

Parenthood and Addiction Program: Overview of the implementation of a family program

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BACKGROUND.

The impacts of alcohol and drug addiction on parenting skills are widely known (Street et al., 2007). However, parenting skills do not automatically improve when the parent is abstinent or when the treatment of addiction is solely targeted (Niccols et al., 2012). Despite this reality, less than 10% of organizations treating addiction include parenthood support in their treatment plan (Arria et al., 2013). In Quebec, the **Cap sur la famille** program, a parent management training, was developed to overcome this lack of service. This program is specifically designed for families with children 6 to 12 years of age affected by parents' addiction. To ensure its agreeance with the needs of the targeted population and environment, the organizations frequently have to adapt the programs according to their reality. For this reason, various adaptations that respect best practices but also the capacity of organizations to implement the program was suggested.

OBJECTIVE.

The actual presentation will provide a picture and challenges of the implementation of the **Cap sur la famille** program among different organizations working in the field of addiction treatment in Quebec.

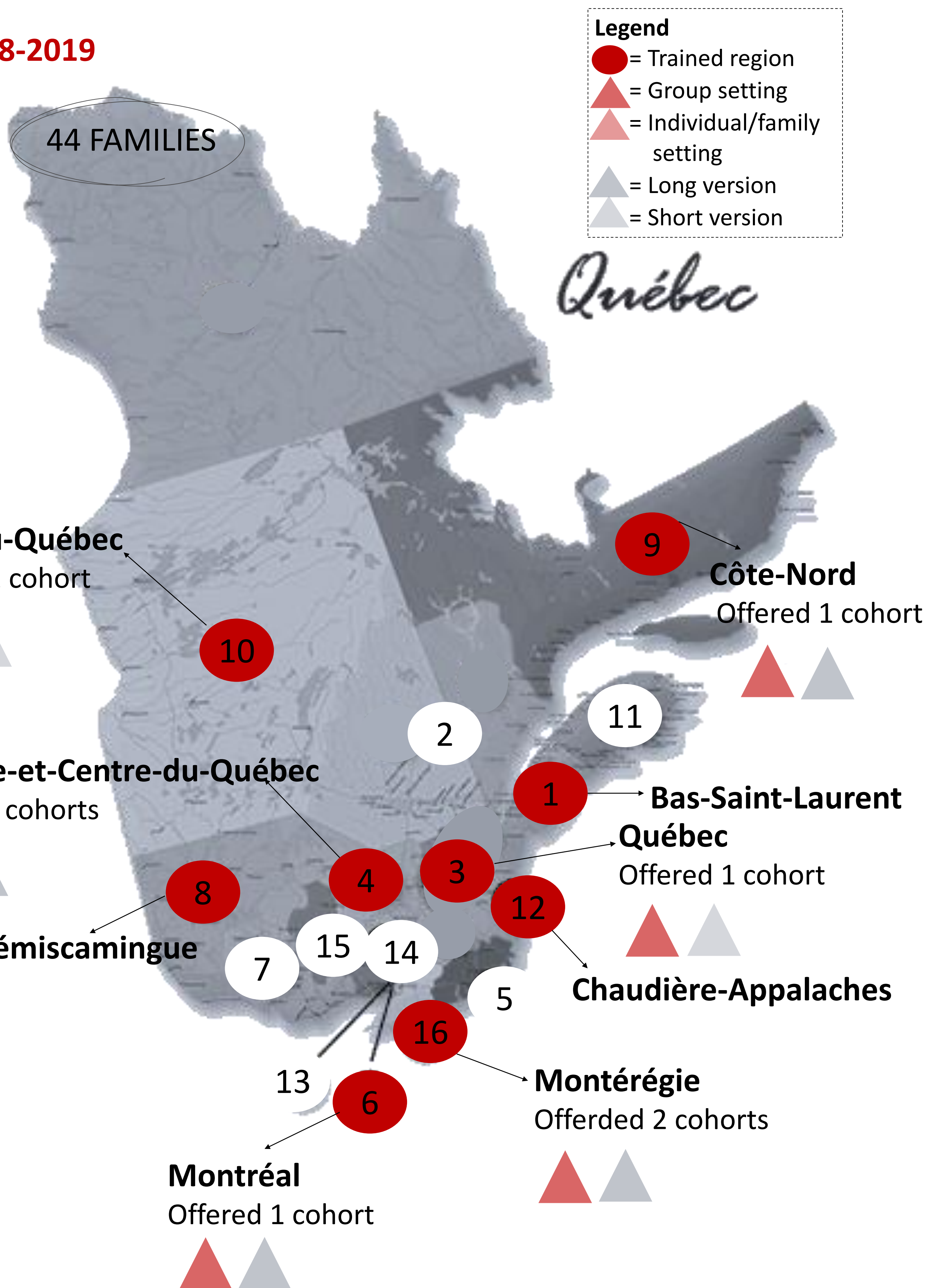


METHOD.

To measure the implementation of the **Cap sur la famille** program, after each session, according to the dimensions described by Dusenbury et al. (2003), the compliance grid and logbooks were complete by the intervener.

RESULT AND DISCUSSION.

In 2018-2019



Families characteristics at the entrance

- 65.8% single-parent families
- 76.3% mothers
- Average age was 38 years old
- 43.3% full time job and 27% on social services
- Parent alcohol and drugs use:
 - Red light: 73.0%
 - Yellow light: 5.4%
 - Green light: 21.6%
- Parents psychological distress:
 - Anxiety: 67.5%
 - Depression: 50.0%
- 48.6% of parent perceived that the general functioning of their family was problematic.

Drop out families

- 31.8% of families drop out
- Mostly from the first meeting
- Reasons = lack of time, of affinity with the group, or interest.

Participation to program

- Families participated in 62% of the workshop.
- In general, families say they were satisfied with the session and that the activities respond quite enough to their expectations.

Implementation

- 75.3% of the activities planned in every workshop were done as it was supposed.
- The main reason for not doing activities is lack of time, replaced by another, not enough or no participants.

Principal challenges

- Recruitment of families
- Adaptation of the program with regional realities
- Group animation among children with important behavior problems
- Schedule

CONCLUSION.

Results uprising two questions : How can we maintain the equilibrium between the " ingredients " associated to a program's efficiency and the implementation in the different practice environments? Failure to implement the evidence-based **program** as recommended, is it better to do nothing or propose evidence-based **practices** ?