Family Well Being: Addressing parental depression & related adversity

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Cumulative risk & protective factors have powerful negative impacts on parenting & child outcomes

- **Cognitive development** (Ayoub, et. al., 2009)
  - **Risk factors**: TANF, no HS, less home cognitive & language stimulation, negative emotionality (more rapid rate of decline)
  - **Risk factors**: TANF, unemployed, No HS (lower scores at age 3 years)
  - **Protective factor**: EHS (higher scores-age 3)
Early Head Start & Parenting: Effects on Child Outcomes (Ayoub et. al., 2011)

- Effects of general stress on child development are largely entwined with families’ demographic risks & are not easily impacted by EHS

- Without EHS intervention, higher general & parenting-related stresses reduce children’s language & self-regulation skills

- EHS participation plays a role in ameliorating the effects of parenting stress

- EHS promotes positive parent-child interaction despite of risks & stresses
Parents in EHS have less stress related to the tasks of parenting.

EHS parents interact with their children in ways that better stimulate their cognitive development.

If parents interact insensitively with their children, this insensitivity does not hurt EHS children as much as it does other children.
What impact do demographic risks have on maternal depression? (EHS evaluation study, 5th grade follow up)
Depression

- 15 million children live in households with parents with major or severe depression

- Depression co-occurs with medical & psychiatric disorders, substance abuse, violence, conflicted relationships & poverty

- Effective screening tools & treatments are available & offer substantial promise

(Institute of Medicine report on Depression in Parents, Parenting, & Children, 2009)
Depression Negatively Affects Parenting

- Limited frequency & length of interaction
- Reduction stimulating parenting
- Slowed responsiveness to child’s cues
- Attachment difficulties
- Limited ability to soothe
- Negative parental perceptions of the child & unrealistic expectations
- Irritable & erratic interaction styles
- Inhibition of social & emotional maturation of child

(Institute of Medicine report on Depression in Parents, Parenting, & Children, 2009)
Why address adult depression & adversity in Early Head Start & Head Start?

- 48% of mothers eligible for Early Head Start had symptoms of clinical depression (EHS Evaluation Study, 2003)
- Early relationship between maternal depression & lack of positive child self-regulation is strong (Ayoub, et. al., 2010)
- Effective prevention models for families of older children are available (Beardslee, Wright, Gladstone, & Forbes, 2008)
Why address adult depression & adversity in Early Head Start & Head Start?

- Early Head Start programs are effective buffers for negative outcomes for their children (Chazen-Cohen et. al., 2007)

- Maternal depression can be reduced through EHS intervention (Chazen-Cohen, et. al., 2007)

- Adding targeted services to address depression & related adversity increases impact on reducing parental depression (Institute of Medicine, 2009).
Family Connections Systems-wide Preventive Approach

Community & Systems Development (All Staff)
- Education on depression, mental health, & factors of resiliency; classroom consultation; professional skill development including self-reflection & parent engagement; team building in center & community

Universal Prevention (All Children & Families)
- Readiness; education on depression; support in accessing resources; communication & relationship-building in families; classroom-based enrichment activities to support social and academic development; community networks to connect families to supportive prevention services

Targeted Prevention (At Risk Parents/Children)
- Enriched prevention programming, mental health outreach, social & academic skill building, networks to specialized services in mental health, CA, SA & DV

Clinical Intervention
- Identification & treatment of depression & parenting difficulties/disconnections; extended outreach & crisis services
Program-wide Preventive Intervention System to address Depression & related Adversity

Collaborative, system wide public health approach

- Leadership engagement first & ongoing
- Self-assessment driven with implementation action plans
- Multi-level simultaneous engagement of all staff

Crisis as opportunity & long term commitment

Ongoing training, reflective practice
Mental health consultation for all staff
Targeted assessment & intervention for:

- Child relational & social skill difficulties
- Social skill development
- Literacy-based emotional expression activities – difficult emotions/topics
- Parent engagement activities & groups
- Short term treatment for parental depression (Beeber, 2007)
Model for Effective Deployment and Translation of Science into Practice

- Basic Research and Theory: Human and Infrahuman
- Research on Intervention Development and Refinement
- Research on Intervention Testing
- Review and Synthesis of Research Findings to Identify Interventions that Work
- Intervention Deployment
Evaluation Questions

- What are the components of system-wide preventive mental health consultation & training
  - Is it safe, feasible, & beneficial?
  - What does a best practice model look like?

- Can system-wide mental health consultation across sites address predictors of positive change in teacher-child relationships?
Methods: Sample

- 6 Centers – for 2/3 intervention years
  - 1 large EHS Center, 4 Head Start Centers, 1 EC Center with HS slots
  - 137 teachers
  - 54 classrooms
  - Urban communities

- Teachers:
  - 53% Hispanic

- Children:
  - 2013 served
  - 20% elevated CBCL scores (Achenbach, 2005).
Family Connections Consultation Activities

- Consultation in the Classroom: 28%
- Supervision & Reflective Practice: 10%
- Leadership Engagement: 4%
- Classroom TMAS: 10%
- Interactive Training Facilitation: 6%
- Classroom Social Skills Groups & Relational Therapy: 15%
- Staff Meetings: 15%
- Parent Engagement & Support: 12%
Family Connections Training Modules

Module One
“Engaging Parents”
“Taking Perspectives”
“What Is Depression? 1”

Module Two
“Program Climate & You”
“Accentuate the Positive”
“What Is Depression? 2”

Module Three
“Promoting Positive Behavior”
“Strategies for Talking w/ Children”
“Promoting an Expressive Environment”

Module Four
“A Better Home Visit”
“Better Communication”
“Developing a Resource Referral Process”

at: ECLKC.ohs.acf.hh.gov
Findings: Teacher Satisfaction & Child Referrals

- 2007-2008 over 90% of teachers reported that consultants were a good source for information & solutions about children, parents & staff

- Classroom consultation, training, & reflective practice by consultants was most important.

- Referral & management of children with clinical mental health problems 90% referred for services; 100% met with parents.

- No expulsions for the period of the intervention
Average remaining sick time in hours among staff at JPHS from 2000 - 2007.
Center Comparisons in Teacher-Child Relationships over time

Examine the change in teachers’ closeness & conflict (STRS, Pianta) with their students over time in:

47 classrooms, 6 centers, 584 children over 2 years of intervention following a planning period

(1) Increase in closeness over time with peaks in the spring of each year

(2) Decrease in conflict each year. Program climate makes a difference in the level & change in teacher child closeness
Effect of Family Connections on teacher-child conflict
Effect of teachers’ perceptions of Family Connections on closeness in centers with high and low climates.
Findings: Parent Engagement Strategies (85% of families)

- Coffees & drop in times
- Parent presentations/discussions
- Single workshops (planned & crisis response)
- Workshop series (Make Parenting A Pleasure)
- Parent Support groups
- Individual consultation with parents
- Parent/teacher meetings & trainings
- Depression screening & information
Bright Moments: Intervention for Depressed Parents
(Linda Beeber, 2007, 2010)

• Relationship-based intervention (modification of interpersonal therapy)

• Delivered by psychiatric mental health nurses with EHS home visitor or translator present

• 11 face-to-face sessions & five booster sessions over 5-months
Bright Moments
(Linda Beeber, 2010)

Focus of intervention was on:

- managing depressive symptoms
- confronting difficult life issues
- identifying & using effective social support
- improving parenting interactions
- developing anticipatory strategies for recurrence of symptoms.
Bright Moments
(Linda Beeber, 2007)

- Random assignment from EHS
- Mothers of EHS children
- North Carolina & New York
- Latino adaptation
Bright Moments
(Beeber, et. al., 2010) N=80
Lessons Learned

- System-wide prevention is effective & engaging leadership is key
- Assess readiness & resources first
- Professional development is best over time with mentorship & reflective supervision
- Spend time in the classroom!!!!
- Know that adult mental health is for all – staff & parents
- Develop system wide plans for mental health first aid - depression opens the door
- Parent engagement must be multi-faceted
- Professional development - Touchpoints
Suggestions for Further Research to Practice

• Continue to document the basis of intervention practices related to engaging the most vulnerable families

• Build evidence base for promising interventions with stepwise model development

• Extend the use of longitudinal data sets to explore high risk families

• Consider multi-level designs for understanding child, family, workforce & program components

• Consider the measurement of depression from a multi-causal perspective
Acknowledgements

- Ready materials at:  ECLKC.ohs.acf.hh.gov
  or childrenhospital.org/familyconnections

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Fig. 1. Cognitive skill performance between 14 and 36 months as a function of various levels of risk and promotive factors in the exosystems of children’s lives.
Maternal depression & child self-regulation are associated early & continue to interact through the child’s 12th birthday (Ayoub, et. al, 2010).

Does children’s emotional regulation have an impact on their mothers’ depression?

![Graph showing the relationship between child self-regulation and maternal depression over time. The graph compares different trajectories of child self-regulation (improving vs. worsening) and their impact on maternal depression scores.]