

research snapshot

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Professionals' thoughts on best practice for integrated treatment for pregnant and parenting women with addictions

What is this research about?

For women who are pregnant or parenting, substance use problems can amplify struggles with parenting, which can perpetuate drug use and jeopardize the mother's and child's well-being. Many women have complex needs that require services from traditionally distinct social and health sectors. Navigating services can be challenging and services often don't address multiple areas of need. Integrated treatment programs are designed to meet these complex needs, combining addiction treatment with services for mental health, parenting, primary and pre-natal care, child welfare, and social services. There is no agreed upon definition or model of integrated treatment for mothers with problematic substance use which has led to many different types of service models.

What did the researchers do?

Researchers used a concept-mapping method that involves using various steps and approaches to better understand a concept that is new, not well understood, or lacks a universal definition. Participants were 30 experts in the areas of research, service provision, and management of integrated treatment programs, and policy development.

What you need to know:

Integrated treatment programs for women with substance use challenges lack a common definition, and there is a lack of consensus about what is best practice. The best way to promote the health and well-being of women and their children may be to use client-centred approaches that offer empowering services and a continuum of services. Coordination and partnerships across agencies and service sectors complement these goals.

They were asked to describe what effective integrated treatment looks like for pregnant or parenting women. Each participant came up with responses and grouped those that they felt counted as a single theme. They then analysed all the statements to see if, how, and to what degree participants grouped items the same way. Once the themes were determined, they ranked them according to their level of perceived importance.

What did the researchers find?

Client-centred themes were seen as most important, while agency or partnership-level themes were less so. The list below presents the clusters of different core elements that

constitute integrated treatment for pregnant and parenting women who use substances, from most to least important:

1. **Keeping in mind three clients:** Services tailored to empower the mother, her baby, and their relationship.
2. **Accessible and coordinated care for women:** Meeting women where they're at. Enhancing treatment by offering services based on mothers' needs, such as providing transportation and childcare with minimal burden.
3. **Coordinating across ministries:** Providing the capacity to work as a system and coordinating funding, knowledge exchange, and sharing best practices across sectors.
4. **Tailored, continuum-based services:** Tailoring services to life circumstances, aided by mutually-beneficial partnerships.
5. **Creative and coordinated partnerships:** Identifying shared goals between service providers to optimize care and better meet clients' needs. It is about clarifying roles and responsibilities among those involved.
6. **Sustainability and organizational health:** Constantly training staff, using program evaluation and reflection to optimize services.

Each of these core elements was embedded in the values of non-judgement, non-stigma, holistic and empowering care, and valuing lived experience.

How can you use this research?

This research may be useful for clinicians, service providers, researchers, and policymakers. As client feedback promotes improved treatment for women living with substance use challenges, the researchers'

findings may help those working with this group. This approach may also be of use to those who are using or plan to use integrated care. Similarly, those working with people who experience limitations in their emotional regulation and executive functioning skills may find this research helpful.

About the researchers

Tamara Meixner MA, is a PhD student in Clinical Psychology at Ryerson University. **Dr. Karen Milligan** has a PhD in Clinical Child Psychology from the University of Toronto. She is an Associate Professor at Ryerson University. **Dr. Karen Urbanoski** is currently a Scientist at the Canadian Institute for Substance Use Research and an Assistant Professor at the School of Public Health and Social Policy at the University of Victoria. **Dr. Kelly McShane** has a PhD in Clinical Psychology from Concordia University. She is an Associate Professor at Ryerson University.

Keywords

Pregnant, parenting, addictions, concept mapping

This Research Snapshot is based on the article, "Conceptualizing integrated service delivery for pregnant and parenting women with addictions: Defining key factors and processes," which is published in the *Canadian Journal of Addictions*, 7(3), 49–57.

Evidence Exchange Network (EENet) has partnered with the **Knowledge Mobilization Unit at York University** to produce Research Snapshots in the field of mental health and addictions in Ontario. EENet actively promotes the use of research evidence in decision-making by supporting engagement and connections between researchers and mental health and addictions stakeholders across Ontario. EENet works to develop targeted KT products and tools and supports interactive exchanges. It is supported by the Ontario Government and the Centre for Addiction and Mental Health. This summary was written by Brandon Hey. To learn more about EENet, please visit www.eenet.ca and www.eenetconnect.ca.

