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On April 1, 2009, AHS brought together 12 formerly separate health entities in the province: nine geographically based health authorities (Chinook Health, Palliser Health Region, Calgary Health Region, David Thompson Health Region, East Central Health, Capital Health, Aspen Regional Health, Peace Country Health and Northern Lights Health Region) and three provincial entities working specifically in the areas of mental health (Alberta Mental Health Board), addiction (Alberta Alcohol and Drug Abuse Commission) and cancer (Alberta Cancer Board).

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Summary report

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The authors wish to thank the current and former ESW clients and community service providers who participated in this project. We are grateful for your willingness to share your experiences with us. We also want to thank the ESW team and their supervisors and managers for their valuable input and assistance. Thanks also to our Project Advisory Group, which included a project participant, ESW service co-ordinator and fellow AADAC researcher. And many thanks to our project consultant, Nancy Poole, for her insight and support at all stages of the research process and to Susan Hart, Senior Manager of AADAC Research Services.

Executive summary

In 2004, AADAC carried out a qualitative research project to determine the outcomes that are experienced by women involved in its Enhanced Services for Women (ESW) program. ESW receives funding from the Early Childhood Development Strategy of the Alberta Children and Youth Initiative as a fetal alcohol spectrum disorder (FASD) prevention program. ESW's mandate is to provide an enhanced level of addiction services to women. Services are intended primarily for pregnant women, women who are at risk of becoming pregnant while using substances, and women who are postpartum and using substances.

It is important to document the outcomes, or changes, women have made in their lives after engaging in ESW services. Not only is this information vital to AADAC and its programming, but it is important information for the field of women's issues in addiction services.

AADAC's standard method for determining client outcomes via telephone survey was ineffective with the difficult-to-reach population that ESW serves. As a result, researchers undertook a qualitative study to discover what outcomes clients in ESW were achieving. Researchers collected data from the following sources:

1. Face-to-face interviews with current and past ESW clients
2. Group interviews with the service providers in each of the communities ESW serves (Calgary, Edmonton and Grande Prairie)¹
3. One group interview with the team of AADAC counsellors that work on the ESW initiative (the ESW service co-ordinators from Calgary, Edmonton and Grande Prairie)²

Women involved in ESW services typically represent a marginalized population within society as a whole. As this report will describe, women with substance use issues lead complex lives and substance abuse is only one factor in their lives. Previous research about women seeking or obtaining treatment for addiction has found that women who seek treatment for their substance use are likely to be more marginalized in society than are their male counterparts. They also encounter many barriers that may prevent them from getting treatment.

¹ These service providers, those that serve the community but are not AADAC counsellors or ESW service co-ordinators, are referred to in this report as "community service providers."

² This group of service providers are referred to as "ESW service co-ordinators" throughout this report.

Key findings: Challenges

The women who participated in this research project described their lives before coming to ESW. The challenges women described in this research are outlined below.

Substance use

The substance use patterns of the women interviewed are varied. Each has experienced fluctuations in their substance use patterns, including periods of abstinence, relapse or substance substitution. These women have a wide variety of treatment experiences and have sought out treatment for many reasons: to improve their own lives, to improve the lives of their children, or in response to pressure from external agencies.

Parenting

Women's parenting challenges included the following: the potential for intervention from child protection agencies, a lack of positive parenting role models, and dealing with the effect their substance use may have on their ability to parent.

Physical health

Physical health challenges reported by some include positive hepatitis C or HIV status, diabetes, and suspected fetal alcohol syndrome. When women experience physical health concerns, the need to manage those concerns adds to the complexity of substance use treatment.

Emotional health

Women often report trauma, depression, anxiety and feelings of hopelessness. It is common for the women interviewed to report they use substances to deal with their emotional health concerns.

Relationships

Each woman interviewed for this research project has partner, family and other significant relationships, either past or present, that help shape the actions and course of her life. These relationships affect the choices she makes about substance use.

Social environment

The environment in which some women live, either now or in the past, influences their substance use and other aspects of their lives. Some women describe living transiently or even experiencing homelessness and most have a family of origin with a history of substance use.

Key findings: Outcomes

The women interviewed for this research project also described the changes they had made—what outcomes they had achieved—since beginning their interactions with ESW services. The outcomes they describe are summarized below.

Substance use

Women report they have been successful in positively changing their substance use in a variety of ways. Most report they have achieved abstinence at some point in their substance use history and were abstinent at the time of their research interview. The women interviewed were actively employing relapse prevention strategies. If they do relapse, these women report shorter periods of substance use, reporting and reconnecting to their service providers after relapse and engaging in addictions treatment. Research participants report that if they do use, they employ harm reduction strategies such as substituting their main substance of abuse with a substance they consider less harmful or reducing how much or how often they use.

Parenting

The women interviewed report a number of changes they are making as parents including capitalizing on their pregnancy and using it as an opportunity to change their substance use behaviour. They are motivated to keeping or regaining custody of their children and believe they are becoming more effective parents by working on their parenting skills, developing connections with their children, dealing with the negative effects their substance use may have had on their children and breaking the cycle of substance use or violence in their children's lives.

Physical health

Women report successfully making changes to their physical health. They are changing their basic self-care habits (e.g., better eating and sleeping habits), regularly and appropriately using prescription medications and understanding and recognizing the need to maintain their reproductive health.

Emotional health

The women interviewed discussed a multitude of changes in their emotional health. They describe having enhanced self-esteem and improved ability to manage anger and deal with trauma issues, feeling more hopeful and happy, being able to overcome their emotional numbness and being more assertive about their needs.

Relationships

During their interviews, women spoke at length about changes they had made in their primary relationships, with parents, family, friends, and helping professionals. They continue to work on recognizing and avoiding unhealthy relationships, being aware of and nurturing healthy relationships and learning to develop trust in relationships.

Social environment

Women receiving services from ESW have often been homeless or transient at some point in their lives. Therefore, it is a significant outcome that these women are off the streets and most are living in safe and stable housing. They also report that they are incorporating routine into their lives, which has added to feelings of normalcy and assists in decreasing social isolation. Some of the women involved in ESW have returned to schooling or employment.

Network of support

Engagement in addiction treatment is only one piece of a vast network of support that is mobilized with and for women in ESW services. As a result of their involvement with ESW, women have engaged in a vast and varied support network that includes dozens of individuals and agencies. The support network, previously limited to personal supports and crisis services, now includes services that have the potential to change lives in the long term.

Women involved in ESW report using new skills to secure and advocate for the services they need when they do not have someone to advocate on their behalf.

The network that supports women has become more cohesive—a subset of the specialized services that work with women at highest risk is working collaboratively to serve the clients they share.

The role of ESW in clients' lives

What became clear from this research is the importance of the role that ESW service co-ordinators play in their clients' lives and in the communities in which they work.

Linking clients to addiction services and a support network

Through a variety of means designed to increase accessibility to AADAC for pregnant and at-risk women, ESW service co-ordinators are effectively linking women to addiction services. And through advocacy, referrals, and working closely with community service providers, ESW service co-ordinators are linking women to a cohesive support network—acting as a hub in the network of community supports.

Building relationships with clients

By engaging a harm reduction philosophy, using motivational interviewing techniques, and being profoundly non-judgmental, ESW service co-ordinators are listening to women, their experiences, and their needs in ways that the women have rarely experienced. While service co-ordinators have made accessibility their first priority, service recipients—the women themselves—valued their relationship with the ESW service co-ordinator above all.

Implications

Messages aimed at women, community service providers and the general public regarding the successes, the best practices, and the services of ESW are needed.

So much of the “good news” gained through this study could be disseminated to diverse audiences to the benefit of the whole community. Various resources could be developed to disseminate that information.

Expanding and enhancing the community service network may lead to improved outcomes and improved access to services for women who are in need of support for the prevention of FASD and other harm caused by substance use.

This research project strongly suggests that there is a relationship between women’s connection to a comprehensive service network and their successful outcomes. The women and community service providers interviewed for this project identified these as areas to consider for further expansion and enhancement of the service network:

- Addressing the need for more subsidized and supported housing
- Developing innovative models of addiction services that incorporate childcare into residential treatment and build on the service network model

Developing common understandings and sensitivities between addiction services and child protection services leads to improved outcomes for women.

Women involved in the child protection system felt supported if their assigned workers were flexible, rewarded them for their attempts and successes, respected their choices, and facilitated access to all available services and supports. These women also voiced concerns about the child protection system’s limited concept of substance use treatment and what sometimes appears to be a punitive orientation toward parents attempting to regain custody of their children.

This research project points to different ways of measuring outcomes, particularly for hard-to-reach populations.

This research project has clearly demonstrated that, with an appropriate method, it is possible to discover the outcomes of service provided to difficult-to-reach populations. A qualitative approach to outcome measurement has been shown to be effective in working with this population.

Consideration could be given to expanding ESW services in order to reach women in more diverse geographic areas.

At present, only clients in Grande Prairie, Edmonton or Calgary have access to ESW services. ESW clients who relocate away from the ESW current service area and other clients not in Edmonton, Calgary or Grande Prairie may benefit from this type of service being offered in other locations in the province.

Substance use is not the only concern that ESW clients must manage.

The results of this research describe the complex nature of the lives of women involved in ESW and other addiction services. The ESW program demonstrates that services for women must recognize that substance use does not occur in isolation.

ESW demonstrates an effective model for working with special populations.

As indicated from interviews with women involved in ESW and with community service providers, traditional means of service delivery may not reach or meet the needs of all persons who are harmfully using substances. Specialized services that reach these and other special populations in creative and non-traditional ways are needed and could incorporate these program elements:

- outreach
- recognizing complexity
- case management
- harm reduction
- focusing on the counselling relationship

Current best practice provides the basis for an effective model for working with women.

At its most basic, this research project has demonstrated that pregnant and at-risk women who use substances can and do make significant changes in their lives given support tailored to suit their needs—a finding which is consistent with best practices literature. ESW is an example of a program that follows these best practices:

- taking a holistic view of clients
- inviting collaboration with other service providers and agencies
- offering flexible service delivery rather than “standardized” treatment approaches
- presenting harm reduction as an alternative for those unable or unwilling to consider abstinence
- motivational interviewing as an effective technique in counselling this population of clients

Recommendations

Disseminate the findings of this research project.

This research project describes methods for working effectively with special populations. Disseminating the findings to health and social service providers, planners, and policy makers may assist those who work directly or indirectly with these populations.

Continue training and support to community service providers.

AADAC continues to gather valuable information about working with marginalized populations through research and by consulting staff whose knowledge is based on practical experience. By supporting and training other service providers, AADAC can help its own staff and that of other organizations to offer the best possible service to the clients that are most difficult to reach.

Maintain and possibly expand ESW service.

At present, ESW services are only offered in Calgary, Edmonton and Grande Prairie. The effectiveness of the service in these major centres indicates the need to maintain ESW’s current framework for service delivery in these cities. Because this type of service may be beneficial to clients outside the cities ESW currently serves, expansion could be considered to other locations in the province.

Expand the service network to which ESW connects.

The current support network consists mainly of services that offer more planned, longer-term support. What appear to be missing from this network are the more crisis-oriented services or services that have the potential to act as filters into the service network, such as food banks, emergency units, the mental health system, or legal services.

Exchange information between teams that work with marginalized populations.

Within AADAC, there are teams of service providers that work with marginalized populations and have developed an understanding of effective practice. These teams could discuss what they have learned and collaborate to develop a promising practice document for service providers who work with marginalized populations.

Continue to support gender-specific programming.

Substance use treatment programming that recognizes the effect of sex and gender differences on client needs is part of the flexible service delivery that has shown to be effective in this population of women.

Collaborate with community partners on housing issues.

Clients and service providers noted a deficiency of suitable housing options in Edmonton, Calgary, Grande Prairie and surrounding communities. Because some AADAC clients are among those who would benefit from these housing opportunities, AADAC could help community partners in their development of appropriate housing alternatives by offering its expertise in supporting people who have substance use problems.

Collaborate with partners to develop innovative models of addiction services.

This research demonstrates that innovative approaches with a focus on issues particular to women are highly effective in helping ESW clients achieve positive outcomes. Two potential projects that might build on these innovative ideas include residential treatment incorporating childcare, and the creation of specialized addiction services.

Collaborate on policy and programming with child protection agencies.

Because ESW clients have high rates of involvement with child protection agencies, there is a need to develop a common understanding of the needs of each organization (AADAC and the child protection agencies) with regard to the outcomes their clients should achieve and how they should achieve them.

Plan for and implement ongoing outcome monitoring for ESW.

Analysis of the research suggests that outcome monitoring with ESW clients will be most effective if it

- relies on close involvement with ESW service co-ordinators
- reaches clients through face-to-face contact and uses verbal consent
- maintains flexibility of method
- asks questions based on findings from this research study

Plan for flexible service delivery by other AADAC staff.

Given the success of ready access to service for ESW clients, consideration could be given to offering this type of access to other AADAC clients. Specifically, clients praised the access provided when service providers carry cell phones and have the capacity to meet with them offsite, in non-AADAC locations.

Areas for further research

Methods for working with marginalized populations

Researchers struggled with locating and measuring the outcomes of clients who are easily lost to service. Future research projects need to focus on how to find these clients and develop relationships with them in order to garner valuable research information.

Further research regarding ESW and other service providers

Because this was an outcomes research project rather than an evaluation, researchers did not focus on what direct effects ESW had on the outcomes achieved by clients or what possibilities lie ahead for program expansion. A program evaluation and needs assessment are required to make these determinations.

Understanding the attitude and practice of other service providers

Another client that is served by ESW is the network of service providers in their community. A research project that discovers the outcomes related to practice or attitude changes among these service providers might prove useful in future.



Alberta Alcohol and Drug Abuse Commission
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For more information, contact your local AADAC office,
call 1-866-33AADAC or visit our website at www.aadac.com