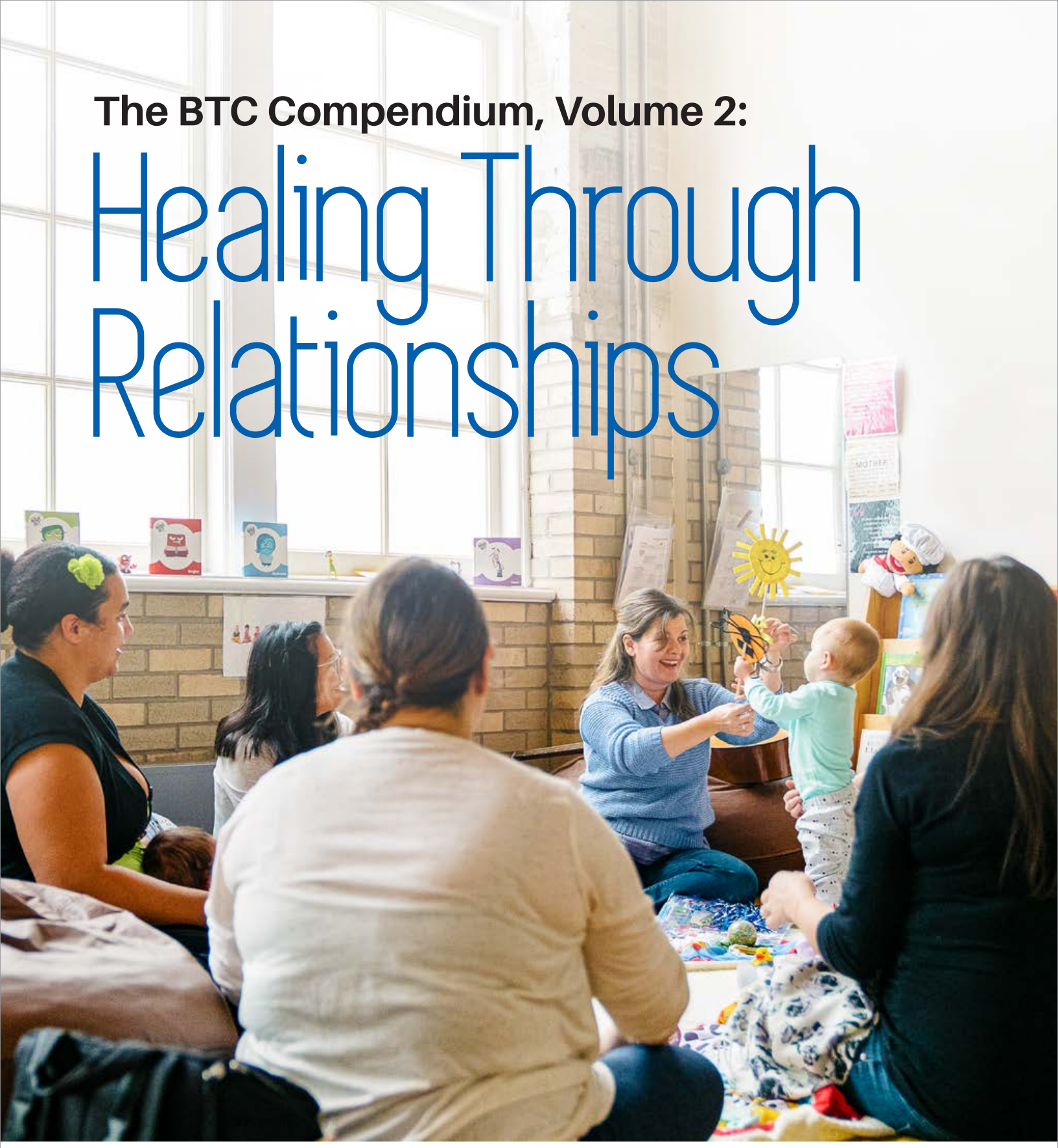
The BTC Compendium, Volume 2:

Healing Through Relationships



Mothercraft®
Shaping Children's Lives Through Learning

Breaking the Cycle

BreakingtheCycle

The BTC Compendium, Volume 2:

Healing Through Relationships

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Breaking the Cycle

Acknowledgements

We are immensely grateful to Wendy Reynolds for synthesizing and translating innumerable research papers into this compendium. Wendy has helped us tell the story of the research activities at Breaking the Cycle over the past decade, and the ways in which our research findings have been translated to practice.

Deep thanks are owed to the staff and students at Mothercraft/Breaking the Cycle (BTC) for all the ways in which they have supported children, mothers, their families and communities over the past decade. This compendium describes the importance of relationships as the primary mechanism underlying the important changes mothers make in own their lives and in the lives of their children. To all the service providers at Breaking the Cycle – addiction counsellors, child development counsellors, pregnancy outreach workers, parent-infant therapists, psychologists and administrative staff – it is the caring, compassionate and safe relationships you develop with every mother and child at BTC that enables those changes.

To the researchers at BTC, we are grateful for your work in helping us understand the what, why, when and how questions. Your work has helped us develop and evolve BTC in response to evaluation and research, and ensure that BTC is evidence-based and responsive to the voices of the women and children we serve. Special thanks to Dr. Debra Pepler for her partnership and guidance on our research activities from the beginning.

We owe our deepest thanks to the mothers and children who attended BTC and participated in our evaluation and research. Thank you for completing questionnaires, participating in focus groups and key informant interviews, and sharing your experiences and wisdom. Our most important teachings have come from you, and we are grateful.

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Citation
Motz, M., Reynolds, W., Leslie, M. (2020). The Breaking the Cycle Compendium Volume 2 – Healing Through Relationships. Toronto: Mothercraft Press.

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This project has been made possible through a financial contribution by the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

Version française également disponible sur **mothercraft.ca**

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You are capable of
AMAZING
things
WELCOME TO THE DOCTOR'S OFFICE
WELCOME

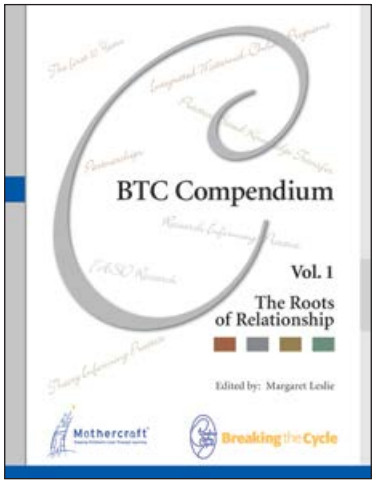
Introduction

The *BTC Compendium, Volume 2: Healing Through Relationships* was written primarily as a resource for the Community Action Programs for Children (CAPC), Canada Prenatal Nutrition Programs (CPNP), and Aboriginal Head Start in Urban and Northern Communities (AHSUNC). However, in *Healing Through Relationships*, we refer more generally to community-based programs serving substance-involved mothers and young children, because we hope that in addition to CAPC/CPNP/AHSUNC project staff, other service providers can benefit from the information, too.

Who we are and what we do

Mothercraft's Breaking the Cycle (BTC) is one of Canada's first prevention and early intervention programs for pregnant women and mothers who are substance-involved, and their young children. Its objective is to reduce risk and enhance the development of substance-exposed children by addressing maternal substance use problems and the mother-child relationship.

In the early 1990s, Mothercraft built on its long history of delivering infant development and early childhood mental health services to young children and families facing multiple complex issues. Mothercraft engaged key community agencies to partner in the development and delivery of BTC with the aim of enhanced collaboration, decreased fragmentation and an integrated service experience for women and children affected by substance use and related issues.



Mothercraft delivers BTC through a formal service partnership with Toronto Public Health, St. Joseph's Health Centre, the Children's Aid Society of Toronto, the Catholic Children's Aid Society, St. Michael's Hospital, Toronto Western Hospital – Mental Health and Addictions, the Hospital for Sick Children, and the Ministry of Community Safety and Correctional Services. With funding support from the Public Health Agency of Canada and Ontario's Ministry of Child, Community and Social Services, the BTC partners collaborate to deliver a comprehensive, integrated, relationship-based service, delivered through a single-access model with home visitation and street outreach components. A full description of BTC is provided in the *BTC Compendium, Volume 1, The Roots of Relationship* available at: **mothercraft.ca/assets/site/docs/resource-library/publications/BTC_Compendium_Rev.Ed_Jul.2011.pdf**

Theoretical approaches

Several theoretical frameworks inform our work at BTC. These include:

- **Developmental Theory** proposes that children's development is a product of the combination of their inborn qualities and the contributions from their experience. Developmental theory calls for the consideration of the combined contributions of both the prenatal and postnatal environments.

- **Attachment Theory** proposes that the young child's cognitive and emotional sense of self and others is developed within the emotional relationship between infants and their primary caregivers. This relationship has a critical influence on the infant's perception of the environment and of others, as well as on later personality development, social functioning, and learning.

- **Trauma Theory** proposes that people who experience trauma, either in childhood or as adults, are profoundly impacted by those experiences and exhibit the impacts in neurological and psychosocial development and behaviours. Trauma can be the result of many things, but is often the result of violence, abuse, or in the case of children, neglect. Indigenous people are likely to have increased levels of trauma through their experiences of historical trauma. Historical trauma proposes that populations historically subjected to long-term, mass trauma (colonialism, war, genocide) exhibit a higher prevalence of physical and emotional problems even several generations after the original trauma occurred. It relates to the cumulative emotional and psychological wounding across generations, and provides a framework for understanding the intergenerational trauma resulting from cultural, geographic, social, and economic dislocation.

- **Relational Theory** has as a central principle that people, institutions, and systems grow through relationships with others. Growth fostering relationships are a central human necessity and disconnection from healthy relationships is the source of many psychological problems. Relational theory also calls for attention to larger system changes, including reduction of service fragmentation and access issues, as part of the solution for families and children.

- **Harm Reduction** is a set of public health policies and approaches aimed at reducing negative social and/or physical consequences associated with substance use. At BTC, harm reduction is applied to both women and children impacted by substance use. We consider reducing harms to women and mothers as a result of their substance use; and we also consider ways to reduce harms to children exposed to the substance use of their parents/caregivers.

The BTC Compendia Volumes 1 and 2

The ***BTC Compendium Volume 1: Roots of Relationship*** presented an edited collection of publications, papers, reports and resources, developed at BTC from 1997 to 2007. The aim of the BTC Compendium was to describe BTC's experience in developing and evaluating the delivery of an integrated maternal-child response to substance use, pregnancy, mothering, child development, and FASD issues. The BTC Compendium was intended to facilitate the dissemination of the program's practice-based knowledge and experience to other programs and communities across Canada. It also answered frequently-asked questions and provided practice guidance for potential partnerships in other communities wishing to develop a response to pregnancy, mothering, and child developmental issues in the context of substance use and related Issues.

The ***BTC Compendium Volume 2: Healing Through Relationships*** synthesizes papers published over the next ten-year period from 2008 to 2018. Primarily, our research work in the past ten years was based on the following objectives:

We wanted to find out about outcomes for women who use our services

We had two main research assumptions about outcomes for women. We theorized that:

- women who experienced the relationship-focused approach offered at BTC would have greater improvements in their capacity to form healthy relationships and that these women would also show greater improvements in their overall mental health; and
- women would improve in their overall use of substances and in their recovery, with greater gains for women in the relationship-focused approach.

We wanted to find out about outcomes for children who use our services

We wanted to explore the connections among the pre- and postnatal risk factors, the quality of mother-child relationships, and the developmental outcomes for infants and young children of substance-using mothers. We wanted to find out whether:

- children who are pre-natally exposed to substances have some degree of developmental impact;
- children who experience multiple complex issues have poorer developmental outcomes;
- children of substance-using mothers who have higher levels of dysfunction in the mother-child relationship have poorer developmental outcomes; and
- the quality of the mother-child relationship improves the developmental outcomes for children of substance-using mothers despite experiencing multiple complex issues.

We wanted to find out about how improvements in the mother-child relationship can affect change

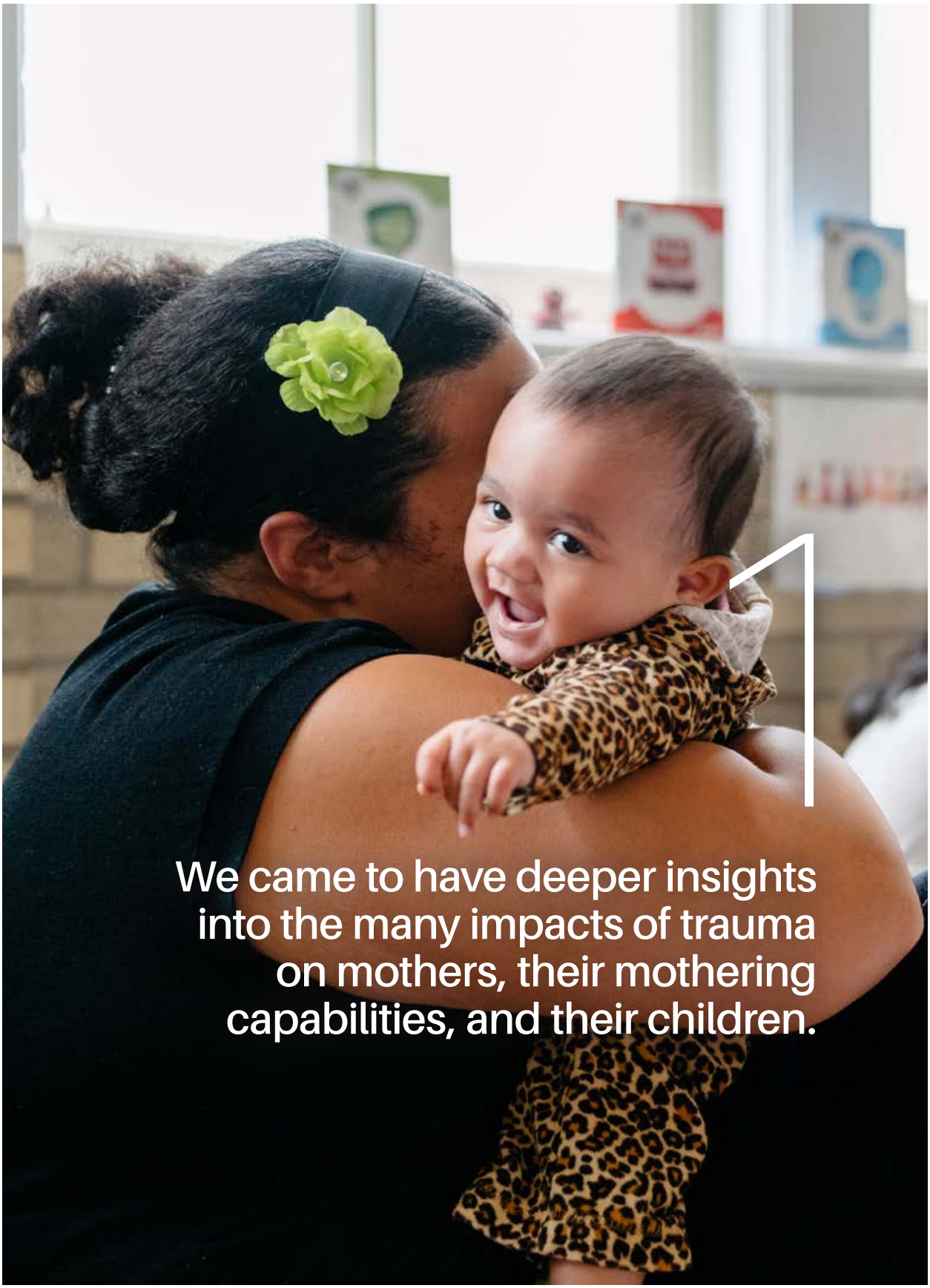
We also wanted to explore the way change occurs and how the improved ability to form relationships is linked to those changes, in both use of substances and the other issues BTC mothers face. Traditional treatment models for substance use primarily focus on improving self-efficacy (or confidence in one's ability to resist substance use). Some contemporary integrated substance use treatment approaches focus on the impacts of trauma and mental health on substance use. However, relationship-focused approaches emphasize women's relationships, with their children and with others, and how improved relationships can lead to changes in substance use and other challenging areas of their lives. We wanted to find out whether:

- women who improved their ability to form relationships have fewer problems with substance use over time; and
- the improved ability to form relationships has more influence on substance use than other factors generally found in the research, such as the initial level of substance use, increases in confidence to resist substance use, and improvements in mental health.

BTC Compendium Volume 2: Healing Through Relationships describes the research activities we conducted to meet our three objectives, and how we translated the lessons learned through our research to practice. The Compendium describes the way BTC has developed and evolved in response to this research.

Although this research has been published and is available in academic journals, our objective with this Compendium is to present the research in a more accessible format that promotes application to services and practices in those sectors who have opportunities to provide support to women and children exposed to substance use and related issues. These include: CAPC/CPNP/AHSUNC projects, pregnancy outreach programs, addiction treatment services, infant development programs, early learning and care programs, child welfare services, family resource programs, family violence programs, housing providers, correctional services, health/medical providers and others.

Lessons Learned 2008 to 2020


We came to have deeper insights into the many impacts of trauma on mothers, their mothering capabilities, and their children.

A) The research showed that:

Most mothers involved with BTC have experienced high rates of abuse and interpersonal violence (IPV). Many mothers at BTC report extensive histories of maltreatment, which often started when they were young children: 89% report physical abuse, 87% report emotional abuse, and 67% report sexual abuse. Historical abuse and IPV in current relationships are linked. Women with histories of childhood abuse are more likely to be re-victimized in intimate relationships in adulthood than women who do not have trauma experiences.

> A history of trauma can lead to a distorted reference point for what level of distress, stress and danger is 'normal'. For this reason, women who have experienced trauma can often tolerate a high degree of conflict and chaos in their lives. They come to view unsafe, unpredictable, and distant relationships as the norm for all relationships. [5, 7, 19]

Trauma impacts on substance use and relapse. Most substance involved women have significant trauma histories. Not only can trauma lead to substance use problems, but also a history of trauma can present barriers for substance involved women when they access services (such as lack of trust, re-traumatization, and fear of disclosure). Trauma also affects relapse. Women often return to substance abuse after a traumatic event (such as violence, illness, accident, or a disruption in family life) or even the reminder of a traumatic event that occurred in the past, which is often referred to as 'being triggered'. [3]

Trauma experiences impact on the mother-child relationship and on the way a woman mothers her children. Many mothers at BTC experienced very high rates of trauma and abuse in the context of relationships with their own caregivers. If their trauma is not healed or resolved before they become mothers, their view of parenting relationships is often based on their own early experiences of the care they received from their caregivers.

> In other words, given their own experiences of being parented, many BTC mothers have developed skewed perspectives of what is safe and caring, and what is not, when they parent their own children. [21]

Children of BTC mothers also have very high rates of trauma. Many children at BTC have lived with domestic violence, neglect, or maltreatment, and are witness to their mothers' substance use relapses, which can lead to trauma responses in children. [12]

A relational approach helps women recover from past trauma, associated mental health difficulties, and substance use. The relational approach increases women's perception of support and improves their perception of their capacity to be close to and depend on others. A relational approach can heighten mothers' capabilities to form secure attachment bonds with their children, and protect them from the kinds of early experiences that caused their own pain. A relational approach also influences women's ability to make improvements in their substance use.

> Substance use and trauma are often considered the only essential targets of service provision; however, the mother-child relationship should also be considered a priority for mothers who misuse substances, with a particular focus on improving mothers' relationship capacities. [4, 19]

Trauma informed and relationship based service approaches lessen and alleviate the impacts of trauma on substance use and parenting. Our research shows that, after a year of receiving trauma informed and relational services in the BTC program, women have a significant reduction in the severity of their substance use, and show improvements in their parenting attitudes, skills, and behaviours. [7]

B) How to apply the research in practice, programs, and services:

Become a fully trauma informed organization. Services must be developed and delivered from the perspective of women and children who have experienced trauma. Every service provider at BTC, including staff, community partners, and students, develops compassionate and respectful relationships with women. A caring and calming environment with structure and routine in programming, supports women to manage their feelings and achieve a greater sense of control and safety. Emotional and physical safety are inseparable, so we ensure that our physical space is calming and safe. We continue to build collaborative community partnerships that are needed to support families with the complexities of trauma.

We believe that trauma-informed practice applies not only to relationships between service providers and women who use our services, but also includes relationships among service providers. When organizations have strong and effective relationships with key service providers in a range of sectors, then the services to mothers and children affected by trauma will be stronger and more effective, too.

Take a trauma informed approach to substance use and parenting interventions. Mothers' substance use problems should be considered within the context of their trauma experiences. A woman's substance misuse is not a problem within her as an individual. Rather, it is a problem arising from relationships since childhood that have been largely traumatic and have impeded her development. For that reason, counselling should involve a focus not only on substance use, but also on historical and current trauma in relationships.

Ensure that clinicians are fully trained in early childhood trauma. Early childhood trauma is a central issue for both children and mothers. Training in the area of early childhood trauma is important for service providers working with children and with their mothers who are substance involved.

Connect trauma histories with a relationship focused intervention approach for mothers and children. When women who have experienced trauma become mothers, they need support to learn what children typically learn through healthy attachment relationships from birth – that it is possible to trust and rely on another person, and that relationships can be safe and caring. Through modelling and promoting safe, reliable, trustworthy, and healthy interactions, women learn to control their emotional states and behaviours associated with past trauma.

We also emphasize that a relationship-based substance use intervention enhances women's capacities for supportive and nurturing interactions with their children.

Provide intensive supports and interventions for mothers, children, and the mother-child relationship. Standard parenting programs are typically aimed at lower risk groups. While they can significantly contribute to the foundation of programs for women who use substances, they cannot respond to the level of need that high risk families experience. In addition to support and interventions for mothers and their children individually, BTC includes: a focus on improving maternal sensitivity and responsiveness; providing program supports that foster the mother-child relationship; and working with mothers to help them take their children's perspective.

Mother-Child Study at a Glance

The relational approach is our core operating belief

From the outset, Breaking the Cycle defined two clients: women and their children. BTC's priorities, philosophy, and programs were developed in consideration of the mother-child mandate. All aspects of BTC services reflect the fact that both mother and child are affected by a woman's substance use and related conditions, that the care of substance-involved mothers and their young children requires attention to each, and to the relationship between them. In fact, the primary focus of all interventions delivered at BTC is the relationship between the mother and child.

Historically, treatments for substance use tended to minimize gender roles and, in particular, mothering relationships. The traditional focus instead was on the substance use per se and routes to abstinence emphasized the need to concentrate on avoidance of exposure to substances. Treatment modalities within this framework leaned toward the psycho/educational model with a notable absence of children's inclusion in the treatment process. Women were often unable to seek help for substance use because their children could not be cared for in their absence, due to lack of appropriate childcare or family support.

Contemporary integrated treatments for substance use often emphasize gender-specific issues within the treatment setting, such as trauma (historical and/or present, including domestic violence), depression and other mental health concerns, and adoption of harm reduction goals with respect to substance use. Contemporary integrated treatments have also evolved to acknowledge the importance of the mothering role for women. However, the application of this awareness within the contemporary integrated substance use treatment approach typically means that, for example, childcare, basic parenting information, and behavioural strategies are provided, but are offered as distinct and separate from programming offered to mothers. Children are rarely included in the actual intervention process and supporting the mother-child relationship is seldom seen as a critical treatment goal. Further, contemporary integrated treatments rarely see the mother-child relationship as an imperative component of the process of change for women.

As part of multi-year funding from the Canadian Institutes of Health Research – Institute of Gender and Health (CIHR-IGH) through a New Emerging Team (NET) grant, we had the opportunity to closely examine our relational approach to substance use treatment in comparison with a contemporary integrated treatment for substance use that did not practice relational strategies. We used a combination of quantitative and qualitative evaluation techniques to bring to light the life contexts and experiences of women and children who participate in BTC programs and to give voice to the mothers as they shared their opinions of their experiences with us.

Evaluating Treatments for Substance-Using Women

Research and evaluation are important to the way we provide services at BTC. Over the years, we have looked at the many different ways both our program and our participants are changed by our mutual involvement. We have assessed that change by examining and evaluating ways we:

- engage pregnant women, mothers, and children and encourage their involvement in all aspects of our programming;
- have an impact on the health of women and mothers, including their use of substances;
- can best support substance-using mothers to enhance their parenting skills and outcomes;
- provide supports that impact on and improve the health and developmental outcomes for children.

The Mother-Child Study provided us with the opportunity to expand upon those previous evaluations of BTC. The information that was gathered in the multi-year project was collected for two main reasons. First, we wanted to have a clear, clinically-based understanding of the life contexts of mothers and children who participate in our program. This was needed to guide us to appropriate and informed programming supports for mothers and children. Second, we wanted to be sure that our program was meeting the needs of our families and supporting change.

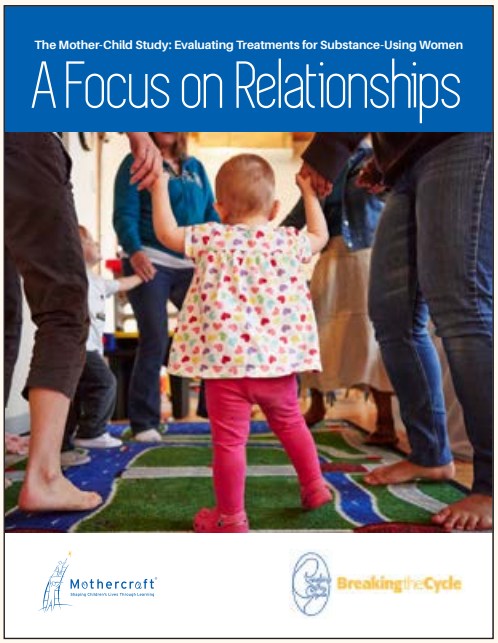
The objectives of the Mother-Child Study were to expand on the previous evaluations of BTC in two ways. We were able to:

1) evaluate the effectiveness of our program as it relates to various aspects of mother's lives in comparison to a contemporary integrated program for mothers who had substance use problems;
2) understand the process of change for mothers and children at BTC.

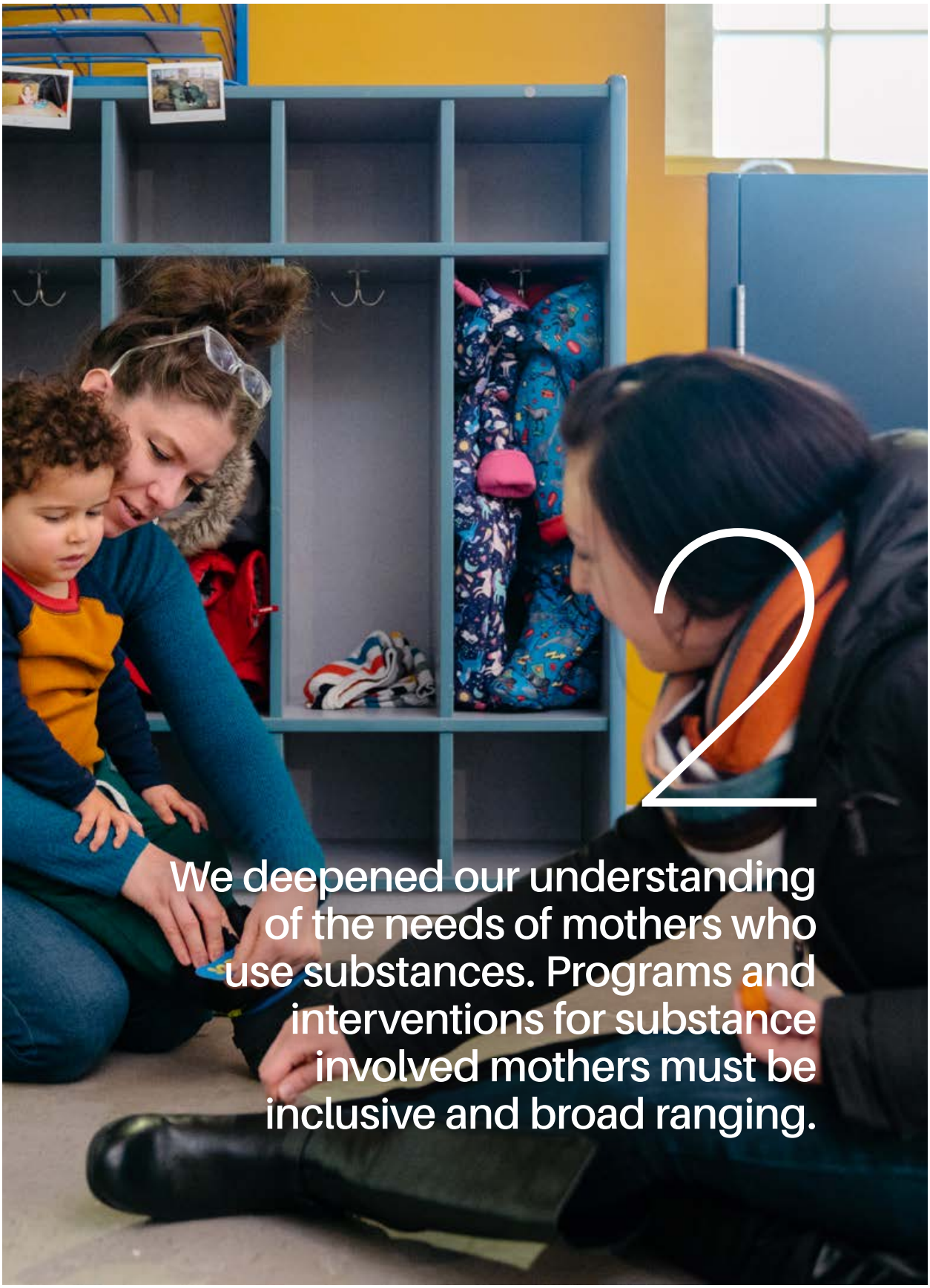
The findings of the Mother-Child Study highlight the potential for the relationship-focused approach to support women to make improvements in many areas. This includes not only less substance use, but also improved confidence to resist substance use, mental health, and relationship capacity. Children, even those exposed to substances during pregnancy, do better when mothers have relationship-focused intervention.

For the complete report entitled **A Focus on Relationships – The Mother-Child Study: Evaluating Treatments for Substance-Using Women**, follow this link:

mothercraft.ca/assets/site/docs/resource-library/publications/Mother-Child-Study_Report_2014.pdf



TO HELP ME BE SAFE
- encourage me to walk in the centre
- always watch me while I am in the high chair
- help me stay away from the stairs
- help me stay away from the kitchen there are things that can hurt me there
- do not leave me unattended



2

We deepened our understanding of the needs of mothers who use substances. Programs and interventions for substance involved mothers must be inclusive and broad ranging.

A) The research showed that:

From a trauma informed perspective, substance use problems are only one risk among a broader constellation of risks in the parenting relationship. Therefore, substance use problems cannot be treated in isolation of other underlying and inter-related issues such as mental health and IPV. Mothers who experienced complex combinations of psychosocial risks were more likely to have a limited ability to regulate and contain their negative emotions and feelings effectively. This can lead to more overtly difficult behaviours and interactions with their children. Mothers who live in high risk situations also reported greater distress and difficulties in their role as parents. [21]

Substance use services for mothers cannot focus on the mother alone. Parenting should not be seen as an "add on" to substance use services.

> Programs for substance involved mothers must include early intervention services directed to children themselves, and to the mother-child relationship. [4]

The way parenting supports are integrated within substance use services is critical. There is a difference between substance use programs that offer basic parenting support and those programs that provide direct intervention to the mother-child relationship. Programs that offer general parenting information need to be distinguished from programs that provide a specific focus on mother-child relationships through direct clinical intervention. [4]

Women's roles as caregivers can be an important factor to encourage service participation and improve outcomes. Rather than being a barrier to involvement in services, a woman's role as a mother can encourage participation and progress in substance use services. In fact, women are more likely to engage in services when their parenting capacity is strengthened and improved. [7]

Children often provide motivation for substance involved mothers to remain engaged with services but mothering can also be a source of stress. Women who have a strong attachment to their children are more energized and motivated to participate in services, including substance use services. Conversely, stress from difficult parenting experiences can interfere with successful substance use outcomes. Children are very important to a substance involved woman who is trying to make changes; however, along with other difficulties in her life, a challenging parenting relationship can also make her attempts to deal with her substance use more challenging.

> This highlights the need for a comprehensive approach to services that goes beyond substance use problems and includes supporting women's capacities for parenting and other interpersonal relationships. [3, 13]

B) How to apply the research in practice, programs, and services:

Prioritize the mother-child relationship in substance use programming. It is important to focus on supporting not only the healthy development of mothers and children, but also the mother-child relationship itself. Motherhood often presents a 'window-of-opportunity' in which substance-involved women may be especially motivated to make life changes, including reducing substance use, so this may be a critical time to promote the positive mother-child relationship.

Ensure that the focus in substance use interventions for women is comprehensive and places emphasis on relationships. A relationship focused intervention can lead to broad improvements in outcomes for women, not only in their substance use, but also in their mental health and relationship functioning.

> Strong maternal and secure attachment with their children can have significant positive impacts on substance use, highlighting the importance of supporting women to form healthy relationships in general, and with their children in particular.

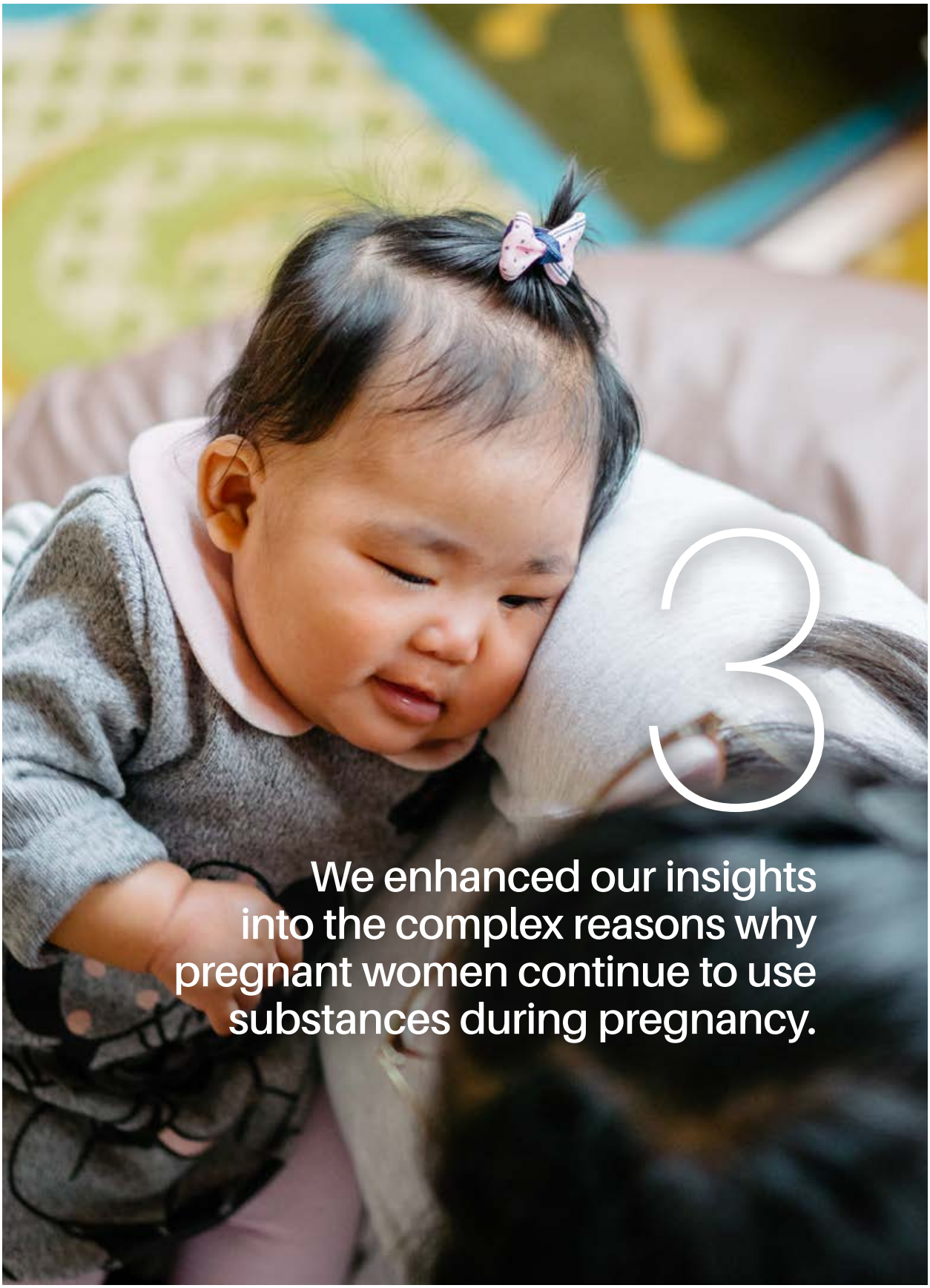
Emphasize an approach that focuses on relationships and encourages women to re-engage with services without judgement. It is important to apply harm reduction principles in a supportive environment. Relationships between service providers and mothers at BTC are not dependent on being relapse-free. Respectful relationships between mothers and service providers encourage women who have relapsed to feel comfortable reconnecting with services. Women are likely to feel remorseful about their return to substance use, but our service providers avoid turning that remorse into guilt or shame, which prevents open and honest communication.

Ensure that women feel they can access support quickly after a relapse. Women who are able to access supports soon after a relapse appear to experience a shorter relapse with a quicker return to recovery and a greater likelihood that there will not be parenting disruptions. Because BTC services are based on harm reduction principles, women have fewer worries about acknowledging relapse. Instead, relapse is viewed as a learning opportunity and counselling strategies build on it to improve goal setting for women. Relapse also provides an opportunity for women to review what is 'safe' for themselves and for their children.

Continue to provide long term program involvement. Length of programming plays an important role in improving outcomes for substance involved women, especially if women are engaged with services while pregnant. In order for mothers to nurture healthy, supportive relationships with their children, they must first have experience with these types of relationships. This takes time.

> We learned that significant changes in parent functioning and behaviour were not seen until two years after intake to BTC.

The high level of relationship risk and the high proportion of mothers with insecure attachment styles both play a role in the need for long-term involvement with services.



3

We enhanced our insights into the complex reasons why pregnant women continue to use substances during pregnancy.

A) The research showed that:

Low self-efficacy plays a foundational role in pregnant women's substance use. Previous abuse, living with IPV, and poverty often contribute to continued substance use during pregnancy. Pressure, guilt, and shame about substance use decreases self-efficacy and increases the likelihood that pregnant women will continue to use substances. These negative feelings can also cause women to continue to use substances to cope with, or escape from, reality. The cycle of stress, using substances to cope, and guilt can accumulate and undermine self-efficacy. [10]

Pregnant women might have low health literacy. This often leads to decreased participation in prenatal care because such care may not seem important to women. Also, substance involved pregnant women might not engage in prenatal care because they distrust professionals and have previous negative experiences with services and service providers. When distrust of service providers has developed, pregnant women reported that they are more likely to listen to messages and advice about their health and pregnancy from family and friends, which often includes misinformation. [10]

Negative experiences with professionals – ie being made to feel guilt or shame about their substance use – are barriers to women feeling safe and supported in services, and can contribute to a pregnant woman's continued use of substances.

On the other hand, positive relationships with service providers are more likely to encourage long-term changes in a pregnant woman's use of substances. [1, 10]

It is imperative to engage substance involved pregnant women in services as early as possible. Even when engaged in services, many substance involved pregnant women continue to use substances at some level. When health and social supports are provided, some of the effects of prenatal substance use can be addressed and alleviated. [1]

Length of program involvement matters to both mothers and children, and may be especially important for pregnant women. A third of mothers at BTC fall in the high risk range on at least one measure of parent functioning. We found in a two year follow-up that the longer mothers are enrolled in the BTC program, the higher their levels of parental functioning and the more emotionally available they are in their parenting behaviours. In the same two year follow-up period, the children of mothers with better parental functioning and more emotional availability had fewer behaviour problems. We also found that women who engage with services during pregnancy use a wider range of services for a longer period of time.

It is imperative to provide long term care in efforts to enhance the mother-child relationship. [1, 19]

B) How to apply the research in practice, programs, and services:

Fully integrate trauma informed care and relational approaches into service provision for substance involved pregnant women. Services for substance involved pregnant women should include holistic, multi-faceted early intervention services. At BTC, trauma informed care and a focus on relationships are foundational components. These approaches are shared with our service partners and the broader helping community. At this broader level, a widespread focus on nurturing environments and relationships has the potential to improve health for pregnant, substance involved women and their children.

Engage in early outreach to pregnant women. Pregnant women who are engaged in intervention services at BTC during the first two trimesters of their pregnancies have better prenatal and postnatal outcomes compared with mothers who engaged during the third trimester. Through the BTC Pregnancy Outreach Program, workers attempt to engage substance involved pregnant women as early as possible in their pregnancies.

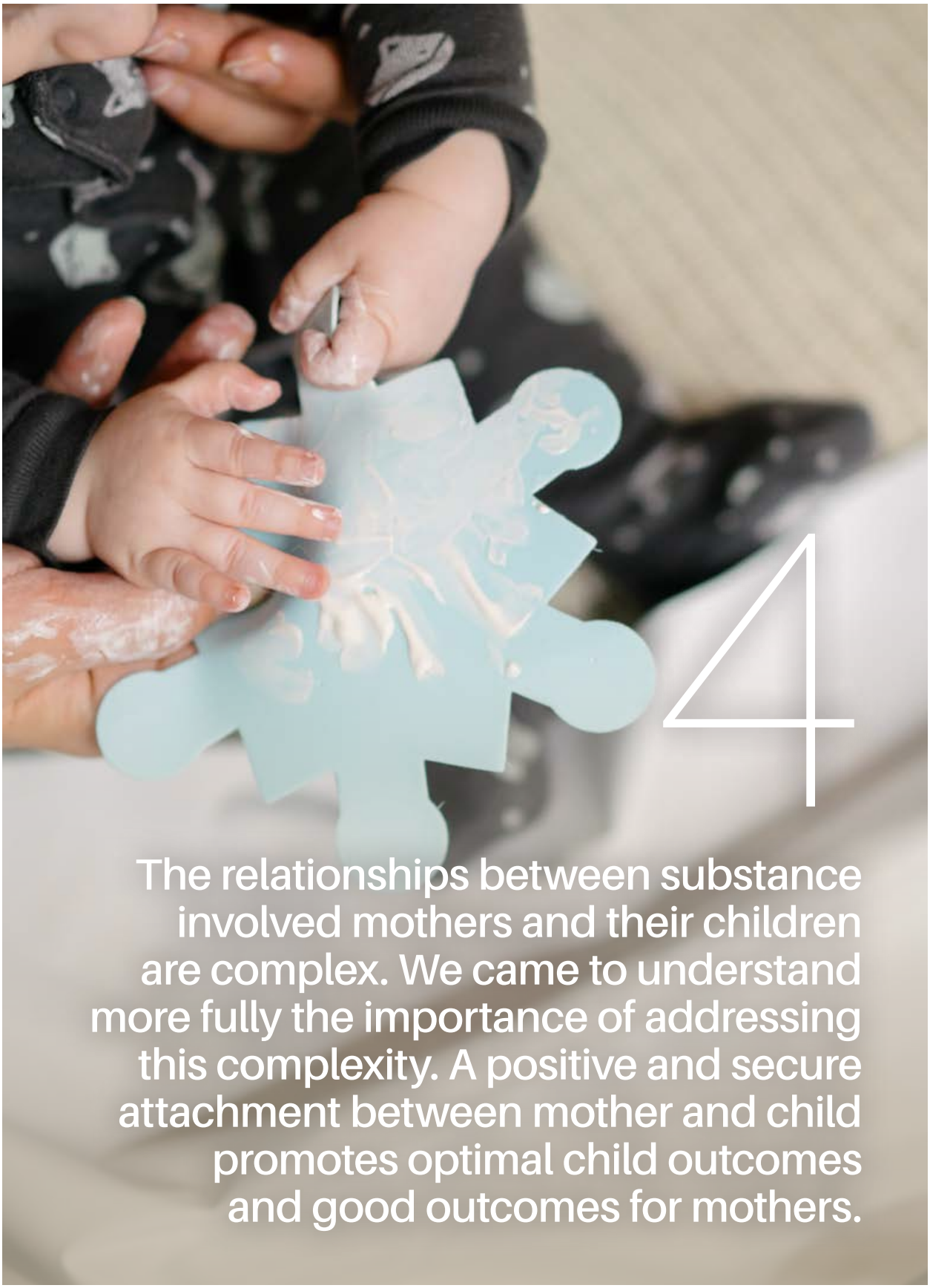
Ensure that Pregnancy Outreach Programs respond to the needs identified by women and to their relational needs.

> Pregnant substance involved women tell us that the services they prefer should include: the ability to affiliate with other women in similar circumstances; a structured as opposed to open-ended group; a small group where they do not feel like their stories are overlooked or lost; and a specialized program with relapse prevention and prenatal components.

From the relational standpoint, engaging pregnant women in relationships through outreach is the first step in the process of healing; it supports their ability to develop other relationships. Pregnancy Outreach Programs are effective to the extent that they: engage women in relationships that decrease their isolation; ensure that women know about resources available to them; encourage women to connect to those resources; and include their involvement in planning and decision-making for themselves and their infants.

> The true power of the Pregnancy Outreach Program is its capacity to support mothers to sustain relationships with service providers, other mothers, friends, and family members after the birth of their child.

Many of the women who are involved in BTC's Pregnancy Outreach Program go on to get involved in postnatal services at BTC. Our research confirms a growing body of research that shows that there are better long-term outcomes for women, children, and the mother-child relationship when interventions begin in the prenatal period.



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The relationships between substance involved mothers and their children are complex. We came to understand more fully the importance of addressing this complexity. A positive and secure attachment between mother and child promotes optimal child outcomes and good outcomes for mothers.

A) The research showed that:

Mothers have deep emotional deficits in their backgrounds that impact on their mothering abilities. Most BTC mothers come from families where the conventional quality and amount of affection that would be expected in a parent-child relationship was not shown. Part of the experience of becoming a parent for these women is learning how to respond to their children's needs by showing affection. [2]

Substance involved mothers can lack sensitivity to their children's needs. For many reasons (usually connected with her own background and relationships she has experienced), a substance involved mother may have a difficult time adjusting her own behaviours and emotional needs to support the needs of her children. She might have inconsistent thoughts, emotions, and behaviours which limit her capacity to respond sensitively and overshadow her children's needs. Meanwhile, her children often struggle with regulating or managing their own behaviours and emotions; they may require extra support to do so. Many substance involved mothers have a limited capacity to reflect upon the needs of their children or to understand empathically what their children's behaviours may be indicating. For example, a mother may feel a child is acting deliberately to antagonize her when in fact the child is experiencing uncontrolled emotions. Parenting challenges also arise because mothers may lack knowledge about child development and have limited personal experience with caregivers sensitive to the needs of children at different stages of their development. This emphasizes the importance of assessing the contributions that both mother and child bring to the relationship. [5, 21]

It's not a one way street - mothers and children develop and change together. A mother's ability to show sensitivity towards her children does not depend only on what she contributes to the relationship but also on what the child contributes. Mothers who are substance involved and children who are substance exposed are often difficult partners for each other in their relationships, so a problematic pattern of interacting can develop. The difficulties in the mother-child interaction can arise from a combination of a mother's difficulties in being attuned to her children's needs, and her children who may need extra patience and support due to their prenatal substance exposure. [5, 8]

Substance use by mothers is only one factor that affects children's development. Prenatal exposure to substances affects the development of children; however, there are also postnatal experiences that affect children's development, including psychosocial risk factors (such as exposure to IPV and trauma, and poverty and its effects) and the quality of the mother-child relationship. The unique contributions of each, as well as their interconnections, need to be considered. The role of the mother-child relationship has important effects on the neurobehavioural and cognitive outcomes for children whose mothers are substance involved. Also, especially when very young, the neurodevelopment of children can be affected by exposure to a high number of psychosocial risk factors. For example, sources of psychosocial stress can negatively impact on mother-child interactions, which are the basis for stimulation and learning in early infancy and childhood.

However, if mothers are supported to provide a responsive and enduring relationship with their children, despite high levels of risk in their lives, these relationship experiences can help nurture healthy emotional development in children.

A nurturing relationship between mothers and their children can also modulate the effects of psychosocial stressors. [13, 21]

Mothers' emotional availability also affects their mothering abilities. Mothers who have higher levels of emotional availability have significantly lower levels of parenting problems. Typically, substance involved mothers have lower emotional availability, pointing to some of the challenges mothers who use substances face in parenting their children. These mothers also experience more complex combinations of psychosocial risks. This contributes to mothers having a limited ability to regulate, manage, and contain their emotions and feelings effectively, which can lead to greater difficulties in their relationship with their children. Mothers who experience a number of psychosocial risks also report greater distress in the parenting role. [5, 8, 13, 21]

Substance involved mothers often show inconsistencies in parenting, which affects the behaviour of children. Mothers who use substances often shift between being over-involved and under-involved in their parenting styles. They might also shift between being angry and being anxious. When children experience these shifts, their reactions can be uncertain or undesirable, which mothers can perceive as difficult. As a result, many children whose mothers are substance involved have social and emotional difficulties that often manifest as negative behaviours, often making them more challenging to parent. [12]

Difficult relationships with their mothers have profound impacts on children. There are many difficulties within the mother-child relationship that require clinical attention. Children who have more problematic relationships with their mothers are more likely to have greater social and emotional problems, including higher rates of internalizing problems and poorer functioning. They are also more likely to have a mental health diagnosis.

This emphasizes the importance of high quality mother-child interactions (such as ensuring a mother's supportive presence, and being more attuned to and responsive to her child) to help reduce their children's difficulties in managing or regulating emotions and reduce their negative behaviours, and to improve attachment between mother and child. [12]

The mother-child relationship is not necessarily negatively impacted by the presence or duration of a temporary separation, such as loss of custody, provided that regular support with trauma informed provider is maintained during the period of separation. These separations may be necessary to protect children from the kinds of early childhood experiences that caused their mothers' pain, and thus they serve to interrupt cycles of trauma. They may also offer an opportunity for interventions and support to the

mother child relationship to occur in the context of enhanced safety and support for both. [12]

B) How to apply the research in practice, programs, and services:

Support mothers to learn about and understand child development and develop effective parenting strategies based on that knowledge. When mothers understand child development, they recognize their children's developmental stages (including their neurological developmental stages) and understand age-appropriate behaviours for each stage.

> Mothers come to show insightful understanding of child development and how the smallest actions and interactions can make big differences. Mothers also become vigilant about trying to provide optimal environments for their children.

Parenting strategies can help mothers take control of their role. With a repertoire of parenting skills, mothers can use a variety of strategies to help them work through frustrating situations.

Implement a mother-child focus and relational approaches in parenting programs. We help mothers reflect on their interactions with their children through parenting interventions such as Watch, Wait, and Wonder and Circle of Security, and through parent-infant psychotherapy. These interventions take into account that the parenting perceptions and behaviours of mothers at BTC are likely influenced by their own trauma experiences growing up.

> So, clinicians support mothers to make meaning of their current parenting attitudes in light of their trauma experiences. As mothers are able to become more self reflective about their parenting perceptions, they develop more flexible and healthy parenting behaviours.

Focus on women's ability to reflect on their role and behaviours as mothers as a key component of a clinical approach. This supports women to improve their self-awareness as mothers. And it helps them understand how their behaviours and emotions both affect, and are affected by, their child.

Conceptualize the range of difficulties experienced by substance exposed children within a relationship framework. We do whatever we can within the therapeutic setting to support and enhance the quality of the mother-child relationship.

> Children exposed to substances both pre- and post-natally can overcome many potential developmental lags when the mother-child relationship is improved.

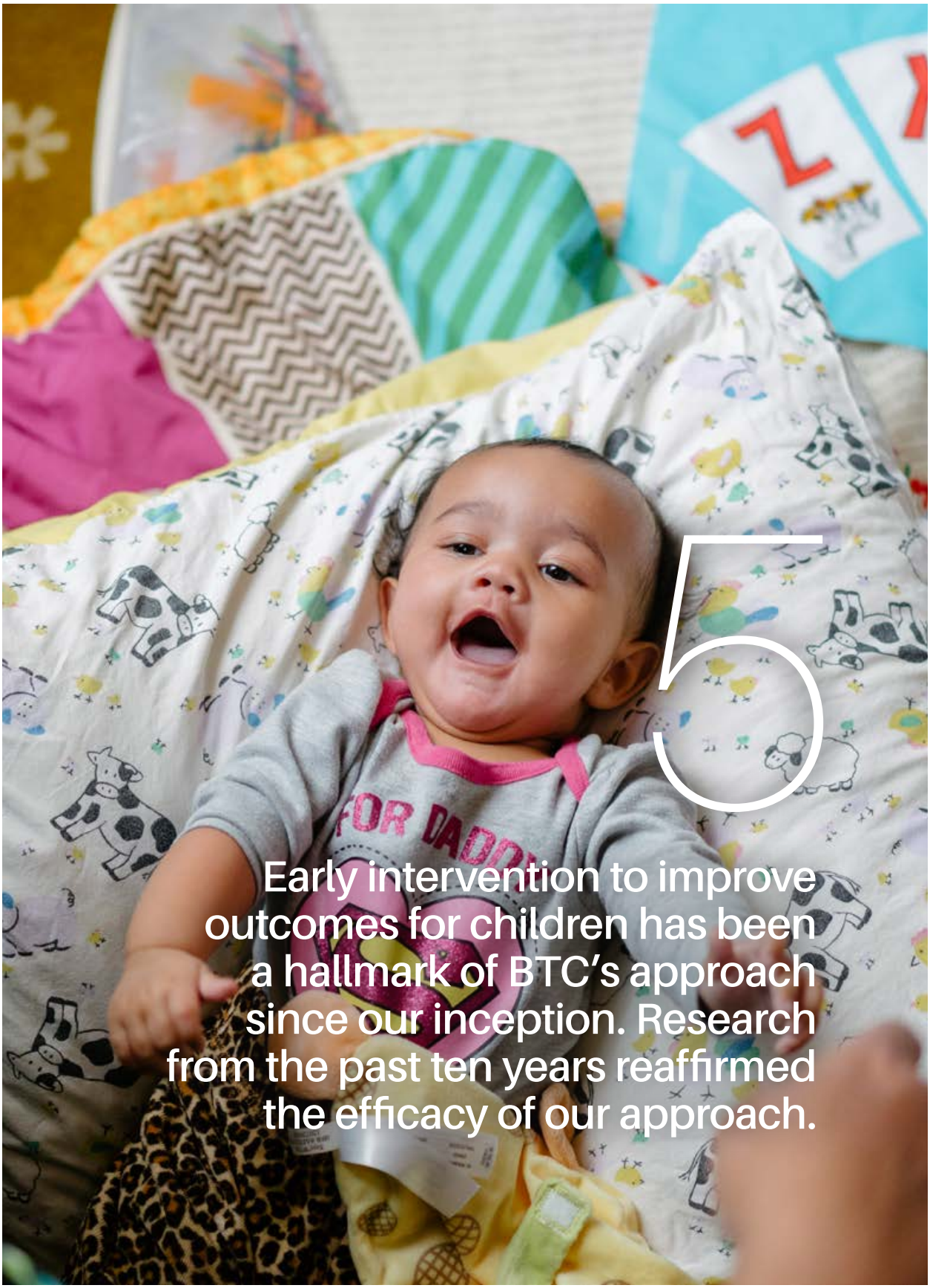
Conduct ongoing clinical formulation and evaluation of mothers and children, their needs, and their functioning. Early clinical intervention with children exposed to substances is vital to improve their development and abilities. However, healthy development is not solely dependent upon a diagnosis (such as FASD or ADHD). Ongoing clinical assessment, observation, intervention, and support are critical to healthy development, regardless of whether or not children meet criteria for a particular diagnosis.

Support mothers to foster the mother-child relationship in the interest of promoting both mothers' and children's well-being. The ability to recognize and establish positive relationships is a key step in the process of recovery for substance involved women. This process is also critical for a healthy mother-child relationship. It is imperative to foster mother-child attachment and the relationship between mother and child as an integral part of interventions for substance use. When this bond is fostered, then a shift is possible in a woman's internal reward systems away from substance use and toward loving care for her children.

In other words, for many mothers, the ability to be an attentive, responsive parent can become more gratifying than the need to use substances.

Provide support for mothers in multiple aspects of their lives. BTC supports mothers to reduce or quit their substance use. But we also support mothers to enhance their own personal development and learn strategies to increase their emotional availability to their children. When this is combined with a comprehensive intervention program for children, relationships between mothers and children are enhanced.

Ensure clinical support for mothers during custody loss. Our research reconfirmed our commitment to keeping the mother-child bond as intact as possible. We strive to ensure that, whenever possible, mothers can continue to have contact with children during a time of custody loss. We ensure that both mothers and children are in a safe place and that they each continue to receive intervention services during separations. This supports eventual reunification. Mothers also receive continuous support from BTC clinicians to help them manage feelings related to the separation and to prepare for reunification. This kind of continuity and coordination of care means better outcomes for children and their development.



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Early intervention to improve outcomes for children has been a hallmark of BTC's approach since our inception. Research from the past ten years reaffirmed the efficacy of our approach.

A) The research showed that:

Children's development is affected not only by prenatal substance exposure, but also by the postnatal environment. Postnatally, the children of substance involved mothers are at risk for a number of problems in the quality of care they receive. These include lack of stimulation, mothers who find it difficult to respond sensitively, poor parental monitoring, disruptions in care, and child maltreatment. In addition, it is not only prenatal substance use, but also current substance use by mothers that adversely impacts children's development over time. This typically results in lower levels of developmental stimulation, a less cohesive and organized family environment, and the potential for experiencing more IPV. Risk factors combine in an additive and interactive fashion, which can dramatically increase children's vulnerability to a range of developmental difficulties. The sheer number of risk factors present in a child's life is often the best predictor of poor development outcomes – the more risk factors that exist, the more likely there will be negative impacts on child development. [8, 13]

The interconnections between children's biological characteristics, the quality of the mother-child relationship, and their home environment are complex. All of these impact on children's cognitive development. Although temperamental characteristics of children exposed to substances can be thought of as risk factors, they can also act as protective factors. For instance, children with prenatal substance exposure often show heightened levels of arousal and environmental sensitivity. Their heightened attunement to their environments may result in their inappropriately taking on the adult role in the relationship. Cognitive or intellectual development of children exposed to substances prenatally seems to be malleable and, to a great extent, affected by their postnatal environment. [8]

Early intervention and a higher quality mother-child relationship may play a substantial role in mitigating the effects of prenatal substance exposure on children.

> The ability of mothers to provide nurturing, stable and consistent care for their children is a critical aspect in reducing the impact of prenatal substance use.

Also, intensive and comprehensive early intervention services support cognitive achievement in children. Our research shows that with these approaches, there are significant improvements in the quality of the mother-child relationship. Mothers also show a significant improvement in their sense of parenting competence and have a significant decrease in parenting stress over time. Our research suggests that the postnatal environment is extremely important for children exposed to substances prenatally. A more favourable psychosocial environment appears to facilitate and stimulate cognitive and developmental growth despite prenatal substance exposure. A supportive, positive postnatal environment seems to attenuate some of the adverse effects caused by prenatal substance exposure. [13, 20]

B) How to apply the research in practice, programs, and services:

Ensure that the mother-child relationship is a primary focus in early intervention programming.

> The negative impact of combined psychosocial risk on children's development can be minimized when mothers and children are engaged in empathic, relationship focused clinical interventions.

Our research shows that the mother-child relationship seems to be the most important element. So, interventions for substance involved mothers and their children should focus on supporting the child, the caregiving environment (including the mother), and the mother-child relationship in order to optimize children's development.

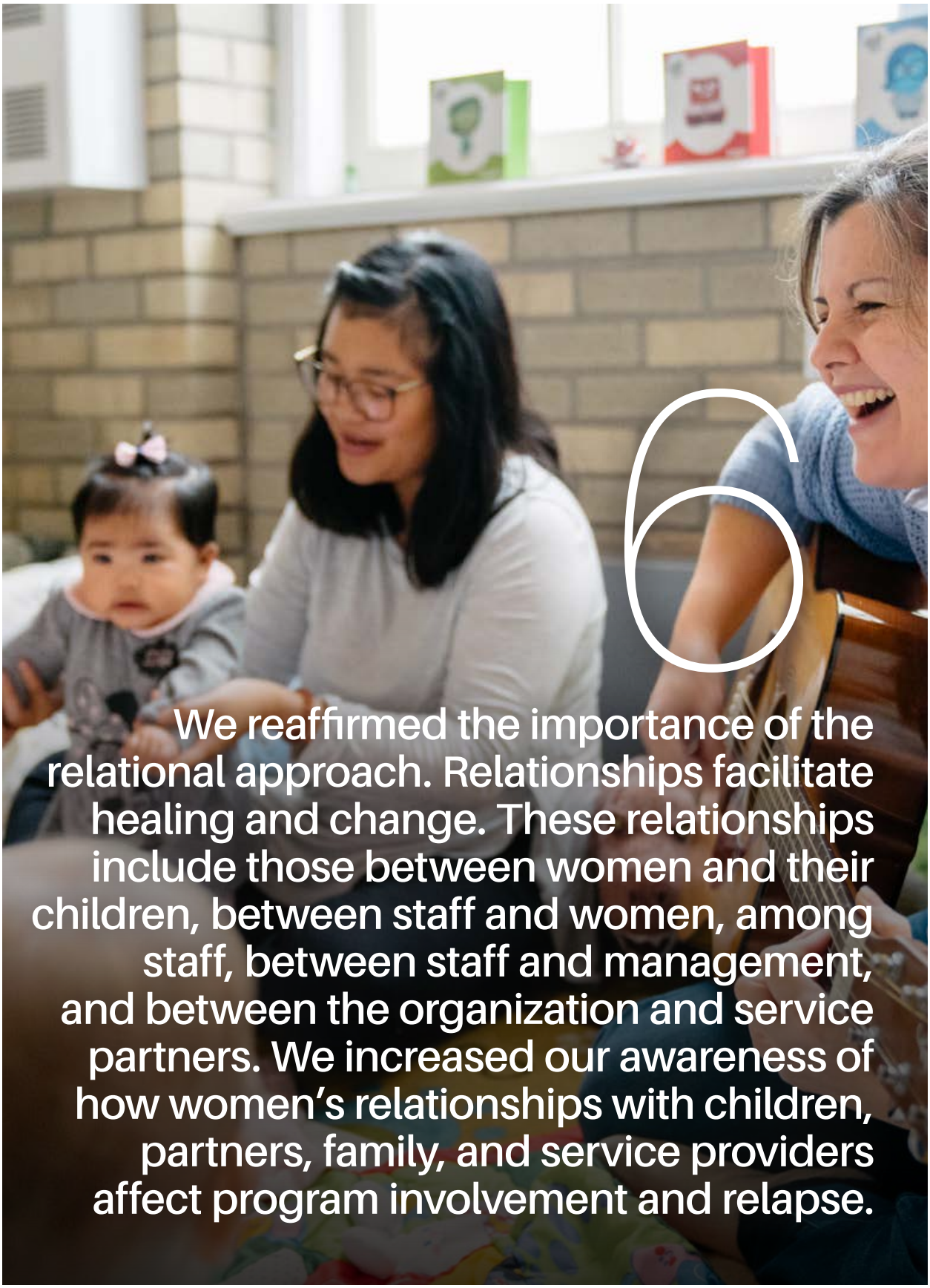
Promote a comprehensive early intervention model. This includes: early assessment and developmental monitoring of children with confirmed pre- and postnatal substance exposure; access to intensive and individualized early intervention based on developmental assessments; supporting maternal health and well-being; promoting positive parenting functioning; and, enhancing social support and access to services.

Provide intensive support for children, both in program centres and within home visiting programs. We support children's social and emotional development, and their relationship capacity, though centre-based services and through home visitation by ensuring that children experience therapeutic relationships with consistent child care staff, participate in parent-child therapy with their mothers, and complete regular developmental assessments.

Emphasize the value of long-term engagement. Through on-going, long term, positive relationships with caring adults (e.g., parents, guardians, service providers), children can practice and develop appropriate ways to attend to and regulate their emotions and behaviours.

> At BTC, both mothers and their children receive intensive and extensive supports which can reduce the impact of some developmental lags in children with prenatal substance exposure.

I Love You, Mommy
FOOD



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We reaffirmed the importance of the relational approach. Relationships facilitate healing and change. These relationships include those between women and their children, between staff and women, among staff, between staff and management, and between the organization and service partners. We increased our awareness of how women's relationships with children, partners, family, and service providers affect program involvement and relapse.

A) The research showed that:

Empathic relationships are a major reason why women are engaged in services. Women consistently identify supportive and non-judgemental relationships with service providers and health care professionals as the reason for accessing services, maintaining involvement with services, continuing with aftercare, and maintaining prenatal care. [9]

Service provider characteristics determine the nature of relationships with mothers and help women make positive change. Mothers at BTC describe the characteristics of their relationship with the BTC staff that they feel are facilitative for them. These include respect, understanding, authenticity, mutual empathy, and reciprocity. Women also identify recognition, acknowledgement, and a lack of judgement as meaningful components of the growth-promoting relationship they experienced with service providers at BTC.

> Respect is the foundation of mutual empathy, and facilitates movement out of isolation into a growth-fostering relationship.

Mutual empathy is at the core of relational resilience, and is responsible for movement from disconnection to connection. Mutual empathy in a relationship enables women to know that they can have an impact on the world, specifically on the people with whom they have relationships, and that relationships can be negotiated. This is especially important for women who have experienced trauma in their relationships. [17]

A strong, therapeutic relationship between women and service providers is central to positive outcomes and can have more impact than the type of services offered. Women at BTC typically have a history of complex trauma, concurrent mental health issues, IPV, involvement with the law, and unstable family lives. The vast majority of women at BTC (approximately 98%) are involved with child protection services, and were themselves involved with child protection services as children. Due to stigma and judgement surrounding substance use during pregnancy or while parenting, women have often had a negative history of involvement with social services and supports. Given their histories, it is often difficult to engage substance involved women in service, gain their trust, and keep them actively participating. Our research continued to show support for a relational approach in programming for mothers with substance use problems, in that women were actively engaged in many services offered by BTC and for a long duration. Also, early engagement, especially for pregnant women, is associated with greater service use, and greater service use is associated with more positive circumstances upon ending service. [1]

Length of stay in service is one of the best predictors of program effectiveness.

> The longer women are engaged in services, the better their eventual outcomes are in terms of substance use, parenting effectiveness, and mental health.

Women stayed involved with BTC programs for a longer period of time (on average longer than a year) and used many services (on average six different services). Building trusting relationships that lead to long-term program participation is difficult, particularly with vulnerable families who have often been mandated to participate in services and have had custody rights to previous children removed. Typically, women with open child protection cases are less likely to continue their involvement with supportive services. Yet, despite almost all women being involved with child protection services, many families at BTC stayed involved with BTC services for several years. We attribute this in part to our commitment to relationships at both the individual and the systems level. We engage in a relational approach at all levels – with women and with service partners, especially in child welfare. Positive systems relationships enhance stronger relationships for women at the individual level. [1]

Positive relationships contribute to self-efficacy. Women discuss positive relationships with service providers as being particularly impactful. They empower women and make them feel worthy of success.

> Through relationships, women built trust in health and social systems that can further support improvements in their use of substances. [2, 10]

Relationships provide an insight into motivation for change. Increasingly, research shows that the level of motivation when entering services for substance use does not necessarily determine a person's 'success.' Even though substance involved mothers might seem highly motivated to change, they can find it difficult to remain committed and stay involved with service providers long enough to make positive changes. Often, for these women, the nature of substance use problems is chronic and intertwined with multiple complex issues. Women in BTC's integrated substance use and parenting program have demonstrated changes in their substance use severity, regardless of whether they entered the program with high or low desire to make changes in their substance use. [7, 13]

Women are more likely to be involved in programming if they have support from family and friends. Women who have greater amounts of social support have greater overall program attendance. Also, those women who are less socially isolated and have greater social skills have better engagement with and involvement in BTC programs. The family member who was most commonly identified as a source of support was a sister. [3, 18]

Relationships can offer support for women to reduce substance use, achieve and maintain abstinence, and continue their engagement in programs; however, relationships can also interfere with outcomes and service goals. The more emotional and social support a woman has, the more likely she is to be able to maintain long-term abstinence. However, relationships can also add stress to a woman's life which can contribute to relapse. Lack of support for abstinence and interpersonal conflict can also be risk factors for relapse. An indication of the often chaotic and changeable nature of the lives of BTC mothers is when they are asked to identify the supports in their lives; the same person might be identified as a support one day and a source of stress another day. As well, some days a woman might be able to identify numerous sources of support and another day the same woman is only able to identify one support.

> The dynamic nature of interpersonal relationships is important to remember because a change in social supports may have an important impact on a woman's substance use. [3]

The role of the father is not fixed, but is dynamic depending on the mother's perceptions of his behaviours. The role of the biological father (or another father figure) may change over time, as may the mother's desire for his involvement. Mothers described themselves as playing the role of mediator between the father and child and to a large degree described themselves as determining the overall level of involvement. When mothers felt that the father would contribute a positive influence, they acted as a facilitator for father involvement and promoted the father-child relationship. Mothers reported several ways they encouraged father involvement, including providing a location for the child and father to spend time, encouraging play and 'fathertime', keeping the father informed about the child's life, ensuring that the child was only exposed to 'positive talk' about the father, and 'working on' the intimate relationship between the mother and father. Overall, mothers expressed that their relationships with the children's fathers as often changing, requiring them to often make adjustments and accommodations. [6]

Father involvement can both contribute to, and alleviate, maternal stress and its impact on a mother's substance use; service providers should not assume that father involvement is beneficial to a substance involved mother and her children. The presence of a father who was actively substance involved or experiencing ongoing problems with the law was seen as a multiple threat to a mother – to the welfare of her children, to her maintaining custody of her children, and to contributing to her own substance use. Mothers indicated that when a father would pose a threat or contribute negatively to the lives of the children, they were obligated to intervene and set limits around father involvement. In cases of both illegal activity and substance use, mothers described a duty to protect the children from the negative consequences of the fathers' activities. Fathers are associated with a number of determinants of health that either contribute to, or protect against, a woman's use of substances. Father involvement can impact child functioning because of the influence his involvement exerts, either positively or negatively, on a mother's substance use. [6]

B) How to apply the research in practice, programs, and services:

Maintain focus on a relational approach. The focus on relationships is necessary for women to be truly engaged in services and to provide women with a purpose, over and above intrinsic motivation, to stop using substances. Through the relational approach, service providers at BTC work to overcome barriers to service, support vulnerable families in accessing services, and move toward women's long-term involvement in supportive services and recovery.

Focus the attention of programs on helping women who are most socially isolated learn to have positive social relationships. A relational approach to engaging women in programs helps with this focus. From the Mother-Child Study, we found that perceived support

is more important to outcomes for women than the actual support available. Service providers have little capacity to increase support from, or otherwise alter, the social networks of women.

However, our research indicates that it is possible to increase a woman's perceptions of support through a relationship focused intervention. And it is possible to improve her capacity to be close to others and depend on them. The relational approach increases perceptions of support and improves women's perceptions of their capacity to be close to and depend on others.

Build service relationships that promote the long-term involvement in a range of services for both mother and child. Women place a high value on compassionate, judgement-free relationships with service providers. Explicitly supporting women's relationship capacity is an important service goal. It is important to work with service partners to ensure that vulnerable families can access long-term, multifaceted, multi-sectoral, barrier free services that include intervention for the mother, child, and the mother-child relationship.

Develop strong community partnerships to support the complex needs of women and children. Programs working with substance involved mothers and their children need to establish integrated and cross-sectoral agency partnerships in order to provide comprehensive, coordinated services to successfully support the complex range of risks these families experience.

Provide extensive training for service providers on relational approaches. It is essential that health and social service providers adopt a relational focus and offer services in supportive, non-judgemental, and empathic ways.

Support recommendations for father involvement that take into account a woman's wishes and the contexts of her substance use, including the high rate of substance use among fathers, and its influence on children and mothers.

Service providers must always allow the mother to determine whether or not she wants the father involved.

Address issues faced by mothers and children who live with IPV. One approach taken at BTC to support women and children living with IPV was to develop and deliver the Connections program. The focus of the program is to examine the relationships between substance use (and recovery from it) and IPV, child development, and parenting. Mothers who participate in Connections report that they are able to develop more effective parenting behaviours, such as more affection and better communication. Mothers also describe how their understanding of child development helps them decide how to behave around their children. Mothers' beliefs about children's intentions and development improve. The way mothers communicate emotions and affection improves over the course of Connections. Many mothers say that Connections helps them build their self control, self-confidence, and self-efficacy around parenting.

Connections at a Glance

Background to *Connections*

Substance use, mental health problems and domestic violence are often considered individual problems but, in fact, they frequently co-exist. The majority of mothers at BTC report histories of violence in relationships, often beginning in their families of origin during childhood, and continuing in their adult partnered relationships. They describe partners who are also substance users, and who often exert physical, financial, and emotional control over their lives. In combination, these risk factors affect parenting processes, child development, and recovery from substance use. Failure to address these issues in an integrated and comprehensive way interferes with and fragments processes of change in each of these areas.

Making *Connections* by linking research with practice

Because the problems of domestic violence, substance use, child development and maltreatment, and parenting co-exist and are interrelated for the majority of the mothers and children at BTC, it is important to address them in an integrated and comprehensive way. ***Connections*** was developed in consideration of the following:

1. ***The relationship between domestic violence and substance use and recovery.*** There is a connection between substance use, victimization, and domestic violence. Failure to address these issues in an integrated manner interferes with the effectiveness of treatment for substance use and can be a factor in continued use of substances.
2. ***The relationship between domestic violence, child development, and child maltreatment.*** Exposure to domestic violence increases the risk of child maltreatment, and affects normal developmental trajectories. Failure to address the impact of domestic violence on child development and child maltreatment interferes with the promotion of safe and appropriate environments and relationships for children.
3. ***The relationship between domestic violence and parenting.*** Parenting may be a special challenge for mothers who have or continue to experience violence in relationships. The parenting relationship is the mechanism through which interpersonal patterns of relating and solving problems in relationships are transmitted across generations. Failure to address the impact of domestic violence on parenting processes interferes with efforts to break cycles of abusive patterns of relating.

The *Connections* curriculum

Connections is a manualized group intervention that supports mothers' development of increased understanding about positive relationships and their importance to healthy parenting and healthy child development. The curriculum integrates six key messages over six group meetings that build upon each other:

Week One: Learning About Healthy Relationships

- No relationship is perfect but everyone has the right to a relationship that is nurturing and supportive
- Domestic violence comes in many forms

- There are clues that a relationship may be moving from healthy to unhealthy
- Unhealthy relationships may have an impact on your substance use and recovery

Week Two: What Happened When We Were Kids Matters Now

- Everyone has the right to a relationship that is nurturing and supportive
- Witnessing or experiencing violent, unhealthy relationships as children may have created distortions in how we view adult relationships and our expectations of acceptable/appropriate behaviour
- Unhealthy relationships may have an impact on substance use and recovery
- Witnessing unhealthy, violent relationships may have a negative impact on infants and children

Week Three: Recovering From My Past

- No matter what happened in your past, it is possible to move beyond this and create healthy, happy relationships for yourself and your children
- Children are dependent on the environments that their mothers create

Week Four: Child Development and Behaviour

- Positive brain development depends on healthy, happy environments
- The way we interact with our children when they are infants and toddlers will make a difference for the rest of their lives

Week Five: Building Self-Esteem

- High self-esteem is critical to creating and sustaining healthy relationships
- It is possible to increase your level of self-esteem
- Self-esteem is not dependent on your relationships but relates to what you believe about yourself

Week Six: Positive Parenting – Building Self-Esteem In Our Children

- When we feel good about ourselves it is easier to help our children feel good about themselves
- Children with high self-esteem are more likely to succeed at school and in their relationships
- When our children know that they are loved, they grow up believing that they are valuable and worthwhile

The **Connections** manual – **Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships** – is available at the following link: **mothercraft.ca/assets/site/docs/connections/ConnectionsManual_EN.pdf**

The **Connections** manual is also available in French: **mothercraft.ca/assets/site/docs/connections/ConnectionsManual_FR.pdf**

Connections has also been adapted for Indigenous communities: **mothercraft.ca/assets/site/docs/connections/ConnectionsManual_AB.pdf**

Summary and Conclusion

The *BTC Compendium Volume 2: Healing Through Relationships* synthesizes the research and evaluation activities conducted at Breaking the Cycle (BTC) from 2008–2018 and, describes how the research findings can be translated and applied in programming and service for mothers and children who are impacted by substance use.

We came to understand more fully the many impacts of trauma on mothers and their children, and the importance of embedding trauma-informed approaches to the delivery of addiction, mothering and early childhood intervention services. We expanded our understanding of the needs of mothers who use substances, and learned more about the complex reasons why pregnant women continue to use substances during pregnancy. We gained a deeper understanding of the importance of addressing the complexity in the relationships between substance involved mothers and their children, recognizing both the challenges and protective factors in mother-child relationships. We confirmed that early intervention improves outcomes for substance-exposed children. We reaffirmed the importance of relationships to facilitate healing and change for mothers and for children. These relationships include those between service providers and women, between mothers and their children, among service providers, between staff and management, and between organizations and their service partners. And we increased our awareness of how women's relationships with children, partners, family, and service providers affect program involvement, relapse, parenting and child development.

We translated and embedded these learnings into the BTC service delivery model so that the quantitative evidence as well as the voices of the mothers and children in the qualitative studies guide the development of the program.

We hope that this Compendium provides useful and relevant information to all those working across sectors who have the opportunity to serve mothers and children impacted by substance use and trauma.

MOTHER
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BTC really emphasized me making a connection with my son, and making a bond with him. And I really think that in all the ways I've looked at about getting clean and sober, the concept that things begin when you make that bond with your child has been something that I haven't found anywhere else, and it's probably been the thing that has really helped to keep me clean. The BTC staff helped me to make that connection with my son, and make that bond, gave me the reason that I needed to stay clean because how can you use when you love something so much, like with every part of your being, and every day you're taking care of your child. It makes it that much harder to use drugs. I learned that here.

The BTC staff really had a very solid understanding of who I was. I hadn't told her everything about myself, she just picked it up. She sat down with me and took the time to listen, evaluate. It was like she knew me very well and she was still standing behind me and beside me. I was very raw back then, very raw. Very angry. Very street, you know, and it was amazing to me, and comforting. They stood beside me, no matter what. She drew me in completely and compared to where I'd been living for years, and years, and years, which was like really isolated, I suddenly felt like I belonged somewhere.

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