# Evaluating "*Connections*": Assessing the links that mothers make between domestic violence, substance use, parenting, and child development

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***"If parents are yelling, the child is going to be scared and it will affect them. If they are scared and worried, they can't learn and develop. Especially with violence and verbal abuse."***
**(*Connections* Participant)**

## Executive Summary

*Connections* is a domestic violence intervention delivered within the context of Mothercraft`s Breaking the Cycle program. Established in 1995, Breaking the Cycle (BTC) is a comprehensive, cross-sectoral early intervention program designed to reduce the risk and enhance the development of substance-exposed children (0 – 6 years) by addressing maternal substance use problems and the mother-child relationship. In addition to substance use and exposure, women and children at BTC experience a host of complex conditions of risk including poverty, mental health problems, health vulnerabilities, and maltreatment. In response to evaluation findings identifying high rates of domestic violence in the lives of women and children at BTC, *Connections* was developed and tested as a pilot intervention in 2005. *Connections* has been funded by the Ministry of Children and Youth Services Community Capacity Building Fund since April 1 2006.

This report presents findings of an evaluation of the *Connections* program from April 1, 2006 – March 31, 2009. Quantitative and qualitative methods were used to assess outcomes for children and mothers in *Connections*. The main goal of the study was to gain a better understanding of maternal perceptions regarding the impact of domestic violence on substance use and recovery, parenting processes and child development and maltreatment. The goal was also to assess changes in these perceptions after participating in a group designed to provide education and information regarding the interrelation between these variables. As a secondary goal, we collected data describing the knowledge transfer activities that have taken place to build capacity among service providers and within communities to serve children who are exposed to parental substance use, domestic violence and related issues.

The results of the evaluation confirmed that *Connections* engaged the high risk and marginalized population of children and mothers for whom this initiative was designed: 100% of the families were involved with a child welfare agency; over half of the mothers were involved in a violent relationship at the time of the evaluation, and over 80% reported histories of violence in intimate relationships; 100% of mothers were struggling with issues of substance misuse; over half of the families served earned less than $10,000 per annum, and over 80% earned less than $15,000 per annum; 100% of mothers were parenting infants and very young children with alcohol and other substance-exposure.

The results of the evaluation also confirmed positive outcomes for the mother, child, and mother-child dyad using multi-method, multi-respondent measures. These outcomes included:

1) increased maternal confidence in mothers' ability to resist relapse to substance use;
2) decreased reports of depression and anxiety symptomatology from Time 1 to Time 2;
3) enhanced maternal relationship capacity, including an increase in mothers` comfort with closeness and intimacy in relationships and an increased sense of social support from family and friends;
4) more empathy and more appropriate expectations in the parenting role;
5) improvements on measures of parenting distress over time;
6) scores on standardized measures of child development were all within the average range.

Qualitative data gathered through focus groups confirmed that mothers were able to use *Connections* to reflect on their past experiences in order to make changes in their current relationships; they gained an understanding of the cycle of unhealthy relationships; they increased their understanding of the impact of unhealthy relationships on their children and on their parenting; and they linked their capacity to make changes to their participation in *Connections.*

This report also describes the significant knowledge transfer activities conducted to share information regarding *Connections* and to build community capacity among service providers and in the system to serve children who are exposed to parental substance use, domestic violence and related issues. Over 5,000 service providers in Ontario, across Canada, and internationally (France, Japan, United States, United Kingdom) have received training regarding *Connections* since April 2006. Finally, the *Connections* curriculum has been manualized (in English and French) and has been adapted for Aboriginal groups.

# I Introduction

This report presents the evaluation of *Connections* during the period from April 1 2006 to March 31 2009. It includes a background on the development of *Connections*, together with a summary of the pilot program funded by the Ministry of the Attorney General in 2005.

# II Developing *Connections*

The impetus for the development of the *Connections Program* came primarily from Breaking the Cycle's formative evaluation reports that demonstrated a need for domestic violence related programming.

## 1. Breaking the Cycle

Mothercraft's Breaking the Cycle (BTC) is a comprehensive, integrated, early intervention program designed to reduce the risk and enhance the development of substance-exposed children (0 – 6 years) by addressing maternal substance use issues and the mother-child relationship. BTC is delivered 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 Corrections (see figure below). Programs are delivered through a collaborative cross-systemic service model and serve women who are pregnant and /or parenting children under the age of six. BTC provides service through a "single-access" model so that clients (women and children) can access a broad range of services at one community-based location in order to reduce barriers to service.

BTC's priorities, philosophy, and programs reflect the fact that both mother and child are affected by maternal 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 mother and child. BTC has drawn on a number of theoretical frameworks in the development and delivery of programs and services including: attachment theory, relational theory, feminist theory, harm reduction theory, developmental theory, the trans-theoretical model of the stages of change, and motivational interviewing. All of these frameworks have culminated in the formation of the larger relational approach employed in the program. The combination of these frameworks allow for effective and comprehensive service delivery.

BTC offers an array of programs and services in order to address the complex needs of the clients who participate. All the services are offered in the context of a program that holistically addresses diverse the needs of the high-risk clients.


At BTC, mothers attend addiction services (individual and group), parenting programs (group and dyadic interventions delivered through home visitation and at the clinic), early intervention (home-based and clinic based), developmental follow-up through assessment and through the FASD Diagnostic Clinic, on site child care, and intensive service coordination and case management. Of critical importance for engaging and supporting women and children is the provision of instrumental supports, including food supplementation, clothing bank, and transportation. Treatment plans and goals for mothers and children are individualized, and are

confirmed through formal Family Service Plans that are developed with the mother, and which are reviewed and revised, if necessary, every six months. Many of the programs are offered on an ongoing basis, while some are offered sessionally. Programs and services are mapped onto the stages of change, and mothers attend programs and services that match their stage of readiness for change. All the programs are offered together at one location in order to facilitate service access as well as to meet the high needs of the clients.

## 2. Identifying the Need for *Connections*

Breaking the Cycle's early evaluations identified that domestic violence was a salient issue for the majority of women and children in the program. In a recent evaluation report, more than 50% of BTC mothers reported that their current relationship was abusive (Pepler et al., 2002). This was of particular concern given the hypothesized risk of domestic violence on mothers' substance use recovery and parenting processes, but also because of the known impact of exposure to domestic violence on children. Infants and young children, who depend on adults for all aspects of their care, are at increased risk for being impacted by the effects of violence in the home (Baker et al., 2005). Of additional concern for BTC mothers, more than 80% of whom report a history of experiencing domestic violence and child maltreatment themselves (Pepler et al., 2002), was the recognition that they are often still coping with unhealed emotional wounds from their own childhoods. Parenting their own children may trigger long dormant issues particularly if they are working on their own recovery from substance abuse and no longer using drugs or alcohol to numb the emotions that are generated. Substance abuse may also be a coping strategy used to manage domestic violence (Baker et al., 2005).

### 2.1 *Connections* and the Research Literature

The relationships between substance use, domestic violence, child maltreatment and healthy child development have not always been well documented. There is a growing body of knowledge about the impact of parental substance use on children (Ammerman et al., 1999; Chaffin et al., 1996; Famularo et al., 1992; Reid et al., 1999; Kelley 2002; Kroll et al., 2003), and about the impact of exposure to domestic violence on children (Osofsky, 1999; Kitzmann et al., 2003; Edleson, 1999; Gunnar et al., 1998, Perry, 1997, Cunningham & Baker, 2007). There is also research that outlines the impact of substance use on the capacity of parents to enter into and maintain healthy, positive relationships and partnerships (Fazzone et al., 1997; Moses et al., 2004; Najavits et al., 2004; United Nations Office on Drugs and Crime, 2004; Brady & Ashley, 2005).

Substance abuse and domestic violence have been shown to be connected. Failure to address domestic violence issues interferes with substance abuse treatment effectiveness and contributes to relapse (Fazzone et al., 1997; Galvani, 2006). Furthermore, the relationship between substance abuse and domestic violence is bidirectional in that domestic violence is often characteristic of a substance-using environment and women often abuse substances in order to cope with the violence they experience (Butler & Leslie, 2004).

Domestic violence also impacts child development and child maltreatment. Not only does exposure to domestic violence increase the likelihood of child maltreatment, children who experience domestic violence may experience neurological impacts (Perry, 1997). Although parents may think their children are shielded from violence, there are many ways children are exposed to its effects. Exposure to abusive situations is more than simply witnessing a violent event; children also suffer from overhearing violence, witnessing its aftermath, and experiencing on-going guilt and worry about their own or their mothers' safety (Baker & Cunningham, 2004). Effects can include behavioural problems (such as acting out, withdrawal, and regression), social and emotional problems (such as sleeplessness, fears of sleeping, nightmares, and other physical symptoms), cognitive and attitudinal problems, and long term effects, including adult depression, post-traumatic stress disorder, and involvement in violent relationships themselves (Baker & Cunningham, 2004; Hazen et al., 2006; Keene, 2006; Child Welfare Information Gateway, 2008; Maikovich et al., 2008). These effects may also be compounded by environmental risk factors including poverty, inadequate community resources, and living in dangerous neighbourhoods.

Domestic violence also has a serious impact on parenting. Parenting is an issue for most substance-involved women, but may be a special challenge for women who have or continue to experience violence in relationships. The physical and emotional demands of parenting can overwhelm mothers who are experiencing abuse. Substance abuse and domestic violence also substantially increase the risk for child maltreatment and neglect (Reid et al., 1999). Mothers who use substances need help not only with their substance use, but also to understand the effects of their relationships, both negative and positive, on their interactions and relationship with their child.

Despite the risk factors and negative outcomes associated with substance use and domestic violence, several protective factors have been identified that increase the resilience of children to the negative effects of both early exposure to domestic violence and the concomitant parenting challenges many women experience. Positive protective factors include social competence, intelligence, high self-esteem, outgoing temperament, safe community, strong sibling and peer relationships, and a supportive relationship with an adult (Child Welfare Information Gateway, 2008) including positive attachments with extended family (Gewirtz and Edleson, 2007). Early intervention programs that include educational opportunities and home visiting also act as protective factors. Early intervention programs have been found to mitigate these social risks (Gewirtz and Edleson, 2007).

## 2.3 The *Connections* Pilot Project

In 2005, Ontario's Ministry of the Attorney General (Ontario Victims Service Secretariat) provided pilot funding for BTC to develop, deliver, evaluate, and disseminate the results of a "two-generation" approach that simultaneously addresses the needs of BTC mothers and their children for whom domestic violence co-exists with substance use and related issues. The primary activities of the initial pilot project included: 1) a needs assessment, including literature review and focus group interviews with BTC mothers; 2) the development of a Connections

group curriculum; 3) the delivery of the Connections group; and 4) revision of the curriculum based on feedback from participants.

The literature synopsis, focus group data, and additional background information were used to develop a pilot curriculum, which was delivered as a 6 week group series for mothers at BTC in the spring of 2006. Approximately 6 mothers attended each weekly session regularly, and participated in ongoing evaluation of the sessions. The focus groups were co-facilitated by a clinical psychologist and an addiction counsellor at BTC. These clinicians were known to most of the participants, and accelerated the level of trust and comfort in discussing some of the sensitive and difficult material that this group covered. Since all of the mothers were active clients at BTC, they had access to individual counsellors regarding any residual feelings stemming from the discussions in the group. Child care was provided by trained early childhood educators who were known to the children. The project consultant was an "observer" of the group sessions.

Modifications to the pilot curriculum content were made on a week-by-week basis in response to the needs of the women participating in the group and the feedback participants provided on a weekly basis. The final curriculum is outlined below:

## *Connections* Curriculum Outline

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| Week One | Learning about Healthy Relationships<br>• Healthy Relationships/Unhealthy Relationships: When does a healthy relationship become unhealthy?<br>• What is Domestic Violence?<br>• The Impact of Domestic Violence on substance use and Recovery<br><br>**Key Messages:**<br>• No relationship is perfect but everyone has the right to a relationship that is nurturing and supportive<br>• Domestic violence comes in many forms<br>• There are clues that a relationship may be moving from healthy to unhealthy<br>• Unhealthy relationships may have an impact on your substance use and recovery |
| Week Two | When we were growing up; how domestic violence might have affected us?<br>• Witnessing violent, unhealthy relationships as children may have created distortions in how we view adult relationships<br>• Talk about self-esteem, fear, stress, anxiety, becoming familiar with chaos; seeing chaos as normal<br>• What is the impact of domestic violence and experiencing unhealthy relationships on children |

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|---|---|
| | **Key Messages**:<br>• Everyone has the right to a relationship that is nurturing and supportive<br>• Witnessing or experiencing violent, unhealthy relationships as children may have created distortions in how we view adult relationships and our expectations of acceptable/appropriate behaviour<br>• Unhealthy relationships may have an impact on substance use and recovery<br>• Witnessing unhealthy, violent relationships may have a negative impact on infants and children |
| Week Three | Recovering from my past; Building Healthy relationships for me and my child<br>• What is your vision of a healthy relationship?<br>• How do we create healthy relationships for ourselves?<br>• What is my role in creating and sustaining healthy relationships<br>• What does a healthy relationship look like?<br><br>**Key Messages**<br>• No matter what happened in your past, it is possible to move beyond this and create healthy, happy relationships for yourself and your children<br>• Children are dependent on the environments that their mothers create |
| Week Four | Child Development and Behaviour<br>• Brain development<br>• How experience shapes development<br>• Mother/child interactions<br>• The importance of routines: consistency and stability<br>• The importance of social support<br><br>**Key Messages**<br>• Positive brain development depends on healthy, happy environments<br>• The way we interact with our children when they are infants and toddlers will make a difference for the rest of their lives |
| Week Five | Building Self-Esteem<br>• High self-esteem is critical to creating and sustaining healthy relationships<br>• Developing strategies to build self-esteem<br>• The relationship between competence and self-esteem<br>• Relapse prevention strategies<br>• Incorporate recovery discussion here (substance use as a management strategy) |

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| | **Key Messages**<br>• High self-esteem is critical to creating and sustaining healthy relationships<br>• It is possible to increase your level of self-esteem<br>• Self-esteem is not dependent on your relationships but relates to what you believe about yourself |
| Week Six | Positive Parenting: Building Self-Esteem in Children<br>• When we feel good about ourselves it is easier to help our children feel good about themselves<br>• Children with high self-esteem are more likely to succeed at school and in their own relationships<br>• Helping children become competent<br><br>**Key Messages**<br>• When we feel good about ourselves it is easier to help our children feel good about themselves<br>• Children with high self-esteem are more likely to succeed at school and in their relationships<br>• When our children know that they are loved, they grow up believing that they are valuable and worthwhile |

Evaluation of the pilot program reported that:

1) Participants perceived that their ability to recognize healthy, supportive relationships had increased.

2) All participants identified that they had a better understanding of the potentially negative impact of unhealthy relationships on their young children.

3) All participants confirmed that the information discussed in the group was relevant and applicable to their own relationships. (Final Report Submitted to the Ministry of the Attorney General, June 2006)

Following completion of the pilot, the *Connections* program was granted funding by Ontario's Ministry of Children and Youth Services – Community Capacity Building Fund. The integrated framework of *Connections* aligned with the Ministry's policy identifying domestic violence, substance abuse and children's mental health as priority areas for community capacity building within the children's service system in the Toronto region.

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## III) Evaluation Design and Processes

## A Outcomes for Children and Families

The *Connections* program was designed to be delivered concurrently with other interventions for substance-involved mothers and their young children, including substance use treatment, mental health counselling, child care, early intervention services, parenting services, advocacy, and instrumental supports. In this study, we evaluated both the *Connections* program, as well as the specific *Connections* group intervention.

### 1. Evaluation of the *Connections* Program

We have evaluated *Connections* within the context of a large evaluation of Mothercraft's Breaking the Cycle program, *Evaluating Treatments for Substance-Using Women: A Focus on Relationships*. This research is funded through a Canadian Institutes of Health Research (CIHR) grant, under the direction of Principal Investigator Debra J. Pepler (York University) and her team, Dr. W. Craig (Queen's University), Dr. M. Motz (Mothercraft), Dr. Jennifer Jenkins (University of Toronto), Ms. Stacey Espinet (York University), Ms. Margaret Leslie (Mothercraft).

This multi-year evaluation has two objectives. The first objective is to compare the efficacy of the Breaking the Cycle model with a comparison groups vis a vis the treatment of women's substance use. The general hypothesis is that a focus on women in their maternal role will be more effective in reducing substance use and in improving women's functioning than a program in which the maternal role is not a focus. The second objective of the project is to examine the processes of change for mothers and their children when they are engaged in BTC. We hypothesize that bi-directional influences between mothers and their children will be evident. Specifically we expect that an improvement in mothers' functioning will influence an improvement in children's functioning through the mother-child relationship. Similarly, improvements in children's functioning are expected to influence maternal behaviour and mood.

Within the context of the CIHR research, an evaluation of *Connections* was conducted as a sub-study that focuses on the impacts of the *Connections* intervention. The main goal of this study was to gain a better understanding of maternal perceptions regarding the impact of domestic violence on substance use and recovery, parenting processes and child development and maltreatment. The goal was also to assess changes in these perceptions after participating in a group designed to provide education and information regarding the interrelation between these variables. As a secondary goal, we collected data describing the knowledge transfer activities that have taken place with the aim of building capacity among service providers and within communities to serve children who are exposed to parental substance use, domestic violence and related issues.

### 1.1 Procedure

This study was designed to monitor changes in mothers' and children's functioning as well as the mother-child relationship at three points over two years: pre-intervention, 12 months, and a follow-up at 24 months after engaging in treatment. The longitudinal design allowed us to address whether functioning improves and is sustained through a two-year period following their

engagement in treatment. As we set up the data collection schedule, we were cognizant of the many challenges in collecting data at fixed time points for this population of women who are undergoing treatment for substance use, making a transition to parenting or continuing to parent children with a wide age range.

### 1.1.1 Challenges in conducting longitudinal research with high-risk families.

Retention of high risk families into longitudinal studies involving factors including substance use and domestic violence has been considered a challenge to researchers (Dutton et al., 2003). Substance-using women who are current or recent victims of domestic violence are typically dealing with safety issues (e.g., abusive partners, drug dealers, substance-using acquaintances), coping with traumatic reactions to past or present violence and abuse, and are making difficult transitions and changes in their lives either of their own accord or due to mandated changes by child welfare. These factors exacerbate the challenges of retaining high risk families into research investigations (Dutton et al., 2003).

Research staff were introduced to potential study participants within three visits following their first intake meeting into the *Connections* program. Our experience of data collection within BTC has taught us that this lag time is essential so that clinical staff can build rapport and gain trust with women before inviting them to participate in research. As part of process of inviting women to participate in this study, they were asked for permission to use information gathered during the initial intake interview, prior to their engagement in the research. This included demographic data, addiction information, and custody status of their children. Women were informed that their refusal to participate in the research would in no way jeopardize their access to treatment (Please see consent form in Appendix A). They were invited to participate in the study regardless of their rate or intended rate of participation in the program, which is necessary for "intention-to-treat" analysis.

Researchers on this evaluation also implemented a number of strategies to maintain relationships with families for follow-up interviews and assessments; for example:

1) At the time of the signing of the research consent, mothers were asked about how they could be contacted safely, including whether researchers could leave a message on their answering machine or with anyone else who answers the phone. This is especially important for women who continue to live within the context of a violent relationship with a partner.
2) Mothers were asked to provide alternative contact persons so that if they have moved or changed telephone numbers, we are able to reach her. All of the women were agreeable to providing the names and telephone numbers of other contact people – these contacts most often included family members, child welfare workers, and parole officers.
3) We ensured that research staff were consistent and visible on-site at the centre. Due to the relational framework of the program, and respecting the fact that the mothers who access services at BTC have had long histories of unsafe relationships, it was important that the researchers were able to establish and maintain consistent and trusting relationships with women at the centre.

4) On-site child care was provided by for children of mothers during research appointments at BTC. The child care was provided by BTC Child Development Counsellors who were known to both the mothers and the children.
5) Researchers respected the fact that substance-involved mothers who have experienced domestic violence often experience circumstances which required immediate attention and intervention (e.g., contact from abusive ex-partners, substance relapse, trauma triggers, court proceedings), and which impeded their ability to participate in research at a particular time. Researchers understood that questionnaires and assessments often had to wait until a family was stable enough to actively participate and to respond to questions that may evoke feelings of discomfort.
6) Mothers had the opportunity to speak to a counselor following research interviews and assessments. This gave mothers a chance to process any uncomfortable feelings that may have been evoked prior to being reunited with and caring for their children.
7) All mothers received emergency and non-emergency contact numbers that they could access to support if required (e.g., crisis/distress lines, shelters/hostels, child welfare, treatment centres).
8) There was flexibility in regards to the location of research appointments. Interviews took place at BTC, over the telephone, or at a convenient location in the family's neighbourhood (e.g., Ontario Early Years Centre, Library, Supportive/Transitional Housing).
9) Mothers received food vouchers as an honorarium for the time they contributed to the program evaluation research. Mothers also received transit tickets for themselves and their children to travel to and from research appointment. Additionally, families that came to the centre had access to the food and clothing donations program, to assist with supporting their instrumental needs.

Through implementation of these strategies, researchers at BTC have had a high level of success with recruiting and retaining mothers and children in to program evaluation research for Connections while continuing to support and to respect the high risk contexts of the lives for these families.

In this evaluation of the Connections Program, outcomes for mothers, child and the mother-child relationship are based on a sub-sample of families who entered the program after February 2007 (when data collection for the CIHR grant commenced) and for whom a full set of measure were available. Of the families for whom complete Time 1 data was available (n = 70), 6 families were not involved in the Time 2 as researcher were unable to reach them, and 4 families were not involved as a result of participant refusal to continue in ongoing research. Reason for refusal to participate included the fact that the mothers were feeling overwhelmed with their schedules (2 with employment and 2 with other services). Approximately 45 families have not yet reached the Time 2 data point. Therefore, comparative data for Time 1 and Time 2 will be available for 15 families.

## 1.2 Measures

The multi-method, multi-respondent assessment package was designed to collect most data through maternal report, direct testing by psychometrists, and by obtaining ratings from clinical staff. This approach avoids complete reliance on mothers' reports, since mothers with substance use problems may lack information about their children's development, especially if custody of their children has been interrupted. The longitudinal design allowed us to examine the ways in which the target constructs interact and improve upon many extant studies of bi-directional effects that comprise only two waves of data. With these analyses, we were ultimately able to investigate putative mechanisms of change through manipulation of the promotive mechanisms (e.g., enhancing mother-child relationships) through treatment.

### 1.2.1 Mother's Functioning Measures

*Relationship Capacity.* The Adult Attachment Scale (AAS) was used to assess mothers' attachment status. The AAS is a 21-item scale with 7 items for each of 3 adult attachment styles (secure, avoidant, and anxious/ambivalent). Mothers rate the extent to which each statement describes their feelings. Internal consistency for the subscales ranges from .69 to .75 and the two-month test-retest reliability correlations range from .52 to .71 (Collins & Read, 1990).

*Abuse Assessment Screen.* The Severity of Violence Against Women Scale (SVAWS) is a 46-item questionnaire to measure threats of and actual physical violence. Mothers indicated the frequency of each behaviour, with responses ranging from never (1) to many times (4). The reliability coefficients for the threats and actual violence dimensions are .91 and .93, respectively (Marshall, 1992).

*Perceived Social Support.* The Perceived Social Support, Friends (PSS-Fr) and the Perceived Social Support, Family (PSS-Fa) (Zimet et al., 1988) scales were used to measure the extent to which mothers perceive they receive social support from families and friends. Each scale is a 20-item self-report questionnaire. Both scales have high levels of construct validity and test-retest reliability (Cronbach's $\alpha$=.88 for PSS-Fr, and .90 for PSS-Fa) .

*Depression.* The Center for Epidemiological Studies, Depression Scale (CES-D) was used to measure mothers' depressive symptoms. The CES-D is a 20-item questionnaire designed to measure the severity and frequency of depressive symptoms during the past week (Radloff, 1977).

*Anxiety.* The Beck Anxiety Inventory (BAI) was used as a measure of symptoms of maternal anxiety. The BAI is a 21-item questionnaire that is designed to measure the severity and frequency of symtomotology related to anxiety during the past week (Beck, 1993).

*Self Efficacy for Substance Use*. Mothers' self-efficacy was assessed using the Drug-Taking Confidence Questionnaire (DTCQ-8). This 8-item questionnaire is a global measure of coping self-efficacy among alcohol and drug users. It assesses an individual's situation-specific coping self-efficacy for alcohol and other drug use. The alpha coefficient for the DTCQ-8 is .89 (Sklar & Turner, 1999).

*Readiness for Changes in Behaviour.* The University of Rhode Island Change Assessment Scale (URICA) is a 32-item self-report measure that includes 4 subscales measuring the stages of change: Precontemplation, Contemplation, Action, and Maintenance (McConnaughy, Prochaska & Velicer, 1983).

### 1.2.2 Child's Functioning Measures

*Infant-Toddler Development.* The *Bayley Scales of Infant Development - 3rd Edition* (BSID-III) is designed to measure a child's developmental skill level in five domains: cognitive, language, motor, socio-emotional, and adaptive. The assessment highlights skill areas in which the child demonstrates developmental strengths, as well as areas in which the child's development may need increased stimulation or programming in order to reach an age-appropriate level.

*Toddler-Preschool Development.* The *Wechsler Preschool and Primary Scales of Intelligence – 3rd Edition* (WPPSI-III) includes measures of skills and development across a broad range of verbal, language-based intellectual abilities (such as expressive vocabulary and acquired knowledge), as well as non-verbal, visually-mediated skills (such as visual-motor coordination and visual-spatial ability). A child's performance on the individual tasks involved may indicate evidence of current strengths or weaknesses in the learning skills profile.

### 1.2.3 Mother-Child Relationship Measures

*Mother's Empathy*. The mother's understanding of her child's needs and feelings was measured using the empathy subscale of the Adult-Adolescent Parenting Inventory (AAPI; Bavolek, 1984). This is an eight-item subscale with response options ranging from 'strongly agree' (1) to 'strongly disagree' (5). In a sample of low-income single mothers, the empathy subscale demonstrated internal consistency of .78 (Lutenbacher, 2001).

*Parenting Satisfaction and Efficacy*. The Being A Parent scale is an adaptation of the Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978), which assesses parenting self-esteem. The 12 items assess Parenting Satisfaction, an affective dimension reflecting parenting frustration, anxiety, and motivation, and Parenting Efficacy, an instrumental dimension reflecting competence, problem-solving ability, and capability in the parenting role (Johnston & Mash, 1989).

*Parenting Stress*. The Parental Stress Index- Short Form (PSI-SF) is a 36-item scale with three main subscales: Parental Distress (mother's stress with respect to her parenting role), Parent-Child Dysfunctional Interaction (mother's perceptions of the quality of and satisfaction with her interactions with her child); and Difficult Child (behavioural characteristics of the child that may lead parents to perceive them as difficult to manage). Internal consistency ranges from .85 to .91 and test-retest reliability ranges from .68 to .85 for the subscales and Total Stress scale (Abidin, 1990).

*Home Environment.* The Home Observation for Measurement of the Environment (HOME) measures the quality of a child's home environment. The Early Childhood version of the inventory (EC-HOME), designed for use with children ages three to six, was used. The EC-HOME has 55 items with eight subscales: Learning Materials, Language Stimulation, Physical Environment, Responsivity, Academic Stimulation, Modeling, Variety, and Acceptance. Each item is scored as yes or no using information collected during a home visit by observation and interview. Internal consistency for HOME Total Scale is .93 and ranges from .53 to .88 for its subscales (Bradley & Caldwell, 1984).

## 2. Evaluation of the *Connections* Group

### 2.1 Goals of the *Connections* Group Evaluation

It was anticipated that the evaluation of the *Connections* group would demonstrate changes and benefits related to: 1) Increased knowledge regarding the impact of domestic violence on substance abuse recovery; 2) Increased knowledge regarding the impact of domestic violence on child development and maltreatment; 3) Increased knowledge regarding the impact of domestic violence on parenting processes. More specifically, prior to participating in the *Connections* group mothers would demonstrate some degree of difficulty in understanding the close relation between domestic violence, substance use, child development/maltreatment, and parenting. However, mother's perceptions of this relation and knowledge would increase after participating in the *Connections* group.

### 2.2 Procedure and Measures

Mothers were invited by their BTC Case Manager to participate in the *Connections* group based on their individual treatment needs and recommendations. Everyone participating in the *Connections* group was invited to participate in the focus group.

There were three components to the group evaluation:

a. The first consisted of a pre-and post-group evaluation questionnaire which was administered to women who were participants in the *Connections* group offered in the fall of 2008. At the end of the first week of the *Connections* group, women were invited to participate in research regarding their group participation by a research staff. All women who participated in programming at BTC were asked to consider signing a consent form to participate in research and evaluation within their first few weeks of program engagement (Please see consent form in Appendix A). The *Connections* group evaluation is consistent with this research consent form and therefore, additional signed consent was not obtained. Women were, however, reminded about issues related to informed consent, privacy and confidentiality contained in their original consent, as well as their ability to withdraw from any research activities without any ramification to the service provided to them by BTC.

Clients who agreed to participate in the evaluation of the group were asked to fill out a one-page, 14-item questionnaire that assessed maternal knowledge and understanding of the relation

between domestic violence, and substance abuse and how these impact on parental ability and substance abuse recovery. Mothers were asked to rate statements such as (e.g., "I am more likely to use (or want to use) substances when my interactions with my partner are stressful and violent.") on a 5-point scale ranging from strongly agree to strongly disagree. A version of questionnaire was re-administered in an appropriately modified form at the end of the final *Connections* group (Please see Appendix B and C for questionnaires).

b. The second component of the evaluation consisted of a focus group. All women who had participated in a *Connections* group at BTC were invited to take part in the focus group. The focus group was aimed at soliciting information regarding women's understanding of the impact of unhealthy intimate relationships on their recovery, parenting, and children and how this understanding may have changed their perceptions of their own parenting behaviours and/or self esteem. The focus group was also meant as a tool to gather feedback on how useful and informative the participants found the program to be, and what they feel should be changed or added. Women who were unavailable to participate in the focus group, but wanted to be involved in the evaluation, had the opportunity to do so through a telephone interview at their convenience. (Please see Appendix D and E for focus group/telephone interview consents and questions).

Focus group participants were informed that the responses from the group would be audio recorded for the purpose of making transcriptions so that the data were usable for research. Participants were assured that clinical staff would not be given access to individual responses from the focus group or from the questionnaire data. Focus group data were transcribed by an external professional transcriber and was explored descriptively.

c. A final component of the evaluation for *Connections* included a survey for group facilitators, so that their clinical observation of the mothers and their progress in the *Connections* group and program could be identified (Please see Appendix F for facilitator questions).

# IV) RESULTS

## 1. Sociodemographic Characteristics: Engaging the Target Population

The following descriptive and demographic data for the mothers and children who attended the *Connections* program at BTC is based on the 230 families who have accessed service since April 2006. These findings confirm that we are reaching the target population of marginalized and "hard-to-reach" mothers and children for whom this initiative was designed.

### 1.1 Child Welfare Involvement

Fully 100% of the families served by *Connections* were also involved with a child welfare agency due to the presence of substance misuse, domestic violence, and maternal mental health problems, and the risk to parenting processes and child development.

### 1.2 Maternal Maltreatment, Domestic Violence and Trauma

Mothers in the *Connections* program reported high rates of childhood maltreatment. For all of the women, exposure to maltreatment, violence and exploitation has extended to their adult relationships with partners, family members, friends, and others. Two-thirds reported a history of sexual abuse, 84% reported a history of physical abuse, and 87% reported a history of emotional abuse. An overwhelming percentage of violence experienced in each of these categories occurred in the context of domestic relationships. In fact, of the women who were in relationships at the time of intake, 84% indicated that their current partner misused substances and over half (55%) reported that their current relationships were poor, conflicted, or abusive. All of the women reported at least one form of abuse perpetrated by a past or present intimate partner.

Only 22% of mothers reported ever receiving treatment related to their history of abuse. Over half of the women (55%) indicated that they had been involved with child welfare services as children.

BTC mothers reported ongoing or current experiences of mental health symptomatology that reflected ongoing distress. These included suicide attempts (70%), other self harm behaviours (e.g., cutting; 20%), and eating disorders (20%).

The severe histories of the rates of maltreatment, trauma and domestic violence reported by women in the *Connections* program provides a context for understanding the use of substances by mothers in this sample. An understanding of the social and psychological context of woman abuse and maternal substance use informs the development of approaches, services and policies designed to support these families.

### 1.3 Maternal Substance Use

All of the mothers (100%) who accessed the *Connections* program were experiencing problems related to substance misuse or recovery from substance misuse. The most commonly misused substances by women who accessed the *Connections* program were alcohol (96%), cannabis

(94%), nicotine (92%), cocaine (81%), crack-cocaine (61%). All women reported a history of polysubstance use. Other misused substances included heroin and prescription opiates, hallucinogens, tranquillizers, amphetamines, barbiturates, inhalants, and other prescription medications.

The data also confirmed that a significant percentage of mothers were still using various substances when they were admitted to BTC. In combination with the trauma data, these substance use findings highlight the complex psychosocial conditions of risk with which these families present at intake.

### 1.4 Income and Housing Status

Almost half of the families receive an income of less than $10,000 per year annually. The low level of income shapes the programs delivered to women and children at BTC, including a strong component of support for basic needs, including food, transportation and clothing.

Twenty-seven percent of women reported that they had no permanent residence at intake and were living either in shelter/ hostel, supportive housing, or other residential settings. It is important to note that, for the 73% of families who were "stably housed", this number does not reflect the nature or quality of the accommodation and may, therefore, under-reflect the sub-standard or unsafe living situations of these families, nor does it they reflect the proportion of mothers' income that is directed towards rent. Access to safe and affordable housing continues to be an overriding concern for the majority of mothers, whose income does not afford them more appropriate housing options.

### 1.5 Maternal Age, Education, and Relationship Status

The average age of mothers in the BTC sample is 29-years (SD = 6.0, range 19 – 42 years). Eighty- seven percent reported that they are Canadian-born and about 20% identified as Aboriginal women.

Twenty-percent of BTC mothers reported that they had not attended school past the ninth grade (average attainment = grade 11).

Almost one-third (30%) of mothers reported that they were married or in common-law relationships at intake, and most of these women were living with their partners at that time.

### 1.6 Description of the Children

Demographic data were available for 95 children. This number is lower than the number of children born to mothers in the *Connections* program as information was only collected for children who were eligible to access service at BTC (e.g., those who were under the age of 6-years and who were able to attend programs with their mother).

Children ranged in age from 0-6 years, with an average age of 18-months (SD = 20); 55% were male and 45% female. Two-thirds (67%) of these children were in the custody of their mothers, 26% were in the custody of a child welfare agency, and the remaining 7% were in the custody of other family members. All of the families (100%) were involved with a child welfare agency.
.

## 1.7 Maternal Health Status and Prenatal Risk Factors

The vulnerable medical/psychosocial/economic situations of families in the *Connections* program resulted in the presence of risk factors not only to mother's health in pregnancy, but also to the growth and development of the fetus. Numerous risk factors were identified by the mothers, including domestic violence and exposure to alcohol and other substances. Thirty-percent (30%) of women reported physical violence perpetrated by their intimate partners during their pregnancy. The vast majority (96%) reported prenatal use of substances which most commonly included alcohol, cocaine, opiates, cannabis, and nicotine. Prenatal substance use was just as likely to occur in any of the three trimesters of pregnancy.

Other risk factors reported by mothers included:

- homelessness;
- minimal prenatal care;
- poor nutrition and anaemia;
- gestational diabetes;
- low weight gain;
- high blood pressure;
- overweight prior to pregnancy;
- teen mothers and mothers over 35-years;
- history of miscarriages and terminations;
- infections and sexually transmitted diseases;
- placenta previa;
- multiple fetuses;
- vaginal bleeding in late pregnancy.

## 1.8 Birth and Postnatal History

The majority of the children in the *Connections* program were born at full-term (88%; average gestational age 39.0 weeks; SD = 2.2 weeks), weighing an average of 6.7 lbs (SD = 1.5; range 2.0 lbs - 11.0 lbs). Birth complications were reported for one-third of children, and these included:

- substance withdrawal;
- seizures/tremors (which may or may not be related to substance withdrawal);
- heart or breathing complications;
- birth injuries or defects;
- low birth weight;
- meconium in the amniotic fluid;
- other diagnoses (e.g., jaundice, infections).

Over one-third (36%) of children tested positive for substance exposure at birth as a result of urine or meconium testing.

### 1.9 Mother-Child Separations

Many of the mother-child dyads (46%) had experienced disruptions in their relationship due to separations. These were often a result of mothers continued substance use and/or inability to provide an appropriately safe and stable environment for their children. The average age of children at their first separation from their mother, when they occurred, was 6-months (SD = 9) and the average length of that first separations was 6-months (SD = 5).

## 2. Outcomes for Mothers and Children

Outcomes for the *Connections* program at BTC were measured in three different domains, which is consistent with programming goals. These are:

a) outcomes related to maternal functioning,
b) outcomes related to child functioning, and
c) outcomes for the mother-child relationship.

These results report on a subset of the overall number of families accessing service at BTC. The data include families who have been attending programming for over one year, and who are still accessible by BTC researchers.

### 2.1 Measures of Maternal Functioning

#### 2.1.1 Depression and Anxiety

At intake into the *Connections* program, 100% (n = 46) of women reported depression symptoms that were within the clinical range and 61% reported moderate to severe levels of anxiety. After one year in the program (at Time 2, n = 13) reports of moderate to severe anxiety had decreased with only 23% reporting symptoms at this level at Time 2. Levels of symptoms consistent with clinical depression had decreased to one-third of women.

Mothers reported significant improvements in regards to their depressed affect, somatic complaints, interpersonal problems, and total depression, while levels of positive affect remained constant between Time 1 and 2.

**Table 1: Depressive Symptomatology (n = 13)**

| | | |
|---|---|---|
| Depressed affect | t = 3.116 | p = .009 |
| Somatic Complaints | t = 3.851 | p = .002 |
| Positive Affect | t = -1.696 | p = .118 |
| Interpersonal Problems | t = 2.803 | p = .016 |
| Total Depression | t = 3.634 | p = .003 |

### 2.1.2 Substance Use

There was a significant improvement over time in mothers' confidence that they would be able to resist relapse to substance use in high risk situations (t = -6.066, n = 13, p = .000).

In regards to readiness for change in substance use behaviours mothers, on average, identified themselves in the Contemplation stage of change at Time 1 and Time 2. There are two potential reasons for this result: (1) in Contemplation people become more and more aware of the potential benefits of making a change, but the costs of making a change tend to stand out even more. This conflict creates a strong sense of ambivalence about changing. Because of this uncertainty, the Contemplation stage of change can last months or even years. In fact, many people never move beyond the Contemplation phase (Prochaska & DiClemente, 1986); and (2) some mothers may have identified themselves in the Contemplation stage at Time 1, even though they were clearly struggling with issues related to the Pre-Contemplation stage, which is an earlier stage of readiness for change.

### 2.1.3 Relationships

Mothers identified changes in their relationships and relationship capacity over the period of time that they accessed the *Connections* program. In regards to attachment behaviours at Time 1, mothers indicated feelings at mid-range in terms of the extent to which they felt comfortable with closeness and intimacy; felt they could depend on others; and worried about being rejected or unloved. At Time 2, there was a significant increase (t = -3.005, df = 12, p. = .011) in their comfort with closeness and intimacy, their feelings that they could depend on others remained the same, and their worry about being rejected or unloved increased (t = 2.248, df = 12, p = .044). One might hypothesize that being more open and feeling more capable that they could have healthy relationships may make mothers more wary of feeling rejected; additionally, discontinuing maladaptive coping strategies (substance use) may contribute to them feeling more at risk for rejection by others – especially those people in their lives who are still engaged in substance use.

As reported in the descriptions of the demographics for the *Connections* families, most of the women were not in intimate relationships at Time 1. Of the women who were in relationships with a partner, 16 of 41 reported threats of violence (e.g., threatened to hurt person, threatened to damage property, threatened to use a weapon), mild (e.g. pushing or shoving, grabbing

forcefully), or minor violence (e.g. scratching, pull hair, bite, twisting arm) in the past three months prior to intake. At follow-up, 3 of 8 women reported this level of violence. At both Time 1 and Time 2, there was one woman who reported moderate (e.g. slapping), serious (e.g., punching, kicking, choking), and sexual violence (e.g., demands for sex, forced sex) in the past three months by her intimate partner.

Mothers in the *Connections* program reported that their perceived support in their relationships with their friends and their family at intake into BTC rated below the mid-range level. At Time 2, however, there was a marginally significant increase in perceived support from women's relationships with friends ($t = -1.946$, $df = 12$, $p = 0.076$) and a significant increase in support from women's relationships with family members ($t = -3.930$, $df = 13$, $p = 0.002$). This indicates that mother's capacity for healthy relationships, especially with family members, improved through their involvement in *Connections*.

## 2.2 Measure of Child Functioning

Due to the high risk nature of their pre- and postnatal environment, child clients of BTC receive annual, full-developmental assessments for the purpose of developmental monitoring, as well as to provide a guide for early intervention services.

Over the past 10 years, our research has consistently found that the children who receive service through the program are performing within the average range for their age and along a normal developmental trajectory. This is not consistent with what would be expected, given the amount of pre- and postnatal risk that they have endured (Motz et al., 2006). The results of the present investigation are consistent with this previous research. For BTC children whose families had been involved in the *Connections* program, all of the composite scores on the Bayley Scales of Infant Development – Third Edition (assessment measure for infants and toddlers) and on the Wechsler Preschool and Primary Scales of Intelligence – Third Edition (assessment measure for preschool and school-age children) were within the average range ($M = 100.86$, $sd = 11.88$, $n = 29$; $M = 99.00$, $sd = 19.36$, $n = 10$, respectively). This is a very encouraging result for children who are at high risk for failure to achieve appropriate developmental milestones.

## 2.3 Measures of the Mother-Child Interaction

At Time 1 and Time 2, mothers in the *Connections* program indicated feeling generally satisfied and competent in their roles as parents, with levels in the high-positive range. On a measure of parenting stress, however, at Time 1 almost half (45%) of the mothers in the *Connections* program reported levels of parenting distress in the clinical range. Although the parenting distress subscale is related to a sense of competence in the parenting role, it also identifies parenting distress associated with restrictions placed on other life events and roles, lack of social support, and presence of parental depression. This particular measure of parenting stress has been found to be related to the potential for child maltreatment by parents (Abidin, 1995). Over the 12-month period during which they accessed service at BTC, mothers reported marginal significant improvement in their levels of parenting distress ($t = 2.004$, $df = 19$, $p = 0.06$) in addition to continued reports of feeling satisfied and competent as mothers.

At both Time 1 and Time 2, the vast majority of women (80%) were providing appropriate stimulation and support for their children's development as measured on The Home Observation for Measurement of the Environment (HOME) scale. The maintenance of this level of positive stimulation in the home environment is significant, especially in light of the high levels of internal distress that mothers are experiencing in their parenting role, especially at Time 1. It can be hypothesized that this finding may relate to the combination of a high level of motivation to retain custody of their children, together with their ability to incorporate the in-home supports and treatments they receive through the home visiting component of the program.

Finally, there were positive changes in reports of maternal empathic awareness, as well as realistic expectations for parenting and of the parent/child role over the period of time that mothers were involved in the *Connections* program at BTC. Mothers reported an increase in positive empathy in their parenting from 12% to 25% between Time 1 and Time 2. Other reported changes are presented in the table below.

**Table 2: Parenting Expectations (n = 16)**

| | Time 1 | Time 2 |
|---|---|---|
| High Appropriate Expectations | 23% | 46% |
| Low Inappropriate Expectations | 23% | 14% |
| High Understanding of Parent/Child Role | 23% | 38% |
| Low Understanding of Parent/Child Role | 48% | 7% |

Consistent with the previous discussion, these results indicate that BTC mothers have been able to understand and integrate into practice constructs that are presented through the *Connections* program and are modeled consistently through the various programs, services, and services providers at BTC.

### 3. Perceptions of Mothers Regarding the *Connections* Program

As evidenced by the outcome data, mothers who have participated in the *Connections* program at BTC have been able to make significant changes in their beliefs, perceptions, and behaviours. Further these changes have benefitted their children in regards to appropriate attainment of developmental milestones and decreased risk of child maltreatment. The processes by which mothers were able to make these changes can be further examined using qualitative measures, including information obtained through feedback questionnaires and focus groups. Most importantly, these qualitative measures allowed the mothers to share their experiences of being involved in the *Connections* program, in their words and with their own voices.

### 3.1 *Connections:* Reflections from the Past and the Impact on the Present

All of the mothers who participated in the *Connections* group agreed that the information presented in the group was applicable to their life. When asked what they remembered most about the *Connections* group, all of the respondents identified that the group helped them to reflect on how their experiences of being parented as children have influenced the choices they have made in their lives, especially related to their relationships and substance use.

- *"For me, it was talking about the past, making connections, had everything to do with why I made the choices to do what I did – (sex trade) working and drugs."*

- *"What I remember most about Connections group is really being able to get underneath the shell and being able to talk about and get at the root of the problem – you know, what brought us all to Connections."*

- *"I think the group kinda made me realize how much the things that my parents did affected me, so that made me conscious in making sure that my daughter sees the best mother ever…I think that's the best way to break the cycle."*

The mothers reflected on how these learned patterns of disorganized behaviours and attachment relationships have continued in through their lives:

- *"It may also be a bit about how this obviously is a cycle. You're in unhealthy relationships and you…you're reduced to this drama for most of your life. If you've seen it when you're younger, then you create it for yourself, and you're very comfortable…It's comforting, because you're used to just chaos – whether it's fighting with your spouse, or anybody, or just financial ruins or whatever, you just get used to the dumps…It feels normal."*

### 3.2 *Connections*: The Cycle of Violence, Substance Misuse and the Impact on Children and their Development

All of the mothers who participated in the *Connections* group agreed that, in general, women are capable of having healthy relationships, even if they do not witness them growing up. A common theme among mothers in the group was that they did not believe that they were worthy or deserving of healthy relationships, often due to choices they had made in their past related to their substance use, work in the sex trade industry, or other behaviours that are not deemed appropriate by society. The mothers often requested support in increasing their self-esteem and sense of self worth so that they would feel that they could expect healthy relationships. Mothers were also able to recognize that their intimate relationships had a direct impact on their substance use; in particular, that their intimate relationships led to an increase in their misuse of substances or impeded their progress in recovery.

- *"When my self-esteem is higher, I wouldn't put myself in situations that I would have put myself in, in the past. With higher self-esteem, I am a lot more careful. I can recognize things quicker. I'm always on defense."*

- *"Yes (my self-esteem has an impact on my relationship with my partner) especially at the time, because he was very controlling and I was not assertive. Now, I am more assertive and I hold my ground."*

- *"If my partner drinks and does drugs, then I drink. His use might not always have an impact, but if it's a stressful relationship, then it would have an impact – especially if they're using more, they encourage you to use more."*

- *"Before it did – I would use everyday just to make him happy and to forget about him. Now I don't use and I wouldn't use even if I had a relationship because I want to protect my kids."*

- *"When and if I have a relationship, I would make sure that he would respect everything that I have been through and my children as well."*

Through the *Connections* program and group, mothers clearly recognized that their children's development can be impacted by domestic violence, even if they are not directly witness to the incidents (100% of mothers somewhat or strongly agreed). They also reflected that their own self-esteem and their substance use affects the long-term development of their children. Many mothers identified the importance of connecting the constructs of their own relationships and behaviours to the outcomes for their children as motivating factors in facilitating change. One-hundred percent of the mothers somewhat or strongly disagreed that they would be able to respond to their children's needs when they are using drugs/alcohol just as well as when they are sober.

- *"Witnessing violence will definitely have an impact, some kind of impact on the kids, and it's not good at all."*

- *"My daughter remembers some stuff I wish she hadn't. But that's why I have talked to her about violent relationships"*

- *"..especially with my first child. He saw me being abused and now he doesn't respect me. He is still a big stress for me, even though he hasn't seen violence for two years."*

- *"The group helped me to realize and notice that if I'm not taking care of myself, I'm not taking care of my daughter. It makes you aware, whatever you're feeling affects your child. If something is going on, she knows something is up. IF it's tense in the household, a child can't learn and develop."*

- *"I now understand that substance use makes life unpredictable. When I was using or hanging out with people who are using, it is unpredictable…It's a much safer*

*environment. My children don't have to worry about waking up and finding me in a coma."*

- *"What would it be like if I was intoxicated taking care of them? – It wouldn't work."*

### 3.3 Breaking the Cycle: Making Important Changes

Here, the women themselves describe what changes they have made, and how they have made changes, in their parenting and intimate relationships as a result of the *Connections* curriculum.

- *"In terms of intimate relationships, I had to really cut off all ties because they weren't healthy relationships, even though I had a daughter involved in the situation."*

- *"I don't tolerate abusive relationships and substance use. At the time I was going out with someone who was an addict and possibly abusive. I was able to recognize this earlier than I did with the boy's father. After the group, he tried to introduce himself to me and I absolutely avoided him."*

- *"Before, I had negative relationships with men, all men; but now I have a boyfriend and I love him very much. I am in a safe, happy, and secure relationship. I had many previous relationships that were not positive. The group taught me that I deserve respect and that somebody would treat me well."*

- *"After the group, for me to meet someone and bring them into my daughter's life, they would have to be a very positive person."*

- *"I was taught that yelling was a good parenting strategy. I don't yell or hit my children. I try my best not to lose control the way that my parents did. I have learned to remember that they are children, and that's what children do."*

- *"Not allowing arguments or violent situations to occur in front of my child. Just thinking back to it now, like growing up for me was stressful, and knowing that I don't want to give that to my child, so trying just to pay attention to what I do before I do it…you know what I mean?"*

- *"I'm more affectionate with the kids… I won't get into a bad relationship because of my kids."*

- *"My confidence with parenting has increased with time. I always doubted myself, but I've gained confidence over time"*

- *"When I am still around family, they still have their old views and ways. Having self confidence has helped me to be confident in what I am doing. I can see it in my relationships with my daughter and son, regardless or others comments.*

### 3.4 The *Connections* Approach

The *Connections* program was designed to be delivered concurrently with other interventions for substance-involved mothers and their young children, including substance use treatment, mental health counselling, child care, early intervention services, parenting services and advocacy. Through *Connections*, women learn new constructs for relationships and practice them in an environment that is safe, supportive, and respectful. When mothers are feeling overwhelmed with the changes they are trying to make, with the memories from their past, or with the feelings that are evoked through discussion of their abuse, they are able to access support from clinical staff, in the centre, in their homes, and through groups- and individual services. This is the type of intensive and comprehensive support that BTC families desire and require to meet their complex needs. In their own words:

- *"Either you use the tools you've learned or you fall back in the hole. There needs to be some kind on complete care. Without it people would relapse."*
- *"I've got stuff to work on, having it (the Connections program) right in front of me really helped me."*

When asked about whether there could be any improvements to the program, mothers overwhelmingly conveyed their support for the structure, the curriculum, and the facilitators. Some of the comments included:

- *"I'd say it's too short. I think it's too short."*
- *"A couple of more weeks."*
- *"Maybe handouts for a new partner as a connection, something geared to them – they never do so much."*
- *"More art stuff. Hands on. I enjoyed that stuff."*
- *"I thought it was a very well thought out group. It worked for me."*

## 4. Perceptions of *Connections* Facilitators

The experiences of the mothers who have participated in the *Connections* program and group are well expressed in their own words and represent their journey in integrating the core constructs that have been portrayed within the context of the services at BTC. *Connections*, however, has also been a journey and learning experience for the facilitators who were able to observe the changes that mothers were able to make in their understanding of the connections between domestic violence, substance use, parenting, and healthy child development. This section will use the words of the facilitators to describe their clinical observations, both as individual counselors and group facilitators, of the impact that the *Connections* program and group had on the lives of the mothers and children at BTC.

## 4.1 Impact on Women's Intimate Relationships

The facilitators described that through participation in the group, women were able to express an enhanced awareness of unhealthy relationships, the warning signs for unhealthy relationships, as well as a desire to work towards healthy intimate relationships. Women also used the group to express their concerns about the interactions in their current partner relationships. As a result of the group, some of the women were able to end or make important changes to their current intimate relationships.

- *"I believe this group gave the women the arena to openly discuss, discharge and express their issues regarding relationships in a safe, welcoming and non-judgmental environment."*

- *"…there seemed to be an enhanced awareness of the unhealthy aspects of their intimate relationships and an expressed desire to continue working toward a health/healthier relationship dynamic…to set higher expectations for what they felt they deserved in a relationship. Following the (last) group, 2 women ended relationships that they had identified as emotionally abusive and controlling."*

- *"One particular woman reengaged in a relationship with her ex-partner/biological father of her sons following the group. She often discussed the new boundaries she put in place since their reconnections. She has talk about how these new boundaries and forms of interactions that they are having at this time have shifted their historical pattern of relating on one another. She has talked about the value of ensuring that her children and [she] are kept emotionally safe."*

## 4.2 Impact on Women's Recovery from Substance Misuse

The facilitators recognized many aspects of the group as helpful to the women in their desire to maintain abstinence from substance use. Mothers were able to use the group to decrease their own feeling of isolation, to identify the underlying issues that led to their misuse of substances, to establish safer ways to have their emotional needs met, to mourn traumatic losses from their past, and to demonstrate empathy and compassion in support of themselves and of other group members.

- *"The women were able to engage in insightful discussions about the events in their childhood that led to substance use. I believe that having that opportunity to reflect in a group gave the women a deeper sense of understanding and compassion about their using history and their ongoing motivation to remain abstinent."*

- *"The Connections group seemed to decrease isolation and provide members with a sense of universality; that they were not alone in their struggle with addiction issues and that others faced similar challenges in making positive change. Furthermore, the group provided a forum in which women could mourn the traumatic losses they had experienced throughout their life, which I believe was pivotal to their ongoing recovery from substance misuse."*

### 4.3 Impact on Mothers' Parenting and Understanding of Child Development

Mothers used the *Connections* group to reflect on their own childhood experiences of being parented in situations where domestic violence and substance use were prevalent. According to the facilitators, the mothers recognized that they were able to make changes in their own parenting and in the environment for their children, based on the information that they were receiving through the *Connections* program.

- *"The group raised awareness in the importance of being present with their children, in turn helping them to be present with themselves, their emotions and feelings."*

- *"Through group discussion the members came to recognize the significant influence their own childhood experiences had on their long-term functioning. Over the course of the group they seemed to gain an increased understanding how the lack of safety and consistency in their childhood impacted their later decisions around relationships and substance use. Through the reflective process in this group context, members seemed to realize that as mothers, they played an influential role in their children's development, which would have lasting effects on their lives. The group experience seemed to validate for these moms that it was possible to parent in a non-abusive, positive way, and that it was ok to do things differently than their own parents".*

- *"The women took this opportunity [through the Connections program and group] to begin practicing new approaches and to also learn from their past with the awareness that their children will grow up without having to worry about matter that are over and beyond their developmental capacity."*

### 4.4 The Self Esteem Factor

The theme of self esteem in supporting women to make changes in their intimate relationships, substance use, and parenting behaviours continues to be emphasized by mothers as critical to their ability to make changes in their lives and in the lives of their children. The *Connections* facilitators recognized the importance of supporting the amelioration of self esteem for the women in their healing journey. Both of the facilitators recognized the concepts of self esteem and self-care as critical components of the *Connections* curriculum and program.

- *"The women expressed their desire to increase their self esteem and emphasized its importance in the context of the parent-child relationship. Through discussion, they also demonstrated an understanding that a better sense of self would help them develop healthier intimate relationships in the future."*

- *"Each woman who has participated in this group has shared and expressed that their level of self esteem has been compromised and unaddressed for the majority of their lives. The participants engaged in insightful conversations about how their low sense of self worth has negatively impacted their choices in partners. Witnessing the women*

*gradually increase a deeper understanding of their level of self worth and esteem was thrilling. In the group, the women were able to recognize the positive impact their increase in their self esteem on their children and how [the children] will develop into stronger, more self-aware individuals."*

### 4.5 *Connections*: A Group within a Program

The *Connections* facilitators clearly expressed the importance of offering the *Connections* curriculum within the unique context of a program which is designed to recognize, validate, and support the complex needs of these high risk mothers and children.

- *"The group provides a contained space for a variety of issues to be explored, however, it is beneficial for clients to have individual time with counsellors who can debrief about the group experience and continue to address the parenting and recovery issues that surface from the group."*

- *"I believe that this is the perfect and most appropriate place and environment to run such a group. [Connections] is a program that is based on the interconnections of all the core concepts that are raised in the group. The women are in later stage in their recovery and are emotionally prepared to explore the effect of all the integrated issued that are raised in the group, with the understanding that they have their [individual] counselors at hand for deeper reflection. The topics tap into every aspect of their lives in the past, present and the future, and challenges old thoughts and values while introducing the possibility of new approaches in managing themselves, their children, and the people surrounding their lives. The women are able to use the centre as a primary source of practice as the [Connections program] actively practices, respects, and honours the concepts that the Connections group offers in a group dynamic."*

### 4.6 Building *Connections*

Finally, the facilitators generously shared significant experiences and memories that they had which impacted them in their own learning, with the mothers, through *Connections*.

- *"Some of the women that engaged in the group formed strong alliances to one another…I often walked away from the group feeling amazed at how much was discussed and disclosed during the session, and how much trust was developed over the course of 8 weeks. Witnessing the members of the group relate to one another about their stories and contributing to their experience was powerful. I recall one conversation where one member had shared a significant story about her past in relation to a discussion about the impact of their childhood experiences. Another participant expressed that while she could not relate to the story, she could respect and relate to the feeling and underlying theme of abandonment and shame. This brief connection between the members appeared quite empowering to both of them. These are two women who would, in other circumstances, not necessarily have connected as*

*friends or even acquaintances; however, in that moment, the group had created such a safe environment that it welcomed a feeling of comradery between the women that supported and promoted safety amongst the members."*

- *"What I have learned about trauma, in my short time as a professional, is that the trauma survivor experiences a sense of uniqueness/differentness because of what they have survived, and thus experiences a sense of disconnection with others around them as they feel no one could possibly understand. So, to me, it was significant to provide a space where women are connected to others who have shared experiences and can bear witness to each other's stories. I think this group helped to decrease the shame linked to their trauma and confirmed that others mourned their experiences/losses with them. My specific memory is seeing other women respond empathically to a member as they shared their story – that seemed to be healing."*

## 5. Case Study

The following case example is an illustration of the high risk context which is typical of the BTC/*Connections* program families and which clearly demonstrates the need for domestic violence intervention to occur in the context of a program which is designed to meet the complex needs of women and children.

### 5.1 Background

Sheri is a 30-year old Aboriginal woman who is the mother of four-children. Currently, Sheri parents her 2-year old son, Christopher, and her 12-year old son, Robbie. Sheri's 14-year old son is in the care of his maternal grandmother and her 4-year old daughter is in foster care. Both live in separate cities from Sheri.

Sheri is the third child of 8 siblings. Sheri disclosed a history of physical and emotional abuse by her mother and siblings; she described her home environment as dysfunctional and unpredictable. Sheri was not able to share any information about her father, who is deceased. Sheri reported that in school, she completed all of grade 8, and some of grade 9. She held one job for approximately 5-months, but has earned income primarily through the sex trade, selling drugs, and theft. Sheri disclosed a long conviction history on theft and shoplifting charges. She revealed that she was involved in an Aboriginal gang 10-years ago when she lived in Vancouver.

Sheri's own drug history started when she was 14-years of age and has included alcohol, nicotine, cannabis, cocaine, crystal methamphetamine, methamphetamine, and prescription opiates (Oxycontin and Percocet). She identified crystal methamphetamine as her primary drug of choice and Oxycontin as her secondary drug of choice. Sheri reported that she attended addiction treatment at age 18-years (a residential program) and at 23 years (a withdrawal management program). Currently, Sheri is on methadone. Sheri reported that she was prescribed anti-anxiety medication 2-years ago but that she does not take it.

Sheri shared that her past intimate relationships have been physically, verbally and emotionally abusive. Currently Sheri is in a relationship with Greg, who is the father of her two younger

children. Greg reportedly uses alcohol, but does not have any psychiatric problems. Sheri has called the police on previous occasions, due to Greg's "hateful" behaviours towards Sheri. Sheri explained that the relationship intimacy lacks any emotional support. Greg often leaves Sheri and the children for periods of time, usually between a few days and a few months. Sheri explained that the relationship with Greg is better when he is employed, which is not frequently.

Sheri attends programming at BTC with her son Christopher. Sheri reported that her pregnancy with Christopher was planned and that she attended regular prenatal care during the last trimester of pregnancy. Christopher was exposed prenatally to prescription opiates, alcohol, nicotine, and methadone (once Sheri commenced prenatal care). Sheri explained that the baby kicked a lot during the pregnancy and that she felt like the baby was "shaking". Sheri disclosed that her nutrition was poor during the pregnancy. Native Child and Family Services were involved prenatally and closed shortly after Christopher's birth.

Christopher was born at 40-weeks gestation, weighing 8 lb. 14oz. Christopher experienced withdrawal for 6 days; he was in an incubator and was tube fed. Sheri explained that Christopher continued to shake when she brought him home which was upsetting for her.

## 5.2 BTC/*Connections* Services

Sheri was referred to BTC/*Connections* program through the Breaking the Cycle Pregnancy Outreach Program, where she accessed services for her last trimester of pregnancy with Christopher. Over the past 2.5 years, Sheri and Christopher have participated in BTC's New Mom's Support Group, Relapse Prevention Group, Individual Counseling, Home Visiting, Learning Through Play Group, and the *Connections* Group. They have also accessed services through the BTC FASD Diagnostic Clinic (including full annual developmental assessment) and child care, as well as instrumental supports (food, clothing, and transportation).

A recent developmental assessment indicated that Christopher's cognitive, motor and receptive language skills were all rated at a level consistent with his age. Both the quality and quantity of his expressive language, however, were below the expected level for his age. Sheri had recognized this delay and had pointed out that there is a pattern of expressive language delays in her family. Sheri reported that temperamentally Christopher is a fairly easy toddler; however, he is slow to warm up in new situations and may lack persistence on tasks that are of low interest to him.

## 5.3 The Impact of *Connections*

Sheri has used the *Connections* Program, through groups and individual services, to reflect on her past and to realize how much of an impact it has on her present life as a parent to her young son. She came to realize that living a self-destructive lifestyle was acceptable within her family and friends, and that it was not until she left her home town and sought support that she recognized that she is more deserving than the way in which she has treated herself and the ways others have treated her.

In recent individual sessions, Sheri has been able to describe how she is now more present and aware of the dynamics in her relationship with her partner and that she has been able to communicate her needs better. For example, she and her partner now have a regular "date night" which is something Sheri has been wanting for a long time. Sheri now insists that the home be a place of peace, without the dysfunction and unpredictability that pervaded her own family of origin. Sheri's individual counselor described that Sheri has been able to make changes in her reactions and perceptions of her relationships, and she has been able to recognize what she deserves in her relationships and how to find the words to get her needs met.

Sheri used the *Connections* group to acknowledge the negative long-term impact her childhood abuse had on the rest of her life, and that this was directly linked to her subsequent substance use problems. She identified that the group setting provided her with the safety to share the painful memories from her past, and to trust that she would continue to be valued and respected as a mother, and a woman, by the other group members. In her own words,

- *"For me, it's the setting of the group, because it made me talk of my family, my family violence, and about the sexual assault…It made me totally open up about it. I hid it and never told anybody about the sexual assault that happened to me and my sisters. I told you it felt like it just came out with the stuff that we were talking about. I just came out and I talked to my family about it, my sister and my counselor here at BTC. It was so cool because I though that I could never say it. It seemed like it came out of me like it was the right time, that I should just say it, because maybe that will help me heal. And now it's part of my healing, and we talk about it, and I felt that will help. So that will totally bring it out so that I can talk about it."*

Sheri also talked about the importance in integrating the *Connections* group within the context of the range of supports available at BTC through the *Connections* program, and how these additional supports helped her to use the group to its greatest effect, especially with respect to disclosing information about her sexual assault.

- *"I didn't do it all in the first group, but I kept thinking about it and thinking about it. And 'cause we kept talking about different things that led to it, right, and so I was so uncomfortable one day I just called up my sister, talking about it and crying about everything. And then I talked with (my individual counselor at Breaking the Cycle). I didn't even cry, I was just telling her everything. Yeah, that's really big. But I guess I just needed help in my journey. So that's good."*

In the *Connections* group, Sheri reflected on the challenges she faced leaving her old substance-using lifestyle in order to begin a life free of substances and a life of safety for her son. She shared that the group gave her the opportunity that she deserves to be loved, honoured, and treated with respect, and that her son has the right to live in a safe environment free of abuse and substance use. Sheri talked about parenting her son and recognized that raising him in a safe home is something she never experienced as a child. Sheri used the *Connections* group to

identify and provide insight on the positive impact of raising her son, with a high sense of self-worth, and the effect that has on her as a mother and on him as he develops.

Sheri has expressed that she knows the *Connections* approach works for her because BTC is the only environment where she feels safe and not judged. Sheri has reported that she likes the consistency that she experiences at BTC, she likes being able to relate to the other clients, and that she appreciates the instrumental support that the program offers. Sheri has stated that in regards to accessing service from BTC/Connections program, she intends "be here for as long as [she] can".

## 6. Building Community Capacity through *Connections*

### B. Outcomes – Systemic

Through *Connections*, we have increased community capacity to deliver a domestic violence intervention within an integrated service model that acknowledges and addresses co-existing conditions of risk for women and children, including substance abuse, child maltreatment and parenting problems.

The following represents a summary of the knowledge transfer and consultation activities that we completed from April 1, 2006 – March 31, 2009 with the aim of building capacity among service providers and within communities to serve children who are exposed to parental substance use, domestic violence and related issues.

Over the past three years, we have provided training to over 5,000 service providers locally, nationally and internationally. We have also transferred knowledge and built capacity through the development of on-site training modules, the publication of papers and book chapters, and participation on community networks.

# 2006

**1. The following trainings/consultations/presentations were delivered between April 1 – December 31 2006:**

| | Date | Title | Presenter(s) | Conference Title & Location | Attendees (approx) |
|---|---|---|---|---|---|
| 1. | April 4-5, 2006 | Fetal Alcohol Spectrum Disorder (FASD): | Margaret Leslie | *Building Skills in Eastern Ontario* Kingston, Ontario | 100 |
| 2. | April 7, 2006 | Breaking the Cycle: A Community Response to Substance Use in Pregnancy | Margaret Leslie | *Family Practice Grand Rounds,* Women's College Hospital, Toronto, Ontario | 30 |
| 3. | April 19, 2006 | Breaking the Cycle: Community Collaboration to Support Pregnant and/or Parenting Women with Substance Use Problems and their Children | Margaret Leslie | *Ministry of Community Safety and Correctional Services,* Toronto, Ontario | 25 |
| 4. | April 22-26, 2006 | Building Communication Bridges Between Child Protective Services and Drug Treatment Providers | Margaret Leslie | *American Association for the Treatment of Opiate Dependence – 2006 Conference,* Atlanta, Georgia | 10 |
| 5. | May 19, 2006 | Breaking the Cycle: A Collaborative Response to Pregnancy, Parenting, Substance Use and FASD | Margaret Leslie | *Children's Aid Society of Toronto – Department of Long-term Care,* Toronto, Ontario | 25 |
| 6. | June 5-7, 2006 | Motivational Approaches Within the Stages of | Margaret Leslie | *Children's Mental Health Ontario and Ontario Association for* | 25 |

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| | | Change for Substance-Involved Mothers and their Young Children | | *Children's Aid Societies 2006 Joint Conference, Working Together for Ontario's Children and Families,* Toronto, Ontario | |
| 7. | June 7, 2007 | Breaking the Cycle; A Collaborative Response to Pregnancy, Parenting, Substance Use and FASD | Margaret Leslie | *Children's Aid Society of Toronto- Intake Team,* Toronto, Ontario | 30 |
| 8. | June 8-9, 2006 | Breaking the Cycle: Intervening with Substance-Involved Mothers and their Infants and Young Children | Margaret Leslie | *Current Issues in Child Maltreatment,* Suspected Child Abuse and Neglect (SCAN) Program, Hospital for Sick Children, Toronto, Ontario | 150 |
| 9. | June 14, 2006 | Considering FASD: Implications for Drug Treatment Courts | Margaret Leslie | Toronto Drug Treatment Court: Justice Corrections Treatment and Court Staff, Old City Hall, Toronto, Ontario | 50 |
| 10. | July 8-12, 2006 | Breaking the Cycle: Substance Misuse and the Mother-Child Relationship | Margaret Leslie<br><br>Dr. Mary Motz | *World Association for Infant Mental Health, Paris Congress,* Paris France | 200 |
| 11. | August 3, 2006 | Considering Child Welfare Issues in the Addictions Treatment Sector | Margaret Leslie | *In-Service Staff Consultation,* Options for Change Community Addictions Treatment Services, Kingston, Ontario | 15 |
| 12. | September 13-14, 2006 | Nurturing Change: Working Effectively With High Risk Women and Affected Children to Prevent and Reduce Harms Associated with | Margaret Leslie | *National Training for FNIHB Maternal Mentoring Programs,* Ottawa, Ontario | 50 |

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| | | FASD | | | |
| 13. | October 18-19, 2006 | Breaking the Cycle; Community Partnerships to Serve Pregnant and Parenting Women Using Substances and their Young Children | Margaret Leslie<br><br>Gina DeMarchi | *Stronger Together: Moving Forward For FASD*, Dryden, Ontario | 40 |
| 14. | October 18-19, 2006 | Working with High Risk Women and Children: An Integrated Maternal-Child Perspective on FASD | Margaret Leslie | *Stronger Together: Moving Forward For FASD*, Dryden, Ontario | 100 |
| 15. | October 24-25, 2006 | Breaking the Cycle: An Innovative Model for Service Delivery to Women | Margaret Leslie | *In her Shoes: Shifting Perspectives on Working with Women in Conflict with the Law*, Ministry of Community Safety and correctional Services, Vanier Centre for Women, Elizabeth Fry Societies, Toronto, Ontario | 200 |
| 16. | October 26-27, 2006 | Supporting Substance Using Women who are Pregnant or Parenting Young Children | Margaret Leslie | *FASD Through the Life Cycle,* Guelph, Ontario | 100 |
| 17. | October 26-27, 2006 | The Importance of Community Collaboration in Meeting the Needs of Families | Margaret Leslie | *FASD Through the Life Cycle,* Guelph, Ontario | 100 |
| 18. | November 20, 2006 | Breaking the Cycle Evaluation and Program Development: Cycles of Learning | Margaret Leslie<br><br>Dr. Mary Motz<br><br>Patricia | *Breaking the Cycle: Measures of Progress 1995-2005 Research Forum,* Toronto, Ontario | 50 |

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| | | | Freeman | | |
| 19. | December 4-5, 2006 | Nurturing Change: Working Effectively With High Risk Women and Affected Children to Prevent and Reduce Harms Associated with FASD | Margaret Leslie | *National Training for Maternal Mentoring Programs funded by Health Canada's First Nations and Inuit Health Branch (FNIHB),* Edmonton, Alberta | 50 |
| 20. | December 12, 2006 | Breaking the Cycle: Intervening to Support Substance-Involved Women and Mothers and their Young Children | Margaret Leslie<br><br>Dr. Mary Motz | *Infant Mental Health Promotion Rounds, Hospital for Sick Children,* Toronto, Ontario | 200 |
| 21. | December 2006 | Father Involvement and FASD: Development Best Practices | T. McNeill | *Fifth International Conference on Social Work in Health and Mental Health,* Hong Kong, China | 100 |

**2. The following is a summary of Breaking the Cycle's publication agenda from April 1 to December 31, 2006:**

Articles Published in Peer-Reviewed Journals

Motz, M., Leslie, M., Pepler, D. J., Moore, T. E., & Freeman, P. (2006). Breaking the cycle: Measures of progress 1995–2005 [Special Supplement]. Journal of FAS International, 4:e22. Retrieved November 10, 2006, from http://www.motherisk.org/JFAS/index.jsp.

# 2007

**1. The following trainings/consultations/presentations were delivered between January 1 – December 31 2008:**

| | Date | Title | Presenter(s) | Conference Title & Location | Attendees (approx) |
|---|---|---|---|---|---|
| 1. | February 10, 2007 | Substance-Exposed Children: Implications for Development and Caregiving | Margaret Leslie | Native Child and Family Services Foster Parent In-Service Toronto ON | 20 |
| 2. | March 7 – 10, 2007 | FASD Prevention: Canadian Achievements and Perspectives | Gina DeMarchi | *The 2nd International Conference on Fetal Alcohol Spectrum Disorder: Research, Policy and Practice Around the World* Victoria, BC | 250 |
| 3. | March 7 – 10, 2007 | Breaking the Cycle: An Integrated Mother-Child Perspective on FASD | Dr. Mary Motz<br><br>Gina DeMarchi | *The 2nd International Conference on Fetal Alcohol Spectrum Disorder: Research, Policy and Practice Around the World* Victoria, BC | 90 |
| 4. | March 12 – 13, 2007 | *Nurturing Change:* Working Effectively with High Risk Women and Affected Children to Prevent and Reduce Harms Associated with FASD | Margaret Leslie | Cree Tribal Nation Health and First Nations Inuit Health Branch – Manitoba Training for Manitoba's On-Reserve Maternal Mentoring Programs Winnipeg, MAN | 50 |
| 5. | April 19, 2007 | The Impact of Stress on the Brain: The Role of Early Experiences | Dr. Mary Motz | Invited Presentation to the Parent Advisory Council Mothercraft Centre for Early Development Eaton Centre Toronto, ON | 10 |
| 6. | April 20, 2007 | The Importance of Maintaining Professional Boundaries When Working With Families | Gina DeMarchi | Consultation to Ontario Early Years Staff Canadian Mothercraft Society Toronto, ON | 10 |
| 7. | May 2, 2007 | A Descriptive Analysis of Parenting | Patricia Freeman | *LaMarsh Centre for Research on Violence and Conflict Resolution* | 100 |

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| | | in Substance-Using Women | | Graduate Symposium<br>York University<br>Toronto, ON | |
| 8. | May 4, 2007 | Breaking the Cycle: Intervening to Support Substance-Involved Mothers and their Young Children | Margaret Leslie<br><br>Dr. Mary Motz | *Addressing the Challenges of Child Abuse Prevention*<br>Community Child Abuse Council<br>McMaster University<br>Hamilton, ON | 75 |
| 9. | May 9 – 11, 2007 | *Connections:* A Domestic Violence Group Intervention for Substance-Using Mothers | Dr. Mary Motz<br><br>Patricia Freeman | *3rd International Conference on Domestic Violence: Children Exposed to Domestic Violence – A Time for children … A Time for Change*<br>Centre for Children and Families in the Justice System, Centre for Addiction and Mental Health, Centre for Research and Education on Violence Against Women and Children<br>London, ON | 75 |
| 10. | May 10, 2007 | *Nurturing Change:* Working Effectively with High-Risk Women and Affected Children to Prevent and Reduce Harms Associated with FASD | Margaret Leslie | Healthy Child Manitoba Office<br>Provincial Meeting<br>Winnipeg, MAN | 120 |
| 11. | May 30-31, 2007 | *Nurturing Change:* Promoting Effective FASD Practices in Prenatal and Early Childhood Settings | Margaret Leslie | Porcupine and District Health Unit<br>Timmins, ON | 60 |
| 12. | May 31, 2007 | The Impact of Stress on the Brain: The Role of Early Experiences | Dr. Mary Motz | Invited Presentation at the Mothercraft Centre for Development<br>Brookfield Place<br>Toronto ON | 10 |
| 13. | June 7 - 9, 2008 | Substance Use and Parenting: Exploring the Role of Mothers' Abuse History in Parenting Among Substance-Using Mothers | Patricia Freeman | 2007 Annual Convention of the Canadian Psychological Association<br>Ottawa, ON | 200 |

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| 14. | June 26, 2007 | *The SMART Guide:* Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol and Other Drugs | Gina DeMarchi<br><br>Margaret Leslie | Regional Training<br>Carleton, ON | 50 |
| 15. | October 10, 2007 | A Framework for Understanding FASD | Margaret Leslie | Invited Guest Lecture<br>Early Childhood Education Diploma Program<br>Mothercraft Institute for Early Development<br>Toronto, ON | 75 |
| 16. | October 15 - 16, 2007 | Breaking the Cycle: Measures of Progress 1995-2005 | Margaret Leslie | FASD Stakeholders of Ontario Annual Meeting<br>Toronto, ON | 35 |
| 17. | October 17, 2007 | *Connections:* A Domestic Violence Group for Substance-Using Mothers | Gina DeMarchi | Invited Guest Lecture<br>Early Childhood Education Assistant Program<br>Mothercraft Institute for Early Development<br>Toronto, ON | 30 |

**2. The following site/study visits to Breaking the Cycle were conducted from January 1 – December 31 2007:**

| | **Date** | **Name and Title of Guest(s)** | **Agency Affiliation** | **City** | **Purpose of Visit** |
|---|---|---|---|---|---|
| 1. | October 15, 2007 | Tracy Nesbitt<br>FASD Program and Policy Consultant,<br><br>Supervisors working in Healthy Child Manitoba's STOP FAS Program | Healthy Child Manitoba Office, Province of Manitoba | Winnipeg, MAN | Replicating the BTC model in Manitoba<br><br>Delivering integrated mother-child services to women and mothers with alcohol and other substance-use problems |
| 2. | November 7 – 9, 2007 | Maureen Hampton<br>Coordinator | Canada Prenatal Nutrition Program | Lanark County, ON | Staff shadowing: re application of the BTC model in a rural community |
| 3. | November 7 | Linda West | Healthy | Westlock | Application of the BTC |

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| | 2007 | Executive Director<br><br>Shelley Herr<br>Director | Families Health Futures<br><br>Healthy Moms Healthy Babies Program | ALTA<br><br>Okotoks, ALTA | model in a rural community<br><br>Application of the BTC model in a rural community |
| 4. | November 29, 2008 | Doctoral students working with Dr. Gian Vittorio Caprara Professor of Psychology | University of Roma | La Sapienza, Italy | Program Evaluation |

**3. The following is a summary of Breaking the Cycle's publication agenda from January 1 to December 31, 2007:**

Invited Chapters Published
Leslie, M. (March 2007). Engaging Pregnant Women and Mothers in Services: A Relational Approach, in N. Poole and L. Greaves (eds). Highs and Lows: Current Canadian Perspectives on Women and Substance Use. Toronto: Centre for Addiction and Mental Health and the BC Centre of Excellence for Women's Health.

Leslie, M., DeMarchi, G., Motz, M. (February 2007). Breaking the Cycle: An Essay in Three Voices, in Boyd, S., & Marcellus, L. (eds). With Child…Substance Use During Pregnancy: A Woman-Centred Approach, Vancouver: Fernwood Publishing Co.

Articles Published in Peer-Reviewed Journals
Motz, M., Leslie, M., DeMarchi G. (February 2007). Breaking the Cycle: Using a Relational Approach to Address the Impact of Maternal Substance Use on Regulation and Attachment in Children. Zero to Three, Journal of the National Center for Infants, Toddlers and Families
http://www.zerotothree.org

Leslie, M. (2007). THE SMART GUIDE: A training manual outlining motivational interviewing and stages of change models for service providers working with pregnant women who use alcohol.. IMPrint: The Newsletter of Infant Mental Health Promotion (IMP), Vol.49, 24-26 http://www.sickkids.ca/imp/

Leslie, M. (ed.) (2007) The Breaking the Cycle Compendium Vol. 1: The Roots of Relationship, Toronto: Mothercraft Press.

# 2008

**1. The following trainings/consultations/presentations have been delivered from January 1 – December 31 2008:**

| | Date | Title | Presenter(s) | Conference Title & Location | Attendees (approx) |
|---|---|---|---|---|---|
| 1. | January 30 – February 2, 2008 | Supporting Substance-Exposed Children in an Integrated Mother-Child Model | Dr. Mary Motz | *The Early Years Conference 2008: Valuing All Children,* University of British Columbia, Vancouver, BC | 90 |
| 2. | February 12-13, 2008 | *Nurturing Change:* Working Effectively with High Risk women and Affected Children to Prevent and Reduce the Harms Associated with FASD | Margaret Leslie | Kahnawake Mohawk Territory and First Nations Inuit Health Branch, Kahnawake, PQ | 50 |
| 3. | March 4, 2008 | *The SMART Guide:* Motivational Approaches Within the Stages of Change for Pregnant Women Who Use Alcohol and Other Drugs | Margaret Leslie | Interagency FASD Program Conference for Community Partners Winnipeg, MAN | 40 |
| 4. | March 5, 2008 | Clinical/case consultation | Margaret Leslie | Interagency FASD Program Staff Winnipeg, MAN | 10 |
| 5. | March 12-14, 2008 | *Breaking the Cycle:* A Comprehensive Early Intervention Program Serving Substance-Involved Mothers and Their Young Children | Gina DeMarchi<br><br>Dr. Mary Motz | *Strengthening Connections Between Parents & Children Affected by Substance Use, HIV and Incarceration* University of California at Berkeley San Francisco, CA | 80 |
| 6. | March 26, 2008 | Substance use and parenting: Exploring the role of mothers' own abuse histories. | Patricia A. Freeman | Paper presented at the Mothercraft Research and Evaluation Meeting Toronto, ON | 10 |
| 7. | April 4-5, 2008 | *Connections:* Addressing Domestic Violence in the | Gina DeMarchi | *Expanding Horizons for the Early Years: Practice, Research and Promoting Change*, National | 75 |

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| | | Context of an Early Intervention Program for Substance-Involved Mothers and Their Young Children | Margaret Leslie<br><br>Dr. Mary Motz<br><br>Patricia Freeman | Conference of the Infant Mental Health Promotion Project<br>Toronto, ON | |
| 8. | April 4-5, 2008 | Research Informing Practice in Early Intervention: Mothercraft's Breaking the Cycle Program | Dr. Mary Motz<br><br>Patricia Freeman<br><br>Margaret Leslie | *Expanding Horizons for the Early Years: Practice, Research and Promoting Change*, National Conference of the Infant Mental Health Promotion Project<br>Toronto, ON | 150 |
| 9. | April 23, 2008 | Motivational Interviewing: Helping Professionals Engage Families and Identify Motivation to Change | Margaret Leslie | Presentation to Senior Managers, Early Childhood Development Department, Mothercraft<br>Toronto ON | 10 |
| 10. | April 23, 2008 | Supporting Children with FASD in the Child Care Setting | Patricia Santos | Invited guest lecture for Guidance of the Young Child ECE-A Extension program, Mothercraft College<br>Toronto, ON | 40 |
| 11. | April 24, 2008 | *Nurturing Change:* Engaging and Supporting Pregnant and Parenting Women Who Use Alcohol and Other Substances | Gina DeMarchi<br><br>Ashley Miller | Training for community partners sponsored by Westover Treatment Centre<br>Thamesville, ON | 50 |
| 12. | May 2, 2008 | Reflective Supervision in Practice: Benefits and Challenges | Margaret Leslie | Presentation to Senior Management Team, Mothercraft<br>Toronto, ON | 20 |
| 13. | May 26 2008 | Early Intervention: What is it and why is it important | Margaret Leslie | Keynote address at *Early Intervention Day*<br>Mothercraft College<br>Toronto ON | 60 |
| 14. | May 26 2008 | The Impact of Stress on the Developing | Dr. Mary Motz | *Early Intervention Day*, Mothercraft College | 60 |

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| | | Brain | | Toronto ON | |
| 15. | May 26 2008 | Supporting Children with FASD in the Child Care Setting | Patricia Santos | *Early Intervention Day*, Mothercraft College Toronto ON | 60 |
| 16. | May 27-28 2008 | Research Findings and Implications for Practice: The Importance of Early Intervention and Integrated Approaches When Working with Substance-Involved Pregnant and Mothering Women | Dr. Mary Motz | *Gender Matters: Meeting the Challenge – Moving Best Practices Forward for women In Ontario's Substance Abuse Service System*, A provincial conference Toronto, ON | 50 |
| 17. | June 10 2008 | *Breaking the Cycle:* Intervening to Support Substance-Involved Women and Mothers and their Young Children | Gina DeMarchi<br><br>Ashley Miller | Children's Aid Society of Toronto Toronto ON | 50 |
| 18. | July 7-9 2008 | *Breaking the Cycle Compendium:* The Roots of Relationship | Margaret Leslie | *8th International Looking After Children Conference – Transforming Lives Improving Outcomes*, Keble College, Oxford University, Oxford UK | 100 |
| 19. | August 1-5 2008 | The Use of the DC:0-3R Diagnostic System in Alcohol-Exposed Children | Dr. Mary Motz<br><br>Patricia Freeman | *10th World Congress of the World Association for Infant Mental Health* Yokohama, JAPAN | 100 |
| 20. | September 9-11 2008 | *Nurturing Change:* Engaging and Supporting Pregnant and Parenting Women Who Use Alcohol and Other Substances | Margaret Leslie | FASD Training in Timiskaming Region New Liskeard and Englehart ON | 75 |
| 21. | September 9 2008 | FASD: The Role of Early Intervention Through the Mother-Child Relationship | Dr. Mary Motz<br><br>Patricia Freeman | *9th Annual Fetal Alcohol Canadian Expertise (FACE) Research Roundtable* Montreal, PQ | 200 |

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| | | | Nicole Racine | | |
| 22. | September 10, 2008 | *Breaking the Cycle:* Approaches to Working with Women at Risk for Alcohol Use in Pregnancy | Gina DeMarchi | *First Nations and Inuit of Quebec FASD Training*<br>Montreal, PQ | 100 |
| 23. | September 13, 2008 | *Breaking the Cycle:* A Comprehensive Early Intervention Program Serving Substance-Involved Mothers and Their Young Children | Gina DeMarchi<br><br>Patricia Freeman | *Early Interventionists in Ontario Meeting*<br>York University<br>Toronto ON | 80 |
| 24. | October 7 – 9, 2008 | Healing through Relationships: Lessons Learned from Mothers Recovering from Trauma and Addiction | Margaret Leslie | Aboriginal FASD and Child Nutrition Program Training Gathering<br>*Walking Together in Healing Our Communities*<br>Toronto ON | 30 |
| 25. | November 6, 2008 | *Breaking the Cycle*: A Comprehensive, Early Intervention Program Supporting Substance Exposed Infants, Young Children and Their Mothers | Gina DeMarchi<br><br>Dr. Mary Motz | Children's Aid Society of Toronto Toronto Branch Meeting<br>Toronto ON | 60 |
| 26. | November 17, 2008 | Applying a Gender Lens to the Toronto Drug Treatment Court | Margaret Leslie | Canadian Association of Drug Treatment Courts 2nd National Conference<br>*Moving Towards the Centre of Excellence*<br>Ottawa, ON | 25 |
| 27. | November 20 – 21, 2008 | *Breaking the Cycle:* Over Ten Years of Evidence-Based Practice | Patricia Freeman<br><br>Nicole Racine | Children's Mental Health Ontario 2008 Conference<br>*From Implementation to Outcome: Making it Happen*<br>Toronto ON | 150 |
| 28. | December 2, 2008 | The Use of the DC:0-3R Diagnostic System in Identifying the Importance of Early Intervention for Alcohol-Exposed | Dr. Mary Motz<br><br>Patricia Freeman | Infant Mental Health Promotion Rounds<br>Hospital for Sick Children<br>Toronto ON | 100 |

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| | | Children | | | |
| 29. | December 11, 2008 | *Breaking the Cycle*: A Comprehensive, Early Intervention Program Supporting Substance Exposed Infants, Young Children and Their Mothers | Gina DeMarchi<br><br>Dr. Mary Motz | Children's Aid Society of Toronto Intake Branch Meeting Toronto ON | 80 |

**2. The following site/study visits to Breaking the Cycle have been conducted from January 1 – December 31 2008:**

| | Date | Name and Title of Guest(s) | Agency Affiliation | City | Purpose of Visit |
|---|---|---|---|---|---|
| 1. | January 22, 2008 | Doctoral Students in Dr. Debra Pepler's Research and Evaluation Seminar Class | Department of Psychology York University | Toronto, ON | Application of Research to Practice |
| 1. | April 2, 2008 | Glenna Curry Program Manager Children's Service Program Child and Youth Services | Regina Qu'Appelle Health Region – Mental Health and Addictions Services | Regina, SASK | Replication of the BTC model in Regina |
| | | Donna Upshaw Speech and Language Pathologist | KIDSFIRST Program | Regina SASK | Replication of the BTC model in Regina |
| | | Amy Druker Methadone Maintenance Team and FASD Diagnostic Team | Elsipogtog Health & Wellness Centre with the Eastern Door Program | Rexton, NB | Delivering on-reserve maternal mentoring programs for pregnant women using alcohol and other substances |
| 2. | May 29, 2008 | Brenda Carle Department of Health | Office of the Community Medical Officer of Health, Government of New Brunswick | Fredericton, NB | Implementing screening and assessment tools, application of early |

| | | | | | |
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| | | | | | intervention and children's mental health strategies in support of children at risk due to their mothers' substance use and related problems, negotiation of training by BTC on approaches and strategies to front-line staff in New Brunswick |
| 3. | June 3, 2008 | Betty Edel<br>Executive Director<br><br>Bobbette Shoffner<br>Director of Early Years and Parenting Programs<br><br>Kim Bailey<br>Director of Community Development<br><br>Julieta Hernandez<br>Director of Primary Health<br><br>Debi Matias<br>Primary Health Services Manager | Mount Carmel Clinic | Winnipeg, MAN | Application of BTC approaches at Mount Carmel Clinic |
| 4. | June 20, 2008 | Mary Hutchings<br>Director, Long Term Care<br><br>Long Term Care Team | Children's Aid Society of Toronto | Toronto ON | Pregnancy, parenting, alcohol and substance use, and services for youth in care |
| 5. | August 7, 2008 | Jacqueline Lecompte<br>Paediatrician | The Birth Centre of the Universite de Montreal's Hospital | Montreal, PQ | Developing hospital-based perinatal |

| | | | | | |
|---|---|---|---|---|---|
| | | Marielle Venne<br>Social Worker<br><br>Elaine Perreault<br>Nurse | Centre (CHUM) | | supports for families with substance use problems. |
| 6. | August 13, 2008 | Janet Pearce,<br>Executive Director<br>Options for Change<br><br>Joanne Ferreira,<br>Clinical Director<br>Options for Change<br><br>Wendy Reynolds,<br>Member of the Board<br>Options for Change<br><br>Kelly Dean<br>Motherwise Counsellor<br><br>Nadine Doyle<br>Motherwise Counsellor | Motherwise Program, Options for Change | Kingston ON | Reflective Supervision |
| 7. | December 3 – 5, 2008 | Hazel Mayo<br><br>Stephanie Horne<br><br>Taryn Conlon | Kahnawake Shakotiia'takehnhas Community Services (KSCS) | Kahnawake QC | Three-day on-site training based on *Nurturing Change,* with the goal of enhancing the skills of service providers in these projects to:<br><br>1. Engage and support pregnant women who use alcohol and other substances<br><br>2. Identify and support children who may be affected by prenatal alcohol exposure, and |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | their families |

**3. The following is a summary of Breaking the Cycle's publication agenda from January 1 to December 31, 2008:**

Gearing, R.E., Selkirk, E.K., Koren, G., Leslie, M., Motz, M., Zelazo, L.B., McNeill, T., & Lozier F.A. (February 2008) Perspectives of mothers with substance use problems on father involvement. *Canadian Journal of Clinical Pharmacology*, Vol 15 (1) Winter 2008:e99-e107; February 1, 2008 http://www.cjcp.ca/hm/

Racine, N.M., Motz, M.H., Leslie, M. & Pepler, D.J. (in press). Improving maternal-child health through engagement of substance-using pregnant women in a pregnancy outreach program. *Journal of the Association for Research on Mothering.*

Motz, M., Racine, N., Freeman, P.A., & Mensah, T. (2008). FASD: The role of early intervention through the mother-child relationship [Abstract]. *Canadian Journal of Clinical Pharmacology, 15*, e332.

Freeman, P.A., Pepler, D.J., Motz, M. (2008) Exploring the role of mothers' abuse histories in parenting among substance-using mothers. Manuscript submitted for publication

Freeman, P.A., Motz, M. & Pepler, D.J. (2008) The use of the DC:0-3R diagnostic system in alcohol-exposed infants and young children. Manuscript in preparation.

# 2009
# (January 1 – March 31st)

| | Date | Title | Presenters | Conference Title and Location | Attendees (approx) |
|---|---|---|---|---|---|
| 1. | March 11 – 14, 2009 | *Breaking the Cycle:* A Mother-Child Framework to Reduce Risk for Children Prenatally Exposed to Alcohol | Gina DeMarchi<br><br>Nicole Racine | The 3rd International Conference on Fetal Alcohol Spectrum Disorder – *Integrating Research, Policy and Promising Practice Around the World: A Catalyst for Change*<br>Victoria, BC | 75 |
| 2. | March 19, 2009 | Improving Maternal-Child Health through Engagement of Substance-Using Pregnant Women in a Pregnancy Outreach Program. | Margaret Leslie | *Pregnancy Lifestyle and Ethics*<br>Annual Public Health Ethics, Law and Policy Symposium 2008<br>Faculty of Law, Joint Centre for Bioethics, and Dalla Lana School of Public Health<br>University of Toronto<br>Toronto, ON | 50 |
| 3. | April 26 - 28, 2009 | *Connections:* A Group Intervention to Support Healthy Relationships for Substance-Using Mothers | Dr. Mary Motz<br><br>Patricia Freeman | 2009 Michigan Association of Infant Mental Health Biennial Conference<br>*Healing Relationships: Preventing the Intergenerational Transmission of Trauma*<br>University of Michigan<br>Ann Arbor, MI | 75 |

**Confirmed upcoming presentations:**

| | | | |
|---|---|---|---|
| May 21 – 23, 2009 | Supportive Environments for Infants and Toddlers | Shannon Sveda | Association of Early Childhood Educators 59th Annual Provincial Conference<br>Windsor, ON |
| September 9, 2009 | The Use of the DC: 0-3R Diagnostic System in Alcohol Exposed Children. | Dr. Mary Motz<br><br>Patricia Freeman | *10th Annual Fetal Alcohol Canadian Expertise (FACE) Research Roundtable*<br>Toronto, ON |
| October 6, 2009 | *Nurturing Change:* Engaging and Supporting | Gina DeMarchi | Ontario CAPC/CPNP Conference<br>*"Unlocking the Potential…One Family at a* |

| | | | |
|---|---|---|---|
| | Pregnant and Parenting Women Who Use Alcohol and Other Substances | Ashley Miller | *Time"*<br>Cleveland House<br>Minnett, ON |
| November 18 – 20, 2009 | *Breaking the Cycle:* A Maternal Child Framework to Reduce Risk for Children Exposed to Maternal Substance Misuse | Margaret Leslie | *2009 Prevention Matters Conference: Understanding Our Influence on the Early Years*<br>Saskatchewan Prevention Institute<br>Saskatoon, SASK |
| December 4 – 6, 2009 | Using the DC: 0-3R Diagnostic System with Alcohol-Exposed Infants and Young Children: Research Outcomes and Implications for Early Intervention | Dr. Mary Motz<br><br>Patricia Freeman | Zero to Three<br>24th National Training Institute<br>Dallas, TX |

# VI) Conclusions and Recommendations

This report presented findings of an evaluation of the *Connections* program from April 1, 2006 – March 31, 2009.

The findings confirmed that *Connections* was effective in engaging the high risk and marginalized population of children and mothers for whom this initiative was designed: 100% of the families were involved with a child welfare agency; over half of the mothers were involved in a violent relationship at the time of the evaluation, and over 80% reported histories of violence in intimate relationships; 100% of mothers were struggling with issues of substance misuse; over half of the families served earned less than $10,000 per annum, and over 80% earned less than $15,000 per annum; 100% of mothers were parenting infants and very young children with alcohol and other substance-exposure.

The results of the evaluation also confirmed positive outcomes for the mother, child, and mother-child dyad using multi-method, multi-respondent measures. These outcomes included:

1) increased maternal confidence in mothers' ability to resist relapse to substance use;
2) decreased reports of depression and anxiety symptomatology from Time 1 to Time 2;
3) enhanced maternal relationship capacity, including an increase in mothers` comfort with closeness and intimacy in relationships and an increased sense of social support from family and friends;
4) more empathy and more appropriate expectations in the parenting role;
5) improvements on measures of parenting distress over time;
6) scores on standardized measures of child development were all within the average range.

Qualitative data confirmed that mothers were able to use *Connections* to reflect on their past experiences in order to make changes in their current relationships; they gained an understanding of the cycle of unhealthy relationships; they increased their understanding of the impact of unhealthy relationships on their children and on their parenting; and they linked their capacity to make changes to their participation in *Connections.*

This report also described the significant knowledge transfer activities conducted to share information regarding *Connections* and to build community capacity among service providers and in the system to serve children who are exposed to parental substance use, domestic violence and related issues. Over 5,000 service providers in Ontario, across Canada, and internationally (France, Japan, United States, United Kingdom) received training regarding *Connections* since April 2006. The *Connections* curriculum has also been manualized (in English and French) and was adapted for Aboriginal groups.

From a clinical perspective, the report highlighted the importance of delivering *Connections* in the context of an intensive and comprehensive program which takes into account the complex needs of the mother and child. From an evaluation research perspective this evaluation provided evidence for the consideration of both qualitative and quantitative date in the evaluation of domestic violence programs. Finally, the *Connections* program highlights the need for primary

research about the interface between domestic violence, substance abuse, child maltreatment and healthy child development. The dearth of literature on the interrelationship among the four components is an indication that there remains much work to be done with regard to further explore this relationship through research and to apply findings through interventions.

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# Appendices

**Appendix A:**

## Canadian Mothercraft Society

### Consent to Participate in the Mother-Child Study at Breaking the Cycle

I, _____ (print name), consent to participate in a program evaluation of the Mothercraft program (entitled the Mother-Child Study at Breaking the Cycle) conducted by Mothercraft, York University and Queen's University. I understand that my participation will involve the following aspects:

1. I agree to be interviewed by a member of the Breaking the Cycle team. I understand that information will be gathered from me during the intake process, after 6, 12, 18 months, and at 2 years. This information will include the following aspects:

i) general information on my family
ii) general information about my relationships and behaviour
iii) general information about my child's(ren's) health and development
iv) general information about my health and substance use
vi) videotaped sessions of play interactions with my child(ren)

2. I agree to be contacted for follow-up collection of this information. If I am not attending Breaking the Cycle during this time, I understand that a member of the research team at Breaking the Cycle will contact me directly (or through one of my contacts listed on back) for follow-up information.

3. I understand there are no known risks to participating in this research other than some inconvenience or distress upon completing assessment. I will receive food vouchers in recognition of my continued participation in research evaluations at Breaking the Cycle. An additional benefit is that my child will receive regular developmental assessments. Indirect benefits to my participation include improving services at Breaking the Cycle.

4. All information gathered from me will be entirely confidential, unless interviewers are provided with information that they are required by law to disclose. I authorize the use of all data derived from this study for research purposes, provided that I am not identifiable in any way.

5. I understand that my participation in this study is entirely voluntary and that I have the right to withdraw from any part of the study at any time without penalty. I understand that the services I receive at Mothercraft's Breaking the Cycle program will in not be affected in any way should I chose to withdraw.

**Consent to Participate in the Mother-Child Study at Breaking the Cycle (Cont'd)**

Please list 3 contacts that we may call if we can not get in touch with you directly (e.g. family, friends, child welfare worker, physician).

| (Name) | (Contact Information) | (Relationship) |
|---|---|---|
| (Name) | (Contact Information) | (Relationship) |
| (Name) | (Contact Information) | (Relationship) |

If you have questions about the research in general or about your role in the study, please feel free to contact Dr. Debra Pepler either by telephone at (416) 736-2100, extension 66155 or by email (pepler@yorku.ca). This research has been reviewed by the Human Participants in Research Committee, York University's Ethics Review Board. If you have any questions about this process or about your rights as a participant in this study, please contact Ms. Alison Collins-Mrakas, Manager, Research Ethics (telephone 416-736-5914 or email acollins@yorku.ca).

| Mother's signature | Witness signature |
|---|---|

Date

**Appendix B:**

## *Connections* Pre-Group Evaluation

Please rate the extent to which you agree with the following statements:

| **Strongly Disagree** | **Somewhat Disagree** | **Not Sure/ Agree and Disagree** | **Somewhat Agree** | **Strongly Agree** |
|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** |

| | | | | | |
|---|---|---|---|---|---|
| 1. This group will be helpful to me as a mother. | 1 | 2 | 3 | 4 | 5 |
| 2. This group will be helpful to me as a woman in recovery. | 1 | 2 | 3 | 4 | 5 |
| 3. I currently have a healthy relationship in my life with another adult (does not have to be a partner). | 1 | 2 | 3 | 4 | 5 |
| 4. Women who grew up in homes where there were violent/unhealthy interactions are still able to have positive/healthy relationships with others. | 1 | 2 | 3 | 4 | 5 |
| 5. A woman does not need to have good self-esteem to have a healthy relationship with a partner. | 1 | 2 | 3 | 4 | 5 |
| 6. I am more likely to use (or want to use) substances when my interactions with my partner are stressful or violent. | 1 | 2 | 3 | 4 | 5 |
| 7. There is no connection between witnessing/experiencing violence as a child and substance use as an adult. | 1 | 2 | 3 | 4 | 5 |
| 8. Unhealthy relationships between parents can affect a child's development, even if they do not witness violence. | 1 | 2 | 3 | 4 | 5 |
| 9. There is no connection between having an unhealthy relationship with your partner and how you feel about yourself. | 1 | 2 | 3 | 4 | 5 |
| 10. A mother's self-esteem can affect her child's self esteem. | 1 | 2 | 3 | 4 | 5 |
| 11. I can respond to my child's needs when I am using drugs/alcohol just as well as when I am sober. | 1 | 2 | 3 | 4 | 5 |
| 12. Violence and stress in the home can affect a child's attention and concentration. | 1 | 2 | 3 | 4 | 5 |
| 13. I deserve to have a healthy relationship with a partner. | 1 | 2 | 3 | 4 | 5 |
| 14. I was able to be honest in my answers with these questions. | 1 | 2 | 3 | 4 | 5 |

**Appendix C:**

## *Connections* Post-Group Evaluation

Please rate the extent to which you agree with the following statements:

| Strongly Disagree | Somewhat Disagree | Not Sure/ Agree and Disagree | Somewhat Agree | Strongly Agree |
|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** |

| | | | | | |
|---|---|---|---|---|---|
| 1. This group was helpful to me as a mother. | 1 | 2 | 3 | 4 | 5 |
| 2. This group was helpful to me as a woman in recovery. | 1 | 2 | 3 | 4 | 5 |
| 3. I currently have a healthy relationship in my life with another adult (does not have to be a partner). | 1 | 2 | 3 | 4 | 5 |
| 4. Women who grew up in homes where there were violent/unhealthy interactions are still able to have positive/healthy relationships with others. | 1 | 2 | 3 | 4 | 5 |
| 5. A woman does not need to have good self-esteem to have a healthy relationship with a partner. | 1 | 2 | 3 | 4 | 5 |
| 6. I am more likely to use (or want to use) substances when my interactions with my partner are stressful or violent. | 1 | 2 | 3 | 4 | 5 |
| 7. There is no connection between witnessing/experiencing violence as a child and substance use as an adult. | 1 | 2 | 3 | 4 | 5 |
| 8. Unhealthy relationships between parents can affect a child's development, even if they do not witness violence. | 1 | 2 | 3 | 4 | 5 |
| 9. There is no connection between having an unhealthy relationship with your partner and how you feel about yourself. | 1 | 2 | 3 | 4 | 5 |
| 10. A mother's self-esteem can affect her child's self esteem. | 1 | 2 | 3 | 4 | 5 |
| 11. I can respond to my child's needs when I am using drugs/alcohol just as well as when I am sober. | 1 | 2 | 3 | 4 | 5 |
| 12. Violence and stress in the home can affect a child's attention and concentration. | 1 | 2 | 3 | 4 | 5 |
| 13. I deserve to have a healthy relationship with a partner. | 1 | 2 | 3 | 4 | 5 |
| 14. I was able to be honest in my answers with these questions. | 1 | 2 | 3 | 4 | 5 |

**Appendix D:**

## *Connections* Focus Group Questions

1. What do you remember about the Connections group or what sticks out most in your mind about the group? (Please state if you just finished the group or had been in the group previously)
2. Do you think your ideas/thoughts about healthy relationships have changed at all since you were in the group? Has anything specifically changed in your relationships?
3. Do you feel that you are deserving of a healthy relationship in your life?
4. Does your self esteem (the way you think about yourself) have any impact your relationship with your partner? What about your children?
5. Does the quality of your relationship with your partner have an impact on your substance use (now or in the past)?
6. Does witnessing unhealthy or violent relationships have an impact on children's behaviour and/or development?
7. Has the information from the Connections group influenced you to make any changes in your parenting? What changes have you made or tried to make?
8. Since participating in the Connections group, have you noticed any differences in your thoughts about:
    - Your self confidence in your parenting
    - Parenting children and substance use
9. Do you have any suggestions to improve the group (format, likes, dislikes)?

**Appendix E:**

## *Connections* Focus Group Questions – December 2008

1. When did you participate in the Connections group?

   - ❑ I finished the connections group in December 2008
   - ❑ I participated in the group previously

2. What do you remember about the Connections group or what sticks out most in your mind about the group?

_____
_____
_____

3. Do you think your ideas/thoughts about healthy relationships have changed at all since you were in the group? Has anything specifically changed in your relationships?

_____
_____
_____

4. Do you feel that you are deserving of a healthy relationship in your life?

_____
_____
_____

5. Does your self esteem (the way you think about yourself) have any impact your relationship with your partner? What about your children?

_____
_____
_____

6. Does the quality of your relationship with your partner have an impact on your substance use (now or in the past)?

_____
_____
_____

7. Does witnessing unhealthy or violent relationships have an impact on children's behaviour and/or development?

_____
_____
_____

8. Has the information from the Connections group influenced you to make any changes in your parenting? What changes have you made or tried to make?

_____
_____
_____

9. Since participating in the Connections group, have you noticed any differences in your thoughts about:

- Your self confidence in your parenting

_____
_____
_____

- Parenting children and substance use

_____
_____
_____

10. Do you have any suggestions to improve the group (format, likes, dislikes)?

_____
_____
_____

**Appendix F:**

## *Connections* Evaluation - Facilitator Questionnaire

1. In general, was the group helpful to the participants as mothers?

_____
_____
_____

2. In general, was the group helpful to the participants as women in recovery?

_____
_____
_____

3. Was there any difference in how the women spoke about current partner relationships in their lives following the group?

_____
_____
_____

4. Was there any difference in how the women spoke about the need for self esteem as a component of healthy relationships at the end of the group?

_____
_____
_____

5. Was the any difference in how the women spoke about their own parenting or parenting capacity at the end of the group?

_____
_____
_____

6. In your opinion, was there any change in the manner in which the women were able to express and/or demonstrate the core concepts of the group (domestic violence, substance use, parenting, child development) upon completion? If so, how?

_____
_____
_____

7. In your opinion, was it important for the *Connections* group to be delivered in the context of a program where families receive comprehensive services that support the *Connections* core concepts? If so, why?

_____
_____
_____

8. Please describe any significant experiences or memories that you have as a facilitator of the *Connections* group that would illustrate how the groups used by participants.

_____
_____
_____

9. Please feel free to describe any feelings that you have about the *Connections* group (e.g., Are any changes required? Is it a group that you like to facilitate?).

_____
_____
_____