



ST JOHN OF GOD

Raphael Services

Driving Change: pregnancy, parenting, alcohol and other drugs conference

Welcome



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Raphael Services

Nurturing Families: Trialling the Parent Child Assistance Program Pilot (PCAP) in Australia

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Telethon Kids Institute

Womens Health and Family Services

Parent Child Assistance Program Pilot (PCAP)

Nurturing Families

In Partnership with Telethon Kids Institute

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ABOUT WHFS



- Clinic
- Aboriginal Family Support Services
- Education and Training (Health Promotion)
- Alcohol and Other Drugs
- Domestic Violence Advocacy Services
- Family and Children Services
- Mental Health
- Body Esteem Program
- Partners in Recovery (PIR)

PCAP PILOT PROJECT

“Nurturing Families”



womens health
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LOCATIONS

- North Metropolitan Health Service Area
- **Joondalup:** 76 Davidson Terrace,
Lotteries House, Joondalup

ABOUT PCAP



- Established in Seattle in 1991
- Established to create a meaningful intervention for high risk mothers with complex issues
- 52 sites across North America & Canada
- 12 sites in Washington state alone supporting almost 1000 at risk families
- 3 year home visitation case management service in Seattle
- <http://depts.washington.edu/pcapuw/>



Current Client Profile

- Women who are pregnant and up to twelve months post partum with AOD issues
- Complex Needs
- Mental health Issues
- Experience crisis
- Lack of stability and support
- Experience family or domestic violence
- Department of Communities involvement

Findings from PCAP

An Intergenerational Cycle

PCAP mothers *are repeating the patterns they grew up with*

	N=773
One/both parents abused alcohol/drugs	90%
Sexually abused as a child	56%
Child welfare involved	31%
Ran away as a child	63%
Didn't finish high school	37%
History of domestic violence	71%

PRIMARY AIMS

To help mothers:

1. Engage with Alcohol and other Drug treatment
2. Build healthy family lives
3. Prevent future AOD exposed births



Eligibility Criteria

- Women who are pregnant and up to 12 months post partum
- And self report AOD issues
- Ineffectively engaged with community service providers
- North Metropolitan Health Service Area

The PCAP Model

- Offers long term outreach and engagement to clients
- Is based on relational theory, motivational interviewing and harm reduction concepts
- Provides structured goal setting, family support and consistent coaching

PCAP Conceptual Framework



Relational Theory:

Positive, non judgemental interpersonal relationships within the intervention and recovery settings are critical.

“my case manager never gave up on me. She kept believing in me until I finally started believing in myself”- PCAP client

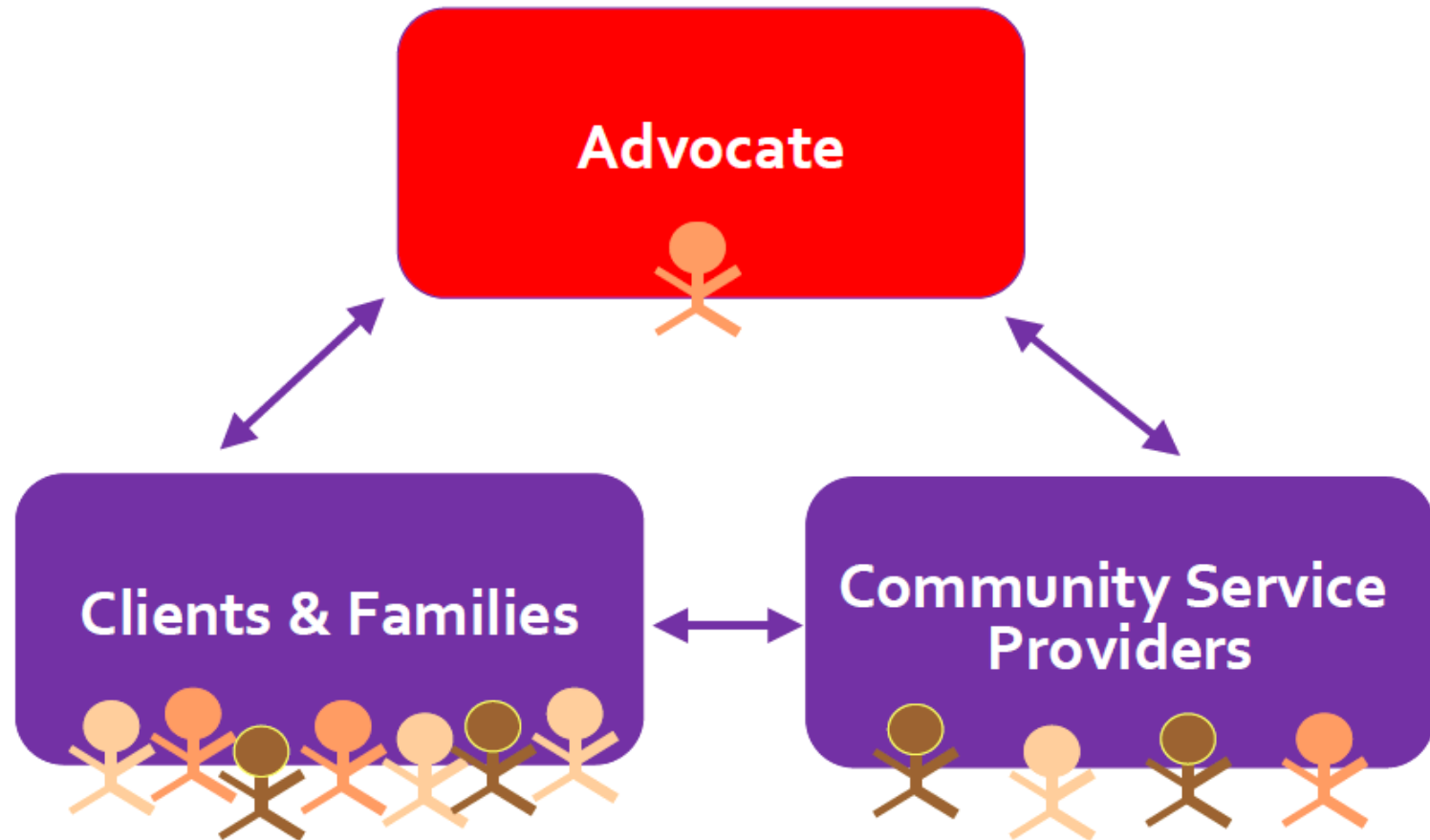
Stages of Change/Motivational Interviewing:

Clients will be at different stages of readiness for change. Helping clients motivate for change is a process that occurs within the context of interpersonal relationships.

Harm Reduction:

Any steps towards decreased risk are steps in the right direction. Clients are not asked to leave the program because of relapse or setbacks.

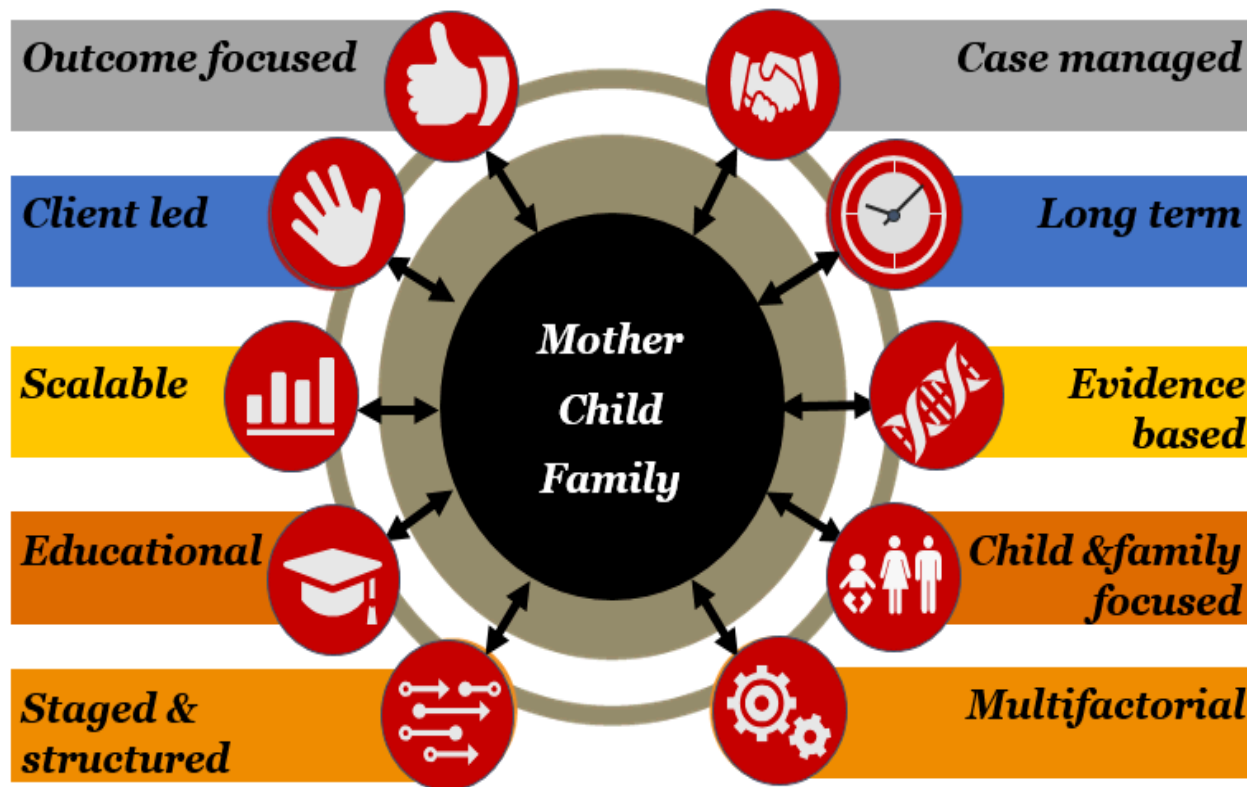
PCAP 2 Pronged Approach





Functions of PCAP Case Management

- **Assess:** determine client's strengths and needs
- **Plan:** help client develop goals and incremental steps to meet goals
- **Role Model:** teach, demonstrate, practice and give feedback
- **Link:** connect client and family to services
- **Advocacy:** co-ordinate with other service providers, intercede on behalf of client and children
- **Monitor:** regularly evaluate progress
- **Self Efficacy:** the client is closely involved in plans and goals



“ PCAP is based on the tenet that effective intervention programs for high-risk mothers take into account the complex nature of the women's problems, and provide services that are multidisciplinary, comprehensive, coordinated, and include the children.

PCAP evaluation therefore examines multidimensional outcomes, improved overall social functioning, and reduction of risk to the mother and target child. PCAP has been evaluated using blended evaluation designs; outcomes have been published in five peer-reviewed papers. ”

Source : University of Washington,
<http://depts.washington.edu/pcapuw/>

PCAP Is Evidence Based



womens health
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PCAP outcomes have been published in the following peer-reviewed papers:

1. Study 1. Original Demonstration Cohort (1991 – 1995)

Ernst, C.C., Grant, T.M., Streissguth, A.P., & Sampson, P.D. (1999). Intervention with high-risk alcohol and drug-abusing mothers: II. 3-year findings from the Seattle model of paraprofessional advocacy. *Journal of Community Psychology*, 27(1): 19–38.

2. Study 2. Post-Program Follow-Up Cohort (1997 – 1998)

Grant, T., Ernst, C.C., Pagalilauan, G. & Streissguth, A.P. (2003). Post-program follow-up effects of paraprofessional intervention with high-risk women who abused alcohol and drugs during pregnancy. *Journal of Community Psychology*, 31(3): 211–222.

3. Study 3. Seattle and Tacoma Replication Cohorts (1996 – 2003)

Grant, T., Ernst, C., Streissguth, A. & Stark, K (2005). Preventing alcohol and drug exposed births in Washington State: Intervention findings from three Parent-Child Assistance Program sites. *American Journal of Drug and Alcohol Abuse*, 31(3): 471-490.

4. Study 4. Maternal Substance Abuse and Disrupted Parenting: Distinguishing Mothers Who Keep Their Children From Those Who Do Not

Grant, T., Huggins, J., Graham, C., Ernst, C., Whitney, N., and Wilson, D. (2011). Maternal substance abuse and disrupted parenting: Distinguishing mothers who keep their children from those who do not. *Children and Youth Services Review*, 33(11): 2176-2185.

5. Study 5. Improving Pregnancy Outcomes Among High-Risk Mothers Who Abuse Alcohol and Drugs: Factors Associated With Subsequent Exposed Births

Grant, T.M., Graham, J.C., Ernst, C.C., Peavy, K.M., & Brown, N.N. (2014). Improving pregnancy outcomes among high-risk mothers who abuse alcohol and drugs: Factors associated with subsequent exposed births. *Children and Youth Services Review*, 46: 11-18.

Treatment & Abstinence Outcomes (N = 705)

- Abstinence at exit > 6months 48%
- Longest abstinence in PCAP >= 1 Year 65%
- Longest abstinence in PCAP >= 2 years 41%

Family Planning Outcomes (N = 576)

- Family planning at intake 12%
- Family planning at exit 64%
- Subsequent alcohol/drug exposed birth 12%

Income & Custody Outcomes (N = 581)

- Main income employment at intake 4%, at exit 22%
- Main income welfare at intake 69%, at exit 31%
- Custody of target child at exit
 - Bio mother 66%
 - Other family 14%
 - Foster care 10%
 - Adopted 7%

The Taxpayer

- Estimated total life cost of Foetal Alcohol Syndrome (FAS) = \$US2.5million
- Of 239 binge drinkers served by PCAP, 62 had subsequent pregnancy.
- If all 62 continued to drink, about 13 (21%) would have a child with FAS resulting in total lifetime costs of US\$33.2million
- Instead only 18 of these mothers continued to drink during pregnancy, consequently 4 children may have FAS.

SAVING US\$23.6million for the taxpayer

Source :

http://depts.washington.edu/pcapuw/inhouse/PCAP_Presentation.pdf

Evaluation- Telethon

- Evaluation is important to know if things are working & should facilitate clinical practice
- Main outcomes
 - Composite measure including
 - Utilisation of alcohol/drug treatment
 - Abstinence from alcohol and drugs
 - Family planning (birth control & subsequent pregnancies)
 - Health and well-being of the target child
 - Appropriate connection with community services
 - Economic cost/benefit analysis
 - Satisfaction with service

Evaluation- Telethon

- Secondary outcomes
 - Physical Health
 - Mental Health
 - Relationships
 - Dose of support provided
 - Services contacted/used
 - Income/Employment/Training
 - Custody
 - Housing
- Other possibilities
 - Parent-child attachment

Evaluation- Telethon

- How we hope to help
 - Collaborating to securing grant funding
 - Facilitating data collection
 - Systems (e.g. electronic surveys)
 - Training
 - Analysis
 - Reporting



FEEDBACK



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Research

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