

Coláiste na Tríonóide, Baile Átha Cliath Trinity College Dublin Ollscoil Átha Cliath | The University of Dublin



EXECUTIVE SUMMARY AN EVALUATION OF THE PARENTS UNDER PRESSURE PROGRAMME (PUP) AT COOLMINE

DR JO-HANNA IVERS & PROFESSOR JOE BARRY

SEPTEMBER 2018









"Just connecting with your child. There was something being said about that one day and, I really, really struggled with even hearing what was being said, and just the building of that bond and even, when she was showing us the videos. They did videos and even when she was showing us that and she was saying to me; Oh look the way your daughter is looking at you", I – I really struggled to actually, accept it. My child loves me.... It was weird now it was. The amount of emotions that I felt during the programme, oh my God, it

was unbelievable!"



CONTENTS

EXECUTIVE SUMMARY PROGRAMME RETENTION AND SUBSTANCE USE DEPRESSION, ANXIETY AND STRESS MINDFUL PARENTING SOCIAL SUPPORT STRENGTHS AND DIFFICULTIES SUMMARY FINDINGS RECOMMENDATIONS REFERENCES



EXECUTIVE SUMMARY

Coolmine Therapeutic Community has opened its Parents under Pressure (PuP) programme to external scrutiny and evaluation. The PuP programme aims to improve family functioning and child outcomes by supporting parents who are, or have been, drug or alcohol dependent.

Evaluations of the PuP programme have been carried out in other countries but never in Ireland. In addition, this is the first evaluation anywhere of the PuP programme in a residential setting. The current research aimed to investigate the feasibility and effectiveness of the PuP programme being delivered in a group setting in addition to one-to-one sessions at Ashleigh House. Ashleigh House is unique as it offers the only mother and child residential rehabilitation centre in Ireland. A combination of quantitative and qualitative research methods was employed.

25 women enrolled in the PuP programme and twenty-three participated in the evaluation. It is noteworthy that no woman left the PuP programme. The two participants that did leave, left the treatment services (one was prematurely discharged and one selfdischarged) rather than the programme. Moreover, a comparison of characteristics between participants retained showed no demographic or clinical differences.

Several of the women had complex needs beyond drug use. More than three-quarters said that they were homeless (78%), almost two-thirds (61%) reported a family history of drug abuse, and more than one quarter (26.1%) reported having a history of psychiatric problems and more than onequarter of the women had criminal justice issues (26%). Moreover, eleven of the 12 women who had their children reside in Ashleigh House had active social work involvement. At pre and post-intervention, all participants were drug and alcohol-free. More than half of the participants cite opiates as their primary problem drug (52.2%) for which they are receiving treatment.

PROGRAMME RETENTION AND SUBSTANCE USE

- 25 high risk families enrolled in the PuP programme in Coolmine Ashleigh House.
- 92% (n23) of the high risk families were retained in and completed the PuP programme.
- 100% remained drug and alcohol free post PuP programme intervention.

DEPRESSION, ANXIETY AND STRESS

Of the twenty-three, 21 completed a number of pre and post validated outcome measures. At entry women were reporting severe levels of both depression (19.3) and anxiety (16.3). Post intervention these has significantly reduced; depression by 9.5 to 9.8 and anxiety by 7.7 to 8.6. These show at post intervention depression and anxiety returned to a normal level for the participants. At pre intervention stress was evidenced at a moderate level (22.8). This reduced significantly by 9 to 13.8 post intervention. Table 2 and Figure 3 show the DASS mean score at pre and post intervention for the programme participants.

Table 2: DASS mean score at pre and post intervention for women in Ashleigh House (n=18)

DASS SCORE	Time 1	Time 2
Depression Score	19.3	9.8
Anxiety Score	16.3	8.6
Stress Score	22.8	13.8



Figure 1: illustrates the difference in DASS scores pre and post-intervention



Guilt emerged as an explicit theme for perceived mistakes and failures made as a parent by the participants. There was a dominant negative view of themselves as a parent across the entire interview process. The study showed that as the women progressed through the programme, they were visibly building belief in their abilities to parent. The group setting facilitated a sense of solidarity. Through sharing their experiences the women learned they were not alone.

The PuP programme challenged the idea of a perfect parent and stereotypes in relation to parenting. The study shows that the self-belief in being a *good enough parent* to their child (ren) was achieved for participants. The provision of safety and security, love and a nurturing environment for children was repeated during every group session.

"...I was beating myself up so much all the way through saying, 'God some of you might have made mistakes but me, I was just, like, the [speaker's emphasis] worst' and it was, you know, I wasn't being dramatic or whatever. I actually did believe..." (Participant 1) "Just knowing that I was doing OK and that 'the perfect parent' doesn't actually exists, really helped me." (Participant 20)

MINDFUL PARENTING

Mindful parenting scores¹⁸ improved by 0.5 on scale as detailed in Table 3 and Figure 2 below. This measured a parent's ability to reflect on their emotional state, to manage their emotions and to identify and respond to their baby/child's emotional state. The increase of 0.5 indicates that the participant has an increased, and more consistent, understanding of their emotional state and that of their baby/child and that this is improving through practice.

Table 3: MPQ mean Scale Score pre and post intervention for women in Ashleigh House (n=18)

Mindful Parenting Scale Score	Time 1	Time 2
Mean score	3.1	3.6

Figure 2 illustrates the difference in MPQ scores pre and post-intervention



Holding the child at the centre of the process was key to the women's success. This was reinforced and nurtured during the mindful parenting sessions. Both from a practitioners and participant perspective, Mindful Parenting was the key mechanism of change in their belief and capacity to parent. This included women's positive feedback on improved emotional management for both self and child. The majority of women undertook the programme with the expectation to help them enhance their relationship with their child.

"Just to make sure I went in. I came in and ah I struggled to be honest, I'm not going to lie, I struggled to be here. I struggled to change because it's not like me to sit in a place to deal with my feelings and thoughts, I run from myself. I run from everything." (Participant 2)

"I just kind of feel that I'm more aware of how I speak to [son] and how I communicate with him and that when, like, he's crying or whining...I wouldn't have known that really if I hadn't done the PuP programme, I know crying, I would have known but, like, the hitting [by the child] – I just feel I'm getting to know his ways more. I'm more mindful as well when I'm with him and I'm not... the way you can be sitting with your baby and it's like you're not really there." (Participant 10)

SOCIAL SUPPORT

Participants noted a significant increase in the levels of support they feel they received from family, friends and significant others post intervention. Table 3 and Figure 3 show that at pre-intervention, participants scored a mean average of 4.1 indicating they receive some support from family, friends and others but this may not be adequate. At postintervention this increased to 4.9 indicating a much improved level of support.

Table 3: Multi-dimensional Scale ofPerceived Social Support (n=16)

Multi-dimensional Scale of Perceived Social Support Score	Time 1	Time 2
Mean score	4.1	4.9

Figure 3 illustrates the difference in MPSSS scores pre and post-intervention



Ashleigh House while tough was perceived as a supportive environment, which was valued highly. Support from staff, support from other participants, support provided through the one to one PuP sessions was positively referenced by both the men and women participants. The importance of having their children in residence received mixed responses. For many having their child reside with them although challenging, was a key motivation for accessing treatment. For others, having regular access to their children was vital. The men emphasised the importance of the opportunity provided by Coolmine to have weekly access to their children during treatment as a key motivation to addressing their substance use. External validation from social services for their



participation in PuP programme was viewed as a positive support by participants.

"That's very important for me and then it's the support you get from the staff and, you know, support you get from other women that are in the same situation as you. So, it's that support that you get and then even with your children coming up it's not, like, watching and waiting for mistakes or anything like that. It's a really healthy happy environment for them as well" (Participant 6).

"My Social worker, she is delighted I am doing it [the PuP programme] she keeps praising me [laughs]" (Participant 5).

STRENGTHS AND DIFFICULTIES

The Strengths and Difficulties Questionnaire (SDQ)¹⁹ measures the child's conduct, emotional and social problems as seen by the parent who completed the form. The Total SDQ score consists of four sub-scales: Conduct Problems, Emotional, Hyperactivity, and Peer problems. The numbers of completed SDQ's were lower as this questionnaire as it only related to parents with children between the ages of three and eight years with regular access to their children. Only nine of the 23 parents met this criterion and only five completed both time points thus, for analysis purposes, data is presented for these five participants in tables below.

Figure 4 illustrates the difference in scores pre and post programme intervention. At preintervention, participants (n=5) scored a mean of 14 indicating that they perceived their child/children in the borderline range of problems that needed to be addressed. At post-intervention, participants (n=5) scored a mean of 10.8 suggesting there has been a decisive shift in either a) their children's behaviour or b) how they perceive their child's behaviour.

Table 4: SDQ mean Scale Score pre and post intervention for women in Ashleigh House (n=5)

The Strengths and Difficulties Questionnaire (SDQ)	Time 1	Time 2
Mean score	14	10.8

Figure 4 illustrates the difference SDQ in scores pre and post-intervention



The study showed an improvement in child behaviour and/or parental perception of their child's behaviour. This was evidenced through the use of video recording of everyday interactions between parent and child. PuP practitioners cite this as another key mechanism of change, due to its strengths based focus, during the PuP programme intervention.

"They have different behaviours, like, and looking at them and the way you can give them attention. I found it very good. No. It's been -it's completely different to what I expected because it's mad [really good], like, the things [content] that they cover, you know... brilliant...absolutely." (Participant 4)

"I see it all the time in how I – how I talk to him and how I look at him, you know, it's such a difference. Because I went into PuP and just wanted to tell everyone how much I completely messed up him [son]... that I'd broken him basically. And...he's not a damaged child, he's a really a happy, healthy little boy." (Participant 1)

SUMMARY FINDINGS

The content and the format of the PuP programme were a good fit for Coolmine. Coolmine tailored PuP programme through the introduction of PuP programme in a group, as well as one to one format, with positive impact for participants.

Notwithstanding the practitioners feedback that managing sensitive topics within the group format was difficult at times, the dual delivery of one to one PuP interventions, provided an additional space to express childhood experiences. Practitioners perceived some element of administration as burdensome and recommend the allocation of more time for assessments and staggering their completion over time. Both practitioners and participants suggested developing programme content to include teenagers and older children. The Therapeutic Community is a unique setting with specific characteristics.

Therefore, further research is required to determine the transferability across Addiction Services in Ireland. Future studies should include a comparison group who received treatment-as-usual with a follow-up period of at least six months in order to determine the effectiveness.



RECOMMENDATIONS

1. IMPLEMENTATION

- 1.1. For future application of the PuP programme the continued supports such as coordination and group facilitation are vital.
- 1.2. Given the burden of programme administration, the development of protected 'PuP time' for Group Facilitators and Therapists will need to be considered.
- 1.3. Coolmine is strategically placed to lead their peers on the development of a systematic programme to improve family functioning and child outcomes for parents attending drug treatment. With adequate resourcing, Coolmine could provide their peers and partner agencies with the necessary skills and training to adequately address these issues across the various treatment services.

2. PROGRAMME DEVELOPMENT

- 2.1. The PuP programme is child centred and should further encourage and involve fathers as well as mothers. Following the successful pilot of PuP at Coolmine Lodge the programme should be rolled out on a continual basis.
- 2.2. Given the emphasis on the child within the PuP model, as well as the opportunities for interactive feedback, extending the group sessions to include children should be explored.
- 2.3. Consideration must be given to extending the involvement of children, including teenage and young adult children of drug users.

3. RESEARCH AND EVALUATION

- 3.1. If feasible the women and men who took part in this evaluation should be followed up in six or twelve months.
- 3.2.3.2. Future evaluations of the PuP programme should have greater numbers, and a comparison group, in order to provide stronger evidence with greater power.



REFERENCES

- 1. De Leon G. *The therapeutic community: Theory, model, and method*: Springer Publishing Co. 2000.
- 2. Horgan J. Parental Substance Misuse: Addressing its Impact on Children. A Review of the Literature. Dublin: National Advisory Committee on Drugs. 2011.
- 3. Hollis V, Cotmore R, Fisher HL, Harnett P, Dawe S. *An evaluation of 'Parents Under Pressure' a parenting programme for mothers and fathers who misuse substances. Technical report.* UK NSPCC. 2018.
- 4. Frye S, Dawe S. Interventions for women prisoners and their children in the post-release period. *Clinical Psychologist*. 2008; 12: 99-108.
- 5. National Drug Treatment Reporting System. Unpublished data, NDTRS 2015/2016. Personal correspondance with author 1 (J, Ivers). Dublin: National Drug Treatment Reporting System July 2018.
- 6. Galligan K, & Comiskey, C *Estimating the number of children of parents who misuse* substances, including alcohol across the communities of the Tallaght Drug and Alcohol Task Force (TDATF) region. Dublin: Tallaght Drug & Alcohol Task Force. 2017.
- 7. A Hidden Harm National Steering Group. Addressing Hidden Harm: Bridging the gulf between substance misuse and childcare systems. Dublin: Health Service Executive .2013.
- 8. *Hidden Harm was included as theme within Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020.* Dublin: Health Service Exective 2014.
- 9. Department of Community, Rural and Gaeltacht Affairs. *National Drugs Strategy 2009-2016 (Interim).* Dublin: Department of Community, Rural and Gaeltacht Affairs. 2009.
- 10. Department of Health. *National Drug Stratergy: Reducing Harm, Supporting Recovery 2017-*2025. Dublin: Department of Health. 2017.
- 11. *PuP Programme: Promoting a nuturing environment for families* 2018 [cited; Available from: http://www.pupprogram.net.au Accessed 20th July 2018
- 12. Dawe S, Harnett P. Reducing potential for child abuse among methadone-maintained parents: Results from a randomized controlled trial. *Journal of Substance Abuse Treatment* 2007; **32**: 381-90.
- Dawe S, Harnett PH, Rendalls V, Staiger P. Improving family functioning and child outcome in methadone maintained families: the Parents Under Pressure programme. *Drug and Alcohol Review* 2003; 22: 299-307.
- Harnett PH, Dawe S. Reducing child abuse potential in families identified by social services: Implications for assessment and treatment. *Brief Treatment and Crisis Intervention* 2008; 8: 226.
- 15. Harnett PH, Barlow J, Coe C, Newbold C, Dawe S. Assessing Capacity to Change in High-Risk Pregnant Women: A Pilot Study. *Child Abuse Review* 2018; **27**: 72-84.
- Dalziel K, Dawe S, Harnett PH, Segal L. Cost-Effectiveness Analysis of the Parents under Pressure Programme for Methadone-Maintained Parents. *Child Abuse Review* 2015; 24: 317-31.
- 17. Lovibond PF, Lovibond SH. The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy* 1995; **33**: 335-43.
- Duncan LG. Assessment of mindful parenting among parents of early adolescents: Development and validation of the Interpersonal Mindfulness in Parenting scale. 2007. Unpublised thesis. https://etda.libraries.psu.edu/catalog/7740. Acessed 20th August 2018
- 19. Goodman R. The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry* 1997; **38**: 581-6.







Coláiste na Tríonóide, Baile Átha Cliath Trinity College Dublin Oliscall Átha Cliath | The University of Dublin







