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

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

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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”
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
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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One/both parents abused alcohol/drugs</td>
<td>90%</td>
</tr>
<tr>
<td>Sexually abused as a child</td>
<td>56%</td>
</tr>
<tr>
<td>Child welfare involved</td>
<td>31%</td>
</tr>
<tr>
<td>Ran away as a child</td>
<td>63%</td>
</tr>
<tr>
<td>Didn’t finish high school</td>
<td>37%</td>
</tr>
<tr>
<td>History of domestic violence</td>
<td>71%</td>
</tr>
</tbody>
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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

Advocate

Clients & Families

Community Service Providers
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.

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


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

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

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**Treatment & Abstinence Outcomes (N = 705)**
- Abstinence at exit > 6 months: 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 lifetime cost of Foetal Alcohol Syndrome (FAS) = $US2.5 million
- 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$33.2 million
- Instead only 18 of these mothers continued to drink during pregnancy, consequently 4 children may have FAS.

SAVING US$23.6 million for the taxpayer

Source:
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
CONTACT DETAILS

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