

The Mother-Child Study: Evaluating Treatments for Substance-Using Women

A Focus on Relationships



Acknowledgements

Mothercraft/Breaking the Cycle is indebted to the Canadian Institutes of Health Research – Institute of Gender and Health for the financial support to conduct this study. We are also grateful to the Public Health Agency of Canada and Ontario’s Ministry of Children and Youth Services, who provide financial support for the operation of our programs and services. We could not deliver Breaking the Cycle without the significant commitment of our partner organizations: Toronto Public Health, the Hospital for Sick Children – Motherisk, St. Joseph’s Health Centre, the Children’s Aid Society of Toronto, the Catholic Children’s Aid Society of Toronto, St. Michael’s Hospital, Toronto Western Hospital – Mental Health and Addictions, and the Ministry of Community Safety and Correctional Services. We are indeed fortunate to work with such committed and supportive community partners. We are also grateful to our research partners – York University, University of Toronto and Queen’s University. Thanks are owed to the many talented research students who assisted with this study over the years. We are also deeply indebted to the staff of Mothercraft/ Breaking the Cycle, who are the heart and soul of the the programs we deliver, and whose every interaction with children and families reflects our relational approach to service. Finally we owe our deepest thanks to the mothers and children who participated in this study, and from whom we have learned everything.

Authorship

Debra J. Pepler Ph.D., C.Psych; Mary Motz Ph.D., C.Psych.; Margaret Leslie Dip.C.S., C.Psych.Assoc.; Jennifer Jenkins Ph.D., C.Psych.; Stacey D. Espinet Ph.D.; Wendy Reynolds, MSW

Copyright and publishing information

© Copyright 2014 by Mothercraft Press www.mothercraft.ca

The Mother-Child Study:
Evaluating Treatments for
Substance-Using Women

A Focus on Relationships



Contents

7 1: Who we are and what we do

9 2: Theoretical frameworks for research and clinical services at BTC

11 3: The relational approach is our core operating belief

13 4: Background to the Mother-Child Study: Evaluating Treatments for Substance-Using Women

15 5: Our rationale for the Mother-Child Study

- 5.1 We learned and changed over the years
 - 5.2 The evolution of our programming indicated certain critical components need to be present
 - 5.3 The research indicated gaps in a broader understanding of the issue
-

23 6: How we undertook the Mother-Child Study

- 6.1 We identified a comparison group that offers standard contemporary integrated substance use treatment
- 6.2 We wanted to find out about outcomes for the women
- 6.3 We wanted to find out about outcomes for the BTC children
- 6.4 We wanted to find out about how improvements in the mother-child relationship can affect change
- 6.5 We engaged in quantitative evaluation activities
- 6.6 We engaged in qualitative evaluation activities

27 7: What we found

- 7.1 Both groups of women decreased their use of substances
 - 7.2 More women from BTC improved in their mental health than women from the comparison site
 - 7.3 BTC women showed significant improvements in their relationship capacity which is important for many reasons
 - 7.4 Children, even those exposed to substances during pregnancy, do better when mothers have relationship-focused intervention
 - 7.5 Relationship-focused intervention is a critical part of the change process (the “mechanism of change”) for women
-

33 8: What makes a difference

- 8.1 What makes a difference for women
 - 8.2 What makes a difference for children
 - 8.3 What makes a difference for substance use treatment interventions
-

41 9: A final word about relationship-focused interventions

42 Appendix A

References

43 Appendix B

Knowledge Transfer



It's the completeness of it. When you come here, there are people who want to hear what you have to say. And that's huge, but it's part of the whole. You've got everything here—science, psychology, parenting, all those services for the kids, everything.

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 families.

Mothercraft delivers BTC through a formal service partnership with Toronto Public Health, the Hospital for Sick Children – Motherisk, 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, and the Ministry of Community Safety and Correctional Services. With funding support from the Public Health Agency of Canada and Ontario's Ministry of Children and Youth 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 Vol.1 The Roots of Relationship available at www.mothercraft.ca.



I can see how children get abused. I can see where that can come from; it's untreated symptoms. And I was very honest with them about those feelings, thank god, and it was about the only place I think I ever would have been. I don't think I ever would have told somebody else 'I'm not really feeling attached to this beautiful little thing here.'

Theoretical frameworks for research and clinical services at BTC



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. This allows us to understand and respond to every child based on his/her unique strengths and vulnerabilities, and to tailor our programs and interventions appropriately.

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.

Historical Trauma Theory 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.



Everyone at BTC is very, very non-judgmental. And dealing with attachment and creating a bond between mother and child and the relationship was the most important thing. When I was able to attach to him, and it did take a while, then that was the turning point for me. It made everything else fall into place and be possible.

The relational approach is our core operating belief



From the outset, the BTC partners defined two clients: women and 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

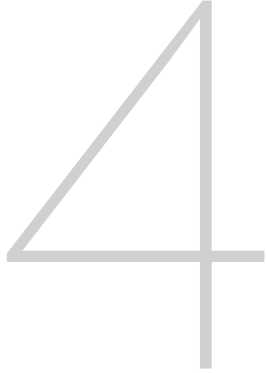
and Health (CIHR-IGH) through a New Emerging Team (NET) grant, we had the opportunity to closely examine our relational approach to substance use treatment in comparison with a contemporary integrated treatment for substance use that did not practice relational strategies. We used a combination of quantitative 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. Quotes from women who participated in the qualitative focus groups are used throughout this report.



I just want to show my kids a positive role model, I want to be able to nurture what they have and nurture what they could have. Just be their inspiration and be the best I can be.

Background to the Mother-Child Study: Evaluating Treatments for Substance-Using Women



Research and evaluation are important to the way we provide services at BTC and they have been since we opened our doors in 1995. 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 in which 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 help us make decisions that 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 outcomes for families were evaluated to ensure that any program changes were based on solid, empirical evidence.

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.



They teach you that you can do it, that you have the resources and skills to do it, that you don't have to do it perfectly, that you can be the "good enough" mother.

Our rationale for the Mother-Child Study



At the beginning of the Mother-Child Study, we had provided over 10 years of services and interventions at BTC. During that time, our approach to supporting substance-involved mothers and their children had been modified based on our service provision and our research.

In particular, we had confirmed our focus on the importance of relationship-focused interventions. Also, we knew through our clinical and research experience that there were several critical components of service provision that needed to be addressed in order for mothers and children to benefit fully from their participation in our program. Furthermore, our research indicated that the issues we recognized and addressed in the interventions provided at BTC were not widely represented in the broader research literature.

The Mother-Child Study provided the opportunity to examine our approach using quantitative measures and provide more evidence-based support for it. It also allowed us to engage in qualitative research with mothers who participated in our clinical services.

5.1 We learned and changed over the years

We confirmed that our focus had to be broader than a focus on substance use only

Over the years, our clinical experience and research have shown us that a sole focus on women's use of substances is not enough to create change—our approach must also include an understanding of a woman's life history, her context, and her current life circumstances and how these impact on her mothering capabilities. We support mothers to find stability and to develop capacities (especially in relational issues, attachment, and regulation) that they have not previously been able to develop.

"It wasn't just the focus on the drugs, and there was no 'drugs are bad' message. The focus was on relationship and mother/child issues were the most important. Because of trauma in my background, that needed to come first, not the drugs."

We came to fully understand that BTC mothers have not experienced nurturing relationships

Many capacities that we try to nurture in women at BTC would typically be nurtured in early childhood through the process of attachment with a loving and capable adult. Most mothers who enter our program have not experienced this and so they have difficulty recognizing and establishing secure and trusting relationships. Because they have limited experience of secure relationships, most of the women have regulation problems resulting from early and ongoing experiences—they have learned to use substances as a way of regulating their emotions.

"[The staff member] still calls me, just to make sure that I'm okay and my daughter is okay, and when I hear her voice, it makes me feel so good. I'll say something to her in passing and she'll just remember. She'll call to see how it went. I don't have anyone else like that in my life, not even my mother."

"When [the BTC staff] came out and she saw my face and I wanted to die but I trusted her with my life instantly, she was the first person who was on my side. She was the first person who stood up for me, she just said stick with it and you're going to have your baby here, too, and sure enough I did."

We saw how trauma impacts on mothering

Our clinical and research experiences with women helped us recognize the burden of trauma in their early childhoods and later family contexts. In fact, many women at BTC experience ongoing trauma in real time, which impacts their mothering, attachment ability, relationship security, and regulation capabilities with their children.

"With my addiction counsellor, before we even started to talk about drugs, we did a lot of work with Seeking Safety [trauma program]. Also I left my partner when my son was about 2 because of abuse and they were very supportive. My addiction was [my counsellor's] primary target, but she understood that all of these other things affected my sobriety."

We saw that BTC mothers have difficulty forming nurturing relationships, especially with their children

The quality of a child's relationship with a primary caregiver sets a critical context for healthy development. Unfortunately for mothers struggling with trauma and substance use, this context is generally compromised. When we first meet women and their children, we often see very difficult interactions between them. Many mothers lack sensitivity and have a difficult time adjusting their own behaviours and emotional needs to support the needs of their children. The children, who typically have been exposed to substances during pregnancy, struggle with limited regulatory capacities themselves. It can be very difficult for mothers to respond appropriately, especially with children who may require extra support.

"Here, I've learned how to kind of higher my own expectations of what is good parenting."

Profile of BTC Families



As a result, we ensured that BTC is an organization-wide attachment-based program

Women develop a relationship with the program, as well as with individual counsellors. Physical and social space, program structure, and the organization as a whole provide a secure base. We introduce and model safe, caring, and secure relationships for the women and their children, which women in turn experience and practice while at BTC. Through their experiences of safe and healthy relationships within BTC, women can slowly develop the ability to form relationships and move forward themselves and with their children.

"Everything they do, parenting and recovery go hand and hand. But I love that they put my daughter first, because in the outside world, like AA, recovery comes first. Here, I get to do the two most important things to me at once."



5.2 The evolution of our programming indicated certain critical components need to be present

Relationships need to form the basis of all our work

At BTC, we have shown through our years of evaluation that healthy relationships are necessary for healthy development and this belief serves as a guiding principle at all levels of our organization:

- Relationships are emphasized and inform programming and intervention services.
- Our service delivery model is based on collaborative, cross-sectoral relationships, which means we can provide comprehensive service delivery at one access point (what we call "one stop shopping").
- Our extensive and often lengthy intake process has a central focus on relationships which supports the development of a strong therapeutic alliance between women and BTC staff.
- Most critically, we provide interventions that foster the mother-child relationship. We support mothers to: talk and play with their children; consider their children's thoughts and feelings; respond sensitively to their children and follow their lead; and form realistic and positive mothering relationships.

"Just the constant level of helping you understand childhood development and developmental stages. So you understand that when your kid is colouring, it's not just having them play with a pencil and they make lines. They're explaining to you about motor skills and fine motor skill development. And the

research that they do about early detection and other behavioural stuff and how to guide it. Like getting the patience, the whole, like, staircase of needs from the parents' to the kids' needs."

Supports for parenting need to be instrumental and relational

We provide instrumental parenting supports such as an on-site therapeutic child care centre and programming activities that offer information about child development and nutrition. However, we also include children in our interactions with women, which has a double benefit—children become an integral part of our interventions and counselling staff can directly observe and facilitate the quality of the mother-child relationship.

"There are Food Banks out there and Breaking the Cycle is like a food bank as well, but more importantly it's also [the availability of the clinical staff at BTC]. You know the counsellors behind it. Because I can go to any Food Bank but [there is] trust here, and the [staff] here, that I feel I can talk to and there's nobody else really out there professionally that's down to earth and I feel I can talk to and [someone who] knows everything about me, my past, and doesn't judge. [The food] is free but it's really just a bonus to have that too. I don't know anywhere else like Breaking the Cycle, really."

"Me in a room with a therapist is one thing, but me in a room with my daughter is completely different. My heart is open. You know, when she's there, I'm raw."

"When my son was a baby, he was greatly impacted by going to the play groups. On a materialistic level he was better fed and better clothed because of the program. Not just because of the material support, they gave us practical skills like how to make baby food and living on a budget. He was also able to get into daycare much sooner which allowed me to do the therapy work I needed to do and simply couldn't have done without that."

"They can call in other people to work in the... I call it play school so it doesn't feel like daycare, but calling in other people so that the daycare staff can work better with my son. Not my son work better for the daycare centre. I really liked the opportunities and the many different resources here [BTC]."

Connections among substance use, trauma, and relationships must be made

For women, our focus on relationships means that we view women's substance use issues not as a problem within an individual, but as part of a problem of relationships stemming from childhood that have been largely traumatic and have impeded development. When these women become mothers, they need support to learn what infants typically learn at birth; that is, through the formation of healthy relationships, it is possible to trust and rely on another person.

"They understand that women have a multitude of issues that intersect substance use and that you have to work on all those issues to help someone maintain their sobriety."

Harm reduction strategies work best for BTC mothers

Unfortunately, mothers struggling with substance use often fail to engage in treatment because of the stigma associated with substance use and parenting, their own feelings of shame and guilt around their substance use (in particular during pregnancy), and the threat of losing custody of children. We take a harm reduction approach because we have seen how this approach helps to break down many of these barriers to treatment. Women set goals for what will improve their own health and the health of their children. They may not give immediate priority to substance use issues. We believe that abstinence is ideal, but until women can achieve it, we encourage all outcomes that reduce harm, such as strengthening the



5.3 The research indicated gaps in a broader understanding of the issue

Mother-child relationships are not the focus of standard contemporary integrated treatments for substance use

When we examined the research literature that explores the treatment needs of mothers who use substances, we found that a central focus on maternal relationships is not typically considered an essential part of treatment. Treatment programs that include mothers and children typically provide instrumental support (such as child care, developmental information, and behaviour management strategies), but do not include therapeutic or clinical supports for the mother-child relationship. This approach persists despite research evidence that shows the importance of directly intervening to improve the quality of mother-child relationships in treatment for substance use. For example, when the emotional connection between mother and child is not prioritized or addressed upfront, treatment programs that provide behaviour management strategies can instead increase and exacerbate difficulties in the mother-child relationship. Children often experience such behaviour management strategies as punitive.

relationship between mothers and children, and finding ways to minimize the impact of substance use on this relationship and on the child.

"The harm reduction approach that BTC uses actually makes abstinence easier. Because you otherwise spend all your time defending yourself and when you don't have to do that, you can actually focus on the effects that drugs are having on you."

"Dealing with parenting and recovery together made me very aware of issues that wouldn't be covered in other addictions-only programs, and I've been to lots of those! If I'd just gone to a regular rehab program, there is no way I'd know as much about child development and inter-generational issues. Dealing with both together made me more mindful and self-aware in addition to more knowledgeable. It just makes so much more sense to deal with both at the same time."

The connection between women's use of substances to cope with complex and challenging lives and the subsequent impact on relationships is not generally well understood

Women who struggle with substance use issues often face many significant challenges including poverty, inadequate nutrition, transient housing, and poor health care, all of which are compounded by a lack of social support and positive relationship experiences. Many women experience poor relationships with others that begin in childhood with controlling, unaffectionate parents or other caregivers. Their own early caregiving environments tend to be chaotic, characterized by parental substance abuse, family discord, and instability. Moreover, they experienced high rates of childhood sexual abuse, physical abuse, and neglect. These negative relationship experiences continue to play out in their adult lives.

"I think that the New Mom's group [at BTC] was really good for me because I was in early recovery and I had a lot of problems and I was living in a shelter and it's hard to focus on being a good mom. Like when you've got all those pressures. No money, yadda, yadda, yadda. They'd show us all kinds of things, like once a week they would come in and teach me how to mash up bananas and even give me a grocery store gift card to go and buy bananas with. And things like baby massage. And showing me how important to know that, when you're in this room with this baby, that's really all there is. That's what it taught me, to really be focused on the moment. Be calm. Look for healthy ways to share with your child instead of always being in crisis. Or battling, or angry, or just closed off."

The connections among substance use, trauma, and relationships are not part of the standard substance use treatment experience

Women with substance use issues tend to have family and intimate ties with other substance users; these associations can exacerbate their substance use and affect treatment decisions. Also, the trauma many women experienced in childhood is often perpetuated in the violence and abuse they experience in adult relationships. When relationship trauma goes unaddressed and unresolved, women are more likely to use (and abuse) substances and will have poor outcomes after treatment, including low retention rates, ongoing substance use, and mental health difficulties. Given the close interconnections among relationships, trauma, and substance abuse, learning to recognize and establish positive relationships represents a critical step in the process of recovery for women who are substance-dependent.

"Their awareness and understanding of the connections between substance abuse and trauma. They really get the domestic violence part of substance abuse and they're really non-judgmental about it. They just get the effects of abuse and why women stay in those situations and why it's so hard to break that cycle and the substance use that's connected to it."

The distinct parenting needs of mothers who use substances have not been widely understood

Mothers who use substances and their children, who were exposed to substances during pregnancy, typically exhibit relationship difficulties. Children often demonstrate challenging regulatory and temperamental styles that require extra patience and support. Mothers often struggle with regulating their own thoughts, emotions, and behaviours, which limit their capacity to

respond sensitively and can overshadow their children's needs. Moreover, the parenting style of many mothers tends to be highly controlling and authoritarian, and simultaneously low in affection, permissive, and neglectful. A mother's inability to respond sensitively is related to a number of factors including:

- her own lack of healthy attachment experiences;
- an inability to bond and ambivalence in regards to mothering due to past trauma, unresolved grief, and previous custody loss;
- unrealistic expectations of her child due to a lack of knowledge about child development;
- an inability to differentiate her child's needs from her own;
- poor ability to take her child's perspective;
- guilt about prenatal substance exposure;
- a lack of support for mothering and stress due to single-parenthood;
- general stress due to the multiple complex factors associated with a substance-using lifestyle.

"I learned so much about parenting. All the support for parenting that you get here makes you think about it, like how am I going to do the right thing today? How am I going to feed her the right things, how am I going to show her the right love?"

"Now I know I'm a good mom. [The Parent Infant Therapist] named it for me and it was good. I feel like I can say I'm a good mom. I make my daughter my priority, my life. When I look at her, I just love her so much. Like I didn't even realize I could love something as much, I didn't know she was going to be as big a thing for me as she was. She saved my life. When she was born and I saw her, I just knew. I used the whole time I was pregnant, I didn't know what I was going to do when she came. But when she came, I knew I had to just make a choice. As soon as I saw her,

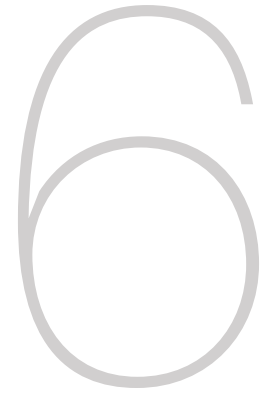
her dad was there too and I chose her, not him. I told him, 'you have to leave, so I can do this properly. Or else I'm not going to do the right things.' My daughter is so great."

In summary, based on our previous evaluations, our clinical experiences with mothers and children, the evolution of our service delivery model, and existing research literature, we knew that it was important to have a clinically sound and evidence-based examination of our relational model of service provision and its effects on mothering relationships, mental health issues, overall substance use, and child development.

The Mother-Child Study enabled us to evaluate and compare our innovative model of relationship-focused service delivery and its effects on mothers and children with a group of similar women who received a more standard contemporary integrated treatment for substance use issues. We wanted to find out:

- if there were differences and/or improvements in women's use of substances, mental health, and relationship capacities; and
- if changes and/or improvements in mothers' relationships with their children can impact any developmental issues or challenges their children might have.

How we undertook the Mother-Child Study



6.1 We identified a comparison group that offers standard contemporary integrated substance use treatment

Similar to BTC, the comparison site we chose is a community outpatient service (based outside of the Greater Toronto Area) in another location in Ontario. The comparison site also uses a harm reduction model to provide support and treatment for substance-involved mothers of children aged 0 to 6. They do this through an outreach program which includes support for substance use, mental health, parenting, and basic needs for the mothers who attend. However, unlike BTC, the comparison site does not provide direct service to children and is not relationship-focused beyond providing basic parenting and child development information to mothers.

6.2 We wanted to find out about outcomes for the women

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

- 1) when compared with mothers in the comparison group, the BTC women who experienced the relationship-focused approach 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
- 2) both groups of women would improve in their overall use of substances and in their recovery, but the gains would be greater for women in the relationship-focused approach.

6.3 We wanted to find out about outcomes for the BTC children

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.

6.4 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 at follow-up; 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.

6.5 We engaged in quantitative evaluation activities

We collected demographic data through questionnaires that were completed on-site, in the community, or through the mail. We also obtained the information for our BTC participants through the annual comprehensive developmental assessments of children that are a regular component of our service, plus the observations made from videotaped mother-child play sessions. The instruments used and results, discussion, and conclusions are reported in research papers cited in Appendix B.

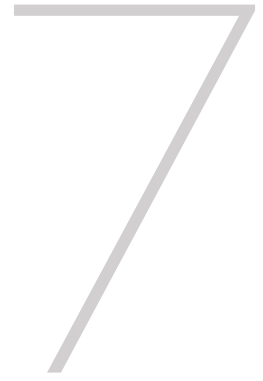
6.6 We engaged in qualitative evaluation activities

We used the qualitative evaluation mechanism of focus group interviews to get feedback from mothers at BTC. Their feedback provides us with a measure of their satisfaction with our program and service. It also deepens our understanding of the quantitative data collected and gives women the opportunity to provide us with feedback about our quantitative research results. Since 1995, we have used the information gathered by focus group feedback to modify our programs and services to better meet the needs of BTC families.





What we found



Overall, women from both BTC and the comparison site decreased their use of substances. The women from BTC also improved in their confidence to resist substance use, their mental health status, and their ability to form healthy relationships. Improvements in the women's ability to connect and be close and responsive to others (relationship capacity) were especially important, as this determined the extent of the women's problematic use of substances. Increased confidence to resist substance use, less dependence on substances, and improved mental health are the standard indicators (used in most treatment centres and in the research literature) to show reductions in substance use and its related problems. However, we found that:

Women who improved their relationship capacity had the greatest decreases in their substance use. Improved relationship capacity was more important than either increases in confidence to resist substance use or improved mental health.

7.1 Both groups of women decreased their use of substances

At follow-up, women from both BTC and the comparison site reported less substance use, fewer difficulties related to substance use, and greater confidence to resist substance use. However, mothers who received the relationship-focused intervention at BTC had greater improvements in their ability to resist substance use than the women at the comparison site. This indicates that:

- **Mothers do better in treatment for substance use when an integrated approach is taken.** There is a growing body of research demonstrating the advantage of integrated approaches over non-integrated and mixed-gender approaches that do not consider the role of women as mothers.
- **It is necessary to provide a comprehensive, single-access approach** to women's substance use in which they are neither judged nor stigmatized.

- **Abstinence goals are often unrealistic** for women struggling with substance use and can be a source of stress and shame when women cannot achieve abstinence. Many of the women in the Mother-Child Study continued to use substances to some extent. However, they were able to make substantial gains in reducing their use of substances by participating in programs based on a harm-reduction framework.

"I was sober for over 4 years and I just had a relapse a couple months ago. In terms of relapses it wasn't a very big one, but it was huge to me because I was like, oh my god 4 years. I was counting the days and then all of a sudden, I relapse. I was really freaking out, but I was holding it in and nobody knew, you know? And I was so freaked out, but I got washed up and came here and said, I need to speak with someone right now. [The staff member] took me into the room, I put my head in her lap and I cried, and she ... it's not like she dismissed it, but she said, you're not in trouble. It was a big thing, she respected how big it was for me, because of the setback but it wasn't really like a setback. She showed me that it's not the end of the world. It's not like I crushed her. It's not like I'm losing my friends, or losing my supports. That's what I was afraid of. Instead, she was totally supportive. I knew that she was going to have to tell Children's Aid because I have sole custody of my son. But she told me that she was going to tell Children's Aid, that she was supportive and did support me, it was a slip and it really wasn't all that bad. I was freaking out about the Children's Aid coming to my house. But [BTC gave me] support around the whole thing. Children's Aid came to my house and said okay you've got your supports in place, you're doing what you're supposed to be doing."

7.2 More women from BTC improved in their mental health than women from the comparison site

Women from both sites were able to shift from clinical to non-clinical levels of depression and anxiety at follow-up. However, there were significantly more women from BTC than in the comparison site who were able to do this. This is important because:

- Women from BTC were able to reduce their substance use while at the same time showing significant improvements in their mental health.
- These findings emphasize the importance of the relational approach, in combination with comprehensive service provision, to assist women to recover from trauma experiences (and the mental health difficulties that accompany trauma) by means other than using substances.

"Substance use takes over your whole life, when you're that much at risk. With this agency behind us, with somebody like this behind us, we can do it. Stopping drugs is easy enough; I mean it's hard, but anybody can stop for a day, a week, a month, even a year. But if you don't change what you've been doing and take a hard look at all the things that are broken, then you don't get better, even without the substance use. I'm a much better, wholer, stronger person having come through all of these things. It took a long time and the toll on society has been high, yeah, but nobody here gave up on me, and here I am, I'm ready to go out into the world and start something of my own to give back."

7.3 BTC women showed significant improvements in their relationship capacity which is important for many reasons

Women from BTC reported significant increases in their perceptions of support from both friends and family. However, the mothers at the comparison site reported decreases in perceived support from others. Mothers receiving the relationship-focused intervention at BTC also reported increases in their relationship capacity. This finding is similar to findings from our previous research that has highlighted the critical role that supportive relationships play in helping women continue to improve after receiving treatment for substance use. The Mother-Child Study also highlighted that:

- **Perceived support is more important to treatment 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, the findings of the Mother-Child Study indicate two things:

- 1) It is possible to increase a woman's perceptions of support through a relationship-focused intervention; and,
- 2) It is possible to improve her capacity to be close to others and depend on them.

"I felt like [the BTC staff] to me was like this angel. She would come to me wherever I was and she was never judgmental. She was always friendly, like I'd always known her, and whatever I needed it didn't seem like a burden [I] wasn't ever a burden for her. It was never out of her way. She was always super nice, comfortable. You know sometimes you get people in a bad mood, like even to have just a bad day, but if she did, it never affected

the way she interacted with me. And it was just amazing for me right from the start."

"This place does have your back. It's like the best friend that you want to have but your normal friends can't do all that stuff."

- **Past and present trauma impacts on, and interferes with, a woman's relationships and the way she interacts with others in general.** Most women who use substances problematically have extensive experiences of trauma. The women at both BTC and the comparison site are no exception to this. So it is particularly important that the BTC women who received the relationship-focused intervention were able to significantly improve their interpersonal relationships and their ability to feel secure with others, especially their children. These improvements occurred despite the challenges the women have previously experienced within relationships. The findings are consistent with attachment theory and other research literature. They suggest that secure attachments are crucial for women who use substances to help the women develop positive interpersonal relationships and better mental health.

"The relationship that you have with the people here right away is so important, especially because I had nobody when I came to the city. My social groups were mainly my addict friends. I'd lost people from my social groups in the 15 years of destruction that I'd been on and my family who were like 'we've supported you through as much as we can and we are not going to do this again.' So Breaking the Cycle is all I have. They were all I had for six months. They were what I hung to, and what I clung to."

- **Women formerly thought of as "unreachable" can be supported by service providers to make changes in a number of life areas.** When mothers with substance use issues receive programming and

interventions that meet both their individual and their relationship needs in a supportive way, they will be engaged (and retained) in services and can make important improvements in many ways. This is true in particular for women who are dealing with multiple complex issues.

“They stuck with me, they stuck with the ups and downs. I missed appointments and I got sick and my anxiety got bad and it got better, and it got bad again. They found me support when I wanted help with this, and when I wanted help with my daughter, they went out and helped me with another resource.”

“My daughter was born addicted to Methadone, heroin, and crack, and she was in the hospital for a month. After about the first week she was there, I found a pamphlet for Breaking the Cycle and I called from the hospital and I’ve been here ever since. [The BTC staff] answered the phone and it was like calling and talking to someone I’ve known my entire life. She was so great.”

“[The BTC staff member] was amazing. 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.”

7.4 Children, even those exposed to substances during pregnancy, do better when mothers have relationship-focused intervention

The relationship-focused approach, when it goes hand-in-hand with direct interventions for mothers and children, appears to have led to an increased ability for women to form secure and attached relationships with their children. This is despite the fact that the BTC mothers continue to experience parenting stress. We found that:

- The quality of the relationship between a mother and her child has a profound impact on the child. An attached and secure relationship appears to protect children from social, emotional, and mental health problems. There is emerging evidence that secure relationships can also protect children from neurodevelopmental delays.
- There are impacts on the children of mothers whose depression improves. There is some evidence that children are likely to have fewer behavioural problems when mothers experience less depression.
- Children who experience multiple complex issues are likely to have more neurobehavioural issues. However, an attached and secure relationship between a mother and her child appears to protect children from behavioural issues and learning disabilities, even when many challenging issues exist. This finding justifies the focus on a relational approach that also provides interventions to support the mother-child relationship. Supports that focus only on the child are not enough; supports for both mother and child (and the relationship between them) make the difference.

7.5 Relationship-focused intervention is a critical part of the change process (the “mechanism of change”) for women

The BTC women showed significant improvement in their relationship capacity, which was not the case with women in the comparison site. The improved relationship capacity among the BTC mothers is directly linked to improvements the women made in both substance use and mental health issues. These findings about the mechanisms of change are important because:

- **They highlight the importance of a focus on relationships, and on the mother-child relationship in particular,** and on how this approach supports mothers not only to reduce their substance use, but also to make broad changes that sustain recovery.

“The dual focus on parenting and substance use kept me very much focused on the effects that I and my substance use might be having on my child.”

- **They indicate that improved relationship capacity can lead to decreased substance use,** more than any other factors that are directly linked to positive outcomes regarding substance use including: the initial level of substance use; physical/psychological dependence on substances; increases in confidence to resist substance use; and, decreases in depression and anxiety.

- **They suggest that it is possible to improve relationships through focused interventions.** There are complex factors that contribute to substance use and abuse, and many of those remain unexplained. The results of the Mother-Child Study support an approach that focuses on promoting healthy relationships for women who use substances. In some contemporary integrated substance use treatment approaches, the focus is on trauma and recovery from substance use, but the findings of the Mother-Child Study indicate a need to focus on fostering healthy relationships, the mother-child relationship in particular.

“Nothing feels too difficult to manage any more even though there are lots of things I need to do. I’ve got a lot of on-going recovery work to do. But [the BTC staff] really gave me the basis to cope with everything that’s going on in my life. It’s a sanctuary still for me; I don’t know how I could have made it through the crisis period and the early days of giving birth without them being there.”

- **They provide an insight into motivation for change in treatment.** A long-held belief about treatment for substance use has been that those who are “highly motivated” will do better in treatment settings. The Mother-Child Study indicated that a woman’s treatment readiness, or motivation for change, is not necessarily reflected in her use of substances at follow-up. More and more, the research is showing that the level of motivation when entering treatment for substance use does not necessarily determine the degree of “success” a person will have in treatment. Our unexpected finding adds to this body of research. Even though substance-using women may 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. They are often socially

isolated and their chaotic living conditions hinder the treatment process. 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.

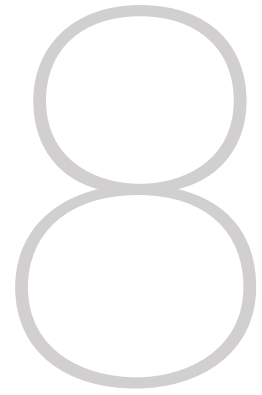
“[Before I came to BTC] I was doing all of this on my own. I was a single mother on social assistance and I was reaching out for help anywhere but I really did need therapy. Within my situation we often go through quite a bit, and you know I never really worked any of those kinks out and I was just going at full steam and hence when I relapsed, my daughter was put into protective custody. I felt an instant trust with [a BTC staff member], and I was able to relay what was going on.

If I didn’t have something like this I might be going nuts, just in my own skin. I do have a sponsor and I do go to AA, but I also need something that’s organized and somewhat professional. So I’ve been working with [a counsellor at BTC] and an addictions counsellor here. These are things that I need and this place has been able to give me that.”

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. All of these are likely to continue to support decreases in substance use over the long-term.



What makes a difference



The results of the Mother-Child Study have highlighted the critical role of relational-focused interventions in supporting change for substance-involved mothers and their children. We have been able to confirm that change (for both women and children) can occur when women's maternal role is prioritized and both women and children are considered clients. Relational-focused interventions address not only a woman's relationship capacity with her children, but also her relationships more generally. The focus of relational-focused interventions is on the context of substance use which includes: relationship difficulties, domestic violence, traumatic history, intergenerational substance use, mental health difficulties, conflict with the law, poverty, homelessness and isolation.

8.1 What makes a difference for women

Supporting women to learn about relationships in a number of different ways

BTC mothers were able to make changes both in their substance use, and in other areas of their lives, because their relationship capacity improved. At BTC, women learn about expectations for relationships in a variety of ways. One of these is in combined sessions that include women, their children, and BTC staff. The women also learn about the way relationships work well through messages that come more generally from the BTC space itself, the signage, and the way the staff interact with each other and with women and children at BTC. Women learn about respect for each other, safety, and trust in others. For BTC staff, it is important to be reflective and model the kind of relationships that we want the women to have with others. The relationships are modeled in:

- our staff's relationships with the BTC children;
- our staff's relationships with each other;
- the relationships BTC staff have with external service providers (such as child welfare, Ontario Works, parole officers—in particular, any service provider with whom women could have a potentially contentious relationship); we model cooperation, open discussion, and appropriate advocacy.

"I started doing drugs when I was 12. I did drugs every single day for 10 years. I'm going to be 30 next year and I had no adult life sober. So I didn't know how to live cleanly. Or even how to lick a stamp! I had experience but not experience on how to live life clean. The groups with the other women were really good. Before, I wouldn't have even been able to sit in a social setting, even like be able to sit here right now. But going to the groups and just being with other women was really helpful to me."

Making the focus on relationships an integral part of substance use treatment

The Mother-Child Study results show the important role that relationship capacity plays in supporting women to reduce or eliminate their use of substances. The results highlight the importance of focusing on supporting women to form healthy relationships, especially with their children, in substance use interventions. When women with substance use issues feel safe to disclose their worries and parenting concerns without risk of censure, mothers who face multiple complex issues can be engaged in services and supported to make changes in their substance use.

"Someone [the BTC staff] was for the first time in my life listening to me with compassion, without judgment. She didn't say, well why would you do that? She just really listened to my story. And she really had a very solid understanding of who I was. I hadn't told her all this, 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."

Recognizing that increased relationship capacity with their children enriches the lives of women

The mother-child relationship provides the primary context for children's early development. The Mother-Child Study highlights that mothers also develop within the context of this important relationship. Similarly, when women are engaged in a relationship-focused intervention, this supports not only the woman, but also her children and her family. The changes a mother makes in her relationship capacity with her children have a positive impact on their social, emotional, and neurodevelopmental growth. Of equal importance, however, changes and improvements in a woman's ability to form relationships also foster growth in many life areas for her.

"There is so much I learned, like all the things when you do such and such with your baby, your baby learns trust and your baby learns love when you mirror your baby's actions and when you repeat the baby's words. I mean little things like that that are so huge and important. This stuff is maybe instinctual for a lot of moms but for me coming from ten years of hard-core living, I had to start with the basics."

8.2 What makes a difference for children

Providing integrated early intervention programs

Relationship-focused interventions are particularly important to support many substance-using mothers and their young children given that they experience multiple complex issues that are sometimes difficult to change through other kinds of interventions.

Our research suggests the critical importance of providing relationship-focused interventions to mothers and children living in challenging circumstances because the negative impact of multiple complex issues on children's development (including prenatal exposure to substances) can be minimized through improved relationship capacity.

Also, our findings show the importance of identifying the various multiple complex issues (both pre- and post-natal), which can provide an indication that early intervention services are necessary.

Early intervention is critical because the developmental outcomes for the children of substance-using women are not only linked to prenatal substance use, but also to the overall postnatal environment and context of both mother and child. When it is positive, the mother-child relationship seems to be an important protective factor.

Therefore, interventions for substance-using women and their young children must be comprehensive with a focus on supporting the child, the caregiving environment (including the mother and her needs), and the mother-child relationship.

Our research shows that the BTC children, who are exposed to alcohol and other substances during pregnancy, experienced a wide range of socio-emotional challenges and other stress factors in their environment. Without comprehensive assessments and integrated early intervention programs to address these problems, their challenges may become more pervasive and impairing as the children get older.

Given the association between mother-child relationship problems and children's socioemotional problems, intervention efforts need to focus on supporting and enhancing the quality of the mother-child relationship in families that experience multiple complex issues.

"It was a result of some of the videotaping that showed me how I needed to attach to him and the learning about developmental assets."

"[The Parent Infant Therapist] showed me when my daughter was just a little baby, she said 'as long as you love her and you're there for her, she'll go out and do and explore because she knows you'll be there. But if she's not sure you're going to be there, then she'll cling to you and she's not going to want to go off and do her own thing.' So when my daughter was like a year old and she was just going off and doing her thing and [the Parent Infant Therapist] was over at my house and she pointed it out and said 'see, that's because you're always there.' It felt so good because it was true, my kid is just off doing her own thing. She's not worried about what I'm doing."

Providing comprehensive, multimethod assessments

All children who experience multiple complex issues (not just those who obtain a diagnosis of neurodevelopmental impairment) should have the benefit of continued support for their developmental growth. Effective early interventions for substance-using women and their children can be decided upon if comprehensive assessments of the quality of mother-child relationships are undertaken. Single methods of assessment are not enough for service providers to understand the complexity of the relationship between mothers and their children. Many assessments are sensitive only to the contribution of either the mother or the child, rather than focusing on the interactions within the relationship. Effective assessment of mother-child relationships needs to be multimethod and needs to include information gathered from mothers, from ratings/impressions of trained clinicians, and from clinical observations of interactions between mothers and children.

Children's early development is dynamic in nature. In order to gain a current and accurate understanding of children's needs, we need to engage in regular, multimethod assessment that provides a comprehensive basis for treatment planning and monitoring. All children at BTC are at risk for poor developmental outcomes. However, comprehensive assessment can support service providers to more accurately understand children's neurodevelopment and their social-emotional well-being, and can ensure their optimal development and mental health.

Prioritizing early intervention services which support the mother-child relationship

Early intervention programs enhance the benefits that a mother's ability to develop and sustain a healthy, attached relationship can have on children's development. Our findings highlight the important role of the mother-child relationship in social, emotional, and learning outcomes for the children of mothers with substance use problems.

The earlier that women and their children can engage in a relationship-focused intervention, the more likely it will have a positive impact on the children's developmental progress. Children's early neurodevelopment can be affected by the multiple complex issues present in the lives of substance-involved mothers. If these sources of stress interfere with and impede a mother's relationship with her children, then learning and neurodevelopmental growth in early infancy and childhood is impacted.

On the other hand, if mothers are able to provide a responsive and enduring relationship with their children, despite complex and challenging issues in their lives, then these relationship experiences can help nurture healthy emotional development in their children. This, in turn, can reduce some of the effects of the multiple complex issues children experience. Also, children's capacity to regulate their own emotions emerges from these early emotional exchanges.

As the capacity for self-regulation matures, so too does the ability to generate strategies such as diverting attention, shifting attention, planning, and problem-solving. The outcome is a child with fewer neurobehavioural impairments. This in itself most likely improves the mother-child relationship as children may be relatively easier to parent.

"One thing I learned from [the ECE specialist at BTC] is about how my daughter goes through all the different stages [of development and developmental milestones] and every couple of months they go through a different stage. It's nice to know if your child is on track. It's like you worry because I used until about half way through my pregnancy. I wasn't completely clean until then so you worry about that sometimes. You worry about setbacks. My daughter didn't talk until 14 months, so I started to worry whether or not my using had affected that. They help you to see what is normal and what is the range. There's always a range [of normal development], right? Helping me to see what to look for, and if there is a problem, how to spot it early. Luckily she hasn't had any more problems"

"Something had been brought to my attention that I just hadn't noticed about my daughter's development and she's flourishing here. And the staff that are here are fantastic."

8.3 What makes a difference for substance use treatment interventions

Including a comprehensive range of integrated services

Effective interventions for substance-involved mothers and their children need to include a comprehensive range of integrated services which:

- have a relational/attachment-based framework
- address maternal loss/trauma and substance use
- integrate services for both women and children
- take a harm-reduction approach to substance use
- are intensive and long-term
- intervene through a variety of modalities and settings
- provide basic needs support

"I definitely see a better connection between me and my son. I was a little bit too on him all the time, like I just had to be the caregiver all the time, just me. Here, they've helped me to work towards maybe daycare, that it's okay to let my son go with other people. There are many different aspects I have learned about the relationship with my son. How to give them what they need, and it's not so much about me. It's their lives and what's my role in their lives. I'm so blessed to have this place. I've been able to grow in so many ways and my kids too from what I'm learning. Many of my friends, well a few, I only have a few friends, they ask me, can I go to this place too? I'm like, well you need to have an addiction!"

Changing the definition of “integration”

The way that integration is defined is critical. Previous research in this area shows that integration has been defined quite broadly. The Mother-Child Study suggests that a more refined definition may be needed. Contemporary integrated substance use treatment programs that offer very general parenting information need to be distinguished from programs that provide a specific focus on maternal relationships through direct intervention. BTC is an example of the latter; we focus on:

- improving maternal sensitivity;
- providing program supports that foster the mother-child relationship; and
- working with mothers to help them take their children’s perspective, which includes support for mothers to:
 - » talk and play with their children;
 - » consider their children’s thoughts and feelings;
 - » respond sensitively to their children and follow their lead; and
 - » form realistic and positive expectations of mothering, which in turn provides relationship modeling for their children.

“It’s like it’s a gift to have a place like BTC because we have access to so many supports that other women out there just don’t have. There’s many women out there that are addicts, or even if they aren’t addicts, they don’t have these resources for parenting alone. So I guess we’re extra special. Like we can see the doctor here [a pediatrician specialized in FASD] even though all of us have our own doctor.”

Addressing key features of a relationship-focused program

The key features of relationship-focused programs include ways to:

- increase maternal reflective functioning
- increase maternal sensitivity
- create and maintain a strong therapeutic relationship
- ensure that both mothers and their children are present for, and engaged together in, programs and interventions

Further, a relationship-focused program ensures that the focus is on relationship at all levels of organization, service delivery, and intervention. At their core, both BTC and the comparison site offer integrated intervention. That is, they address the parenting needs of mothers with substance use problems by providing parenting support. Although both organizations offer parenting services, the comparison site does so as an adjunct to core addiction services, while at BTC the mother-child relationship is considered the most important goal of treatment. Both mother and child are included in service delivery and every group is co-facilitated by an addiction counsellor and a parent-infant therapist so that the child is always considered, even when addressing the mother’s substance use and domestic violence. Attachment-based programming supports are provided to directly facilitate the interactions between mothers and their children.



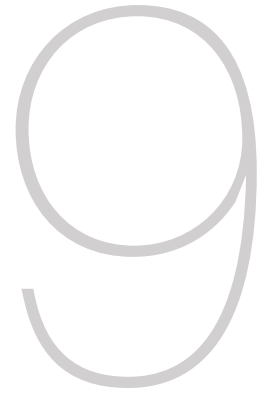
At BTC, relational and attachment frameworks are also emphasized at all levels of the organization. At the level of staffing and supervision, we use reflective supervision and peer support. At the community level, we work on a partnership basis with other support services and community organizations. Our partnerships reflect our focus on relationships and mean that our service delivery meets the needs of mothers and their children on site.

“You can tell the tone of any program by staff retention. One of the things about BTC that is so different is that the staff stays. This speaks a lot about the environment they create. Because if you can’t create it with your staff, you can’t create it with clients. It’s really important to note this. Obviously, they are doing something so right, if the staff still smile when they talk about the Centre.”

A woman with long dark hair, wearing a dark blue sweater and jeans, sits in a white wooden rocking chair. She is smiling and holding a clear plastic container with a black lid, which contains small toy cars. A young child with blonde hair, wearing a white t-shirt and dark pants, sits in a white wicker rocking chair in front of her. The child is looking towards the camera. The background features a brick wall and a large window with white frames. A framed picture with colorful letters is visible on the wall to the left.

It makes me feel good that my daughter has that relationship with [the child development counsellor] and I feel good that [the child development counsellor] loves my daughter as much as she does. It's good and I like just watching them. My daughter learned to walk here. It's an important place for both of us.

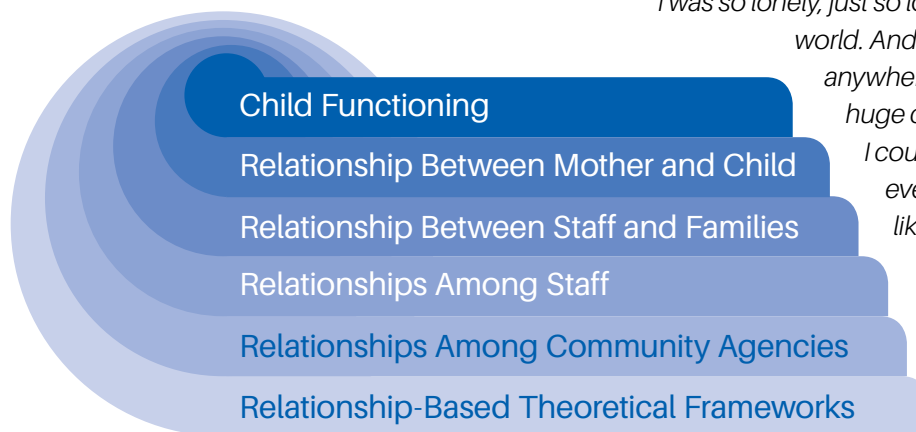
A final word about relationship-focused interventions



An authentic relationship-focused intervention holds mothers and their children together at the heart of program and service provision. All services and programs are directed towards building relationship capacity between women and children, and between women and others in their lives. This includes the organization that is delivering the services, so that women can build strong relationships with service providers and can see appropriate relationships modeled by providers, both within and without the organization.

"It's also because there is obvious communication between all the workers here, a real open, honest, communication, so you know I can talk to anyone of the women here and feel that same sort of support and you know that if it's necessary they'll probably pass on that information to someone else so everyone's on the same page as to where I'm at. I love that. The team. So you feel surrounded, it's not just one person that has your back."

"I was so lonely, just so lonely in my little bubble world. And I was scared to go anywhere, having to make a huge change so fast. Instead, I could just come here, and everything was cool. Not like other places, they didn't say "you've got 10 minutes before I leave for lunch." It's not like that here."



Appendix A: References

The information presented in this report is based on the following research papers:

Espinete, S.D., Motz, M., Jeong, J.J., Jenkins, J.M., & Pepler, D.J. (Submitted). "Breaking the Cycle" of maternal substance abuse through relationships: A comparison study.

Jeong, J.J., Pepler, D.J., Motz, M., & DeMarchi, G. (Submitted). Treatment outcomes for women with substance use problems: Focus on readiness for change.

Espinete, S.D., Jeong, J.J., Motz, M., Racine, N., Major, D., & Pepler, D.J. (2013). Multimodal assessment of the mother-child relationship in a substance-exposed sample: Divergent associations with the Emotional Availability. *Infant Mental Health Journal*, Vol 34(6), 496-507.

Motz, M., Espinete, S. D., Jeong, J. J. Zimmerman, P.A., Chamberlin, J., & Pepler, D.J. (2012). The Use of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (DC: 0-3R) with Canadian Infants and Young Children Prenatally Exposed to Substances. *Infant Mental Health Journal*, Vol 34(2), 132-148.

Motz, M., Espinete, S.D., Jeong, J.J., Major, D., Racine, N., Chamberlin, J. & Pepler, D.J. (2011). The role of the mother-child relationship in developmental outcomes of infants and young children with and without prenatal alcohol exposure. *Fetal Alcohol Research – Journal of Population Therapeutics and Clinical Pharmacology*, Vol 18(3):e544-e563.

Appendix B: Knowledge Transfer

We have shared information from the Mother-Child Study through the following presentations:

Motz, M. & Espinet, S.D. (2014, June). *Dyadic intervention for maternal substance abuse improves relationships and child regulation*. Presentation for the 14th World Congress of the World Association of Infant Mental Health, Edinburgh, U.K.

Motz, M. (2014, June). *Fostering Service Relationships with Women Who Misuse Opioids in the Prenatal Period*. Presented at Northern Ontario Management Strategies for Opioid Dependence in Pregnancy: Sharing Knowledge and Improving Care, Sioux Lookout MenoYa Win Health Centre, Sioux Lookout, ON.

Espinet, S.D. & Motz, M. (2014, April). *Relationship-focused intervention for maternal substance abuse improves child mental health*. Presentation for the Fourth International Conference on Families with Parental Mental Health Challenges: Addressing the Needs of the Whole Family, Berkeley, CA.

Poole, N., Rutman, D., Seymour, A., Motz, M., Bopp, J., Lawley, L. (2013, September). *Evaluating FASD prevention programs: Supporting common approaches, strengthening community capacity*. Presentation for the First International Conference on FASD Prevention, Edmonton, AB.

Espinet, S.D., Jeong, J.J., Motz, M., Pepler, D.J., & Jenkins, J. (2013, April). *Relationship-focused intervention for maternal substance use improves maternal outcomes and reduces child behaviour problems*. Presentation for the Biennial Meeting of the Society for Research in Child Development, Seattle, WA.

Wallis, J.A.M., Motz, M., & Pepler, D.J. (2013, April). *The role of maternal relationship risk in parenting stress and child behaviour problems in a substance-involved sample*. Presentation for Expanding Horizons for the Early Years, Toronto, ON.

Pepler, D.J., Leslie, M. & Motz, M. (2013, March). *Breaking the Cycle - A focus on relationships*. Invited presentation for the From Apprehension to Empowerment Symposium- 20 years of Care for the Most Vulnerable, Vancouver, BC.

Motz, M. (2012, October). *Breaking the Cycle: Advances in Secondary Prevention of In Utero Alcohol and Drug Exposure*. Presented at Paediatric Grand Rounds, Toronto East General Hospital, Toronto, ON.

Motz, M. (September 2012). *Breaking the Cycle: Supporting Pregnant Women and Mothers with Young Children at Risk for FASD*. Presented at FASDlive 2012: Expanding Our Vision, Saskatoon, SK.

Espinet, S.D., Motz, M., Jeong, J.J., Mulagulova, A., Leslie, M., & Pepler, D.J. (2012, September). *The role of the maternal relationship in developmental outcomes of young children with prenatal substance exposure*. Presentation for NeuroDevNet: Toronto 2012 Brain Development Conference, Toronto, ON.

Jeong, J.J., Pepler, D.J., Motz, M., DeMarchi, G., & Espinet, S.D. (2012, June). *Understanding treatment response heterogeneity in intervention for women with substance use disorder: Is the initial readiness to change a significant factor?* Presentation for the Canadian Psychological Association 73rd Annual Convention, Halifax, NS.

Jeong, J., Pepler, D.J., Motz, M., DeMarchi, G. (2012, May). *Understanding maternal substance use disorders and readiness to change in relationship-focused parenting intervention: A mixed method approach*. Presentation for the Child and Youth Mental Health Matters Conference, Vancouver, BC.

Motz, M. (May 2012). *Breaking the Cycle: Advances in Secondary Prevention of In Utero Alcohol and Drug Exposure*. Keynote presentation for the Motherisk Update 2012: Treating Depression, Schizophrenia and Addiction During Pregnancy and Lactation/Grand Rounds, Hospital for Sick Children, Toronto, ON.

Mulagulova, A. (2012, April). *Understanding Maternal Mental Health, Mother-Child Interactions and Child Well-Being in a Substance-Involved Sample: A Comparison of Maternal and Clinician Ratings*. Presented at 42nd Annual Ontario Psychology Undergraduate Thesis Conference, April 27, 2012, York University, Toronto, ON.

Chamberlin, J., Espinet, S., Motz, M., Jeong, J., Mulagulova, A., & Pepler, D.J. (2012, February). *Exploring the link between maternal relationship risk and outcomes for high-risk infants and toddlers: Does maternal relationship capacity play a moderating role?* Presentation for The Early Years Conference 2012: The Development of Children's Mental Health: How Do We Become Who We Are, Vancouver, BC.

Espinet, S., Chamberlin, J., Motz, M., Jeong, J., Mulagulova, A., & Pepler, D.J. (2012, February). *Examining the Impact of intervention-induced increases in maternal relationship capacity on outcomes for high-risk infants and toddlers*. Presentation for The Early Years Conference 2012: The Development of Children's Mental Health: How Do We Become Who We Are, Vancouver, BC.

Espinet, S., Chamberlin, J., Motz, M., Jeong, J., Mulagulova, A., & Pepler, D.J. (2012, February). *Exploring the emotional quality of the relationship between substance-using mothers and their infants/very young children*. Presentation for The Early Years Conference 2012: The Development of Children's Mental Health: How Do We Become Who We Are, Vancouver, BC.

Pepler, D.J., Leslie, M. & Motz, M. (2011, November). *Integrating research and practice to promote the mental health of high-risk infants and young children*. Presentation for the Children's Mental Health Ontario Annual Conference: Partnering for a Better Child and Youth Mental Health System, Toronto, ON.

Motz, M. & Leslie, M. (2011, September). *Breaking the Cycle: An Early Intervention Program Serving Substance-Exposed Infants, Young Children, and their Mothers*. Presented to the Children's Mental Health Ontario Webcast Training Series.

Aimee, A., Motz, M. & Leslie, M. (2011, April). *Parenting women using substances with and without eating pathology: How do they differ?* Presentation for the Academy for Eating Disorders, Miami, FLA.

Motz, M., Espinet, S. & Pepler, D.J. (2011, April) *Evaluating treatments for substance-using women: A focus on relationships*. Presentation for Expanding Horizons for the Early Years: Making Relationships Work for Infants and Toddlers, Toronto, ON.

Motz, M. (2011, March). *Breaking the Cycle: The role of early intervention programming for alcohol-exposed infants, young children and their mothers*. Presentation for FASD Blueprint for Action: Towards a Coordinated Response, Toronto, ON.

Motz, M., Major, D., Racine, N.M., Freeman, P., Leslie, M. & Pepler, D. (2010, July). *Exploring the emotional quality of the mother-child relationship using the PIRGAS*. Presentation for the 12th World Congress for the World Association of Infant Mental Health, Leipzig, Germany.

Motz, M. & Racine, N.M. (2010, July). *Exploring the role of cumulative risk and the mother-child relationship in the neurobehavioral functioning of high risk infants and young children*. Presentation at the 12th World Congress for the World Association of Infant Mental Health, Leipzig, Germany.

Freeman, P.A., & Motz, M. (2009, Dec.). *Using the DC: 0-3R diagnostic system with infants and young children who are alcohol-exposed: Research outcomes and implications for early intervention*. Paper presented at the ZERO TO THREE 24th National Training Institute, Dallas, Texas.

Motz, M. & Freeman, P. (2009, April). *"Connections": A group intervention to support healthy relationship for substance-using mothers and their young children*. Presented to the 31st Biennial Michigan Association for Infant Mental Health Conference, Ann Arbor, Michigan.

Motz, M. & Freeman, P. (2008, December) *The Use of the DC:0-3 Diagnostic System in Identifying the Importance of Early Intervention for Alcohol-Exposed Children*. Presented at Infant Mental Health Rounds, Infant Mental Health Promotion, Hospital for Sick Children, Toronto, ON.

Motz, M., Racine, N., Freeman, P., & Mensah, T. (2008, September). *FASD: The role of early intervention through the mother-child relationship*. Presented to the 9Th FACE Research Roundtable, Montreal, Quebec.

Motz, M. & Freeman, P. (2008, August). *The use of the DC: 0-3R diagnostic system in alcohol exposed infants and young children*. Presented to the 11th World Congress of the World Association for Infant Mental Health, Yokohama, Japan.

“It’s been the best thing that has ever happened to me, because it’s been everything for my son and me. It’s done everything to make me who I am and the mother I am today.”



For more information, visit www.mothercraft.ca