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Substance abuse and parenting among African American mothers of adolescents

Sharon D. Johnson [Professor]

School of Social Work, University of Missouri-St. Louis, 204 Bellerive Hall, One University Drive, St. Louis, Missouri 63121-4499, 314-516-6817, 314-516-6416 (fax)

Sharon D. Johnson: Sharon_Johnson@umsl.edu

Introduction

Between 2002 and 2007, there were over 8.3 million children under the age of 18 that lived with at least one parent who was dependent on or abused alcohol or an illicit drug in a given year (Substance Abuse and Mental Health Services Administration [SAMSHA], 2009). It is estimated that as many as 8% of these children resided in single-parent households in which their mother was dependent on or abused substances (SAMHSA, 2009). Children in the care of substance abusing mothers are at serious risk for maltreatment, neglect, and abuse, as well as economic, academic, and socio-emotional problems (Conners et al., 2004; Jones, 2007). Additionally, drug-abusing mothers can be up to three times more likely to engage with child protective services as their non-drug abusing counterparts (Street, Whitlingum, Gibson, Cairns, & Ellis, 2008).

Maternal substance abuse presents additional challenges for African American youth. African American youth are overwhelmingly more likely to reside with their mothers and to live in single-parent homes when compared to their White counterparts (Dudley & Fagan, 2002; Grall, 2009). In addition, as many as 39% of African American children live in poverty (Federal Interagency Forum on Child and Family Statistics, 2013) creating social and environmental problems that contribute to whether a mother will have custody of her children (Lam, Wechsberg, & Zule, 2004). These problems coupled with substance abuse can be devastating for youth given that there is also evidence that African American women have poor substance abuse treatment retention rates (Davis & Ancis, 2012).

Maternal substance abuse also presents unique challenges when youth are adolescents. Older youth with substance-abusing mothers are more likely to display psychopathology (Ohannessian et al., 2004) and have lower academic achievement (Backett-Milburn, Wilson, Bancroft, & Cunningham-Burley, 2008). In a review of the literature, Solis, Shadur, Burns, and Hussong (2012) found that maternal substance abuse can result in the mother being less responsive and warm, and exhibit more authoritarian and punitive behaviors toward their adolescent youth.

Though the outcomes can be dire, substance abusing mothers may not recognize the influence their substance abuse has on their parenting skills and may maintain high levels of parenting efficacy (Blanchard et al., 2005). The positive aspects of having high perceptions of ability can be numerous, as the mere belief in one's own capabilities as a parent has been

related to increased positive parenting behaviors (Ardelt & Eccles, 2001; Bogenschneider, Small, & Tsay, 1997) and increased parenting competency (Jones & Prinz, 2005). However, maternal substance abuse may alter a mother's ability to provide positive parenting and foster an inability to provide an accurate portrayal of their parenting skills. High efficacy may subsequently result in substance abusing mothers not seeking parenting-related help when it is needed (Sanders & Woolley, 2005).

The conceptualization of parenting efficacy is based on the early work of Bandura (1977) in which perceived self-efficacy was defined as one's belief about their own capabilities to produce effects. Accordingly, self-efficacy is built when one: has the ability to overcome obstacles and gain mastery experience; is provided with a standard on which to base one's capabilities; is given verbal endorsement of one's capabilities; and, one's somatic and emotional states affect their judgment of capabilities (Bandura, 1994, 1997). De Montigny and Lacharite (2005) specified that parenting efficacy is one's self-perception about parenting ability and should not be confused with parenting competence which is likely others' beliefs about one's parenting ability. These researchers found evidence that mastery experience in the form of successful prior childcare experiences; vicarious experiences as measured by parenting training class participation; verbal persuasion as measured by the quality of marital relationships and social support; and physiological and affective states as measured by maternal stress and child difficulty, increased efficacy in mothers of infants and toddlers (De Montigny & Lacharite, 2005).

Attempts to understand factors associated with parenting efficacy have also used Belsky's process model which contends that the psychological resources of the parent, characteristics of the child, and contextual sources of stress and support operate to influence parenting practices (Belsky, 1984). Seigny and Loutzenhiser (2009) applied the process model to understanding predictors of parenting efficacy among toddlers. Their findings revealed that parenting stress, depressive symptoms, child difficulty, and family functioning were negatively associated with maternal parenting efficacy (Seigny & Loutzenhiser, 2009). Similarly, among young children, child temperament (Raver & Leadbeater, 1999) and child conduct problems (Sanders & Woolley, 2005) have been found to be associated with parenting efficacy.

Few studies have examined the factors associated with parenting efficacy in parents of adolescents. Bogenschneider et al. (1997) found that mothers' reports of their perceived ability to perform varying parenting behaviors were associated with their sensitivity to the child's behaviors, the stress associated with parenting a particular child, and the adolescent's academic performance. Shumow and Lomax (2002) found that parenting efficacy was associated with child age, socioeconomic status, and neighborhood qualities among mothers of adolescents. Freed and Thompson (2011) found that maternal age, income, education, and depression as well as youth externalizing behaviors were associated with maternal perceived power and efficacy in rearing their pre and early adolescents. Only one of these adolescent-focused studies (Shumow & Lomax, 2002) included a representative sampling of African Americans.

While some of the existing research has considered the influence of maternal psychopathology such as depression on efficacy, the influence of substance abuse on maternal efficacy has not received adequate attention in the literature. Highly efficacious parenting beliefs intermingled with substance abuse may lead to misperceptions about parenting skill. It is therefore important to examine both efficacy and parenting actions in the presence of substance abuse. The existing literature on maternal efficacy is sparse in examinations of mothers with adolescents and particularly mothers of African American adolescents. The current effort addresses this gap by examining factors associated with parenting efficacy among African American mothers of adolescents and the differential association of substance abuse on the parenting actions of these mothers. It is hypothesized that efficacy will not differ among the mothers based on their substance abuse status given the evidence that indicates substance abusing mothers may maintain unwarranted high levels of parenting efficacy (Blanchard et al., 2005). However, it is believed that the adolescent-reported parenting behaviors of mothers will differ based on the mother's substance abuse history and the existing evidence of less than effective parenting when substance abuse is a factor.

Method

Design

Data for these analyses were collected in an original, epidemiologic research study examining developmental psychopathology and maternal substance use among urban-dwelling African American adolescents. The research sought to determine the feasibility of recruiting mother/adolescent dyads of substance using mothers and demographically matched comparisons to examine the nature, extent, and onset of maternal substance use on adolescent development. Approval to conduct the study was obtained from the appropriate Institutional Review Board, maternal and adolescent dyads were recruited through street outreach and fliers at local social service agencies and schools. Depending on whether the youth or the mother received the recruitment information, the appropriate screening mechanism was implemented when contact was made with the project office. Once eligibility was determined, arrangements were made to conduct separate interviews with each member of the dyad. Adolescent assent and parental consent for self and child were obtained for participation in the research. Interviews were conducted in a private office on the university's campus, a location within the home, or in a private room at a public library for subject convenience. Standardized assessments were administered to both members of the dyad during this cross-sectional effort that took place in 2006-2009. Small incentives were provided to the participants.

Sample

Eligibility criteria included being an African American woman with an adolescent between the ages of 14 and 17 (youth could be 18 if they were still enrolled in high school). The project sought to compare mothers with a history of substance abuse or dependence, which was later confirmed with standardized instruments, to those with no such substance abuse or dependence history. Contact was made with 190 women. Only 158 (83%) of the contacted women were subsequently screened for eligibility. Of the women screened, 146 (92%) were

eligible. Of the eligible women, 103 completed interviews with at least one qualifying child for a 71% inclusion rate. Because some women had two adolescents participate in the research, only maternal data regarding the first child (focal adolescent) recruited was included in these analyses.

All of the women were African American and ranged in age from 28 to 53 ($M=39.56$; $SD=5.45$). The majority (54%) of the women had never married and only 19% were currently married. The women had a mean of 3.99 children ($SD=1.96$). Focal adolescent gender was approximately 50% male and 50% female and the youth ranged in age from 14-18 years ($M=15.65$; $SD=1.14$).

Measures

Maternal self-report of their parenting self-efficacy was based on 8 items from the Parent Sense of Competence Scale (PSOC) that assessed perceived competence, capacity, and familiarity with parenting (Gilmore & Cuskelly, 2008; Johnston & Mash, 1989). Sample items included, "I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent; I meet my own personal expectations for expertise in caring for my child." Scaling was modified to 4 levels ranging from strongly agree (4) to strongly disagree (1). Within the current sample, Cronbach's alpha for the 8 item measure was .86.

Maternal demographic variables were assessed with items from the Computerized Diagnostic Interview Schedule Version IV ([C-DIS-IV], Robins et al., 2000). Maternal substance use and depression symptoms were also measured with the C-DIS IV. Substances assessed included alcohol, cocaine, marijuana, opiates, PCP, and sedatives. A dichotomous variable was created that indicated if mothers met criteria for lifetime abuse of at least one of the substances measured (abuse=1 and no abuse=0).

Depression was measured as a count of symptoms reported. Symptoms included appetite problems, sleep problems, loss of interest in sex, feelings of worthlessness or guilt, trouble thinking, thoughts about death, lack of energy, and restlessness. Normative data for the C-DIS IV diagnostic features was obtained in a study of substance abusers revealing fair to excellent reliability and acceptable validity for diagnosing depression (Dascalu, Compton, Horton, & Cottler, 2001).

Maternal perception of youth's academic performance when compared to his/her peers was measured using 4 items from the Child Behavior Checklist (Achenbach & Rescorla, 2001). Youth's performance in communication arts, history, math, and science was reported as either failing, below average, average or above average. The items were summed with higher scores indicating better performance. Cronbach's alpha for the 4-item measure was .90.

Maternal report of youth externalizing behaviors was measured with 7 items from the externalizing subscale of the Pediatric Symptom Checklist (Borowsky, Mozayeny, & Ireland, 2003; Murphy, Reede, Jellinek, & Bishop, 1992). Example items included fights with other children, not listening to rules, teasing others and taking things that do not belong

to him/her. Items were scaled from never (1) to often (3). Cronbach's alpha for the subscale was .87.

Maternal report of family and social contextual stress was measured with 11 items from the Family Pressures Scale (McCubbin, Thompson, & Elver, 1993). Mothers were asked how much of a problem each item had been for the family in the past 12 months. Sample items included worry about the child wanting to quit school early, worry about the child joining a gang or joining groups abusing alcohol or drugs, increased arguments between parents and children, increased strain on family money for things like food and clothing, and increased conflict with in-laws or relatives. Items were scaled from not a problem (1) to a large problem (4). Cronbach's alpha for the 11-item measure was .92.

Maternal report of social support they received to help with their adolescent was assessed with items from the Missouri Assessment of Genetics Interview for Children (MAGIC) parent version (Todd, Joyner, Heath, Neuman, & Reich, 2003). Mothers were asked if anyone else had participated in their child's activities such as school work, projects at home, fun activities, and making plans for activities. The 4 dichotomous items were summed with higher levels representing the presence of more support. Cronbach's alpha for the 4 items was .92.

Youth's report of the positive parenting actions of their mothers was derived with 9 items from the adolescent version of the MAGIC (Todd et al., 2003). The items assessed youth reports of their mothers giving hugs and kisses, praising the youth, setting rules, attending special events, helping with school work, being able to count on their mothers when in trouble, and being able to talk to their mothers about their friends, worries, and what was going on in the world. Cronbach's alpha for the 9 items was .78.

Analysis

Descriptive statistics, chi-square, and t-tests were used to distinguish characteristics of mothers who reported lifetime abuse of at least one substance and those who did not. Deviations from normality were assessed on the non-dichotomous independent variables using skewness and kurtosis values. Tolerance values were used to assess variable multicollinearity within the regression models. Multivariate linear regression analyses were used to examine parenting efficacy and positive parenting behaviors of the mothers in separate models.

Due to small group sizes, youth and maternal demographic factors were entered as Step 1 and maternal depression was entered as Step 2 using the "stepwise" procedure so that only variables that added significant variance to the models would be included. Two subsequent steps were then modeled for both efficacy and parenting behaviors: personal characteristics of the child (externalizing behaviors, academic performance), and sources of stress and support (family and contextual stress, social support). In the regression model where youth-report of parenting behavior is the dependent variable, parenting efficacy was entered "stepwise" with maternal depression in Step 2.

Results

Lifetime abuse of at least one substance was present in 44 mothers (43%) and these mothers abused a mean of 2.31 (SD=1.41) of the substances assessed. Other than the presence of lifetime substance abuse, this was a relatively homogeneous sample of mothers; they did not differ in the demographic factors assessed (See Table 1).

As hypothesized, substance abusing mothers did not vary in their parenting efficacy ($M=24.82$; $SD=4.08$) from non-substance abusing mothers ($M=22.78$; $SD=6.67$) ($t=-1.79$; $df=101$; $p=.08$) though the difference was approaching significance. Similarly, the mothers did not differ in adolescent reports of parenting behaviors. Only one of the examined factors distinguished substance abusing mothers from non-abusing mothers. Mothers who abused substances ($M=3.73$; $SD=3.67$) reported significantly more symptoms of depression than did non-abusing mothers ($M=2.32$; $SD=3.40$) ($t=-2.01$; $df=101$; $p=.05$).

Bivariate correlations among assessed factors differed based on substance abuse status (See Table 2). For substance abusing mothers, parenting efficacy was positively correlated with the perception of the academic performance of their child ($r=.47$) and negatively correlated with the adolescents' externalizing behaviors ($r=-.42$). Adolescent-reported parenting behaviors was negatively correlated with social support ($r=-.37$) among substance abusing mothers. Neither parenting efficacy nor parenting behaviors was correlated with any of the examined factors for non-substance abusing mothers.

Table 3 shows the results of the hierarchical regression models for parenting efficacy for the two groups of mothers. For substance abusing mothers, youth externalizing behaviors and academic comparison were significant in the first model and explained 27% of the variance in maternal efficacy. The externalizing behaviors of youth were negatively associated with efficacy and academic performance was positively associated with maternal efficacy. In the final model which added stress and support, the variance explained increased to 28%. The addition of stress and support negated the association of externalizing behaviors and improved the association of academic performance. Mothers who abused substances had higher levels of efficacy when their adolescent performed as well as their peers academically and this was more so after stress and support were also included. For non-substance abusing mothers, none of the examined factors were associated with parenting efficacy.

The examination of adolescent-reported parenting behaviors revealed factors associated with the variable only for substance abusing mothers. As shown in Table 4, only stress and social support were associated with adolescent reports of their mothers' positive parenting behaviors. Family and contextual stress was negatively associated with parenting behaviors as was social support. Increases in stress and support were associated with fewer reported positive parenting behaviors. These factors combined to explain 31% of the variance in youth reports of their mothers' positive parenting.

Discussion

Understanding mechanisms by which individuals have built and continue to build their beliefs about their parenting ability is an important step toward addressing discrepancies that

may exist when efficacy beliefs do not match parenting skills. This is particularly the case among mothers who have a history of substance abuse whose self-efficacious beliefs might hinder help-seeking for poor parenting practices. Youth outcomes associated with parenting efficacy and particularly maternal parenting efficacy have been studied across varying subgroups of youth (e.g., Coleman & Karraker, 2000; Leerkes & Crockenberg, 2002; Ngai, Chan, & Ip, 2010; O'Neil, Wilson, Shaw, & Dishion, 2009; Weaver, Shaw, Dishion, & Wilson, 2008). However, few studies have examined factors that may influence maternal efficacy among substance abusing mothers of African American adolescents.

The current effort was an attempt to address this gap by examining parenting efficacy and parenting behaviors in the presence of lifetime substance abuse among a sample of African American mothers of adolescents. It was hypothesized that efficacy would not differ among the mothers. Evidence supported this hypothesis as there was no difference in parenting efficacy based on substance abuse status. This was not surprising as there is some indication that mothers who have substance use disorders may maintain positive beliefs about their parenting efficacy even when evidence exists to the contrary (Blanchard et al., 2005). Also, some substance abusing mothers characterize their parenting as socially acceptable and need fulfilling even while recognizing the negative influence of the abuse on their offspring (Baker & Carson, 1999).

It was also hypothesized that the reported parenting behaviors of the mothers would differ based on the reports of their offspring. There was not support for this second hypothesis that reported parenting behaviors would differ. Previous research among substance abusing mothers indicate that these mothers can become less responsive and warm as their children enter adolescence (Solis et al., 2012). This sample of mothers did not differ from their non-substance abusing counterparts in the reported positive parenting behaviors they displayed with their adolescents. These behaviors included whether the mother gave hugs and kisses, praise and provided an outlet for the adolescent to discuss things that worried them. This finding is similar to one found among a predominately African American sample of incarcerated drug-using mothers who reported providing warm and affectionate behavior toward their children (Hanlon, O'Grady, Bennett-Sears, & Callaman, 2005). The presence of lifetime substance abuse did not hinder these mothers from giving support to their youth and this is particularly salient given that the relationship is based on the youth and not the mother's report of these parenting behaviors.

What differed among the women were their depression symptoms and the factors that were associated with parenting efficacy and parenting behaviors. In fact, none of the examined factors were associated with efficacy or parenting behaviors among non-substance abusing mothers. For substance abusing mothers, the perception of their child's academic performance was positively associated with parenting efficacy. This perception was based on the mothers' beliefs about the performance of other youth. Thus, the academic performance measure may represent the mothers' vicarious experiences and serve as a self-appraisal in relation to others (Bandura, 1994). Substance abusing mothers may believe that if their adolescent is performing on the same or a higher level as other youth, then their parenting is effective especially given that youth's lower academic performance has been found to result from maternal substance abuse (e.g., Backett-Milburn et al., 2008). Though

the evidence of the association of perceived parenting ability and adolescent academic attainment is limited, it would seem rational if the negative behaviors of youth can influence parenting beliefs, then the positive behaviors of youth could also influence parenting beliefs.

Similar to previous research, the presence of externalizing behaviors in youth was negatively related to the mother's belief about her parenting ability (Freed & Thompson, 2011). However, externalizing behaviors did not maintain a significant relationship when stress and social support were also considered. Because neither stress nor social support contributed to the explained variance in the parenting efficacy model among these mothers, it is difficult to speculate on how they uniquely influence the youth externalizing behavior-maternal efficacy association. This is an area that warrants additional research within a larger sample of mothers and their adolescents.

The adolescent-reported positive parenting behaviors of mothers were negatively associated with family and contextual stress indicating that when stress is present, substance abusing mothers exhibit fewer positive parenting behaviors. While the measure of stress utilized in this study examined both family and contextual aspects, it will be important for future research to tease out these factors to determine if one type of stress is more important to the parenting behaviors of African American mothers who are parenting their adolescents. The current finding is consistent with the existing literature that various aspects of stress including neighborhood and family stress leads to psychological distress such as anxiety and depression which in turn leads to weakened positive parenting behaviors (Kotchick, Dorsey, & Heller, 2005).

Depression reduces positive parenting practices (Lee, Anderson, Horowitz, & August, 2009). While the association was not confirmed in multivariate models, depression was the only factor that distinguished substance abusing mothers and non-substance abusing mothers in this sample. When depression symptoms were present in non-substance abusing mothers, there was a positive association with youth externalizing behaviors and stress and a negative association with social support that was not present for substance abusing mothers. It is possible that substance abuse overrides the association of depression with the aforementioned factors. Longitudinal models are needed to examine the interplay of these factors among substance abusing and non-substance abusing mothers of adolescents and the potential role of both on positive parenting behaviors.

The presence of social support was negatively associated with the reported parenting behaviors of substance-abusing mothers. Research indicates that there are generally fewer social support networks among substance abusing women (Blanchard et al., 2005), especially social support from family, friends, and partners who are not involved with substances (Connors et al., 2003). However, the measure of social support used in these analyses was support the mothers had for taking care of the youth. It appears that social support that is provided by others increases when positive parenting decreases among substance abusing mothers and may decrease when substance abusing mothers are displaying positive parenting behaviors. It is possible that other supportive adults are providing the attention that youth are not receiving from their substance-abusing mothers. The existing literature finds that youth with substance-using mothers tend to have natural

supporters that include family members, particularly grandparents and aunts, and nonrelative family members (Cavell, Meehan, Heffer, & Holladay, 2002) and this may explain the associations found among mothers with a substance abuse history and not among those without such a history of substance abuse.

The current findings must be considered in light of several limitations. The findings from this research are not generalizable to a larger population of substance abusing and non-substance abusing mothers. This was a relatively small sample of mothers that were homogenous in terms of race, education, and socio-economic status. Due to these sample limitations, the presence of lifetime substance abuse was used as the comparative measure in examining the association with parenting efficacy. A focal adolescent was included for these analyses and it was not possible to tease out the influence of other children and their contributions within the family that could certainly influence maternal parenting efficacy. The measure of youth report of parenting actions had a modest reliability coefficient which means that a more reliable measure of parenting actions may reveal a different relationship of parenting efficacy with actual parenting behaviors. Also, the measures of depression, efficacy, and social support do not have an abundance of evidence to support their respective validity within African American populations. Though the reliability of each measure was in an acceptable range, there may be some likelihood that these measures do not validly reflect the concepts as intended within this sample. Additional research is warranted to address these limitations and examine if parenting beliefs and behaviors differ in the presence of active abuse or dependence and assess whether differences in parenting efficacy are substance specific among similar populations of mothers.

Notwithstanding the noted limitations, the current findings do have utility in understanding how practitioners could approach parenting with mothers who have a substance abuse history. Parenting interventions with substance abusing mothers should give consideration to how their perceptions of parenting may not vary from their non-substance abusing counterparts, but the factors associated with such perceptions may vary. It is possible factors that can be viewed by others such as youth's externalizing behaviors and their academic performance are the ones influencing substance abusing mothers' perceptions of their ability to parent. When adolescents do not exhibit externalizing behaviors or when they perform well academically, substance abusing mothers may resist needed parenting skills training. It may be important to discuss all aspects of youth functioning with substance-abusing mothers in order for them to comprehend how their abuse is potentially hindering the overall development of their adolescent.

Practitioners should recognize that substance-abusing mothers may demonstrate positive parenting behaviors toward their adolescent. Substance abuse does not negate a mother's ability to show love and offer support to their adolescent. They should however help mothers realize that these positive behaviors will not diminish the potential negative influence their substance abuse can have on their youth. In addition, substance abusing mothers should know that the social support provided for the adolescent should be supplemental and not serve as a replacement in the absence of positive parenting behaviors. Practitioners should also help substance abusing mothers cope with existing stress within the

family and social context that may result in fewer positive parenting behaviors demonstrated by the mother.

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Table 1
**Summary of Demographics and Study Variables for Substance-Abusing and Non
 Substance Abusing Mothers**

	Substance Abuse (<i>n</i> =44)	Non-Substance Abuse (<i>n</i> =59)
	%	%
Low SES	81	85
Never married	52	56
GED/Diploma	73	66
Adolescent male gender	57	44
	<i>M (SD)</i>	<i>M(SD)</i>
Mother age	40.02 (5.59)	39.22 (5.36)
Mother number of children	3.93 (2.21)	4.03 (1.76)
Mother efficacy	24.82 (4.08)	22.78 (6.67)
Mother depression symptoms [*]	3.73 (3.67)	2.32 (3.40)
Family/ contextual stress	19.51 (9.20)	20.67 (9.20)
Social support	1.63 (1.84)	1.86 (1.78)
Adolescent age	15.64 (1.20)	15.66 (1.11)
Adolescent externalizing behaviors	5.43 (3.21)	5.59 (3.98)
Adolescent academic performance	8.17 (2.70)	7.66 (2.77)
Positive parenting behaviors	5.45 (2.47)	6.15 (2.48)

^{*}
 $p < .05$.

Table 2
Correlations among study variables for Substance Abusing and Non-Substance Abusing Mothers

Measure	1	2	3	4	5	6	7
1. Maternal efficacy	-	.24	-.23	.14	-.17	-.08	-.05
2. Maternal depression	.05	-	-.09	.33*	.28*	-.34**	.02
3. Academic performance	.47**	.19	-	-.36**	-.12	.32*	-.16
4. Externalizing behaviors	-.42**	.05	-.35*	-	.18	-.34*	.03
5. Family/contextual stress	-.22	.10	-.28	.43**	-	-.13	.21
6. Social support	.04	-.09	.19	-.17	-.17	-	.06
7. Positive parenting	.09	-.05	-.18	-.06	-.13	-.37*	-

Note. Correlations for substance abusing mothers (n=44) appear below the diagonal and correlations for non-substance abusing mothers (n=59) appear above the diagonal.

**
p< .01.

*
p< .05.

Table 3
Multivariate Model of Factors Associated with Parenting Efficacy Based on Maternal Substance Abuse Status

Predictor	SA Mothers (n=44)			Non-SA Mothers (n=59)		
	Model F	R ²	β	Model F	R ²	β
Step 1 ^a						
Step 2 ^b						
Step 3	6.35**	.27	.272	1.82	.06	.064
Externalizing behaviors			-.31*			.04
Academic performance			.33*			-.24
Step 4	3.10*	.28	.007	1.60	.11	.047
Externalizing behaviors			-.33			.07
Academic performance			.35*			-.25
Family/contextual stress			.03			-.22
Social support			-.08			.01

^a Step 1 includes maternal age and education, youth age and gender entered stepwise for inclusion only if contributing significant variance.

^b Step 2 includes maternal depression entered stepwise for inclusion only if contributing significant variance.

* p < .05.

** p < .01.

Table 4
Multivariate Model of Factors Associated with Youth-Report of Positive Parenting Behaviors Based on Maternal Substance Abuse Status

Predictor	SA Mothers (n=44)			Non-SA Mothers (n=59)		
	Model F	R ²	β	Model F	R ²	β
Step 1 ^a	-			-		
Step 2 ^b	-			-		
Step 3	1.41	.08		.68	.03	
Externalizing behaviors			-.12			-.05
Academic performance			-.29			.17
Step 4	3.66 [*]	.31		1.04	.08	
Externalizing behaviors			-.02			-.05
Academic performance			-.29			-.19
Family/contextual stress			-.34 [*]			.20
Social support			-.42 ^{**}			.13

^a Step 1 includes maternal age and education, youth age and gender entered stepwise for inclusion only if contributing significant variance.

^b Step 2 includes maternal depression and efficacy entered stepwise for inclusion only if contributing significant variance.

* p < .05.

** p < .01.