

Interventions to Prevent Detrimental Outcomes for Children of Depressed Mothers

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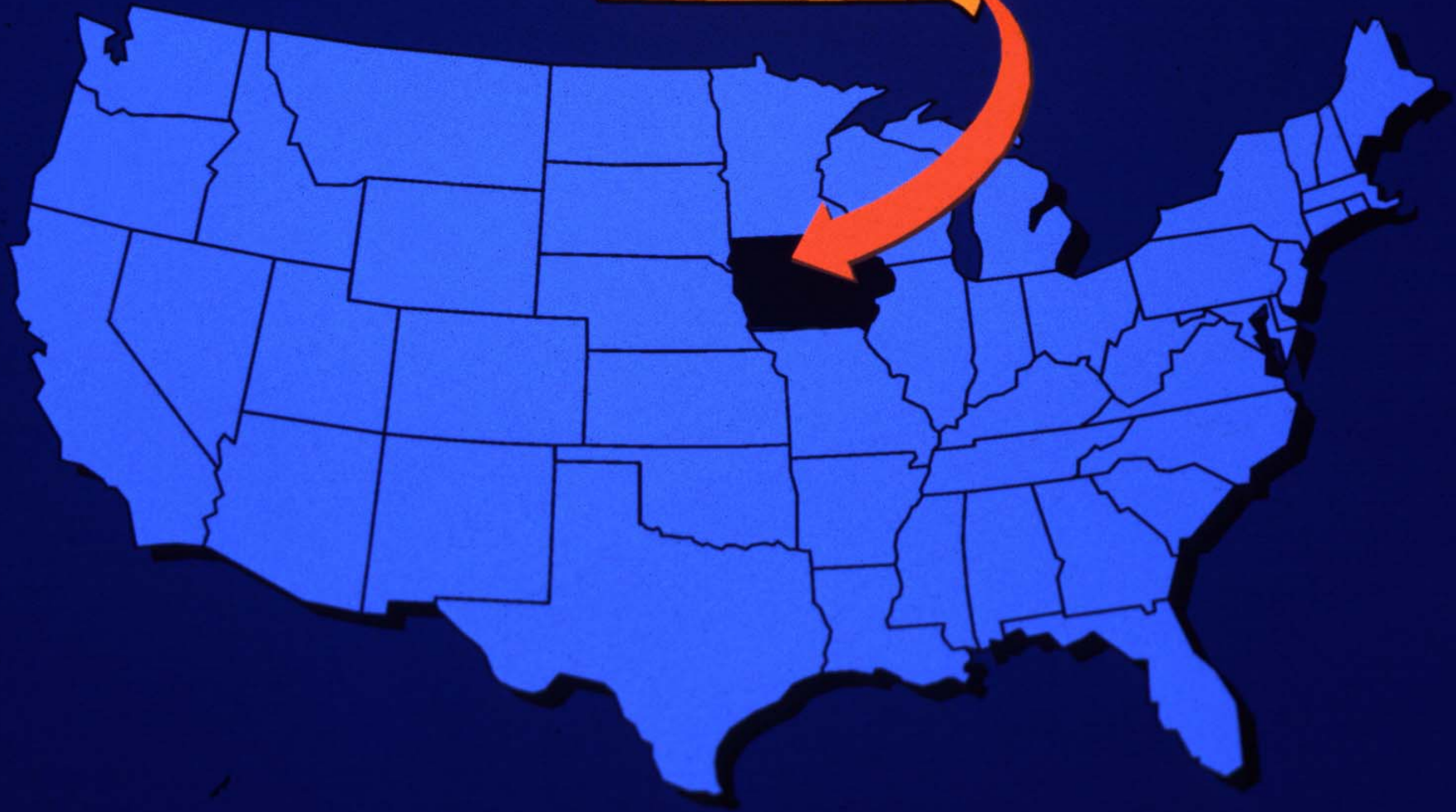
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IOWA



A dark blue silhouette of the state of Iowa is centered on a lighter blue background. The outline of the state is a thin, light blue line. In the center-right portion of the state, the words "IOWA CITY" are written in a bold, yellow, sans-serif font. Directly below the text is a small, solid yellow five-pointed star.

IOWA CITY



Target Populations

- Infants
- Toddlers
- School-Aged Children
- Adolescents
- Adult Children who come home
- Adult Children experiencing a mid-life crisis

O'Hara, M. W., Stuart, S., Gorman, L. L., & Wenzel, A. (2000). Efficacy of Interpersonal Psychotherapy for postpartum depression. Archives of General Psychiatry, 57, 1039-1045.

Hypotheses

- Associated with therapy, there would be significant improvements on indices of mother-infant interaction.
- Overall, indices of mother-infant interaction would favor non-depressed mother-infant dyads relative to depressed mother-infant dyads.

Major Outcome Measures

- Parenting Stress Index
- Infant Behavior Questionnaire
- Maternal Responsiveness
- Maternal Affect
- Infant Affect & Joy, Fear, Anger, Discomfort

Major Findings - Therapy

- Child domain of PSI – Child Adaptability
- In Still Face Paradigm – Infant Positive Engagement (smiling, gazing at mother)
- Nothing for Infant temperament

Major Findings - Depression

- Child domain of PSI – all subscales
- Infant Behavior Questionnaire
- Depressed mothers less responsive than non-depressed mothers.
- In Still Face Paradigm – higher levels of fussiness among infants of depressed mothers.

Major Findings - Depression

- In Lab-TAB Paradigm – daughters of depressed mothers show less anger than sons of depressed mothers and both sons and daughters of non-depressed mothers.

Summary/Implications

While psychotherapy has direct benefits for mother, it has few direct benefits for the infant. Is therapy

- Too late?
- Misplaced?
- Unnecessary?

Summary/Implications

- In a middle class sample, effects of maternal depression are more evident though not dramatic within this postpartum depressed and non-depressed mothers.
- Depression effects persist up to two years later, particularly in maternal reports of attachment behavior and behavior problems.

Summary/Implications

- Interventions may have to focus specifically on depressed mothers' understanding and framing of infant and child behavior as well as actual maternal behavior.

Murray, A., Cooper, P. J., Wilson, A., & Romaniuk, H. (under review). A controlled trial of the short and long term effect of psychological treatment of postpartum depression: II impact on the mother child relationship and child outcome. British Journal of Psychiatry.

Design

- 3 interventions; no treatment control
- 8 weeks postpartum
- 10 sessions in home
- Assessments – post-therapy, 18 months, and 5 years
- Observational sessions in laboratory

Findings

- no effect for therapy on infant behavior problems reported by mothers
- effect for therapy on mothers' perception of the mother-infant relationship
- maternal sensitivity was significantly improved in the subgroup of treated women who experienced high levels of social adversity relative to the control group

Findings

- treatment effect for maternal reports of behavioral and emotional problems at 18 months of age
- not attachment security, assessed by the Strange Situation
- There was no effect on cognitive functioning at child age - 5 years
- significant effect in favor of the CBT condition for maternal report of emotional and behavior difficulties.

Gelfand, D. M., Teti, D. M., Siener, S. A., Jameson, P. B. (1996). Helping mothers fight depression: Evaluation of a home-based intervention program for depressed mothers and their infants. Journal of Clinical Child Psychology, 25, 406-422.

Design

- In home treatment vs. no treatment control
- Included non-depressed control
- 7 months postpartum
- 29 sessions in home delivered by nurse
- Assessments – post-therapy (about 2 years postpartum)

Findings

- Significant effect on maternal depression
- Effect for use of physical or verbal punishment
- No effects on cognitive function
- No effect on attachment security
- Some depression effects (e.g., maternal punitiveness)

Cicchetti, D., Rogosch, F. A., & Toth, S. L. (2000).
The efficacy of toddler-parent psychotherapy for
fostering cognitive development in the offspring
of depressed mothers. Journal of Abnormal Child
Psychology, 28, 135-148.

Design

- Toddler parent psychotherapy (43) vs. no treatment control (54) and non-depressed control (61)
- About 20 months postpartum
- 47 sessions over about 58 weeks
- Delivered in the clinic

Findings

- Significant effect on WPPSI-R for treated group
- Treated group achieved same level as non-depressed group
- Children of depressed mothers who went on to have additional episodes of depression fared particularly bad.

Cohen, N. J. et al. (1999). Watch, wait, and wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. Infant Mental Health, 20, 429-451.

Design

- WWW (34) vs traditional mother-infant psychotherapy (34)
- 20 months postpartum
- 15 sessions in clinic over 5 months
- Assessment – post-therapy and 6 months

Findings

- Significant effects in favor of WWW
 - ◆ attachment security
 - ◆ Bayley Scales
 - ◆ emotion regulation,
 - ◆ PSI parenting competence
 - ◆ maternal depression
- No differences on measures of sensitivity and responsiveness.

6 Month Follow-up

- Positive gains in both groups were maintained and further gains were made.
- Significant differences between the two groups with respect to mothers comfort in dealing with infant behaviors and self-ratings of parenting stress were also evident at follow-up

Field, T. et al. (2000). Targeting adolescent mothers with depressive symptoms for early intervention. Adolescence, 35, 381-414.

Goodman and Gotlib Integrative Model

- Risk – Maternal Depression
- Moderators
 - ◆ Fathers
 - ◆ Timing and Course of Maternal Depression
- Characteristics of the Child
 - ◆ Temperament
 - ◆ Gender
 - ◆ Intellectual and social cognitive skills

Model (continued)

■ Mechanisms

- ◆ Heritability of depression
- ◆ Innate dysfunctional neuroregulatory mechanisms
- ◆ Exposure to maternal negative or maladaptive cognitions, behavior, and affect
- ◆ Exposure to stressful environment

Model (continued)

■ Vulnerabilities

- ◆ Psychobiological dysfunction
- ◆ Skills deficits or maladaptive styles or behavioral tendencies
 - ☞ Cognitive
 - ☞ Affective
 - ☞ Behavioral or interpersonal

Our Goals

- the suppression of depression in mothers of young children.
- the expression of pleasure in the mothers of young children.