MATERNAL SUBSTANCE USE DISORDER AND CHILD PSYCHOPATHOLOGY: EXAMINING THE ROLE OF MOTHER AND CHILD DIFFICULT TEMPERAMENT

Abstract

Dissertation Advisor: Elliot Jurist, Ph.D. Ph.D.

The present study examined the relationship between maternal substance use disorders (SUD), child psychopathology, and difficult temperament in a predominantly poor, ethnic minority sample of 147 mother and child dyads. Interested in biopsychosocial models of addiction, we employed the ‘goodness of fit model,’ which posits that adverse child outcomes emerge in consequence of a mismatch between endogenous child characteristics and their caregiving environment (Thomas & Chess, 1977, 1984). We hypothesized that difficult temperament and maternal SUD would represent a mismatch that would influence the presence of child behavioral problems.

To generate empirically sound data on substance use disorders, we used the Structured Clinical Interview for DSM-III-R/DSM-IV (SCID–SAC) to create study subgroups based on maternal diagnosis. We compared Child Behavioral Checklist (CBCL) scores of the children with maternal SUD histories to clinical and nonclinical comparison groups.

We failed to replicate studies reporting an association between maternal SUD and child psychopathology. In this study maternal depression emerged as a predictor of child offspring internalizing symptomatology and child difficult temperament independently predicted both internalizing and externalizing child behavioral problems.
There was no interaction between difficult temperament and maternal diagnosis, which disconfirms our ‘goodness of fit’ hypothesis.

Our findings indicate that maternal depression is a uniquely influential intergenerational diagnostic risk factor for internalizing symptoms, and child difficult temperament is an individual characteristic that helps predict elevated internalizing and externalizing child symptomatology. We also identified links between SES, paternal diagnosis and maternal child sexual abuse history and child psychopathology. The results of this study have implications for clinical interventions, research design, and prevention policies. Our findings support biopsychosocial models of psychopathology and demonstrate the need for attending to methodological issues when studying intergenerational ramifications of substance use disorders.