

# Background to the Mother-Child Study



At the beginning of the Mother-Child Study, we had been providing services and interventions at BTC for over 10 years. During that time, our approach to supporting substance-involved mothers and their children had grown and changed based on our clinical experience and our research.

We learned and changed over the years, and confirmed our focus on the importance of relationship-focused interventions.

- We confirmed that our focus had to be broader than a focus on substance use only
- We came to understand fully that BTC mothers have not experienced nurturing relationships
- We saw how trauma impacts on mothering
- We saw that BTC mothers have difficulty forming nurturing relationships, especially with their children. As a result, we ensured that all BTC services were trauma-informed and attachment based

*“There was no ‘drugs are bad’ message. The focus was on relationship. Mother/child issues were the most important. Because of trauma in my background, that needed to come first, not the drugs.”*

The evolution of our programming indicated certain critical components need to be present in order for mothers and children to benefit fully from their participation in our program

- Relationships need to form the basis of all our work
- Supports for parenting need to be instrumental **and** relational
- Connections among substance use, trauma, and relationships must be made
- Harm reduction strategies work best for BTC mothers



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# Background to the Mother-Child Study

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*“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.”*

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.

## **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
- 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
- The connections among substance use, trauma, and relationships are not part of the standard substance use treatment experience
- The distinct parenting needs of mothers who use substances have not been widely understood

*“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.”*



## What we found from the Mother-Child Study: decreased substance use and improved mental health



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. The women from BTC also improved in 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. 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.**

### Women from both BTC and the comparison site decreased their use of substances

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.

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 mother-child approaches over non-integrated and mixed-gender approaches that do not consider the role of women as mothers.



## What we found from the Mother-Child Study: decreased substance use and improved mental health

**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....I was so freaked out, but I came to BTC. My counsellor 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.”*

**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.”*



## What we found from the Mother-Child Study: improved relationship capacity



### BTC women showed significant improvements in their relationship capacity

*“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.”*

Women from BTC reported significant increases in their perceptions of support from both friends and family while 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.

Substance use treatment programs that do not incorporate a relational approach can find it difficult to increase support from, or otherwise alter, the social networks of mothers. The findings of the Mother-Child Study indicate 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.

*“My BTC counsellor was like this angel. She would come to me wherever I was and she was never judgemental. 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. And it was just amazing for me right from the start.”*



## What we found from the Mother-Child Study: improved relationship capacity

### 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 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.

*“My BTC counsellor 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.”*



## What we found from the Mother-Child Study: children improve, too



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

*“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. But at BTC, they’d show us all kinds of things, like baby massage. And showing me how important it is 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 relationship-focused approach, when it goes hand-in-hand with interventions for mothers and children together, 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.

*“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 staircase of needs from the parents’ to the kids’ needs.”*



## What we found from the Mother-Child Study: children improve, too

- 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.

*“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.”*

- A secure relationship between a mother and her child appears to protect children from behavioural issues and learning disabilities, even when many challenging issues exist. Children who experience multiple complex issues are likely to have more neurobehavioural issues. However, our 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.

*“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. 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.”*





## What we found from the Mother-Child Study: relationship-focused intervention is a critical part of the change process



While the BTC women showed significant improvement in their relationship capacity, this 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.
- **They suggest that it is possible to improve relationships through focused interventions.** The results of the Mother-Child Study support an approach that focuses on promoting healthy relationships for women who use substances. 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.”*



## What we found from the Mother-Child Study: relationship-focused intervention is a critical part of the change process

- **They provide an insight into motivation for change in treatment.** Increasingly, the research is showing that the level of motivation when entering treatment for substance use does not necessarily determine a person's "success". 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. 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. 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 the BTC staff 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.”*



## What makes a difference: for women



The results of the Mother-Child Study highlight the critical role of relational-focused interventions in supporting change for substance-involved mothers and their children. Change (for both women and children) can occur when women's mothering 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.

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

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.

*“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.”*



## What makes a difference: for women

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

The Mother-Child Study shows 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.

*“With the BTC counsellor, someone was for the first time in my life listening to me with compassion, without judgement. 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. 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 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.”*



## What makes a difference: for children



Relationship-focused interventions are particularly important to support 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.

### Providing integrated early intervention programs

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 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.

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

*“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*



## What makes a difference: for children

*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.

### **Prioritizing early intervention services which support the mother-child relationship**

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. 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.

*"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."*



## What makes a difference: for service providers



### 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 with a relational-focus as the primary framework. Substance use treatment services must also address the relationship between maternal loss/trauma and substance use. The women at both BTC and the comparison site do better when a harm reduction approach to substance use is

taken. Additionally, integrated services for both women and children, and the provision of basic needs support, are critical components that substance use treatment services should consider.

*“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.”*

### Changing the definition of “integration”

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, such as BTC provides through a 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 .

*“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 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*



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## What makes a difference: for service providers

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*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!"*

### **Addressing key features of a relationship-focused program**

The key features of relationship-focused programs include ways to increase maternal reflective functioning and sensitivity; create and maintain a strong therapeutic relationship; and ensure that both mothers and their children are present for, and engaged together in, programs and interventions.

*"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 importance of a relationship-focused organization



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 at BTC, 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.”*

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.



# The importance of a relationship-focused organization

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. 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.

*“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.”*

Child Functioning

Relationship Between Mother and Child

Relationship Between Staff and Families

Relationships Among Staff

Relationships Among Community Agencies

Relationship-Based Theoretical Frameworks

