

Mothers FOR RECOVERY

Support Group

A Start-up Guide for Moms



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This guide will take any recovering mother through the step-by-step process of starting a Mothers for Recovery Support Group in her community.

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Introduction

This guide is intended for any mother in recovery wishing to help herself and other mothers within her community struggling with addictions. It will guide you through the steps to succeed in starting a “Mothers for Recovery Support Group” in your community to help addicted mothers obtain recovery and parent successfully.

For the purpose of this guide and the group, a “mother” is any woman who has been or is pregnant and/or currently parenting. “Recovery” is defined individually and may mean to abstain from “hard” drugs or to abstain from all drugs, whichever the mother so chooses and she is welcome to change her definition as she sees fit over time. “Parenting successfully” means to be satisfied with one’s own current parenting style and situation. Some mothers may consider that “parenting successfully” means to be a stay-at-home mom baking cookies and using time-out as the only form of discipline, while other mothers may consider that the phrase means showing up consistently to their weekly supervised visits of her child that has been apprehended by the Ministry of Children and Family Development. The phrase is open to interpretation of the mother using it and the group is created to embrace the individuality and diversity of its members.



History

The original Mothers For Recovery Support Group was created by a Kamloops mother struggling with addiction in partnership with her long-time addictions counsellor. The group's concept grew from the lack of addiction services available in Kamloops for women that they could bring their children to and that also dealt with the sensitive parenting issues that accompany the disease of addiction. Mainstream addiction supports, although important, did not meet all of her unique needs. Therefore, a group was created to compliment, but not replace, existing local services.

The support group started in July of 2006 with three women attending the first session. Today the group, now run by two mothers in recovery and the original counsellor, averages twenty-two participants (including children) on a weekly basis and is recognized by many professionals as an important part of the continuum of service for mothers in Kamloops with addictions.



Guiding Principles

All of the Mothers for Recovery Programs are and will be created knowing that:

1. Addiction is a family disease
2. All mothers are doing their very best at any given time
3. All mothers love their children and want only the best for them
4. Any mother can fully recover from addiction and successfully parent their child(ren) given the right supports and environment
5. The best teachers of recovery are those whom have recovered themselves
6. Every mother and child deserves a safe place to be themselves, grow and learn



Participant Goals

Below are some of the answers that the mothers of the Kamloops group expressed when they were asked “What do you want from this group and why are you here?” Getting moms to answer this question promotes progress and positive change.

- “To find acceptance and non-judgemental support”
- “To get encouragement”
- “To find strength and empowerment”
- “To learn how to be open and vulnerable with other females”
- “To find self-worth”
- “To find a solution to my addiction”
- “To find growth and movement in my life”
- “To help others”
- “To learn how to be a better parent”
- “To socialize”
- “To learn about my feelings and become aware of them and how to deal with them”
- “To learn what healthy recovery is”



Group Guidelines

Together, the Kamloops Mothers for Recovery moms sat down and brain stormed the group guidelines. This activity will give your moms ownership of the group and make sure that everyone is heard and feels safe to share openly and honestly.

1. Sharing: All moms should strive to share their experience, strength and hopes in their recovery- no “shopping” or “to-do” lists (e.g. sharing with others the tasks and events of the week with no feelings attached and not relating your experiences to recovery)
2. Sharing and answering questions are both optional
3. Feedback, ideally, should be given from other members after the mom sharing is finished, with exception of the professional facilitator
4. Confidentiality: What is said and who is seen at group stays at group.
5. Professional Visitors: The facilitator must give notice (in the newsletter) of visiting professionals or students so that those who choose to, may not attend that day
6. Any mother is welcome to attend (a mother is any woman who has been pregnant)
7. Every mom can define what recovery means to her without judgement from others
8. Every mom is asked not to have drugs, alcohol or paraphernalia on them or to be under the influence during group



9. Each new mom should be given a voluntary list of name and phone numbers to contact for peer support
10. Each member shares the responsibility of arriving on time, starting on time, cleaning up and finishing on time
11. If a mom is absent, unless she has requested, there will be no discussion of her status
12. No drug-a-logging glamorizing the lifestyle in sharing
13. Members should respect the time constraints and keep their sharing in accordance, so that each member has a chance to share- No high-jacking the meeting!
14. Mom should be mindful of expressing unconscious emotional feedback (e.g. nervous or identifying laughter) that may shut down the feeling or “lighten-up” the mood of the mom sharing



Group Format

The group is run on a weekly basis for two and a half hours. Coffee, beverages and healthy snacks are always available during group.

9:00 a.m. Sign-in/Coffee & Chat/Settle Children in Childminding

9:30 a.m. Group Begins

- Inspirational/motivating reading
- Each member gets a chance to check-in with feedback from the professional co-facilitator, co-facilitating mother(s) and other group participants

11:30 a.m. Closing & Everyone Helps Clean-up



Steps to Starting the Group

Step One- Network & Find a Professional Co-facilitator

If you are interested in starting a Mothers for Recovery Support Group start talking about it! Expressing your plan to start a “Mothers for Recovery” group to those who have contributed to your recovery and others will start the chatter and get the ball rolling. Tell them what you plan to create and why, then ask them for some feedback and their moral support.

Who to talk to:

- Public Health Nurse
- Family Physician
- Counsellor
- Social Worker
- Childcare Provider
- Local YMCA
- Pregnancy Outreach Program Worker
- Family Program/Development Worker
- Any other professional that deals with mothers that may have addiction issues

The Mothers for Recovery Support Group is co-facilitated by a professional woman and a recovering mother. The roles and responsibilities of each are outlined in Appendix 1. Find a professional woman in your



community that you connect with, meets the requirements and is interested in volunteering her time to help co-facilitate the group. The following steps should be taken with the input of the professional co-facilitator.

Step Two- Find a Suitable Location and Meeting Time

Through your networking you may have already been offered a suitable space or been given some suggestions. Keep in mind that *ideally* the space should:

- Be in a central location close to other services and amenities within your community
- Be on a bus route
- Have two separate rooms close to one another; one for the mothers and one for child-minding
- Be discreet and confidential (e.g. blinds on the windows or frosted glass to preserve anonymity)
- Be welcoming and not attached to an “institution” (Through a focus group it was found that fewer mothers, due to fear, will attend if the group if it were held in a location that is associated with authority and/or provokes a sense of ulterior motive , such as a ministry office, hospital, school, church/religious centre, or health unit)

The original Mothers for Recovery Support Group was located in the amenity room of a BC Housing apartment building for a very low-cost. When the group first started and was small the room was sufficient for mothers to attend with their children. The children would play with toys and occupy themselves with crafts while the group took place. As the group grew and



became more intimate, the need for a separate childminding room was apparent. At two and a half years of age the group re-located to a space in a local women's health centre for no-cost, which had two separate rooms to allow for childminding separately. The women were then able to discuss sensitive topics and still have their children close by. You may choose any location that you think is suitable, knowing that you can always re-locate in the future if it is not meeting your needs or the group expands.

Location Suggestions:

- Social Housing Amenity Room
- Women's Health/Social Centre
- Daycare Centre(after-hours)
- Local Drug Treatment Centre
- Local Charity Organization

When you find a space you think is suitable ask to make an appointment to sit down with the person(s) in charge and present to them what you plan to do, how, when and why. Ask if the organization would be willing to donate the space for the weekly meeting or rent it to the group at a low cost or nominal donation to their society. Once a location is agreed upon and secured, a letter of agreement should be written and signed by both parties stating the expectations, timeline, and financial arrangements. The organization that you choose to request space from will generally take care of this aspect.



Step Three- Find Funding and Donations

A Mothers for Recovery Support Group can be a very cost-effective way to affect families within your community that struggle with addictions. Through volunteer hours, business donations, and local support the cost of the program can be kept to minimum. This step requires some creative thinking and footwork but is worth it in the long run. Below is the original operational budget to begin the Kamloops Mothers for Recovery Support Group on a monthly basis. At this stage the group was in its infancy and had very few necessities. As your group grows and develops its needs will become apparent and part of the maintaining process will be to locate funds for those needs. Networking and keeping a good relationship with the community will increase your chances of finding future funding options and support.



Original operational Budget (September 2006)

<u>Item</u>	<u>Details</u>	<u>In-kind Contributions/ Donations</u>	<u>Cost</u>	<u>Source</u>
Space	Amenity room with playground	\$120.00/month	\$0	-local BC Housing apartment building
Professional Co-facilitator	Three hours per week @ \$25.00/hr	\$300.00/month	\$0	-local private counselling agency
Recovering Mother Co-facilitator	Three hours per week @ \$15.00/hr (as of 11/2007)		\$180.00/month	-donation from Health Authority and Make Children First Initiative
Snacks and Beverages	Health snacks	\$120.00/month	\$0	-local grocery store
Photocopying	Flyers, newsletters. Work-sheets etc	Variable	\$0	-professional co-facilitators workplace -local social service support agencies

As you can see the majority of the cost of the original group was covered by donations and in-kind contributions. The original mother co-facilitator volunteered her time until funding was secured for her hourly wage.



The process will look different for every community and each group. Patience and determination will be the key in this process.

Possible Funding Sources:

- Make Children First/Early Years Initiatives
- United Way
- Local Grocery Store (food vouchers for weekly snacks/beverages for group)
- Private Donations
- Rotary Clubs
- Soroptomists
- Local Health Authority
- Businesses
- Fundraising

Step Four- Advertise

In the first year and a half of the Mothers for Recovery in Kamloops a simple computer flyer was sufficient for the group's needs. As the success stories and size of the group increased the need for a professional poster was met by the local Make Children First Initiative. The poster (Appendix 2) and matching fridge magnets (Appendix 3) drastically increased the community's awareness and credibility of the group. The professionally printed posters



were placed in a large number of public institutions including ministry offices, doctor's offices, public health unit rooms, the labour and delivery ward at the hospital, family program facilities, the library, churches and various other places that addicted moms may see the information. Your group will be required to use the same posters and logos altered with your information. Please contact the Kamloops Coordinator for more information.

Today a monthly newsletter (Appendix 4) is also distributed to participants and local professionals to inform them of the upcoming events, session themes and other community resources available for mothers with addictions.

The Mothers for Recovery logo, posters, magnets and newsletter templates can all be adapted for your community's use and are a requirement of using the "Mothers for Recovery" name.

Step Five- Holding the First Group

After gaining some local support, finding a professional co-facilitator, and advertising you will be ready to register and hold your first group. All "Mothers for Recovery" Support Groups must be registered with the Kamloops Mothers for Recovery Coordinator before commencing the first group to ensure consistency and continuity. Please contact the Coordinator via the contact information on the cover of this guide. Your first group will be a time to get used to the group format and familiar with your co-facilitators style. Don't worry if only one or two other moms attend the first time. Remember that Kamloops' first meeting only had three participants and two and a half years later an average of 22 moms and kids fill a room on a weekly basis. Your determination and patience will pay-off in time. Keep track of the number of



mothers and children (first name basis only for confidentiality) that attend each group on a sign-in sheet (Appendix 5). These numbers, over time, will show you the growth rate and fluctuations due to seasons, special days and/or holiday times. Also, this information will be invaluable in the future for funding proposals, reporting, and community presentations.

Step Six- Strengthening the Bond and Keeping the Group Strong

Once you have established your group (somewhere between six to twelve months) the task of maintaining the existing participant level will become important. Mothers may come and go for a variety of reasons including employment, schooling, residential drug treatment, mental illnesses, relapse, physical ailments or they may leave simply because it is not a good fit for them. It is unrealistic to expect that the group will be a perfect fit for every mother that comes through the door, but if you find that your group is a good fit for the majority, consider it is a success! Do not take it personally when a member does not return as every mother's needs are individual and are not a reflection of the group's overall success or your community's need for the group. You may also find that some members may not attend for long periods of time and return at a later date when they are ready to tackle the complex problem of addiction. Not everyone is ready at the same time, the point is that the Mothers for Recovery Support Group is an available and reliable resource for any mother at any given time; today or a year from now, whenever it is needed most. Often the "seed is planted" and does not "sprout" for years to come.

Most likely, you will find that a core group of participants will consistently attend group. In Kamloops, today, the core group consists of 8 mothers who attend on a regular basis regardless of their outside



commitments. These mothers tend to share openly and honestly while helping the group to continue by welcoming the newcomer to the group. They tend to share their experiences to help a new mother feel that she is understood and safe. Many of these mothers have created and maintained friendships with each other that extends in phone calls and visits outside of group, enhancing their quality of recovery and enjoyment of life.

Step Seven- Keeping the Group Interesting

As the group strengthens in its trust and consistency you may want to come up with some group events or activities to do together to keep the group interesting and fun. Some of the past activities that the Kamloops group has chosen to participate in are:

- Swimming
- Community kitchen
- Play group
- Attend local health and well-being workshops
- Baby massage classes
- Artistic painting
- Pot-luck dinner
- Christmas party (with Santa and donated gifts for the children)
- Stroller-fit classes
- Special speakers (women's outreach worker, street nurse, naturopath, etc)



Let the group decide as a whole what special events or speakers will take place as this gives all of the participants a sense of ownership of the group which will increase their participation and satisfaction with the group.

Step Eight- Evaluating the Group

Evaluation does not have to be complex, however it is extremely important. An informal focus group (Appendix 6) or simple satisfaction survey done on a regular basis of six month intervals is optimal to gauge progress and improvement needs. An “intake” survey (Appendix 7) is also very useful to show the profile of the women you are reaching. As you can see, the results from the Kamloops surveys provided valuable information about the women that can be used for funding proposals as well as for making decisions about special topics and/or resources needed. The results of surveys you conduct will tell you what is successful about your Mothers for Recovery group and what needs improvement. Without feedback and positive change the group will become stagnant, not meet the changing needs of the community and result in its closure. Statistics from these tools will also be helpful in applying to funding sources as you can provide details of your successes, qualitative changes, and quantitative changes.



Appendix 1-

Roles and Responsibilities of Co-Facilitators

Professional Facilitator's Roles and Responsibilities

- Commit 3 working hours per week towards leading group upon approval of her organization
- Lead support group
 - Keep participants on track and limit participant sharing so that everyone get a chance to share
 - Re-direct drug-a-logging (“Drug-a-logging” is when a mother shares stories concentrating on the days of active addiction, rather than on recovery. Some people love to hear these stories, but it's safe to say most find them boring and/or triggering. Most prefer stories about how recovery started, how the person stays in recovery, and what they want from it in the future.)
 - Help mothers explore issues
 - Present educational elements on addiction, relationships, and emotional health
- Residential Treatment and Day Treatment Referrals
- De-brief mothers in recovery facilitators as necessary
- Increase awareness of the group at community event booths

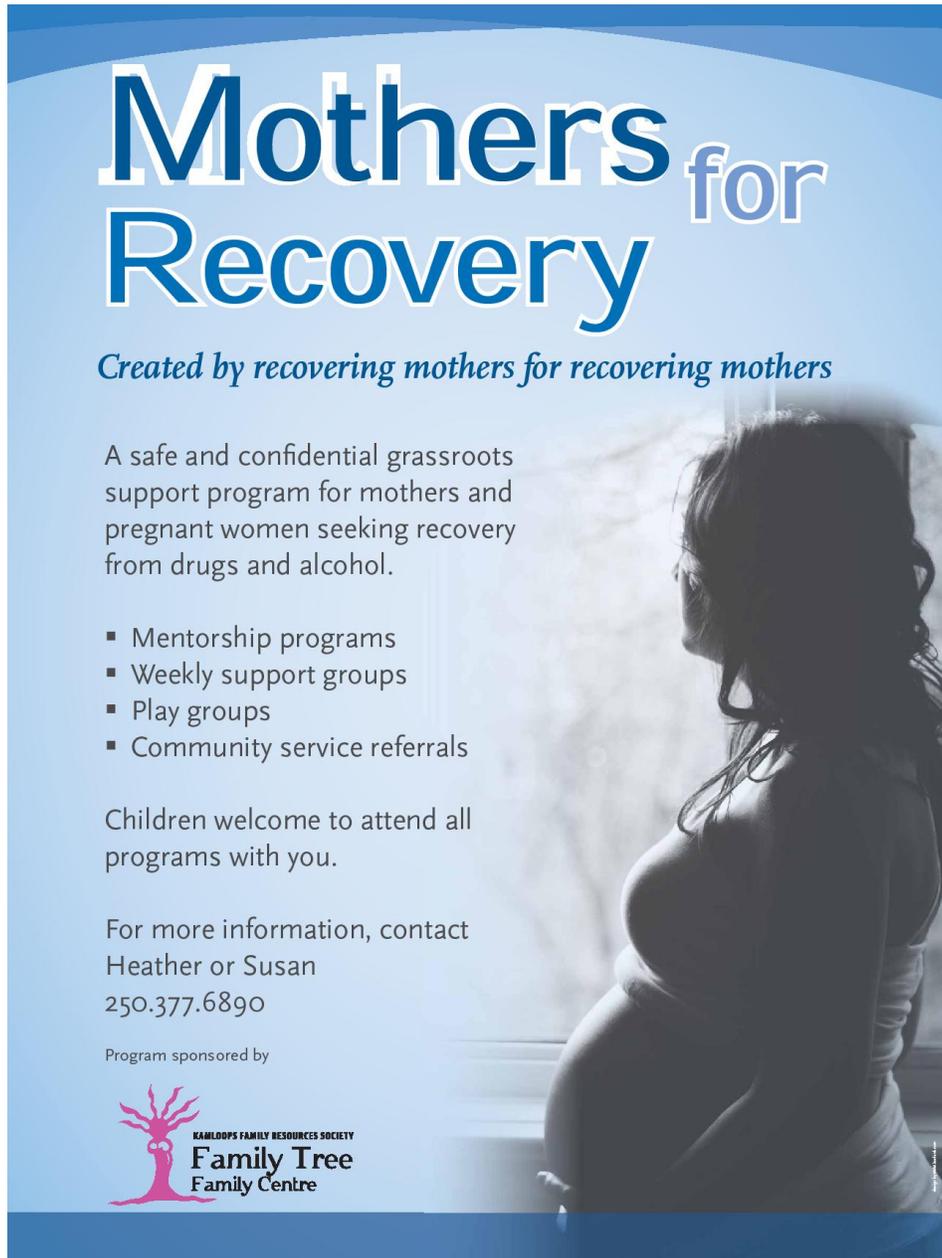


Mother in Recovery Co-Facilitator's Roles and Responsibilities

- Attraction of other addicted/recovering mothers from within community & advertising
- Community committee members (FASD Task Force, Peri-natal Connections, Interior Health Addictions Network) & community relationships
- Share personal story, challenges and hopes during group
- Be a role model of progressive recovery for other mothers
- Administrative duties, funding, on-going operations
- Community Service Referrals



Appendix 2-Mothers for Recovery Poster Design



Mothers for Recovery

Created by recovering mothers for recovering mothers

A safe and confidential grassroots support program for mothers and pregnant women seeking recovery from drugs and alcohol.

- Mentorship programs
- Weekly support groups
- Play groups
- Community service referrals

Children welcome to attend all programs with you.

For more information, contact
Heather or Susan
250.377.6890

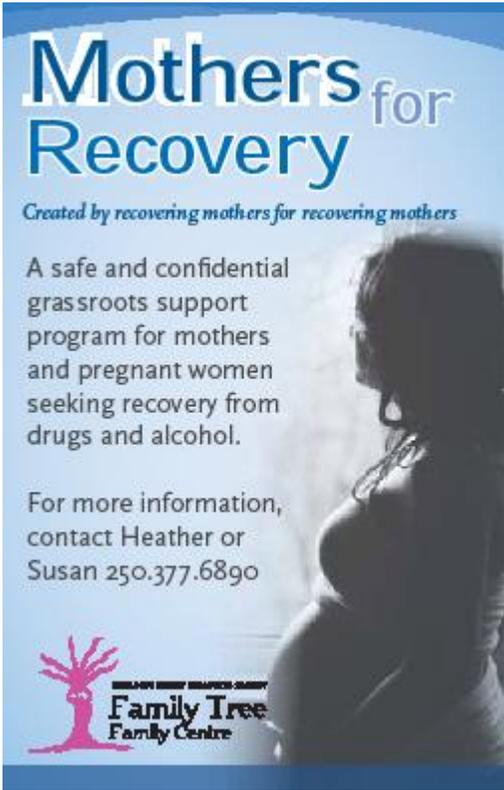
Program sponsored by



KAMLOOPS FAMILY RESOURCES SOCIETY
Family Tree
Family Centre



Appendix 3-Mothers for Recovery Magnet Design



Mothers for Recovery

Created by recovering mothers for recovering mothers

A safe and confidential grassroots support program for mothers and pregnant women seeking recovery from drugs and alcohol.

For more information, contact Heather or Susan 250.377.6890

 **Family Tree**
Family Centre

The magnet design features a blue background with a silhouette of a pregnant woman on the right side. The text is in white and blue. The logo at the bottom left is a pink tree with the text 'Family Tree Family Centre'.



Appendix 4- Monthly Newsletter Design



MOTHERS FOR RECOVERY

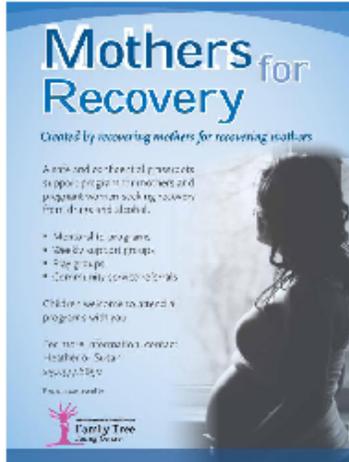
November 2008 | Volume 1, Issue3

WHAT IS THE MOTHERS FOR RECOVERY SUPPORT GROUP?
A STUDENT'S PERSPECTIVE

Recovery is a period in someone's life where support is essential for survival. Many addicts and alcoholics feel very alone or are alone due to family dynamics that are beyond their control. Some mothers don't feel comfortable in 12-step programs, so there needs to be some form of support. They need to have somewhere to go where they can relate to others. They need to know that there are others like them who experience shame and guilt because of their addictions. Having a walk-in support center available gives them a chance, on their own, to reach out for help with less fear because they know others in the center have come from a similar place.

The Mothers for Recovery Support Group offers parents and their children a safe place to meet weekly and to connect with each other. Through each other's support parents gain confidence and hope. They are able to share their stories, their pain, their dreams and fears without judgment. They do not need to worry that the secrets they share will make others around them uncomfortable. The group is a community of mothers supporting other mothers.

Jennifer McCoy
TRU Human Service Diploma Student



Mothers for Recovery

Created by recovering mothers for recovering mothers

A walk-in, no-fee, drop-in pregnancy support program for mothers and pregnant women seeking recovery from drug and alcohol.

- Medical programs
- Weekly support groups
- Peer groups
- Community-based referrals

Children welcome to attend & programs will vary

The new information center: Health & Safety 254-273749

This year ends: Family Tree Living Well

Our poster production was made possible through The Kamloops Make Children First Initiative. Copies are available for display at agencies upon request.

NOVEMBER'S SUPPORT GROUP TOPICS AND THEMES- EVERY FRIDAY 9AM-11:30AM

<u>Fri. Nov. 7th</u>	Regular Check-in & Practicum Student Observation
<u>Fri. Nov. 14th</u>	Regular Check-in
<u>Fri. Nov. 21st</u>	Topic: Self Care & Collage Creation (Facilitated by Jennifer McCoy), as well as visitors from the local Women's Prevention Committee to increase awareness of their current project and meet potential participants
<u>Fri. Nov. 28th</u>	Regular Check-in

**Please note that this group continues through all statutory holidays and is never closed.*

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Appendix 6- Focus Group Questions & Results

Mothers for Recovery Focus Group

1. What do you like about Mothers for Recovery?

-intimate time for women

-environment of abstinence

-women look forward to each meeting

-enjoy the facilitator and state that she is important to the group – Cogi – like that she is in tune with them

-confidentiality

-the group works toward solutions for each member

-teaches boundary setting

-appreciate the feedback given by other women

-powerful

-common ground between mothers

-appreciate the parenting help and advice

-the group becomes family as family is often lost for addicts (as stated by focus group participants).

-volunteer opportunities – to feel that they can give something back.



2. What type of support from Mothers for Recovery have you found the most helpful for you? For your children?

- help with getting in touch with feelings
- that mothers share common ground and experiences
- to feel needed and needing other women in the group
- workshops

3. What, if anything has changed for you through attending Mothers for Recovery?

- gained a support system
- built self esteem, self worth
- learned to ground
- feeling needed in the “right way”.

4. What, if anything has changed in your relationship with your children since you started coming to Mothers for Recovery?

- more patience with children.

5. What has been too difficult to change for you or in your relationship with your children?

- old behaviors are hard to change such as anger outbursts



6. Are there any ways that Mothers for Recovery could have helped you make difficult changes?

-more grounding exercises

-more workshops that offered solutions to parenting problems.

7. How does Mothers for Recovery differ from other programs that you have been to?

-less gossip especially compared to 12 step programs

-very little judgment

-smaller group allows for more personal, intimate, genuine and deeper level of relation between group members

-powerful experience being all women.

-respectful

-not expected to be liked or like everyone

8. Does it make a difference that the group does not take place at an agency or office?

-yes, feels safe from government service workers.

-yes, comfortable, intimate environment.



-yes, the people that run the program share common thread to those attending and are there because they care and want to help – this is important to the women involved.

9. Do you feel like you are able to get information about your addiction in this group?

-yes and feel able to ask for information when needed.

10. What supports from the group are most important to you?

-Cogi

-empathy shared by members and facilitator

-they receive the same care and concern from the first visit till the next and next.....

-compassion

-that the group embraces new people and those who are afraid.

-that the group is supportive through relapse and it feels safe to walk through the door following relapse.

11. What, if anything, has changed in your relationship with other service providers/professional since you started coming to Mothers for Recovery?



-feel less intimidated, more empowered

-noticing more organized and improved communication skills.

12. What do you think are important qualities for a counselor or therapist to have?

-knowledge in addiction

-personal experience in addiction

-compassion

-empathy

-positive character

13. How did you find out about Mothers for Recovery?

-Mothers for Recovery posters

-word of mouth

-through program coordinator ; Heather Cameron

14. Is it easy to come to the Mothers for Recovery Group?

-Yes, they look forward to each Friday and explain that following the meeting feel very positive, grounded and at ease.



-things that make it hard to come to the meeting are parking and access for strollers. Suggest that Mothers for Recovery reimburse for parking or have parking passes so they don't have to run out and continue to put coins into the meter.

15. Why do you keep coming to Mothers for Recovery?

-to debrief

-strength in numbers – the group helps to provide strength for the next week

-prevents isolation

16. Could you help us to understand why some women do not keep coming to Mothers for Recovery?

-lack of childcare. Women find it hard to concentrate on the Mothers for Recovery group when they are concerned about their children. They state that they sometimes feel guilty about their child's behavior especially when their child is disruptive of the group. The women attending the focus group were unanimously in agreement about this and suggested that childcare be provided or have two mothers per week responsible for childcare. And that the childcare be in a separate room from the Mothers for Recovery group.

-addiction issues – just hard to make changes through the early stages of recovery.



17. Could you suggest some changes so that more mothers would start or keep coming to Mothers for Recovery?

-please see above

18. What do you think could be improved at Mothers for Recovery?

-as above

-extra counselling services specific to mother's in recovery.

-would like to have lists of community services available for addicts and list of doctors that they could seek out for addiction issues such as sexual and intimacy issues.

19. Do you have any other suggestions for program changes/services/groups? Other comments?

-as above

20. What qualities do Heather and Susan have that are the most important to you? Are there any other qualities that would have been helpful?

-loving

-supportive

-welcoming



-knowledgable

-inspiration to all

-provide hope to all

-would like to see a little more patience with the children that are present.



Appendix 7- Intake Survey Questions and Results

Mothers for Recovery Mom's Survey

Totals of 30 surveys

1. What is your age?

- 0 15-20 yrs
- 10 21-25 yrs
- 6 26-30 yrs
- 5 31-35 yrs
- 3 36-40 yrs
- 6 40+ yrs

2. Do you identify yourself as aboriginal?

- 5 Yes
- 25 No

3. As a child (under the age of 18) did you ever experience (check all that apply)...

- 21 Sexual abuse
- 17 Physical abuse
- 25 Emotional or mental abuse
- 14 Parental neglect



4. As an adult (over the age of 19) have you ever experienced any of the following from a partner

- 15 Sexual abuse
- 26 Physical abuse
- 29 Emotional or mental abuse

5. Have you ever experienced the following?

- 14 Flashbacks
- 30 Tension/Anxiety/Nervousness
- 27 Depression
- 21 Suicidal thoughts
- 17 Suicide attempts
- 11 Self-harm behaviours (cutting, burning, etc)
- 21 Violent thoughts/feelings
- 29 Difficulty sleeping
- 16 Disordered eating (binge eating, bulimia, anorexia, and/or restrictive)
- 16 Post-partum depression
- 2 did not answer



6. Has your mother ever suffered from addiction and/or alcoholism?

- 16 Yes
- 9 No
- 3 Don't know

7. Has your father ever suffered from addiction and/or alcoholism?

- 18 Yes
- 6 No
- 4 Don't know

8. Does your present partner suffer from addiction and/or alcoholism?

- 17 Yes
- 4 No
- 7 n/a

9. Did your previous partner suffer from addiction and/or alcoholism?

- 25 Yes
- 2 No
- 1 n/a



11. In the last 30 days have you used

- 11 Alcohol
- 5 Cannabis
- 13 Nicotine
- 2 Crack
- 2 Cocaine
- 1 Hallucinogens
- 0 Tranquillizers
- 0 Heroin
- 10 Anti-depressants
- 0 Amphetamine
- 7 Prescription Drugs
- 0 Barbiturates
- 0 Inhalants
- Other Substances (specify) _____
- 1 METHADONE
- 1 MDMA (ECSTACY)

12. How many times have you been pregnant

- 4 1
- 4 2
- 6 3
- 5 4
- 5 5
- 6 6+



13. Have you ever

- 14 had a miscarriage
- 14 had an abortion
- 1 given any children up for adoption
- 2 Stillborn

14. Have you ever breastfed any of your children?

- 25 Yes
- 4 No

15. Have you ever

- 8 had a child apprehended by MCFD
- 10 had a supervision order from MCFD
- 9 had a support file through MCFD



16. Once aware of any of your pregnancies have you ever used

- 11 Alcohol
- 9 Cannabis
- 13 Nicotine
- 8 Crack
- 7 Cocaine
- 0 Hallucinogens
- 1 Tranquillizers
- 2 Heroin
- 4 Anti-depressants
- 2 Amphetamine
- 4 Prescription Drugs
- 0 Barbiturates
- 0 Inhalants

• Other

Substances

(specify) _____

- 1 METHADONE
- 1 MORPHINE

18. Have you ever had a sexually transmitted disease?

- 19 Yes
- 10 No



19. Have you ever engaged in sex-trade work?

- 11 Yes
- 18 No

ONE UNANSWERED

20. What is the longest period of clean time (From both alcohol AND drugs) that you have achieved since you first started using?

- 1 Less than one month
- 1 Less than 30 days
- 1 1-3 months
- 4 3-6months
- 3 6-9 months
- 1 9-12 months
- 5 Over one year
- 14 multiple years



21. What is your clean time status today (from alcohol AND drugs)

- 11 Less than 30 days
- 5 1-3 months
- 1 3-6months
- 2 6-9 months
- 1 9-12 months
- 1 Over one year
- 9 multiple years

22. What is your source of income?

- 15 Social Assistance
- 1 No Income
- 14 Employment Income
- 3 Other Income

23. In the past year, the food I bought just didn't last, and I didn't have enough money to buy more.

- 7 Often True
- 12 Sometimes True
- 11 Never True



24. In the past year, I couldn't afford to eat balanced meals.

- 9 Often True
- 9 Sometimes True
- 12 Never True

25. Do you have a criminal record?

- 12 Yes
- 18 No

26. Have you ever been concerned with any of the following in regards to any of your children

- 9 Infection or disorder (e.g., asthma, Cerebral Palsy, Fetal Alcohol Spectrum Disorder, allergies)
- 9 Other health problems (e.g., cold, difficulty breathing, eating problems)
- 9 Effect of maternal substance use
- 5 Effect of prenatal substance exposure on health and development
- 5 Physical development
- 2 Effect of maternal STD
- 7 Breastfeeding concerns
- 10 Language development
- 12 Parent-child relationship/attachment



27. Have you ever used any of the following methods of discipline?(Check all that apply)

- 23 Time out
- 19 Yell
- 9 Swear/curse or use put-downs
- 11 Spank/slap/hit

28. Do you feel connected to your community?

- 22 Yes
- 9 No

29. Do you feel supported in your recovery by your community?

- 23 Yes
- 7 No



30. Who of your supports do you feel that you can be honest with about your recovery/addiction?

- 22 Friend
- 15 Family Member
- 14 Spouse
- 8 Public Health Nurse
- 22 Counsellor
- 5 Social Worker
- 24 12 step group sponsor
- 7 Street nurse
- Other: _____
- 1 mothers for recovery
- 3 Family support worker – I.C.S.
- 1 A.S.K. Workers
- 1 Anyone I have nothing to hide anymore



31. Have you ever used any of the following community services

- 16 Detox Center
- 13 Residential Treatment Center
- 5 Day Treatment (Gift Givers,
- 7 Infant Development Consultant
- 22 12 step program
- 12 Support groups (Mothers for Recovery, Relapse Prevention, Abstinence Group etc)
- 21 Drug and alcohol counsellor
- 12 Baby's Headstart program
- Other_____
- 2 ICS
- 1 Early Childhood Development I.F.C.
- 1 MCFD
- 1 ASK
- 1 Church



32. Do you think that a mentor ship program where a new mother in recovery would be partnered with a mother that has a solid foundation in recovery and has overcome the obstacles that are associated with addiction would be helpful?

- 28 Yes
- 2 No

33. If a Moms Mentoring Moms program were to be implemented would you be interested in participating either as a mentee or a mentor?

- 25 Mentor
- 13 Mentee
- 0 Neither

SOME ANSWERED BOTH –

COMMENT – IT COULD GO EITHER WAY DEPENDING ON THE AGE OF THE CHILDREN AND CLEAN TIME.



34. Do you have any other suggestions or comments about a mentorship program for moms in recovery?

- It would be strictly confidential – right? And anonymous? Would it be mandatory or optional? Who is to say someone is healthy and recovered? Recovery is a process.
- A course or introduction on ways to mentor properly would be helpful.
- I would like to know what it's all about.
- Complete support – nutrition prenatal – postnatal care home visit home safety parenting workshops baby books.
- Best thing for single moms in recovery
- Need support groups
- Would be a really good thing. Need an opportunity to know that the personalities of both would fit.
- Privacy, being judged/people talking “groupies”

“Thank you for your honesty, time and effort for this project.

You are helping to shape the future for all Kamloops mothers struggling with addictions and/or alcoholism.”



