

# Family Well Being: Addressing parental depression & related adversity

*Catherine Ayoub, Ed.D., R.N.,*

Children's Hospital Boston  
Brazelton Touchpoints Center  
Baer Initiative, Department of Psychiatry

*Advisory Committee on Head Start Research &  
Evaluation*

*June 8<sup>th</sup>, 2011*

# Family Well-Being: Lessons from EHS Evaluation Study

**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**

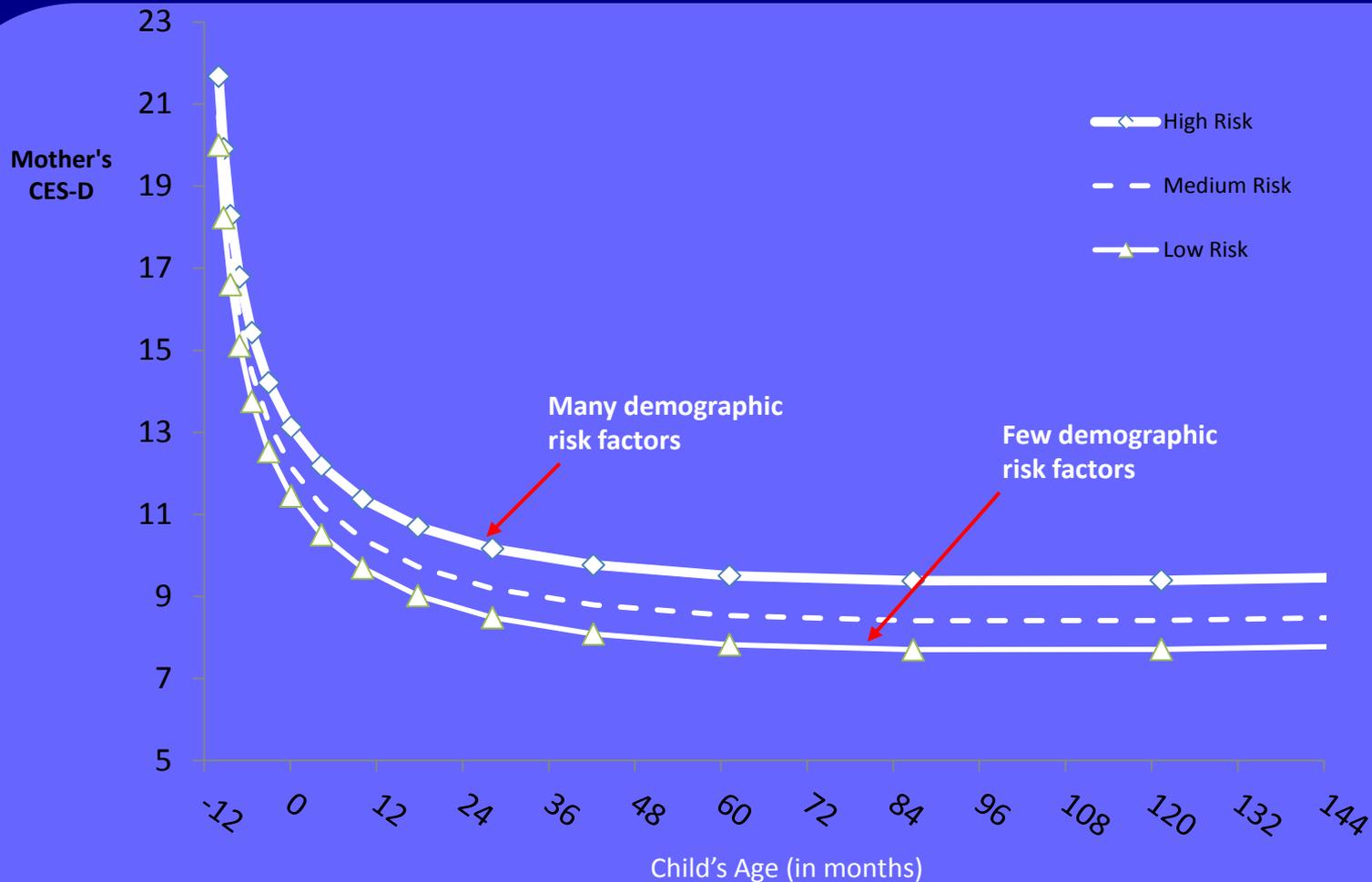
# **Early Head Start & Parenting: Effects on Child Outcomes (Ayoub et. al., 2011)**

- 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, 5<sup>th</sup> 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

**Clinical Intervention**  
Identification & treatment of depression & parenting difficulties/ disconnections; extended outreach & crisis 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

**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

**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

# **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**

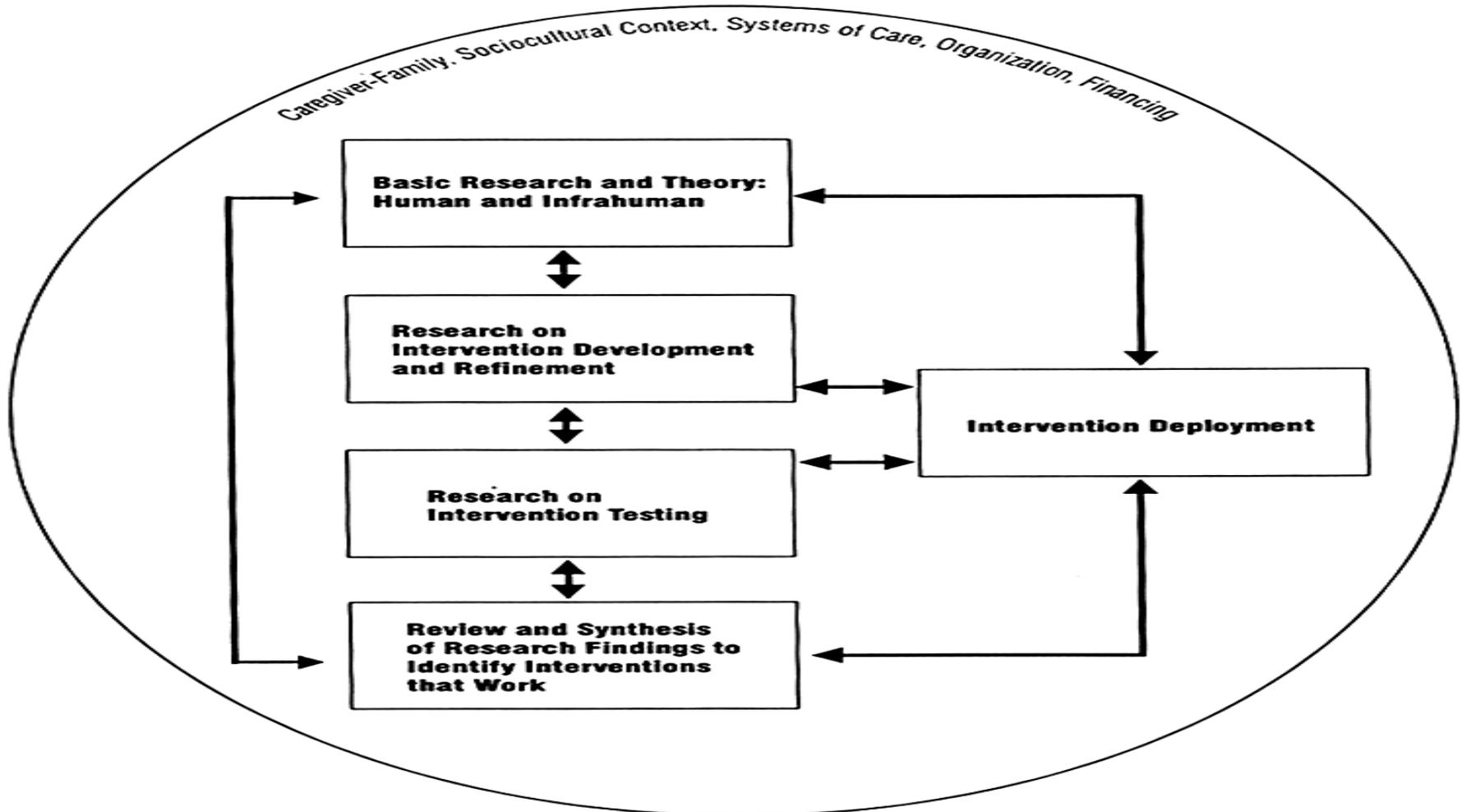
**Mental health consultation for all staff**

# **Assessment & Treatment**

**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



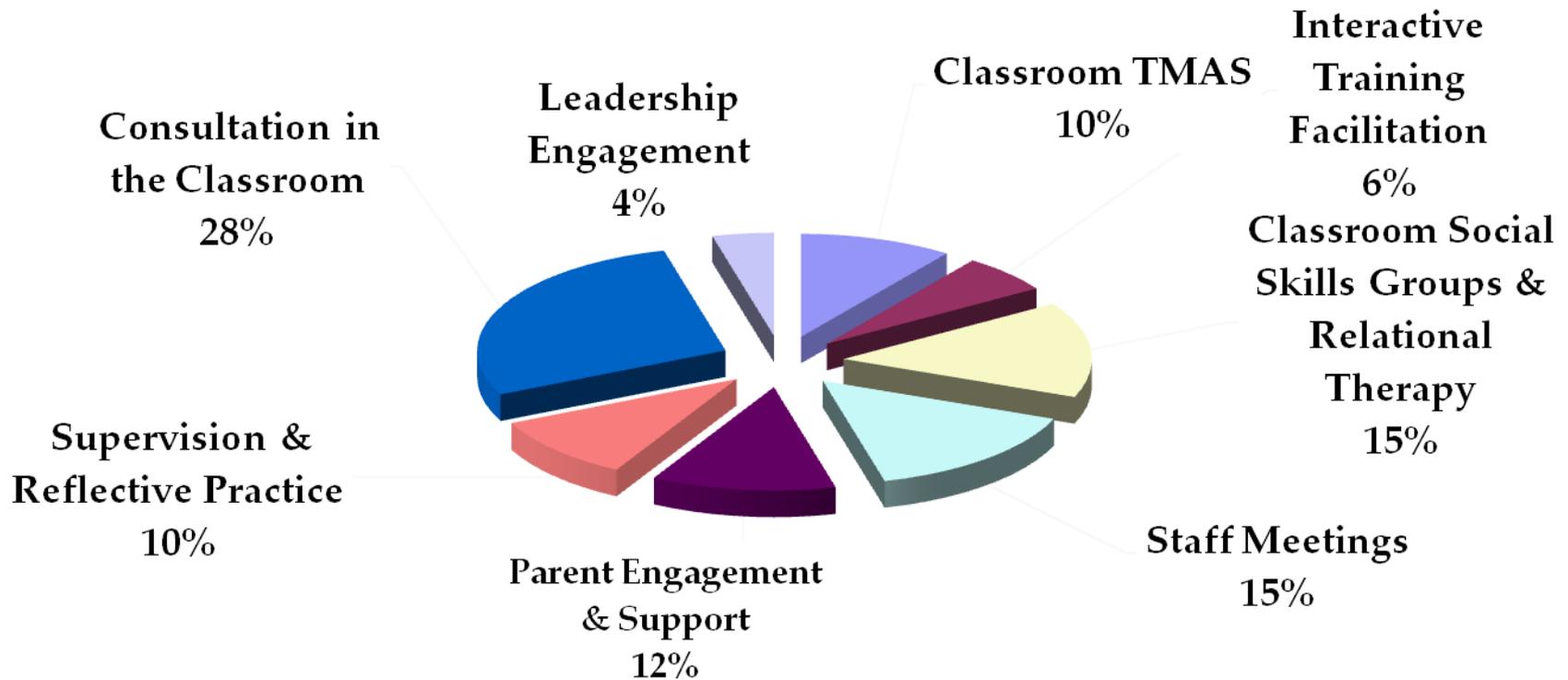
# Evaluation Questions

- 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



# Family Connections Training Modules

at: [ECLKC.ohs.acf.hh.gov](http://ECLKC.ohs.acf.hh.gov)

## 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"

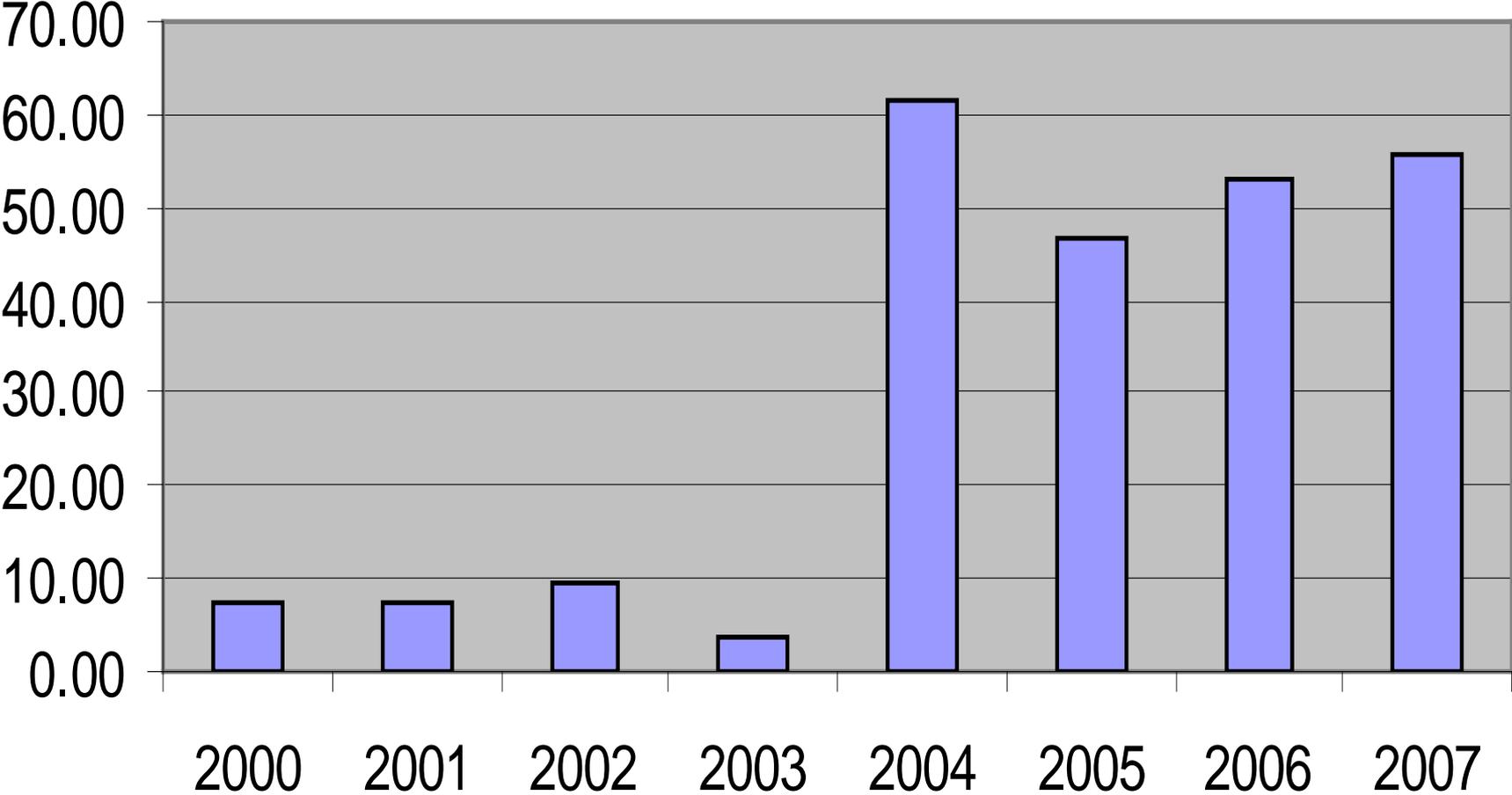
"Better Communication"

"Developing a Resource Referral Process"

# 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

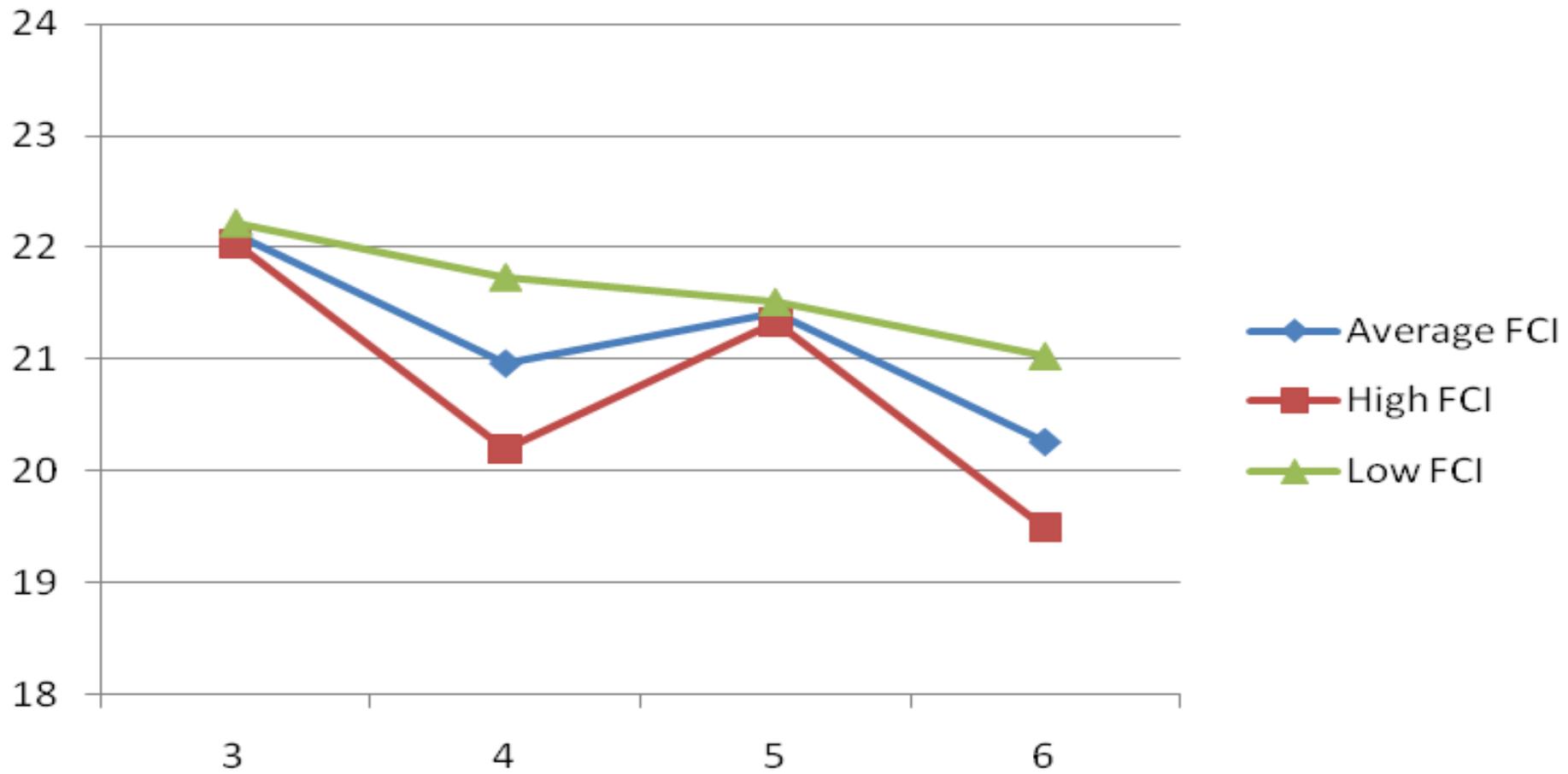
Examine the change in teachers' closeness & conflict (STRS, Pianta) with their students over time in:

**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



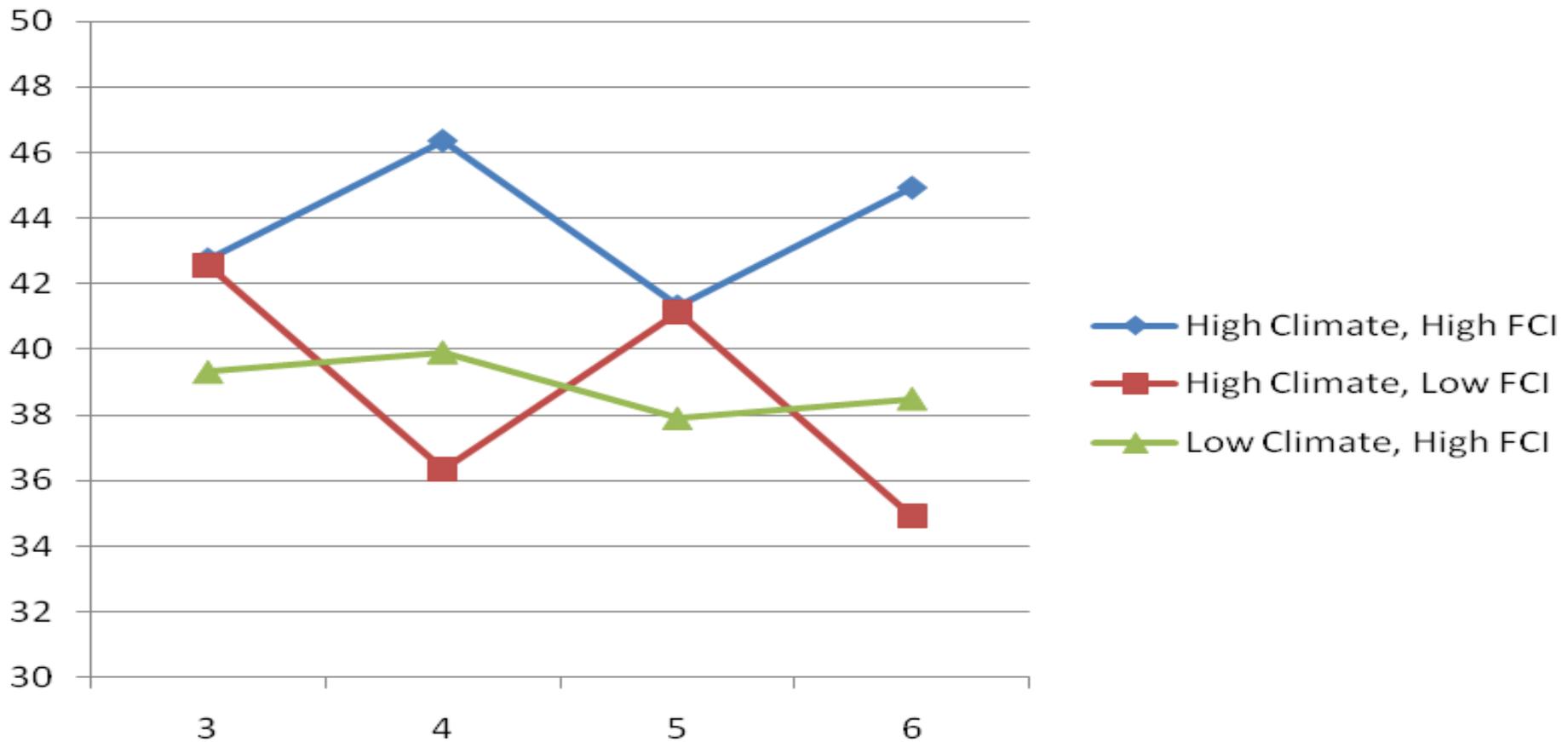
FALL 1

SPRING 1

FALL 2

SPRING 2

# Effect of teachers' perceptions of Family Connections on closeness in centers with high and low climates



FALL 1

SPRING 1

FALL 2

SPRING 2

# **Findings: Parent Engagement Strategies (85% of families)**

- **Strategies for parent engagement:**
  - 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.**

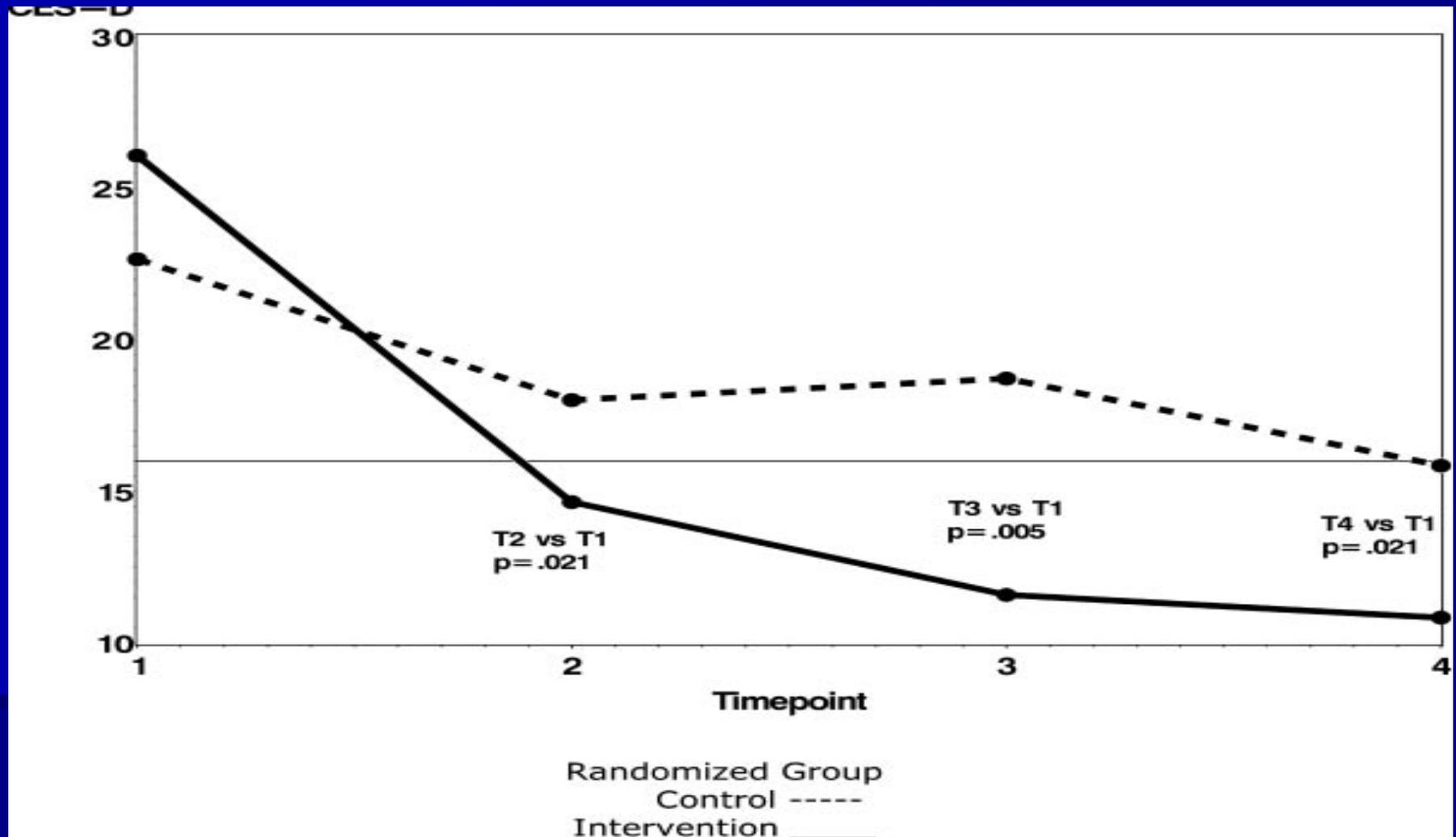
# Bright Moments

(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

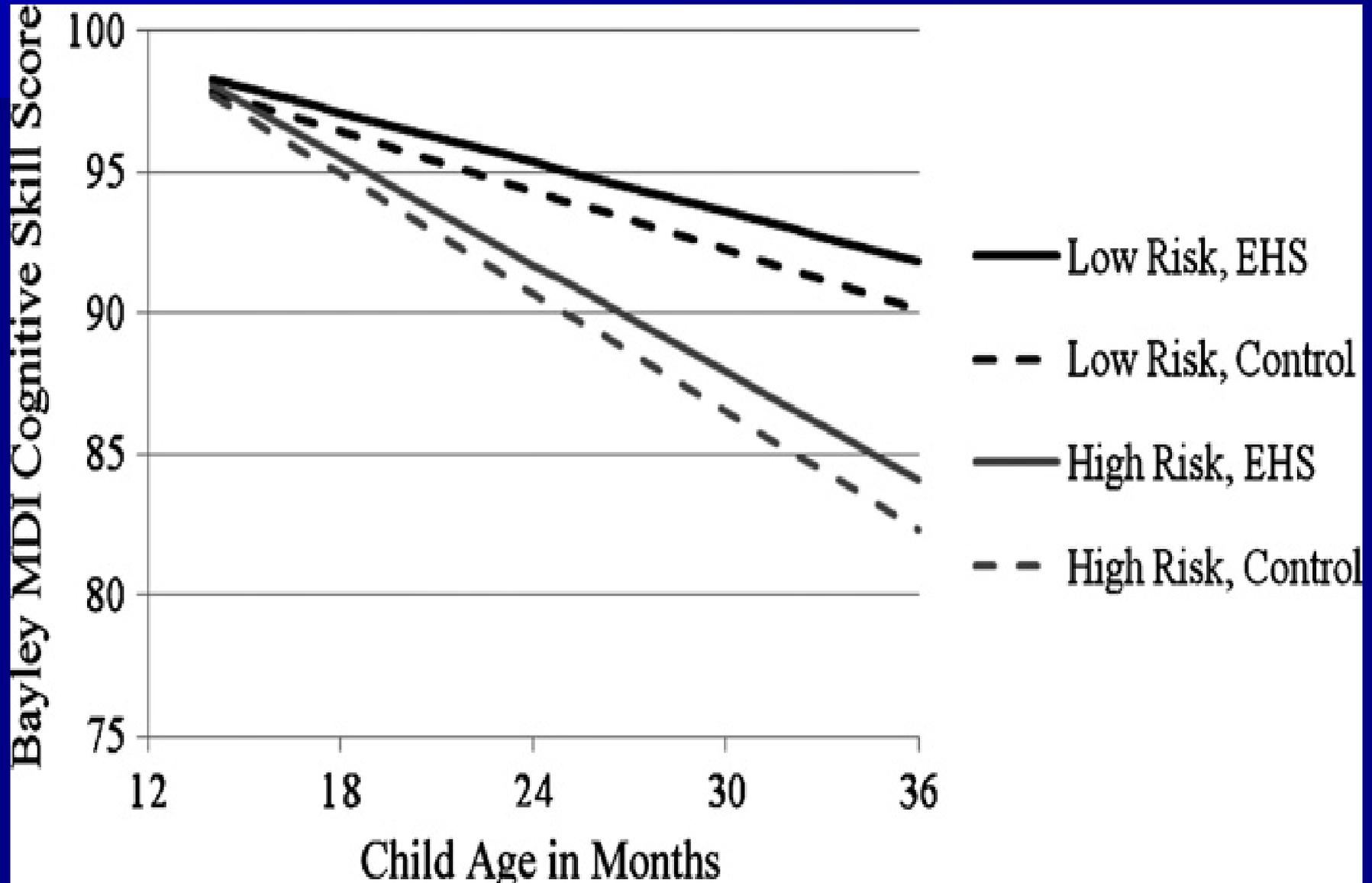
- Continue to document the basis of intervention practices related to engaging the most vulnerable families
- Build evidence base for promising interventions with stepwise model development
- Extend the use of longitudinal data sets to explore high risk families
- Consider multi-level designs for understanding child, family, workforce & program components
- Consider the measurement of depression from a multi-causal perspective

# Acknowledgements



- Ready materials at: [ECLKC.ohs.acf.hh.gov](http://ECLKC.ohs.acf.hh.gov) or [childrenhospital.org/familyconnections](http://childrenhospital.org/familyconnections)
- The work reported herein was supported under grant 90YD0190 for the Innovation & Improvement Project as funded by the **Office of Head Start** for the DHHS, through a contract with **Action for Boston Community Development Inc.**, through generous gifts from the **A.L. Mailman Family Foundation, Inc.**, & the **Baer Foundation**. Our thanks to Amy Hunter & Jim O'Brien, Jack Shonkoff & Julius Richmond.

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?

