

PARENTING WITH FEELING

A Targeted Parenting Program for Parents who use Substances and their Infants



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 - Group Facilitators
- **Clinical Research Team**
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- Referrers
- Parents
- Infants
- **Data analysis**
 - HMRI
 - Christopher Oldmeadow
 - Prof Zeynep Biringin
 - Emotional Availability Scale
 - Anna Freud Centre
 - Parent Development Interview

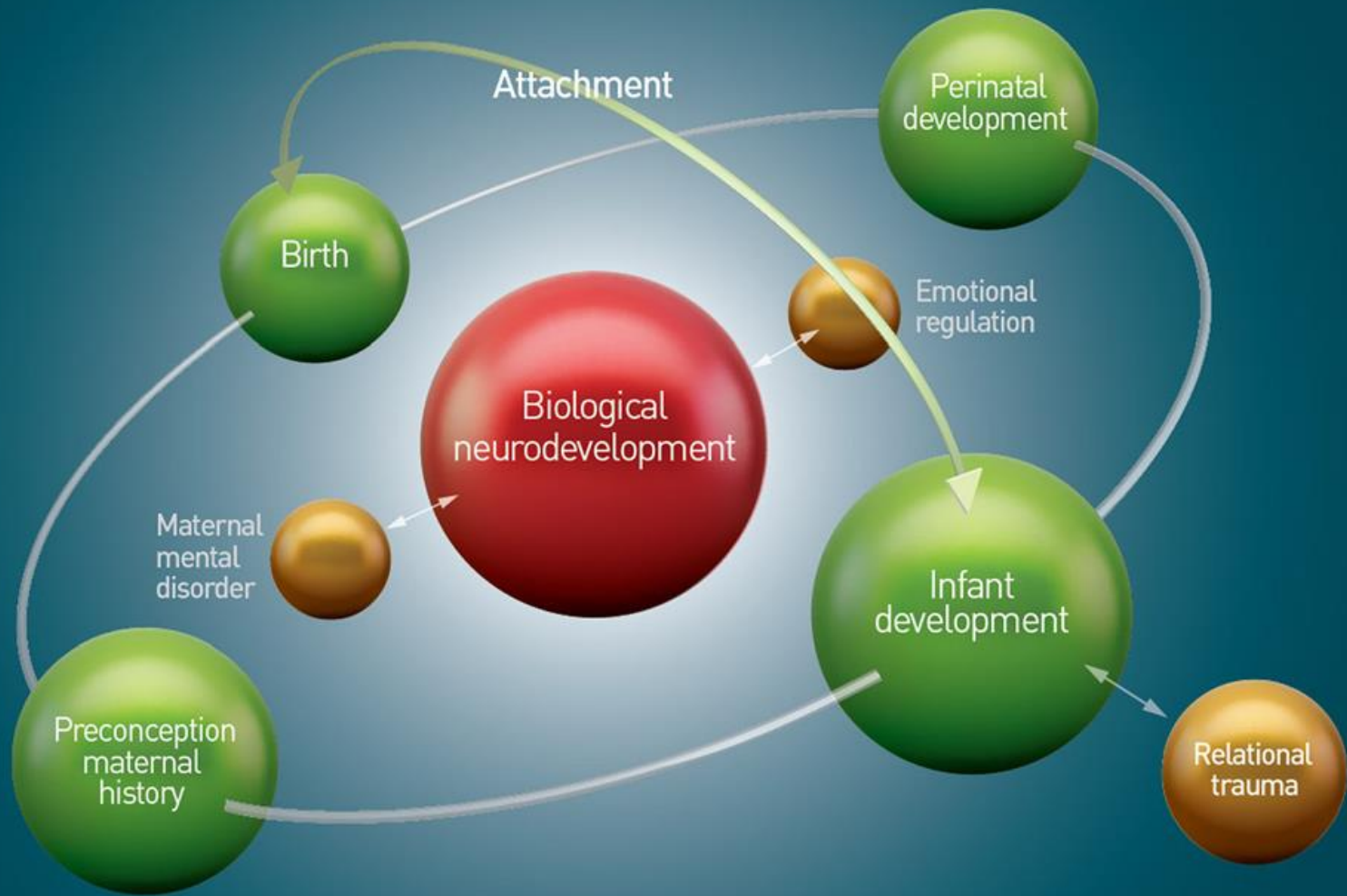


Background

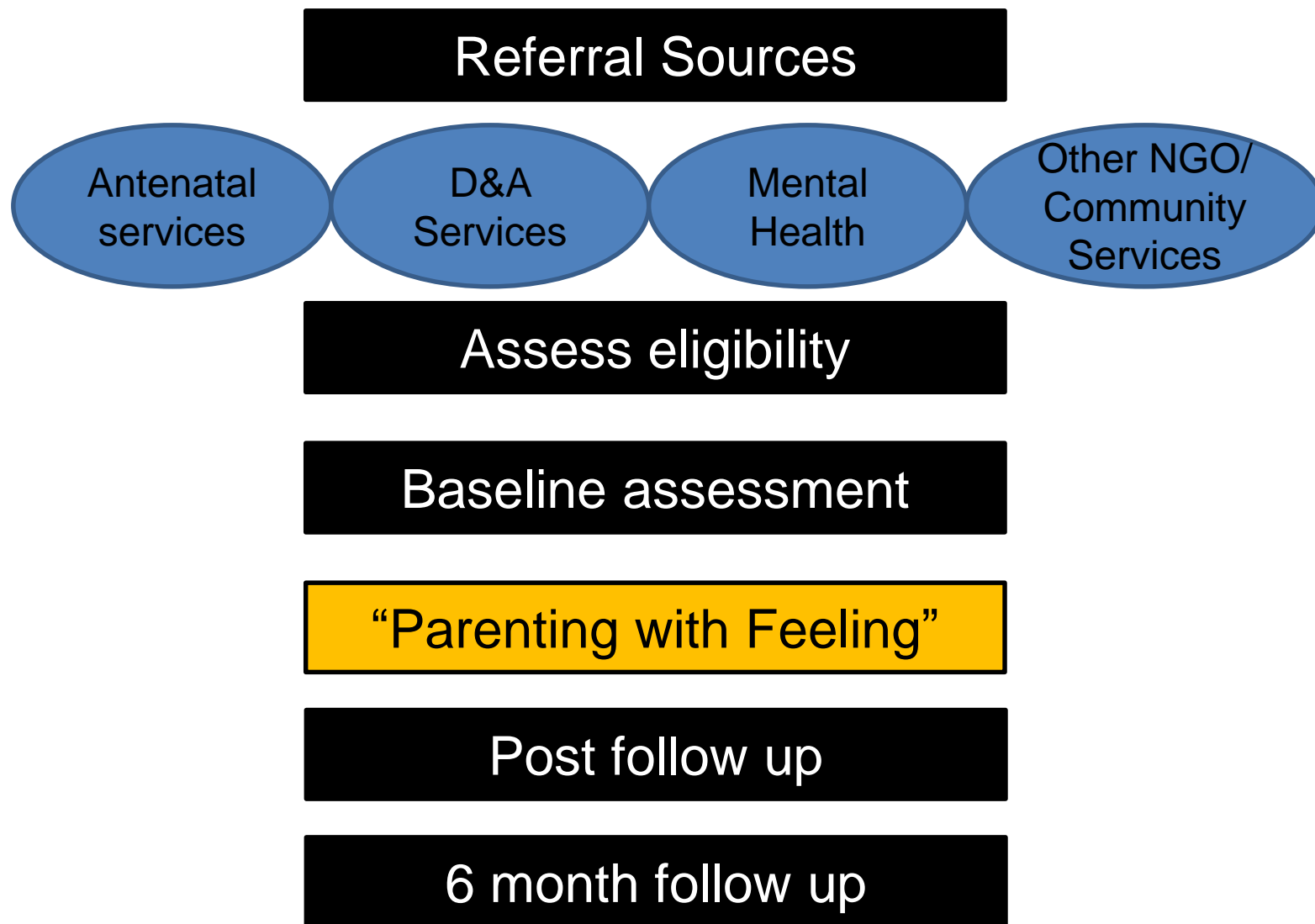
- Substance use
 - Major risk factor for abuse and neglect
 - Significant social & economic costs to the community
 - Impacts on parenting capacity
- Range of parenting programs available
 - Parents Under Pressure, Circle of Security, 123 Magic, PPP...
 - Varied success
- Lack of evidence
 - Programs targeting parents with current substance use disorders

How is PWF different?

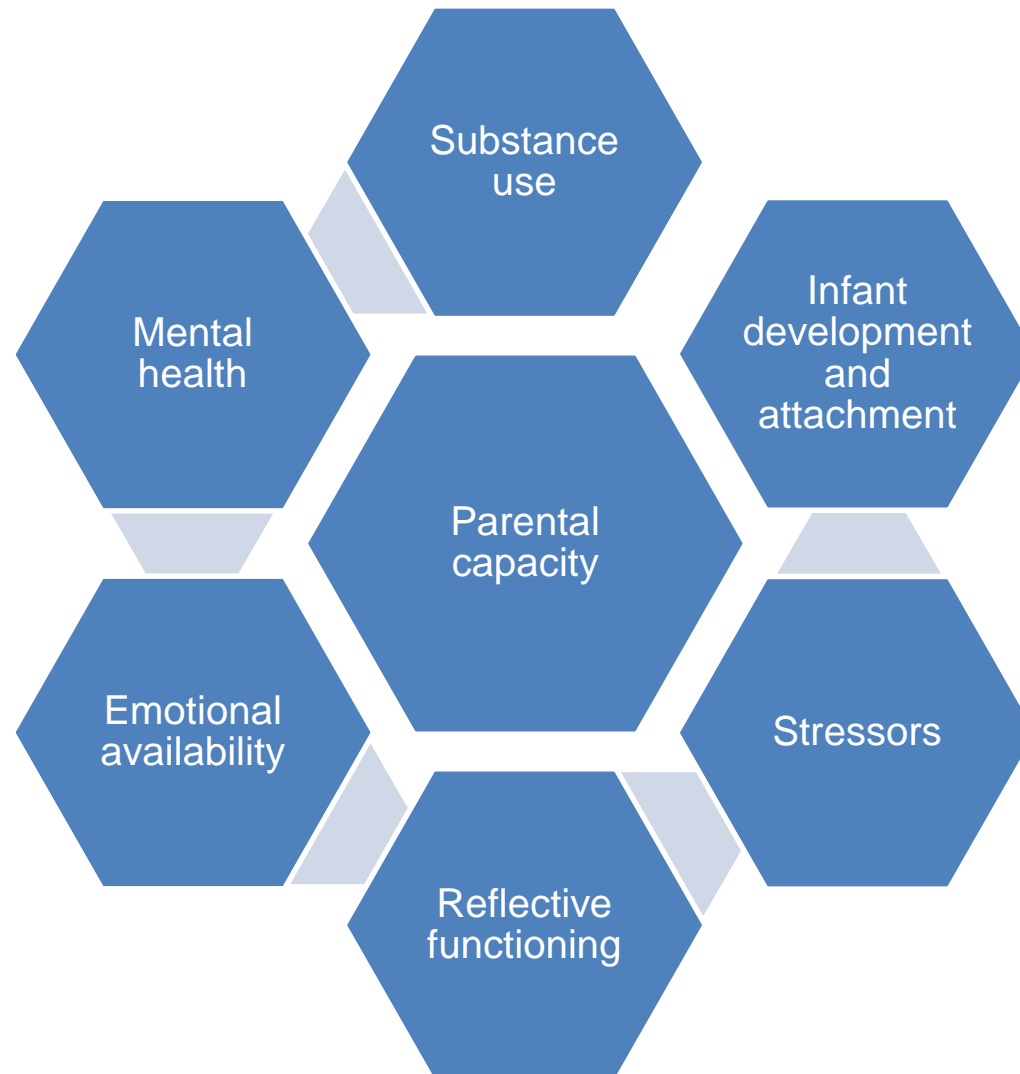
- Targeted
 - Multiple risks
- Inclusive
 - Fathers
- Infant included
- Trauma informed
- Patients like it!!
 - Not a mainstream program
 - Belonging – no stigma
- Manualised
- Structured



PWF Protocol



Domains assessed

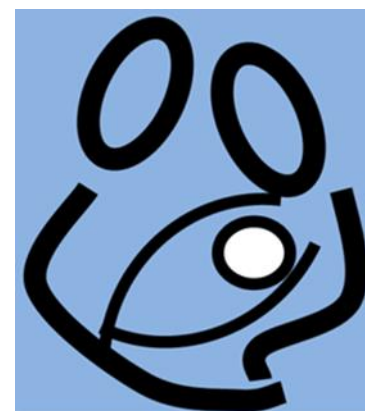


Parenting With Feeling

- Pre-post-study (pilot)
- Eligibility
 - Parents with substance dependence
 - Community based drug treatment
 - Infant aged 2m – 2y
 - Current child protection concerns
- 10 week parenting program
- 2 hours / week
- One topic each week
- 2 facilitators (WFTs, D&A OTP/SUPS nurse)
- Experiential learning/coaching

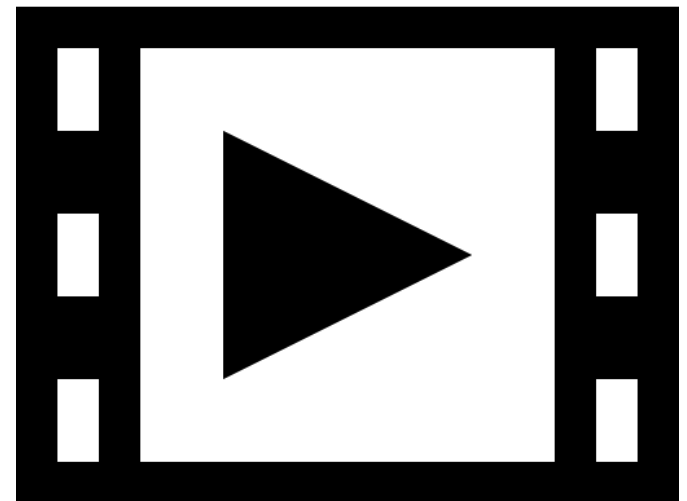
Parenting With Feeling (PWF)

Week	Modules
1	Becoming a Parent
2	Parenting with Feeling
3	Managing difficult feelings
4	Models of Parenting
5	Parental Reflective Capacity
6	Responsive Parenting
7	Dealing with the Past
8	Being a Safe Base
9	Getting it right
10	Moving to the future



Skills based relational approach

- Teach skills about understanding infant needs
- Experiential learning/coaching
- Dyadic intervention
 - Attachment relationships
 - Emotional availability
 - Parental reflective capacity
- ‘Getting To Know You’ DVD



Recruitment

Consented

- $n = 33$

Commenced PWF

- $n = 30$

Completed

- $n = 22$ (21 analysed)

Followed up (6 months)

- $n = 14$

Demographics

Domain	Statistics
Female	73%
Parent age	30.5 years (19 – 48 years)
Infant age	5.5 months (2 – 23 months)
Aboriginal	24%
Education <Yr 12	59%
Trauma history	100%
Opiate Substitution Treatment	73%
Drug counselling	27%

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Significant outcomes

Statistically significant – Pre, Post, Follow Up

- Infant developmental knowledge, ($p = 0.0006$)
- Borderline personality symptoms, ($p = 0.09$)
- Global functioning (clinician rated), ($p = 0.0008$)

Clinically significant

- Relationship with infant (clinician rated)
- Anxiety

Clinical observations

- Translates into practice

=



Infant Safety!

Child Protection Results

- Proof of concept
- Child protection threshold
- **4.5 times less likely to meet Risk of Significant Harm (ROSH)** threshold during the group, compared to period after intervention ($p = 0.065$)
- **6.7 times less likely to have child removed**, during group compared to the period after the intervention ($p = 0.063$)
 - Statistically and clinically significant given sample size
 - Safety results not maintained after the group
- Need for ongoing support

Quotes

How do you feel when she needs attention from you?

PRE “Generally most of the time. I like it. **I feel needed** you know. When mum has had her for an hour I feel lost. It makes me feel good about myself.”

POST “**I feel that’s my role. I’ve got to meet her needs; that’s what she needs**”

How do you think your relationship with your baby is affecting her development?

PRE “**I don’t know** but it must be positive”

POST “I think **it’s good** ‘cos we play a lot. I have the best ...her interest at heart in every way. Like her health um... **things that stimulate her mind**, the reading, the different types of toys, um the talking... baby talk and the normal talk; **everything I’ve learnt here.**

Quote

How does it make you feel when she's upset?

PRE "It shatters me 'cos **I don't know what's wrong and the whole process of finding out what's wrong**".

POST "I've learnt through this group sorta not feel so **guilty about it. She's a baby, she's overtired, she's going to cry.** She's needs to learn to self soothe sometimes"

Improving the experience of care

- Targeted dyadic treatment
- PWF addresses:
 - Multiple risk factors
 - Intergenerational issues
 - Substance dependence
- Mothers + fathers
- High engagement and attendance rates

Improving the health of the population

- Parents and infants
- Significant improvements
 - **Child safety**
 - Mental health
 - Health, wellbeing, functioning and relationships
 - Better able to access 'mainstream' services
- Ongoing monitoring and support
 - Detect decline e.g. relapse
 - Infant development
- Partnerships with other agencies

Value for money

- Cost savings
 - Savings now & into the future
 - Across health and welfare agencies/services
 - Reduction in relapse rates, better multiagency use
 - Reduced Out of Home Care costs
 - Current: \$40k - \$318k / year / child



Implementation possibilities

- Capacity to collaborate develop partnerships
 - Acute/community care
 - Public health and NGO
 - Perinatal, D&A, MH, Child & Family
 - FACS – point of referral?
- Implementation plan
 - Sustainability - agencies / sites
- Training & support program for facilitators
 - Community of practice?
- Evaluation – process/outcomes

Recommendations to the ACI

- Significant gap in current clinical service provision
 - Known area of need across the state
- Parenting with Feeling
 - Successful proof of concept – targets a very at risk group
 - Range of improvements - including child safety ++
- Implementation opportunities
 - NSW Ministry of Health – funding package
 - Target areas include: young people, families, helping people into treatment
 - This project could be integrated with new opportunities
 - Could also be integrated into current services
 - Group based – less staff time
 - Primary Health Network Funding
 - Primary care/Family support

