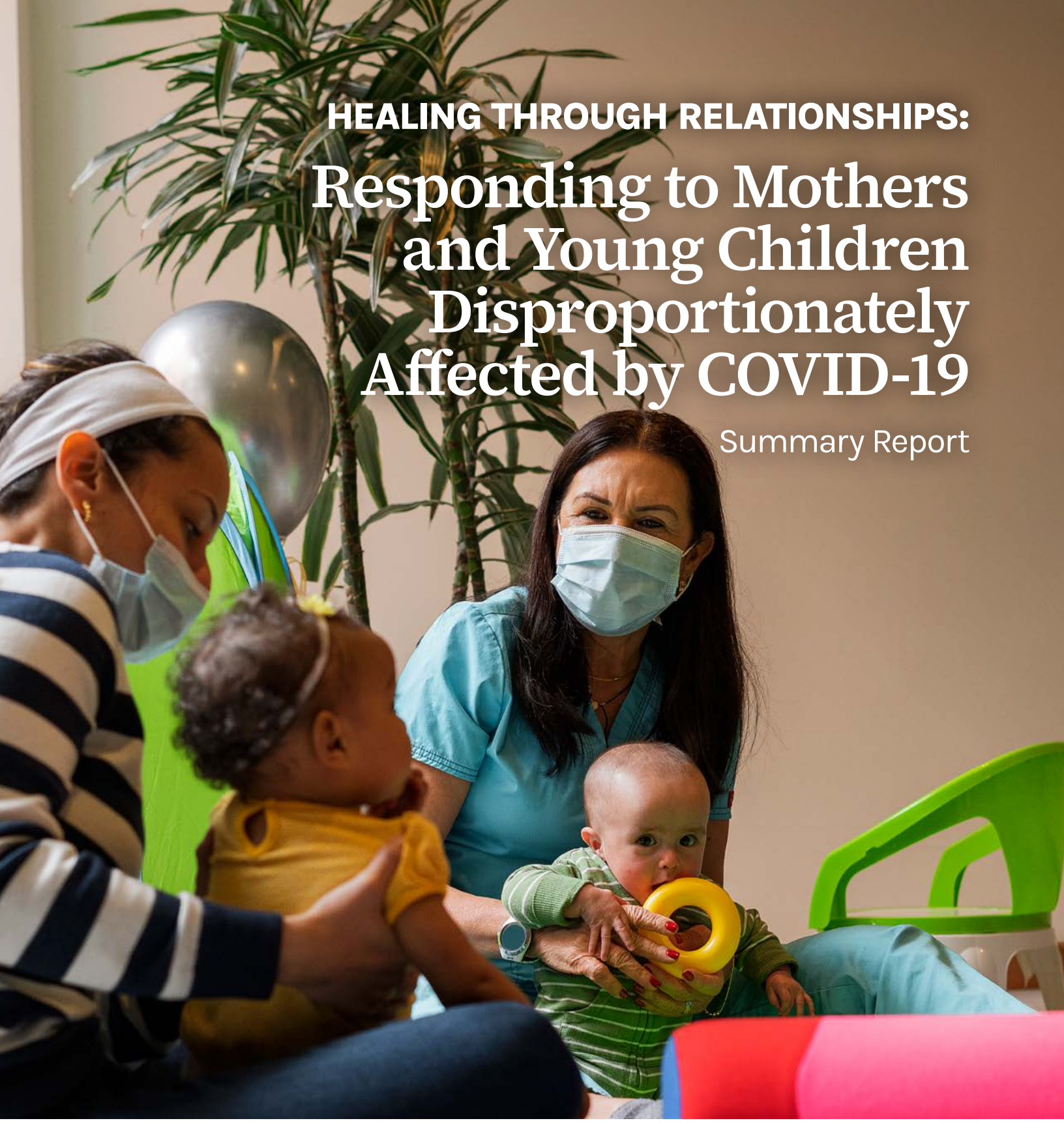

HEALING THROUGH RELATIONSHIPS:

Responding to Mothers and Young Children Disproportionately Affected by COVID-19

Summary Report

Breaking the Cycle

Mothercraft®
Shaping Children's Lives Through Learning

“For me, one of my goals that’s really important was that my children trust me, to be able to come to me when they need something, and to build their self-esteem, so that they can trust themselves and learn that problems can be solved when there’s support. So, the Circle of Security really gave me the tools I needed to achieve this.”

Acknowledgements

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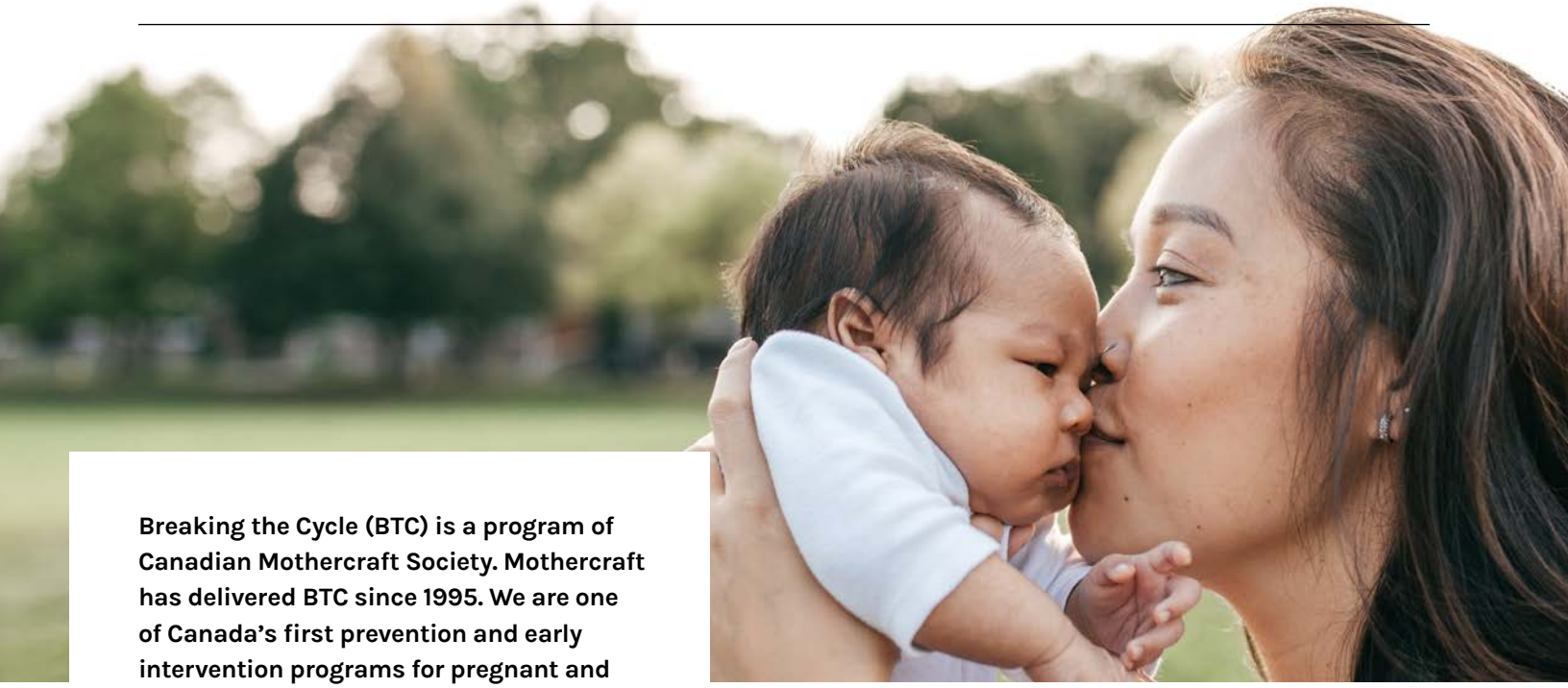
We thank everyone whose participation supported the delivery and evaluation of this initiative, especially staff from Mothercraft's Breaking the Cycle and Parent Infant Program. We extend our deepest appreciation to the mothers who attended programming at Breaking the Cycle and especially those who participated in the Circle of Security Parenting group.

This is a Summary Report of
Healing Through Relationships – Responding to Mothers and Young Children Disproportionately Affected by COVID-19.

Table of Contents

Breaking the Cycle Background and Philosophy



Breaking the Cycle (BTC) is a program of Canadian Mothercraft Society. Mothercraft has delivered BTC since 1995. We are one of Canada's first prevention and early intervention programs for pregnant and parenting women who use substances and their children aged six and under.

BTC is funded by the Public Health Agency of Canada's (PHAC) Community Action Program for Children (CAPC) and Canada Prenatal Nutrition Program (CPNP). We operate through a formal partnership of nine agencies representing:

- child protection
- addiction treatment
- public health
- addictions medicine
- corrections and probation
- obstetrics
- mental health
- developmental paediatrics
- childcare
- FASD assessment and diagnosis
- children's mental health, and
- infant/child development

Our services are delivered through a single access model with home visiting and street outreach components. We operate on frameworks of relational, attachment, developmental, and trauma theories, in addition to harm reduction strategies. These inform our understanding of women, mothers, and children, and guide all our interactions and approaches. Our aim is to decrease barriers and promote engagement for women and mothers who typically have complex life circumstances and difficult past experiences in relationships. This makes it difficult for them to feel safe to access services for themselves and their children. We offer a range of programs designed to foster healthy relationships between mothers and their children. These are offered within the context of a safe environment and safe relationships with service providers.

Theoretical Frameworks

Several theoretical frameworks inform our work at Breaking the Cycle (BTC). These include:

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

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

Developmental Theory proposes that children's development is a product of the combination of their inborn qualities and the contributions from their experiences. Developmental theory calls for the consideration of the combined contributions of both the prenatal and postnatal environments. This allows us to understand and respond to every child based on his/her unique strengths and vulnerabilities, and to tailor our programs and interventions appropriately.

Trauma Theory proposes that people who experience trauma, either in childhood or as adults, are profoundly impacted by those experiences and exhibit the impacts in neurological and psychosocial development and behaviours. Trauma can be the result of many things, but is often the result of violence, abuse, or in the case of children, neglect.

Indigenous people are likely to have increased levels of trauma through their experiences of historical trauma. Historical trauma proposes that populations historically subjected to long-term, mass trauma (colonialism, war, genocide) exhibit a higher prevalence of physical and emotional problems even several generations after the original trauma occurred. It relates to the cumulative emotional and psychological wounding across generations and provides a framework for understanding the intergenerational trauma resulting from cultural, geographic, social, and economic dislocation.

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

Rationale for *Healing Through Relationships*

In January 2022, we received a Request for Proposals (RFP) from PHAC inviting us to submit a project proposal under their *Supporting the Mental Health of Those Most Affected by COVID-19: Promoting Mental Health through Community-Driven Interventions for Children, Youth and their Caregivers* initiative. We received this funding in September 2022 for an 18-month project. The RFP dovetailed with BTC's concerns for mothers and children during the pandemic in the following ways:

Interpersonal Violence (IPV) and Trauma

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

IPV is one kind of trauma. Experiences of trauma are more than merely stressful. They can also be shocking, terrifying, and devastating. And they can result in profound feelings of terror, shame, helplessness, and powerlessness. A traumatic event can involve a single experience. Or it can be repeated or multiple experiences that completely overwhelm someone's ability to cope. Trauma can also be historical and intergenerational. This means that the psychological or emotional effects of trauma are felt by people who live with trauma survivors, even when they haven't directly experienced the trauma themselves. The way people cope and adapt in response to trauma can be passed from one generation to the next.

The experiences and effects of trauma are wide-ranging. Women and children can be affected by experiences of trauma that have occurred in childhood or as adults. They can include a range of adverse experiences in childhood and in adulthood, such as physical and sexual violence, emotional abuse, neglect, and witnessing violence. Children can experience trauma from disrupted attachment. Both children and adults also experience trauma as a result of accidents, natural disaster, war, dislocation, and events that result in other sudden or unexpected losses. Some traumatic events are so profound that they can change the way children and adults see themselves and the world. Sometimes the impact of the trauma is not felt until weeks, months, or even years after the traumatic event.

Trauma impacts on substance use and mothering. Most substance involved women have significant trauma histories. Trauma experiences impact on the mother-child relationship and on the way a woman mothers her children. If their trauma is not healed or resolved before they become mothers, their view of parenting relationships is often based on their own early experiences of the care they received from their caregivers.

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

Our concern about increased rates of interpersonal violence (IPV) and trauma during the COVID pandemic. A major focus of the services we provide at BTC is on issues of IPV and trauma. We feared, and then verified, that the isolation many BTC mothers and children experienced during the COVID pandemic and lockdowns could increase the levels of IPV in their lives. We developed *Healing Through Relationships* to address this concern.

Our concern about lack of access to supports for the social determinants of health. Mental health problems affect all populations; however, social inequality and disadvantage lead to greater disparities in mental health outcomes. Mothers and children who attend BTC are more likely than the general population to be exposed to issues that increase the likelihood of developing a mental health problem or illness, such as food insecurity, inadequate housing, unemployment, low income, racism, and isolation from health and social services. The COVID pandemic led to unprecedented social, psychological, and economic disruptions that disproportionately affected mothers and children experiencing complex conditions of risk, including poverty, substance use problems, pre-existing mental health problems, IPV, and other forms of trauma. The social and physical distancing necessary during the pandemic crisis exacerbated the stresses due to isolation stemming from protective factors such as social connectedness and access to social determinants of health.

Our concern about the early evidence showing mothers were more likely to suffer from depression and anxiety than other populations during the pandemic. While depression, anxiety and post-traumatic

stress symptoms are common outcomes of quarantine during public health crises, some groups of people were likely to be more susceptible during the COVID pandemic than others. One group that was particularly affected by the pandemic was parents, especially mothers. One research study found an increase in maternal depressive and anxiety symptoms in the early months of the COVID pandemic. Another study found that approximately one in four mothers of children under the age of five was found to experience clinically significant depression during COVID, while one in two experienced anxiety. When compared to pre-pandemic estimates, a doubling and tripling of depression and anxiety symptoms, respectively, has been observed for mothers of young children during COVID. Public health measures implemented for managing the spread of COVID left some families grappling with financial hardship, and a loss of social and childcare supports. These changes have consequences for the mental health of mothers as they take on more household duties to fill the void of uprooted household and childcare supports. Moreover, social support has been identified as an important factor in the wellbeing of mothers, and a lack of social support has been associated with mental health concerns.

Our concern about the limitations of our service provision during the pandemic.

The long-term impact of pandemic-related stress and trauma on parents and children was unknown. We knew, however, that multi-stressed, vulnerable families with limited support would experience the most severe and enduring consequences of the pandemic due to their alienation from the social determinants of health and other protective factors. BTC delivered outdoor in-person services for brief periods between lockdowns in 2020 and again in 2021, and indoor in-person services resumed in November 2021 with pandemic restrictions. While we were able to offer virtual service delivery during the pandemic lockdowns, we understood its limitations including barriers related to differential access to technology, lack of physical space to safely and securely access the privacy required for virtual care (e.g. for those living in shelters or other shared facilities), lack of safe and private environments for those in abusive relationships, and the difficulty cultivating a trusting relationship through virtual care, especially for those with histories of historical and systemic trauma. At BTC, this resulted in:

- **Increased rates of IPV.** Since the time of the first pandemic lockdown in March of 2020 until the inception of *Healing Through Relationships* in September of 2022, 70% of BTC mothers in partnered relationships experienced an episode of IPV that required child welfare and police involvement, as well as increased mental health and IPV interventions.

- **Increased transience/housing instability.** Changes in the operation of shelters and hostels during the pandemic period initially resulted in no new admissions to shelters, limiting safe options for women and children experiencing IPV. As the shelter system adapted and instituted pandemic practices, mothers and children experienced numerous moves, resulting in increased instability. Moves to shelter motels located in the outskirts of Toronto distanced families from their existing networks of supports (pharmacies, food banks), and from their primary and specialist health care providers, resulting in very long commutes (five-hour return) on public transit to access necessary health and medical services.

- **Increased substance use relapses.** While many mothers were able to effectively use virtual counselling by BTC to maintain their addiction recoveries, there were increased relapses to substances during this pandemic period resulting in child welfare involvement and changes in custody of children. Closure of detox/addiction treatment centres made it difficult for mothers experiencing relapses to access treatment and other support services.

- **Increased food and income insecurity.** Closure of in-person, centre-based food supplementation programs added a significant stress to families who rely on this support due to income insecurity.

- **Decreased social support and access to social determinants of health.** These are protective factors that positively affect mental health, physical health, and substance use. Decreased access to social supports and the social determinants of health negatively impacted mothers and their children.

Our concern that mothers would find it difficult to re-engage with our services. Recovery from the impacts of the pandemic for mothers and infants/young children disproportionately affected by COVID isolation and stress included the re-engagement of families in in-person services, re-connection with social determinants of health, and focused interventions to address maternal mental health and related issues affecting the mother-infant relationship.

In summary, the stressors introduced by the COVID pandemic significantly exacerbated existing mental health, substance use, and IPV issues for BTC mothers and children. *Healing Through Relationships* reflected our concern for families affected by limited service delivery during the COVID pandemic and subsequent lockdowns.

Who benefits from *Healing Through Relationships*

There is a relationship between unresolved trauma, mental health issues, and addictions problems in mothers, disorganized attachment in children, and children's mental health disorders. There is a significant association between poor quality mother-infant relationships and increased infant mental health diagnoses. Poor quality attachment is also associated with increased delays in the neuro-behaviour development of substance-exposed infants and young children.

Healing Through Relationships was developed to build on research that identifies the relationship between mother and child – in particular the attachment relationship – as the critical component for the development of positive mental health outcomes in children. The attachment relationship is equally and especially important for mothers who have experienced trauma; secure attachment with her children is essential for enhancing a mother's mental health.

Early parent-infant interaction provides the positive environment necessary for infants to develop. The quality of parent-infant interaction is affected by the qualities and behaviour of both. Normally, parents are sensitized and attuned to meet the needs of their newborn, but psychological distress, mental health problems, and drug and alcohol abuse have been shown to impair parents' ability to engage and interact with their infants in a satisfying way. Repetitive unsatisfying mother-infant interactions may have long-term consequences for the child, affecting the quality of attachment, and restricting the child's cognitive and socio-emotional development. Since early parent-infant interaction affects the development of an infant, it would seem reasonable to try to detect possible problems in the parent-infant interaction and intervene in early infancy.

With this context in mind, *Healing Through Relationships* was developed to support:

MOTHERS experiencing issues of substance use, trauma, IPV, and mental health, and their infants and young children disproportionately affected by COVID. All are clients at BTC, and are mothers experiencing poverty, unresolved trauma, mental health concerns, substance use, and other complex life circumstances. They are parents to infants/young children (birth to six years of age) with prenatal substance exposure and other risk factors.

INFANTS/YOUNG CHILDREN (birth to six years of age) whose mothers are clients at BTC. They come from families experiencing poverty, unresolved trauma, mental health concerns, substance use, and other complex life circumstances. The majority of infants/children have prenatal substance exposure and other risk factors.

BTC STAFF by embedding and delivering the Circle of Security-Parenting approach (COS-P) in BTC's wrap-around program and enhancing access to the maternal mental health group.

OTHER SERVICE PROVIDERS who work with mothers and children and who would benefit from the COS-P approach.

The focus of *Healing Through Relationships*

The project had two primary goals:

1 To decrease COVID-related isolation experienced by mothers and children who could no longer easily access supports for health and social services, food insecurity, and other social determinants of health; and

2 To increase access to the COS-P approach (described below) which is designed to enhance the mental health of mothers and prevent children's mental health problems.

The focus of *Healing Through Relationships* was to:

1 **Address pandemic-related barriers to accessing in-person services.** These barriers included not only financial barriers due to food/income insecurity but also concerns related to transmission of the virus – especially among unvaccinated infants and young children – while travelling on public transit in a large urban setting. The project provided instrumental support (that is, food vouchers and taxi chits) to enhance access to social determinants of health through BTC.

2 **Introduce and evaluate COS-P** to enhance maternal mental health and prevent children's mental health problems among the mothers and children seen at BTC who were disproportionately affected by COVID.

The COS method was developed as an attachment-based, early intervention method to support caregivers to become a secure base and safe haven for their children, in order to support secure attachment behaviours and a positive parent-child relationship. COS-P is an eight-week parenting program based on the COS method, designed for parents of babies and young children (birth to six years).

Through a supportive therapeutic relationship with the facilitator and using video review of caregiver–child interactions, parents are encouraged to reflect on their own attachment experiences from childhood. As a result, caregivers come to understand reasons for their reactions to their children's behaviour. They also become more reflective and empathic in their responses to their children's needs for both exploration and comfort, as well as to their emotional distress.

COS-P includes specific curriculum directed towards helping caregivers to identify and repair ruptures in the parent-child relationship that might have evolved during the COVID pandemic. Attachment research fully supports how valuable caregivers are in times of crisis or prolonged stress—even when those caregivers are unsure of their usefulness and value.

Using Circle of Security to Navigate COVID-19 - Circle of Security International

Basics of Circle of Security

What is the Circle of Security - Circle of Security International

Founding principles that underlie the Circle of Security models of intervention include:

- Attachment problems in infancy and early childhood increase the probability of psychopathology later in life.
- Secure attachment relationships with caregivers are a protective factor for infants and preschoolers, setting the foundation for social competence and promoting effective functioning of the emotion regulation and stress response systems.
- The quality of the attachment relationship is amenable to change.
- Learning, including therapeutic change, occurs from within a secure base relationship.
- Lasting change in the attachment relationship comes from caregivers' developing specific relationship capacities rather than learning techniques to manage behaviour.
- All caregivers want what is best for their children.

The Circle of Security is based on Attachment Theory. Providers with many different backgrounds and from many different disciplines are trained to help caregivers connect with the children in their lives. Their interventions for caregivers are all focused on helping caregivers reflect upon children's attachment needs in order to promote secure attachment with a child.

Children must feel the caregiver knows, accepts, and is committed to them. It isn't how much time a carer has with a child that determines whether the child becomes attached, it is the caregiver's commitment and their capacity to meet the child's emotional needs that spur attachment.

Circle of Security-Parenting is designed to help any caregiver understand children's attachment needs and to learn to meet those attachment needs even when the caregiver is stressed. Caregivers who complete the COS-P program have the opportunity to learn about children's attachment needs and also get to practice using the Circle to identify those attachment needs. In addition, when caregivers identify where on the Circle they struggle to meet their children's needs, they can begin to work to more often address their children's unmet needs on the Circle.

At the end of the COS-P Facilitator training, the Facilitator who has met the learning outcomes will be able to:

- Identify the fundamentals of attachment theory and key concepts of the Circle of Security approach.
- Identify the features of a safe learning environment for caregivers.
- Identify the ways in which a Facilitator can teach caregivers to use quality of relationship enhancement rather than behaviour management.
- Identify steps the Facilitator can take to build self-reflection in caregivers.
- Explain how to facilitate the COS-P model using video examples of parent-child relationships, the COS-P Facilitator manual, and handouts.

Evaluation studies of COS-P have demonstrated improvements in parenting stress, parenting alliance and practices, parental mental health symptoms, and emotional regulation, as well as improved caregiver understanding of children's behaviour and fewer negative feelings towards the child. In an investigation of caregivers struggling with opiate dependence who were parenting young children, following participation in COS-P there were reductions reported in substance use, depression, anxiety, and stress symptoms. Another evaluation study with low-income mothers and children attending a Head Start program indicated that caregivers displayed fewer unsupportive responses to their children's distress, as well as children showing improved inhibitory control, following completion of COS-P. Additionally, a more recent evaluation of COS-P demonstrated that mothers who completed the program had improved mentalizing (meaning a mother's ability to understand her own thoughts and feelings, as well as the thoughts and feelings of her children) and self-efficacy regarding empathy and affection toward the child, reduced caregiving helplessness and hostility toward the child, and reduced depression symptoms.

By implementing *Healing Through Relationships*, we were able to examine the efficacy of adapting this evidence-based parenting approach in a community-based setting serving vulnerable infants, children, and mothers. We also wanted to confirm reductions of risk factors for mental health problems in infants and young children through enhancing the relationship abilities of mothers experiencing trauma. Finally, we attempted to identify benefits of embedding this approach in BTC's multi-pronged community-based program offering a range of services designed to promote access to social determinants of health.

The steps we proposed to enable us to deliver and evaluate the evidence-based COS-P program within the context of BTC were:

Train and certify COS-P facilitators at BTC. We proposed to train five certified COS-P facilitators who would be BTC staff. The training would be conducted by Circle of Security International, the developer of the program. One of the trained BTC facilitators would be the primary COS-P facilitator responsible for delivery of the program and collection of data for evaluation of the project; the other facilitators were trained to both co-facilitate the group and provide on-site supervision of COS-P.

Deliver the COS-P program to BTC mothers. We estimated that the program would be delivered to five mothers per session, and that it would be delivered a minimum of five times per year for the duration of this project. The eight-week COS-P program would be offered to all mothers who consented to service at BTC. We anticipated that 50 mothers would participate in COS-P. Through the impact of the COS-P program on their mothers, a minimum of 50 children of the mothers who participated would be impacted as a secondary audience.

Receive consultation and fidelity coaching from Circle of Security International while the program was being delivered. We intended to ensure the fidelity of the program in its adaptation to a Canadian community-based setting.

Evaluate outcomes. Outcomes related to maternal well-being, health promotion, and mental health would be based on information from all women involved in the project and not just those who participated in COS-P. (These data are summarized later in this report.) Upon establishing the efficacy of COS-P in a community-based project through *Healing Through Relationships*, our intention was to seek funding to scale COS-P to other CAPC/CPNP programs nationally, in partnership with Circle of Security International.

Activities undertaken during the *Healing Through Relationships* project

***Healing Through Relationships* promoted access to social determinants of health and support for the mental health of mothers, their infants, and young children during the COVID pandemic.**

Objective 1

To decrease COVID-related isolation and increase access to health and social services by mothers experiencing issues of substance use, trauma, IPV, and mental health, and their infants and young children. The *Healing Through Relationships* project enabled us to:

- Provide support for transportation (taxi chits) to facilitate access to the COS-P group and BTC; mothers attending the COS-P program received a taxi chit to travel to and from BTC
- Provide food, food vouchers, and nutritional support to mitigate food insecurity issues that became more serious during the COVID pandemic; mothers received a food voucher for each group session attended

- Provide access to other health and social services through BTC's wrap-around model. In addition to the COS-P group, mothers were engaged (or reengaged after a break in service provision due to COVID lockdowns) in a range of health and social services, including addiction counseling, trauma/IPV counseling, service coordination in response to housing/income insecurity, developmental assessments of children, early childhood intervention services, childcare support as needed, probation and parole reporting, and early intervention services in the single-access setting provided by BTC.

Objective 2

To promote access to COS-P, an evidence-based parenting approach to enhance maternal mental health and prevent children's mental health problems. The research on risk and resilience confirms the efficacy of programs and interventions that start in the early childhood years to prevent behavioural disorders, child maltreatment, and mental health disorders in children from disadvantaged families.

Intervening early in the mother's relationship with her infant promotes better mental health outcomes for mothers and introduces protective factors for the prevention of mental health problems in children. *Healing Through Relationships* involved mothers of children from birth to six years of age, with the aim of improving maternal mental health, enhancing the mother-infant relationship, promoting secure attachment, and preventing mental health problems in young children throughout the lifespan.

The Healing Through Relationships project enabled us to:

- Train BTC staff as COS-P certified facilitators
- Receive weekly COS-P fidelity coaching from Dr. Neil Boris, Circle of Security International
- Deliver two concurrent weekly COS-P group programs for BTC mothers
- Provide follow-up data – mothers who participated in COS-P reported on their parenting stress, their efficacy and satisfaction with being a parent, and their parenting and child rearing attitudes.

Objective 3

To develop outcome measures and compile results in order to promote and disseminate the knowledge developed from this project.

Evaluation Activities, Objectives, and Goals

Evaluation activities included the following. We:

- collected demographic information from each family during the intake process of service
- tracked attendance and instrumental support at each service contact
- tracked attendance for the COS-P program
- collected data from mothers before and after participation in the COS-P group through questionnaires on parenting stress, parenting efficacy and satisfaction, and parenting attitudes, and
- tracked attendance for the COS-P certified training and collected feedback from staff

Evaluation objectives included:

Objective 1

To track and describe the involvement of all mothers and children engaged in BTC programming who received enhanced supports from the *Healing Through Relationships* initiative from September 2022 to March 2024 by collecting:

- descriptive data/demographics for all mothers and children
- service usage (that is, the number of services each family attended at BTC)
- support usage (that is, food and transportation supports provided)

Objective 2

To determine the impact of COS-P training on BTC staff and on mothers who participated in the COS-P program by collecting:

- number of staff who completed the COS-P certified training
- feedback from staff who received Fidelity Coaching from COS International and completed Fidelity Journals through measuring qualitative outcomes (transcripts of focus groups and relevant quotes)
- feedback from mothers who completed the COS-P group through
  - » pre- and post-group parenting questionnaires (including parenting efficacy/satisfaction, parenting stress, parenting attitudes/perceptions)
  - » maternal questionnaires (including relationships capacity, mental health symptoms, confidence to resist relapse)
  - » qualitative outcomes (obtained through focus group feedback)

Objective 3

To translate and disseminate the knowledge developed from this project broadly and to a wide range of audiences including project participants, service providers, allied community service providers, researchers, and policy makers by:

- authoring academic papers to describe the project; one academic paper has been submitted
  - » Andrews, N.C.Z., Lee, G.J., Firasta, L., Motz, M., & Pepler, D. J. (submitted). *Embedding the Circle of Security Parenting Intervention with an integrated program for mothers with substance use issues and their young children*
- submitting data to relevant conferences; one conference presentation has been accepted
  - » Lee, G. J., Firasta, L., Motz, M., Andrews, N. C. Z., & Pepler, D. J. (2024, June). *Healing Through Relationships: Evaluating an attachment-based parenting intervention within an early intervention/prevention program for at-risk mothers and children.* Poster to be presented at the Canadian Psychological Association Annual National Convention, Ottawa, Canada
- making the final report available on the Mothercraft website (in both English and French)

Evaluation goals included:

Goal 1

To understand mothers' satisfaction with and gather feedback regarding participation in the COS-P group

Goal 2

To examine the effectiveness of the COS-P group for mothers of young children, in the realms of self, parenting, and children

Goal 3

To examine changes mothers experienced in their understanding and their behaviours about parenting and in their relationship with their child as a result of participating in the COS-P group, as well as examining changes in their child's behaviour

Goal 4

To explore the impact of integrating COS-P within the comprehensive programming at BTC in order to understand whether and how mothers used concepts from COS-P in other programming, as well as how participating in COS-P supported changes for mothers and their children within broader BTC programming

Key Findings and Relevance

Fifteen mothers attended the COS-P group (93% completion rate) and six participated in focus groups we conducted to better understand their experiences in the COS-P group and subsequent changes.

Our analyses indicated positive changes in the ways mothers think about parenting and the mother-child relationship (internal processes), changes in their behaviours regarding parenting and relationships (external processes), changes in the child's behaviour, and evidence that mothers are able to apply COS-P concepts outside of the COS-P program delivery itself. This indicates that:

- an attachment-based parenting approach can provide benefits for mothers who live with challenging life circumstances and their young children, in particular when delivered within the integrated support and programming offered by BTC
- the opportunity for on-going and continued practice of the COS-P program's concepts with trained practitioners is critical to enhance mothers' attachment parenting practices
- in conjunction with sustained wraparound support, the COS-P approach can promote positive changes for young children and improvements in the mother-child relationship
- when COS-P is adapted to the unique situations of families living with challenges, mothers report improvements in their thoughts about parenting, positive changes in the way they parent sensitively and responsively, and positive changes to the attachment relationship and the child's behaviour

Detailed Findings

1. Qualitative Results

a. Mothers who participated in COS-P

The COS-P was delivered five times over the course of a year. The COS-P group was delivered weekly for eight weeks, with each session lasting approximately 90 minutes. Two BTC staff who were certified COS-P facilitators delivered each group. During the course of their group, the participating mothers received transportation assistance (taxi vouchers), food and nutritional support, as well as a range of health and social services from BTC. BTC provided childcare to the children while the mothers attended COS-P group sessions.

A total of 15 mothers attended the COS-P group. Eleven of these mothers attended the COS-P a second time in a subsequent session (total *N* = 26). The rate of the group completion was 93%. Groups included between three and five women. Facilitators offered flexibility in delivery method should a participant be unable to join the group. That is, in two cases, a parent-infant therapist delivered COS-P content individually. In addition, a group participant could also make up a missed session with a parent-infant therapist during other BTC programming, including in home visits.

The results of integrating COS-P into BTC programming demonstrate that mothers of young children (ages birth to six years) with vulnerability benefit from COS-P, when it is provided as part of integrated support and programming. Facilitators at BTC were able to model and extend the COS-P concepts within their own relationships with the mothers. That is, BTC staff built trusting relationships with the mothers by practicing the COS concept of 'secure base' and 'safe haven.' Intentionally modeling these behaviours allowed mothers to observe, learn, and practice the attachment-based COS-P approach with their own children. Given the importance of the therapeutic alliance, having a safe and supportive relationship between facilitators and participants likely allowed mothers to explore and practice lessons learned within COS-P.

Mothers reported very high satisfaction with their COS-P experience. A majority noted a welcoming atmosphere at BTC and a majority also noted that they found COS-P helpful, that they were able to apply learnings to their everyday life, and that they found specific topics of the group helpful.

"I think it's just such a perfect roadmap for parenting. I wish I had known about this earlier."

"I learned how to be a great parent, kind, understanding, and patient. I gained insight into parenting strategies that will make my life better."

Themes Emerging from Focus Group Discussions

Theme 1: Mothers recognized changes in the way they thought about themselves, their parenting, and their relationship with their children

COS-P encourages participants to reflect on themselves and their own childhood. Through these reflections, mothers could recognize the ways in which their past and present experiences had shaped their current approach to parenting and their interactions with their children. Through this introspection, mothers demonstrated increased motivation to be better parents, and they began to pay closer attention to their children's needs and development. Mothers reported several changes in the way they thought about themselves and their parenting which fell into three subthemes: self-awareness, confidence, and recognition of wants and needs. There was a lot of discussion about increased self-awareness. Awareness was related to mothers' parenting style, including how their own past experiences shape their parenting and the need for continued attention to and awareness of parenting practices.

> *"[COS-P] reminded me when you're supposed to let [children] explore and when you're supposed to take them back...I feel my own insecurities, my own PTSD might get in the way of it. But after seeing the circle of trust and the way it works, then I realized, 'okay, you got to give a little and let them experience and they'll come back when they need you'."*

Mothers also reported increased awareness of their child and child's needs. Some called this motherly intuition or having a better sense what a child needs. They also spoke about new awareness of small changes in their child's development, as well as understanding a new meaning to their role as a mother and how they can facilitate their child's growth.

The ability to respond effectively to a child's cues is an essential step in forming a secure attachment relationship between mother and child, which is critical to the child's development. Following COS-P, mothers' perceptions of their roles as 'secure base' and 'safe haven' improved, enabling them to view their children's behaviours as an attempt to increase connection, rather than a bid for attention. As mothers increased their awareness of the importance of responding to their children's cues, they also began to respond to those cues more readily. In addition, a higher sense of security and confidence results in children following their parent's advice and guidance and showing less separation anxiety.

"[I learned that] they need connection. That really stuck out to me…Sometimes when I get frustrated, I'll look at her and be like, 'okay, she's not [acting up] to get attention.' So, I remember that connection piece."

"I think [COS-P] made me more patient. More able to understand this is a process I just have to go with it, and that everything will happen in time when [my child's] ready. I can't rush the process too much. I can only facilitate her own growth."

In addition to increased awareness, mothers reported increased confidence in their parenting, for example helping them to make better choices in disciplining children. The other area mothers recognized changes was in relation to what they wanted for their children and for their relationship with their children. Mothers spoke about wanting to be a support for their child and wanting their child to come to them for support. This shift in attitude toward their children's behaviour prompted mothers to take steps to meet their children's emotional needs while also establishing appropriate, healthy parental boundaries. Consequently, mothers' confidence in their ability to effectively parent increased. Parenting confidence and competence are significantly correlated. Thus, mothers' increased confidence may lead to continued improvements in parenting skills and positive relationships with their children and others. When mothers are more attentive to their children's needs, provide for them, and spend quality time with them, they can develop a deep emotional connection and form a secure attachment relationship.

"It actually worked. And I feel that it would be easier for me to go on parenting knowing that I don't have to physically discipline her to make her listen to me…I learned reading [my daughter's] cue is the best way to deal with it."

"For me, one of my goals that's really important was that my children trust me, to be able to come to me when they need something, and to build their self-esteem, so that they can trust themselves and learn that problems can be solved when there's support. So, the Circle of Security really gave me the tools I needed to achieve this."

Theme 2: Mothers recognized changes in their behaviour and ways of interacting with their children

Mothers recognized changes in improved parenting skills and an improved relationship with family. In terms of parenting skills, mothers found that they showed more patience with their child and were more present with their child. Mothers were also better able to sense what their child needed and were able to provide their child with unconditional support.

"I feel more patient. I try to understand her needs a little bit better...[If] I feel she's getting overwhelmed, I might let her play for a few minutes before I put her shoes on, or before we rush out the door...I find that I try to look at it through her perspective a little bit more."

The impact of COS-P extended to mothers' other family members. Mothers spoke about improving their own communication skills, which resulted in better communication with others in their lives (e.g., a partner). Mothers spoke about being more emotionally mature in relationships, and how COS-P helped them better understand their experiences with their own parents and, through that, achieve some personal growth. These changes resulted in improved relationships between mothers and other family members.

"Yeah, my mom and I had troubles with communicating a little bit. Growing up, it was hard for me to come to her because I felt like she had so many responsibilities within the house to maintain...So, when I needed her for something, I felt it was hard to ask her. So now, I showed her the material and she looked through it. She was able to see, 'oh, okay, I can make myself more emotionally available for my child'."

Theme 3: Mothers saw changes in their children's behaviour and in the mother-child relationship

Mothers spoke a great deal about the changes they saw in their child's behaviour almost exclusively in terms of improvements. They also spoke about changes in how they interacted with their child. They could see that their current parenting style was different now than it was prior to the COS-P and that they were now better able to emotionally support their children. They also spoke about learning to prioritize the relationship with their child over other things in their lives.

"When I can help them organize their feelings, and I use this a lot, it changes their whole behaviour and response. Just sitting with them and going through what they're feeling. It changes their behaviour, and it validates them. I feel even if I don't have an answer for them or a solution -- just letting them know that what they're feeling is okay no matter what it is".

"I focus on her first, and then focus on the other thing... [COS-P] made me realize that I don't need to have everything done all the time, in order to spend time with her. I could spend time with her and then do everything else another time. And that made things a little bit easier. Like switching the most important thing from being the clean house to now, support the baby...and then the clean house will come."

There was also discussion of how COS-P concepts could be used with older children in addition to their younger siblings. One mother expressed sadness that she did not have these tools earlier to support her in parenting her older child.

"He comes to me when he is feeling he needs some nurturing, or some recovery time, or some attention. He still wants that special attention, as well. So, for me to understand that…even though he's grown, he still has a lot of the same needs, just to a different level. I can still read him in the same way."

Theme 4: Mothers were able to apply COS-P concepts during participation in other BTC services

A critical aspect of Healing Through Relationships was that COS-P was embedded within the integrated programming offered at BTC. Mothers were prompted to practice the COS-P concepts with their children during their participation in other BTC services, such as in the playroom or during home-visiting services. This allowed mothers to become familiar with the COS-P principles and concepts during the COS-P group itself, and then practice the specific teachings in their daily life with their children, through repeated exposure with the support of the BTC staff. Mothers were able to identify how attending the COS-P within the context of BTC offered additional benefits. More broadly, mothers also spoke about their ability to use the concepts learned in the COS-P in other areas of their life. They spoke about personal reflection; concepts were intuitive and universal and could be used to help mothers reflect on their own past.

"In the Circle of Security, I learned that my dad did love me and tried; he just didn't have the ability to do it to the point where it needed to be done. So that was something for me…[understanding] how I was raised and how that affects my parenting now."

Mothers also talked about the importance of COS-P being embedded within BTC and how that impacted their experience. Some spoke about the experience as being healing, particularly in the context of their issues with substance use – their involvement in BTC and participation in COS-P allowed them to really focus on improving parenting and strengthening relationships with family, rather than solely focusing on relapse. Finally, mothers talked about the impact of COS-P specifically related to their experiences of adversity. Many of them did not have positive parenting experiences in their own early development, and as a result lack information or healthy models for how to support their own children. They discussed the utility of the COS-P particularly for others like themselves who had experienced early adversity but wanted something different for their own children.

"It really does make a difference, because maybe someone wasn't raised with good parenting skills, or they are going to [parent] based off what they were raised…Taking [COS-P], they can see other parenting skills, and you will be able to open your eyes…I feel it would help a lot more for women who are struggling with addiction …. a lot of us have had a harder, rougher life. A lot of people haven't had guidance or whatever it may be. This kind of program is showing us there are different ways of parenting."

b. For BTC staff involved in the COS-P training

Focus groups were held with the BTC staff who were trained in the COS-P approach and who received weekly Fidelity Coaching from COS International. Five staff members participated in the training.

Theme 1: Feedback about the training

The staff were asked about their experience in the training provided by COS International. They responded that they appreciated the diversity of people in the training, using COS-P concepts within the training itself, and the importance of receiving training applicable to the unique population served by BTC.

Key learnings from the training and coaching were noted and included in particular the critical concept of 'ask, don't tell.' In addition, the emphasis on the importance of modeling relationships and parenting for the mothers was significant.

> *"The training emphasized that we need to be with mothers in our program the way that we want them to be with their children."*

Finally, the staff were asked to consider any lasting impacts from the training. Staff noted that the training provided a good reminder of always being aware of the importance of language used by both facilitators and mothers. The training also emphasized the need to support mothers to set realistic and manageable goals. Additionally, the concrete nature of COS-P concepts provided new insights for staff.

> *"I had to be realistic about what my goals were for them and recognize that the goals needed to be for them, not what I wanted for them."*

> *"I think [the core COS-P concept of] the Circle has allowed me to get a more tangible understanding of what secure and what insecure attachments can look like."*

Theme 2: Staff insights about various ways to deliver COS-P at BTC

The importance of integrating COS-P into other programming at BTC was highlighted by staff. In particular, the Connections interpersonal violence group was felt to be an important program for integration.

> *"I really think that in the new Connections [group], every mom should have a laminated copy of the [COS-P concepts] in front of them…Because I think that's going to be really important as they make those links between their history, their children, [and] themselves…I think that would make a really rich Connections group. If we make it kind of Connections-[COS-P] hybrid."*

Staff should have a clear understanding of mothers' readiness to participate and readiness for change, with respect to both their substance use and their parenting skills.

"As facilitators, I think we need to understand who it is we're delivering COS-P to, what stage of the change they may be at, in terms of both their recovery and their readiness to change in parenting, and set our goals and expectations accordingly."

COS-P concepts should inform group dynamics and facilitation. Facilitators should deliver programs with consistency and clear expectations, and should understand their role in setting goals; that is, to work with mothers to set their own goals, not impose goals on them. Staff noted that, when delivering the COS-P program, having a prior trusting relationship with mothers wasn't necessary, but it was helpful. In particular, the benefits of mothers taking COS-P more than once were noted.

"All the mothers have a desire to have a good attachment to their child, to have a secure attachment, to develop self-esteem in their kids. But it's almost like math, or spelling, right? You have to do it over and over and over again before it becomes something that becomes part of you [and your behaviour]."

Theme 3: The impacts of COS-P on mothers, children, and staff

The staff noted several impacts of COS-P on mothers, in their confidence and motivation to change and in their willingness to support one another. Staff could see mothers learning about themselves and their past experiences and how this impacts on parenting; mothers talked about the importance of this understanding so that they can make changes in parenting their children. The staff also reported that mothers developed their ability to use language learned from COS-P and could translate that to using different language for their children.

"As opposed to saying, 'my kids are being bad'...I think there's a lot of reflection on their own feelings in that moment. And now they're able to say 'oh, I'm feeling this and this must be uncomfortable.' They're able to label [their feelings]."

Staff also reported on the impacts of COS-P on children. While the impacts might be more observable with older children, staff also noted increased regulation and increased attachment security in younger children and infants.

"We saw a big shift in [her baby]. Because [mother and baby] weren't able to separate for a really long time in childcare. [After COS-P], the baby feels comfortable and being able to settle in the playroom and also engage and play with other people that weren't her mother."

The wide-ranging applicability of COS-P concepts on different parenting styles and for children of different ages was commented upon.

"It's a really lovely parenting map that you can use at different ages and it applies developmentally."

Staff observed that mothers were able to use COS-P concepts with their older children.

"[Mom now understands that] her older daughter is looking for connections, as opposed to being bratty, trying to be hurtful."

Finally, the impacts on staff who facilitated the COS-P group were remarked upon. They felt that the self-reflection and goal-setting across facilitation was challenging but helpful. The training and facilitating with other staff provided support and improved relationships between staff.

"[It was great] to be able to watch the staff learn and grow too and doing all of that together. Because it wasn't so much about me knowing more; but I think all of us were learning together. But also, as a person who's been here for a while and with fairly new staff, it really was beautiful to watch the unfolding of staff, both in their participation in the Fidelity Coaching, but in their growth in the facilitation with the clients. It was amazing."

2. Quantitative Results

[Note: The full report of the quantitative results is included in this report as Appendix A. Also, while there are some promising trends in the data, a limitation of this initiative is that it restricts us to immediate and short-term outcomes, which do not tell a complete story for families with mothers who struggle with mental health and addictions and are parenting infants and young children. We would expect that with continued practice and participation in the COS-P framework within comprehensive home- and centre-based early intervention services offered at BTC that there will be enhanced benefits for the mothers and children in the domains we are measuring. We intend to continue monitoring and assessing families with these tools.]

A total of 68 families received service as a part of *Healing Through Relationships*. Of these, 34 mothers completed detailed intake forms about their socio-demographics; substance use, relationship, and trauma histories; and presenting concerns. Mothers also completed detailed intake forms for their child who were receiving services at BTC.

A total of 19 mothers attended the COS-P group. Seven of these mothers attended the COS-P a second time in a subsequent session (total N = 26). The rate of the group completion was 88%. Prior to participating in COS-P, mothers completed a set of questionnaires that addressed parenting behaviour, maternal well-being, and maternal mental health, among others. Following participation in COS-P, mothers competed the same set of questionnaires. Information is available from 17 mothers who participated in COS-P; information is available about parenting for 21 children.

Measurement 1: Parenting knowledge and skills

When assessed on parenting efficacy and parenting satisfaction, comparing before participating in the COS-P to after, parenting efficacy increased slightly, though parenting satisfaction decreased slightly. When assessed on attitudes toward parenting and child-rearing, which provides an index of risk for behaviours known to be associated with child maltreatment, the risk scores were lower across all categories (with the exception of lack of empathy, which slightly increased) following COS-P compared to before.

Measurement 2: Parenting behaviour

Mothers were assessed on parenting stress in three dimensions: parental distress, parent-child dysfunctional interaction, and difficult child, as well as a total parenting stress score. Overall, parental distress scores were lower following participation in COS-P compared to before, but mothers' ratings that their child was difficult was higher after COS-P compared to before. Parent-child dysfunctional interaction increased and the total parenting stress decreased, though both by only a very small amount.

Measurement 3: Maternal mental health

Anxiety and depression symptoms were assessed using two different measures. On average, both anxiety and depression scores were slightly lower after participating in the COS-P compared to before.

Measurement 4: Maternal wellbeing

Mothers were assessed on relationship capacity across three main dimensions: the extent to which a person is comfortable with closeness (close), the extent to which a person can depend on others (depend), and the extent to which a person feels anxiety in relationships (anxiety). Close and depend scores both decreased slightly from pre- to post-COS-P. Mothers were also assessed to measure their sense of social support with friends and family. On average, perceived social support from friends was higher following the COS-P compared to before, but perceived social support from family was lower.

Measurement 5: Health promotion

The capacity of mothers to resist substance use was assessed. The assessment tool includes eight subscales that represent five 'personal state' situations and three situations that involve other people: unpleasant emotions, physical discomfort, pleasant emotions, testing personal control, urges and temptations, conflict with others, social pressure, and pleasant time with others. Scores were higher across all categories (with the exception of pleasant emotions, which was virtually unchanged) following COS-P compared to before.

Measurement 6: Satisfaction with COS-P and the overall experience

Following completion of COS-P, mothers completed a short satisfaction questionnaire regarding their experiences. Twenty-one satisfaction questionnaires were completed. Following each of five questions regarding

satisfaction with COS-P, there was space to write in additional comments. Mothers reported very high satisfaction with their experience in COS-P.

The majority noted a welcoming atmosphere at BTC. The majority of mothers also noted that they found the COS-P helpful. In terms of being able to apply learnings to their everyday life, mothers noted learnings both for themselves and for their children. Mothers found specific topics of the group helpful, including the 'bigger, stronger, wiser, kind' concept, as well as coming to an understanding of how they themselves were parented affects their own mothering. When asked what they liked best about COS-P at Breaking the Cycle, mothers expressed appreciation for the compassionate care from the staff, their many learnings, and the way they could apply learnings to their lives.

3. Implications and Conclusions

In addition to high satisfaction with COS-P, we found support for its effectiveness when implemented within BTC programming. Our evaluation highlights the changes mothers experienced as a result of participating in COS-P, including changes to their attitudes around parenting, changes to their parenting behaviour, improvements in their child's behaviour, and improvements in the mother-child relationship.

Critically, mothers were involved with COS-P while also receiving wraparound services from trained staff at BTC. This allowed them to continue to practice skills learned through COS-P with the support of a trained and trusted professional. This has important implications for the continued evaluation and implementation of COS-P.

> It is the combination of learning COS-P concepts along with sustained and supported opportunities to practice these concepts that is likely a key factor to enhance positive change.

Families who attend BTC have significant vulnerabilities, including substance use problems, mental health difficulties, and complex trauma histories. Past research shows the importance of long-term engagement in service to support the layered and complex needs of these families. It is probable that the impact of an eight-week parenting group like COS-P may have limited effectiveness without additional supports. All mothers who were part of the *Healing Through Relationships* initiative continue to receive services from BTC.

Thus, all mothers who participated in COS-P are still obtaining support in using COS-P skills with their children and in other contexts. Indeed, 32% of mothers attended the COS-P group twice. Though mothers were only included in focus group interviews following their first time completing the group, the fact that many mothers were encouraged to attend again, and chose to do so, underscores the need for continued support. After completion of the COS-P group, mothers were able to practice their newfound parenting skills, with facilitator support to guide them through their implementation with their children.

These results can be used by researchers, interventionists, and service providers who are interested in promoting the mother-child attachment relationship, by integrating the COS-P approach within the context of existing services.

Appendix A: *Healing Through Relationships* Quantitative Outcomes

A total of 68 families received service as a part of the *Healing Through Relationships* initiative. Of these, 34 mothers completed detailed intake forms about their socio-demographics; substance use, relationship, and trauma histories; and presenting concerns. Mothers also completed detailed intake forms for their child who was receiving services at BTC (*N* = 34).

Mothers' Demographics

Mothers were between 22 to 43 years old (M = 32.62, SD = 5.53) and had between 1 and 6 children (M = 1.96). The majority of mothers were born in Canada (79%) and spoke English (97%; though 33% spoke additional languages at home). Mothers reported their ethnic heritage as North American (39%), European (26%), Caribbean (10%), South Asian (7%), African (7%), and others.

Living Situation, Education, and Employment

Mothers lived primarily with their children (38%), with a partner and children (22%), alone (16%), and with other family or friends and children (16%), or in a group/shared environment (3%). Most lived in an apartment (66%), house (25%), or shelter/residential program (9%). About half of mothers' marital status was single (57%), with others being in common law relationships (26%), separated (13%), or married (4%).

The highest school grade completed by mothers ranged from Grade 8 to 13 (M = 11.17, SD = 1.35), with 47% reporting some post-secondary education. Most mothers were not currently employed (86%), with others employed part-time (10%) or full time (3%). 11% were actively seeking employment. Income came primarily from social assistance (38%), child care supplements (44%), disability insurance (41%), or some combinations of these.

Reasons for Service Use

Families were referred from a variety of sources, including BTC's pregnancy outreach program (36%), Child Protective Services (24%), hospital or community health centre (21%), self-referral (12%), and via supportive housing (6%). The majority of families (83%) had child welfare involvement, including for maternal substance use, domestic violence, parental neglect, and an unsafe environment. About half of mothers (52%) reported their own involvement with child welfare as a child.

Mothers reported struggling with polysubstance addiction, with primary addiction being to alcohol (26%), amphetamines/methamphetamines (19%), cocaine (16%), opiates (7%), and others. Histories of substance use included alcohol (85%), cannabis (78%), nicotine (67%), cocaine (66%), crack (46%), opiates (46%), amphetamines/methamphetamines (44%), hallucinogens (39%), heroin (37%), barbiturates (15%), and others. Mothers' trauma histories included emotional abuse (71%), physical abuse (65%), and sexual abuse (47%), and some mothers reported a history of self-harm behaviours (35%) and suicide attempt (21%).

Children's Demographics

Children were between 0 and 48 months old (M = 7.03, SD = 9.74), with 68% female and 32% male. Most children were in the custody of both parents (48%), with others in mother's custody only (44%), another family member's custody (4%), or in the custody of child welfare (4%). 27% of children had previously been separated from their mothers.

The vast majority of mothers reported using substances during their pregnancy with the child (91%), including use in the 1st (88%), 2nd (62%), and 3rd trimesters (56%). In addition to substance use, mothers described a number of risk factors to the child during the pregnancy, These included transiency (32%), poor nutrition (29%), domestic violence (27%), and minimal prenatal care (14%).

Circle of Security-Parenting

A total of 19 mothers attended the COS-P intervention. Seven of these mothers attended the COS-P a second time in a subsequent session (total *N* = 26). The rate of the group completion was 88%. Prior to participating in the COS-P intervention, mothers completed a set of questionnaires that addressed parenting behaviour, maternal well-being, and maternal mental health, among others. Following participation in the COS-P intervention, mothers competed the same set of questionnaires. For mothers who participated in the COS-P intervention twice, their final set of questionnaires is used (after participating for the second time). Analyses indicated no substantial differences in the pre- post-measures for mothers who completed the intervention once or twice. Information is available from 17 mothers who participated in the COS-P (fewer for some measures, in cases where someone may not have completed all measures). Some mothers completed parenting questionnaires more than once (to reflect their perceptions and behaviours based on more than one child); information is available about parenting for 21 children.

Parenting Knowledge and Skills

Mothers completed the Being a Parent Scale, which assesses **parenting efficacy** and **parenting satisfaction**. Comparing before participating in the COS-P to after, parenting efficacy increased slightly, though parenting satisfaction decreased slightly.

Mothers also completed the Adult Adolescent Parenting Inventory. This assesses **attitudes toward parenting and child-rearing**, and provides an index of risk for practicing behaviours known to be associated with child maltreatment. The scale comprises five subscales: inappropriate expectations of children, lack of empathy towards children's needs, belief in the use of corporal punishment, reversing parent-child family roles, and oppressing children's power and independence. Mothers receive a risk score on each subscale, where 1 = low risk, 2 = medium risk, and 3 = high risk. Risk scores were lower across all categories (with the exception of lack of empathy, which slightly increased) following COS-P compared to before. When considering the extent to which each individual's scores changed over time, risk scores decreased by .11 to .17 on average, across categories (except lack of empathy, which increased by .06, on average).

	Pre-COS-P		Post-COS-P	
	M	SD	M	SD
Parenting Efficacy	9.05	2.50	9.97	2.68
Parenting Satisfaction	13.52	2.50	11.79	3.53
Inappropriate Expectations of Children	1.75	0.55	1.72	0.58
Lack of Empathy towards Children's Needs	2.00	0.56	2.03	0.65
Belief in the Use of Corporal Punishment	2.00	0.32	1.88	0.42
Reversing Parent-Child Family Roles	1.85	0.59	1.66	0.55
Oppressing Children's Power and Independence	1.80	0.62	1.63	0.71

Parenting Behaviour

Mothers completed the Parenting Stress Index, which assesses mothers' **parenting stress** on three dimensions: parental distress, parent-child dysfunctional interaction, and difficult child, as well as a total parenting stress score. Overall, parental distress scores were lower following participation in COS-P compared to before, but mothers' ratings that their child was difficult was higher after COS-P compared to before. Parent-child dysfunctional interaction increased and the total parenting stress decreased, though both by only a very small amount. When considering the extent to which each individual's scores changed over time, parental distress decreased by 3.9, parent-child dysfunction decreased by 1.2, difficult child increased by 5.75, and

the total parenting stress score decreased by 1.35. The Parenting Stress Index is reported as percentiles; thus, for instance, mothers were almost 4 percentile points lower in parental distress following the COS-P, on average.

	Pre-COS-P		Post-COS-P	
	M	SD	M	SD
Parental Distress	67.57	19.07	65.43	22.31
Parent-Child Dysfunctional Interaction	48.00	24.80	48.20	26.37
Difficult Child	45.00	24.51	48.26	29.98
Total Stress	54.76	19.93	54.00	25.76

Maternal Mental Health

Mothers completed the Beck Anxiety Inventory to assess **anxiety symptoms**, and the Center for Epidemiological Studies Depression Scale to assess **depression symptoms**. On average, both anxiety and depression scores were slightly lower after participating in the COS-P compared to before. Individual scores decreased, on average, by 4.25 points for anxiety and 5.10 points for depression.

	Pre-COS-P		Post-COS-P	
	M	SD	M	SD
Anxiety	19.94	13.74	16.28	9.92
Depression	24.94	11.98	23.58	13.81

Maternal Wellbeing

Mothers completed the Adult Attachment Scale, which assesses **relationship capacity** on three main dimensions: the extent to which a person is comfortable with closeness (close), the extent to which a person can depend on others (depend), and the extent to which a person feels anxiety in relationships (anxiety). Close and depend scores both decreased slightly from pre- to post-COS-P. However, this scale is assessed on a 1-5 scale, so there is very little practical difference between an average score of 3.10 compared to 3.02, for example. Anxiety scores also decreased slightly. Mothers also completed the Perceived Social Support Scale to assess their sense of **social support with friends and family**. On average, perceived social support from friends was higher following the COS-P compared to before, but perceived social support from family was lower.

	Pre-COS-P		Post-COS-P	
	M	SD	M	SD
Closeness	3.10	0.73	3.02	0.84
Dependence	2.68	0.65	2.53	0.81
Anxiety	3.38	1.07	3.16	1.1
Social Support from Friends	13.00	6.01	15.08	4.42
Social Support from Family	11.75	6.30	10.15	5.88

Health Promotion

Mothers completed the Drug-Taking Confidence Questionnaire, which assesses the **capacity to resist substance use**. The questionnaire includes 8 subscales that represent five 'personal state' situations and three situations that involve other people: unpleasant emotions, physical discomfort, pleasant emotions, testing personal control, urges and temptations, conflict with others, social pressure, and pleasant time with others. Scores were higher across all categories (with the exception of pleasant emotions, which was virtually unchanged) following COS-P compared to before. On average across all categories, individual scores on confidence in resisting substances increased by 7.17 points (on a scale from 1-100).

	Pre-COS-P		Post-COS-P	
	M	SD	M	SD
Unpleasant Emotions	64.40	20.36	77.27	24.59
Physical Discomfort	88.00	15.19	89.85	16.25
Pleasant Emotions	93.60	7.22	93.38	12.80
Testing Personal Control	58.93	31.33	73.38	28.19
Urges and Temptations	60.27	25.32	77.85	21.35
Conflict with Others	78.27	19.87	82.00	26.16
Social Pressure	58.13	31.31	66.62	32.18
Pleasant Times with Others	69.07	24.68	73.54	28.31

Satisfaction with COS-P and the Overall Experience

Following completion of COS-P, mothers completed a short satisfaction questionnaire regarding their experiences. Twenty-one satisfaction questionnaires were completed. Following each of 5 questions regarding satisfaction with COS-P, there was space to write in additional comments. Mothers reported very high satisfaction with their experience in the COS-P intervention. The majority noted a welcoming atmosphere at BTC. One mother wrote: "Every time I go to [BTC], there's always a friendly and welcoming atmosphere. [If] I am having bad day and I need to talk or just a hug, there's always someone there."

Another mentioned that: "Staff have been more than accommodating with my up and down rocky circumstances." The majority of mothers also noted that they found the COS-P helpful. One said: "I learned how to be a great parent, kind, understanding, and patient." Another said: "Gaining insight into parenting strategies that will make my life better."

In terms of being able to apply learnings to their everyday life, mothers noted learnings both for themselves: "I can organize my feelings when needed, I know what to do when I hear my shark music;" "If I find myself upset, I know I just need a time to organize my emotions;" and for their children "I am able to recognize my child['s] emotional cup [as] empty or full;" "I look for cues that my child is giving to meet her needs." Mothers found specific topics of the group helpful, including the 'bigger, stronger, wiser, kind' concept, how to recognize shark music, as well as "understanding not only how I parent, but how I have been parented and how it affects me as a person and as a mother."

Mothers also noted the balance between parenting at the top and bottom of the circle. As one mother noted: "That you should be open to letting your child be at the top of the circle and always be there for them when they are at the bottom."

When asked what they liked best about COS-P at Breaking the Cycle, mothers expressed appreciation for: "The comradery between other clients and compassionate care from the staff," their many learnings (e.g., "Learning how to 'be with' my child in times of need"), and the way they could apply learnings to their lives: "Being able to put it to use in my life and have it actually work."

	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
I experienced a welcoming and friendly atmosphere in my contact with BTC	16 (76%)	4 (19%)	0 (0%)	0 (0%)	0 (0%)	1 (5%)
I found the service I received helpful	16 (76%)	4 (19%)	0 (0%)	0 (0%)	0 (0%)	1 (5%)
I am able to apply what I have learned in the program to my everyday life	17 (81%)	3 (14%)	0 (0%)	0 (0%)	0 (0%)	1 (5%)
I found specific topics of the group helpful	14 (67%)	7 (33%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
I found that some of the group topics were not helpful	0 (0%)	1 (5%)	0 (0%)	5 (24%)	5 (24%)	8 (38%)

“I learned how to be a great parent, kind, understanding, and patient. I gained insight into parenting strategies that will make my life better.”

Breaking the Cycle

Mothercraft®
Shaping Children's Lives Through Learning

For more information, please contact:

Mothercraft/Breaking the Cycle at **btcycle@mothercraft.org**