

Caring, Compassion & Community: An Evaluation of the Parent-Child Assistance Program in Alberta

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Parent-Child Assistance Program

Primary aim-to prevent future alcohol and drug exposed births among high-risk mothers who are currently pregnant or have already delivered at least one exposed child.

PCAP provides:

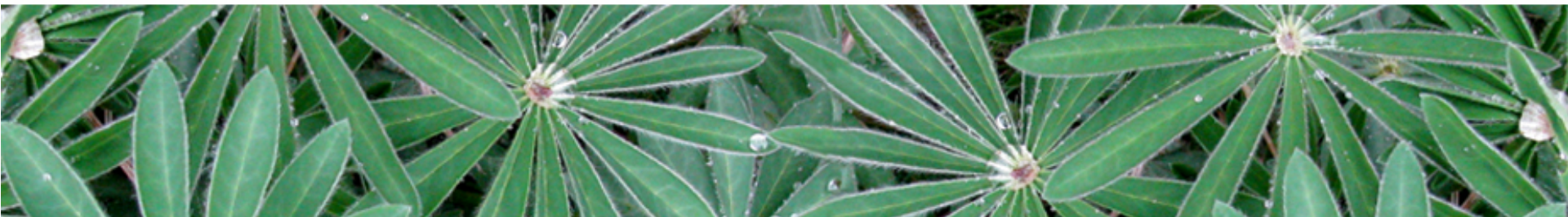
- long-term support to women who have a history of alcohol and drug abuse & are at risk of giving birth to a child affected by FASD.
- an intensive three-year one-on-one mentoring program for women at high risk for giving birth to a baby exposed to prenatal alcohol.



PCAP: Two-pronged Approach



1. Mentors provide extensive role modeling & direct practical assistance
2. Mentors connect clients to a comprehensive variety of community services, assuring that clients receive the services they need.



Formula for Preventing Alcohol & Drug-Exposed Births

The Formula = Alcohol & Drug Treatment Family Planning

OR

Motivate women to
stop drinking before
& during pregnancy

Help women who
can't stop drinking to
avoid becoming
pregnant



Theoretical Components:

- **Relational Theory-** the model emphasizes the importance of a relationship-based process that values trust and unconditional support of the client.
- **Harm Reduction-** addiction can be placed along a continuum from excess to abstinence, with the goal being to reduce harm by helping a client move along this continuum.
- **Self-efficacy-** mentors offer: clients practical opportunities to recognize & celebrate positive steps toward personal goals; ongoing encouragement regardless of temporary setbacks; and advocacy by representing clients & educating others about their needs.



Evaluation Tools

Beginning in 1999 with three programs PCAP has since expanded to 23 sites in Alberta. Several key evaluation tools are used to support and evaluate the work including:

Addiction Severity Index Part A and Part B

- is completed at intake
- is done as a face to face interview between the client and the program supervisor
- is an in-depth intensive conversation that allows the woman to share her experiences in key areas of her life



Evaluation Tools

Bi-annual Documentation - completed at six month intervals throughout the client's time in PCAP.

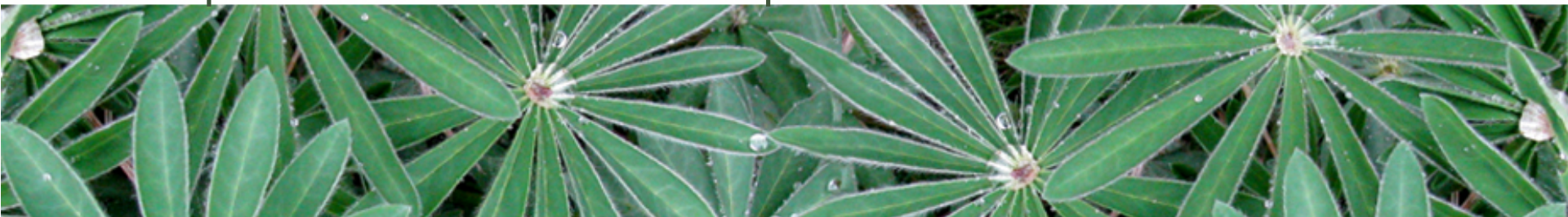
- is used to assesses the client's progress in key areas such as housing, funding, addictions treatment, child custody, family planning, education, etc.

Exit Addiction Severity Index-completed at exit

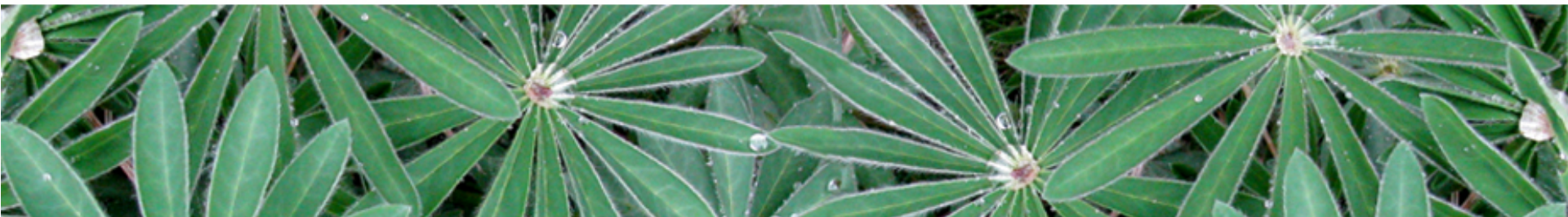
- is similar to the intake document;
- used to support the client to reflect on key areas of her life and the changes made throughout her time in PCAP.

PCAP Fidelity Assessment

- is administered to PCAP program staff and management
- allows the program and staff to assess their compliance or non-compliance to core PCAP components.



Case Example

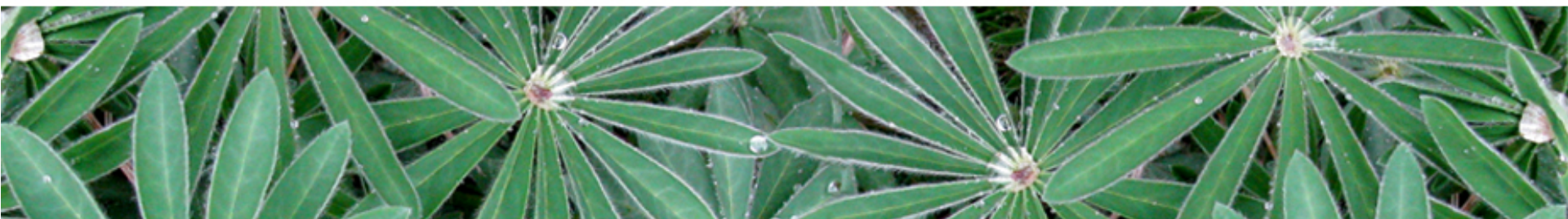
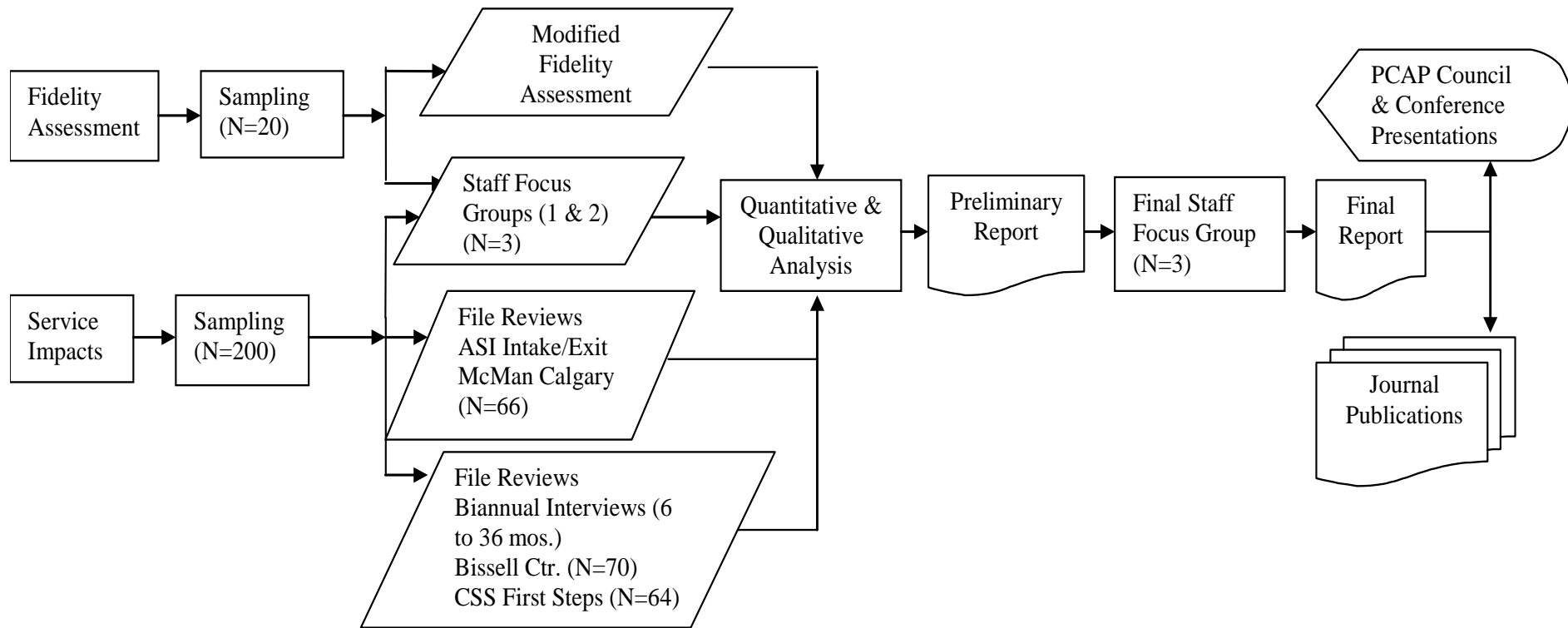


Two Central Evaluation Research Questions

1. How do participating agency staff experience the implementation of their PCAP program?
2. What behavioural changes occur for women who receive mentoring services provided by PCAP participating agencies?



Research Design



Participants

Agencies selected:

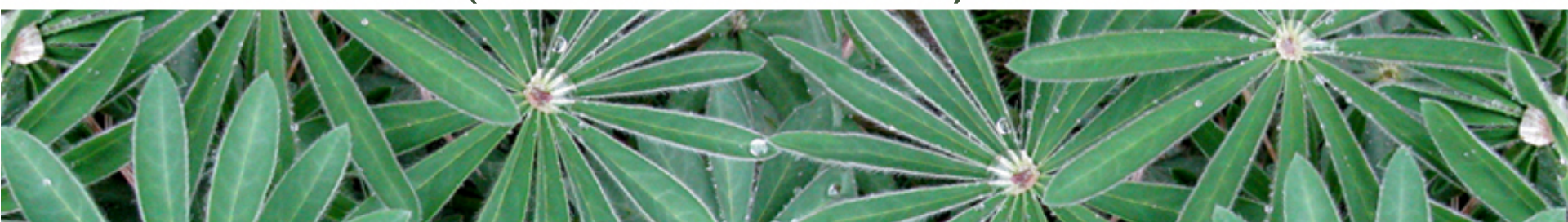
1. Have delivered PCAP services for a minimum of three years; and,
2. Have administered the ASI Intake/Exit or Biannual for a minimum of two years.

Four agencies – McMan, CSS First Steps, Bissell & Lakeland Ctr. (Focus groups & Fidelity Assessment Survey only)



Opportunities & Challenges

- Clear protocol established by the Seattle-based PCAP Program
- Committed and dedicated staff who believe in the value of the program
- Limitations in planning information – fewer available cases
- Inconsistent application of evaluative instrumentation
- Difficulties in evaluating outcomes using two measures (ASI & Biannuals)



Summary of Participant Ratings –Model Index Core Characteristics

Core Characteristic	Mean Rating <i>N=24</i>	Relationship to Ideal Model
Client Characteristics	4.7	Approaches Ideal Replication
Client Interventions	4.7	Approaches Ideal Replication
Staff Characteristics	3.7	Close Similarity
Training	4.4	Close Similarity
Conducting Interventions	4.6	Approaches Ideal Replication
Clinical Supervision	4.2	Close Similarity
Clinical Supervisor in Community	4.1	Close Similarity
Program Evaluation	3.8	Approaches Close Similarity
Overall Rating of Fidelity	4.3	Close Similarity



Preliminary descriptive findings

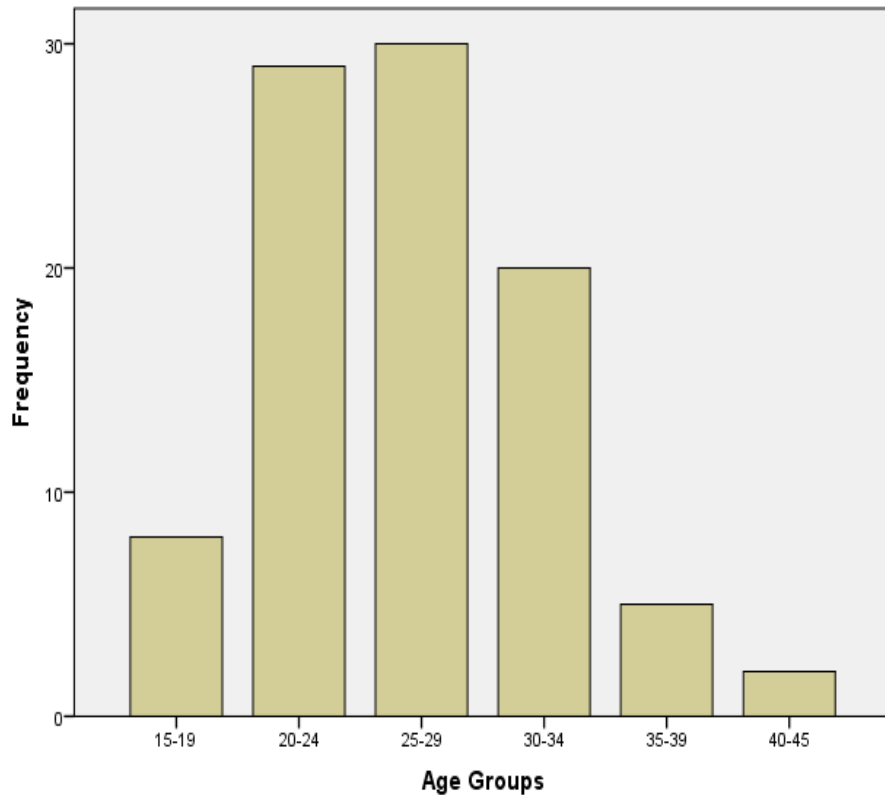
Table 1: Cases By Site

Site	Frequency	Proportion Of Sample (%)
McMan	46	39.7
CSS	65	56.0
Bissell	5	4.3
Total	116	100

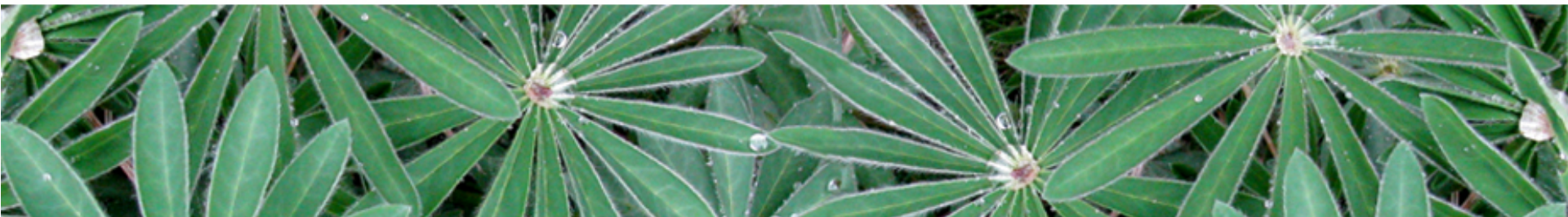
- Sampling initially intended to be random expanded to all cases within a 7 year time frame
- Despite expansion of sampling frame, available cases fell 42% below target.



Demographics – Client Age at Intake



- Normal distribution across 6 age groups.
- Client ages ranged from 18 to 40 years with a median age of 26 years.



Demographics – Racial Origin

Racial Origin	N	Proportion (%)
Aboriginal	56	48.3
Caucasian	19	16.4
Hispanic	1	0.9
Other	19	16.4
No Response	22	18.1
Total	116	100

Indicative of the nature of marginalized populations in Alberta, nearly one-half of the sample includes women of Aboriginal origin



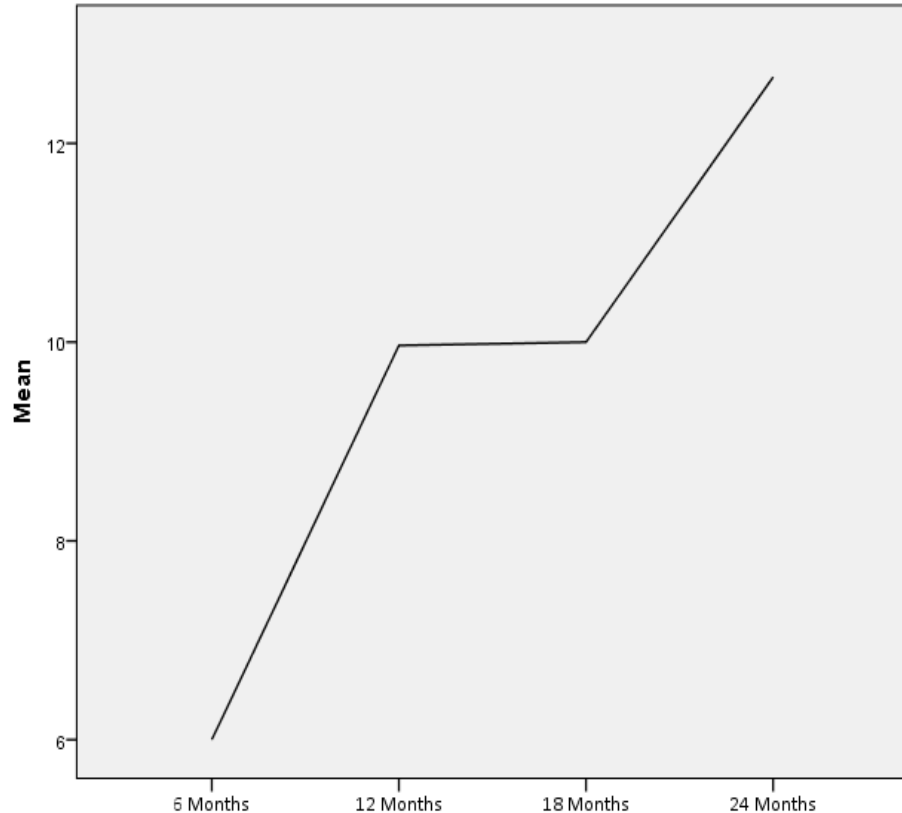
Sources of Income

Source	At Intake		At Exit	
	<i>N</i>	%	<i>N</i>	%
Employment	16	13.8	35	30.2
Welfare	86	74.1	56	48.3
Tribal Benefits	3	2.6	5	4.3
Pension	28	24.1	24	20.7
Family & Friends	45	38.8	40	34.5
Other	5	4.3	7	6.0

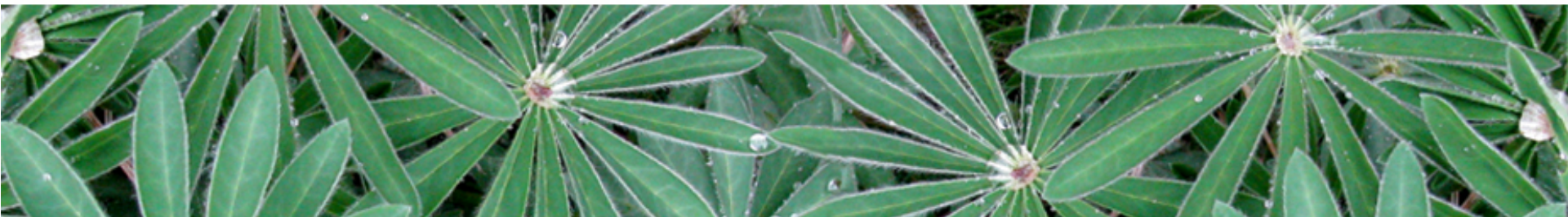
- Clients reported multiple sources of income
- Trends show:
 - Increase in employment as a source over time
 - Decreases in welfare, pension & family/friends as sources



Mean Months Sober (at 6, 12 and 24 Months) n=32



There was an increase in mean months of sobriety reported by clients. We examined this data using a one-way repeated measures ANOVA and again found a significant increase of months of sobriety over time $F(3, 27)=5.70, p=.004$.



Client Completion of Alcohol and Drug Treatment By Type (n = 70)

	<i>Frequency</i>	<i>Percentage (%)</i>
None	8	11.4
Inpatient	11	15.7
Outpatient	7	10.0
Methadone	1	1.4
Support Group	4	5.7
Counselling	11	15.7
Other	28	40.0
Total	70	100.0

62 (89%) completed some form of treatment. 28 (40%) reported completing “Other” forms of treatment, while 34 (49%) reported completing a specific type of treatment.



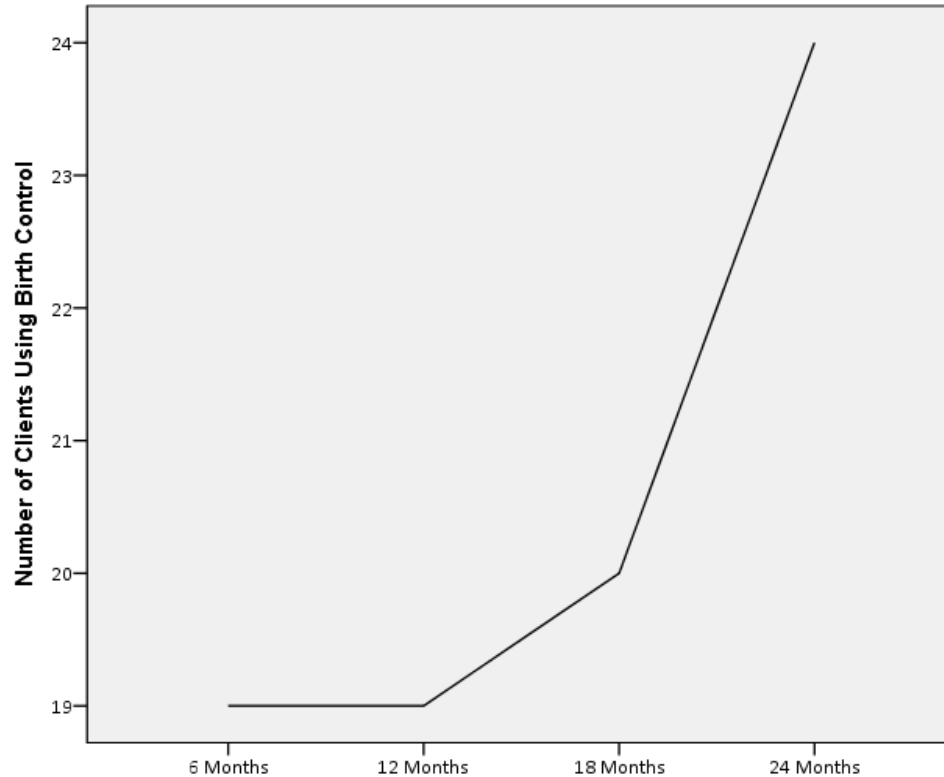
Participation in Educational Programs (n=40)

Program	<i>Frequency</i>	<i>Percentage(%)</i>
High School/GED	3	7.5
Vocational	6	15.0
Community College	10	25.0
University Degree	3	7.5
Other	18	45.0
Total	40	100.0

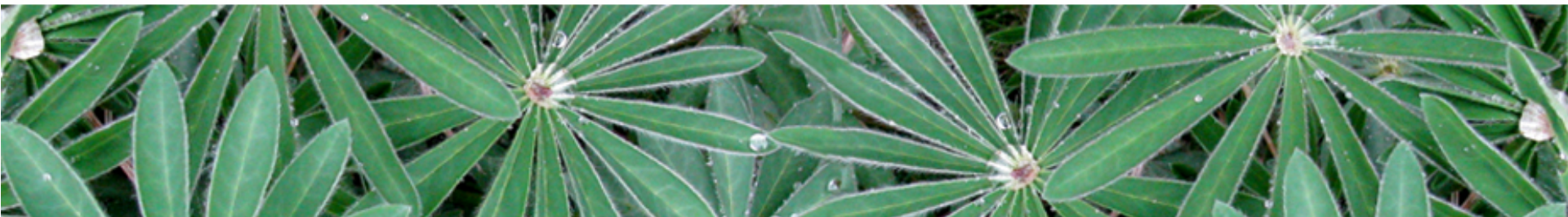
More than one-third (35%) of clients reported attending educational programs.



Overall Use of Birth Control Methods from Intake to 24 Months (n=45)



When we include only those cases where there is a complete dataset available from 6 to 24 months, we note an overall increase in the use of some form of birth control.



Client Service Needs - Intake to 24 months

- Dramatic reduction in service needs from intake for healthcare, basic needs, emergency funds, legal services, public school, public health nurse, childcare, public and emergency housing services
- Modest declines in service needs evident for support groups and family planning services.



Alcohol and Drug Use Coinciding with Births Over 24 Months

Birth	Use At 6 Months			12 to 24 Months		
	Alcohol	Drugs	Both	Alcohol	Drugs	Both
	N=29 (%)	N=31 (%)	N=24 (%)	N=5 (%)	N=3 (%)	N=1 (%)
Yes	15 (51.7)	15 (48.4)	12 (50.0)	5 (100%)	2 (66.7)	1 (100)
No	14 (48.3)	16 (51.6)	12 (50.0)	0 (0.0)	1 (33.3)	0 (0.0)

- 13 out of 50 (26%) births occurred during periods where clients reported using both alcohol and drugs.
- 42 out of 50 (84%) of births occurred during the first 6 months of service. Potentially demonstrating the beneficial impacts of PCAP only 8 (16%) of births may have potentially been exposed to alcohol over later periods.



Summary

Given the nature of the work conducted by PCAP mentors, it can be difficult to recognize the successes and accomplishments of the PCAP program. As one participant explained: *“It’s hard to measure all the births that we’ve prevented... How do you measure babies that weren’t born?”*



Summary

- Alberta's PCAP programs are operating with fidelity relative to the original PCAP Model
- The number of women served by PCAP continues to grow.
- PCAP sites have been successful at coordinating and collaborating with other service.
- PCAP participants report over time, increases in employment and sobriety and decreases in reports of welfare as a source of income substance abuse.
- PCAP staff demonstrated passion and commitment to their work with the population that they serve.



Questions????

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