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College of Psychology and Community Services

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Sherika Elliott

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Review Committee
Dr. Tammy Totten, Committee Chairperson,
Human and Social Services Faculty

Dr. Tina Jaeckle, Committee Member,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

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Abstract

African American Women's Experiences of Parental Discipline Post Residential Substance Abuse Treatment

by

Sherika R. Elliott

MSW, Fayetteville State University, 2013

BA, Fayetteville State University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services Concentration in Nonprofit Administration

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Abstract

Substance use amongst African American mothers has been linked to a number of adverse effects in parental practices, including higher levels of maltreatment, strained family dynamics, delays with the child's development, and harsh forms of discipline. There is an abundance of literature on how parenting styles affect children, yet little is known about the influence of parental discipline post discharge from a substance use residential treatment facility, specifically among African American mothers. Examining the impact of substance use on African American mothers' parenting is important as experts in the field such as behavioral health therapists can tailor therapeutic interventions to improve their parenting skills after discharge from treatment to maintain sobriety. Guided by social cognitive theory, the purpose of this generic qualitative study was to explore the lived experiences of African American women post treatment from a residential facility who completed parenting classes and the outcome of implementing learned discipline practices. Experiential anecdotes of data collected from semistructured interviews with eight participants were hand coded for emergent themes; analysis generated four essential themes and 10 subthemes of experience. This study's implications for positive social change include contributing to the knowledge base about the process of amending parental discipline experienced by African American mothers who completed substance use treatment at a residential facility. Findings may improve support services to prevent adverse long-term effects of substance use, develop culturally relevant interventions, and promote resilience to avoid relapse.

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Dedication

This dissertation is dedicated to Yah, my Elohim. I pushed past adversities, fears, and unforeseen obstacles to delineate how important it is to show you strength, poise, and grace through arduous tasks. Thank you for allowing me to work in faith to pursue a life that you have created for me based upon my heart's desires and your guidance. Thank you, Yah, for your hedge; I will forever be a faithful servant and grateful for your prosperity and mercy.

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Chapter 1: Introduction to the Study

Introduction

There is a historical issue related to the lack of available substance use treatment and the barriers posed for individuals interested in care, further challenged by the ongoing increases in substance use (Vashishtha et al., 2017). Nine out of 10 young adults aged 18 years or older and eight out of 10 adults aged 26 or older need treatment for substance use and do not receive specialized treatment (Elms et al., 2018). African American mothers with substance use disorders (SUDs) are challenged by unique concerns in accessing treatment, including loss of children and fear of reprisal (Gartner et al., 2018; Latuskie et al., 2018). Substance use amongst African American mothers is a community problem with immediate short- and long-term consequences. Effects of maternal substance use without treatment can include decreased levels of supervision, inconsistent discipline, and poorer quality of parent–child interactions (Porreca et al., 2018).

Substance-using mothers show less maternal sensitivity during engagements with their children than mothers who do not abuse substances. Hatzis et al. (2017) stated the interactions could be marked as disengaged and intrusive. The experience of substance use among African American mothers may be distinctly different from substance use among women of other races or ethnicities; therefore, the resultant trauma may result in diverse adverse outcomes to their parenting styles and discipline towards their children. Child maltreatment is inextricably connected with substance use, and a reduction in such use is determined to be necessary and achievable (Flacks, 2018). Parental SUD has been

widely linked to dysfunctions in parenting behaviors and parent–child interactions (Porreca et al., 2018, p. 8).

Elms et al. (2018) stated that despite the lack of women-centered treatment programs, there are data to support better outcomes for women who participate in gender-based treatment. The integrated programs provided to African American mothers with SUD and their children will focus on a holistic approach to enhance their parenting skills and provide child-related services; this action is associated with improved parenting outcomes (Elms et al., 2018). Continuity of care after a mother is discharged from residential treatment is essential for recovery from a SUD; this will help prevent disruptions in the continuum and decrease the risk of relapse (Acevedo et al., 2018).

The study needed to be conducted to share African American mothers' experience with treatment for substance use and parental discipline postdischarge. The potential social implications of the study emphasize the importance of substance use treatment residential services establishing an aftercare discharge plan to support reintegration and parental discipline for African American mothers. The study can potentially benefit behavioral health therapists, psychiatrists, peer recovery coaches, and service delivery agents within the residential treatment sector. Study findings can also guide mental health professionals and case managers in acting as liaisons to coordinate outpatient care for continuity of support. These findings may positively impact clinical practice amongst families, support children's developmental education, reduce child maltreatment, and increase recovery rates after discharge from treatment, thereby promoting positive social change.

Background

Individuals who receive SUD treatment (SUD-T) are more likely to abuse substances than the general population (López-Goñi et al., 2021). SUD affects various domains of adult functioning in African American women, including problems in parenting practices. Wolf's (2021) research findings illuminated that the experience of SUD profoundly correlates to neglectful and abusive parenting. There are lasting effects of neglectful and abusive parenting on children, which research has linked to anxiety, suicide, and depression. Family-centered residential treatment facilities incorporate a parenting program to assist mothers in reducing urges while being a caregiver to their children, which combats both substance use and child maltreatment.

Mental illness and SUDs are significant public health issues affecting 20% of Americans (Matsuda et al., 2019). In 2019, an estimated 9.7 million adults aged 26 or older, which accounts for 18.3% of the general population in the United States, abused illicit substances in the past year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Additionally, 4.9 million adults (2.3%) had a SUD. Kaló (2020) stated that women with substance use issues have a higher probability than men with substance use issues to have a history of abuse and trauma, report a negative mood, and experience higher rates of co-occurring psychiatric problems. According to the National Institute on Drug Abuse (NIDA, 2018) menstrual cycles, pregnancy, breastfeeding, change of hormones, and menopause may contribute to women being more susceptible to SUDs. In the United States, 613,000 individuals aged 26 or older (8%) received substance use treatment at a specialty facility and mental health services

(SAMHSA, 2020). The research suggests that women over the age of 26 are at risk for substance use and mental health disorders (SAMHSA, 2020).

SUD negatively impacts child-rearing and inadvertently affects a child's development; parental substance use can lead to child neglect (Matsuda et al., 2019). Mothers battling substance use are vulnerable to not ensuring proper supervision, not meeting their children's basic needs, and not effectively managing their children's behaviors. Matsuda et al. (2019) stated that researchers have shown through studies a strong association between SUD and limited parenting practices to engage and discipline their children. Parenting styles of African American mothers who completed parenting classes in a residential setting for substance use treatment differed because their experiences differed (Matsuda et al., 2019).

Self-efficacy is the belief an individual has in their abilities to complete a task successfully by modulating behaviors to attain a specific goal (Bandura, 1997). Research indicates that parenting self-efficacy, parenting practices, and children's behaviors are in nature transactional (Bandura, 1977). While literature is abundant on how parenting affects children (Choi et al., 2017; Eun et al., 2018), less is known about parental discipline post discharge from a substance use residential treatment facility. According to Bandura (1977), the transactional nature of the variables is vital in developing the curriculum of the parenting classes and support received by peers and staff in residential treatment to assist in enhancing parenting self-efficacy and improved parenting practices. As there is a gap in the literature regarding parental discipline post discharge from a substance use treatment facility amongst African American mothers, researchers must

explore this area to develop effective parenting programs to promote parenting self-efficacy, foster positive parenting skills, and implement healthy parenting practices after the successful completion of treatment.

Problem Statement

African American women are exposed to the stressors of trauma disproportionately and account for higher rates of major depressive disorder (MDD) and posttraumatic stress disorder (PTSD), which impacts application of effective discipline practices with their children (Duncan et al., 2008; McCutcheon et al., 2010; Roberts et al., 2011; Werner et al., 2016). Matsumoto et al. (2020) stated that more than 20 million adults are diagnosed with a SUD, with rates ranging from 55% to 99% among women who experienced trauma through sexual and physical assault. Co-occurring diagnoses and intense feelings of anxiety predict individuals' abuse of large quantities of substances; this is an indicator for residential rehabilitation (Ekinci & Kandemir, 2015). African American women who experience some form of sexual, physical, or verbal assault and have been diagnosed with a SUD can benefit from participating in a community residential treatment facility for co-occurring diagnoses.

Community residential facilities (CRFs) provide a comprehensive treatment setting to assess emotional, behavioral, medical, educational, and social needs and support these needs safely in a setting conducive to effectuating the internal change of the individual (Manuel, 2017). Chou et al. (2020) stated that substance abuse facilities and behavioral health facilities have begun to acknowledge the importance of applying evidence-based practices that are gender specific to the roles of women who need

treatment. To combat the epidemic of substance abuse, Yeom (2015) stated that the usage of a CRF program indicates positive outcomes for treatment. The support from psychotherapists, detox specialists, psychiatrists, and case managers offer the opportunity for mothers to confide to professionals as they adapt to living sober lives while tending to the needs of their children.

Substance abuse treatment received at a family-centered CRF helps the individual apply coping skills to abstain from abusing substances or medications while providing treatment to support the family as a whole. CRFs are primarily designed for individuals who have difficulty with their addiction to prescribed or nonprescribed medications (de Andrade et al., 2019). Brakenhoff and Slesnick (2015) stated that mothers who abuse substances reported limited knowledge of parenting skills and understanding of their children's developmental and emotional needs. Parenting programs featured in a family-centered CRF create the opportunity to educate mothers about their parenting styles and practices.

Aftercare services support the individual’s use of the skills developed in a CRF; therefore, high consideration is placed on developing an efficacious discharge plan and coordinating outpatient services (Johnson et al., 2015). Once an individual is discharged from a CRF, the purpose of aftercare services is to focus on reintegrating the individual into society to avoid relapse (Patterson et al., 1997; Smyth et al., 2005). For African American mothers, lack of childcare and lack of tailored treatment plans that consider historical trauma and the family context will be barriers to effective aftercare services (Andrews et al., 2018). Researchers have not focused on the specific aspects of CRF

treatment that contribute to a well-grounded aftercare discharge plan to support reintegration and parental discipline (de Andrade et al., 2019).

Further research should incorporate data from service providers such as health departments and social service agencies to utilize outcome measures to analyze aftercare services' risk factors and behavioral patterns (de Andrade et al., 2019). Morse et al. (2015) conducted studies that delineated results of older adults being more resistant to treatment and aftercare due to the posited barriers of mental health stigma, cultural views, transportation, and lack of information. A review of pertinent literature indicated that a gap exists regarding the parenting practices of 26- to 40-year-old African American women who abused substances and completed treatment in a residential setting. In 2019, adult women aged 26 or older were the largest age demographic, totaling 2.2 millions of people who received substance use treatment at a CRF in the past year (SAMHSA, 2019). The study approach used the qualitative paradigm. The limited research is especially salient because the clinical framework of the CRF treatment services must consider parental rearing practices, family and social environments, multiple agency involvement, and mental health services to effectively reach the participant and render services tailored to the needs of the individual after discharge from the treatment program (Woody et al., 2019).

Purpose of the Study

The purpose of this generic qualitative study was to gain a deeper understanding of the experience of parenting for African American women between 26 and 40 years old and how substance use treatment influenced their discipline practices with their children.

I aimed to explore African American mothers' participation in a residential substance use program and their application of learned discipline practices post discharge. Utilizing study findings, experts in the field may tailor therapeutic interventions that improve African American mothers' parenting skills after discharge from a substance use residential treatment facility to maintain sobriety effectively. The study can potentially educate behavioral health therapists, peer recovery coaches, service delivery agents, and the broader residential treatment sector on how to create an effective aftercare plan to help the mother stay sober and enhance parenting skills. Study findings can also guide mental health professionals in establishing a warm-hand-off for African American mothers to successfully reintegrate into the community with the support of integrated systems of clinical and social assistance. These findings may positively impact clinical practice, children's developmental education, and social change.

Research Question

The central research question for the study was the following: How do African American women aged 26–40 years old who have received substance use treatment describe their parenting experiences post discharge from treatment?

Theoretical Foundation

Social cognitive theory (SCT), developed by Bandura, involves thorough analysis of the internal processes of symbolizing, self-regulation, self-reflection, and vicarious capability to explain how participants' behavior develops. SCT can also be utilized to examine how parenting self-efficacy is managed and acknowledge the mechanisms, such as a treatment program, from which their behaviors originate (Wulfert, 2019). The

alignment of the research question, methodology, and theoretical framework must be recognized and fully saturated to recognize the synchronicity between the components of qualitative research.

SCT, which synthesizes concepts from cognitive, behavioristic, and emotional models of behavioral change, was applied to assess the substance abuse program, the parenting curriculum, and participants' parenting self-efficacy to abstain from substances and influence their disciplinary parenting skills. I used SCT in evaluating the substance abuse program because the theory may be used to delineate a mother's (a) behavioral capability, (b) self-control, (c) self-efficacy, (d) observational learning, (e) expectancies, (f) emotional coping responses, and (g) situation (Cook et al., 2003). The framework of SCT assisted me in exploring how the parenting class component of the substance abuse treatment program influenced how the mothers applied healthy discipline skills after discharge from the program while preventing relapse.

Nature of the Study

The nature of the study was a generic qualitative approach. Using qualitative research, I explored the lived experiences of African American women post treatment from a substance abuse residential facility who completed parenting classes and the outcome of implementing learned discipline practices. Starman (2013) stated that qualitative research values the participants' interpretation of their experience, which I sought to do in exploring internal and external factors and levels of interaction between the participants and the staff of the CRF from the angle of SCT regarding the role of treatment services and their influence on the participant applying discipline practices.

Semistructured interviews with open-ended questions were conducted to collect data. I used this research design to examine African American women's experiences from a diverse perspective that deepened understanding of behavioral response throughout the study (Atchan et al., 2016). Responses from participants were coded, categorized, and thematically analyzed based on similarities in emerging themes through my engagement in the generic qualitative research design. I utilized Otter.ai to conduct interactive transcriptions of the semistructured interviews, coupled with structural and textural descriptions and field data. This allowed me to gain more insight into participants' experiences and daily lives while parenting after discharge from substance use treatment.

Definitions

Substance use disorder (SUD): Involves patterns of symptoms caused by using a substance that an individual continues taking despite its adverse effects (American Psychiatric Association [APA], 2013).

Childhood maltreatment: Multiple forms of offenses against children, including sexual abuse, physical abuse, neglect, or exploitation, leading to potential or actual harm to the child's development (U.S. Department of Health and Human Services [DHHS], 2018).

Parenting style: An assemblage of parents' behaviors and attitudes directed at children and the type of emotional climate created by the parents to express their behaviors (Baksh et al., 2018).

Discipline: The utilization of consequences to assist children in learning rules and values (Grusec et al., 2017).

Aftercare engagement: A part of the spectrum of mental health services recommended by inpatient providers to individuals who are being discharged following psychiatric hospitalization, including residential programs, day treatment, or outpatient services (Keefe et al., 2017, p. 87).

Social cognitive theory (SCT): Based on the assumption that self-efficacy, outcome expectations, motivation, and social support, which are known as social-cognitive determinants, serve as predictors of behavior (Bandura, 1986).

Self-efficacy: An individual's confidence in performing a particular behavior as the individual is specific about the changes sought (Bandura, 1997).

Assumptions

For this study, it was assumed that participants completed treatment in a residential setting and would be willing to participate in this study. Furthermore, there was an assumption that I would establish a genuine rapport with the participants and participants would be open and honest in their responses to the interview questions. For some participants, their treatment experience may have occurred years ago. I assumed that their reports would be truthful and not fabricated. In pursuance of capitalizing on access, participants were recruited from Walden University's participant pool and through flyers placed in Maryland's local family substance use residential treatment facilities. These assumptions were necessary for the context of the study to ensure that the criterion sampling was valid.

Scope and Delimitations

SUD amongst African American mothers is associated with maladaptive parenting practices, psychiatric comorbidity, and emotional unavailability (Meulewaeter et al., 2019). Maternal substance use impacts child development adversely and increases the risk of unhealthy attachment patterns (Hatzis et al., 2017). The occurrence of child maltreatment and maternal substance use delineates a relationship with insecure attachment in children and adults (Meulewaeter et al., 2019). Wong et al. (2019) acknowledged that mothers who abused substances are likely to create chaotic child-rearing environments, which leads to high incidences of physical and emotional neglect. This specific focus was chosen to capture the experiences of African American mothers who have undergone substance use treatment in a residential setting to provide their children with improved parental discipline while living a life of sobriety.

The study was delimitated to African American mothers aged 26 years and older who had completed substance use treatment in a residential setting with a parenting class component, who were not in a current state of crisis, and who were currently or had been primary caregivers to children during treatment. The study's boundaries were that those who did not receive treatment in a substance use residential treatment facility and did not complete parenting classes during treatment were excluded. There are potential concerns concerning the transferability of the study. Subsequently, future studies may incorporate younger women and women of other races and ethnicities, including individuals active in treatment.

Limitations

Several limitations for this particular study were considered. The generic qualitative study was specific and limited to African American mothers who completed substance use treatment in a residential treatment facility that allowed their children to reside with them. This was a limitation as no other races or ethnicities were included in the study; therefore, the study only consisted of African American mothers. The implication of this limitation is that the study offers insight to behavioral health and healthcare professionals employed at residential treatment facilities on how to establish an aftercare plan for a race that is disproportionately exposed to trauma, mental illness, and SUDs. The substance use treatment program also needed to feature a parenting class component that participants were required to complete before discharge. Those not meeting this requirement were excluded from participation in the study. I utilized Walden University's participant pool and placed a flyer in Maryland's local substance use residential treatment facilities. Participants were informed through the flyer that their participation was warranted if they completed substance use treatment at a residential facility in which the curriculum was comprised of parenting classes.

Additionally, there was possible difficulty recruiting participants for interviews and locating and securing a partner site agreement that features parenting classes. I contacted at least 20 individuals from Walden University's participant pool weekly until eight to 12 participants were interviewed. I also requested a conference to meet with the director of eight identified family substance use residential treatment facilities in the state of Maryland after the Institutional Review Board (IRB) provided permission to conduct

the study. I was available to complete a brief presentation regarding the purpose and intent of the study to ensure that the directors of the family substance use residential treatment facilities witnessed me taking the necessary precautions to address the issues of trustworthiness. Other limitations included lack of transferability due to the constricted variance amongst interviewees and the participants no longer possessing material from the parenting classes. To mitigate the limitation of lack of transferability, the research was thoroughly explained to support the purpose of utilizing the criterion sampling method. I was transparent regarding the participant having access to parenting class material received during treatment and authentically documented their response. Participants had the right to withdraw their informed consent to participate in the study should the interview prompt emotional intensity regarding past behaviors and concern about their ability to abstain from abusing substances.

Criterion sampling can lead to selection bias while identifying a study population. The participants who were recruited were identified; selection bias occurs when the criteria used to recruit and enroll participants into separate study cohorts differ in ways other than the exposures under investigation (Nunan et al., 2017). To prevent selection bias, participants was not divided into separate groups.

My professional experiences exposed me to African American mothers who participated in substance use treatment in a residential setting while caring for their children. As a researcher who was familiar with the research topic, it was necessary to acknowledge how my experience and perceptions might influence the results of the research. Interviewer bias refers to the difference between how information is solicited,

recorded, or interpreted. Kyngäs et al. (2020) recognized that prior knowledge will affect the researcher's type of data and how the researcher analyzes the data. To avoid interview bias, I practiced relative objectivity by being conscientious of my professional experiences and not assigning my views to the participants' experiences. An objective and honest researcher remains free from external influences such as personal interests or value commitments and does not falsify the research's findings (Kyngäs et al., 2020).

Significance

The directors of the substance use residential treatment facilities and other staff, including licensed clinical social workers and other mental health professionals, are expected to encourage the mothers to participate in the parenting classes to reestablish and maintain discipline practices. Specific vital agencies that will benefit from the research are intensive outpatient treatment facilities for behavioral health, agencies that support detoxification, and partial hospitalization programs to help individuals adhere to aftercare services. This may further parent development interventions, promote continuity of parenting knowledge, and provide resources to support the mothers with programs comprised of parenting treatment modalities (Milligan et al., 2020).

The study has implications for practice and may engender positive social change by informing researchers and practitioners on the phenomena of SUDs and their impact on parenting skills among African American mothers. Family members, children, and other community stakeholders may benefit from the study's findings as it provides an in-depth perspective on how parenting classes influence a mother's ability to discipline while abstaining from substances. Hatzis et al. (2019) stated that mothers who misuse

substances have difficulties resolving problems that are analogous to emotional dysregulation. Ultimately, this research adds to the body of knowledge that will highlight the need to align community service providers with mothers before discharge to reduce nonadherence to sobriety and form a stable pact with outpatient therapists, case managers, and psychiatrists for accountability purposes. Lastly, this study will also potentially heighten awareness and create a parenting curriculum to inform the future of family-centered residential treatment. These efforts may lead to positive familial and child-rearing experiences for African American mothers and their families.

Summary

Substance use is a problem influencing a significant number of female adults annually. The long-term impact of substance use can be detrimental for both a mother and her offspring while parenting. The motivation and interest behind this investigation were to bridge a gap in literature by examining the experience of African Americans mothers on parenting post discharge from residential treatment for substance use. Chapter 1 provided the background of the study, a discussion of the social problem, an overview of SCT, definitions of terms, the significance of the study, assumptions, limitations, delimitations, and the relevance of the study. Chapter 2 provides an in-depth review of literature on African American mothers' parental discipline after completing treatment at a substance use treatment facility. Chapter 3 describes the methodology selected for this study and the analytic process applied to the data. Chapter 4 reviews the results of the data after the completion of the study conducted on eight participants. Chapter 5 gives an overview of the positive social change the study has on the community and how the

influence of data can assist with tailoring interventions for aftercare needs once an African American mother is discharged from residential treatment.

Chapter 2: Literature Review

Introduction

Substance use is defined as any use of psychoactive substances, such as steroids, alcohol, cannabis, stimulants, opioids, sedatives/hypnotics/anxiolytics, inhalants, and hallucinogens (APA, 2013). SUD refers to a mental, emotional, and physical compulsion to engage in mind and mood-altering substances **(**APA, 2013; Stokes et al., 2018). The compulsion to use substances is often accompanied by increased tolerance with high usage, continued use of the substance despite unfavorable consequences, and physical and mental withdrawal symptoms after cessation (APA, 2013). SUD is a diagnostic category to clinically define problematic substance use through measuring consumption, the effects of the substance, and related consequences from using the substance (e.g., physical injury or relationships issues; APA, 2013). Kepple (2018) stated that substantial literature supports a positive correlation between parental SUD and child maltreatment occurrence.

About 1 in 8 African American children (8.7 million) aged 17 or younger has witnessed parental substance use **(**Lipari & Van Horn, 2017). Kim et al. (2017) included emotional abuse, sexual abuse, physical abuse, and neglect as maltreatment types that serve as risk factors for many adverse health outcomes throughout a child's lifetime. In 2020, Child Protective Services (CPS) agencies received a national estimate of 3.9 million (3,925,000) total referrals; 7.1 million (7,100,000) referrals were made by reporters alleging maltreatment of children (U.S. DHHS, 2022). Kim et al. (2017) learned from a study that African Americans are close to twice as likely to be investigated by

CPS than Caucasian individuals. The level of overrepresentation of African American children within the CPS sector is aligned with their overrepresentation with the negative attributes of their socioeconomic status and the puissant relationship between maltreatment and poverty (Pelton, 2015).

In the United States, child maltreatment remains stubbornly high as data from CPS agencies imply that substantiated cases of child maltreatment declined since 1994 from 1 million to 683,000 children in 2015 (U.S. DHHS, 2017). Schneider (2017) acknowledged that there are inequalities linked to family structure and race/ethnicity related to rates of maltreatment. In 2020, African American children had a substantiated maltreatment rate of 13.2 per 1,000 children, compared to 15.5 per 1,000 for American Indian or Alaskan Native children, who represent the highest victimization rate in the population of the same race or ethnicity (U.S. DHHS, 2019).

Schneider (2017) acknowledged that child maltreatment encompasses inappropriate parenting behaviors leading to child abuse and neglect. According to U. S. DHHS (2018), approximately one quarter of allegations of maltreatment investigated by CPS agencies were for child neglect, one quarter of cases were related to emotional and sexual abuse, one quarter pertained to physical abuse, and about half of allegations were for child neglect. Children who experience maltreatment endure extremely high-conflict circumstances and reside in stressful home environments (Marcal, 2018). Economic hardship, single parenthood, substance use, and unemployment can increase the probability of stress experienced by the mother, which can elevate the risk of maltreatment and increase the likelihood of the mother engaging in abusive, harsh, or

aggressive parenting practices (Marcal, 2018). Children who belong to families that face difficulties affording basic needs and earn less than the federal poverty level are more than 3 times as likely than those who are fortunate to experience maltreatment, as poverty is associated with all maltreatment types (Shuey & Leventhal, 2017). Increasingly, research has found that African American and Hispanic parents are more likely to utilize corporal punishment compared to Caucasian parents (Schneider, 2017). Featherstone et al. (2017) found that stress and the conditions of scarcity caused by substance use can impact African American mothers' parenting practice, leading to the disproportionate representation of maltreatment and child welfare intervention for African American families.

Data for a study conducted by Marcal (2018) originated from the Fragile Families and Child Well-Being Study ("Fragile Families") to expand upon current evidence of an associative relationship between mothers' maltreatment behaviors and housing instability. The authors of this longitudinal study followed a cohort of approximately 5,000 children born from 1998 to 2000 to mothers who were primary custodians of their children. The Parent-Child Conflict Tactics Scale (CTSPC) assessed the mothers' maltreatment behaviors. The mothers self-reported disciplinary acts inflicted on their children such as threatening, hitting, cursing, and name-calling or types of neglect such as leaving their children unsupervised or not tending to their children's needs due to substance use (Marcal, 2018).

Family-centered residential substance use treatment, endorsed by SAMHSA, prioritizes the need for mothers and their children, including extended family members,

to support the entire family in recovery (Chou, 2020). McHugh et al. (2018) found no difference between women-only and family-centered substance use treatment concerning the improvement of outcomes. Efforts have been directed to developing, practicing, and implementing evidence-based practices and programs within family-centered residential substance use treatment to address SUDs for women interested in entering treatment with their children (Chou, 2020). Parenting education classes and additional therapeutic modalities assist mothers with substance use issues by focusing on sobriety and meeting their children's emotional, mental, and physical needs during treatment. Results from a meta-synthesis conducted in the United States and Canada encompassing 12 qualitative or mixed-method studies indicated that mothers gained a more profound sense of self, increased knowledge for parenting skills, and enhanced relationships with their children when the children were allowed to reside with the mothers as they received ancillary support through parenting programs (Chou, 2020). The integrated treatment model in a residential substance use treatment facility supports mothers with their parenting while striving to sustain abstinence; this action helps the mothers remain in treatment for longer periods of time (Chou, 2020).

Treatment in a residential setting has shown modest improvement in post discharge outcomes related to substance use (Manuel et al., 2017). Kabisa et al. (2021) defined relapse as an individual’s resumption of using substances after a period of sobriety. The evidence gathered from epidemiological studies has delineated that substance use after residential substance use treatment is the primary concern that warrants preventative measures (Kabisa et al., 2021). Researchers have documented in a

range of studies that relapse rates are high; more than 50% of individuals diagnosed with SUDs relapsed within 3 weeks after treatment (Moradinazar et al., 2020; Sapkota, 2019). The prevalence of relapse after treatment of SUD is high, and the risk factors include psychological stress, family conflict, socioeconomic status, availability and accessibility of drugs, and lack of assertiveness (McPherson et al., 2017; United Nations Office on Drugs and Crime [UNODC], 2018). Post discharge services are essential to promote recovery because relapse prevention measures can be incorporated in discharge planning as sustaining sobriety has a healthier impact on the well-being of the mothers and the welfare of the children (Kabisa et al., 2021).

African American women are exposed to the stressors of trauma disproportionately and account for higher rates of MDD and PTSD (Duncan et al., 2008; McCutcheon et al., 2010; Roberts et al., 2011; Werner et al. 2016). The purpose of this generic qualitative inquiry explored the parenting experiences of African American mothers who completed a substance use residential treatment program. Based on my review of the literature, few researchers have examined the impact of residential substance use treatment on the experiences of African American mothers and their parental discipline. The vast majority of research has focused on the effects of substance use on mothers' health, their children, and on child maltreatment. This literature review addresses, in part, the impact that substance use has on mothers and parenting. The literature review also provides information on previous and recent studies on substance use amongst African American women, theoretical frameworks, discipline practices, the influence of aftercare services, and parenting styles.

Literature Search Strategy

An extensive review was conducted by using research databases that included Sage, Science Direct, PsycARTICLES, ResearchGate, PsycINFO, EBSCOhost, ProQuest, and SocINDEX. The review included innumerable published academic scholarly journals and professional websites including those of SAMHSA, U.S. DHHS, and Centers for Disease Control and Prevention. The keywords used for the search were *residential substance abuse treatment*, *aftercare services*, *adherence to treatment*, *outcomes*, *substance use*, *trauma*, *depression*, *stress*, *parenting practices*, *discipline practices*, and *parenting programs*. Auxiliary searches through Walden University's online library, Google search engine, and Google Scholar were also accessed using amalgamations of terms such as *substance use impact on African American women's parenting practices* and *parenting styles of African American*. Due to limited current research on African American mothers' parenting after participation in a residential substance abuse treatment facility, a broad search on general female substance use was utilized. The search started with substance use amongst women in general and, subsequently, was narrowed down to African American mothers. I scrutinized numerous sources providing a foundation for the exploration of the impact of substance use on mothers, their parenting, and adherence to treatment.

Theoretical Foundation

The framework of Bandura's SCT extends beyond behaviorists' proposition that individuals learn from direct experience with the environment through the processes of conditioning, reinforcement, and punishment (Overskied, 2018). Bandura (1971) stated

that observational learning could achieve desired behavior to form an idea of response combinations and cognitive sequences to create novel behavioral configurations. Some individuals recognize humans who are active information processors and contemplate the correlation between their behavior and consequences; there are meditational processes between stimuli and responses in the learning process (Bandura, 1977). The four meditational processes proposed by Bandura (1986) are the following: attention, retention, reproduction, and motivation. These mental factors intervene in the learning process to determine the most appropriate response.

SCT focuses on human behavior learned observationally through modeling coupled with the individual's mental state and motivation to determine whether a behavior is known or not (Bandura, 1971). SCT can also be used to examine how self-efficacy is managed and acknowledge the mechanisms of behavioral modifications from which behaviors originate (Wulfert, 2019). I used a generic qualitative approach incorporating SCT to explore participants' experiences post discharge from a residential substance use treatment facility. This approached voiced the participants' experiences on how the parenting class influenced their parenting practices while preventing relapse. SCT was the theoretical foundation used in this research to examine the literature, guide the research and interview questionnaire process, direct inductive coding, and guide the analysis of results. I utilized this theory to identify African American mothers' distinct experiences of substance use, residential treatment services, and other significant factors influencing their parenting practices.

SCT is one of the most frequently applied theories of behavioral responses. Bandura is most notable for the Bobo doll experiment during 1961 and 1963, which evaluated children's behaviors after observing an adult receive an award, get punished, or experience no repercussions from physically assaulting a Bobo doll **(**Bandura et al., 1961). Bandura provided evidence through the controlled experiment that children learn social behaviors by observation and imitation (Bandura, 1961). SCT was initially known as social learning theory (SLT) in the 1960s; the theory developed into SCT in 1986, which posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior (Bandura, 1986). The distinctive feature of SCT is the emphasis on the individual's social environment and how reinforcements and expectations determine the probability and purpose of the individual enacting a specific behavior (Stajkovic et al., 2002). SCT's framework depicts the uniqueness of parenting programs provided in a residential treatment facility and African American mothers' efficacy to abstain from substance use while practicing appropriate discipline practices learned through observation (Chou et al., 2020). SCT can also be used to explicitly address women-gendered residential treatment programs that integrate an empowerment perspective to raise African American women's self-efficacy and autonomy, which may enable them to alter ineffective discipline practices (Verissimo & Grella, 2018). According to Bandura (1986), a predictor of an individual's behavior is outcome expectations; aftercare services adherence is based upon the estimation that applying appropriate discipline practices will lead to positive or negative consequences.

According to Bandura (1999), self-efficacy plays a pivotal role in SCT as self-efficacy influences action directly and indirectly. An individual who can employ self-influence during interpersonal conflicts when they evaluate their reaction to their performance enhances a primary cognitive mechanism of self-directedness and motivation. Self-efficacy is defined in the context of substance use treatment as an individual's confidence to abstain from substance use during treatment, when they may face adversity due to cravings and withdrawals (Eslami et al., 2017). SCT delineates the synchronicity between an individual's judgment of their ability to complete a substance use treatment program and their efforts to persevere through the arduous experience (Bandura, 1977). Bandura (1986) suggested that human behaviors, personal factors (including cognition), and environmental factors influence and are influenced by one another, which can assist the individual in achieving long-term, posttreatment outcomes. This action can help participants abstain from substance use and exhibit appropriate parenting skills to discipline their children during circumstances with high risk for relapse. In this research study, the use of SCT increased awareness of the parenting experiences of African American mothers who were survivors of substance use and gave voice to their stories.

Literature Review Related to Key Variables and/or Concepts

Substance abuse is a global mental health issue with severe medical health and social sequelae impacting public health (Rawat et al., 2021). NIDA reported that women experience the effects of substance use differently than men due to hormones, pregnancy, menstruation, metabolism, and menopause. Women endure challenges accessing quality

care and ancillary services during and after substance use treatment due to perceived stigma and childcare responsibilities (McHugh et al., 2018; NIDA, 2018). In recent National Survey on Drug Use and Health (NSDUH) data (SAMHSA, 2018), 86.9% of women with addiction did not receive treatment at a residential treatment facility; the prevalence of substance use help-seeking was lower for African American women. Crenshaw (1989, as cited in Rawat et al., 2021) stated that intersectionality explains how marginalized or historically oppressed individuals' lives, such as the lives of African American women, are affected by their gender, socioeconomic class, and racial background.

African American mothers who have difficulty with substance use can experience issues with fulfilling role responsibilities in the home. The cultural context of African American women and the history of substance use can increase the likelihood of a child being maltreated or neglected to cause a mother not to fulfill her parental role (Hanson et al., 2015). Redmond et al. (2020) conducted a systematic review of articles from 1995 to 2018 to synthesize SUDs among African American women. African American women's experience of daily life stressors, financial distress, role strain, and overload can trigger substance use. Lack of aftercare treatment is a significant barrier to maintaining sobriety, coping with the pressures of community reintegration, and applying learned parenting skills to support their roles as maternal figures in their children's lives (Elms et al., 2018).

Substance Use History of African American Women

Addiction and SUDs continue to be major public health issues faced by individuals, families, and communities across the United States (Smith & Borden, 2020).

The World Health Organization (2018) acknowledged that mental illness and SUDs are the leading cause of disability. According to NSDUH and SAMHSA, an estimated 20.3 million Americans face issues with an illicit substance, prescribed medication, or alcohol. In the United States, the most recent NSDUH revealed that 45% of people aged 12 or older who use illicit drugs are women (SAMHSA, 2017).

SAMHSA (2018) reported there is significant use of illicit and licit substances for women compared to men who have been diagnosed with SUD (Table 1).

Table 1

Illicit Drug Use in Lifetime Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Standard Errors of Numbers in Thousands, 2017

Demographic characteristic	Age 12+ (2017)	Aged 26+ (2017)
Total	895	865
Gender		
Male	591	561
Female	636	617
Not Hispanic	820	794
White	683	1,163
Black	274	400
American Indian	83	74
Native Hawaiian	76	N/A
Asian		
Two or More Races		
Hispanic	138	155
	317	328

Women consume more significant amounts of a substance compared to men; women also experience more harmful social and health consequences (NIDA, 2021; Global Burden of Disease Study 2015 DALYs and HALE Collaborators, 2016; UNODC,

2017). Research about early addiction demonstrated treatment disparity; women were virtually excluded from studies, especially African American women (Meyer et al., 2019); consequently, late onset of research emerged to increase cultural relevance surrounding gender-informed SUD prevention.

Meyer et al. (2019) stated advancements had been achieved in understanding the perinatal and postnatal effects of SUD, yet most existing research in addiction is oriented to men. African American women represent a disproportionate number of pregnant women who abuse cocaine and have been on the receiving end of system-level factors such as employment and housing that impact them (Harp & Bunting, 2020). Another key factor contributing to the disproportionate overrepresentation of African American women and infants compared with other races is media coverage of the crack baby "epidemic" in the 1980s (Harp & Bunting, 2020). Treatment-seeking and entry into a residential treatment facility are limited among pregnant and parenting African American women with SUDs, with only 8.7% receiving specialized treatment (McHugh et al., 2018).

According to Oser (2019), the two most used substances in the United States are marijuana and tobacco, excluding alcohol **(**Center for Behavioral Health Statistics & Quality, 2016). Specifically, marijuana use among African–American women is equal to or greater than use among Caucasian women (Azofeifa et al., 2016). Between 1988 and 1991, crack cocaine was the most frequently used substance among young, urban women (U.S. General Accounting Office, 1991). Entering the 1970s, the Great Migration prompted many African American families to relocate to northern and western

destination cities such as Chicago, Detroit, Los Angeles, New York, and Philadelphia, which contain social networks and media outlets for the black community (Leibbrand et al., 2020). African Americans migrated from the south to northern cities to pursue industrial jobs after World War I, continuing into the 1960s as they were forced into crowded dilapidated neighborhoods through racial hostility, restrictive housing covenants, and redlining by lenders (Leibbrand et al., 2020). Redlining is a discriminatory lending practice that denies mortgages in communities of color, while insuring mortgages in predominantly Caucasian neighborhoods (Lynch et al., 2021).

Massey and Denton (1993, as cited in Leibbrand et al., 2020) stated segregation profoundly shaped the social and economic opportunities available to African Americans in the North and continues to do so today. Studies support the economic and societal impact of metropolitan-level segregation and the association of negative consequences for African American families such as illicit substance use, lower likelihood of homeownership (Logan & Parman 2017b), and disadvantaged life opportunities for children (Andrews et al. 2018). Seth et al. (2017) stated community trauma, poor physical and mental health, interpersonal violence, crime, and drug and alcohol abuse, among a host of other factors, help perpetuate disadvantage across generations. African American women are faced with more negative consequences from drug use than women in different ethnic groups due to preexisting historical conditions related to “The War on Drugs” (SAMSHA, 2020).

Many African American family households have been severely affected by the crack era since 1970, as the number of children living in single mother homes “increased

from 7.4 million to 15.3 million" (Statistica Research Department, 2021). According to Browne and Battle (2018), African American families are more likely to be headed by single parents, particularly mothers, than their Caucasian and Latino counterparts. The general decline of African American children being reared in a two-parent household reflects a decrease in marriage amongst African Americans, leaving the mother to seek support from other support systems. According to Martin et al. (2019), the percentage of non-marital births was unchanged for two groups: non-Hispanic blacks (69.4%) and non-Hispanic Asian women (11.7%).

SAMSHA (2020) stated the opioid epidemic is one of the largest substance use epidemics recorded in the history of the United States for all ethnic and racial groups. In 2017, the opioid epidemic was declared a national public health emergency, with 47,600 reported deaths from overdoses from opioid-related incidents (SAMSHA, 2020). Compared to Caucasian counterparts who reside in the suburbs and not the inner cities, less attention was focused on African American opioid misuse or overdose as African Americans deaths increased 40 percent. An estimation of 18.3 million persons aged 16-64 were reported to use cocaine in 2014, representing 0.3-0.4% of the global population, rendering cocaine and opioids as one of the most commonly used illicit drugs (UNODC, 2017; Butler et al., 2017).

Simpson et al. (2017) stated that African Americans were 13% likelier to live in a "skip" generation household than other racial and ethnic groups. This refers to grandparents raising grandchildren with no assistance from the child's biological parents. Samuel et al. (2017) said historically, grandparents provided caregiving for children

across cultural groups, and it served as a safety net. Researchers estimate 7.8 million American children are a part of families in which grandparents play an integral role in their rearing, particularly African American families among urban low-income, single-parent homes (Samuel et al., 2017). According to the stress and coping framework (Lazarus, 1966), social support, defined as a myriad of ways people help each other, is hypothesized to buffer the effects of stress on health outcomes (Brown et al., 2019). Caregivers take on the caregiving responsibility for children of their African American mothers in response to family crises such as substance abuse, incarceration, and medical conditions.

In 2019, the United States child welfare system (CWS) received 4.4 million referrals for child maltreatment, with 7.9 million children nationwide (U.S. DHHS, 2021). Saldana et al. (2021) stated referrals increased from 52.3% in 2015 to 59.5% in 2019; most children were subjected to neglect by their parents. In 2012 the rates of children in foster care and kinship care or extended family members' care for the child (ren) increased by over 10% by 2016 (U.S. DHHS, 2019). There was a parallel increase of CWS reports during 2016 due to parental drug abuse; the rates of parental drug abuse steadily rose, with risk factors showing significant threat for children younger than one year of age (U.S. DHHS, 2021).

Brown et al. (2019) stated research has demonstrated social support tailored to recovery enhances the potential for successful abstinence from drugs and alcohol and prevents child maltreatment. Gunn and Samuels (2018) stated research indicates families who offer emotional and tangible supports aid the African American mothers in healing

from their experiences of substance use. Studies of women in residential treatment have also found familial engagement, support, and encouragement are associated with sustained abstinence post-treatment (Gunn & Samuels, 2018).

Family-Centered Residential Treatment Facilities

Family-centered substance abuse residential treatment facilities are designed with recovery models that provide stable, substance-free, and safe homes for women raising their children while sustaining sobriety from illicit substances, alcohol, or prescribed medications (Ross et al., 2019). Residential programs create an opportunity for mothers to parent their children in an environment that facilitates parenting as primary positive reinforcement in their substance use recovery. Studies on women and substance use have shown women experience heightened vulnerability to adverse psychological, social, and medical consequences of use (Hanes, 2017). African American mothers are underrepresented in substance use treatment compared to their male counterparts due to a range of barriers related to limited services for pregnant women, lack of on-site childcare, or the inability to make childcare arrangements (Hanes, 2017). It is challenging for single mothers to recover from SUDs when there is a lack of childcare due to limited social support. An imbalance with meeting the demands of parenting while maintaining sobriety can hinder African American mothers from seeking and completing treatment as women thrive from therapeutic and constructive connections during treatment (Hanes, 2017).

Substance use treatment provided in integrated treatment programs was developed to meet the diverse needs of women due to childcare, limited services for pregnant women, and provider stigma; there is sparse information on the studies of participation in

integrated programs (Le et al., 2019). Chou et al. (2020) stated there is a growing interest amongst policymakers, clinicians, and researchers who recognize how there are various ways women encounter addiction and treatment (Yale University, 2018). NIDA (2017) acknowledged substance use residential centers and mental health professionals commenced focusing on creating, adopting, and implementing evidence-based practices and programs to address the needs of women and their children effectively. Current rates of dropout from SUD-T remain high (Lappan et al., 2020). Chou (2020) believed the societal expectation that mothers primarily assume the role of caretakers places additional pressure on mothers in choosing their options for treatment since treatment may impact their roles as mothers. Andrews et al. (2018) stated programs that integrate practical and social supports with prenatal and postnatal health services, such as culture, transportation, childcare, and meals, and address the fear of child apprehensions tend to encourage mothers to complete treatment.

Despite African American women's disproportionate representation in substance use treatment facilities, studies suggest programs that utilize relationship-based, trauma-informed, non-judgmental, and harm reduction approaches while recognizing the mother's unique realities of the mother-child relationship are most effective in achieving higher retention (Hubberstey et al., 2019). Montgomery et al. (2017) found that African Americans report less satisfaction with treatment, encounter more barriers to accessing treatment, and have lower utilization rates of substance use relative to Caucasian Americans. Historically, women have suffered challenges in accessing quality care and ancillary services in substance use treatment (NIDA, 2018). African American women

referred to inpatient substance use treatment often experience severe physical and psychological consequences of their illicit, alcohol, or prescription dependency (Eeva & Katja, 2020). The recovery model for residential treatment provides intensive support beyond the scope of outpatient therapy to sustain efforts for sobriety and motherhood (Ashford et al., 2019).

Chou et al. (2020) stated SAMSHA endorsed the framework utilized for family-centered substance use treatment to recognize families as an integral component of treatment and helps to address aspects of the family dynamics to support the family. The model considers women's roles in families and prioritizes the need for non-male-dominated, gender-specific treatment (Chou et al., 2020). Seay (2017) acknowledged motherly duties heavily influence a mother's decision to participate in substance abuse treatment. The family-centered substance use treatment model accentuates support for parenting in maintaining close relations with their children; this relates to childcare while mothers attend treatment (Chou et al., 2020). Moreland and McRae-Clark (2018) described integrated treatment programs that focus on mental health and substance use concerns with the combinational use of pharmacotherapy and psychotherapy. Moreland and McRae-Clark (2018) point out integrated treatment programs target a range of women-specific issues, including maternal mental health services, medical and nutrition services, parenting education, and children's services being rendered by a psychologist, board-certified psychiatrist, board-certified medical director, doctoral-level psychometrician, and a master's-level therapist.

Mirick and Steenrod (2016) examined different components of women-specific substance use treatment; they acknowledged the importance of offering parenting components to provide childcare and parenting education classes to parents during treatment. Researchers suggest fully integrated programs that feature a parenting component to assist African American mothers in acknowledging their feelings and comprehending their personal needs to identify and respond to their child's needs (Tompkins & Neale, 2018). Family-centered residential treatment programs recognize the necessity of the mother's recovery; however, the effects of parental substance use on the child are also prioritized as it relates to the child's developmental outcomes and strengthening the family cohesion (Iachini et al., 2015).

Researchers have found that African American women with SUDs may compromise their caregiving abilities due to adverse childhood experiences, psychological concerns, and current lifestyle choices (Haabrekke et al., 2018). During the mother and child interaction, the transactional model is delineated as a directional dynamic between the child and the rearing environment where they reside (Siqvelanda et al., 2014). Substance use can lead to alteration in the child's social and emotional behavior and caregiver contingency and responsiveness; the quality of the caregiver-child interaction is threatened (Siqvelanda et al., 2014). Brown et al. (2019) reported mothers with substance use issues tend to be less sensitive and less emotionally engaged due to a reduced ability to attune to the child's emotional state; a recent study found that greater paternal warmth was associated with having less social support who used illicit substance and alcohol for African-America women. Haabrekke et al. (2018) stated mothers with

chronic or previous substance-abuse problems are likely to show harshness and obtrusiveness in social interaction with their children. It is evident that implementing dyadic interventions fosters positive parent-child interactions and reduces maltreatment through enhancing parental sensitivity (Nekkanti, 2021).

Brakenhoff and Slesnick (2015) stated there is a lack of parenting knowledge for mothers who have substance abuse issues; mothers amongst this population have limited understanding of their children's developmental stages and emotional needs. The component of parenting education classes and other therapeutic modalities stands to fill those parenting gaps. Saunders et al. (2020) stated childcare workers, case managers, and behavioral health professionals receiving specialized training highlight the dynamics of the family and model positive parenting discipline through consistent behavior toward the children. VanRyzin (2016) acknowledged that parenting programs increase positive parenting strategies, enhance parental confidence, and reduce harsh, coercive discipline. Cognitive, social learning theory, Bandura's modeling, self-efficacy, attachment, and relationship building (Ainsworth, 1974; Bowlby, 1980), and Piaget's development cognitive learning stages underlie the theoretical background for parenting programs. Researchers proposed that a mother's mind and reward system will be diverted from the substance to the child as the mother strives to learn how to respond to withdrawal and crises and effectively engage with their children while maintaining sobriety (Fraiberg et al., 1987).

Huhn et al. (2020) emphasized two main approaches for family-centered residential treatment facilities with a comprehensive program: first, psychoeducation and

awareness of substance use, associated causes, and repercussions. Secondly, African American mothers value the psychotherapeutic interventions and mentalizing capacity in a didactic intervention to improve the integration of behavioral treatment for addiction with medical care to effectively respond to the complex challenges faced by individuals with SUD (Huhn et al., 2020).

Thomas et al. (2017) observes parent-child interaction therapy (PCIT) as a framework for parenting programs in residential treatment facilities. The behaviors taught are synonymous with social learning theory and attachment theory. Mothers will learn how to disrupt escalating coercive cycles as parents may use physical punishment, criticism, or sarcasm and enhance the quality of interactions with their child through education of consistently applied, step-by-step, effective, and nonviolent alternatives to physical discipline (Thomas et al., 2017). PCIT is a parenting program led by behavioral health clinicians that lead conversations of role-play activities, problem-solving exercises to address crises, and video vignettes to reduce child externalizing behaviors through improving parenting skills and mother-child relationship (Thomas et al., 2017).

Bandura (1977) stated that video-based modeling precedes social learning and modeling theory. The parenting programs focus on strengthening parent-child interactions, learning appropriate behavioral management, and nurturing relationships with their children to promote emotional, social, and language development (Saunder et al., 2020). A large body of research on SUD-T recognizes that African American mothers have improved treatment recovery, long-term abstinence, substance use reduction, and

decreased maltreatment cases when they participate in family-centered substance use treatment (Rivera et al., 2021).

Substance Use and Parenting

SUD is characterized by impairment in inhibitory control and social behaviors, risk-taking, and hazardous pharmacological profiles, as defined in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorder (APA, 2013). SUD reflects the abuse of various illicit psychoactive drugs, such as cannabis, hallucinogens, opioids, stimulants (including cocaine), sedatives, and hypnotics (Cataldo et al., 2019). SUDs among older adults are a growing concern for the nation. This population has increased nearly threefold in the past two decades, and projections are expected to reach 5.7 million by 2020 (Azofeifa et al., 2016). Parental SUD is heavily recognized in the child welfare system due to maltreatment cases increasing at prevalence rates (U.S. DHHS, 2019).

Kepple (2018) acknowledged concerns about African American mothers using psychoactive substances and the correlation between compromised parental functioning and the child being exposed to harm. Child abuse and neglect are defined as a caregiver's intentional commission or omission of care and empathy towards the child's welfare that causes harm, potential harm, or threat of harm (Kepple, 2018). Porreca et al. (2016) acknowledged the need to consider children exposed to substances in utero. A large percentage of women who use substances prenatally are polysubstance users (Latuskie et al., 2018). Epidemiological evidence illustrates substance use behaviors and associated impairments occur along a continuum (Kepple, 2018). Seay (2017) stated children who reside with mothers who use substances are at a higher risk for maltreatment and

heightens the probability of severe child abuse and neglect. Kepple (2018) stated if the mother's usage of substances intensifies, so does the impact of impairment and the mother's ability to attend, interpret, decide a response, and execute a decision related to their children's words or actions.

Parenting is comprised of a vast range of emotions and behaviors, including the accurate perception of their child's cues and appropriate response to their needs (Porreca et al., 2018). Parenting also encompasses the provision of supervision, protection, and nurturance to comprehend the child's view of their world as they develop (Ainsworth, 1969). Psychological well-being plays a critical role in discerning the child's needs based upon the child's cues (Belsky, 1984). The presence of psychopathological symptoms in the parent, such as depression or anxiety, can be induced by psychoactive substances; for example, cocaine strongly correlates with elevated depression and cognitive deficits, which individuals who have difficulty with SUD may have a more significant problem practicing the techniques provided during treatment, such as relapse prevention strategies (Mahoney, 2019).

Parental cognitive functioning requires executive functioning (EF) which is known for various cognitive processes, such as cognitive flexibility, emotional regulation, and inhibition. This domain of parental cognitive functioning is accountable for controlling their children according to their needs and developmental stage (Sankalaite et al., 2021). EF is essential to interface with a child in a tactful, sensitive manner, regulate hormonal responses during difficult circumstances, and create an opportunity for the mother to be flexible in their engagements with their children

(Sankalaite et al., 2021). Porreca et al. (2018) stated some studies report associations with parents having low EF skills and usually being less optimistic and competent in managing intense emotions. Maternal SUD in the context of high-risk parenting is universally recognized as a condition that profoundly disrupts the functions of parenting and the child's development (Parolin & Simonelli, 2016).

Researchers suggested that substance use employs a particular impact on parenting, modulating the circuits of stress and reward responsible for parenting practices (Porreeca et al., 2018). In the context of SUD, NIDA (2018) stated the reward system has been replaced by substances to adhere to the maintenance of addictive behaviors to relieve stress and negative emotions. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and reinforcement of rewarding behaviors. Dopamine is activated when an individual uses any psychoactive substances, and this action makes the individual bodily system rewards our natural behaviors (NIDA, 2018). Overstimulating the system with substances produces effects that strongly reinforce the behavior of drug use (NIDA, 2018).

As a result, stimuli received from children become less salient, as the child's needs become distressing rather than satisfaction from rewarding self by meeting the needs of their offspring (Kim et al., 2017). Cocaine and other psychoactive substances can cause mothers to engage with their children with less sensitivity, more hostility, and poor child engagement (Cataldo et al., 2019). The presentation of being irritable and unable to regulate emotions can evoke adverse emotional reactions to the child from the parent due to the SUDS. Goldberg and Blaauw (2019) reported children of parents with

SUDs are at risk for abuse, which has the potentiality to manifest in severe emotional, physical, and psychological trauma. Rostad et al. (2018) stated that families who have children at risk for child maltreatment are referred to interventions driven to promote positive parenting practices and child development to educate the mother on how to communicate effectively, interface, and manage behaviors of their child.

Parenting Styles

Baumrind's (1971) development of parenting styles provided a framework from which subsequent parenting research was shaped. Parenting plays a crucial role in child development, which is the catalyst for research examining the impact of parenting on child development for the past 75 years (Kuppens & Ceulemans, 2018). There are various strategies to probe parenting. Researchers considered parenting practices, dimensions, or styles as frameworks to expound on parent-child interactions (Kuppens & Ceulemans, 2018). Bi et al. (2018) defined parenting style as an assemblage of parents' behaviors and attitudes directed at the children and the type of emotional climate created by the parents to express their behaviors. Scholars acknowledge the distinction between two types of parental dimensions: behavioral control and psychological control (González-Cámara et al., 2019). Parental behavioral control is comprised of parenting behavior that strives to control, manage, or regulate child behavior, by enforcing boundaries, disciplinary strategies, rewards, and punishment, or through supervisory functions (Barber, 2002; Maccoby 1990**;** Darling & Steinberg, 1993). While parental behavioral control refers to setting limits and enforcing rules for their children, it also involves the extent the parent is aware of their children's activities (González-Cámara et al., 2019).

Baumrind (1966, 1967, 1971) is a pioneer of research into parenting styles and child development associations. Estlein (2016) defined parenting style as parents' attitudes regarding childrearing and their practices to socialize their children. Parenting style refers to the broad pattern of techniques and behaviors implemented by parents to discipline their children. McKinney et al. (2017) stated parents select their discipline strategies. Hoffman (1963) introduced classifications for discipline strategies, such as power assertion (e.g., corporal punishment), love-withholding (e.g., expressing dislike of the child), and induction (e.g., explaining rules and consequences). Flouri and Midouhas (2017) stated love withdrawal and power assertion create negative implications for children as their behavioral responses may be aggressive and emotionally dysfunctional. Parental discipline is the strategies parents utilize to correct, form, and prepare children to exemplify conduct or of a particular character. Darling and Steinberg (1993) acknowledged parenting styles impact how the child perceives a specific disciplinary action; for example, consistently responsive and warm practices are interpreted differently from methods administered by parents who are rejecting and cold.

Baumrind (1991) introduced a typology with three parenting styles to describe differences in normal parenting behaviors: authoritarian (non-reasoning and demand obedience), authoritative (warmth and reasoning), and permissive (lenient and self-regulation) parenting style. The three types vary in patterns of parental authority and reflect different parental values and naturally occurring patterns of parental behavior. A foundational study conducted by Baumrind (1991) to determine the impact of parenting on a child's growth development was supported by 139 children aged 15 years old whose

behaviors were analyzed from age 4 to 10. Baumrind (1991) created a four-tier classification parenting style, known as the rejecting-neglecting parent, to delineate how parents integrate their child's needs with nurturance and boundaries.

Parenting characteristics include parenting style and discipline and parental psychopathology (McKinney et al., 2018). African American mothers who abuse substances demonstrate harmful parenting practices such as neglect, aggression, and poor parental emotion socialization, associated with parental psychopathology (McKinney et al., 2018). Analyzing the different components of parenting in African American mothers who abuse substances from a biopsychosocial perspective can advance an understanding of the dynamics between the selected parenting style to increase knowledge of corresponding discipline practices with the developmental stage (Cataldo et al., 2019).

African American Mothers' Parenting Styles

Rious et al. (2019) stated it is essential to comprehend differences in the application of and outcomes associated with parenting styles in consideration of African American families' historical and contemporary experiences. A literature review has found more authoritarian parenting in African American families relative to European American families (LeCuyer & Swanson, 2017). Parenting and parenting style are directly linked, which comprises both parental culture and the range of levels of "demandingness," warmth, and behavioral limit setting (Hirani, 2017). African American parenting is different from other American cultures (Voisin, 2017); therefore, if the child perceive authoritarian parenting as normative and identify their parent was warm, the behavioral response should not be dissimilar from the ideal authoritative parenting style

(Rious et al., 2019**)**. In African American culture, authoritarian discipline practices and coercive punishment are routinely used in parenting practices (Grusec et al., 2017).

Baumrind (1971) stated African American mothers who practice strict discipline tend to value control and parental authority over the child's behavior. Crouch et al. (2017) stated that harsh discipline, spankings, vitriolic verbal punishments, and additional physical and corporal discipline methods are standard practices of authoritarian practice. Discipline as an authoritative parenting style consists of low levels of responsiveness and warmth and high levels of control (Baumrind, 1971; LeCuyer, & Swanson, 2017). Patton (2021) reported African American parents are more likely than other races to instill fear to maintain control of their children through coercive punishments and aggressive forms of discipline Patton (2017) believed the cultural phenomena surrounding the authoritarian parenting practice of African American mothers need better understanding to disentangle African Americans from European ideals of a universal standard for parenting style; this action can lead to positive social change.

African American families collectively have undergone many economic, social, and emotional hardships (Assari et al., 2019). Freeman (2019) stated African American mothers were historically not allowed legal guardianship of their biological children since they were the property of the plantation owner or slave master. African American mothers have legally parented their children for the past 150 years (Patton, 2017). African American mothers applied punitive and strict disciplinary measures to protect their children during slavery to prevent them from entangled in troublesome circumstances (Smith, 2019). Harsh discipline practices performed by African American

mothers are rooted in the belief parental punishment is better than punishment from the plantation master (Smith, 2019). A myriad of acts of social injustice, including slavery, have shaped how African American mothers parent and live their lives in contemporary American society.

Intergenerational transmission is defined as the replication of behaviors and executive functioning patterns passed across generations (Bridgett et al., 2015). Parenting is a process that involves continuous interpersonal interactions with their children and other kinship networks, cultural assimilation, and societal constructs that are entwined and relative (Cha & Cho, 2016). African American mothers learn how to engage in interpersonal interactions, society, and culture from their mothers. Intergenerational transmission of parenting is a process; it occurs when former generations influence present parenting attitudes, beliefs, or behavior, whether it is unintended or purposeful (Smith 2020). Perrin et al. (2017) believe the parenting practices and beliefs regarding disciplinary measures are learned behaviors. Santrock (2014), as cited in Smith (2020), argued that parents who practice harsh discipline are more likely to originate from families who utilize coercive punishment; authoritarian parenting practices were seen as an accepted style to curtail negative behaviors.

Several studies have investigated differences in parenting styles for African American mothers in the absence of cultural context (Baumrind et al., 2010). Baumrind et al. (2010) acknowledged the stigmatization regarding African Americans authoritarian parenting styles as their discipline practices are seen as psychologically and physically harsh. For example, a study conducted by LeCuyer and Swanson (2017) on 50 African

American mothers between 18-53 years old with three years-old children was recruited from a U.S. northeastern urban university family practice clinic. LeCuyer and Swanson (2017) collected data was collected in 2016 utilizing a restrictive, authoritarian scale, The Child Rearing Practices Report, which measures maternal attitudes towards respect for authority, obedience, and the narrow range of acceptable behavior. "I teach my child to keep control of his/her feelings at all times" and "I do not allow my child to question my decisions" were statements that reported significantly higher authoritarian attitudes from African American mothers. African American mothers practice authoritative parenting disproportionately greater than other American cultures (Smetana, 2017).

The present-day parenting practice of African American mothers has been heavily influenced by the historical intergenerational transmission of parenting and disciplinary measures. Hemez and Washington (2021) stated children residing only with their mother is the second most common living arrangement in the U.S., a number that has doubled since 1968. About 7.6 million (11%) children lived with their mothers only in 1968 compared to 15.3 million (21%) in 2020 (Hemez & Washington, 2021). The family structure of the African American family is weak. According to the U.S. Census Bureau (2020), 37.9% of African American homes are two parents, a decrease from 88% in the 1960s; the number of multi-parent European-American homes is 75.5%. Presently, 46.3% of African American children live in single-parent (mother-headed) homes, whereas, 13.4% of European-American children live in single-parent homes (mother-headed) (U.S. Census Bureau, 2020).

An absence of the father in the home and poverty can increase the potentiality of abrasive parenting in African American households. African American mothers are more likely to experience low self-esteem, substance abuse, mental health issues, crime, and obesity (Patton, 2017). Parental stress contributes to the likelihood of abusive, coercive parenting practices (Le et al., 2017). The disadvantaged and impoverished urban life comprises stressors that can provoke physical punishment (Grogan-Kaylor et al., 2018). African American mothers may be more compelled to enforce strict control to ensure safety as obedience equates to safety (Smith, 2019). According to Holden et al. (2017) other cultures in America are not coerced to demand strict compliance. Parental use of strict control shown by African American mothers is an example of intergenerational transmission of parenting. Authoritarian discipline practices in the African American community are seen as maladaptive behavior, which has permeated through generations as a cultural normal (Grusec et al., 2017).

African American mothers who are authoritarian thinkers believe the child is aware of or in control of undesirable behaviors exhibited (Crouch et al., 2017). This action can lead to child maltreatment if the African American mother is convicted by her beliefs and values the child is in control or aware of displayed unfavorable behaviors. Smith (2020) stated that African American children who may have social-emotional or psychological deficits are more likely to be disciplined for displaying behaviors out of their control, especially considering their age. African American mothers who possess an authoritarian mindset may believe corporal punishment and spankings are productive, functional, and yield rapid behavioral compliance (Smith, 2020). Immediate compliance

is both a learned parenting concept and an intergenerational parenting style transmission. African American mothers who practice coercive and harsh punishment can threaten the relationship with the child as it affects a reduction in the child's cognitive and social development (Harris et al., 2014).

Discipline Practices

According to the U.S. Census (2017), ethnic minorities represent one-third of the U.S. population; it is essential to acknowledge the racial/ethnic behavioral variations in parenting practices. Parenting practices include discipline practices and how a mother can respond to their child's behavior. It is reflected in the mother's cultural values and intentions to transmit them to their children (Streit et al., 2017). Discipline practices and parental control likely reflect parents' norms, beliefs, and expectations for their children, varying across ethno-racial groups. Streit et al. (2017) stated amongst African Americans that "no-nonsense" parenting is characterized by severe physical punishment, control, and lack of warmth. No-nonsense parenting may be linked to positive, immediate behavioral outcomes as it reflects the mother's concern for their children and safety.

Research indicates amongst diverse cultural, social, and economic groups, violent and nonviolent practices for discipline, such as corporal punishment, represent the most common form of violence experienced by children (Kelmendi et al., 2021). There are four additional discipline practices:

- yelling
- sending the child to timeout
- discussing the child's behaviors with the child

- withdrawing privileges

Power assertive discipline techniques are utilized to amend children's actions without explanation or reasoning, divided into physical or psychological control (Ball et al., 2018). Psychological control refers to parental actions that affect children's psychological and emotional state to negatively affect the child's behaviors (Ball et al., 2018). Del Vecchio et al. (2017) found although African American mothers knew how to discipline effectively, many responded poorly in the moment and was associated with parenting-specific and general anger. Given the affective nature of parent-child disciplinary interactions, it is integral to manage negative emotions and apply appropriate selection and implementation of calm, effective discipline practices. Physical punishments have been linked to a host of adverse social, emotional, behavioral, neurophysiological, and physical effects for children (Taylor et al., 2017). African American mothers who refrained from corporal punishment and resorted to timeout and one-on-one discussions with the child were less likely to induce anxiety, depression, aggression, and low self-esteem, contributing to substance abuse relapse.

Experiences of Applying Discipline Practices for African American Mothers (Substance Abuse Treatment)

Hubberstey et al. (2019) stated the research literature implies that women will respond to preventative services to improve their health, including efforts to stop or decrease substance use or enhance the safer use of substances. There is strong evidence that mothers outlook and preparation to parent their children improve their attendance to prenatal visits and parent-child relationship outcomes when treatment is rendered in

women-centered substance use services in conjunction with prenatal care (Tarasoff et al., 2018). Substance use treatment tailored to women's unique and evolving needs, their children, and the mother-child dyad is effective (Meixner et al., 2016).

Chou et al. (2020) found "fewer than half of women-only treatment programs provide family-centered services such as childcare (19%), transportation assistance (45%), housing assistance (40%), or domestic violence and employment counseling (44%)" (p. 1124). Comprehensive, mother-friendly treatment services create an opportunity for women to have the ability to continue parenting while simultaneously focusing on sobriety. As African American mothers experience themselves as competent through parenting practices and peer support mechanisms in a family-centered substance use treatment facility, the quality of their parenting experiences increases (Chou et al., 2020). Competent parenting has been defined as the style of discipline that promotes the acquisition of abilities necessary to effectively deal with everyday demands while sober (Silva & Sandstrom, 2017).

The qualitative study conducted by Chou and colleagues documented and explored the experiences of 10 mothers; eight were African American women who participated in family-centered residential substance use treatment in the Midwest and have experienced SUDs and mental illness. Each mother was an active participant in received treatment services comprised of parenting classes, community support services, individual and group therapy. Many African American mothers agreed that assistance with parenting in the moment was beneficial (Chou et al., 2020). Parenting classes promote bonding time for parents to engage with their children during groups and

activities. Chou et al. (2020) reported structured activities, such as time out, chores, and familial engagement without electronics, aided the mother in learning different discipline techniques to refrain from yelling and disciplining without coercive punishment. Parental skill-building shifted power in the parent-child hierarchy as permissive parenting style was more prevalent than children adhering to the treatment facility's rules (Chou et al., 2020). African American mothers also reported that the parenting classes provided insight to understand better their children's physical and emotional needs, vital to building stronger connections and healthier relationships (Chou et al., 2020).

African American mothers who underwent the treatment services rendered at the family-centered residential substance use treatment facility acknowledged the essentiality of parent-child interaction therapy and parent management training (PMT). Flynn (2018) stated PMT programs are empirically supported modalities for child externalizing behaviors and evidence-based treatment for prevention and treatment. Social learning principles are the theoretical premise for PMT programs, in addition to behavior theory precepts (Flynn, 2018). The role of parenting style and parental management has been recognized in several social and psychological theories, which highlight the quality of the parent-child interaction in determining different behavioral outcomes during the moment (Silva & Sandstrom, 2017).

Discipline practices maintained through consequences and reinforcement applied by African American mothers help learn how their child's externalizing behavioral issues can be inadvertently shaped. Kemp (2018) stated the American Academy of Pediatrics **(**AAP**)** recommends positive discipline strategies that effectively teach children to

manage their behavior to promote healthy development. To increase prosocial behaviors and decrease undesirable behaviors, Nelsen (2019) encourages parents to validate feelings without rescuing, active listening, involve the children in finding solutions, allowing cooling-off time, and deciding what to do and informing the child(ren) of the consequent and follow-through. Flynn (2018) emphasized the importance of utilizing the social interactional model during PMT programs to practice with African American mothers how modeling the behaviors they encourage and expect from their children is a practical discipline practice.

Influence of Aftercare Services on African American Mothers' Sobriety

Black and Amaro (2019) stated retention in SUD-T is vital to improving long-term recovery outcomes. The measurement of retention is to measure the efficaciousness of substance use treatment outcome at residential treatment centers is post-discharge abstinence (Schmidt et al., 2018). Ross et al. (2019) stated this action is usually expressed as the average percentage of days abstinent during six or 12 months of follow-up or the percentage of patients remaining fully abstinent. Acevedo et al. (2018) acknowledged that continuity of care and timeliness of aftercare treatment is critical after completing a substance use residential treatment program to recovery. Aftercare engagement services rendered within 30 days of discharge from SUD-T are related to higher abstinence rates at one-year follow-up and decreased risk of death two post-discharge years (Acevedo et al., 2018).

Given the importance of continuity of care after substance use residential treatment, it is essential to consider a range of approaches provided simultaneously to

support African American mothers in adhering to aftercare services. Electronic reminders and incentives are less effective than client-level incentives during treatment (Acevedo et al., 2018; Rash et al., 2017). Acevedo et al. (2018) suggested the following interventions be provided during treatment:

- peer support through recovery coaches (Brolin et al., 2017)
- motivational interviewing
- discharge planning
- providing transportation
- accompanying mothers to prepare for the next level of care (Timko et al., 2016)

Existing SUD aftercare treatment approaches are primarily based on acute or intensive care models that focus on reducing symptoms and clinical mood stabilization (Stanojlović & Davidson, 2021). Substance use residential treatment facilities address the needs of African American mothers in recovery for severe to chronic substance use. The treatment model must consider the resistant nature of the mothers engaging in treatment, treatment relapse, dropout, lack of referral to coordinate supportive services in the continuum of care, and the disassociation from sobriety and post-treatment services (Stanojlović & Davidson, 2021). These factors incorporated in the treatment plan for the mother will assist her in being better prepared for discharge from the facility.

Proctor et al. (2017) stated due to the relapsing nature of severe SUDs, continuity of care and support after treatment is critical to maintaining the benefits of recovery stabilization, prevention of relapses, and the reduction of treatment reentry. African

American mothers maintaining sobriety after SUD-T are more likely to enforce parenting skills developed in treatment. The scope of aftercare services includes case management via recovery management follow-ups, an assertion of interest and genuine care, telephone, and virtual-based continuing care, along with self-help meetings (Gonzales-Castaneda et al., 2019). Stanojlović and Davidson (2021) stated over half of the women, including African American women, relapse in the first three months of discharge from substance use residential treatment. Peer recovery coaches can assist with rendering outreach, navigation, and social engagement services to African American mothers during the initial sixty days of their referral to aftercare treatment to bridge the influence of social learning and maintenance of sobriety.

Developing relationships with a network of service delivery agencies increases the probability of adherence to aftercare services, indirectly affecting the mother-child relationship. Dillon et al. (2020) stated some studies indicate African American mothers who report favorable relationships with staff members and perceive their basic needs are being met are liable to remain active in treatment. African American mothers are also prone to experience positive treatment outcomes, such as long-term sobriety, enhanced psychological well-being, and an enriched quality of life (Dillon et al., 2020). African American mothers who complete SUD residential treatment experience greater family cohesion, improved coping skills, and newfound parenting knowledge to generate alternatives to physical punishment. The influence of aftercare services will have significant impacts on the parenting style and discipline practices with their children due to continuing the application of responding effectively to their children's needs.

Summary and Conclusions

Chapter 2 covered an in-depth description of Bandura's social cognitive theory (SCT). Connections were established between Bandura's SCT theory, African American parenting history, substance use residential treatment services, and modeling effective discipline practices to amend parent-child interactions. An overview of family-centered residential facilities segued into an examination of the integrated services in the program and the correlation of improving African American mothers about Baumrind's (1967) parenting styles and discipline practices. Furthermore, there was an exploration of how the parenting training programs are based on SCT, self-efficacy, and Bandura's modeling to amend parenting practices for African American mothers and promote a better mother-child relationship. The concept of aftercare services following completion of a substance use residential treatment program was discussed as it relates to high treatment dropout amongst African American women. Little is known about African American mothers' parenting experiences during treatment in the context of their discipline practices.

Within Chapter 2, both the historical and present-day challenges faced by the African American parent, including the unique, intricate, complicated, and demanding facets of African American parenting. The parent training programs were explored to acknowledge the benefit of parents increasing their knowledge about their parenting styles, discipline practices, and the effects of substance use on their emotional responses towards their children. The chapter concluded with current research detailing synchronicities and associations between authoritarianism, parenting styles of African Americans, and the benefits of a family-centered residential treatment facility to assist

African American mothers with achieving sobriety which indirectly affects how they parent their child. In closing, recommendations were reviewed on supporting mothers with adhering to aftercare services to sustain sobriety.

This present study fills the gap in the literature as parenting practices of 26-40 years old African American women who abused substances will be further explored. The study will extend knowledge in the discipline to inform clinicians, psychiatrists, and other behavioral health professionals of the relevance of providing therapeutic support to encourage recovery maintenance, support amending discipline practices in the moment, and send referrals to establish aftercare services. Chapter 3 contains the overarching research methodology utilizing a generic qualitative approach to semistructured interviews with African American mothers who completed parenting classes and a substance use residential treatment program.

Chapter 3: Research Method

Introduction

In this research study, I explored the experiences of mothers who were African American women who received substance use treatment at a family-centered residential treatment facility. This chapter outlines my rationale for using generic qualitative research as the method for researching this topic and my role as a researcher. Also, this chapter includes information on my participant selection procedures and methods for generating and analyzing data, as well as a discussion of ethical concerns.

Research Design and Rationale

There was a single research question along with a semistructured interview used to guide this study. The main research question was the following: How do African American women aged 26–40 years old who have received substance abuse treatment describe their parenting experiences post discharge from treatment?

Jones and Astin (2017) identified generic qualitative research as a design that is not guided by an established set of philosophical assumptions formatted by the well-known qualitative methodologies (Caelli et al., 2003). Generic qualitative inquiry involves exploring the depth of the research subject rather than predicting outcomes, as this type of research design draws from interpretivist and constructivist paradigms, including the positivist paradigm (Tomaszewski et al., 2020). Creswell and Poth (2018) stated that researchers using interpretivism seek to enhance knowledge by understanding individuals' unique viewpoints and the meaning connected to those viewpoints. Constructivism can be utilized to help African American mothers create their own

knowledge to make sense of their experience after discharge from residential treatment (Creswell & Poth, 2018). Comte and Bridges (1856) claimed that observation, experimentation, and reason based on experience should be the premise for understanding human behavior. Therefore, observation, experimentation, and reason based on experience are the only justifiable means of expanding human understanding and knowledge. The current research question was specifically designed to be addressed using generic qualitative analysis.

The qualitative research design used in this study involved "a process of experimentation that is used to explore observations and answer questions" (Kivunja & Kuyini, 2017, p. 30). According to Nowell et al. (2017), a qualitative researcher is the instrument for collecting and analyzing data. The researcher also expounds on the research questions after making judgments regarding the evaluative process for the data shared by research participants. Qualitative researchers also assure trustworthiness and rigor (Nowell et al., 2017).

Role of the Researcher

In the generic qualitative approach, the role of the researcher is guiding readers to discover and understand the essence of an experience and the worldview of the individuals involved (Bradshaw et al., 2017). Within the generic qualitative approach, the phenomenon of interest is explored with participants in a particular situation and from a distinctive conceptual framework, with the research question related to the meaning of the experience (Bradshaw et al., 2017). Through this study, I attempted to share the world as experienced by the participants through their experiences in the quality of the generic

qualitative approach. As part of the research process, researchers acknowledge and consider their emotions during research, primarily during data analysis (Cole et al., 2015).

I became deeply intrigued by this research topic when employed as an investigator and assessor for CPS. During my time protecting the welfare of the children, I observed strained mother–child relationships. There were variations of interactions between the mothers and their children; those who abused substances tended to be more lenient and passive in their parenting styles. African American mothers who were single parents were harsher in their discipline practices, with minimal affection. After daily observation of familial relationships, I became interested in the parenting classes, outpatient substance use treatment centers, the quality of life for the mothers, and the influence of those factors on their discipline practices. Meulewaeter et al. (2019) stated maternal substance use is associated with maladaptive parenting practices, emotional unavailability, and disruptive attachment patterns in children.

With a more comprehensive treatment service provided at the substance use residential treatment facility, I desired to learn more about parents' experience improving their parenting skills and knowledge. Many African American mothers do not seek substance use support due to social stigma, fear their children will be removed from the home, and lack self-efficacy to abstain from substance use and tend to the needs of their children. Residents of the treatment facility can adhere to their responsibilities as parents can enhance their parenting skills while abstaining from substance use. I had no personal relationships with participants that involved power over the participants in this research.

I conducted the research questions in a neutral tone, as I was only interested in listening to the participants share their experiences. I grasped a clear understanding of African American women's parenting experience between 26 and 40 years of age and how substance use treatment influenced their discipline practices with their children. I avoided allowing my presuppositions to taint the authenticity of the mothers I worked with within CPS versus the mothers I interviewed. Next, I filled the existing gap in literature while promoting positive social change among behavioral health professionals to enhance the coordination of care and motivation for participants to follow through to meet their needs adequately. This generic qualitative research was under the oversight and guidance of an experienced dissertation committee. It was crucial to recognize my own biases to protect the study's trustworthiness and safeguard the integrity of the data.

My role as a researcher necessitated identifying assumptions and biases at the onset of this study. I believe my professional experiences heightened my knowledge of awareness and sensitivity to the experiences described in this study.

I supported the participants in feeling comfortable and not judged during the interviews to assist in building a positive rapport. I believe my experiences enhanced my knowledge, allowed for sensitivity to the experiences discussed in this study, and facilitated awareness of this social problem. I ensured relative objectivity by completing a self-assessment and being self-conscious about my views and how my position could directly or indirectly influence the design, execution, and interpretation of the research data findings (Holmes, 2020). Throughout the research, I was respectful and transparent

to participants' reflections of events, thoughts, and opinions while setting aside my experiences to understand those of the participants.

Baksh (2018) stated that bracketing requires the researcher to purposefully put aside experiences and beliefs concerning the phenomenon before the research process. Additionally, the use of bracketing mitigates adverse effects of unacknowledged preconceptions related to the research, increasing the study's rigor (Baksh, 2018). I worked with clients who had experienced trauma; therefore, I was clinically prepared to support the research participants while adhering to a professional role. I did engage in mental health therapy with the clients; with the same tenets of rapport, I applied empathy and warmth to prevent research participants from becoming disengaged and triggered.

Methodology

Generic qualitative methods are vital to understanding context, viewing new phenomena from various perspectives, and creating, refining, and extending theory (Kegler et al., 2019). This approach uses intensive interviews to focus on motivations and meanings that underlie personal experiences, a myriad of issues, and detailed comprehension of thought processes in the social world (Aspers & Corte, 2019). Generic qualitative inquiry provides data about the human side to understand daily human experiences and the associated complexity in all its natural settings (Cleland, 2017). Korstjensa and Moser (2017) stated that it is essential for a researcher to reduce their interference with an individual's natural settings. This action can capture the essence of how individuals internalize and experience.

Generic qualitative approaches are known to recognize the experiential life of individuals; the researcher provides a thick description of the participants' perceptions, behaviors, and meaningful emotions related to the phenomenon (Korstjens & Moser, 2017). Generic qualitative research focuses on the subjective meanings and the objectivity of behaviors and natural settings, with the researcher serving as a binding instrument; it includes the inductive analysis of data and utilization of multiple data sources (Aspers & Corte, 2019; Creswell, 2009). As a researcher studying African American women post discharge from a substance use residential treatment facility, I interpreted the study of parental discipline based on the meanings of the mothers.

Social Cognitive Theory

The movement of SCT has evolved in multiple directions under the guidance of philosophers such as Holt, Brown, Miller, Dollard, and Bandura. Bandura was one of the key influencers who advanced and theorized Holt's social learning and imitation theory. Holt and Brown (1931) theorized that the action of an animal is based on feeling, desire, and emotion; they also predicted that an individual cannot learn to imitate until they are replicated. Miller and Dollard (1941) argued that an individual is motivated to learn a particular behavior through observation and solidifies the learned action if the reward is positive reinforcement. Evan and Bandura (1989) noted that one of Bandura's significant contributions in 1961 and 1963 focused on how behaviors are learned from children displaying aggressive behaviors, as demonstrated through a series of studies known as the Bobo doll experiment.

Within this theoretical framework, human self-development, adaptation, and change are recognized through triadic reciprocal causation (Bandura, 1986). According to Bandura (1986), triadic reciprocal causation occurs on a personal level in the form of affective, cognitive, and biological processes. It involves how an individual behaves, with the interaction of determinants operating within the context of environmental events.

The goal of SCT is to explain how people regulate their behavior through control and reinforcement to achieve goal-directed behavior to be maintained over time (Schiavo et al., 2019). SCT postulates a core set of determinants such as (a) goals, (b) sociocultural factors, (c) outcome expectations, and (d) self-efficacy that interact with one another to influence behavior (Gothe, 2018).

SCT acknowledges that human functioning is rooted in social systems operating in a network of socio-structural influences (Bandura, 2005). The central concept of SCT is reciprocal determinism between an individual, their environment, and behaviors to achieve a specific goal (Bandura, 2005). SCT is founded in an agentic perspective (Bandura, 1986, 2001). There is an interdependence between personal agency and social structure. As Bandura (1999) stated, human activity creates social networks to manage, direct, and regulate human affairs. The practices of sociostructural constructs assess resources and opportunities for self-development and functioning within the bidirectionally of influence between five additional constructs: behavioral capability, observational learning, reinforcements, expectations, and self-efficacy (Bandura, 1999). Bandura (1989) acknowledged the importance of self-efficacy, an individual's belief about their capabilities to enforce control over events that affect their life. Bandura

(1977) claimed that there is a direct correlation between behavioral change and an individual's perceived self-efficacy. Self-efficacy derives from four sources: (a) vicarious experience, (b) physiological states, (c) verbal persuasion, (d) and performance accomplishments (Bandura, 1977).

SCT has been found to be the methodology that best explores how an agent influences self-development, change, and adaptation to influence their functioning and life circumstances (Bandura, 2012). Proponents of SCT disapprove of the dichotomous ideology of self as an agent and object (Bandura, 1989). Individuals influence their environment equally as they influence themselves. Individuals utilize their cognitive and behavioral skills to produce desired results within their environments; as an agency governing themselves, individuals monitor their actions and enlist personal incentives to actualize interpersonal changes (Bandura, 1989). Those who use this methodology attest that humans have the power and the capability to effect changes through collective and personal action (Bandura, 2012). Furthermore, researchers of SCT assume that people learn through social modeling and by experiencing the effects of their actions (Bandura, 2011). Implementing SCT as an exploration approach gave the best opportunity to voice the experiences of African American mothers in the context of this study.

Participant Selection Logic

The participants for this study consisted of African American mothers aged 26 to 40 years old who experienced substance use and received support in a residential treatment facility. A criterion sampling of eight to 12 participants was accessed until saturation was reached from an identified residential treatment facility in the United

States. Criterion sampling involves selecting participants who meet predetermined criteria of importance relative to the participants' experiences with the phenomenon under study (Korstjens & Moser, 2017). Creswell (2012) stated that the selection of participants should represent the homogeneity amongst the sample pool of the participants.

Participants who were part of the Walden University's participant pool were invited to participate in the study. Flyers were placed in Maryland's local family substance use residential treatment facilities (see Appendix A). An introduction to the research was posted on the flyers, including researcher contact information. Participants were contacted for a telephone screening, including an introduction to the researcher and study before the initial interview to ensure eligibility for this research (see Appendix B). Participants completed the program of a residential treatment facility before research to capture how African American mothers practiced parental discipline post discharge from treatment. Participation was based on self-reports, with only those reporting completion of the program being included in this study. A debriefing handout with resources (see Appendix C) and a list of local outpatient mental health services was provided to participants if they experienced emotional distress or anxiety because of my interview with them (see Appendix D). Only participants meeting the following criteria were selected for this study:

- 26 years old or older
- experienced substance use
- currently or have been a mother

- not currently in a state of crisis
- have undergone substance use treatment in a residential setting

Instrumentation

Researchers conducting generic qualitative studies often use open-ended questions to elicit rich evaluative responses from participants (Chafe, 2017). I interviewed eight to 12 participants, all African American mothers who had completed a family-centered substance use residential treatment program. All participants were asked to discuss their experience with parental discipline post discharge from substance use residential treatment. I requested that the participants share the parenting material with me that was provided in the parenting course during treatment for additional data collection sources.

Semistructured interviews were used to understand the experiences of eight to 12 African American mothers between the ages of 26 and 40 who completed substance use treatment in a residential facility. I met with each potential participant via Zoom and completed a telephone interview to adhere to the COVID protocols. Each participant was emailed an informed consent. Participants were informed that they would be recontacted after the interview to review what they shared with me during the interview. Once each participants' informed consent was acknowledged and received, I conducted an interview based upon the participant's and my availability. Each interview was audio recorded using a transcription service titled Otter.ai for accuracy purposes. After completing each interview, I reminded the participant that I would make contact to review the transcript for accuracy to improve internal validity.

Procedures for Recruitment, Participation, and Data Collection

I collected data by interviewing eight to 12 participants using eight structured questions for this generic qualitative study. The researcher utilized Walden University's participant pool and placed flyers in Maryland's local family substance use residential treatment facilities to invite participants (see Appendix A). Additionally, criterion sampling and referrals were also screened for participation. Scholars use a generic qualitative approach to understand different perspectives on various experiences through an interview process to gain insight from participants regarding a limited understood phenomenon (Kim et al., 2017). Initially, I asked interested participants to contact me via a phone. During this first form of contact, the parameters of my research were discussed before scheduling the Zoom ® or teleconference with the participant. Participants and I identified a convenient time and date for the scheduled interview via Zoom® or teleconference.

A protocol consisting of semistructured interviews utilizing an interview guide was conducted via Zoom® or teleconference in a safe, private location for both the participant and the researcher. The duration of data collection was average 30 minutes to 45 minutes. Interviews were conducted to discuss and inquire about the participants' experiences in detail.

It is necessary to use structured interviews and ask multiple participants the same questions to ensure additional data do not lead to new emergent themes or codes to achieve data saturation (Saunders et al., 2018). My data collection involved retrieving information using semistructured interviews. At the beginning of each interview, I

reviewed and confirmed the participants consented to the study with the attached consent form. The interviews were comprised of structured open-ended questions allowing participants freedom to be comfortable and delve deep into the subjective nature of their experience of the flow of the discussions (DeJonckheere & Vaughn, 2019). A directive style of questioning was used if needed for participants to elaborate more on information provided for clarity purposes.

All Zoom or teleconference interviews were audio recorded using transcription software titled Otter.ai. The transcription process began by breaking down each interview word by word, modifying identifying information, and addressing corrected transcripts. All-digital audio recordings were transcribed verbatim using the advanced tool after each interview was conducted. A follow-up telephone interview was held to clarify responses if more details are needed. While Otter.ai offered an efficient alternative to human transcription, the researcher meticulously checked the transcripts to ensure accuracy, filled in missing details, or edited for context and readability (McMullin, 2021). I emailed the participants the transcriptions and requested their permission to utilize the data to ensure accuracy and validity. All interviews were digitally recorded to increase authenticity. De-identified data is maintained for five years per the university's expectations.

Upon completion of the interview, participants were provided a debriefing handout with resources (see Appendix C) and a list of local outpatient mental health services if they experienced emotional distress or anxiety from my interview with them (see Appendix D). The debriefing provided participants with a full explanation of the

study and how their responses answered the research question. After the study was completed, the participants received an email to ensure all participants received a debriefing form. There was not associated follow-up procedures, such as the participants returning for follow-up interviews.

Data Analysis Plan

Qualitative data analysis gives meaning to a data set to include semistructured interviews, observations, and images (Lester et al., 2020). Qualitative data analysis is often aligned with a particular methodology, theoretical perspective, and research tradition (Lester & Lochmiller, 2017). Generic qualitative analysis characterizes a phenomenon by identifying patterns in the data to respond to the research question(s) (Loeb et al., 2017). The qualitative content analysis systematically transforms a large quantity of text from the interviews to identify categories and connections, develop themes, and offer well-reasoned, reflective conclusions (Erlingsson & Brysiewicz, 2017). Textural descriptions of transcribed data was created, continuously building abstract conceptual linkages, requiring synthesis and creative insight to reconstruct an interpretation. The analysis of raw data from verbatim transcribed interviews requires documentation throughout the process to enhance the credibility of findings (Erlingsson & Brysiewicz, 2017). I utilized generic qualitative interpretations to capture the participants' experiences as a part of reporting results to ensure clarity and meaning to the participants.

According to Kiger and Varpio (2020), thematic analysis is an appropriate analysis method to understand experiences, thoughts, or behaviors across a data set. The

primary tool for analyzing data using the generic qualitative inquiry approach is thematic analysis, to create central themes from verbal data (Maguire & Delahunt, 2017). The reflexive approach to thematic analysis emphasizes the researcher's active role in the production of knowledge (Braun & Clarke, 2019). Reflexive thematic analysis (RTA) is "considered a reflection of the researcher's interpretive analysis of the data conducted at the intersection of (1) the dataset; (2) the theoretical assumptions of the analysis, and; (3) the analytical skills and resources of the researcher" (Byrne, 2021, p. 3). Transcripts from digitally recorded interviews was the primary source for data analysis. I utilized the RTA method to develop codes to represent an understanding of the researcher's interpretations of patterns of meaning within the dataset (Byrne, 2021). Finally, researchers then transcribe specific quotes of interest from the recording (Parameswaran et al., 2020).

This study set out to understand the experiences of African American mothers' parental discipline who completed a substance use program in a residential treatment facility. The research questions for this study aimed to examine the experiences of parenting for African American women aged 26-40 who received substance abuse treatment and parenting classes for discipline post-discharge from treatment. The qualitative phase of this study involved 10 semistructured interviews, estimated to last approximately 30-45 minutes with each participant. Participants were comprised of African American women who earned a certificate of completion from the program of a residential treatment facility.

Participants were questioned on their attitudes regarding the program's influence on how they discipline their children, how their parenting skills changed since discharge

from the facility, and their attitudes towards disciplining their children while maintaining sobriety. During the interviews, I utilized the interview guide to address each of these critical topics. However, discussions were guided by what I interpreted as meaningful to the interviewee and incorporated their experience with the substance abuse treatment program.

The research question for this study was addressed within a paradigmatic framework of social constructivist and situated learning. A fundamental principle adopted for this study was to reflect on African American mothers' accounts of their attitudes, opinions, and experiences as faithfully as possible while also accounting for the reflexive influence of my interpretations as the researcher. I feel RTA is highly appropriate in the context of my study's underlying theoretical and paradigmatic assumptions. RTA allowed me to ensure qualitative data is collected and analyzed in a manner that expresses the subjectivity of participants' accounts of their attitudes. RTA also acknowledged and embraced the reflexive influence of my interpretations as the researcher.

The six-phase process for conducting reflexive thematic analysis was appropriately detailed and punctuated throughout my study. First, I familiarized myself with the data, as the data should be orthographically transcribed, noting pauses, tones, etc., on behalf of both the interviewer and the participant (Braun & Clarke, 2013). I was cognizant as the analysis is not a linear process; it is recursive and iterative (Braun & Clarke 2020). Iuploaded the transcribed interviews created by the Otter.ai software in NVivo. NVivo is a qualitative data analysis software to assist researchers with organizing

and analyzing the interview to identify recurring themes, categories, and codes to synthesize responses to the research questions.

According to McMullin (2021), NVivo allows qualitative researchers to engage in the live coding of audio or video files. I used NVivo for this generic qualitative study to locate codes to highlight significant keywords and statements from the interview with the participants to describe their experiences. In RTA, I utilized NVivo to generate and review themes (Byrne, 2021). As the researcher, I defined and named the themes to highlight significant statements and keywords from interviews to describe the essence of participants' experiences (Braun & Clarke, 2012). Terry et al. (2017) recommended synthesizing and contextualizing data when reported in the results section as the write-up of qualitative research is interwoven into the entire analysis process.

Issues of Trustworthiness

Trustworthiness is a way researchers can justify their research by establishing clear, rational descriptions of procedures collecting data and a transparent method to translate the data to acknowledge unto readers the research findings are worthy of attention (Nowell et al., 2017). Lincoln and Guba (1985) introduced the criteria of credibility, transferability, dependability, and confirmability to determine if a study establishes trustworthiness. From the recruiting methods to the data transcription, Johnson et al. (2020) stated that the nature of the relationship between the researcher and the study participants could change and influence the trustworthiness of data. Trustworthiness can also include self-disclosure of preconceptions regarding the research. This may delineate the researcher disclosing professional or personal experiences. A part

of my trustworthiness in my professional experiences heightens my knowledge, awareness, and sensitivity to the experiences described in this study.

To ensure the trustworthiness of my research, I included member checking, prolonged engagement, persistent observation, and triangulation. I gathered thick and rich descriptions of African American mothers' experiences regarding parental discipline post-discharge from a substance use residential treatment facility through interview questions (see Appendix E), notes, and audio recordings. Research participants were asked to review the completeness and accuracy of an interview transcript to ensure the document truthfully reflects the intent and meaning of their contribution (Johnson et al., 2020). I asked open-ended semistructured questions to fully explore participants' experiences, behaviors, and perceptions (Tenny et al., 2021). Data collection for this study included one-on-one interviews, note-taking, and discussions with participants. I met with my dissertation methodologist and chair to discuss the data collection and analysis process.

Credibility

Korstjens and Moser (2018) acknowledged credibility as the confidence placed in the truth of the research findings. Credibility establishes whether the research findings represent plausible information drawn from the participants' data and accurately interpret the participants' original views (Forero et al., 2018). Strategies to ensure credibility are prolonged engagement, persistent observation, member checking, and triangulation (Korstjens & Moser, 2018). I secured prolonged engagement by creating a lasting presence and strong rapport to build rich and thick data about their experience during the

interview. I delineated persistent observation by examining the characteristics of the data by reading and rereading the data, developing and analyzing the codes, and studying the data until the theory provides intended depth of insight. I ensured credibility is established through member checking by reviewing transcripts. Member checks were viewed as an essential technique in establishing dependability because it increased the depth of data and provided researchers the opportunity to distinguish their subjective biases and accurately present participants' experiences (Loubere, 2017). Data collected from the interview and parenting class materials presented to the researcher illustrated triangulation to confirm or refute interpretations, assertions, themes, and conclusions of the study (Creswell, 2013).

Johnson et al., 2020 stated the results of a study could have greater credibility and confirmability if a theme or theory is validated using multiple sources of data. My dissertation methodologist and chair guided me through data collection and analysis to check credibility and trustworthiness through this research process. Credibility will display an accurate and truthful depiction of African American mothers' experience of their parental discipline post-discharge from a substance use treatment facility (Cypress, 2017).

Transferability

I enhanced transferability by using the criterion sampling method and providing a thick description and robust data, with a wide range of contextual descriptions of African American mothers' experiences by routinely reviewing the texts. Transferability is achieved when the researcher describes the research process to enable the reader to assess

whether the results are transferable to their setting or other situations (Korstjens & Moser, 2018). The researcher addressed transferability in this study by providing sufficient data about African American mothers who completed a substance use treatment program in a residential setting. Transferability was tended by providing enough detail of the participants' lives, contextual details, and richly layered theoretical expressions for findings to resonate with another context (Smith, 2018).

Dependability

Dependability is a part of a study being rigor as the researcher demonstrates ethics, integrity, and competence throughout the conduction and report of the study (Langtree et al., 2019). Nowell et al. (2017) stated the researcher could delineate dependability by ensuring the research process is logical, traceable, and documented to be replicated. Researchers should strive to provide sufficient information provided "such that another researcher could follow the same procedural steps, albeit possibly reaching different conclusions" (Stenfors, 2020, p. 598).

My dissertation methodologist guided me through criterion sampling, data collection, data analysis, and member checking during my research. This study showed dependability with an audit trail. An audit trail will include securing and maintaining transcripts, notes, and digital recordings (Lincoln & Guba, 2011). Accordingly, my dissertation methodologist examined my audit trail to determine if my coding, data analysis, and research are consistent and aligned.

Confirmability

Confirmability is comparable to neutrality in quantitative studies and attests the results of the study are impervious to the researcher's assumptions, characteristics, and biases (Langtree et al., 2019). Confirmability was established by connecting data, analytical procedures, findings and consistently following these steps in the audit trail (Lincoln & Guba, 2011). Researchers can achieve confirmability through reflexivity. According to Cypress (2017), reflexivity requires the researcher to increase their self-reflection regarding their possible predispositions and biases brought to the study. I documented my introspections daily in a reflexive journal throughout the research process. This action will maintain self-awareness of my role as the sole instrument of this study and adhere to the principles of confirmability.

I discussed with my dissertation committee any biases I inadvertently may have included in the data analysis to add confirmability to my research. In generic qualitative research, the researcher's biases, assumptions, beliefs, and presuppositions are set aside with a method called bracketing (Cypress, 2017). Therefore, I tried not to influence the understanding of the phenomenon by the participants to enhance the reliability and validity of the study.

Ethical Procedures

Participants for this study who were African American mothers and completed a substance use residential treatment program women were selected for this study. As a requirement for studies involving human subjects, Walden University Institutional Review Board also requires certification from the National Institute of Health (NIH).

Confidentiality was addressed and viewed as a highly significant value to build rapport and maintain trust. Protocols to ensure confidentiality were characterized by assigning letter numbers and pseudonyms to participants (for example, T2-Tiffany). Participants acknowledged their role in the study and their right to cease participation at any junction through the informed consent procedures.

According to Page and Nyeboer (2017), the need for research ethics oversight was due to research misconduct and mistreatment of research participants; there was a call to action to protect the welfare of the participants and the integrity of the research. An additional ethical consideration is the researcher ensuring the plans for data collection, utilization, dissemination, and archiving of field notes are clearly explained in the institutional review board request and approval. Phillippi and Lauderdale (2017) stated items as field notes minimize bias as the "field notes contextualize the study and provide perspective on participants' lives that can be useful when looking at the data in the future or examining perceptions across time" (p. 383).

Agreement to Gain Access Through Informed Consent

Walden University requires that the Institutional Review Board have on record a copy of the certificate of completion adhering to the protection of human research subjects. In addition, a letter to participants stating the nature of the study, including the voluntary component and the minimal risk, was presented. The researcher discussed the informed consent with participants, and each woman was advised that she could cease participation at any time during the interview.

Descriptions of Ethical Treatment of Human Participants

The specific vulnerabilities of African American mothers who received treatment in a substance use program in a residential setting were addressed throughout the literature concerning addiction, difficulty practicing healthier parental discipline, available support networks postdischarge from treatment, and what it means to redesign lifestyles to allow them to be a mother who practices appropriate parental discipline with a sober mind. As basic vulnerability levels, trust is a primary issue. The literature addresses the difficulty of mothers leaving their familiar environment to reside in a treatment facility with their children to trust in the behavioral health system to provide for the family's well-being while she strives for sobriety. African American mothers' vices are exposed; should the mother fail to comply with treatment protocols and adequately care for her children's needs, she is vulnerable to a Child Protective Services (CPS) case being reported.

Personally, my initial goal was to convey sincere regard for each participant as a human being whose narrative and responses to the interview questions hold value beyond a mere research study. Secondly, I wanted to meet the established goals and ethical standards with human subjects in the most cognitively and emotionally trustworthy manner possible. I deeply appreciated African American mothers who agreed to participate in my study, despite disclosing my former position as a CPS investigator and mandated reporter and providing a tangible incentive of a $10 gift card.

I was conscientious of my body language, voice, physical presentation, and demeanor throughout the conduction of the research. I greeted each participant rather

than direct her to become comfortable during the interview. Research participants were reminded the sessions will be audio and live recorded. The recruitment flyer was reviewed with the opportunity to ask questions, the intent to not cause harm was stated, and the conditions of the consent form were checked before signing. Participants received information about the recording equipment, the microphone, and the computer screen positioned not to distract. Each of the eight open-ended structured interview questions were asked, follow-up checking was reminded, and debriefing information was given. Each participant was thanked and emailed their gift card at the conclusion of the interview.

Ethical Concerns Related to Recruitment and Data Collection

I was viewed as an outsider as a researcher, independent of my former position as a CPS investigator. The residential treatment facilities required the director of each program to grant permission to interview, review the recruitment flyer and consent form, and determine who met the study's criteria for inclusion in their respective program. Those who met the requirements became the pool of participants' the IRB mandates, disclosure, and conditions in writing, which were integral to participants' informed consent. Disclosure and needs specific to the unique situation of interacting with African American mothers included assurance that participation is voluntary and that agreeing to participate would not affect post-discharge outcomes either positively or negatively.

To the best of my knowledge, all parties involved met all conditions as stipulated. The recruitment flyer and informed consent letter was shown on Walden University's participant pool and presented individually to each volunteer participant on the interview

day. The recruitment flyer included the nature of the study, the time requirement of participants, what data would be collected, and the strategy used to collect these data. The informed consent letter referenced IRB standards related to recruitment, including voluntariness and right to terminate at any point, disclosure of my CPS position and duties concurrent with me as the researcher, confidentiality, and agreement.

Data collection occurred throughout individual face-to-face semistructured interviews, which lasted approximately 45 minutes each. An audio-only recording device and laptop software with onscreen real-time voice-to-text capability served as mutual confirming support. Recalled observations and researcher reflections were logged immediately following each interview. Digital recordings ensured accuracy and eliminated transcript data analysis and ambiguity. All participants were asked about their satisfaction associated with the process. Participants had the option to decline interest in or need further contact to confirm or deny the accuracy of their responses or challenge the data.

Treatment of Data

All notes, drafts, audio-only, and the onscreen digitally recorded interviews transferred from the audio-only recording device. The laptop hard drives to a new, unused jump drive, and the hard drive petition will be wiped clean. The transcript printout, consent forms, and hardcopy notes and drafts were placed into a single binder. The jump drive and binder are stored in a metal file with a locking device in my residence, where I am the only access source. The data will remain with me for five years, after which time all data will be destroyed.

Personal Ethical Issue

This study met stringent requirements and approval by the IRB of Walden University. Although my former career status was a CPS investigator with the Department of Social Services, personal ethical issues were minimal. African American mothers in the study were from a city and county different from where I work and live. None of the community partners involved in arranging access were known to me. As a result, no conflict of interest or concerns existed with participants from Maryland's residential treatment facilities employees or Walden's participant pool. Possible personal bias based on experience was addressed and kept in check through bracketing.

Summary

In chapter three, I introduced the method of recruitment, selection, and engagement of participants in the study occurred as established by Walden University and IRB standards. African American mother's experiences with parental discipline post-discharge from a substance use treatment facility were the theoretical lens by which generic qualitative inquiry was explored. The research question sought to understand parenting experiences for African American women aged 26-40 who received substance abuse treatment and parenting classes for discipline post-discharge from treatment.

After examining several research approaches, I determined that semistructured open-ended interview questions with approximately eight participants would provide rich, descriptive data. All precautions was taken not to harm participants, informed consent will be established, and my role as the researcher will be clarified. My role as the researcher did not conflict with the ability to listen to the participants share their

experiences as I understood the mother's parenting experience and how substance use treatment influenced their discipline practices with their children.

A criterion sampling was utilized at any United States' residential programs that house mothers and their children while the mother pursues sobriety to tend to their children's needs. Incentives for participation will be $10 gift cards. Bracketing, journaling, and the use of an audit trail addressed issues related to credibility and trustworthiness. A reflexive approach was incorporated to minimize bias. Confidentiality was addressed from an ethical standpoint with adherence to Walden University and IRB for the National Institute of Health certification. Finally, storage and disposal of data within a five-year timeframe as stipulated by Walden University and IRB was addressed. In Chapter 4, I reviewed the study's results, including the setting, the data collection process, and the subsequent emergent themes that will evolve in the study's outcome.

Chapter 4: Results

Introduction

The purpose of this generic qualitative study was to gain a deeper understanding of the experience of African American women aged 26–40 years of how substance use treatment influenced their discipline practices with their children. The study's purpose was to extrapolate meaning from the perceptions of eight African American mothers across the United States. In this chapter, I describe the strategies used to recruit participants, the setting, the data collection and analysis procedures, and the study results. The objective of the study was to capture the lived experiences associated with the parenting practices and discipline learned at the substance use residential facility with the intent to develop meaningful comprehension of the experiences. I proposed the following research question to eight participants: How do African American women aged 26–40 years old who have received substance use treatment describe their parenting experiences post discharge from treatment?

Setting

In this chapter, I describe the strategies utilized to recruit participants and collect and analyze data. I interviewed participants via Zoom in a secluded area behind locked doors to maintain privacy during data collection. There were no individuals within 250 feet of my office where I conducted the interviews in a secluded room. I suggested to participants that they complete the interviews in a private area. All the participants complied. All interviews were conducted as described in the documents approved by Walden's IRB on September 30, 2022. The results of the data analysis are presented. The

chapter concludes with a review of data trustworthiness. No significant divergence adversely affected the participants' role and welfare or the quality of the data and analysis. I incorporated strategies to minimize researcher bias.

Data Collection

I used a criterion sampling strategy to recruit eight participants from Walden University's participant pool. As the researcher, I conducted a 10-minute screening interview to ensure that participants met the inclusion criteria for the study per the recommendation made by the IRB. Prior to the official interview, all participants received informed consent and replied to the email "I consent." I printed and filed all electronic copies of the informed consent signature page in a locked filing cabinet.

Eight semistructured interviews containing eight subquestions comprised this study's data collection method. One potential participant declined to participate before her interview because she was still determining if she would receive a Visa or Amazon gift card. Eleven potential participants scheduled the screening interview but did not complete the interview. Four of those participants scheduled the official interview yet did not arrive at the interview at the scheduled date and time. At the beginning of each interview, participants acknowledged that the interview would be audio recorded as explained in the consent form. After each interview, I affirmed with all participants that they would receive an email to schedule an interview to review the accuracy of the transcriptions. Before ending each call, participants had the opportunity to extend additional information. I thanked each participant for their time and willingness to participate in the research study. Interviews were conducted via Zoom from my home

office with a closed door, in a secluded area away from distractions. Interviews ranged from 15–30 minutes in length.

Each interview was digitally audio-recorded utilizing Otter.ai digital transcription services. I manually transcribed each interview, attaching a pseudonym to protect each participant's confidentiality. The transcribed interviews were all saved in Microsoft Word format. Throughout the interviews, I took minimal field notes to provide empathetic listening to focus on the participants' stories, due to hearing the efficacy of the residential treatment facility. In these field notes, I was not able to capture nonverbal communication as the participants did not show their videos. I found it unusual that at least four participants spoke with a thick, African-descent accent. I also recognized that the same four participants ended the call with a particular salutation with a similar inflection of tone. Participants' names are matched with pseudonyms on a log list stored on a password-protected USB drive that is stored in a locked file cabinet along with the transcribed interviews.

After each interview, participants were contacted for member checking to ensure that the transcriptions were accurate. One participant shared that she would benefit from a list of counseling agencies if emotional distress occurred after the interview. In the debriefing handout, I featured self-care practices and local mental health resources within her zip code. No follow-up visits were scheduled as the participant shared that she was not in a crisis after the interview was complete. All participants received a copy of the interview's transcription.

Participants

The research sample consisted of eight African American mothers from across the United States. Participants ranged from 30–35 years of age. All participants had children, had experienced substance use, and had participated in treatment at a substance use residential treatment facility in their history. All eight participants reported that they were not in a state of crisis. Each participant had multiple children. Six participants had been sober for 2 years, one for 3 years, and one for 1 year. (See Table 2 for individual participant demographics with pseudonyms.)

Table 2

Participants' Demographic Data

Participant	Age	Years of sobriety	Received inpatient care	Number of children
Amari	35	2	Yes	2
Anna	35	2	Yes	4
Ruth	33	3	Yes	3
Mona	30	1	Yes	2
Mikayla	32	2	Yes	2
India	33	2	Yes	3
Kadeen	35	2	Yes	2
Leah	32	2.5	Yes	3

Eight African American mothers consented to share their lived experiences for research purposes. Emerging from various residential treatment facilities, the participants each shared an insightful story about parenting and resilience after substance abuse treatment. Though each individual’s view of life was different from others and their experiences were unique, all mothers shared the common bonds of participating in substance abuse treatment, race, maintaining sobriety, and similar lived experiences.

Participants were transparent, and their responses were uncontrived. Pseudonyms replaced participants' identities to protect their confidentiality.

Amari was a 35-year-old mother of two children. She presented herself as confident, with insight about her experience at the time of the interview. Amari stated that she was excited about participating in the study as she found the research topic vital for parents in substance use treatment. When asked how the substance use treatment facility influenced her parenting discipline practice, she stated, "It made me realize you have to be intentional in parenting; we have to be very patient." Amari learned the importance of listening to communicate effectively with her children to understand their needs and wants. This action helped Amari acknowledge the value of reasoning with her children to avoid feeling overwhelmed when she disciplined. Amari's reflections indicated that the substance use treatment allowed her to build a closer relationship with her children as they resided in care with her. Amari expressed that "prayer and surrounding herself with positive people helped me to see my bright future" while raising her children with appropriate parental discipline practices. Amari started asking for and receiving help, taking breaks, and meditating to continue along the "journey of parenting."

Anna was a 35-year-old mother of four children. At the commencement of the interview, Anna was optimistic about her life's status as she presented herself unapologetically. She voiced that her experience in a substance use treatment facility "made my life better; I realized there is more to life." Anna's experience had made her conscientious of her insecurities due to her substance addiction. Modeling to her children

how to seek help, improving herself for the welfare of her family, and giving more time to her children had become vital to her since her discharge from treatment. Anna proclaimed, "It is necessary to seek counseling on parenting. We as parents do not know everything." Anna believed in educating her children to prioritize family time as she used her time to assist with school assignments, and participating in activities to strengthen family cohesion became essential to her. Anna was hopeful that "more good things are coming; I just need to keep my resources and use what I learned in care." Anna learned the value of bonding with her children to discipline them effectively. Anna admitted that taking the time to understand how to compromise with her children and not indulge in a negative mood due to withdrawals earlier in discharge from treatment was her most significant challenge. Anna stated that the parenting classes were helpful as they created a "better state of mind" to engage with her children with positive reinforcement and boundaries.

Ruth was a 33-year-old mother with three children whom she raised with SUD before a remission of 3 years. Ruth expressed that participating in substance use treatment was "supportive as life has been different" since discharge. Ruth elaborated that her substance use treatment experience made her very aware of the role and purpose of residential care. Ruth sincerely appreciated "being lucky to get help due to the cost of treatment and childcare." Ruth identified herself as a passive parent, yet the parenting classes provided in treatment taught her to stay mentally present with her children to learn how to discipline as her "mind would drift" during engagements. When asked how her parenting skills had changed since being discharged from the facility, Ruth replied, "I

am more mindful, responsible, and respectful, and I want to be available to my children." She expressed that she wanted to be close to her children to help them "learn from their mistakes." Ruth learned that it is vital for her to be the "first person they can call as I want to show them the right way." Ruth voiced how she utilized the treatment facility to gain resilience by forgiving herself. Ruth stated,

> It is about being a responsible parent and giving your children proper guidance. People will remind you of the negative things you have done in the past to your children, but you have to learn to forgive yourself. Children are challenging, so embrace help when needed and accept it is ok; try.

Mona was a 30-year-old mother with two children. Mona appeared grateful and passionate about conveying her emotions about her experience and how it influenced her discipline practices with her children. Mona shared that the "program was a great help because of the peer support and support from family members." Mona's experience impacted her parental discipline practices as she found it pleasurable to "spend time with my children, tend to their welfare, and practice self-care." Mona stated the following: "I did not know it was key to listen to your body as you need to take care of yourself to help the children. Self-care helps you function in the best way."

Mona acknowledged the importance of preparing for discharge from treatment as she "needed time to find a better job and home because of the negative memories." Mona described the value of support, family, and motivating herself to create a safer, stimulating environment for her children. Despite her children not being in treatment with her, Mona learned how to self-soothe to avoid being angry, dismissive, and disorganized.

Mona admitted that the parenting classes helped her learn that "it is not easy being a parent, but I know I need to ask for support from others so I can be more willing to work with my children." Mona shared that she was grateful for the time that lapsed while she was in care and for her family members tending to her children as she appreciated now being the main individual "taking care of them, you praise the smallest things."

India was a 33-year-old mother who was raising three children. India was open to participating but responded with closed-ended statements as she hesitated to share details. India expressed comfort in the environment of the substance use treatment facility as she "met a lot of people who became friends." India found it beneficial to focus on positive growth "as I realized you do not have to be high to know good things exist." India believed becoming sober with a "proper plan, helps when you have a social circle." India reported that substance use made her a "strict, angry, overreactive parent." India discussed how the parenting classes rendered during treatment made her a gentler parent, "which made me lenient." India explained that she incorporated active listening, deep breathing, regulating her emotions, and being patient with herself and her children to practice healthier discipline practices. Reflections indicated that sharing her experiences with other parents in treatment was a challenge. "I realized treatment is giving all of us a chance to reform; I have to use this to build a brand for myself, I also have to forgive myself." India provided perspective on encouraging all mothers to take a break between parenting roles. India found her sources of relief by requesting support from trusted individuals.

Kadeen was a 35-year-old mother of two children. Kadeen was open and receptive to the questions posed during the interview as she responded with eagerness. Kadeen felt validated and not judged by peers in the parenting classes provided at the substance use treatment facility. Kadeen stated, "I am more responsible and grounded as I see the benefits of getting help." When explicitly asked how she envisioned her future, Kadeen said, "I dream of a good future, I will be in a better position with my career so I can be in a better position for my children to depend on me." Kadeen shared that spending time with her children during treatment allowed her to "understand them" with a sober mind. Kadeen acknowledged that the more she grew to understand her children, the more she became "responsible, loving, caring, and intentional" in how she responded and guided her children's behaviors with boundaries. Kadeen described her parenting style as lenient, as she did not implement rules when warranted. Kadeen discussed the importance of trusting God as she lived a sober life to be there in a present state to raise her children with healthier parental practices.

Mikayla was a 32-year-old woman who was raising three children. Throughout the interview, I recognized Mikayla responded with little detail to the questions. Mikayla remained reserved with her answers, and I did not probe for additional data as I did not want her to feel uncomfortable. Mikayla discussed how she experienced challenges with understanding her children's needs and wants. She shared that throughout her 2 years of remission, she learned the importance of "meditation and communication" with her children; these practices helped Mikayla effectively engage with her children to discipline them according to their developmental stage appropriately. When asked about

a challenge she experienced in how she disciplined her children, Mikayla responded that she had to remember that "children should be children and violence is not necessary to discipline children." Mikayla stated that her "psychological state must be stable to practice the skills learned in the parenting classes." Mikayla reported being dismissive and "rude" towards her children before treatment; at the time of the study, she described herself as "calm. I have a good relationship with my children now." Mikayla provided advice to African American mothers on how to discipline their children while maintaining their sobriety:

> Do not let others dictate how you treat your children, especially when you are responsive and there for your children. I learned to be responsive to my children through sobriety. Consult with others, seek help, address it, and do not ignore it.

Leah was a 32-year-old woman with three children. At the onset of the meeting, she shared that the "journey is good" related to her substance use experience. Leah said her experience helped her "realize things get better over time as I kept a calm, loving attitude towards my children." Leah stated that she learned to hold herself accountable as the parenting classes helped pull more out of her to change, such as her level of affection, tone of voice, and diction used to discipline the children. Leah admitted that during treatment, her children attended parenting classes with her; this allowed Leah to feel vulnerable in receiving support from peers to assist her in amending discipline practices. When explicitly asked what she found helpful from the treatment program in how she disciplined her children after discharge, Leah responded, "I developed a forgiving attitude. I realized I did not let people have my back, but those mothers in treatment

taught me how to better myself." Leah recognized the value of being present with her children to avoid "being too harsh or too lenient" as she disciplined her children. Leah provided advice to African American mothers who are living a history of addiction to substance use raising children: "Ask for help and embrace it. You have to be in a great mind in order to seek help and receive it with forgiveness to yourself."

Data Analysis

Campbell et al. (2021) outlined the strategies to employ Braun and Clarke's reflexive thematic analysis (RTA) by utilizing six phases "(1) familiarizing oneself with the data, (2) generating codes, (3) constructing themes, (4) reviewing potential themes, (5) defining and naming themes, and (6) producing the report" (pg. 2012). To derive meaning from the semistructured interviews, I utilized Braun and Clarke's reflexive thematic analysis technique. With the application of this method of data analysis, key phrases most revealing about the phenomenon of interest are highlighted suggestive of thematic content. Stage one of data analysis involved searching for patterns and meanings by immersing myself in the data by reading and re-reading the transcriptions.

Stage two requires the researcher to label and organize the data into meaningful groups. This action involved uploading the transcriptions to NVIVO coupled with comments noted in the right-hand margin on sticky notes of the hard copy of the transcriptions. The notes included links to the remarks made during the interview, in addition to phrases and keywords. I objectively interpreted the participant's responses at face value; I removed the any forms of bias to preserve the integrity of the participant's

experience. The software program generates initial codes to organize the data. The notes and the NVIVO's highlights correlated with concepts in the participant's responses.

Stage three recognizes the significant phrases and segments to identify correlations with meanings between initial codes. During this process, I considered the importance of each highlighted portion of text as initial themes emerged from the rich and descriptive responses shared. I acknowledged the themes and categories as I distinguished the differences and similarities with the notetaking of themes and their defining properties. Throughout the process of analyzing the data, I reviewed the entire transcript to ensure emerging themes were aligned and consistent with the meanings and words of the participants. I repeated the method of identifying shared concepts in the participant's' responses with each of the eight interview transcripts.

Stage four involves reviewing the themes to maintain alignment with the data. A table of the coherent patterns identified at the level of the coded data delineated overlapping themes between the eight participants. This process aims to ensure sufficient data to support a theme while practicing integrity to remain close to the meaning of the participants' phenomenon. I identified the themes based on how the data reflected the study's purpose and the research's relevance.

Stage five is described as theme-defining and naming by Campbell et al. (2021). It is essential to identify the themes and the origin of the story. I placed all the hard copy transcriptions side-by-side to illustrate synchronicity within the data set to fit the broader story in response to the research question. This action was helpful as I cycled between the data and themes confirmed in NVIVO to organize the narrative. I formatted the story into

a "coherent and internally consistent account" during this analysis phase" (Braun & Clarke, 2006, p. 22). In the final stage, the report is produced concisely, as the data will tell the story of the participants, both within and across themes (Braun & Clarke, 2006). This was the opportunity to extend past the simple description of the data and find a way to create a compelling argument that addresses the following: How do African American women aged 26-40 years old who have received substance use treatment describe their parenting experiences post-discharge from treatment?

I conducted eight in-depth, semistructured interviews to explore the lived experiences of African American mothers who participated in a substance use treatment and its influence on parental discipline practices. In conclusion, I manually analyzed the eight transcriptions of the interviews, identified four essential themes, and ten subthemes (Table 2 lists a summary of these themes). In the results section, each theme is discussed in detail. The coding identified themes of social cognitive theory, and the analysis revealed the tenets of the theory embedded in the participants' experiences as they adjusted their discipline practices by learning from other mothers in treatment. Adopting the social cognitive approach, I recruited and selected a criterion sample of eight participants who shared similar life experiences regarding discipline practices learned after completing a substance use residential treatment facility program. I interpreted and respected participants' experiences and resilience through a social cognitive lens.

Evidence of Trustworthiness

As discussed in Chapter 3, Nowell et al. (2017) stated when data analysis is conducted in a systematic approach and the researcher is transparent about the analyzed

data or the specific assumptions that informed their analysis, it enhances the credibility of the trustworthiness of the research. To establish trustworthiness, I incorporated a plethora of strategies to maintain credibility, transferability, dependability, and confirmability in my research study. Trustworthiness begins with being open and honest with self-disclosure of the assumptions and exploring the phenomena that were a part of the researcher's experience, which I implemented in Chapter 3. Other methods practiced upholding trustworthiness in my study included interview procedures, the transcription and storing process, manual and digital coding, and member checking.

Credibility for my generic qualitative research occurred through interview protocol, prolonged engagement, persistent observation, member checking, and triangulation method. To ensure credibility, interview procedures with each participant included my screening interviews, digital audio recordings, and manual and digital transcription of each audio-recorded interview. I utilized Otter.ai to transcribe each interview verbatim for coding and data analysis. I practiced prolonged engagement as I strived to build a rapport with the participant while incorporating persistent observation. Member checking was achieved as evidenced by the consistent reviewal of the transcripts. I reviewed the transcripts, categories, and themes; this action was completed after data collection, representing triangulation. The minimal field notes collected during the interviews served as a second data input for confirmatory purposes. The feedback received from my methodologist established validity by analyzing participants' responses.

I supported transferability through detailed descriptions of participants' responses to the research question. I routinely reviewed the transcriptions of African American

mothers' experiences to assist readers with understanding the unbiased interpretation and reporting of the findings. These contextual details, and richly layered descriptions included themes derived from the data and field notes and delineated evidence of transferability. Limitations of the study further added transparency to the scope of transferability in the study. Based on the delimitations of this study, there needs to be more transferability as the results will not be transferable to all populations.

Dependability in my study is reflected by the audio-recorded interviews, which delineated reliable transcriptions of the data. Each participant was asked sub-questions followed by the research question to ensure the collected data accurately answered all questions sufficiently. Dependability also involved the researcher reviewing the data multiple times for accuracy purposes. My methodologist and I reviewed themes of the data after the interviews and the coding process was complete; this action ensured findings can be repeated.

Confirmability of my research was obtained through careful documentation of coding the data, reaching saturation, and the creation of themes. Confirmability involved presenting results based on the authentic nature of participants' responses. To effectively achieve confirmability, I remained mindful of potential bias, and I routinely engaged in self-reflection to avoid tainting the substance abuse treatment experiences undergone by the participants and how they impacted parental discipline. The process involved reading and re-reading interviews for accuracy and an audit trail recording all steps that were taken.

Triangulation was utilized as my dissertation chair reviewed transcribed interviews for an additional perspective and method to strengthen the confirmability of the study. I examined the audit trail to determine that my coding, data analysis, and research were consistent. The audit trail was also reflexive, allowing me to outline my interest in substance use and the correlation of parenting.

Themes

There were four essential themes that emerged from participant's narratives: Being a sober parent, impact of treatment in a residential facility, coping, and desires. Four essential themes comprised ten subthemes as shown below in Table 3. I selected quotes to illustrate the corresponding themes/subthemes. Subthemes will be discussed in more detail following the table.

Table 3

Essential Themes and Subthemes

Essential themes	Subthemes		
Being a sober parent	Impact of substance use	Bonding	Parenting style Discipline practices
Positive impact of treatment	Efforts to change life	Receptive to support	
Coping	Spirituality	Avoidance	
Desire	Desire to help others	Desires for the children	

Impact of Substance Use

All eight mothers shared a similar effect on their experience encouraging them to remain sober as they resided in a treatment facility with other mothers who strived for

sobriety. African American mothers reported progress with utilizing the resources as they retrained their minds to adapt to being free of substances. Anna, India, Kadeen, Mikayla, and Leah specifically stated that using substances before treatment interfered with their ability to parent their children, so they sought help to become more involved parents. Anna said substance use made her life difficult, commenting, "I realized there is more to life; I did not know how to take care of my children better." India stated, "It's bad when you overdose. You're just like in another world that doesn't exist or involve children." Like India, Kadeen explained that her substance use experience has made her a "more responsible parent" as she spends more time with her family than using substances. Alongside the others, Mikayla expressed being affected by her experience and being "more able to connect, not just with my people, but with my children." Reminiscent of Mikayla's response, Leah shared "not paying attention to my children when I was high, made me want to be there for my children when I realized the damage I caused once I became sober."

Compared to the others previously noted, Amari stated the impact of substance use has made her "believe I can get better," although it felt like the world was against her, and Mona used the term non-functional. Ruth also reported "denial" as she did not believe she struggled with substance use. However, her family strongly encouraged her to admit to treatment while her parents cared for her children. Leah shared that although her children attended parenting classes with her, she still had to learn how to interact and stay engaged with them as she became sober. Kadeen shared "I did not know how to spend time with my children due to chasing behind substances, but I learned I could do it on my

own." According to Kadeen her negative experience with substance use had a positive effect:

> I believe my experience with substance use had a positive effect on me as a parent because it made me realize that my children have me like they depend on me solidly and I have to work through things to make it work.

Bonding

All mothers interviewed described themselves as responsible parents displaying affection towards their children. Ruth, Mona, Leah, and Anna stated they purposefully worked on creating a good relationship with their children with understanding, communication, and honesty.

Specifically, Ruth expressed, "My relationship with the children has become close as I want them to feel like I have their trust, and I want them to know that you can learn from your mistakes." She stated she showed affection by being "very hands-on and kissing them every chance they let me." Mona voiced "My relationship with my children changed as I learned to do simple things with them and those simple smiles on their faces now are important as I know they are happy." Leah further proclaimed, "I wanted to be a parent willing to be there. More of a parent who understands when my children need validation and support." Resembling the other participants, Kadeen said, "I have a positive relationship with my children because I learned to communicate honestly, which helped me understand them, getting to have significant conversations." India and Amari acknowledged close bonds as they were more intentional in deepening their bond with their children during their sobriety journey. In more detail, Anna asserted:

> Becoming a sober parent made me realize that we may sometimes project insecurities and frustration simply because of what we are dealing with. That is something I realized I used to do. So, I put myself in the children's shoes; first, you accept you have a problem. Seek help and work on yourself and work on building a relationship with your kids.

The mothers reported being very active in their lives within and outside the treatment facility, participating in extracurricular activities, and showing interest in who they are becoming. Some mothers reported that the affection was limited due to the desire to seek substances or if they were under the influence of substances. A few mothers reported difficulty applying skills learned through the parenting classes until they witnessed other mothers delineate the skills with their children. India indicated "I feel like the circle I was surrounded by in treatment helped me learn how to be more responsive to my children." Mothers reported that during their process of becoming sober, they intentionally showed attention and affection through listening, kisses, and talking. According to Mikayla, she is open and transparent in her communication with her children.

Parenting Style

Initially, each mother described their parenting style differently but similarly responded the same as it relates to how substance use impacted their parenting. Mothers were found to be dismissive, critical parents- "strict" and easily angered when certain behaviors were paid attention to and overreacting to behaviors that the mothers commonly expressed regarding the child's developmental stage. Five mothers stated

being lenient and passive in their parenting interfered with their response to the needs of their children. Leah expressed being dismissive with love:

> I have incorporated some parenting techniques I learned in treatment as a sober parent. I am present now; I love being there. I also have learned to be forgiving towards the children and not be very harsh. And at the same time, not to be very lenient.

India shared:

> I became more understanding; I was a very strict parent in the past. I was always angry, and I would overreact to every small situation. Now I'm taking it one day at a time, and step by step, I want my children to know that they can trust me. They know whenever they make mistakes, they can ask for forgiveness and be forgiven because I learned to do that for myself as I became sober. They no longer must feel afraid or be traumatized because of how I used to be.

Discipline Practices

While becoming sober prompted a positive change in how mothers rear their children, it also shifted how they discipline them. Several women shared that they could rationalize with themselves due to being sober before effectively training their children to obey household rules and abide by their behavior expectations. Kadeen expressed:

> I went from being negative and pessimistic towards my children in my approach to curbing their behaviors to realizing my children depend on me for everything. I cannot be the parent who ruins their child because of a harsh attitude when they are children. Spending more time with them and understanding them through

> meaningful conversations was necessary to learn who they are, not what I am trying to make them be. I want to teach them correctly, so I choose to compromise rather than discipline coercively immediately.

Another mother, Mona, expressed feeling the same as Kadeen. Mona with a big sigh stated,

> I learned to think positive; learning from other mothers during treatment helped me see the good in myself and stay motivated to remain sober. Being sober helped me want to build a relationship with my children, to learn and teach them you must push yourself. You also must be there for yourself to be there for each other.

Additionally, Anna asserted,

> Throughout the sobriety journey, it made me first recognize my faults and work on them. My discipline practices changed as I was taught how to manage life, school, personal time, and family time. I was a passive parent, so I would not place boundaries on those things. Now I learned the importance of teaching my children the importance of time management, having open conversations with them during the activities, and hearing their opinions about how they perceive life. I give time to my children and myself; that is the first step to discipline.

Efforts to Change Life

Several mothers recognized that they implemented healthier coping strategies and discipline practices due to their experience in substance use treatment. Amari reported how she managed withdrawals while disciplining her children:

> I found it difficult a bit overwhelming to get used to openly being critiqued in how I parent my children, but I learned through the headaches and cravings something had to change. I learned to adjust; I would need to build a network of people to support me, pray, and surround myself with positive activities to entertain my mind. Once I developed a strategy to not consume my thoughts with getting high, I became very intentional in parenting and the need to be very patient with my children and self. The parenting classes helped me focus on what I needed to achieve for my family. I learned the value of tracking my progress as a parent.

All mothers reported feeling nervous and scrutinized initially when they attended parenting classes in an open forum with other mothers discussing their parenting and discipline practices. While most reported having support from their family members to care for their children during treatment, some were able to bring their children to treatment, in which they attended parenting classes as a family. All admitted they felt inspired, empowered, and motivated by other mothers in the program to amend their lifestyles and day-to-day activities with their children as it did not involve substances. Mikalya declared,

> I realized children should be allowed to be children, but that does not mean there is no order and control in the household. I had to be well emotionally and psychologically to effectively parent my children. I was able to take and share some practices of discipline with other parents, which helped me to see I can learn from strangers who became friends.

According to India:

> It made me feel like I was doing all of it wrong before the treatment, and this was my chance to reform to be a better parent to my children, so I developed a positive attitude. I developed good parenting skills, patience, and a good attitude toward parenting. It was helpful having that circle of people in treatment who have gone through the same things I have and sharing our experiences. I did not feel alone without support and surrounded by people who did not understand me and my journey to sobriety. This change stays here as I have been sobered for two years.

Receptive to Support

After the completion of my research, I found that all the mothers shared the need to learn how to be receptive to support. The mothers reported the need to be receptive to support from family, friends, and those they met during treatment at the residential facility. The mothers acknowledged the value of accepting a lending hand when individuals show concern and a desire to aid them along their sobriety journey. Kadeen and India each discussed the benefit of helping herself as they recognized how their experiences were helping other mothers in the program remain sober and relearn how to be engaged mothers. Kadeen's reflection indicated she was responsive to her peers in treatment as she realized the "importance of receiving help" and was willing to "provide support to those in need." There were other mothers who mentioned how family and friends rendered support as they cared for their children while they underwent treatment in the facility.

> Although my parents cared for my children while I was in treatment, I learned the benefit of loved ones checking on me during care, such as a call or video chat. It was good to remain accepting of help as that support encouraged me to keep striving to stay sober (Anna).

Another described her receptivity to support being created over time as she was not accustomed to individuals inquiring about her needs:

> I felt I was asking for too much, but I realized they would be there. Here I am with my children in parenting classes as I learn to focus on becoming a better parent. I knew I wanted to be there for my children, but I also realized I needed someone to be there for me during this delicate time. I learned to appreciate the support with time if I wanted to sustain what I learned about my needs and wants for my family. I realized I cannot do it alone; in order for me to take the skills learned in treatment and apply them outside of care once discharged, these changes needed to take place (Leah).

Seven mothers reported initial feelings of judgment and fear individuals will rehash past experiences they have learned to heal from. One mother said keeping the desire to attend treatment to herself until she discovered her children would not be able to participate.

> I realized at that moment I had to tell my family and friends I needed support to provide a healthier life for my children. My parents took my children in without hesitation, this helped the relationship between my mother and me (Ruth).

Spirituality

All mothers reported their most impactful coping strategy was their spirituality. Although there was a difference in how the mothers described their religious affiliation such as a Christian or Believer, all mothers reported their resilience reflected their faith. The mothers indicated they could preserve through withdrawals and post-discharge from treatment through gratitude, prayer, confessing their trials, and asking for forgiveness. Mona believed gratitude and prayer played a significant role in how "everything fell into place, such as a new job, home, and support from my family after I left treatment, it was divine." Leah further explained, "the closer I developed my relationship with God, the stronger I became in dealing with my regrets and trauma from my substance use." Mikayla acknowledged:

> Once I left treatment, I realized I have God, my children, and myself. In treatment, I learned to think about my family's future and want a great one—a future where I can be free and interact with people without feeling judged and communicate my story. I know God is my source of strength to use my story to motivate someone who will be in the same situation as I was back then. Especially for moms new to the whole parenting experience and have struggled with using. I have learned to take one day at a time and meditate on God's word to keep me sane and when I reintegrated myself back into the community after treatment.

Avoidance

The mothers found mechanisms to manage their attachment to substances to prevent them from dictating their life choices, although the mothers cannot change their past decisions. Those mothers who expressed significant challenges with detoxing from substances recognized unresolved wounds that needed healing to move forward while parenting their children. "I avoided certain people, places, and things once I was discharged so I can remain diligent in applying the skills I learned while living outside the facility" (Ruth). "I avoided that particular person I used to get drugs from by any means necessary" (Amari). India detailed,

> Before treatment, I felt like I was around people judging me. When people say, you know, you are not a strict parent and attentive to what you are saying to your children, it makes you feel scrutinized. And it affects you; it makes you feel down while you are trying to go up, so you have to shut your ears to that. I know I have to prevent myself from getting into such companies; it was best I cut them off for my peace of mind so I can grow and heal into the mother I desired to become.

Although not highlighted as a salient theme, a few mothers mentioned confronting their problems with their support system, strengthening their communication skills with their children, being responsible parents, and setting and enforcing boundaries to assist with coping after being discharged from treatment. One mother mentioned reading and using books to reinforce parenting skills learned in the parenting classes to discipline their children effectively.

Desire to Help Others

All mothers processed their desires to remain actively engaged with their children to enhance their family bonds, assist other mothers in the community, maintain communication with their children, and be intentional, responsible mothers. Mona stated, "I want my children to know you have to motivate yourself, so I want them to know I cope by helping them as a parent." A few mothers expressed the desire to participate in the research to aid other women who had similar experiences. They reported being a beacon of light to someone who may have a darkened path due to the gloom of substance use. Leah mentioned her interest in the research to share that although she had a difficult time at the beginning of the program, she learned to forgive others and herself to write a positive end to her addiction to substances. As advice to African American women with a history of addiction to substance use, she emphasized, "You have to be in a great state of mind to seek help and receive it with forgiveness to yourself." Through criterion sampling, the mothers delineated compassion and support for one another, creating a community and acknowledging how they were helping each other cope with displaying awareness of self-parenting and heightening their self-awareness and resilience. Ruth specified,

> With children, it can be very challenging. Honestly, a support system is necessary. You have to embrace help; at times, it's not easy to even accept that help; sometimes, you may try, and you do not know if it will work. These kinds of anxiety can stop you from accepting help, but I pray that everyone can choose to

live life one day at a time and anytime you have that opportunity to accept help, try.

Desires for the Children

The eight mothers shared their desires for their children. The mothers valued the importance of creating a less stressful, chaotic lifestyle for their children as they heal from the trauma, they were exposed to due to substance use. India stated, "I do not want my children to be dragged along to go back to traumatic experiences I exposed them to." Anna wants her children to be inspired by her story as she hopes for "good things to come their way." I want them to learn not to be pressured by their peers and to be vocal about their needs." Amari shared her desire for her children to "learn from my mistakes and to thank God for every small milestone." Mikayla stated her passion for her children: "I dream of a good future for my children while they can and to know I will encourage them when they feel discouraged because I want to have a good relationship with them." Like Mikayla, Kadeen also expressed her desire for her children to maintain a relationship with "me as I want to stay dedicated to being there for my children." Akin to Amari, Mona proclaimed her desire for her children to "ensure they reach their goals and recognize all efforts they put time into because they are my God-given responsibility." Like other participants, Ruth and Leah's desire for their children is to "be there to show them the right way without force, show them the importance of that reason to change their behaviors."

Summary

I gathered data through semistructured interviews with eight African American mothers from various regions of the United States who experienced substance use. Interviews were conducted through Zoom conference calls in private settings of the participants and myself. All interviews were digitally recorded and transcribed verbatim. In my research, I discovered four themes of preventive measures to reduce relapses such as faith, self-efficacy, motivation, and support. I could answer the main research question as there were no sub-questions. For the main question, "How do African American women aged 26-40 years old who have received substance use treatment describe their parenting experiences post-discharge from treatment?" I found participants reframed a negative experience and responded positively through their sobriety and parenting. Participants' experiences left them encouraged and resilient in their efforts to discipline their children effectively. After learning to cope with their experience, participants delineated an optimistic attitude towards amending their lives to remain sober, being intentional parents, utilizing spirituality as a source of refuge, and showing communal support to others who shared a similar experience. Participants found an inner strength to motivate themselves to develop and maintain healthy relationships with their children and display positive affection and support as they relearned how to be active parents to their children without substances.

In this chapter, I described the data collection and analysis procedures I used in conducting my investigation. Chapter 5 included the conclusion of the study based on the

findings discussed in Chapter 4. Chapter 5 discussed the recommendations for future research and how the research can create positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

I used a generic qualitative inquiry research approach to explore the lived experiences of African American mothers who experienced substance use. This study aimed to highlight the impact of African American mothers' experience of substance use within the context of their parental discipline practices. In this chapter, I synthesize the findings into the current body of literature regarding substance use and discipline post discharge from a residential treatment facility. The research allowed me to explore lived experiences and human behaviors and how these are influenced by social settings and discipline practices while living a sober life. This chapter includes a discussion of the results, detailing my interpretation of the findings, limitations of the study, recommendations for further research, the study's implications, and the study's conclusion.

Interpretation of the Findings

Participants in this study processed their experiences as mothers who gained sobriety from substances during treatment in a residential facility and how it impacted their disciplinary practices. In my analysis, I identified four descriptive themes: being a sober parent, the positive impact of treatment, coping, and desires. In the following paragraphs, I will synthesize the pertinent literature identified in Chapter 2 with the findings presented in Chapter 4.

Theme 1: Being a Sober Parent

Participants who abused substances and received treatment in a residential facility laid the foundation for their personal and parental frames of reference. The theme of being a sober parent included a discussion of the mothers' reactions to the impact of substance use, bonding, parenting style, and discipline practices. Chou et al. (2020) found that mothers strongly desired to continue to be a parent while in treatment, as it allowed them to take ownership of parental responsibilities and integrate motherhood into their recovery. Four mothers in the study reported that their children participated in parenting classes with them as they attended substance use treatment in a residential setting. Participants reported the benefit of receiving support from staff and other mothers, parenting in treatment, and enhancing treatment engagement as they recognized the benefits it awarded to their children. All the mothers proclaimed their commitment to treatment regardless of whether their children were in care with them, inspiring them to remain sober and refrain from relapsing. Beaulieu et al. (2021) emphasized that relapse rates measured 40% and 60% after a year of SUD-T. All eight mothers stated that they had not relapsed after 2 years of sobriety; no participants reported any relapses after completing treatment in a residential treatment facility.

Vigdal et al. (2022) found higher rates of recovery when those who complete inpatient treatment are discharged from the facility and reintegrate back into communities that support aftercare needs to create self-change. The findings of my research aligned with those of these authors. Participant Kadeen stated, "I made many friends who have helped me, but when I was discharged, I felt motivated by family members because I was

not judged; there are no regrets I have going through the program." The eight mothers stated that the interactions with others during treatment gradually changed their experience of building self-acceptance and self-worth, enhancing their overall self-efficacy to cope with their emotional distress while learning how to be sober.

According to Rettie et al.'s (2020) findings, peer communities catalyze individuals to participate in groups and increase their network of social groups. Mikayla shared that the treatment program helped her to be more responsible as she learned the value of sobriety to be a present parent. Regarding being a sober parent, Mikayla stated, "The women in the treatment program were helpful to have someone to talk to as I learned how to incorporate learned parenting skills from class and feeling supported by them." Leah said she "had to forgive me for not being a sober parent." She emphasized how the treatment program was a positive experience as she learned to take "accountability and be more of a parent who is willing to be there for my children as I saw other women doing the same."

My results remained consistent with most literature on mothering with SUDs. For instance, multiple seminal works, such as those by Baumrind (1971) and Bandura (1977), have demonstrated various issues posed by mothers who abused substances, including low responsiveness and warmth towards their children and insecurities about parenting abilities. All eight mothers who participated in the research described challenges related to insecurities about parenting and not low levels of responsiveness. The experience with SUDs led the mothers to be disconnected from their children, affecting their interest in adhering to their needs beyond basic requirements. Leah, Mikayla, and Mona spoke at

length about being intentional, responsible parents. These three mothers shared that before treatment, they struggled with paying close attention to the emotional needs of their children as their focus was being under the influence of substances.

Contrary to Taylor et al.'s (2016) research findings, African American mothers instill fear to maintain control of their children by using coercive punishments and aggressive forms of discipline. The mothers in this research did not report the utilization of corporal discipline after treatment. Like seminal works, Baumrind et al. (2010) stated that African Americans demonstrate authoritarian parenting styles as their discipline practices. Five out of eight mothers in this study reported having a permissive and passive parenting style. The participants identified themselves as having the following parenting styles:

- Amari: "authoritative"
- Anna: "passive"
- Ruth: "I learned to be kind to my children"
- Mona: "I became more intentional as a parent"
- Kadeen: "I no longer discipline immediately"
- Mikayla: "I want to understand why they react the way they do"
- Leah: "I became more responsible and accountable"
- India: "I learned the importance of forgiveness"

Theme 2: Positive Impact of Treatment

This study directly asked participant mothers to discuss the impact of their experience with gaining sobriety and how it affected their discipline styles. All mothers

shared similar reactions to their parenting after seeking substance use treatment. The theme "positive impact of treatment" includes discussing mothers' ability to learn to trust and delineate efforts to amend how they parent their children. When asked if their treatment at the residential facility had affected them, all eight mothers in the study said "yes." The participants attended treatment to change their lives due to their lifestyles and how they witnessed their addiction, forcing them to focus on their children. Mikayla reported, "The treatment program was helpful to have someone to talk to whom you can trust, such as having people to support you who are going through similar changes."

Due to the efforts of changing their lives and being receptive to support, mothers reported using strategic methods to learn how to cope with abstaining from substances. Aligned with a report by Daigre et al. (2021), based on their experience of substance use previously discussed, African American mothers with longer retention in treatment tend to have positive outcomes. Although women are more likely to relapse than men based on Marsden et al.'s (2019) findings, adherence to long-term treatment is essential to attain therapeutic goals associated with sobriety; this is consistent with my findings. Eight out of eight mothers in my study said they had become better parents due to their substance use treatment and the impact of sobriety on their parental discipline. African American mothers teach their children to manage and circumvent systemic racial and gender oppression, rejecting the internalization of stereotypes while maintaining a positive sense of hope and self-worth (Liao et al., 2019). My research is consistent with the findings of Liao et al. (2019) as the African American mothers within my study learned the importance of treatment to inspire them to avoid relapsing while learning not

to become a statistic to give their children hope that they can change to become better individuals.

Reflecting on her experience at the treatment facility, Ruth stated,

> I want to be the first person my children can call so I can show them the right way. I want them to feel like I have their trust, and I want them to know that they can learn from their mistakes.

Ruth expressed that she wanted to be a confidant to her children; she described intently being an example to her children to delineate the essence of change as she taught them firsthand how to transform. One hundred percent of the mothers stated they were impacted by the substance use treatment due to the benefits of how treatment enhanced their relationships with their children.

Theme 3: Coping

The theme of coping included a discussion of the mother's avoidance and spirituality. Abrams et al. (2018) shared a positive association between the schema of a "strong Black woman" and depressive symptoms, which prevents atrocities from being expressed, causing amplified feelings of mistrust, loneliness, and isolation. For instance, Leah stressed mistrust and isolation due to not feeling welcomed when she initially began services at the residential treatment facility. She discussed that she was uncomfortable sharing her personal experience due to not feeling accepted by her family. Kadeen stated, "I have been more responsive to getting help; I was the one who was supporting others." Three participants in my study recalled the treatment facility services as challenging at

the onset of services. Ruth stated, "It was a journey, and it started with many challenges due to denial and relying on people."

Schindler (2019) highlighted that individuals who tend to be avoidant use higher doses of substances to avoid contact and deactivate emotions. All the participants in the study reported avoidance with the responsibility of their children yet learned to avoid specific people, places, and things to remain sober after discharge from treatment. Anna stated that the parenting classes provided at the facility taught her how to engage in being a parent and to discipline appropriately. Anna learned the value of evading not her role as a parent but the people who enticed her to abuse substances. Mona reported, "I am more motivated to remain sober because I learned to avoid smoking and do the simple things with my children; they are happier now." This demonstrates insight into knowing the efficacy of treatment services and undergoing the discomfort of detoxing to cope with avoiding substances.

Various aspects of spirituality have been studied in the context of sobriety, such as serving as either a risk factor or protective factor for substance abuse (Ho, 2022). Leah claimed, "I learned to be forgiving to myself like God is to us; I learned to be forgiving to the children and not be so harsh to them." African American mothers who recover from substance use develop resilience strategies through spirituality to gain a sense of harmony, mutual intimacy with self and others, and a relationship with God (Azizah et al., 2023). Five mothers in my study found their spirituality as their source of resilience. I employed a social cognitive theoretical framework in the design and analysis of my study. In this framework, themes of a cultivating environment, nurturance, and

nonjudgmental attitude assisted mothers in regaining their power and creating positive change with their discipline practices. The lived experiences of my participants were consistent with these themes, as they demonstrated self-efficacy. SCT allowed participants to express their perception of their experience with support from peers sharing similar experiences. From a social constructivist lens, the mothers used their experience to develop healthier parenting skills by engaging in dialogue with others with similar experiences, taking responsibility for changing their circumstances, expressing concern for one another, and building a community of support to validate their experience.

Ali et al. (2022) emphasized that the majority of African American mothers do not seek treatment, let alone share their experience of substance use, due to the denial of a disorder, limited access, or fear of being reported to authorities who might remove their children from home. According to Graham et al. (2019), African American mothers' use of collective coping strategies suggests that they manage detox from substances by relying on family and social networks of support. The lived experiences of the mothers in this study elucidate previous research on African American women by propounding their conceptualization of what it means to confess their need for treatment services and surround themselves with peers and providers willing to invest in interpersonal change. For the participants in this study, much of the meaning of their experience is being strong in their faith. They believed their journey was divine to enhance their resiliency, and trusting God kept a hedge around them through adversity. Coping was an essential theme for all the participants, and faith in God was paramount.

Theme 4: Desires

All eight of the mothers who participated in this research maintained a positive sense of hope for their children and self-worth, which is consistent with assertions made by Mutschler et al. (2022). Limited research has addressed the desires of this population of women who have experienced SUD. The eight African American mothers addressed their desire to help the women they were in treatment with, enhance their family bonds, support their family unit, maintain constant positive communication with their children, and help others in social communities. For example, Mona expressed that she decided to participate in the research to help other mothers who experienced substance use. Mona hoped to make an impact in the community by sharing her story and seeking to decrease other mothers 'fears and anxieties who were contemplating undergoing treatment to pursue sobriety. The mothers shared efforts to end the stigma surrounding treatment for SUD as defined in Chapter 2, and they should be able to share their stories and help others who have similar experiences with SUD. Ultimately, the theme of desire is a salient understudied component of the experiences of women who are survivors of SUD.

Limitations of the Study

Although this study provides in-depth data describing the lived experiences of African American mothers, it has several limitations. Due to the sensitive nature of the research question and the inclusion criterion that participants had to have completed substance use treatment in a residential setting, it was initially difficult to recruit participants. The willingness to share personal information and the participants' demographics directly affect the nature of the lived experiences recorded. Marginalized

populations, like African American mothers who have received specialized treatment for substance use, are challenging to assess, limiting sample size. Recruiting African American mothers was difficult due to fear of being judged for their past experiences and cultural sensitivity to negative stigmas, as discussed in Chapter 2.

Participants were from various U.S. regions, spanning the east and west coasts in distance. Most of the participants in the study were at least 2 years sober after completing treatment in the residential setting; one had been sober for 3 years, six had been sober for 2 years, and one had been sober for a year at the time of this study. One mother had four children, three mothers had three children, and four mothers had two children. Lastly, providers rendering services to this population should use caution in expecting these themes to be valid for participants of different demographics than those described in this study. The results are transferable, yet the factors of time of sobriety, age, and previous mental health services are vital considerations. There are recommendations for future research studies based on the findings from the study. These recommendations are addressed in the following section.

Recommendations

Based on the strengths and limitations of this study, these recommendations are proposed for future research. First, additional generic qualitative studies should be conducted to examine the specificity of aftercare services that prevent relapse among African American mothers who have experienced substance use. As discussed in Chapter 2, there is not qualitative literature regarding the lived experience of parenting for African American mothers who received substance use treatment. The prevalence rates of

substance use amongst African Americans are high, yet there are limited studies related to African American mothers. Evans et al. (2017) found that the continuity of using or having SUD is similar among African American women (40.6%) and non-Hispanic White women (40.3%); however, treatment engagement is significantly lower for African American women.

Furthermore, it has been established that African Americans who experienced SUD experience distress within the context of parenting. There continues to be limited research that examines the impact of SUD and its effect on the parenting of African American mothers. Most research regarding SUD has been quantitative or maternal substance use from different ethnicities. As a result, it is recommended that additional qualitative research is conducted from the perspective of African Americans mothers to explore further the perceived impact of SUD on parenting and the influence of treatment. Participants were found to be resilient mothers, which contradicted previous research and should serve as a call to action.

Second, while several quantitative studies have been disseminated over the past several years, very few generic qualitative studies have been conducted on interventions that target improving parenting discipline practices influenced by African American mothers' customs, values, and belief systems (Wiig et al., 2018). More studies should be examining the adverse effects of parenting experienced by African Americans mothers after being affected by an intergenerational transmission that continues to impact oppression, racism, and inequality (Henderson et al., 2021). Additional research should

also explore the stigma and stereotypes causing silence experienced by African American mothers, as indicated by participants.

Third, future research endeavors should explore how African American mothers' mental health correlates with a robust support system and spirituality in coping with substance use. For several years, researchers have shown that African Americans experience significantly high anxiety, low self-esteem, poor self-image, anxiety, HIV, heart disease, and diabetes due to mental and physical health concerns (Asiedu et al., 2017). Moreover, relatively few quantitative and mixed-method studies have been conducted that factor in African American females' use of spirituality and the value of their support system in coping with recovering from substances.

Lastly, it is also recommended that future research extend the sample to include participants of a more diverse background, such as age and those who have yet to receive mental health treatment in a residential setting. Participants should be mandated to show their faces on the camera if the study is conducted via Zoom to ensure authenticity and accountability. Throughout this study, there was a concern that the same participant was posing to be different individuals based on their accent, the participants not showing their screen, and ending the call with the same phrase and similar inflection of tone.

Implications

From the study's findings, there are several implications for positive social change. This study adds to the knowledge base of qualitative research concerning the parenting of African American mothers who completed substance use treatment. This study was pursued because of the significant gap in qualitative literature on African

American mothers who experienced substance use. These findings can also serve as a foundation for tailoring interventions that assist behavioral health professionals in treating residents in an inpatient setting.

Very few generic qualitative studies have been conducted on the lived experiences of African American mothers' who are diagnosed with SUD and how it affected their parental discipline. Moreover, the social and emotional factors impacting mothers have not been examined from a generic qualitative standpoint. As previously mentioned, African Americans are a population that is difficult to conduct empirical research on due to societal stigma, social injustices, and cultural factors, which causes them not to be readily available to share their story described in Chapter 2. Warren et al. (2019) stated that there is a need for research to involve African Americans as the primary focus as the population is seldom, if ever, optimistic about healthcare outcomes due to the problematic nature of trusting others.

There are broad potential implications for social change for this study. For example, the findings from this study may aid in decreasing the level of stigma attached to sensitive issues such as substance use treatment, depression, and parenting, to name a few. The results from the study may convey implications for behavioral health professionals, staff at residential treatment facilities, peer recovery coaches, and service providers who render recovery support. Mental health professionals may utilize the study's findings to improve support services to prevent adverse long-term effects of substance use and their parenting, develop culturally relevant interventions, and promote resilience to avoid relapse.

Lastly, mothers who abused substances and have not sought treatment may benefit from the study by learning the effectiveness of residential care with their family, sharing nuances among parenting with other mothers while abstaining from substances simultaneously, coping with communal support, and educating others about culturally competent practices.

The findings from this research study has the potential to engender positive change for African American women who experience SUD. On a macro level, a mutual collaboration between mental health therapists and aftercare providers can teach service providers about parenting practices and specific information to decrease the effects of SUDs and mental health issues among African American mothers. A clinical and familial partnership can potentially increase African American mothers' recovery and reduce child maltreatment as therapy can reinforce learned skills taught in residential treatment. This action can build sustainable families within African American homes, improving the probability of their children not becoming victims of substances and mental health.

Conclusion

In this research, I undertook a social cognitive, generic qualitative approach. It was not easy to locate past qualitative research that included experiences of substances coupled with parenting practices and African American mothers. Most of the previous research focused on mothers abusing substances while pregnant, the efficacy of residential treatment for substance use without focusing on parenting, and the perspectives of other ethnicities who have experienced substance use. The significant contribution of this research is the inclusion of African American mothers who

experienced substance use and their parenting practices. Participants shared rich, detailed data that illuminated their parenting experiences after graduating from a residential treatment facility program. Consistent with previous findings, these African American mothers experienced distress in parenting and lack of trust in service providers with not being judged, stigmatized, or reported to appropriate authorities. However, it became apparent that their support system and desires for their children sustained these mothers through difficult times. Throughout the research process, I learned the value of social connections. Participants shared that substance use impacts their ability to be present with their children, inadvertently affecting their parenting practices. Participants hold their faith as essential to their resilience in healing and avoiding. Each participant's journey has been motivated and characterized by their ability to remove themselves from familiar settings that provoke using substances. Mothers shared that receiving treatment with their children in their care or having a reliable support system allowed them to heal themselves as mothers, parents, and women unto themselves.

Based on the strengths and limitations of this study, these recommendations are proposed for future research. First, additional generic qualitative studies should be conducted to examine the specificity of aftercare services that prevent relapse among African American mothers who experienced substance use. As discussed in Chapter 2, there was a significant gap in the qualitative literature regarding the lived experience of parenting for African American mothers who received substance use treatment. The prevalence rates of substance use amongst African American are high, yet there are understudies related to African American mothers. Evans et al. (2017) found that the

continuity of using or having SUD is similar among African-American women (40.6%) and non-Hispanic White women (40.3%); however, treatment engagement is significantly lower for African American women. Furthermore, it has been established that African Americans who experienced SUD experience distress within the context of parenting. There continues to be limited research that examines the impact of SUD and its effect on the parenting of African American mothers. Most research regarding SUD has been quantitative or maternal substance use from different ethnicities. As a result, it is recommended that additional qualitative research is conducted from the perspective of African Americans mothers to explore further the perceived impact of SUD on parenting and the influence of treatment. Participants were found to be resilient mothers, which contradicted previous research and should serve as a call to action.

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Third, future research endeavors should explore how African American mothers' mental health correlates with a robust support system and spirituality in coping with

substance use. For several years, researchers have shown that African Americans experience significantly high anxiety, low self-esteem, poor self-image, anxiety, HIV, heart disease, and diabetes due to mental and physical health concerns (Asiedu et al., 2017). Moreover, relatively few quantitative and mixed-method studies have been conducted that factor in African American females' use of spirituality and the value of their support system in coping with recovering from substances.

Lastly, it is also recommended that future research extend the sample to include participants of a more diverse background, including age and those who have yet to receive mental health treatment in a residential setting. Participants should be mandated to show their faces on the camera if the study is conducted via Zoom to ensure authenticity and accountability.

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Appendix A: Participant Recruitment Flyer

OCT 2022

-

DEC 2022

AFRICAN-AMERICAN MOTHERS AND PARENTAL DISCIPLINE

The purpose of this research study is to gain a deeper understanding of African-American women's experience of parenting who are between 26-40 years old and how substance use treatment influenced their discipline practices with their children.

To participate in this research you must:

- Be at least 26-40 years old
- Experienced substance use
- Currently or have been a mother.
- Not currently in a state of crisis.
- Not currently enrolled in substance use treatment at a residential facility.
- Have undergone substance use treatment in a residential setting in the past.

Participation in this study involves:

- 10 minute screening interview to confirm you meet criteria to participate in the study
- A time commitment of 45-60 min one-time interview during the months of October 2022- December 2022
- You will receive a $10 Visa gift card for your participation

To find out more about this study, please contact:
Principal Investigator:
Sherika Elliott, LCSW-C

Appendix B: Participant Social Media Post

Appendix C: Screening Interview for Participants

This 10-minute screening interview is helpful to ensure participants meet the inclusion criteria for research study. Researcher will explain the next steps to send the consent form if they meet the inclusion criteria requirements to participate in the study.

Researcher will only ask 8-12 volunteers the following questions:

1. What is your age to ensure you are within the age range of 26-40 years old?
2. Have you used substances and received substance use treatment in a residential setting?
3. Are you currently receiving treatment at a residential or inpatient substance use treatment facility?
4. Do you have or had children?
5. Are you in a state of crisis, which may warrant mental health or substance use support services?

Appendix D: Interview Questions

· Neutral initial question: Tell me about your experience with the substance abuse treatment program.

· What has life been like for you during your year(s) of remission from substances and disciplining your children?
Signs or symptoms of withdrawals? Does it impact your relationship with your parenting practices?
Response to coping mechanisms and support from family and friends?
Vision of future?

· How did the substance abuse treatment program influence the way you discipline your children?

· What have you found to be helpful from the treatment program in how you discipline your children after discharge from treatment?

· What has been not-so-helpful or a challenge to you in how you discipline your children after discharge from treatment?

· How have your parenting skills changed since being discharged from the facility?

· What advice do you have for African-American women living a history of addiction to substance use with children? Any suggestions on how to discipline their children while maintaining their sobriety?

· What else would you like to share with me about your history of substance use and discipling your children?

Appendix E: Debriefing Handout

Thank you for participating in this very important research study. Your participation is greatly appreciated. Discussing your experience of parental discipline post discharge from the substance use treatment facility could cause you distress. Common stress responses could include anger, depression, fear, and anxiety. If your needs are not an emergency, please follow up with your current counselor to help you cope with your emotions. You may contact me if you would like me to provide an overview of the interview contents to your counselor to provide a greater understanding of your participation in the research study. If you do not currently have a counselor, you may also refer to your insurance plan's directory for counselors in your network.

Self-care practices may be beneficial in helping you cope with your emotional distress. Self-care practices include: Journaling, listening to music, exercise, expressive art activities such as drawing, photography, or spending time with family and friends.

Here are some additional self-care resources you may find helpful:

https://www.peps.org/ParentResources/by-topic/self-care/self-care-for-parents

https://www.psychologytoday.com/us/blog/joyful-parenting/201708/25-simple-self-care-tools-parents

If you find that your level of distress requires immediate assistance, you may contact your local Mobile Crisis Team.

Appendix F: List of Counseling Services Provided to Participants

Should you experience any emotional distress as a result of our interviews, below is a list of local counseling services.

Jessica Senick, LCSW

Irving Pl, Red Bank

NJ 07701

Fee sliding scale (dependent upon income)

Advanced Behavioral Care Services

Lakewood, NJ 08701

Website: admissions@advancedbehavioral.com

Fee: sliding scale (dependent upon income)

Preferred Behavioral Health Group

Lakewood, NJ 08701

Website: https://www.preferredbehavioral.org/locations/

Fee: sliding scale (dependent upon income)

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Lakewood, NJ 08701

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Fee: sliding scale (dependent upon income)