





# Clinician's perceptions about the cross-training program regarding interventions with mothers who use alcohol and drugs

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#### **Thanks**













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#### Plan of presentation

#### Background

Prevalence of alcohol and drug consumption

Impacts of consumption

Features of young age parenting

Services integration in addiction field

Cross-training project

Research questions

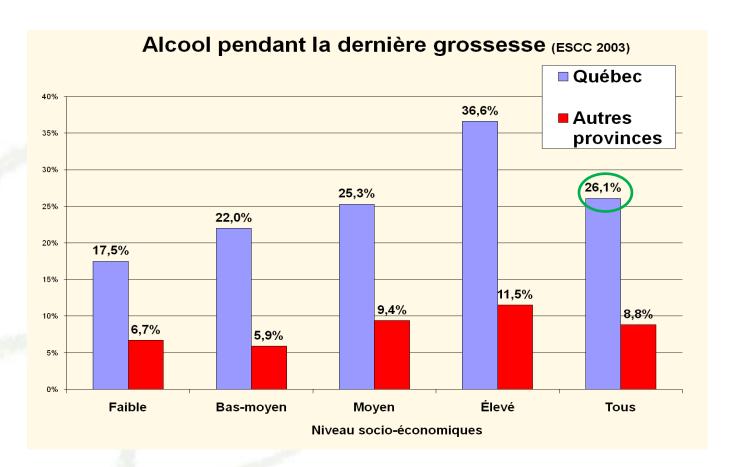
Methodology

Results

Discussion / Conclusion









#### Mothers who drunk alcohol during their pregnancy in Quebec (MSSS, 2011)

Total: 34,1%

25 years old and less: 29,3%



### Background

- Actually, there are no Canadian studies listed to know the proportion of women who have a problem with alcohol use, but some researchers argue that;
  - 5% of pregnant women would have a problem with substance use (Lecompte and al., 2002)
  - 10% of babies would be affected by their mother's substance use problem (Lecompte and al., 2002)
  - 1% of babies would be affected by the FASD in Canada (<a href="www.fasd-cmc.alberta.ca">www.fasd-cmc.alberta.ca</a>, 2013)





# Alcohol and drug use among young women

15-19 years old: 18%

20-24 years old: 34,4%

Had heavy drinking episodes in the past year (ESCC, 2007)

- 15-24 years old :
  - 67,8% cannabis
  - 32,2% any other type of drug

In the year preceding the survey (EQSP, 2008)





#### Briefly...

- Worrying profile of substance use among young women
- They are in a significant transition period in their life:
  - Adolescence
  - Early adult life with all the challenges related
- It appears necessary to support these young people, especially if they are parents





### Service integration

- It aims to ensure consistency, continuity and a strong networking between numerous services adressed to vulnerable and struggling people with multiple needs.
  Service integration is increasingly valued in the field of addiction (Desrosiers and Menard, 2010; Health Canada, 2002; Rush Fogg, Nadeau and Furlong, 2008)
- This concept has grown from 1990 in order to better meet the needs of clients with complex disorders like a dual diagnosis, brain injury, FASD... (Leat et al., 2000)





- Integration strategies inter-agency have experienced since the 1990s, but mainly between child welfare agencies, substance abuse agencies or the court.
- Results show that these strategies improve the services consistency and continuity and the collaborative work.
- Integration strategies experienced are...

Marsh et al., 2011





- Inter-agency agreement to jointly found programs targeted at substance-abusing parents involved in the child welfare system;
- Substance abuse agencies that priorize services for pregnant women or parents in the child welfare system to increase access;
- Involve the court for parents treatment enrollment and to increase chances of family reunification;
- Collocation staff to improve relationship among service providers and better coordination of services for clients

Marsh et al., 2011





- The cross training :
  - Cross-training is an approach that is becoming more widely used to improve the functioning of services and resources (Cannon et al., 1998).
  - The cross-training create an environment of improved collaboration among these professionals that will help fill the void that exists in the needs and treatment of clients" (Simmonds, 2003).



- The current project is inspired by this approach and aims to gain a better understanding of the role of each partner agency to ensure optimal continuity service for their clients.
- The cross-training project is composed of four fundamental components:
  - Joint training
  - Personnel Exchanges
  - Development of tools
  - Establish a common set of baseline





- In our knowledge, no study has tested integration strategies such as cross-training among child welfare, addiction and perinatal care setting staff.
- The proposed cross-training project with personnel exchanges was intended to improve the integration, consistency and continuity of services addressed to young pregnant women and mothers with substance use disorder and at risk of parental neglect in Mauricie / Centre-du-Québec region.





#### Research questions

- 1. Have cross-training project been implemented as planned?
- 2. How do clinicians perceive cross-training project's impacts on their practices?





#### Methodology

- Data collection
  - Implementation of each cross-training activity has been documented using a checklist tool.
  - We conducted focus groups (60 to 90 minutes each one), with 12 clinical teams (N = 88) working in addiction, child protection and perinatal care setting





#### **Analysis**

- The content of focus group was transcribed
- A thematic analysis was carried out using a mixed grid coding :
  - the first-level codification was guided by general topics related to the practice and then by the emergence of sub-themes

(Miles and Huberman, 2003)





- Working Committee
  - A working committee oversee a wide range of tasks and activities related to support the implementation of cross-training project.
    - Establish a common set of baseline to improve team collaboration
    - Developing a plan of action
    - Developing communication structure and protocols
    - Ensuring the participation of teams in joint training and personnel exchanges

Composed of managers and clinicians, these committees has hold from 3 to 4 annual meetings.





- Joint training
  - Several blocks of joint training were provided to stakeholders
    - Training on parental substance misuse (2 days)
    - Training on motivational interviewing (2 days)
    - Training on individualized service plan (1 day)
    - Supervision in motivational interviewing (1/2 day)

To date, 592 people have attended to either these training





- Personnel exchanges
  - The personnel exchanges consist of 10 days-long where participants are given the opportunity to visit and work in an another resource and become acquainted with the professionals working there as well as their methods of intervention and care.
  - In addition, stakeholders participated in clinical discussion about substance use among pregnant women and young families.

57 professionals have participated to personnel Grandir exchanges and clinical discussion



et innover

- Development of tools to inform and to encourage the clients to change their consumption behavior:
  - Effect of psychoactive substances on pregnancy, foetus and child
  - You're pregnant and you find important to give birth to a healthy baby
  - Guide to help to change in the alcohol and drug consumption for pregnant women, their spouses and parents of young children

Available at: <a href="https://www.domremymcq.ca">www.domremymcq.ca</a>





- Development of tools to help to built a collaborative structure
  - Plan of action that include goals, timetable and milestone products for monitoring progress and evaluating progress during the cross-training project
  - Developping communication protocol to guide staff on the necessary information to be exchanged to optimize customer care
  - Development and dissemination of a directory of resources available in the area for young families





- Knowledge and sense of competence
  - Perinatal care setting and child welfare staff said to be able to discuss the issue of consumption in addition to better inform them (clients) about the consumption's impacts;
    - "Just being more comfortable, do not be afraid to talk and be more open to that (to discuss), I think customers are also very open, much more than I expected. They speak openly and they are very honest with ourselves as others..." (Perinatal care setting staff #2).





- Substance use staff have a better understanding of how services child protection works. A better understanding improves the level of engagement and retention of mothers in all services over time.
  - "I encourage them to have a good relationship with their child welfare provider even if it is not always easy to show that they are there to help them." (Substance use staff # 3).



- Gathering information Concern
  - Perinatal care setting and child protection staff tend to ask more questions about consumption behavior.
    They ask about the type of substance used, frequency, quantity, context and motivations associated to this consumption.
    - "We know what it (consumption) can do ... Now it is more accurate in the data we will send to the child welfare agencies. She (mother) told us she was taking so many beers a day..." (Perinatal care setting # 2).





#### The intervention

- Child welfare staff said to have a better understanding of the place of consumption in the parent's lives and the complexity associated with stopping it. Some admitted to have become more tolerant regarding the problem and believe in the parents recovery. For some, when they anticipate a relapse for a parent, they communicate directly with substance use service to take an appointment.
  - "When I feel that my client may relapse, and that I have all the authorization to exchange information, I communicate directly with the center to arrange a new monitoring." (child welfare staff # 3).





- Working in partnership
  - Most say that they strengthen their relationship with other care setting in communicating more frequently with them or in making more formal reference
  - On request, some join partner team meetings for clinical discussions about parenting and maternal substance addiction
    - "Every two weeks there is a team meeting where there is clinical discussion. At this moment, we benefit from the expertise of the substance use staff to agree an appropriate intervention." (Perinatal care setting staff # 3)





- No change
  - Some argue that their participation to the project had no impact on their practice because:
    - Despite the knowledge obtained, they kept the same open attitude with their clients
    - For some, working in collaboration with partners has not changed
    - Some were confused between their understanding of addiction and their target intervention, such as protecting a child when a parent is intoxicated





#### Discussion

- The results support other studies which suggest that cross-training contribute to:
  - Improve the functioning of services and resources (Cannon and al., 1998).
  - Create an environment of collaboration among professional which in turn help to communicate with clinical partners (Simmonds, 2003).
  - The development of a coherent speech between service providers (Bertrand and al., 2008).





#### Discussion

 Despite these positive aspects, the conciliation of different mandates has created or maintained tensions between some agencies, more specifically between substance use and child welfare staff.



### Limits and future perspective

- The project has been run over four years, so it has faced the turnover. Samples in the first and second measure time are not totally the same.
- The participatory nature of the project, through the presence of stakeholders in working committee and their participation in the focus group was able to create a response bias from other participants (not exactly say what they think)





#### Limits and future perspectives

- These limits reflect the complexity of implementing such a project.
- Subsequently, it is advisable to pay attention to organizational characteristics, this could provide a better understanding of these results, more specifically in teams where the project has no impact or has created tensions with other staff.



#### Thank you!

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