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# AN EVALUATION OF THE PARENTS UNDER PRESSURE PROGRAMME (PUP) AT COOLMINE

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“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!”

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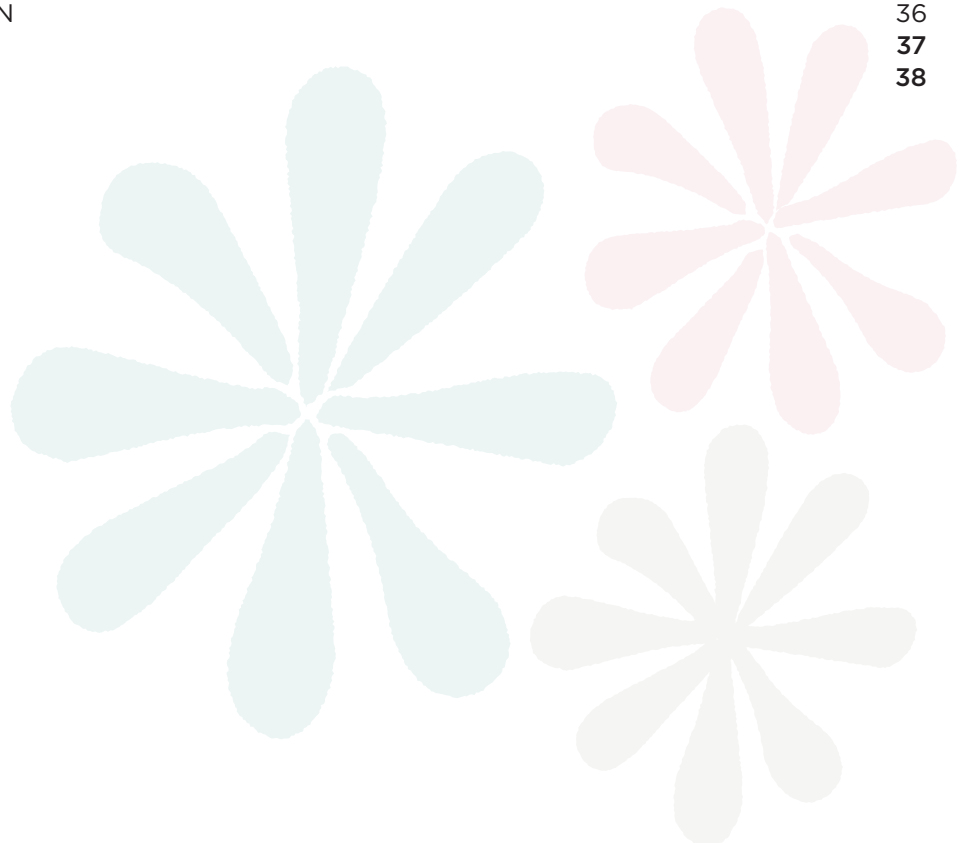


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## GLOSSARY OF TERMS

### **ABSTINENCE**

In this report, abstinence refers to the act or practice of refraining from using illicit drugs or alcohol.

### **CASE-MANAGEMENT**

Case-management is the process of coordinating the care of a service user through a shared care plan and resolving any gaps and blocks that arise.

### **GETTING CLEAN**

Getting clean refers to becoming abstinent.

### **THERAPEUTIC COMMUNITY (TC)**

The therapeutic community (TC) is an intensive and comprehensive treatment model developed for use with adults that has been modified successfully to treat adolescents with substance use disorders. The core goal of TCs has always been to promote a more holistic lifestyle and to identify areas for change such as negative personal behaviours-social, psychological, and emotional - that can lead to substance use. Residents make these changes by learning from fellow residents, staff members, and other figures of authority<sup>1</sup>.

### **PEER**

In the Therapeutic Community (TC) model, a peer is an individual who is also engaged in the treatment programme within the community.

### **PEER LED**

In this report the model of treatment, peer led treatment refers to the active engagement of the peers in their treatment and the treatment of their peers.

### **PULL-UP**

A formalized element of communication within a TC where peers confront each other with seemingly problematic behaviour or lapses of awareness.

### **PuP GROUP FACILITATOR**

In this report, refers to the PuP Group Facilitator who is a practitioner trained in the PuP method and who delivers the PuP programme in a group format.

### **PuP PROGRAMME**

The PuP programme is a 20-week home-based support for parents who are receiving treatment for substance use.

### **PuP THERAPIST**

A PuP therapist is a practitioner trained in the PuP method who delivers the PuP programme on a one to one basis.

### **PuP COORDINATOR**

In this report, refers to the PuP coordinator who is a practitioner trained in the PuP method who co-ordinates the PuP programme at Coolmine. This involves both the coordination of practitioners and participants. In addition all women received one to one sessions based on the case-management system.

### **RECOVERY**

Recovery is at times used interchangeably with the term 'abstinence'; however, recovery encompasses more than abstaining from substances. As such, recovery is about users acquiring benefits across a range of areas including (but not limited to): health, relationships, well-being, education, employment, and self-care. It is understood to be an on-going process.

### **SOCIAL WORK INVOLVEMENT**

In this report, refers to the active and ongoing process of Social Work in the care of the child and or parent.

### **SUBSTANCE USE**

In this report, parents were attending treatment for substance use, thus they were engaging in harmful or hazardous use of



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psychoactive substances, including alcohol and illicit drugs.

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# EXECUTIVE SUMMARY







Coolmine Therapeutic Community has opened its Parents under Pressure (PuP) programme to external scrutiny and evaluation. The PuP programme aims to improve family functioning and child outcomes by supporting parents who are, or have been, drug or alcohol dependent. Evaluations of the PuP programme have been carried out in other countries but never in Ireland. This is the first evaluation anywhere of the PuP programme in a residential setting.

The current research aimed to investigate the feasibility and effectiveness of the PuP programme being delivered in a group setting in addition to one-to-one sessions at Ashleigh House. A combination of quantitative and qualitative research methods was employed. Twenty-three women took part in the research across three waves.

25 women enrolled in the PuP programme and twenty-three participated in the evaluation. It is noteworthy that no woman left the PuP programme. The two participants that did leave, left the treatment services (one was prematurely discharged and one self-discharged) rather than the programme. Moreover, a comparison of characteristics between participants retained showed no demographic or clinical differences.

A series of demographic and clinical characteristics were gathered and analysed. Participants ranged in age from 22 years to 44 years of age. The average age were 34 years old. The women had complex needs beyond their drug use; 78% were homeless, 73.9% had active social care involvement, 26% had criminal justice issues and 26% reported having a history of psychiatric problems. Twelve of the participants resided in Ashleigh House accompanied by their child. In all cases this was limited to a single child. All children that resided in Ashleigh House were under the age of five years.

Of the twenty-three, 21 completed a number of pre and post validated outcome measures. Improvements were found in depression,

stress and anxiety scores after the programme. Mindful parenting scores increased, and there was a real or perceived improvement in children's behaviour. At the end of the programme all women were drug and alcohol free.

All twenty-three took part in the qualitative component of the study. Guilt was a dominant theme across the interview process. The principal expectation of the participants was to improve their relationships and access to their children. As the women progressed through the programme, they were visibly building belief in their abilities to parent. The group setting facilitated a sense of solidarity. Through the sharing of experiences, the women learned they were not alone. During the evaluation, PuP was being piloted for men at Coolmine Lodge. Thus, ten men took part in a pre and post programme focus groups and their experience is included.

The men and women experienced challenges when participating in the programme. Regardless of whether or not they had access to their children, the benefits of participating in the PuP programme were apparent. External agencies such as social services and criminal justice were familiar with the PuP programme and participants received external validation and praise for their participation. All participants emphasised the importance of access during treatment. Most frequently two suggestions for change were put forth by participants; (1) including the children in the sessions and (2) adapting the content to include older adult children.

The involvement of a programme coordinator and group facilitators is essential. PuP should be extended to all fathers. Teenage and young adult children of participants should be included in future programmes. A more extensive evaluation, with greater numbers and longer follow up, should be carried out with particular emphasis on community outreach and the development of the programme to other non Therapeutic Community-based treatment settings.



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## RESEARCH TEAM

Dr Jo-Hanna Ivers works at the Department of Public Health & Primary Care at the Institute of Population Health, Trinity College Dublin. Jo-Hanna has worked as a researcher in the Department of Public Health & Primary Care as part of a broader addiction team since 2009. During this time she has completed some large-scale addiction studies including the evaluation of the National Drug Rehabilitation Framework. Jo-Hanna has specific training and extensive experience in a wide range of research methodologies including qualitative, quantitative, neuroimaging process, behavioural intervention and outcome evaluation. She has published in a number of high-impact international peer-reviewed journals and has extensive experience of addiction treatment. Prior to research, Jo-Hanna worked in frontline addiction services.

Professor Joe Barry, Chair of Population Health Medicine at the Department of Public Health & Primary Care at the Institute of Population Health, Trinity College Dublin, has established a drug research group to examine the impact of substance misuse and addiction on population health. His research expertise in this field embraces a wide range of methodologies relevant to the proposal. These include prevalence studies, behavioural and attitude studies, cross-sectional surveys, intervention studies, cohort studies and health outcome studies, including mortality and survival analysis, in addition to policy analysis. He is widely published in international peer-reviewed journals and has extensive experience of the public system and public policy.

## ACKNOWLEDGEMENTS

We would like to extend a very sincere thank you to all of the service users who participated in this research. Participating in research can be demanding, particularly when trying to complete a treatment programme and we greatly appreciate the time and effort invested by everyone involved. In addition, we would really like to thank Professor Sharon Dawe (Griffith University, Brisbane) who was always available to us throughout the course of the evaluation. A heartfelt thank you is also extended to members of the research advisory group for their support and feedback throughout the study.

### PUP RESEARCH ADVISORY GROUP (RAG) MEMBERS

The RAG was made up of the research team and representatives from the funding agency. The RAG was formed at the outset and remained in place until the final report was agreed. The group consisted of:

- **Professor Joe Barry**  
Department of Public Health & Primary Care, Institute of Population Health, School of Medicine, Trinity College Dublin
  - **Ms Anita Harris**  
Coolmine Therapeutic Community
  - **Dr Jo-Hanna Ivers**  
Department of Public Health & Primary Care, Institute of Population Health, School of Medicine, Trinity College Dublin
  - **Ms Pauline McKeown**  
Coolmine Therapeutic Community
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## CONTEXT OF PUP PROGRAMME AT COOLMINE

Coolmine Therapeutic Community is a drug and alcohol treatment setting providing residential and community services to both men and women seeking to address their addiction issues. Coolmine Lodge is a residential treatment facility for men and Ashleigh House is a residential treatment facility for women. Both Coolmine Lodge and Ashleigh House are collectively known as Coolmine. The residential treatment programmes at Coolmine last approximately six months, with a further seven month integration and aftercare service.

The primary research site was Ashleigh House. Ashleigh House is unique as it offers the only mother and child residential rehabilitation centre in Ireland. Mothers can access residential treatment accompanied by their children under the age of five. The programme seeks to address the mothers' addiction issues as well as the impact of parental substance use on babies and young children. Two years ago, Ashleigh House introduced the PuP programme in an effort to improve child and parental outcomes. Whilst the PuP programme was originally designed to be delivered as a home based individualised intervention, the programme at Ashleigh House is delivered in a group residential setting and in the Therapeutic Community context.

The aim of the current research was to investigate the feasibility and effectiveness of the PuP programme being delivered in a group setting in addition to one to one sessions at Ashleigh House. The focus of the research was on the women at Ashleigh House. However, during the evaluation period Coolmine Lodge ran its first PuP programme for fathers, thus pre and post programme focus groups were conducted to capture the experience of these men.

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## RATIONALE FOR CURRENT REPORT

Understanding the differing experiences of service users regarding their treatment offers the best prospects for improving our understanding of their health needs and the opportunities before us to better meet these needs.

In February 2014 Coolmine carried out an internal pilot study, which suggested PuP to be a valuable programme with genuine observed gains. Nevertheless, this evaluation was posthoc and examined a single cohort of women who had completed the PuP programme at Ashleigh House. Thus, Coolmine concluded that a larger prospective study across a number of waves with clear study objectives would be necessary to better understand the effectiveness of the PuP programme.

The research aims to achieve this by conducting an independent evaluation of the Implementation of the Parents under Pressure programme (PuP). Evaluation is a systematic method for reviewing the experiences of a population, leading to agreed priorities and recommendations regarding resource reallocation that will improve treatment services.



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## LITERATURE

### PARENTAL SUBSTANCE USE AND IRISH POLICY AND TREATMENT RESPONSE

A number of national<sup>2</sup> and international<sup>3, 4</sup> studies suggest parental substance use, while not always the case, exposes children to higher risk of physical, psychological, behavioural and emotional problems. The National Drug Treatment Reporting System (NDTRS) estimate a total 15% of cases who were treated for problem drug use (excluding alcohol) for the years 2015 and 2016 were living with children. It is likely that the true percentage is higher as some cases with children may, for example be living with parents/families<sup>5</sup>. More recently in Ireland Galligan & Comiskey (2017), estimates that almost 4% of Irish children are affected by parental substance use. Moreover, according to the authors, up to 9% of Irish children are living with problematic parental alcohol use<sup>6</sup>. As the effects of parental substance use often go unnoticed they are increasingly referred to as '*Hidden Harms*'. This, in turn, creates a perpetuating cycle that often includes intergenerational substance use and continued high rates of physical, psychological, emotional and behavioural problems.

A Hidden Harm National Steering Group was set up in June 2013. This was led by TUSLA (the child and family agency), the HSE National Social Inclusion Office and HSE Mental Health and Drug and Alcohol Services. This group developed a ministerial policy submission '*Addressing Hidden Harm: Bridging the gulf between substance misuse and childcare systems*, for the attention of the then Minister of State with responsibility for Drugs, Alex White, TD' (unpublished)<sup>7</sup>. In recognition of the need to address the hidden harms associated with parental substance use, '*Hidden Harm*' was included as a theme within *Better Outcomes Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*<sup>8</sup>.

Nevertheless, currently in Ireland there has been no accepted integrated treatment response to assist parents attempting to address the harms associated with their substance use. Similarly, the National Drugs Strategy (Interim) 2009-2016<sup>9</sup> and subsequent Strategy '*Reducing Harm, Supporting Recovery 2017-2025*'<sup>10</sup> set out to target the child's needs within the context of parental drug use. Based on the recommendation of the National Drugs Strategy (Interim) 2009-2016, to target the child's need in relation to parental substance abuse, Coolmine introduced a parenting component, the Parenting under Pressure (PuP) programme, to its already existing residential programme.

### OVERVIEW OF THE PARENTS UNDER PRESSURE PROGRAMME

The PuP programme aims to improve family functioning and child outcomes by supporting parents who are or who have been drug or alcohol dependent. The programme combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model<sup>11</sup>. The PuP programme is a 20-week home-based support for parents who are receiving treatment for substance use. Professor Sharon Dawe and Dr Paul Harnett in Australia specifically developed the programme for 'multi-problem high-risk families' with children aged between two and eight years. The programme recognises that parents who are receiving treatment for substance use quite often experience problems across several areas, such as family life and functioning, child behaviour problems, mental health difficulties and loneliness. Thus, the PuP programme is supported by an asset-based model, which aims to address the complex and multiple problems specific to these families. The PuP programme is a manualised intervention. However, the 'order and dose' of the content of each module is customised to the

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individual needs of the family.

Consequently, the programme offers a structured - albeit unsequenced - process of therapy. The PuP programme is generally run over 20-weeks and aims to enhance parenting skills and develop positive and secure relationships between parents and their children. The programme comprises of 12 core modules, which begins with a full assessment and goal setting. Working with the PuP therapist during assessment allows the parent to identify the further modules to address specific needs (view of self as a parent, managing emotions under pressure, health check for your child, connecting with your child/mindful play).

The final session of PuP is dedicated to reflecting on the parents' achievements over the course of the programme. Sessions are usually confined to two hours. Any necessary supplementary case-management occurs outside of the PuP sessions.

The programme takes a strengths-based approach where the focus is on aspects of care that the parents do well in order to build their confidence. PuP therapists work with parents to assist them with their understanding of their child's development while focusing and responding to the child's emotional needs and in turn improving the manner in which they interact with their child. A number of other methods are incorporated into the delivery of the programme, including video feedback, parent workbook, and mindfulness. Mindfulness is fundamental to the programme and the proposed method of change, supporting parents to recognise and regulate their emotions, while being fully 'present' during daily interactions with the child.

## PREVIOUS EVALUATIONS OF PUP PROGRAMME

Following the development of the PuP programme both Professor Dawe and Dr Harnett have been working with students, clinicians and other academics for the past decade enhancing and developing an evidence base for the PuP model<sup>11</sup>. As such they have published a number of studies on the efficacy of PuP<sup>4, 12-14</sup>. In the first randomised controlled trial (RCT) of the PuP programme Dawe & Harnett (2007) found that methadone-maintained parents in the PuP treatment arm showed statistically significant improvements across multiple domains of family functioning<sup>12</sup> when compared to a control group. Similarly in a later study with ten families who completed the PuP programme Harnett & Dawe (2008) found statistically significant improvement between the pre- and post-assessment measures of parental and child functioning, parental-child relationships, and social contextual measures. However, while the majority of families showed clinically significant improvement, a small proportion of the families showed no change or deteriorated<sup>14</sup>.

In early 2018 in the UK Harnett et al, (2018) found the PuP programme to be effective when applied to 31 pregnant mothers who received the programme from 18 weeks' gestation until their infants first birthday<sup>15</sup>. By the time that the infant was two months old, the mothers enrolled on the PuP programme had significantly reduced levels of depression, anxiety and stress, and significantly improved social support, although there was no reported change in drinking patterns. Moreover, two fifths of parents receiving PuP had improvements in the safeguarding status of the child, with more flexibility extended to the parent by the end of the programme<sup>15</sup>. In addition, an economic evaluation of the PuP programme in Australia with methadone



maintained parents has demonstrated the programmes financial and social benefits. Dalziel et al (2015) concluded that for every 100 families receiving the PuP programme, one-fifth would be diverted from the child protection system. The authors propose this could translate to a net saving of £1.7 million for every 100 families treated through PuP on the basis that one in five cases would be no longer negligent<sup>16</sup>.

Although the emerging body of evidence supports positive findings of PuP when attempting to effect change across multiple domains of family functioning, these studies also show that it does not effect change for all parents<sup>12</sup>. For instance, Dawe & Harnett (2007) found that more than one third of families considered 'high risk' for child abuse and neglect had no change in risk status at the end of the study<sup>12</sup>. Likewise, Harnett et al (2018) found over one quarter of prenatal mothers enrolled on a PuP programme had judicial proceedings issued following the birth of their child, while none of the mothers in the control group had a similar outcome.

Nevertheless, the authors highlight this finding as positive, proposing that in these particular cases the outcome of the assessment and work supported by the PuP programme ultimately helped social workers to make improved and timelier judgments regarding the placement of these babies, consequently averting additional harm. More recently in the UK, the NSPCC conducted an evaluation of the PuP programme<sup>3</sup>. The purpose of the evaluation was to assess the implementation and impact of the PuP programme within the UK context<sup>3</sup>. The evaluation findings concluded that substance-using parents who access a parenting programme such as PuP tend to have complex needs and experience a range of multiple adversities. Nonetheless, with support from the PuP programme, the

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parents displayed changes in both primary and secondary outcomes assessed<sup>3</sup> (with the exception of child social-emotional and behavioural difficulties).





## METHODOLOGY

### STUDY DESIGN

A combination of quantitative and qualitative research methods was used to gather data from parents, the PuP Group Facilitator and the dedicated PuP coordinator.

### AIM AND OBJECTIVES

The overall aim of the current study was to examine the effectiveness of the PuP programme in the residential Therapeutic Community in Ashleigh House.

### STUDY OBJECTIVES:

Objectives of the research were to review and evaluate:

- The feasibility of delivering the Parents under Pressure (PuP) programme in a group format at Ashleigh House.
- The effectiveness of the Parents under Pressure (PuP) programme in a group format at Ashleigh House.
- The coordination and delivery of the PuP programme strengths-based intervention in Ashleigh House.
- The development and implementation of an evening PuP structure.
- The experiences of the men at Coolmine Lodge participating in the Parents under Pressure (PuP) programme.

### DATA COLLECTION

Data collection took place during three programme waves from women attending Ashleigh House for addiction treatment from September 2017 to June 2018. In addition to the data collection on the women attending Ashleigh House, a pre and post focus group for men attending Coolmine Lodge was also included between February and June 2018. Data collection comprised two key components;

1. Quantitative measures (a pre and post battery of PuP validated measures for all women).

2. Qualitative Interviews (a pre and post interview for all women) and Focus group (pre and post programme for men) as well as interviews with PuP practitioners.

### QUANTITATIVE MEASURES

All parents participating in the PuP programme at Coolmine women's residential programme had a battery of validated PuP measures administered pre and post programme.

Validated measures Include:

- Depression Anxiety Stress Scales (DASS)
- Mindful Parenting Questionnaire (MPQ)
- The Multi-dimensional Scale of Perceived Social Support (MSPSS)
- Strengths and Difficulties Questionnaire (SDQ)

These scales aim to measure changes in the following:

- Affect regulation (DASS)
- Mindful parenting (MPQ)
- Perceived social support (MSPSS)
- Changes in children's behaviour (SDQ)

These tools work in partnership with the therapeutic use of video interaction, observation and feedback. Videos of mothers with their infant/child were taken and selected pieces of video were edited and then shown to the mothers as part of the programme. The key to this process is the understanding that this is a strength-based approach, which emphasizes those aspects of the interaction that represent excellent caregiving rather than illuminating any deficits. The purpose is to enhance parental self-efficacy and ensure that parents are clear about specific parenting elements that need to be changed or enhanced. While videos were utilised as a therapeutic tool for a small number of the women in Ashleigh House,



video analysis was not part of the current study. Therefore findings from these videos are not reported in the current findings.

### **QUALITATIVE INTERVIEWS**

A major strength of qualitative data is the rich thematic texture that can arise from this type of analytic undertaking. The major goal within this segment of evaluation is the elaboration of the understanding of the need for and benefit of the PuP programme that specifically addresses the parent and child's needs within a supported treatment context. A goal, which is not possible to capture in a methodological format such as a questionnaire, that is more appropriate with larger sample sizes.

### **PILOTING THE QUALITATIVE INTERVIEWS**

The first wave of the PuP programme qualitative interviews formed the pilot. Following the first wave of interviews, we refined the protocol based on the women's feedback. The original protocol included a pre-programme interview, a second interview midpoint (approximately six weeks) and a final interview in the week following programme completion. However, the women suggested that the midpoint interview was too much. Thus, following the initial piloting (wave 1) waves 2 and 3 included only a pre and post programme interview.

### **PARTICIPANTS**

All women who were enrolled on the PuP programme at Ashleigh House were invited to take part in the study. A total of 23 women took part in the qualitative interviews. 21 completed the quantitative measures and ten men from Coolmine Lodge who took part in the PuP programme participated in a pre and post programme focus group. In addition, both the PuP Group Facilitator and the PuP Coordinator were interviewed.

### **FIDELITY CHECK**

When effective interventions are implemented in real-world conditions, it is essential to evaluate whether or not the programmes are implemented as intended. Validity for protocols and accompanying paperwork is a key of the evaluation process. A single therapist delivered all of the groups, and a single individual was responsible for the coordination of the programme. In addition, concurrent with the evaluation process, the Coolmine PuP therapists were completing accreditation with Professor Sharon Dawe's team. Professor Dawe is a founder of the PuP programme. Thus, fidelity issues were regularly checked as part of the process and as such fidelity checks were not included in the current study.

### **ETHICAL APPROVAL**

The study received ethical approval from the National Drug Treatment Centre (NDTC).

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## QUANTITATIVE FINDINGS

25 women enrolled on the PuP programme. 23 participated in the evaluation. The attrition rate was low ( $n=2$ ), and retention rate was high at 92%. It is noteworthy that no woman left the PuP programme. The two participants that did leave, left the treatment services (one was prematurely discharged and one self-discharged). Moreover, a comparison of characteristics between the women retained showed no demographic or clinical differences. Attempts were made to follow these two participants up but all attempts were unsuccessful.

### DESCRIPTIVE STATISTICS

Descriptive statistics were generated to provide an overview of the critical variables of change in the evaluation. A battery of validated measures was administered pre and post intervention. Four measures were taken namely; (i) the Depression, Anxiety and Stress Scale DASS-21 Scale1 (ii) the Mindful Parenting Scale (MP), (iii) The Multidimensional Scale Perceived Social Support and (iv) the Strengths and Difficulties Questionnaire. Findings from each of these measures are reported below.

All quantitative analysis was analysed using SPSS V26 (IBM) and analysis was based on pre and post intervention scores. Descriptive statistics was generated for each time point of data collection to provide an overview of the key variables in the evaluation. Given the small size of the sample, inferential tests were not conducted for this report.

A total of 21 women completed quantitative measures at Time 1 and of these 18 completed quantitative measures at Time 2. Participants ranged in age from 22 years to 44 years of age. The average age at entry to the programme was 34 years. 12 of the participants had a child reside with them in Ashleigh House. All children were under the age of five years.

Several of the women had complex needs beyond drug use. More than three-quarters said that they were homeless (78%), almost two-thirds (61%) reported a family history of drug abuse, and more than one quarter (26.1%) reported having a history of psychiatric problems and more than one-quarter of the women had criminal justice issues (26%). Moreover, eleven of the 12 women who had their children reside in Ashleigh House had active social work involvement. At pre and post-intervention, all participants were drug and alcohol-free. More than half of the participants cite opiates as their primary problem drug (52.2%) for which they are receiving treatment. Table 1 summarises the demographic and clinical profile of all participants.

Table 1: Demographics and clinical characteristics of women in Ashleigh House

Demographic Variable	Response Categories	Number and % (n=23)
<b>Age</b>	18-25 26-33 34-41 42-49	4 (17.4%) 10 (43.5%) 6 (26.1%) 3 (13%)
<b>Primary Problem Drug</b>	Opiates Alcohol Cocaine Cannabis/Weed Benzodiazepine Other	12 (52.2%) 6 (26%) 1 (4.3%) 1(4.3%) 3 (13%) 0 (0%)
<b>Number of Children</b>	1 2 3 4 5 or more	11 (47.8 %) 1 (4.3%) 5 (21.7%) 5 (21.7%) 1 (4.3%)
<b>Child/children residing in Ashleigh House</b>	Yes No	12 (52.2%) 11 (47.8%)
<b>Active Social Work Involvement</b>	Yes No	17 (73.9 %) 6 (26.1%)
<b>Criminal Justice Issues</b>	Yes No	6 (26%) 17 (74%)
<b>Homeless</b>	Yes No	18 (78%) 5 (22%)
<b>Previously Treated for Substance Abuse</b>	First Time in Treatment 1 previous treatment Episode 2 or more Treatment Episodes	7 (30.4%) 3 (13%) 13 (56.5%)
<b>History of Psychiatric Issues</b>	Yes No	6 (26.1) 17 (73.9%)
<b>Family History of Substance Abuse</b>	Yes No	14 (61%) 9 (39%)



## PRE AND POST INTERVENTIONS ACROSS ALL MEASURES OF PARTICIPANTS

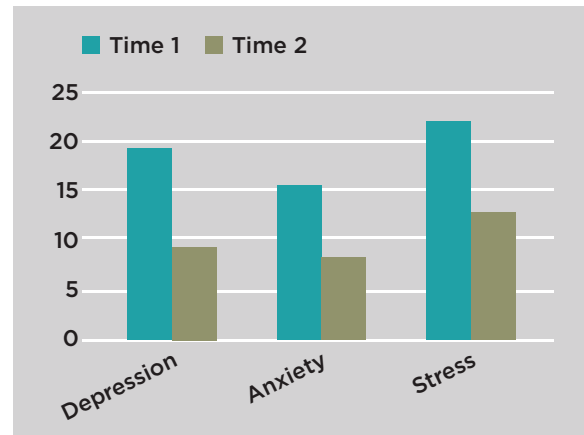
### THE DEPRESSION, ANXIETY AND STRESS SCALE

Depression, Anxiety and Stress was measured using the DASS-21 Scale<sup>17</sup>. The DASS-21 Scale is a 21-item self-reported validated questionnaire. The scale is divided into three subscales each containing seven items designed to measure the negative emotional states of depression, anxiety and stress. A total of 21 participants completed the DASS at pre-intervention. Figure 1 illustrates the difference in scores pre and post-intervention. The data shows that the women at entry level were reporting severe levels of both depression and anxiety and moderate levels of stress. It is reasonable to infer that this level of depression and anxiety could affect their parenting. At post-intervention, the women reported notably lower levels of all three negative emotional states with all three scales returning to a reasonable level post programme intervention (table 2 and figure 1).

**Table 2: DASS mean score at pre and post intervention for women in Ashleigh House (n=18)**

DASS SCORE	Time 1	Time 2
Depression Score	19.3	9.8
Anxiety Score	16.3	8.6
Stress Score	22.8	13.8

**Figure 1: illustrates the difference in DASS scores pre and post-intervention**



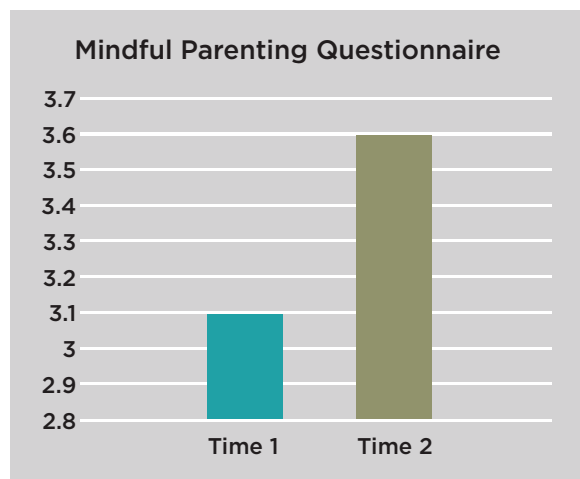
### THE MINDFUL PARENTING SCALE

The Mindful Parenting Scale<sup>18</sup> measures a parent's ability to reflect on their emotional state, to manage their emotions and to identify and respond to their baby/child's emotional state. There are 27 items each scored on a five-point scale. A score that falls between 2 and 4 indicated that the participant has some understanding of their emotional state and that of their baby/child, but this may not be consistent. The women's score was reasonably good. There was an improvement to higher end of score following the programme intervention (Table 3 and Figure 2).

**Table 3: MPQ mean Scale Score pre and post intervention for women in Ashleigh House (n=18)**

Mindful Parenting Scale Score	Time 1	Time 2
Mean score	3.1	3.6

**Figure 2 illustrates the difference in MPQ scores pre and post-intervention**



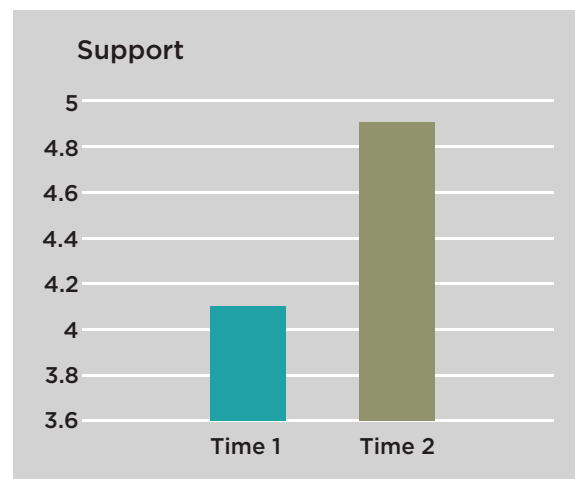
#### THE MULTI-DIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

The Multi-dimensional Scale of Perceived Social Support (MSPSS) measures the levels of support a parent feels they get from family, friends and significant others. Figure 3 illustrates the difference in scores pre and post-intervention. At pre-intervention, participants scored a mean average of 4.09 indicating they receive some support from family, friends and others but this may not be adequate. At post-intervention, there was an increase in self-reported levels of support scoring participants reported a mean of 4.9.

**Table 4: Multi-dimensional Scale of Perceived Social Support (n=16)**

Multi-dimensional Scale of Perceived Social Support Score	Time 1	Time 2
Mean score	4.1	4.9

**Figure 3 illustrates the difference in MPSSS scores pre and post-intervention**



#### THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The Strengths and Difficulties Questionnaire (SDQ)<sup>19</sup> measures the child's conduct, emotional and social problems as seen by the parent who completed the form. The Total SDQ score consists of four sub-scales: *Conduct Problems, Emotional, Hyperactivity, and Peer problems*. The numbers of completed SDQ's were lower as this questionnaire as it only related to parents with children between the ages of three and eight years with regular access to their children. Only nine of the 23 parents met this criterion and only five completed both time points thus, for analysis purposes, data is presented for these five participants in tables below.

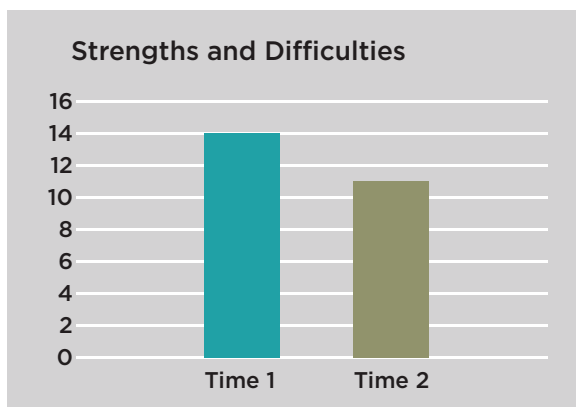
Figure 4 illustrates the difference in scores pre and post programme intervention. At pre-intervention, participants (n=5) scored a mean of 14 indicating that they perceived their child/children in the borderline range of problems that needed to be addressed. At post-intervention, participants (n=5) scored a mean of 10.8 suggesting there has been a decisive shift in either a) their children's

behaviour or b) how they perceive their child's behaviour.

**Table 5: SDQ mean Scale Score pre and post intervention for women in Ashleigh House (n=5)**

The Strengths and Difficulties Questionnaire (SDQ)	Time 1	Time 2
Mean score	14	10.8

**Figure 4 illustrates the difference SDQ in scores pre and post-intervention**



#### SUMMARY OF QUANTITATIVE FINDINGS FROM THE WOMEN IN ASHLEIGH HOUSE

- 60% of the 23 women were aged under 34
- 78% of the women were homeless
- 26% of the women had criminal justice issues
- 52% cited opiates as the primary drug of use, followed by 26% citing alcohol
- There was a reduction in depression, anxiety and stress scores post programme intervention.
- There was an increase in mindful parenting scores and perceived social support post programme intervention.
- There was an improvement in children's behaviour or the mothers' perception thereof post programme intervention.

## QUALITATIVE INTERVIEW FINDINGS

### INTERVIEWS WITH WOMEN IN ASHLEIGH HOUSE

Findings from the qualitative interviews across the three waves are presented collectively below. All twenty-three participants took part in the qualitative interviews. Only one woman refused to take part in the final interview. However, consent to include her previous interview was given. The qualitative data yielded crucial information on the women's experiences of the programme. Several themes emerged from the data. These data are presented and discussed below.

### PARENTING (BEING PARENTED AND PARENTING)

Not surprisingly parenting emerged as a theme throughout the interviews. The experience of both being a parent and being parented emerged. In many cases, the women struggled for a point of reference for 'good' parenting.

*"...growing up anyways I had no life, my mother and father were, they weren't a mother and father. I was moving around then from foster home to foster home and living with relations and all that and then I had a child at 17, still sleeping on the streets, moving around"*

**(Participant 2)**

*"The first week. 'What do I think I am as a parent? Or what do you think a good parent should be?' That was the hardest for me...I have no clue. No one ever showed me..."*

**(Participant 19)**

*"It sounds stupid like...but even admitting what a good parent was, was so hard for me...I had no examples..."*

**(Participant 22).**

*"It's very hard being a mother though, it's the hardest thing that I've ever had to do and I feel that the two - probably the two hardest things that you can do in life [getting clean and being a parent]...no one shows you, there's no one way, you've just have to get on with it..."*

**(Participant 10).**

### GUILT

Guilt was a dominant theme in the interview process. It was evident that, prior to engaging with the PuP programme, the women felt that they were alone in their guilt.

*"...I was beating myself up so much all the way through saying, 'God some of you might have made mistakes but me, I was just, like, the [speaker's emphasis] worst.' and it was, you know, I wasn't being dramatic or whatever. I actually did believe..."*

**(Participant 1)**

*"So, I never actually really get time to spend with her [daughter], like you know? So, that was good to actually know that I can do that and just to give the - my daughter something, just before bedtime even so she knows, like you know. And it's good for me as well, because I can actually I can [exhales], I have a lot of guilt from the past because like I didn't want to, my child was with me but it's just she was never, I never gave her attention"*

**(Participant 17).**

*"... I got more understanding in meself and why I was the way I was I suppose but, yeah, it ...was - it was hard but I'm glad I done it, yeah...it's still hard. I still feel very guilty and all about all of that, you know what I mean ... that's - that's my stuff, I need to let that go. But it's*



*easy to say that, like, but I've learned a lot, like, even the relationships part, I thought that was brilliant. It kind of made me look at why I go for certain people all the time..."*

**(Participant 22)**

*"...they teach you a lot, how to do things, because my child, he's six now and he's hyper, and they teach you, mindfulness tips and things like that like and, with me I think I feel- when I do see him (son) I just have no kind of boundaries with him and that's because I feel guilty over not being there all the time... and I'm going to be finishing here soon enough now so I'm going to be with him fulltime again."*

**(Participant 14).**

#### **GROUP SETTING/PROGRAMME FIT**

However, despite the negative emotions in the sharing within the group setting, the veil was lifted and the women realised they were not alone. The shared experiences helped the women and offered a sense of support.

*"At first the shame, you know... I never thought I would be able to be as honest as I was... stuff I never faced before. I never told anyone."*

**(Participant 6).**

*"The group was great... but it was hard but the support you get is great...it was nice to know that I was not the only one, you know like that wasn't perfect..."*

**(Participant 9).**

*"I didn't realise until the end that this is not how it's done [group format] it was grand I think it would be too much on your own like, specially coming out after all that...no the group was great, yeah it worked well."*

**(Participant 11).**

Having the one-to-one sessions presented a win-win for the women:

*"I love the one-to-ones. Emma is great there's something's I wouldn't ask in the group you know.. I feel stupid and I feel like...the one-to-ones are good for that."*

**(Participant 7)**

*"It's all going good. I found the PuP really, really good. It's changed my thinking in a lot of ways. I'm still seeing Emma for a lot of the one-to-ones and that's helping too."*

**(Participant 13)**

#### **BUILDING BELIEF**

As the women progressed through the programme, they were visibly building belief in their abilities to parent. The strengths-based approach was critical to this development.

*"That I'm not such a failure after all... you think you are really. And just to, like, be a good parent. And be the best I can. You don't have to be this perfect cliché mother, like you know what I mean and, like, it's alright to get things wrong sometimes, you know..."*

**(Participant 14).**

*"... I just learned about, that, I'm not the only one, you know. So I always thought I was the only one and stressed out to bits and all saying "How come I'm like this?" with me child ... I don't know, me child hates me and all I'd be thinking but... he doesn't! I just thought I could get nothing right...but I can...I am."*

**(Participant 5)**

#### **IMPORTANCE OF CHILDREN**

The importance of children was evident throughout the interview process. Holding the child at the centre of the process pushed the





participants through even the most adverse events.

*"But he's worth it though. Some – like, during the detox if I hadn't had him there would have been times I would have just walked. I would have been, like, "I can't do it, no". He kind of was the strength that I needed to keep me here."*

**(Participant 10 ).**

*"I have this child and I want to make it right."*

**(Participant 1)**

*"I do believe that...he was a gift, I was struggling in addiction and then I got pregnant with him and I thought I have to try and get myself together now."*

**(Participant 11)**

*"...I've four beautiful kids, and I have [son] in with me. I just wanted a change of life, I was just feeling sick and tired of being sick and tired every day, I just want for me to benefit, for me kids to have a better life..."*

**(Participant 15)**

#### **ASHLEIGH HOUSE**

While the women recognised that the programme at Ashleigh House was tight and that they needed time to adapt to some of the idiosyncrasies, ultimately it was a supportive environment, which was valued highly.

*"That's very important for me and then it's the support you get from the staff and, you know, support you get from other women that are in the same situation as you. So, it's that support that you get and then even with your children coming up it's not, like, watching and waiting for mistakes or anything like that. It's a really healthy happy environment*

*for them as well."*

**(Participant 6).**

*"It's kind of when you're so used to do doing your own thing it's hard to conform in here. The pick-ups and pull-ups system. You can't say 'Smoke', you have to say 'Cigarette'. You can't, like, you know the dynamics of addiction and, you know, "Maximising", "You're minimizing", so if ... that's just petty things though...I don't know. I kind of am – I know I can have my little moments about things in here but, I would be lost now if I didn't have this place. I don't know where I would be [emphasizes voice]..."*

**(Participant 10 ).**

*"It's a hard programme but, look, it's meant to be hard, like you know. It's going really well, like, everything is falling back into place in my life and my kids and everything, like you know?"*

**(Participant 23).**

#### **CHALLENGE TO CHANGE**

The majority of women emphasised the struggle to change. Nevertheless, the value of the struggle was acknowledged.

*"Just to make sure I went in. I came in and ah I struggled to be honest, I'm not going to lie, I struggled to be here. I struggled to change because it's not like me to sit in a place to deal with my feelings and thoughts, I run from myself. I run from everything."*

**(Participant 2).**

*"...Sometimes I'm struggling – now, even when I'm struggling now I don't feel like going because I want to finish it, I'm nearly finished it, [programme] do you know what I mean? It's tough!..."*

**(Participant 9).**

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*"... for me, it's a struggle, to be honest with you because it's that change, this sort of change - learning things in PuP - yeah, I struggle with them but they're learning me something about me kids... my son, he - he's getting counselling- and then things about him...And that helped a lot better to be honest with you, his behaviours, I understand more - I get more understanding of my child and know my child better..."*

**(Participant 22)**

*"... because I think before I was - I couldn't even acknowledge the good things because I'd say "How dare you think you've done anything right with [son], look at all the things you've done wrong." Whereas that doesn't actually do anyone any favours..."*

**(Participant 1)**

#### **CHALLENGES OF PuP**

Several elements of the programme posed challenges for the women. However, the recognition that these challenges were helping them was evident.

*"No. At the start, I used to be crying in it and all, I didn't want to really be going to it. I'd be, like, 'Oh no, we have PuP!' (laughs) I did, that means it's good because you don't want to deal with that stuff."*

**(Participant 5)**

*"I think the one on supports was very hard, that was very emotional and the one on what kind of parent you are. I thought that was very hard, you know? But it brought up a lot of stuff for me which I - helped me personally work through the stuff but I also found that it was really though."*

**(Participant 6)**

*"Hands down this was the most challenging thing I had to do... it was the shame feeling those forms out and feeling that way it was horrible.. I am glad I done it but it was rough!"*

**(Participant 20)**

#### **EXPECTATIONS**

Several elements of the programme posed challenges for the women. However, the recognition that these challenges were helping them was apparent.

*"I'd just love to have a bond back with my daughter, like, I do - I do have a bond with her but we'll say it's just - I find it hard sometimes just to, you know, even, like, bond with her."*

**(Participant 17)**

*"I couldn't recommend it enough... It's not just a parenting course, it's a lesson for life."*

**(Participant 20)**

*"No, It's been - it's completely different to what I expected because it's and (really good), like, the things (content) that they cover, you know... 'brilliant' absolutely."*

**(Participant 4)**

#### **DIRECT BENEFITS of PuP**

The benefits of the PuP programme to the women and their children were immediate and direct.

*"...I suppose it's to do - around me 15 year old daughter, because I kind of would have felt, at first when I started the [PuP] programme, it was more geared around my younger son but my older daughter, who I would have kind of pushed away because I was afraid of relapsing and stuff like that. And I kind of learned to do things with her when she's here, the mindfulness, like, if - she likes watching*



*DVDs so I've watched films with her when she's here. So, I've been present with her, no distractions; our time. That – that's huge for me, it's helped me build back up my relationship with – with [daughter] and it's actually really working. I see the benefits of it already..."*

**(Participant 2)**

*"I just kind of feel that I'm more aware of how I speak to [son] and how I communicate with him and that when, like, he's crying or whining...I wouldn't have known that really if I hadn't done the PuP programme, I know crying, I would have known but, like, the hitting [by the child] – I just feel I'm getting to know his ways more. I'm more mindful as well when I'm with him and I'm not... the way you can be sitting with your baby and it's like you're not really there"*

**(Participant 10).**

*"...at the start of PuP, when you're filling out the forms, and it's hard, because you're looking at negative things and, but as you go through, each module, you learn what you're after doing well and good in your children's lives and how much you've, I would have a lot of – I'd have no boundaries with my children obviously because – because when I was in addiction, there was a lot I didn't do and me mother did and it [PuP programme] just shown me, , that even though they were with me mother for the last year everything else that I did before that, I [speaker emphasizes] done."*

**(Participant 4)**

#### **TRANSFORMATIONAL CHANGE**

For some of the women the programme had profound effects on how they viewed themselves as parents.

*"But I do think of myself like that, I do*

*think "I was damaged so much as a child that I'll never be fixable, that I'm too broken to be fixed." and I do worry that will translate to him, whereas really I can see both aren't true. That I'm not damaged beyond belief and neither is, you know?"*

**(Participant 1).**

*"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, like you know, accept it. My child loves me, like, and stuff like that. It was weird now it was. The amount of emotions that I felt during the programme, oh my God, it was unbelievable, like!"*

**(Participant 17).**

#### **KEY LEARNING**

The learning throughout the process was transparent and apparent with often the most significant learning coming from affirmation.

*"...It was good, now it was over the weeks it was hard, up and down. There was good days and I came out feeling positive and everything, there was other days when I walked out of there, just really, really thinking about things and just riddled with guilt and stuff like that, you know. But at the end of the day I learned from it that, – if you're doing things seven out of ten times, you know, good with your child, you know, no-one's a perfect parent I learned from it. So I'm happy to know, that and – yeah, as long as you – everything's going well for you seven out*

*of ten times, you know, that's kind of what I – one piece I did really, you know, take from it..."*

**(Participant 17).**

*"I see it all the time in how I – how I talk to him and how I look at him, you know, it's such a difference. Because I went into PuP and just wanted to tell everyone how much I completely messed up him [son]... that I'd broken him basically. And...he's not a damaged child, he's a really a happy, healthy little boy..."*

**(Participant 1).**

*"Just knowing that I was doing OK and that 'the perfect parent' doesn't actually exists, really helped me."*

**(Participant 20).**

#### **IMPORTANCE OF HAVING CHILDREN RESIDE**

The importance of having their children in residence was vital for a lot of the women, with the alternative not being an option.

*"You know, so – you know, family is so important, you know, if I couldn't come in to a place like this I think I'd probably just take me chances at home or somewhere else."*

**(Participant 22).**

*"I was going to go to [other treatment centre] but they didn't facilitate babies there ... so I came here with the baby, like, because it was the only treatment centre that ...Suitable because they allow babies...otherwise I could not have come."*

**(Participant 23).**

*"My child would probably be in care if I didn't – if I couldn't – I wouldn't ... I wouldn't be coming to treatment if I couldn't bring him and out there I cannot stay stable on methadone, I just use."*

**(Participant 10).**

*"It was very good, like, because I didn't actually come in here with her at the start but, like, I came in and I got her back after seven weeks, like you know. I had to do my detox and all of that first. So I got her back then and it is – it's very important, like, it really is because if she wasn't here my head would be out the door."*

**(Participant 12)**

#### **IMPORTANCE OF NOT HAVING CHILDREN RESIDE**

At the same time, some of the women saw the greater benefit of access, rather than fulltime residence. Allowing them to have the space to concentrate on their programme, while having access to their children was seen as empowering and the best opportunity to succeed.

*"I started that it was a real heavy kind of programme, some people found – and they found it very tough going and I think started, like, doing PuP on the same day as something else really heavy and tough going or whatever. But I didn't really find that, you know? I think I would probably find it harder, like, if I'd [son] here with me. That, you know, it's – like, I probably might find it more difficult to go into a PuP group bringing stuff up from the past and then kind of have to face, you know, go and collect from crèche if he was being difficult or whatever..."*

**"(Participant 1).**

*"But I also – another reason why I picked Coolmine is because here I'd have the opportunity to do that work, to challenge my behaviours and thinking, but I'd also be able to have my kids stay at weekends."*

**(Participant 2).**

*"Ashleigh House was recommended to*



*me because it was a women's programme and having that initial support from other women ...You know, to empower you as well and because I was able – what attracted me more to it was I was able to have me children up here at weekends.”*  
**(Participant 6).**

#### **SUGGESTED CHANGES TO PuP**

In the main, the women were pleased with the content and overall structure of the programme. One suggestion that emerged almost universally was the need to extend the programme content to include teenagers and young adults.

*“I think the – the only important thing that I see that, that – that touched a little bit through this course is the importance of the family being involved in their recovery here, you know? Like, my eldest daughter's 25 and I would have liked her to be – I know there's a family support group in Lord Edward Street but I think if it could be incorporated maybe somehow there because our families are damaged by our addiction as much as we are, you know, and they're on this journey with us. I think it would be a nice idea if there could be a way of – of some sort of a bridge bridging both of us kind of on the journey.”*

**(Participant 2).**

*“I think even if they did it for teenage children, part of the programme just to focus on teenage children.”*

**(Participant 6).**

*“Older children like teenagers and early adults...most of mine are grown up and I would have liked something for them...like they said you could use the stuff [programme content] but some of it was too young.”*

**(Participant 8).**

#### **SUMMARY OF QUALITATIVE FINDINGS FROM THE WOMEN IN ASHLEIGH HOUSE**

- Guilt emerged as an explicit theme, however, it was also dominant theme across the entire interview process.
- As the women progressed through the programme, they were visibly building belief in their abilities to parent.
- The group setting facilitated a sense of solidarity. Through sharing their experiences the women learned they were not alone.
- Holding the child at the centre of the process was key to the women's success.
- Ashleigh House while tough was perceived as a supportive environment, which was valued highly.
- The majority of women undertook the programme with the expectation to help them enhance their relationship with their child.
- The women acknowledged the value in the struggle to change.
- The importance of having their children in residence received mixed responses, for some it was necessary and for others it was a challenge.
- The majority of women suggested the development of the PuP programme content to include teenagers and young adults.



## INTERVIEWS WITH PUP PRACTITIONERS

Two PuP practitioners were interviewed; the PuP Group Facilitator and the PuP Coordinator. The qualitative data yielded crucial information on the development and delivery of the PuP programme at Ashleigh House. Three fundamental questions formed the discussion (1) What worked? (2) What were the challenges? and (3) What would you like to do differently?

In addition, practitioners were asked about their recommendations.

### WHAT WORKED?

The overall feedback from the practitioners was that the PuP programme was a massive success. The group setting was tough but allowed for a positive shared experience, which was enhanced by the residential setting.

*"The view of self as parent module is brilliant although it is one of the tougher modules for participants. This module challenges the idea of the perfect parent and opens up conversation on that fact. Here stereotypes in relation to parenting are challenged. People grasp the idea that there is no such thing as a perfect parent and that it is ok to be good enough, nobody is perfect all of the time. The importance of love and nurturing is emphasized rather than a focus on money and material things to show love. Safety and security is imperative and how one assists their child to develop to their full capacity is key."*

**(PuP Group Facilitator).**

*"I suppose what Coolmine have done is we've tailored – not completely tailored it – but, you know, we've introduced the groups, you know, and that's been big for us because we're a group-based*

*programme. So – but it has worked really, really well."*

**(PuP Coordinator).**

In addition, specific elements of the programme were highly successful.

*"...Connecting with your child and encouraging good behaviour' is a really good module as many of the women, when they first come in, upon observation are not connecting, they're not minding what their child is doing or may have no interest in, what the child is playing with. Women often speak about how they may not be paying their child/children the attention they need as their minds can be wandering off. Therefore elements on how to be present within this module were extremely helpful."*

**(PuP Group Facilitator).**

*"One of the things I've found has been priceless working with the women, has been the video feedback, I got quite emotional myself reading back over some of their quotes and seeing, when you say to someone "I'm going to do a video, we want to look at doing some video work, it's part of PuP", you're met with an awful lot of resistance. So, what I like to do is, – when we do the video – it's all about reassurance and letting them know that we're not going to be showing it to everybody and who's going to be looking at it is me. But what I like to do is when I give them the feedback, ask them how they feel before they watch it and then ask them how they feel after they've watched it and every single person we've done that with has been so nervous and upset and anxious and then afterwards they're just, – some of the stuff they've said, was absolutely lovely – that they just*





*didn't see. And it's, an eight minute video and I might show them maybe three minutes, and I'm showing them really positive lovely connections between – whether it's faces, tones, expressions, whatever it might be, but the amount that the women get from it ...” (PuP Coordinator).*

#### **WHAT WERE THE CHALLENGES?**

Naturally, the women with limited or no access to their children posed challenges to the applicability of the programme. However, this was combated by their enthusiasm and motivation to become better parents.

*“It's very, very difficult for the women who are getting limited access or maybe none at all. But what I will say, the willingness [speaker's emphasis] of the women who remain [speaker's emphasis] in the group and stick with it and complete it, even though it brings up so much emotion. Women can break down ... in the group. It's so difficult for them to talk and explore aspects of parenting that they once did well or that they can do well in the future. But it's just, really encouraging them, to talk about what they remember and, bringing it back to their strengths as a parent while reflecting on milestones and what their children are reaching. Women usually hear reports of how their children are getting on and it is important to emphasize “Well, you were a part of that!”*

**(PuP Group Facilitator)**

Managing sensitive issues was at times a challenge within groups but having the one-to-ones to defer to was vital.

*“Sometimes managing issues in the group setting can be challenging. Different personal issues arise which it is*

*good for the women to name and try to express how they feel about maybe different things that happened in their own childhood or with their own children. Sometimes I'd like to go a bit deeper with that but think the group isn't the right setting to explore. It is here one-to-one sessions are key.”*

**(PuP Group Facilitator).**

Unsurprisingly, coordinating and managing the training was at times a test.

*“...there has been challenges definitely, there's been challenges I think we have to tweak and change things that we feel will work better in the future. I think one of the challenges as the – as the trainees, I suppose as we've had more staff get trained we've had more people accessing the database so I found that being the coordinator being a bit of a struggle...so that's just something that I'll need to tweak.”*

**(PuP Coordinator).**

#### **WHAT WOULD YOU LIKE TO DO DIFFERENTLY?**

The burden of administration was something that practitioners would like to see done differently.

*“In terms of caseload...The assessment forms can be difficult, they bring up a lot of emotion for the women. The women, I feel, find it difficult, to be honest in answering. The initial assessment forms, you're asking them to sit down at one go [one session] and do them all together, I personally don't think it is a good idea the assessments are very personal and can bring up feelings such as guilt or shame. And imagine then if you were to sit participants down in one go and expect them to do their assessment forms for their four children, they can get*



*kind of fed up, frustrated and begin to switching off. So, I think that the forms should be spaced out over a period of time each of the 3 times they are done.”*  
(PuP Group Facilitator).

### RECOMMENDATIONS

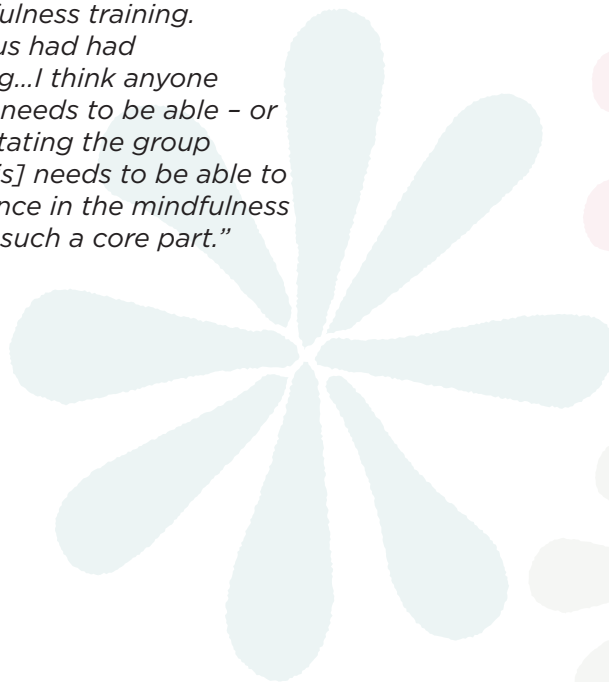
Practitioner recommendations were focused on developing and enhancing the programme. Neither the group facilitator nor the coordinator would remove anything from the programme.

*“I wouldn’t say I’d like to see anything gone. I’d like to see more – more stuff in it in terms of for older children.”*  
(PuP Group Facilitator).

*“I suppose a recommendation from – from me to – to the organisation would be that everyone who does PuP to get some sort of mindfulness training. Because not all of us had had mindfulness training...I think anyone doing PuP therapy needs to be able – or anyone who’s facilitating the group [speaker’s emphasis] needs to be able to have some confidence in the mindfulness because I think it’s such a core part.”*  
(PuP Coordinator).

### SUMMARY OF FINDINGS FROM PUP PRACTITIONERS

- The overall feedback from the practitioners was very positive.
- The content and the format of the programme were a good fit for Coolmine.
- Practitioners perceived some element of administration as burdensome.
- Managing sensitive topics within the group format was difficult at times.
- Both practitioners suggested developing programme content to include teenagers and older children.



## FINDINGS OF FOCUS GROUPS

Two focus groups were conducted with the men from Coolmine Lodge, before and after participating in the PuP programme. Ten men participated in the first group, and six participated in the second group. This consultation included the experiences of men at various stages of their treatment programme.

**Table 6: Demographics and clinical characteristics of Men in Coolmine Lodge**

Demographic Variable	Response Categories	Number and % (n=10)
<b>Age</b>	18-25 26-33 34-41 42-49	0 (0%) 4 (40%) 4 (40%) 2 (20%)
<b>Primary Problem Drug</b>	Opiates Alcohol Cocaine Crack Cocaine Cannabis/Weed Benzodiazepine Other	3 (30%) 0 (0%) 3 (30%) 2 (20%) 1 (10%) 1 (10%) 0
<b>Number of Children</b>	1 2 3 4 5 or more	2 3 4 0 0
<b>Access with Children</b>	Yes No	8 (80%) 2 (20%)
<b>Active Social Work Involvement</b>	Yes No	4 (40%) 6 (60%)
<b>Criminal Justice Issues</b>	Yes No	4 (40%) 6 (60%)
<b>Homeless</b>	4 6	4 (40%) 6 (60%)
<b>Previously Treated for Substance Abuse</b>	First Time in Treatment 1 previous treatment Episode 2 or more Treatment Episodes	2 (20%) 4 (40%) 4 (40%)
<b>Family History of Substance Abuse</b>	Yes No	4 (40%) 6 (60%)
<b>History of Psychiatric Problems</b>	Yes No	5 (50%) 5 (50%)





The current group was the first group of men who had participated in the PuP programme at Coolmine Lodge. The qualitative data yielded crucial information on the men's experiences of the programme. Several themes emerged from the data. These data are presented and discussed below.

### EXPECTATION OF PuP

The main expectations of the men were to improve their relationships with their children in order to ensure access.

*"I've three kids meself now; I've an older fella, he's 27 but I've two young boys, ten and six. I just want to get a closer bond with me kids, like, because I missed out on my 27 year old, so - so I'd like to, you know, be there all the time for me younger boys, you know? Been in prison an awful lot, so I just want to like get that bond and get a better understanding of me kids, knowing where they're at so as I can talk to them, whatever, you know, so they understand where I'm coming from and I understand where they're coming from. Like I get to see them."*

**(Participant 10)**

*"I have three kids; a four year old, eight year old and nine year old....Haven't seen them in a few weeks, I'm going through the courts system with them, just here to be a better father, get more trust with me kids, and enjoy the programme, it brings up some serious stuff - the last time ..."*

**(Participant 2)**

*"I've two kids; a girl of five and a boy, eleven. Just - I just want to have a better understanding about parenting, to be honest, with skills and tools...To build a better bond with me children, you see, I don't have as much parenting with my son, I wasn't really there for most of the*

*start of his life so I don't have - I don't have as strong a -bond with my son as I do me daughter. I want to work on my parenting skills when I'm around them and to - to become a better father and get them back into me life."*

**(Participant 3)**

### CHALLENGES OF PuP

Some components of the programme presented challenges for the men, in particular how their behaviours in the past impacted their children. However, the recognition that these challenges would ultimately help them reach their parental goals was evident.

*"Absolutely - we all think that, like, we're good parents but until you actually look into it and look and see what your actions have done, like, on your children you start to realise how much of an effect you've had on them in a negative way, like, for meself it was going to prison, not being there and all that type of stuff. So, it's - it's not nice to hear, you know, that your children are hurt because of your actions but it's - it's better to find out now rather than let them grow up and then let them make mistakes then when you could help them as early as possible."*

**(Participant 1)**

*"Yeah, touching on things that have happened in the past. Last week I was touching on things in role play, you know, that brought up things for me, I found it emotional but I'm dreading it but at the same time I know it's helpful for me. That's the only thing."*

**(Participant 8)**



*"It's hard like...it makes you look at all the stuff you did and you have to face it like... it's hard."*

**(Participant 2)**

#### **BENEFITS OF PuP**

The men were quite explicit about the direct benefits of the programme. All of them, regardless of whether they had access, spoke of the benefits that were still apparent.

*"It's in the process now, like, you know. So, it's only starting with it has just giving me, like, just showing things, like, from - from my childhood and how they're related to my son's childhood, you know? And just a few tools and things that I got out of it going forward when I do get my child, you know? Be a better father and all that, so I enjoyed it."* **(Participant 2)**

*"I got a massive lot from it through this. You know, I got to see my kids yesterday, I was going over and over and I got to manage my emotions, do you know what I mean? And their emotions as well, so I really - it's turned a big thing for me now, turned my life right around from old father to the new father I am now. And it's really, really benefited me, it has. Something I really, really benefited me, it has."*

**(Participant 1)**

*"I found it really beneficial, you know. I've two - I've two girls and managing them, I found it very hard, giving one of them attention do you know what I mean? And I was able to bring that out and identify that as well, including role playing stuff as well, found it really, really good. Also, stepping into their shoes and trying to see how - what they think as well, certain situations for my actions as well, you know? And just being able to relate to*

*them a lot better now in the day to day things."*

**(Participant 3)**

*"I thought it was brilliant. Like, when I joined this course I just wanted to, you know, to leave, exit the door. I haven't tough done that and I got more out of it. I got to learn a lot about how my behaviour or my actions were having an effect on my child. I learned about her emotions and how she's feeling when I'm doing things with her, how I always kind of try and look at things the way she's looking at it so I can understand and it's - it's worked out for the better now for the two of us. I have a relationship with me daughter and it's basically thanks to this programme."*

**(Participant 9)**

#### **COOLMINE LODGE**

The men shared their experience of being in at Coolmine Lodge and what why this was so important.

*"I came in here then and the lads helped me there and now I have - I have - the door's open for me, you know?"*

**(Participant 2)**

*"When I came here I'd nothing. I was broken and now I have all these lads, the staff and I'm getting my life back."*

**(Participant 4)**

*"It's nice just to - it's nice, there's people here I'd say, more people here without anything in their life, or anyone but we all support each other."*

**(Participant 5)**

#### **REPUTATION**

The men were familiar with the PuP programme and were receiving external

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validation for their participation.

*"My Social worker, she is delighted I am doing it [the PuP programme] she keeps praising me [laughs]."*

**(Participant 5)**

*"I'd say that they will roll big time, because when I was in court with the mediator, like, she couldn't believe that I was in it. She has a rake load of people that want to get into it. Some of the – and as well when I was in court the judge and all, he couldn't believe I was on it as well."*

**(Participant 2)**

*"I sort of knew about this [PuP programme] before I came and I wanted to get my kids back so ye I think that was a big reason in me coming."*

**(Participant 6)**

#### ACCESSING CHILDREN WHEN IN TREATMENT

The men spoke of the importance of accessing during treatment and why this was often a deciding factor when coming to Coolmine.

*"I made an agreement before I came in with me family that I would come in and get myself – and do things, like, I could see me daughter and get me son back and me family – the kids, basically I'm changing me life and I need to do it for meself, for her and for me son. So, seeing me daughter is what gets me through at nights, do you know what I mean? It's really good form when I've seen her. It's basically what's striding me on to do this."*

**(Participant 2)**

*"No, 100% that's why I came here – treatment, and if – this – if our child was to stay in care and I didn't have any*

*opportunity of getting her back, I mean, I'd be roaming the streets. Yeah, I think as well if – if I was – if I thought I wouldn't see my kids here on a weekly basis I don't think I would have chose Coolmine to come to. Look, it's over five, six months, that's a big period of time when you're not seeing them, you know what I mean? I mean the thought of it, I think that's what maybe makes the decision to come to Coolmine, well I'll see me kids."*

**(Participant 4).**

*"If I couldn't see them [children] I would be gone. It's too long, six months I need it but it's too long without them."*

**(Participant 5).**

#### SUGGESTED CHANGES

When asked how the programme could be improved the men made two suggestions, including having the children in the sessions and adapting the content to include older children.

*"I think something for bigger kids, that's missing."*

**(Participant 2).**

*"What about including the kids themselves? That would be a good touch."*

**(Participant 5).**

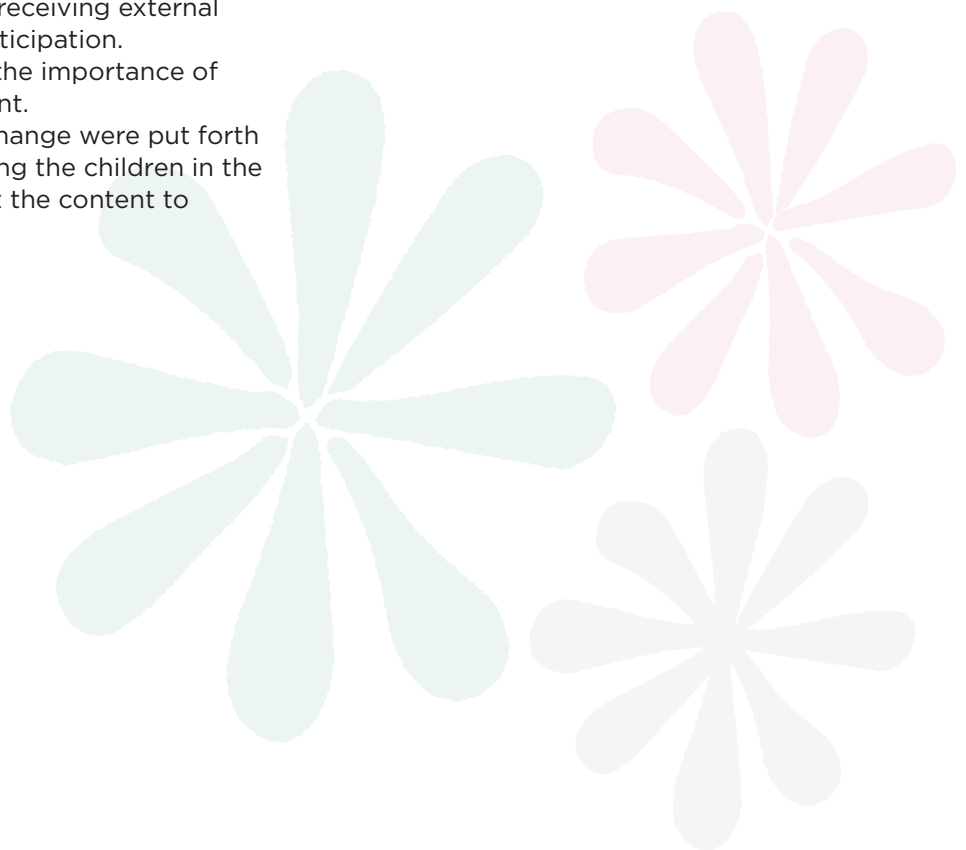
*"I'd say – I'm speaking and at the start I was thinking is a little session that you'd do, maybe with your kids."*

**(Participant 1).**



### **SUMMARY OF FOCUS GROUP FINDINGS FROM THE MEN IN COOLMINE LODGE**

- The principal expectation of the men was to improve their relationships with and access to their children.
- The men experienced some challenges when participating in the programme.
- Regardless of whether or not they had access to their children, the benefits of participating in the PuP programme were apparent.
- The men shared their experience of being in Coolmine Lodge and why this was so important.
- The men were familiar with the PuP programme and were receiving external validation for their participation.
- The men emphasised the importance of access during treatment.
- Two suggestions for change were put forth by the men, (1) including the children in the sessions and (2) adapt the content to include older children.



## DISCUSSION

The research was concerned with the feasibility of delivering the PuP programme in a group format, in addition to one to one sessions at Ashleigh House. Based on the experiences of the women the format of the programme was a good fit for Ashleigh House. The fit of the programme at Coolmine was natural and supported by the residential setting. The group format was both powerful and effective. The women could identify with other mothers and knew they were not alone with feelings of inadequacy and guilt. Moreover, the shared experience within the group setting helped alleviate these negative feelings imparting the sense that they were not alone. This shared experiences in turn helped the women and offered a sense of support further facilitating the ethos of the Coolmine peer-driven treatment model.

The focus of the research was on the women at Ashleigh House, however, during the evaluation period Coolmine Lodge ran its first PuP programme for fathers, thus pre and post programme focus groups were conducted to capture the experience of these men. The benefits of the PuP programme both for the men and the women were immediate and direct. Participants' experience of the programme was incredibly positive.

The men and the women ultimately had the same expectations to become the best parents that they could to improve relationships with their children. Interestingly while the challenges of the PuP programme were quite similar, the men talked about how their behaviours had affected their children. However, the women spoke in more emotionally explicit terms often citing guilt and shame. The importance of having children reside in Ashleigh House during the treatment programme received mixed responses from the women. However, both

men and women noted the importance of access during treatment often highlighting this as the reason for them choosing Coolmine as a treatment provider. Both the men and the women spoke of the support that they received throughout their treatment at Coolmine.

The quality of the relationship built with the PuP coordinator and the group facilitator was key to a successful application of the programme delivery and the reports from both men and women emphasise this. Having the support of the PuP coordinator gave the opportunity to customise the programme to the participants' specific needs and offered a space to share experiences that may not have been possible in the groups.

The need to develop an integrated treatment response to assist parents attempting to address the harms associated with their substance use is a pressing issue. Having built capacity and mastered the practice Coolmine are well placed to broaden the implementation of the PuP programme to the broader population, which may extend to partner agencies. The outputs of this process could, in turn, be utilised to showcase work to other potential partners and widen the implementation scope.

Overwhelmingly all participant groups suggested the development of the programme content to include older children, more specifically teenagers and early adults. The second most commonly cited suggestion was family focused sessions. Practitioners noted the opportunity to further develop skills that would aid the therapeutic process such as mindfulness.

## CONCLUSION

There was a genuine enthusiasm for the programme amongst participants. The



benefits were clear and consistent. The residential setting at Ashleigh House offers an eager perspective and supportive environment, which if adequately nurtured will ensure the continued development of the PuP programme within the residential setting with the potential to roll-out across similar partner agencies.

### IMPORTANCE OF THIS RESEARCH

In the main scientific research and programme, evaluation have not played a significant role in influencing the development of addiction treatment services nationally<sup>1</sup> or internationally<sup>14</sup>. The consequence of this is large disparities in the development, management and monitoring of national treatment systems. The current study seeks to rectify this by providing much-needed outcome data on parents and children in residential treatment.

By initiating and undertaking evaluation Coolmine are leading their peers by responding to national policy and further developing evidenced based practices. The current study is aligned with national policy addressing goals set out in the both National Drugs Strategies<sup>9, 10</sup> as well as the National Policy Framework for Children and Young People 2014-2020<sup>8</sup> by taking a responsive approach to the treatment of parental substance use.

### STRENGTHS, LIMITATIONS AND FUTURE DIRECTION OF THE RESEARCH

#### STRENGTHS

This is the first evaluation of the PuP programme in a residential setting globally. Moreover, this is the first study to capture the delivery of the PuP programme in a group format. The research included a mixed-method design, including a number of validated measures, qualitative interviews, and focus groups. The research included the

perspectives of a range of stakeholders: mothers, fathers and practitioners. There is a dearth of literature on the experience of fathers around parenting when in treatment. Thus, eliciting these views from this cohort is a key strength of the study.

#### LIMITATIONS

Nonetheless, the research is not without its limitations. All data are self-reported and therefore open to bias. As this is an evaluation of the implementation of a single organisation's implementation of a programme, the participant numbers are small. The study did not include a follow-up period post-programme.

#### FUTURE DIRECTION

The Therapeutic Community is a unique setting with specific characteristics. Therefore, further research is required to determine the transferability across Addiction Services in Ireland. Future studies should include a comparison group who received treatment-as-usual with a follow-up period of at least six months in order to determine the effectiveness.

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## RECOMMENDATIONS

### 1. IMPLEMENTATION

- 1.1. For future application of the PuP programme the continued supports such as coordination and group facilitation are vital.
- 1.2. Given the burden of programme administration, the development of protected 'PuP time' for Group Facilitators and Therapists will need to be considered.
- 1.3. Coolmine is strategically placed to lead their peers on the development of a systematic programme to improve family functioning and child outcomes for parents attending drug treatment. With adequate resourcing, Coolmine could provide their peers and partner agencies with the necessary skills and training to adequately address these issues across the various treatment services.

### 2. PROGRAMME DEVELOPMENT

- 2.1. The PuP programme is child centred and should further encourage and involve fathers as well as mothers. Following the successful pilot of PuP at Coolmine Lodge the programme should be rolled out on a continual basis.
- 2.2. Given the emphasis on the child within the PuP model, as well as the opportunities for interactive feedback, extending the group sessions to include children should be explored.
- 2.3. Consideration must be given to extending the involvement of children, including teenage and young adult children of drug users.

### 3. RESEARCH AND EVALUATION

- 3.1. If feasible the women and men who took part in this evaluation should be followed up in six or twelve months.
  - 3.2.3.2. Future evaluations of the PuP programme should have greater numbers, and a comparison group, in order to provide stronger evidence with greater power.
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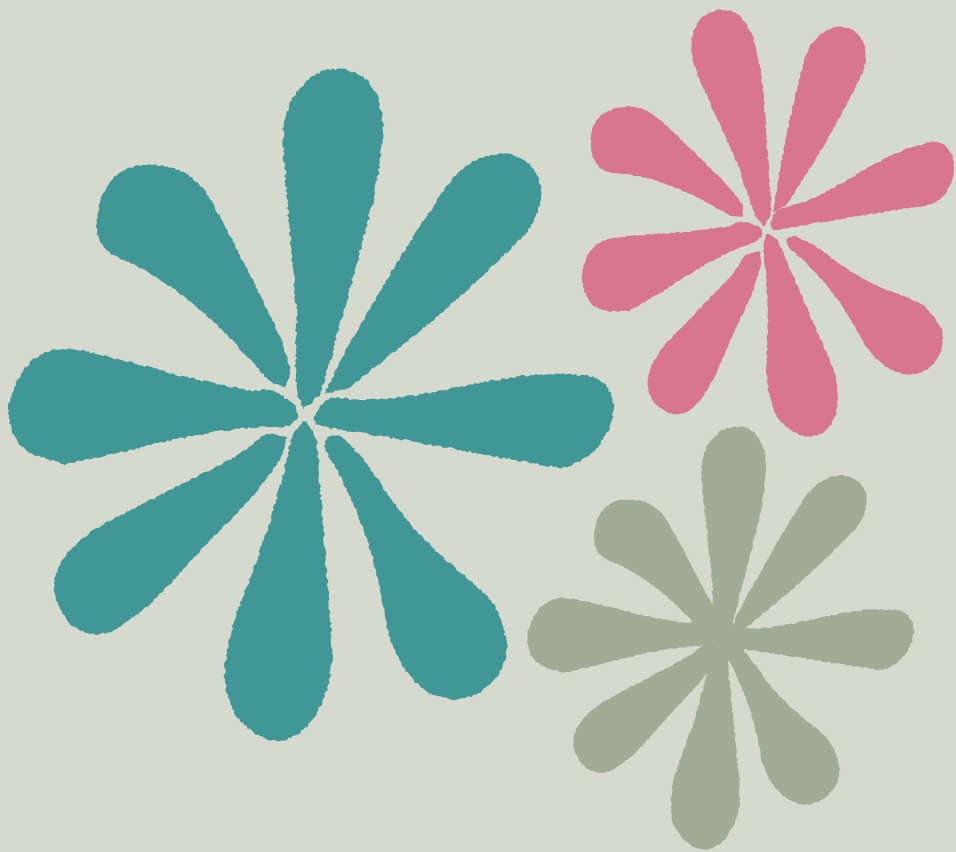


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