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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).

Evaluation of the services provided under the Protection of Children Abusing Drugs Act

Year two summary report
March 2009

Alberta Health Services
Alberta Alcohol and Drug Abuse Commission

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March 2009

Alberta Health Services–Alberta Alcohol and Drug Abuse Commission (AHS–AADAC)
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Acknowledgements

The following are acknowledged for their contributions to the evaluation of services provided under the Protection of Children Abusing Drugs Act:

- the members of the Protection of Children Abusing Drugs Act Evaluation Advisory Committee, who reviewed the evaluation reports and provided consultation and support throughout the evaluation process
- Pivotal Research, which was commissioned by AHS–AADAC to carry out the evaluation of services provided under the Protection of Children Abusing Drugs Act
- Alberta Justice Court Services, for providing information from the Justice Online Information Network (JOIN) database

The authors also wish to thank the youth and their parents or guardians who participated in the evaluation. We are grateful for their willingness to share their experiences and to be interviewed multiple times. As well, we want to thank AHS–AADAC staff and staff at protective safe houses for their participation in the evaluation.

Citation of this source is appreciated.

Suggested citation

Alberta Health Services–Alberta Alcohol and Drug Abuse Commission. (2009). *Evaluation of the services provided under the Protection of Children Abusing Drugs Act: Year two summary report*. Edmonton, Alberta, Canada: Author.

Table of contents

Executive summary 5
Introduction 10
Background 10
Evaluation methods 13
Demographic profile of PChAD clients and their parents 16
Evaluation findings 18
Overall program satisfaction 18
Program knowledge 19
The PChAD experience 22
Community support resources 29
Program outcomes 31
Conclusions and recommendations 34
References 38

List of figures and tables

Figure 1: AHS–AADAC continuum of addiction services for youth and their families

Figure 2: Flow of PChAD services

Table 1: Goals for year one and year two of the PChAD evaluation

Table 2: Summary of data collection methods

Table 3: Populations, samples and completion rates for surveys

Table 4: Populations, samples and completion rates for staff surveys

Table 5: Overall satisfaction with the PChAD program

Table 6: Preferred program length

Table 7: Youth self-reported changes in life situations after discharge from PChAD services

Executive summary

The Protection of Children Abusing Drugs (PChAD) Act and the services directed by it are in response to a community-identified need resulting in the implementation of a service that is linked to research and best practices. The PChAD Act was passed by the Alberta legislative assembly in May 2005. The act came into effect July 1, 2006. Prior to this time, there was no authority to require services for children under the age of 18 who declined voluntary addiction treatment services.

The purpose of the act is to give parents and guardians another option to help their children, under the age of 18, whose alcohol or other drug use has caused significant physical, psychological or social harm to themselves, or physical harm to others, and who are refusing voluntary addiction treatment services. The act allows a parent to apply for a court order to confine the youth for a period of not more than five days to a protective safe house (PSH) for detoxification, assessment and development of a discharge treatment plan.

Two years of evaluation were conducted to determine the implications of the PChAD program in terms of the services delivered and the impact of these services on youth and their families. The findings from the first-year evaluation are documented in a summary report (AADAC, 2007) and technical report (Pivotal Research, 2007). This report summarizes the findings from the second year of evaluating PChAD services.

Year two evaluation of PChAD services

The second year of the PChAD program evaluation occurred between November 2007 and October 2008. Building upon the evaluation framework from the first year, this evaluation was designed to gather qualitative data to clarify and expand upon quantitative results. Data sources included the AADAC System for Information and Service Tracking (ASIST), Alberta Justice's Justice Online Information Network (JOIN), telephone surveys with youth and parents, online surveys with staff, focus groups with parents and interviews with parents and youth.

Highlights from the second year of the PChAD evaluation

Youth, parent and staff satisfaction with the PChAD program is very high.

- Immediately after discharge, 98% of youth and 88% of parents were satisfied with the PChAD program overall, and on average, 91% of staff were satisfied.
- Many survey respondents provided positive comments about the PChAD program. One month and three months after participating in the PChAD program, at least half of youth felt better about eight of the nine life-situation measures surveyed, including how they felt about themselves,

their friends and family, their health and their legal situation. The one aspect of their life situation that youth did not feel better about was their employment situation.

Fewer youth used alcohol, tobacco or other drugs one month after discharge as well as three months after discharge.

- Twenty-three per cent of youth reported not using any alcohol, tobacco or other drugs one month after discharge; the number increased to 36% two months later. Among those who continued to use some substances, an average of 26% of youth who used alcohol, tobacco or cannabis said that they used less one month after discharge, and an average of 23% of those who used alcohol, cannabis or hallucinogens said that they used less three months after discharge.

Although parents overall were satisfied with the PChAD program, PChAD services were not well understood by some parents who were granted PChAD orders.

- Some parents would have liked to be more involved in the program, but were not sure how they could or should be involved.
- Some parents did not understand that police transportation was intended only for situations in which a parent needed help to safely convey their child to the safe house, not for the purposes of scaring or punishing their children.
- Two program aspects in particular need to be better communicated to parents: (1) the youth's right to deny the parent access to information, and (2) the youth's right to request a review of their confinement order. These rights were not well understood by parents.
- Some parents were caught unaware that youth have the right to review their confinement order, and were unprepared to defend the order in court. Parents found this frustrating and alienating because they had little or no support during the process, whereas youth were provided with legal representation and perceived assistance from safe house staff.
- Youth also have the right to deny their parents access to information they provide to the counsellor. Some parents felt this limited their involvement and left them out of the assessment and treatment planning processes.
- Although youth were satisfied with community support resources, parents were often dissatisfied, either because community resources were all voluntary or because there was a lack of options available to them.
- The PChAD program is designed to provide assessment and treatment planning for the youth, but if the youth chooses not to follow the plan, the parent has little recourse other than another PChAD order.

Youth, parents and staff all indicated that the PChAD program length should be increased.

- The evaluation participants were also asked about the length of the PChAD program. Staff said that a longer program would allow more time for assessment and counselling, and both youth and parents agreed that the program should be lengthened.
- The average program length preferred was 5.8 days among youth, 19.4 days among parents, and 10.5 days among staff.
- Because the PChAD program is the only mandatory program available to parents, many felt that it should include treatment as well as assessment and planning. Parents, however, need to be informed that assessment is in fact part of the treatment process.

Conclusions and recommendations

Program knowledge

Purpose of the PChAD program and the services provided

The evaluation findings identified areas in which parents' expectations of the PChAD program and services provided differed from the actual purposes and intentions of the program.

For example, some parents expected the PChAD program to act as a punishment for their child. These parents wanted to frighten their children into making different choices about substance use. Some parents felt that police involvement in apprehending and transporting the youth was particularly effective to this end. However, the intention of the PChAD program is not a punitive one.

Another area of disconnection between parents' expectations and the actual purposes or intentions of the PChAD program is the 1-888 toll-free line dedicated to this program. Parents expected the toll-free line to provide them with information about the court order process, as well as assistance and support in participating in the PChAD program. However, the intention of the toll-free line is primarily to facilitate placement of clients into the protective safe houses.

Recommendation

- *AHS–AADAC should consider additional ways of communicating the program's intent in light of parents' expectations so that parents have a good understanding of the purposes, services offered, and processes involved when participating in the PChAD program.*

PChAD program information

Because parents obtain information about the PChAD program from a wide range of sources, it is difficult to ensure that all sources provide the same information about the program.

Recommendations

- *Parents and other service providers should receive information about the PChAD program from a single trusted source, such as AHS–AADAC staff, and from a central point (e.g., an information session) so that consistent information about the program is communicated.*
- *Community partners should be aware that parents inquiring about or interested in the PChAD program should be referred to the local AHS–AADAC office for more information about the program.*

Family involvement

One aspect of the PChAD program process that parents were not aware of, especially those who used the program for the first time, was that youth had the right to deny parents access to information contained in the treatment plan. Some parents felt they were not able to be as involved in their child's care as they would have liked. There were, however, some parents who were not as involved in the treatment planning process because of other commitments, or because their perspective was that this was not their role but the role of the PChAD program counselling staff.

Recommendations

- *Providing parents with the treatment planning recommendations for their child, regardless of whether or not the child provides consent, would facilitate further involvement by parents and families.*
- *Encouraging more family participation in the treatment planning process could help counsellors to better support youth.*

Review process

Another aspect of the PChAD program process that parents were not aware of was the youth's right to review the court order. Many parents found the review process to be a trying and emotionally draining experience, especially because they felt they had no place to turn to for support or for answers to their questions.

Recommendations

- *Parents should be made aware of the potential for youth to appeal the confinement order before an order is obtained.*
- *Parents need to be informed about the rationale for the review process.*
- *Parents should be aware of what is expected of them as they go through the PChAD program process.*
- *Parents should have support before and during the review process.*

Program length

Evaluation findings indicate that youth, parents and staff all agreed that a longer program would be more valuable and effective.

Recommendation

- *The program should be lengthened to allow more time for detoxification, assessment and treatment planning*.

Future directions

During the course of this evaluation, several areas for program enhancement arose that could stimulate further research and program development:

- The effects of negative family environments should be investigated further. Thirty per cent of parents and 17% of youth were concerned about the alcohol or other drug use of someone else in their home. Returning a youth to such an environment could undermine any gains made during the PChAD program. Further research is required to establish the significance of this effect.
- Understanding the reasons youth deny parents access to information could be useful in treatment planning as well as supporting relationship building between parents and youth, and integration of youth back to their families and communities.
- Further research should also determine whether networking between youth in the safe house leads to negative influences. This was a concern raised by some parents. In addition, some youth described the implications that learning about others' experiences going through PChAD program had on their own lives.
- A process should be developed for how family assessments might inform programming and treatment planning.
- Mutual aid groups should be identified as an option for supporting parents through the PChAD process.

Introduction

The Protection of Children Abusing Drugs (PChAD) Act and the services directed by it are in response to a community-identified need resulting in the implementation of a new program that is linked to research and best practices. To determine the implications of the PChAD program, in terms of the services delivered and the impact of these services on youth and their families, two years of evaluations were conducted. The findings from the first-year evaluation are documented in a previous summary report (AADAC, 2007) and technical report (Pivotal Research, 2007).

This report briefly introduces the services and related information on court-ordered addiction services. It describes the evaluation methods used, and summarizes findings from the second year of evaluating the PChAD services, along with implications and recommendations. A final technical report documents the detailed findings of the second-year evaluation (Pivotal Research, 2008).

Background

Voluntary services for youth

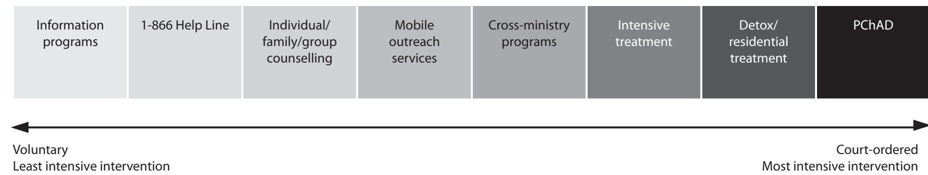
Prior to 2005, AADAC's continuum of treatment services for youth included information, outpatient counselling, mobile outreach, and day treatment programs with residential support. Over the past few years, AADAC's continuum of treatment services for youth has continued to expand to meet the needs of Albertans. Most notable was the expansion in 2005 to include residential detoxification and stabilization programs, as well as 12-week residential treatment programs. AHS–AADAC now provides detoxification and stabilization programs in Edmonton, Calgary, Picture Butte and Grande Prairie, as well as residential treatment programs in Edmonton, Calgary and Lethbridge.

Court-ordered services for youth

The expansion of youth services continued in 2006 with an important addition to the AHS–AADAC continuum of youth services. Figure 1 shows the current continuum of addiction services for youth and their families in Alberta.[1]

1 Examples of cross-ministry programs include the ExCel Discovery and Bridges programs. These programs are offered in partnership with the Alberta Solicitor General and Public Security ministry's Young Offenders Branch, AHS–Calgary Health Region, AHS–Capital Health Forensic Adolescent Program, Enviros Wilderness School Association, John Howard Society, and the Calgary and Edmonton Boards of Education. They offer mental health and addiction treatment to young offenders who have been assessed as having mental health and addiction problems and have been sentenced to open custody. The ExCel Discovery program is for young female offenders and the Bridges program is for young male offenders.

Figure 1: AHS–AADAC continuum of addiction services for youth and their families



The Protection of Children Abusing Drugs (PChAD) Act was passed by the Alberta Legislative Assembly in May 2005. The act came into effect July 1, 2006. Prior to this time, no mandatory programs were available for children under the age of 18 who declined voluntary addiction treatment services.

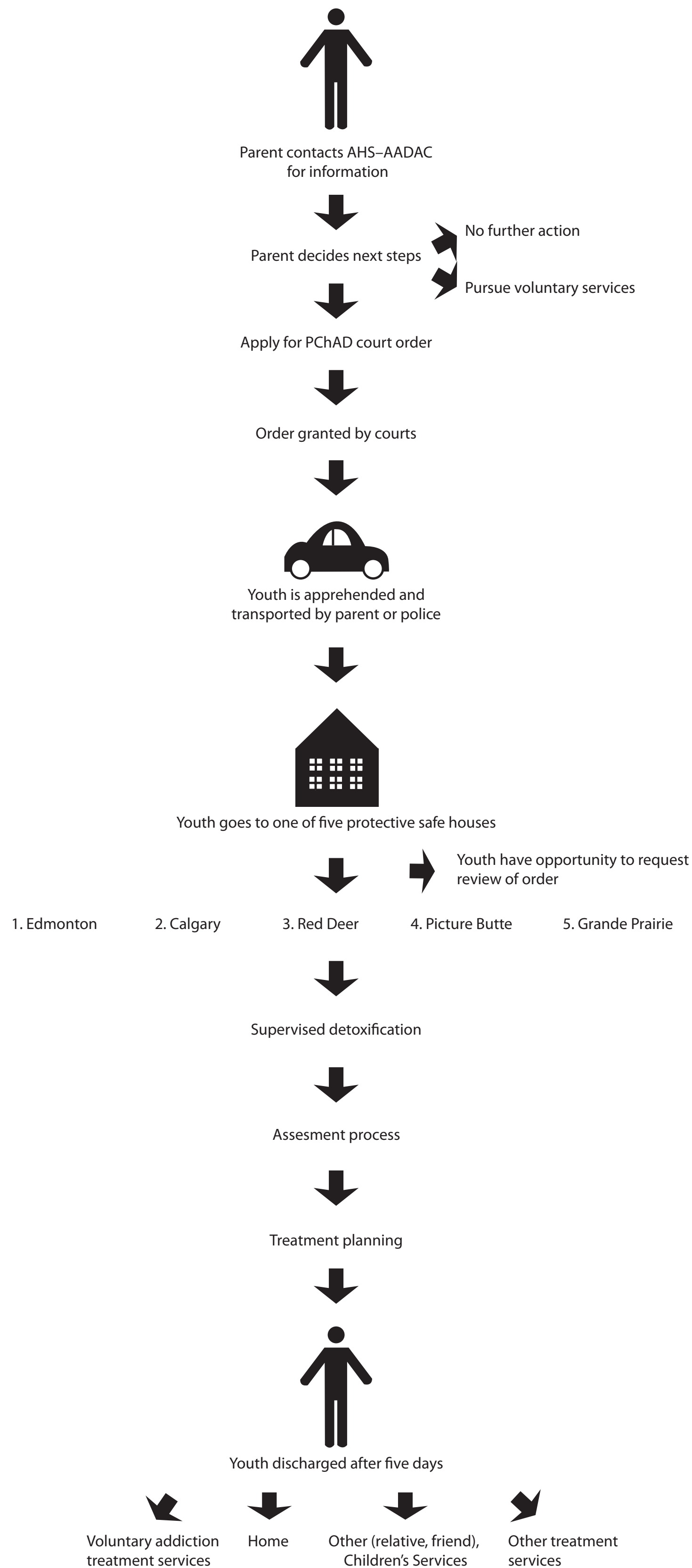
The purpose of the act is to give parents and guardians a new option to help their children, under the age of 18, whose alcohol or other drug use has caused significant physical, psychological or social harm to themselves, or physical harm to others, and who are refusing voluntary addiction treatment services. The act allows a parent to apply for a court order to confine the youth for a period of not more than five days to a protective safe house (PSH) for detoxification, assessment and development of a discharge treatment plan. The parent may convey the youth to the PSH or, when that is not possible, the court may authorize police to apprehend and convey the youth to the PSH.

Because the majority of children receiving PChAD services are between the ages of 14 and 17, they are often referred to as youth. Though the act refers to both parents and guardians, in this report the term "parents" refers to both.

During the two year-long evaluation periods between 2006 and 2008, there were five protective safe houses in Alberta, located in Edmonton, Calgary, Red Deer, Picture Butte and Grande Prairie. Each of the five PChAD facilities has a combination of AHS–AADAC staff and PSH staff. PSH staff generally work on site and include program managers, team leaders, house parents, and child and youth workers. AHS–AADAC staff are located off-site and generally include a manager, a counselling supervisor and addictions counsellors. As well, there are eight mobile AHS–AADAC workers located in St. Paul, Camrose, Medicine Hat, Whitecourt, Athabasca, Brooks, Barrhead and Cold Lake. Mobile workers provide information to the community and parents, and provide counselling to youth after discharge from a PSH.

Once in the PSH, the youth receives supervised detoxification and AHS–AADAC staff complete an assessment of the youth's alcohol and other drug use. The goal of the assessment is to evaluate the severity of substance abuse by identifying patterns of use and harmful effects of that use on the youth's major life areas. Staff work with the youth and family to develop a discharge treatment plan based on needs identified during the assessment, and on resources available to the youth. A visual summary of the flow of PChAD services is presented in Figure 2.

Figure 2: Flow of PChAD Services



Evaluation methods

To ensure that services provided under the PChAD legislation meet the needs of Albertans and are consistent with sound practice, AHS–AADAC commissioned Pivotal Research to conduct the first-year and second-year evaluations of the PChAD services. Table 1 lists the goals identified for year one and year two of the PChAD evaluation, and shows the progression of evaluation work from one year to the next.

Table 1: Goals for year one and year two of the PChAD evaluation

Year ONE (2006/2007) evaluation goals	**Year TWO (2007/2008) evaluation goals**
Determine the effectiveness of implementing the services provided under PChAD.	Examine opportunities for prevention and access to resources for families within the PChAD services before they reach the stage of a court order.
Evaluate outcomes related to impact and effectiveness of PChAD services.	Conduct an in-depth summative evaluation of outcomes related to the impact and effectiveness of the services provided, from a client, clinical practice and management perspective.
Provide recommendations to AHS–AADAC for the continued development and implementation of PChAD services.	Provide recommendations to AHS–AADAC for the continued development and implementation of PChAD services.

Pivotal Research reviewed the evaluation framework developed in the first year of the evaluation, clarified and revised the key evaluation questions, identified demographic information to be collected from youth and their parents, and determined data sources, including the AADAC System for Information and Service Tracking (ASIST) database, Alberta Justice's Justice Online Information Network (JOIN), and surveys with youth, parents and staff.

Building on the evaluation from the first year, the second-year evaluation was designed to gather qualitative data to clarify and expand upon quantitative results. Data collection occurred between January and September 2008. Table 2 identifies the target groups and summarizes the data collection methods used for the second-year evaluation.

Table 2: Summary of data collection methods

Collection method	Youth	Parents	Staff
Discharge survey	•	•	
One month follow-up	•	•	
Three month follow-up	•	•	
ASIST	•		
Online survey			•
Focus group		•	
Interview	•	•	

Note: Staff included AHS–AADAC staff and the protective safe house (PSH) staff providing PChAD services. Staff were interviewed twice during the evaluation period to assess their experiences over time.

During the 2007/2008 fiscal year, 4,754 clients received treatment at AHS–AADAC youth services for their own use of alcohol, tobacco or other drugs, or for their own gambling. Most of these clients in treatment for their own use were looking for treatment related to their use of other drugs (83%) or alcohol (51%). Fewer of these clients were looking for treatment related to tobacco use (18%) or gambling (1%) (AADAC, 2008a).

According to statistics from January to August 2008, there were 506 applications for PChAD orders, of which 408 were granted (81%) (Alberta Justice, 2008). Youth were given the opportunity to review their confinement order once admitted; 139 youth chose to review their order, and of these, 82 (59%) were successful in overturning the confinement order.

According to the ASIST database, 429 clients were admitted to the PChAD program between January 1, 2008, and August 31, 2008. As shown in Table 3, 205 youth and 237 parents consented to be contacted for this evaluation. This total formed the population for the discharge surveys. The population for the one-month surveys consists of those who provided consent between January 14, 2008, and August 3, 2008; and the population for the three-month surveys consists of those who provided consent between January 14, 2008, and June 3, 2008 (AADAC, 2008b).

Table 3: Populations, samples and completion rates for surveys

Time interval	Group	Number consenting (population)	Completed surveys (sample)	Completion rate (%)
Discharge	Youth	205	109	53
	Parents	237	158	67
One month	Youth	179	56	31
	Parents	215	115	53
Three months	Youth	130	50	38
	Parents	164	83	51

In addition to the surveys, focus groups and interviews were conducted with youth and parents. Fifteen parents participated in focus group sessions, 10 parents participated in in-depth interviews, and 10 youth participated in in-depth interviews. Parents participating in the focus groups and interviews were asked about their experiences with the PChAD program. Youth interviewed were asked about specific program components and support resources in their community. They were also asked questions to determine whether their behaviour and attitudes toward alcohol and other drugs had changed as a result of the PChAD program.

Data were also gathered from both AHS-AADAC staff and protective safe house staff, using online surveys on two occasions. The first survey, completed between February and March 2008, had an overall completion rate of 78%. The second survey, completed between July and August 2008, had a completion rate of 90%. The population, sample, and completion rates for PSH and AHS–AADAC staff are provided in Table 4.

Table 4: Populations, samples and completion rates for staff surveys

Staff type	Staff survey 1			Staff survey 2		
	Population	Sample	Completion rate (%)	Population	Sample	Completion rate (%)
AHS–AADAC	34	33	97	30	27	90
Protective safe house (PSH)	71	49	69	50	45	90
Total	**105**	**82**	**78**	**80**	**72**	**90**

Demographic profile of PChAD clients and their parents

Youth

According to survey data, the majority of youth (85%) were between the ages of 13 and 16. The average age of youth participating in the discharge survey was 14.6 years. There were more females (59%) participating in the program than males (41%).

Some youth had been through the PChAD program more than once. According to ASIST data, there were 55 youth (15%) who participated more than once in the PChAD program between January 1, 2008 and August 31, 2008. There was no significant difference in overall satisfaction among those who participated in the PChAD program for the first time and those who had participated previously.

One month after discharge, 53% of youth were attending school, with 40% attending full-time. Three months after discharge this decreased somewhat: 41% were attending school and 36% were attending school full-time.

Before participating in the PChAD program, the majority of youth (68%) lived at home. The percentage of youth living at home remained largely consistent after discharge from the program (66%), as well as one month (70%) and three months (65%) after discharge.

Of the youth living at home, 17% were concerned about the alcohol or other drug use of someone else in their home (14% were concerned about someone's alcohol use, and 13% were concerned about drug use).

Parents

Discharge surveys were completed by 158 parents. Of these, 88% were the biological parents of the youth and the remainder were legal guardians.

For the purposes of this research, involvement with Children and Youth Services was defined as having a file opened with Children and Youth Services or speaking to a government social worker about their situation.

Almost half of the parents (47%) had some involvement with Children and Youth Services before accessing the PChAD program.

Half of the parents were married (50%); the other half were divorced (17%), separated (15%) or single (15%). A significant proportion of parents (30%) were concerned about the alcohol or other drug use of someone in the house other than the youth.

Demographically, parents of PChAD clients are a diverse group. About two-thirds of respondents (67%) were employed full-time, as were about two-thirds (66%) of the spouses of those who were married or in common-law relationships. Parents had a wide range of educational backgrounds: 21% finished high school, 26% had a college degree, and 15% had a university degree.

Given the range of educational attainment among parents, it is not surprising that their occupations are similarly diverse. Construction workers, military and law enforcement personnel, nurses, teachers and business owners, among

others, all used the PChAD program. This diversity is evident also in family incomes. Almost one-third of respondents (31%) who provided their family income had an annual household income of more than $80,000 before taxes. Fifteen per cent had a household income of less than $20,000.

Evaluation findings

This section provides a discussion of the results obtained during the evaluation, organized by the following main topics: overall program satisfaction, program knowledge, the PChAD experience, community support resources, and program outcomes.

Overall program satisfaction

On all surveys, respondents were asked to rate their overall satisfaction with services provided by the PChAD program.

Overall satisfaction with the PChAD program is high among youth, parents and staff. Primarily, youth and parents referred positively to the effectiveness and value of the PChAD program. Table 5 outlines overall satisfaction rates among youth, parents and staff.

Table 5: Overall satisfaction with the PChAD program

Group	Time interval	Very satisfied (%)	Somewhat satisfied (%)	Total (%)
Youth	Discharge	43	55	98*
	One month	53	47	100
	Three months	67	33	100*
Parents	Discharge	61	27	88**
	One month	54	26	80**
	Three months	63	31	94
Staff	First survey	28	61	89
	Second survey	40	53	93

* Distribution of youth responses significantly different ($p < 0.05$) between discharge and three months

** Distribution of parent responses significantly different ($p < 0.05$) between discharge and one month

"My life has really gotten back on track since I was in PChAD. I'm back in school and I have a nice boyfriend. I'm glad my mom sent me there now, but I sure wasn't at the time." (Youth comment)

Youth were almost universally satisfied with the services provided through the PChAD program and satisfaction increased over time. Youth often said that although they really disliked being in the program, they saw the value afterwards.

Eighty-six per cent of youth said they would recommend the program to a friend or relative in need of similar help. Moreover, a significant number of youth (39%) said they would "Definitely Recommend" the program. Considering that most youth did not choose to enter this program for themselves, this was a significant endorsement.

Parents' satisfaction with the program was greater three months after discharge than it was immediately after discharge, though it was lower one month after discharge (see Table 5). The reason for the difference is unclear.

At discharge and three months after discharge, parents were more likely to describe the program as a good resource rather than to suggest that it should be longer or mandatory. This was reversed one month after discharge, with more parents saying that the program should be mandatory or longer.

Program knowledge

The following section includes results and discussion about parent and youth awareness of the PChAD program. Findings regarding the process of accessing the PChAD program are also discussed, as are findings regarding parents' understanding of the intent of the PChAD program.

Awareness of the PChAD program

Parents learned about the PChAD program, and obtained information about the program, from a wide variety of sources. The four most commonly cited sources were

- AHS–AADAC (22%)
- social services (21%)
- police (18%)
- friends or family (15%)

However, some participants in the focus groups and interviews learned about PChAD almost by accident, when their child ended up in hospital in crisis, or through the family's interaction with someone such as a social worker. Many parents said they would like a broader audience to be aware of PChAD, especially other parents and other service providers. They would have liked to receive information about PChAD from people like school counsellors, psychologists and government agency workers, because these are the people whom they commonly approach for help. Some parents said they wished they had known about PChAD earlier because this type of intervention may have been more effective before the problem worsened.

"I wish someone had told me about that [PChAD] earlier, I would have done it earlier. If I had known, I wouldn't have waited until it got so bad." (Parent comment)

"The whole appeal thing really ticked me off because I had gone down to the courthouse with an infant and went through that whole rigmarole and then, you know, I'm told that she can go appeal it and I should be there." (Parent comment)

Parents who had used the PChAD program more than once were quite aware of what was involved in the process. However, parents who use the program for the first time are often unaware of some of the processes. Two program aspects in particular surprised these parents: the youth's right to review their court order, and the youth's right to deny the parent access to information obtained in the assessment. These are also aspects of the program with which parents seem to be most dissatisfied.

From the youths' perspective, many interviewed were not aware of the PChAD program before being admitted. Most youth could not say what they would have liked to have known about the program before attending, although some mentioned that more information about the rules of the safe house

would be good to know before admission. For example, some youth would have liked to know which personal items they were allowed to bring, or that smoking was not allowed in the safe house.

Access to the PChAD program

Parents gain access to the PChAD program by filling out forms at a provincial courthouse. Most participants in the interviews and focus groups felt that the process of getting the court order was very straightforward, clear and relatively easy.

However, there were some barriers experienced:

- The courthouse was closed on weekends. This posed a problem because parents felt they had nowhere to turn.
- The requirement to notify the child's other legal guardian became a roadblock when it was difficult to reach the second person.
- Some needed to travel to another town because court was not held regularly in the person's community.
- Once the court order was obtained, the youth needed to be apprehended and taken to the safe house. This is what occurred in many cases—87% of parents said their youth was admitted on the originally scheduled day—but in some cases, admission was delayed. This was often attributed to difficulty locating the child, although in some cases the delay was caused by unavailability of beds at the safe houses.

AHS–AADAC offers a dedicated 1-888 toll-free phone line to facilitate placement of clients into protective safe houses. At times, though, when parents call the line, they are offered help with the court order process. Overall, almost three-quarters (73%) of parents were "Somewhat Satisfied" or "Very Satisfied" with the services provided by the 1-888 line. However, some parents expected that when they called the 1-888 line, they would get help with the court order process. When they did not, they were dissatisfied. Those parents who were dissatisfied generally reported the following:

- They received inadequate information and instruction.
- The instructions and information provided should have been more specific.
- The person they spoke with was not appropriately knowledgeable about the program.

Focus group participants said that access to PChAD would be easier if they had an advocate who could explain the process, tell them what to expect and be on hand at the courthouse to answer their questions (or be easily reached by phone). In at least one case, an individual worker (social worker or home–school liaison worker) acted in this capacity for the parent, explaining the process, driving the parent to the courthouse and staying with the parent through the proceedings.

Some responses from parents indicate that there is a disconnection between the intention and the purpose of the 1-888 toll-free phone line and parents' expectations of the information that the line will provide. A suggestion, then, is that parents need a central point of information where they can find out about the PChAD program, its purpose and its processes. This will help to ensure that parents get consistent information about PChAD services.

Parents' understanding of the PChAD program

Why parents use the PChAD program

Primarily, parents used the PChAD program for three reasons:

1. To educate their child about alcohol and other drugs, because they felt that the information may be more meaningful and received more positively from someone other than themselves.
2. To provide respite for the family while removing the child from negative influences and providing their child with a safe place to detoxify from alcohol or other drugs. Though many found the decision to use the PChAD program emotionally draining, the fact that they knew their child was safe and in a positive environment provided some peace of mind.
3. To gain control over the youth. Some parents wanted to emphasize how seriously they felt about their children's transgressions. Because the PChAD program is the only mandatory program available to parents, some parents saw it as a means to show the youth that "the authorities" are on the parents' side, or as a threat to encourage positive behaviour from their child. Some parents said that they involved the police to affirm the seriousness of the matter.

"It's a good quick option to get them away. And during that time period you can explore the options of doing something further." (Parent comment)

"I thought it would scare her, let her know I meant business about her getting off the drugs and doing the things she's doing with the people she hangs out with. I really wanted her to find out what her life would be like if she didn't stop now." (Parent comment)

Purpose of the PChAD program

The primary purpose of the PChAD program is to provide an opportunity for detoxification and an assessment of the child's physical, behavioural and emotional concerns that will lead to the development of a discharge treatment plan. The program is also intended to educate youth about the effects of alcohol, tobacco, other drugs and gambling.

Defined thus, many parents have a largely accurate understanding of the program's intent. In fact, many parents and youth were satisfied with the education they received through the PChAD program, and it is clear that most youth receive some sort of education about the effects of alcohol and other drugs.

The evaluation findings, however, identified areas in which parents' expectations of the PChAD program and services provided differed from the actual purposes and intentions of the program.

For example, some parents expected the PChAD program to act as a punishment for their child. These parents wanted to frighten their children into making

different choices about their substance use. Some parents felt that police involvement in apprehending and transporting the youth was particularly effective to this end. In addition, some focus group and interview participants complained about the comfort of the safe houses and the friendliness of the staff, saying that the program should be more like jail and less like a vacation.

Though the PChAD program may work, at least in some cases, to reassert parents' control over their child, this is not the primary intent of the program, nor is the intention a punitive one.

Another area where there is a disconnection between parents' expectations and the actual purposes or intentions of the PChAD program is the dedicated 1-888 toll-free line. Parents expected the toll-free line to provide them with information about the court order process, as well as assistance and support in participating in the PChAD program. However, the intention of the toll-free line is primarily to facilitate placement of clients into the protective safe houses.

The PChAD experience

The PChAD experience includes aspects of the PChAD program itself, namely transport to the safe house, the review process, assessment, involvement of parents, discharge treatment planning and conditions at the safe house.

Transport to the safe house

One-quarter of parents (25%) transported their youth to the safe house themselves. For most youth (72%), however, the PChAD experience began with the police. The remaining 3% of youth were transported by a grandparent or sheriff, and in one case the youth's mother accompanied the youth during transport by police. Most parents who sought police help to transport their child did so because they felt the child would not go willingly. However, a number of parents (21%) cited the apprehension order as the reason for not transporting their child themselves, suggesting that some parents did not understand that they may transport their child.

"I also think parents have used police transport as a way of punishment for their youth when driving their child would have been a safe option for them." (Staff comment)

Overall, parent interviewees were largely satisfied with transportation, whether they transported the youth or accepted help from the police. For the most part, staff were also satisfied with transport to the safe house. However, some staff expressed concerns that a few youth were placed in holding cells before police transported them, and that some parents used the police transportation as a punishment.

"They came to pick her up, they took her outside and patted her down outside on the police vehicle. That wasn't necessary. She was in the house; they could have done that here, inside. That was degrading." (Parent comment)

More than half of the youth (59%) who were transported by police were "Somewhat Satisfied" or "Very Satisfied" with the experience, but almost a quarter (23%) were "Very Dissatisfied." Many of those who were dissatisfied at being apprehended said that having police involved made it a problem for them. Those who were apprehended in public, in some cases at school or in front of their friends, were embarrassed.

Not all police detachments have the same information about the PChAD program. Focus group participants said that some police denied their request for transport, citing limited resources or limited jurisdiction, despite their having an apprehension court order. Some police agencies did not know how to locate the PChAD safe houses, and some were not aware of the PChAD program at all.

The review process

When taken to the safe house, youth are informed that they have the right to appeal the confinement order, and the right to deny their parents access to information. According to records from Alberta Justice, 408 applications for PChAD orders were granted (January–August 2008); 139 of these youth chose to review their order, and 82 (59%) were successful (Alberta Justice, 2008). If a judge rules in favour of overturning the confinement order, the youth (and parent) may perceive this as a moral victory over the parent and an endorsement of the youth's behaviour. This left many parents feeling dismayed, especially those who were unaware that youth had this right.

The review process was raised repeatedly by parents in the focus groups and interviews as the most negative part of the PChAD experience:

- Focus group participants whose children appealed the court order talked about going to court and finding that the youth had a lawyer to argue his or her case and safe house counsellors to provide moral support, whereas the parent had little understanding of the process involved and no one to consult with for information or support. Although the safe house staff are there to ensure security and provide transportation for the youth, parents' perceptions suggest another area of misunderstanding regarding the service intent.
- One parent who was asked by the judge to cross-examine her child did not know how to proceed.
- Parents were at a further disadvantage if they did not know which drugs the child was taking or how frequently. This information is contained in a report in the lawyer's possession, but it is not accessible to parents.
- Another problem occurs when an appeal is called on short notice and is being held in a city other than where the original court order was obtained (that is, a different city from where the parent resides). This leaves the parent with insufficient time to get to the courthouse. Some parents suggested that the review should be held in the court where the original order was obtained, to allow the parent a fair chance of attending.
- Many youth are very angry at their parents for using the PChAD program, and that anger may not have subsided before the youth is released. An angry youth is then released back to their parents. These parents then felt that the program had backfired on them.

One parent said that they would not have applied for a court order if they had known the youth could appeal:

"I think it did more damage ... it's just that the hatred is there now ... it backfired on us actually. 'You did your worst, and now I'm going to do what I want.' So it didn't bode well for us." (Parent comment)

- A few parents said that the overall situation with their child worsened as a result of the child's court order being terminated at their review. The PChAD program is perceived by parents to be a last resort to get help for their child. Thus, if the "last resort" does not work, some parents are left feeling that they have even less power than before they applied for the order.

The appeal process left some parents feeling unprepared and depicted as "the bad guy," despite trying to do what they thought was best for their child.

In some cases, youth also felt that the review process was not optimal. Youth interviewees sometimes saw others with problems they perceived to be much worse than their own have their orders terminated at review, whereas their own orders were continued at review. This left them feeling helpless and dejected.

Providing parents with the treatment plan recommendations for their child, regardless of whether or not the child provides consent, would help to reduce parents' frustration of not being given any information about their child and facilitate further involvement by the parents and families.

Assessment

In the assessment process, counsellors interview the youth to understand their substance use or gambling habits, the factors that encourage their use or gambling behaviour, and the effects that behaviour may have on the youth's life. If the youth consents, the parent can be involved by providing input and attending meetings. The youth must provide consent before the parent is able to obtain the results of the assessment process.

Most youth (90%) were either "Somewhat Satisfied" or "Very Satisfied" with the assessment procedure. Those who were not satisfied tended to report that they did not have a problem, or that they had a negative experience with a counsellor conducting this process.

From the staff perspective, the ability to provide an adequate assessment is limited by time. Although most staff are satisfied with the assessment procedure (71% of staff were "Somewhat Satisfied" or "Very Satisfied" with the assessment procedure in the first staff survey, 78% in the second staff survey), fewer staff felt that there was "Always" enough time to conduct the assessment (21% in the first staff survey, 13% in the second).

"I do feel that if the program was eight to 10 days it would give the AHS–AADAC counsellors more time to complete a detailed assessment on the youth and give them more time to put a discharge plan in place." (Staff comment)

When asked why youth do not always receive assessments, staff cited two main reasons: the youth's refusal to participate, and time constraints to complete the assessment (which may occur, for example, if youth decide to review their confinement orders).

Overall, it appears that staff felt that the procedure itself was appropriate, but that the program should be longer to allow more time for assessment with the youth.

"Usually youth always receive an assessment but sometimes five days is not long enough for a thorough assessment." (Staff comment)

Parents had a very different impression of the assessment process: 58% of parents were "Somewhat Satisfied" or "Very Satisfied" with the process. However, most of the 18% who were dissatisfied, and the 17% who did not participate in the assessment procedure, felt shut out of the process, either because their children denied them access or because parents were not fully aware of the assessment process.

"I don't know it. I am not privy to it. I am very upset about this. I had no information which is not fair as I am the parent." (Parent comment)

Several parents felt that the assessment conducted at the safe house needed to be a part of a larger psychological intervention or assessment to address the question of why a child uses drugs in the first place. This highlights other expectations some parents have of the services provided in the PChAD program.

Involvement of parents

Seventeen per cent of parents said they were "Not Involved" while their child was in the safe house. The activities of parents who were involved ranged from attending multiple meetings at the safe house to one or two phone calls to the youth during their stay. The most common way that parents were involved with the program was through telephone conversations with counsellors, followed by in-person meetings with counsellors. Some parents cited visiting or talking to their youth as involvement in the program.

Many parents who were "Somewhat Involved" or "Not Involved" explained that their child refused to allow parental involvement while in the safe house. These parents indicated that they would have liked to have been more involved.

Other reasons for reduced parental involvement included the following:

- Working and raising other children makes it difficult for parents to find time to visit a safe house. More than half of the youth (61%) said that at least one of their siblings was living with them, thereby limiting a parent's ability to concentrate solely on the youth in the PChAD safe house.
- Distance can preclude attending in-person meetings at the safe house.
- Being busy with other commitments can restrict involvement with the counsellors over the phone.
- A minority of parents felt that their involvement may hinder the child's success in the program.
- Parents who used the program with the hope of scaring or punishing their child may have also been less likely to be in contact with the youth during their stay at the safe house.

"I didn't know how it was supposed to work or what I could do. We only talked to a counsellor on the day she was discharged." (Parent comment)

Many parents said they did not know how they could or should be involved. More information about the role of the parent in the program could be provided through having a parent or guardian attend a parent information session before applying for a PChAD order.

"I wasn't allowed to. My son got to decide if his parents were going to be a part of his treatment or not and he decided not." (Parent comment)

Although parents may feel excluded from the assessment portion of the PChAD program, their participation is required in the discharge planning portion. Nevertheless, not all parents felt they were adequately involved in this process. Those who were "Somewhat Involved" or "Not Involved" typically said that their child refused to allow them to be a part of their discharge planning, or that they had not received any information from the safe house about this part of the program.

Consent and confidentiality

"That's one of the biggest things I find really frustrating; that you put them there, they're underage, they have a drug problem, they're in no state of mind to be able to make any of those decisions. They shouldn't be allowed to say that you can't know anything, because you can't help them if you don't know." (Parent comment)

In both the focus groups and interviews, parents said they were very upset that their child had the opportunity to deny them access to information. A common sentiment expressed in the focus groups was that parents have the right to force their child into PChAD, so they should also have the right to the information obtained during the assessment process.

Several parents in the focus groups felt excluded from the PChAD program, because the program seemed to favour children's rights over parents'.

Treatment planning

Of the three groups of respondents (youth, parents, staff), youth were the most satisfied with treatment planning. On the discharge survey, 86% of the youth were "Somewhat Satisfied" or "Very Satisfied" with treatment planning, versus 56% of parents. Three-quarters of staff (75%) were satisfied with treatment planning.

Youth who were not satisfied felt that they did not need a treatment plan. Either they felt they did not have a problem, or they were unwilling to change their lifestyle to suit a plan.

"I don't need a plan and they tried to force me to agree to 'help myself.' I don't need that stuff, I'm fine the way I am." (Youth comment)

Parents who were dissatisfied with the treatment planning often felt excluded because their child blocked access to information, or they felt that the safe house did not sufficiently include them in the process. Those who did not participate in the treatment planning also felt that their child denied them access to this part of the program, or they felt that a treatment plan simply was not done. In contrast, 72% of staff were "Somewhat Satisfied" or "Very Satisfied" with parents' opportunities to be involved in their children's treatment plans.

"My son did not want me to know. He did not tell me anything. I hoped he would open up about it so I could understand his anger and his behaviour. I still don't know. Perhaps then I could learn more about the drug and its side effects." (Parent comment)

There appears to be some confusion among parents about the treatment planning process, and about their role in it. Parents are required to be involved with treatment planning, although participation appears to be difficult if the youth limits their access to information. Expectations regarding parent involvement with treatment planning could be clarified by having them attend a parent information session before applying for a PChAD order, or through conversations with counsellors throughout the youth's stay at the safe house.

Staff had a different perspective on treatment planning. Seventy-five per cent of staff were satisfied with the treatment planning. Most staff also felt that, unlike assessments, there was sufficient time to develop a treatment plan. The two most common reasons that youth did not receive treatment plans were their refusal to participate, or parents' unwillingness or inability to support the plan.

"Once again, because he [the youth] chose not to inform us at all—they did type up a letter with recommendations but we weren't allowed any access to that and we just had to guess on how to treat him. It's like a doctor telling the patient he needs something done, but not what or how to do it." (Parent comment)

On average, 85% of staff were quite confident that they were able to offer the youth a treatment plan that meets their needs. However, a smaller majority of staff (on average, 76%) were confident that the resources required to fulfill the treatment plan are available for the youth upon discharge.

On average, 89% of staff were quite confident that parents were provided with information to engage in additional support services.

Length of program

A common theme in the focus groups and interviews with parents was that the program should be longer. Parents felt that five days was not enough time to induce positive behaviour change, and argued that some drugs remained in the system for longer than five days. Parents were asked, on the discharge survey, how long they felt the PChAD program should be. The median response was 14 days, and the mean response was 19.4 days. Only 11% of parents felt that the program should be five days or less. Those who wanted a longer program said that additional time would allow more time for detoxification and more time with a counsellor.

"[PChAD should be 10 days long, but it] … depends on the kid. I didn't need it at all, but it was nice to be away from my parents for a few days! Some of those kids were really screwed up though, and they could have been there a month and not scratched the surface of their problems." (Youth comment)

On average, youth also felt that the program should be longer. The median response was 5 days, and the mean response was 5.8 days. Almost half of the youth (49%) felt that five days was an appropriate length of time for PChAD, but one-quarter (25%) felt it should be longer. Many of those who said the program should be longer said that although they did not require more time, some of the other youth they met in the program would benefit from more time in the safe house. Others agreed with parents that some drugs do not clear the system in five days.

Staff also felt that the PChAD program should be longer. On the second staff survey, staff were asked how long the program should be: the median response was 10 days, and the mean response was 10.5 days. Over half of staff (56%) felt that the program should be 10 days long. Staff were not asked to expand on their responses, nor were they asked this question on the first

staff survey. However, on the second survey, only 13% of staff felt there was "always" enough time to conduct an assessment (as noted in the Assessment section).

Table 6 summarizes the youth, parent and staff preferences for the length of the PChAD program.

Table 6: Preferred program length

Group	Average number of days	Median number of days
Youth	5.8	5
Parents	19.4	14
Staff	10.5	10

NOTE: The median is the middle of the distribution of responses: half the responses are above the median and half are below the median.

Conditions at the safe house

Rules and activities

Based on the responses from focus group participants, there seem to be discrepancies in the rules of the safe houses. Some parents said their children were allowed to wear their own clothes and keep special personal things (such as a favourite pillow or blanket) while in the safe house; others had the opposite experience. This may partially depend on how the youth is transported to the safe house. If a youth is taken to the safe house directly after being apprehended and transported by police, he or she may be dependent on a parent to bring any clothes or personal items.

Parents had various perspectives on the rules and activities at the safe houses. Some wanted to see more security; others wanted the program to have less "fun and games" with a stricter routine and more opportunities to develop a sense of responsibility (such as doing chores or helping out).

Youth reported being bored at the safe house: 34% said they were bored "most of the time," and 48% said they were bored "sometimes." However, 87% of youth were "Somewhat Satisfied" or "Very Satisfied" with the amount of activities they could do in their free time.

Youth in the interviews reported spending free time playing video games, listening to the radio or sleeping. One somewhat consistent complaint from youth about the rules at the safe house was that smoking was not allowed.

Counsellors

Parents in the focus groups had generally positive comments about the counsellors and staff at the safe houses, explaining that staff had developed a relationship and exerted a positive influence on the child. Some said that counsellors would go out of their way to make their children comfortable and to open lines of communication.

Youth were very satisfied with the level of respect they received from both AHS–AADAC staff and safe house staff: 99% of youth were "Somewhat Satisfied" or "Very Satisfied." Of the 18 youth (17% of discharge population) who were involved in an argument or disagreement with someone in the safe house, 15 (83%) were "Somewhat Satisfied" or "Very Satisfied" with how the argument was resolved.

"The counsellors were awesome, great information—if you had a question they could answer it for you and I felt that he [the youth] was in great hands." (Parent comment)

The availability of AHS–AADAC staff was a concern among some parents and other staff. Many felt that the day of the week the child was admitted to the program had an effect on how much time an AHS–AADAC counsellor was able to spend with the child. For the most part, however, parents were satisfied with their access to counsellors in the safe house (83% "Somewhat Satisfied" or "Very Satisfied") as well their child's access to counsellors (88% "Somewhat Satisfied" or "Very Satisfied").

Food and accommodations

Opinions about the safe houses themselves varied:

- Most youth were satisfied (96% "Somewhat Satisfied" or "Very Satisfied") with the food at the safe houses.
- Most youth were also satisfied with their room at the safe house (87% "Somewhat Satisfied" or "Very Satisfied").
- Parents had very limited experience with the food and accommodations, because in many cases they were not given access to the facilities. One parent in a focus group said that her daughter was fed nothing but soup (which some parents interpreted as a positive thing), and another complained that there was a lack of fresh fruit in the safe houses.

Community support resources

Parents and youth were asked about support resources in their community in terms of options that may have helped them before they used the PChAD program, and ongoing support and treatment following the PChAD program. (Similar resources are available in the community before and after a stay at the safe house, but one of the goals of the program is to make parents and youth more aware of these resources in the form of a discharge treatment plan.)

Awareness of support resources

Many youth did not know of other programs in the community to deal specifically with substance use. Some said that if they wanted to talk about alcohol or other drugs, they would talk to a friend or family member. Three of the youth that were interviewed mentioned AHS–AADAC as a place they could go to talk about alcohol or other drugs.

Parents were much more aware of other resources and treatment options. Some parents had extensively researched programs and services that might

help them. Many parents had tried to involve their children in voluntary services before using the PChAD program, but the youth were unwilling to participate. So, many parents were looking for some type of help that they could seek without the child's willing participation. Some were surprised that they had not found out about the PChAD program earlier despite all of the research they had done, which speaks to the level of awareness about the program among the general public and service providers alike.

Some parents said that although there are services available that would likely be effective, these services often have long waiting lists, and are voluntary. Parents in the focus groups felt that the PChAD program was a good start toward a program that would be effective for them, but that its length limited its effectiveness. It seems that parents were looking for a program that would confine their child longer and delve deeper into the root causes of the child's substance use problems. They were looking for a mandatory treatment program in addition to a mandatory detoxification program.

Use of support resources

Immediately after discharge, more than half of the youth (56%) sought some type of help or support service from some provider (AHS–AADAC or otherwise). The percentage of youth receiving such services stayed almost constant one month after discharge (54% were receiving some type of service), but it decreased somewhat three months after discharge (37% receiving some type of service). At each time interval, youth were more likely to be receiving services from AHS–AADAC than from another provider.

The most common type of help or support used by youth was counselling. This was true at all time intervals and regardless of provider. At discharge, almost three-quarters of youth who sought treatment from AHS–AADAC (73%) received counselling, followed by 21% who received day treatment. One month after discharge, 71% of those receiving services from AHS–AADAC were receiving counselling, and 17% were receiving day treatment. Three months after discharge, the proportions of youth receiving services from AHS–AADAC remained very similar: 75% were receiving counselling and 19% were receiving day treatment. At each time interval, these proportions were similar for youth receiving services from another provider, although at three months after discharge, the low number of youth receiving services from another provider precluded analysis.

At one month and three months after youth discharge, parents were also asked if they were receiving services from AHS–AADAC. One month after the youth left the safe house, 36% of parents were receiving services from AHS–AADAC and 70% of these were receiving counselling. Over a quarter (28%) participated in a parent support group. Three months after discharge, the results were almost identical: 37% were receiving services from AHS–AADAC, and of those, 73% were participating in counselling and 13% were attending parent support groups.

Satisfaction with support resources

Although more than half of parents (54%) were "Somewhat Satisfied" or "Very Satisfied" with the availability of support or treatment resources in the community after their child left the safe house, 20% were "Very Dissatisfied." Those who were not satisfied said that the services available were voluntary and therefore not useful to them, or that there were no resources available at all.

"There's tons of stuff for parents—support groups, classes, that kind of stuff—but there isn't anything for a kid who doesn't want to step foot in a treatment centre unless he's in handcuffs." (Parent comment)

One month after discharge, slightly more parents (64%) were "Somewhat Satisfied" or "Very Satisfied" with the availability of support or treatment options. For those who were dissatisfied, the reasons for their lack of satisfaction were the same as at discharge: voluntary nature of programs, and lack of options. At three months after discharge, satisfaction with this attribute increased again (73% were "Somewhat Satisfied" or "Very Satisfied" with treatment resources in their community), and the reasons for dissatisfaction remained the same.

Youth were also asked to rate their satisfaction with the availability of support or treatment resources in their community at three months after discharge. Every youth who participated in the survey was either "Very Satisfied" (59%) or "Somewhat Satisfied" (41%).

Program outcomes

Youth outcomes in relation to changes in their knowledge, attitudes and behaviour were examined in this evaluation.

Knowledge

"I hated it, but I'm glad my dad made me go. I learned a bit about what drinking can do to your body and it's kind of scary. I think I know my limits now and I can say no when I've had enough—I learned that in the safe house." (Youth comment)

Many of the youth who participated in the interviews said that they learned about the effects of alcohol and other drugs on themselves and those around them. Although education is not promoted as a primary component of the PChAD program, it is expected by parents and appreciated by youth. When youth were asked whether they wished to provide additional comments about the program, several provided comments about what they learned while in the safe house.

Attitude

Youth reported a change in their attitude in various areas of their lives, after their experience at the safe house (see Table 7). For almost every life area, more than half of the youth reported an improvement one month after discharge. Moreover, this effect was sustained over time in that there were no significant changes in their perceptions between one and three months after discharge. It is important to note that more than three-quarters of the youth (76%) felt better about themselves three months after discharge from the safe house.

Table 7: Youth self-reported changes in life situations after discharge from PChAD services

Aspect	One month			Three months		
	Better (%)	About the same (%)	Worse (%)	Better (%)	About the same (%)	Worse (%)
How you feel about yourself	69	24	7	76	18	6
School situation	57	38	5	54	43	3
Free time	57	37	6	67	31	2
Relationship with family	56	36	7	61	22	16
Physical health	54	44	2	57	41	2
Relationship with friends	53	44	4	59	41	0
Financial situation	52	43	4	55	33	12
Legal situation	50	42	8	52	37	11
Employment situation	38	55	7	48	43	9

"I didn't like what the other kids in the safe house were telling me—stuff about how their parents kicked them out of their homes and the trouble they got into at school and stuff. I didn't want to end up like the one guy who was hooked on meth and was just a freaky guy. He scared me and I don't want to wind up like that." (Youth comment)

In many cases, youth changed their attitudes about alcohol and other drugs. This change was effected in a number of ways. Some youth changed their opinions after learning about the effects of alcohol and other drugs, and some were convinced of the negative consequences of pursuing an illegal lifestyle. Others came to a new realization about the effects of drugs after meeting others who had issues with substances they considered more serious, such as crystal methamphetamine.

Behaviour

A majority of youth reported making positive behaviour changes after participating in the PChAD program. This was related to a reduced use of alcohol and other drugs, as well as improved relationships with their families.

- In total, 23% of youth reported not using any substances one month after discharge; the number increased to 36% two months later.
- One month after discharge, the majority of youth who used alcohol (69%), tobacco (55%), or cannabis (70%) said that they used less.
- Three months after discharge, the majority of those who used alcohol (78%), cannabis (81%), or hallucinogens (100%) said that they used less.

Parents were also asked whether their child's alcohol and other drug use had changed subsequent to their involvement with the PChAD program. One

month after discharge, 62% of parents said that their child used less alcohol or none at all, and 42% of these parents said that the PChAD program had a “significant impact” on this change. The results for other drugs were very similar: 63% of parents said their child used less or none at all, and 47% further indicated that the PChAD program had a “significant impact” on this change. These results were largely unchanged three months after discharge.

“I used to be gone all the time, like running away and everything and I haven’t been.” (Youth comment)

Some youth mentioned changing their behaviour with their family as a result of the PChAD program. Those who mentioned such a behaviour change said that they fought less or that they were less likely to run away. Some parents also observed an effect on their child’s behaviour, citing compliance with a curfew and improved attendance at school.

Conclusions and recommendations

Overall, satisfaction with the PChAD program is high among youth, parents and staff. As the only mandatory program that is readily available to parents of youth with alcohol and other drug problems, it is seen as a vital last resort for parents. Youth are often extremely displeased when they are taken to the safe house, but in many cases they later recognize the value of what they learned there, the negative impact of their previous behaviour on their family and themselves, and the benefits of the program for them and their parents.

The PChAD program is effective in stimulating a positive change in the substance use habits of many program participants. Moreover, aspects of life such as how youth feel about themselves, their relationship with their family, and their use of free time were better at one month and three months after the youth are discharged from the PChAD program. The program is still a relatively new service, but according to staff, it has made positive strides in its first two years.

There are, however, areas in which the PChAD program can make improvements. The following recommendations identify areas for program improvement. These are related to program knowledge, family involvement, the review process and the program length.

Program knowledge

Purpose of the PChAD program and the services provided

There appears to be a gap between parental expectations of the PChAD program and the stated purpose or intent. Analysis of parents' expectations of the PChAD program reveals three dominant motivations for using the program:

- to educate youth about alcohol and other drugs
- to provide respite for the family while removing the youth from negative influences
- to gain control over the youth or stimulate a change in decision making

Parents' decision to use the PChAD program is often some combination of these three motivations.

Some parents expect the program to act as a punishment of their child. They want to frighten their children into making different choices about their substance use, and the involvement of police in apprehending and transporting the youth is particularly effective to this end. However, punishment is not the intent of the PChAD program.

It is especially important that police understand the PChAD program. They are frequently relied upon to help parents find help for their children, and they have a critical role to play in the execution of the PChAD program. Some parents said that police officers were unaware of the program, or did not know

enough about it to properly fulfill their responsibility to transport the youth to the safe house. Communicating to parents and others that PChAD is not intended to be punitive may help to ensure that referrals to the program are appropriate and that expectations are met.

Another area of disconnection between parents' expectations and the actual purposes or intentions of the PChAD program is the 1-888 toll-free line dedicated to this program. Parents expected the toll-free line to provide them with information about the court order process, as well as assistance and support in participating in the PChAD program. However, the intention of the toll-free line is primarily to facilitate placement of clients into the protective safe houses.

Recommendation

- *AHS–AADAC should consider additional ways of communicating the program's intent in light of parents' expectations so that parents have a good understanding of the purposes, services offered, and processes involved when participating in the PChAD program.*

PChAD program information

It is clear that parents obtain information about PChAD from a wide range of sources, and it is difficult to ensure that all sources have the same information about the program.

Recommendations

- *Parents and other service providers should receive information about the PChAD program from a single trusted source, such as AHS–AADAC staff, and from a central point (e.g. an information session) so that consistent information about the program is communicated.*
- *Community partners should be aware that parents inquiring about or interested in the PChAD program should be referred to the local AHS–AADAC office for more information about the program.*

Family involvement

One aspect of the PChAD program process that parents were not aware of, especially those who used the program for the first time, was that youth had the right to deny parents access to information obtained in the youth's treatment plan. As a result, parents felt they were not able to be as involved in their child's care as they would have liked.

Youth are dependent on their family, as demonstrated by the requirement that parents are involved in the treatment planning process. Yet, the degree to which counsellors can assess the family environment, or even involve parents in the assessment of the youth, is determined by the youth's right to confidentiality and program time constraints. The two most common reasons that youth do not receive treatment plans are their refusal to participate, and parents' unwillingness or inability to support the plan. This suggests that

counsellors try to strike a compromise between parents and youth in determining an appropriate treatment plan. Such a compromise may be difficult to find if the counsellor is unaware of the needs and motivations of either party.

Recommendations

- *Providing parents with the treatment planning recommendations for their child, regardless of whether or not the child provides consent, would facilitate further involvement by parents and families.*
- *Encouraging more family participation in the treatment planning process could help counsellors to better support youth.*

Review process

Another aspect of the PChAD program process that parents were not aware of was the youth's right to review the court order. Many parents found the review process to be a trying and emotionally draining experience. Several parents were frustrated with safe house staff during the review process if the staff appeared to be siding with the youth. During the review process, safe house staff remained with the youth to gain their trust and ensure they did not attempt to escape; however, parents may have been unaware of these reasons and perceived this behaviour as a slight against them. Moreover, this may have been the only time that parents actually saw a face associated with the PChAD program. If the youth was transported to the safe house by police, won the review and was then released, parents may have had no other opportunity to speak with a representative of the program.

The participation of a safe house staff member at the review could represent an opportunity to help the parent understand the need for the review, as well as their role in it.

Recommendations

- *Parents should be made aware of the potential for youth to appeal the confinement order before an order is obtained.*
- *Parents need to be informed about the rationale for the review process.*
- *Parents should be aware of what is expected of them as they go through the PChAD program process.*
- *Parents should have support before and during the review process.*

Program length

One of the important findings in the first-year evaluation was that the program did not provide sufficient time to conduct a proper assessment and prepare an appropriate treatment plan for all clients. This finding was replicated in the second-year evaluation. Moreover, the second-year results indicated that youth, parents and staff suggested a lengthier program. Although youth,

parents and staff had different average preferences for program length, all of these groups agreed that a longer program would be more valuable and effective.

Recommendation

- *The program should be lengthened to allow more time for detoxification, assessment and treatment planning*.

Future directions

During the course of this evaluation, several areas for program enhancement arose that could stimulate further research and program development:

- The effects of negative family environments should be investigated further. Thirty per cent of parents and 17% of youth were concerned about the alcohol or other drug use of someone else in their home. Returning a youth to such an environment could undermine any gains made during the PChAD program. Further research is required to establish the significance of this effect.
- Understanding the reasons youth deny parents access to information could be useful in treatment planning as well as supporting relationship building between parents and youth, and integration of youth back to their families and communities.
- Further research should also determine whether networking between youth in the safe house leads to negative influences. This was a concern raised by some parents. In addition, some youth described the implications that learning about others' experiences going through the PChAD program had on their own lives.
- A process should be developed for how family assessments might inform programming and treatment planning.
- Mutual support groups should be identified as an option for supporting parents through the PChAD process.

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ISBN 978-0-7785-7293-0