

CHILDREN OF DRUG ADDICTS: THEIR PERCEPTIONS ON INTRA-FAMILY RELATIONSHIPS

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ABSTRACT: The perception of children of drug-dependent parents on family functioning and affectionate relationships with their parents is described. Current qualitative study has been conducted with four children, children of drug addicts. Data were collected through family genogram and semi-structured interview. The statements were submitted to content analysis. Family functioning was classified as careless, entangled in border strengthening, or non-classified. Attachment types were safe and preventive. Family functioning is related to the forms of interaction between members and not to the use of psychoactive substances. Dependency is not the triggering factor of the system's rigidity, but a consequence of the predominant style of attachment. It hinders positive interactions and the search for alternative patterns of functioning, being an important risk factor for healthy development of its members.

KEY WORDS: Child; Family; Drug-related disorders.

FILHOS DE DEPENDENTES QUÍMICOS, SUAS PERCEPÇÕES SOBRE AS RELAÇÕES INTRAFAMILIARES

RESUMO: Descrever a percepção de crianças, filhos de pais dependentes químicos, acerca do funcionamento familiar e as relações de apego construídas com seus pais. Trata-se de um estudo qualitativo realizado com quatro crianças, filhos de dependentes químicos. A coleta dos dados foi realizada através do genograma familiar e entrevista semiestruturada. Os depoimentos foram submetidos à análise de conteúdo. Os funcionamentos familiares foram classificados como desligado, emaranhado em fortalecimento de fronteiras ou não classificado. Os tipos de apego foram seguro e evitativo. O funcionamento familiar está relacionado com as formas de interação entre os membros e não ao uso de substâncias psicoativas. A dependência não é o fator desencadeante da rigidez do sistema, mas uma consequência do estilo de vinculação predominante no mesmo. Dificultam-se as interações positivas e a busca por padrões alternativos de funcionamento, sendo um importante fator de risco para o desenvolvimento saudável dos seus membros.

PALAVRAS-CHAVE: Criança. Família; Transtornos relacionados ao uso de substâncias.

INTRODUCTION

Drug dependence is a phenomenon that afflicts not only users but also their family system. It changes its structure and the functioning

of its members. The family has a basic role in the development of its members due to its primary reference in which they build their most intrinsic values. The family is also the mediator between the individual and society, vectoring conditions that may motivate psychological, physical and social development affecting their behavior towards drug intake or abstinence.¹

Intra-family violence towards children or between partners is common in environments where drug-dependence exists. According to the II National Survey on Alcoholic Beverages and Drugs, 6% of Brazilians confessed they were victims of domestic violence during the previous year, with 50% of such cases where the aggressor was drunk. Further, 21.7% of participants reported having suffered some type of violence during childhood².

Children who live with drug-dependent parents may witness and undergo violence, physical, verbal and sexual abuse, poor or negligent parental practices, inconsistency of one or both parents, and may have the burden of parental functions early in life, coupled with negative emotions such as shame, blame, fear, anger and embarrassment. Consequently, they may develop behavior disorders, emotional difficulties and school failure coupled to early maturity and social isolation. The latter normally occurs due to the embarrassment in receiving people at home since they have to take care of their younger siblings or even their parents^{3,20}.

Most relevant risk factors for the development of children of drug-dependent parents may be found within the family system whose interactions, when predominantly negative, trigger disorganization of its functions and alter the building of affective bonds, with the formation of unsafe bonding. When the affection relationship between parents and children is not sufficiently available and reliable, coping strategies against stress and anxiety by children are less efficient and mental disorders may emerge. Unsafe affection may also cause harmful behaviors to social interactions^{4,21}.

Current paper describes children's perception on family functioning and affection links with parents. The study's most important issue is "How do children of drug-dependent parents perceive family functioning and establish their attachment with parents?"

METHODOLOGY

Current qualitative analysis comprises four study cases of daughters of drug-dependent parents (identified as C1, C2, C3 and C4), aged 7 to 12 years old, treated at the Centro de Atenção Psicossocial Infanto-juvenil (CAPSi), organ of the town hall of a municipality in the extreme south of the state of Rio Grande do Sul, Brazil. Choice of sample was determined by average of female children of drug-dependent parents attended to weekly during the first six months of the year of collection.

Data were collected by a half-structured interview with six open questions and family genogram by GenoPro 2016, built with the children. Genogram provides a general view of the family structure, as a graph, with relevant information on the interactions between members and predominant positive and negative affection bonds within family dynamics. Researcher's association with the interview favors an in-depth knowledge of the family functioning and behavior patterns repeated through generations. Family patterns within the same family are recurring and, consequently, forecasts may be undertaken on the future processes that the family will experience, based on the genogram⁵.

The children were invited to draw their families with the researcher; they also indicated how people relate while answering the questions of the semi-structured interview recorded by notes. The genogram, used as a data collection method, was a facilitator of the process since the children were motivated to carry it out because it is a drawing, a playful and dynamic way of presenting their families, enabling the effective participation.

C1, C2 and C3 took an average of 50 min each for data collection, in two meetings, whilst C4 took a shorter period to mobilize feelings due to bereavement for one of her parents. Reading and interpretation of data were based on the Attachment Theory and Systemic Theory, analyzed by the analysis technique of thematic contents with the following steps: a) pre-analysis to organize the material collected with grouping of discourse and the elaboration of register units; b) exploration of material grouped by similarities and differences; c) construction of analysis categories for in-depth analysis by authors in the review of the literature and others; d) treatment of results and interpretation of discourses²⁶.

Recommendations by Resolution 466/12 of the Brazilian Health Council were compiled with⁷. The project was approved by the Committee for Ethics in Research on Health of the Federal University of Rio Grande - CEPAS/FURG (n. 112/2013).

RESULTS

The genograms below reveal the relationships within the family system from the perception of children of drug-dependent parents

Figura 1

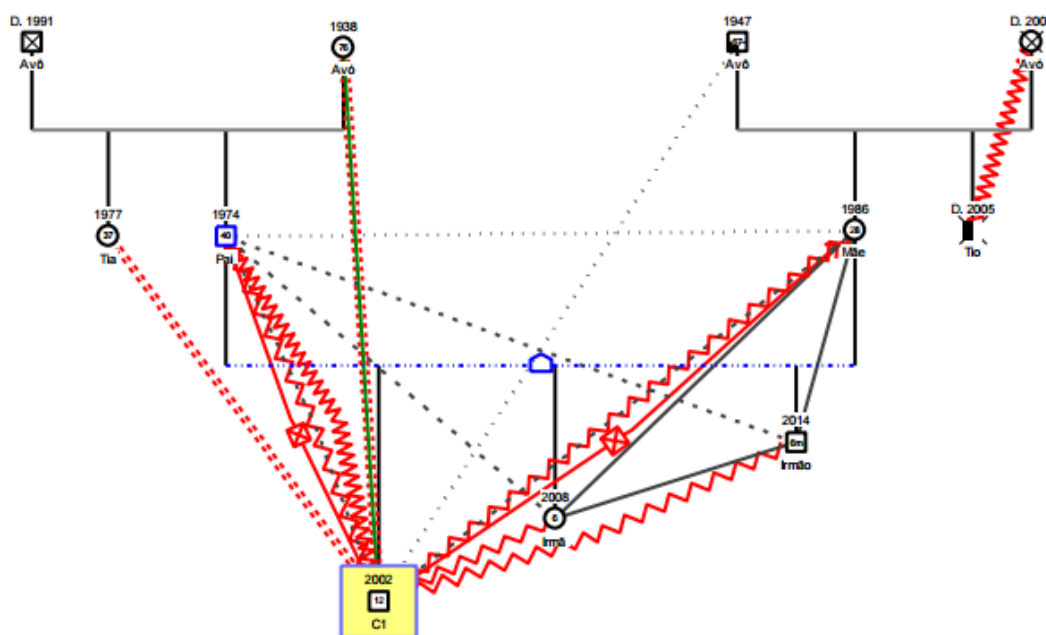


Figure 1. Genogram constructed with C1.

Through the family genogram, C1 understands that relationship between him and his alcoholic father has modified itself through his development. Relationship was at first predominantly conflicting, comprising physical violence between father and son. Later on, through alcohol abuse, the father showed changes in behavior featuring more hostility and aloofness.

Relationship with the mother was poor in affections and thus emotionally aloof. As from this point, it seems that relationships with members of the family involved hostility, especially with regard to the parents with whom he started a controlling behavior. Hostility is manifested mainly by aggressive behaviours and constant threats to parents and siblings, when frustrated, and controlling behaviour occurs when C1 determines the rules of family functioning, which are accepted by those involved.

His relationship with her paternal grandmother is at times conflictual and at other times, harmonious. The grandmother still manages to establish limits to C1, even though it is not in the most appropriate way. With the paternal aunt, the relationship is one of conflict with challenging behaviour. He is indifferent and has little contact with his maternal grandfather; when they meet, there is no bonding.

Although the genogram does not include the relationship with the maternal grandmother since she died when C1 was two years old, he mentioned missing her because he considered that she took good care of him. He commented that he believes himself similar to his paternal uncle who had a mental illness and committed parricide with his mother, C1's grandmother. However, C1 did not live with his uncle, and this similarity seems to be attributed by the maternal relatives.

The relationship between the parents, according to him, is indifferent without showing affection. From the father concerning the brothers, he is distant and weak

in terms of affection. Moreover, of the mother with her brothers and among them, he considers ordinary.

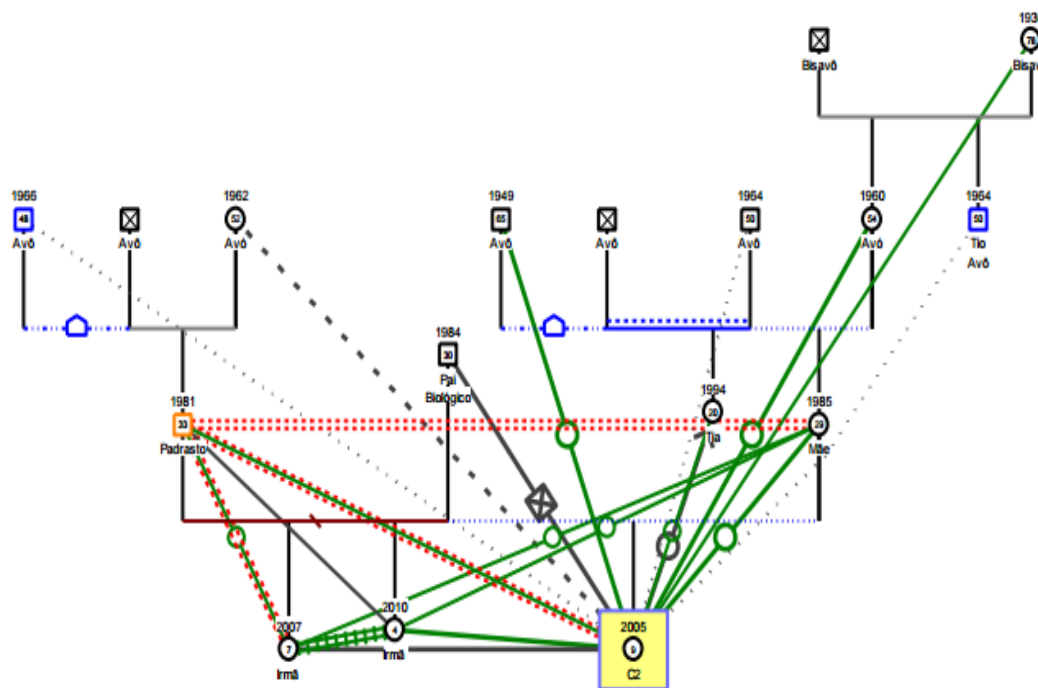


Figure 2. Genogram constructed with C2

C2's mother had a fleeting relationship with the girl's biological father who did not want to shoulder paternity. In fact, C2 does not know her biological father and she considers that his role was taken over by the foster father, who takes care of her and sustains her. The foster-father is a crack addict and C2 perceives her relationship with him is affective even if sometimes conflicts occur due to his use of drugs. Relationships with her mother and her grandparents have positive attachments in which manifestations of attachment occur.

Relationships with her great grandmother and her 4-year-old sister are harmonious. Relationship with her 7-year-old sister is normal. C2 states that there is a loving relationship between the mother and the daughters. With regard to her 7-year-old sister, C2 says that relationship between father and daughter is one of love, even though conflicts arise at certain moments due to the father's drug addiction. Relationship between the younger sister and the father are normal.

There are family members with whom C2 maintains indifferent relationships: the maternal great uncle and grandfather, the paternal grandmother's husband, both alcoholics, and the maternal biological grandfather. According to C2, the relationship between parents, who are separated, is conflicted. C2 maintains a bond of love and admiration with her maternal aunt, being her model of reference.

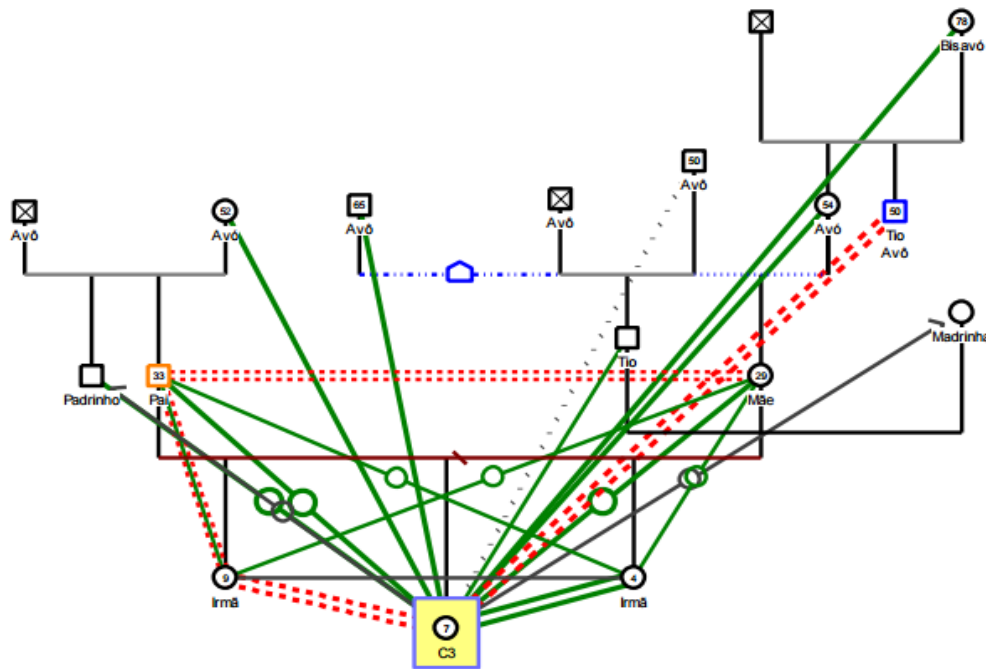


Figure 3. Genogram constructed with C3.

C3 identifies a loving relationship with parents and godfather. However, relationship also involves admiration when the godfather and godmother are evoked as reference models. A conflict relationship exists with the older sister, whilst it is proximal and friendly with the younger sister.

There is an indifferent relationship with the maternal biological grandfather, whilst it is harmonic when the great grandmother, maternal grandparents

and paternal grandmother are concerned. In the case of the alcoholic maternal uncle-grandfather, relationship is disruptive due to his behavior. Relationship between the parents is full of conflicts, but relationship between the sisters is normal, according to C3. C3 also considers the relationship between her younger sister with the parents as one of love. There is also a loving relationship between the older sister and the mother, whilst relationship with

the father is one of harmony and conflict.

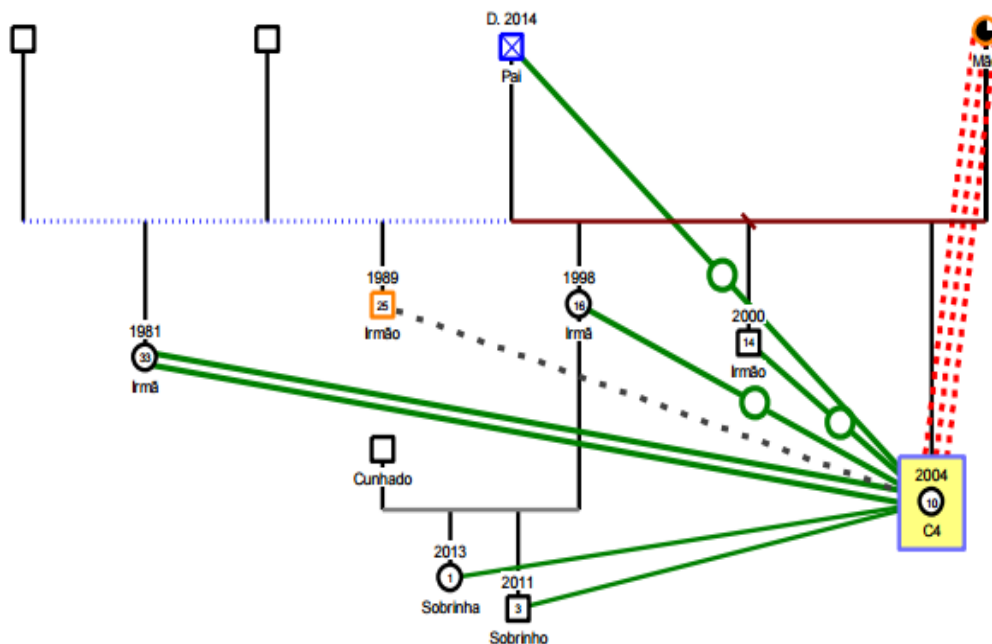


Figure 4. Genogram constructed with C4.

C4 is a 12-year-old girl. She used to live with her father, and two brothers, one 16 years old and the other 14 years old. She came from an institution that gives shelter to minors in risk situations and/or social vulnerability. Her 14-year-old brother was also living in the same institution since tutorship was temporarily confiscated from the father until treatment for alcoholism. However, when the reinsertion process started, the father had serious health problems and died in January 2014.

C4 was somewhat resistant during the interview to the process of genogram construction. It was probably due to the bereavement process for the loss of her father. Therefore, the condition of C4, emotional unstable due to the event, was respected and deeper information on her family dynamics was suspended since it would make her even more unstable due to feelings she would experience. C4 developed a hateful relationship with his mother, a drug addict and a crack user. On the other hand, he established a loving relationship with his alcoholic father, as well as with his 14-year-old brother and 16-year-old sister. With his 33-year-old sister, the link is one of friendship; with the older brother, a crack user, the relationship is distant. With the nephews, the interaction is harmonious, the boy being his godson

DISCUSSION

RELATIONSHIP FROM THE CHILDREN'S POINT OF VIEW

Conjugal subsystem

C1 says that the relationship between father and mother is indifferent and without any signs of affection. The parents of the sisters C2 and C3 have recently separated and the two girls identify parents' relationship as conflicting, since they have frequently witnessed violent scenes against the mother by the father. C4's parents had separated a long time before the father died and, as mentioned above, the girl's perception of the type of relationship between her parents cannot be identified. However, accord to report by the councilor, described on her

brother's chart, their relationship was friendly without any conflicts. C4 acknowledges that her father was calm and even when drunk he did not reveal any violent behavior.

One of the spouses being alcoholic can exacerbate conflicts and increase marital dissatisfaction, as in the case of C1's parents. The couple's dissatisfied life, mood, affection or negative behaviours tend to be displaced to the relationship with their children, resulting in less effective discipline and parental strategies, bringing essential implications for the quality of these interactions²². C1's father is not violent towards his wife, but displaces all dissatisfaction with the child, generating violence against him⁸.

Men who are frequently inebriated are more likely to be verbally and physically violent towards their wives⁸. Regarding the parents of C2 and C3, the drug of choice is crack over alcohol. However, both drugs have a negative influence on the development of autonomy and emotions self-regulation²³. Thus, it is possible to notice the same violent functioning, however towards the wife and not to the daughters, until the moment when the girls' mother made a crucial decision for herself and her daughters: separation. For some time, she had been trying to help her ex-husband to seek treatment to stop using the drug; however, he was not prepared to make this change, but she was.

In the case of C4, the father was not violent; on the contrary, he was loving and caring. According to Minuchin, the boundaries between the marital and parental systems have not been sufficiently delineated, since the children were affected by their parents' marital problems. This is evidenced by the children's recognition of existing difficulties in the parents' relationship⁹.

Parental subsystem

C1 maintains a distant, hostile and controlling relationship with parents. With the father, the interaction also involves violence. The father makes frequent use of alcohol, being unable to exercise his parental functions, which overloads the mother. The mother, not being able to establish limits to her son due to the intense fear, ends up allowing C1 to control the family. She shows intense fear towards her son because she believes that his behaviour is very similar to that of her mentally ill brother, who killed the mother and later died in a psychiatric institution. C1 considers himself related to his uncle, without even having

lived with him, just by listening to family comments. “In their standardized interactions with each other, family members build each other”¹⁰.

The father’s addiction to alcoholic beverages not only harms the performance of parents’ functions but affects the time and quality of relations between siblings. Father and mother could not exercise their role and effective educational practices in the education of their children. The parents’ inadequate behavior comprised the lack of positive affections, high prevalence rates of criticism and hostility, lack of limitations and discipline and slight emotional involvement within the family⁸.

C2 and C3 identify their relationship with the mother as one of love. The establishment of secure attachment is associated with a better quality of interaction between child and parents, as it happens with the girls and their mother. According to the Theory of Attachment, the child needs to obtain security, food and affection, directing her attention to those people who are within her reach to provide care for those needs.

The bond established between children and care-givers is called attachment²⁴. In spite of a violent behavior against his ex-partner, the father was good and showed positive instances, according to the daughters. C2 acknowledges differences in the father’s behavior, whereas C3 had not perceived clearly the influence of drug-addiction. In fact, C2 refers to the father’s relationships were sometimes harmonious and at other times full of conflicts. C3 identifies it as a loving relationship^{8,11}.

C4 had a loving relationship with the father and a hateful relationship with the mother. There is evidence that the affective aspect of family functioning is affected the most when the mother has a mental disorder, such as drug use¹¹. Thus, when the mother distances herself physically and emotionally from caring the children, a relationship of trust and security is likely to be impaired¹².

Regarding C4’s relationship with the mother, a study confirms that the relationship between them was severely impaired due to the mother’s drug use, as the parental abusive drug use influences the growth and children’s development, in addition to causing mental health and behavioural problems²⁵. C4 represented maternal absence as abandonment and rejection. However, her father was present physically and emotionally, providing

the necessary care for healthy development. With him and the other members of the family system, C4 maintained positive interactions, which prevented the emergence of severe psychological symptoms in the face of the losses she suffered. As a result, C4 did not need treatment before the father’s death and was referred for this loss^{8,11}.

Family functioning

C1’s family is a careless one. Borders are strict; there is no adequate relationship; the parental subsystem is required to cope with problems. The children are in control of the rule of family functioning and parental conduct reinforces the maintenance of conflicts and the strictness of transactional patterns due to the lack of the necessary limits, among other factors²³. The careless family does not react when a response is required. Although the son’s treatment was ongoing, C1’s family system does not perceive that the other members also have to change their behavior. They frequently expect a solution coming from outside, or from medicines or even from the health professional that takes care of C1.

At present, the family of C2 and C3 is trying to strengthen borders which were extremely fragile and functioned as a tangled system. The drug-dependent father’s behavior and the difficulty that the mother has in taking decisions to cope with problems have influenced the daughters’ behavior. The stress hailed from only one member – the use of drugs by the father – but had repercussions on the other family subsystems. However, the change that occurred by the mother’s decision to separate from the father is helping in the establishment of borders in so far as she is seeking alternative transactional patterns to modify the functioning of the family⁹.

The border of C4’s family had not been duly defined, but they were not so weak or strict to classify them as entangled or careless. From the relationship with the mother, one could think of a disconnected functioning; however, the family functioning cannot be assessed based on just one subsystem. The father was present in raising his children, only with difficulty in establishing limits to the son who always went in search of the mother, trying to rescue her for family life. However, using the other systems’ relationship as a reference, the boundaries were

delineated so that the subsystems could communicate.

Attachment relationship

Current study investigates the attachment relationships between parents and their children. C1 shows insecure-avoidance attachment with the mother and father, with slight or no difficulty in distancing herself from the parents. She avoids or ignores them with regard to affectivity and parental role¹³. The parents' influence lies in the difficulty in establishing an affection relationship between themselves and the children, compromising the exercise of other important functions for the children's development.

Insecure attachment is closely linked with a reduced ability to transmit trust, to trust and experience security in relationships, as the individual who manifests this type of attachment did not have the opportunity to experience these feelings in the relationship with their caregivers, as probably occurred with C1's parents. Alcohol users and people with other mental disorders often have insecure attachment^{4,19}.

Further, as Kachadourian, Eiden and Leonard⁸ suggest, the home context where the children are educated, harmony and the couple's conviviality are factors that affect the development of the maternal and paternal functions.

The marital dissatisfaction that usually becomes part of the family's daily life causes the resolution of family and matrimonial conflicts to occur through violence, generating fear and insecurity in children, negatively affecting the development of secure attachment^{14,15}.

Such a situation occurred in C2's family. The girl had a resistant insecure attachment with her mother when she started treatment and symptoms of separation anxiety, typical in this type of attachment. These symptoms occurred due to the father's violent behaviour resulting from drug use, generating anguish and fear of leaving the mother alone with him, for fear that, he would attack her and she would leave the family¹³. However, with the beginning of psychotherapy and transformation from the family functioning from the change in the mother's behaviour, C2 started to present secure attachment with the mother and kept the insecure-avoidant attachment with the father. C3 indicates having developed a secure attachment with both parents. With the marital separation, the father's absence

from family life mobilized behavioural and sentimental reactions. Although normal due to the system's change, C3 maintained a pattern relationship with them as they experience the process of adapting to the new situation¹⁶.

C4 developed a secure attachment to the father and the 16-year-old sister, who assumed the maternal functions. The father, although research suggests otherwise, was physically and emotionally present, although with some flaws in the exercise of parental functions. C4 attributes to him the responsibility for the care and attention to her needs, as well as to her 16-year-old sister. The latter assumed, within her possibilities, the maternal functions, also generating a secure attachment relationship. C4 manifests insecure-avoidant attachment to the mother, who abandoned the family system due to drug use; C4 ignores her, not wanting to live with her since she feels neglected in relation to the drug^{13,16}.

The idea of Santos and Farate¹² can confirm the behaviour of C4's mother that when the mother distances herself physically and emotionally from caring for her children, the construction of a relationship of trust and security is likely to be impaired. The use of drugs generally makes it difficult for the mother to interact with her child, as it damages the exercise of maternal functions such as feeding, bathing, monitoring behaviour, helping with school tasks, playing, among others. Those activities are essential not only for physiological development and child's emotional state, as well as for the establishment, strengthening and maintenance of the bond between mother and child¹⁸.

Limitations of current study are due to data collection undertaken through case studies and thus results cannot be generalized. However, data were discussed and were based on the theoretical references which described the perception of children of drug-dependent parents on family functioning and their attachment relationships built with their parents.

CONCLUSION

Current research shows relevant contributions for public health since it is a warning for health professionals to include families within the drug-addiction treatment

process. In fact, the family functions as a risk or protection factor for issues caused by drug abuse. Consequently, health prevention and promotion also should be directed towards the family system in which members interact and cannot be taken separately to effectively understand the bonds established with the others.

In this case, health protection goes beyond the application of techniques and norms since it is not sufficient to know the families' functioning and find possible areas of action. It rather means the fortification of members and their relationships through the construction of possibilities of selection and the production of novel means, without any reproduction. It also involves the use of science to differentiate what is pathological and what is part of the transitional moment through which the family is passing.

When we have described the perception of children of drug-dependent parents with regard to family functioning and to attachment relationships constructed with their parents, we identified how the family system works, its dynamics, the establishment of border between the subsystems and children's attachment relationships with the parents.

The use of the genogram as a method for data collection made the interview easy since it motivated the children in picturing their family. It also provided a bond with the researcher for the study and as a sequence in the children's treatment at CAPSi.

Positive changes in feelings, thoughts and behavior have already been reported in some of the children, either due to a longer follow-up period or to more flexible family transaction patterns. One may also identify that the genogram provided the children's contact with the functioning of their families and thus favoring reflections on relationships on the system. This reaction may provide children, through therapy, the transformation of adversities with which they live into stimuli for effective change as they grow up.

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