

Parent-Child Assistance Program Substance Use Disorders: Treatment for Adults

Literature review updated May 2014.

As part of WSIPP’s research approach to identifying evidence-based programs and policies, WSIPP determines “what works” (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

Program Description: The Parent-Child Assistance Program provides home visits to new mothers of drug- or alcohol-exposed infants. Visitors are paraprofessional client advocates with similar adverse life experiences as the mothers. Visits are weekly for the first six weeks after birth, then bi-weekly or more frequently as needed for up to three years.

More information on this program is available at:

http://depts.washington.edu/pcapuw/inhouse/PCAP_Manual_3_23_15.pdf.

Meta-Analysis of Program Effects

Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Adjusted effect sizes and standard errors used in the benefit-cost analysis						Unadjusted effect size (random effects model)	
				First time ES is estimated			Second time ES is estimated			ES	p-value
				ES	SE	Age	ES	SE	Age		
Repeat birth	Primary	1	54	0.000	0.331	30	0.000	0.000	31	0.000	1.000
Repeat pregnancy	Primary	1	54	0.035	0.297	30	0.000	0.000	31	0.096	0.747
Substance misuse	Primary	1	23	-0.046	0.245	30	0.000	0.000	31	-0.091	0.698
Out-of-home placement	Secondary	1	54	0.371	0.310	3	0.000	0.000	4	0.371	0.231
Test scores	Secondary	1	23	-0.033	0.289	3	0.000	0.000	4	-0.091	0.753
Well-child visits	Secondary	1	54	0.067	0.556	3	0.000	0.000	4	0.186	0.746

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

Citations Used in the Meta-Analysis

Ernst, CC., Grant, T.M., Streissguth, A.P., & Sampson, P.D. (1999). Intervention with high-risk alcohol and drug-abusing mothers: II. Three-year findings from the Seattle Model of Paraprofessional Advocacy. *Journal of Community Psychology, 27*(1), 19-38.

Kartin, D., Grant, T.M., Streissguth, A.P., Sampson, P.D., & Ernst, C.C. (2002). Three-year developmental outcomes in children with prenatal alcohol and drug exposure. *Pediatric Physical Therapy : the Official Publication of the Section on Pediatrics of the American Physical Therapy Association*, 14(3), 145-53.

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