Most treatment providers, researchers, and policymakers now recognize that effective therapeutic services for substance-using pregnant women and mothers need to encompass parenting and relationship issues. Nevertheless, the role of male partners and fathers in the lives of these families remains largely overlooked (Twomey, 2007), and the literature on substance-using parents focuses primarily on mothers.

Some changes have occurred within the past decade. McMahon and his colleagues in particular have been addressing the importance of fatherhood for substance-abusing men themselves and for the lives of their children (McMahon & Giannini, 2003; McMahon, Luthar, & Rounsaville, 2001; McMahon & Rounsaville, 2002; McMahon, Winkel, Luthar, & Rounsaville, 2005; McMahon, Winkel, Suchman, & Rounsaville, 2007). Still, the literature on substance-using fathers remains largely separate from that on substance-using mothers. Additionally, fathers of substance-exposed infants often seem to be invisible to the agencies that provide services to mothers and children (Twomey, Soave, Gil, & Lester, 2005). Even when service providers know that the father lives with the mother and child, all too often services exclude him. If a father is also a drug user, providers generally do not foster the positive efforts he could make to contribute to family life (McMahon et al., 2005; McMahon et al., 2007).

Neglecting the fathers of substance-exposed infants and children is all the more striking when contrasted with the burgeoning interest in fatherhood over the past two decades. Fatherhood is now considered a significant aspect of male development, and contemporary perspectives offer a greater appreciation of paternal influence on family life, whether or not a father is present in the home. Fathers of substance-exposed children must be considered in the development of services, research, and policy because of the impact these men have on their children, as well as the impact of fatherhood on their own adult functioning.

**Expanding Roles, Opportunities, and Expectations for Fathers**

Pregnancy and childbirth have been seen as windows of opportunity for intervening in a substance-using woman’s life (Curet & Hsi, 2002; Kissin, Svikis, Moylan, Haug, & Stitzer, 2004). Similarly, Palkovitz (2002) has identified transitional times in men’s lives as conducive to instituting life changes. The birth of a child may offer opportunities for fathers to reflect on their values and redefine their goals in ways that can be positive for themselves and their children.

With contemporary fatherhood regarded as a multifaceted role involving active participation in family life and the provision of emotional as well as economic support for the mother and children, fathers now experience greater role options, raised expectations, and higher
standards. At the same time, an opposing trend has been identified. Large numbers of men live apart from their children and have little or minimal involvement in their children’s lives (Furstenberg, 1995; Palkovitz, 2002).

Today’s higher standards for fathers may have unintended consequences, widening the discrepancy between idealized and actual parenting abilities, especially in families affected by parental substance use. Grappling with feelings of inadequacy against the backdrop of raised societal expectations, men may respond in a variety of ways along a continuum—from completely abandoning the family to choosing to become full participants in family life. The latter choice will often require family, community, and therapeutic support. It will also require the recognition that many men who may not be perceived as positively involved fathers actually value the role and have the capacity to become good parents.

For example, investigations into the lives of low-income nonresident fathers found that the men valued their roles as fathers as long as there were meaningful ways that they could contribute to family life (Hamer, 2001; Waller, 2002). They defined activities such as spending time with and guiding their children as more important elements of fatherhood than being good financial providers. In this way they adopted alternative standards to form their paternal identities in response to environments that provide them with few opportunities to meet the prescribed idealized standards.

**Fathers as Risk or Protective Influences**

Service providers working with mothers often see little need to provide outreach to fathers, especially when viewing them in a negative light—as threatening figures with the potential to inflict physical harm on their partners and children, as absent and uninvolved in family life, or as unable to fulfill personal or societal expectations of fatherhood. Even when concerns are warranted, an argument can be made for providing these fathers with services to increase their parenting capacities.

In both the literature and clinical work, frequent concerns are raised about violence and abuse in the relationships of women with their intimate partners (Amaro & Hardy-Fanta, 1995; Amaro, Fried, Cabral, & Zuckerman, 1990; Horrigan, Schroeder, & Schaffer, 2000; Martin, Beaumont, & Kupper, 2003; Tuten, Jones, Tran, & Svikis, 2004). However, when treatment programs ignore men or require women to end relationships with their partners, the women may choose to terminate treatment (Dore, Doris, & Wright, 1995). Although not always apparent, positive aspects to strife-ridden relationships are possible, as well as negative aspects to their ending. Should these relationships end precipitously, the mothers and children may face levels of loss and grief that undermine functioning and inhibit, rather than foster, family cohesion and recovery.

When a woman decides to leave her partner to achieve and sustain abstinence, work with the father should be considered outside the context of the couple’s relationship. This is a critical point because fathers remain important to children even after the couple’s relationship ends. It is also likely that men will go on to develop other intimate relationships that have the potential to result in the birth of other children, or they will become involved with a new partner’s children from earlier relationships (Urban Institute, 2008).

Valid concerns also exist about the impact of parental substance use on children. Paternal substance use is associated with increased risk factors that contribute to compromised child developmental outcomes (McMahon & Giannini, 2003). Children of substance-using fathers have increased exposure to parental conflict and violence and suffer more symptoms of depression and anxiety than children of non-substance abusing fathers (Fals-Stewart, Kelley, Fincham, Golden, & Logsdon, 2004). A study on the impact of parental substance use on three-year-old children found that when fathers were substance users, whether or not they lived with the families, children were at higher risk for poorer health and behavioral outcomes (Osborne & Berger, in press). Another study showed that substance-using fathers were limited in their ability to provide emotional support to their partners or to communicate effectively with their children (Johnson, Cohen, Kasen, & Brook, 2004). Notwithstanding these findings, whether a father will be a risk or a protective influence in his child’s life arguably depends primarily on the nature of his relationships with his partner and children. Fathers serve protective functions when their relationships are loving, empathic, and predictable. Conversely, when the nature of relationships is volatile, uncaring, and conflict-ridden,
fathers become risk factors. Importantly, “The absence of familial hostility is the most consistent correlate of child adjustment, whereas marital conflict is the most consistent and reliable correlate of child maladjustment” (Lamb, 2000, p.113). In order, therefore, to best serve children with substance-using parents, it is essential to engage the fathers in services and assist the parents in managing conflict, which often is exacerbated by substance use.

Because substance use is a behavior so diametrically opposed to idealized notions of parenthood and family life, it may be that treatment providers, policymakers, researchers, and society have been slow to recognize that motherhood and fatherhood are important components of the lives of both perinatal substance users and their partners. When men’s desires to be good parents can be elicited and supported, their children can benefit. One recent study relevant to this point highlights paternal involvement as being positively associated with children exiting the child welfare system more quickly and being reunified with their biological mothers (U.S. Department of Health and Human Services, 2008).

When Men Become Fathers: Examples from Literature and Life

EXAMPLES FROM LITERATURE

Two recent books provide contrasting examples of reactions to fatherhood experienced by substance-using men and of subsequent child outcomes. Bret Ellis, the protagonist of the novel Lunar Park, exists in a fast-paced world of art, celebrity, and drug use. He is a substance-dependent father who struggles psychologically to escape his own abusive, threatening alcoholic father. The eleven-year-old child of Bret and his wife, Jayne, has anxiety attacks and feels confused and alienated from his own family. During a couple’s therapy session, Ellis expresses his belief to Jayne that their son does not want him to be a part of the family.

“I don’t think the father ever needs to be there.’...
‘People are better off without them.’ Jayne stopped crying and regarded me with a cold and genuine interest.
‘Really? You think people are better off without a father?’
‘Yes....I do.’ ‘I think we can disprove that theory right now.’ How? How, Jayne?’ Quietly, and with no effort, she simply said, “Look how you turned out.’ ” (Ellis, 2005, p. 198).

Shaped by his father’s emotional abandonment of him, Ellis cannot attach to or understand the son he never wanted. He has no experiences to draw upon to define fatherhood as a vital experience for himself or his child. The impact of a father’s absence has clear generational consequences.

The autobiography of journalist David Carr describes an odyssey of drug addiction that includes fathering twin girls. After Child Protective Services (CPS) involvement and the realization that the twins’ mother is too impaired by her ongoing substance use to parent, Carr becomes determined to obtain full custody of his children. Although Carr’s earlier attempts at recovery were unsuccessful, the possibility of permanently losing his children motivates him. Years later, Carr interviews a friend who speaks about the impact he believes the children had on Carr’s recovery:

“I thought to myself, ‘This guy is just hanging on, just barely hanging on. Rarely did you smile, did you laugh— that’s one of the things I remember most. Unless you were with your girls. But what you didn’t talk about was how hard it was for you to stay straight. You always knew that you were just one second from going right back over, but you knew your girls depended on you and you were bound and determined to do it’ ” (Carr, 2008, p. 259).

Carr ultimately becomes an effective father through the support of family, friends, and treatment providers. For years, he had been the prototype of the father who was a risk to his children: impulsive, aggressive, deceptive, and physically abusive to his partners. His story demonstrates that men who recognize their importance in their children’s lives can make radical and positive changes given intensive and extensive support over time. These changes benefit the men themselves, their children, and potentially future generations.
The following vignettes offer two examples of partners of perinatal substance users who were actively involved in parenting their children. The first follows up on a family that participated in a study of parental functioning after Family Treatment Drug Court (FTDC) involvement (Twomey & Lester, 2007). The second is drawn from a mental health outpatient clinic and illustrates a divorced father’s attempt to deal with his young son’s behavioral problems.

**Parenting as a Couple**

Greg was a first-time father whose wife, Debby, had an extensive history of substance use and psychiatric problems. Greg himself had a history of daily marijuana use, which he stopped soon after becoming involved with Debby. Both parents were distraught when their daughter was placed in out-of-home care following delivery because Debby had reported several instances of cocaine use during pregnancy. Although Greg was given the option to take care of the infant if his wife moved out, he felt unable to assume full responsibility for a newborn and did not want to be separated from Debby. Greg complied with the CPS case plan for reunification, including attending FTDC, substance abuse treatment, and mental health treatment despite believing he did not need these services. The family was reunified when the infant was about 12 months old. There was a second removal for four months followed by a second reunification before the child’s second birthday. The now four-year-old child has remained with her parents since that time.

Greg and Debby credit the love of their child and commitment to their marriage and to raising their child together as motivation for remaining abstinent. Debby described Greg as wholeheartedly supporting her recovery, keeping up her spirits, and helping her believe in herself even through times of self-doubt. During the time they were involved with CPS, Debby felt others perceived her as an unfit mother whose return to drug use was inevitable. She could not imagine being able to obtain custody of their daughter without Greg’s support, noting she had lost custody of an older child she had had with a former partner.

Greg’s ability to provide his family with financial and emotional support contributed greatly to his sense of self-worth, which in turn strengthened his capacity to support his wife as she was going through a challenging recovery process. Their daughter benefited from the parents’ joint efforts to create and maintain a stable family life.

There was a time when Greg’s second shift schedule created tensions in the family because of the amount of “me time” he allotted himself when he returned home from work. When he realized that his daughter was being adversely affected by his watching television for hours and sleeping much of the day, he assessed his behavior as “adolescent” and changed his habits. He also learned to be more patient with his daughter and made a conscious effort to control his tendency to become aggravated with her.

Fatherhood helped Greg mature and become more responsible as he learned to put his family’s needs ahead of his own. Although he had not felt the need for services, he used them to benefit himself and his family. Greg summarized his feelings about fatherhood this way: “Being a father has changed my life.”

**Parenting as a Single Father**

Dennis sought help through an outpatient mental health clinic for his four-year-old son, Jason, whose preschool was concerned about the boy’s impulsivity, aggressiveness, and poor social skills. Although child behavioral problems were the reason for referral, Dennis primarily talked about his son’s mother, Charlene, and her troubled life.

At the time of the referral, Dennis was in his mid-forties, divorced, and had sole custody of his son. He came from an intact, middle-class family and had no history of substance use. Dennis managed several apartment complexes and worked in a variety of municipal services jobs until he suffered a disabling back injury. Subsequently, he supported himself through disability benefits and under-the-table management of rental properties.

Charlene and many of her family members had major psychiatric disorders and substance dependence. She suffered a lifelong history of physical and sexual abuse that reportedly began in infancy and resulted in her permanent removal from her biological mother. By mid-adolescence Charlene was using drugs and engaging in illegal activities to support her habit. The two children she gave birth to before meeting Dennis were removed from her care and placed for adoption.

Dennis met Charlene through a friend who was trying to help her find a place to live when she was homeless. Dennis’ work afforded him access to vacant apartments and
Dennis considered it the school’s responsibility to provide appropriate services for his son because school personnel had identified the behavioral problems, which Dennis felt he managed well at home. Dennis equated being a competent father with being able to take care of his son on his own. This belief limited his openness to accepting services that would have focused on the difficulties he had managing his son’s behaviors, understanding his child’s emotional and developmental needs, and recognizing his ex-wife’s impact on family life. As Jason’s behaviors continued to deteriorate, Dennis became engaged in increasingly acrimonious struggles with the school. Citing practical considerations such as distance and scheduling difficulties, he discontinued the therapy that could have addressed his parenting issues and offered a broader perspective on his son’s behavioral problems.

Dennis’ case illustrates the need for early and ongoing interventions for fathers who have assumed parenting responsibilities due to the mother’s drug use or other disorder. Such services are essential for the child’s sake, notwithstanding the fact that the father may have neither substance use nor psychiatric problems that would otherwise trigger concerns.

**Conclusion**

We are still far from adopting a perspective on parents affected by substance use that incorporates men as partners, fathers, and individuals with their own unique life experiences, needs, and hopes even though doing so may contribute to healthier families. By closely examining the fathers of substance-exposed infants during infancy and beyond, we can gain a better understanding of their roles in family life, how fatherhood affects their own development and functioning, and how their presence may serve as risk or protective factors for their children. Even when warranted concerns about paternal risk to children exist, making services available can increase men’s parenting capacities and improve their prospects for fulfilling meaningful roles as fathers and becoming a positive influence in their children’s lives.

Charlene resumed her substance use after the child was born, and eventually CPS became involved. Charlene was in and out of Jason’s life, depending on the restrictions imposed on her by CPS, fluctuations in the couple’s relationship, and her own erratic behavior. After multiple separations and reconciliations, Dennis filed for divorce.

Dennis’ medical condition allowed him to be home full-time and he prided himself on taking good care of his son. His understanding of Jason’s psychological and developmental needs, however, was limited. Dennis could not recognize that Charlene’s inappropriate interactions with Jason, her precipitous departures and reappearances, and the couple’s volatile relationship had an impact on their son. Dennis did not talk to Jason about his mother’s absence or try to explain some of the erratic and frightening behaviors the child had witnessed. Dennis saw the world in black and white terms with himself as the good parent and Charlene as the bad parent. He believed that the disruptions Charlene caused during Jason’s early years were of little consequence because the child had one good parent.
Conveying a welcoming attitude and openness to fathers’ strengths and needs is a first step in increasing men’s involvement in services. Parke’s (1996) observation that paternal involvement only will increase when men are provided with the cultural scaffolding to support them as important figures in their children’s lives is highly relevant to work with fathers of substance-affected infants and children. In the absence of clearly articulated, positive expectations, fathers will have little awareness of their impact—positive and negative—on their children’s lives. Just as treatment for substance-using women has broadened to include parenting support, similar understandings should be applied to fathers. A more expansive perspective has the potential to yield positive results analogous to the benefits gained when policymakers, researchers, and treatment providers broadened the lenses through which they examined the lives of perinatal substance users.

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