

## Learning & Acting Together- Perinatal Substance Use Webinar Series: Resource List

The following list of research articles, practice reports/protocols, and perspectives from women with lived experience describe the principles and practices identified by the [Provincial Perinatal Substance Use Project](#). They are provided as a go-to-resource for those developing or enhancing programming for women who use substances in the perinatal period. Keep in mind there are many other valuable reports that address and promote evidence based approaches, and this list is not exhaustive!

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#### *Quotes in this resource list were identified through:*

BC Women's Hospital + Health Centre, Provincial Health Services Authority (2020). [Rooming-in Guideline for Perinatal Women Using Substances](#).

Hubberstey, C., Rutman, D., Schmidt, R., van Bibber, M., & Poole, N. (2019). [Multi-service programs for pregnant and parenting women with substance use concerns: Women's perspectives on why they seek help and their significant changes](#). *International Journal of Environmental Research and Public Health*, 16(8), 3299.

Milligan, K., Usher, A. M., Urbanoski, K. A. (2017). [Supporting pregnant and parenting women with substance-related problems by addressing emotional regulation and executive function needs](#). *Addiction Research & Theory*, 25(3), 251 – 261.

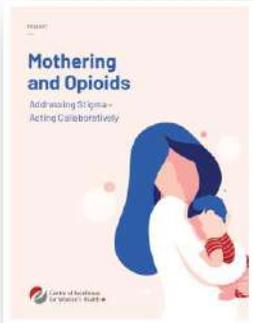
Nota Bene Consulting Group & Centre of Excellence for Women's Health (2017) [HerWay Home Phase 2 Evaluation Report](#).

Schmidt, R., Wolfson, L., Stinson, J., Poole, N., & Greaves, L. (2019). [Mothering and Opioids: Addressing Stigma and Acting Collaboratively](#). Vancouver, BC: Centre of Excellence for Women's Health

Wolfson, L., Poole, N., Morton Ninomiya, M., Rutman, D., Letendre, S., Winterhoff, T... Rowan, T. (2019). [Collaborative action on Fetal Alcohol Spectrum Disorder prevention: Principles for enacting the Truth and Reconciliation Commission Call to Action #33](#). *International Journal of Environmental Research and Public Health*, 16, 1589.

## Reducing Stigma

<b>Experience</b>	<p><i>“The unconditional kindness and support I received from [HWH staff]. When I relapsed or make a mistake, [she] responded in a calm and non-judgemental way . . . Everyone else made me feel damaged, whereas she didn’t. ...Her calm approach and continual affirmations of me have made the difference and are unlike how anyone else has responded to me.”</i></p> <p><i>“Mothers want to succeed. Don’t assume we are not trying, or that we choose the challenges we face.”</i></p>	
<b>Research</b>		<p><b>Howard, H. (2015).</b> <a href="#"><u>Reducing stigma: Lessons from opioid-dependent women.</u></a> <i>Journal of Social Work Practice in the Addictions, 15(4), 418-438.</i></p> <p><i>This qualitative study was undertaken to examine the experiences of opioid-dependent women during their prenatal and early postpartum care. A series of group interviews elicited the shared experiences of 20 self-identified postpartum women who used opioids during their pregnancy. Themes developed around internal stigma of shame and guilt, with the majority experiencing external stigma. Interventions should involve stigma reduction strategies that encourage women’s capacity to parent, as well as gender specific care.</i></p>
<b>Research</b>		<p><b>Marcellus, L. &amp; Poag, E. (2016)</b> <a href="#"><u>Adding to our practice toolkit: Using the ACTS script to address stigmatizing peer behaviors in the context of maternal substance use.</u></a> <i>Neonatal Network, 35(5).</i></p> <p><i>Women who are pregnant and newly parenting who use drugs and alcohol typically face significant negative attitudes, judgment, and stigma within their communities and from providers when they access health care. When nurses witness biased behavior or communication from their peers, they may feel distressed and unprepared to address the situation. The use of script guides or structured communication frameworks is one helpful strategy for rehearsing actions and responses. The ACTS script was developed specifically to address peer attitudes and stigma in relation to substance use during pregnancy.</i></p>

		<p><b>Kenny, K. S., &amp; Barrington, C. (2018).</b> <i><a href="#">'People just don't look at you the same way': Public stigma, private suffering and unmet social support needs among mothers who use drugs in the aftermath of child removal.</a></i> <b>Children and Youth Services Review, 86, 209-216.</b></p> <p><i>This study examines social relationships and social support among mothers in the aftermath of child removal. In-depth interviews were conducted with 19 women who use substances and thematic analysis was done to examine social relationships and patterns of social support. Findings highlight how unmet social support needs and stigma can act to deepen social blame and marginalization of mothers following child removal, impeding efforts toward family reunification and foreclosing other life opportunities. More mutually supportive, peer-to-peer spaces are needed to provide support to parents currently involved in the system and to challenge processes of stigmatization.</i></p>
<b>Practice</b>		<p><b><a href="#">Mothering and Opioids: Addressing Stigma – Acting Collaboratively</a></b></p> <p><b>Centre of Excellence for Women's Health</b></p> <p><i>This toolkit highlights advances the substance use and child welfare fields to bring forth approaches that are culturally safe, trauma informed, harm reduction-oriented and participant-driven. It invites people to think about how we can continue to improve our work, in partnership with the women who use these services. The toolkit is designed primarily for substance use and child welfare practitioners, as well as other service providers and health system planners who offer services to, or design services with, pregnant women and new mothers who use substances.</i></p>
		<p><b><a href="#">Action Framework for Building an Inclusive Health System</a></b></p> <p><b>Public Health Agency of Canada</b></p> <p><i>This table from The Chief Public Health Officer's Report on the State of Public Health in Canada 2019 includes examples of stigma practices, interventions and potential outcomes to address stigma in the health system.</i></p>

		<p><b><u><a href="#">Mothers' Experiences of Stigma: Multi-Level Ideas for Action</a></u></b>  <b>Canada FASD Research Network</b>  <i>Women who use substances in pregnancy and/or have children with Fetal Alcohol Spectrum Disorder (FASD) are highly stigmatized by the media, public, and health and social service providers. Social isolation, non-disclosure of alcohol and/or substance use, and not seeking or receiving the necessary support can be the result. This report discusses the context of stigma for pregnant women and mothers who use substances, implications, and recommendations.</i></p>
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### Wraparound, Multi-Service, Community-Based Programming

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Experience</b></p>	<p><i>“All the knowledge the staff has about so many things, like violence, MCFD, babies, etc. They are so involved too; and easy to talk to - e.g. when I texted [staff person] and she came to get me right away. They are non judgemental.”</i></p> <p><i>“They follow through with you. They hold your hand and help you figure out how to reach your goals and then they follow through. I’ve never been to programs where staff are so well respected and trusted. You feel so safe with them. They are so caring, so on-point.”</i></p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Research</b></p>		<p><b>Urbanoski, K., et al., (2018) <u><a href="#">Community networks of services for pregnant and parenting women with problematic substance use.</a></u> PLoS ONE, 13(11), e0206671.</b></p> <p><i>The authors describe the composition and structure of community care networks surrounding integrated treatment programs for pregnant and parenting women who use substances in selected communities in Ontario, Canada. This includes multiple service systems involving specialized substance use services, the broader health system, child protection, and social services. Findings showed integrated treatment programs commonly brokered the connections between other service partners and achieved a level of success in developing cross-sectoral partnerships, with child protection services, parenting and child support, and social services featuring prominently in the networks. In contrast, there was a lack of close connections with physician-based services, highlighting a potential target for future quality improvement initiatives in this sector.</i></p>



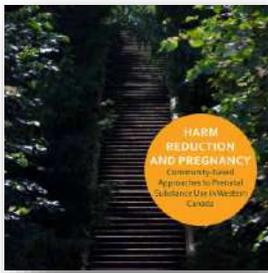
**Tarasoff, L.A., et al., (2018)** [Integrated treatment programs for pregnant and parenting women with problematic substance use: Service descriptions and client perceptions of care](#). *Journal of Substance Abuse Treatment, 90, 9-18.*

*Integrated treatment programs address the unique needs of pregnant and parenting women with problematic substance use. Despite the growth of these programs and evidence supporting their effectiveness, a clear picture of services that comprise integrated treatment is lacking. To address this gap in knowledge, the authors explored the services provided by 12 integrated treatment programs in one Canadian province. Integrated programs routinely provided substance use and mental health services, yet there was marked variability in other supportive services that address other central needs of women, such as prenatal and primary care, therapeutic childcare, housing and transportation support. An integrated program model that combines a focus on services to decrease barriers to program engagement (e.g., transportation, child care) and holistic service delivery (substance use plus mental health, housing, parenting education, child welfare support, food security) within a care setting that supports non-judgment is central to treatment success.*



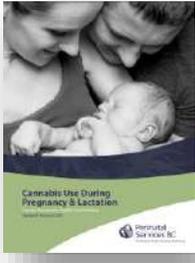
**Le, T.L., et al., (2019)**, [Levels and predictors of participation in integrated treatment programs for pregnant and parenting women with problematic substance use](#). *BMC Public Health, 19(1), 154-11.*

*Women who are seeking services for problematic substance use are often also balancing responsibilities of motherhood. Integrated treatment programs were developed to address the diverse needs of women, by offering a holistic and comprehensive mix of services that are trauma- and violence-informed, and focus on maternal and child health promotion and the development of healthy relationships. Using system-level administrative data from a suite of outpatient integrated programs in Ontario, Canada, the authors described the clients and rates and predictors of treatment participation over a 7-year period (2008–2014; N = 5162). Services appeared to have achieved reasonable levels of success in engaging women in treatment once they were in the program. Authors suggest studying the influence of program level factors (provision of child care, case management, prenatal care, case coordination with child protection services) on participation, and on how these relate to maternal and child outcomes as a future direction for research.*

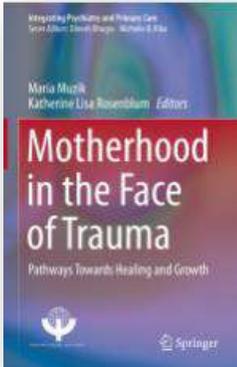
<b>Practice</b>		<p><a href="#"><u>Co-Creating Evidence Evaluation Project</u></a></p> <p><i>The Co-Creating Evidence project was a first-of-its-kind-in-Canada national evaluation involving eight multi-service programs serving women at high risk of having an infant prenatally exposed to alcohol or other substances. The project's research questions were: What are common elements of these diverse, multi-service programs? How do these programs reflect their community's context? What program components are (most) helpful from women's perspectives? What outcomes are being achieved and what are good measures to demonstrate outcomes? Several research articles covering various aspects of the findings have been published, and the study was featured in <a href="#"><u>a webinar</u></a>. Further reports on the practice and policy implications are forthcoming.</i></p>
		<p><a href="#"><u>Harm Reduction and Pregnancy: Community-Based Approaches to Prenatal Substance Use in Western Canada</u></a></p> <p><b>University of Victoria School of Nursing &amp; Centre of Excellence for Women's Health</b></p> <p><i>This resource provides a short introduction to harm reduction approaches during pregnancy and uses examples from programs across Canada that work with pregnant women and new mothers to illustrate harm reduction 'in action'.</i></p>
		<p><a href="#"><u>BC Pregnancy Outreach Program Handbook Supplement: Perinatal Substance Use</u></a></p> <p><b>BC Association of Pregnancy Outreach Programs</b></p> <p><i>This handbook identifies key aspects of support in the role of a pregnancy outreach worker. This includes working in a trauma-informed way, understanding addiction, cultural safety, and person-first language. Topics also include nutrition and breastfeeding support. The handbook is designed to ignite conversations, promote self-reflection, and support new ways of working with pregnant women and mothers who use substances.</i></p>

## Guidelines for Practitioners Providing Clinical Care or Counselling

<b>Experience</b>	<p><i>"She would let me come to my own decisions. She didn't try to impose her own opinions. That is very helpful. I have to come to my own decisions, e.g. my relationship with [my ex-partner]."</i></p> <p><i>"I feel safe here...It feels personal here, not at all clinical."</i></p>
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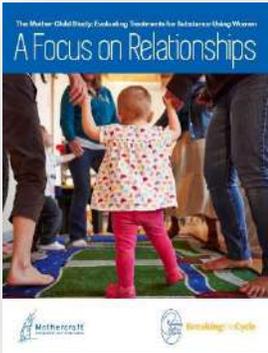
<b>Practice</b>		<p><a href="#"><u>Treatment of Opioid Use Disorder During Pregnancy – Guideline Supplement</u></a></p> <p><b>Perinatal Services BC</b></p> <p><i>This document contains an overview of care principles and treatment options related to opioid use in pregnancy. The guidelines emphasize the need for a non-judgmental, trauma-informed and culturally safe approach to care that accommodates patients’ individual choices and circumstances. Within this framework, the guidelines recommend a holistic and integrated care plan drawing on the full range of available long-term treatment options and harm reduction services.</i></p>
		<p><a href="#"><u>Doorways to Conversation: Brief Intervention on Substance Use with Girls and Women</u></a></p> <p><b>Centre of Excellence for Women’s Health</b></p> <p><i>This resource focuses on approaches to brief intervention with girls and women in the preconception and perinatal period, on a range of substances including alcohol, tobacco, cannabis and opioids. It emphasizes evidence-based approaches being used by Canadian practitioners and offers ideas for how to integrate conversations about substance use into to the work of nurses, physicians, midwives, anti-violence, sexual health, pregnancy outreach and Indigenous wellness workers.</i></p>
		<p><a href="#"><u>Cannabis Use During Pregnancy &amp; Lactation: Practice Resource for Health Care Providers</u></a></p> <p><b>Perinatal Services BC</b></p> <p><i>The purpose of this practice resource is to help health care providers facilitate conversations on cannabis use during pregnancy and lactation using a harm reduction approach that is women-centered, trauma informed and culturally safe.</i></p>
		<p><a href="#"><u>The Society of Obstetricians and Gynaecologists of Canada Clinical Practice Guideline – Substance Use in Pregnancy</u></a></p> <p><b>The Society of Obstetricians and Gynaecologists of Canada</b></p> <p><i>This guideline reviews the use of screening tools, general approach to care, and recommendations for clinical management of substance misuse in pregnancy. It is intended to increase the knowledge and comfort level of health care providers caring for pregnant women who have substance use disorders.</i></p>

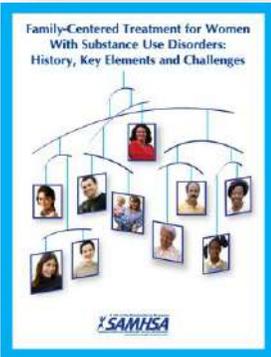
## Maternity Care

Experience	<p><i>"...having my baby come home from the hospital with me. Getting my kids back is the biggest thing. That showed me I'm done with my past lifestyle."</i></p> <p><i>"I was so happy when I got to sleep with my baby in the room."</i></p>	
Research		<p><b>Paris, R. et al. (2017) <a href="#">Project BRIGHT: An Attachment-Based Intervention for Mothers with Substance Use Disorders and Their Young Children</a>. Motherhood in the face of trauma: pathways towards healing and growth. Springer International Publishing, 181-196.</b></p> <p><i>This chapter describes the background, evidence base, conceptual framework, and practice parameters for an attachment-based evidence-informed dyadic intervention utilizing the principles of child-parent psychotherapy with mothers and infants impacted by substance use disorders. A strong focus of this chapter is to elaborate on the emotional needs of mothers in early recovery as they enter into the parenting role and on the needs of substance-exposed newborns and their role in fragile infant-parent dyads.</i></p>
Practice		<p><a href="#">Rooming-in Guideline for Perinatal Women Using Substances</a> <b>BC Women's Hospital + Health Centre, Provincial Health Services Authority</b></p> <p><i>This guideline identifies how to engage in the Rooming-in model. It illustrates what the practice can look like across the maternity care landscape, even when the physical spaces (e.g. private rooms) do not exist. In addition, guidance is provided on reinforcing Rooming-in practices such as breastfeeding and substance use, skin-to-skin contact, and safer sleep. The guideline also identifies Indigenous Cultural Safety as a core component of Rooming-in.</i></p>
		<p><a href="#">FIR Model of Care</a> <b>BC Women's Hospital + Health Centre, Provincial Health Services Authority</b></p> <p><i>Multidisciplinary team members from Families in Recovery (FIR) and the Provincial Perinatal Substance Use Project Team worked collaboratively to develop a renewed model of care for FIR. This model was developed to guide how services are delivered for pregnant women using substances requiring stabilization of substance use and pregnancy. The model of care is also translatable to other acute care settings.</i></p>

## Addiction Treatment and Support for Mothers and Children Together

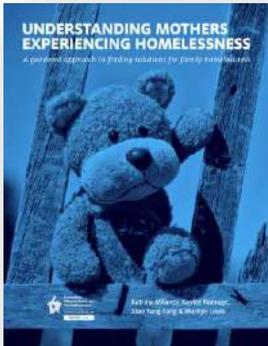
<b>Experience</b>	<p> <i>“It’s not going to be easy the first couple of weeks when he gets home [child is returned to mother’s care], he’s going to be all over the place trying to feel what he can do, what wrong or good. You have to be prepared that that’s going to happen. If wasn’t for them warning me, I probably would have ended up back using for sure.”</i> </p> <p> <i>“Coming from addiction and stuff like that, you get a lot of people who think you’re this awful person because you’re a mom and you’re addicted to drugs and that you deserve anything that’s happening to you. Here, you don’t really feel that way, right?”</i> </p> <p> <i>“I’ll never ever, ever forget these words. She said, if you’re committed to having this baby, we’re committed to helping you. So, just having one person say that ... Meant the world.”</i> </p> <p> <i>“It’s not what works for them, or CAS [Children’s Aid Society] or for whoever’s opinion. They always do what works for you, what makes you feel comfortable and what makes your child feel comfortable.”</i> </p>	
<b>Research</b>		<p> <b>Milligan, K. et al., (2017).</b> <a href="#">Supporting pregnant and parenting women with substance-related problems by addressing emotion regulation and executive function needs.</a> <i>Addiction Research &amp; Theory</i>, <b>25(3)</b>, 251-261.         </p> <p> <i>Treatment of maternal substance-related problems is often complicated by complex pictures of risk, including mental and physical illness and social-contextual risk. In motherhood, systemic barriers, such as lack of childcare and stigma, further complicate access and sustained treatment engagement. Integrated programs are designed to address this issue by providing treatment for substance use, as well as services to address other maternal, parenting, and child needs, ideally at a single access point. Despite growth in integrated programs, a common theoretical framework to inform service provision is lacking. This has resulted in considerable heterogeneity among integrated programs and hindered multi-site evaluation. This study sought to develop a theoretical model of integrated treatment for maternal substance-related problems, with a focus on the therapeutic relationship and how the relationship serves to support two common areas of need in this population: emotion regulation (ER) and executive functions (EF).</i> </p>

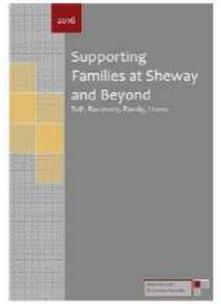
		<p><b>Marcellus, L. (2018)</b> <a href="#"><i>Social ecological examination of factors that influence the treatment of newborns with Neonatal Abstinence Syndrome</i></a>. <i>Journal of Obstetric, Gynecologic, and Neonatal Nursing</i>, <b>47(4)</b>, 509-519.</p> <p><i>Health care systems are challenged with issues of overdiagnosis and overtreatment. Neonatal abstinence syndrome (NAS) may be overdiagnosed with standardized assessment protocols and may be overtreated with current NICUbased models of care. Clinical approaches to caring for neonates with NAS and their families have not significantly changed for 40 years, and there is growing interest in revisiting long-standing routine practices. The author uses Bronfenbrenner’s social ecological systems framework to organize an exploration of factors that contribute to overdiagnosis and overtreatment in the care of neonates with NAS.</i></p>
		<p><b>Suchman, N. E., et al. (2017)</b>. <a href="#"><i>Mothering from the Inside Out: Results of a second randomized clinical trial testing a mentalization-based intervention for mothers in addiction treatment</i></a>. <i>Development and Psychopathology</i>, <b>29(2)</b>, 617- 636.</p> <p><i>This randomized clinical trial tested the efficacy of attachment-based parenting program Mothering From the Inside Out (MIO), a 12-week mentalization-based individual therapy designed to address psychological deficits commonly associated with chronic substance use that also interfere with the capacity to parent young children. Eighty-seven mothers caring for a child between 11 and 60 months of age were randomly assigned to receive 12 sessions of MIO versus 12 sessions of parent education (PE), a psychoeducation active control comparison. Results demonstrated the importance of addressing a mother’s subjective experience in the parenting role, while she is in recovery, and before addressing her parenting behaviors with her young children.</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Practise</b></p>		<p><a href="#"><i>The Mother-Child Study: Evaluation Treatments for Substance-Using Women – A Focus on Relationships</i></a></p> <p><b>Mothercraft &amp; Breaking the Cycle</b></p> <p><i>This evaluation report describes the findings from the Mother-Child Study that examined the Breaking the Cycle program model of relationship-focused service delivery, compared to standard care for pregnant women and mothers with substance use issues. The benefits of interventions that support the mother-child relationship are described.</i></p>

		<p><u><a href="#">Family-Centered Treatment for Women with Substance Use Disorders: History, Key Elements and Challenges</a></u> <b>SAMHSA</b> <i>This briefing paper looks at the role of family in the context of treatment for women with substance use disorders. It presents a Continuum of Family-Based Services with five progressively more intensive levels of family-based services.</i></p>
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### Housing Options for Pregnant Women, New Mothers and Families

<b>Experience</b>	<p><i>"I was in a really shitty situation. I was living with a friend. She was using drugs. I ended up in a shelter. I needed resources to help me with my pregnancy and with raising my baby, and I wanted help getting into different housing."</i></p> <p><i>"I wanted support and stable housing and getting addictions out of the way. I want to go home with my baby."</i></p> <p><i>"Getting suitable housing and reuniting with my son. We were in the SRO when I had the baby. Then he went into a foster home. Then we got housing and the baby was returned to us."</i></p> <p><i>"She (the staff person) also was a reference on the housing application. She also advocated for me with the Ministry for housing."</i></p>
<b>Research</b>	 <p><b>Slesnick, N. &amp; Erdem, G. (2013)</b> <u><a href="#">Efficacy of ecologically-based treatment with substance-abusing homeless mothers: Substance use and housing outcomes</a></u>. <b>Journal of Substance Abuse Treatment, 45(5)</b>. <i>This randomized pilot study tested the efficacy of an integrative treatment targeting mothers who were homeless and misusing substances with young children in their care. The mothers were randomly assigned to Ecologically-Based Treatment (n = 30) or treatment as usual (n = 30). The intervention group received 3 months of rental and utility assistance up to \$600 per month, case management services, and substance abuse counseling. The treatment as usual group received housing and services through the family shelter and community housing programs. Mothers receiving Ecologically-Based Treatment showed a quicker decline in alcohol frequency and a quicker increase in housing stability. Furthermore, with supportive services, two-thirds of women were successful in maintaining their apartments 6 months after rental assistance ended. Overall, findings offer support for the utility of housing interventions.</i></p>

		<p><b>Winship (2001)</b> <a href="#">Challenges in evaluating programs serving homeless families</a>. <i>Journal of Children and Poverty</i>, 7(2), 163-177.</p> <p><i>This article summarizes the research that has been conducted on families that are homeless and the limitations of this research for program evaluation. Six recommendations are made for meeting these challenges: evaluation from a coherent theory of change; setting reasonable and differential expectations for clients; strengthening linkages with other agencies that serve the same client population; increasing the emphasis on follow-up; utilizing prevention efforts to reduce the number of families that become homeless; and working for expanded low-income housing and expanded subsidies.</i></p>
		<p><b>Dashora, et al. (2012)</b> <a href="#">“Understanding my side, my situation, and my story”: Insights into the service needs among substance-abusing homeless mothers</a>. <i>Journal of Community Psychology</i>, 40(8), 938-950.</p> <p><i>This study uses a qualitative focus group research method to examine the needs of mothers who are homeless and misuse substances, recruited from a homeless families’ shelter. Twenty-eight women were engaged in three focus groups to identify their needs and acceptable intervention components. Content analysis of data revealed five major categories of needs: subsistence, employment, education and information, service, and counseling and connectedness needs. Findings of this study call for a multifaceted intervention approach that targets several areas of need in a coordinated manner.</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Practice</b></p>		<p><a href="#">Understanding Mothers Experiencing Homelessness: A Gendered Approach to Finding Solutions for Family Homelessness</a> <b>Katrina Milaney, Kaylee Ramage, Xiao Yang Fang &amp; Marilyn Louis – Canadian Observatory on Homelessness</b></p> <p><i>This study provides evidence to better understand how families become homeless, and the experiences of mothers and children as they move within various public systems while dealing with a history of violence, trauma, and poverty. Several recommendations, from an asset- or strength-based approach, to reduce structural barriers, bridge gaps between public systems, increase access and availability of supports and ensure cultural supports and trauma-informed care, are included.</i></p>

	<p><a href="#"><u>Building Community: Supportive Housing for Young Mothers – Research Summary</u></a></p> <p><b>Jeff Karabanow &amp; Jean Hughes – The Homeless Hub</b></p> <p><i>This research identifies the experience of young mothers living in a supportive housing initiative in Dartmouth, Nova Scotia called Supportive Housing for Young Mothers (SHYM). This research uses a case study approach to explore how tenants experienced SHYM, their quality of life, feelings of self-worth, and hopes for the future.</i></p>
	<p><a href="#"><u>Designing Common Spaces for Women-Centered Supportive Housing</u></a></p> <p><b>Atira Women's Resource Society</b></p> <p><i>This report delivers insights into the development of women-centered supportive housing through an investigation into the livability of one of Atira Women's Resource Society's buildings in Downtown Vancouver called Sorella. It applies intersectional feminist analysis to an examination of the building's design, focusing on common spaces to support the women and children who live there.</i></p>
	<p><a href="#"><u>Supporting Families at Sheway and Beyond – Self, Recovery, Family, Home</u></a></p> <p><b>Lenora Marcellus</b></p> <p><i>This longitudinal evaluation was developed to follow a previous evaluation of the impact of targeted funding received from the BC Ministry of Employment and Income Assistance (MEIA) to enhance housing specific and non-housing specific supports for Sheway clients and their children. This study followed 18 women who were current or former clients of Sheway for a three-year period. They were interviewed and completed demographic questionnaires at 6-to-12 month intervals during this time. Findings and recommendations are provided.</i></p>

## Trauma Informed, Strengths-Based Approaches with Indigenous Women

<b>Experience</b>	<p><i>“They give me rides to Four Directions for prenatal care. We learn about breastfeeding, traditional teachings, abuse and violence there.”</i></p> <p><i>“We know that traditionally, in our Indigenous culture, each member in a family unit has a role to play and we strive to convey their strengths as interwoven with Westernized practices and protocols. Our goal is to help alleviate any barriers to success that the family unit faces and to strengthen their identity and community wellness.”</i></p>	
<b>Research</b>		<p><b>Wolfson et al. (2019).</b> <a href="#">Collaborative action on Fetal Alcohol Spectrum Disorder Prevention: Principles for enacting the Truth and Reconciliation Commission Call to Action #33.</a> <i>International Journal of Environmental Research and Public Health</i>, <b>16(9)</b>, 1589.</p> <p><i>This journal articles describes eight tenets for Fetal Alcohol Spectrum Disorder (FASD) prevention that were developed to respond to the Truth and Reconciliation Commission’s Call to Action #33 on the need to develop collaborative, community led FASD preventive programs in Indigenous communities. The tenets highlight the importance of identity, culture and relationships as central elements of FASD prevention in Indigenous communities.</i></p>
<b>Research</b>		<p><b>Gonzales et al. (2018).</b> <a href="#">An Indigenous framework of the cycle of fetal alcohol spectrum disorder risk and prevention across the generations: historical trauma, harm reduction, and healing.</a> <i>Ethnicity &amp; Health</i>, <b>12</b>, 1- 19.</p> <p><i>This study uses qualitative focus group data to explore knowledge and attitudes about FASD, perspectives of risk factors for prenatal alcohol use, and generate ideas around culturally appropriate approaches to FASD prevention. The findings echo previous work by Evans-Campbell (2008) which describe the cyclical nature of historical trauma that spans across individual, family, and community levels. The authors use the findings to develop a framework that describes the historic, contemporary, or intergenerational risk factors for FASD and to further FASD prevention in Indigenous communities.</i></p>

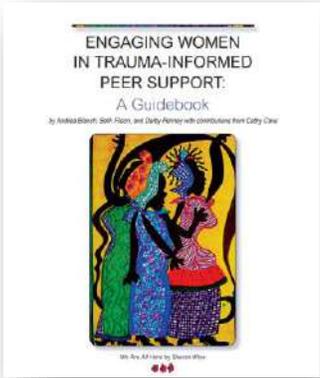
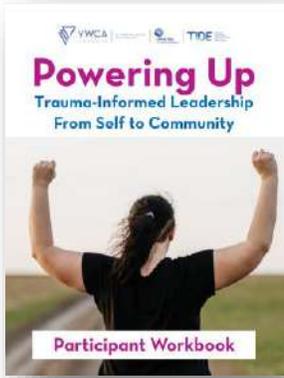
		<p><b>Nathoo et al. (2013).</b> <a href="#">Voices from the community: Developing effective community programs to support pregnant and early parenting women who use alcohol and other substances.</a> <b>First Peoples Child &amp; Family Review, 8(1).</b></p> <p><i>This study describes the model of single-access substance use prevention and support programs across Canada, using examples from the Maxxine Wright Place Project in Surrey, BC; the Healthy, Empowered, Resilient Program in Edmonton AB; HerWay Home in Victoria; and Manito Ikwe Kagiikwe in Winnipeg, MB. All four programs are guided by principles of engagement and outreach, harm reduction, cultural safety, partnerships, and supporting mother and child. Each program has drawn from Indigenous women's voices, worldview, and knowledge in their program design to create programs that honour the experience and teachings of Indigenous peoples.</i></p>
<b>Practice</b>		<p><a href="#">Indigenous Harm Reduction Principles and Practice</a> <b>First Nations Health Authority</b></p> <p><i>This fact sheet describes healing principles and harm reduction strategies drawing upon animal teachings and values and framing cultural knowledge and values into harm reduction strategies and services.</i></p>
		<p><a href="#">Revitalizing Culture and Healing: Indigenous Approaches to FASD Prevention</a> <b>Centre of Excellence for Women's Health &amp; First Nations Health Authority</b></p> <p><i>This booklet was developed to support existing and future FASD prevention and healthy beginnings programs for FASD prevention program planners and providers. It articulates the diverse approaches to maternal substance use prevention taken by communities and affirms the role of Indigenous knowledge systems and holistic wellness approaches in addressing substance use during pregnancy. The booklet highlights approaches from seven FASD prevention programs from the perspectives of the program leaders and offers actions and reflection questions that can be used when developing or expanding FASD prevention and wellness programs in Indigenous communities.</i></p>

		<p><a href="#"><u>Planning for Change Facilitator Guide: Workshop for First Nations Women about FASD Prevention and Skills for Change</u></a></p> <p><b>Best Start by Health Nexus</b></p> <p><i>This facilitator's guide was created to provide information and skills to support First Nations women in having healthy pregnancies. Facilitators are guided through building relationships, and using culture to guide workshops relating to alcohol use during pregnancy, self-care, ways to improve health, and supports for health changes.</i></p>
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## Empowered Mothers – Peer Support

<p><b>Experience</b></p>	<p><i>"Knowing that there are people who care about you, that there's a community. That helps me to make positive choices. It makes me want to do better."</i></p> <p><i>"I wanted connections with other mothers and knowing that there were groups I could do that would help me with being a mother with trauma and addiction."</i></p> <p><i>"[I wanted] to open up more; learn how to speak to others when they needed help; to share my story with others who were struggling; to help guide others on a positive path."</i></p> <p><i>"Definitely, the friends I've met here...The moms are both in recovery and are new moms. It's easy to relate to them and to get along; we have things in common and have the same aspirations and common goals."</i></p> <p><i>"[I like] meeting the other girls. We're not all the same, but we have gone through struggles, too. It's easier to get along with them because we understand each other's experiences. There is moral support. A lot of us are friends outside of HerWay Home. We started a Mom's Walking Group."</i></p>
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<p><b>Research</b></p>		<p><b>Rockhill, A., et al. (2015).</b> <a href="#">Peer Mentoring in Child Welfare: A Motivational Framework</a>. <i>Child Welfare</i>, <b>94(5)</b>, 125-144.</p> <p><i>Peer mentoring interventions for parents with substance use disorders who are involved with the child welfare system are relatively new, complex, individualized interventions and thus need to be understood both in regard to program efficacy and the processes of how they work. This qualitative study of the experiences of parents involved in a parent mentoring program suggested that certain practices helped motivate parents to think and act in ways that supported their goals and child welfare case plans. The three key mentoring practices that emerged were building caring relationships, providing guidance, and putting parents in charge. These practices promoted parents' positive self-beliefs (e.g., worthiness, competence), which helped motivate them to participate in services, cope constructively with difficulties, and more effectively manage behaviors and emotions. Drawing on Self-Determination Theory and Basic Psychological Needs Theory (BPNST) in particular, we propose a motivational framework for understanding how peer mentoring facilitates, or undermines, parents' motivation and results in their making progress on various aspects of their child welfare case. Implications for using the motivational model in future program development and evaluation efforts are discussed.</i></p>
		<p><b>Reekers, S. E., et al. (2018).</b> <a href="#">Signs of effectiveness of signs of safety? A pilot study</a>. <i>Children and Youth Services Review</i>, <b>91</b>, 177 – 184.</p> <p><i>The Signs of Safety (SoS) approach has been designed as a tool for professionals to support families and children referred to child protection services, aiming to prevent child maltreatment in early stages. The current study was conducted to give in-depth information on how the SoS-approach is applied to foster parental empowerment and build a cooperative partnership. Semi-structured interviews with seven SoS workers demonstrated that a cooperative partnership between social workers and parents was considered to be a prerequisite to establishing parental empowerment, and that the emphasis on parental empowerment contributed positively to a cooperative partnership between SoS-workers and parents. Overall, parental empowerment was associated with a reduction in the risk of child maltreatment.</i></p>

		<p><b>Kruk, E. &amp; Banga, P. S. (2011)</b> <a href="#">Engagement of substance-using pregnant women in addiction recovery</a>. <i>CJCMH</i>, 30(1), 79-91.</p> <p><i>This article reports on a qualitative study examining the experiences and recovery needs of substance-using pregnant women, with a primary focus on women's engagement by child protection services (CPS) in addiction recovery programs. Three core themes related to women's primary need for safety—the need for collaborative relationships with CPS, children as motivators for change, and needed modifications in the social environment—are discussed. Authors conclude there is a need for improvement for clear and consistent policy and practice approaches with pregnant women who are using substances, including guidelines for removing the child from parental care and seeking alternative placement.</i></p>
Practice		<p><a href="#">Engaging Women in Trauma-Informed Peer Support: A Guidebook</a> <b>Andrea Blanch, Beth Filson, and Darby Penney with contributions from Cathy Cave – National Center for Trauma-Informed Care</b></p> <p><i>The purpose of this guide is to help make trauma-informed peer support available to women who are trauma survivors and who receive or have received mental health and/or substance abuse services. It is designed as a resource for peer supporters in these or other settings who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups they are members of.</i></p>
		<p><a href="#">Powering Up: Trauma-Informed Leadership from Self to Community</a> <b>YWCA Toronto &amp; Centre of Excellence for Women's Health</b></p> <p><i>This workbook was developed in collaboration with women accessing services at the YWCA of Greater Toronto. It supports women to be a proactive part of helping the organizations they are connected to, to become trauma informed. It introduces participants to the principles of trauma-informed leadership, useful for self growth, working on teams that are changing agencies, and in bringing about change in their communities.</i></p>

	<p><a href="#"><u>Oh Shit, I'm Pregnant...Your Guide to Being Pregnant on the Street</u></a></p> <p><b>The Healthy, Empowered, &amp; Resilient (H.E.R.) Pregnancy Program, Streetworks</b></p> <p><i>This guide for women includes information on healthy pregnancy, delivery, and after pregnancy for pregnant and parenting women living on the street. It includes information on topics such as nutrition, STIs, talking with hospital staff, and dealing with postpartum depression.</i></p>
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