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## Research article

# Engaging mothers with substance use issues and their children in early intervention: Understanding use of service and outcomes

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## ABSTRACT

Mothers who use substances need integrated, multi-sectoral intervention services to support substance use discontinuation. We explored mothers' service use at Breaking the Cycle, an early intervention and prevention program for pregnant and parenting women and their young children in Toronto, Canada. We conducted retrospective analyses of families' service records and client charts ( $N = 160$ ). Aims were to 1) describe women's use of service, 2) examine how early engagement of pregnant women related to postnatal service use, and 3) examine the circumstances in which women ended their service relationship with Breaking the Cycle. Specifically, we examined circumstances at service ending relating to women's service goals; custody status with children; and global substance-use, parent-child relationship, and child development outcomes. We found that these vulnerable women were actively engaged in many services and for a long duration, early engagement was associated with greater service use, and greater service use was associated with more positive circumstances upon ending service. Results provide support for a relational approach to service that promotes not only the relationship between mother and child, and mother and service provider, but also highlights relationships among staff, between staff and management, and between community partners as integral to effective service delivery. Integrating positive relationships at all levels is critical to support vulnerable families with complex needs.

## 1. Introduction

Substance use during pregnancy, including both licit (e.g., tobacco, alcohol) and illicit (e.g., cocaine, methamphetamines, opioids) substance use is associated with harm to both mother and child (we use the terms *women* and *mothers* interchangeably, because the focus of this study is women in a parenting role) (e.g., Aghamohammadi & Zafari, 2016). Maternal substance use *postnatally* is further associated with parenting difficulties and risk for child maltreatment (e.g., Kelley, Lawrence, Millettich, Hollis, & Henson, 2015). Mothers who use substances are often limited in their capacity to respond effectively to their children's needs (Pajulo, Suchman, Kalland, & Mayes, 2006). Importantly, these women are often struggling with a host of interrelated issues that can affect both their substance use and parenting difficulties, including concurrent mental health difficulties, complex trauma histories, experiences of poverty, histories with the criminal justice system, and experiences of abuse and maltreatment from caregivers and/or partners (e.g., Mandavia, Robinson, Bradley, Ressler, & Power, 2016; Wong, Ordean, & Kahan, 2011). As such, mothers who use

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substances need integrated, multi-sectoral intervention services to support substance use discontinuation and improve parenting capacity.

Despite the complex needs of this vulnerable population, the majority of intervention programs for mothers with substance use issues in Canada do not include children in service, nor do they promote the mother-child relationship (Niccols et al., 2010). Barriers to effective services include a lack of childcare, or a focus on the individual without consideration of the family context and historical trauma. Research reveals the benefits of integrated interventions that address these barriers to service by, for instance, providing parenting services in addition to substance use service (Espinet, Motz, Jeong, Jenkins, & Pepler, 2016; Milligan et al., 2010; Moreland & McRae-Clark, 2018). Integral to these programs is a woman-centered focus, the inclusion of instrumental parenting support (e.g., childcare), and non-judgemental/non-stigmatizing provision of service (Moreland & McRae-Clark, 2018). Further, intervention services for mothers that do not *explicitly* address the relationship between mother and child remain lacking (Espinet et al., 2016). The current study focuses on one intervention that addresses this gap by providing not only instrumental and substance use support for mothers with substance use issues, but also a specific focus on strengthening and promoting the mother-child relationship.

## 2. Breaking the Cycle: a relationship-focused intervention

Breaking the Cycle (BTC) is an early prevention and intervention program for pregnant and parenting women using substances and their young children aged 0–6 years in Toronto, Canada. The program supports the development of substance-exposed children by addressing maternal addiction problems and the mother-child relationship through a comprehensive, integrated, cross-sectoral model. BTC operates in formal partnership with nine agencies, including services relating to child protection, addiction treatment, health, corrections and probation, and child mental health and development. Through a single access model, partner agencies offer guidance through the BTC steering committee, a senior clinical consultant for bi-monthly case formulation team meetings, and on-site frontline service where applicable.

BTC uses relational theory as a guiding, theoretical framework under which to operate. According to relational theory, people, institutions, and systems grow through relationships with others (Walker & Rosen, 2004). In intervention programs for mothers with substance use issues, relationships have recently been recognized as a key ingredient. That is, treatment for substance use issues were historically individually-focused (or male-focused; see Finkelstein, 1994). In contrast, researchers have recognized the need for services that are more family-focused, with services for both the mother and the child (e.g., childcare, early intervention for the child). For instance, in a review, Neger and Prinz (2015) found that treatment programs combining substance use treatment with a parenting component had better outcomes than programs only targeting substance use. Similarly, in a meta-analysis, Milligan et al. (2010) found that integrated treatment programs for mothers with substance use issues (i.e., that included at least one substance use treatment and one child treatment service) reduced drug and alcohol use more so than non-integrated programs.

Taking this a step further, we see the need for services that specifically promote the relationship between the mother and child. In addition to offering maternal services (e.g., addiction counseling) and child services (e.g., childcare), BTC offers dyadic or relationship-focused services specifically designed to foster the mother-child relationship (e.g., mother-child interactional support groups, home-based dyadic developmental guidance). In fact, in comparison to an integrated program which included instrumental parenting support but did not *directly* promote the mother-child dyadic relationship, BTC's relationship-focused approach has been linked to improved maternal mental health and relationship capacity (both programs supported a reduction in addiction severity; Espinet et al., 2016).

In line with relational theory, past research and practice highlight the importance of the therapeutic relationship between client and service provider/therapist. Treatment itself is seen as a relational act; the therapeutic alliance transcends treatment modalities and is central to treatment outcomes (Norcross & Lambert, 2011). Sommers-Flanagan (2015) discussed evidence-based relationship factors that are central to successful treatment or counseling, including the working alliance between service provider and client, forming an emotional bond, goal-consensus, unconditional positive regard, and empathic understanding. Empirical support linking relationship factors with treatment outcomes are strong. In fact, it can be difficult to disentangle relational acts from treatment methods, which is why researchers emphasize the essential role of the service provider-client relationship in any type of treatment or counseling (Lambert & Ogles, 2014; Sommers-Flanagan, 2015). With the understanding that the relationship between service provider and client is of the utmost importance, BTC focuses on promoting a supportive, non-judgemental, caring service provider-client relationship.

At BTC, the focus on healthy relationships extends *beyond* the mother-child and the client-service provider relationship. The women who come to BTC have limited role models for healthy relationships, their lives have often lacked any sense of physical or emotional safety, and they do not feel that they can trust people to help them be safe. They have a deep and honest desire to raise children who feel safe and are surrounded by healthy relationships, but they do not know how. As such, BTC was developed using a relational theoretical framework to consciously and deliberately guide all decisions, including: operational policies and procedures, research and evaluation methods, clinical practice, and expectations for how we think about and treat all people (see Fig. 1 for a conceptual diagram of this relational perspective). BTC operates with a core philosophy revolving around the promotion and modeling of safe and healthy relationships for women and their children. When a woman comes to BTC for the first time, she often lacks trust and expects that BTC will be yet another system that will hurt or disappoint her. Thus, BTC's goals are to: engage the woman; demonstrate safety; be empathetic, kind, and caring; show her compassion and dignity – all in a manner that is predictable, reliable, and consistent. Staff are able to foster healthy relationships between women and their children using therapeutic modalities (e.g., dyadic and group interventions) and supportive interactions. Staff model positive interactions amongst themselves and support women to consider healthier relationships with external service providers, including mandated services (e.g., child protection, legal

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