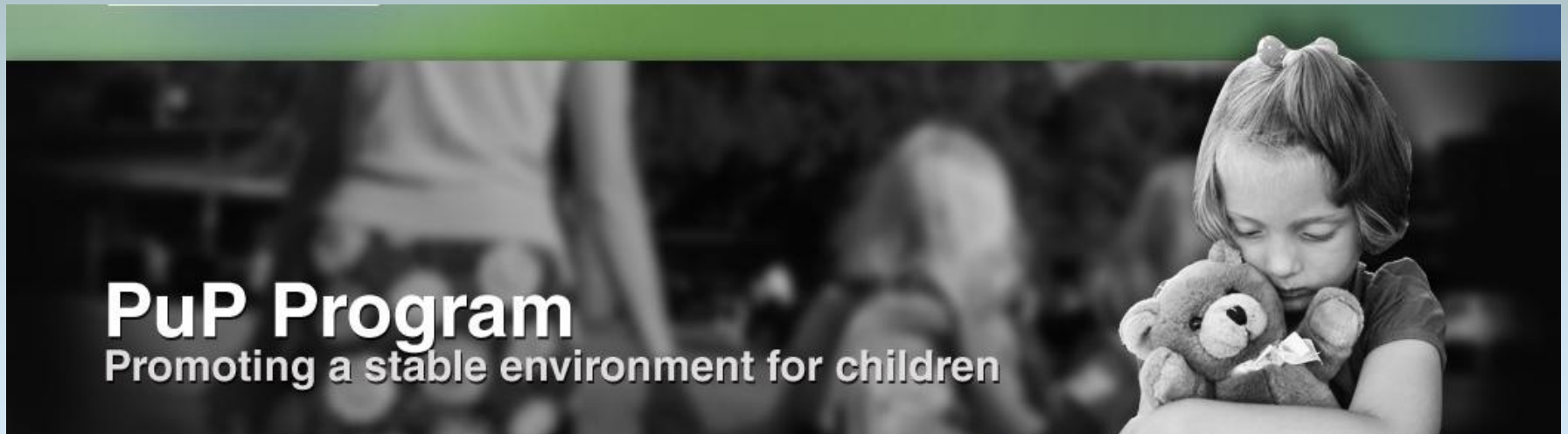


# Challenges to dissemination: Lessons learnt

Sharon Dawe & Paul Harnett

[www.pupprogram.net.au](http://www.pupprogram.net.au)



Children raised in families with parental substance abuse :

- High rates of behavior problems & school failure
- Experience adversity, exposure to crime, domestic violence
- Live in environments of extreme social disadvantage
- High rates of parental mental health problems including depression, anxiety and trauma,
- Parents often have experienced considerable adversity

But such problems do not emerge from nowhere.....

- Mothers who have experienced little love themselves
- Perhaps a history of child maltreatment
- Add a reasonable likelihood of trauma
- An inability to understand their own emotional state
- An inability to manage their own emotional state
- Inadequate housing, no money for many basics
- No friends, people who care about them

There is no simple solution ALAS

- This is not just a problem about becoming a mother
- Nor a problem about knowing how parent in a consistent and responsive manner
- Nor an lack of understanding of baby and child development or lack of parenting skills
- Nor how to sort out daily hassles
- Nor a problem with relaxation, coping skills, relationships  
Inadequate housing, no money for many basics

*It is all of the above*

# Parents Under Pressure Program

- Complex families need individualised programs
- The PuP program is flexible to accommodate diversity
- The PuP program is grounded in solid theory about child development and attachment theory and take account of what the research evidence suggests works
- The PuP program builds on existing skills and knowledge of clinical staff to enhance practice
- The PuP program provides a framework for developing shared goals with a family
- The PuP program empowers families by developing shared goals

# Delivery: Parents Under Pressure Program

- 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

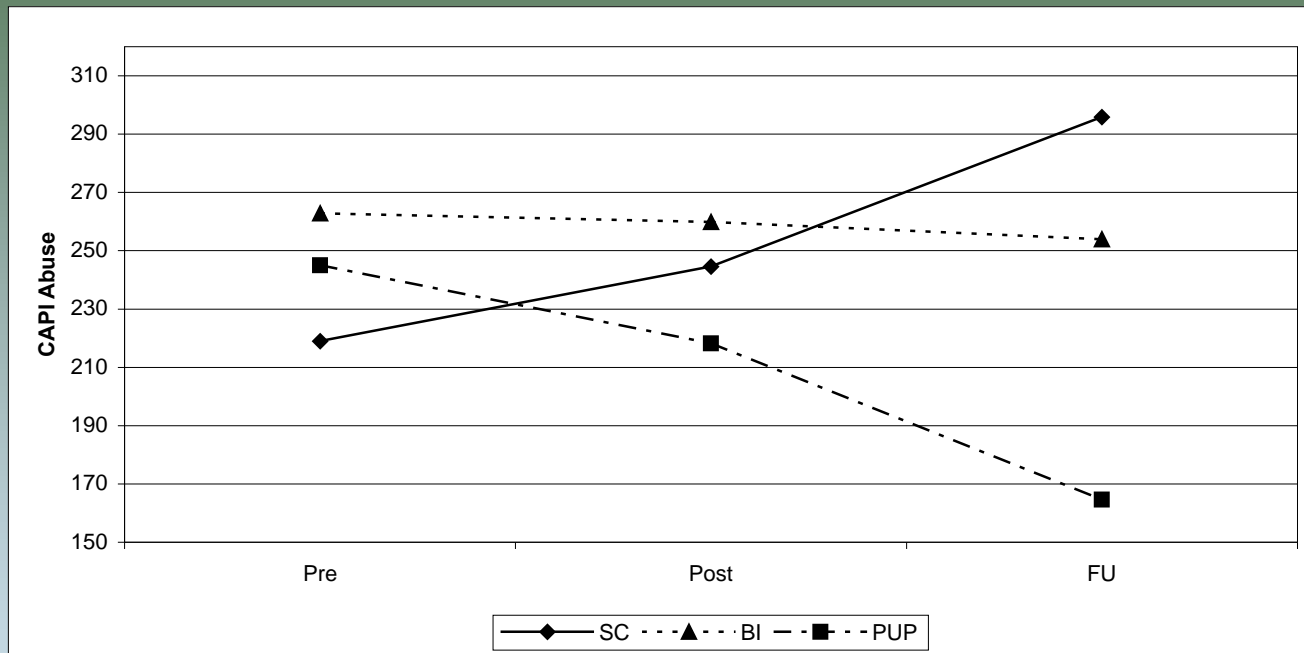
## Randomized Controlled Trial

- Compared PUP with brief parenting intervention and standard care
- Significant reductions in child abuse potential for those receiving PUP,
- Significant reductions in parenting stress and methadone dose
- Significant increase in child abuse potential for those in standard care

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

# Results of RCT

## Child Abuse Potential Inventory - Total Score



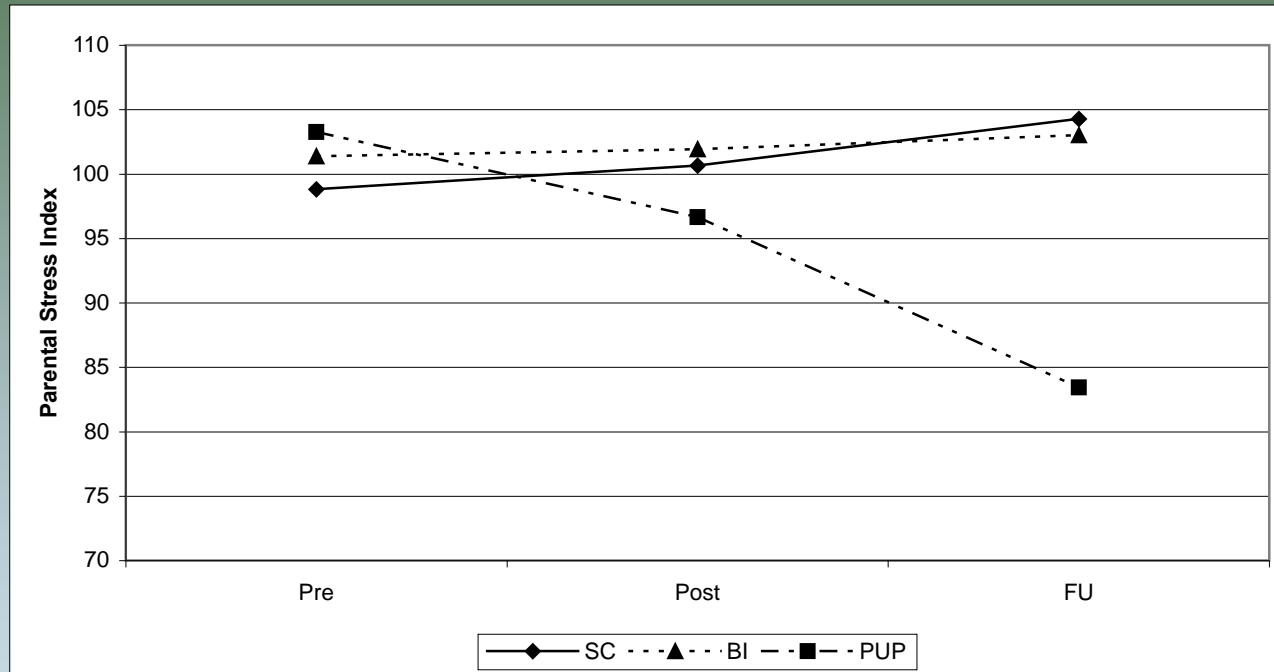
### Sample Questions:-

- 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.



# Results of RCT

## Parenting Stress Index -Total Score



### Sample Questions:-

- I feel trapped by my responsibilities as a parent.
- I often have the feeling that I cannot handle things very well.
- My child turned out to be more of a problem than I expected.

# Results of RCT

## Methadone Dose

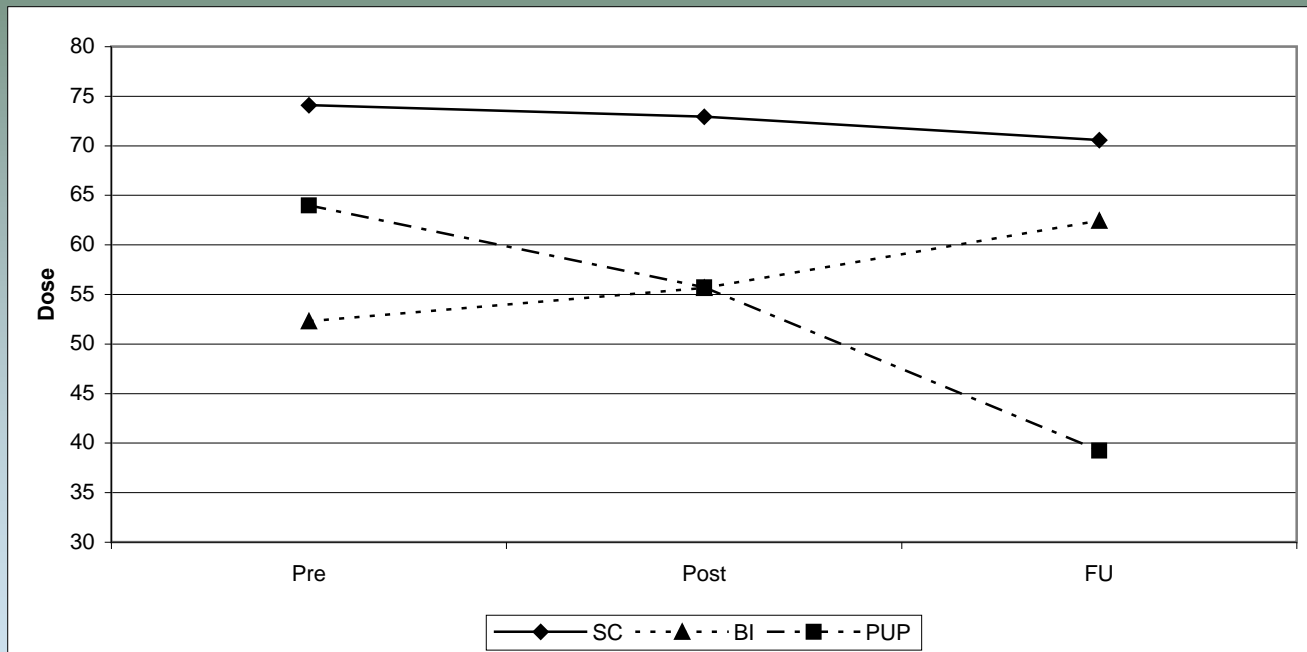


Table 3 Cost effectiveness results

Group	Program cost	Baseline % CAPI $\geq 166$	6 months % CAPI $\geq 166$	Change in CAPI	Cost per case of maltreatment avoided	Cost savings when including cost offset
PuP	\$8,247	77%	55%	-22%		
Standard Care	\$0	68%	90%	+22%		
Difference (incremental analysis)	\$8,247	9%	35%	44%	\$18,743 per case avoided	\$91,510 per case avoided
Scenario of 100 participants						
Total	\$824,700			44 cases	\$18,743/case avoided	Total savings \$4.03 million
<i>CAPI</i> $\geq 166$ indicated child maltreatment						

# Training Model: Parents Under Pressure Program

## *Material*

- Engaging, relevant, flexible, builds on practitioner strength

## *Training*

- One off training events are not associated with change in practice.
- Models that work need implementation support
- Competency based assessment skills

## *Sustainability*

- On going quality control and review

## Who are PuP Therapists?

- Frontline workforce – the people who provide family support in homes are unlikely to be
  - Psychiatrists
  - Clinical Psychologists
  - Are sometimes Social Workers (but not often in Australia)
  - Might have a tertiary degree (my guesstimate 30%)
  - But just as likely to have no formal training

## Who are PuP Clients?

- Chaotic
- Limited education
- Poor schooling history
- Often reluctant to engage with written material
- View school and teachers with suspicion and even hostility
- May have limited literacy
-

## DISTILATION OF COMPLEX IDEAS AND THEORIES INTO A PRACTICE THAT

- 1. The frontline worker will embrace
- 2. Communicate enthusiastically and optimistically with family
- 3. And will make sense to Parents

## PuP is a Structured Non Sequential Approach

- Therapist Manual and a Parent Workbook....
- Don't start at the start and finish at the end....
- So how do you convey the SNS Approach..



# Materials:

Provide PUP THERAPISTS with materials to measure change

- 1. Understand the measures
- 2. Can easily administer measures
- 3. Can easily score measures
- 4. Can then translate findings into practice
- 5. Can convey meaning of these to their clients

### Login

Username

Password

[Forgotten Password?](#)

Thursday, 10 March 2011, 11:15AM

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- Agent Calendar >>
- Goal Examples >>
- Case Studies >>

[Home](#) > [Clients](#) > PUP999

### Client Details

[Edit Client Details](#)

PUP ID: PUP999  
Agency Client ID: 999  
Primary Agent: Colleen Smith  
Date Initiated: 9/03/2011  
Country: Australia  
Postcode: -1  
Status: Open  
Comments: practice client

### Completed Forms

[Create Report](#)

Date Taken	Client Timeline	Form Type			
9/03/2011	Pre Treatment	SDQ - Parent 1	<a href="#">View Feedback</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
9/03/2011	Pre Treatment	DASS	<a href="#">View Feedback</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

Add New Form:  [Go](#)

#### Print Forms:

- > [DASS](#)
- > [SDQ](#)
- > [Support](#)
- > [Daily Hassles](#)
- > [Adult Wellbeing Scale](#)

### Previous Reports

Date	Title		
9/03/2011	assessment 1	<a href="#">View</a>	<a href="#">Delete</a>

### Goals

[Create Goal Report](#)

[Create New Goal](#)

There are no goals set for this client.

Thursday, 10 March 2011, 11:05AM

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**Clients** >>

[Agents](#) >>

[Agent Calendar](#) >>

[Goal Examples](#) >>

[Case Studies](#) >>

[Home](#) > [Clients](#) > PUP35

### Client Details

[Edit Client Details](#)

PUP ID: PUP35  
Agency Client ID: paul1  
Primary Agent: Paul Harnett  
Date Initiated: 9/04/2009  
Country: Australia  
Postcode: 4101  
Status: Open  
Comments: no comment

### Completed Forms

[Create Report](#)

Date Taken	Client Timeline	Form Type			
3/04/2009	Pre Treatment	DASS	<a href="#">View Feedback</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
8/05/2009	Pre Treatment	DASS	<a href="#">View Feedback</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
24/05/2010	Pre Treatment	SDQ - Foster Carer	<a href="#">View Feedback</a>	<a href="#">Edit</a>	<a href="#">Delete</a>
13/12/2010	Pre Treatment	Adult Wellbeing	<a href="#">View Feedback</a>	<a href="#">Edit</a>	<a href="#">Delete</a>

Add New Form:  [Go](#)

#### Print Forms:

- > DASS
- > Support
- > Adult Wellbeing Scale
- > SDQ
- > Daily Hassles

**PUP ID:** PUP35  
**Agency Client ID:** paul1  
**Form:** DASS  
**Date:** 3/04/2009  
**Client First Name:** Peter  
**Timeline:** Pre Treatment

---

The DASS includes three scales designed to measure the negative emotional states of depression, anxiety and stress.

---

#### **Depression**

Symptoms of depression include: being critical of one-self, feeling dispirited, gloomy, blue, being convinced that life has no meaning or value, feeling pessimistic about the future, an inability to experience enjoyment or satisfaction or become interested or involved in activities that were once enjoyed, being slow in activities and lacking motivation or initiative to do things.

At the time of the assessment Peter scored 14 on the depression scale.

A depression score of 14 is in the moderate range. At the time of the assessment Peter was experiencing a moderate level of depression. It would be useful to consider targeting depression as part of a treatment plan. However, the depression is not at a level that would be expected to interfere significantly with their parenting.

#### **Anxiety**

Symptoms of anxiety: feeling nervous or panicky, trembly, shaky, aware of dryness of the mouth, difficulties breathing, pounding of the heart, sweatiness of the palms. The person can feel that these feeling are out of control.

At the time of the assessment Peter scored 14 on the anxiety scale.

An anxiety score of 14 is in the moderate range. At the time of the assessment Peter was experiencing a moderate level of anxiety. It would be useful to consider stress management as part of a treatment plan to help manage these symptoms of anxiety. However, the anxiety is not at a level that would be to interfere significantly with their parenting.

#### **Stress**

Symptoms of stress include: feeling tense and wound up, an inability to relax, being touchy or easily upset, easily startled, nervy, jumpy, intolerant.

At the time of the assessment Peter scored 12 on the stress scale.

A stress score of 12 is in the normal range. At the time of the assessment Peter was not reporting stress to be a problem.

# Training:

Provide PUP THERAPISTS with training and implementation support

- 1. Requirement to assess 3 families
- 2. Undertake implementation support
- 3. Complete one case study

## The biggest challenge

- 1. Practitioner adherence to the model
- 2. Ongoing up skilling of a mobile work force
- 3. Ongoing implementation support
- 4. Funding is not enduring

Evaluations of PUP in the real-world include:-



The real-world

- Child protection services in Australia
- Drug and Alcohol services in Qld, Vic, WA, NSW
- Indigenous communities as part of "Alcohol Diversion Project"
- Oxford, UK
- Bessborough Centre, Cork, Republic of Ireland
- RCT underway in UK funded by National Society for Prevention of Cruelty to Children (NSPCC)

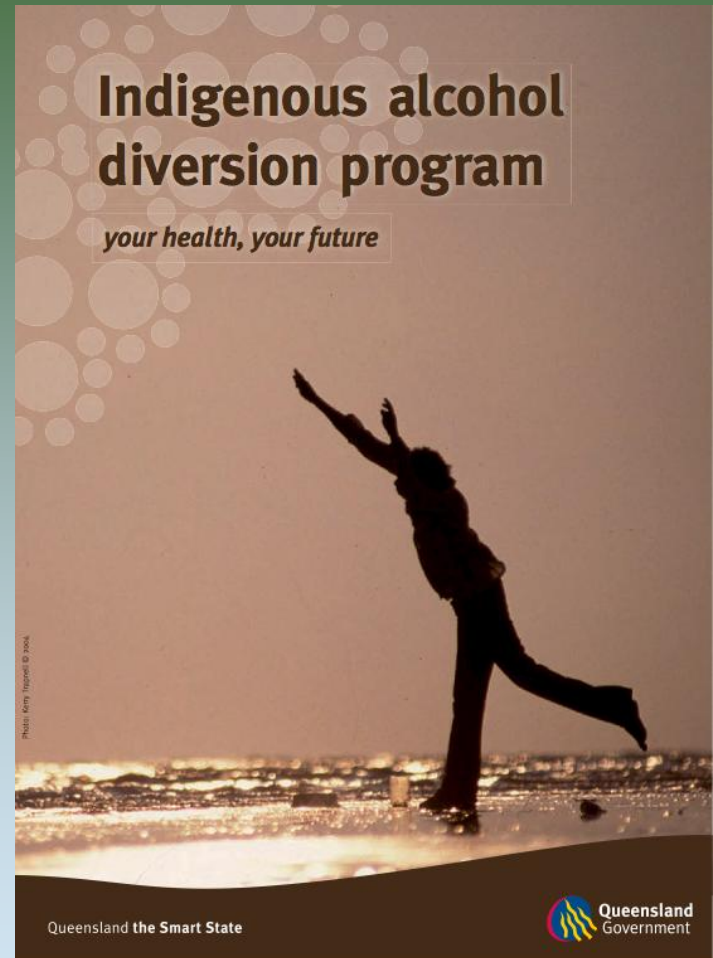


## Queensland Alcohol Indigenous Diversion Project (QIADP)

5 year pilot project  
(2007- June 2012)

Whole of Government!

2 referral pathways  
Criminal Justice Stream  
Child Safety Stream



# Data for Trained PUP therapists to Jan 2012



**Worked by extending the supervision model**

**Adapting the supervision model by making the process more group focused**

**Ensure that there was ongoing organisational support outside of the PuP team**

# Overall PUP data to AugustJan 2012 – data not final



## How is PuP being evaluated

Most of the families did not have their children living with them

Goal was not always one of reunification

Whenever possible this was worked towards but still need to establish a strong parent child relationship even though the child(ren) will remain in kinship care or foster care

# Child Safety Status pre & post treatment for QIADP PUP completers

Child Safety Status	No. at referral	No. at closure
No order	7**	18
IPA	2	0
Interim	8	4
STO	14	7
LTO	1	1
Total	33	30*

\*\* 6 from CJ stream

\*\* missing data on 3 cases

Be clear about underlying mechanism of change:  
avoid messy eclecticism

Training requires mechanisms that ensure model  
becomes embedded in practice

Decide what your program is targeting and  
measure this

Evaluation – DO IT

Cost of program – COST IT

KNOW WHAT YOU ARE GOOD AT AND FIND A  
FRIEND(S) TO HELP IN AREAS THAT YOU ARE  
LESS SKILLED IN