



Northwest (HHS Region 10)

ATTC

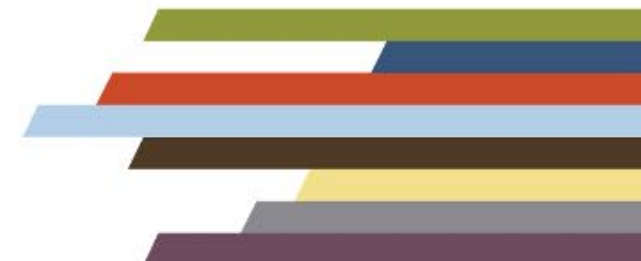
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents:
Parent-Child Assistance Program:
Supporting Substance Use Disorder Recovery for Pregnant and Parenting Women

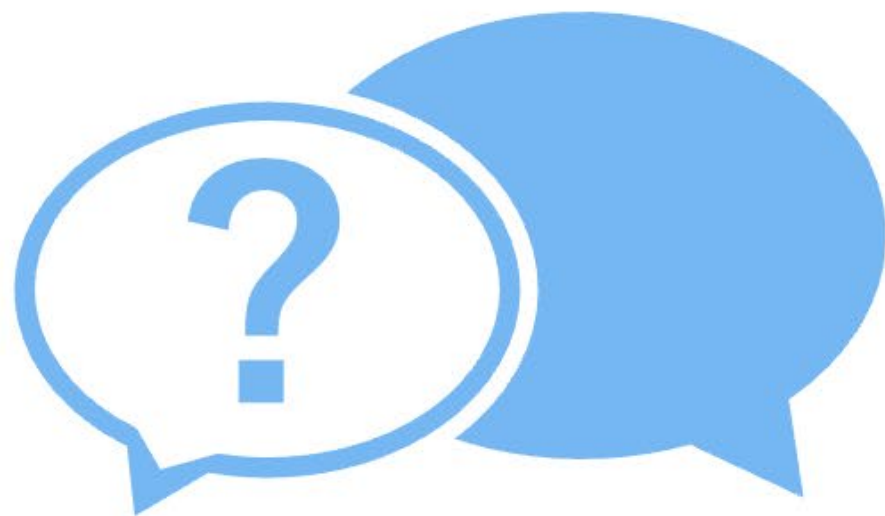
Thank you for joining us!
The webinar will begin shortly.

- **Got questions?** Type them into the chat box at any time and they will be answered at the end of the presentation. Participants are automatically muted during this presentation.
- An ADA-compliant recording of this presentation will be made available on our website at:
<http://attcnetwork.org/northwest>





Questions? Please type them in the chat box!



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The Parent-Child Assistance Program (PCAP):

Supporting Substance Use Disorder Recovery for Pregnant and Parenting Women

Susan Stoner, Ph.D.
February 24, 2021

Tribal Land Acknowledgement

In applying a lens of cultural humility to issues of diversity, equity, and inclusion, the Northwest ATTC offers this land acknowledgement for today's event.

Our work intends to reach the addiction workforce in HHS Region 10: Alaska, Idaho, Oregon, and Washington. This region rests on the ancestral homelands of the Indigenous Peoples, who have lived on these lands since time immemorial.

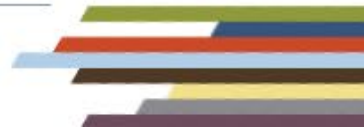
Please join us in support of efforts to affirm tribal sovereignty and in displaying respect and gratitude for our indigenous neighbors.



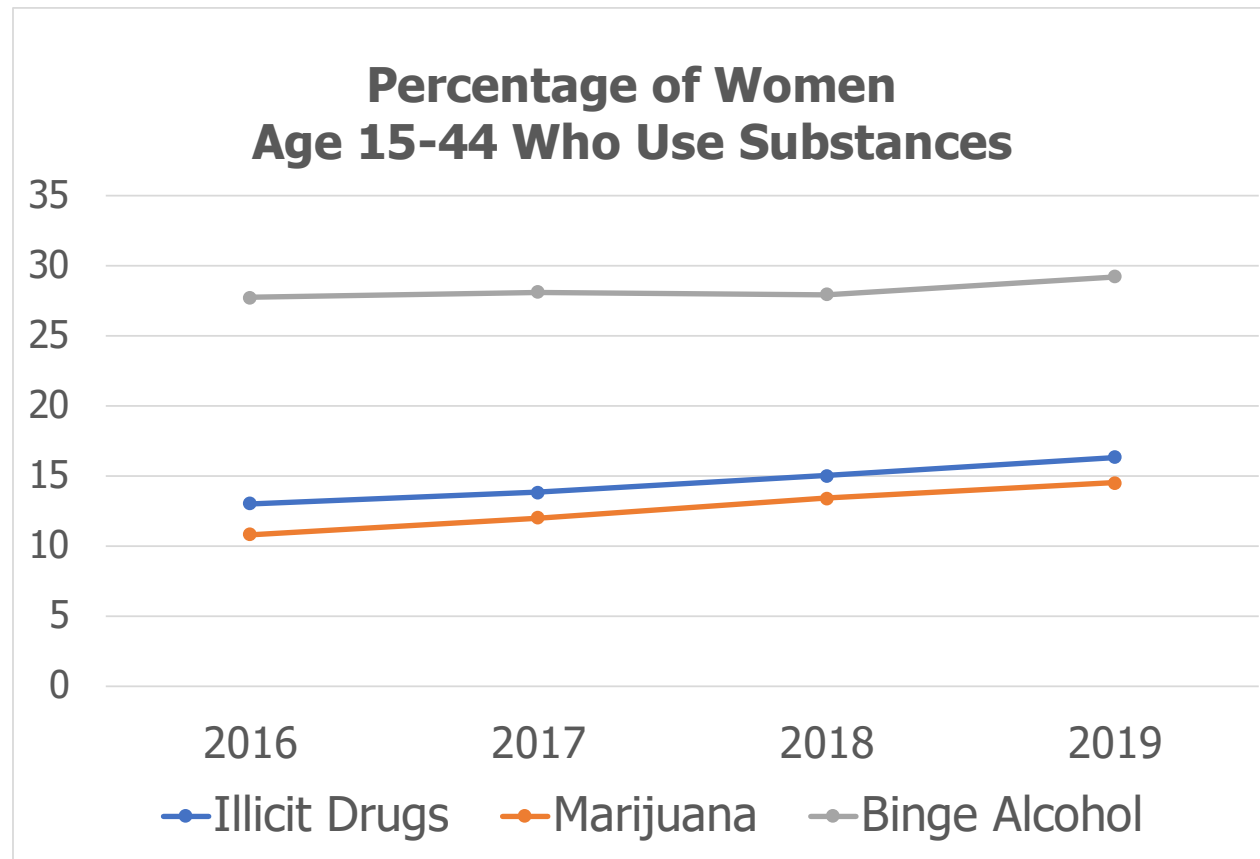
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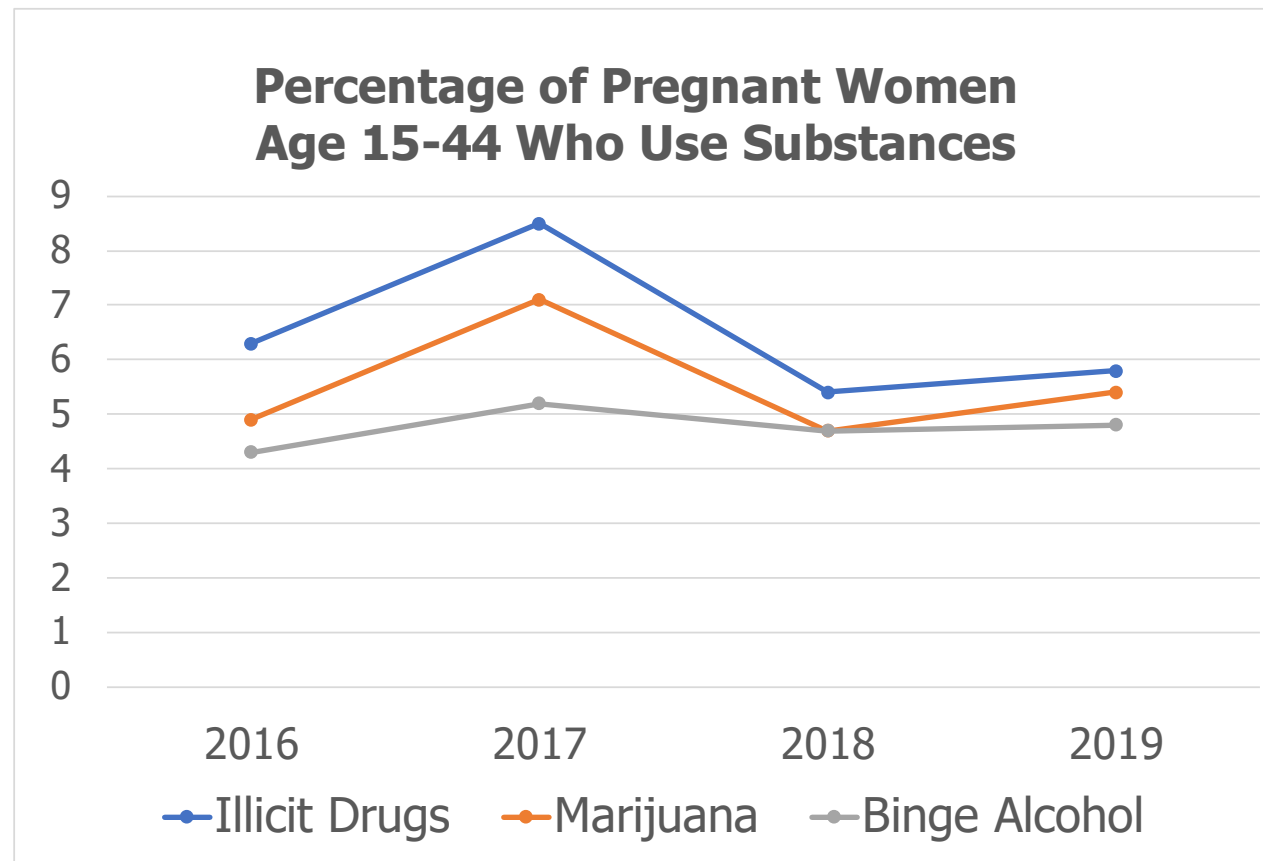
- Substance use by women of age 15-44 years has increased yearly from 2016-2019^{1,2}



- Compared to men, women may:
 - Become addicted from using smaller amounts for less time³
 - Have more drug cravings and be more likely to relapse³
 - Be more sensitive to drug effects due to hormones³
 - Have more physical effects of substance use, resulting in higher rates of overdoses and emergency room visits³
- Problematic substance use puts women at risk of:
 - Victimization⁴
(the reverse is also true)⁵
 - Sexual risk-taking⁶
 - Unintended pregnancy⁷

- While many women stop using substances when they become pregnant, those with a substance use disorder (SUD) may find it difficult to do so.⁵
- This may be especially true among women who have been victimized.
 - Those experiencing intimate partner violence (IPV)⁵
 - Those with a history of adverse childhood experiences (ACEs)⁸

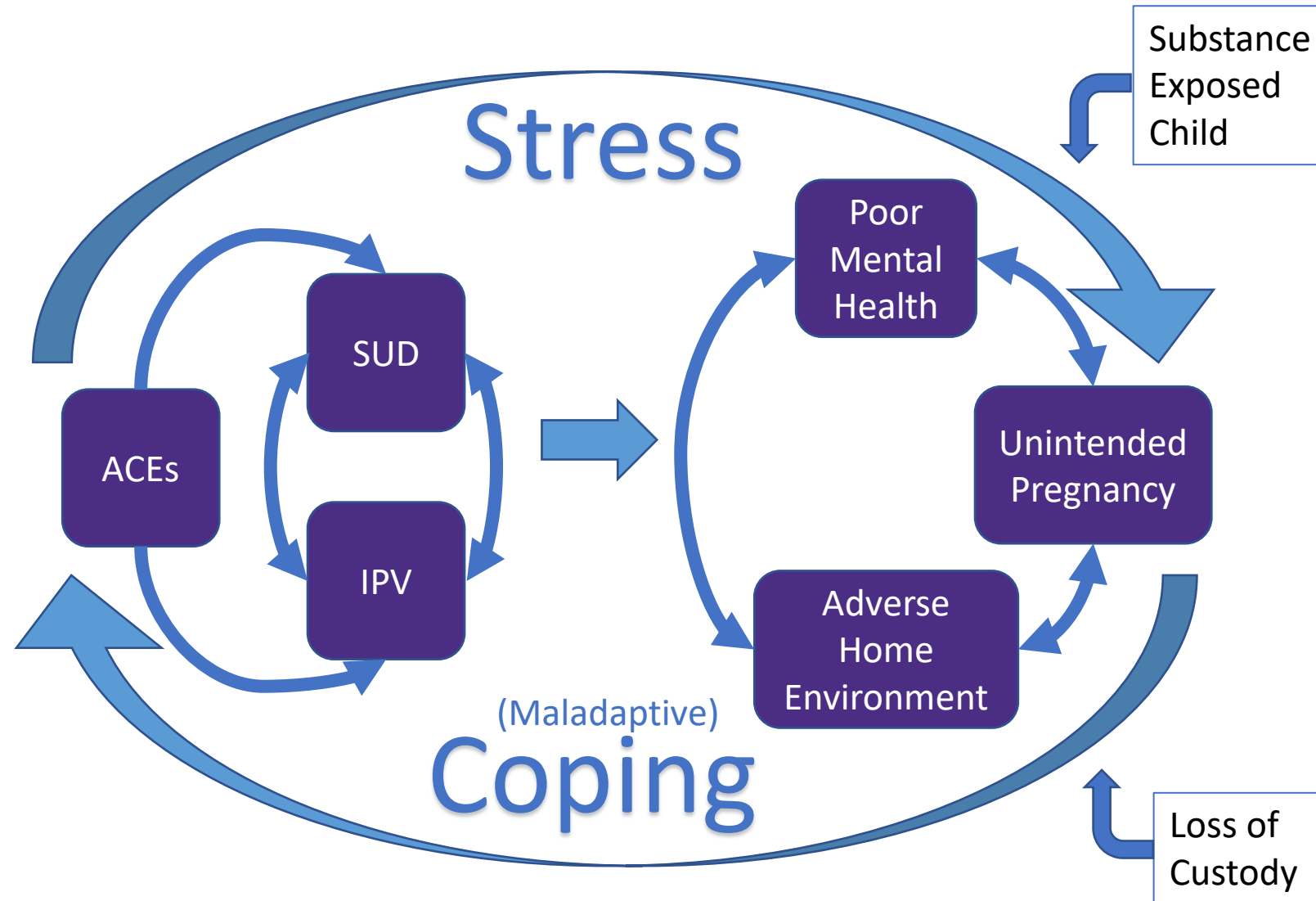
- Rates of substance use during pregnancy have fluctuated but remain concerningly high^{1,2}



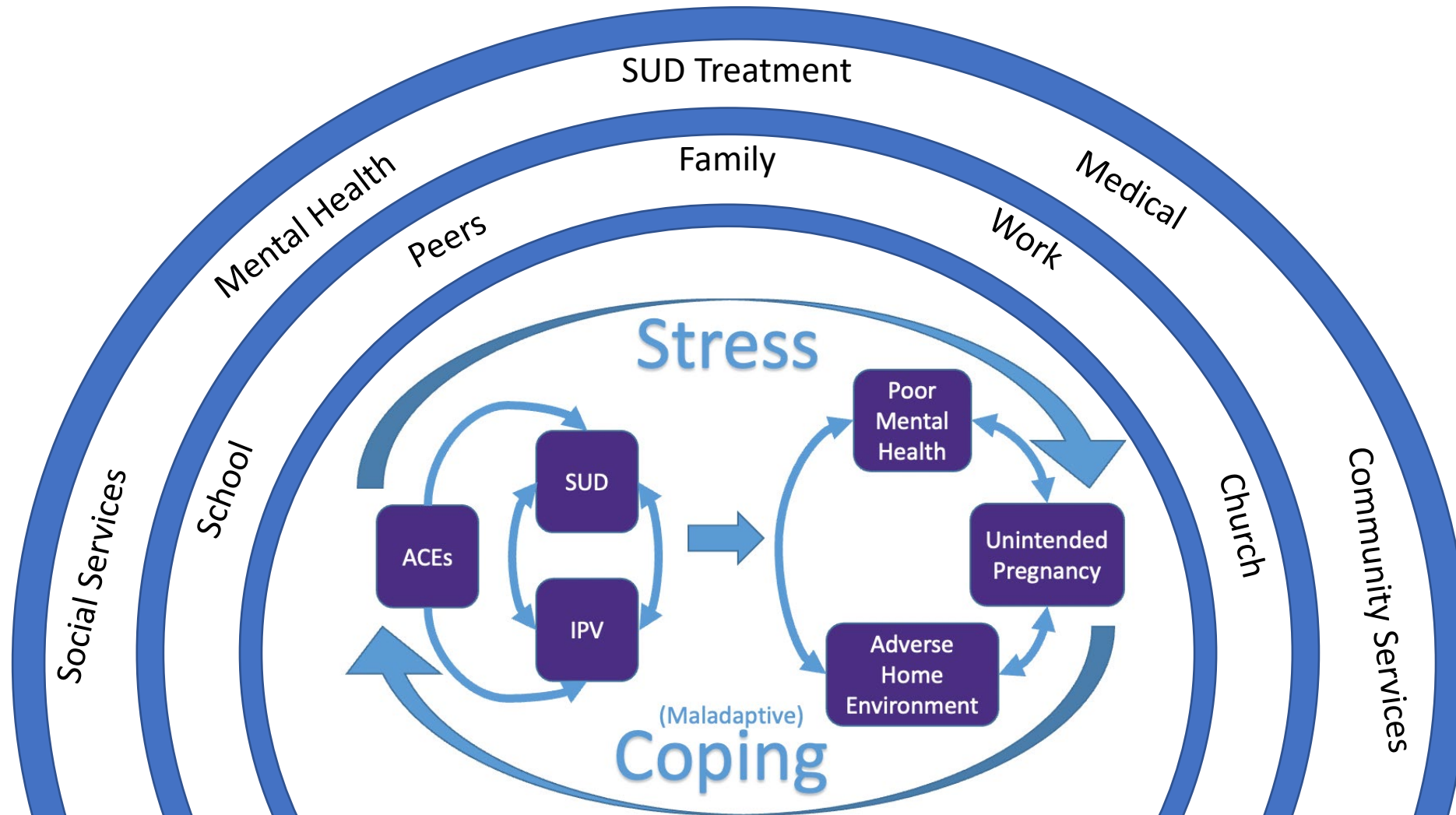
Prenatal drug or alcohol exposure puts children at risk due to:

- the possible effects of prenatal exposure on fetal health and development
 - the likelihood of an adverse home environment
 - the possibility of being removed from the home
- putting mom at greater risk of problematic substance use





- Bronfenbrenner's ecological framework for human development



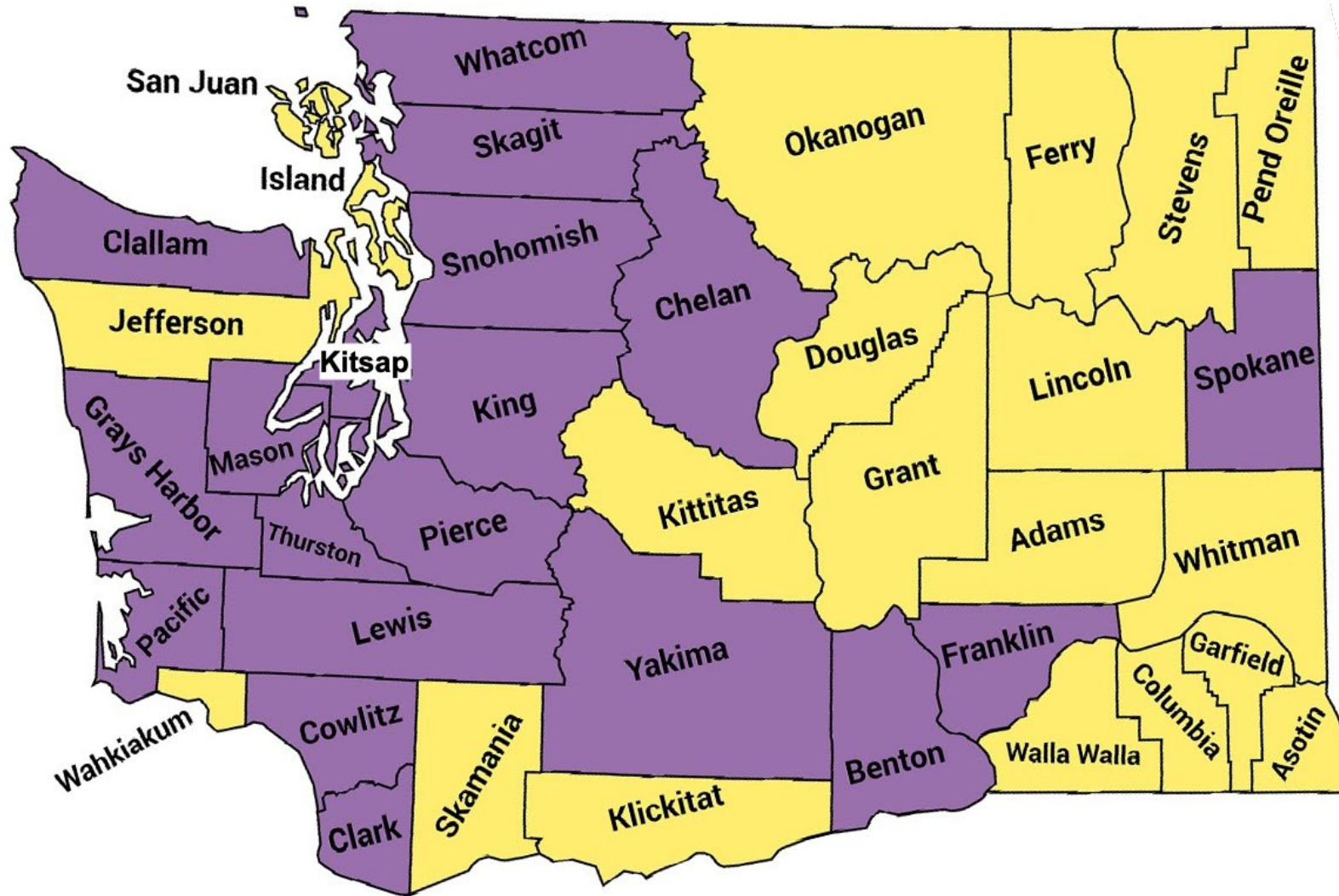


Parent-Child Assistance Program

- Award-winning, 3-year case management model
- Services are provided at 15 sites covering 19 of 39 Washington counties (majority of the state population)
- Serves > 1,400 at-risk mothers in Washington State
- PCAP aims to help pregnant and parenting mothers with substance use disorders (SUDs):
 - Achieve and maintain recovery
 - Build healthy family lives
 - Prevent any future children from being exposed to alcohol and drugs

- Arose from a study of prenatal cocaine exposure, done by Dr. Ann Streissguth
- PCAP founder Dr. Therese Grant worked on the study, got to know many of the mothers, and was struck by their histories, difficult life circumstances and resilience
- They wanted to be good mothers but, in many cases, couldn't or didn't quite know how
- SAMHSA funded the initial study and intervention development

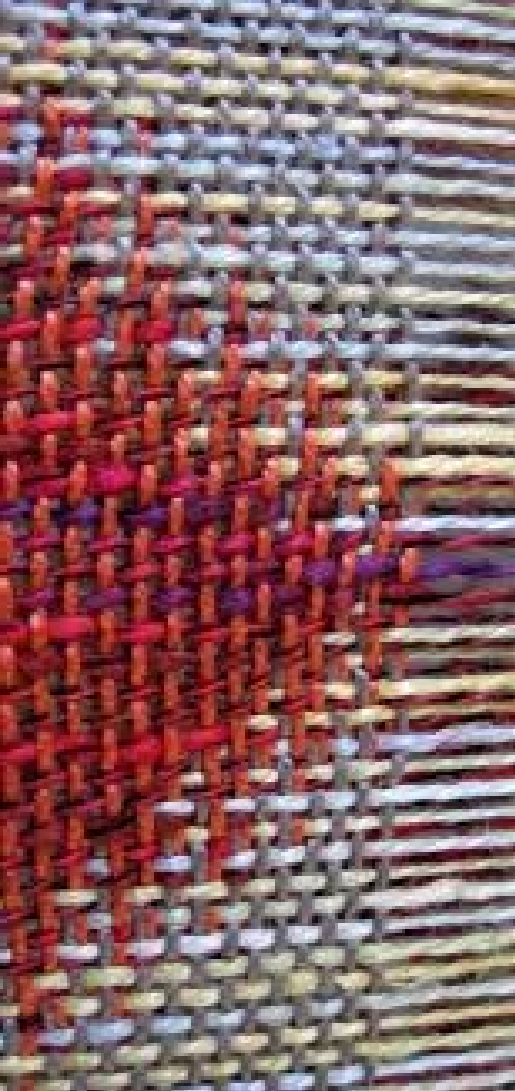
- 1991-95 SAMHSA-funded research: University of Washington
- 1996-98 Philanthropist provides interim funding
- 1996-97 Governor funds replication in Tacoma
- 1997-98 Follow-up study, original cohort: Seattle
- 1997-2021 State funding and program expansion to 15 sites covering counties
- Since 1998 Replications/adaptations in MN, NC, AK, TX, NV, LA, PA, MI, CA. International: 40 sites in Canada, 1 site in Western Australia



PCAP County Sites

- Counties served by PCAP
- Counties not served by PCAP

- With roots in studies of substance-exposed babies, PCAP has emphasized prevention
- Intervention is not only about prevention
- Recovery in mothers with SUDs is another major emphasis
- The well-being of the mother is just as important as the well-being of the children
- Most of our outcome measures focus on improvements in mothers' lives



- PCAP weaves together three key theories:
 - Relational Theory⁹
 - Transtheoretical Model¹⁰
 - Harm Reduction¹¹

- Emphasizes that a person's sense of connectedness to others is central to their growth, development, and definition of self
 - Positive relationships in intervention, treatment, and recovery settings are critical
 - Relationship quality may be more important to client retention and improvement than the nature of the services provided
 - PCAP fosters relationships with the case manager, program, and other supports

“For me to overcome my addictions and traumatic childhood, I needed every piece of the puzzle from all the services I was involved with. However, it was my relationship with my PCAP advocate that helped me translate everything that people were telling me to do.”

□ PCAP Client

- Emphasizes that persons are at different stages of readiness for change
 - Behavior change is a process that involves moving through the stages of change
 - Change is not always a linear progression
 - Different stages call for different approaches to support development of self-efficacy
 - PCAP uses motivational interviewing to develop discrepancy, motivation for change

- Emphasizes that addiction and associated risks are on a continuum
 - Meets clients where they are without demanding abstinence as a condition of treatment
 - Any steps towards decreased risk are steps in the right direction
 - PCAP views abstinence as the ultimate harm reduction but does not reject clients who relapse or choose to continue using drugs or alcohol

- According to SAMHSA,¹² “recovery is a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential” along four major dimensions:
 - Health
 - Home
 - Purpose
 - Community



- Pregnant/parenting mothers who have SUDs that impede their ability to care for their children and live healthy, functional lives
- Most mothers in PCAP were once themselves neglected and abused children in our communities
 - 89% had parents who abused alcohol/drugs
 - 65% were physically/sexually abused as a child
 - 24% were involved in foster care system as a child
 - 35% did not finish high school or obtain a GED
- Long-standing problems require long-lasting intervention

- PCAP case managers do outreach and engagement.
 - They provide mothers with structured goal setting, problem-solving, practical assistance, and consistent coaching.
 - They work to ensure that clients and families receive needed services and seek to help community service providers work more effectively for PCAP clients.



- Pregnant or up to 24 months postpartum
 - Heavy alcohol/drug use during pregnancy
 - Not effectively engaged with community services
- ~or~
- Has a child with a Fetal Alcohol Spectrum Disorder
 - Is currently using alcohol problematically
 - Is in childbearing years/capable of bearing a child

- Are highly trained and receive twice-monthly supervision
- Average caseloads of 16 mothers
- May share their own lived experience to serve as role models and inspire hope
- Meet with mothers twice per month, in the mothers' own homes whenever possible
- Offer transportation for clients' important appointments





- Client-centered – clients identify their own needs and goals
- Two-pronged approach – case managers work with clients and service providers
- Pragmatic lens – problem-solving approach to addressing service barriers
- Meet clients where they are – in addition to harm reduction, home visits are strongly encouraged

“Before PCAP I never thought about goals. They showed me the right direction. They showed me that I am responsible. That no matter who I am or what I do, I am somebody. It is never too late.”

□ PCAP Client



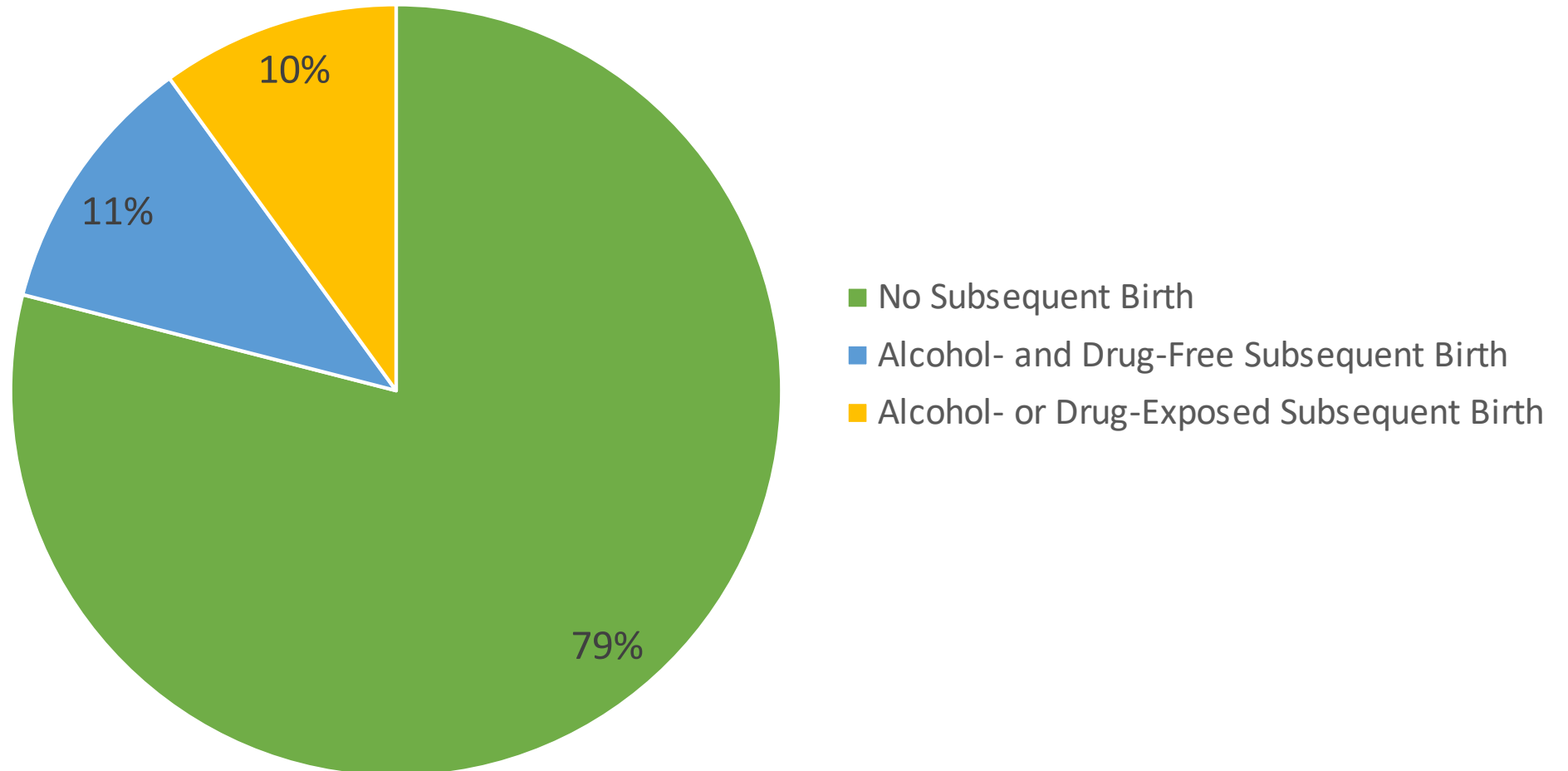


PCAP Outcomes

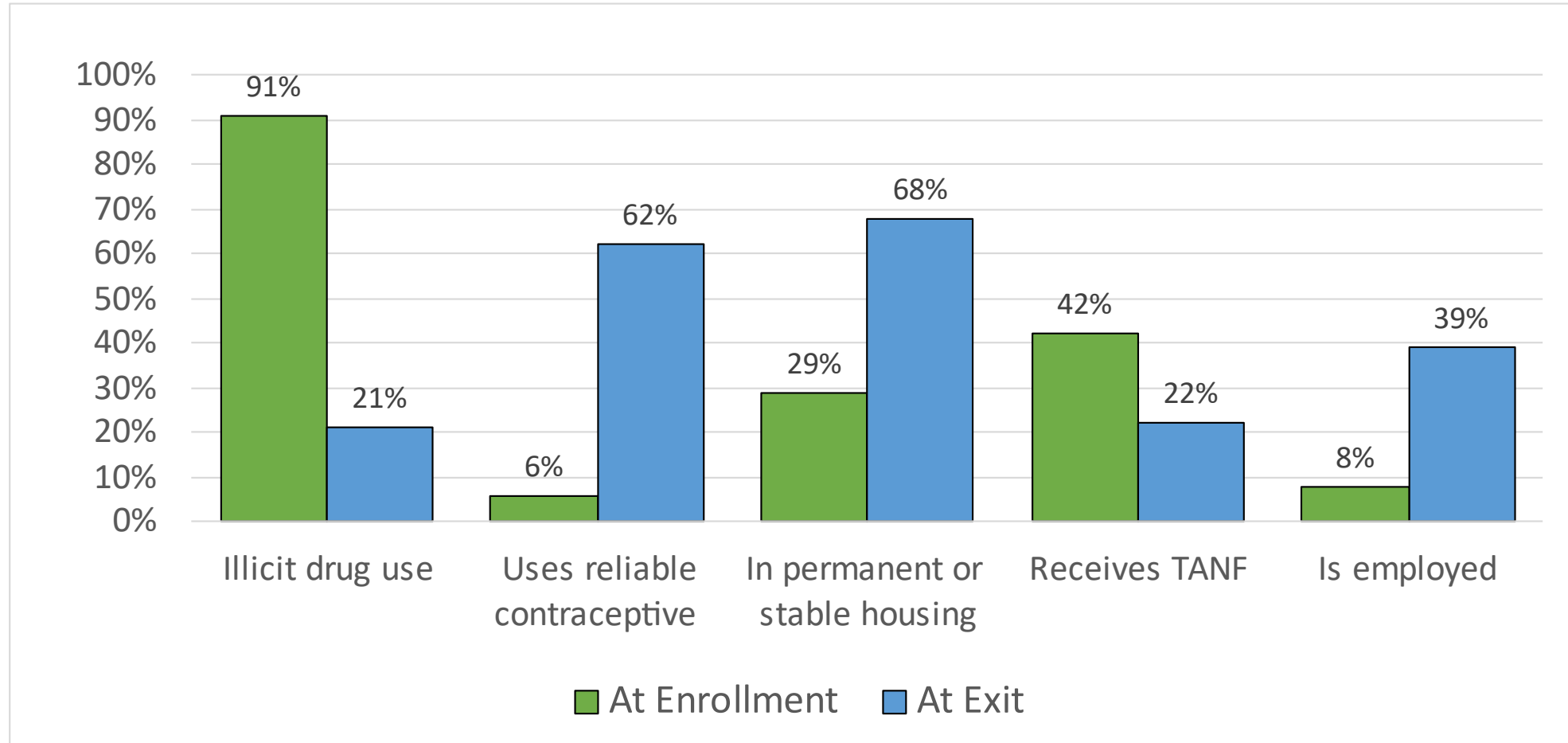
Among 1,209 PCAP graduates from 2014 to 2020, at exit from the 3-year program:

- 90% had completed alcohol/drug treatment or were in progress
- 75% were abstinent from alcohol and drugs for 6 months or more during program
- 68% were using family planning regularly
- 54% had attended or completed classes (GED, college, or work training)
- 70% had custody of their child (another 10% were in the care of other family/friend)

During the 3-year intervention:



From beginning to end of the intervention:



3-Year Outcomes	2018 (N = 843)	2019 (N = 1093)	2020 (N = 1209)
Follow-up rate	81%	79%	77%
Inpatient or outpatient substance abuse tx completed or in progress	86%	91%	85%
Abstinent at exit for \geq 6 mo.	43%	44%	45%
Abstinent at exit for \geq 1 yr.	33%	35%	35%
Longest abstinence in PCAP \geq 1 yr.	57%	58%	60%



Family Planning & Mental Health Services

3-Year Outcomes	2018 (N = 843)	2019 (N = 1093)	2020 (N = 1209)
Family planning at exit	68%	68%	68%
- More reliable method	53%	55%	54%
Mental health service connection	60%	63%	64%

- PCAP funding is administered through the Washington State Health Care Authority, Division of Behavioral Health and Recovery
- Funding provided through state legislative appropriations
- Current annual direct services cost:
 - \$9.1 million (45% Medicaid, 55% state)
 - \$6,464 per client per year
- Additionally, UW is funded to conduct program quality control, training, and outcome evaluation

PCAP has demonstrated cost-effectiveness

- Prevents future children from being exposed to alcohol and drugs through
 - mother's abstinence from substances and/or
 - use of effective family planning
- Decreases welfare costs as women stay in recovery and become able to work
- Decreases foster care costs as more women become able to care for their children

- Investment in PCAP = Fewer Substance-Exposed Infants
 - 12% of PCAP mothers had a subsequent alcohol- or drug-exposed infant in 3 years
 - 21% of similar mothers in another state who received typical SUD treatment alone over a similar time period did so



Ryan et al. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse and Neglect*, 32(11), 1072-1079.

- Investment in PCAP = Reduced Costs to the Public
 - Estimated lifetime cost for infants born with FAS is \$2M
 - PCAP shows over \$20M in lifetime cost savings due to effective intervention for PCAP mothers who were former binge drinkers



Casey Family Programs & Grant, T. (2013). Parent-Child Assistance Program outcomes suggest sources of cost savings for Washington State.

- Investment in PCAP = Reduced Costs to the Public
 - Economists found that in Alberta, Canada, PCAP prevented ~ 31 cases of FAS/FASD among 366 clients in a 3-year period
 - Net benefit was ~ \$22M, likely under-estimated due to not including reduced unemployment



Thanh et al. (2015). An Economic Evaluation of the Parent-Child Assistance Program for Preventing Fetal Alcohol Spectrum Disorder in Alberta, Canada. *Administration and Policy in Mental Health and Mental Health Services Research*, 42, 10-18.

- Investment in PCAP = Less Dependence on Child Welfare
 - PCAP children who were in out-of-home care and reunified at PCAP exit had a shorter average length-of-stay (3.8 mo) than the WA state average (20.4 mo)
 - Each successful reunification = savings of over \$21,000 per child



Casey Family Programs & Grant, T. (2013). Parent-Child Assistance Program outcomes suggest sources of cost savings for Washington State.

- Investment in PCAP = Less Dependence on Welfare
 - From 2014 to 2020, Temporary Assistance for Needy Families (TANF) was the main source of income for 42% of women entering PCAP compared to only 22% at exit

Grant, T.M., Ernst, C.C., & Stoner, S.A. (2020). Report to the Division of Behavioral Health and Recovery for Washington State PCAP sites as of June 30, 2020. Fetal Alcohol and Drug Unit, Alcohol and Drug Abuse Institute, University of Washington.



- Maternal SUDs are a nationwide problem.
- 25 years of evidence show that PCAP can improve the health and stability of at-risk mothers and their children.
- Washington State PCAP provides a model for other states to help affected mothers build healthy families.
- For more information, see www.pcapwa.org or contact sastoner@uw.edu
- To make a referral, see <http://bit.ly/Refer-to-PCAP>



“PCAP was there to encourage me in making all the right choices for my son, setting goals I knew I could achieve, and helping me succeed. Without their support, I wouldn’t be where I am today. I have my own apartment, a car, a job, my son, a relationship with my daughter. I have four years off meth, two years off alcohol, two years off weed. Trust me, my PCAP worker showed me tough love. Thanks for encouraging me, helping me through. Thank you PCAP for giving me hope.”

□ PCAP Client

1. SAMHSA. 2017 National Survey on Drug Use and Health. Detailed Table 6.65B, "Types of Illicit Drug Use in Past Month Among Females Age 15–44 by Pregnancy Status: Percentages 2016 and 2017" and 6.68B, "Alcohol Use, Binge Alcohol Use and Heavy Alcohol Use in Past Month Among Females Aged 15–44, By Pregnancy Status...: Percentages, 2016 and 2017." <https://www.samhsa.gov/data/report/2017-nsduh-detailed-tables>. Accessed February 22, 2021.
2. SAMHSA. 2019 National Survey on Drug Use and Health. Detailed Table 6.17B, "Types of Illicit Drug, Tobacco Product, and Alcohol Use in Past Month among Females Aged 15 to 44, by Pregnancy Status: Percentages, 2018 and 2019." <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>. Accessed February 22, 2021.
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11. Marlatt GA. Harm reduction: Come as you are. *Addictive behaviors.* 1996 Nov 1;21(6):779-88.
12. <https://www.samhsa.gov/find-help/recovery>

Surveys

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http://bit.ly/SUD_February24



It only takes 1 minute to complete!





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 شڪرا جزىلا salamat благодарю вас 谢谢
 Dziękuję Ci **Thank** ευχαριστώ
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 ありがとうございます спасиби mahalo

