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

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    • 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

Referral Sources
- Antenatal services
- D&A Services
- Mental Health
- Other NGO/Community Services

Assess eligibility

Baseline assessment

“Parenting with Feeling”

Post follow up

6 month follow up
Domains assessed

- Parental capacity
- Substance use
- Mental health
- Emotional availability
- Infant development and attachment
- Parental capacity
- Stressors
- Reflective functioning
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)

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Statistics</th>
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<tbody>
<tr>
<td>Female</td>
<td>73%</td>
</tr>
<tr>
<td>Parent age</td>
<td>30.5 years (19 – 48 years)</td>
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<tr>
<td>Infant age</td>
<td>5.5 months (2 – 23 months)</td>
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<tr>
<td>Aboriginal</td>
<td>24%</td>
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<tr>
<td>Education &lt;Yr 12</td>
<td>59%</td>
</tr>
<tr>
<td>Trauma history</td>
<td>100%</td>
</tr>
<tr>
<td>Opiate Substitution Treatment</td>
<td>73%</td>
</tr>
<tr>
<td>Drug counselling</td>
<td>27%</td>
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</tbody>
</table>

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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

\[ \Rightarrow \text{Infant Safety!} \]

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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

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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.”
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