



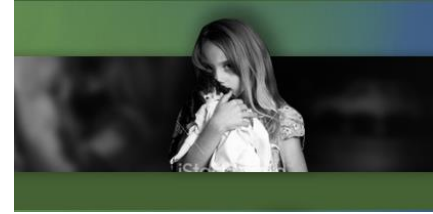
PuP Program

Promoting a nurturing environment for families

Improving outcomes for children living in families with parental
substance misuse: Practice and policy imperatives

Sharon Dawe

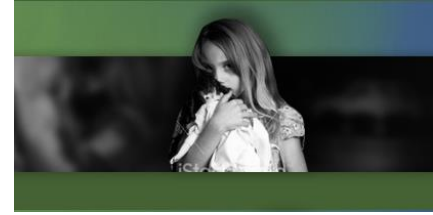
The Challenge



- ‘High risk’ families are complex families who have messy lives, chaos is the norm.
- Lurch from crisis to crisis.
- Family support work entails putting out fires – practitioners join the family chaos and ultimately no one feels like change is happening.
- Practitioners report feeling overwhelmed with complexity and often don’t know where to start.
- Needs vary from family to family.
- All the above make it unrealistic to implement a parenting program that has a fixed ‘therapeutic agenda’.

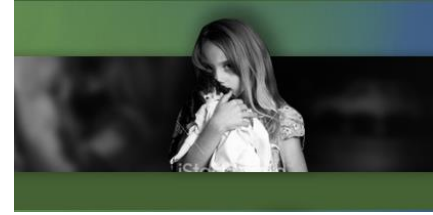
How do you develop a programme that is flexible, individually tailored and yet maintains adherence to an underlying set of principles and theoretical model of change?

The Potential Solution



- Case Conceptualization: set of hypotheses about the “causes, precipitants, and maintaining influences of a person’s psychological, interpersonal & behavioral problems”
- Descriptive information about presenting problems and symptoms and inferential reasoning to generate a series of hypotheses that inform an individually tailored treatment plan
- (Eells et al., 2005) The quality of psychotherapy case formulations: A comparison of expert, experienced, and novice cognitive-behavioral and psychodynamic therapists. *Journal of Consulting and Clinical Psychology*, 73(4), 579.
- Routinely used (although not terribly well) in clinical psychology and psychiatry (Kuyken, Padesky & Dudley (2008). *The science and practice of case conceptualization. Behav & Cog Psychotherapy*, 36 (06), 757-768.

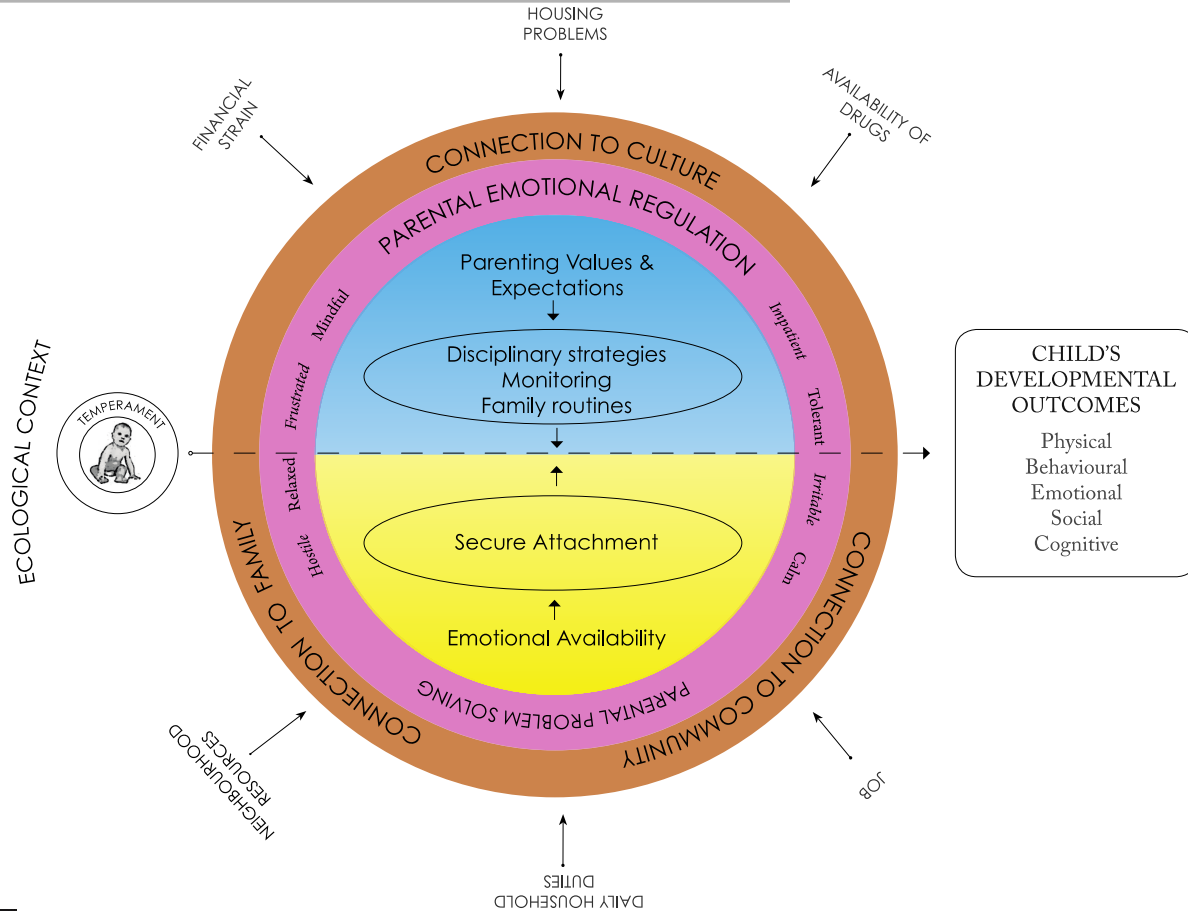
PuP program: Overall aims



- To empower parents to believe that they can be the parent their baby or child needs: parental self efficacy
- To develop nurturing and loving relationships with their babies and children: attachment is critical and can begin in the prenatal period
- To ensure that parents are able to understand AND manage their own emotional state: impulsivity prevents parents from connecting with their infant and supporting optimal development

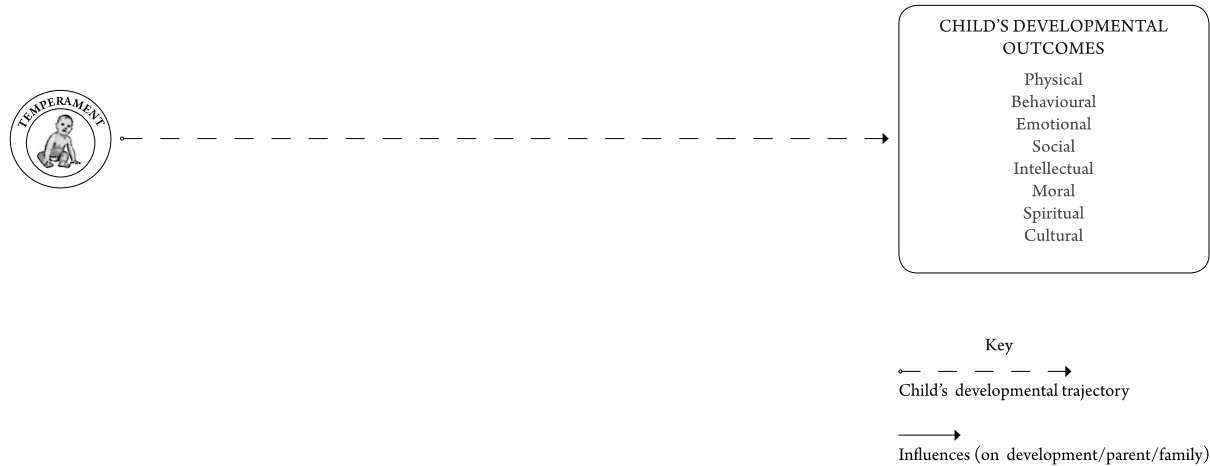
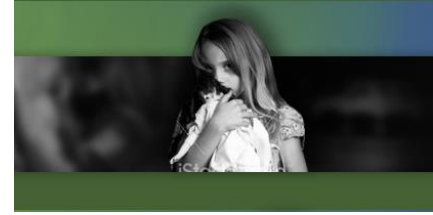
Play video

The PuP Integrated Theoretical Framework

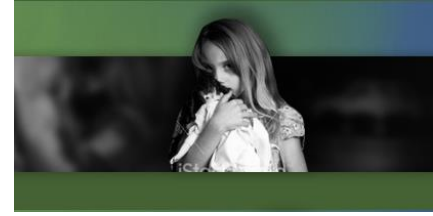


The PuP Integrated Theoretical Framework

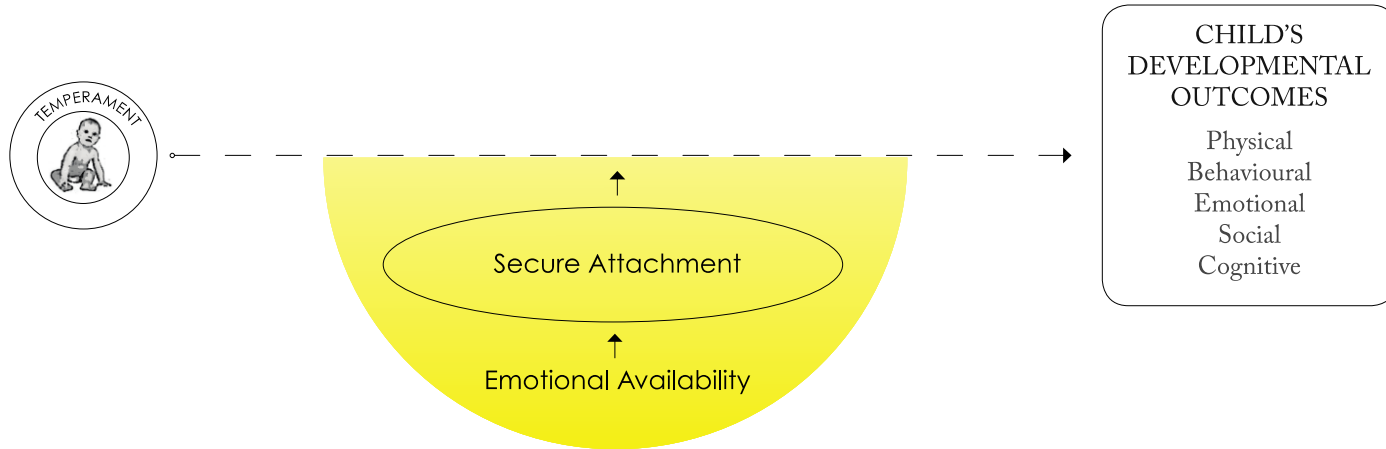
Child development and functioning



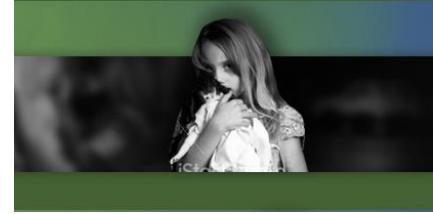
The PuP Integrated Theoretical Framework



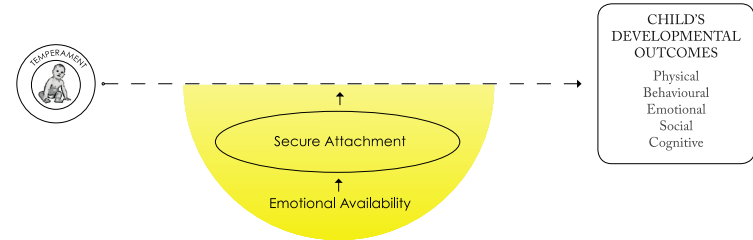
Quality of the caregiving relationship: nurturance, sensitivity, responsiveness



The PuP Integrated Theoretical Framework



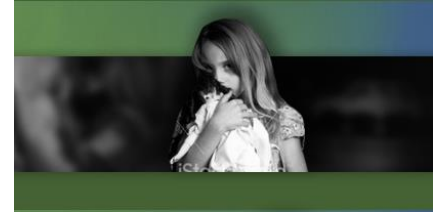
Quality of the caregiving relationship



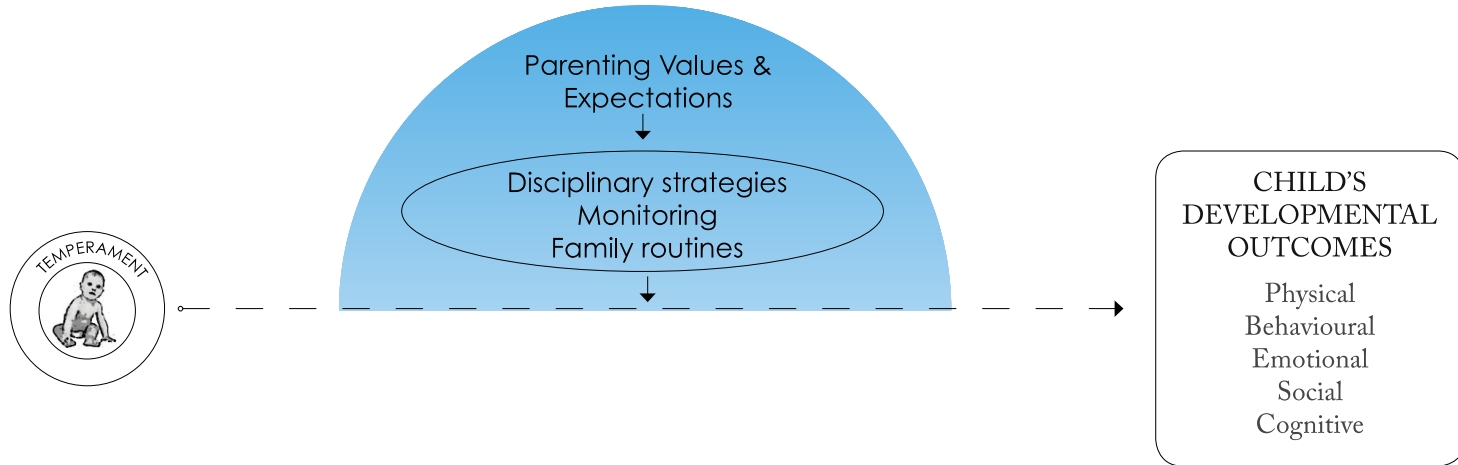
- Essential components: sensitivity and responsiveness are often (but not always) compromised in high risk parents (esp with substance abuse)
- Use emotional availability to frame this for practitioners: sensitivity; structuring; non hostility; intrusiveness; child involvement; child responsiveness
- Use video to help shape behaviors that are more nurturing

Hatzis, D., Dawe, S., Harnett, P., Barlow, J. (2017). Quality of caregiving in substance-misusing mothers: A systematic review and meta analysis. Substance Abuse Research and Treatment.

The PuP Integrated Theoretical Framework

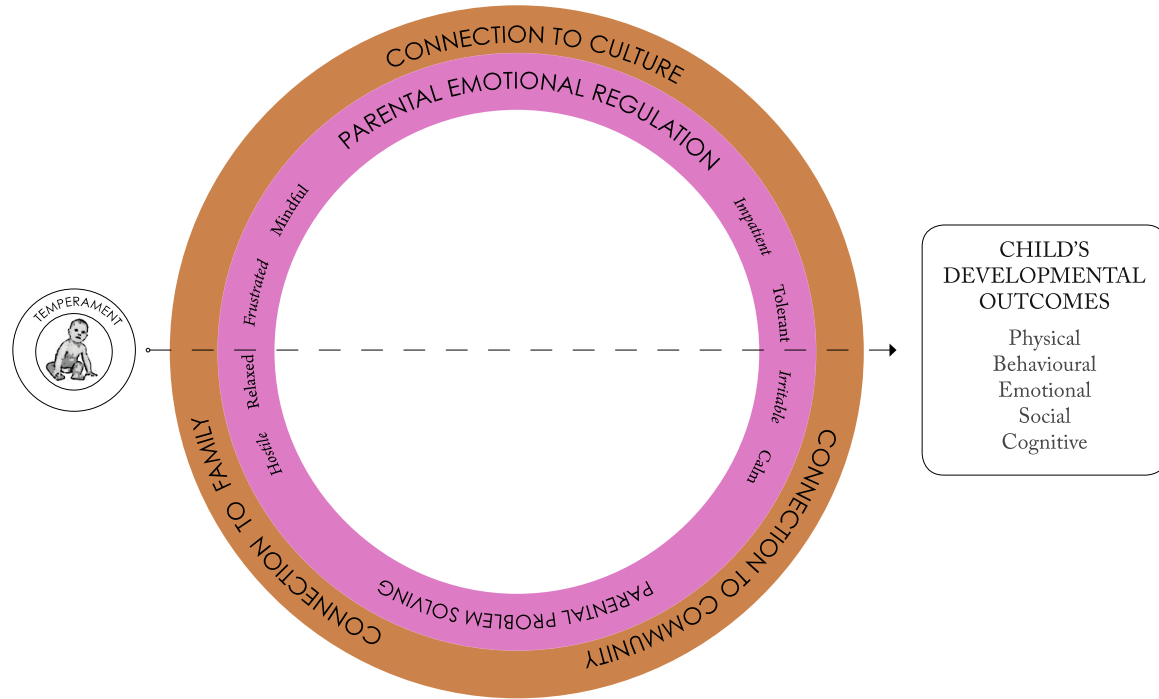
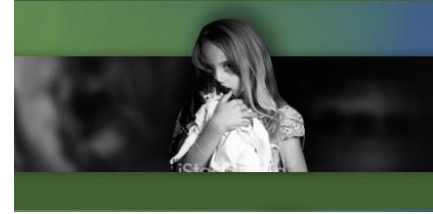


Parenting skills, routines, expectations



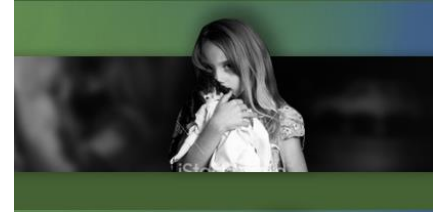
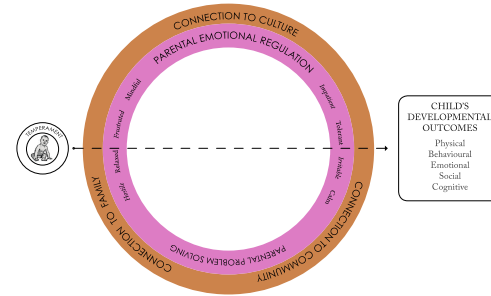
The PuP Integrated Theoretical Framework

Parent's State of Mind and Social Connection



The PuP Integrated Theoretical Framework

Parent's State of Mind

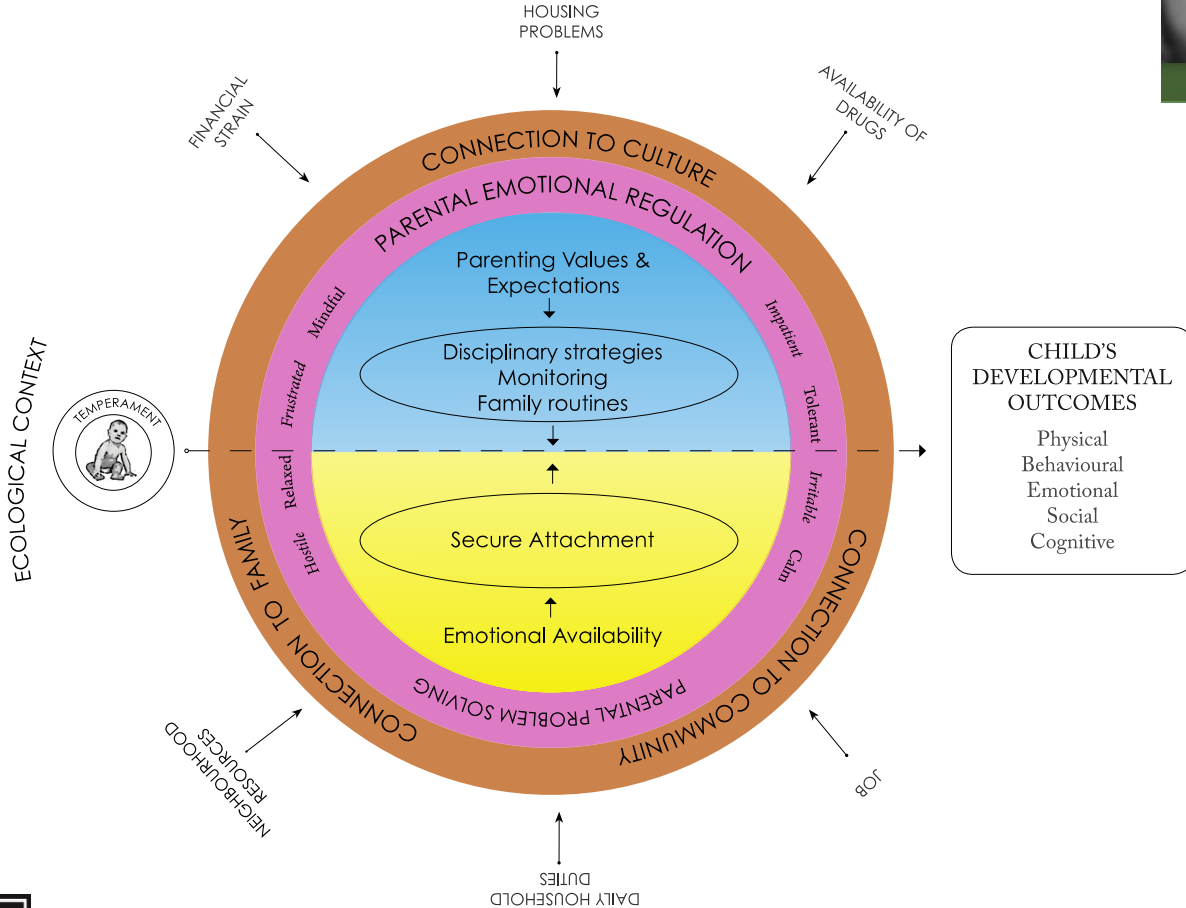
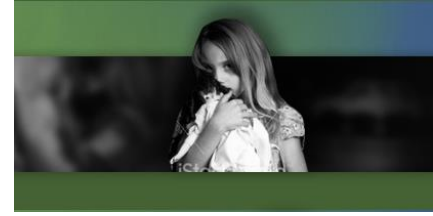


- Depression, anxiety and stress
- Impulsivity and dysregulated affect key features of parents with substance abuse
- Compromised care in mothers with a history of childhood trauma

Dawe, S. and Loxton, N. (2004) The role of impulsivity in the development of substance use and eating disorders. *Neuroscience and Biobehavioural Reviews*, 28, 343 – 351

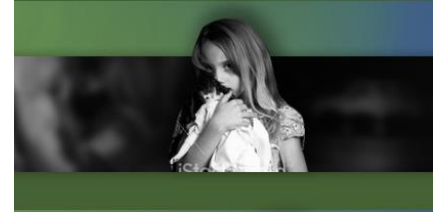
Hatzis, D., Dawe, S., Loxton, N.L., Harnett, H. (2017) An Examination of Childhood Abuse, Environmental Risk and Psychopathology on Quality of Caregiving in Mothers in Treatment for Substance Abuse: A Comparison with Matched and Community Samples. *Infant Behavior and Development*

The PuP Integrated Theoretical Framework





- 12 modules
- Structured, non-sequential, i.e., order in which modules addresses depends on:-
 - Priorities mutually agreed on following assessment
 - “Checking out” at the beginning of each session
- Primarily home-based but extensive liaison with other agencies required – school, social services etc
- Include both parents of possible
- Manualised
- Therapists receive regular supervision through to accreditation

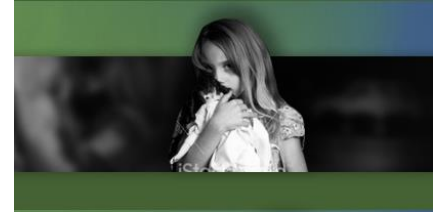


2007 Randomized Controlled Trial

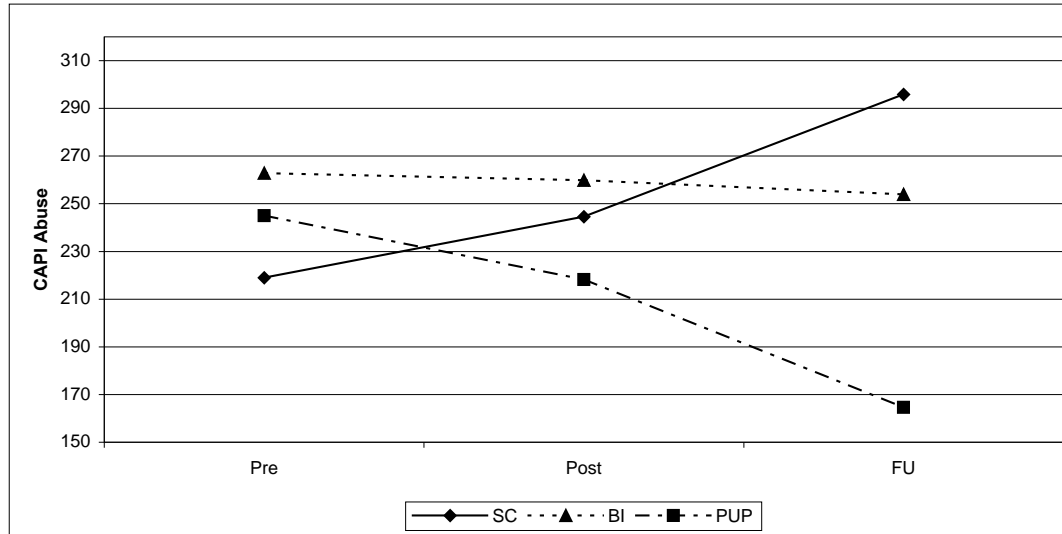
- Parents on methadone, Mean age of child 4 years
- Compared PUP with a brief parenting intervention and standard care
- Significant reductions in child abuse potential, parenting stress in PUP, no change in comparison groups at 6 months ¹
- Cost effective ²

¹Dawe & Harnett (2007) Reducing Child Abuse Potential in Methadone Maintained Parents: Results from a randomized controlled Trial. Journal of Substance Abuse Treatment

²Dalziel. K., Dawe, S. Harnett, H., Segal, L (2015). Cost-Effectiveness Analysis of the Parents Under Pressure Program for Methadone-Maintained Parents. Child Abuse Review. 25, 317-331

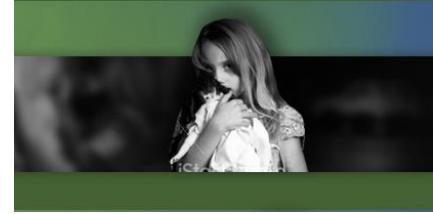


Child Abuse Potential Inventory - Total Score



Sample Questions:-

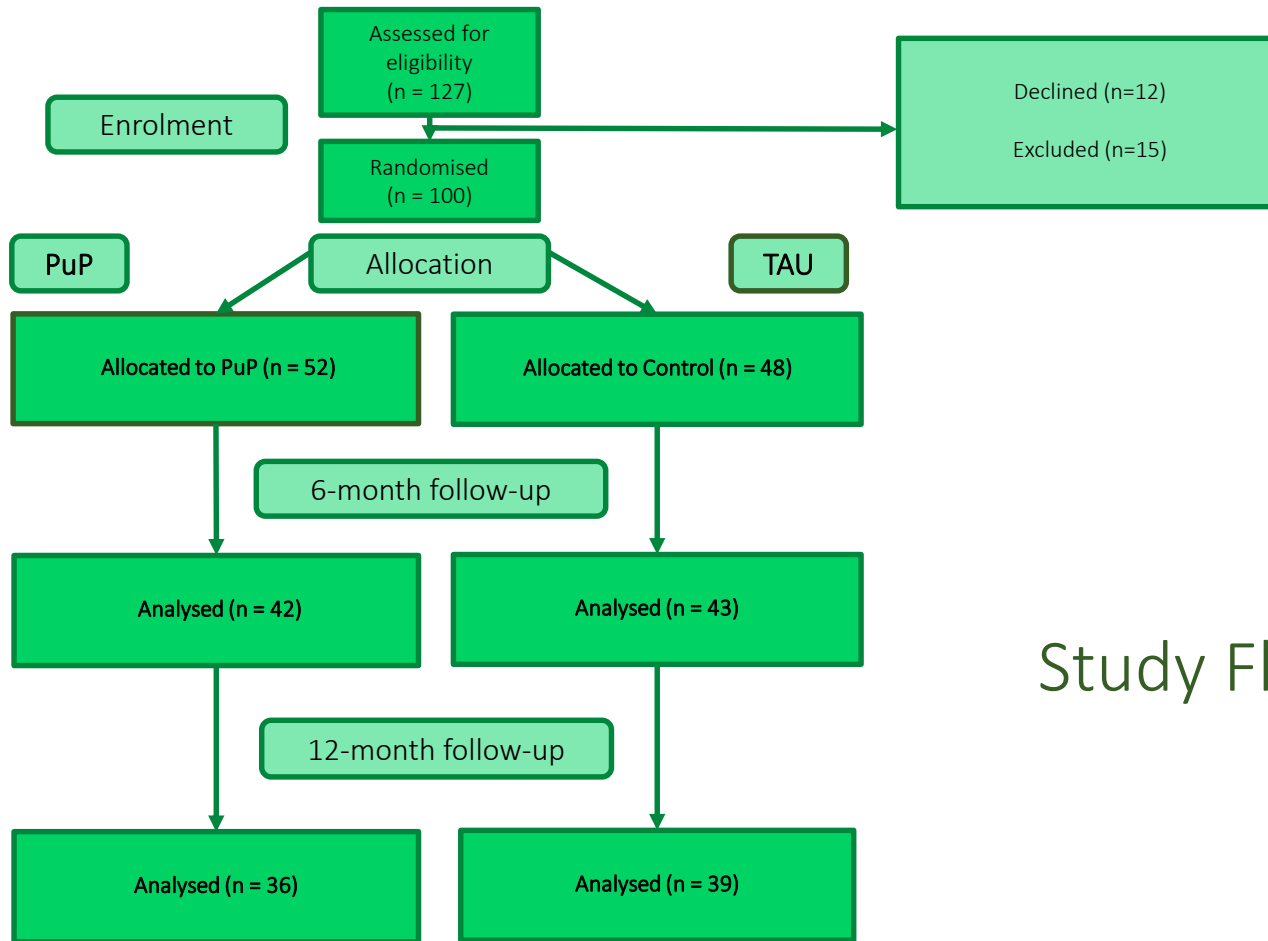
- Spanking that only bruises a child is ok.
- It is ok to leave a child in a dirty nappy.
- Sometimes I fear that I will loose control of myself.



Randomized Controlled Trial (2010-2018)

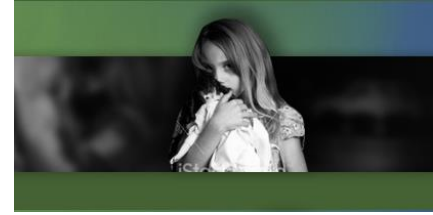
Barlow, J., Sembi, S., Parsons, H., Kim, S., Petrou, S., Harnett, P.H., & Dawe, S. (accepted). A randomized controlled trial and economic evaluation of the Parents Under Pressure Program for parents in substance abuse treatment. *Drug and Alcohol Dependence*.

- Funded by NSPCC and independently evaluated by Prof. Jane Barlow.
- Randomised Controlled Trial comparing the PuP program with Treatment As Usual.
- PuP delivered by on the ground practitioners: thus the first effectiveness study internationally on high risk substance misusing families.
- Measures taken at Baseline, 6 month and 12 month followup.
- Seven sites across the UK.



Study Flow Chart

The Sample



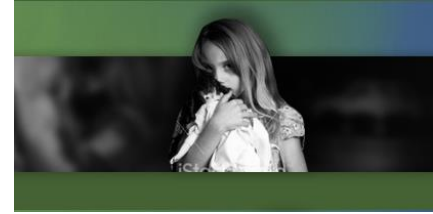
Parents

- Average age of parents was 31
- 50% single mothers
- Low education/income
- 50% criminal record, 17% in past 12 months
- All parents in treatment for substance misuse
- Substance misuse was stabilised, i.e., little use of illicit substances or alcohol

Children

- Average age of child was 9.2 months
- 92% living with mother at baseline
- 82% current child protection involvement

NB: Although parent's were in treatment for substance misuse, they were reporting high levels of mental health problems and 36% scored above clinical cutoff for child abuse potential.



Primary outcome

- Brief Child Abuse Potential Inventory (BCAP)

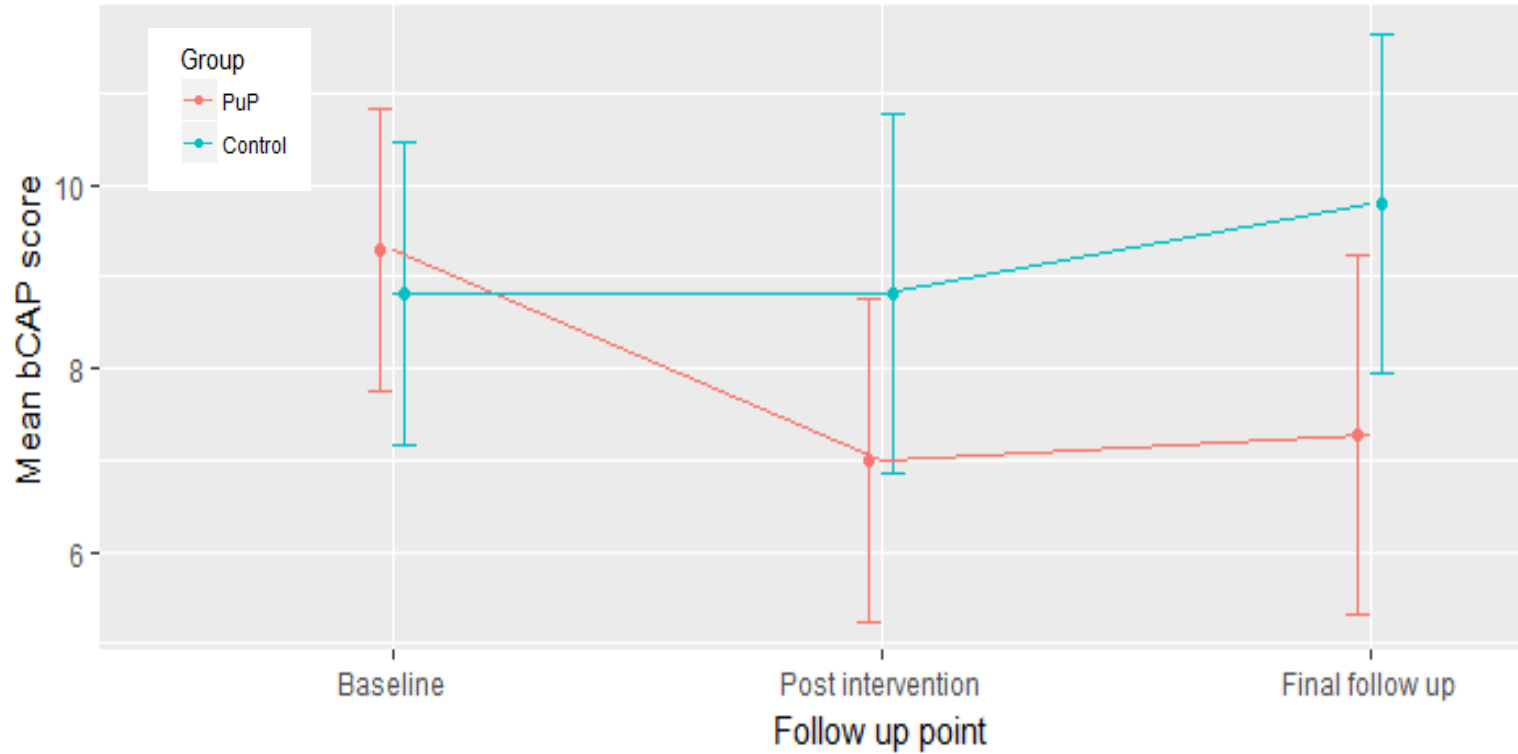
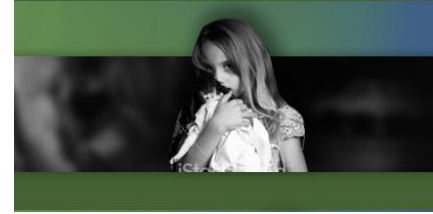
Secondary outcomes:

- Parenting Stress Index (PSI)
- Depression, Anxiety and Stress Scale (DASS)
- Personality Assessment Inventory – Bor (PAI – BOR)
- Brief Infant Toddler Assessment Scale (BITSEA)
- Difficulties in Emotion Regulation Scale (DERS)
- Timeline Followback (TLFB)
- Parent-infant interaction (CARE-Index)
- Service Use Economic Questionnaire
- Qualitative Information
- The PuP Therapist Experience Measure (TEM)
- Working Alliance Inventory-Short form (WAI_SR)

BCAP scores

Sample questions

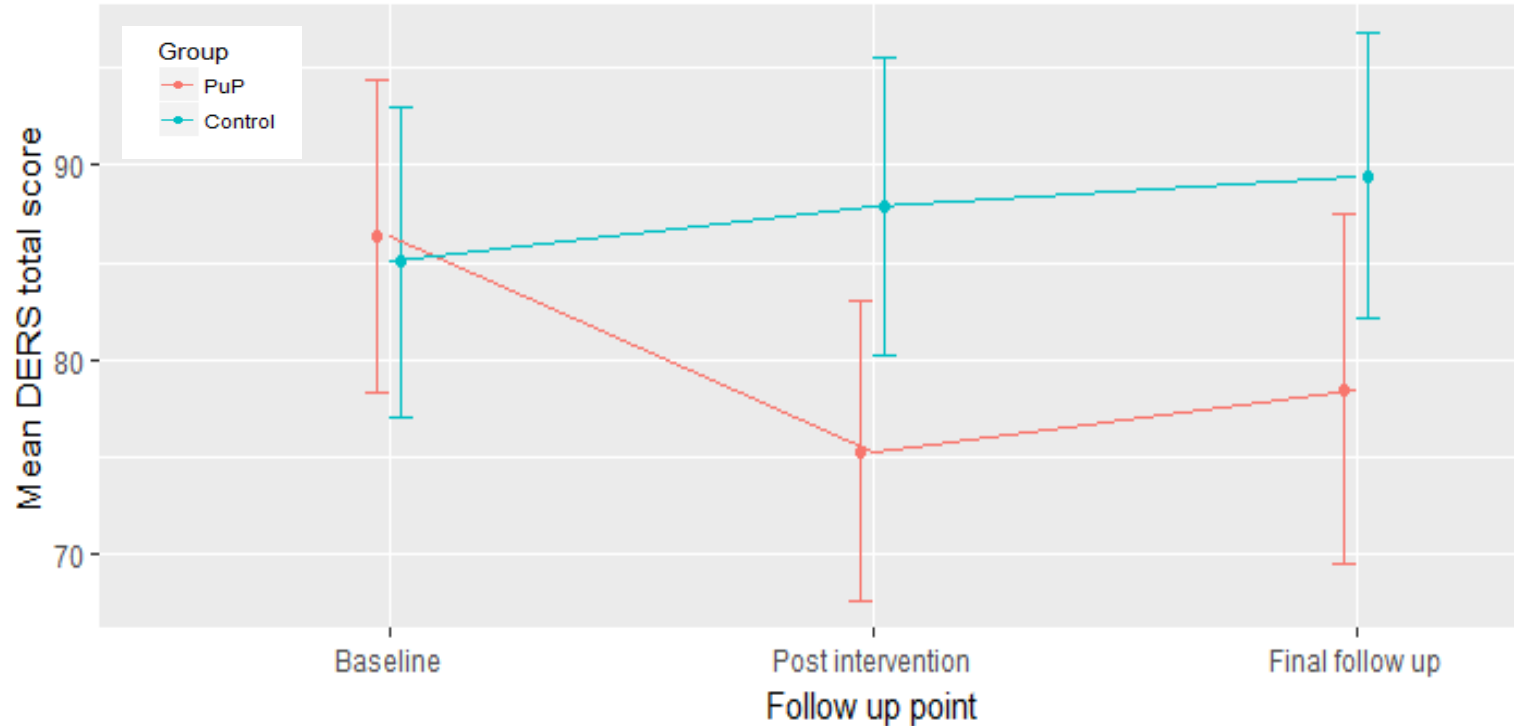
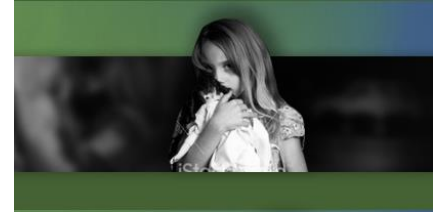
- I often feel very upset
- Children should never disobey
- My family fights a lot
- A child should never lie



Difficulties in Emotion Regulation

Sample questions

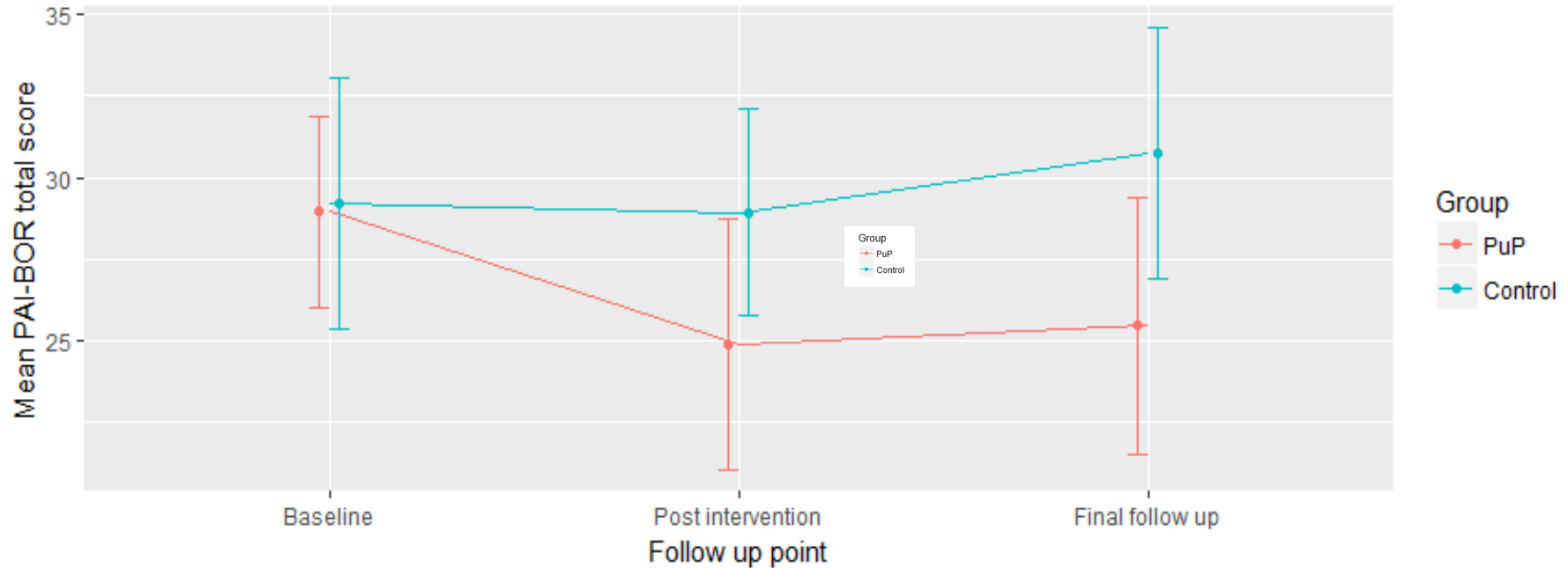
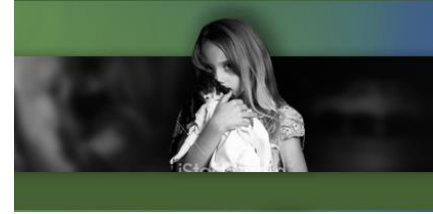
- I experience my emotions as overwhelming and out of control
- I know exactly how I am feeling
- When I'm upset, I feel like I'm weak
- When I'm upset, I have difficulty concentrating



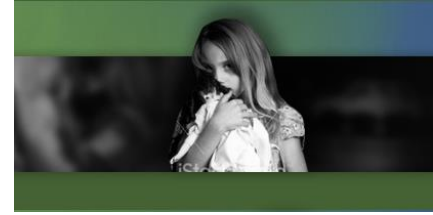
Borderline personality

Sample questions

- My mood can shift quite suddenly
- My moods get quite intense
- I have little control over my anger
- I worry a lot about other people leaving me

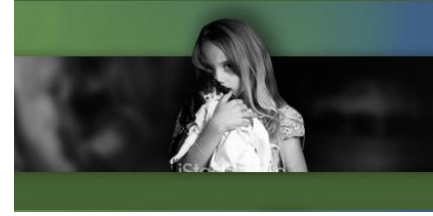


Some qualitative findings



I've got an anxiety toolbox. So, when I am feeling low and anxious and I'm not dealing well, I've got my strategies in place to help me. Interviewer: that sounds really good... [...] did you find that difficult at first? I did at first, but when it was explained to me a lot more, and then we just did it step by step then it became a doddle...[...]And I've got my little book of mindfulness that I kept with me all the way. Do you know, before I even started the course I'd like shout a lot. Now I don't shout at all really. It's the mindful thinking part of it. It's useful. I don't get so anxious all the time. I can actually take, if something's going on, I can take a step back, feel like I can breathe and then handle the situation.

Some qualitative findings

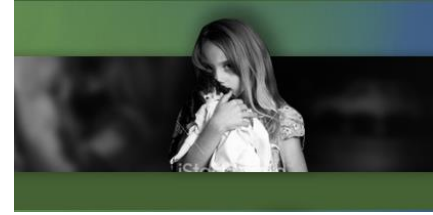


I think just [pause] being a better person. [Pause.] I think that's a lot better, like I say, I've got more confidence. I'm not frightened to go outside on my own with my child, and have people judge me. If they don't like it, then that's their problem, not mine.

I'm a lot more energetic. I don't slob around feeling sorry for myself anymore. I just get up and do what I have to do. And it feels so much better. Just basically with, especially myself as a parent and helping with my anxiety and stuff like that.

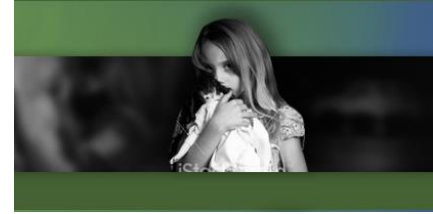
Things are a lot better now than they were before I met her...[...] My drug worker introduced me to this programme and lucky for me I got into the programme and it helped a lot. It helped me stay off cannabis, because that had a lot to do with my anxiety. So yes.

Some qualitative findings



“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!”

Dublin

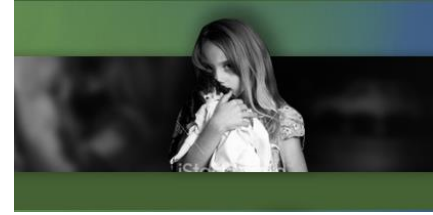


An economic evaluation of the costs and consequences of providing PuP compared to treatment as usual was conducted according to UK NICE guidelines (NICE 2013).

The economic cost associated with the PuP program over the first 12 months was £18,931 (£2443), while the economic cost associated with treatment as usual was £16,451 (£2241), generating a mean cost difference of £2480.

Calculated incremental cost-effectiveness ratio: that is the difference between the cost of PuP and treatment as usual divided by the difference between the gains (effect size) obtained in the PuP program compared to treatment as usual.

PuP only slightly more expensive than Treatment As Usual

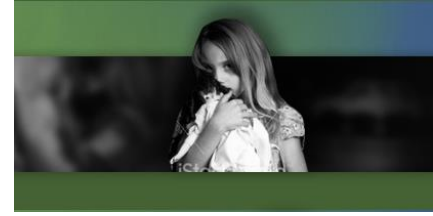


The probability that the program is cost-effective is approximately 51.8% if decision-makers are willing to pay £1000 for a unit improvement in the BCAP, increasing to 98.0% at a £20,000 cost-effectiveness threshold for this measure.

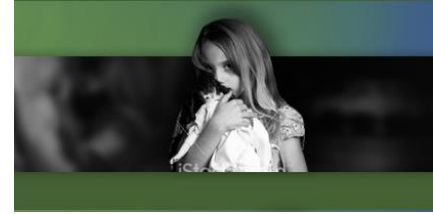
This suggests that the PuP program is likely to be cost effective with relatively little investment as the economic value associated with reduction in child abuse potential is likely to outweigh the relatively small increase in economic cost.

But likely to be cost effective at relatively little investment

Conclusions



The findings of the current study suggest that programmes targeting parental affect regulation to improve the parent-child relationship can decrease the risk of child maltreatment.



PUP (ADAPTION FOR CHILDREN WITH FASD): > focus on child self regulation and executive functioning. Preliminary work promising.

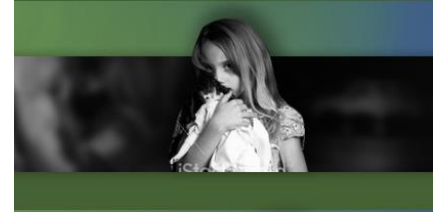
Reid, N., Dawe, S., Sheldon, D., Warner, J., Le Gross, K., Harnett, P., O'Callaghan, F (2016). Systematic review of fetal alcohol spectrum disorder interventions across the lifespan. *Alcoholism: Clinical and Experimental Research*. 39 (12), 2283

Chamberlain, K., Dawe, S., et al., (2017). A qualitative evaluation of caregivers' experiences of the diagnostic process for children with prenatal alcohol exposure. *Research in Developmental Disabilities*

Reid, N, Shelton, D. Dawe, S., et al. (2017) Profile of children attending a fetal alcohol spectrum disorder diagnostic service: A retrospective chart review. *Drug and Alcohol Review* .

Improving wellbeing outcomes for children diagnosed with FASD and their families: Expanding existing services through enhancement of referral pathways, diagnostic capacity and provision of evidence-based models of care. Funding amount is \$1,379,245 for three years and has been provided by the Australian Government Drug and Alcohol Program: Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Services and Models of Care Grant Opportunity - H1617G038

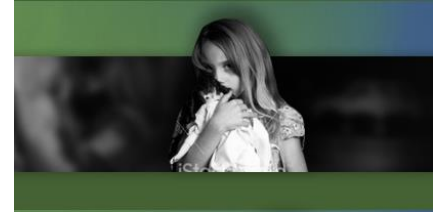
NEXT STEPS



PUP4Dads: Men in substance abuse treatment with children < 5 years. Goal to > affect regulation and < hostility/aggression in both adult and child relationships.

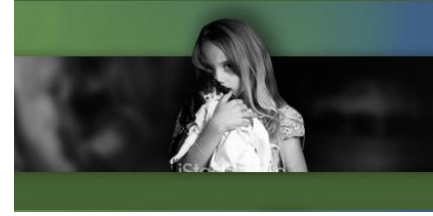
FUNDED BY NIHR (UK) with Napier University. Edinburgh

PuP and trauma: Does PuP provide the opportunity to address trauma and improves affect regulation in parents and children?



Parenting “programs”: a thing of the past?

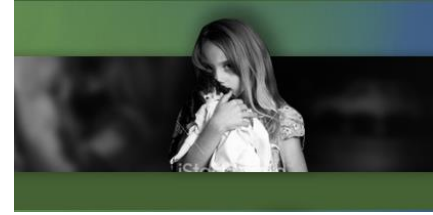
- Treatment programs across the child and family field are typically manualised interventions.
- Purported to represent evidence-based practice (i.e., there are efficacy and effectiveness studies demonstrating treatment improvements in particular populations in specific contexts).
- While governments and policy makers support, and at times insist, that agencies use “evidence-based treatments” there is a generally a significant gap between the client, provider and system characteristics in which the program and characteristics of the settings and populations for which it is now being used.



Parenting “programs”: a thing of the past?

One solution to address this problem is to continually adapt and test a core program across different populations with resulting adaptations that reflect an add-on or adapted version of the original program. This approach has significant scientific and practical limitations.

An alternative, and increasingly more favored approach, is to determine the **core components that underpin a program** –
a clearly articulated set of principles that are theoretically grounded.



Policy:

Dedicated family services?

Duration: set or individualized?

Provision of services: accessing complex families through ATODS?

Liaison across service sectors necessary