

Cross-training to work together better with pregnant women and mothers who use substances: Care providers' perceptions

Between 2009 and 2013, a positional rotation cross-training project was implemented in Mauricie–Centre-du-Québec, to improve service integration for pregnant women and mothers who use alcohol and drugs. The goal of the present study is to understand how training has fostered—or not—changes in care providers' practices, from their perspectives. Focus groups were conducted with 14 clinical teams (n=121) working in child protection, perinatal and early childhood, as well as substance abuse. Results of the thematic analysis show that care providers know their clinical partners better, communicate more with each other, make more referrals, and are better able to sensitize the women to the effects of substance use during and following pregnancy, as well as on the parenting role.

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Issue and Objective

Service integration helps provide coherent, continuous services to clients with complex needs. Different service integration strategies were recorded and tested: case management, multidisciplinary follow-up, individualized service plan, etc. Positional rotation cross-training was tested with care providers with different expertise, and demonstrated efficacy in knowledge integration, sharing expertise and collaboration. In Mauricie–Centre-du-Québec, a positional rotation cross-training project was conducted from 2009 to 2013 with professionals working in the fields of child protection, perinatal and early childhood, and substance abuse. The objective of the present study is to understand how training has fostered—or not—changes in care providers' practices, from their perspective.

Methodology

The positional rotation cross-training project included a series of activities: creation of a working committee, joint training, immersion session, development of a joint action plan, development of awareness and information tools for clients. At the end of the project, an evaluation process based on a qualitative descriptive design with focus groups was used with 14 clinical teams (n=121) involved in the project: 32 care providers from child protection services, 37 from perinatal and early childhood services, and 52 from substance abuse services.

Highlights

Most care providers noted they

- were better equipped to address issues more objectively;
- had improved capacity to inform clients about the impacts of substance use;
- had improved information collection and evaluation processes by asking more questions about substance use behaviours and parenting habits;
- had modified their interventions because of better understanding addiction issue and associated risks for relapse;
- knew their clinical partners better, communicated more with each other and made more referrals.

Conversely, a few said they

- had difficulty applying motivational interviewing;
- felt uncomfortable when they felt they were contradicting the doctor's recommendations;
- preferred to refer to their colleagues or clinical partners who have better expertise rather than hazarding an opinion on the subject;
- had made no changes in their practices because they felt they were already adopting a holistic approach with their clients and considering many intervention targets;
- had felt a conflict of values between their own understanding of addiction and their organization's mandate (for example, in child protection);
- had found collaborative work difficult, in particular when some aspects cannot be reconciled (removal of children despite parents' commitment to addiction treatment).



Conclusion

Consistent with other studies, findings indicate that knowledge and skills acquired as part of this positional rotation cross-training project, in this case, enhance development of coherent discourses among health professionals concerning the impacts of alcohol and drug use by pregnant women and mothers. The project has also contributed to the development of a culture of collaboration among individuals with various expertise. In this regard, an opening and desire to work collaboratively manifested by care providers and administrators are markers of success in changing practices. Moreover, some methodological limitations, such as choosing to conduct focus groups, prevent researchers from identifying the degree to which care providers integrated practices. In addition, some topics may not have been raised by participants, since the focus groups were conducted by the project coordinator. Finally, this project provides insight on the challenges associated with working in partnership, in particular when there is disagreement over certain clinical decisions such as removing a child despite the parents' engagement with addiction services. It also sheds light on complexities of changing practices, such as when there are staff changes, for example.

Keywords

- / Service Integration
- / Substance abuse
- / Parenthood

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