

**New understandings of mothering: Mothers in an abstinence-based drug  
treatment program**

Cathrine Fowler<sup>1</sup>, Chris Rossiter<sup>2</sup>, Juanita Sherwood<sup>3</sup> and Carolyn Day<sup>4</sup>

*International Journal of Mental Health and Addiction*, 2015, v 13, pp 173-184

---

<sup>1</sup> Corresponding author.

Faculty of Health, University of Technology Sydney, NSW Australia

<sup>2</sup> Contact author for proofs

Faculty of Health, University of Technology Sydney, NSW Australia

PO Box 123, Broadway, NSW 2007, Australia. +614 16128777,

[Christine.rossiter@uts.edu.au](mailto:Christine.rossiter@uts.edu.au)

<sup>3</sup> Faculty of Arts and Social Sciences, University of Technology Sydney, NSW  
Australia

<sup>4</sup> Discipline of Addiction Medicine, Central Clinical School, Sydney Medical School,  
University of Sydney, NSW Australia

## **Abstract**

This paper addresses the impact of substance dependence on women and their children. It examines a small innovative program that integrates parenting support with other rehabilitation for substance-dependent mothers. It uses a thematic descriptive approach to explore how four participants perceive their parental role.

The mothers report substantial changes in their understanding of motherhood and their relationship with their children. The paper addresses four specific subthemes: rethinking mothering; enhancing maternal capacity and competence; providing mother- and child-centred care; and managing child behaviour. The mothers reflect on the multidisciplinary program's role in facilitating a more accepting and realistic view of themselves as mothers, and developing appropriate skills and confidence. Their experiences highlight the value of intervention that acknowledges the parenting role and its complex inter-relationship with substance dependence. The program nurtures maternal insight; it supports them to address other aspects of their treatment and to develop sound, sensitive attachment to their children.

*Keywords:* mothers; children; substance dependence; parenting support; parenthood

## Introduction

Motherhood provides a significant opportunity for lifestyle change. Pregnant women and those with infants and young children are often highly motivated to make changes to provide their children with positive parenting experiences. There is now well-accepted evidence that links parenting behaviours with child mental and physical health outcomes (Center on the Developing Child at Harvard University, 2010). Despite this evidence on the importance of parenting, adult-based services often overlook the value of acknowledging and responding to the parenting needs of women with complex histories that include substance dependence (Scott, 2010). Yet this is a time when high-risk situations can be mediated for parents and their young children (Harden & Klein, 2011) through building parental confidence and competence.

A mother's substance dependence frequently has significant consequences for her children (Dawes & Harnett, 2007), especially if she has had limited opportunity to learn good parenting from her own parents. A cycle linking trauma, mental illness, incarceration, disadvantage and social exclusion is common, often across generations (Battams & Roche, 2011; Berry & Sellman, 2001; Taplin & Mattick, 2011). The mother can become distant and her role supplanted as other family members take over primary care of her children (Watson & Parke, 2011). In many instances, children are placed in out-of-home care with limited or no access to their mothers (Tonmyr, Williams, Jack, & MacMillan, 2011).

Mothers experiencing multiple and complex risk factors can be difficult to engage in intervention programs (Dawes & Harnett, 2007). A major impediment to access is their concern about being under surveillance when using parenting services (Harvey, Schmied, Nicholls, & Dahlen, 2012). Moreover, substance-dependent women are frequently identified as 'bad' mothers (Watson & Parke, 2011), significantly adding stigma and prejudice to the array of issues they attempt to overcome.

Interventions for substance dependence have aimed to disrupt the intergenerational cycle of dysfunctional parenting (DeFrain, Asay, & Geggie, 2010). Some focus on maternal self-efficacy or mothers' motivations to change and to give their children better childhood experiences than their own. Maternal wellbeing and confidence are crucial to developing the capacity to sensitively parent (Ngai & Chan, 2011). Targeting interpersonal resources and support assists women gain confidence as mothers (Ngai & Chan, 2011) and may interrupt intergenerational patterns of dysfunctional parenting. To engage mothers at the time of potential change within treatment programs requires the inclusion of child sensitive approaches to care (Trifinoff, Durasingam, Roche, & Pidd, 2010). This approach is not without challenge, as caring for an infant or young child is both physically and emotionally demanding.

Many children whose mothers have complex needs come in contact with child protection agencies on either a voluntary or involuntary basis (Arney, Lange, & Zufferey, 2010). However, not all substance-dependent mothers require intervention by child protection authorities (Taplin & Mattick, 2013), especially those prepared to

seek early parenting assistance and/or who have adequate and appropriate parenting support networks.

The current paper reports a study of an innovative and sustained program addressing the parenting needs of women with substance dependence and reports findings about the new understandings of mothering that emerged.

### **The Integrated Program**

[Organisations' names] jointly developed an Integrated Program in 2008 to address the needs of women with a substance dependence who have young children. It was designed to provide early intervention for these high-risk families who pose significant challenges for alcohol and other drug (AOD) treatment services, for the health system and, ultimately, for the education, child welfare and justice systems.

The program is an example of collaboration between two different organisations. [first organisation name] is a small inner-city AOD treatment organisation, providing abstinence-based residential rehabilitation for seven women and their children, and supporting another nine families through a long-term aftercare program. The program targets women who: have a history of substance dependence, are homeless and have children aged 12 years or younger. [Organisation 2] is a parenting organisation providing support and advice for parents and early intervention for parenting problems (organisation ref).

Two registered nurses from [Organisation 2] with qualifications in child and family health (CFH) nursing work with mothers in the residential program; they

include the mother's case manager at each weekly session. The nurses use validated parenting assessment tools and other parenting development approaches that facilitate positive parenting feedback to the mothers. They adopt a partnership approach that creates an atmosphere of trust and respect (Davis, Day, & Bidmead, 2002), allowing the nurse to challenge maternal constructs and behaviours that may not be in the best interests of the infant.

Crucially, each session with the mother is a collaborative process where the mother, nurse and AOD worker participate and focus on the child and the mother's parenting capacity, development and understanding of her child's physical and emotional needs. This approach enables capacity building of the mother, CFH nurse and AOD worker; a sharing of expertise and co-production of knowledge.

CFH nurses also participate in team meetings and case conferences at [Organisation 1]. This facilitates professional knowledge-sharing between nurses, AOD workers and other professionals (e.g. psychologists, art therapists) involved in the program. This collaborative approach also enables [Organisation 1] staff to reinforce the strategies and decisions made with the mother at times when the CFH nurses are not present.

Despite different service models, both organisations understand the importance of early intervention and emphasise building parenting capacity. They recognise the potentially positive outcomes for the mothers and their children of combining their clinical knowledge and skills in AOD abstinence management with early parenting support and education.

The Integrated Program offers intervention that is unique in many ways. The key distinguishing components include a focus on: each mother as a whole person with a range of psychosocial needs separate from (but related to) their substance dependence; women as parents and as part of a wider family and community; and children and their distinct circumstances and needs.

### **Research Design**

This paper reports part of a larger in-depth study that included observation of interactions between the mothers and staff of both organisations, and semi-structured interviews with mothers, health professionals and other stakeholders. This component of the research aimed to develop rich accounts of the women's experiences as they engaged in intensive mothering, resulting in new experiences and insights.

The research uses a qualitative descriptive approach with a focus on the question: what do mothers learn from their experiences of the program? It specifically utilises data from semi-structured interviews with four mothers participating in the program. All were living with at least some of their children. Qualitative description enables the researcher to stay close to their data while summarising everyday events (Sandelowski, 2000). This approach aims to know the who, what and where of events (Sandelowski, 2000). Qualitative description provides a rich account of experiences or events and can assist in exploring the first-hand experiences of participants (Neergaard, Olesen, Andersen, & Sondergaard, 2009)

## **Data analysis**

This paper developed a thematic descriptive approach to work with these data. This approach requires a reflexive and interactive analysis process, which is continually modified as new insights occur (Sandelowski, 2000).

Researchers used a two-layered approach for the data analysis. First, thematic content analysis used the qualitative data management software, MAXqda. Written data were uploaded into the MAXqda software, enabling analysis into broad themes, initially identified by two members of the research team. Constant revisiting and reconsidering occurs rather than a linear approach to coding (Elo & Kyngäs, 2008). These groups of data were then distributed to members of the research team for more detailed analysis. Secondly, team members reviewed the available data to confirm the fit with the identified themes, resulting in major themes and subthemes (Table I).

[Insert Table I]

## **Ethics**

The study received approval from a [University] Human Research Ethics Committee. The mothers and staff from both organisations involved in the study gave informed consent to participate. Study data were de-identified during analysis and participants' names have been changed in this paper.



## Results

The study identified a major theme emerging from the interview data: new understandings of mothering<sup>5</sup>. This theme has four specific subthemes: rethinking mothering and other constructs; maternal capacity and competence; mother- and child-centred care; and child behaviour outcomes.

### Re-thinking mothering and other constructs

As the women developed their confidence and skills and began dealing with the issues and challenges of remaining abstinent, they also developed new constructs and beliefs. They started to challenge their pre-existing constructs of mothering. This mother learns how important notions of sobriety are to the well-being of her children. Importantly, she recognises that her own actions have repercussions.

[Org 1] put the confidence in ... they put the ball back in my court ... because I put the blame game on a lot of my life and a lot of people that were in my life at the time, it was their fault I did this and their fault I did that, and then as soon as I relinquished that and took my responsibility back for [my] own actions I could learn to change what my actions were and think about the repercussions (Ruby)

---

<sup>5</sup> This paper largely refers to 'mothering' rather than parenting. For the families involved in the Integrated Program, fathers were generally absent or were identified as a negative influence. Participants in this study mostly referred to themselves as mothers.

Another mother describes realising that her children could have a life trajectory different from her own and that she could have a positive role in their future. She describes re-interpreting her understanding of her influence on her daughters.

When [Org 1 psychologist] explained that to me, I knew then that it wasn't my blackness that I'd been carrying around all my life. So I just got this sense of freedom. I got this sense that I wasn't going to inherently pass it onto them. See, I had this belief that the girls were doomed because they were my children ... It was just something that I was going to give them without even knowing. So when [Org 1 staff] helped me around that stuff and helped me identify what my mental issues were, a lot of them were alleviated. So then, when I dealt with the girls, it wasn't as much hard work because I sort of was like trying to make them hard because I sort of had this set belief they were going to be hurt a lot in life. (Jo)

Another mother reflects on her new understanding of herself and her role in raising her daughter safely and appropriately:

I think that she never - she couldn't trust me. I wasn't anything secure for her. I was her mother and of course all kids love their mother. But I wasn't safe ... I could never say that back then because I thought I was mother of the year. But now, with what I know, I couldn't imagine what they went through. (Lucy)

Having their mothering abilities reinforced is both affirming and a powerful motivator. In Sarah's case below, her own expectations needed both adjustment and affirmation – being “good enough” is enough.

I think the biggest message [CFH nurse] had for me was that I only had to be a good enough mother and I was good enough. Nearly every week she would come and she'd say how great I was doing. She'd tell me all the things that I was doing right. (Sarah)

Self-doubt is evident in the excerpt below, where Sarah is able to compare herself with “normal people”. It also highlights the complementary clinical and relational approaches used by staff at both organisations, where the mother identifies her need to stay in the moment with the child rather than using more adult abstract thinking that attributes the child's emotional state to a history of separation rather than to a more immediate and mundane concern.

It was really nice to know how normal people deal with things. That normal people go through all these same things as well. I remember ... when we got [here], [my son] was just adjusting to the separation of his father. His father was just suddenly out of his life. So my thinking was if I saw [my son] upset during the day I'd go ‘oh you're feeling really sad about your Dad right now aren't you?’ [AOD worker] would go, ‘no, he's feeling sad because you took his sandwich away. Don't make it about anything more than a sandwich.’ I'd go ‘ah’. (Sarah)

The following example illustrates how experiencing feelings of being valued without any expectation of getting “anything out of me” was very new for one mother. Although the lunch never eventuated because she felt overwhelmed by the new experience, the intent and genuineness behind this seemingly normal invitation made this mother feel special.

When [nurse] was booking in my last session with her she said ‘let’s make our last session a lunch date and I’ll take you out to lunch’. I felt really special and I actually cancelled on her because it was a bit overwhelming. But I thought ‘oh my God a program like [Org 2] thinks I’m important enough to take me out for lunch on our last session’. In my addict mind I was thinking ‘they can’t get anything out of me, I’m leaving. So what do they want from me?’ I couldn’t believe that I would be that special. It was just - the whole thing was just great... I felt really valued and I was like - wow. (Sarah)

### **Developing maternal capacity and competence**

A significant aim of the program is developing maternal capacity and competence. Learning childcare tasks is not difficult. The complexity occurs in developing maternal insight or the ability to understand the child’s experience, especially if the mother’s needs were not acknowledged during her own childhood. The first example demonstrates the mother’s growing insight about the importance of addressing her children’s emotional needs at different developmental stages and the potential consequences of not doing so. The second example illustrates the impact of

being drug-free and the mother's reflection on how the drugs affected her ability to parent.

[I've learnt] awareness... Just more around what their emotional needs are, what they expect, what I need to give to them and how that measures in with their growing, because if I approach things in the wrong way, it just - retaliation happens. (Lucy)

Now without any substances it's quite different and I can be present as a mother, I know what's going on, I don't miss a trick. I try to turn off sometimes, but I still don't miss a trick. (Ruby)

The next example demonstrates that the mother can describe a shift in her parenting style from a directive parenting approach to a more collaborative approach with her children. Her phrase 'present in the moment' signals being emotionally available to her children as well as providing for their nutritional needs.

That I'm present in the moment probably, that I can actually sit down and have a conversation with them rather than going, 'can you go and do that or can you do this, or sit down and eat your dinner'. It's like, 'well what would you like for dinner?' Like, it's actually present in the moment stuff. It's not my life, them revolving around in my life. It's my life revolving around them now. (Ruby)

For most parents visiting the shopping centre is frequently challenging. One mother describes an incident where she handled a common parenting situation very differently from previously.

Yesterday I took the kids to K-Mart to buy some stuff and they were playing up and I just thought 'I can stand here and look like a raving lunatic in the middle of the shopping centre, or I could buy them everything they wanted to shut them up'. So what I did was I put everything back on the shelf and went 'that's it, we're going'. Both of them just looked at me just really shocked. I said 'that's it, we're going - no more'. (Jo)

Parenting capacity and competence require the ability to integrate tasks and to learn basic life skills such as cooking. This mother describes her experience in the program and the opportunity to put the elements of preparing a meal into practice.

It wasn't just the parenting or the drug and alcohol [treatment], it was everything put together. The budgeting, the ... cooking. You had to pick a recipe once or twice a week to cook and you had to ... put that into a budget, which went on the shopping. Like just the smallest of small things that you wouldn't think matter, but they do, and these days I can manage the budget. I can manage my time, manage my housework to a degree. (Ruby)

Supporting mothers to practise their parenting skills is a crucial component of the learning process as it helps build parenting confidence and competence.

When I was in [Org 1] I spent a lot of time with [Org 2] and the staff - practising that routine. So sometimes [nurse] helped teach me how to settle them in bed, at their different ages - at like two and a couple of weeks old. Now they're so used to that routine and I am too, that it's no problem - so that's great. (Sarah)

Well a long time ago I started practising how to talk to the children in an appropriate way. Talk to them about their emotions and how to explain things to them. So that they would understand for their age. So because I've gotten heaps of practice at that and [Org 2] taught me how to do it. (Sarah)

Not only have the mothers identified their enhanced parenting competence but also their ability to reflect on the changes. Following a question about what had changed, this mother responded:

Probably 'what hasn't changed?' would be the simpler question ... . What has changed? My role in my responsibility as a parent, my communication skills with my older children as well as my patience level with the young one.

(Ruby)

#### **M other- and child-centred care**

Staff of both organisations make a concerted effort to ensure the program is mother- and child-centred. This approach acknowledges that when many women

become mothers they are motivated to stop misusing drugs and other substances.

Completing the program requires being able to manage the stress of parenting without additional staff support. If this occurs she has the potential to continue on her rehabilitation pathway. If the stress of parenting becomes overwhelming, without support the mother is likely to return to her previous lifestyle.

The first example highlights the importance of working with individual differences. The second demonstrates the continuity of support provided by staff from both organisations to assist the mother address a specific parenting concern:

Because it is individual case work, they've really got the time for that person because that's their case. So it was really individualised and personalised because every case is different, every person is different, every parent's different, every child's different. (Ruby)

So when I was working on - with [nurse] - having [my son] sleep in his own bed. One of the staff members stayed up with me for about three hours one night at one o'clock in the morning, telling [my son], 'no you have to sleep in your own bed'. I gave it a go myself for about two hours and then I couldn't take it anymore. So I went and got the staff member and she was saying, 'Mummy's patted you enough, it's time to go to sleep'. (Sarah)

The next example illustrates the importance of a trusting relationship for this mother who continued to tandem feed her toddler after the birth of her second infant.



Because at the hospital they asked for the breastfeeding specialist to come and see me. They didn't actually make it to come and see me but they gave the nurse at the station a message to tell me that it should be fine to keep both of them on the breast. So it was lucky that I had [nurse] and I had a trusting relationship with her. Because as soon as she said 'well [my baby] is losing weight so let's just take [my toddler] off because he'll be fine without it', I went 'yes'. (Sarah)

Breastfeeding is a significant achievement for this woman and far exceeds the Australian recommendations to fully breastfeed infants until six months of age. The nurse provided information to the mother to enable a decision based on evidence (the baby's weight) to wean her 20-month toddler.

The children in the program have experienced varying degrees of dysfunction and separation during their lives. With assistance from the [Organisation2] nurses, the program aims to reverse this by supporting the mothers to provide more timely, appropriate and sensitive care for the children. From an early age some of the children involved were put into the position of taking on significant responsibility.

I was really active in all the school aspects of their life and all that. But emotionally I wasn't even available for them. I was never there for them emotionally. I was just I suppose a food giver and that was it. So they pretty much were raising themselves really ... [My 10 year old daughter] mainly took over the parenting role ... It's the emotional nurturing they need and for it to be consistent, but also relevant to the age group and mental development that

they're in, as opposed - like treating a little one too old. Too many responsibilities for a little child, they can grow up too quick. ... But I definitely think the secure base is a very - that I need to be strong and secure ... If I'm wobbly - yeah. They notice it. Then they get that wobbly. I've noticed that. (Lucy)

This mother identifies her lack of emotional connection with her children and its repercussions. She has now gained an insight into her daughter's experience and is working to repair the relationship.

When we first came to her, she was parenting me as well ... But I need to give her the opportunity to say 'you were my mother and you really hurt me. This is how I feel.' She is very open with her feelings. Because I think, maybe through the art therapy as well, that she needed a way to communicate her feelings a lot more. She's very equipped to weigh-up I've hurt her feelings. (Lucy)

Continued support for the mother is crucial to enable her to heal the relationship.

### **Child behaviour outcomes**

Many of the children participating in the program have behaviour problems. A whole-of-program approach is essential as environmental factors (especially emotional stability and consistency) have a strong influence on the children's sense of

security and the existence of boundaries to their and other's behaviour. In the next example a mother describes the outcome for her son:

So I learnt a lot there. I think it really helped me because when we first moved [here], he was head banging a bit. Having a tantrum and then slamming his head on the ground. So he's never done that again. He doesn't have a problem with tantrums now - at all - hardly ever tantrums now. He's still only three and a half. (Sarah)

Another mother describes an occasion dealing with her daughter's behaviour. She recounts the episode with a sense of achievement and expresses how her parenting knowledge and insights allowed her to deal with the incident effectively and consistently.

Because she knows that I have boundaries with her, she can stop, [rather] than continue thinking I'm going to change my decision. So she knows firmly that I'm not changing my decision ... So the distress doesn't last very long. Where I have friends that are inconsistent with their kids and the distress lasts a long, long time ... Because they know that sooner or later they're going to get it, or get it thrown at them, or they're going to get told to get away and get what they want, where I don't, but I don't leave. Because I was lying down with her and patting her and stroking her head, it only lasted three minutes. (Jo)

In this example the boy has developed an ability to express his feelings. The mother interpreted his ability as resulting from the 'practice' she had done with her son and acknowledges that this was important outcome.

I think it was all that practice. His teachers said that he can name nearly all of his feelings. He's the best one in his class about talking about his feelings. That's all from [the nurse and AOD staff] telling me how important it was.  
(Sarah)

### **Discussion**

This study illustrates some of the ways the Integrated Program supports mothers to shift substantially their view of motherhood and of themselves as parents. The mothers describe not only how they have changed their parenting practices and reactions, but also the depth of their understanding. They demonstrate a growing awareness of themselves and the impact of their actions, both past and present, on their children.

Their words frequently indicate an increasing ability to perceive the world from their children's perspective and to understand a child's physical and emotional needs at different developmental stages. This can be described as the development of maternal sensitivity which takes different forms as the child matures (Flykt et al., 2012). These are important skills for parents in any circumstances, equipping them to nurture their children appropriately over time (Bigelow et al., 2010). This knowledge has emerged as part of and in tandem with other aspects of their AOD treatment. The

program focuses strongly on the needs of mothers and children alike, but recognises that, although closely inter-related, these needs are very different. The participants clearly valued the program's capacity to support individual women, children and families, responding to their unique circumstances.

The program provides vital mentoring for the mothers, offering new and different ways of knowing and doing. The nurses working in partnership with AOD staff guide the mothers through identifying strengths, encouragement and modelling behaviour when appropriate (Kaslow, 2005). Some participants reflected on their previous view of themselves as mothers – either negative ('the girls were doomed because they were my children') or overly optimistic ('I was mother of the year') – and reported how these views had become more realistic through their involvement in the program. For some the affirmation that they were 'good enough' mothers was liberating – and unfamiliar. Winnicott (1953, p. 94) describes the 'good enough' mother as "one who makes active adaptation to the infant's needs ...". These women had little previous experience of genuine praise or reassurance about themselves as parents or as individuals.

The mothers describe learning practical skills, managing difficult child behaviour and balancing a household budget. Not only are these vital personal skills, equipping them for life beyond the program, they also encourage a sense of agency and self-efficacy. They also recounted new-found knowledge, especially about children's physical and emotional development, and how they incorporated this learning into their interactions with their children.

The mothers' accounts also demonstrate a deeper awareness of the child's world, sometimes adopting terminology used by the health professionals in the program. They recognise each individual child's motivations and priorities. They report learning patience, age-appropriate communication skills, and the ability to relate to the simplicity and immediacy of their child's concerns.

These results indicate the program's impact and the collaboration of all involved around a common approach to rehabilitation and support for substance-dependent women and their families. It incorporates extensive commitment and communication between the mothers and health professionals from both organisations.

The program is small and limited, and operates with minimal resources. But it demonstrates how an organization can reorganize available resources and how health professionals work jointly rather than in isolation. Shared expertise facilitates professional growth and capacity, and a service model that supports mothers with the multifaceted dimensions of their lives as parents.

### **Limitations**

This research is based on accounts from four women participating in the program. All were positive about the program and their capacity to remain abstinent.

This research did not examine the association between the mothers' reported thinking about themselves as mothers and their specific behaviour with their children, nor, for ethical reasons, the impact on children of their mothers' changing

perceptions. Neither did it address the longer-term effectiveness of the program. However, given the scale of the shifts that the mothers reported in their view of parenting and the stark contrast with their previous understanding, their interactions with their children are likely to be notably altered.

Further, development in understandings of mothering amongst the health professionals involved in the program was not explored. However, it is likely that their perceptions and potentially their practice would be influenced by their colleagues, the staff of the other organisation, and the mothers and children attending the program.

### **Conclusion**

Drug and alcohol disorders are chronic conditions with a high risk of relapse. We interviewed the mothers at a stage where they were still supported by the program and were relatively optimistic and confident. We do not know what their futures hold.

However, it is possible to conclude that, without parenting support, these women are far less likely to become successful or confident in this role. Perceiving themselves as unsuccessful mothers is likely to raise their levels of stress and distress, increasing the risk of relapse. Family-focused and multi-disciplinary services such as the Integrated Program are thus critical to provide support and to increase the scope for the reunification of families. Further evaluative research will enhance our knowledge about this relationship and the impact over time of programs that focus on women as individuals and as mothers.

The mothers participating in this study are experts in their own experience. Their viewpoints can help inform future policy and practice in issues such as substance dependence which impact so powerfully on families and children.



### **A c k n o w l e d g e m e n t**

The authors are grateful for the assistance of the participants in the Integrated Program, especially the mothers who willingly and candidly shared their views. We also acknowledge the input of the late Professor Alison Lee who inspired this research project. This research was funded by a [university] grant.

### **I n f o r m e d c o n s e n t**

All procedures followed were in accordance with the ethical standards of responsible committee on human experimentation and with the Helsinki Declaration of 1975, revised in 2000. Informed consent was obtained from all participants in this study.

### **C o n f l i c t o f I n t e r e s t**

Cathrine Fowler, Chris Rossiter, Juanita Sherwood and Carolyn Day declare that they have no conflict of interest.

## References

- Arney, F., Lange, R., & Zufferey, C. (2010). Responding to parents with complex needs who are involved with statutory child protection services. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: a partnership approach* (pp. 187-205). Melbourne: Cambridge University Press.
- Battams, S., & Roche, A. (2011). Child wellbeing and protection concerns and the response of the alcohol and other drugs sector in Australia. *Advances in Mental Health, 10*(1), 62-71.
- Berry, R., & Sellman, D. (2001). Childhood adversity in alcohol- and drug-dependent women presenting to out-patient treatment. *Drug and Alcohol Review, 20*, 361-367. doi: DOI: 10.1080/09595230120092724
- Bigelow, A., MacLean, K., Proctor, J., Myatt, T., Gillis, R., & Power, M. (2010). Maternal sensitivity throughout infancy: continuity and relation to attachment security. *Infant Behavior & Development, 33*, 50-60.
- Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Cambridge, MA: Harvard University Retrieved from <http://www.developingchild.harvard.edu>.
- Davis, H., Day, C., & Bidmead, C. (2002). *Working in partnership with parents: the parent advisor model*. London: The Psychological Corporation.
- Dawes, S., & Harnett, P. (2007). Reducing potential for child abuse among methadone-maintained parents: results from a randomized controlled trial. *Journal of Substance Abuse Treatment, 32*, 381-390.

- DeFrain, J., Asay, S., & Geggie, J. (2010). Family strengths: an international perspective. In F. Arney & D. Scott (Eds.), *Working with Vulnerable families* (pp. 29-48). Melbourne: Cambridge University Press.
- Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.
- Flykt, M., Punamäki, R., Belt, R., Biringen, Z., Salo, S., Posa, T., & Pajula, M. (2012). Maternal representations and emotional availability among drug-abusing mothers and their infants. *Infant Mental Health Journal*, 33(2), 123-138.
- Harden, B., & Klein, S. (2011). Infants/toddlers in child welfare: what have we learned and where do we go from here? *Child and Youth Services Review*, 33, 1464-1468.
- Harvey, S., Schmied, V., Nicholls, D., & Dahlen, H. (2012). Key components of a service model providing early childhood support for women attending opioid treatment clinics: an Australian state health service review. *Journal of Clinical Nursing*, 21, 2528-2537.
- Kaslow, F. (2005). Maternal mentoring: a relatively new phenomenon in family businesses. *Journal of Family Psychotherapy*, 16(3), 11-18.
- Neergaard, M., Olesen, S., Andersen, R., & Sondergaard, J. (2009). Qualitative description - the poor cousin of health research. *BMC Medical Research Methodology*, 9(52), 1-5. doi: doi:10.1186/1471-2288-9-52
- Ngai, F.W., & Chan, S. (2011). Psychosocial factors and maternal wellbeing: an exploratory analysis. *International Journal of Nursing Studies*, 48, 725-731.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23, 334-340.

- Scott, D. (2010). Working within and between organisations. In F. Arney & D. Scott (Eds.), *Working with vulnerable families: a partnership approach* (pp. 71-87). Melbourne: Cambridge University Press.
- Taplin, S., & Mattick, R. (2011). Child protection and mothers in substance abuse treatment. Sydney.
- Taplin, S., & Mattick, R. (2013). Mothers in methadone treatment and their involvement with the child protection system: A replication and extension study. *Child Abuse & Neglect*.
- Tonmyr, L., Williams, G., Jack, S., & MacMillan, H. (2011). Infant placement in Canadian child maltreatment related investigations. *International Journal of Mental Health and Addiction*, 9, 441-459.
- Trifinoff, A., Durasingam, V., Roche, A., & Pidd, K. (2010). Taking first steps: What family sensitive practice means for alcohol and other drug workers: A survey report. Adelaide: National Centre for Education and Training on Addiction (NCETA).
- Watson, L., & Parke, A. (2011). Experience of recovery for female heroin addicts: An interpretative phenomenological analysis. *International Journal of Mental Health and Addiction*, 9, 102-117.
- Winnicott, D. (1953). Transitional Objects and Transitional Phenomena— A Study of the First Not-Me Possession. *International Journal of Psycho-Analysis*, 34, 89-97.

Table 1 Example of content analysis coding method

Participant quote	Subtheme	Major theme
<p>“Now without any substances it's quite different and I can be present as a mother, I know what's going on, I don't miss a trick. I try to turn off sometimes, but I still don't miss a trick.” (Ruby)</p>	<p>Developing maternal capacity and competence</p>	<p>New understandings of mothering</p>