evidence-based information that teaches knowledge, skills, and competencies that promote positive child-development and well-being as well as good academic outcomes. In a longitudinal study conducted by Spruijt et al. (2020), parents of 138 four to eight year old children attended a parental education program, and then the interactions between parents and children were monitored by the researchers. It was found that the children showed positive results in cognition and development as a result of the paternal self-efficacy discovered in the parental education program. Parent-child interactions provide children with daily opportunities for developmental growth. This study directly correlates that with parenting education, there is a positive outcome for children (Spruijt et al., 2020). It could then be postulated that parenting classes for mothers in addiction treatment would be beneficial to their children. There were some noted limitations to this study such as not all parents completed all the sessions and not all the at home assignments were checked by the researchers.

In a study conducted by Arria et al (2014) a sample of 125 addiction treatment programs and their key staff members were reviewed to gather information about their parenting educational programs. Of the treatment programs included in the study only 43% of them offered some form of parenting classes. In the data collected, as with

previous studies mentioned, it was found that parental substance use is directly associated with childhood behavioral issues and maladaptive parenting behaviors such as decreased levels of supervision to children, parent -child conflict, a host of inconsistencies, and external factors such as poor socioeconomic status' (Arria et al., 2014). Arria et al (2014) conducted research in the Nurturing Program for Parents of Children From Birth to Five Years Old that included 170 women participating in a parenting program during their residential treatment stay. The results indicated that all of those that were included in the classes had increased self-esteem and showed a profound increase in parenting knowledge and attitude. It was further found by Arria et al (2014) that substance abusing mothers who participated in parenting classes, such as Partners in Parenting, described better attitudes about their parenting and a reduction in family conflict. Additionally, parenting classes that are offered to mothers in addiction treatment that have evidence-based parent training curricula can provide services focused on reducing child aggression and enhancing protection against early adolescent drug use (Arria et al., 2014).

Of the women in addiction treatment programs, between 59 and 70% have children, and the number of women in addiction treatment centers is steadily increasing due to a high prevalence of substance use among young women (Moreland & McRae-Clark, 2018). Additionally, these women who have unique parenting needs and the need to learn coping skills to manage their addiction, there is a rise in the apparent need for treatment centers that manage co-occurring disorders that consist of one or more mental health disorders along with a substance use disorder. To manage the problem of co-occurring disorders, many treatment centers have adapted to using an intradisciplinary

team such as therapists, counselors, and case managers. These teams together found that there is a need for more women centered interventions and coping skills, such as parenting classes (Moreland & McRae-Clark, 2018). It was also found by Moreland and McRae-Clark (2018) that of 13 studies reviewed for success of parenting classes in addiction treatment, results from all thirteen of the studies demonstrated a reduction in substance use. In a systematic review of three studies that evaluated change in parenting stress after attending parenting classes during treatment, the results indicated a significant reduction in parenting stress for all the mothers who completed the parenting interventions (Moreland & McRae-Clark, 2018).

Parenting stress is a known factor for mothers that are in recovery and have been through addiction treatment. The known stressors are child misbehavior, failure to manage parental stress, poor coping skills, and lower socioeconomic positions could be agitators for all three stages of relapse. As such Short et al (2017) concluded that parenting women with substance use disorders could benefit from parenting classes. Parenting classes that are aimed at stress reduction and improving overall psychosocial health have had positive effects on depression, anxiety, and overall parent-child relationships (Short et al., 2017). Results from a survey of 59 mothers, with the mean age of 30, showed that after attending the parenting classes, general stress decreased significantly and the greatest impact was on the women with the highest stress levels (Short et al., 2017). Recovery and avoiding relapse are an ongoing challenge. Having additional coping skills, support persons, and parental skills are essential to maintaining sobriety.

### ***Benefits of Parenting Classes***

Parenting classes in addiction treatment would help provide a fundamental foundation for managing the challenges of raising small children. This fundamental foundation is essential for any parent but especially for a mother in recovery, who has a host of other profoundly serious issues of her own. Parenting classes offered in a structured supportive environment, such as addiction treatment, would offer many advantages to at risk mothers. One advantage is the social support of other mothers in recovery and the facilitators. There would be an ability to ask questions and offer group topic ideas without the fear of judgment. Another advantage of parenting classes in treatment would be the cost effectiveness versus the higher cost of parenting programs for individual mothers. Finally, as group therapy is a favorite treatment modality for addiction, parenting classes in treatment would be a familiar setting (Horton & Murray, 2015).

Frydenberg et al (2017) discussed that childhood mental health is one of the most important foundations for positive social and educational outcomes. Research of 132 parents of preschool age children enrolled in an Early Learning Center in Australia, conducted using the Children's Coping Scale – Revised, found that parents with barriers such as low economic status, poor wellbeing, or parents who suffer from substance use disorders did not have healthy coping skills along with unhealthy parent-child relationships (Frydenberg et al., 2017). The authors also examined different coping patterns and mental health as measured by the Strength and Difficulties Questionnaire. The findings of the study were grouped into 3 categories: positive coping, negative

coping – emotional inhibition, and negative coping – emotional expression. The results were analyzed to relate how children cope with stress and adapt to stress, when stress was perceived as coming from parent-child relationships (Frydenberg et al., 2017). Parenting classes for mothers could provide positive mental health for children, as well as the ability to learn and teach coping skills as the methods a person uses to deal with stressful situations (Frydenberg et al., 2017). Parenting classes could offer support to mothers in how to build these healthy coping skills and how to pass these on to their children through effective communication while building strong, healthy relationships with their children. As a child grows with a mother who has healthy coping skills and a developed positive parent-child relationship, stress reduction could be postulated. This lower stress environment could lead to good mental health for the child and in turn a reduction in stress necessary for preventing relapse in mothers in recovery (Frydenberg et al., 2017).

It was found that children's conduct problems and parental depressive symptoms go hand in hand (Leijten et al., 2019). Data was compiled in a quantitative study analyzing 15 trials on the effects of the Incredible Years' parenting program for children 2-10 across Europe and in a total of 1280 families. It was found that a mother's mental health symptoms may increase or decrease based on the behavior of the child. A child's conduct problems can stem from a lack of warmth or nurturing from parents or other maladaptive parenting habits such as poor communication or not understanding child emotional cues (Leijten et al., 2019). Parenting programs work to help parents improve their relationship with their children promoting a healthy parent-child relationship. As a child goes through the normal process of learning and acting out, a mother could either

react in a loving manner or react in a state of frustration and anxiety. When a mother is in a state of constant frustration, anxiety, or depression, a child is apt to continue to act out or misbehave. Additionally, conduct problems from a child adds a considerable burden on a mother, often leading to questions regarding ones' own self-efficacy (Leijten et al., 2019). As previously noted, a low self-efficacy can be prominent trigger for a mother in recovery. A healthy parent-child relationship can reinforce positive child behavior, which reduces stress for the mother (Leijten et al., 2019). A reduction in stress can lead to a decrease in mental health symptoms for the mother and further helping to prevent relapse during recover and promoting positive coping skills for children.

When a child grows up in a positive environment there are fewer behavioral issues which could lead to a host of positive effects. One of these positive effects is better attention in school. Better attention in school leads to a more enriched education. Another positive effect of a healthy parent-child relationship is learning to show love and affection to others. Communication is also easier for children raised in a positive parent-child relationship (Leijten et al., 2019). When a child is better able to communicate, wants and needs are more easily understood by the mother, leading to a healthier and positive environment. Healthier relationships are formed by the child, which will help alleviate behavioral trouble as an adolescent. Coping skills will be able to be developed by the child which will in turn lead to being able to manage life as an adult better (Leijten et al., 2019).

In sum, parenting classes for mothers while in addiction treatment could teach a host of coping skills. These skills could include managing triggers and cravings as well as

how to manage the stages and warning signs of relapse. Further, the support of other mothers who are also in recovery could assist newly recovering mothers with the stressors of parenting and how to foster positive parent-child relationships leading to children growing up with enriched lives.

### **Summary and Conclusions**

The major themes that were found in the reviewed literature surrounded the facts that mothers in addiction and recovery likely face a host of emotional, social, and often physical issues. Not only do mothers likely face these issues, but their children might as well. Solid support networks are often needed to combat these troubles, so that recovery and the fight against relapse can be possible.

It is known that mothers could have higher amounts of stress, and this could put them at a disadvantage in recovery (Frydenberg et al., 2017). It is known that children with mothers in addiction could have specific challenges that they may have to face (Horton & Murray, 2015). It is known that a mother cannot likely face the challenges of recovery alone (Horton & Murray, 2015). Support from many different angles is often necessary to avoid relapse. It is not known how substance-misusing mothers of young children in recovery perceive the effectiveness of parenting classes in managing relapse (Frydenberg et al., 2017). The lived experiences of mothers of young children who have attended parenting classes as part of their recovery treatment are also not known (Frydenberg et al., 2017).

The present study was conducted to further research and understanding of the impact that parenting classes could have on mothers during addiction treatment as well as

the impact on how parenting classes could be a powerful tool for preventing relapse. Identifying these potential impacts could help solidify the gap in the literature where the benefits of parenting classes in addiction treatment are not known (Frydenberg et al., 2017). With the addition of research on parenting classes in addiction treatment for mothers of young children, the impact for social change could be that mothers would have a greater chance at recovery and there could be less children growing up in an addictive household. Thus, the risk could be reduced that children become addicts themselves.

Chapter 3 will provide an examination of the methodology, including the rationale for interview questions, along with the eligibility requirements of the sample selected. Chapter 4 will follow with a thorough data analysis of the research findings and in chapter 5, the importance is discussed of parenting classes in addiction treatment for mothers with young children.



### Chapter 3: Research Method

Parenting classes during addiction treatment could offer positive benefits to mothers in a structured, supportive group setting while offering knowledge to foster better parent–child relationships (Benedetto & Ingrassia, 2017). However, the experience of parenting classes for mothers with a substance abuse problem is still unknown. The purpose of this qualitative phenomenological study was to understand the lived experiences of mothers in parenting classes during addiction treatment to prevent relapse. The study was guided by the goal to contribute to relapse prevention that frequently occurs in addiction by having parenting classes as a permanent part of a curriculum for all addiction treatment programs for women, which can address parenting stressors as a reason for relapse.

In this chapter, the methodology of the study will be discussed. The research design and the rationale will also be discussed first. Following this, a description of the role of the researcher will be defined. Next will be a description of the study methodology along with the issues of trustworthiness and a defined plan of how to address them. Additionally, ethical considerations related to this research will be discussed.

#### **Research Design and Rationale**

There were two research questions for this study. The research questions were developed to narrow the purpose of the research in this study to specific questions in which to address the related phenomenon (Bufkin, 2006). The research questions were the following:

1. What are the lived experiences of mothers with young children who have attended parenting classes as part of their recovery treatment to prevent relapse?
2. How do substance-misusing mothers of young children in recovery perceive the effectiveness of parenting classes in managing relapse?

### **Central Phenomena of the Study**

The central concepts of this study were relapse, effects of relapsing mothers on children, parenting classes, and the benefits of parenting classes. A relapse to an addiction is when the person with the past addiction starts doing his or her addictive behavior again after a period of abstinence or not doing the addictive behavior (Hartney, 2021). The effects of relapsing on mothers could result in a myriad of negative consequences to her and her child. These consequences could have lasting results that could further continue the circle of addiction (Connors et al., 2016). Parenting classes, and their lasting benefits, could provide a means to relapse prevention for mothers so that recovery can be sustained and a positive parent–child relationship could be fostered.

### **Research Tradition**

Qualitative research focuses on a particular meaning of an event, how people make sense of that meaning, and/or what it is like to experience a phenomenon (Willig, 2013). Qualitative methodology allows the researcher to apply their intrapersonal and individual knowledge and advance the research in explorative ways (Alase, 2017). This qualitative study used the phenomenological research tradition by seeking a shared perspective of the area of interest (see Larkin et al., 2018). Using an interpretative phenomenological analysis (IPA), I sought to understand the experiences and the

meaning that individuals ascribe to their own experiences. IPA allowed for the participants, who have had similar experiences, to tell their stories without judgment or persecution from outside influences (Alase, 2017). IPA also allowed me to draw conclusions about the phenomenon, making sense of the topic through participants' experiences and expanding on what is already known (Alase, 2017). This approach allowed for the primary focus to be on the individual participants' experiences and their personal interpretations (Pietkiewicz & Smith, 2014).

### **Rationale**

Qualitative IPA research uses a homogenous sample of participants, a grouping of people with probable similar perspectives of the phenomenon of interest (Larkin et al., 2018). While asking questions about a mother's understanding on parenting classes and how they relate to her relapse prevention, I learned in-depth views of her specific experiences with a reasonably personal scale of that view. By analyzing and synthesizing the multiple perspectives, it was possible to develop solid accounts of the phenomenon. Qualitative research was the most fitting for this study as it is designed to explore the participants' understanding of their own experiences (Smith et al., 2012).

There are other methods of qualitative research, such as the general inductive approach; however, this was not appropriate for this study as analyzing findings from frequent, dominant, or significant themes would not provide rich enough data, as the analysis was guided by specific evaluation objectives (Thomas, 2006). An ethnographical approach would require an observable group of participants to be studied while in their real-life environment along with the cultural practices of the group (Emerald Group

Publishing, 2021). The case study method of research focuses on similar cases with the goal of exposing the commonalities of the cases at hand (Hyett et al., 2014). As such, the case study approach does not provide the in-depth description of lived experience and was not appropriate for this study. The narrative method of study describes the experience itself and does not describe the meaning of the experience as it would relate to the participant and therefore was also not appropriate. A phenomenological study of lived experiences was the most rational choice for this study to provide a rich overview of the phenomenon (Larkin et al., 2018).

### **Role of the Researcher**

I used semistructured interviews to collect data from the participants. There were no personal or professional relationships with any of the interview participants and there was no chance that a dual relationship boundary could be crossed (see Bourdeau, 2000). The research did not take place in any environment in which I had or have an active role. Finally, there was a \$10 fast food restaurant voucher that was offered to participants as a thank you for their participation.

The role of a qualitative researcher involves immersing themselves into the research and see the data from the lens of the participant while attempting to understand the actual phenomenon (Pietkiewicz & Smith, 2014). To gain this understanding it is important that all personal views of the researcher are acknowledged and remembered throughout the research to ensure that a bias is not developed. Though I believe that parenting classes should be a part of all treatment centers for women, I understand that there may be women who do not benefit from parenting classes during treatment and/or

may not feel that they are necessary. With this personal understanding I utilized reflexive journaling and bracketing to ensure that the data were viewed with an open mind and no personal bias (Fischer, 2009). To use bracketing, I made memos throughout the data to review and reflect on personal engagement with the information. This method was used to acknowledge any preconceived notions that I developed. Through constant reflection of the experience gained in the research process, I was able to be reflexive and gain an inward and outward understanding of the data in a self-aware manner, ensuring no personal bias (Fischer, 2009).

## **Methodology**

### **Participation Selection Logic**

A homogenous sample was used for this research, which is recommended for IPA (Larkin et al., 2019). In IPA, a homogenous sample is a sample that has a probable shared perspective within the phenomenon of interest (Larkin et al., 2019). This study was focused on mothers in recovery who have been to parenting classes. The criteria for participant selection consisted of four factors: (a) a mother must have at least one child under the age of 15 that is currently in her care, (b) be at least 21 years old, (c) have been in recovery for at least 6 months but no more than 18 months, and (d) have been to parenting classes while in addiction treatment.

Participants were identified and interviewed until saturation occurred. Information saturation can be understood when a reoccurring general pattern of information can be seen in the research data (Larkin et al., 2019). Interviews with 8–10 women were projected occur, seeking to find relevant patterns and ensuring that saturation was met.

This meant that no new themes or categories would be formed, and the most important ideals of the lived experiences were captured (Fusch & Ness, 2015).

Participants were found by using recovery social media networking, which was approved by the group administrators. The recruitment posting included a brief description of the study, information about the researcher, inclusion criterion of the study, modalities of interviews (Skype or Facebook video messenger), and how to contact the me via email or instant messenger. This public forum posting was used to eliminate any perceived coercion.

As potential participants responded to the forum posting, the inclusion criteria were carefully checked. As each participant was selected, based on the inclusion criteria, they were then provided more details about the study and a consent form was directly emailed to them. Any possible participants who did not meet the criterion or contacted me after the target sample size was met were sent an email with gratitude for their willingness while explaining the study was full. If the consent form was not received within 5 days, an email would be sent to the participants asking for it to be returned. Once each consent was received, interview times were scheduled, and the interviews began.

### **Instrumentation**

Data were collected through semistructured interview questions via Skype and/or Facebook video messenger. Semistructured interviews allow the interviewer to structure the questions in a convenient order, which could differ from one interview to the next

(Pietkiewicz & Smith, 2014). With consent received, the interviews were recorded so that the audio could be later reviewed in the analysis phase.

The interview questions were designed as broad and open questions to explore the details of the lived experience (Smith & Shinebourne, 2012). With open and expansive questioning, the participants could talk at length and offer follow up on important issues that may present (Smith & Shinebourne, 2012). Interview questions were developed based on the current literature regarding parenting classes during addiction treatment, their benefits, and the complex nature of the relationship between addiction and parenting (Paris et al., 2015). The interview questions were open-ended and avoided direct references to literature or theory, allowing the answers to flow naturally (Pietkiewicz & Smith, 2014). The interview questions for the first research question included preplanned prompts in question three and five to ensure flexibility of the interview while remaining on the linear plan for IPA data collection. It was felt that these questions could have too broad of answers. Additionally, these prompts were utilized in questions one and three for the second research question.

The research question of “What is the lived experience of mothers of young children who have attended parenting classes as part of their recovery treatment to prevent relapse?” was answered with the following semistructured interview questions:

1. What information was provided in the parenting classes you attended during addiction treatment (Short et al., 2017)?
2. How did this information help you as a mother newly in recovery (Short et al., 2017)?

3. Where there any stressors (child misbehavior, existing or new mental health symptoms, specific challenges with being a mother, etc.) that parenting classes helped with specifically (Conners et al., 2016)?
  - a. How did the parenting classes help you with these stressors (Conners et al., 2016)?
  - b. What lessons learned in the parenting classes help with these stressors (Conners et al., 2016)?
4. What is the biggest benefit that you received from attending parenting classes during addiction treatment (Horton & Murray, 2015)?
5. What, if any, challenges were there with the parenting classes (Frydenberg et al., 2017)?
  - a. If yes, is there any part of the parenting classes that were not beneficial to you?

The research question of “How do substance-misusing mothers’ of young children in recovery perceive the effectiveness of parenting classes in managing relapse?” was answered with the following semistructured interview questions:

1. In terms of avoiding relapse, how do you think attending parenting classes during your addiction treatment was an important tool (Ackermann, 2020)?
  - a. If yes, in what ways did parenting classes help you avoid relapse (Ackermann, 2020)?



2. How do you feel that your time as a mother in early recovery would have been different had you not attended parenting classes during addiction treatment (Moreland & McRae-Clark, 2018)?
3. Had you not attended parenting classes during addiction treatment, what do you think would have been the most difficult aspect of being a mother newly in recovery (Silva et al., 2013)?
  - a. What about this difficult aspect could have led to relapse had you not gained coping strategies in parenting classes (Silva et al., 2013)?
4. If parenting classes during addiction treatment were available for every mother of young children, what do you feel that the social change implication could be (Lipari & Van Horn, 2017)?
5. Are there any aspects of the parenting classes that did not help with avoiding relapse (Leijten et al., 2019)?

Each interview question was related to one of the research questions, thus ensuring that content validity is maintained by ensuring that the study content is fully examined. Maintaining content validity involves ensuring rigor and control in the research, in order to seek the truth (Morse et al., 2002). The data collection instrument, namely the interview questions, followed the semistructured method as noted by Pietkiewicz and Smith (2014), and remained sufficient to answer the phenomenological research questions. As noted by Pietkiewicz and Smith (2014) semistructured interview questions allow the researcher to engage in a dialogue with the participant in real time and give enough flexibility for issues to arise, both expected and unexpected (Pietkiewicz

and Smith, 2014). semistructured interviews allowed the researcher to have an open dialogue with each participant in real time allotting for original and unexpected content matter to flow organically (Pietkiewicz and Smith, 2014).

### **Procedures for Recruitment, Participation, and Data Collection**

Recruitment for this study was done via the social media platform Facebook in the groups “Moms in Recovery”, “Mamas In Recovery”, and “Mamas in Recovery”. The recruitment flyer (see Appendix A) was posted in each group on February 18, 2022 until March 11, 2-22, a total of 21 days, and was used to gain participants, with the permission of the group moderators. Permission from moderators was requested on February 12, 2022 and took six days to approve. With each respondent, inclusion criteria were checked and validated. As participants responded via email, the consent form (see Appendix B) was sent to each participant. In the event that not enough participants were obtained, the flyer would have been reposted in the same social media groups to ensure that it was continuously seen on the group’s activities. As the consent forms were emailed back, time for the interviews was scheduled. Before the interviews began, the participants were informed of free of charge follow-up means for help and/or wrap around services for mental health and/or recovery stability, which they could access in the unlikely event that the interview caused them distress. Participants were also reminded, before the interviews began, about the intended use of the data and advised that there would be an opportunity to ask any questions regarding the intended purpose of this research, the analysis of the data, and/or the publication procedure. Two flyer responses were received on February 19, 2022, and consent received on same day. These interviews were scheduled for the

afternoon of February 22, 2022. Another three responses were received by the 24th with consent received by the 27th. These three interviews were scheduled for the following Tuesday, March 1, 2022. Two more participants reached out on Saturday March 5, 2022, with consent being received the next day. The following two interviews were scheduled on March 8th and 11th. After the seventh interview, it was found that saturation was met.

As the sole researcher for this study, the interviews were completed via Skype and Facebook video messenger in a semistructured format. The interviews were a one-time interview and lasted no more than one hour while maintaining a conversational tone and flowing with a natural progression. The interviews were recorded using an Evistr Digital Voice Recorder which includes file names and timestamps. The completed interview files were downloaded to an encrypted file by the myself and sent for transcription via email to the secure transcription service TranscriptionPuppy. The emails were sent with no identifying information attached. The encrypted data was stored on a locked hard drive when not in use for data analysis. The data will be stored for a time period of five years. When this time has lapsed, the hard drive will be reformatted, and the information completely erased.

The participants were contacted via email, being asked to review a transcript of their interview for accuracy or to make additional comments. This follow-up is called member-checking and is used to create credible and transferable findings for inclusive, rich research (Alase, 2017).

## **Data Analysis Plan**

Semistructured interview questions were the sole instrument used for collecting data in this research. Data coding, themes, and repeat phrase organization were used for idea condensing (Alase, 2017). Using coding and themes, I was able to find common topics of experience and formulate concise commonalities of the data leading to a rich understanding of the phenomenon (Smith & Shinebourne, 2012). By immersing into the data, and several read throughs of the transcriptions, repeating words stood out. These repeating words were noted as code words. With repeat phrase organization and idea condensing, these code words were written down during each read through and grouped together into similar ideas. The most dominating and repeated code words were formed into themes.

Once the coding and themes were formulated, I was able look for connections to group the themes into conceptual similarities (Smith & Shinebourne, 2012). Each interview was understood to be one set of data, following the interpretive phenomenological analysis discipline (Alase, 2017). Using the guidelines set forth by Moustakas, the transcripts, coding results, themes, and concise commonalities were read over several times so that I could be immersed into the data (Alase, 2017). After several read throughs, notes were taken in a journal to maintain organization. Notes were taken to capture participants' feelings, commonalities between thoughts, physical presentations noticed during the interviews, code words, and overall themes that could best support the research questions. This note-taking, while laborious, was essential to examine the language used and find the deeper meaning to the words. Notes that were taken also

included researcher interpretation and participant quotes. These notes were then organized into an outline to ensure a flow was found and a deeper meaning of the participants experiences could be determined.

After the process of coding, themes, and note taking, I then formulated a textural description which was a narrative on what the participants in the study experienced regarding the phenomenon under study. This narrative account included extracts in the participants' own words, so that the voice of the interviewee would be retained in the research (Smith & Shinebourne, 2012). The narrative was used to take the themes and notes from several conversations to a structured text that was read to understand how the data answered the research questions and build a structural description. Next, I composed a structural description, or discussion, which was a description of how the event happened. Writing down how the experience happened will provided an opportunity to reflect on the setting of the experience (Alase, 2017).

### **Issues of Trustworthiness**

For qualitative studies, to establish the acceptability of the study, trustworthiness is imperative. According to Lincoln and Guba (1985), researchers need to establish trustworthiness by demonstrating credibility, dependability, transferability, and conformability. Below, concepts and related research procedures will be defined for strategies such as prolonged engagement, member-checking, reflexive journaling, thick description, and an external audit (Lincoln & Guba, 1985). For this study, trustworthiness was established using some of these same procedures and strategies discussed in the next chapter.

**Credibility**

Credibility is confidence in the “truth” of the findings (Lincoln & Guba, 1985). Credibility is found when the study participants can understand the reported data as their own experiences as truth of how they know the phenomenon to be. Prolonged engagement, member checks, and external audits are methods of credibility (Lincoln & Guba, 1985).

***Prolonged Engagement***

Prolonged engagement is when the researcher spends sufficient time with the chosen population to gain trust and be aware of potential bias that may arise (Lincoln & Guba, 1985). To do this, I advised participants of working in the substance abuse field and ensured that there were no prior relationships. I spoke to the participants about the study and the social change implications. Additionally, to gain prolonged engagement, I spoke with all participants to build rapport before beginning with the interview questions. Additionally, conversation about the mother and her children were asked to establish a calm, friendly environment.

***Reflexive Journaling***

The practice of reflexive journaling is used to manage researcher bias that may arise during the research process (Lincoln & Guba, 1985). This journal helps the researcher to capture the initial reaction of each data collection session, any patterns that emerged, and any noticed theories (Lincoln & Guba, 1985). Reflexive journaling, along with keeping a detailed record of thoughts and feelings, allowed me to reflect on their role in the interviews. Ensuring that I did not influence the interviews in any way was of

importance to protect validity (Roller & Lavrakas, 2013). The reflexive journal was monitored closely by myself and no bias was found throughout the interview process.

### ***Member Checking***

Member checking is when the collected data, interpretations, and/or conclusions are shared with the participants of the study to get their thoughts on how accurately these reflect their experiences during the study (Lincoln & Guba, 1985). Member checking provides a clear opportunity for the participant to assess and understand what they intended to do by participating in the study while giving space to add check for errors and offer additional information (Lincoln & Guba, 1985).

### **Transferability**

Transferability refers to the showing that the findings have applicability in other contexts (Lincoln & Guba, 1985). When transferability is obtained, readers will be able to apply the findings to research or environments that they are familiar with. Additionally, transferability is ensuring that the obtained data can be transferred to future research on the same or similar subject matter (Consultores, 2020). Thick description is recommended to enhance transferability, which is a process of achieving external validity through describing a phenomenon in explicit detail so that a reader can begin to evaluate the extent to which the conclusions drawn are transferrable to other times, settings, situations, and people (Lincoln & Guba, 1985). Thick description is implemented in qualitative research in order to keep a record of specific methodological procedures, including selection of participants and how data were collected and analyzed (Lincoln & Guba, 1985).

**Dependability**

Dependability refers to when research shows that the findings are consistent and can be repeated in a different study that gets the same results (Lincoln & Guba, 1985). Dependability was met through consistency through conceptualizing the study, collecting the data, interpreting the findings, and reporting the results (Lincoln & Guba, 1985). The research would be considered dependable when a person outside of the research can follow along and understand the study in its entirety and can replicate it. This dependability was established through a code and recode method. To do this, I coded multiple read-throughs of the data in which the same code words were determined. Additionally, the research is dependable, as it was audited, checked, and critiqued by the dissertation committee (Lincoln & Guba, 1985).

***External Audit***

External audits suggests that a researcher, not involved in the gathering of data for the study in question, examine the conceptualization, research, data, and product of the study (Lincoln & Guba, 1985). This process is designed to ensure that the product supports the research and the data combined.

**Confirmability**

Confirmability is the degree to which the results of a study are an accurate reflection of data collected using participants and not researcher bias, motivation, or other interests (Lincoln & Guba, 1985). Confirmability can be established through reflexive journaling and an external audit, so that the original records throughout the study can be traced from data collection to conclusions to ensure validity (Lincoln & Guba, 1985).



Reflexive journaling typically consists of an account of the research methods and procedures including the steps that the researcher followed throughout the research journey. This reflexive journal will help ensure to those outside the research that no bias has been developed along the way (Lincoln & Guba, 1985).

### **Ethical Procedures**

The Institutional Review Board (IRB) from Walden University approved this study prior to data collection with approval #02-11-22-0673461. The invitation to participate in the study was added to specific groups on social media to be accessed by mothers in recovery. In the posting, there was no pressure or coercion to participate or respond to the invitation. I did not add any suggestions or comments to the posting or influence the potential participants in any way. There was no relationship, of any kind, between myself and the participants. If at any time it was found that there was a dual relationship, either professional or personal, with a participant then it would be advised that the participation in the research could not proceed, and any information collected would be destroyed. No personal or professional relationships were identified. The goal of the least harm possible was maintained to the highest standard, and all ethical considerations are considered.

I added an explanation of confidentiality in the consent form that was provided to the participants, as well as discussed at the beginning of each interview. The explanation advised that no names would be recorded and the only identifying information would be email addresses and these would not be shared with anyone other than the researcher. The consent form was returned to me with "I consent" as a reply. I did not use the

participants' email address or personal information for any purposes outside of this research project. Email addresses were stored on a locked hard drive owned by me. Interviewees were identified as Participant 1, Participant 2, etc. The participants could have been influenced and/or at additional risk for emotional or physical harm from being reminded of their past drug and/or alcohol use through the interview questioning. This harm could have manifested as emotional, such as anxiety or depression, or physical by inducing cravings, urges, or thoughts of using. As such, these risks were outlined along with the consent and privacy statements before the interview began and in the reflexive journal. To reduce this risk, no questions about the participant's usage history was asked. Additionally, the participants' right to privacy was discussed prior to the interview by advising that details through which they could be identified would not be shared, and that actual names were not used. Mental health and recovery resources were provided in the debriefing for the study participants, by reminding the participants of the information that was on the recruitment flyer. This information included contact details of organizations that could offer participants free support if they felt they needed it. The limits to confidentiality that I would use to disclose private information without consent was whether any actions were necessary in order to protect the participant or the public from serious harm. No mandated reporting was necessary in the research process.

Participants were encouraged to seek a private location for the interview and headphones with microphones were encouraged. Participants were in control of what questions they did or did not answer, with no coercion from the interviewer. The audio of the interviews was recorded and there was no identifying data, only the assigned

participant number, on the audio recording. The audio recordings were stored on an external hard drive when not in use by me. The files were downloaded to this external unit, which was locked up when not in use. I was the only person aware of the actual identities of the participants, and great efforts were made to ensure this prolonged protection. No biographical details of the participants are included in this dissertation. All electronic communication was copied to a word document which was encrypted on a locked external hard drive. The data will be kept for a total of five years in a locked desk by myself, after which time the hard drive will be reformatted by wiping the hard drive of all information, thus safely destroying the contained data.

### **Summary**

In chapter three, the methodology of the study was discussed in detail. The central phenomenon of the study, that is, the experiences of mothers who have attended parenting classes during their addiction treatment, was examined. Following this, I determined that qualitative research, along with IPA, was the logical choice for this dissertation. Finally, issues of trustworthiness were discussed along with ethical considerations.

Chapter four will discuss in detail the results of the study. These results will provide a deeper understanding of the lived experiences of mothers who have attended parenting classes during their addiction treatment.

## Chapter 4: Results

Limited parenting knowledge is a common challenge for mothers that are battling addiction (Kahn et al., 2017). Research also indicates that mothers in addiction feel inadequate regarding their parenting skills and have a higher probability of using negative discipline towards their children (Silva et al., 2012). Parenting classes in addiction treatment can help provide a fundamental foundation for managing the challenges of raising small children. The purpose of this qualitative phenomenological study was to understand the lived experiences of mothers who, during addiction, attended parenting classes as part of their treatment to prevent relapse. Guided by Bandura's social cognitive theory of substance abuse (Bandura, 1986), semistructured questions were used in phenomenological interviews with mothers in recovery who had been to parenting classes. The two research questions for this study were as follows: What is the lived experience of mothers of young children who have attended parenting classes as part of their recovery treatment to prevent relapse? What are mothers' lived experiences of maintaining sobriety during and following parenting classes?

In this chapter, the results of the current study are presented in depth. Additionally, the setting where the interviews took place will be reviewed as well as the participant demographics and the data collection process. Next, the data analysis process will be thoroughly discussed, which will lead into the results of the study. The results include a breakdown for each research question.

### **Setting**

The interviews took place over the internet. I was in a private area of the home and used headphones to ensure the participants' privacy. All participants presented and reported to be in their own private residences using their personal cell phones or computers. I asked each participant if they felt their privacy was secure, and all participants confirmed they were in a safe and private environment, where they indeed felt secure. No interruptions occurred during the web-based interviews.

This data collection did not take place in any environment in which I have or have had an active role. The incentive of a \$10 restaurant gift card was provided at the beginning of the interviews, and it was noted that this was the participants' regardless of if the interview was completed. To my knowledge, there were no extrinsic conditions in my setting or in those reported by participants that affected their descriptions of their experiences during the interviews in a way that could have impacted the results of the study.

### **Demographics**

The participants consisted of seven mothers who self-reported to have attended parenting classes during their addiction treatment. Before each interview began, I asked each participant their age as a means to build rapport. This was the only demographic detail collected. The average age of the participants was 25–30.

### **Data Collection**

Data collection for this study was begun after receiving approval from Walden University's IRB (# 02-11-22-0673461) on February 11, 2022. A recruitment flyer was

posted in a Facebook group after the Facebook group moderators approved the posting. Potential participants contacted me via email, and each potential participant was assessed to ensure that the inclusion criteria were met. Then the consent forms were emailed and signed before each interview was scheduled. Data were collected via semistructured interviews that took place over the internet using Skype and Facebook messenger. One interview was conducted via Skype, and the remaining six were conducted through Facebook video messenger.

Each interview was slotted with a 1-hour time frame but was generally completed within 30–45 minutes, depending on the responses of the participants. No questions about how long the participants had been drug free or how long ago the participants attended the parenting classes were asked to mitigate feelings of exclusion. After consent was given, audio recording began to be used for transcription at a later time. At the beginning of each interview, a virtual gift card for a fast-food restaurant was emailed to each participant. There was no video recording at any time for this study.

I began interviews on February 22, 2022 and completed the interviews on March 11, 2022. Seven women responded to the flyer, and all seven met the inclusion criteria. The interviews were recorded on an Evistr Digital Voice Recorder. Note-taking was reserved for after the transcriptions were received. I did observe that all participants were excited about the research project and happy to share their experiences. There were no unusual circumstances during the interviews.

## **Data Analysis**

I interviewed a total of seven women for this study. Originally the interview target was 10 mothers; however, it was apparent that data saturation was met after the seventh participant. It was also found that the data collected was able to answer the research questions. As such, the understanding of the lived experiences of parenting classes during addiction treatment and participants' experience of parenting about treatment were drawn from the in-depth semistructured interviews of the seven participants.

All the data were analyzed and coded according to the interpretative phenomenological method as outlined by Alase (2017). According to this method, each interview transcript was individually analyzed, and all transcripts were analyzed together to find the relationships of the data. In the first step, I began analysis by immersing herself into the data. This consisted of reviewing each transcript many times to ensure the content was rich, as outlined by Moustakas (1994, as cited in Alase, 2017). The data were determined to be rich as all the interviews were a thorough description of the mothers' experiences, and the information was extremely valuable for the research (Alase, 2017). Immersion into the data allowed me to gain an understanding of each participant and her response style.

The second step to the analysis was to make initial notes, consisting of researcher interpretation and participant quotes and beginning the analysis journal. Notes were taken to capture participants' feelings, commonalities between thoughts, physical presentations noticed during the interviews, code words, and overall themes that could best support the research questions. The analysis journal helped to keep all descriptive notes in one place,

with the possibility to quickly reference them while being able to find the deeper meaning to the words.

The third step was to immerse into the data, developing codes of words and/or ideas that were mentioned multiple times. These code words were then analyzed to find experiences that were shared by the participants and ideas that directly related to the research questions. The fourth step was to find themes that emerged by finding similar and/or repeating code words. To do this, the code words were reviewed for ideas that could be formed into representations of the lived experiences of the mothers that participated. The fifth step was to cross reference all information that was placed within themes to ensure no repetition and to find any patterns between the themes while continuing to use descriptive notes. Finding patterns in qualitative research helps the reader to retrace the thought process of the researcher and better understand how the conclusion was derived (Sinkovics, 2018). Patterns were determined by repeating thoughts and ideas in the analysis journal. This determined which themes and subthemes were related to each other.

The sixth step of idea-condensing was where all transcriptions, codes, notes, and developed themes were reviewed again to develop subthemes allowing for organization and a desirable flow of information to be established. Through this process, I was able to be fully immersed in the data leading to a rich understanding of the phenomenon (Smith & Shinebourne, 2012). The main themes that were developed from the data analysis included: managing child tantrums, not knowing how to be a mother, maternal bonding with child, and guilt parenting that consists of inappropriate application of parenting



practices to alleviate personal guilt. There was no discrepant data found in any of the participant experiences.

### **Evidence of Trustworthiness**

Researchers need to establish trustworthiness by demonstrating credibility, dependability, transferability, and conformability (Lincoln & Guba, 1985). For this study, trustworthiness was established using various methods, including prolonged engagement, member checking, reflexive journaling, thick description, and an external audit (Lincoln & Guba, 1985). Additionally, after each interview was transcribed, as part of member checking, all participants were provided an emailed transcript of their responses so that they could check that their views had been accurately captured. For this study, the dissertation committee evaluated all components of this research to ensure validity (Lincoln & Guba, 1985).

### **Credibility**

Credibility is confidence in the “truth” of the findings (Lincoln & Guba, 1985). This credibility was increased through member checking, prolonged engagement, and external audits. During member checking, participants were able to recognize the presented research findings as their own experiences and the truth of how each participant knew and experienced the phenomenon. Member checking provides a clear opportunity for the participant to assess and understand what they intended to say when participating in the study while giving space to add checks for errors and offer additional information (Lincoln & Guba, 1985). Each participant was contacted to provide transcripts of their interview to be checked for accuracy. Prolonged engagement is when

the researcher spends sufficient time with the chosen population to gain trust and establish any potential bias that may arise (Lincoln & Guba, 1985). In order to establish prolonged engagement, I spent time building rapport in a warm manner with each participant before asking the interview questions.

The practice of reflexive journaling was used to manage researcher bias that could arise during the research process (Lincoln & Guba, 1985). The journal helped me to capture initial reactions to the data, any patterns that emerged, and any noticed theories (Lincoln & Guba, 1985). With this reflexive journaling, I was able to monitor for researcher bias and manage or correct this.

### **Transferability**

Transferability refers to the degree to which the study and its findings can be applied in other situations for further research (Lincoln & Guba, 1985). Thick description that consists of providing detailed accounts of research procedures and context during the study is recommended to enhance transferability. Through thick description, a reader can begin to evaluate the extent to which the conclusions drawn from the study are transferrable to other times, settings, situations, and people (Lincoln & Guba, 1985). Thick description was done through detailed note taking during the research process, multiple read-throughs of the data, and complete and accurate journaling.

### **Dependability**

Dependability refers to when research shows that the findings are consistent and can be repeated (Lincoln & Guba, 1985). Dependability is met through consistency in conceptualizing the study, collecting the data, interpreting the findings, and reporting the

results (Lincoln & Guba, 1985). Consistency was ensured through an audit trail to show a record of each step. The audit trail included verbatim transcripts of interviews, journaling, and descriptive note taking.

An external audit was used to show dependability. External audits require that a researcher not involved in the gathering of data for the study in question examines the conceptualization, research, data, and products of the study (Lincoln & Guba, 1985). This process is designed to ensure validity of the study. For this study, my dissertation committee evaluated all components of this research to ensure validity.

### **Confirmability**

Confirmability is the degree of neutrality to which the results of a study are shaped by the participants, and not researcher bias, motivation, or interest (Lincoln & Guba, 1985). Confirmability was established through reflexive journaling and an external audit, so that the original records throughout the study could be traced to ensure validity (Lincoln & Guba, 1985). In the interview and review process I took steps to ensure that the participants' lived experiences were captured accurately, and that no researcher bias informed the research process. Also, the verbatim transcripts were evidence of the audit trail. I used intra-coding checks for reliability by going over the data multiple times to ensure that the same codes developed. Using this method, it was found that the same codes emerged each time.

### **Results**

The purpose of this qualitative phenomenological study was to understand the lived experiences of mothers in parenting classes during addiction treatment to prevent

relapse. Data was collected from seven mothers who had experienced parenting classes during addiction treatment. Semistructured interviews were used with open ended questions. Ten main interview questions and two follow up questions were asked. Two research questions prompted this study:

RQ1: What are the lived experiences of mothers of young children who have attended parenting classes as part of their recovery treatment to prevent relapse?

RQ2: How do substance-misusing mothers' of young children in recovery perceive the effectiveness of parenting classes in managing relapse?

The interview questions that were asked of the mothers that participated explored their emotional and personal testimonies surrounding the experiences of parenting classes during addiction treatment. Four main themes were identified based on the aggregated transcripts of the interviews, and these main themes are presented in Table 1: Main themes and subthemes according to research questions and were: 1) maternal bonding with child; 2) "guilt parenting" that consisted of inappropriate parenting interventions designed to reduce parental guilt and were not for the child's benefit; 3) learning how to manage tantrums and other child problem behaviors; and 4) helpful and positive experiences for moms in the parenting classes. These themes were identified based off commonalities that emerged from each interview, and the procedures for data analysis described in the previous section, Data Analysis. After all of the interview transcripts were aggregated for analysis, these data were separated according to each interview question that was developed specifically to link interview questions to research questions. There was no discrepant data found in any of the participant experiences.

Also summarized in Table 1: Main themes and subthemes according to research questions are 15 subthemes that were identified. These subthemes will be discussed in greater details following this paragraph, along with examples from the participants' interviews to illustrate them.

**Table 1**

*Main Themes and Subthemes According to Research Questions*

Research Question	Main Themes	Subthemes
RQ1: What are the lived experiences of mothers of young children who have attended parenting classes as part of their recovery treatment to prevent relapse?	Maternal bonding with child	Communication Reading child's cues Accepting other's feelings Building better P-C bond
	Reduce "Guilt parenting"—inappropriate child interventions that reduce parent guilt but aren't good for child	Improving trust Reducing separation anxiety Admitting being wrong Resisting urge to spoil the child
RQ2: How do substance-misusing mothers of young children in recovery perceive the effectiveness of parenting classes in managing relapse?	Learning how to manage tantrums & reduce other child problem behaviors	Think before reacting Self-time out: can't argue with upset child Coping skills in mother's toolbox
	Helpful & positive learning experiences for moms in parenting class	Using the parenting classes as a support network Learning parenting strategies Sharing empathy among other mothers Building camaraderie with other mothers

**Research Question 1**

Two themes emerged in the interview transcripts linked to this research question 1, which were maternal bonding with child and "guilt parenting" to reduce parental guilt. Each theme is discussed in depth as follows.

***Theme 1: Maternal Bonding with Child***

The mothers' comments stated that parenting classes gave them the insight to love their children despite the child's behavioral problems. I found that the mothers perceived their children as having their own emotions that can come from seeing their mother actively using drugs or alcohol, and as a child, they may not know how to accurately express these feelings. The mothers found that learning to accept a child as an individual person provided an understanding of expressed emotions. It was found that the participants learned they could create a strong bond between mother and child, and that this fostered better parent-child relationships. According to the mothers, parenting classes gave them the opportunity to understand that, aside from their recovery, their children should come first in their lives.

The subthemes that were identified for this main theme, maternal bonding with child, consisted of: communication, recognizing cues that the child gives, accepting each other's feelings, and building better parent-child relationships. These subthemes are discussed in greater details as follows.

**Subtheme 1: Communication.** All the mothers interviewed expressed some type of growth in their ability to communicate with their children, and that was learned in their parenting classes. P1 said, "Instead of yelling at her, I simply sat her down and told her we don't do that, and I made her sit down for a minute and then instead of, you know, normally like getting mad screaming at her type thing." P7 stated, "We talk about things on a normal level, instead of like raising our voice at each other or anything like that."

P4 mentioned, “I learned in the classes that um, you know, effective communication. Like it's not going to help if I'm frustrated or yelling at him.”

**Subtheme 2: Recognizing Cues that Child Gives.** The mothers found that understanding the cues that your child is giving can give a glimpse into why they are acting they way that they are acting. The participants found that this effective communication it allows the root of the problem to be addressed. P3 spoke about how being a single mother with no help from her child’s father was causing behavioral issues in her daughter. Parenting classes taught her to recognize the cue that this misbehavior from her child could be coming from self-esteem issues. P3 stated, “My daughter was starting to have issues because the father isn't in the picture, and so she's having like the self-esteem issues, like if she gets in trouble she says, “everybody hates me”.” P4 spoke about her child’s tantrums coming from his “budding independence” and stated, “we mostly talked about just different ways to handle the challenges that come with that like meltdowns and basically handle that without getting so stressed out that I want to relapse”.

**Subtheme 3: Accepting Each Other’s Feelings.** A common subject that came up with all the participants is that parenting classes teaches that all feelings are valid, even for young children. Additionally, the interviewed mothers felt that accepting their children’s feelings gave a deeper understanding about any behavioral issues and helped them reach healthy resolutions more effectively. P5 mentions, “I was quick to be angry and sent him to his room by himself. [Now] I sit with him and, you know, stay with him, and let him know that it's okay to be angry. It's just how we react to it. And that's one of

the things that I learned in my parenting class.” P6 discussed how she was able to understand that her stepchild’s feelings were valid and reported that she used what she learned in parenting classes to recognize that her stepdaughter needed mental health therapy. P6 stated, “I paid attention to my stepdaughter, that parenting classes, teach you to look for and to talk about, and we got her into therapy when she needed it.”

**Subtheme 4: Building Better Parent–Child Relationships.** All of the mothers that were interviewed commented that, by accepting each other’s feelings and recognizing the child’s cues, together with using healthy and effective communication, they were able to build better relationships with their children, and thus develop a stronger bond with their child. In the views of the mothers, this bond leads to avoiding relapse by decreasing the stress of being a mother in recovery. P6 discussed how her, and her stepdaughter have a much stronger bond because she has learned to listen to her child and be honest with her. P6 mentioned, “we do a lot of sharing experiences that I've had to try to help her.” P3 was able to take her daughter with her to the parenting classes and stated, “so it's like, formed, you know, an unbreakable bond between the two of us.”

***Theme 2: “Guilt parenting”—Inappropriate Parenting to Reduce Parental Guilt But Are Not Good For Child***

Guilt parenting, as described by the participating mothers, is giving in to your child for whatever they want due to the guilt of what happened during actively using drugs or alcohol, i.e., child was ignored while the mother prioritized addictive drug-seeking. Giving in to a child and giving him/her what they want during a time of acting out can lead the child to being spoiled and unruly. The subthemes that were identified for



the main theme of “guilt parenting” were: improving trust, reducing separation anxiety, admitting I was wrong, and resisting urge to spoil.

**Subtheme 1: Improving Trust in Parent–Child Relationships.** Participants expressed that actively using drugs or alcohol can lead to not being fully present in a child’s life. It can lead to a child feeling abandoned, emotionally hurt, or feelings of anger that are often not expressed effectively. P7 mentioned, “In addiction, we pay attention to our needs. You know, we pay attention to what we need. And so, parenting classes help you reverse that and pay attention to what your children need.” P5 stated, “I needed to mend the relationships with, you know, my children, especially my son. He was the biggest impact of my addiction because, you know, he went through it with me.” This subtheme encompasses refers to children having their own feelings and emotions, and that it is possible that the child no longer trusts their mother to attend to their needs.

**Subtheme 2: Reducing Separation Anxiety.** P4 spoke about separation anxiety and that it was an ongoing issue that she struggles with. “Separation anxiety [a term learned in parenting classes] has been a big thing for us. That's been something that's been really hard for me to cope with as a parent because I have a lot of guilt. It's easy to kind of feel guilty when I'm leaving him, and he's upset with that separation anxiety.” P4 discussed that, because she was not there early in her son’s life, she has feelings of guilt, so it is hard for her to leave him with any other caregiver other than herself, and this leads to separation anxiety for her and her son. P1 noted that she took her child to the grocery store, where tantrums frequently happened, because she did not want to leave her child

with anyone else. P1 felt that she could not leave her child with a sitter because of the time lost. I noted that this was a display of separation anxiety.

**Subtheme 3: Taking Responsibility: Admitting I was Wrong.** Research has indicated that admitting a wrong can come with guilt and shame (Parolin & Simonelli, 2016). There could be guilt or shame for a possible relapse or for the choices made while using drugs or alcohol, such as not being an attentive mother. P6 stated that when she was actively using drugs and/or alcohol parenting was not her priority. P6 goes on to discuss that parenting is stressful and adding the guilt that comes with addiction simply compounded the stress. P6 explains “you have all these thoughts and wanting to leave [treatment] to go be with your kids, but however, you weren’t really with him anyway.” Parenting classes taught P6 to keep her children as her motivation, to be accountable, and to not be dragged down by guilt or shame. P2 mentioned that she still holds herself accountable on a daily basis for her actions in addiction, and said, “you cannot do this yourself, just because you feel bad about something you’ve done in your past.”

**Subtheme 4: Resisting Guilt—Motivation to Spoil Child.** P2 discussed that, by her using drugs, she put her child through experiences her daughter didn’t deserve to go through. Because of these experiences, P2 gave in to her child’s bad behaviors by giving her daughter what she wanted, instead of correcting or ignoring tantrums. P2 discussed that this was a crucial lesson for her in parenting classes and stated, “we touched on that a lot [spoiling the children] and that’s been something I’ve actually very recently had to catch myself on doing”. P1 stated that she learned about guilt parenting in her parenting classes and the information was invaluable. She stated, “I’m not getting so angry and

upset and then feeling in like, you know, I've done something wrong for getting on to her.”

## **Research Question 2**

Two themes were identified in the interview transcripts for this research question. They were: learning how to manage tantrums and reduce other child behavior problems, and helpful and positive experiences for moms in parenting classes. These are described below.

### ***Theme 1: Learning how to manage tantrums & other child behavior problems***

The mothers in the interviews discussed having to learn how to manage tantrums in healthy ways, to ensure that they avoided issues like guilt parenting or letting the behaviors get so out of hand that their children were unmanageable. The subthemes for this main theme consisted of thinking before reacting, self-time-out: can't argue with upset child, and coping skills in mother's toolbox.

**Subtheme 1: Thinking Before Reacting.** When P4's son began to act out due to not getting his way, P4 used the lessons she learned in parenting classes to think before she reacts. P4 stated “I've just learned how to think before I react and talk about things on a normal level, instead of like raising our voice at each other or anything like that.” P1 spoke about a time when her daughter was acting out and how she remembered to stop and think. P2 mentioned, “Instead of yelling at her, I simply set her down and told her we don't do that, and I made her sit down for a minute”

**Subtheme 2: Self Time-Out: Cannot Argue with an Upset Child.** The lesson of removing oneself from a challenging situation was especially helpful to P1 when her

child was acting out. P1 spoke about how she learned to not get incredibly angry, screaming at her daughter, which would have been her initial reaction before parenting classes. P1 describes an instance where her daughter was acting out at the grocery store. Instead of attempting to rationalize with a toddler, P1 ended up simply leaving the store and letting her spouse finish the shopping. P1 discussed that had she not used the lessons from parenting classes, she may have caused a scene in the store. Instead, she described how she thought before she reacted. She stated, “Instead of trying to calm her down. I ended up just leaving the grocery store.” P7 also discussed removing oneself from a difficult situation. She stated that she “plays the tape all the way through,” which is the same as thinking about the scenario and the consequences of different choices. P7 stated, “the parenting classes taught me how to like just pause and also, you know, like play the tape all the way through and it doesn't need a reaction immediately.”

**Subtheme 3: Coping Skills in Mother's Toolbox.** P4 discussed that parenting classes taught her about different coping skills, or healthy ways to manage tantrums or her child acting out, rather than using drugs and/or alcohol. P4 spoke about learning to breathe regularly and calmly when her toddler throws a plate of food on the floor. Coping skills cover several activities, such as breathing, talking through things, meditating, affirmations, 12 step meetings, planning and routines. P3 stated “parenting classes teach you what do you do when the baby's crying, being sick all night, and you haven't had any sleep. You have a plan [for what] I'm going to do.” Another coping skill is having a routine. P3 also spoke to this point with, “setting a routine was very important to me early in recovery. I don't think I would have made it without having that set routine in place.”

***Theme 2: Helpful & positive learning experiences for moms in parenting class***

The interview participants spoke about not knowing how to be a mother and not knowing how to have a healthy parent-child relationship. The subthemes that were identified for this theme were: its ok not to be perfect, getting upset is normal for both mom and child, I am not the only one, and talking and sharing with other mothers.

**Subtheme 1: Using the Parenting Classes as a Support Network.** Having a support system was something that most of the participants thought was extremely important. P2 talked about the support from other mothers in the parenting class and said, “so you feel like you're not the only one that has, you know, done these things or that has trouble with these things.” P2 spoke about being around other mothers that have the same fears and similar challenges, while showing support for one another. P2 smiled as she thought about her support network, and how she did not think that she could have succeeded without the group that she met in parenting classes. P7 also expressed thankfulness for the support network she gained in parenting classes and said, “you just interact and share experience, strengthen hope and light, not only that, but like listen to what other mothers might be struggling with and, you know, try to help one another.”

**Subtheme 2: Learning Parenting Strategies.** P5 spoke about how parenting classes “gave me insight on how the child is actually really feeling instead of thinking that they are just acting out.” P7 has learned to speak with her son about his anger, and now helps him to understand where it comes from. She mentioned, “I sit down, and I just have a conversation with him and let him know, hey, that's not okay, it's not acceptable, be respectful and mindful and you know just communicate.”

**Subtheme 3: Sharing Empathy Among Other Mothers.** P4 recalled that she was grateful for knowing that she was not the only one and stated, “a lot of people say that, you know, they went through the same thing, and it's normal.” This normalization helped P4 work through her son’s behavior and not overreact. P7 spoke about having other mothers to talk with who have an in depth understanding of exactly what she has been through. “I'm more open to talking with mothers. I'm more open to like, you know, if there's a problem that I don't know how to address, speak with other mothers, and get opinions and stuff on it.”

**Subtheme 4: Building Camaraderie with Other Mothers.** Aside from the awareness of not being alone, many of the participants also described how they loved the talking and sharing with other mothers that they were able to gain from parenting classes. Having the comradery of someone with the same struggles can be an invaluable tool. P3 mentioned that “I am able to interact and share experience, strengthen hope and light, not only that, but listen to what other mothers might be struggling with and, you know, try to help one another and, you know, a lot of us who are in addiction.” P7 stated, “Parenting classes have taught me a lot more than what I knew. A lot of mothers have that motherly instinct. Some things come to me, and some things didn't, and you know, just how to deal with being a mom has really helped a whole lot.”

### **Summary of Other Observations and Participants' Comments**

The participants all shared some form of a gained understanding regarding managing their children’s behaviors. The mothers found these lessons extremely important, because they previously did not know how to be mothers themselves. Having

the guidance and help of the instructors made a great difference in how they received and retained the information. The participants spoke about how they were able to remain calm when their children were acting out, whereas before the parenting classes they too would have yelled and gotten upset. The women in this study said that they learned that they must think before they react and that this is a lesson that they should, in turn, teach their children. Without learning this lesson in a supportive environment, the mothers spoke that they would not have been able to apply this to real-life temper tantrums.

Additionally, the mothers learned from their parenting classes that they could not argue with their children as it does not yield good results. It only increases the anxiety of both mother and children and does not help with the parent-child bond. The participants all spoke about the coping skills that they learned, and that they would not have been able to gain a solid grasp on them without the help of their parenting class instructors. P7 spoke directly to this point by noting that the parenting classes taught her to pause, assess the situation, and realize that she did not need an immediate reaction. P7 expressed that without the positive support of the parenting classes, she would have a hard time with this aspect of being a mother.

### **Summary**

The participants in this study consisted of seven mothers who identified themselves as having had parenting classes as part of addiction treatment. The mothers were at least 21 years old, had at least one child under the age of 15 that was currently in her care, had been in recovery for at least 6 months but no more than 18 months, and had been to parenting classes while in addiction treatment. Analysis of the semistructured

interview data resulted in four main themes and 15 subthemes. These data were also analyzed in order to address two research questions, and this analysis resulted in identifying two of the main themes and corresponding subthemes that were linked to research question 1 and two main themes with their corresponding subthemes that were linked to research question 2. Chapter five will discuss how the findings of this study could be interpreted and how Bandura's theory could be applied to the results. Additionally, chapter five will discuss how parenting classes for all addiction treatment centers for women could be beneficial and promote social change. Finally, the study's limitations will be reviewed along with how this study can contribute to the existing and future research.



## Chapter 5: Discussion, Conclusions, and Recommendations

The goals of this phenomenological study were to gain an understanding of the lived experiences of mothers who attended parenting classes during their addiction treatment and to explore how substance-misusing mothers of young children in recovery perceived the effectiveness of parenting classes in relation to relapse prevention. Previous literature indicated that when parenting classes are not offered to mothers in addiction treatment, the benefits of likeminded support, coping skills, and positive outcomes for parental–child relationships could be missed (Horton & Murray, 2015). Without parenting classes, there could be the potential for behavior problems in children that have a mother in addiction (Conners et al., 2016), which could lead to elevated levels of stress for the mother (Hser et al., 2013).

The participants in this study identified as mothers who had attended parenting classes during their time in addiction treatment to prevent relapse. I interviewed a total of seven women for this study, and data saturation was reached after the seventh participant. The main themes that were developed from the data analysis included: learning how to manage tantrums and reduce other child problem behaviors, helpful and positive learning experiences for moms in parenting class, maternal bonding with child, and reduce guilt parenting that consists of inappropriate application of parenting practices to alleviate personal guilt.

This chapter will discuss the interpretations of findings, the theoretical framework, and the recommendations for future studies. Additionally, the implications

for social change will be discussed. Finally, the conclusion to this study will be presented.

### **Interpretations of Findings**

Though there was some literature about parenting classes during addiction treatment for mothers (Horton & Murray, 2015; Kahn et al., 2017; Paris et al., 2015; Wong et al., 2020), there was little to no literature found about the experiences of parenting classes during addiction treatment in terms of studies focusing on the mothers themselves. In the following paragraphs, the main findings identified during data analysis will be discussed in relation to previous literature presented in Chapter 2.

#### **Main Theme 1: Maternal Bonding with Child**

The bond between mother and child is an integral part of a healthy lifestyle for a mother in recovery. Parent–child interactions contribute essential pieces to the mental development of children (Spruijt et al., 2020). A child who is developing without a healthy bond with their mother demonstrates a greater chance of acting out or having behavioral issues (Barlow et al., 2019; Conner et al., 2003). These behaviors could be factors that contribute to developing stress for the mother, possibly contributing to a relapse in a mother’s addiction problem. Curricula in parenting classes are focused on parental stress-reduction and improving overall psychosocial health, which will help a mother manage her depression, anxiety, and the parent–child relationship (Short et al., 2017). When a mother is in a good mental state, she can more effectively communicate with her child, strengthening the bond and promoting a calmer child (Short et al., 2017). The mothers who participated in this study mentioned that the skills learned in parenting

classes, such as healthy communication, the ability to manage stressors, and not being quick to express anger, helped to strengthen the bond between them and their children. The mothers also stressed that putting their children first helped to build this bond, which in turn helped them manage stress when the challenges of raising a child arose.

The bond between mother and child goes beyond child behavioral problems. Parent–child interactions provide children with daily opportunities for developmental growth (Spruijt et al., 2020). When a mother is using drugs, she most likely is not thinking about putting her children first. As such, there is a greater risk for behavioral and developmental issues such as child misbehavior, failure to manage parental stress, and poor coping skills. All these are triggers to use alcohol or drugs and can lead to relapse due to the anxiety and depression that can form from having a child that does not listen and constantly misbehaves. As such, mothers with substance use disorders could benefit from parenting classes (Short et al., 2017).

### **Main Theme 2: Reduce “Guilt Parenting”—Child Interventions That Reduce Parent Guilt but Are Not Good for Child**

A mother can feel exponential guilt and shame for relapsing and not sustaining sobriety for her children (Silva et al., 2013). Guilt parenting can stem from feelings of guilt or shame due to being absent in children’s lives or guilt or shame from putting children in unhealthy situations (Martin et al., 2011). For example, mother may feel guilt for not being present for notable moments in her child’s life, such as the child’s first steps or first words (Martin et al., 2011). Guilt parenting could lead to a mother spoiling her children or rewarding bad behavior, causing the problematic behavior of the child to

continue. Many of the participants in the study spoke about having to manage guilt parenting and to ensure that this was not a habit that they developed. The mothers spoke also about how they did not want their children to become spoiled due to their guilt parenting, because this could lead to further child behavioral problems. The participants expressed feeling that it was very hard for them to refrain from guilt parenting that ended up spoiling their children, and they felt such great shame for what they had done to their children.

Though guilt parenting could be a temporary fix for a difficult situation, such as calming a screaming child with a toy or candy, it could be making the problem worse by teaching the child that acting badly leads to rewards (Wong et al., 2020). Additionally, as the behavioral problems get worse, the mother is at greater risk for the stressors that can lead to relapse, such as depression, anxiety, and parental stress. In turn, parental stress can lead to further childhood behavioral issues, continuing the circle of addiction. This was demonstrated in a study with a sample of mothers and fathers with preschool children, which found that child behavioral issues led to parental stress, and, in turn, parental stress was a predictor of childhood behavioral problems (Wong et al., 2020). The participants in the current study noted that learning about guilt parenting in their parenting classes was an important lesson and one that they had to keep in the forefront of their minds daily. The participants reported the importance of a lesson learned in parenting classes that children will test the limits and boundaries with their mothers. Not giving in to these tantrums or misbehavior is imperative to building children with healthy behavior and healthy parent–child relationships (Woodman et al., 2014).

### **Main Theme 3: Learning How to Manage Tantrums and Reduce Other Child**

#### **Problem Behaviors**

Children who live or grow up with a mother in active addiction have a greater likelihood of having behavioral problems, both at home and in school (Slesnick & Zhang, 2020). Children with parents in addiction have demonstrated lower cognition and lower social and emotional development, and corresponding behavioral and developmental problems (Paris et al. 2015). It has been found that such behavioral issues, or excessive tantrums at home or in school, can lead to parental stress. This stress, in turn, can lead to a child continuing to misbehave (Woodman et al., 2014). The stress from children having behavioral issues could be a trigger for relapse in addiction and managing these tantrums appropriately could be crucial for a mother in recovery. The mothers in the current study all spoke about learning skills that helped them to be able to effectively manage their children during behavioral challenges.

Further, participants in this study discussed that they have adopted coping skills, communication skills, and the ability to process their and their children's emotions, rather than screaming at their children or turning directly to punishment. Having healthy coping skills for managing tantrums can lead to good mental health for the child, and in turn a reduction in stress, which is necessary for preventing relapse for mothers in recovery (Frydenberg et al., 2017). The most important skill that the mothers in this study reported learning was communication. Learning to talk to their children about their feelings proved to be invaluable to the mothers that were interviewed, along with determining why the children were having tantrums or teaching the children that these tantrums are

not acceptable behaviors. It has been found that a child's conduct problems can stem from maladaptive parenting habits such as poor communication (Leijten et al., 2019). This communication could be in many forms, such as actually talking to the children, or not giving in to the behaviors for younger children. For younger children, helpful communication involved stepping away from the situation and letting the child see that their behaviors were not leading to the child's desired result. Helping a child to work through their behavioral issues, or tantrums, can lead to a calmer home and school environment, allowing for a mother to grow in her recovery.

The communication skills that participants reported learning in parenting classes included teaching the child new behaviors and delaying negative reactions to tantrums by counting and breathing. Additionally, the participants reported using communication skills with others in the child's life such as teachers, other parents, or grandparents. The mothers worked with these other influential people to solidify her stance of working with the child in healthy ways, further leading to a healthy, calm environment.

#### **Main Theme 4: Helpful and Positive Learning Experiences for Moms in Parenting Class**

Kahn et al. (2017) noted that limited parenting knowledge presents as a common challenge for pregnant women who suffer from opioid-use disorder. In the current study, not knowing how to be a mother was mentioned by participants many times during the interviews. Limited parenting knowledge can present as deficits in parenting skills that involve not understanding child cues, not knowing how to develop social skills, giving inappropriate feedback to the children, inability to accept individual differences,

respecting others' rights, and/or not teaching children how to resolve conflicts in a healthy manner (Wong et al., 2020). The parenting classes were invaluable to the participants, as they taught the skills needed to build a healthy parent-child relationship. Paris et al (2015) found that the most successful of parenting classes focus on stress reduction and ways to promote positive parent-child relationships. Several of the participants in the current study reflected that their abilities to manage stress have allowed them to gain a greater understanding of their children and why they do the things that they do, plus identify healthy ways to manage challenges. Due to resolving conflict within the parent-child relationship in healthy ways with positive coping skills, the mothers reported finding that they were closer to their children, and that their bond was much stronger.

Limited parenting knowledge is not the only missing piece of the puzzle for mothers in addiction. Not knowing how to manage other challenges that come with being a mother, such as crying, lack of sleep, bustling schedules, etc. is another aspect of not knowing how to be a mother. Some of the women in the current study did not realize how much they did not know about motherhood until they attended parenting classes and found out that they shared this lack of knowledge with other parents. All of the participants spoke of how much they learned in the parenting classes regarding these issues. They learned that things such as keeping a routine, reaching out for help from other mothers in recovery, or how much things such as tiredness or a child crying could be important factors in experiencing triggers for relapse that they could in turn manage in order to maintain their recovery. Having the knowledge of how to be a mother included

gaining understanding of healthy coping skills to build parenting self-efficacy that could lead to a stronger likelihood of success in recovery (Patterson, 2019).

### **Theoretical Framework**

Bandura's social cognitive theory of substance abuse (SCLSA) was the theory that underpinned this study. This theory states that a person will learn behaviors and thought processing by observing the behavior of others (Nabavi, 2012). Bandura notes that addiction is a social issue and the act of using substances is a learned behavior from being around others that are abusing substances (Bandura, 1999). This is relevant to this study because mothers that have grown up in a social circle in which addictive behaviors have been demonstrated are more susceptible to the characteristics of addiction compared to others who have not had this social experience. SCLSA centers on human interaction in the fact that a person will learn from observing others and will implement new behaviors based on efficacy, or the desire to produce an intended result. Giovazolias and Themeli (2014) explain that SCLSA is applied to alcohol/substance misuse and abuse by noting that a person learns by observing others seek out positive experiences with alcohol/substances, and how this can lead to a positive thought process about alcohol/substances, i.e., in order to have a good time, ingesting alcohol or substances is necessary.

Further, Bandura (1999) pointed out that self-efficacy is the product of past experiences that have included observations, emotions, and sets of beliefs a person holds about their ability to complete particular tasks. Correspondingly, a mother that attends parenting classes while in addiction treatment could experience positive approaches to



parenting that she shares with other mothers in the parenting class. Over time, the mothers in the parenting class can serve as each other's support network. When a mother sees that recovery is possible among other mothers in recovery, along with the possibility of fostering healthy parent-child relationships through more effective parenting skills, they can develop a stronger sense of parenting self-efficacy. A direct example of this is that P4 learned effective communication in the classes from the instructors and was able to apply this to communication with her child. P1 learned that she was able to talk gently to her child instead of getting angry and yelling. This was learned as the instructors were patient and understanding with her when she first attended parenting classes. Another example is the experience that P6 had in parenting classes. She was able to take her child with her and spoke about the bond that was formed when they were attending together.

The participants in the current study reported that they felt that they needed the environment that came with parenting classes to help them learn more effective parenting skills. Many of the mothers noted that they had reservations about the parenting classes before they began. Before the mothers attended parenting classes, they felt that they did not want to share their experiences or learn from others who had been in similar situations. These reservations served to build a proverbial wall that kept the mothers in the same mindset of their active addiction. However, the participants went on to say that when they surrendered and "took down their wall," they found that the supportive environment and being part of the success of other mothers was invaluable to them. This is in line with SCLSA, which emphasizes that fostering positive experiences helps build a sense of self-efficacy. In this study, parenting classes helped mothers develop self-

efficacy about their parenting. Mothers reported that they found this highly beneficial to the way they felt about themselves and their relationships with their children. Thus, this positive experience of parenting classes led to a positive thought process, and the belief that success as a parent is possible during recovery.

### **Limitations of the Study**

Issues of trustworthiness were of high priority for this study, so as to ensure that it can be replicated, and that new information is able to be added to the already present literature. Additionally, for trustworthiness, various methods including prolonged engagement, member-checking, reflexive journaling, thick description, and an external audit (Lincoln & Guba, 1985) were relied on to ensure that no personal bias was formed. Credibility was determined through member checking when verbatim transcripts were emailed to each participant, so that accuracy could be ensured as participants were invited to check for errors. However, despite efforts to support trustworthiness, there were limitations to the current study. One limitation was that this study is that it is not transferrable to male parents. This limits transferability, the extent to which the findings from the study can be generalized to other participants.

An unexpected limitation to this study occurred during participant recruitment, because the moderators of the social media groups were hesitant to allow the posting of the recruitment flyer. This was due to not fully understanding the nature of the study, and the fear that it could have a negative impact on the mothers in recovery. This added time before the data collection could begin. However, once the study was fully explained to all the group moderators, in detail, data collection was able to be begun. As the recruitment

flyer was posted in social media groups centered around mothers in recovery, there was no issue that emerged regarding feelings of embarrassment or shame about addiction.

Another limitation was, as the recruitment notice required, the participants were all mothers of young children. Consequently, parenting classes for mothers of young adults or adult children in recovery were not part of this study. Additionally, this study was limited to mothers that have been in recovery for 6-18 months. With this inclusion criterion, the experiences of parenting classes for mothers who had been in recovery 18 mos. or longer was not addressed.

### **Recommendations**

The current available research on the lived experiences of mothers who have attended parenting classes during addiction treatment is very limited. Quantitative studies should be completed to address the limitations of this study. One recommendation would be a study including a wider range of inclusion criteria so that all possible age ranges, stages of addiction, and degrees of motherhood could be included. Understanding relapse from these inclusion criteria, and others not stated, could be beneficial to the current literature as these are linked to relapse (Martin et al., 2011). Additional research is also needed on how parenting classes for fathers with young children could be impactful in relapse prevention (Paris et al., 2015).

Another area that participants felt could have a greater focus on was resolving conflicts in a healthy manner in different types of scenarios such as in public when walking away would not be an option (Wong et al., 2020). Connors et al. (2016) found that children growing up with a mother with the disease of addiction are at a high level of

risk for physical, academic, and socio-emotional problems due to the vicarious effects of the addiction lifestyle. Additional studies could be completed with participants who are currently young adults but who grew up with parent(s) in recovery to explore how their parents' addiction impacted them. These studies could focus on the children's perspective regarding their bond with their parent and how their parent's addictive behavior affected their own behavior, both during the time they were growing up and after, upon reaching adulthood. Further research could also be completed with mothers who have had parenting classes and have been in recovery for a substantial amount of time. Quantitative longitudinal studies of parents in recovery could contribute supporting data that parenting classes during addiction treatment for mothers could lead to long term recovery.

### **Implications**

The implications of this study can lead to social change at the micro level of individuals and their family members by working to stop the circle of addiction for mothers and their children. The circle of addiction happens when children grow up with a mother in addiction and become addicts themselves (Menon & Kandasamy, 2018). Children of mothers who have taken parenting classes during addiction treatment have a greater chance of becoming upstanding members of society as adults promoting social change at the meso, or community, level (Spruijt et al., 2020). Gaining an education, becoming employed, having loving families of their own all will help the children break this circle (Zhang & Slesnick, 2020). Helping to change the zeitgeist of society from that of children of a mother who has been in addiction will be addicts themselves, to this not being an automatic stigma will lead to social change (Kahn et al., 2017). Often, the

stigma surrounding addiction can lead to defeat before the war is begun (Kahn et al., 2017). At an organizational (or macro level), the potential for positive change could include the possibility of having parenting classes added to all treatment centers for mothers. This could mean more children grow up not becoming addicts themselves (Kahn et al., 2017). This in turn could possibly lead to social change at the societal level surrounding mothers in recovery and their children (Spruijt et al., 2020).

### **Conclusion**

This study was conducted to review the current literature regarding parenting classes for mothers during addiction treatment and to explore mothers' lived experiences with these. A deeper understanding has been gained through interpretative phenomenological analysis of interviews provided by seven mothers who attended parenting classes during their addiction treatment. Two research questions guided this study: What are the lived experiences of mothers of young children who have attended parenting classes as part of their recovery treatment to prevent relapse? How do substance-misusing mothers' of young children in recovery perceive the effectiveness of parenting classes in managing relapse? The results included four themes to help answer these research questions: maternal bonding with child; reduce "guilt parenting," the practice of inappropriate interventions that relieve parental guilt but that contribute to child problem behaviors; learning how to manage tantrums and other child problem behaviors; helpful and positive learning experiences for moms in parenting classes. All seven of the participants shared similar experiences with their parenting classes.

Social change could happen with more mothers and other parents using the lessons learned by the participants in the current study in their parenting classes to lead a life of recovery, teach their children to be upstanding members of society, and form strong bonds with their children. The knowledge of managing stressors, building healthy parent-child relationships, and teachings on how to be a mother in recovery could help in the fight against addiction. The lessons learned in parenting classes could make this a reality for so many mothers and other parents, and so help bring peace to families that are suffering from addiction now and in the future. It is with hopes that this research could help close the gap in the literature where the benefits of parenting classes in addiction treatment is not known. For all the mothers in addiction, I pray that you take one step at a time and live each day in the moment with your children.

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