Integrating Research and Practice to Promote the Mental Health of High-Risk Infants and Young Children

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Mothercraft/Breaking the Cycle

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Breaking the Cycle

- An early intervention program that supports the mental health of infants and young children who are at-risk for maladaptive outcomes due to maternal substance use.
- Infant mental health is the developing capacity of the infant/toddler to:
  - Experience, regulate, and express emotions;
  - Form close and secure interpersonal relationships; and
  - Explore the environment and learn.

(Zero to Three, 2002)

Breaking the Cycle: Principles and Features

- A collaborative, community-based response
- A comprehensive, integrated, cross-sectoral system model
- Prevention through early identification
- Improved parenting skills and the prevention of child maltreatment
- “Single access” model with street outreach and home visitation components
- Evaluation: engagement, maternal health, parenting, child development and well-being

BTC PROGRAMS AND SERVICES

Addictions
- Relapse Prevention Group
- Recovery Group
- Life Skills Group
- Individual Counselling
- Connections Group

Developmental Clinic
- Screening and Assessment
- Developmental and Interactional Guidance
- Parent-Child Psychotherapy
- Home Visiting
- Early Intervention

Mental Health Counselling
- FASD Assessment/Maternal Clinic
- Pre-Postnatal Counselling

Health/Medical Services
- Basic Needs Support
  - Foot, Clothing, Transportation

Child Care
- Pregnancy Outreach Program
- Probation and Parole Services
- Parenting
  - New Mom’s Support Group
  - Nobody’s Perfect Parenting Program
  - Cooking Healthy Together
  - Parent-Child “Mother Goose” Program

BTC - CLINICAL PARTNERS

MOTHERCRAFT

St. Joseph’s Health Centre
St. Michael’s Hospital
Children’s Aid Society of Toronto
Catholic Children’s Aid Society of Toronto

Motherisk – Hospital For Sick Children
Toronto Western Hospital – Mental Health and Addictions
Toronto Public Health

BTC - RESEARCH PARTNERS

MOTHERCRAFT and YORK UNIVERSITY

University of Toronto
Queen’s University

Motherisk – Hospital for Sick Children
Theoretical Frameworks

- Attachment Theory
- Developmental - Contextual Theory
- Relational Theory
- Historical Trauma Theory

Development of BTC Program Evaluation and Research

<table>
<thead>
<tr>
<th>Engagement of high-risk families (Who?)</th>
<th>18 months</th>
<th>Two evaluators who had been involved from the development of the model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program development and outcome measurement (What?)</td>
<td>5 years, 10 years</td>
<td>Partner organizations and their students from a variety of disciplines became involved in research</td>
</tr>
<tr>
<td>Mechanisms of change and comparison of the intervention model (How?)</td>
<td>15 years +</td>
<td>Augmentation of research partnerships, further integration of research-practice model in training students at BTC</td>
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</tbody>
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Integrating Evaluation and Program Development

Examples of BTC Programs Developed from Research

- Pregnancy Outreach Program
- Connections Program
- Partnership with the Ministry of Community Safety and Corrections
- Supporting Security Intervention

Challenges of Clinical Research

- Engaging and following hard-to-reach families
- Conducting research at an off-site location

Benefits of Integrating Research and Practice to Community Agencies

“[BTC] has jolted research on this group of the population and added new knowledge. There has been an increase in research opportunities, especially in Canadian research.”

- BTC Steering Committee member, Children’s Health Sector
Benefits of Integrating Research and Practice to Community Agencies

“BTC is rich with possibilities because there are a lot of resources due to the collaborations. We can go beyond the limits of each single agency – people can really put their resources behind the ideas here.”

- BTC Steering Committee member, Addiction – Health Sector

Benefits of Integrating Research and Practice to Community Agencies

“It’s offered a whole new experience for our staff and volunteers.”

- BTC Steering Committee member, Child Welfare Sector

Benefits of Integrating Research and Practice to Students

Disciplines Represented:
- Pediatricians and medical residents
- Doctoral students in psychology and law
- Other post secondary areas including: medicine, midwifery, nursing, psychology, social work and early childhood education

Benefits of Integrating Research and Practice to Students

“Because of its clinical-research model, BTC is in the unique position of being able to provide credible information about the positive impact of its program. This ‘good science’ is critical as we work to develop policies and programs that respond effectively to the issue of substance use and parenting.”

- Doctoral Student in Law

Benefits of Integrating Research and Practice to Students

“As graduate students in school, we learn how to conduct research, but we rarely have opportunities to observe how research can be helpful to the community, or learn how research can be successfully integrated into clinical practice. [BTC] plays an important role in moving mental health services towards evidence-based practice.”

- Doctoral Student in Psychology
Benefits of Integrating Research and Practice to Students

“…I only wish more organizations were able to take this approach to client care.”
- Early Childhood Education Student

Benefits of Integrating Research and Practice to BTC Families

“BTC is different from other programs because it’s not just about quitting drugs, but about changing your whole lifestyle. They respond to our needs here. If someone has an issue that needs to be dealt with, the staff will start up a group to cover it. The children are the main focus here – that’s how they help us break the cycle.”
- BTC Client

Benefits of Integrating Research and Practice to BTC Families

“I like to be involved in the research and focus groups at BTC. It lets me be involved in helping other people understand the lives of mothers who use drugs and to see them differently.”
- BTC Client

BTC Program Evaluation

Purpose of Evaluation:
- Engagement of pregnant women/mothers with infants and very young children
- Maternal Functioning outcomes
- Child Functioning outcomes
- Mother-Child Relationship outcomes

Pregnancy Outreach Outcomes

“Early-Identified” vs. “Late-Identified”
(Peppler et al., 2002):
- Fewer prenatal risk factors
- Reduced prenatal substance exposure
- Fewer birth complications
- Higher birth weight
- Better postnatal health
- Reduced length of hospital stay
Maternal Functioning Outcomes
- Relationship Capacity
- Domestic Relationships
- Social Support
- Depression
- Anxiety
- Self Efficacy to Resist Substance Use
- Knowledge and Comfort in Service Use

Child Functioning Outcomes
- Developmental Status (cognitive, communication, motor, adaptive)
- Social-Emotional Development
- Executive Functions
- Sensory Processing
- Behaviour and Regulatory Capacities

Mother-Child Relationship Outcomes
- Maternal Empathy
- Parenting Satisfaction and Efficacy
- Parenting Sense of Competence
- Parenting Stress
- Maternal Emotional Availability
- Child Emotional Availability
- Overall Mother-Child Relationship Quality

Comparison Model Design

Preliminary Comparison Outcomes
- Increase in Social Support T1-T2
- Decrease in T2 Mental Health Difficulties \( RF = .11 \)
- Decrease in T2 Substance Use \( R(ESD) = .22 \)

Mother-Child Functioning as a Mediator
- Direct and indirect effects of cumulative risk on neurobehavioral impairment
Thank you