

**New Choices
for Substance-using
Women and their Young
Children**

Program Description



New Choices is an innovative multi-disciplinary and collaborative program offering a diverse range of services to women who are pregnant or parenting children ages 0-6. We offer a client-centered approach based on a harm reduction philosophy.

Mission:



“New Choices exists to reduce the harmful effects of substance use on pregnant and/or parenting women and their children by providing a diverse range of integrated services and supports all in one place.”

Goals and Objectives

- ◆ To promote healthy development for children who may be at risk for developmental delays caused by prenatal exposure to drugs and alcohol, and/or the negative impacts of a woman's substance use, poverty, mental health, and/or abuse issues.
- ◆ To reach and engage substance using women who are pregnant and/or parenting young children to empower them to make new choices, enabling them to overcome the multiple factors that have negatively effected or may negatively effect their health and well-being and their capacity to optimally parent, provide and care for their children.
- ◆ To assist clients in accessing the full-range of services they require.

Goals and Objectives

- ◆ To provide services in a safe, welcoming, non-judgmental, supportive environment and thereby encourage a client's ongoing participation in programs offered as needed.
- ◆ To develop expertise in service delivery and treatment to the intended population of substance using women and at-risk infants and children, to act as best-practices service delivery-model , and to share expertise with other agencies seeking to address the needs of the intended population.

Partnering Agencies:

- ◆ The Salvation Army-Grace Haven
- ◆ Womankind Addiction Services
- ◆ McMaster Children's Hospital-Infant Parent Program
- ◆ Alcohol, Drug and Gambling Services and Parent-Child Branch
- ◆ Early Words
- ◆ Child Protection Agencies

New Choices Funding Partners

- ◆ Ministry of Health and Long Term Care, Early Childhood Development Project
- ◆ Child and Youth Mental Health Fund
- ◆ City of Hamilton National Child Benefit Grant
- ◆ Hamilton Community Foundation
- ◆ The Salvation Army Red Shield Appeal

New Choices: The Clients We Serve

Kerry Volek

Infant-Parent Program, McMaster Children's Hospital

Women's Profile

- Women with substance use issues who are pregnant and/or parenting a child who is 6 years of age or under
- Women must have unsupervised access to their children
- Women must self-refer and commit to working consecutively on both parenting and substance use issues

Risk Factors

Women with Substance Abuse issues typically have a multitude of risk factors which may include:

- traumatic childhood histories, including
 - physical abuse
 - emotional abuse
 - sexual abuse
- poor nutrition
- inadequate housing
- mental health problems (depression/low self-esteem)
- relationship problems (including domestic violence)
- lack of meaningful social support (e.g., Eliason & Skinstad, 1995; Luthar & Walsh, 1995; Magruder-Habib, Hubbard, & Ginzburg, 1992).

Child Profile and Risk Factors

- Children 6 years of age and under including those who are in the care of child-welfare

Multiple Risk Factors may include:

- Prenatal Substance exposure
- Health and developmental problems
- Impaired attachment relationships
- Maltreatment and trauma

(Reid et al 1999;Lester et al,2000;Mejta et al,1996)

Women's Intake Process

- Voluntary Program
- Referral Sources: self referral, community practitioners and other professionals
- Completion of Pre-Treatment
- Assessment
- Intake/Orientation

Children's Intake

- Client meets with an Early Childhood Educator
- Information gathered regarding child's age, custody, development, prenatal risk factors, child's routine and play activities
- Questions asked around behaviour management strategies used by parent and areas client would like support with parenting

Women's Program

- Addictions Group
- Parenting Group
- Women's Wellness Group
- Individual Sessions with Addiction Counsellor
- Individual Sessions with Infant Parent Therapist
- Home visits with an Infant-Parent Therapist
- Time with Children in Group Setting

Addictions Group

Topics include:

- Emotions
- Spirituality
- Relationships
- Sexuality
- Self
- Relapse Prevention and Maintenance

Clients also have individual sessions with Addictions Counsellors to address personal issues.

Parenting Group

Women who continue to use substances after childbirth often have limited capacity for parenting, increasing the risk for: child abuse, poor child health and development. (e.g., Eliason & Skinstad, 1995; Luthar & Walsh, 1995)

Facilitated by an Infant-Parent Therapist group discussions include:

- parent/child relationship
- child development
- structure & routines
- appropriate play
- general parenting
- self care
- behaviour guidance
- parenting and anger
- substance use and parenting

Women's Wellness Group

Facilitated by a Public Health Nurse group
discussions include:

birth control

S.T.D.'s

nutrition

budgeting

breast-feeding

community resources

Individual support as requested including referral to
community programs e.g.:

Healthy Babies, Healthy Children

Car Seat Clinics

Recreation Programs

Individual Sessions & Home Visits with Infant-Parent Therapist

Provides support around individual parenting issues with a focus on parent-child interaction

Home visits allow infant-parent therapist to gain a greater understanding of:

- the home environment
- parent-child interaction
- child's behaviour
- joint visits with clients partner or other family members

Modified Interaction Guidance

- An evidence based attachment intervention
- Consists of 5-7 sessions
- Designed to increase sensitive responsiveness in the parent
- Goal is to reduce atypical parent behaviours associated with disorganized attachment

Disorganized Attachment

- Is the rarest and most concerning type of attachment relationship
- Is associated with a history of trauma in the parent
- Parent exhibits aberrant caregiving behaviours that are referred to as
 - “atypical” or “frightened-frightening(FR) behaviours
- Exposure to FR behaviours accounts for some of the poorest outcomes in children
- Eligibility for the intervention requires the client to be stable(i.e.
 - not in active use
 - Not receiving counselling for mental health issues

Lyons-Ruth et al.1999, Schunengel et al.1999,Crittenden et al,2000)

Children's Program

- low ratio (maximum 9 children with 3 staff)
- provides an opportunity for women and their children to interact in a safe and supportive environment
- variety of activities such as crafts, sensory play, dramatic play and music
- provides opportunity for children to interact with their peers
- individual goal planning based on identified need

Time with Children

- A daily “Mother Goose” based circle time includes songs, rhymes, and finger plays that involve touch and face-to-face interaction
- Mothers and their children enjoy a healthy lunch together
- Built-in free-flow playtimes where mothers can interact/play with their children with the support of staff
- Clients are responsible for the care of their children when they are not in group (feeding , diapering, supervising)
- Staff are available to assist parents when needed

Screening and Assessment

- Infant-Parent Therapist meets with client to complete a developmental screen for their child
- Purpose: to identify any developmental concerns, to connect with the client around her child
- Screening tools include:
 - Infant Development Inventory by Harold Ireton, Ph.D
 - Nipissing District Developmental Screen
- Developmental Assessment available by Infant-Parent Program Psychometrist as needed

Speech-Language Support

- Service in-kind provided by Early Words, Hamilton Preschool Speech and Language Service
- Speech-Language Pathologist available to provide SLP services on site to both mothers and their children
- Services include: intake, assessment, individual support to families, coordination with other service providers, transfer of service and staff training

New Choices: Research and Evaluation

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Pilot Study Design

- New clients and their children 0-6
- Time 1 = Intake (13 women, 13 children)
- Time 2 = 3 months in program (9 women, 11 children)
- Time 3 = 6 months in program (7 women, 11 children)
- Qualitative and quantitative measures

Study Participants (n=11)

- Age range 21-36 years
- 54% married or living common-law
- 85% receiving social assistance
- 69% had children who were not living with them and were involved with child protection services
- 58% involved in the family court system;
25% with the criminal court system

Benefits of Participation

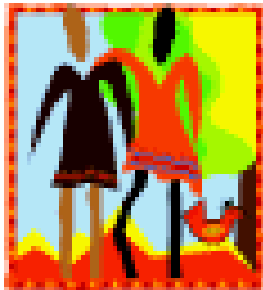
- Decreased substance use

Well, I don't think it's a problem that you can just solve, it's an ongoing thing, but ... you're much better prepared to deal with it and you can understand yourself a lot better. So I think once you have those tools you have a much better chance of not falling into the same trap.

- Improved mental health

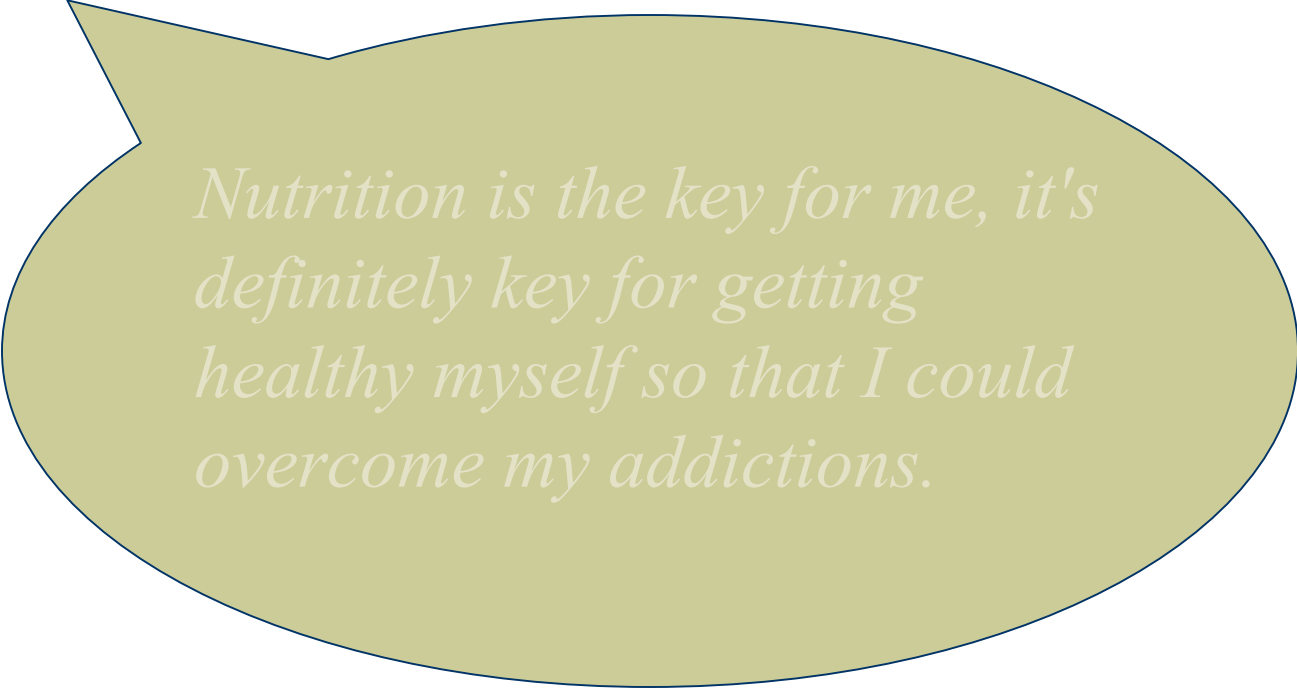
I used to have anxiety attacks, but I've worked through those by just convincing myself that nothing is going to overpower me, no drugs, no man, no nothing is going to overpower me but me. So only I can control me and my thoughts and my feelings.

*It's almost embarrassing,
I feel too important
sometimes. They make
you feel really good
about yourself.*



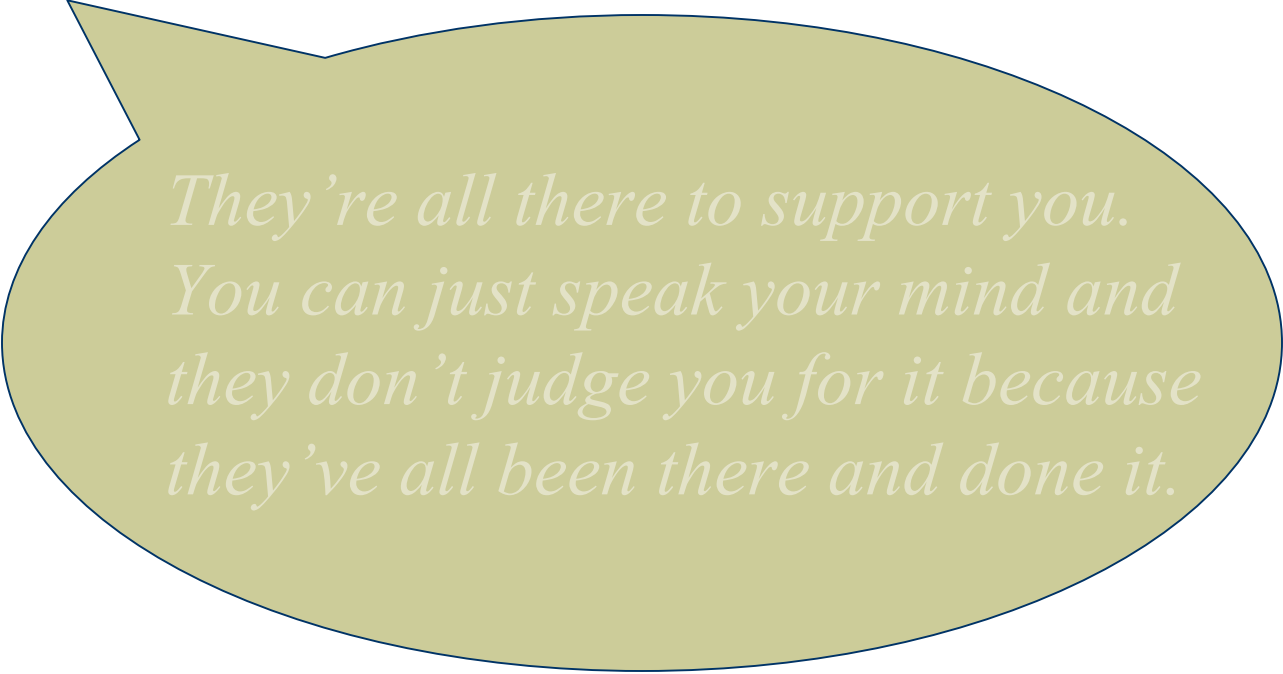
*I don't feel like a low-life
when I come in here and
that's what I meant before
is that they treat me like a
real person in here.*

- Enhanced physical health



Nutrition is the key for me, it's definitely key for getting healthy myself so that I could overcome my addictions.

- Enhanced social health



*They're all there to support you.
You can just speak your mind and
they don't judge you for it because
they've all been there and done it.*

- Gains in parenting knowledge and skills

...stuff like how to help counsel my kids during the divorce, how to help my son stay mentally healthy, but still disciplining him when he needs to know when he's done wrong but not crush him for what was done.

■ Access to services

Before I went there I didn't know about the Women's Centre at the YWCA, now I do.

They helped me with a lot of other services as well ... I was given an opportunity to speak to many different professionals from all different agencies and stuff like that, and psychiatrists.

- Improvements in children's behaviour

It's given [child's name] an opportunity to express his feelings in different ways to cope when he's angry. And to be around with other children who have been through similar things like he has.

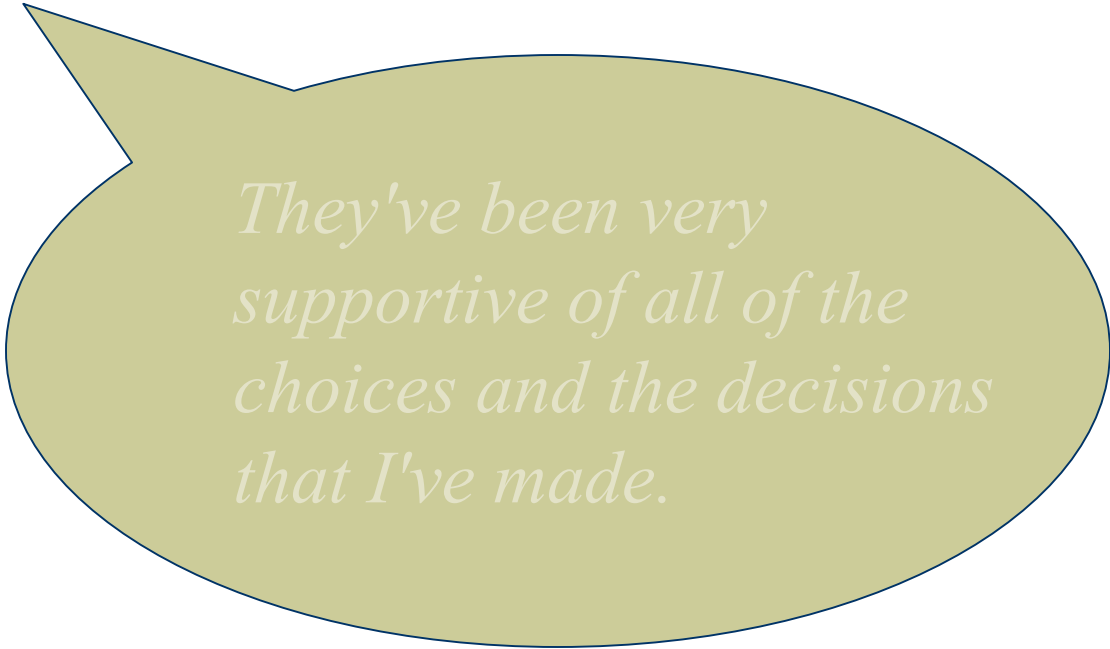
■ Enhanced child development

Oh she's very social. Like before she would shy from people

Oh I love it. I think it's great. I think it teaches a lot of kids motor skills which [child's name] was really lacking.

Quality of the Program

- Supportive staff



They've been very supportive of all of the choices and the decisions that I've made.

- **Variety of program components**

The thing I like about New Choices is it doesn't just focus around the person who has the addiction, but you also focus around, ok, what's going on in your life to make you do this, how is your family reacting to this, do you have children.

■ One stop shopping

You've got your drugs, you've got your alcohol addiction, you've got your parenting, you've got your employment. You've got everything wrapped up all in one and saves you from going from one place for one thing and then going to another place for another thing. It's more time convenient. You go there you deal with all your problems all that one day ... You've got it all right there.

Implications

1. The findings support the appropriateness and potential effectiveness of a centralized approach to service delivery to meet the multiple needs of women with addictions.
2. Future research will answer these questions:
 - Is the intervention effective?
 - Which program components contribute to desired outcomes?
 - What processes underlie behaviour changes?