Evaluation Case Competition

Case File

Final Round 2001, May 2001, Banff, Alberta

"The Spring Cottage Pilot"

The Student Evaluation Case Competition is organized by the National Capital Chapter of the Canadian Evaluation Society.

The members of the 2001 Organizing Committee were Natasha Bergeron, Irina Goldenberg, and Michael Obrecht. The case was written by Natasha in English. A French translation was arranged and paid for by the Canadian Institutes of Health Research.

The Case Competition Organizing Committee gratefully acknowledges the assistance of the following people in the preparation of case materials: Paul Welsh, Executive Director of Rideauwood Addiction and Family Services; Nancy B. MacNider, Executive Director of St. Mary's Home; Amanda Beatch, Associate Director of Client Services, St. Mary's Home; and, Elva Patterson-Rutters, Teen Addiction Counsellor, Rideauwood Addiction and Family Services.

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Rules for the Final Round of the Competition

1. Teams should bring their own computer (laptop) loaded with MS PowerPoint software for preparation of their presentation. It is recommended that members bring snacks and drinks in case such cannot be found near the case preparation room.

2. Organizers may interrupt teams briefly to take pictures of members at work preparing their presentation.

3. Teams will be guided by organizers from the case preparation room to the presentation area.

4. The presentations may be recorded on video.

5. Presentations should be no longer than 15 minutes. A timekeeper will give warning as the end of the presentation period approaches.

6. Judges and the audience will have five to ten minutes after the presentation to ask questions of the team.

The Scenario

Two operating community-based human service agencies (Rideauwood Addiction and Family Services and St. Mary's Home) and a planned new service (Spring Cottage Recovery Home) are collaborating on a pilot demonstration project of a residential substance abuse treatment program for young pregnant women and single mothers. The goal is to demonstrate to government and other potential funders that the program is both needed and effective. An evaluation committee has begun generating ideas for evaluation the pilot. They would like to obtain a second opinion about their proposed strategy and are looking for suggestions on how they might deal with some of the challenges they have encountered. They would also like ideas about additional evaluation issues that would be of interest to potential funders.

Your team is asked to provide advice to the evaluation committee. Specifically, they would like:

- your opinion on the strengths and weaknesses of their current evaluation plan
- your ideas about special issues that may arise in conducting an evaluation of the pilot
- suggested strategies for overcoming the challenges identified (both yours and the ones raised by the evaluation committee)
- your recommendations for improving the current evaluation plan to best meet their goals.

A preliminary draft of a logic model would also be helpful.

You are provided with descriptions of the three agencies, of their partnership project, of their current evaluation plan and notes on some of the challenges they are encountering. Background information on issues surrounding high-risk pregnant women is also provided.

Thanks for your help!! We look forward to learning your recommendations.

THE AGENCIES

St. Mary's Home

St. Mary's is a Maternity Home in Ottawa, Ontario, licensed under the Child and Family Services Act of Ontario. In existence since 1993, the agency provides residential services and support to women before and at the time of birth. It also provides accommodations for the women and their babies for up to three months after delivery. Through St Mary's community programs, former residents continue their involvement with the agency, attending group education and support programs and receiving on-going counselling and encouragement during the first eighteen months of parenting.

The service objectives of St. Mary's Home are to:

1. provide safe accommodation and a home atmosphere for unattached pregnant women; and to
2. help clients, through an individualized plan of care, to clarify values, set goals, make realistic decisions and learn skills that will assist them in reaching their potential.

As a residence, St. Mary's Home is licensed to accommodate 18 mothers and infants: 10 pre-natal clients and four mothers and babies. While the average length of stay is 4.5 months, it is common for women to live in the Home for six to eight months. Services are targeted to teens (14 to 21 years of age), but older women who are also at risk and in need of services are accepted if space is available. Many clients of St. Mary's Home are referred by friends as well as by other social, education and health services in the city of Ottawa. Young women under 16 years of age may be placed at St. Mary's Home by the Children's Aid Society (a child welfare agency in Ontario) or with parental permission.

Client Profiles: Women who participate in maternity home programs often come from backgrounds of poverty and hardship and from family situations that are less than ideal. Many have left school and their family homes as young teens, some only 14 years old. Most have been living with friends or boyfriends. Many of them are involved in turbulent or abusive relationships, have used drugs and alcohol and have dabbled in prostitution and illegal

activities. A study of pre-natal residential clients at St. Mary's in 1990-91 provided the following profile of clients:

- 42% had substance abuse problems;
- 39% were high school drop-outs;
- 33% had been physically abused as children;
- 19% had been sexually abused;
- 17% had been involved in prostitution; and
- 17% had attempted suicide

Overall, 63% of the residents were considered "high-risk" clients.

Risk Among Clients of Maternity Homes: A 1991 report on children's and youth services in Ontario, entitled *Risk in Perspective*, by the Ontario Association of Children's and Youth Institutions (ONTCHILD) provides information on the situation of young people using various residential programs in the province, including maternity homes. "Risk" was defined as "the significant probability that the client would develop serious behavioural problems or psychiatric disorders as a young adult [and] the client would be dependent on welfare and live in deprived, often abusive, social and economic conditions." (The Ontario Association of Children's and Youth Institutions, 1991, p. 6).

Young single mothers face many obstacles in providing a stable, nurturing environment for their children. Just the fact that they are young poses many challenges: teenage mothers have not had the time to mature themselves before they must take on the responsibilities of caring for an infant. Early parenting severely restricts their future life choices. Young mothers are less likely to finish high school, are more likely to be unemployed or to work in low paid jobs, and therefore live in poverty. In turn, poor children have higher rates of premature death, suicide and homicide, chronic illness and limitations of normal functions, developmental problems, poor school performance and likelihood of dropping out. Children born to teenage mothers are statistically at higher risk of low birth weight, accidents, congenital sexually transmitted diseases, child abuse and neglect (Advisory Committee on Children's Services, 1990).

Women who have suffered abuse, neglect and deprivation as children are at higher risk of poor parenting outcomes. Some of the factors that contribute to child abuse and neglect are: family factors such as substance abuse, a history of family violence, high levels of family discord and inadequate parenting in the previous generation; and social and economic factors such as inadequate monetary support, unemployment and underemployment and lack of social services (MacKay, cited in *Children First*, The Advisory Committee on Children's Services, 1990).

Other identified risk factors related to negative outcomes for children of young single mothers are:

- interrupted or inconsistent care from parental figures;
- rejection or lack of affection from parental figures;
- physical or sexual abuse;
- emotional deprivation;
- physical neglect;
- family conflict; and
- material poverty.

The ONTCHILD report indicated that maternity home clients had high levels of physical abuse, drug and alcohol abuse, suicide of a family member, incarceration of a family member, diagnosed brain damage or learning disability. The authors concluded that the primary problems of maternity home clients are not that they are pregnant: "The problems for clients in maternity homes are poverty, family violence, poor social skills and a long list of other serious stressors. These factors have been found in previous research to predict increased risk of serious psychiatric, behavioural and social problems. Young women trapped in a web of adversity are much more likely to recreate this cycle for the next generation, especially if they become encumbered with long-term responsibilities such as child care before they are 25 years of age" (The Ontario Association of Children's and Youth Institutions, 1992, p. 16).

There is a growing awareness of the important preventive and monitoring role that residential services can play among high-risk mothers and their children.

St. Mary's Programs: In addition to offering support, personal counselling services, co-ordination of health and social service needs, St-Mary's offers individualized school and counselling programs in the areas of parenting, baby care, personal growth, independent living, anger stress management, addictions (the program under evaluation), healthy living, and arts and crafts. It is mandatory that clients attend school and programs daily from 9 a.m. to 3 p.m. Arrangements have been made with the school boards for the girls to receive academic credits for all these courses. Because the women are admitted to St. Mary's at different times, they enter the programs at whatever lesson (component) the group is doing. Each girl must complete all components of each program and they do so in different orders, depending on when they arrived at St. Mary's. For each client, the date she began each program component, her attendance, and independent learning (homework) are recorded.

Rideauwood Addiction and Family Services

Rideauwood Addiction and Family Services is a non-profit agency in Ottawa, Ontario, which provides non-residential substance abuse and addiction counselling services for adults, adolescents, and family members. The agency offers (1) an Adult Addiction Program, (2) a Family Member Program for spouses, partners, or other people close to an adult with substance abuse or addiction problems, (3) Youth Substance Abuse Treatment programs for younger adolescents 12 to 18 and young adults aged 19 to 23 (separately) with alcohol or drug related problems, (4) Parent Programs for parents of youth who have alcohol or drug related problems (regardless of whether their child is in treatment), (5) Children and Sibling Programs for children and siblings of an individual with substance abuse or addiction problems, and (6) Problem Gambling Treatment Programs. All programs are group-based with individual counselling as needed. Public education, training and consultation with other service providers are some other activities that are carried out by the agency's staff.

Rideauwood's Treatment Approach: Rideauwood's approach has developed out of 23 years of observation, treatment experience and research. There are many factors that can contribute to harmful use of alcohol and drugs. These include emotional distress, biological risk factors, inter-generational patterns

and environmental influences. Rideauwood's approach is to help the client recognize the signs of substance abuse and dependence and acknowledge serious problems requiring change. Change is at the core of Rideauwood's work.. Rideauwood's focus with clients is broad, encompassing all aspects of living that require change. It includes harm and risk reduction, reduced use, and abstinence from alcohol and drugs, depending on the clients' needs and motivation. No single philosophy of substance abuse or addiction is required of clients and staff rejects none. Behavioural, psycho-bio-social, social learning, disease and 12 Step approaches each have merit and utility. They are all part of the versatile and eclectic array of tools and approaches available to staff. Group treatment, supplemented with individual counselling, is provided as an effective and efficient mode of intervention to facilitate the sharing of life experience, positive peer pressure, group support, insight and change.

Spring Cottage Recovery Home

Spring Cottage is an "idea in progress" to create a women's residential treatment centre for both mothers and their infants. Board members and supporters are comprised of concerned professionals and members of the community who have come together to realize a concept of treatment and recovery from addiction that has emerged from the group member's research and their personal awareness of the unmet needs of teen mothers.

Spring Cottage's philosophy: Mothers often have to choose between treatment and their children. This frequently results in a negative outcome regardless of their choice. If the mother chooses not to seek treatment in order to insure the continued custody of her child, she repeats the cycle of addiction by remaining an actively addicted mother. This sets the child up for the negative psychological consequences of an unhealthy and unstable upbringing, which often includes physical, emotional and nutritional neglect. If the mother chooses treatment, she may have to give up custody of her child. This breaks the mother infant bond and contributes to subsequent disorders in the child. She also runs the risk of losing custody of her child, and this puts a continuing strain on any efforts to recover. Further, the custody issue puts an added strain on society's social services.

Spring Cottage aims to break the cycle of addiction by addressing the needs of both mother and infant while protecting the mother/infant bond. It aims to provide education in addiction to the mother for her personal recovery and to give her insights and information on the effects of her addiction on her child. Additional education will be focused on parenting skills, life skills, employment skills and on the specific needs of the child. The belief is that a program of this type will reduce the financial and emotional strain of addiction on society, by removing some of the barriers that prevent women from seeking treatment. This will greatly improve the chances that their children will not later require social services or grow up to become addicted or dysfunctional individuals. Spring Cottage Recovery Home would be the first residential facility of its kind in Canada

Spring Cottage's Program:

Mission Statement. Spring Cottage is a residential addiction treatment facility. It is the first Canadian program designed specifically to meet the needs of mothers and their infants. It targets a population at the heart of the addiction cycle and offers mothers and children an alternative to current systems, which require separation during treatment. It provides education, therapy and support to maintain and enhance the parent/child bond and long-term recovery, thus encouraging and teaching healthy change through the acquisition of new skills.

Need. No one aspires to be an alcoholic or a substance abuser. Genetics or an effort to escape pain, be it physical or emotional, are two reasons why people develop addictions. And, if the hand that rocks the cradle is governed by alcohol or substance abuse, the results can be tragic. Addicted infants. Dysfunctional families. Enormous social costs. Many women – motivated by love for their children – seek treatment for their addictions, despite the risk of losing custody. Others seek treatment only to have their efforts stymied by lack of appropriate childcare. From this was born the Spring Cottage Recovery Home concept – unique to Canada – for a residential treatment centre with a strong educational component, where mothers don't have to choose between treatment and their children, and where infants at risk receive help at the earliest possible moment.

Objectives. Spring Cottage was originally incorporated under the Corporations Act of Ontario to offer a safe, nurturing recovery environment

for substance-abusing mothers and their infant children. Its aim is to provide an alternative multi-faceted addiction program that allows the bond between mother and child to strengthen and "break the cycle" of dysfunctional and unhealthy family units. The program will provide the skills, knowledge and aftercare by which mothers will achieve and maintain long-term recovery and enable them to effectively parent their children. Its objectives include:

- Attracting addicted mothers and their infants, regardless of race, class, sexual orientation – along with their infants - into its substance abuse residential recovery program.
- Providing a safe and fulfilling environment in which women may receive treatment and pursue recovery.
- Implementing a spiritually-based treatment program (12 step inclusive)
- Introducing mothers to learning opportunities that focus on life skills, parenting skills and employment skills.
- Educating and preparing the young mothers for transition to second-stage aftercare as well as supporting them in their journey to becoming a long-term productive member of society.
- Teaching the client the importance of addiction and how it affects the mother/infant bond.
- Offering a specialized program for special-need infants that will assess their immediate requirements and foster their emotional and physical health.
- Partnering with local community resources and services for efficiency and complementarity.

Approach. Endeavouring to encourage and reassure its clients during their recovery and return to a healthy lifestyle – where they can effectively parent their children – and modelled after such American residential recovery programs as the Brattleboro Program in Vermont and the Willowmet Family Program (Oregon), Spring Cottage requires all clients to successfully complete a withdrawal program at a local detoxification centre prior to admission into the program. The three- to six-month Spring Cottage Recovery treatment program comprises several awareness and educational programs, including psychosocial, educational, family and abuse issues, relapse prevention, life skills and parenting components that will be delivered in 1.5 hour sessions each morning and afternoon. The program also includes daily group therapy, self-care, chores, mother-infant interaction, leisure, and exercise. The

program's structured style will attempt to imitate the average working mother's day, to help the client develop a recovery-oriented life style. Spring Cottage envisions opening the program to preschoolers, once the initial infant program has been established.

PARTNERSHIP BETWEEN THE THREE AGENCIES

Rideauwood Addiction and Family Services, St. Mary's Home, and Spring Cottage recently established a partnership to conduct a pilot of the Spring Cottage program at St. Mary's Home, using the expertise from both St. Mary's Home and Rideauwood Addiction and Family Services.

Recognizing that the client group at St. Mary's Home is "at a different place" vis-à-vis their addiction treatment journey than clients who will enter Spring Cottage once it is operational, the pilot is a modification of the Spring Cottage Program as currently conceived. Experience has demonstrated that many clients of St. Mary's Home are quite debilitated by addictions but are not yet motivated to engage in treatment. Hence, the pilot at St. Mary's is aimed to render clients "treatment ready" rather than provide *treatment per se.*

THE PILOT PROGRAM

Rideauwood's addiction programs for youth was modified for the purposes of this pilot project. A teen addiction counsellor from Rideauwood goes to St. Mary's Home twice a week for two hours to deliver individual and group counselling on issues relating to addictions. The program runs for 20 weeks, with a different theme covered each week with the group. Journal writing and experiential activities supplement group and individual counselling sessions. The goal is to get the clients "treatment ready" by increasing awareness of : their addiction problems, the source cause and how their addictions may impact their child and parenting. Clients enter the program at different points, depending on when they were admitted at St. Mary's, but all clients admitted to the addiction program go through the 20 weeks. The participants in the addiction program can be grouped in three categories:

- Girls who had a substance abuse issue and stopped when they became pregnant.
- Pregnant girls who never had a problem with substance abuse
- Girls who have a substance abuse problem and who haven't stopped.

St. Mary's uses an integrated services approach, whereby persons involved in the delivery of each program at St. Mary's work together to best serve the clients. Hence, all staff involved in the delivery of programs attend case meetings and have discussions about clients. This often leads counsellors to incorporate each other's methods and strategies in their own programs and leads to an increase in their own knowledge of different issues. For example, St. Mary's staff has found that their own knowledge of addictions has increased tremendously since the inception of this program.

EVALUATION OF THE PILOT

Goals

An committee comprised of members of the three agencies has begun generating preliminary ideas of how to evaluate this pilot project. The committee believes that the principal purposes of the evaluation are:

- To demonstrate that a program of this nature (residential program on substance abuse for mothers with addiction problems) is effective - in order to justify and guide the development of Spring Cottage.
- To demonstrate the importance of this specific program with this clientele for St. Mary's and Rideauwood Addiction and Family Services to strengthen their requests for continuing funding for this program at St. Mary's with a Rideauwood addiction counsellor.
- To demonstrate that there is a need for the development of a new and different program (Spring Cottage) in the area.

Spring Cottage would be different from the current program, in that it would be a residential **treatment** program where mothers would live with their child. In the current program, clients leave the residence shortly after having given birth, and the addiction counselling that they receive is not a treatment program *per se*. The current addiction program being implemented at St. Mary's is intended as a pilot demonstration project funded by Spring Cottage. However, as many of the clients at St. Mary's have addiction problems, St.

Mary's would like to continue providing this service once the pilot project is terminated. As no funds are currently available for continuing this program after the pilot, St. Mary's and Rideauwood are hoping that the results of this evaluation could be used to strengthen their own requests to potential funders.

Measures

A series of measures are currently being administered to clients in the substance abuse program. Some measurement is part of the program itself, administered by the counsellor, and some is for evaluation research, administered by another person (within 48 hours of admittance to the program) and at post intervention, within one month of discharge. It was felt that the post intervention measures should not be administered near the time of discharge, as clients are typically anxious at that transitional stage.

Prior to entering the group, the teen addiction counsellor meets with each client individually and administers a questionnaire which asks about previous substance abuse treatment history, drug use history (type of drugs used, drug use patterns), psychological/behavioural status (i.e., has the person ever been depressed, attempted suicide, been physically abused), school history, work history, legal history, family history, medical history. This measure is a standard measure used at Rideauwood prior to beginning substance abuse counselling and is not part of the battery of measures for the evaluation.

Other measures administered routinely by the addiction counsellor are a Treatment Entry Questionnaire and Readiness to Change questionnaire (only for those clients thinking of going on to treatment once they leave the program at St. Mary's). These measures are administered at the end of the program. The Treatment Entry Questionnaire looks at motivation for wanting to enter treatment, whether intrinsic or extrinsic. Example of items are: "If I remain in treatment, it will probably be because others will be angry with me if I don't", "I plan to go through with a treatment program because not abusing alcohol and drugs is a choice I really want to make". Clients are asked to indicate how much they agree or disagree with each statement. For the Readiness to Change questionnaire, clients are presented with 5 statements and must indicate which best describes them. Example of statements are: "I am not sure if I have a problem with alcohol, drugs", "I

have already made the changes I need to make and I want help to maintain those changes". This measure is used to make treatment plans.

Measures that have been chosen for this evaluation (to be collected at pre-test and post-test) are the following:

- **Awareness questionnaire:** measures clients' knowledge about addiction and about the effects of drugs and alcohol on health and on unborn babies. This measure was developed specifically for the purposes of this evaluation as no other measure of knowledge of substance use/drug awareness could be found. Examples of items are: "When is someone an addict?" (open question format), "Does alcohol affect unborn babies?" (answer format: yes, no, don't know).

- **Behaviour and Symptom Identification Scale (BASIS-32):** a validated 21-item questionnaire that assesses symptoms and problems of concerns to clients. The scale contains statements that comprise five major areas of difficulty: relation to self/others, daily living/role functioning skills, depression/anxiety, and impulsive/addictive behaviour. Clients are asked to indicate how much difficulty in the past week they have been having in the different areas by responding to each statement by 0 (no difficulty), 1 (a little difficulty), 2 (moderate difficulty), 3 (quite a bit of difficulty), 4 (extreme difficulty). Examples of items are: "Managing day-to-day life", "Relationships with family members", "Depression, hopelessness", "Physical symptoms".

- **Perceived Social Support:** a standardized 14-item instrument that measures the subjective quality of relationships with friends and family. Clients are presented with a list a statements to which they must circle Yes, No, or Don't Know. Examples of items are: "My family gives me the moral support I need", "I wish my friends were much different".

- **The CES:** a measure of depression. The scale consists of 20 items representing statements of depressed affect and symptoms (e.g., "I felt depressed", "I thought my life had been a failure"). Clients are asked to respond how often they felt or behaved this way during the past week on a scale of 1 (rarely or none of the time, less than 1 day) to 4 (most or all of the time, 5-7 days).

- **The Rosenberg Self-Esteem Scale (RSES):** The RSES is a brief 10-item self-esteem questionnaire that has good psychometric properties and is widely used. Clients are asked to indicate how much they agree with each statement. Example of statements are: “On the whole I am satisfied with myself”, “I am able to do things as well as most other people”, “All in all, I am inclined to feel that I am a failure”.

- **Client Satisfaction Questionnaire:** ONLY ADMINISTERED AT POST-TEST. Measures the degree of satisfaction the client feels about the program. Clients are asked a number of questions about the services they have received and indicate their answer on a 4-point rating scale. Example of questions are: “How would you rate the quality of the addiction program?”, “How satisfied are you with the amount of help that you have received in regard to your own use or misuse of drugs/alcohol?”.

Challenges

Members of the evaluation committee were thinking of looking at pre-post test changes to answer their evaluation questions. However, they have run into a few challenges for which they seek guidance. Some of the issues are:

- How do you demonstrate that this program is effective, independent of everything else that is going on at St. Mary’s? St. Mary’s uses an integrated services approach where clients participate in several programs and staff talks to each other about client needs and issues. How can it be demonstrated that the outcomes of this evaluation are due to the actual program itself and not to some other factors?

- The evaluation as currently designed doesn’t seem to address issues relating to pregnant or parenting clients or the mother-child bond. Therefore, the evaluation as currently conceived may not address some of the questions it was designed to answer, such as justifying the need for the development of a new Spring Cottage program, for example. The idea for Spring Cottage was generated specifically to keep and strengthen the mother-child bond while enabling the mother to go through addiction treatment; which is an option not

currently available. Currently if mothers want to go into addiction treatment, they must be separated from their child.

- It is common for mothers to go back to their addiction once their baby is born. The Spring Cottage program is aimed particularly at mothers who have young babies whereas at Saint Mary's the program is aimed more at pregnant women. Should something be included in the evaluation to recognize this?

- Current pretest questionnaires ask clients for information related to the time they became pregnant. In preliminary use of the questionnaires it was found that many clients do not remember their behaviour at that time or underestimate their use of addictive substances, perhaps because of fear that the child welfare agency will be called, or because of embarrassment. Clients have been reassured that their responses to the evaluation measures are confidential and that the staff at St. Mary's will not be aware of them. But clients know that staff members have discussions about them.

- It was also found during the preliminary assessments that clients tend to lack understanding of concepts relating to drug and alcohol use. For example, when asked if they drank, several clients responded "no" because they didn't get drunk. For them, drinking means getting drunk. Similarly, when asked "do you do drugs?", it was found that several clients who responded "no" later said that they used marijuana. They did not consider marijuana a drug.

    - These young women are often the children of parents with addiction problems. They have been in the child welfare system, have experienced traumas, tend to have low levels of literacy, tend to be resistant, fearful, anxious, and lacking trust, particularly at the beginning of treatment. It is important, therefore, that the evaluation process itself must not push clients away from the counselling process, must not be too overwhelming, must not be too demanding and time consuming, and be able to get the most accurate information. The evaluation team currently fears that the outcome data will not be very powerful if they look at pre-post test change scores because of the underreporting of addictive substance use at pre-test, for example.