De kiem

improvement makes a difference!

ATCA conference
Sydney, Australia

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Dirk Vandeveld
De kiem

Content

• De Kiem a TC in Belgium
• Welcome house
• Program for mother and child
Europe

- 4 million km²
- 503 million inhabitants
- 37 countries
- >24 different languages
Belgium

- 30,530 km²
- 11.2 million inhabitants
- 3 languages
- Flemish part: 6 milj.
De Kiem

• Started in 1978 (15 beds)
• non-profit organisation
• Convention with the Ministry of Health care

• Outpatient treatment (3 locations) : Daily caseload = 200 clients
• TC = 35 beds (including welcome house and mother and child programme).
• re-entry = 15 beds.

• Involved in treatment programs in 2 prisons
• 53 staff members (40 FEQ)
The Welcome House
Goals of the “welcome house” (1997)

✓ To improve the completion rates of the TC.
✓ To shorten the introduction faze and have people in an earlier stage of motivation.
✓ To create a “safety net” for those who have to leave the TC or re-entry house for a short time because of a time-out period.
✓ To organise a good referral for those who, after screening, don’t fit for the TC.
✓ To have the possibility to take in persons on methadone and to reduce the methadone in the ‘welcome phase’.
1995: 8% finished the program.
In average 15-20%
Welcome House- Induction-unit

- Max. 8 residents
- 2 till 8 weeks
- To welcome each resident in a mature and respectful manner
- Preparation for the therapeutic community (T.C.):
  - clear aims
  - participate in the T.C.
- Physical comfort
- help with social-administration, financial and juridical aspects
- Structuring aspects
  - the rules of the house
  - the day- and week schedule daily live- en work situations
  - the morning-meeting
  - seminars
- Safety-net
DVD

From 0.00 till 1.36
From 4.25 to 6.40
60% finishing the program
# Average time in programme

**Before induction unit:**
- 1992: 6 m
- 1995: 6 m + 4 d

**Since start induction unit:**
- 1997: 8 m
- 1998: 8 m + 20 d
- 1999/’00/’01/’02/’03: +/- 9 m
- 2004: 12 m
- 2005: 13 m
- 2006: 10 m + 12 d
- 2007: 11 m + 20 d
- 2008: 9 m + 25 d
- 2009: 8 m + 24 d
- 2010: 8 m
- 2011: 10 m + 17 d
- 2012: 10 m + 13 d
- 2013: 10 m + 7 d
Before we started with the welcome house approximately 20% of the starters finished the program.

In the last 5 years between 45% and 70% of those who started their program in the TC also finished it and went over to the re-entry house.
Welcome house admissions and starting the TC.
Safety net

Last 15 year
105 residents used the net
79 continued afterwards their program in the TC
=75%
Conclusion

- We have shortened the introduction phase and are now able to reach more people in an earlier stage of motivation.
- We have a safety net for those who have to leave the TC. Before ‘the welcome house’ they had to look for other options because of the time out period.
- When residents don’t fit for the TC we have time to organise a good referral.
- We admit persons on methadone and reduce the methadone in the welcome phase. Before we didn’t had that opportunity.
The effects of ‘the Welcome House’ on retention in the TC

- Before the welcome house an average of 20% of those who started their program in the TC, also finished it and went over to the re-entry house.

- Now, in average 63% of the residents finish their program in the TC.

- We need more “beds” in the re-entry house. 5 → 15
Even if you're on the right track, you'll get run over if you just sit there.
mother and child program

The TIPi
The residential program for mothers and children started in 1996.

Need for an integrated residential mother and child program for drug addicted parents.

Female residents are under represented in the Belgian TC’s.

Women quit the program in an early phase: separation of their children.

Addicted parents can work on their addiction problems but also on their mother/father – child relation.

Attention on development problems of the child.
Research on the actual life situation and the quality of life of the parents and children who followed the mother and child program in De Kiem.

Jachna Beck and Evelien Van Rompaye, University Ghent
Research

Questionnaires:

- Europ ASI
- Lancashire questionnaire: Quality of life
- Questions concerning “resilience” of the children.
Parents and children 1996-2011

- 39 parents and 44 children. 35 parents had their child full time with them.
- 4 parents had co-parenting.

<table>
<thead>
<tr>
<th>Karakteristieken</th>
<th>Aantal</th>
<th>Percentages</th>
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<tbody>
<tr>
<td>Geslacht ouder (N=39)</td>
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<td></td>
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<tr>
<td>Man</td>
<td>2</td>
<td>5,1 %</td>
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<tr>
<td>Women</td>
<td>37</td>
<td>94,9 %</td>
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<tr>
<td>Geslacht kind (N=44)</td>
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<td></td>
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<tr>
<td>Boy</td>
<td>19</td>
<td>43,2 %</td>
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<tr>
<td>Girl</td>
<td>25</td>
<td>56,8 %</td>
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<td>Period in TC (N=39)</td>
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<tr>
<td>1996-2000</td>
<td>11</td>
<td>28,2 %</td>
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<td>2001-2005</td>
<td>9</td>
<td>23,1 %</td>
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<td>2006-2011</td>
<td>19</td>
<td>48,7 %</td>
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## Research group

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<tr>
<td><strong>All parents</strong></td>
<td>11</td>
<td>9</td>
<td>19</td>
<td>39</td>
</tr>
<tr>
<td>(N=39)</td>
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<td><strong>Research group</strong></td>
<td>4</td>
<td>7</td>
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<td>27</td>
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<td><strong>F to F contact</strong></td>
<td>4</td>
<td>6</td>
<td>14</td>
<td>24</td>
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<td><strong>Interv. by phone</strong></td>
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<td>1</td>
<td>2</td>
<td>3</td>
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Total parents: 39
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<tr>
<th>characteristics</th>
<th>Aantal</th>
<th>Percentages</th>
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<tr>
<td><strong>Living situation child (N=29)</strong></td>
<td></td>
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<tr>
<td>With parent</td>
<td>21</td>
<td><strong>72,4 %</strong></td>
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<tr>
<td>Not with parent</td>
<td>8</td>
<td><strong>27,6 %</strong></td>
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<tr>
<td><strong>No drugs last month (n=27)</strong></td>
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<td></td>
</tr>
<tr>
<td>Drug use last month (n=27)</td>
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<td></td>
</tr>
<tr>
<td>Alcohol (&gt; 5 cons.)</td>
<td>2</td>
<td><strong>7,4 %</strong></td>
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<tr>
<td>Cannabis</td>
<td>3</td>
<td><strong>11,1 %</strong></td>
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<tr>
<td>Other illegal drugs</td>
<td>1</td>
<td><strong>3,7 %</strong></td>
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<tr>
<td><strong>Working</strong></td>
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<tr>
<td><strong>Education (adults)</strong></td>
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<td></td>
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<tr>
<td>Not able to work</td>
<td>12</td>
<td><strong>44,4 %</strong></td>
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<tr>
<td>No work (N=27)</td>
<td>4</td>
<td><strong>14,8 %</strong></td>
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<tr>
<td>No work</td>
<td>6</td>
<td><strong>22,2 %</strong></td>
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<tr>
<td>(N=27)</td>
<td>5</td>
<td><strong>18,6 %</strong></td>
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<tr>
<td><strong>Partner (N=24)</strong></td>
<td>11</td>
<td><strong>45,8 %</strong></td>
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<tr>
<td><strong>Living together wit partner (N=27)</strong></td>
<td>7</td>
<td><strong>25,9 %</strong></td>
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<td><strong>Supporting friends (N=24)</strong></td>
<td>20</td>
<td><strong>83,3 %</strong></td>
</tr>
<tr>
<td><strong>Victim of violence (N=24)</strong></td>
<td>4</td>
<td><strong>16,6 %</strong></td>
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<tr>
<td><strong>Cought with drugs in last year (N=27)</strong></td>
<td>3</td>
<td><strong>11,1 %</strong></td>
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</tbody>
</table>
## Children in care or treatment

<table>
<thead>
<tr>
<th>characteristic</th>
<th>Number</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Need for coaching in education their child (N=24)</td>
<td>10</td>
<td>41.7 %</td>
</tr>
<tr>
<td>Child in treatment/care (N=29)</td>
<td>9</td>
<td>31.0 %</td>
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</tbody>
</table>
Quality of life

How do the parents score their quality of life?
In general

job

financial

Living situation

Not sat. at all/not sat./a little sat. Satisfied/very much sat.
Living together with the child seems to have an influence on the positive perception of the free time, the living situation and the relation with the family.
The influence of drug use

The use of drugs and alcohol seems to have a great influence on the perception of Qality of life in general, free time, living situation, relationship and family and the mental helath.
conclusions

It is possible to influence:

- Early drop outs
- Time in program
- Number of program completers

Focus on:

- Individual support in the first phase of the program (welcome house)
- Special attention for women and other minorities in the program.
- Family involvement
- Motivation and readiness for treatment
Thank you

Dirk Vandevelde