

The **PERCS Conversation Guide** is a psychosocial discussion tool for practitioners working with parents. It supports collaborative, respectful conversations around the impact of substance use and other adversities on children's daily lives.

The guide provides example questions to help you explore five important domains in a child's life. It is designed to help you to recognise parents' strengths and hopes for their family, and opportunities to support and improve children's mental and physical health, resilience and wellbeing.

**There are four broad stages to the guide:**

## 1 What is the entry point?



Ask the parent-client about pregnancy and children at the first point of contact and in all subsequent sessions. This includes:

- asking at intake/assessment about pregnancy and children – age, full name, access, custody details, etc.
- exploring the child's social and emotional wellbeing from the very first meeting, using open questions; and
- asking about the child – preferably by name – at every session, keeping the PERCS domains and practice principles (listed below) in mind.

This will ensure the fast-tracking of expecting parents and will normalise parenting conversations as part of treatment.

## 2 What are you curious about?



Consider the five PERCS domains:

- P** Parent-child relationships
- E** Emotions and behaviours
- R** Routines
- C** Communication and meaning-making
- S** Support networks

This guide contains example questions to assist practitioners in conversations with parents about their children. The first set of questions encourages open enquiry, while the second set is designed to help develop a deeper understanding of the impact of substance use on children's daily lives.

## 3 Conversation with the parent



Conduct a collaborative and respectful conversation with the parent to arrive at shared understandings and decisions, using the six principles of parent engagement:

- Child-aware and parent-sensitive
- Curiosity
- Collaboration
- Strengths and hopes
- Context
- Respect

These principles will support the development of the trusting therapeutic relationship necessary to have these conversations.

## 4 Provide support








Provide support to parents to protect the child from the impacts of substance use:

- Use a strengths-based approach to support a positive parent-child relationship and improved emotional wellbeing for children.
- Provide resources to parents regarding child development and parenting practices.\*
- Practice integrated care and make warm referrals to children's services as required.

\*See [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

This guide provides a pathway and example questions for exploring the five domains of a child's life.

<b>P</b>	 <p><b>Parent-child relationship</b></p> <p>A safe, secure, responsive and nurturing relationship between a child and their parent/caregiver is key to building resilience.</p>	<p><b>Practitioner's role</b></p> <ul style="list-style-type: none"><li>• Identify if/how parents feel/stay connected to their child.</li><li>• Promote parents' confidence and a positive parent-child relationship.</li></ul>	<p><b>ASK Example question</b></p> <p>Tell me about (child's name). What's it like being their parent?</p>
<b>E</b>	 <p><b>Emotions and behaviours</b></p> <p>Children need to feel loved, safe and confident that their emotions will be listened to and responded to in a nurturing way.</p>	<p><b>Practitioner's role</b></p> <ul style="list-style-type: none"><li>• Help parents to understand and be responsive to their child's emotions and behaviours.</li><li>• Support parents to develop a shared language.</li></ul>	<p><b>ASK Example question</b></p> <p>How do you think (child's name) shows you when they are worried/happy/sad?</p>
<b>R</b>	 <p><b>Routines</b></p> <p>Routines and rituals provide children with a stable base, especially in times of stress.</p>	<p><b>Practitioner's role</b></p> <ul style="list-style-type: none"><li>• Encourage parents to create routines and predictability in their children's lives.</li></ul>	<p><b>ASK Example question</b></p> <p>What sort of routines are important in your family?</p>
<b>C</b>	 <p><b>Communication and meaning-making</b></p> <p>Respectful and effective communication can help children to express emotions and make meaning from experiences of adversity. This helps develop their resilience.</p>	<p><b>Practitioner's role</b></p> <ul style="list-style-type: none"><li>• Support parents in understanding the impact of adult issues on their child.</li><li>• Guide parents in helping their children make sense of life events through questions and conversation.</li></ul>	<p><b>ASK Example question</b></p> <p>What opportunities do you get to spend time talking with (child's name)?</p>
<b>S</b>	 <p><b>Support networks</b></p> <p>Safe and supportive networks outside the family can be key to a child's social and emotional wellbeing.</p>	<p><b>Practitioner's role</b></p> <ul style="list-style-type: none"><li>• Help parents to identify and develop a consistent, positive support network for their child.</li></ul>	<p><b>ASK Example question</b></p> <p>Is there someone who can help you out with (child's name) when needed?</p>

The PERCS Conversation Guide gives examples of ways to conduct conversations with parent-clients that are respectful and collaborative. A trusting relationship between practitioner and client is crucial in order for that to happen. The following principles are key in supporting the skills needed to build that relationship.



## Child-aware and parent-sensitive

A child-aware approach acknowledges and considers the experiences of the client's children, and avoids these children being 'invisible' to services. It recognises the role of those children in the client's life, even when the child never directly accesses the service.

A child-inclusive approach involves children in conversations about their social and emotional wellbeing where it is appropriate to do so.

A parent-sensitive approach identifies, acknowledges and validates clients who are parents and draws upon the parenting role as a central feature of meaning and motivation in their life. This includes being aware of stigma and attentive to the additional fear of judgment about parenting competence that clients may have experienced and which can complicate the development of a trusting therapeutic relationship.<sup>1,2,3,4</sup>

Evidence suggests that effective engagement of parent-clients involves paying attention to how a service is delivered, as much as what is delivered. In other words, the quality of the relationships between practitioners and clients is as important as the type of support or program provided.<sup>3,9</sup>



## Curiosity

A curious stance involves looking holistically at what is happening for the client. It involves gently exploring issues underlying substance use and the impacts of use on other areas of the client's life (or vice versa), including relationships and parenting.<sup>4,5,6,7</sup>

Being curious asks you to be mindful and sensitive of issues such as:

- trauma history, family and domestic violence, and housing instability and how they impact clients as parents
- stigma associated with substance use and how it can be a barrier to treatment, especially for parents
- the parent's potential fear of being judged
- being open about the limits of confidentiality whilst also being sensitive to the parent's fear that you may report them to child protection authorities
- reassuring parents that in the majority of cases child protection reports are not necessary
- the parent's previous experiences with child protection authorities, which may have made them angry or highly fearful of children being removed from their care
- the parent's own self-judgment, internal critic and sense of shame; and
- the parent's experiences of being parented themselves and intergenerational cycles.



## Respect

Respect considers each individual client's story, values, culture, perspectives, needs and plans, and recognises them as being the expert in their own lives. It also involves empathic, non-judgmental use of professional expertise that:

- is warm, genuine and transparent in order to build trust and a place of safety
- includes open and honest conversations around consent and mandated reporting
- seeks to empower parents through knowledge of the above
- acknowledges and validates the parenting status of clients, regardless of what shape it takes
- respects parents' knowledge and understanding of their own children and family
- is very mindful to avoid judging parents who are facing challenges; and
- views parents as more than just the challenges they face.<sup>1,6,8</sup>



## Contextual understandings

This involves asking open questions about the client's situation to better understand the unique circumstances of each client's:

- family of origin
- current relationships and family/kin/friendship supports
- child raising circumstances – access, custody, shared care, kinship care
- employment/volunteering/study/caring/other commitments
- culture and spiritual beliefs; and
- attitudes to parenting and childhood.

Contextual understandings are key to providing culturally competent service delivery that caters to children and families from diverse cultures.<sup>15,16</sup>



## Collaboration

Collaboration involves supporting parents to recognise their own strengths, resources and ways in which things are going well in regard to parenting.

It also involves empowering them to feel more confident and competent in their parenting, and providing them with choices, information and encouragement. Shared decision-making and the recognition of the client's right to self-direction, require relationships built on trust to facilitate meaningful participation.<sup>3,4,7,10</sup>

This involves the collaborative sharing of knowledge (the knowledge of the client in their own lives, and the knowledge of the professional in the field) in making joint decisions about factors that impact upon the client and their children.<sup>1,2,7,8,10,11,12</sup>

AOD practitioners can work collaboratively by:

- highlighting parents' expertise – their knowledge and understandings of their own child
- empowering parents to make their own decisions based on their values, hopes and dreams for their family
- working on a care plan that includes the parent's and child's identified goals for their family
- supporting parents to build constructive relationships with child protection; and
- taking time to understand the child's perspective and hopes for their family.

Developing and actively maintaining trusted interagency relationships is important for both the individual practitioner and the organisation itself. Professionals and services that have reciprocal relationships with each other are in a position to respond to client's needs in a more holistic way.<sup>1,2,13,14</sup>



## Strengths and hopes

This involves identifying, highlighting, encouraging and building upon the hopes, strengths, efforts, capabilities and positive qualities of clients, and the resources available to them.

Practitioners should demonstrate a belief that the client, as a parent, wants the best for their children. Ask questions about parenting values that underly the hopes parents have for their children, and what is important to them in their relationship with their child.<sup>2,7,8,10,17</sup>

Empower parents to see how things are improving to build self-efficacy. Recognise that culture is a source of rich tradition, resilience and strength for parents and children, especially among Aboriginal and Torres Strait Islander people.

## References

1. Centre for Community Child Health. (2010). [Engaging marginalised and vulnerable families](#) (Policy Brief No. 18).
2. Fowler, C., Reid, S., Minnis, J., & Day, C. (2014). [Experiences of mothers with substance dependence: Informing the development of parenting support](#). *Journal of Clinical Nursing*, 23(19–20), 2835–2843.
3. Moore, T. G., McDonald, M., Sanjeevan, S., & Price, A. (2012). [Sustained home visiting for vulnerable families and children: A literature review of effective processes and strategies](#). Prepared for Australian Research Alliance for Children and Youth. Parkville: Murdoch Children's Research Institute and The Royal Children's Hospital Centre for Community Child Health.
4. Emerging Minds. (2017). [Let's talk about children \('Let's Talk'\): A guide for professionals](#). Adelaide: Emerging Minds.
5. Sayal, K., Tischler, V., Coope, C., Robotham, S., Ashworth, M., Day, C., ... Simonoff, E. (2010). [Parental help-seeking in primary care for child and adolescent mental health concerns: Qualitative study](#). *British Journal of Psychiatry*, 197(6), 476–481.
6. Reardon, T., Harvey, K., Baranowska, M., O'Brien, D., Smith, L., & Creswell, C. (2017). [What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies](#). *European Child and Adolescent Psychiatry*, 26(6), 623–647.
7. Parenting Research Centre (PRC). (2010). *smalltalk manual*. Melbourne: PRC.
8. Rosengren, D. B. (2009). *Building motivational interviewing skills: A practitioner workbook (applications of motivational interviewing)*. New York: Guilford Press.
9. Centre for Community Child Health. (2007). [Effective community-based services](#) (Policy Brief No. 6).
10. Emerging Minds. (2019). [Keeping child mental health in mind: A workforce development framework for supporting infants, children and parents](#). Adelaide: Emerging Minds: National Workforce Centre for Child Mental Health.
11. Seay, K. D., Iachini, A. L., DeHart, D. D., Browne, T., & Clone, S. (2017). [Substance abuse treatment engagement among mothers: Perceptions of the parenting role and agency-related motivators and inhibitors](#). *Journal of Family Social Work*, 20(3), 196–212.
12. Miller, W., & Rollnick, S. (2012). *Motivational interviewing: Helping people change*. New York: Guilford Press.
13. Moore, T. G. (2016). [Towards a model of evidence-informed decision-making and service delivery](#) (CCCH Working paper No. 5). Parkville: Centre for Community Child Health, Murdoch Children's Research Institute.
14. Davis, H., Day, C., & Bidmead, C. (2002). *Working in partnership with parents: The parent adviser model*. London: Harcourt Assessment.
15. Soriano, G., Clark, H., & Wise, S. (2008). [Promising Practice Profiles final report](#). Melbourne: Australian Institute of Family Studies.
16. Tilbury, C., Walsh, P., & Osmond, J. (2016). [Child aware practice in adult social services: A scoping review](#). *Australian Social Work*, 69(3), 260–272.
17. Price-Robertson, R., Olsen, G., Francis, H., Obradovic, A., & Morgan, B. (2016). [Supporting recovery in families affected by parental mental illness](#) (CFCA Practitioner Resource). Melbourne: Child Family Community Australia information exchange, Australian Institute of Family Studies.
18. Reupert, A., Maybery, D., & Morgan, B. (2015). [The family-focused practice of primary care clinicians: A case of missed opportunities](#). *Journal of Mental Health*, 24(6), 357–362.

These questions have been designed as a guide to practice. They should be used with sensitivity, in conjunction with the six principles outlined in the guide summary.

This guide is not intended to be prescriptive. The order and emphasis given to each of the five domains should be tailored to suit your work context and the family's culture and circumstances.

You do not need to ask questions from every domain, every time. Instead, work on those areas that are relevant each session.

Trust may take a few sessions to develop, so questions can be revisited if necessary.

The language used in a guide only and should be adapted to suit the individual worker/client.

The parent's unique situation and level of stability should always be kept in mind when using this guide. It is crucial to think about what the parent is feeling at the end of these conversations, and to ensure they leave your sessions with a sense of hope.

We recommend completing the e-learning course **Parental substance use and child-aware practice** before using this guide.



## Parent-child relationship

### Engagement questions

Tell me about (child's name). What's it like being their parent?  
What sort of things do you enjoy doing together? (Prompt: What do you think [child's name] would say they enjoy doing with you the most?)

What tells you (child's name) is doing well? How can you tell when they are worried or not doing so well?

On a scale of 1-10, how do you think (child's name) would describe their relationship with you?

What would you like to see happening six months from now in your relationship with (child's name)?

### Exploring the impacts of substance use on the child

How would you describe yourself when you're using? How do you think (child's name) would describe you? What kind of positives around substance use are there for you as a parent?

What parts of the substance-use cycle would be most difficult for (child's name)? (I.e. scoring, intoxication, withdrawal, hanging out, etc.) As a parent, what would worry you about making changes to your substance use?

Have you noticed any differences in the way (child's name) has been relating to you? What do you think causes that to happen?

When there is stress or conflict with (child's name), what do you do? What do they do?



## Emotions and behaviours

### Engagement questions

What sort of things do you and (child's name) do together just for fun?

How do you know when (child's name) is doing well? How do you see their behaviour change, depending on how they feel? How do you think (child's name) shows you they are worried/happy/sad? On a scale of 1-10, how confident are you that you understand their feelings and behaviours?

Can you describe what happens when (child's name) is acting up? I'm wondering how you feel when they do that?

Do you remember behaving in similar ways to (child's name) when you were little? And what did your parents do?

Has anybody else expressed any concerns about (child's name)'s behaviour?

### Exploring the impacts of substance use on the child

How do you think (child's name) is coping? What do you think they would notice when you have been using, or are experiencing the effects of substance use?

Do you think (child's name) has noticed that things are tough for you at the moment? How do you think they feel about what is happening? Do you think their understanding of what is happening is affecting their feelings?

What have you noticed that makes you think (child's name) is unhappy at child care/school?

Are there particular behaviours that you find hard to manage? How often is this behaviour an issue? Have you noticed a link between how you are feeling and how (child's name) is behaving? Can you tell me about that?

On a scale of 1-10, how confident do you feel in helping (child's name) to manage their emotions/behaviours? What have child protection told you they would like to see happening? Would it help your conversations with them if we worked on ways to understand and manage (child's name)'s emotions and behaviours?



## Routines

### Engagement questions

What sort of routines are important in your family? Can you tell me what is working for you with sleeping and mealtime patterns? Do you have certain routines for those times? How do you involve (child's name) in organising the family's routines? Are there things you find challenging about any of these daily routines?

Can you give me an example of things that you do together and both enjoy?

Along with all the tasks related to caring for (child's name) and your household, what other commitments need to be fitted in?

Have there been any changes in routine recently? Any changes that have impacted on your household/family routines? (E.g. Have you moved house, had a relationship breakdown, lost your job/license, etc.)

How's school going? Does (child's name) get much homework?

### Exploring the impacts of substance use on the child

How do routines with (child's name) change around the cycle of substance use? (I.e. Scoring, intoxication, coming down, withdrawals, etc.) What about routines outside of the home – can you tell me how they change around substance use? (I.e. How does [child's name] get to/from school?)

What happens when it is more difficult to keep on top of things at home? How do you think (child's name) would describe those times?

What happens for (child's name) when you're not with them? Are there other people that know about their daily routines and can help?

How are the regular routines/activities affected when you are impacted by substance use? (E.g. Homework, meal times, sleep times, etc.) Are there ways that some of these routines could continue during these times? Is there anybody who can help out?

Do you have a plan for keeping your kids safe during the cycle of substance use? Would it help if we develop one so that you can show your child protection worker? How about we work on developing a plan with all the things that you need to demonstrate to child protection that you are doing during the week?



## Communication and meaning-making

### Engagement questions

What are the best times for you and (child's name) to talk about things? For example, I find the best time to talk to my kids is in the car.

I'm wondering if you get much one-on-one time with (child's name)? Some parents talk about having 'time in' with their child, to give them time to share their thoughts and feelings.

How much do you talk with (child's name) as you are doing things with them, and about what is happening around them? (Even if they're non-verbal.)

What are some things (child's name) does to help you to understand what they need? (E.g. Throwing tantrums, whining, crying, slamming doors, shouting, withdrawing, etc.)

How important is it for (child's name) to share their thoughts and feelings with you? What might get in the way of this sharing? Some children like to write or draw in a journal about their feelings and the best thing that happened that day – do you think that's something that (child's name) might like to do?

### Exploring the impacts of substance use on the child

What changes might (child's name) have noticed as a result of/related to the cycle of substance use? Do they talk to you about what they see? What do they say?¹

What sometimes gets in the way of communicating with (child's name)? What sense might they make of the changes that they notice in you related to AOD use? (Prompt: What might they see in your face or behaviours, or hear in the tone of your voice?)

Can you think of ways you can help (child's name) to make sense of what is happening to you and to them? Do you think that exploring this a bit more will be helpful in conversations with your child protection worker about the impacts of substance use on (child's name)?

Would it be helpful if we looked at age-appropriate ways to help reassure (child's name) and keep them safe when you are unwell due to substance use, just so they know they're not to blame?

Would it be helpful if we regularly went over all the things that child protection need you to do so that you feel a bit more empowered when talking to them? It might help you from going blank, and it will also be a great opportunity for us to see how things are improving.



## Support networks

### Engagement questions

How supported do you feel? Do you have any family or friends that you can rely on when you need help? What sorts of things do they do that help you to feel supported? Who does (child's name) enjoy spending time with?

Do you belong to any community groups, such as playgroups, children's centres, sports clubs, etc.? What about (child's name) – do they do any after-school activities?

How does (child's name) get along with/play with other children? Do they have a close friend or group of friends? Do you think (child's name) would be able to talk to them if they had worries? What makes you think this?

What does (child's name) say they enjoy the most/least about school? How are they going with school work? On a scale of 1-10, how confident do you think (child's name) is in their learning? How would you describe your relationship with the teachers at the school? Do you meet with them?

### Exploring the impacts of substance use on the child

Do you talk to anybody else about your problems with alcohol/drug use? Could those people be part of a plan for when you need support?

Is there someone who would talk to you if they noticed that (child's name) was worried or concerned? Who would tell you if they noticed you were not going so well?

Tell me about the types of things that you do before, during or after substance use to make sure (child's name) is safe and routines continue? How do you support (child's name) to continue with the usual activities at home? What about after-school activities? Have you got a plan for them to get to and from them safely at times when you are unwell?

Would it be helpful if we developed a safety plan for (child's name) for times when you are unwell or have lapsed?

## Further resources

<sup>1</sup> **Ruby's Dad – A story about living with a parent who is a heavy drinker** – [www.emergingminds.com.au/resources/rubys-dad-story-living-parent-heavy-drinker/](http://www.emergingminds.com.au/resources/rubys-dad-story-living-parent-heavy-drinker/)

**While I'm Away app** – [www.emergingminds.com.au/resources/while-im-away-app/](http://www.emergingminds.com.au/resources/while-im-away-app/)

**Child 360 app** – [www.emergingminds.com.au/resources/child360-app/](http://www.emergingminds.com.au/resources/child360-app/)

**About 'care plans'** – [www.copmi.net.au/parents/helping-my-child-and-family/care-plans](http://www.copmi.net.au/parents/helping-my-child-and-family/care-plans)

**Talking about mental illness with your child** – [www.copmi.net.au/parents/helping-my-child-and-family/talking-about-mental-illness](http://www.copmi.net.au/parents/helping-my-child-and-family/talking-about-mental-illness)

**Your child's support networks** – [www.copmi.net.au/parents/helping-my-child-and-family/your-childs-support-networks](http://www.copmi.net.au/parents/helping-my-child-and-family/your-childs-support-networks)

**Baby care plan template** – [www.emergingminds.com.au/resources/baby-care-plan-template/](http://www.emergingminds.com.au/resources/baby-care-plan-template/)

**Care plan template – for children and young people** – [www.emergingminds.com.au/resources/care-plan-template-kids-young-people/](http://www.emergingminds.com.au/resources/care-plan-template-kids-young-people/)

**Communicating with your baby during 'tough times'** – [www.emergingminds.com.au/resources/communicating-with-your-baby-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-baby-during-adversity-or-tough-times/)

**Communicating with your primary school-aged child during 'tough times'** – [www.emergingminds.com.au/resources/communicating-with-your-primary-school-age-child-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-primary-school-age-child-during-adversity-or-tough-times/)

**Communicating with your teenager during 'tough times'** – [www.emergingminds.com.au/resources/communicating-with-your-teenager-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-teenager-during-adversity-or-tough-times/)

**Communicating with your toddler during 'tough times'** – [www.emergingminds.com.au/resources/communicating-with-your-toddler-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-toddler-during-adversity-or-tough-times/)

**My child's care plan** – [www.emergingminds.com.au/resources/my-childs-care-plan/](http://www.emergingminds.com.au/resources/my-childs-care-plan/)

**Online training** – [www.emergingminds.com.au/training/online-training/](http://www.emergingminds.com.au/training/online-training/)

**Fact sheets** – [www.beyou.edu.au/fact-sheets](http://www.beyou.edu.au/fact-sheets)

**Child development** – [www.beyou.edu.au/fact-sheets/development/child-development](http://www.beyou.edu.au/fact-sheets/development/child-development)

**Resources** – [www.kidsafesa.com.au/resources/](http://www.kidsafesa.com.au/resources/)

**Communication tips** – [www.kidshelpline.com.au/parents/issues/communication-tips](http://www.kidshelpline.com.au/parents/issues/communication-tips)

**Helping kids identify and express feelings** – [www.kidshelpline.com.au/parents/issues/helping-kids-identify-and-express-feelings](http://www.kidshelpline.com.au/parents/issues/helping-kids-identify-and-express-feelings)

**Raising Children Network** – [www.raisingchildren.net.au/](http://www.raisingchildren.net.au/)

**Family routines: How and why they work** – [www.raisingchildren.net.au/babies/family-life/routines-rituals/family-routines#children-why-routines-are-good-for-them-nav-title](http://www.raisingchildren.net.au/babies/family-life/routines-rituals/family-routines#children-why-routines-are-good-for-them-nav-title)

**School age (5–8 years)** – [www.raisingchildren.net.au/school-age](http://www.raisingchildren.net.au/school-age)

**School age: School and learning** – [www.raisingchildren.net.au/school-age/school-learning](http://www.raisingchildren.net.au/school-age/school-learning)

**Toddlers: Behaviour** – [www.raisingchildren.net.au/toddlers/behaviour](http://www.raisingchildren.net.au/toddlers/behaviour)

**Parent easy guides** – [www.parenting.sa.gov.au/easy-guides](http://www.parenting.sa.gov.au/easy-guides)

**Parenthub** – [www.parenthub.com.au](http://www.parenthub.com.au)



## PERCS Conversation Guide for working with substance use in pregnancy – example questions

These questions have been designed as a guide to practice. They should be used with sensitivity, in conjunction with the six principles outlined in the guide summary.

This guide is not intended to be prescriptive. The order and emphasis given to each of the five domains should be tailored to suit your work context and the client's family's culture and circumstances.

You do not need to ask questions from every domain, every time. Instead, work on those areas that are relevant each session.

Trust may take a few sessions to develop, so questions can be revisited if necessary.

The language used in a guide only and should be adapted to suit the individual worker/client.

The parent's unique situation and level of stability should always be kept in mind when using this guide. It is crucial to think about what the parent is feeling at the end of these conversations, and to ensure they leave your sessions with a sense of hope.

We recommend completing the e-learning course **Parental substance use and child-aware practice** before using this guide.



### Parent-child relationship

#### Engagement questions

How is the pregnancy going for you?

How do you feel about becoming a parent/meeting your new baby?

Can you feel the baby kicking yet?

Have you found out the baby's sex?

Have you thought of any names yet?

Have you had any thoughts about how you will feed your baby? Tell me more about that: what information have you received?

What are your thoughts about breastfeeding?

Do your other children know that you are pregnant?

It's normal for older children to be unsettled by the arrival of a new baby. Have they asked you much about whether things will change for them when the baby arrives?

Have (children's names) shared their thoughts about how the new baby might affect their relationship with you and the time they are able to spend with you?

#### Exploring the impacts of substance use

It's really great that you have had the courage to come here today. It can be hard for a pregnant/breastfeeding person to come to an AOD service. Can you tell me a bit about what's going on for you at the moment?

There is no known safe amount of alcohol you can consume during pregnancy or breastfeeding, but it's never too late to stop or cut down. By coming here today you have taken a really brave first step. (Prompt: Screen with Audit C.1)

What have you tried so far to help manage your substance use?

Are there any other issues that impact on safety for you and the baby (i.e. family and domestic violence, housing instability)?

It's best to quit smoking as early as possible in pregnancy, but quitting or cutting down at any time will have a healthier outcome for your baby. Some of the nicotine replacement therapies are safe to use during pregnancy – how do you feel about exploring these?

I hear you're not ready just yet, but if you were going to change your drinking, what would be a reason to change and who would help?



### Emotions and behaviours

#### Engagement questions

How have you been feeling lately?

Have you noticed any changes in your mental/emotional health since you have been pregnant?

Changes in hormones might make you feel more emotional at times. How comfortable would you be talking with your GP about that? Not all GPs have the same level of skill/experience with perinatal depression/anxiety, so if you're not comfortable talking with your GP, you can call the PANDA helpline (link below) to find out who they recommend.

How do you feel about signing up for the Ready to COPE program (Centre of Perinatal Excellence)? They will send you fortnightly emails about the stages of pregnancy and tips and advice about how you might be feeling.

What sort of things do you like doing that might help you to manage your feelings/emotions? Did you know there are links between the food we eat and how it affects our mood? Would you be interested in some more information on that?

It is normal for babies to go through periods of being unsettled, but this can be tough to manage at times. Have you thought about what you might do when you need a break? Is there someone you could contact to come over and help?

#### Exploring the impacts of substance use

What sort of things are you doing to manage substance use/cravings? Have you found the cravings have become stronger or weaker since you fell pregnant?

How have you felt about substance use/smoking? Has pregnancy made it harder or easier to cut down? Do you know what sort of feelings make it more likely that you will want to use/smoke?

Have there been any other specific stressors or major events in your life lately? With all that you have been through, it's not surprising that you have been stressed. What can we do to best support you?

Seeking support is itself a form of resilience – what do you think prompted you to access support at this time? (Prompt: Could it be that it shows your care for your baby?)

Drinking is sometimes a way to cope with the impact of past trauma. This can make it difficult to imagine cutting back on alcohol intake. If you were to quit now or cut back on drinking, what supports might help you to cope emotionally on a day-to-day basis?



## Routines

### Engagement questions

Are you connected to pregnancy care yet? I can help you with that right now if you like?

Are there other things that you try to do to keep healthy while you are pregnant?

How do you feel about writing up a daily routine to remind you to do things that nurture you, such as journaling/practicing gratitude, meditation, listening to music, exercise, getting out into nature, etc.?

How are your eating/sleeping habits? Babies tend to have their own routines but will also adapt to different routines. Have you thought about what routines you will have around caring for your baby?

Do (children's names) have regular routines at home, such as a set bed and meal times?

Sticking to routines as much as possible during times of change can be really helpful for children's mental health. Have you had time to consider how your older children's routines might change when your new baby arrives?

### Exploring the impacts of substance use

It's good to start attending regular pregnancy care appointments as early as possible. Would you like some help setting those up before you go today?

You don't have to wait until you have stopped using to organise antenatal appointments - we can find out about these now, and they can also offer medical treatment to help you quit.

How is your living situation otherwise? Are there other issues that make it difficult for you to establish safe routines for yourself - e.g. accommodation/financial/relationship problems?

Are there other things we can work on/help you with to ensure things are more stable for you for when baby is born? Do you have a plan for how to keep you and your children safe around the cycle of substance use? Would it help if we develop one so that you can show your child protection worker? How about we work on developing a plan with all the things that you need to demonstrate to child protection that you are doing during the week?



## Communication and meaning-making

### Engagement questions

Do you have anybody you can talk to?

Are you comfortable talking with your partner about the pregnancy?

How are you going talking with your midwife/doctor? Do you feel like you are getting the information you need? Have you been able to share any concerns you have with them?

Have you had a chance to talk with your other children about the new baby's arrival and how they feel about it?

In the second half of pregnancy, babies respond positively to the sound of their parents' voices. Are there ways you communicate with your baby currently? We also know that often, babies are sensitive to the emotions of those around them. Have you thought about how you will communicate feelings with your child as they grow?

### Exploring the impacts of substance use

How supportive is your partner in helping you quit? Are you able to talk with them about making changes to your substance use?

Has your partner stopped using to support you?

What sort of things are you doing to support your partner to quit while they're pregnant? Are you also taking a 'pregnant pause'?

Are you OK if I call your support person/family member to chat about how we might all work together to best support you?



## Support networks

### Engagement questions

Do you have anybody around you that you can rely on to support you?

Do you have a GP that you trust and feel comfortable with?

What about pregnancy care/antenatal care? Have you started having those appointments yet?

Have you tried a SMART Recovery group<sup>3</sup> or AA/NA? It might be helpful for you to join a group for added support. We could also look for a Circle of Security group if you like? They are all about building strong bonds with children and helping them to build secure relationships.

There is an app for online support called the Daybreak App.<sup>5</sup> It's a social networking app for people who are trying to cut down or quit substance use. If you think that would be helpful, I can give you the link.

### Exploring the impacts of substance use

Are you worried about accessing pregnancy care while you are still using?

Antenatal care in early pregnancy improves outcomes for you and your baby, and you don't need to have stopped using to access services. Can I help you to organise access to pregnancy care?

You're not alone in this; we work with many people in situations similar to yours. If you would like, we can put together a care plan<sup>4</sup> just for you, which might help you feel better supported.

Have you thought much about what types of supports you'll need once the baby arrives? Do you have somebody who can be there for you and the baby at birth? Shall we look at what other supports are available in your area for when your baby arrives?

How about if we make additional appointments and phone calls for support over the next couple of weeks while you're trying to cut down/stop?

## Parent-child relationship resources:

<sup>1</sup> Assessing alcohol consumption in pregnancy using AUDIT-C – [www.beta.health.gov.au/resources/publications/assessing-alcohol-consumption-in-pregnancy-using-audit-c](http://www.beta.health.gov.au/resources/publications/assessing-alcohol-consumption-in-pregnancy-using-audit-c)

Yarning about alcohol and pregnancy advice card – [www.menzies.edu.au/page/Resources/Yarning\\_about\\_Alcohol\\_and\\_Pregnancy\\_Staff\\_Advice\\_Card/Yarning\\_about\\_Alcohol\\_and\\_Pregnancy\\_Advice\\_Card/](http://www.menzies.edu.au/page/Resources/Yarning_about_Alcohol_and_Pregnancy_Staff_Advice_Card/Yarning_about_Alcohol_and_Pregnancy_Advice_Card/)

Women Want To Know initiative – [www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk)

Yarning about alcohol and pregnancy guide – [www.yourroom.health.nsw.gov.au/resources/publications/Pages/Yarning-about-alcohol-and-pregnancy.aspx](http://www.yourroom.health.nsw.gov.au/resources/publications/Pages/Yarning-about-alcohol-and-pregnancy.aspx)

Smoking and pregnancy – [www.aodknowledgecentre.ecu.edu.au/learn/health-impacts/smoking-and-pregnancy/](http://www.aodknowledgecentre.ecu.edu.au/learn/health-impacts/smoking-and-pregnancy/)

## Emotions and behaviours resources:

Info & support – [www.panda.org.au/info-support](http://www.panda.org.au/info-support)

Expecting a baby – [www.cope.org.au/expecting-a-baby/](http://www.cope.org.au/expecting-a-baby/)

MumSpace – [www.mumspace.com.au/](http://www.mumspace.com.au/)

## Routines resources:

Healthy diet during pregnancy – [www.pregnancybirthbaby.org.au/healthy-diet-during-pregnancy](http://www.pregnancybirthbaby.org.au/healthy-diet-during-pregnancy)

All about pregnancy – [www.babycenter.com/pregnancy](http://www.babycenter.com/pregnancy)

## Communication and meaning-making resources:

Ruby's Dad – A story about living within a parent who is a heavy drinker – [www.emergingminds.com.au/resources/rubys-dad-story-living-parent-heavy-drinker/](http://www.emergingminds.com.au/resources/rubys-dad-story-living-parent-heavy-drinker/)

Communication tips – [www.kidshelpline.com.au/parents/issues/communication-tips](http://www.kidshelpline.com.au/parents/issues/communication-tips)

Talking about mental illness with your child – [www.copmi.net.au/parents/helping-my-child-and-family/talking-about-mental-illness](http://www.copmi.net.au/parents/helping-my-child-and-family/talking-about-mental-illness)

Communicating with your baby during 'tough times' – [www.emergingminds.com.au/resources/communicating-with-your-baby-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-baby-during-adversity-or-tough-times/)

Communicating with your toddler during 'tough times' – [www.emergingminds.com.au/resources/communicating-with-your-toddler-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-toddler-during-adversity-or-tough-times/)

Communicating with your primary school-aged child during 'tough times' – [www.emergingminds.com.au/resources/communicating-with-your-primary-school-age-child-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-primary-school-age-child-during-adversity-or-tough-times/)

Communicating with your teenager during 'tough times' – [www.emergingminds.com.au/resources/communicating-with-your-teenager-during-adversity-or-tough-times/](http://www.emergingminds.com.au/resources/communicating-with-your-teenager-during-adversity-or-tough-times/)

## Support networks resources:

<sup>3</sup> SMART recovery meetings – [www.smartrecoveryaustralia.com.au/about-smart-recovery-meetings/](http://www.smartrecoveryaustralia.com.au/about-smart-recovery-meetings/)

<sup>4</sup> Baby care plan – [www.emergingminds.com.au/resources/baby-care-plan-template/](http://www.emergingminds.com.au/resources/baby-care-plan-template/)

While I'm Away app – [www.emergingminds.com.au/resources/while-im-away-app/](http://www.emergingminds.com.au/resources/while-im-away-app/)

Care plan for kids and young people – [www.emergingminds.com.au/resources/care-plan-template-kids-young-people/](http://www.emergingminds.com.au/resources/care-plan-template-kids-young-people/)

<sup>5</sup> Alcohol support during pregnancy – [www.hellosundaymorning.org/pregnancy/](http://www.hellosundaymorning.org/pregnancy/)

## General pregnancy resources:

Parentline – [www.parentline.com.au/issues/parent-wellbeing](http://www.parentline.com.au/issues/parent-wellbeing) or call 1300 30 1300

Pregnancy, birth & baby – [www.pregnancybirthbaby.org.au/](http://www.pregnancybirthbaby.org.au/)

Raising strong children – Aboriginal Parent Easy Guide – [www.parenting.sa.gov.au/easy-guides/raising-strong-children-aboriginal-parent-easy-guide](http://www.parenting.sa.gov.au/easy-guides/raising-strong-children-aboriginal-parent-easy-guide)

MensLine – [www.mensline.org.au/](http://www.mensline.org.au/) or call 1300 78 99 78

Raising Children – [www.raisingchildren.net.au/pregnancy](http://www.raisingchildren.net.au/pregnancy)

Pregnant Pause – [www.pregnantpause.com.au/](http://www.pregnantpause.com.au/)

## Links for accessing pregnancy/antenatal care information:

Pregnancy, Birth and Baby helpline – [www.health.gov.au/internet/main/publishing.nsf/Content/phd-pregnancy-helpline](http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-pregnancy-helpline)

General information on midwives – [www.midwives.org.au/what-midwife](http://www.midwives.org.au/what-midwife)

Birth choices – [www.birthchoices.raisingchildren.net.au/](http://www.birthchoices.raisingchildren.net.au/)

Fetal Alcohol Spectrum Disorder and pregnancy resources – [www.fasdhub.org.au/fasd-information/understanding-fasd/](http://www.fasdhub.org.au/fasd-information/understanding-fasd/)

Prevention strategies – [www.fasdhub.org.au/fasd-information/prevention-strategies/](http://www.fasdhub.org.au/fasd-information/prevention-strategies/)

Fetal Alcohol Spectrum Disorder resources – [www.aodknowledgecentre.ecu.edu.au/learn/health-impacts/fasd/resources/](http://www.aodknowledgecentre.ecu.edu.au/learn/health-impacts/fasd/resources/)

## Guidelines for mandated reporting:

Australian Capital Territory – [www.communityservices.act.gov.au/ocyfs/keeping-children-and-young-people-safe](http://www.communityservices.act.gov.au/ocyfs/keeping-children-and-young-people-safe)

New South Wales – [www.community.nsw.gov.au/preventing-child-abuse-and-neglect/resources-for-mandatory-reporters](http://www.community.nsw.gov.au/preventing-child-abuse-and-neglect/resources-for-mandatory-reporters)

Northern Territory – [www.nt.gov.au/law/crime/report-child-abuse](http://www.nt.gov.au/law/crime/report-child-abuse)

Queensland – [www.csyw.qld.gov.au/child-family/protecting-children/responding-child-abuse/investigation-assessment/unborn-children](http://www.csyw.qld.gov.au/child-family/protecting-children/responding-child-abuse/investigation-assessment/unborn-children)

South Australia – [www.childprotection.sa.gov.au/reporting-child-abuse/mandated-notifiers-and-their-role](http://www.childprotection.sa.gov.au/reporting-child-abuse/mandated-notifiers-and-their-role)

Tasmania – [www.communities.tas.gov.au/children/child\\_protection\\_services/what\\_can\\_i\\_expect\\_when](http://www.communities.tas.gov.au/children/child_protection_services/what_can_i_expect_when)

Victoria – [www.providers.dhhs.vic.gov.au/mandatory-reporting](http://www.providers.dhhs.vic.gov.au/mandatory-reporting)