

Parenting Skills Training Program

Cap sur la famille:

What is the Impact on Families with Parents with an Addiction?

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Context

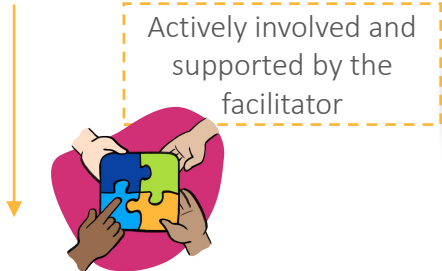
- Since 2008, in Quebec, Parenting Skills Training Programs (PSTP) are developed and adapted for families, where at least one of the parents has an addiction.
- In 2018, after a study aimed at gathering information, comments and opinions on these programs, the Cap sur la famille program a PSTP specifically aimed at parents with addictions and their children aged 6 to 12 years old was developed.
- Over the past 5 years, the Cap sur la famille program has been implemented in several Addiction Treatment Centers in Quebec.



Parenting Skills Training Programs

PSYCHOEDUCATIVE APPROACH

Implementing new strategies and behaviours

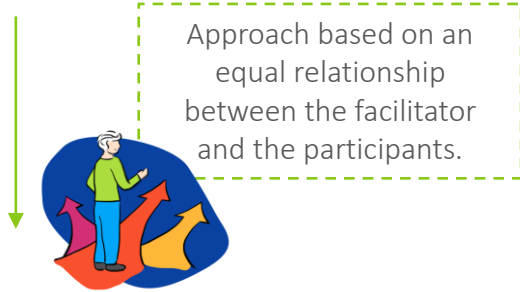


Goal : Restore and develop the adaptive capacities of people



COLLABORATIVE APPROACH

Focussing on the participants' competence rather than their knowledge.



Goal : Enhance the autonomy of family members

The program



Families

- Children aged 6 to 12
- Parents with addiction to alcohol or drugs

Spouse

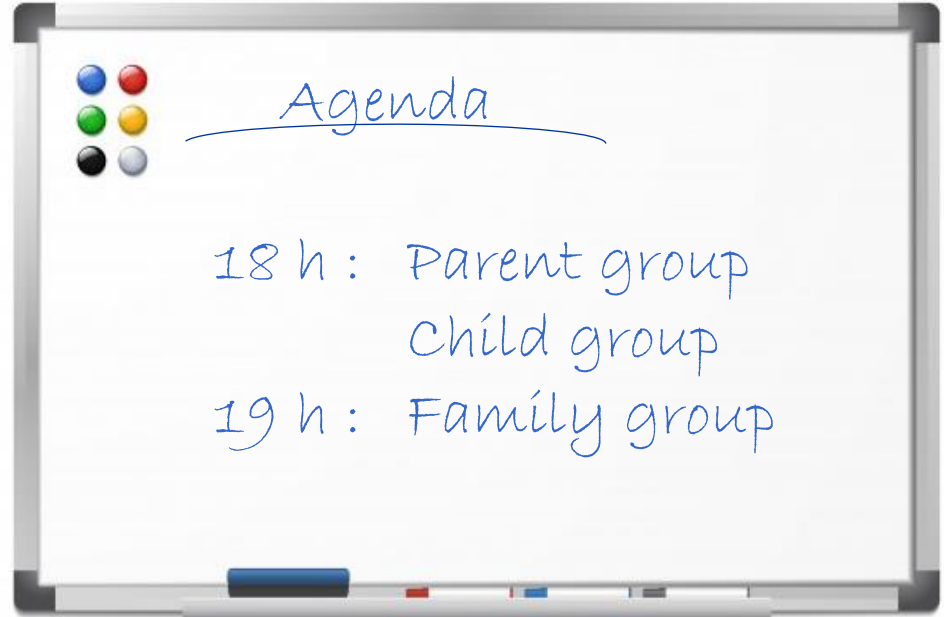
Grand
parent

Friend



The program

- 5 to 8 families



The program

- Sequence and themes of the workshops

0 Pre-group meeting

I Introduction

II A Balanced Family Life

III Children Aged 6 to 12

IV Positive Childrearing Practices (part 1)

V Positive Childrearing Practices (part 2)

VI Addiction and the Family

VII Boundaries

VIII Communication Skills (part 1)

IX Communication Skills (part 2)

X Parental Discipline, Anger Management and Family Harmony

XIII Celebration



The program

- Program Adaptations



Family group



Individual family meeting



Parent group



Virtual meeting



Objectives of the study



Objectives

- To draw a portrait of the families who participated in the Cap sur la famille program.
- To measure the evolution of the families who have participated in the program.





Material and Method

Sample

- N = 89 families



Women : 76.3% - 36.1 years (SD=5.8)

Men : 23.7% - 41.0 years (SD=5.2)



Family Types

Intact : 20.0%

Single Parent : 63.8%

Blended Family : 16.2%

Girls : 52.5% - 8.4 years (SD=2.0)

Boys : 47.5% - 8.8 years (SD=1.5)



- On average, families attended 6.29 (SD=3.8) meetings.

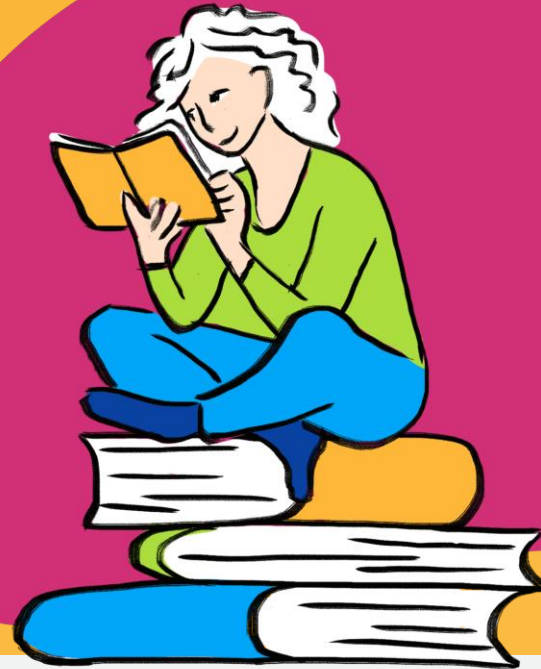
Procedures

- Study was approved by the University of Sherbrooke and Addiction treatment centers Ethics Committees
- Written informed consent was obtained from all participants.
- Online self-report questionnaires completed before and after de program by the parent.
- Different measures:
 - Sense of Self Efficacy: Self-Agency Measure (Dumka et al., 1996)
 - Parental substance use: DÉBA-Alcool/Drogues (Tremblay et al., 2001)
 - Parents' anxiety, depression and irritability: Psychiatric Symptoms Index (Ilfeld,1976)
 - Insufficient Supervision, Inconsistent Discipline and Family Dysfunction: Alabama Parenting Questionnaire (Frick, 1991)
 - Warmth, Hostility, Neglect and Rejection: Perceived Parental Acceptance-Rejection Questionnaire (Rohner, 2005)
 - Child Difficulties: Eyberg Child Behavior Inventory (Eyberg & Ross, 1978)



- First objective:
 - A principal component analysis was carried out for the first objective. A hierarchical classification analysis method was performed.
- Second objective
 - A repeated measures ANOVAs were performed to compare the scores obtained for the different variables before and after the program.

Results



Results

- Four Family Profiles

- With few family functioning and parents' psychological difficulties

Profile
(46.1%)

1

- With important family functioning difficulties

Profile
(15.2%)

2

- With important parents' psychological problems

Profile
(N=15.2%)

3

- With both important family functioning difficulties and parents' psychological difficulties

Profile
(N=23.5%)

4



Results

- BEFORE and AFTER the program

Variables		M (SD)	Sums of square	df	Mean Square	F
Sense of self efficacy						
	T1	3,83 (0,6)	2,81	1	2,813	24,44***
	T2	4,21 (0,4)				
Parents' anxiety						
	T1	2,41 (0,06)	0,74	1	0,74	4,10*
	T2	2,22 (0,8)				
Parents' depression						
	T1	2,13 (0,7)	0,59	1	0,59	1,54
	T2	1,96 (0,7)				
Parents' irritability						
	T1	1,99 (0,6)	0,61	1	0,61	1,74
	T2	1,82 (0,6)				
Positives practices						
	T1	4,20 (0,5)	0,06	1	0,06	0,52
	T2	4,18 (0,5)				
Insufficient supervision						
	T1	1,28 (0,3)	0,09	1	0,09	2,61
	T2	1,21 (0,2)				
Inconsistent discipline						
	T1	2,56 (0,8)	4,08	1	4,08	23,17***
	T2	2,10 (0,6)				



p < 0,05 * p < 0,01 ** p < 0,001***

Results

- BEFORE and AFTER the program

Variables		M (SD)	Sums of square	df	Mean Square	F
Family dysfunction						
	T1	2,40 (0,2)	8,28	1	8,28	50,88***
	T2	1,72 (0,5)				
Warmth						
	T1	3,73 (0,4)	0,13	1	0,13	2,26
	T2	3,81 (0,3)				
Hostility						
	T1	1,55 (0,4)	0,61	1	0,61	7,82**
	T2	1,37 (0,4)				
Neglect						
	T1	1,58 (0,5)	0,53	1	0,53	6,90**
	T2	1,42 (0,4)				
Rejection						
	T1	1,21 (0,4)	0,12	1	0,12	1,30
	T2	1,13 (0,2)				
Child difficulties						
	T1	98,68 (27,6)	831,14	1	831,14	3,11
	T2	91,97 (27,7)				



p < 0,05 * p < 0,01 ** p < 0,001***

Testimonials

"... Cap sur la famille program is more than a program. It has given us quality family time. I especially liked being able to involve my children. To do something together to make things better. It has been a turning point for me."



"The program helped me get back to the basics; the importance of emotions, of precise instructions to bring back family harmony. It also helped me to establish a routine and spend time with my child. a new way of seeing how to do things as a family."





Conclusion

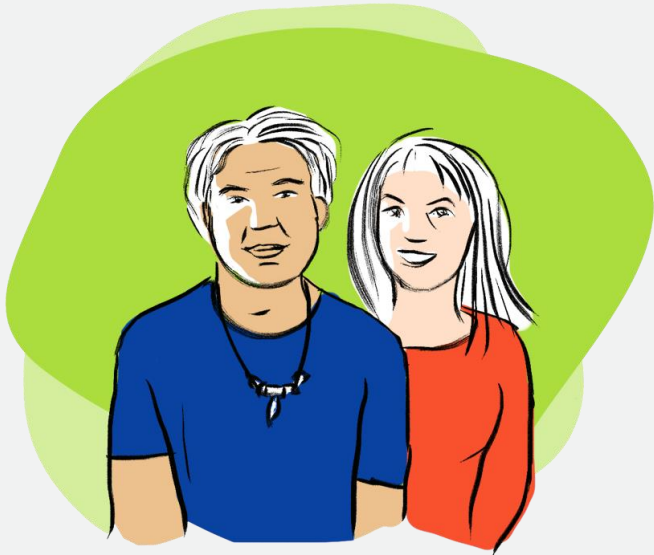


Conclusion

- Different profiles of families participated in the Cap sur la famille program.
- It is easy to understand why the families who present important difficulties agree to participate in the Cap sur la famille program.
- Why families reporting fewer difficulties did it?
 - The presence of guilt,
 - The wish to be a better parent for their children,
 - The recognition of difficulties, although they are lesser,
 - The presence of a strong therapeutic alliance with the professional who proposed to participate in the program.



Conclusion



- Following the program, parents have ...
 - A better sense of self-efficacy,
 - Fewer symptoms of anxiety,
 - More constant discipline,
 - Better family functioning,
 - Less hostile and neglectful behaviors towards their children.
- Maybe bringing together families with different difficulties can allow mutual support, families not presenting all the difficulties at the same level.
- The main challenges are recruiting and retaining the families who need it the most.



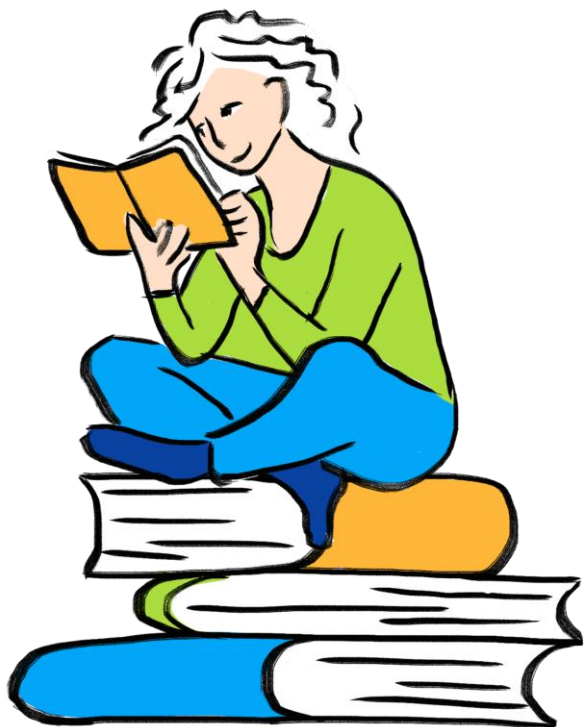
Free Training Program

capsurlafamille.espaceweb.usherbrooke.ca



Description

Cap sur la famille training program



Online (French and English)



14 hours



Short videos

Explanatory videos

Supplementary reading

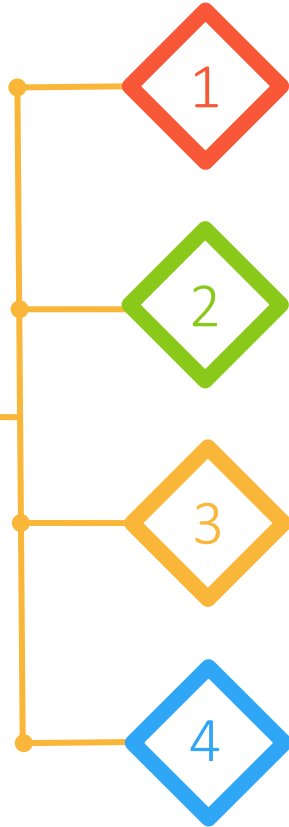
Quizzes

Reference guides



Description

Cap sur la famille training program



1 Parenting in the context of addiction

2 The program

3 Clinical assessment

4 Methods to lead a group

Description

Cap sur la famille training program



A screenshot of a web browser displaying the 'Program training' page on the CAP sur la famille website. The browser's address bar shows the URL 'capsurlafamille.espaceweb.usherbrooke.ca/en/formation/guest'. The website header includes the logo 'CAP sur la famille' and navigation links for 'Home', 'You are...', 'Program description', 'Publications', and 'Program training'. The main content area features a video player with the title 'Cap sur la famille program' and a description: 'Program with objectives to reduce the repercussions of the parents' addiction on family life and to experiment with different tools that help the participants to know themselves better and communicate better within the family.' Below the video are 'Subscribe' and 'Log in' buttons. A white arrow points from the 'Subscribe' button towards the right.



CAP^{SUR}
LA
Famille

Thank you!



AN INITIATIVE OF



With the precious collaboration of

**HEALTH
CANADA**

**MINISTRY OF
HEALTH AND
SOCIAL
SERVICES**

With the support of the Department of
University Education and Research

SPECIAL MENTION :

"The views expressed herein do not necessarily reflect those of Health Canada, the Department of Health and Social Services or CIUSSS du Centre-Sud de l'Île-de-Montréal. »