

Background

- With increased life expectancy, families spend more time together across the lifespan; over 1/3 of young adults (aged 18-34) live with their parents (Census Bureau, 2016).
- 38% of adults experience substance use disorders (SUD), but less is understood about families with adult children with SUD (Thomas, 2018). Family-level research, especially as families age, is needed within the context of SUD.
- One prior study indicates that adult children with parents who enable them, have a harder time with SUD recovery (Gallagher, 2014).
- We explored parental enabling or codependency behaviors (e.g. minimizing the problem, taking on responsibilities for adult child) and the association with willingness to engage in family treatment, parental health, and well-being.

Methods and Materials

- We used Qualtrics panel data; participants with an adult child with SUD completed an online, anonymous survey.
- Survey questions included information about demographics of both parent and adult child, their overall relationship quality, amount of contact, treatment willingness, health and well being. A modified version of the Behavior Enabling Scale (Rotunda, 2004) and several open ended questions were also asked.
- A total of 60 mothers and 25 fathers (N = 85) completed the survey regarding 56 sons and 29 daughters with SUD. See tables below for more participant information.
- We used SPSS to run descriptive analyses.

Participants

Parent	%	Count	Child	%	Count
Men	29.41%	25	Men	65.88%	56
Women	70.59%	60	Women	34.12%	29
Non binary/other	0.00%	0	Non binary/other	0.00%	0
Total	100%	85	Total	100%	85

Parent	%	Count	Child	%	Count
White	68.8%	64	White	64.00%	64
African American	20.4%	19	African American	23.00%	23
American Indian or Alaskan Native	6.45%	6	American Indian or Alaskan Native	6.00%	6
Asian	0.00%	0	Asian	2.00%	2
Hispanic/Latino	3.23%	3	Hispanic or Latino	4.00%	4
Native Hawaiian or Other Pacific Islander	1.08%	1	Native Hawaiian or Other Pacific Islander	1.00%	1
Total	100%	93	Total	100%	100

Parent	%	Count	Child	%	Count
Married/Partnered	56.47%	48	Married/Partnered	16.47%	14
Widowed	8.24%	7	Widowed	1.18%	1
Divorced	18.82%	16	Divorced	11.76%	10
Separated	8.24%	7	Separated	1.18%	1
Never married	8.24%	7	Never married	69.41%	59
Total	100%	85	Total	100%	85

Results

Based on preliminary analyses we found:

- Only 1 parent reported having 0 enabling behaviors or feelings, and answers ranged from 0 – 22 on the enabling scale (out of 30). Mothers reported slightly more enabling behaviors and feelings (M = 9.01) than fathers (M = 8.60), but it was not statistically significantly different. The most commonly reported enabling behaviors were related to financial assistance or helping their children through withdrawal. (See Figure 1 and Table 1).
- There were no statistically significant associations between level of enabling and willingness to engage in family treatment. Overall, most participants (n = 70) expressed interest in family treatment; only 8 were explicitly not interested and 7 reported that it had never been offered to them. Although participants who were more open to receiving family treatment also reported better overall physical health ($r = -.24$; $p = .02$).
- Adult child and parent mental health were highly correlated ($r = .31$, $p < .00$) and overall relationship quality was associated with both frequency of face-to-face contact ($r = -.39$, $p < .00$) and electronic contact ($r = -.58$, $p < .00$).
- 44% of parents reported prior history of substance abuse. In a t-test comparison between those with and without a history of substance abuse, those without history of substance abuse were more open to receiving family treatment ($p = .05$) and reported better overall mental health ($p = .05$), in comparison to those who reported having a history of substance abuse.

Figure 1. Most participants reported at least one enabling behavior:

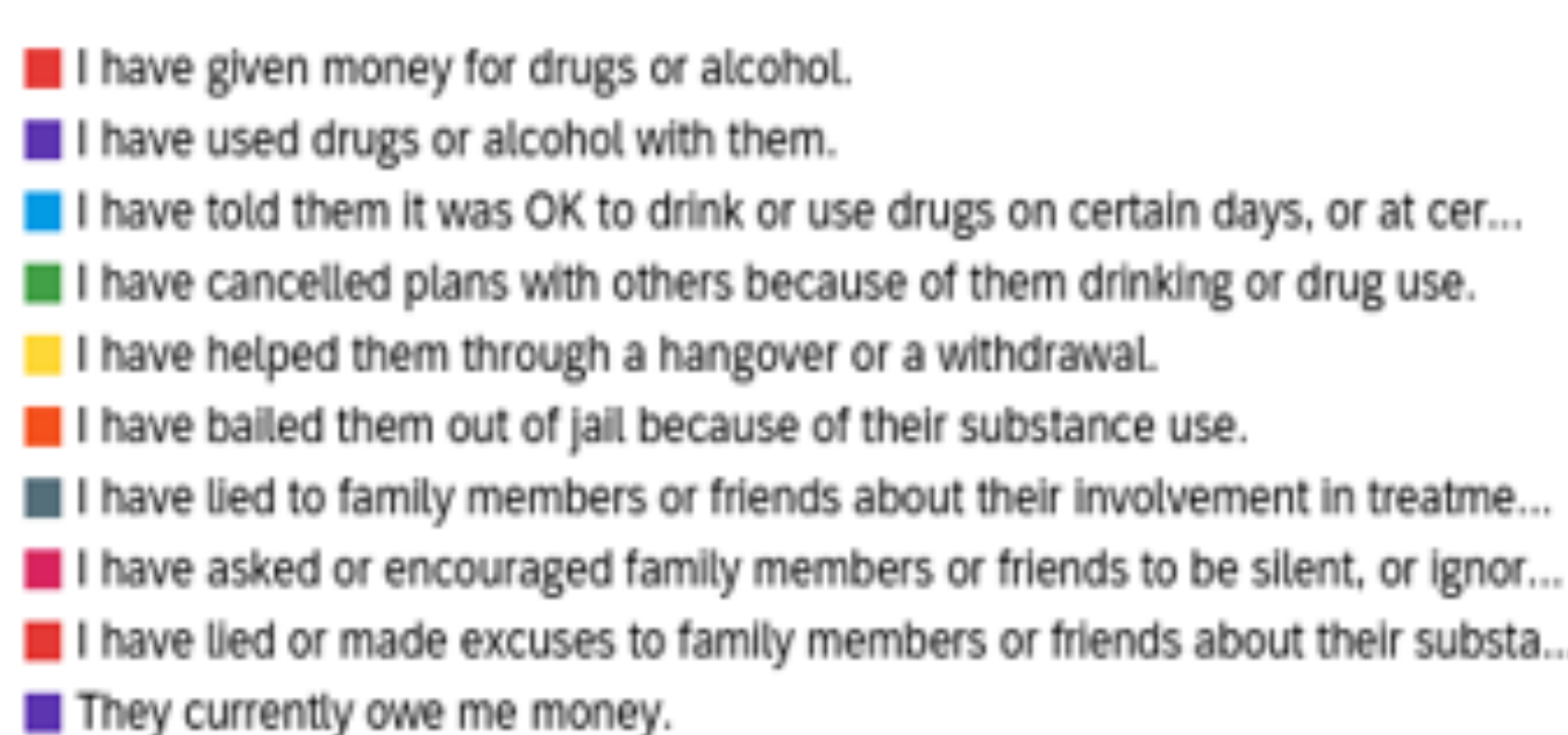


Table 1. Participants reported on several themes related to their challenges. Example quotes below:

Theme 1: Feelings of Guilt/Shame

- *Being addicted my self it's hard to help her when I did drug court and I passed but I guess I did not learn the right tools cause I fell back in. And now I lost all my kids.... I'm struggling...*
- *I feel so guilty, but I know each person has a choice and does not have to follow what they see*
- *I lost my reputation by them taking drugs*
- *My son's abuse of alcohol is extremely painful for me to think about*
- *I feel anxiety when he is around but glad he is around*

Theme 2: Fear for Self or Adult Child

- *... he attacked me to rib me 3 years ago. I don't have any contact with him now*
- *My son uses drugs and alcohol to cushion himself from suicidal thoughts. I don't know how long he'll be with me.*
- *She was drunk and fell down my basement steps, got taken away in an ambulance and had to have brain surgery*

Theme 3: Uncertainty and/or Disappointment

- *Some people try to deny what's going on, but when you see your child, adult child OD'd on heroin, there is no way to deny or ignore the problem any longer.*
- *My adult child doesn't think he has a problem*
- *Sometimes you have to judge on what you can handle and if you are willing to go the distance*

Discussion & Future Directions

- This exploratory study provides insight on an understudied area: the experiences of older families with adult children with SUD. We also plan to continue to analyze potential impact of parental enabling on outcomes related to adult child's health and well-being.
- Most participants reported at least some enabling behaviors as well as a strong willingness to engage in family treatment, which could be beneficial for the entire family system because circumstances like SUD in young adults' lives, may impact their parents' lives, and vice versa. There is also a need for more resources, outreach, and educational efforts for older families.
- One limitation of this study includes relying on self-report and the subjective opinions of the parents only. Future research should try to draw on multiple, different family members, including the person experiencing SUD.
- This study may have implications for engaging families, particularly parents, in treatment plans for adults with SUD. Our findings can help expand knowledge about the importance of including and supporting the entire family system in treatment, intervention, and support programs in adulthood.

Contact

Holly Anthieny
Washington State University, Vancouver
Holly.Anthieny@wsu.edu
530-492-6521

This study was supported by Alcohol and Drug Abuse Research Program (ADARP) funding awarded to the first author.