



Lessons Learned on Maternal Depression

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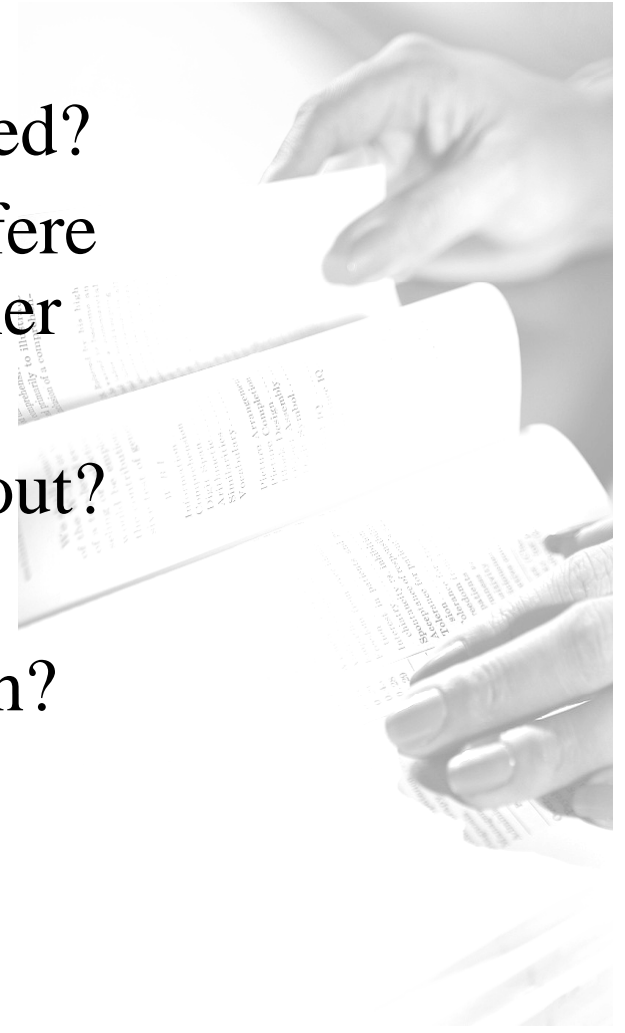
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I will address these questions:

- How do I know a mother is depressed?
- How do depressive symptoms interfere with optimal mothering and affect her infant or toddler?
- What risk factors should I know about?
- What can I do?
- What have we learned from research?
- What are some good resources?



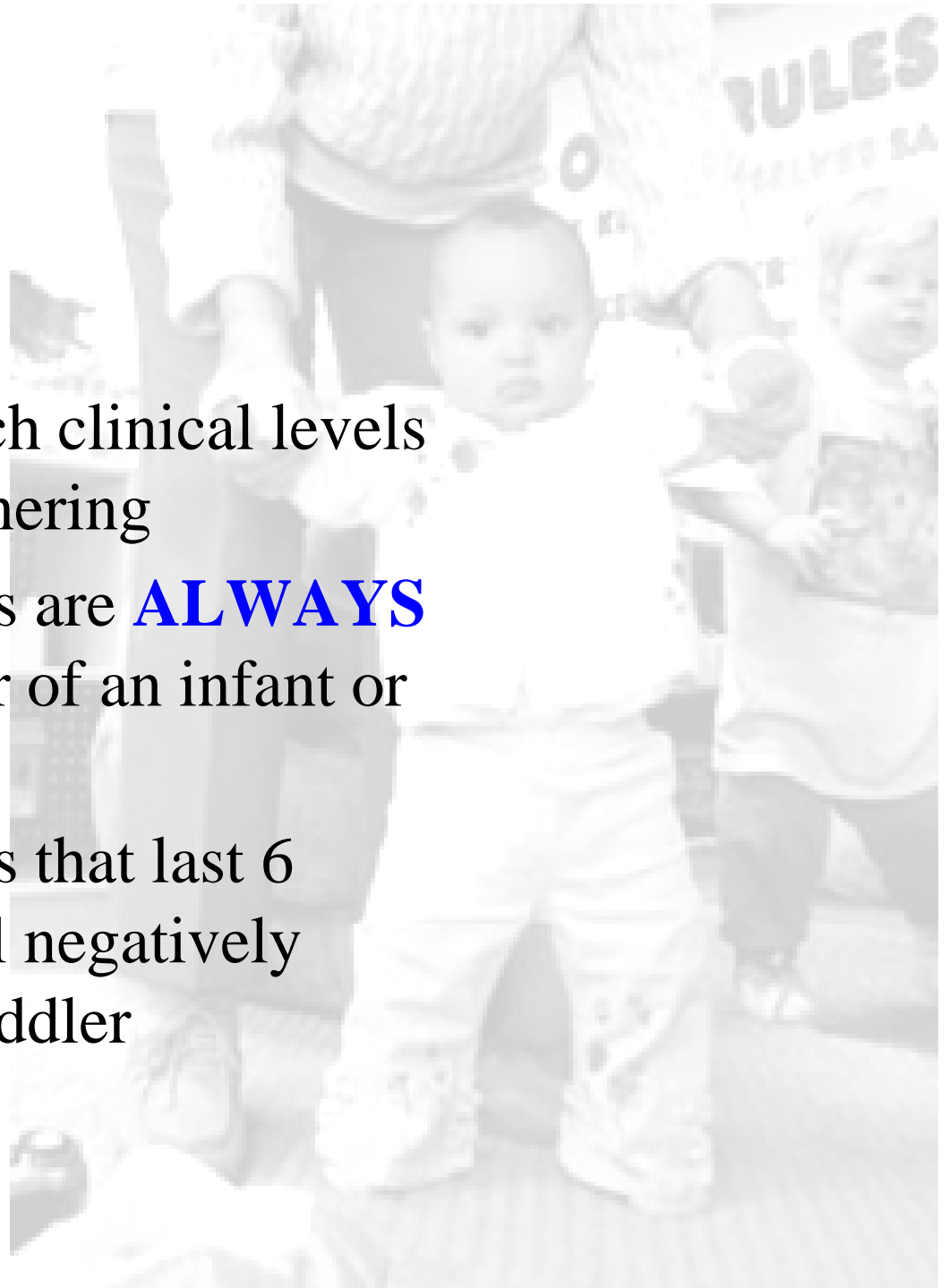
How do I know a mother is
depressed?

Depression is...

- a **persistent sad mood and loss of joy** accompanied by **changes in thinking, feeling, behaving, relationships, and bodily functions**. The symptoms of depression may be different from one person to the next, but the **sad mood** and **loss of joy** are almost always present, even if the person seems outwardly angry or irritable.

Depression

- Does not have to reach clinical levels to interfere with mothering
- Depressive symptoms are **ALWAYS** important in a mother of an infant or toddler
- Depressive symptoms that last 6 months or longer will negatively affect the infant or toddler



Depressive Symptoms and Mothers: National Figures

- 15% of women have risk of clinical depressive episode over their life
- Low income mothers may have as much as 60% risk (four-fold) during their lifetime
- EHS Research - >50% of EHS mothers were depressed (pregnant and post)

Baby Blues or Depressive Symptoms?

HANDOUT

Baby Blues

Depressive Sxs/Depression

2-3 days after delivery	May be there during pregnancy, appear anytime after delivery
Last a week or less	Persist for more than a week
A few symptoms; come and go (sad, crying, overwhelmed) Mother can be “cheered up”	Many symptoms are present Mother cannot be “cheered up”

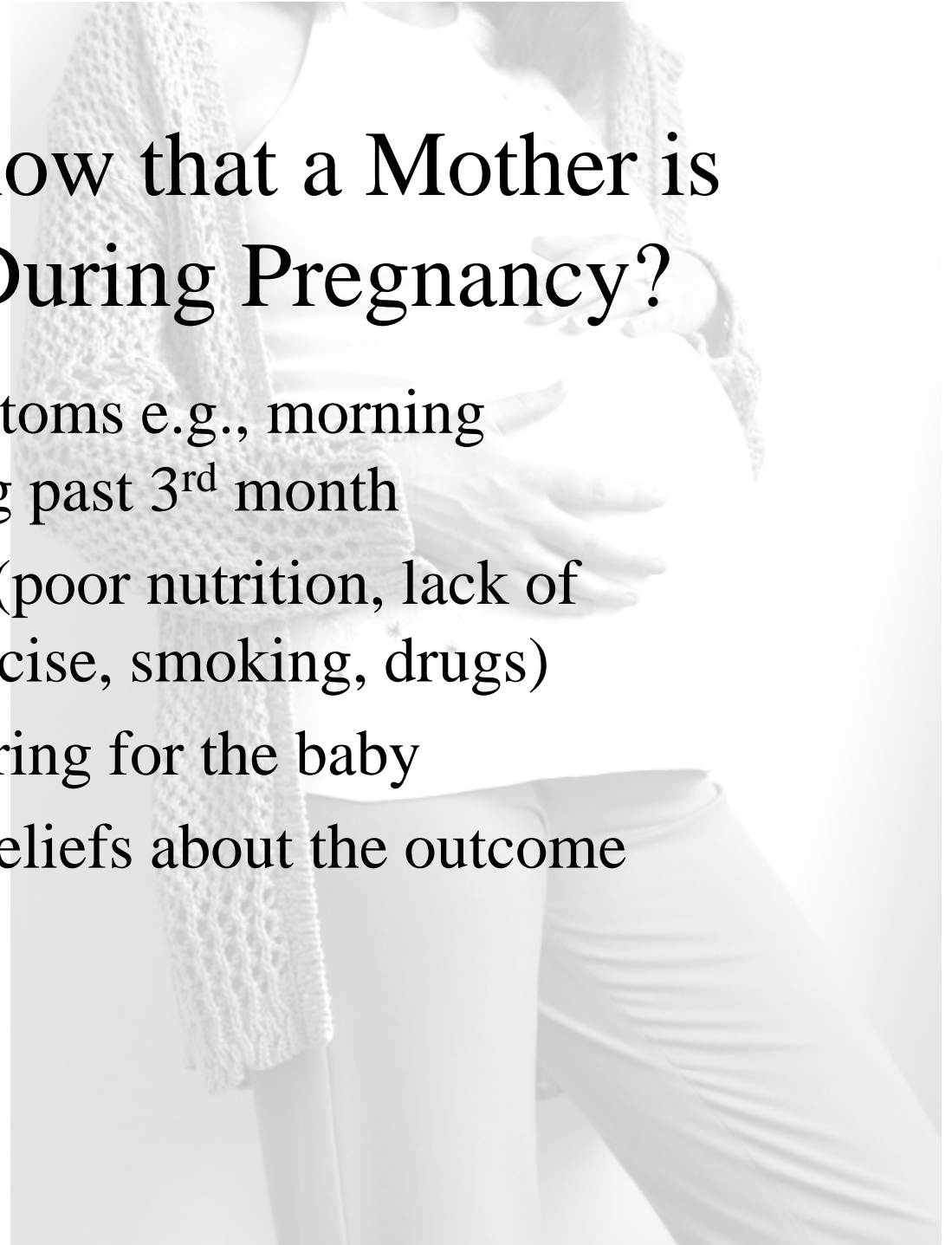
Three Presentations

- **“Blunted mother”**
 - Sad or emotion-less
 - Slowed, fatigued
- **“Angry, irritable mother”**
 - Emotionally reactive to noise, frustrations
 - Unpredictable
- **“Good enough mother”**
 - Adequately nurtures the child
 - No energy for other aspects of her life



How Do I Know that a Mother is Depressed During Pregnancy?

- **Persistence** of symptoms e.g., morning sickness & vomiting past 3rd month
- **Self-endangerment** (poor nutrition, lack of care, excessive exercise, smoking, drugs)
- **Disinterest** in preparing for the baby
- **Dread** or negative beliefs about the outcome or toward the baby



How Do I Know that a Mother is Depressed? (Parenting)

- Short, less frequent interactions
- Little interest or child-centered attention
- Rarely touches
- Rough touch
- Sad, angry face toward the child
- Critical judgments of child
- Negative responses to the child that are not anchored to her/his behavior



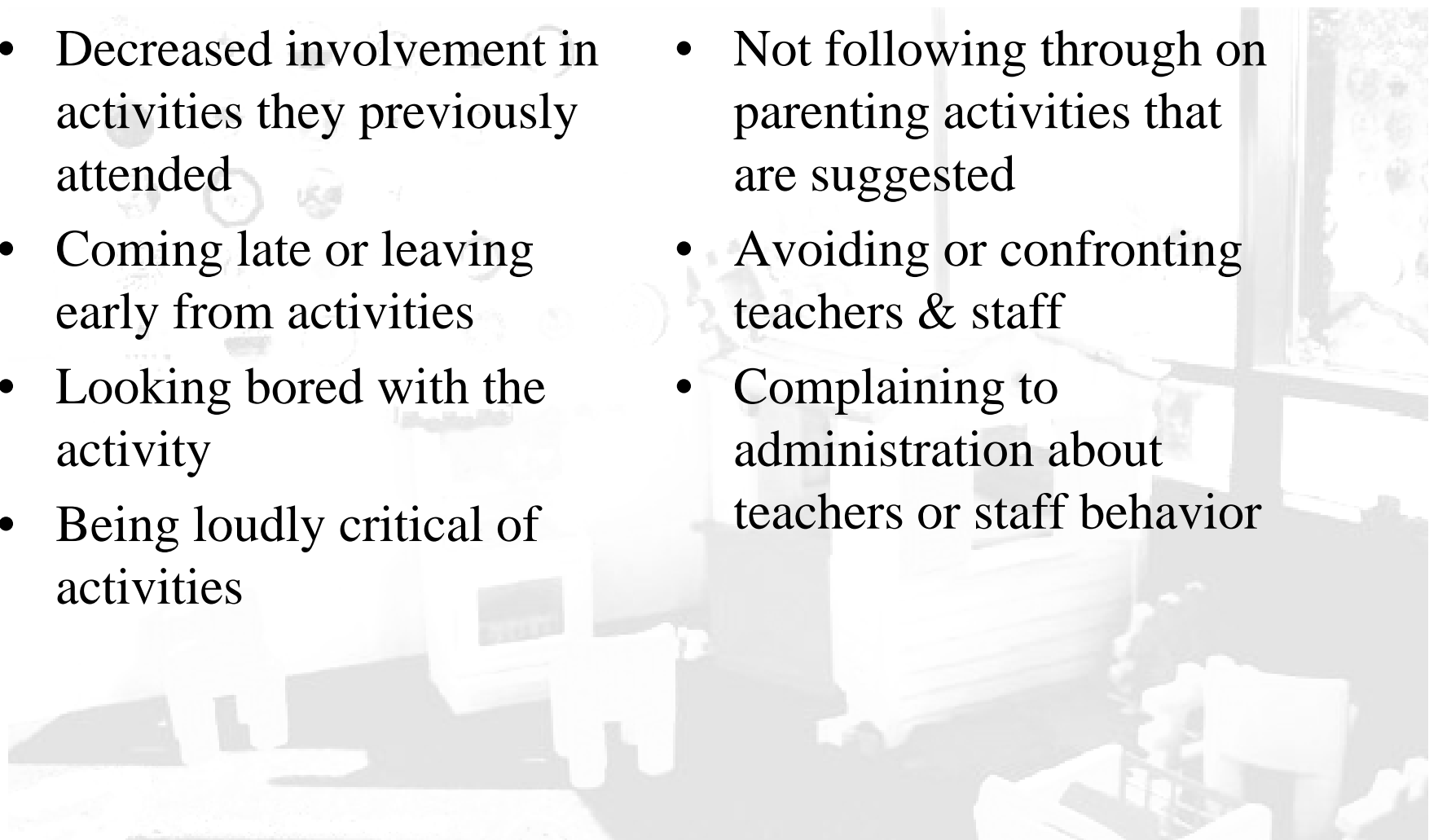
How Do I Know that a Mother is Depressed? (Parenting)

- Intrusive parenting actions that don't correspond to the child's cues
- Talking "at" the child – ordering the child to do things
- No joy when the child accomplishes something
- No playfulness with the child (everything is serious business)
- No pride in being a parent or openly angry about being a parent



How Do I Know that a Mother is Depressed? (Program Participation)

- Decreased involvement in activities they previously attended
- Coming late or leaving early from activities
- Looking bored with the activity
- Being loudly critical of activities
- Not following through on parenting activities that are suggested
- Avoiding or confronting teachers & staff
- Complaining to administration about teachers or staff behavior



How do depressive symptoms interfere with optimal mothering and affect her infant or toddler?

To An Infant or Toddler, Mother is “the World”

- **Teaches the “Mother Tongue”**
- **Creates the beginning of “Me”**
- **Models the very first intimate relationship**
- **Makes the first “Social Introductions”**



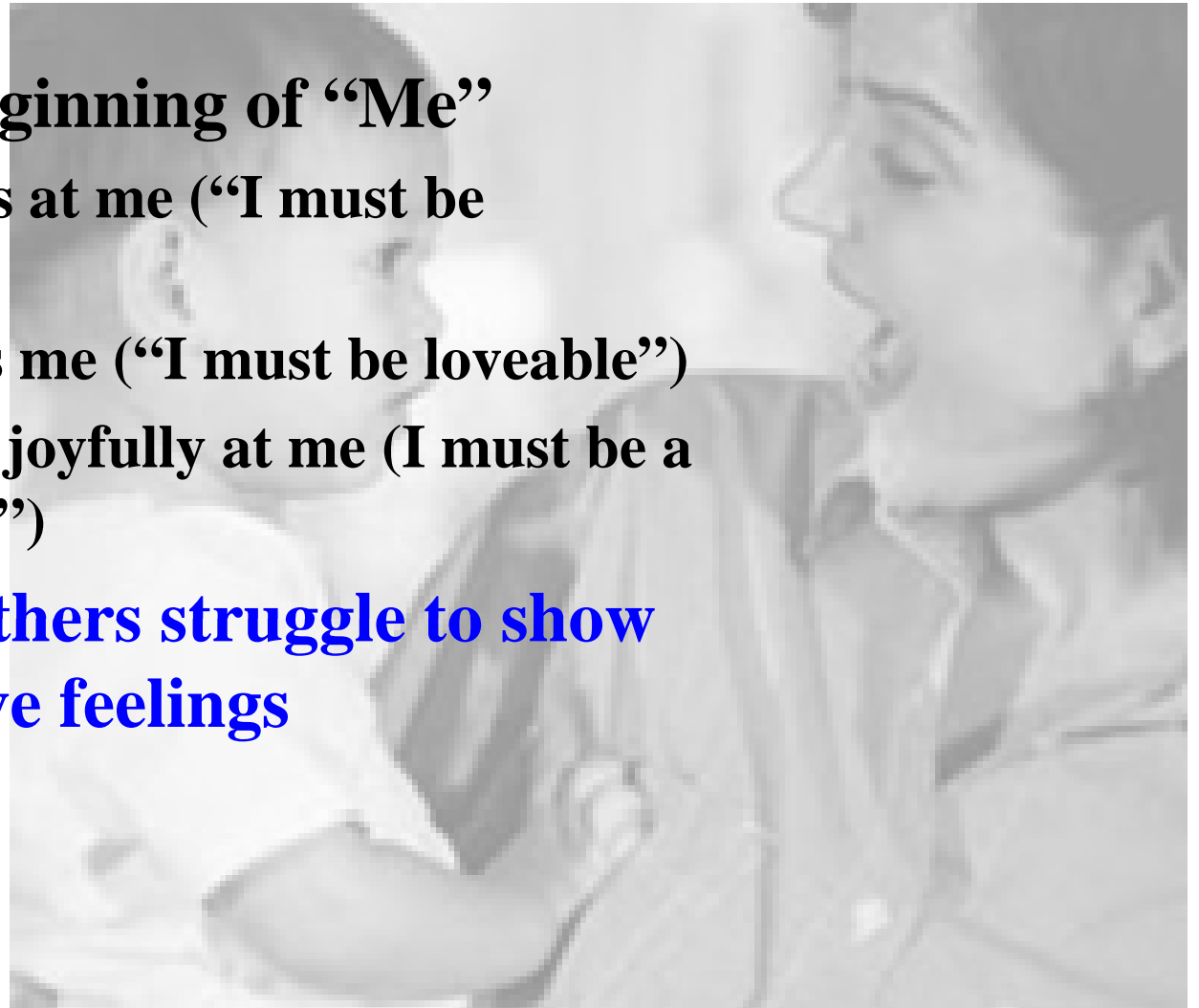
To An Infant or Toddler, Mother is “the World”

- **Teaches the “Mother Tongue”**
 - “Motherese” builds first language
 - Mother talks my language (“Wow! I can sound like she does!”)
- **Depressed mothers talk less or in consistently low tones**



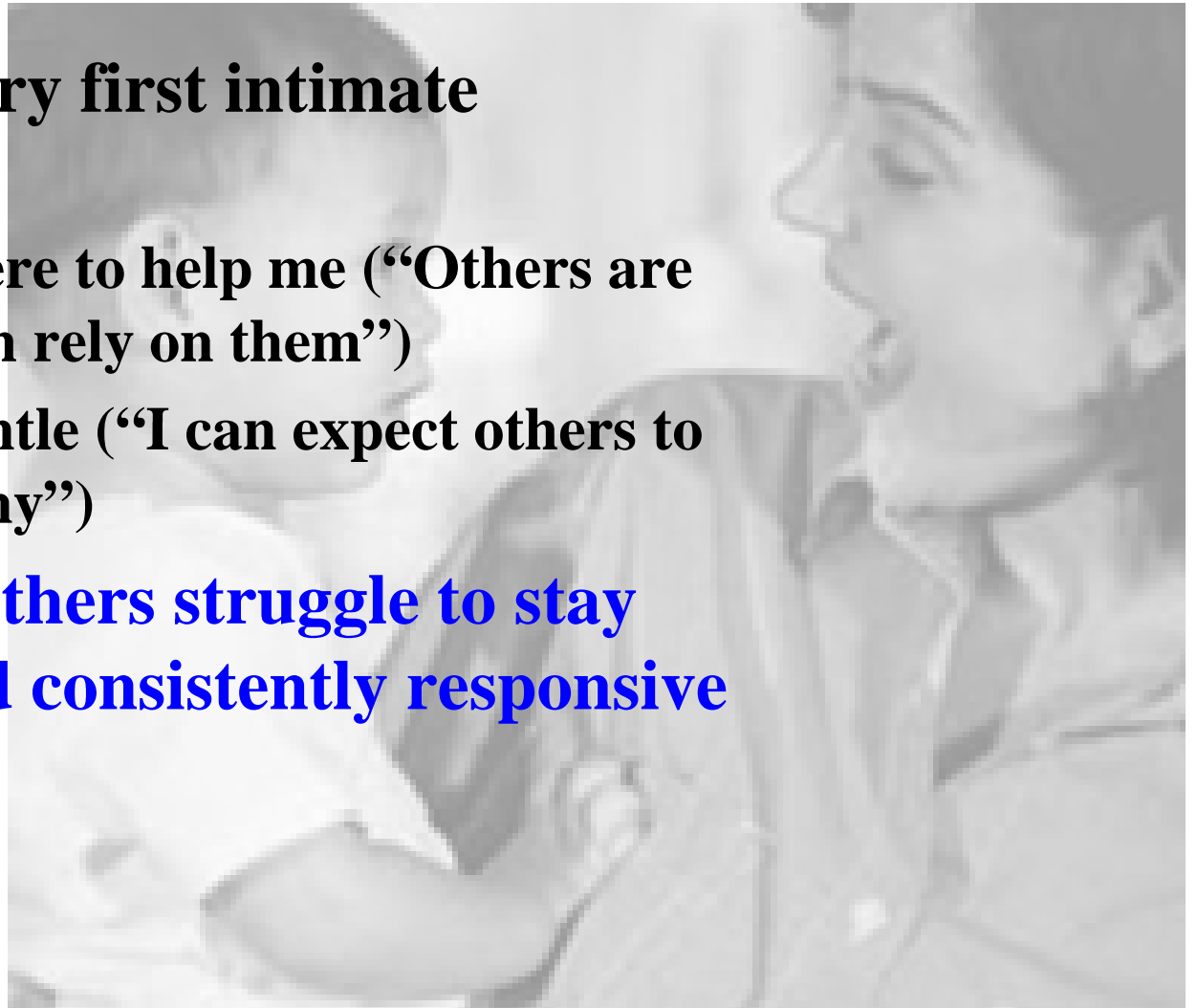
To An Infant or Toddler, Mother is “the World”

- **Creates the beginning of “Me”**
 - Mother smiles at me (“I must be beautiful”)
 - Mother kisses me (“I must be loveable”)
 - Mother looks joyfully at me (I must be a good person!”)
- **Depressed mothers struggle to show joy and positive feelings**



To An Infant or Toddler, Mother is “the World”

- **Models the very first intimate relationship**
 - Mother is there to help me (“Others are safe and I can rely on them”)
 - Mother is gentle (“I can expect others to be trustworthy”)
- **Depressed mothers struggle to stay connected and consistently responsive**



To An Infant or Toddler, Mother is “the World”

- **Makes the first “Social Introductions”**
 - Mother shows me off to kin and community (“I must be somebody!”)
 - Mother tells me how to behave in her social circle (“I must belong here”)
- **Depressed mothers isolate themselves and are anxious in social settings**



How Do Mothers' Depressive Symptoms Impact Infants & Toddlers?

- Delayed language & developmental milestones
- More negative affect
- Severe tantrums
- Less social interest & exploration
- Less healthy i.e. “allopathic load” – multiple risk factors

Risks to Mothers?

- Previous depressive symptoms, diagnosed depressive disorder, or other mood disorder
- Childhood trauma
- Recent “exit” events
- “Shame” or “Entrapment” events
- Current stressors (may be mild but chronic)
- Interpersonal tensions
- Poor social support, especially confidant support

ALAS Research Project

- The next 5 slides relate to the ALAS (Wings) Research Project
- For more information:

Beeber, LS; Holditch-Davis, D; Perreira, K; Schwartz, TA; Lewis, V; Blanchard, H; Canuso, R; Goldman, BD (2010), Short-term in home intervention reduces depressive symptoms in Early Head Start Latina mothers of infants and toddlers. *Research in Nursing and Health*, 33, 60-76.

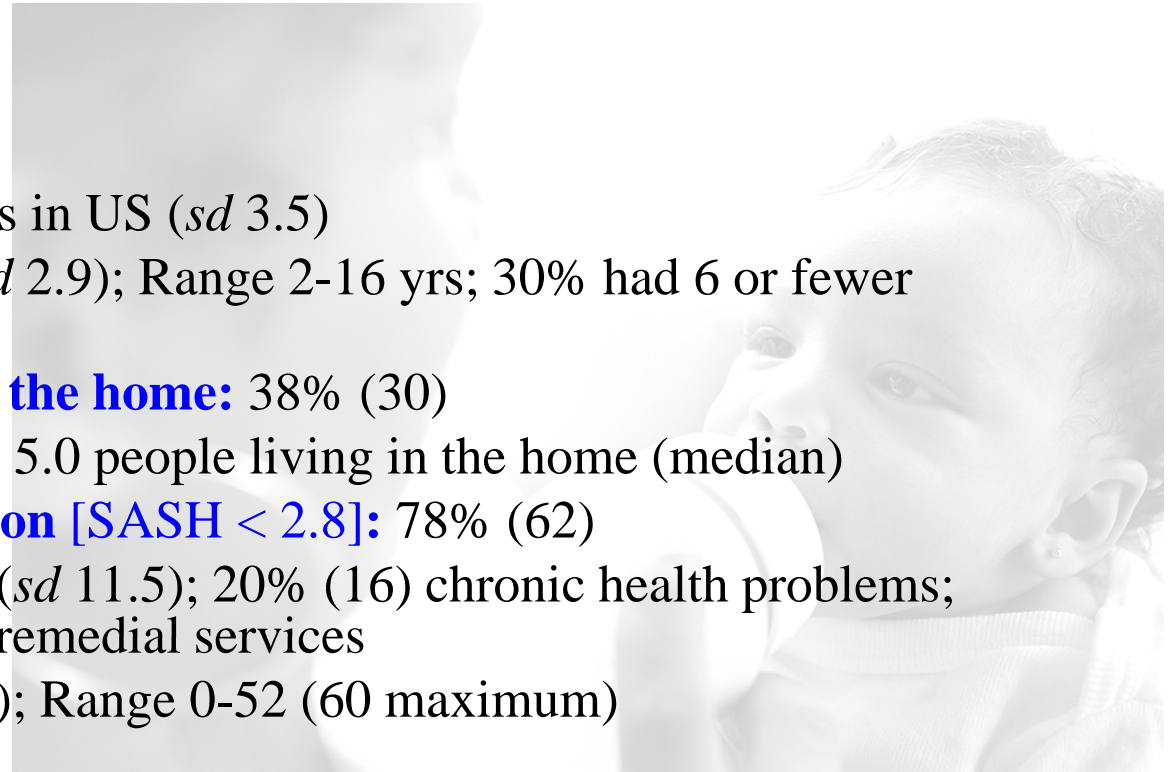
Low-Income Latina Mothers



- **Women have 15% risk of clinical depressive episode over their life**
- **Low-income mothers have a 4-fold risk in comparison**
- **NC: 394% increase annually in newly-arrived (non-migrant) Hispanic citizens**
- **Newly-immigrated, monolingual Latina mothers' risk higher**

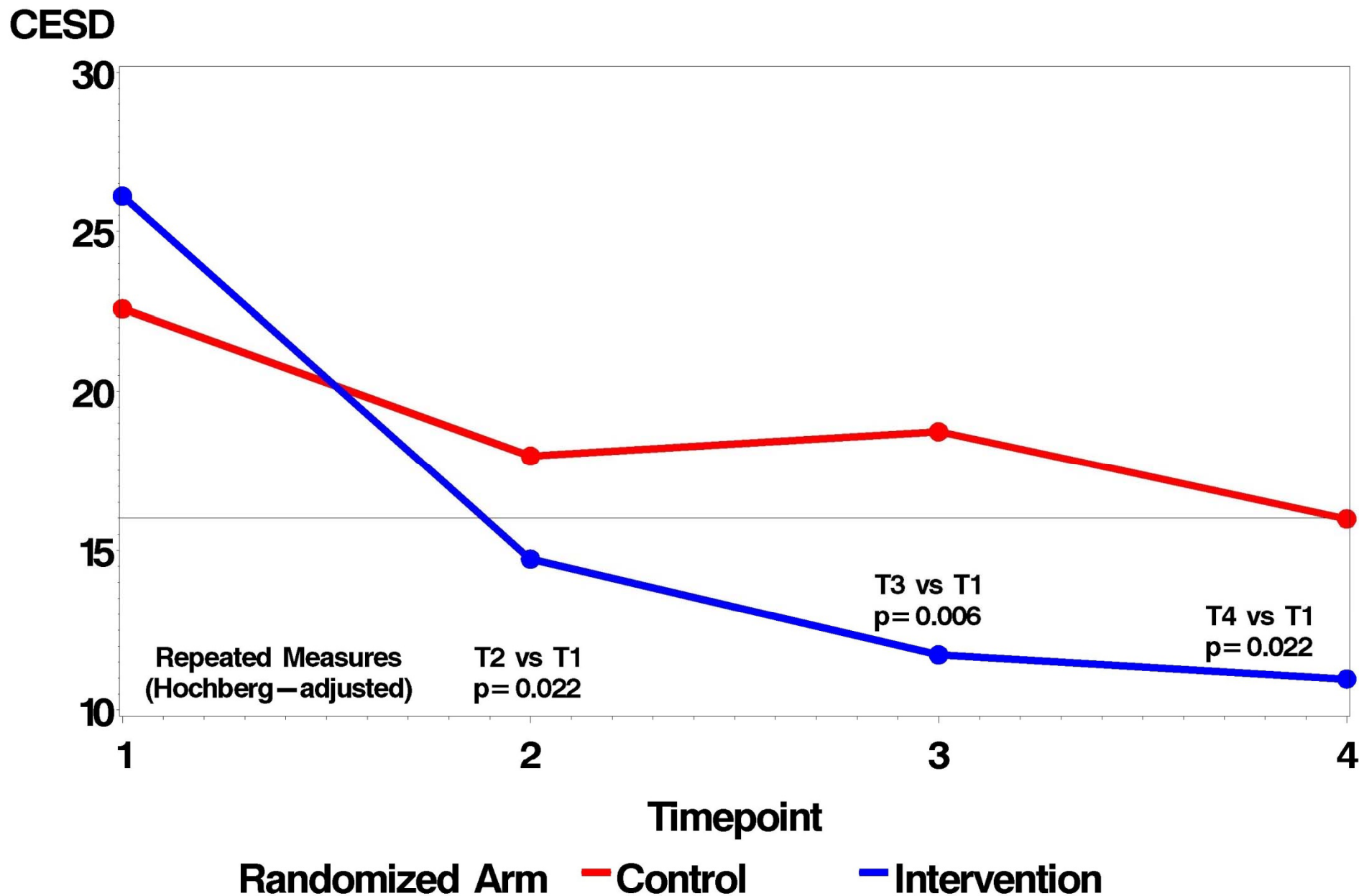
Alas Project Demographics

- **Sample size:** 80
- **Age:** 26.3 (*sd* 5.9)
- **Lived in US:** 5.3 years in US (*sd* 3.5)
- **Education:** 8.7 yrs (*sd* 2.9); Range 2-16 yrs; 30% had 6 or fewer years
- **Working in or out of the home:** 38% (30)
- **Partnered:** 84% (67); 5.0 people living in the home (median)
- **“No/low” acculturation [SASH < 2.8]:** 78% (62)
- **Child age:** 15.9 mos. (*sd* 11.5); 20% (16) chronic health problems; 19% (15) referred for remedial services
- **CES-D:** 24.5 (*sd* 13.0); Range 0-52 (60 maximum)



Intervention Outcome: Depressive Symptom Severity

Repeated Measures ANOVA for CESD in ALAS T1–T4 by RX



Results:
Maternal Negative Perceptions of
the Child

Concerns about Social-Emotional
Development

Responsiveness

Conclusions, Implications, Future Studies

- Reached *unserved mothers* and vulnerable children
- Provided a *culturally-tailored* intervention
- Short-term *symptom reduction persisted* after intervention was withdrawn
- Maternal *negative perceptions changed* (important step)
- More *vulnerable mothers benefited* (in-home?)
- Nurse-interpreter team method of delivery model meets a pressing **NOW need**
- Further studies:
 - longer window to observe changes in parenting and child outcomes
 - reach mothers from varied communities and adapt to make it cost-effective

Curriculum Project

- *Alumbrando el camino/Bright Moments: A Curriculum to Help Staff Support Depressed Parents in Early Head Start*
- Regular **program activities can support** a depressed parent
- **Staff need support** to work closely with depressed parents especially around crisis situations

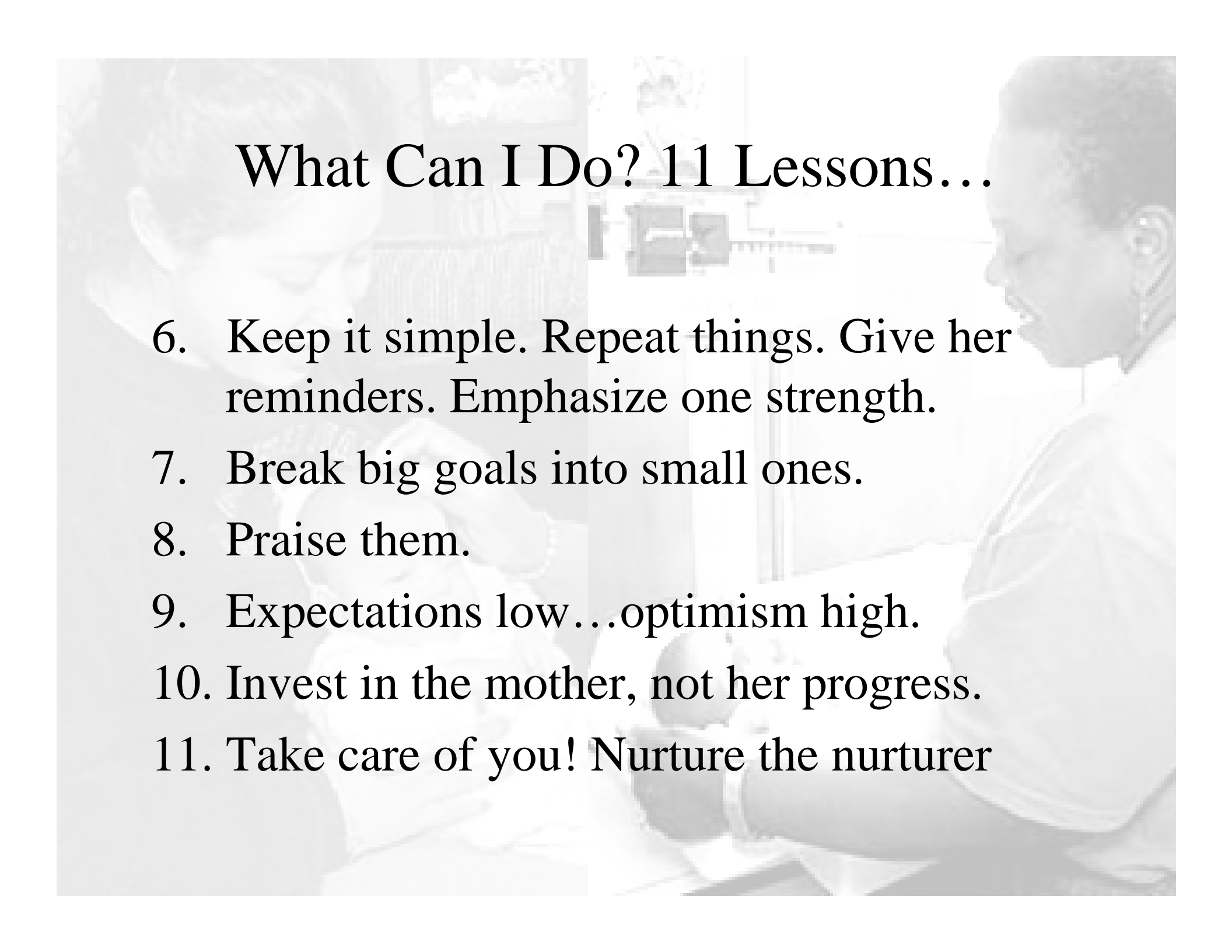
Early Head Start Research

- EHS did not reduce symptoms of depression
- EHS helped parents in relationships with their children – depressed mothers can increase their parenting skills
- Fully implemented programs (parenting & child development) had strongest outcomes
- It Takes Time – depression decreased 2 yrs later
- ---source – http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/index.html

What Can I Do?

What Can I Do? 11 Lessons...

1. Keep the child in the program
2. Reach out
3. Keep trying – not over or under-involved
4. Be patient. Be consistent. Don't Take Over!
5. Stay sensitive to her low energy



What Can I Do? 11 Lessons...

6. Keep it simple. Repeat things. Give her reminders. Emphasize one strength.
7. Break big goals into small ones.
8. Praise them.
9. Expectations low...optimism high.
10. Invest in the mother, not her progress.
11. Take care of you! Nurture the nurturer

A Mother is Depressed... What to Do?

- **Red** Alert
- **Orange** Alert
- **Green** Alert
- Always talk to your mental health resource person
- *Depression is treatable*

Other Resources

- Family Connections – materials on working with depressed parents:
ECLKC <http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/Mental%20Health/Resources%200&%20Support%20for%20Families/Parental%20Depression/FamilyConnection.htm>
- CSEFEL – Center on the Social and Emotional Foundations for Early Learning: vanderbilt.edu/csefel
- Bright Moments curriculum (coming soon)
- Partners for a Healthy Baby curriculum (home visiting curriculum)
- ZERO TO THREE – many resources for staff and parents
- Georgetown Center for Child and Human Development

Questions????

