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An Attachment-Based Group Intervention

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Abstract

This mixed method study aimed to understand and describe the effectiveness of an intervention and the experiences of mothers raising their children in a transitional living home. This was achieved through interviewing four mothers in Gilead House. Initially, participants completed the Depression, Anxiety and Stress scale (DASS-21), the Trauma History Screening (THS), the Adolescent Adult Parenting Inventory-2 (AAPI-2) and a demographics form. The first interview was also completed. Interview questions were based on the Working Model of the Child Interview (WCMI). Following this time 1 meeting an attachment-based group intervention was utilized for eight weeks. This intervention was based on the Connect Parent Group. Following the intervention each participant completed an exit interview consisting of the AAPI-2 and an interview with the same questions from time 1.

Mothers raising their children following homelessness and financial instability are more likely to face additional attachment and mentalization based challenges in their relationships with their children. A sample of four mothers living in transitional housing with their children participated in an attachment-based group intervention with the hope that mothers will express more positive perceptions of their parenting abilities, more appropriate expectations and attitudes about their children's behavior, and express an overall improvement in their relationship with their child(ren).

Quantitative results suggest one significant change in the category of Parental Empathy toward Children's Needs in the reverse order as was predicted, that is mothers endorsed less empathic attitudes following the intervention. However, Interpretative phenomenological

Analysis results indicate that mothers endorsed feelings of progress and confidence regarding parenting, were more reflective and sensitive about their children's experiences and felt more empowered in themselves following the intervention. The results of the quantitative and qualitative studies signify participants were able to tolerate a more honest appraisal of self and other the intervention. Implications of the findings and future research are discussed.

Keywords: attachment, intervention

PsyD Program Signature Page

This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the faculty of the PsyD Program in Clinical Psychology in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the candidate alone.

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Dedication

This dissertation is dedicated to each parent who is doing their very best to raise their child/children.

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CHAPTER I

Introduction to the Study

The parent-child relationship is extremely influential in a child's development. Attachment is a profound emotional connection between an infant and caregiver that is based on the quality of interactive experiences with the caregiver (Bowlby, 1969). These connections with parents serve critical functions throughout infancy and beyond, continuing into adolescence and adulthood (Raudino, Fergusson, & Horwood, 2013). A positive relationship with parents throughout adulthood is associated with more positive interpersonal and psychological outcomes, such as increased relatedness in other relationships, agreeableness, conscientiousness, and lower scores on depression measures (Ruhl, Dolan, & Buhrmester, 2014). There are many factors that can negatively affect a mother's capacity to parent and perceive her child's behaviors accurately, such as parental trauma, parental mental illness, substance use and socioeconomic challenges. Interventions that focus on supporting the parent-child relationship typically focus on improving attachment and a parent's ability to sensitively respond to their child's needs. There are many Mentalization and attachment-based treatments that have been utilized previously and found to be successful in promoting sensitive care among mothers (Sadler et al., 2013). Due to the support and resources granted to participants at the Gilead House, this intervention will provide an opportunity thus far not afforded to this population.

This study examined the impact of an adapted 8-week attachment-based group intervention called Connect Parent Group and was implemented with mothers living in a transitional housing setting at the Gilead House. This intervention focuses on the parenting

perceptions and attitudes of mothers living in transitional housing. The broad aim of the intervention is to enhance mothers' perception and understanding of their child, which may ultimately support the mother-child relationship. Specifically, the intervention is hypothesized to impact mothers' perceptions of themselves as parents, their perceptions of their children's behavior, and their general attitudes about their child. It is expected that following the intervention, mothers will express more positive perceptions of their parenting abilities, more appropriate expectations and attitudes about their children's behavior, and express an overall improvement in their relationship with their child(ren).

This project aligns closely with the Jesuit mission of social justice as it aims to address a gap in the availability of services for mothers who have historically been underserved and who have lacked access to healthcare and psychoeducation regarding the significance of the attachment relationship. Few, if any transitional housing settings have directly implemented programming for parents that focuses on improving their mentalization skills and attachment with their children. This intervention will provide such support to women living in the Gilead House, and this study will help elucidate the potential impact and implications of providing these targeted services for this population.

Impact of an Adapted Attachment-based Group Intervention

Parenthood is considered one of the most important roles in an individual's life trajectory. Raising children is challenging even in the most supportive of environments. When the environment is not supportive, or is even dangerous to the relationship between mother and child, this process can be extremely difficult. Mothers in transitional housing frequently face

multiple challenges including, but not limited to, a history of trauma, psychopathology, substance use/abuse and financial stressors. These challenges can put a mother's ability and confidence in parenting at greater risk (Williams & Merten, 2015). The following adapted and delivered an 8-week intervention for mothers living in transitional housing and assessed how participation in this intervention impacts mothers' perceptions of themselves, their children, and their relationships with their children. The intervention utilized focused on promoting principles drawn from attachment theory while enhancing Mentalization skills among mothers.

This study includes a theoretical discussion regarding the constructs of attachment and mentalization and their importance in contributing to parenting and the parent-child relationship. Attachment is broadly defined as the emotional bond that forms between infant and caregiver through which the infant gets his/ her primary needs met (Cassidy, 2008). Attachment becomes the engine of later social, emotional, and cognitive development. For the purposes of this study, mentalization is defined as a parent's capacity to think about and understand their child's feelings and experiences. Enhanced Mentalization skills help foster and enrich attachment between mother and child (Fonagy, Gergely & Target, 2007).

Discussed below are the evidence-based regarding factors such as trauma, parental mental illness, substance use, and financial concerns that may negatively impact one's capacity to parent. For this study, one's overall capacity or competency to parent is indicated by accurate interpretation and responsiveness to one's child, the internal representation that one holds of themselves as a parent, and the quality of the parent-child relationship. Next, there is a detailed description of the adapted intervention delivered to mothers participating in this study. Later the

impact of the intervention is reported utilizing a quantitative measure as well as in terms of the qualitative interview employing Interpretive Phenomenological Analysis (IPA).

CHAPTER II

The Review of the Literature

Attachment Theory and Parenting

According to Bowlby (1958) and attachment theory, human infants need a consistent nurturing relationship with at least one caregiver to develop into healthy individuals. Bowlby (1958) believed that attachment existed as an evolutionary phenomenon in providing safety and security for the infant, which increased the infant's chances of survival. Attachment theory postulates that when the infant feels stressed or threatened, there is a universal need for him or her to seek proximity to the caregiver (Bowlby, 1958). Parenting attachment behaviors include responding sensitively and appropriately to the child's needs. Parents who consistently respond with sensitive caregiving that is matched to the child's emotional and physical needs help to support the creation of a trusting, reliable relationship that fosters a child's well-being and desire to engage with their surroundings. Attachment theory is one way to explain how the parent-child relationship initially forms and can help us understand how this early relationship influences later development (Bowlby, 1969).

Ainsworth (1970) developed a lab-based procedure called the Strange Situation to understand differences in attachment styles among 12-month old infants. Her research yielded three distinct attachment styles, and later a fourth category was added (Main & Soloman, 1986). Attachment styles include secure, insecure avoidant, insecure ambivalent/ anxious, and disorganized. These styles, Ainsworth (1970) argued, resulted from the mother's early

interactions with the child. Each style of attachment was expressed through many behaviors when the child was left alone and later reunited with the mother (Strange Situation).

Children with secure attachment style comprised most children in the study (Ainsworth, 1970). This style is developed through a relationship with the caregiver in which the parent is sensitive and attuned to the infant's signals and responds appropriately. These children are confident that their caregiver will meet their needs consistently. The parent is used as a secure base that allows the child to explore his or her environment freely while knowing he or she can return to the parent in times of distress and they will be comforted. Securely attached infants are easily soothed and comforted by their caregiver (Ainsworth, 1970).

Children who fall within the insecure styles of attachment fall into three different categories: insecure- avoidant, insecure- ambivalent and disorganized/disoriented (Ainsworth, 1978; Main & Solomon, 1986). Insecure attachment styles occur when caregiving is inconsistent, unpredictable or negative (Ainsworth, 1978; Main & Solomon, 1986). These styles are characterized in children by many different behaviors including dependency and clinginess to caregiver, rejection of the caregiver, difficulty in being soothed or comforted, or externalizing behaviors (Ainsworth, 1978; Main & Solomon, 1986; Out et al., 2009). Possible implications for the future include emotional detachment, lack of trust, and challenges in personal relationships (Volling, Notaro & Larsen, 1998).

A secure attachment style helps set the framework for the capacity to read one's own and other's mental states, as the mother has modeled this behavior with her infant in a consistent and reliable way (Bateman & Fonagy, 2013). Insecure attachment styles put the development of this

ability at risk. Mothers with certain challenges (e.g., psychopathology, substance use,) may be limited in their capacity to support the development of a secure attachment with their child. Keeping this in mind, when working on how best to support the mother- child dyad it is crucial to understand attachment theory and its effects on this relationship.

Mentalization is an ability that allows one individual to understand another's experience and feeling states, thus resulting in appropriate and attuned responses. In the parenting domain, the ability to mentalize 'well' is likely linked to the development of healthy attachments between parents and children. Thus, whereas attachment theory provides a foundation for clinicians who seek to promote positive parent-child relationships, mentalization is an important capacity that can be addressed and increased to improve the quality of the parent-child relationship (Slade, Grienenberger, Bernbach, Levy, & Locker, 2005). As an understanding of attachment theory helps to set the framework for the intervention, an important part of fostering these relationships occurs through Mentalization, this ability develops through trust and attachment with the caregiver. This concept will be further elaborated below.

Development of Mentalization

The opportunity to mentalize is first presented within early attachment relationships, from the time an infant is born. The ability to mentalize develops in the context of a trusting and secure relationship with the attachment figure (Ostler, Bahar & Jessee, 2010). The caregiver's capacity for reflective functioning provides the foundation for the children's development of mentalization abilities. This is done through the interactions between the infant and the primary caregiver. The infant is reliant on the caregiver to be sensitively attuned to his or her needs and

to respond to those needs consistently. The caregiver also needs to provide feedback about feeling states, recognize that their child has a mind of his/her own and use language to make sense of feeling states (Ostler et al., 2010). For the infant to develop a secure attachment with the caregiver, it is necessary for the caregiver to have sensitivity and comprehension of the infant's internal world.

In infancy, maternal care operates to program behavioral responses to stress in the infant. Throughout the first two to three years of the child's life, the child is exposed to the way the primary caregiver regulates themselves in times of stress. This results in the infant's mounting adaptive ability to assess, on an ongoing basis, stressful changes in his or her external environment, especially in the social environment (Schore, 2001). This allows him or her to begin to form coherent responses to cope with these stressors. This capacity is not shaped exclusively by painful or traumatic experiences, but by novel events as well (Schore, 2001). This means the capacity to adapt and attend to the familiar and to novelty is foundational in the expansion of the developing system's ability to learn new information and move toward greater complexity.

Additional examples of parental and child stress regulation were noted by Gianino and Tronick (1988), Tronick (2007), and Tronick and Weinberg (1997). These researchers formulated the Mutual Regulation Model (MRM) to describe mother- infant exchanges as jointly regulated in attempt to achieve reciprocity, through the process of affective feedback. MRM was conceptualized to further explain the Still Face Paradigm (Tronick, Als, Adamson, Wise & Brazelton, 1978). The still face effect is thought to be dysregulating for the infant due to the

mother's incongruent, contradictory response to the infant's attempts to relate. When this goes on for too long, after the infant has tried to re-establish reciprocity multiple times, the infant will actively avoid the sight of the mother and look away. The infant is thought to be attempting to self- regulate and avoid stressful stimulus.

A parent's ability to observe moment to moment changes in a child's mental state and to communicate these understandings to the child through gestures, actions and words helps the child makes sense of his or her own feeling states (Slade, 2005). Utilizing language, children learn to identify, tolerate and make sense of experiences and feelings. Primarily, children's ability to mentalize is supported through dialogue with caregivers, teachers and other guardians. As they mature, children begin to reflect both on their own feeling states and the feeling states of others. As these skills continue to develop and the child continues to mature, he or she increases the ability to reflect upon more complex feeling states (Slade, 2005).

The Role of Mentalization in Parenting

Mentalization is the mechanism utilized by humans to make sense of the social world (Bateman & Fonagy, 2013). This involves the ability to contemplate relationships with others as well as the self in terms of emotional and mental states. This process also allows individuals to understand the behaviors of others as being related to or in direct response to their own internal thoughts, motivation, feelings, intentions, and desires (Fonagy, Gergely, Jurist & Target, 2002). This is a natural human behavior in which we make assessments regarding the mental states of those with whom we regularly interact. Our own mental states are strongly altered by these assessments of others (Bateman & Fonagy, 2013). Mentalizing allows the individual to feel a

sense of self-agency, or the sense of being in control of his or her own behavior. When one can understand their feelings and the behaviors that result, they naturally feel an understanding of the self (Allen, Bleigberg, & Haslam-Hopwood, 2003). This can be applied to other relationships as well. In the parental relationship, caregivers must learn to respond to their infant's cues and assume what their needs are. This attuned and congruent care from the caregiver helps to enable the infant to make meaning of their own physical and emotional states over time.

Mentalization also builds the foundation for sustaining, significant relationships as Mentalization makes empathy possible which allows a mother to take on the perspective of her child. This enables a perspective shift that allows for a more thorough assessment and understanding of the other. To empathize appropriately we must maintain an understanding of the separateness of the self from the other while also seeing things from their perspective (Allen, Bleigberg, & Haslam-Hopwood, 2003). Examples of this can be seen in caregiver child dyads frequently. When a mother responds to her child's needs by verbally articulating the need and then following through with the appropriate behavior. These reciprocal interactions allow for a mutual and healthy attachment relationship. The development of Mentalization ability will be further discussed below.

Factors That Compromise Mentalization and the Parent-Child Relationship

Women who have a history of trauma, mental illness, poor attachment relationships, and/or who are simultaneously encountering daily difficulties through financial and housing hardship are more likely to have difficulties with mentalization. This may lead to less healthy relationships with and perceptions of their children. Conditions that can compromise a mother's

capacity for promoting secure attachment and Mentalizing abilities are trauma, depression, anxiety, substance use/abuse, and financial trouble (Suchman, Pajulo, Mirjam, Decoste, & Mayes, 2012).

Parental Trauma

Trauma can come in many forms; for 20% to 60% of women living in the United States, trauma can come in the form of domestic violence (Heise, Pitanguy, & Germain, 1994). Women who have been victimized in cases of domestic violence often display increased anxiety, depression, cognitive disturbance such as hopelessness and low self-esteem, posttraumatic stress, dissociation, somatization, sexual problems, substance abuse and suicidality (Briere, 2004). These symptoms are often life long and unceasing if the violence, or the threat of violence is present (Crawford & Unger, 2004); this can have implications for the mother- child relationship.

Studies have sought to understand how the mother's trauma may impact parenting attitudes and behaviors, and how this may affect outcomes in children (Babcock, Fenerci, Chu, & DePrince, 2016). Specific parenting attitudes and behaviors among women who reported betrayal trauma were linked to distinct symptoms categories in school-aged children. Mothers with more negative attitudes toward parenting were more likely to have children with internalized trauma symptoms (Babcock et al., 2016). Interestingly, this was also found to be true of mothers with trauma histories who showed high levels of parenting satisfaction. This may be explained by parents reporting having a positive experience themselves, or believing they are meeting their child's needs when they are meeting their own needs that were unmet as children by their own caregivers. Negative attitudes toward limit setting among mothers resulted

in children with more externalizing behaviors. These patterns emphasize how mothers' communication style impacts the child's emotional development (Babcock et al., 2016). These findings suggest that interventions focused on supporting interactions within the mother child dyad while targeting mothers' attitudes toward parenting and communication may be most effective in supporting mutual regulation in the relationship.

Maternal Depression and Anxiety

Whereas having a mental illness does not prevent a parent from parenting well, it can create a variety of challenges that can result in relationship and attachment disruptions (Suarez, Lafrenière & Harrison, 2016). Symptoms associated with maternal depression such as low energy, low mood, negative thoughts concerning her infant may hinder a mother's ability to mentalize, leading to an interference with responsiveness to her infant's cues (de Camps Meschino, Philipp, Israel, & Vigod, 2016). These behaviors include both under-responsiveness and over-responsiveness to their child's cues. These mothers may perceive their infant's behavior as abnormal which may lead to a lack in confidence in her parenting abilities. These negative interactions between mothers and their infants can add to and/or be an outcome of maternal anxiety and depression, which may impact the mother-infant attachment relationship. These effects on the mother/infant attachment can result in behavioral problems with the infant as well as neurophysiological and cognitive developmental issues (de Camps Meschino et al., 2016). Children of depressed women were more likely to be insecurely attached at 1 year than offspring of non-depressed women (Teti & Gelfand, 1993). Infants of depressed mothers show difficulty engaging in sustained social and object engagement. They also show less capacity to

regulate affective states than do infants of non-depressed mothers (Campbell, Cohn, & Meyers, 1995).

The possible challenges in the mother child dyad associated with maternal depression can be decreased by a myriad of factors that can compensate for this risk. Some of these factors include financial stability, ongoing, stable employment and reliable social support. If maternal mental illness is combined with other risk factors, however, this creates greater risk to the mother-child dyad (Weinberg, Beeghly, Olson, & Tronick, 2008).

Parental Substance use

Frequent substance use affects parent-child interaction by increasing the risk of the parent expressing emotional unavailability, incongruent mirroring and dyadic dysregulation (Ostler, 2010). This interactional pattern over time and the parent's state of mind at this point means the child is left to interpret and regulate his or her own affect and ability to make sense of his/her own and other's minds. When a caregiver's response to the child is unpredictable, inconsistent, or threatening, the "fight or flight" response is more useful than slow consideration and an attempt to interpret and understand the other. This becomes the lens through which the child interprets his or her world. S/he is prepared for danger with a state of physical arousal (Ostler et al., 2010). These patterns early in the child's life can set a challenging framework for the dyad, even if the parent later finds sobriety.

Substance use disorders occur in the individual because of multiple factors, such as heredity, sociocultural and personality factors. Kohut (1977) discusses substance use as a behavior that results from a lack of self-esteem and an inability to comfort the self. According to

Kohut (1977), the inability to comfort the self is a consequence of inconsistent parenting and insecure attachment. This results in the individual searching for this comfort somewhere else, in this case, substances. The ability to effectively comfort the self in later life results from an experience of sensitive care and internalized soothing from the primary care giver when in infancy (Ostler, Bahar, & Jessee, 2010).

According to Allen, Fonagy and Bateman (2008), a bidirectional process exists between substance abuse and mentalization. First, intoxication and addiction may lead to a lack of awareness regarding the mental states of others. Second, an inability to mentalize emotion effectively facilitates the creation of a maladaptive bridge between intense emotional arousal and substance abuse. That is, due to the individual's impaired mentalizing capacity, he or she is more likely to have a rigid, reflexive response to intense emotion that leads to substance use as opposed to an ability to comfort the self when confronted with intense emotional stimuli. Impaired mentalizing contributes to conflict in personal relationships. This conflict spawns greater distress in the individual, which may lead to substance abuse to cope (Ostler et al., 2010). This can have grave implications in a caregiver/ child dyad.

Barnard (2001) suggested that parental drug dependence in one or both parents results in unstable, chaotic environments where drugs and other criminal activity may be more likely to occur on a regular basis. Parents who are substance dependent are often characterized as providing inconsistent or incongruent care for their children (Kandel, 1990). These parents are also more likely to endorse an overly authoritarian parenting style, which can result in adverse outcomes such as behavioral problems, neglect and social isolation (Kandel, 1990). Children in

these households may be at higher risk for experiencing neglect and exposure to many drug related activities (Famularo et al., 1992; Hawley et al., 1995). While there may be an association between drug use and poor parenting skills, many researchers suggest that the drug use itself is not to blame, but that the range of factors related to drug use may be more to blame (Kettinger et al., 2000; Suchman & Luthar, 2000).

Children of substance abusing parents face multiple challenges. Some are exposed in utero to teratogens that can result in a spectrum of problems from severe mental retardation to a variety of regulatory problems (Söderström & Skårderud, 2009). Frequently, these children are born into equally challenging social situations that consist of relational problems, inconsistent employment, child protection issues and an increased incidence of parental mental illness (Pajulo et al., 2006). They are also placed at greater risk of developing substance use disorders as adolescents and adults; substance abuse appears to be transmitted to some degree between generations, with more than half of addicted parents repeating the pattern that was present in their own childhood, (i.e., growing up with a parent with substance abuse problems) (Lauritzen et al., 1997). A pattern of absent minded, abusive and threatening behavior in caregiver/ child interactions can cause severe difficulties in physical, social and psychological development. Consequently, this can be associated with issues in executive functioning, such as planning, working memory, impulse control and mental flexibility (Schore, 2001).

Homelessness

The physical, emotional and financial difficulties facing mothers during episodes of homelessness, likely impact the mother's ability to parent. Parents facing homelessness with

children, mostly women, tend to be inadequately educated, unemployed and lacking the ability or skills to attain employment. Women are at greater risk for facing homelessness if they have experienced inappropriate parental care, exposure to parental mental illness or substance abuse, physical or sexual abuse as children and foster care placement during childhood (David, Gelberg & Suchman, 2012). Homeless mothers have reported substance abuse, severe mental illness, suicide and psychiatric hospitalization at higher rates. Due to the traumatic pasts of many of these mothers, post-traumatic stress disorder (PTSD) presents three times as often in this population when compared to the general population rate (David et al., 2012). When a mother and her young children are experiencing homelessness, there are many added challenges. Children who are homeless are more likely to experience a range of other issues such as poor health (increase in asthma, ear infections and stomach problems), developmental delays, poor school performance, poor coordination and behavior problems. Children facing chronic homelessness are at an increased risk of mental health problems as well, especially internalizing disorders such as anxiety, depression, social withdrawal and somatic disorders (David et al., 2012). This occurs due to the multiple stressors the mother is facing and the difficulties that arise in parenting and cultivating or maintaining secure attachments while homeless.

These challenges begin in pregnancy when the woman is facing many added stressors according to research that indicates that these women are typically young (adolescents), highly stressed, anxious, socially isolated and physically unhealthy (malnourished) (David et al., 2012). Generally, these women are unable to access proper care, shelter or mental health services to help prepare them for parenthood. The child begins facing homelessness with the mother, at

birth. The infant is typically born premature and underweight. Many of these new mothers face further insecurity in housing, which may mean sleeping on the streets or spending the night in shelters. Due to the mother's concerns over basic survival needs, such as a physical safety, food and finances, the infant may experience a lack of emotional presence and physical contact from the mother. The absence of a protective and safe physical environment, coupled with an emotionally unavailable caregiver can result in devastating consequences for the infant's development in terms of both short and long term emotional, physical and psychological outcomes as well as insecure attachment (David et al., 2012). These challenges continue through each stage of the child's development. While toddlers, children are learning affect regulation, which is to age appropriately express and control impulses. At this stage, they need consistent involvement and responsiveness from caregivers to remain regulated and to learn when certain responses are appropriate. This testing helps to build a trust in the relationship with the mother and allows the regulatory system in the toddler to develop more deeply and consistently. If the parent is unable to provide containment and support, the toddler may feel overwhelmed by his or her own feelings and impulses (David et al., 2012). For caregivers, raising toddlers is particularly challenging, which is intensified by the conditions of homelessness, as the mother must attend to other, more pressing challenges. In preschool years, children are becoming more aware of their emotional states and become more separate from the parent while becoming more connected socially to peers and other adults. Homeless mothers are less likely to provide toys, books and other materials that promote development. The inability to provide resources may cause the mother to feel incompetent (David et al., 2012). These feelings can further distance the

mother child relationship. David et al (2012) points to the fact that mothers facing homelessness are confronting many extraneous challenges that are likely to negatively impact attachment styles as well as hinder the child's ability to learn mentalization.

In sum, historical and ongoing life challenges and psychopathology can negatively impact a mother's capacity for mentalization with her child and thus put the attachment relationship at risk. More research is needed to understand how mothers who are homeless and living in transitional housing are affected by their circumstances in terms of their parenting behaviors, perceptions, and attitudes about themselves as parents and about their children. Additionally, it is important to consider the possibility of providing attachment-based interventions with mothers living in transitional housing since they have the potential to improve mentalization abilities and support a positive developmental trajectory for mothers, children, and their relationship.

Mentalization Difficulties

Mentalization difficulties or deficits are associated with psychological unavailability, lack of support and lack of sharing from caregivers that are often characteristic of insecure attachment relationships (Ostler et al., 2010). Parents with mentalizing insufficiencies have trouble holding a mental representation of their child and may fail to recognize and respond to children's feeling states appropriately. When parents fail to respond or provide inappropriate responses, their children may have limited opportunities to think about and make sense of their own thoughts, experiences and feelings, as well as the thoughts, experiences and feelings of others. Over time, children of parents with poor mentalization abilities may not develop the capacity to use

language in a way that supports their understanding of internal feelings, thoughts and impulses (Ostler et al., 2010), or what is more broadly conceptualized as a form of emotional regulation.

The risks of poor emotional regulatory capacities may include pressure to externalize these non-integrated self-experiences, the tendency to dominate the mind of others, or to engage in various types of self-harming behavior (Fonagy & Luyten, 2015), all of which compromise one's development, well-being, and future capacity for healthy attachments. Impaired mentalizing skills can activate negative affect in the sense that misreading minds leads to misunderstandings and disruption and frustration in social communication (Soderstrom & Skarderud, 2009). Poor mentalization in mothers and in children has been associated with many ailments including anxiety, depression, disordered eating, psychopathy and most notably Borderline Personality Disorder (Fonagy & Bateman, 2006).

Attachment Based Group Interventions

Attachment theory suggests that when parents are sensitive to the needs of their children these children grow up with confidence that their parents will support and protect them, while also feeling that they are worthy of being loved and protected (Diamond, Russon, & Levy, 2016). From this relationship children can learn to regulate their emotions. Attachment-based therapy proposes that psychological growth results from a combination of improving self-reflection and self-understanding shared with promoting new, more positive, experiences in relationships (Diamond et al., 2016).

Some studies of attachment-based interventions among parents and children have reported reductions in parental stress and depressive symptoms, psychological distress and

avoidance trauma symptoms (Lieberman et al., 2005, 2006; Weihrauch et al., 2014). Research has also found improvements in specific aspects of parenting, such as parental reflective functioning and caregiver representations of their child because of an attachment- based intervention (Suchman et al., 2010).

One example of an attachment-based intervention can be explored through the program Circle of Security (Hoffman, Marvin, Cooper, & Powell, 2006). Circle of Security is an early attachment- based intervention for parents and children (Hoffman et al., 2006). Circle of Security notes that successful treatment outcomes result from a secure attachment base that must include: observational skills informed by a model of children's needs (developmental stage specific), reflective functioning (Mentalization), the capacity to engage with children in regulating their emotions and finally, empathy (Hoffman et al., 2006). Five key goals of the protocol are: to establish the group and the group leader as a secure base and a safe space wherein the caregiver can explore her relationship with her child, enhance mother's sensitivity and responsiveness to the child by educating mothers on the child's basic attachment needs; increase caregivers' ability and comfort in recognizing and understanding cues utilized by the child to express their internal states when utilizing the secure base of the mother, build upon mother's ability to empathize by supporting reflection about her and the child's behaviors, thoughts, and feelings , and help mother increase her own reflection about her developmental history and how this may play a role in her current parenting skills and behaviors (Hoffman et al., 2006). An important piece of secure attachment is the ability for the parent to mentalize. Developing this skill to enhance the relationship is possible through interventions.

Mentalization based treatment (MBT) is an evidence based, psychodynamically oriented psychotherapy intervention that was initially developed to help individuals diagnosed with Borderline Personality Disorder to differentiate their own feelings and thoughts from those around them (Bateman & Fonagy, 2010). Since MBT was initially designed, it has been further developed and adapted for use in a variety of client populations (Bateman & Fonagy, 2007). Many skills taught in MBT have been adapted for attachment-based interventions to enhance mothers' ability to mentalize. The aim of these skills is to develop a therapeutic process in which the parent's perception of one's own mind and the minds of others (her children) becomes the focus of treatment. The objective is for the mother to discover how she thinks and feels about herself and her child or children, how that dictates her responses, and how errors in understanding herself and her children lead to actions that are attempts to retain stability and make sense of incomprehensible feelings (Eizirik & Fonagy, 2009). Helping parents develop the ability to mentalize about their children will aid in stopping the intergenerational perpetuation or insecure attachment and further development of pathology.

Facilitating mentalization abilities in parents has been found to result in positive outcomes for high-risk young mothers (Sadler, Slade, & Mayes, 2006). Mentalization- based treatment programs such as Yale University's, "Minding the Baby," work with high risk, first time, adolescent mothers. A team, consisting of a social worker and a nurse, make home visits during the pregnancy and first two years of the child's life. These services and visits help to facilitate a secure attachment between the team and the mother. The mother is taught to acknowledge, label and tolerate mental states in herself and her baby. This is thought to promote

caregiving competence by helping young mothers to keep their babies and themselves in mind (Sadler et al., 2006). This research suggests that families who participated in the intervention were more likely to adhere to immunization schedules at 1 year, were less likely to have rapid subsequent childbearing, and were less likely to have involvement from child protective services (Sadler et al., 2013). Additionally, mother–infant interactions were less likely to show signs of disruption at four months when mothers were teenagers, and all infants involved in the intervention were more likely to be securely attached and less likely to be disorganized at one year of age. Lastly, the most high-risk mothers experienced an improvement in the ability to reflect on their own and their child's experience (Sadler et al., 2013). When utilizing Mentalization based skills and interventions it is useful for the staff or group leader to model reflectiveness by showing curiosity about how the child may be feeling and what he or she may be thinking. Staff should also ask questions that help promote this curiosity about the child's thoughts.

Connect parent group. This intervention program will be based on the Connect Parent Group (Moretti, Holland, Moore & Mckay, 2004). This intervention was originally created to work with parents of severely conduct-disordered adolescents but has been adapted for work with this population. The Connect Parent Group focuses on the core components of secure attachment to promote children's social, emotional and behavioral adjustment. The Connect Parent Group helps caregivers understand basic attachment concepts, which can then be applied across a broad range of situations and relational contexts (Moretti et al., 2004). The Connect Parent Group utilizes a strength-based approach to supporting families and is consistent with

trauma informed practice. The Connect Parent Group focuses on strengthening the foundation of attachment security. This is done through enhancing caregivers' sensitivity, caregivers' reflective functioning, caregivers' ability to manage difficult emotional states in themselves and their children (dyadic affect regulation) and shared partnership and mutuality in the caregiver-child relationship (Moretti et al., 2004). The Connect Parent Group has been offered in many diverse settings such as schools, community agencies and mental health offices (Moretti et al., 2004). This program has been adapted for use with many other populations (native, foster children and transgender population).

While there are many attachment-based therapies, many of them emphasize the importance of Mentalization ability and reflective functioning among mothers. Considering that symptoms for many disorders are associated with lower mentalizing capacity and parental stress is associated with negative parental cognitions about the child and self as a parent it seems possible that attachment- based interventions that target parental perceptions and representations may indirectly reduce parental stress and parental mental health problems (Huber, Mcmahon, & Sweller, 2016). This consideration stresses the importance of utilizing Mentalization based skills to enhance attachment-based interventions. Integrating an attachment-based treatment with a focus on enhancing Mentalization skills will likely produce the most beneficial outcomes among mothers.

Mothers in transitional housing are facing increased current and historical challenges in raising their children. These challenges may come from a history of trauma, substance use, mental illness and/ financial stressors. While there are many interventions that target mothers

and the teaching of life skills (job skills, employment assistance) there are few that specifically target enhancing mothers' understanding of attachment and development of Mentalization skills. The proposed intervention aims to improve parenting perceptions and attitudes about themselves and their children, and thereby improve the parent-child relationship and developmental outcomes.

Researcher Assumptions

Due to the implications from the literature review there were many biases held by the researcher prior to the interviews, intervention and AAPI. The first assumption was that this intervention will lead mothers to perceive themselves as more attuned and understanding of the children and their children's behavior and that this would lead to a greater sense of parental confidence and possibly, amore mutually rewarding experience. Another assumption was that mothers will show a greater increase in empathy and understanding of their children's thoughts, feelings and behaviors. Additionally, mothers may be more curious about how their child perceives the world. The final assumption was that following the intervention mothers will experience an increased understanding as to how different behaviors from their child are an effort to express an attachment- based need and mothers' expectations of their children will be more age appropriate. Through this understanding of age appropriate behavior, mothers will hold more empathy and curiosity for their child, especially in times of discord or dysregulation.

CHAPTER III

Methods

Overview of Method

This study aimed to understand the subjective experiences of mothers who lived in transitional housing. This research explored the perspectives, feelings, experiences and beliefs of mothers living in transitional housing.

This study included two points of data collection. The first occurred prior to the start of the 8-week intervention, in which mothers were interviewed for approximately 90 to 120 minutes each, to gain descriptive information and answer questions of a semi-structured interview regarding their parenting perceptions, attitudes, and the quality of the parent-child relationship. The second point of data collection occurred within 2-weeks following the end of the intervention and was approximately 60 to 90 minutes long per participant. All assessments and interviews were conducted in a private room on the premises to ensure privacy and participant confidentiality.

Intervention

The intervention program consisted of eight weeks of a parenting group focused on psychoeducation around attachment principals, increasing mentalization skills, and enhancing attuned, appropriate responses among mothers.

Each week a new attachment principle was introduced to help mothers understand each concept and explore how these apply to their relationships with their child. Each session can be found outlined in Appendix A. The group leader utilized exercises such as role-plays and

examples of cases to illustrate the attachment issues that may address a particular behavior in the child, as reported by the mother. Mothers were assisted by the leader (this writer) and group members to identify and recognize aspects of their child's behavior that allowed them to respond in a more appropriate way at the first sign of a challenging interaction cycle (Moretti et al., 2004). This intervention was adapted to be more generalized for parental application with children of all ages. There was a focus on psycho education around the developmental stages of life and typical behaviors associated with those stages. The group worked to enhance mothers' Mentalization skills by facilitating thought among mothers regarding their child's thoughts and perspectives as well as encouraged participants to consider thoughts and feelings of fellow group members and this group leader. The group created a "group treaty" to encourage empathy and understanding within the group and to establish some ground rules for how the group should run. The closing group encouraged discussion about the usefulness of the intervention and hopes for the future.

The purpose of this was to provide a foundation for mothers to understand their own and their children's behavior in a more cohesive and empathic way. It was intended that through mothers increasing their understanding of their children's behaviors and attachment needs would encourage mothers to be more sensitive to their own needs and those of their children, leading to a greater sense of parental confidence in their parenting skills. These experiences could lead to the parent feeling that their relationship is more rewarding.

Measures

The following measures were used to collect data for the study:

The Depression, Anxiety and Stress scale. The Depression, Anxiety and Stress scale (DASS-21, Lovibond & Lovibond, 1995) is a 21- item self- report questionnaire measuring the severity of symptoms common in both Depression and Anxiety (Appendix B). The individual completing the DASS is required to indicate the presence of symptoms over the past week. Each item is scored from 0 to 3. Psychometric analyses of the DASS-21 have provided support for the internal consistency and convergent and discriminant validity of the three scales (Lovibond & Lovibond, 1995). It was found that reliability, assessed using Cronbach's alpha, was acceptable for the depression, anxiety and stress scales (.91, .84 and .90, respectively) in non- clinical samples, similar findings were seen in clinical samples, DASS-21 subscales were .94 for Depression, .87 in Anxiety, and .91 for Stress scales (Antony, Bieling, Cox, Enns, & Swinson, 1998). These findings suggest the DASS is an excellent tool for measuring depression, anxiety and stress features in clinical and non-clinical populations (Crawford & Henry, 2003). This measure was administered at time 1 only.

The Trauma History Screen (THS). The Trauma History Screen (THS) is a 14- item self-report measure used to inquire about 13 types of traumatic events with space for an "other" category as well (Carlson et al., 2011) (Appendix C). For each item, respondents are asked to indicate whether the event occurred, using "yes" or "no" responses. Next, respondents are asked to describe in greater detail the events that "really bothered you emotionally," age at the time of the event, actual or threat of death or serious injury, helplessness, dissociation, and a four-point scale measuring duration of distress time are used. A five-point scale is also utilized to measure distress level, from "not at all" to "very much." The THS has been used for clinical work as well

as research. This measure has been administered to many different populations as it utilizes common language and requires only a low reading level (Carlson et al., 2011; Green, 1996).

Parenting perceptions, and attitudes will be measured through a validated measure as well as through a semi-structured interview, which are both administered at Time 1 and Time 2.

The Drug History Questionnaire. The Drug History Questionnaire (DHQ; Sobell, Kwan, & Sobell, 1995) measures the participants self-reported extent and frequency of lifetime drug use. The DHQ is a one-page form that takes approximately five to ten minutes to complete and collects data for nine different classes of drugs: alcohol, cannabis, hallucinogens, depressants, inhalants, narcotics, stimulants, tranquilizers, and other drugs. For each drug class, the following is collected: was the drug ever used and, if so: (a) number of years used; (b) whether the drug was ever prescribed; (c) year last used; and (d) frequency of past use during a typical month.

The Adolescent Adult Parenting Inventory- 2. The Adolescent Adult Parenting Inventory- 2 (AAPI-2) (Bavolek & Keene, 1999) is an inventory designed to assess parenting attitudes of adolescent and adult parent and pre- parent populations (Appendix D). This measure has two forms, A and B. Each form contains 40 items, one is given at time 1 (pretest) and the other is given at time 2 (posttest). The AAPI 2 utilizes five constructs to assess for risk in child rearing attitudes and behaviors. They are as follows: construct A - Expectations of Children, construct B - Parental Empathy towards Children's Needs, construct C - Use of Corporal Punishment, construct D - Parent-Child Family Roles, and construct E - Children's Power and Independence. Constructs A, B, D and E will be particularly useful in this analysis. Each item is

presented on a five- point Likert Scale of strongly agree, agree, disagree, strongly disagree and uncertain. Responses to the AAPI-2 for each of the subscales are categorized as Low Risk, Moderate Risk or High Risk for Child Maltreatment. Each form takes an average of 10 to 15 minutes to complete. The measure is written at a 5th grade reading level. Parents who have difficulty reading can have the measure administered orally. The reliability for combined Forms A and B are substantially larger than for each of the individual forms.

Demographic form. Demographic data was collected at Time 1 (Appendix E). This measure included questions about participants' age, race/ethnicity, gender, relationship status, educational attainment, employment status, number of children, number of months living in household/transitional housing, marital status and substance use history.

Procedures

Sampling. Smith et al. (2009) suggests a sample size of 4 to 11 participants for a doctoral level IPA study. This researcher recruited seven female- identified caregivers who were living in transitional housing. Three participants dropped out of the study due to leaving the program or employment influenced scheduling conflicts.

Selection criteria. To be eligible for the study, participants had to be mothers living with their children in this setting, they had to speak English, and have an interest in this form of treatment. This criterion was used primarily to ensure that participants were currently parenting, had an interest in seeking greater understanding of their children and could easily communicate with the interviewer. Of the 7 participants originally contacted two could not participate in the intervention due to employment scheduling conflicts and language barriers, thus effective

communication between the researcher and the participants could not be reached. One woman left the program after one week.

Recruitment. This researchers sampling was produced through professional and academic contacts who had a working relationship with the transitional housing. The researcher initially met with the inquiring participants to assess for eligibility. The researcher described the project as an exploration of mothers' experiences before and during their stay in transitional housing. The researcher than verbally reviewed the informed consent (See subsection). The consent forms for participants were copied for each of them. The interviews did not take place until consent forms were exchanged in person during the scheduled interview appointment.

Informed consent. During the initial meeting the researcher described the research project, including its aims, benefits and risks to obtain verbal and written consent before moving forward with the interview. The researcher then explained the nature of the study, interview process, associated risks, and the measures taken to protect confidentiality. The researcher made a copy of the consent form for each participant to keep. The consent form is included in Appendix.

Protection of confidential materials. The interviews were tape recorded. Confidentiality of personal material was rigorously maintained. Except for the consent forms, all identifying information was omitted from records and stored securely on a password protected computer in a locked confidential office.

Interview procedure. The study included a semi-structured interview with each mother at two points. The interview questions were developed based on the Working Model of the

Child Interview (WMCI) (Zeanah, Benoit, Barton & Hirshberg, 1996) (Appendix F). The WCMI assesses parents' internal working models of the relationship with their children. This measure was adapted for this study to include more questions encouraging reflection of the mother's experience parenting. The aim of the adapted interview was to obtain detailed descriptive accounts of their subjective experiences of their relationships with their children and their ability to understand their children. All interviews with mothers were transcribed both at Time 1, before the start of the group intervention and another version at Time 2, at the end of treatment, to emphasize the subjective and experienced changes. The initial interviews were then compared with those at the end of testing. The interview sought to provide insight into the relationship within the dyad as well as how the mother discussed her child. Interviews were conducted in private rooms to ensure privacy. Interviews were between 90 to 120 minutes.

Qualitative Analysis

The analysis followed the procedure documented by Smith (1995) and Smith, Jarman, and Osbourn (1999), which he described as Interpretive Phenomenological Analysis. Data analysis followed the six-steps described by Smith et al. (2009): (a) reading and re reading, (b) initial noting, (c) developing emergent themes, (d) searching for connection across emergent themes, (e) moving to the next transcript, and (f) looking for connections across cases. Each step is described in more detail below.

Reading and rereading the data is crucial to the analysis as it allows the researcher to immerse herself in the world of the participant (Smith et al., 2009). Reading each interview and listening to the audio recordings multiple times provides context for the researcher to further

understand each participant and their experience. Rereading encourages a slower more thoughtful process. In this case transcripts were again read by Kat Mabalot (see below section).

Initial noting starts as the interviewer becomes familiar with the interview. This can be the most time- consuming aspect of this method, as notes are made on the transcripts next to any participants experiences with parenting that appeared relevant or interesting in respect to their parenting and or the impact of the group intervention. These notes come in several forms, some are summaries of what the interviewee had stated, others were associations, some were questions, and some were attempted interpretations. This stage allows the researcher to understand what is most important to the participant. During this stage, close attention is paid to the language used.

Developing emergent themes changes the task from note taking to identifying potential theme ideas or patterns.

The search for connections across emergent themes allowed the researcher to understand how emergent themes within each interview relate to one another (Smith et al., 2009). There are many methods used to connect themes in each interview. This may include fitting several similar themes under one larger theme umbrella.

Moving to the next case means that once this process is completed for one interview, the researcher simply moves on to the next interview (Smith et al., 2009). The researcher at this step should be curious about how the preceding interviews may affect her analysis of the next interview.

Looking for patterns across cases starts to look for ideas that exist across interviews were grouped together as salient themes. As a validity check on the process, Dr. Brent Richard Ferm and Kat Mabalot audited the documentation for the cases, examining the themes that had been extracted and the summary documents produced.

The Researchers

The interviews and initial analysis were conducted by Shannon Dillon, who was a 26-year- old White American woman in her fourth year of her graduate program. Katherine Mabalot was a 28-year-old Filipino American woman in her fourth year of her graduate program. Brent Richard Ferm was a psychologist experienced in attachment and mentalization based therapy. Over the 18- month period Shannon Dillon consulted regularly with Katherine Mabalot and Dr. Ferm about the content and conduct of the interviews, the interview procedure, the transcripts, and the emerging themes and understandings. Dr. Selph, a professor and researcher who utilizes IPA, was also consulted about the IPA process.

CHAPTER IV

Results

Participants

Participants in the study were 4 mothers living in a transitional housing program (Table 1). Participants were between 30 and 53 years of age. The majority (75.0%) of participants identified themselves as White, were born in the U.S.A. (75.0%), all were single (100.0%), and 50.0% were employed full time. One participant completed 11th grade, another had some college, another graduated college, and the final participant had a post graduate or above education. A majority (50.0%) of participants had an income less than $15,000, 75.0% experienced abuse from within the family, 75.0% had military experience, and 75.0% had 2 children. All participants had at least one child and all children were between the ages of 5 and 15 years at the time of the study.

Table 1.

Descriptive Statistics

	N (4)	Percent
Age		
30	1	25.0
32	1	25.0
46	1	25.0
53	1	25.0
Ethnicity		
White	3	75.0
Native American	1	25.0
Gender		
Female	4	100.0
Nationality		
United States	3	75.0
Spain	1	25.0

Marital Status		
Single	4	100.0
Employment		
Part Time	2	50.0
Full Time	2	50.0
Education		
11th Grade	1	25.0
Some College	1	25.0
College Graduate	1	25.0
Post Graduate or Above	1	25.0
Income		
< 15,000	2	50.0
15,001 – 25,000	1	25.0
25,001 – 40,000	1	25.0
Experienced Abuse		
Within Family	3	75.0
Outside Family	1	25.0
Military		
No	3	75.0
Yes	1	25.0
Number of Children		
1	1	25.0
2	3	75.0

All participants were interviewed in person. The interviews ranged from 60 to 90 minutes and were audio recorded and transcribed by this researcher. The four participants are described below, listed in the order in which they were interviewed. Participants' names have been changed to preserve anonymity.

Before entering the study, each participant was given a description of the study's goals and procedures, and each gave written consent that they understood the research procedure and the possibility that extracts from their interviews might appear verbatim in published reports.

Liz. Liz is a 32-year-old, single, white woman raising two daughters, ages five and seven. Her five-year-old daughter reportedly has special needs including a learning disorder and

sensory integration issues. Liz is a college graduate and had worked as a teacher for many years. Liz reported being in an unstable housing situation due to domestic abuse. A friend of hers from church told her about Gilead House, where she applied and was accepted.

At time 1 on the DASS21, Liz reported symptoms of depression and anxiety which fell within the "normal range," and stress symptoms in the "mild range." Liz reported multiple traumas throughout her lifetime when completing the Trauma History Screen. Notably, Liz reported that she had endured a history of sexual abuse by her father after her parents' divorce. She stated that has no recollection of this and is unsure if it is true, as her mother told her about it. She currently has a relationship with her father and notes that she "has never felt anything weird." She does not trust her memory and feels she "represses all memories." In addition, Liz reported having been attacked by her former boyfriend's dog while her children were present. She was taken to the emergency room for injuries and the dog was euthanized. Her boyfriend refused to "give up" his other dog, so she and her children moved out. When speaking with this author she shared a more recent trauma in which she found out that she was pregnant and lost the baby at four months. She had to have an emergency termination and was now unsure if she could physically have more children. This was a trauma she largely experienced alone as she only shared it with this author and the program coordinator.

Regarding her substance use history, Liz reported using marijuana regularly for approximately four years, with the last time use in 2015. She reported drinking alcohol recreationally for the past eight years, with the most recent use being in 2017. She also reported smoking cigarettes for the past four months, in 2017.

Kendall. Kendall is a 46-year-old, single, white woman with two children: she reported that her first child is 15 years old now but was adopted as an infant and does not currently live with her/have contact with her , and that her second child is a five-year-old, bi-racial girl who lives with her at Gilead House. Kendall had a history of homelessness both before and after having her 5-year old daughter. Throughout her life, Kendall reported that her family was "unsupportive." Since having her daughter, they moved from state to state to live in different shelters and with friends.

On the DASS21, Kendall reported "moderate" levels of symptoms of depression and anxiety and scored within the "normal" range on symptoms of anxiety. Concerning the Trauma History Screen, Kendall reported a number of traumatic events. Upon further elaboration of these traumatic experiences Kendall shared that around five or six years of age she was assaulted by the son of family friends. She did not remember the assault but remembers being punished by her mother for "not having clothes on," and reported that she did not understand why her mother disciplined her at the time. Kendall also reported a trauma in which she and her daughter were playing in a park and a homeless man began "yelling and chasing" them. She notes feeling traumatized by her inability to financially support her daughter as well as being "disowned and unloved" by her family. Concerning her substance use history, she reports minimal use of substances. She acknowledged using LSD two times in 1998, marijuana occasionally for one year in 2002 and drinking alcohol socially for the past fifteen years but noting the last time was in 2016.

Amy. Amy is a 30-year-old, single, native American woman raising two children, one son and one daughter, ages 7 and 9, respectively. She reports completing the 11th grade. Amy reported being homeless for two to three years before finding Gilead House. She and her children were "bouncing around" from abusive past partners, to mentally unstable day care providers, to family members that would take them in and sometimes they would just sleep in the car.

Using the DASS21, Amy reported symptoms of depression in the moderate range, symptoms of anxiety in the extremely severe range and levels of stress in the severe range. This is consistent with her own report of suffering from anxiety and she has received and continues to receive mental health services for her mental health symptoms. On the Trauma History Screen, Amy also acknowledged surviving several traumatic events. She shared that at the age of 10 she lost her father to a heroin overdose, her cousin died at the age of four, then her grandmother died of pneumonia one year later. Upon further elaboration, she shared experiencing domestic violence in her romantic relationship from the ages of 18-21 years. She reported losing her aunt one year ago to a heart attack. She also identified her homelessness and lack of support as traumatic for her and her children. Concerning her history of substance use, she states she used stimulants such as crack and cocaine socially in 2011. She reports abusing methamphetamines in 2006, hallucinogens socially for two years in 2006 and using tobacco regularly for the past 16 years.

Cindy. Cindy is a 53-year-old, single, white woman born in Spain, who was raising a son who was 12 years old at the time of the interview. Cindy had never been homeless before.

Cindy reports losing her home due to mold. She and her son then moved in with her new boyfriend, who quickly started behaving in "bizarre" ways. After he attempted to commit suicide, she reported that she knew she had to seek a more stable and safe living environment for her and her son. She was told about Gilead House through Novato Human Needs.

On the DASS21, Cindy reported symptoms in the normal range for depression and anxiety and the mild range for stress. She reported several traumas throughout her lifetime. She reported her mother had a history of perpetrating physical abuse, noting that at one point her mother had "thrown a high heel shoe and kicked" her in the eye, she went on to say she was "spanked" after that event. She reported enduring physical abuse from her brother as well when she was 16 years old and he kicked her in the stomach. She went on to report that at the age of 16, her sister tried to commit suicide by overdosing "on pills." Later, her sister was seriously injured in a motor cycle accident. Upon further discussion, she shared her surviving a hurricane at the age or 26 which she reported was "very frightening." Close to the time of this interview she had witnessed her partner attempt to kill himself by stabbing himself in the neck. Concerning her substance use history, Cindy reported using alcohol for about five years but reported she last drank in 1980. She also stated she had "tried" marijuana one time (Table 2).

Table 2.

Type and Frequency of Events Reported on the Trauma History Screen

Event	n	No. of people who experienced it 2+ times
Bad car, boat, train or airplane accident	1	1
A really bad accident at work or home	1	0
A hurricane, flood, earthquake, tornado or fire	1	0
Hit or kicked hard enough to injure- as a child	1	1
Hit or Kicked hard enough to injure- as an adult	2	1

Forced or made to have sexual contact - as a child	2	0
Forced or made to have sexual contact - as an adult	0	0
Attack with a gun, knife, or weapon	0	0
During military service- seeing something horrible or being badly scared	0	0
Sudden death of close family member of friend	1	1
Seeing someone die suddenly or get badly hurt or killed	1	1
Some other sudden event that made you feel very scared, helpless or horrified	2	1
Sudden move or loss of home and possessions	4	4
Suddenly abandoned by spouse, partner, parent, or family	3	3

Paired Sample T Tests

Paired sample T Tests were conducted to determine whether statistically significant differences existed between pre and post scores on the AAPI. Paired sample T Tests (instead of ANOVA) were used because data were collected pre- and post-intervention and due to the sample size of participants. Results (Table 3) show statistically significant differences between pre ($M = 6.75$) and post ($M = 5.25$) scores for Construct B on the AAPI, $t(3) = 5.20$, $p < 0.05$; pre and post score differences on the remaining constructs were not statistically different. For information about each participant's scores, see the table of participant raw scores. Intercorrelations (Table 4) were also conducted showing the relationship between pre and post scores on the AAPI for each Construct.

Table 3.

Paired T Test Results Between Pre and Post Scores on AAPI.

		M	Standard Deviation	df	t
Construct A	Pre	7.00	1.41	3	2.03
	Post	4.75	2.22		
Construct B	Pre	6.75	0.96	3	5.20*
	Post	5.25	1.26		

Construct C	Pre	6.00	1.16	3	0.00
	Post	6.00	2.83		
Construct D	Pre	7.00	1.16	3	1.73
	Post	6.50	0.58		
Construct E	Pre	6.25	2.75	3	0.00
	Post	6.25	1.26		
Total AAPI Score	Pre	34.75	5.56	3	2.83
	Post	28.75	6.29		

*p < 0.05

Table 4.

Correlations Between Pre and Post Scores on AAPI.

	1	2	3	4	5	6	7	8	9	10	11	12
Construct A – Pre	1	.74	.82	.82	.60	.98*	.32	.75	.67	.82	-.19	.60
Construct B – Pre	-	1	.91	.91	.28	.80	.75	.90	.99*	.91	-.48	.87
Construct C – Pre	-	-	1	1.00**	.11	.78	.39	.69	.82	1.00**	-.69	.60
Construct D – Pre	-	-	-	1	.11	.78	.39	.69	.82	1.00**	-.69	.60
Construct E – Pre	-	-	-	-	1	.70	.45	.65	.34	.11	.65	.58
AAPI Score - Pre	-	-	-	-	-	1	.51	.87	.76	.78	-.08	.75
Construct A – Post	-	-	-	-	-	-	1	.87	.85	.39	.03	.95
Construct B – Post	-	-	-	-	-	-	-	1	.94	.69	-.05	.98*
Construct C – Post	-	-	-	-	-	-	-	-	1	.82	-.38	.94
Construct D – Post	-	-	-	-	-	-	-	-	-	1	-.69	.60
Construct E – Post	-	-	-	-	-	-	-	-	-	-	1	-.03
AAPI Score - Post	-	-	-	-	-	-	-	-	-	-	-	1

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Domains

The seven domains that emerged from the results include domains from the first interview, the second, and last interview as well as domains that existed across both interviews. These domains highlight the main points of the interviews and depict the struggles, strengths and growth of this population, to provide a more vivid image of their experience.

Themes

The four participants in this study had varied experiences with raising their children, their identity as parents and their struggles with transitional housing. Although each experience was unique, there were similarities that presented among them. A total of sixteen themes were obtained utilizing Smith and Osborn's IPA. For time 1, these themes represented two main domains: Self as parent and surviving and stabilizing (Table 5). The themes that fell in to these domains included: *How I would like to be better, areas I am proud of, recognition of struggle* and *surviving and thriving as a parent*. For time 2, these themes represent 3 domains: Confidence, increased honest reflection on experience of parent, and increase in perceived support. The themes that fell into these domains included: *Progress, I feel confident/ competent, I don't want them to remember the struggles* and *giving up/ renewed commitment.* For time 1 and time 2 these shared themes represent 2 domains: People are unreliable, and I can see myself in them. the themes that fell into these domains included: *Men are unreliable, family and friends weren't there, shame/guilt, over identification with child* and *my favorite part*.

Table 5.

Thematic Analysis.

Domains and Themes Endorsed by Participants	# of participants who endorsed the theme
Time 1	
Self as parent	
How I would like to be better	4
Areas I am proud of	4
Recognition of struggle	4
Surviving and Stabilizing	
Surviving vs thriving as a parent	4
Time 2	
Confidence	

Progress	3
I feel confident/competent	3
Increased Honest reflection of experience as parent	
I don't want them to remember the struggle	3
Giving up/ Renewed commitment	2
Increase in perceived support	
Other moms and children	4
Advocacy and Empowerment	4
Shared Themes	
People are unreliable	
Men are unreliable	4
Family and friends weren't there	4
Shame/ guilt	3
I can see myself in them	
Over identification with child	3
My favorite part	4

A more detailed description of themes is provided below. Specific quotes are borrowed from participants to demonstrate a more authentic and accurate representation of their experiences, in their own words. Further, the table below reflects themes there were found in the results as well as the number of participants that endorsed each one.

Domain 1: Self as parent. The parenting skills or confidence domain involved specific themes pertaining to each participant's beliefs of themselves as parents and areas they wished to improve upon.

Theme 1: How I would like to be better. Mothers described areas of needed growth. Each mother stated multiple areas they felt they could grow in. The mothers acknowledged their own struggles with feeling confident in interacting with their children. Liz shared her experience of feeling guilty during transitions and just wanting her children to be quiet. This results in her

yielding to her children's desires as opposed to handling it in the way she knows she should. She stated

> Yeah, I am a push over too, unfortunately I'm a big pushover because sometimes I feel bad when it's a transition time because sometimes in the moment when they are crying I want them to just be quiet I would say I'm a pushover.

Amy shared a similar sentiment and stated "I want to be more consistent with the parenting skills I've already learned, I want to be more confident in saying 'no'."

Kendall expressed that she would like to be more calm and confident when handling discipline:

> Maybe in handling the discipline like not yelling or raising my voice having a little more patience I tend to lose my patience, I need to have that patience a little bit more. I need patience I get frustrated and I get frustrated easily.

Cindy described her desire to be less demanding and short with her son:

> I would like to not be so tough with him and sometimes I have a bad temper I yell at him I'm very grouchy sometimes I have been trying to modify that. I am very demanding which is not that good I understand and I am overprotective.

Each mother expressed a desire to be a more understanding, compassionate and effective as a parent to their children.

Theme 2: Areas I am proud of. Along with the areas of growth that each mother endorsed, each mother also presented areas of her life as a parent she felt especially proud of. Liz expressed her pride in her flexibility "I'm proud that if I see it (parenting style) isn't

working, I'm not too stuck in my head enough to not change it." She noted that her willingness to try new ways to parent made her feel more successful in parenting. Amy noted she was proud of "talking to them and being open and you know teaching them right from wrong." She took a great deal of pride in the communication she shared with her children. Similarly, Cindy noted she is proud of "all the communication thing we have, I think it is very good for him." Kendall shared that her pride comes from activities she used to do with her daughter when she was younger which she credits for a great deal of her child's intelligence. She stated: "I'm proud of, I guess, umm probably just the whole reading because I read and sang to her almost every night."

These areas represent some of the ways these mothers feel confident or proud of their mothering abilities. It felt important to explore this as these mothers each have been questioned by greater society about their ability to parent appropriately given their circumstances.

Theme 3: Recognition of struggle. Throughout the interview every mother expressed the desire that her children would know and acknowledge how hard she had to work and that she did it all for her children. Liz stated, "I want them to say I was a strong mom and did everything in my power to keep them happy." Similarly, Amy stated:

> I want them to know that as a parent that I got us to where they are and I stayed strong, I made that impact on them to be strong and probably they'll call me a bitch because I can be but for them to know I was always there I never left.

Cindy expressed the universal desire that her son would look back fondly on her and their life together, struggles aside: "I like to think he will remember me as a good mom talking and caring and hard-working and he will remember a lot of things." In the same vein Kendall

expressed the desire her daughter would always love her: "I hope that she will grow up to always love and respect me and I hope she can tell me that."

Each participant had struggled to find safety and stability for their children. It was their hope that finding it in this transitional housing would open up the possibility for their children to recognize the work it took to get them there and result in greater love and respect for their mothers.

Domain 2: Surviving and stabilizing. During the first interview, each participant was a more guarded in their presentation but still reflected on how their parenting has changed since finding more solid ground.

Theme 4: Surviving vs. thriving as a parent. Every mother addressed early on that her parenting had changed since finding structure in the Gilead House. This came in different forms for each mother. Some mothers were able to directly speak to this change while other mothers reflected more freely than they had before, simply because they could now afford to. Amy explicitly stated

> Umm it has its ups and downs and I think it's a lot better than it was, especially the transition you know, you kind of just roll through life and you don't really have time to parent so it's good now.

Liz alluded to having the ability to have a stricter routine for her children which she felt led to a more harmonious relationship. She stated:

> It's I guess it's good about um I don't have to scream and yell at them anymore. It's good because I have a routine which I've always had but I'm really strict in my routine it's good because they tend to listen to me more than not, than they used to so…

Cindy discussed how this living situation and their recently experienced events had brought her and her son closer together. She stated: "Um I think it's really good. Um we have a lot of communication we have a great, we get along well. We have a whole world together and we understand each other."

Kendall shared her experience of all that having her daughter has brought her, in the way she had to become more responsible and find stability. She said: "she's helped me grow up a little bit cause I'm very immature for my age err kind of irresponsible, but she's given me a sense of family where I don't have one."

Each mother shared their reflections on their relationships with their children now and how it has been altered by the stability available in the house, this came in many forms including greater ability to have a routine, closer relationships or greater appreciation for personal and familial growth.

Time 2 Themes

Domain 1: Confidence. Themes in the confidence domain present the feelings of accomplishment and confidence they feel in themselves as mothers. From acknowledging the progress they have made to understanding the ways they would like to be better at parenting and to stating the aspects of their parenting that they are proud of.

Theme 1: Progress. Three of four mothers described feeling they had made some progress in parenting since the first time they were interviewed. This was discussed in a number of ways.

Amy and Liz described how they had noticed a decrease in resorting to yelling at their children. Amy stated "50% of the time I yell at them, 50 % of the time I walk away you know, take the breath and count or get down to their level, before it was like 80% screaming." Liz stated something similar "My parenting has come a very long way, I can talk to my kids now instead of yelling at them. I have so much confidence in myself as a mom." Both of these mothers seemed proud that they had stopped relying on yelling at their children and begun talking to their children by using other tools such as talking it out, deep breathing or taking a break for themselves.

Cindy described a situation in which she seemed more aware of how she treated her son and worked to make it right even if she could not change her initial reaction "I'm very tough and sometimes, I don't usually yell at him, not on a daily basis but sometimes I'm tough, I can be very tough and then I feel guilty and I apologize."

The mothers painted a very honest picture of their progress, some sharing that they had further to go while acknowledging where they were in the process. Each response suggests a greater level of understanding or curiosity about their child's perspective and the mother's attempt to behave more thoughtfully with their children.

Theme 2: I feel confident/competent. Three of the four mothers discussed some confidence or competence they have felt recently. Mothers described the ways in which they

feel proud of themselves. Liz shared her perception of where she is at as a parent and her feeling she is as confident as she can be at this point. This also equated to happiness and contentment in her entire life. She stated:

> Honestly, I am so proud of how much I have grown as a parent and I really can't think of anything I would like to feel more confidence in. I am very happy with how my life is turning out.

In a similar way Cindy shared her own self-assuredness regarding parenting: "I can't think of how I would improve my parenting style because I'm doing my best." Amy discussed how there is room for improvement but when she sees other parents she knows she is doing well. She stated "Umm I'm not perfect but I think I'm doing a hell of a lot better than other people. I'm dedicated, this is what it is. I'm not going to give up."

While each mother shared her confidence in her own parenting the language used by each mother also points to the sense that feeling more confident in parenting does lead to a sense of greater confidence and/or happiness in life.

Domain 2: Increased honest reflection on experience as parent. At time 2 the mothers overall seemed to have reflected more on their experience as parents. The domains in this area describe the phenomena each mother began to voice in understanding and reflecting her own experience.

Theme 3: I don't want them to remember the struggle. Three mothers endorsed their hope that their children will reflect fondly on their childhood and not remember the challenging

times in their upbringing. This was part of a desire to shield their children from the challenges they had faced. For example, Kendall stated:

> I don't want her to remember the struggle I don't want her to remember how difficult it was. I'm afraid that's what she's going to remember. I hope she remembers she was the light that kept us going and I loved her and I did everything I could.

Three mothers shared the fear that their children would only remember the challenging aspects of their upbringing and not the wonderful parts that each mother had worked so hard to provide.

Theme 4: Giving up/ renewed commitment. Half of the mothers shared the desire they have had at some points to give up their children, as it was too much to handle on their own without support. The mothers confided their struggles and the pros and cons of continuing to parent their children.

In Amy's case, she described wanting to send her children to live with other less appropriate people who may be able to take over for her but through thinking it through she determined that this would not be ideal for her children. She acknowledged the importance of this breakdown in helping her understand her own values. She stated:

> I have breakdowns, a couple weeks ago I didn't want to be a mom anymore but you kind of have to weigh out it's not always amazing. If I send them to my disabled mother, she's disabled and can only do so much or I send them to their dead-beat father who lives who knows where, so you know you kind of have to have that breakdown and then you are back to where you need to be.

For Kendall, she also described how this happens for her when her symptoms of depression intensify. She stated how she begins to pull away from her daughter, a tool she feels will keep the separation less painful if she goes through with it.

> I've had my bouts with depression and stuff like that kind of like trying to distance myself when I got really down and was thinking about giving K up I was trying not to be too affectionate because I figured it would make it easier if that was what I was going to do.

These struggles were not discussed in the first interview, likely because a rapport had built between the interview and the interviewees in the preceding weeks. It is possible the group work gave mothers permission to be in touch with their more realistic ambivalent feelings, and may have assisted in them not unconsciously acting out their ambivalence. These statements in the interviews felt cathartic or confessional, as if these mothers felt they needed to disclose these struggles but had not been able to before due to the high level of scrutiny they already face and likely their own shame for having these ideas. Both mothers were able to share their process of coming back in touch with that which makes them want to stay mothers to their children as well.

Domain 3: Increase in perceived support.

Theme 5: Other moms and children. Three of the mothers explicitly shared their experience of living under the roof with other mothers in a similar situation. Two of the mothers noted the support they gain from having other mothers in the house, one noted the challenges associated with it.

Kendall shared her experience of being able to decompress due to the support of the other mothers. She stated: “The other moms help take some of the pressure off. I mean Cindy helps

out a lot she kind of you know she will curtail k for me sometimes and Priscilla spoils her." Later in the same interview she stated, "These women are my family now and it's powerful." For Kendall, these women represent the family and the support raising her daughter that she never had.

For Liz, living with other mothers and sharing their experiences in the group helped her see her own practice of parenting and her children differently. She stated: "My view of my children has changed because I get to hear other mom's stories on theirs and I get great advice from them all on how to handle the hard mommy stuff."

Cindy had a different experience and shared some of the trials she has faced living with other mothers in a shared space. She said "It's not easy and then people are not very understanding. I don't share my story because I have my privacy, if someone asks I'm sure I'll share but you know…" Cindy had also moved in more recently than all the other participants in the group, leading her to feel in some ways that she was not welcomed.

Living in a home with other families creates its own challenges, however, for the most part these mothers identified the strengths of living in a more cooperative, supportive environment and having other mothers in similar situations to lean on and learn from.

Each of the mothers reflected on the challenges and advantages of living in a house shared with other people's children. Some described the ways it emboldened or provided confidence for their child while others discussed the built-in friendships and companionship their children found.

One mother discussed the difficulties one is faced in this situation and the awkwardness that comes with disciplining someone else's child. Kendall shared her frustrations with having no control over who the other children in the house are: "I can't control that situation here there's so much you can say to someone else's kids."

Alternatively, Cindy expressed her appreciation for other children in the house and the way these social interactions have helped her son, reflecting a more empathic understanding of her son. She said:

> He's handling very well here he is kind of a leader which is amazing. He never had that before and I'm very proud of him he's performing more than well, excellent and now that he has the Wii he can show off. He's the best so everyone is 'can you teach me?' he's teaching everybody. He's doing a great job. He's the center of everything, everyone is 'where is A?' It is giving him his self-esteem that he was lacking, so that is because he has this.

Amy and Liz had a close bond between the two of them and thus their children played together and were best friends. This provided built in play mates when the mothers moved out of the shared home and into their separate apartments. This allowed for each mom to not only have a built-in friend and confidant, but also someone to watch the children when one of them needed a break.

Theme 6: Advocacy and empowerment. Each of the mothers shared how they had found themselves in Gilead House. Most mothers sought help through Novato Human Needs and Marin County, and were eventually connected with the program director of Gilead House,

Kieawnie. All the mothers were grateful for the opportunity to participate in the Gilead House program and each of the mothers expressed gratitude to the program director who is incredibly supportive to each of them.

Within the growth that occurred for some of the mothers, one mother felt that she had been empowered by the program and the coordinator so much that she wanted to begin advocating for the program. Amy stated:

> I want to start advocating being at the fair with Kieawnie a couple weeks ago really empowered me and it's been like a fire, a little candle flame and then it ignited that day and she let me take over of that little booth and I was advocating for this non-profit. So that's yeah how I feel about it, it's very powerful. People need to hear they need to see somebody that has been through it first hand and has overcome it. So, it's empowering.

This was a powerful shift for Amy as in our initial interview she had shared her struggles with feeling intense judgement and social anxiety. She feared people may find out about her struggle and would judge her for it. Now she feels she has power living through what she has and wants to share her experience to help others. This may signal a greater tolerance for ambivalent feelings; "I was in a bad place and now I'm in a better place, and I do not have to hide or be ashamed of my history." She stated:

> I was very skeptical about people and there's a few comments that I've come across that were negative and it's like at first it hurt and now it's like this is who I am this is what I've been through, that was who I was this is what I went through this is what I'm going through and this is who I am now.

While each mother is in a different place in their transitioning to life in the Gilead House, each shared their gratitude for the community resources and the stability they now have found. Most relied on word of mouth or information from county or city services to find stable housing.

Shared Themes

Domain: People are unreliable.

Theme 1: Men are unreliable. Across all the interviews another troubling theme that emerged was the idea that other people, especially men, are largely unreliable. In the first interview this was most apparent when each mother discussed their children's relationship with their respective fathers. These challenges varied for each mother, one mother had gone through a divorce, another's ex-partner was incarcerated, another was estranged, and one had never had a relationship with him to begin with. Each mother had a different idea on if or how this would affect their child. There was clearly emotion behind each response and the exploration of the effect on both not having their father's in their lives and if they were able to. Liz stated:

> Their dads are not in their life and she (the 6-year-old) does not understand. I have always done it by myself my daughters are 6 and 5 and they've always been with just me. If E's dad ever comes back into her life, I'll have to make difficult decisions you know but I think that will be, I know he will eventually he's in prison but I'm really nervous for that.

Cindy discussed her fear that her divorce was the most challenging part of her son's life even though he was only two when it occurred. She said:

> He was asking about his dad and it would break my heart and his dad was not interested "I can't" you know he was very irresponsible and he had some issues like he was always depressed so I can't blame him, but it was very hard on "A." He has a good relationship with his dad now, he talks on the phone and skyping it's not deep like with me and talking to him but it's his dad and he really loves him.

Kendall shared her frustration about the father of her child and his lack of commitment to being consistent for their daughter:

> It's only her and me, her dads not in her life so you know when I moved back to Texas I did try to involve him. He wanted the proof she was his and I just, we were starting that but then I decided to move to Colorado. He tried to tell me I can't leave the state I said watch me you're not on the birth certificate you have done nothing financially to help us…. I told him you can decide to be a part of her life or not, but you need to, either you are on board or you are not I can't have you one minute yeah and then no. I can't have you do that to her and you know so when I left, I left.

Amy voiced similar frustrations and fears about the father of her children and his history of being unreliable and at times, abusive. She noted there were a "number of red flags," that she wishes she had paid attention to earlier on but that she could not send her children to live with him because he was always "god knows where."

The relationships with men for these mothers and their children is a troubled and complex one. Each mother voiced the importance of their children having a father figure in their life and the fears that result from that absence. Kendall voiced her concern most clearly, in a way that

was in many ways echoed by all four of the mothers. She said: "she doesn't have that father in her life. I worry that she could just get mixed up with the wrong boy and end up a teen mom."

This is a significant experience not only because it was present across both times but also because it seemed to weigh heavily on the minds of these mothers. There was great hesitation for their children to have interactions with men or fears for their futures, especially for the mothers who had daughters, which was three out of the four mothers. Due to the way these women had been treated by men throughout their own lives and their children's there was great hesitation and fear for the future.

Theme 2: Family and friends weren't there. Amy described how in her situation, everyone she thought would be there for her was either unable or unwilling to take in her and her children. She outlined her struggle of trying to live with various partners and friends but that for some reason or another it would not work out. Then she found herself facing homelessness. She said: **"**I was homeless, so you know friends and family, you know, weren't there." Liz, while more tight lipped about the situation, stated: "My family and I were in an unstable home in a domestic situation."

In another situation in which Cindy felt failed by those around her. She expressed the pressure she felt to move in with a new partner after losing her home. She stated:

> So, I decided even though I had just met him I decided to move in with him because I had no money or no other options so we started our relationship the other way around so we started living together then knowing each other than in a few months it turns out he's

behaving weird and finally he tried to commit suicide and then I realized he had serious mental problems he is diagnosed with bipolar disorder.

She went on to say that she felt uncomfortable asking friends because these things never worked out. She felt as though she had no one to turn to

so, a couple of friends offered but they live far away so I am thinking of my son and I don't think the best solution is living with friends its very temporary a few days or couple weeks but I know that things will spoil with friends, you cannot mess with these things.

Kendall shared her own opinion that a friend turned on her because she did not agree with her politics. She reports that this was what led to her homelessness most recently. This seemed to bring up memories from years ago when her parents had kicked her out of her home. She felt that people were unreliable in several ways but seemed most emotional when discussing her mother and the loss of her most recent friendship.

She thought I was being ignorant and stupid anyways she cut me off made me give her back her car and this other stuff she kind of left me high and dry and had the nerve to tell another friend she cares about us she cares, you care as long as I do what you want me to do and guess what I'm not a puppet.

Theme 3: Shame/ guilt. One of the most disheartening aspects of the interviews which presented across both interview spans was the idea of guilt or shame that these mothers possessed. This theme was endorsed regarding internalized shame, feeling embarrassed by those in the community, or feeling/ being judged. This was universal concern that each mother expressed at some point over the course of the study. For Amy, it came in the form of not

wanting to let other people know what she was going through because of the assumptions they would have about her: “I didn’t tell nobody because it’s shameful the way people look at you. They think you are a bad mom and that you don’t have your shit together.” She struggled with this idea initially. She believed that others would see her as being lazy and not working hard enough for her children. She went on to reflect: “I have a mother’s guilt for things that have gone on in transition and the choices I’ve made but I also don’t feel guilty for being in those situations anymore, some days are good some days are not good.”

Cindy had a different experience as she had come from a higher socioeconomic status prior to moving to the United States. “I come from a very wealthy family it’s difficult for me. (How are you handling it now?) I’m very good I'm very happy, busy. This situation, being a homeless lady for the first time being a grown up having a masters and everything and it’s not easy.” She described how inconsistent this all felt since she was educated and successful in her home country.

For Kendall, she had a great deal of internalized shame ranging from wondering why her own family did not help her out when they found out she was pregnant to feeling like she was an incompetent mother. At one point, she stated “the depression is just feeling like a failure as a mom, but I’m getting better. It’s not easy.”

Domain 2: I can see myself in them.

Theme 4: Over identification with child. This theme was shared at some point by each participant, usually multiple times. This is the idea that the mother related so strongly with her child that she began just talking about her own experience when asked about her child or seemed

to only be able to make sense of her child in the way her children were similar to herself. There was a lack of distinguishing between where mother ended and child began.

There were multiple examples in Kendall's case. Mostly when she would discuss positive aspects of her daughter she would eventually state these were things she valued about herself. Kendall stated:

> She's so much like I was at that age, always ready for a hug. I was a big hugger, I'm still a big hugger with people, so I love that she has a lot of my personality as far as you know she's got my sensitivity she's got my heart. She's got one of the biggest hearts. I think she just loves everybody and wants to be everybody's friend.

Similarly, Amy discussed each of her children and how they are so much like her, especially her daughter. She stated:

> My daughter is my twin and she is very sassy and she's like every woman in our family, very strong mind and it has to be her way and being thirty I'm still learning it's not that way so I'm trying to guide her yeah. She's from the looks, personality, everything we are like identical, she's my twin.

She repeated this again with both of her children when she gave this explanation of their personalities: "Thomas is the anxiety shy one of me when you get to know him he's, he's amazing in general, but he opens up and Layla is my social butterfly so it's like my personality in each of them."

This idea was also expressed through fears for the future in which most mothers used their own experience to predict what would happen in their children's future. Liz stated, "I am

very worried for that age 'cause I was a horrible teenager and my mom said your kids will always be worse than you." Similarly, Amy stated "it's like my mom told me this is your payback child I already knew that from when I found out I was pregnant."

This theme was present with more mothers than others. But the idea came across in each interview. The idea that one's children are a part of them and a difficulty in distinguishing the child from the mother in some ways. Additionally, it seems that two of the mother's believed that their children would struggle in the same way they had because they had been told that by their own parents.

Theme 5: My favorite part. Each mother spoke about what she loves most about her child/ren and what her favorite part of parenting was. In some way, each of the mothers answered with a response discussing closeness. For Liz, her favorite part of parenting was "snuggling with them." For Amy she appreciated the closeness, the communication and the support they have together. She stated, "Just us being close you know, umm I'm open with them and I can talk to them." Kendall appreciated her daughter's big heart and smile, things she appreciated about herself. She stated, "She's so much like I was at that age."

Cindy described the communication between her and her son as well as the world they had created for one another.

> Umm the way we communicate with each other like we can talk and then we have a lot of little places that we go like we see a movie together and we share same jokes and we do same stupid things and we are brushing our teeth together in front of the mirror doing faces and stuff and dancing and laughing and we have a lot of fun I love that.

When discussing this aspect of their parenting each mother lit up and some of them shared tears thinking of the happy parts of their relationships. Each mother shared a precious story about their child or children. To see the smiles and wonder that came because of these explorations was simply beautiful. While this question was explored at time 1 and time 2 every mother shared the same story about each of her children, except with Amy and her daughter.

For Amy, she expressed wonder around her son's sense of curiosity about learning new facts at school and sharing them with her.

> Thomas he's just always like has these fun facts for me I think I said that before fun facts mom did you know the walrus has these because of this so that's like interesting you are 8 years old you have so much knowledge and when he talks about it, it just makes me laugh it's like who would have thought.

Regarding her daughter, she changed what she found most interesting from her first being able to make Amy laugh, to a changing reflectiveness on a way her daughter is much different from herself. She appeared curious and wondered aloud:

> Oh, the horse. She wastes no time to get to these horses she's walking with them riding them, the lady is like 'you should get her into 4h club' and I'm like 'yeah, you know whatever I should' and then they pack up and gone and I don't even realize there's another horse over there so she's off over there what are you doing so it's funny she's so drawn to that. She's a horse whisperer I don't know how she got it in her mind.

In Cindy's favorite story about her child she shared a story in which her son's compassion and thoughtfulness astounded her. She shared:

> When we came here I picked him up from school and it was K and she told me we were in the house and I was yelling and screaming I'm so happy and A was silent and I hung up and asked him ‘are you happy we have a house?’ and he said ‘mommy the cat,’ and I said ‘I’m so sorry but the cat is the last of my problems A and I promise I will find a house for him.’ He was concerned. He’s so sensitive. He loved the cat and so did I but we needed a place to live. That expresses very well his personality.

For Liz, she shared a story in which she was first upset by her children’s actions but upon finding out why they did what they did, she couldn’t help but smile. She stated:

> One day both my girls decided to cut each other’s hair, I was so mad when I saw it. But then Emma, my daughter came up to me and said she wanted to be just like me, so she wanted to cut her hair like mine I could not be mad at that.

Liz appeared to proud that her daughters had cut their hair to look like her. This was a huge compliment to her. Further, it brought back memories of her own childhood with her sister in which they cut each other’s bangs too short.

For Kendall, she took great pride in her daughter’s intelligence. When she first heard her young daughter singing the ABC’s she became smitten. When telling the story about her daughter doing this she became teary eyed and animated. She stated: “Probably my favorite story was the ABC’s when she sang that at 18 months that’s my favorite story because it was just like I guess it was there that I realized just how smart she was already.” It seems that a great deal of this pride comes from Kendall feeling as though she did right by her daughter in several ways

and it is benefitting her greatly, this allowed her to proud of herself and her daughter's accomplishments.

In both interviews mothers shared their favorite parts of parenting and or their children. Each mother viewed their child/ren as changing and growing in some way. Some mothers chose to speak on these changes and highlight them, leading to greater curiosity and excitement about their children as their own person while others reminisced on a time their child really surprised them.

Participants reflected on their experiences as mothers in time one, following the group intervention, participants again shared their reflections. Each mother presented a different level of understanding or attempting to understand her children, together they all communicated a desire to be the best parents they can be for their children.

CHAPTER V

Summary, Limitations, Discussion, and Implications

Purpose

The broad aim of the intervention was to enhance mothers' perception and understanding of their child, with the hope that this may ultimately support the mother-child relationship. Specifically, the intervention was designed to impact mothers' perceptions of themselves as parents, their perceptions of their children's behavior, and their general attitudes about their child. It was expected that following the intervention, mothers would express more positive perceptions of their parenting abilities, more appropriate expectations and attitudes about their children's behavior, and express an overall improvement in their relationship with their child(ren).

Several articles exist exploring the impact of homelessness, and transition on the mother child relationship, but few, if any utilize IPA to capture this phenomenon. By utilizing this method the researcher empowered each mother to share her own story in her words, with the hope of uncovering a greater understanding for this population, their struggles and the utility of appropriate interventions.

Quantitative Data

Between time 1 and time 2 on the AAPI, only one construct showed a significant change, interestingly this was the construct B which is the construct that measures Parental Empathy towards Children. Initially, every participant endorsed a score that suggested a higher level of empathy than they did in time 2. The behaviors attached to a score suggesting a low level of

empathy are fears of spoiling children, children's normal development needs are not understood, children must act right and be good, the parent likely lacks nurturing skills and parent may be unable to handle parenting stress. Alternatively, a score suggesting a high level of empathy is associated with understanding and valuing the children's needs, children can display normal development, the parent nurtures the child and encourages positive growth, parent communicated with children and recognizes feelings of the children. While no participant scored in the low range, each parent did endorse items suggesting a lower level of empathy. This is an interesting finding and one that may be explained in a few ways. One of the more likely reasons, which takes the remainder of the scores into account, is that at time 2 the mothers had spent approximately nine weeks with this researcher, becoming more open and comfortable as the rapport built. This may have led to a softening of defenses and a more honest report than at time 1. This is also reflected in the interview findings from time 2 when mothers presented more reflective and vulnerable thoughts such as *I don't want them to remember the struggle* or *giving up/ renewed commitment*. Additionally, this change may reflect more honest self-reflection and tolerance of mixed appraisal of parenting skills, particularly in light of the qualitative findings which suggest an increase in honest self-reflection, and greater tolerance for ambivalence, or the understanding of coexistence of good and bad self-other reflections.

Domains

There were seven domains identified by this researcher to organize the prominent themes from Time 1, Time 2, and both/shared times. Domains in time 1 included- self as parent and surviving and stabilizing. Time 2 domains included- confidence, increasing honest reflection of

experience as parent and increase in perceived support. The domains that were present in time 1 and time 2 included: people are unreliable, and I can see myself in them.

Themes

The results yielded thirteen themes that were endorsed by mothers in the Gilead House. In time 1 all identified themes were contributed to by all participants. The themes in time 1 were: *how I would like to be better, areas I am proud of, recognition of struggle, surviving and thriving as a parent.* When working with this population, clinicians and other service providers can utilize these themes to understand how mothers in similar situations may experience their roles as parents and the ways in which they relate to their children.

In time 2 all participants endorsed two themes out of the nine that emerged. These two were *community support and advocacy* and *other children in the house*. These domains are useful in gaining perspectives of the participants understanding of the support they have received from the community both getting into Gilead house and learning at Gilead house. The emerging desire to advocate for themselves and others in the same situation was also expressed. *Other children in the house* captures the gifts and struggles that a parent encounters when their family shares a home with other families.

In the shared themes, all participants endorsed the themes: *men are unreliable, family and friends weren't there* and *my favorite part*. Two of these themes highlight the occurrence of each mothers' own experience with attachment and its failures in their own adult lives when they needed their partner, friends and family most. These themes help clinicians to understand the way in which attachment styles and failures can continue to be enacted across generations and

how this feeling that others are unreliable may be passed down through dyads. The theme *my favorite part* shared the experiences of what mothers loved most about parenting their children. This is useful to understand in the sense of understanding each mother's experience of her child and the happiness and love that exists alongside the struggles.

Time 1

How I would like to be better. All four participants revealed various areas in which they would like to improve their parenting skills. They spoke of the desire to be more consistent with saying no as well as using more effective tools for discipline, understanding that previous methods of yelling and corporal punishment such as spanking, are not as beneficial even though each mother endorsed using these methods at some point. These struggles with dyad appropriate parenting are typical in this population and have been studied previously. Due to the number of stressors these mothers are experiencing they are more likely to experience difficulties with mentalization- leading to less consistent and effective parenting techniques (Suchman et al., 2012).

These mothers quickly identified their areas of growth and noted their desire to change these areas to better parent their children. Most mothers were able to identify their barriers to this change such as getting overwhelmed and falling into old patterns of discipline or feeling that the parenting skills they had learned do not always work, but they remain determined to improve themselves as parents, which suggests a desire to understand and be more congruent with their child's experience. This is consistent with the literature that states most parents in similar situations have adequate knowledge regarding appropriate parenting strategies, but they may lack

the confidence to be able to implement this knowledge (Gross & Rocissano, 1988). By exploring this topic in the first interview, it afforded an understanding of current level of functioning and an idea of the goals each mother had in mind.

Areas I am proud of. Each mother endorsed areas of her parenting style that she is proud of. These seemed to be areas of pride because many of the participants felt these were areas where their own parents had failed them in some way. Areas such as communication, flexibility, and encouraging consistent good habits were identified as the things that mothers felt they did exceptionally well in. It must be noted that mothers with their own trauma histories (as the participants in this study) who show high levels of parenting satisfaction, can have children who show symptoms of internalized trauma (Babcock et al., 2016). This may be due to their sense that they are parenting in terms of providing what they did not receive from their parents as children but may not be necessarily responding to the unique needs of their own children It is likely that some of the mothers in this study, because of their own trauma are satisfied with themselves as mothers because they are meeting their own needs they had as children, but not necessarily the current needs of their children.

For all participants understanding, validating and emphasizing maternal strengths is important, especially in this setting, to help build greater maternal confidence. Parents with greater confidence report higher levels of parenting satisfaction which can result in a more harmonious relationship between caregiver and child (Babcock et al., 2016). Additionally, discussion of these perceived strengths seemed to build rapport between the interviewer and the

interviewee as participants were able to focus on their perceived strengths versus their concerns and worries. This appeared to come as a relief to most mothers.

Recognition of mom. Each mother wished that her children would recognize her sacrifices, determination, strength and love. While most of the mothers knew this would take time for their, mostly young, children to be able to acknowledge and recognize, it was a shared theme. These mothers typically have faced and overcome huge hurdles. Each mother in this sample endorsed trauma, some endorsed substance use, and some struggle with mental illness, these significant issues coupled with struggles to secure stable housing create great barriers to the relationships with their children (David et al., 2012). Considering this it seems appropriate that mothers would hope for acknowledgement of all they have achieved to provide such stability.

Surviving vs thriving as a parent. All mothers endorsed the idea that before coming into more stable housing, they were not able to parent in the ways they wished to, they were simply trying to survive every day. Once they had entered the home they were able to take the time they needed to parent the way they wanted to, to create their own predictable routine, to get closer with their children and to become more responsible as a parent. This is supported by the literature which states that due to the immense concern over survival needs, such as safety, food and finances, there may be a lack of emotional presence and physical closeness with the mother, impacting attachment within the dyad, minimizing mentalization and presenting challenges throughout development (David et al., 2012). Further, by the mother not being able to provide all that she hopes to as a mother, she can begin to feel incompetent, which perpetuates the disconnection in the dyad. These mothers spoke directly to this experience of initially parenting

in dangerous and unstable conditions, but with stability being able to practice more parenting skills and enjoy their relationship with their children.

Time 2

Progress. Some of the mothers described their feeling about their progress toward their parenting goals. Their noted progress consisted of responding more appropriately to their children's behaviors or fits. Two of the mothers stated they were less likely to use yelling and were more likely to use other methods such as some of the tools discussed in the group such as taking deep breaths or a break, talking to their children at a more age appropriate level. Another participant stated that she has begun to apologize to her son when she feels she has been too tough on him. This suggests these mothers are responding in a more attuned way to their children's needs and may be more capable of recognizing the root of their child's behavior and less likely to see these fits as a personal attack. This may be further evidence of a developing empathic response not reflected in the time 2 empathy measure of the AAPI. The mothers appear to be empathizing appropriately with their children and practicing viewing things from their perspective. According to Allen et al. (2003) this is adding to the perspective shift that allows for a more thorough assessment and understanding of the child and his/her needs. Further, this allowed mothers to reflect on the changes they have noticed and speak to the experience of interacting with their children in a different way, even if they were only successful occasionally.

I feel confident/ competent. Most of the mothers spoke of feeling more confident as mothers or reported an increase in an area that they previously had felt less competent in. This

ranged from feelings of over-all confidence as a mom, to the feeling of doing better than most other moms and staying determined to continue. As each mother practices these skills and attempts to consistently respond appropriately, they are improving upon their child's sense of wellbeing and confidence. From this place of appropriate maternal response, the child can learn to trust and regulate their experience and emotions (Diamond et al., 2016). Each mother expressed great pride in discussing her confidence, even if she was also noting how much further she must go. The ability to do this points to an increase in the mother's ability to tolerate ambivalence and more realistic self- appraisal.

I don't want them to remember the struggle. Most mothers expressed fear that their children will only recall the struggles of their upbringing and not the positive, peaceful times. This came from the fear that this upbringing would impact their children in a negative way. The literature describes some legitimacy to these claims that mothers expressed, that many children in these situations may develop differently than children not facing these stressors. While homelessness has at one point been a problem for each of these mothers, this is compounded by the fact that many of these mothers have also struggled with mental illness, substance use and trauma. These factors can lead to mothers being under responsive or over responsive to their child's cues, leading to misunderstandings. Mothers may feel their child's behavior is abnormal leading to a lack of confidence in parenting and creating again a cycle of inappropriate responses and thus attachment difficulties (de Camps Meschino et al., 2016). Increased awareness of these potential outcomes for these mothers seemed to inspire them to do what they could to protect their children from this now better understood, unwanted pattern.

Giving up/ renewed commitment. Two mothers admitted they had, in their past, thought about giving up their identity as mothers and transferring the care of their children to someone else, either putting their children up for adoption or giving custody to family members. While this experience was not expressed by every mother explicitly it felt important to discuss that in a broad way, all of the mothers expressed their deeply conflictual thought that their children could have a better life with someone else. These thoughts seemed to come from mothers when they were faced with financial challenges, feelings of inadequacy or overwhelmed by cumulative stressors. It should be noted this discussion was a serious one, these mothers had researched their options and, in some cases, had begun withholding affection and love from their children. This ambivalence toward the child does create, as was noted by both mothers who shared this, an inconsistent response to their children. The intermittent withholding of affection points to a mentalization failure in that the mother is not able to contemplate the relationship from the child's point of view or the effect that giving up custody would have on the child (Bateman & Fonagy, 2013). This inconsistency throughout the child's young life certainly promotes a more insecure attachment style which can result in emotional detachment, lack of trust and interpersonal challenges (Volling et al., 1998). Luckily, these ruptures can, at least in part, be mended through attachment-based interventions such as the intervention above (Moretti et al., 2004).

It is likely that mothers facing the multiple stressors these participants faced may also struggle with similar questions about their competence and fitness to be mothers. Through increased maternal support, attachment interventions, and mentalization based therapies, mothers

can build up their confidence in parenting, preventing and/or diminishing these feeling of inadequacy and doubt (Huber et al., 2016).

Other moms and children in the house. All the mothers discussed the challenges and benefits of sharing a home with other mothers and their children. Some shared their relief in having child care at all times, while others discussed the difficulty of feeling dismissed or misunderstood by other mothers. The same was true of having more than just your children in the house. Some acknowledged all the benefits of having their children in such a social environment while others discussed the frustration with having poorly behaved children influencing their own child. This intervention encouraged these mothers to reflect each week on their relationships with their children and because of their closeness in proximity, sometimes on the relationships between other mothers and their children. This provided mothers with support and a greater awareness of their own processes. For many mothers this was a new experience, to have other mothers able to support them and their children, since typically these mothers are socially isolated or unsupported (David et al., 2012).

Mothers also reported that the intervention offered the occasion to hear the stories of other mothers and learn from those experiences, something they likely had not had the opportunity to do previously. Many of the mothers endorsed the notion that other interventions they had experienced focused on teaching parenting skills without allowing for a reflective, sharing process. It was noted that this intervention allowed for mothers to think outside of their experience of how parents behaved when they were growing up or from their own experience as a mother, leading to greater flexibility in thinking about modes of parenting and parent-child

dynamics. This is consistent with the work by Suchman et al. (2010), which states attachment-based interventions improve parental reflective functioning and caregiver representations of their child/ children.

Advocacy and empowerment. At Time 2**,** each of the mothers expressed their gratitude and relief that their community had a resource such as Gilead house to help them find the stability they were lacking. There was a gratitude for the program director, Kieawnie and for the people who advocated for and met their needs, in their most vulnerable time. Further, two of the participants who had been living in Gilead for a longer amount of time changed their discussion around their identity from Time 1 to Time 2 as mothers facing homelessness. They began to present a more empowered identity and sense of self-advocacy. Amy's narrative was notable in this regard. She initially presented as fearful of judgement and defensive, at time 2 she spoke of having a shift in perspective, from a survivor to a self- advocate. She shared of finding greater strength than she ever knew she had and a greater confidence in herself as a mother. Past qualitative interviews by other researchers have found similar results. Mothers facing similar adversities endorsed feelings of personal strengths related to determination and self- sufficiency and goals for themselves including going back to school, finding more permanent housing or becoming a better parent (Banyard & Graham- Bermann, 1995).

Shared Themes

Men are unreliable. During both times of the interview each mother endorsed the idea that in their experience, men are at best, unreliable. This was an experience that was discussed in a twofold manner: it reflected the research and the idea that most women in these situations have

been victims of domestic violence and trauma and that their children would face more challenges due to not having father figures, possibly resulting in greater instances of insecure attachment styles and further causing problems in their children's future relationships. As cited by Heise et al. (1994), between 20 and 60% of women in the U.S. have experienced trauma in the form of domestic violence. This was certainly reported in this population, resulting in greater skepticism of men and more importantly, resulting in the low self-esteem, hopelessness, somatization and dissociation (Briere, 2004). While other symptoms may be present, these symptoms were prevalent in the population of this study.

Mothers voiced concerns that while their history with unreliable men was troubling for them, they were more concerned with the statistics in how these relationships may impact their children in the future. Mothers were concerned that their female children would have romantic relationships with dangerous men at a young age or would become pregnant at a young age. It is of concern for these mothers and clinicians alike that without intervention these interpersonal issues are more likely to be perpetuated (Volling et al., 1998).

Family and friends weren't there. Similar to the theme identified above, all mothers endorsed the idea that the people they thought they could rely on were unable or unwilling to help them when they needed it the most. Some of the mothers could understand why, due to past indiscretions that made their family hesitant to help, others noted that their family members were not well enough themselves to take care of them, but regardless, the feeling of abandonment was a shared experience among these mothers. These interpersonal challenges for mothers, along with the other situational challenges faced, for some substance use, for others mental illness,

created a greater distrust of others and from the mothers' point of view, instability for their children. Mothers alluded to the way these interactions and/ or absence of interactions, impacted their children. Research also suggests this type of neglect or betrayal is traumatic on both mothers and their children and can result in what appear to be trauma like symptoms (Babcock et al., 2016).

Based on the interviews with each mother this was a phenomenon that was very troubling for each of them. Some would attempt to hide their disappointment by acting rejecting or devaluing of their family and friends, while other mothers felt like they may fall apart while discussing these relationships. As these mothers became more stable through the program and worked to establish stable employment, financial stability and social support, many of them were able to reconnect with their family and friends from a much more empowered sense of self leading to a greater relationship with their child. This is consistent with the literature which suggests that symptoms of depression and anxiety decrease when mothers have access to housing, work and community (Weignberg et al., 2008).

Shame, guilt. This theme was present throughout the interview and was endorsed by all the participants at some point. However, over the course of the intervention two of the mothers appeared to take on a more empowered role as part of their identity. Initially, all four of the mothers spoke of the shame attached to their facing homelessness and the way society views them. Mothers also endorsed guilt for feeling that they had put their children through such great challenges. This further isolated the mothers in their community and kept them, and their children from making social connections in the community for fear of how they would be

perceived. One of the mothers felt deep shame because she had a great deal of education and had come from a family of higher socioeconomic status. The shame and perceived/ real judgement along with environmental factors did create a greater barrier to social support for this mother. This is consistent with other studies that suggest that mothers in similar situations to this one have smaller social support networks and perceived fewer people able to help in times of need (Goodman, 1991). Due to the nature of Gilead house and interventions such as the one provided for this study, mothers have the chance to move beyond the superficial communication that typically exists between residents and with staff in transitional housing and work toward more shared activities such as shared meals, cooking and emergency child support. Research suggests that activities like the ones listed above enhance mother's psychological well-being (Edin & Lein, 1997; Stack 1974).

Over identification with child. This theme was present multiple times throughout each of the interviews. For some mothers, it occurred less at time two and for others there was little if any change following the intervention. This occurred when each mother could not see their child as having their own experience, but would begin to project her own experience onto her child, or respond to an interview question about the child but answering the question about herself instead, pointing to her own insecure attachment style. This is significant because mentalization enables empathy and to empathize appropriately we must maintain and understand the separateness of the self from the other, while also seeing things from the other's perspective (Allen et al., 2003). For the child, a failure in this area can result in trouble understanding,

communicating and regulating their internal world, complicating and frustrating the mother child dyad further.

The ability to distinguish mother from child appeared to be shifting and emerging for some mothers, and two of the participants in particular were exhibiting a great deal more curiosity about their children. In parts of the interview mothers communicated the ways in which this shift was creating a more fun, harmonious and fulfilling relationship with their child/ children.

My favorite part. Mothers had a chance to reflect on their favorite aspects of parenting their children. Through all the reflection that took place over the course of the study, the most consistent and seemingly enjoyable aspect of the interviews came about when each mother would discuss the ways in which their children please them. There was a great deal of diversity in responses, from mothers enjoying physical affection with their children, such as snuggling, to times of laughter, to mothers reveling in the personality strengths of their child/children. Through all the challenges these families have weathered, there is a great deal of joy and resilience. Allowing the space for positive reflection encouraged mothers to do this on their own and to make sense and meaning of their own social world and themselves (Allen et al., 2003).

Clinical Implications

There are several clinical implications that have emerged from this study. First, housing and financial stability is important in working to establish secure attachment and mentalization within the dyad. This stability allows for reflection, discussion and flexibility rather than the preoccupation with basic survival challenges. Second, mothers and children who have survived

these stressors have a great deal of strength and resiliency. While working with this population it is important to understand and highlight the many impressive achievements that have been made and to acknowledge individual strengths. Each mother highlighted her desire to be viewed by her children as strong and dedicated.

Another noteworthy piece of this study is that this researcher acted as both the interviewer and the provider of the intervention. This brings up a necessary conversation about the effect on treatment outcomes. Due to the specific nature of the target population and financial limitations, this researcher conducted both the interviews and the intervention. This process allowed this researcher to provide a consistent, reliable relationship for each mother. Holding both roles of researcher and group leader may have had several different effects on the outcomes such as mothers responding in a way they thought they should to please this researcher or mothers being more honest with this researcher because of the trust, consistency and relationship they had built. Conducting the interviews and the intervention was valuable in this case because of the nature of the intervention, the particular population of mothers and the qualitative elements of the study. This format allowed this researcher to develop a greater understanding of each mother and to view their stories in a more personal, real way, rather than simply as participants in a study.

These results informed this researcher specifically by highlighting the importance of encouraging self-reflection in the group, creating opportunities to share experiences and to rely on and learn from one another. Additionally, providing general stability in the group over time led to a safe environment for members to present in a more authentic, vulnerable way.

The findings suggest that there were important developments through the process of the intervention, which are located in the domains and themes unique to time 2. This intervention, in the context of the safe and stable environment of Gilead house, allowed participants the opportunity to flourish rather simply survive. This shift allowed the mothers to make use of an intervention that promoted self- reflection, and the sharing of experiences. This enhanced their positive views of themselves as parents and created the ability for them to tolerate more honest views of themselves and their children, which in turn seemed to enhance their empathic connection to their children as revealed in the comparison of time 1 and time 2 interviews. Those working with this population should provide the opportunity for patients to grow their self-reflective abilities and give and receive honest feedback to peers. This intervention appeared to promote growth in much the same way that effective therapy does, by providing a safe environment for increasingly honest and less defensive self- reflection, allowing for increased tolerance of good and bad self and other perceptions and thereby increasing self-understanding along with empathic capacities and openness to more mature reciprocal interpersonal feedback.

Limitations

There are several notable limitations that need to be taken under consideration when reviewing the research results. First, the recruitment of participants was limited to mothers in a specific transitional housing program in the northern Bay Area of California, an affluent area in the state. The findings are related to the experiences of these mothers, whose challenges and obstacles may be unique. Mothers facing homelessness in other cities or areas of the country

may experience very different obstacles due to their geography and the social services provided by the state or county.

The small sample size ($N = 4$) also has limitations of generalizability to the wider population of mothers facing homelessness. Further, due to language barriers, only mothers fluent in English could participate in the study, leaving out a huge percentage of mothers facing homelessness, as well additional challenges navigating state and county systems. It is possible that if we had interviewed more participants we may have obtained very different themes. Alternatively, the strong commonality of themes within this group (who varied in age, education, occupation and income) offer some assurance that many of the themes would be generalizable.

This researcher's own background and parental status does not preclude bias. It was an active responsibility to acknowledge and address her own bias that may have been influenced by her subjective experiences. Participants may have felt less comfortable participating in interviews regarding sensitive information, with someone from academia who clearly is not experiencing the same struggles they are. It is also important to consider that some of these mothers have historically had to deal with organizations such as child welfare services and likely hold some suspicion regarding people asking these types of questions. For these reasons, it is important to consider the various ways in which the participants' answers were shaped by this researcher's presence. While these limitations are crucial to consider, the overall results and subsequent themes of this study hold relevance to clinicians working with this population.

Recommendations for Future Research

Results of this study yield several important recommendations for areas of future research on mothers in transitional housing and facing homelessness. First, it would be beneficial to conduct additional qualitative studies to learn more about the experiences of this population in various programs, cities and states in the U.S. The present research focused on this population in a specific program in the bay area due to the accessibility for this researcher. The purpose of this study was to expand understanding and translate the experiences of these individuals in this intervention and translate these experiences into a useful narrative and approach that will inform practitioners and clinicians in the future.

An additional recommendation for future research would be conducting a similar intervention with a more diverse population of mothers and providing the interventions and interviews in their native language. This would provide greater tools and further understanding of the struggles specific to different populations. Further, a longitudinal study where an intervention is administered, and data is collected when mothers first arrive into transitional housing and are followed through each child's developmental trajectory into adulthood would be useful in gaining an understanding of the most useful point for interventions in this population.

Summary of Discussion

This study has provided meaningful data about the experiences of the four mothers who participated in the intervention. The data that emerged is useful information for clinicians and transitional housing providers as there is limited research on this population that explores their experiences in a way that allows their voices to be heard and captured. Further, this study tested

the effectiveness of an attachment-based group intervention with this population and while the results were complicated, this research does suggest that this population would benefit from further interventions that allow mothers the time to reflect on their experiences.

Results that emerged when comparing interviews from time 1 and time 2, as well as considering construct B on the AAPI-2 point to a greater self-reflective function and a more realistic appraisal of one's self and their parenting. This suggests participants became more realistic in view of self and other, which is a strong foundation for empathy and understanding, versus a more idealized idea of the self or other. That is, three out of four participants at time 2 were able to tolerate a more honest appraisal of self and other, this is a foundational platform for empathy, as opposed to having to deny a less welcomed sense of self or other. This was consistent with this researcher's experience throughout the study, participants during the interview at time 2 reflected more honestly about themselves and their areas of growth, as well as their children's. Further, this led to more curiosity and exploration of themselves and their children.

The current study aimed at understanding and working to improve upon the mother child relationship regarding attachment and mentalization to create a more harmonious relationship. The themes that emerged will be useful in utilizing or adapting the above intervention. The accounts of each mother provide a colorful and intricate picture of their challenges and triumphs as mothers. Finally, the expansion of this research will allow for greater understanding of this population thus further indicating treatment and interventions.

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Appendix A

Outline of Intervention Sessions

Session 1	Introduction session, review group expectations All behavior has meaning- attachment needs underlie behavior even those these may be difficult to identify	Introductions. Introduce weekly check-in. What are attachment needs? How does your child's behavior express attachment needs? How would understanding the needs underlying your child's behavior change how you respond?
Session 2	Introduce Erikson's Stages of Development. Special focus on " initiative vs. guilt" (3-6 years) and " industry vs inferiority" (6-12 years)	Where does your child fit into these stages? What were your favorite aspects of the previous stages your child went through? What were some challenges? What do you anticipate for the future stages and your relationship with your child?
Session 3	Attachment is for life- , remains important throughout development, needs are expressed differently in infants, children and adolescents. Needs specific to Stages of Development.	How did your child express attachment needs previously? How does your child connect and separate from you now? What do you anticipate for the future?

Session 4	Attachment underlies our thoughts, feelings and behaviors, is expressed in how we think about others and ourselves, in our feelings and behaviors	think about the different ways you and your child communicate attachment needs- do you always use words? What other forms of communication take place? Think of times your child communicated one message and you interpreted it as another? How about vice versa.
Session 5	Conflict is part of attachment as is varying levels of autonomy and independence.	What does conflict in a relationship mean to you? How do your feelings about conflict influence how you respond to your child? How have you felt as your child has become more autonomous? What have you done to maintain closeness? What challenges have you and your child faced and how have you overcome them?
Session 6	Change involves moving forward while understanding the past.	How do you think your child makes sense of their past? How do you make sense of your past? Think of times you have tried to change yourself, how have others in your life helped or hindered you?
Session 7	Maintaining relationships is key. Focusing on the attachment meaning of issues and problems for	Do you and your child get stuck arguing or fighting over seemingly small things? If you take a step

	your relationship with your child is important.	back do these small things actually mean something more?
Session 8	Closing group session. Discuss hopes for future and ways/tools to move forward.	What are some ways the group has been useful? How has it changed the way you see your child's development and your expectations for your child?

Appendix B

The Depression, Anxiety and Stress Scale (DASS-21)

DASS 21

NAME _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

		N	S	O	AA	FOR OFFICE USE D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physicalexertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
	TOTALS							

Appendix C

The Trauma History Screen (THS)

Trauma History Screen

The events below may or may not have happened to you. Circle "YES" if that kind of thing has happened to you or circle "NO" if that kind of thing has not happened to you. **If you circle "YES" for any events:** put a number in the blank next to it to show how many times something like that happened.

Event	Circle "YES" if that kind of thing has happened to you	Circle "NO" if that kind of thing has not happened to you	Number of times something like this has happened
A. A really bad car, boat, train, or airplane accident	YES	NO	_____ times
B. A really bad accident at work or home	YES	NO	_____ times
C. A hurricane, flood, earthquake, tornado, or fire	YES	NO	_____ times
D. Hit or kicked hard enough to injure - as a child	YES	NO	_____ times
E. Hit or kicked hard enough to injure - as an adult	YES	NO	_____ times
F. Forced or made to have sexual contact - as a child	YES	NO	_____ times
G. Forced or made to have sexual contact - as an adult	YES	NO	_____ times
H. Attack with a gun, knife, or weapon	YES	NO	_____ times
I. During military service - seeing something horrible or being badly scared	YES	NO	_____ times
J. Sudden death of close family or friend	YES	NO	_____ times
K. Seeing someone die suddenly or get badly hurt or killed	YES	NO	_____ times
L. Some other sudden event that made you feel very scared, helpless, or horrified	YES	NO	_____ times
M. Sudden move or loss of home and possessions	YES	NO	_____ times
N. Suddenly abandoned by spouse, partner, parent, or family	YES	NO	_____ times

Did any of these things really bother you emotionally? NO YES

If you answered "YES", fill out one or more of the boxes on the next pages to tell about EVERY event that really bothered you.

Letter from above for the type of event: _____ Your age when this happened: _____
Describe what happened:

When this happened, did anyone get hurt or killed? NO YES
When this happened, were you afraid that you or someone else might get hurt or killed? NO YES
When this happened, did you feel very afraid, helpless, or horrified? NO YES
When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES
After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more
How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Letter from above for the type of event: _____ Your age when this happened: _____
Describe what happened:

When this happened, did anyone get hurt or killed? NO YES
When this happened, were you afraid that you or someone else might get hurt or killed? NO YES
When this happened, did you feel very afraid, helpless, or horrified? NO YES
When this happened, did you feel unreal, spaced out, disoriented, or strange? NO YES
After this happened, how long were you bothered by it? not at all / 1 week / 2-3 weeks / a month or more
How much did it bother you emotionally? not at all / a little / somewhat / much / very much

Appendix D

Drug History Questionnaire

DRUG HISTORY QUESTIONNAIRE

DRUG CATEGORY (Includes nonmedical drug use) **Note:** Use card sort with drug category names to first determine which drugs have ever been used then ask for information for the drugs ever used	**Ever Used** **Circle Yes or No[a]**	**Total Years Used[b]**	**Intravenous Drug Use** **NA=Not Applicable**	**Year Last Used** **(e. g., 1998)**	**Frequency of Use Past 6 Months[c]**
ALCOHOL	No Yes		NA		
CANNABIS: Marijuana, hash oil, pot, weed, blow	No Yes		NA		
STIMULANTS: Cocaine, crack, blow	No Yes		No Yes		
STIMULANTS: Methamphetamine — meth, ice, crank	No Yes		No Yes		
AMPHETAMINES/OTHER STIMULANTS: Ritalin, Benzedrine, Dexedrine, speed, bennies, uppers	No Yes		NA		
BENZODIAZEPINES/ TRANQUILIZERS: Valium, Librium, Xanax, Diazepam, roofies, downers	No Yes		NA		
SEDATIVES/HYPNOTICS/BARBITURATES: Amytal, Seconal, Dalmane, Quaalude, Phenobarbital	No Yes		NA		
HEROIN: smack, scat, brown sugar, dope	No Yes		No Yes		
STREET OR ILLICIT METHADONE	No Yes		NA		
OTHER OPIOIDS: Tylenol #2 & #3, Percodan, Percocet, Opium, Morphine, Demerol, Dilaudid	No Yes		NA		
HALLUCINOGENS: LSD, PCP, mescaline, peyote, mushrooms, ketamine, ecstasy (MDMA)	No Yes		NA		
INHALANTS: glue, gasoline, aerosols, paint thinner, poppers, rush, whippets	No Yes		NA		
STEROIDS: Deca-Durabolin, Durabolin, Equipoise, Winstrol, Anadrol, Oxandrin, roids, juice	No Yes		No Yes		
ILLEGAL USE OF PRESCRIPTION DRUGS (describe) _____	No Yes		NA		

[a] **If EVER USED is NO** for any given line, the **remainder of the line should be left blank**.

[b] **Infrequent Use** (≤ 2 x/year) **or Brief Experimental Use** (< 3 months lifetime use) = **write 87**

[c] **Frequency Codes**:
0 = no use
1 = < 1x/mo.
2 = 1x/mo.
3 = 2 to 3x/mo.
4 = 1x/wk.
5 = 2 to 3x/wk.
6 = 4 to 6x/wk.
7 = daily;

Appendix E

The Adolescent Adult Parenting Inventory- 2 (AAPI-2)

COPY ONLY DO NOT USE

INSTRUCTIONS:

There are 40 statements in this booklet. They are statements about parenting and raising children. You decide the degree to which you agree or disagree with each statement by circling one of the responses.

STRONGLY AGREE – Circle **SA** if you strongly support the statement, or feel the statement is true most of all the time.

AGREE – Circle **A** if you support the statement, or feel this statement is true some of the time.

STRONGLY DISAGREE – Circle **SD** if you feel strongly against the statement, or feel the statement is not true.

DISAGREE – Circle **D** if you feel you cannot support the statement or that the statement is not true some of the time.

UNCERTAIN – Circle **U** only when it is impossible to decide on one of the other choices.

When you are told to turn the page, begin with Number 1 and go on until you finish all the statements. In answering them, please keep these four points in mind:

1. Respond to the statements truthfully. There is no advantage in giving an untrue response because you think it is the right thing to say. There really is no right or wrong answer – only your opinion.

2. Respond to the statements as quickly as you can. Give the first natural response that comes to mind.

3. Circle only one response for each statement.

4. Although some statements may seem much like others, no two statements are exactly alike. Make sure you respond to every statement.

If there is anything you don't understand, please ask your questions now. If you come across a word you don't know while responding to a statement, ask the examiner for help.

PLEASE TURN THE PAGE AND BEGIN...

AAPI Online - Form A	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children need to be allowed freedom to explore their world in safety.	SA	A	D	SD	U
2. Time-out is an effective way to discipline children.	SA	A	D	SD	U
3. Children who are one-year-old should be able to stay away from things that could harm them.	SA	A	D	SD	U
4. Strong-willed children must be taught to mind their parents.	SA	A	D	SD	U
5. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults.	SA	A	D	SD	U
6. Spanking teaches children right from wrong.	SA	A	D	SD	U
7. Babies need to learn how to be considerate of the needs of their mother.	SA	A	D	SD	U
8. Strict discipline is the best way to raise children.	SA	A	D	SD	U
9. Parents who nurture themselves make better parents.	SA	A	D	SD	U
10. Children can learn good discipline without being spanked.	SA	A	D	SD	U
11. Children have a responsibility to please their parents.	SA	A	D	SD	U
12. Good children always obey their parents.	SA	A	D	SD	U
13. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
14. A good spanking never hurt anyone.	SA	A	D	SD	U
15. Parents need to push their children to do better.	SA	A	D	SD	U
16. Children should keep their feelings to themselves.	SA	A	D	SD	U
17. Children should be aware of ways to comfort their parents after a hard day's work.	SA	A	D	SD	U
18. Children learn respect through strict discipline.	SA	A	D	SD	U
19. Hitting a child out of love is different than hitting a child out of anger.	SA	A	D	SD	U
20. A good child sleeps through the night.	SA	A	D	SD	U
21. Children should be potty trained when they are ready and not before.	SA	A	D	SD	U

AAPI Online - Form A	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
22. A certain amount of fear is necessary for children to respect their parents.	SA	A	D	SD	U
23. Spanking teaches children it's alright to hit others.	SA	A	D	SD	U
24. Children who feel secure often grow up expecting too much.	SA	A	D	SD	U
25. There is nothing worse than a strong-willed two-year-old.	SA	A	D	SD	U
26. Sometimes spanking is the only thing that will work.	SA	A	D	SD	U
27. Children who receive praise will think too much of themselves.	SA	A	D	SD	U
28. Children should do what they're told to do, when they're told to do it. It's that simple.	SA	A	D	SD	U
29. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
30. Children should know what their parents need without being told.	SA	A	D	SD	U
31. Children should be responsible for the well-being of their parents.	SA	A	D	SD	U
32. It's OK to spank as a last resort.	SA	A	D	SD	U
33. Parents should be able to confide in their children.	SA	A	D	SD	U
34. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
35. Children need discipline, not spanking.	SA	A	D	SD	U
36. Letting a child sleep in the parents' bed every now and then is a bad idea.	SA	A	D	SD	U
37. A good spanking lets children know parents mean business.	SA	A	D	SD	U
38. A good child will comfort both parents after they have argued.	SA	A	D	SD	U
39. "Because I said so" is the only reason parents need to give.	SA	A	D	SD	U
40. Children should be their parents' best friend.	SA	A	D	SD	U

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3. Circle only one response for each statement.

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PLEASE TURN THE PAGE AND BEGIN...

AAPI Online - Form B	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
1. Children who learn to recognize feelings in others are more successful in life.	SA	A	D	SD	U
2. Children who bite others need to be bitten to teach them what it feels like.	SA	A	D	SD	U
3. Children should be the main source of comfort for their parents.	SA	A	D	SD	U
4. You cannot teach children respect by spanking them.	SA	A	D	SD	U
5. Children should be taught to obey their parents at all times.	SA	A	D	SD	U
6. Parents should expect more from boys than girls.	SA	A	D	SD	U
7. Children who express their opinions usually make things worse.	SA	A	D	SD	U
8. If a child is old enough to defy a parent, then he or she is old enough to be spanked.	SA	A	D	SD	U
9. Older children should be responsible for the care of their younger brothers and sisters.	SA	A	D	SD	U
10. Crying is a sign of weakness in boys.	SA	A	D	SD	U
11. Parents spoil babies by picking them up when they cry.	SA	A	D	SD	U
12. If you love your children, you will spank them when they misbehave.	SA	A	D	SD	U
13. Praising children is a good way to build their self-esteem.	SA	A	D	SD	U
14. Children cry just to get attention.	SA	A	D	SD	U
15. Parents who are sensitive to their children's feelings and moods often spoil them.	SA	A	D	SD	U
16. In father's absence, the son needs to become the man of the house.	SA	A	D	SD	U
17. Mild spankings can begin between 15 to 18 months.	SA	A	D	SD	U
18. Give children an inch and they'll take a mile.	SA	A	D	SD	U
19. The less children know, the better off they are.	SA	A	D	SD	U
20. Rewarding children's appropriate behavior is a good form of discipline.	SA	A	D	SD	U

AAPI Online - Form B	Strongly Agree	Agree	Disagree	Strongly Disagree	Uncertain
21. Children should be considerate of their parents' needs.	SA	A	D	SD	U
22. Never hit a child.	SA	A	D	SD	U
23. Children should be seen and not heard.	SA	A	D	SD	U
24. Good children always obey their parents.	SA	A	D	SD	U
25. Children learn violence from their parents.	SA	A	D	SD	U
26. Two-year-old children make a terrible mess of everything.	SA	A	D	SD	U
27. Parents' expectations of their children should be high but appropriate.	SA	A	D	SD	U
28. The problem with kids today is that parents give them too much freedom.	SA	A	D	SD	U
29. Children who are spanked behave better than children who are not spanked.	SA	A	D	SD	U
30. Children should offer comfort when their parents are sad.	SA	A	D	SD	U
31. Children should be obedient to authority figures.	SA	A	D	SD	U
32. Children need to be potty trained as soon as they are two years old.	SA	A	D	SD	U
33. Strong-willed toddlers need to be spanked to get them to behave.	SA	A	D	SD	U
34. Children today have it too easy.	SA	A	D	SD	U
35. Children should know when their parents are tired.	SA	A	D	SD	U
36. Children who are spanked usually feel resentful towards their parents.	SA	A	D	SD	U
37. Parents' needs are more important than their children's.	SA	A	D	SD	U
38. Spanking children when they misbehave teaches them how to behave.	SA	A	D	SD	U
39. Parents who encourage their children to talk to them only end up listening to complaints.	SA	A	D	SD	U
40. Consequences are necessary for family rules to have meaning.	SA	A	D	SD	U

Appendix E

Demographic Form

Adult-Adolescent Parenting Inventory (AAPI-2)

Stephen J. Bavolek, Ph.D. and Richard G. Keene, Ph.D.

Test Form A

This test can only be scored online at assessingparenting.com

Before you take the inventory, we need some important information from you.

1. Administered on: _____ _____ _____
Month Year Date

2. First Name: _____

3. Middle Initial (optional): _____

4. Last Name: _____ Last 4 digits of SSN# (optional): _____

5. Birthday: _____ _____ _____
Month Year Date

6. Gender: ❍ Male ❍ Female

7. Race: ❍ Unknown ❍ White ❍ Black ❍ Asian ❍ Hispanic ❍ Native American ❍ Pacific Islander

Nationality: _____

8. Marital Status: ❍ Unknown ❍ Single ❍ Married ❍ Divorced ❍ Unmarried Partners ❍ Separated ❍ Widowed

9. How many children do you have: _____

10. What is the highest grade you completed in school: ❍ Unknown ❍ Grade School ❍ 7th Grade ❍ 8th Grade ❍ 9th Grade ❍ 10th Grade ❍ 11th Grade ❍ High School Grad ❍ Some College ❍ College Graduate ❍ Post-Graduate or above

11. What is your employment status:
❍ Unknown ❍ Employed Full Time
❍ Unemployed ❍ Not Employed because of Disability
❍ Employed Part Time ❍ Retired

12. What is your annual household income:
❍ Unknown ❍ $25,001 - $40,000
❍ Under $15,000 ❍ $40,001 - $60,000
❍ $15,001 - $25,000 ❍ Over $60,000

13. Were you and/or your partner in the military:
❍ Unknown
❍ No
❍ Yes, both of us
❍ Yes, only my partner
❍ Yes, only me

14. As a child, did you experience any type of abuse by a person:
a. Outside your family? ❍ Don't Know ❍ Yes ❍ No
b. Within your family? ❍ Don't Know ❍ Yes ❍ No

(800) 688-5822 • (435) 649-5822 (outside the United States) • fdr@nurturingparenting.com
www.assessingparenting.com

Appendix F

Adapted from: Working Model of Child interview

Adapted from: Working Model of Child interview, (Zeanah, Benoit & Barton, 1986)

"Hi, my name is Shannon, and I will be asking you some questions about your experience parenting and your relationship with your child (children). We are interested in how parents think and feel about their children as well as themselves as parents. This interview is a way for me to ask about *child's name* and your relationship to *him/her*. There are no right or wrong answers, and your answers will remain anonymous. No individual responses will be shared with any of the staff, and your responses will be part of an overall summary that is put together for this study."

1. How would you describe your relationship to your child now?
2. Does your baby/ child get upset often? What do you do at these times? What do you feel like doing when this happens? What do you feel like at these times?
3. Describe your impression of your child's personality now. Or you could use up to five words or phrases to describe your child if that feels easier to do.
4. What do you feel is unique or different about your child compared to other children?
5. What about your child's behavior is most difficult to handle?
6. What pleases you most about your relationship with your child?
7. How do you feel your relationship with your child has affected your child's personality?
8. Has your relationship to your child changed at all over time? In what ways? What's your own feeling about that change? How has it changed since participating in the group? How has your view of your child changed since participating in the connect parent group?

9. Tell a favorite story about your child. (2 months ago you told me a favorite story about your child is that the same today?)
10. Do you ever worry about your child? What do you worry about?
11. If your child could be the same age forever, what would you prefer that age to be? Why (what do you like about that age)? Do you remember how you felt about yourself as a parent when your child was this age?
12. As you look ahead, what do you think will be the most difficult time in your child's development? Why?
13. Think for a moment of your child as an adult. When your child grows up, what would you like him/her to remember about his/ her childhood? What would you like him/her to say about you as their parent?
14. How would you describe yourself as a parent? (if they are not sure how to proceed, you could provide a probe like, "some parents talk about the things they do or how they care for their child, and others have talked about their way of parenting, or how they feel about being a parent. You can talk about anything that comes to mind when you think of yourself as a parent.)
15. Are there aspects of the way you parent that you are especially proud of (or that you feel especially good at)? Can you tell me what they are?
16. If at all, is there anything that you would like to change about your parenting style? If yes, "Can you tell me more about that?"

17. Are there areas of your parenting that you would like to feel more confident in? (If not sure how to answer, you could say "some parents might say they wish they knew more about development and what their child should be doing at different ages. Others might say that they would like to learn how to be better at disciplining their child. You can say anything that comes to mind for you at this time.")

    Adapted from: Working Model of Child interview, (Zeanah, Benoit & Barton, 1986)

Appendix G

Participant Raw Scores

Participant Raw Scores on the AAPI-2

	Construct A		Construct B		Construct C		Construct D		Construct E		AAPI Score	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Amy	7	4	6	5	5	4	6	6	9	8	35	27
Cindy	8	8	8	7	7	10	8	7	8	6	40	38
Liz	8	3	7	5	7	6	8	7	5	5	37	26
Kendall	5	4	6	4	5	4	6	6	3	6	27	24