Mothers in Mind: A Relationship-based Intervention for Abused Women with Infants and Toddlers

Angelique Jenney, M.S.W.
Lisa Sura-Liddell, M.S.W.
Family Violence Services
Child Development Institute

OVERVIEW OF THE PRESENTATION

- Context of Violence in Families
- Research Informing Practice and Program Development
- Program Goals and Delivery Issues
- Mothers in Mind Program Model

How Research Informs Program Development

- Research on the effects of family violence on children and mothers
- Research on treatment issues and methodology
- Research on program evaluation techniques and effectiveness

Research areas that inform our programs

- Impact of Woman Abuse
- Abuse in Pregnancy
- Impact of Woman Abuse on Mothers
- Effects of Exposure to Domestic Violence on Young Children
- Impact of Domestic Violence on Parenting and Mother-child relationship

Why are we talking about this issue?

- 29% of women ever married, or living in a common law relationship have been physically or sexually assaulted by their intimate partners at some point in their relationship (Statistics Canada 2000)
- It is estimated that about half a million children are exposed to domestic violence EVERY YEAR in Canada (Dauvergne, & Johnson, 2001)
- Children who are exposed to woman abuse have similar adjustment problems to children who were themselves physically abused and rate significantly below their peers in areas such as school performance and involvement in social activities

Effects of Woman Abuse

- between 33-84% of abused women present with symptoms of post traumatic stress disorder (PTSD)
- up to 83% of abused women suffer from depression
- anywhere from 5% – 77% of abused women experience feelings of suicide
- a concerning number of abused women abuse alcohol (up to 44%) and/or other substances (up to 25%)
- Physical symptoms
Impact of Woman Abuse

- Post Traumatic Stress Symptoms
- depression
- issues of substance abuse
- hyper-arousal (poor response to stress)
- aggression or withdrawal in response to minor stimuli
- emotional numbing (appearance of indifference)
- issues of financial hardship and social isolation (impact of transience and homelessness)
- ongoing relationship issues with abusive partner

Impact of Abuse on Mothers

There is an increased risk of:

- negative maternal attributions
- perception of conflicting needs leading to lack of attunement and responsiveness
- reliance on child as source of comfort – inappropriate boundaries - parentification
- difficulties with soothing, comforting child in distress
- experience of child as “difficult”
- emerging attachment issues
- Lack of, or inappropriate discipline

Impact of Domestic Violence on Mother-Infant Relationship

Mother-child relationships may be impacted by difficulties with:

- maternal sensitivity, responsiveness and attunement
- absence of expectancies/contingencies related to child development
- frightened/frightening caregiver
- caregiver’s response to child’s distress

A Powerful Paradox

Children are often the reason that women stay in abusive relationships, entrenching parenting patterns over significant periods of time under the stressful influences of living with violence…but are often the most powerful motivator to leave.

Mother and child can sometimes serve as constant reminders to each other of earlier traumatic experiences…and yet the child’s relationship to the mother is the most powerful predictor of positive outcome….
Factors That Influence the Impact of Domestic Violence on Children:
- intensity/duration of violence
- proximity of child to violence
- physical harm to child
- availability of responsive caregiver
- witnessing harm to caregiver

Areas of Concern for Infants:
- anxiety, fear, depression, withdrawal
- excessive crying, difficulty with soothing
- PTSD symptoms (exaggerated startle response, emotional numbing, dissociation)
- eating/sleep disturbances
- decreased levels of social interaction (doesn’t initiate)

Assessment and Intervention Issues

ASSESSING THE IMPACT OF DV ON THE FAMILY
- Information Gathering - Contextualization
- Developmental Interview
- Observation
- Taking risk and protective factors into account
- Perspective of child/mother
- Make no assumptions…always ask

Intake Assessment Process: What Does Assessment Look Like?
Assessment process
- information gathering exercise that puts the experience of the violence into perspective
- ascertains context, representations, meaning and attribution using:
  - developmental history of the relationship/mother/child
  - current relationship issues
- emphasizes strengths and recognizes capabilities
- observation of mother and child relationship (particularly response to child’s distress)

Why is the Developmental Interview important?
The quality and character of the care giving relationship is influenced by the caregiver’s:
- own attachment experience
- own relationship history and experiences of care as a child
- response to attachment related issues (especially those triggered by the needs of the child)
- internal working model and mental representation of the self and others (particularly the child)
- defensive strategies

(Howe et al., 1999)
Mother-Infant Observation: What are we watching for?
- overall affective tone
- characteristic rhythms and patterns of expectancy
- response to baby appropriate and contingent with infant cues
- patterns of distress and comforting
- child reaction/relation to others
- separation experience (including mother’s understanding of infant’s experience)
- sense of efficacy and coordination
- comfortable emotional flow

Why Dyadic Work is so Challenging
- most evocative of all mental health interventions
- affective and other non-verbal communications predominate
- clinicians respond with more raw/unmediated emotions
- vulnerable and dependent state of child
- sense of urgency
(Seligman, 2000)

The Importance of the Clinician-Parent Relationship
- clinician-parent rapport is the key to successful intervention
- relationship building should be the focus of any assessment process
- clinician’s reaction as important indicator of underlying issues
- strong relational base will be protective factor in the event of child welfare reporting

Involving Child Welfare…
- Doesn’t have to be a negative experience – can be positive, supportive relationship
- Maintain role as support to the family and continue to provide services deemed appropriate
- Caution: Do not set up women to fail by offering them a service that is inappropriate for their particular situation
- Strong relationships are key

Mothers in Mind

RELATIONSHIP-BASED INTERVENTION
Dyadic work within a group context
- Dyadic Work
  - encourages awareness of and empathy for the child’s experience
  - attends to subtleties of disengagement and indicates areas of concern
- Group Context
  - decreases isolation and builds social supports
  - reduces secrecy/shame and self-blame
  - increases opportunities for learning
Why Intervention vs. Treatment?
- Providing service without inferring pathology
- Supportive based program
- Raising awareness and validation
- Intervening before identified problems begin
- Assists in early identification
- Referral for more in depth services as needed for both mother and child deemed at risk for more serious relationship difficulties

Mothers in Mind Program
- Relationship-based intervention with psycho-educational process components
- Interactive group for mothers with young children
- 12 sessions
- Intensive intake, assessment and group preparation
- Feedback sessions and evaluation components

Goals of the Program
- Assist mothers and their children in recovering from the negative effects of woman abuse
- Increase mother’s awareness of the impact that exposure to family violence may have had on their children and themselves as mothers
- Identify and promote positive parenting skills in regards to sensitivity and responsiveness to child needs
- Increase mother and child physical safety
- Encourage positive attachment processes (responding/protecting child who is distressed)

Additional Program Components:
- Infant massage/creative movement
- Relaxation instruction
- Resources and material support
- Food and transportation
- Peer mentors

Why Infant Massage?
- Physical benefits (research suggests that massage relieves pain from teething etc., aids with sleep problems)
- Reduces distress after painful procedures (i.e.: inoculations)
- Encourages parent-infant bonding
- Makes parents ‘feel good’ while they do it (Field, 2000)

Why Creative Movement?
- Encourages creative, fun interaction between mother and child
- Opportunity for children to express their emotions through movement and dance
- Improves children’s motor skills
- Provides mothers with creative tools to assist their children with transition times etc.
Why Relaxation?
- assists mother’s in learning how to regulate their own affect states to increase their ability to be present for their infant and regulate for them
- focus on body awareness techniques (ie: breathing exercises)

A Word about Material Support
- symbolic caring that reduces parental stress and therefore frees up caregivers to be more sensitive, responsive and available to their children (Howe et al, 1999)
- provision of food, assistance with transportation, baby items (such as clothes and toys), personal items for mothers
- motivates attendance

Group Format and Structure: Referral Process
- Referral Criteria
  - history of abuse as indicated by mother
  - recognition of potential impact of experience of abuse
  - infants and children under the age of four
  - mother and child currently living in safe situation
  - interest in participating in a group environment

Group Format and Structure: Sessions 2-4
- introduction to group
- introduction to ‘follow your child’s lead’ activity
- discussion of child development
- introduction to infant massage/creative movement component

Group Format and Structure: Sessions 5-7
- Sensitivity Building Concepts
  - sensitivity
  - acceptance
  - cooperation
  - accessibility
- Safety awareness
- Feelings

Group Format and Structure: Sessions 8-11
- Managing Stress
  - concepts of self-regulation/relaxation
- Self-Care
  - balancing infant needs with caregiver needs
- Self-Esteem
  - building competence
Group Format and Structure: Session 12

- Closure
- Feedback session

Evaluation Methods:

- Pre-post measure (Parenting Stress Index)
- Comparison of Intake and Feedback sessions
- Observation
- Sessional Notes
- Mother’s feedback
- Qualitative interviews

What has been most helpful?

- promoting positive mother-infant interactions
- increasing physical connectivity of mother and child
- responding to the emotional needs of mother
- dealing with the issues of father’s presence/absence, addressing custody/access issues
- providing resources to respond to tangible issues (child support, housing, advocacy needs)
- identifying potential sources of social support

Future Directions

- delivery of program in a variety of locations to meet the needs of women with young children
- language specific programming to meet community needs

THANK YOU

CONTACT INFO
Angelique Jenney, M.S.W.
Director, Family Violence Services
Child Development Institute
197 Euclid Avenue
Toronto, Ontario
Canada M5B 2P7
416-603-1827 ext.2279
ajenney@childdevelop.ca

Lisa Sura-Liddell, M.S.W.
Program Coordinator, Family Violence Services
Child Development Institute
416-603-1827 ext. 2306
lsura@childdevelop.ca