

Promoting Healthy Families Pregnancy to Early Years: PuP Program Synthesis Mapping



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Summary

The Parents Under Pressure (PuP) Program is an evidence-based parenting program developed for families facing multiple adversities and challenges. While evaluating the program through a feasibility acceptability study, the complexity of clients' lives combined with the nature of the PuP program left an unclear picture of what external factors impacted each client during their time in the program. Given this lack of clarity, a synthesis map was created in order to gain a better understanding of the intricacies of the multiple pathway's clients can take as well as to highlight themes found among the PuP journeys.

Introduction

It is well known that a healthy environment, mainly provided through sensitive and responsive caregiving, is crucial for infants' emotional, social, and cognitive development and wellbeing. Young children brought up with parents facing complex challenges such as substance misuse or experiencing social determinants of health such as poverty are at risk for poor development, behavioural concerns, and childhood maltreatment (Fallon et al., 2013; 2000; Slack et al., 2011). Parenting is stressful, particularly for those who are at-risk and already facing these complex challenges. Research has demonstrated that parenting programs can enhance emotional and behavioural adjustment of children, improve the wellbeing of parents, and can reduce risk factors and increase protective factors associated with child maltreatment within the general population and at-risk parents (Chen & Chan, 2016; Rayce et al., 2017).

There are numerous programs targeting at-risk parents with infants. The Parents under Pressure program was developed in Australia for families facing multiple adversities and complex needs. These include mental health issues, substance use problems, exposure to intimate partner violence (IPV), and challenges around other social issues (Dawe and Harnett, 2007; Harnett et al., 2018). The program is underpinned by the attachment theory, behavioral parenting skills, and adult psychopathology (Barlow et al., 2013; 2016). Trained PuP providers use a combination of methods in the delivery of the program including a therapist manual, psychometric assessment, and parent workbooks. There are twelve modules, each comprising a theme – for example, “connecting with the child”, “life skills”, and “relationships” (see Table 1). The PuP content is selected based on conversations between trained PuP providers and clients about individualized specific needs such as social and community support and housing instability. While each treatment plan is tailored based on the specific needs of a family, all cases include a focus on the quality of caregiving and parental emotional regulation (Barlow et al., 2019).

Table 1: PuP Modules and Content

Module	Content
1	Starting the PuP Journey
2	Planning My PuP Journey
3	View of Self as a Parent
4	Connecting With Your Child
5	Understanding What May Happen When Children Are Exposed to Trauma or Loss
6	Health Check Your Kids
7	How to Manage Emotions When Under Pressure
8	Supporting Your Child to Develop Self-Regulation
9	Managing Substance Use Problems
10	Connecting With Family, Community and Culture
11	Life Skills
12	Relationships
13	Closure

While evidence for the effectiveness of PuP is promising (Ivers et al., 2020; Harnett et al., 2018; Daw et al., 2003), there have been few studies looking at the effectiveness of the program in at-risk parents during the perinatal period (birth to two-years post-partum). This is a favorable time for prevention programs as this is period of child development that includes rapid brain development which shapes the foundation for lifelong trajectories (Aarestrup et al., 2020; Rayce et al., 2017). To address this gap, we undertook a feasibility and acceptability study within a Canadian context where our healthcare system is unique from countries where PuP is typically implemented (Australia, UK, and Ireland) (Peahl et al., 2020; Declercq et al., 2008). We partnered with four agencies across Ontario and one agency in Quebec to evaluate the PuP program with at-risk women during the perinatal period. Fifteen service providers were trained, of which 13 enrolled and delivered the PuP program and a total of 55 parents were enrolled into the study.

Engaging and retaining parents in parenting programs is difficult and at-risk parents also face numerous barriers to accessing services such as access to childcare or transportation (Shenderovich et al., 2018). Additionally, the challenges at-risk parents face such as mental health issues or intimate partner violence can impact their ability to engage in services (Rostad et al., 2018). However, findings on which factors impact program engagement are mixed, which may be due to differing definitions of program engagement between researchers, variation between programs, and variation in methodologies across studies (Haine-Schlagel et al., 2022; Haine-Schlagel, & Walsh, 2015; Staudt, 2007). Defining engagement for the PuP program is especially difficult due to the individualized nature of the PuP program. Within the program there is no standardized method of delivery, meaning that the number and length of sessions, time in the program, format of delivery, and even the content delivered can look different from one parent to the next. Expectedly, within the current study the parents' various journeys through the PuP program look quite different. In order to gain a better understanding of the differences in journeys we created a synthesis map and an accompanying report to outline the multiple pathways parents can take through the program and to highlight personal barriers that impacted program delivery.

Methods

Synthesis mapping is a popular qualitative research method used to visually represent and interpret research data and complex social systems (Jones & Bowes, 2017). This technique has previously been used to illustrate patients journey through various healthcare systems (Jones et al., 2017; Scherer et al., 2021) and can be used to facilitate discussion between multiple stakeholders in a field to navigate best care for families in complex systems and services.

The first step for creating the PuP synthesis map was to create a rough outline of each client's time in the PuP program. To do so, we used fidelity checklists collected through Qualtrics from PuP providers after each of their clients PuP visits. Fidelity checklists included the date of the PuP visit, start and end time, location of visit, module delivery, and an open-ended question asking for a summary of the visit. The data was downloaded from Qualtrics into Excel and key information was extracted and mapped out across providers for each client in PowerPoint.

Next, informal interviews were held with PuP providers during which the rough maps were presented for each of their clients. Providers were asked to confirm accuracy of the data as well as to explain any parent characteristics and external factors that impacted each journey. Of the 13 providers who enrolled and delivered PuP, six providers left the agency during the study. While two of these providers were willing to take part in the interview, we did not have contact information for the remaining four providers. In these cases, interviews were held with another staff member at the agency with access to the client files. It should also be noted that not all fidelity checklists were completed and, due to some providers leaving an agency, we were not able to confirm accuracy for all parents.

Following the interviews, a content analysis was undertaken to identify themes of key parent challenges and external factors impacting the PuP journey. Two research staff members reviewed all interview notes and fidelity

data to pull out common trends in PuP content and delivery as well as common parent challenges. Using the trends identified we designed a visualization roadmap to highlight the unique pathways of the PuP program. Once the map was created, we completed a member checking process, a technique used to ensure accuracy and aligns with participant experience (Brit et al., 2016; Lincoln & Guba, 1986). The map was sent to three key providers for feedback and to confirm the visualization adequately represented their experience with the PuP program. All three providers felt the map adequately represented their experience with delivering the program to PuP clients. The final PuP Pathways Map is discussed below.

Results

The PuP Pathways Map (see Figure 1) visually represents the multiple journeys one can take through the PuP program and highlights the most common parent challenges and external factors that impact PuP. The map is summarized below and is followed by a more detailed analysis. For the purposes of this report, dropouts do not include those whose provider left the agency.

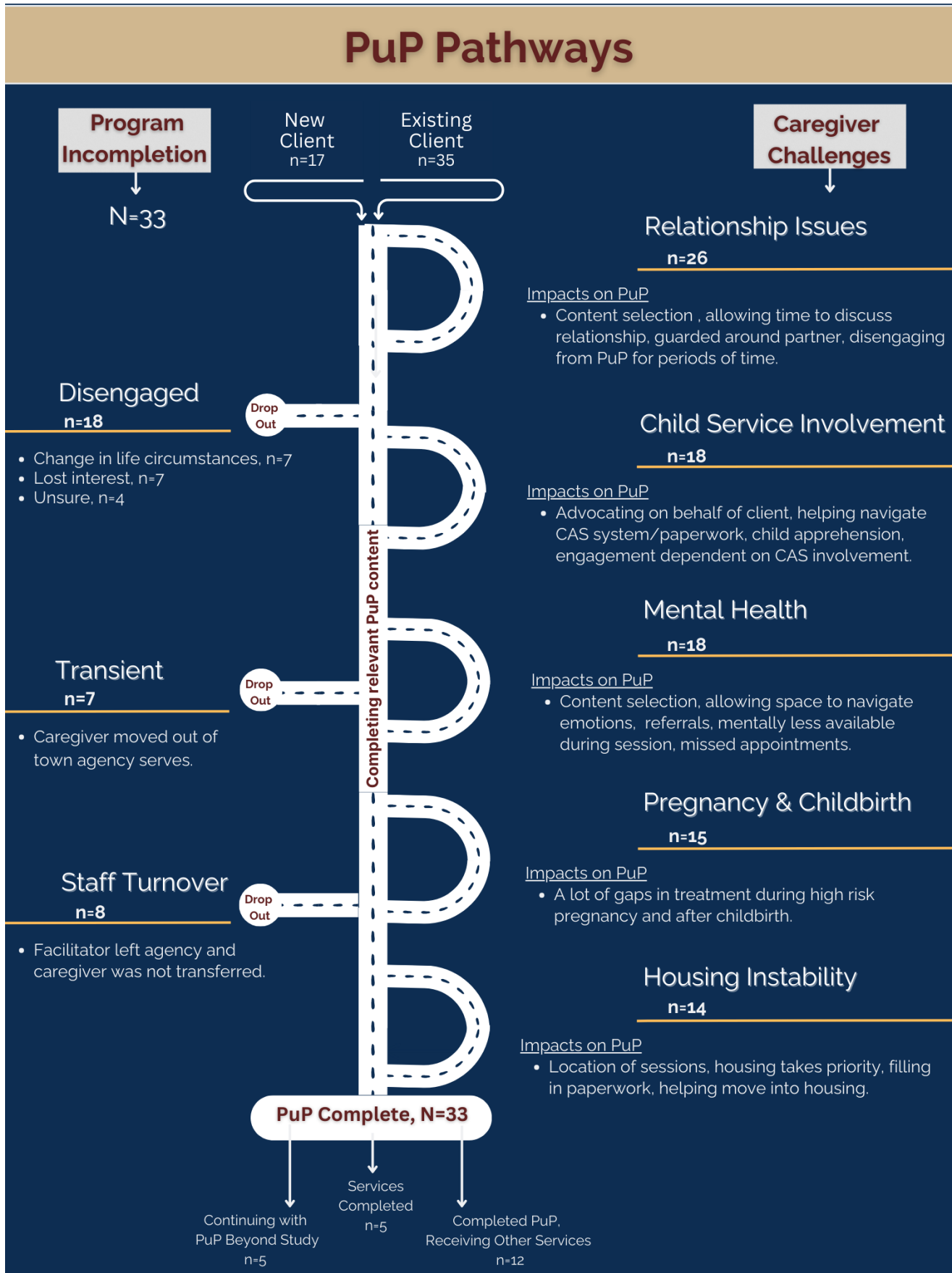
When looking at the map, it is clear that there are two entry points - starting PuP as a new client and starting PuP with an existing provider-client relationship. There is potential for one straight path (consistent sessions with relevant content being delivered) before completing PuP, however, multiple parent challenges and external factors can lead to people disengaging for periods of time or to program incompleteness. On the right side of the map there are multiple forks in the road representing parent challenges that impact PuP delivery. Across parents the six most common challenges were: relationship issues, child service involvement, parent mental health issues, pregnancy and childbirth, and housing instability. Cognitive issues such as learning disabilities and ADHD, and substance using parents were also highlighted as having an impact on PuP but due to the small proportion of parents impacted it was not included on the map but will be discussed further in the analysis section.

Similar to having multiple entry points there are also multiple ending points. At the bottom of the map there is an end to the journey to represent the parents who completed the program. There are three possible completion points for parents. First, someone can complete the program, second, someone can complete the program but be actively engaged in other services at the agency, and third, there are those who will continue on receiving the program after the end of the study. The left side of the map (represents a larger number of parents who disengaged in the program leading to program incompleteness. Among these parents, some dropped out of the program due to losing interest or a change in life circumstances, while others dropped out due to external factors (e.g., moving out of the agency's catchment area or their specific provider leaving the agency).

Relationship to Client Prior to Starting PuP

The majority of parents were existing clients (64%, n=35) with providers only delivering PuP to a small number of clients with whom they did not already have a relationship (31%, n=17). We were unable to confirm provider-parent relationship for three parents whose providers left the agency prior to interviews. The relationship between a provider and client is known as working alliance, and this relationship has been shown to positively impact treatment outcomes (Castonguay et al., 2006; Uckelstam et al., 2020). During the interviews providers mentioned that having a preexisting relationship facilitated program acceptance due to a trusting relationship already being established. This may have had an impact in the present study as for those parents who had an existing relationship with the provider, 43% (n=15) ended up dropping out of PuP compared to 59% (n=10) of new clients. Interestingly, those who dropped out before receiving any treatment (n=4) were all new clients, which could be due to not beginning the program with an established therapeutic alliance.

Figure 1: PuP Pathways Map



Challenges Parents Faced Impacting Journey

As mentioned, there were five common challenges identified among parents that impacted the PuP program. Each challenge will be evaluated for its impact on the PuP program below.

Among all parents enrolled into the study 47% dealt with relationship challenges (n=26). Within this cohort, 46% dropped out at some point (n=12). Parents whose relationship issues involved intimate partner violence (IPV) accounted for 18% of total parents (n=10) and over half of the parents within this cohort dropped out of PuP (60%, n=6). A larger proportion of parents within this cohort experienced relationship issues without IPV (29%, n=16). Six parents who experienced relationship issues without IPV dropped out (38%). The added challenge of having relationship issues impacted PuP in several ways. First, the content selection during sessions was often centered around the relationship. Second, providers also noted that they often needed to allow extra time and space to discuss relationship challenges and there was an added barrier in getting the expected work done due to getting off topic during sessions. Third, this challenge often also led parents to disengage from PuP for periods of time when relationship challenges were occurring. Fourth, this cohort experienced difficulty being open during visits due to parents not wanting to talk about issues around their partner (particularly for those impacted by IPV).

Having Child Service (CAS) involvement impacted 33% of parents (n=18). Within this cohort, 44% of parents dropped out at some point (n=8). This added challenge presented several obstacles in delivering the PuP program. Providers commented on how additional time was spent advocating to CAS workers on behalf of the parent, helping their client navigate the CAS system and assisting clients with filling out paperwork. Providers also mentioned that program engagement for a lot of parents in this cohort was dependent on CAS involvement. They would therefore participate only enough to be able to show that they are receiving treatment. Additionally, for three parents, child apprehension led them to drop out of the program.

Mental health issues (primarily depression and anxiety) impacted 33% of parents enrolled in study, (n=18), however, only a small proportion of parents within this cohort dropped out of PuP (33%, n=6). There were several ways that having mental health challenges impacted PuP. The content selection during sessions was often centred around the parent's current state, with some providers noting that they frequently needed to incorporate mindfulness strategies. Extra time was also identified as being necessary in order to allow space for parents to navigate their emotions. Providers also noted that this cohort was less mentally available which sometimes made it difficult to get work done during sessions as well as led to a number of missed appointments. The location of visits was sometimes impacted if a parent did want to leave house due to their mental health. Additional time was also needed outside of PuP sessions for providers to make referrals for additional mental health support (social workers, psychologists, etc.).

Pregnancy and childbirth were also identified as common challenges with 27% of total parent's journeys being impacted (n=15). While a small proportion of this cohort dropped out at some point (33%, n=5) pregnancy and childbirth did impact PuP engagement in other ways. Providers noted that high risk pregnancies, parents who were pregnant and also had multiple children, or parents who had recently given birth tended to have more long gaps in treatment due to not having time in their lives for the program.

Twenty-five percent of parents were impacted by housing instability (n=14) of which 43% dropped out of the PuP program at some point (n=6). Housing instability related to poor housing conditions or living in a housing program accounted for 18% of total parents (n=10) while a smaller proportion of parents were dealing with homelessness (7%, n=4). Those parents within the housing instability through poor housing conditions or housing programs were equally likely to drop out (40%, n=4) compared to those who within the homeless cohort (50%, n=2). Overall, housing instability impacted the location of PuP sessions being primarily in public places or at the agency if a parent was homeless or if the house was an unsafe environment. During provider interviews, providers highlighted homelessness and housing issues taking priority, leaving little time to focus on PuP or other

goals. Providers also spent extra time helping parents fill in paperwork for housing applications as well as helped move parents into housing when secured.

While not included on the PuP Pathways map due to the small number of parents impacted, we will touch on the impacts of other health impairments (ADHD and learning disabilities) and substance use here as they were described by providers as having significant impacts on program delivery. First, seven percent of parents journeys were impacted by ADHD (7%, n=4) of which 50% dropped out (n=2). Nine percent of parents had a learning disability (n=5) and 20% of parents within this cohort dropped out (n=1). PuP sessions with parents who had ADHD were often described as “scattered”, making it hard to keep on track. It was also noted that sessions would often get missed due to parents forgetting or double-booking appointments. Parents with a learning disability needed extra assistance reading material and completing paperwork. The content selection for this cohort was also described by providers as being geared towards life skills. Second, providers mentioned substance use or recovery among 13% of parents (n=7). Among the parents who were identified as substance users or in recovery, 57% dropped out of the program (n=4). Providers noted the biggest impacts on PuP delivery in this cohort was the selected content and engagement difficulties.

Number of Challenges Experienced by Parents

PuP is designed for families facing multiple complex challenges and the majority of parents within our sample experienced multiple challenges (see Table 2). Only 18% of parents had no challenges identified (n=10) while 64% of parents experienced 1-3 of the challenges (n=35) and 18% of parents experienced 3-6 challenges (n=10).

Table 2: Number of Parents Impacted by Multiple Challenges

Number of Challenges	0	1	2	3	4	5	6
Number of Parents	10	15	15	5	6	2	2
Percentage of Parents	18%	27%	27%	9%	11%	4%	4%

Program Completion Vs Incompletion

A smaller proportion of parents ended up completing the PuP program (40%, n=22) than those who did not complete the program (60%, n=33) which is likely due to the multiple challenges these parents faced. Seven parents dropped out of PuP due to a change in life circumstances (e.g., post secondary enrollment, house fire) and seven parents lost interest and dropped out. External factors leading to program incompletion included parents moving out of the catchment area an agency serves (n=7) and the provider leaving the agency (n=8). We were unable to confirm a reason for disengaging for four parents. There were three pathways identified for completing the PuP program. First, a parent could complete the program and not engage in any additional services (n=4). Second, and most commonly within this cohort, a parent could complete the program but still be actively engaged in other services at the agency (n=12). And third, there are cases where for the purposes of the study parents were marked as complete, but providers will continue doing casework involving PuP for months or years (n=5).

Other Factors Not Included on Map

To accompany figure one, the intricacies of the PuP program were further examined in order to justify why each parent’s pathway looks different. Agency level challenges and PuP program factors that varied among the different journeys will also be explored.

Agency Level Challenges

At the agency level there was a significant number of providers who left the agency. Out of the total providers trained (n=15), 46% dropped out of the study after training (n=7; 6 left agency, 1 on extended leave).

Additionally, 22% of parents were impacted by staff vacation causing gaps in treatment of at least one month (n=12).

PuP Format, Method, Content, and Delivery

Factors related to the PuP program also varied between parents. To begin, the parent workbook was only used with 34% (n=19) of clients for more than two sessions. Providers commented that due to the clients’ complex lives, housing instability and ADHD/learning disabilities specifically, it was difficult for parents to keep track of the workbook. Additionally, for clients with complex needs providers felt that the parent workbook did not provide enough information. Those who did use the workbook with their clients noted that it was useful to help keep a client on track of their PuP work and goals.

The location of PuP sessions also differed among parents. The majority of parents received their sessions primarily in-person at the agency (27%, n=15) or in-person at the parent’s home (27%, n=15). A virtual platform was used for all sessions for 11% of parents (n=6) and a public space was the primary location for one parent. The remaining parents received a combination of agency, parent home, public space, phone, and virtual format (25%, n=14). There were four parents who dropped out of the program before receiving any treatment.

The length of time in the PuP program for those who completed at least two sessions ranged from seven days to 380 days. The average length of time in PuP among all parents was 154 day (SD=115) . When looking at the number of days spent in PuP across parent challenges, the amount of time varies (see Table 3). Parents with ADHD spent the longest amount of time in the PuP program averaging 282 days and those with housing issues spent the least amount of time in PuP, 139 days. When looking at days spent in PuP with parents experiencing multiple challenges, there is a general increase in the number of days spent in PuP as the number of challenges increases (see Table 3).

Table 3: Average Number of Days in PuP Across Parent Challenges

Number of Days in PuP Across Parent Challenges	
Challenge	Average Number of Days in PuP
<i>Relationship Issues (n=26)</i>	174
IPV (n=10)	160
Not IPV (n=16)	183
CAS (n=18)	167
Mental Health (n=18)	225
Pregnancy & Childbirth (n=15)	217
<i>Housing Instability (n=14)</i>	161
Homeless (n=4)	216
Housing issues (n=10)	139
<i>Other Health Impairment (n=9)</i>	262
ADHD (n=4)	282
Learning Disability (n=5)	246
Substance Use & Recovery (n=7)	205

Number of Days in PuP Across Number of Parent Challenges	
Number of Challenges	Average Number of Days in PuP
0 Challenges (n=10)	86
1 Challenge (n=15)	149
2 Challenges (n=15)	135
3 Challenges (n=5)	140
4 Challenges (n=6)	247
5 Challenges (n=2)	285
6 Challenges (n=2)	292

The length of PuP sessions ranged from 15 minutes to 180 minutes and the average length of sessions among parents was 64 minutes (SD=22). Session length varied between the common challenges identified (see Table 4). The longest PuP sessions were delivered to those in the ADHD (78 minutes) and learning disabilities cohorts (70 minutes). Those with housing issues having shorter than average sessions (57 minutes). No trend was observed

when looking at average time in sessions across the number of challenges experienced however, parents with six challenges had the longest PuP sessions, 77 minutes on average.

Table 4: Average Length of Sessions Across Parent Challenges

Length of PuP Sessions Across Parent Challenges	
Challenge	Average Length of Sessions (Minutes)
<i>Relationship Issues (n=26)</i>	65
IPV (n=10)	63
Not IPV (n=16)	66
CAS (n=18)	64
Mental Health (n=18)	62
Pregnancy & Childbirth (n=15)	63
<i>Housing Instability (n=14)</i>	62
Homeless (n=4)	75
Housing issues (n=10)	57
<i>Other Health Impairment (n=9)</i>	74
ADHD (n=4)	78
Learning Disability (n=5)	70
Substance Use & Recovery (n=7)	67

Length of PuP Sessions Across Number of Parent Challenges	
Number of Challenges	Average Length of Sessions
0 Challenges (n=10)	66
1 Challenge (n=15)	66
2 Challenges (n=15)	61
3 Challenges (n=5)	58
4 Challenges (n=6)	69
5 Challenges (n=2)	51
6 Challenges (n=2)	77

The number of PuP sessions ranged from zero to 20 and across all parents, the average number of sessions was seven (SD=5), but the number of sessions varied between different parent challenges (see Table 5). Parents who were dealing with homelessness as well as those in the ADHD and learning disability cohorts received the greatest number of sessions, all receiving an average of 11 sessions. There were no categories that fell below the average number of sessions. When looking at multiple challenges, a general increase in number of sessions as the number of challenges increased was observed.

Table 5: Average Number of Sessions Across Parent Challenges

Number of PuP Sessions Across Parent Challenges	
Parent Challenges	Average Number of Sessions
<i>Relationship Issues (n=26)</i>	8
IPV (n=10)	7
Not IPV (n=16)	8
CAS (n=18)	8
Mental Health (n=18)	9
Pregnancy & Childbirth (n=15)	8
<i>Housing Instability (n=14)</i>	8
Homeless (n=4)	10
Housing issues (n=10)	7
<i>Other Health Impairment (n=9)</i>	11
ADHD (n=4)	11
Learning Disability (n=5)	11
Substance Use & Recovery (n=7)	7

Average Number PuP Sessions Across Number of Parent Challenges	
Number of Challenges	Average Number of Sessions
0 Challenges (n=10)	4
1 Challenge (n=15)	8
2 Challenges (n=15)	5
3 Challenges (n=5)	5
4 Challenges (n=6)	9
5 Challenges (n=2)	14
6 Challenges (n=2)	14

Across all parents there were numerous gaps between sessions. When looking specifically at long gaps of one month or more, parents on average experienced two long gaps in treatment with a range of zero to five. Reasons for longer gaps included provider vacation, family illness, provider leaving agency and parent getting transferred, birth of a baby, and a general difficulty getting a hold of parents. Parents in the following cohorts had a higher-than-average number of long gaps between visits: mental health, pregnancy & childbirth, homelessness, ADHD, learning disabilities, and substance use/recovery. There was no trend across the number of challenges except that parents experiencing all six challenges had on average four instances of gaps between sessions of one month or longer.

Table 6: Average Number of Gaps in Treatment One Month or More Across Parent Challenges

Number of PuP Sessions Across Parent Challenges		Average Number PuP Sessions Across Number of Parent Challenges	
Parent Challenges	Average Number of Month+ Gaps	Number of Challenges	Average Number of Month+ Gaps
<i>Relationship Issues (n=26)</i>	2	0 Challenges (n=11)	2
IPV (n=10)	2	1 Challenge (n=15)	2
Not IPV (n=16)	2	2 Challenges (n=15)	2
CAS (n=18)	2	3 Challenges (n=8)	2
Mental Health (n=18)	3	4 Challenges (n=2)	3
Pregnancy & Childbirth (n=15)	3	5 Challenges (n=2)	2
<i>Housing Instability (n=14)</i>	2	6 Challenges (n=2)	4
Homeless (n=4)	3		
Housing issues (n=10)	1		
<i>Other Health Impairment (n=9)</i>	3		
ADHD (n=4)	3		
Learning Disability (n=5)	3		
Substance Use & Recovery (n=7)	3		

In addition to variation in method and format of delivery we also observed that the content delivered between parents was not consistent. It should be noted that during interviews some providers expressed that modules were only selected on the fidelity checklist when modules were explicitly discussed while other providers counted modules if the content was inexplicitly discussed during a session. To begin, the majority of parents had multiple modules incorporated into their PuP journey (see Table 7). Only 25% of parents received content from 0-3 of the 13 total modules (n=14) while 40% of parents received content from 4- 8 of the modules (n=22) and 35% received content from 9-13 of the modules (n=19).

Table 7: Module Delivery

Number of Modules Used														
Number of Modules	0	1	2	3	4	5	6	7	8	9	10	11	12	13
Number of Parents	4	6	0	4	3	4	3	7	5	7	8	1	3	0

The frequency of use across all modules is presented in Table 8 and the three modules used the most frequently were module 7 (How to Manage Emotions When Under Pressure: Increasing Mindful Awareness), module 3 (View of Self as Parent), and module 10 (Connecting with Family, Community, and Culture).

Table 8: Module Delivery Frequency

	Module Delivery												Closure
	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12	
Sum	84	31	96	78	57	21	107	56	24	92	65	78	16
Avg	2	1	2	1	1	0	2	1	0	2	1	1	0

When looking across parent challenges (see table 9) module 7 was delivered the most frequently across the majority of cohorts (How to Manage Emotions When Under Pressure). Of note, emotion regulation was also mentioned in provider interviews for impacting delivery of the PuP program for 15 parents (27%). Examples of impacts include extending the length of sessions/inhibiting getting PuP work done due to an inability to focus during sessions, allowing space to discuss emotions, and needing to incorporate grounding techniques. Some categories had a different module used the most frequently. Relationship issues related to IPV had module 10 being delivered as frequently as module 7 (Module 10, Connecting with Family, Community, and Culture), Pregnancy and Childbirth had module 11 being delivered the most frequently (Life Skills), and parents with housing issues had module 10 being delivered more frequently (Connecting with Family, Community, and Culture). The difference between module selection for these cohorts may be due to a focus on content related to parents' current life circumstances. For example, providers noted that for parents experiencing relationship issues, it can often make them feel isolated and that they are on their own so connecting parents to the community or other family members can help build a support system. There was no trend across the number of challenges with only two challenges and five challenges having alternative modules being delivered the most frequently (Connecting With Your Child and Life Skills respectively).

Table 9: Module Delivery Frequency Across Parent Challenges

Parent Challenge	Module Delivery Frequency Across Parent Challenges												Closure
	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12	
Relationship Issues (n=25)	39	13	46	44	32	10	56	36	9	48	36	51	10
Relationship IPV (n=10)	13	3	13	16	23	4	21	14	7	21	15	20	4
Relationship- Not IPV (n=15)	26	11	33	28	9	6	35	22	2	27	21	31	6
CAS (n=18)	23	10	36	29	21	8	40	23	11	33	34	35	6
Mental Health (n=18)	31	12	42	39	19	4	59	26	16	28	31	36	6
Pregnancy & Childbirth (n=15)	24	7	23	21	24	6	27	11	8	27	29	23	4
Housing instability (n=14)	18	8	27	22	17	4	33	12	14	30	26	25	5
Homeless (n=4)	4	0	11	9	10	1	20	11	1	13	15	18	1
housing issues (n=10)	14	8	16	13	7	3	13	1	13	17	11	7	4
Other Health Impairment (n=9)	13	3	30	24	18	6	43	26	10	31	29	38	3
ADHD (n=4)	6	2	13	11	2	1	19	9	8	10	12	17	0
Learning Disability (n=5)	7	1	17	13	16	5	24	17	2	21	17	21	3
Substance Use and Recovery (n=7)	6	0	11	14	12	1	17	15	9	15	4	13	3

Module Delivery Frequency Across Number of Parent Challenges													
# of Challenges	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12	Closure
0 Challenges (n=10)	10	3	20	10	7	3	17	11	1	16	9	8	2
1 Challenge (n=15)	32	12	20	14	13	6	28	6	2	22	13	15	4
2 Challenges (n=15)	21	10	22	23	11	8	18	15	3	20	9	18	3
3 Challenges (n= 5)	6	2	7	5	8	1	9	1	6	6	2	7	3
4 Challenges (n=6)	6	2	13	17	7	1	18	12	13	18	13	11	3
5 Challenges (n=2)	3	2	4	3	8	2	9	5	0	10	13	10	2
6 Challenges (n=2)	4	0	9	6	2	0	12	6	1	3	7	10	0

Conclusion

The PuP program is a framework that can easily be applied to families facing multiple complex challenges. The program is client-focused so that the content, method of delivery, and length of sessions and program is tailored to each individual parent making the program look different from one parent to the next. A synthesis map was created to identify the possible PuP pathways of parents enrolled in the program. Key themes were identified and the most common parent challenges that impacted the PuP journey included relationship issues, child service involvement, mental health, pregnancy and childbirth, and housing instability.

Variation in program delivery (length of sessions, number of sessions, length in program, and content) was observed between the different challenges identified and while the PuP program's flexibility enables providers to adapt the program to meet the needs of parents, more support may need to be incorporated into the program. For example, agencies may need to allocate more time for providers who are working with parents with challenges that tend to have longer sessions such as ADHD and learning disabilities. Additionally, providers should be aware that parents experiencing relationship issues, especially IPV, will be wary of discussing issues around their partner and so extra support is needed in order to have the parent in a physical space they feel comfortable enough to be open. Encouragingly, while the parents in this study were undergoing multiple challenges providers commented on the PuP program providing solutions. For example, one client was debating leaving their partner but didn't think they could afford to be a single parent, so the provider sat down with the parent and created a budget which led the parent to realize they have options.

This report has two limitations. First, as noted above, nine providers left the agency during the study and so not all information could be confirmed. Second, although our sample size is in line with previous studies on the PuP program (Dawe et al., 2003; Harnett et al., 2018; Ivers et al., 2021), it remains relatively modest for attributing statistical significance. Subsequent research using larger sample sizes is needed to establish the reliability of the present findings.

Ultimately, the PuP program is not a one-size-fits-all parenting program and the families the program serves face multiple complex challenges. The flexibility of the program allows for providers to adapt the program to meet families where they are at which leads to multiple possible pathways one can take on their PuP journey.

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