

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's
Webinar**

“Addressing Parental Depression Through Home Visiting”

February 26, 2013

3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Presentation by:

**William Beardslee, M.D.
Darius Tandon, PhD
James Paulson, PhD**

Operator: Good day everyone. Welcome to today's ZERO TO THREE Addressing Parental Depression through Home Visiting conference call.

Today's conference is being recorded.

At this time I'd like to turn the call over to Ms. Cathy Bodkin. Please go ahead ma'am.

Cathy Bodkin: Hello everyone. Welcome to the MIECHV TACC webinar on Addressing Parental Depression Through Home Visiting.

My name is Cathy Bodkin. I'm a Technical Assistant with the MIECHV TACC at ZERO TO THREE.

And we will be examining today parental depression, a topic I know that many of you are familiar with in your home visiting programs and considering your benchmarks.

We hope that the expert panel today will be presenting new information to you about this important aspect of home visiting services.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

I have a few housekeeping details to go over before I introduce the panel.

Your phone lines will stay muted throughout the duration of the webinar. For optimal sound quality we encourage you to call in via the phone line versus listening in on your computer speakers. If you choose to listen through your computer speakers please drop down the number on the screen so that you can have it - if you want to improve your sound quality.

In addition to the webinar we have designed it for it to be interactive. At different points you will have the opportunity to participate in some polls. In addition, we invite you to share your thoughts and questions via chat throughout the webinar, not just when we specifically ask you to participate.

The chat box is located in the lower left hand corner of the webinar window just to the left of the PowerPoint slides. To post your comments in the chat box you will type your post into the text field at the bottom of the chat area, see Item Number 1 on your screen.

Be sure to click the arrow in the chat box or hit the Return Enter button in your keyboard to ensure that everyone can see your post.

Only public chat is available on this webinar.

If you are registered for the webinar by this morning you should have received the PowerPoint slides via email. If you have not received them yet, do not despair. They will be sent out to all attendees after the webinar, as well.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

If you did not register as an individual and are viewing with a group please enter your email address in the chat section now so that we can add you to the feedback list.

Our goals for the webinar are to update the grantee's knowledge on the research on parental depression, to increase knowledge about integrating recent research findings and national policies into home visiting services in the community, to increase awareness of the new partnership opportunities with medical providers related to parental depression that may be possible through healthcare reform, to identify key elements of cognitive behavioral approaches, to improving management among pregnant and recently delivered women, and to increase understanding of family and child developmental consequences and screening options for parental depression during pregnancy and early childhood.

And now I would like to introduce Jesse Buerlein who's been one of the leaders in developing the MIECHV grant process. Jesse is a Public Health Analyst with the Policy and Planning Coordination branch of the Division of Home Visiting and Early Childhood Systems at MCHB at HRSA; Jesse, thank you for being here today.

Jesse Buerlein: Thank you Cathy. Greetings everyone, my name is Jesse Buerlein and I'm a Public Health Analyst with HRSA's Division of Home Visiting and Early Childhood Systems. I want to welcome all of you to today's webinar.

We know that parental depression places millions of children at risk in the U.S. each day. Parental depression has been shown to have significant negative impacts on parenting, on child development and on the maternal life course.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

At the same time home visiting programs are some of the earliest opportunities for at-risk parents to be identified by home visitors and they provide a mechanism for these parents to gain access to mental health and other social services.

States are applying truly innovative approaches to addressing parental depression and mental health such as Kentucky's MIECHV Program which provides in-home cognitive behavioral therapy for first time or multi-gravida mothers. We really believe that home visiting programs can be effective tools in addressing parent's mental health needs.

We're very grateful for the expertise present on today's webinar and we want to thank all of you for your participation.

Thank you.

Cathy Bodkin: Thank you Jesse. Now I would like to introduce all three of today's presenters.

First we have Dr. William Beardslee who directs the Baer Prevention Initiative at Boston Children's Hospital. And is the Gardner-Monks Professor of Child Psychiatry at Harvard Medical School.

For more than three decades he has worked on developing and evaluating preventive interventions for - sorry, for families facing parental depression related and related adversities. His programs have been widely used in Head Start and Early Head Start as well as in various medical and mental health settings.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Next we have Dr. Darius Tandon who is an Associate Professor at the John Hopkins School of Medicine. He has done considerable work with home visiting programs including collaboration to promote better recognition and response to maternal depression through screening, referral and intervention approaches.

Currently Dr. Tandon is working locally and nationally to integrate mood management approaches into home visiting programs through different modalities.

And, our third speaker will be Dr. James Paulson who is an Associate Professor at Old Dominion University in the Department of Psychology. His research focuses on distress and depression in families during pregnancy and in early parenthood with a particular emphasis on how early depression disrupts family well-being and child development.

But before we start with Dr. Beardslee we want to do a poll to hear your thoughts and experiences.

And the question we have is, what is the source of funding for mental health treatment services for the parents in the families enrolled in your program?

If you have the choice of Medicaid, you would click on the A button, grant funds, state funded mental health clinics, parent self-pay or if there's another option you can even type that into the chat section because we'll be able to retrieve it from there.

But if you can click in your responses, and we can see the poll as its building, largest funder seems to be Medicaid at this point with maybe a secondary parent self-pay. It kind of varies maybe by region.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Okay, thank you very much.

Now I'm going to pass the conference over to Dr. Beardslee.

Dr. William Beardslee: Well thank you. It's a great pleasure to be able to present and I admire the work of home visitors a great deal and I've learned a great deal from home visiting programs.

By way of background I'm a Child Psychiatrist who's been at work developing and implementing preventive options for parental depression for several decades including the development of one for older children, Family Talk that enables the family to actually have a conversation and a program used widely at Head Start Family Connections which is really a teacher empowerment and education program about parental diversities and how to deal with them.

Most recently, and the subject of what I'll talk about today, I served on an Institute of Medicine Committee which reviewed all of the evidence about parental depression, what we know about it and I've worked with the Urban Institute on an exploration of the opportunities for depression intervention in home visiting and in new opportunities under the Affordable Care Act.

To summarize the IOM Report briefly, unrecognized and untreated parental depression causes great difficulty both for parents and families. But the good news is that depression in adults and depression in parents who are adults is one of the most treatable of the major mental illnesses.

And we have very promising preventive interventions some of which are directly relevant to the kinds of families you work with in in-home visiting programs in particular preventive interventions that focus on strengthening the parent.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Just to summarize the current evidence about treatment a variety of safe and effective treatment exists for treating adults, cognitive behavior approaches, interpersonal approaches and medication all work and in many trials work equally well. A variety of strategies to deliver these treatments exist in a wide range of settings. Almost no studies in the treatment literature report whether adults are - whether the adults are treated are parents or whether treatment affects children.

And that's a very common theme in the literature that people simply have not paid attention to people as parents. In our own work we say people are parents first and only people with depression second.

I think there's good evidence that when individuals have choice they do better. And the treatment should meet the criteria of being flexible, efficient, inexpensive and accessible to the participants in a wide variety of community and clinical settings. We certainly strongly endorse the awareness and the use of strategies to deal with parental depression in home visiting.

In terms of preventive interventions they generally have three components. Getting treatment for the parents if they're acutely depressed, providing help with parenting and using a two generational approach. Some also directly involve children.

Just two examples, Bruce Compas developed an elegant intervention using four family groups. Some sessions with the children alone, some sessions with the parents alone and some together aimed at skill building and coping skill enhancement was able to show that these dimensions changed and at 24 months showed that there were fewer cases of depression in the children who received intervention.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Our Family Talk intervention also featured in this report is a cognitive psychoeducational strength-based family intervention designed to be widely used. It's a public health approach. It enables the family to have a conversation about depression and how to overcome it by moving through six sessions taking a history, doing psychoeducation, seeing the kids, sitting with the family until they're ready - the parents until they're ready to hold a family meeting. Then holding a family meeting and then following up. This has been widely used in countrywide programs in Europe and Central America.

We then also look at promising programs for younger children. And one of them that we thought was truly outstanding was the mother and babies intervention developed by Ricardo Munoz but Deb Perry and Darius will be talking about that later today and they've done amazing work with that intervention.

And then I've been working with the Urban Institute. This is some of my colleagues. A three year study of the best ways to try to help depressed low-income women who have young children and that led to a series of briefs including a brief on home visiting and depression which I think you have in your resource materials.

The last two years we've been working with policymakers in DC looking for ways to try to enhance and strengthen ways to recognize depressed mothers and young children in programs such as WIC or Head Start or various health programs.

And the focus on maternal depression was chosen because it's widespread among low-income mothers. There's strong evidence of that clinical treatment and yet very few low-income mothers even those with severe depression receive treatment.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And it's interesting that both in the IOM Report and in this work we did for the Urban Institute we couldn't find data that answered the questions we need.

So we did our own analysis of existing data sets. This is from the early childhood study, shows that a severe depression, severe current depression about 7% of all mothers or all mothers with young babies and in poverty about 11%.

And if we go to all types of depression, severe symptoms, less severe forms of depression it's as high as 40% and in poverty as high as 50%. So this is truly an endemic condition.

When we talk to the mothers in a series of site visits, one to Greensboro, North Carolina, one to Humboldt Park in Chicago, one to Cleveland about their views about getting treatment they believe that depression is widespread. Many mothers would advise a depressed friend to seek help. And mothers have no consensus on a single source of formal or informal help. Mothers worry about protective services confidentiality and medication, being put on medication, not having control of their lives and certainly worried about protective service.

Partners and family members may be supportive or may hold mothers back from seeking help. Trauma, loss and stress are part of the context for mother's depression in low-income communities.

And then when we tried to reflect both with the mothers and with policymakers about what it takes to improve services for young children and you all already delivered many of these services but identify depression and talk to mother about its implications and treatment.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Connect to, support and provide high quality treatment.

Are skilled mental health services available?

Attend to young children's development as well as mother's treatment and offer ongoing help.

In our own work we've had the most success by helping mothers see that they both help themselves and help their children when they get treatment and are able to function better.

Again, connecting to and supporting high quality treatment, develop effective referral and recruitment paths and keep fine tuning them. It's not useful to try to develop a long term referral pattern around a crisis, rather find sites that treat mothers with depression in your area and connecting them ahead of time, develop home-based mental health services which is a large part of what you do and have skilled mental health consultation and supervision to enable providers to handle depression and other difficult issues.

And then where are the key policy opportunities to help depressed mothers?

Medicaid CHIP policy improvements and home visiting with enhanced mental health services.

And I would only say that we live in a very exciting time because of the Affordable Care Act, which has a very strong emphasis on prevention, mental health prevention and physical health prevention.

And so it's a real opportunity. I would say as a practitioner working at the Children's Hospital in Boston, it's not been hard to get treatment for a very poor infant for medical services. It's proved

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

impossible until recently. Not so much in Massachusetts but elsewhere to get treatment for a depressed mother.

And that will change after the Affordable Care Act. So Medicaid's potential role, the major source of insurance coverage for low-income mothers, comprehensive coverage for mental health services is a part.

And under the Affordable Care Act, ACA, expanded continuous coverage for low-income mother, mandated coverage of preventive services including depression screening, integrated care initiatives and what's this mean is that there will be new access for parents.

There are 4.7 million uninsured parents potentially eligible for Medicaid just under half are currently eligible to uninsured.

And the ACA connection to home visiting will depend on each state's decision in this sense. Just like all politics are local, all health care is local. And it'll depend a lot on how the states organize the resources.

The Affordable Care Act opens new doors, coverage for parents and others crucial in children's lives. Children do better when parents have health and mental health care. Adults have access to preconception services and also most likely when childcare workers have healthcare and other family members including noncustodial parents have access to healthcare.

And I'll emphasize that there is the healthcare aspect that's important when people need healthcare but there's also much more of a sense of security in the future when you have health insurance and so you're protected against unforeseen future difficulties.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So we're quite hopeful that this will work fine.

Now under treatment under Medicaid could be cost neutral or cost savings because of reduced depression can increase employment. Early treatment can avoid serious depressive episodes. Treating a mother's depression can reduce physical and mental health problems and screening is an issue that has received a lot of attention in Massachusetts we have mandatory screening.

The Affordable Care Act - I'm sorry. The U.S. Preventive Services Task Force has recommended that all adults be screened once a year for depression. There are various methods being tested and used in real world settings.

And in terms of our recommendation from the Institute of Medicine screening should be used only when access to treatment is good. For you home visitors who are working in many different states you should follow with fidelity the protocols established by the evidence-based home visiting model in screening and making referrals for treatment. That'll vary from state to state.

And then emerging integrated care initiative, so in addition to providing insurance coverage there are various vehicles that we think will enhance coverage for families and offer important opportunities. Accountable Care Organizations, patient-centered medical homes, many of us have said instead of patient-centered medical homes we need family-centered medical homes that take care of families, health homes, and Medicaid managed care with carve-ins or carve-outs for behavioral health.

So thank you very much for listening. I tried to provide a broad overview. Our other presenters who are terrific will provide more detail as will Deb Perry as a discussant.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

You can contact me directly. I work with Head Start which involves short papers to parents and teachers; training's for staff.

And a series of programs about reading books about complicated emotional materials called Tell Me a Story are all available on our web site, www.childrenshospital.org/familyconnections.

We have a lot of materials and a lot of work of our collaborators and web-based training in Family Talk at famtalk.org. And I've provided the reference to the Depression in Parents, Parenting and Children Report from the Institute of Medicine.

Again, it's an honor to be able to present to you. This is a crucially important topic. And thank you very much for listening.

Cathy Bodkin: Thank you Dr. Beardslee. You've given us a lot to think about.

And at this time we're going to be taking questions. If you have questions that you'd like to ask Dr. Beardslee we have a couple minutes now to directly ask him. We'll have questions after each of the presenters and then also at the end but if you type in your questions in chat.

And now I'm going to introduce Maria Gehl who is the Assistant Director for the MIECHV TACC Project. And Maria is going to present some questions.

Maria.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Maria Gehl: Hi. Welcome everyone and thank you Dr. Beardslee. That was a really interesting presentation.

And at this time we don't have a lot of questions but we did have one come in just asking if you could describe a little bit more about what carving-in and carving-out means in reference to the Medicaid Managed Care.

Dr. William Beardslee: Sure. And I think that, you know, and I recognize that you all may not be a policy audience.

But I think you should be concerned about policies because policies are changing and it will change things a great deal on the ground.

Carve-in and carve-out refers to whether mental health benefits are part of the basic package and administered in the same way as every other health benefit so that in a Community Health Center there might be a Mental Health Department that was right onsite and providing services.

And that might be integrated into the insurance products. That would be carve-in.

Carve-out refers to a separate management of mental health services by a separate corporation. In Massachusetts we have a separate Behavioral Health Corporation that manages the mental health dollars under Medicaid as opposed to the way the general health dollars are managed so we're moving away from carve-out and towards integrated services which in general I think work better.

Maria Gehl: Thank you for that clarification. That makes sense.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

We did have another question come in and that is if you have any recommendations or thoughts about how to ensure that the mental health consultation that might be provided for home visitors could be most effective.

Dr. William Beardslee: Well I mean Deb Perry has done a lot of work with mental health consultation. We did a lot of work when we were doing the family connections part.

And I think that the two things that are most important are that home visitors have ready and easy access to mental health consultation when they need it.

So that if they encounter - if you all encounter a difficult situation at home you can get some help whether it's from a supervisor or from a mental health consultant. And that you also have regularly scheduled meetings to talk about issues in general such as parental depression or what kinds of - what's normative development across the first year of life, what are the challenges for mothers in general, what are the challenges for mothers when they're alone and so on and so forth.

I think I very much subscribe to the view that mental health and physical health are inseparable. And the good mental health and good physical health go hand-in-hand. So that I think mental health consultation should be integrated fully into the full array of services that home visitors offer.

Maria Gehl: Thank you. And I think we have time for one more question that just came in about working with undocumented Spanish speaking clients and that they do not qualify for Medicaid so they may not be able to have access to mental healthcare.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Could you have any recommendations for what to do in that situation?

Dr. William Beardslee: Well, I mean I think that this is not a systematic answer. But my experience is that there's great variation among practitioners and among states as to how this issue is handled.

And that in many settings it's possible to find practitioners who will treat undocumented folks and the best thing to do is to try to find out about that and line it up ahead of time in order to be as clear as possible.

I would also say not providing an immediate answer to the question but from a public health point of view we ought to be providing coverage for all. And we ought to figure out as a society how we can do that in a fair and open way.

But from a public health point of view the only solutions that work are coverage for all so that I hope in the long run this particular difficulty will disappear because we'll figure out how to provide coverage for all.

Maria Gehl: Thank you doctor.

Dr. William Beardslee: Again emphasize that I'm not an expert. That I'm sure many of you on the phone have very good ideas and many experiences about how to answer it. I simply give you that answer because it's what I believe.

Cathy Bodkin: Well, thank you Dr. Beardslee. I think that will give a lot of people support for what they also are doing.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Before we have Dr. Tandon share about his work we would like to have another poll with you all.

And the question is, when a parent screens positive for depression where does your program refer parents for follow-up treatment?

This follows up on Dr. Beardslee's last comment. And A, click A if it's support group; B, OBs, it's family physician or pediatrician; C for mental health therapist; D for emergency department; or if it's an other if you could also share with us. Type that into the chat as well as clicking.

So we have most people are saying a mental health therapist at this point. We'll give another couple seconds for you to click in your answers.

Okay. Large number also going to OB, family physician or pediatrician so thank you very much for your responses to that.

And now I'd like to pass the webinar over to Dr. Tandon. Dr. Tandon?

Dr. Darius Tandon: Thank you so much, really delighted to be part of this webinar today. And also excited to have so many folks join in on the webinar, I think we all know that this is a really important topic around addressing depression among clients or by home visiting programs.

I'm going to talk today about intervention work that we've been doing in Baltimore City and I'll expand and beyond Baltimore City.

And our focus is really around prevention of postpartum depression. And I should point out first to sort of set the context, you know, there have been a number of randomized control trials in the

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

preventing postpartum depression. And these interventions use different theoretical frameworks, cognitive behavioral therapy, interpersonal psychotherapy, psychoeducation.

Very quickly cognitive behavioral therapy or CBT is really characterized by three distinct components. The first being increasing pleasant activities; the second around changing one's thought patterns, the third around altering one's relationships or contact with other people.

Interpersonal psychotherapy is really characterized around the idea that improving communication patterns and the way that people relate to one another can prevent and treat depression.

And psychoeducation is really focused on educating individuals about psychoeducational processes. So for example at the same time individuals might be receiving skills on how to improve their need by changing thought patterns and CBT they're also educated on the relationship between thoughts and one's mood.

The interventions that have been done prior to about a year and a half ago really have not focused on doing interventional work in the context of home visitation and our Research Team has really taken some preventive intervention work and tried to integrate it into home visitation programs.

And the intervention that we are using was referenced by Dr. Beardslee in his presentation and it's called the Mothers and Babies Course. And excuse my Spanish pronunciation Mamás y Bebés.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So Mothers and Babies was developed in San Francisco by Ricardo Munoz. There was a randomized trial in San Francisco done in the context of OB/GYN Clinics that saw a decrease in the number of cases of new clinical depression. It was then replicated in Washington, D.C. It was done by an eight week intervention in Prenatal Care Clinics and again encouraging findings in terms of decreased reports of moderate depressive symptoms.

And most recently we've taken the Mothers and Babies Curriculum and used it in the context of home visiting programs in Baltimore City.

We recently completed a randomized control trial in the context of 400 different programs in Baltimore City. And we found fewer cases, fewer new cases of clinical depression, a reduction in depressive symptoms and an increase in mood regulation.

And I should also point out in addition to these really important mental health outcomes we found that there's excellent attendance at the intervention sessions and also excellent participant ratings giving us positive feedback about the intervention.

What I want to do is spend a good chunk of time today talking about the structure of the Baltimore, what we're calling the Baltimore version of the Mothers and Babies Course.

And the Baltimore version is based on principles of cognitive behavioral therapy. It incorporates some IPT concepts and it's also psychoeducational in nature.

As we were doing the work in Baltimore we were really focusing on prevention of postpartum depression. So we recruited women who were at risk for developing clinical depression.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

I will say and this is the bottom bullet point here that we do feel that the material can be relevant for all home visiting clients regardless of where they are on the depression continuum.

So the structure of the Baltimore version of the Mothers and Babies Course, it's a six-week group intervention. Each group lasts two hours. And there are three modules that comprise the intervention. And these modules map onto the core components of cognitive behavioral therapy or CBT that I mentioned a second ago. Pleasant activities, thoughts, support from others.

And these six group sessions are led or at least they were led in our randomized trial by licensed mental health clinicians, clinical social workers or clinical psychologists.

And the bottom bullet point is a really important point. And one of the reasons that we really thought home visiting is a promising setting for doing intervention work. So in addition to doing the six weekly group intervention sessions between the group sessions we had home visitors who are working with intervention clients, conduct individual reinforcement of key concepts.

And additionally one of the key aspects of cognitive behavioral approaches is the idea of homework between therapy sessions. Now we didn't call it homework in Baltimore. We called them personal projects.

But the idea was that home visitors could reinforce key material and also encourage the completion of personal projects between intervention sessions.

So let me talk about the three main modules, "Pleasant Activities," "Thoughts" and "Contact With Others." To give you a flavor of what is in the curriculum.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So starting with pleasant activities, the major point here is that what we do affects how we think and how you feel about yourself, others and the world around you.

I'm not going to read these bottom points in a lot of detail. But the point here is when you do pleasant activities individuals are often going to feel happier. You're more likely to have positive thoughts and are more likely to have positive contacts with other people.

The curriculum that we use has a number of different activities that are used to try to reinforce, you know, key points.

And what I want to do is to give you - to share a couple activities from the pleasant activities module so that you can get a feel for some of the material and the curriculum.

So one activity that we have clients do is to brainstorm pleasant activities that they enjoy doing. So women are encouraged to brainstorm a variety of pleasant activities including pleasant activities that require much time. Pleasant activities that don't require much money and also pleasant activities that they like doing by themselves as well as pleasant activities that they enjoy doing with their child or with their children.

And it's really important to get folks to brainstorm pleasant activities like I said that may not require much time, may not require, you know, financial resources because even small things like going for a walk, taking a hot shower, reading scripture. And these are things that can be very enjoyable and can positively influence one's mood.

Another activity that we have folks do related to pleasant activities is to identify obstacles that may get in the way of you being able to complete pleasant activities.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And once you've identified obstacles to doing pleasant activities and one of the common obstacles is well I don't have enough time or I'm taking care of a household full of children, you know, when am I able to actually complete these pleasant activities?

One of the things that we do in the curriculum is we try to help individuals schedule a time to successfully complete one or more pleasant activities. And so one of the personal projects we had clients do is that ask them to schedule one or two pleasant activities at a time during the week where they do not have those obstacles, do not have those barriers.

So for example Wednesday evening grandma might come over and is able to take care of the children. So that might be a time that mom would be able to do that pleasant activity for herself.

The next module has to do with thoughts and the major point here is how we think affects the way we feel. Our body, our physiology and what we do.

A major point here is although it may seem difficult, it's possible to change the way we think. And a key aspect of changing thought patterns is to be able to identify and understand our own thoughts and thought patterns.

So here, not going into a lot of detail, one of the main activities that we engage in is trying to get folks to understand common harmful thought patterns.

So for example let's take the second example in front of these, overgeneralization. So this could be something like one bad thing happened to my child. My child fell down, scraped his knee. And the overgeneralization is my child fell down, I'm a terrible mother.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So we want folks to understand that, you know, these are harmful thought patterns that are probably going to adversely affect one's mood. But in addition to identifying these harmful thought patterns we also want to convey different strategies that can be used to change these harmful thought patterns.

So some examples are things like thought interruption, worry time, time projection, self-instruction; I don't have time to go into all of these in detail. Give you one example, thought interruption. This is, you know, being able to catch oneself having harmful thoughts and actually interrupting that harmful thought pattern before it negatively affects your mood.

And a key point here is we want to equip participants with an array of different strategies. So we know that not all of these strategies are going to be useful for everyone. And we really encourage during the intervention clients trying out different strategies and checking back in with the group when they come back the following week to see how their strategies worked for them.

And then finally the third module has to do with support from others. And the main point here is the stronger your support system is the better prepared you are to face difficult situations.

And we emphasize that the relationship between depression and contact with others is reciprocal.

So a couple exercises related to contact with others, first, has to do with identifying different people who provide support. So we want to, you know, focus on expanding one's conceptualization of who can be helpful. A lot of our clients will identify one or two best friends as being, you know, the people that they go to for everything.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So we, you know, we sort of pose the question to group members, well what happens if that best friend goes out of town or is sick, you know, then who are you left with, you know, to provide support?

And so we want folks to think about well, you know, maybe the neighbor across the street is not somebody that I'm really friendly with but it certainly somebody who could provide, you know, me and my child a ride to the doctors if something were to come up.

We also focus in the contact with others module on developing effective communication approaches to ask for support. So we want folks to understand how communication styles can affect one's mood and also promote in an assertive communication style instead of a passive communication style which may not get your needs met and similarly an aggressive communication style may not get your needs met.

One of the key activities that we do throughout the six week curriculum is something that we call the quick mood scale. It's done at every session. And it's intended to track one's mood over the course of a week.

And we really try to link the Mothers and Babies material to one's mood using this quick mood scale.

So this is sort of a crude example of what the mood scale looks like. You see on the top the days of the week and you see on the left hand column going from best mood to worse mood. And at the bottom you see where that says number of pleasant activities.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So let me flip to the next slide and you can see in red an example of the filled out quick mood scale. And so you see some differences in how one rates his or her mood over the course of the week.

And at the bottom you see number of pleasant activities.

So just, you know, quickly jumping to Sunday, the far right. You know somebody rated their mood as a 7 so a little bit higher than average.

And if you look at the bottom they say hey, you know, I did a number of pleasant activities.

And so one of the things that would be done during the group sessions would be to make that connection between how one is feeling and the number of pleasant activities that you did on that day.

I want to just end briefly with a couple slides talking about some of the next steps for the work that we're doing in Baltimore City. We've been fortunate to get a grant from the National Institute of Mental Health, develop an integrated model of perinatal depression care for home visiting programs that incorporate screening for psychosocial risks, continuing our Mothers and Babies Course but also working to build treatment into the work that home visiting programs are doing.

And part of that is training community mental health providers on delivering evidence-based cognitive behavioral approaches.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And we also in this project have a focus on intimate partner violence and substance abuse and enhancing the monitoring - excuse me, enhancing the monitoring of clients referred for psychosocial risks.

And we also have a couple next steps related to the Mothers and Babies Course. One of them is very exciting in that it's starting in really in about a week or so where we have home visitors that have been trained as the interventionist.

So I mentioned as I was describing the Mothers and Babies Course that we initially in our randomized trial used trained mental health clinicians. Well we believe that home visitors with appropriate training and supervision can effectively lead groups and can generate similar outcomes to groups that are led by mental health professionals.

And we actually think that this may be a more cost effective model moving forward as home visiting programs are interested in implementing the Mothers and Babies Course.

And I should say that we are looking for sites nationally to partner with us as we expand in this work. My email address is on the last slide.

Another next step for us is to also use the Mothers and Babies Course but instead of delivering it via a group modality, to deliver it in a one-on-one approach.

So we've heard that not all home visiting programs are going to have the ability or interest in running groups and so what we've done is we've translated the instructor manual into 24 approximately 15 minute sessions.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And the idea is that home visitors can integrate these sessions into their regular home visits or a supplemental visits. But again we'd be delighted to work with any of you if you are interested in partnering with us.

So thanks so much for listening to a lot of material. As you can tell we're very excited about the intervention work that we're doing and I welcome any questions.

Cathy Bodkin: Thank you Dr. Tandon. And you have given us a lot to think about.

And we're going to pause for a moment now for some questions for Dr. Tandon. If you can type those into the chat box and I'll turn it over to Maria.

Maria Gehl: Sure. Well we have had a couple of questions already that are sort of maybe a little more specific although you did cover a little bit of this in your last couple of slides.

One is related to a group of - a team that has a variety of practitioners, so folks from many disciplines, OTs, PTs, nurses, teachers and social workers. And wondering what are the qualifications for implementation and if you can just give any more information about what it would be - what it would take to become qualified to use this...

Dr. Darius Tandon: Sure.

Maria Gehl: ...curriculum.

Dr. Darius Tandon: Sure. So we, you know, we believe, I want to say we and myself and my colleagues who've been doing this work, you know, we firmly believe that there are a variety of folks who can

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

effectively lead the Mothers and Babies Group. So it does not have to be mental health clinicians as I mentioned. We're having home visitors trained to be group leaders.

So I would say that a variety of folks, nurses, social workers, paraprofessionals, could lead these groups. I think the essential point that I would make here is we do provide training for anybody who will be interested in being group leaders and ongoing supervision as you are starting to pilot the groups in your setting.

So I think, you know, if you're interested, you know, please contact me and we can talk about what that training and supervision would look like. But I don't feel that there are any sort of specific qualifications that would include or exclude folks from being the facilitators.

Maria Gehl: Great. And there was a question if you have talked to or been working with any of the national models around integrating this in a larger way.

Dr. Darius Tandon: Good question. We have not been talking to model developers about this. I can tell you that in Baltimore when we did the randomized trial we did this with both professional and paraprofessional models. So, you know, we have some evidence from our randomized trial that this works well in a variety of different models.

But it's a great question and I think something that we need to think about doing, you know, as we're interested in growing this intervention.

Maria Gehl: And there is a question.

Cathy Bodkin: Okay.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Maria Gehl: Are we...?

Cathy Bodkin: You have another question Maria?

Maria Gehl: I do have one more.

Cathy Bodkin: Okay.

Maria Gehl: A question about whether this training is really specific to mothers of young children or is it really generalizable to a larger population of parents maybe with children who are older?

Dr. Darius Tandon: Yes, that's a great question. So the Mothers and Babies material was really developed from the evidence-based material around prevention and treatment of depression, not necessarily in perinatal population. So the skills, the concepts that you're going to find in Mothers and Babies are transferrable to folks, you know, across the lifespan.

That said, you know, the examples in the curriculum are very much focused on pregnancy and the immediate postpartum period. So, you know, in that sense it is situated on a particular, you know, point in time. But the actual skills or concepts are things that are definitely transferrable.

Cathy Bodkin: Thank you very much Dr. Tandon and Maria.

Now we are very fortunate today to have an extra special additional speaker, Dr. Deborah Perry, an Associate Professor at Georgetown University Center for Child and Human Development.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Some of you may have encountered her in the process of her research and evaluation projects with a variety of programs across the country.

She's currently the Project Director of a Head Start Funded Center for Early Childhood Mental Health Consultation and the co-Principal Investigator on a statewide evaluation of mental health consultation to child care in Maryland.

She is also the Evaluation Consultant for the DC Department of Mental Health for their ECMHC Project.

And Dr. Perry's research focuses on community-based participatory approaches to designing and testing preventive interventions for young children and their caregivers.

She's authored numerous peer reviewed articles and translational publications and has given more than 15 national training's and presentations and lectures on a variety of maternal and child health and early child development topics.

Dr. Perry has a Ph.D. in Maternal Child Health from John Hopkins and a Master's Degree in Psychology.

We invited her to provide additional information about research findings. We heard both Dr. Tandon and Dr. Beardslee reference her and perhaps some comments related to mental health initiatives connected to early childhood and home visiting.

Dr. Perry?

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Dr. Deborah Perry: Thank you so much. It's a special pleasure to be part of this esteemed group of colleagues and also really having such a terrific audience of folks who are on the ground doing this work every day. I think you are why we are doing what we're doing is we're really trying to translate good research into practical applications.

And I think you could really hear a lot of what Dr. Beardslee has been doing over many decades and also my colleague Darius Tandon and I have been working on over the last short term.

So I wanted to just pick up. I know we also have Dr. Paulson who's going to be giving a presentation following me so I want to make sure there's ample time to hear about the work that's been going on with fathers. I think that's really an important sort of next generation of interventions that we're all concerned about.

I just want to pick up on a couple of things that both Dr. Beardslee and Dr. Tandon referred to and were in some of the questions in the chat box. So thank you guys for continuing to do that.

In terms of the Mothers and Babies work, I would like to kind of underscore what Dr. Tandon said is that we really have throughout our work and I just want to also acknowledge the important role that Dr. Mimi Le at George Washington University has played. She, with Ricardo Munoz, was really the person who translated that early prevention work into the perinatal specific population that Darius was mentioning.

And with Mimi she and I did the first study in Washington, D.C. where we were embedding this intervention into prenatal care. We've just finished some work here in DC where we've embedded the preventive intervention, the Mothers and Babies Course, into WIC.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And in each of these different iterations we really tried to figure out who the right combination of facilitators for these groups are. And so I think, you know, the work in home visiting as well as some work we just recently done in WIC suggests that you don't need to have a licensed mental health professional leading those groups.

I think that's really important because we're really talking about prevention. And I want to pick up on a comment that was actually made by Angela Harrison in the chat box that said, you know, in response to the question who do you refer your mothers who screen positive to. And she said it really depends on the severity of the depression.

And I think what we're realizing in our work is that many, many as much as Dr. Beardslee said, half of low-income moms, many of the women who you're serving in home visiting are at heightened risk for depression at some point. Many of them are experiencing a lot of depressive symptoms.

But not all of them are going to be either ready or eligible for treatment. And I think one of the challenges we have in this country is that our public mental health system has really been serving the most seriously chronically mentally-ill folks for a long time.

And so trying to figure out who we refer to treatment and who could benefit from these more structured preventive interventions I think is a really important question that you all are grappling with every day.

And I think one of the things that we used in some recent work in DC was we had folks using a screening tool called the PHQ9, so the Patient Health Questionnaire 9-item version. And what that allows folks to do is kind of a staged screening process.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

So the PHQ2 is just two questions. And that kind of helps you get a sense of is somebody having important symptoms right now.

And then we had folks follow-up and if they screened positive on the PHQ2 using the PHQ9 to figure out that range of severity of the depression.

So only the families, only the moms who really scored at the highest end of that screening tool did we refer for treatment. And then the ones who were at moderate risk or having moderate symptoms but not yet maybe meeting clinical criteria were eligible to get the Mothers and Babies Groups.

And so I think this idea of really trying to figure out who is in need of a referral for mental health treatment because you need to have a diagnosis and our system is still very diagnosis driven and then who might benefit from this more structured support is an important thing that home visiting programs are struggling with.

And I guess the last thing I just wanted to mention picks up on something that Dr. Beardslee was talking about which is sort of having mental health consultants as an ongoing component in home visiting programs.

And one of my roles is that I have the good fortune to provide technical assistance to a Substance Abuse and Mental Health Services Administration, SAMHSA funded effort called Project Launch.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And I'm hoping that a number of you who have Project Launch Grants in your state know about Project Launch. But very quickly it's an effort that's really trying to build comprehensive systems for mental health promotion and prevention for pregnant women and children up through age 8.

And a lot of what we're seeing in those Project Launch sites is the addition of a mental health consultant into embedding those folks into home visiting programs providing the kind of support that Dr. Beardslee was talking about whether it's being part of ongoing reflective supervision, providing support to staff who are needing support around working with very, very high risk families, providing sort of family specific case consultation and in some versions of this even going alongside a home visitor to help address mental health, substance abuse or domestic violence concerns, helping with building some of those motivational interviewing skills that we think can help get clients sort of more ready to accept treatment.

And I think those mental health consultation models are a real innovation that a lot of you might want to take a look at and again I'd be happy to provide some more details about what that looks like at some of the Project Launch sites right now.

So I'm going to stop right there and I'm happy to take some questions if we want or to transition to Dr. Paulson and then we can have questions at the end.

Also I'm going to put in the chat box a link to the URL where you can see the full intervention manuals. We have both a six week and an eight week version. We have them in Spanish and English and we have instructors and participants manuals. And so you can get a better sense about whether this might be a good fit.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Again let us know if you're interested in doing some partnering because we have a lot of different efforts underway.

Cathy Bodkin: Thank you so much Dr. Perry. That was very helpful and I imagine there'll be a number of people who'll be wanting to check out that web link that you're going to type into the chat room.

We're going to proceed now to Dr. Paulson after we do a polling question.

But any questions you have for Dr. Perry or Dr. Beardslee or Dr. Tandon please put them in the chat. We will see that all the questions are answered. We'll get the answers back to you.

But we need to move now to the next slide. And thank you again Dr. Perry.

If you have encountered barrier screening fathers which would be the most frequent one?

And you can click A, for lack of availability of the father, the father's lack of trust or is concerned as being labeled as a problem, the mother's request that he not be involved or screened, the home visitor's uncertainty or discomfort with screening fathers or if there's some other answer.

And if you can click on one of the answers in the box with A, B, C, D or E, you can also then put your answer into the chat room.

And it looks like the top one at this point is looking more along the line of the lack of availability on home visits.

And so at this point I'm going to turn the webinar over to Dr. Paulson.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Dr. James Paulson: Thank you Cathy. And thank you all for being here for this webinar. I feel really honored to be a part of this.

And what I'll be talking about today is a bit of a departure from what's been discussed so far. You know the topic of maternal depression is something that's arguably been recognized and understood. And we've been building knowledge on that for thousands of years if we go back to ancient Greece. You see mentions of maternal depression in the perinatal period.

So what I'll be talking about really is the new kid on the block. And this is an area where we're really still building our knowledge base and just starting to understand some of the dynamics, the statistics and the implications of perinatal depression in fathers.

So today what I hope you'll leave with is an understanding that perinatal depression is a problem that occurs in fathers across different context and in fact it affects many different types of fathers. That it disrupts parenting relationships and co-parenting. It affects the entire early family and affects child development and in fact some of the evidence that's building on this topic suggests that paternal depression, father depression may affect children, developing children in many of the same ways that maternal depression affects developing children.

And finally we'll end with a little bit of content on screening for depression in perinatal fathers and screening for depression in men generally which is an issue that may work a little bit differently than screening for depression in mothers or in women.

This is a topic that I've been doing work on for the last ten years or so. And I've gotten this question countless times.

The MIECHV TACC is funded under contract #HHS250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

And the question is asked this way. It's do fathers really get postpartum depression?

And I think that's an important question not because of the words in the question but because of the subtext. And the subtext often suggests that fathers shouldn't get postpartum depression or they're not allowed to or they're somehow bad or selfish by developing depressive symptoms around pregnancy or early parenthood.

And in fact a few years ago I was asked to speak at a Breastfeeding Conference. And I hadn't done much work looking at breastfeeding so I punched this into Google. And Google asked me this very same question when I punched paternal depression into Google. Google said did you - aren't you sure you meant - are you sure you didn't mean maternal depression?

So I think this is important because it reflects the collected at least search histories and available information out there on the Internet.

And in fact this I think should give everyone an idea of what challenges we have in trying to talk about this topic and trying to just understand more about how depression works in expecting and new fathers.

Now thinking about fathers across child development, we actually have some major gaps in the research literature. And looking at how fathers were viewed in child development research through the 1980s most studies really captured fathers in terms of how they worked as breadwinners.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

And when the scientific literature was reviewed by Michael Lamb and his book which was first published in the early 1980s his references section was just a few pages long compared to hundreds or maybe thousands of pages with child development focusing on mothers.

We've done a much better job in the last 20 years. There's been an increasing focus on fatherhood and an increasing body of evidence and research looking at fathers. And in fact there's a peer reviewed scientific journal devoted to fathering.

The literature still is uneven. And we still have a predominance of research that focuses on mothers alone from many very good reasons but what that leaves us with when we, you know, when we want to understand fathers or the complete family including the father is a bit of a gap and a bit of an imbalance.

Now this is important for a few reasons and this next slide demonstrates the changing labor force and the change in the labor force participation among mothers with young children.

And if you all take a look at that green line, what that reflects is that we've seen about a 25% increase in labor force participation since the 1970s. So there's a dramatic increase in mothers participating in the workforce. And we see changing balances of home versus work as a result of that.

So we see more fathers involved providing care. We see more attempts to balance caregiving duties. And we see more relatives and daycare and other arrangements being brought into the picture as a consequence of this.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Now focusing on fathers and depression, what we see when we look at the literature and this is something that I've done a lot of work looking at, is we see wide diversions in how depression has been measured in fathers around pregnancy and early parenthood. We see lots of different populations reported on and we've seen lots of different rates reported out.

And a colleague of mine, Sharnail Bazemore and I we published a meta-analytic review in 2010 to look at this and try to get a better idea of the magnitude of this problem.

And what we found, that second 2010 is incorrect but we found that 74% of all studies and that is part of the process of meta-analysis is we attempt to get all studies that have been published on a certain topic to provide information on a certain data point. But 74% were published since the year 2000 so not 2010 but 2000. So almost three-quarters of all literature on father depression has been published since 2000. And about 56% published since 2004.

So I mentioned earlier that this is an area of research that's in its infancy. It's an area of research and an area of considering applied practices. It's in infancy. We're still just developing our knowledge base on this topic.

Now most of the studies that reported on father depression didn't - weren't studies that were focused on fathers specifically. And in fact they just reported on father depression because fathers were measured along with other things that were looked at in the study.

So we're not even studying this in a consistent way. But we are learning some things that are turning out to be very important about this.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

In our review we included studies, 17 studies from the United States, 26 international so we have evidence from all over the developed world with this. We still don't have much information about this in the developing world.

But this combined sample included about 28,000 fathers all together who were between first pregnancy or between any pregnancy and the year postpartum.

And we found just as expected that the rates varied very widely from study to study but overall the average rate of depression across all these studies from pregnancy to one year postpartum was 10.4%. To put that into context the best point of comparison we have for adult males comes from the National Comorbidity Study which has the rate between 4% and 5%.

So we're looking at roughly double the rate of depression in perinatal fathers. And keep in mind that this includes all sorts of fathers from all sorts of different populations all over the world.

What's really interesting to me because I'm very interested in how this plays out in the early family is the association between maternal depression and paternal depression.

And what we saw when we looked at all of these studies that actually reported on the correlation between mom's depressive symptoms and dad's depressive symptoms every single one of those studies found a significant positive relationship. So in other words when one parent's depressive symptoms were increased so were the other parent's and I think that's important for understanding how this might play out in the family and that's giving us some information about how to proceed in looking at this in family context.

A few more other very important pieces of information, what we're learning about paternal depression, father depression, is that when it is present we see problems in co-parenting so we

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

see increased parenting stress in both parents. We see reduced co-parenting support so the father in particular is less supportive of the mother's co-parenting and we see declines in the parenting relationship so they - the parents have more trouble working together.

In terms of father parenting specifically when fathers are depressed they tend to have fewer positive interactions with their children. They decrease their involvement all together. So this is important particularly with fathers who don't live with their children. They tend to be less likely to be involved or they're involved in a more irregular basis.

Fathers who are depressed read to their children less which we know is very important for language development and school preparedness.

Fathers who are depressed detach from the nurturance role so they're less likely to comfort or soothe children who are hurt, who are sick or who were distressed for some reason.

And a really interesting study from 2011 which is published in pediatrics found that fathers who are depressed are more likely, actually much more likely to utilize harsh discipline. That includes yelling and it includes spanking.

Now what we're learning about child outcomes attached to father depression in early childhood as I mentioned earlier, mirrors a lot of what we've come to know about maternal depression; now some of the work that has been done in my lab identified poor expressive language among toddlers who have fathers who are depressed.

And some great work that comes out of Oxford with Paul Ramchandani's group has found that children of depressed fathers by the time they're 3 and a half years old already have more

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

identifiable emotional and behavioral problems and by age 7 they're more likely to receive a psychiatric diagnosis.

We know a little bit about depression in low-income fathers. We see much higher rates of depression in this group which I think very interestingly mirrors the rates of depression among low-income and women in poverty or mothers in poverty.

We see impairment occurring in multiple domains in low-income fathers so, you know, stretching from functioning in relationships to employment.

We see decreased involvement of low-income fathers with their children. And where fathers are not - whether fathers are in the home or not in the home, depression in fathers has an association with problems financially supporting the child. And this has been linked to problems with employment that come with depression and that's been long recognized.

Now among fathers who are nonresidential so fathers who don't live with mother and child, interestingly we've seen that depression also correlates between mother and father so mother's depressive symptoms and father's depressive symptoms are still correlated when they're not living together.

They have more - mother and father have more difficulty negotiating father's role as a parent. And partly as a consequence of this disruption in co-parenting and the negotiation that happens between moms and dads, we see reduced engagement of the father with the child. And that engagement and involvement stretches into financial support as well.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

Now to talk briefly about assessing depression in men, this is something that I think it bears mentioning that when we look to assess depression we're looking for a number of symptoms but two symptoms stand out as critical for diagnosing depression. We need to see either depressed mood and anhedonia or both.

Now anhedonia, this is the loss of the ability to experience pleasure and with that we often see disengagement and kind of a flatness. We can diagnose depression when that symptom is present and when depressed mood is not present. So we can actually diagnose depression when depressed mood is absent.

And this is important in the presentation of depression in men which might not include frank depressed mood or it might not include a stereotyped depiction of depressed mood.

We also know from some good research that's been done looking at men and diagnosis and screening of depression that men tend to underreport depression and they tend to deny symptoms more often than women. So men are much less likely to acknowledge depressive symptoms and it's not on this slide but men are also less likely to seek medical care for depression among many other medical conditions.

Some reports that suggested that men are more likely to display anger or irritability as prominent symptoms of depression whereas women are less likely to display those kinds of symptoms in their presentation.

Now in terms of assessing depression if you have access to a father it's important to ask about his wellbeing and how he's doing. And I think folks who are working in any capacity that is

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

concerned with mental health should feel comfortable asking this question to diverse groups of people.

And it is important to keep in mind that in research looking at less or more experienced diagnostic interviewers that less experienced interviewers do tend to miss milder depression, depression in older individuals and depression in men so men are - tend to be for many reasons, for the reasons that I mentioned and probably many others that have not been specified in research, men tend to be a trickier population to capture with assessment and with screening procedures.

Now I think it bears mentioning just briefly that we do have many general depression screeners, many of these are free and public access or public domain. And I would encourage their use because of their efficiency and their strong, generally their strong psychometric characteristics.

Evidence suggests that these scales work just as well in men as they do in women. And I'll mention briefly the Edinburgh Postnatal Depression Scale which is a very popular one in the early family and that this has actually been used in an adapted form with men so for programs that are using this scale there is an adaptation that makes this kind of easily usable and it's simply scored with a lower threshold when it's used in that population.

One more brief mention here because many fathers are difficult to capture, they're difficult to pull into a setting where mother and child might be interviewed, screened or provided some sort of service, and actually your poll answers reflected that, is a group of investigators looked at the possibility or they investigated how plausible it might be to screen for depression in fathers who were not accessible so fathers who were not in the room. So they developed this tool called EPDS Partner. It's a variation of the Edinburgh Postnatal Depression Scale that uses the mother as a source of information on father symptoms.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

And so mom reported on father symptoms. And what this study found is that mom's report was a reasonable approximation of father's depressive symptoms when they actually asked fathers and compared the two. It wasn't quite as good but these folks suggested that it would be a promising option.

And I put this here because I think it's kind of interesting to consider in terms of the varied settings that folks tend to work in and the often difficult time that people have accessing fathers.

So I will leave it at that and I thank you all again for listening to this presentation and attending the webinar and I do have my email address here on this slide so I encourage you all to contact me with questions, comments or anything else like that, all right. Thank you.

Cathy Bodkin: Thank you Dr. Paulson. You've touched on a number of topics that have been difficult for the home visiting programs to figure out how to include fathers and the screening particularly because of the benchmarks and the way data is collected on the family. It has raised a number of questions too, how much outreach needs to be done to fathers?

And so you've provided some good information on why we should consider involving fathers and perhaps some ways to think about including them.

And if you have questions for Dr. Paulson please type them in now or we encourage you to also type in questions that you might have for one of the other presenters. We have a few minutes left for questions and would be glad to open the floor for questions at this time.

Maria, are there any particular highlights that you want to bring forward?

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

There's quite an active chat going on about tools I see.

Maria Gehl: Yes. Don't think we have any questions.

Cathy Bodkin: Any right now? Okay.

Maria Gehl: Yes.

Cathy Bodkin: I'm going to go onto another section. We'll come back to questions as people might be thinking about them and then typing them in. And I think there was so much information shared that they're kind of digesting that for a little bit.

Each of the speakers was asked to give a next step if they could promote this in terms of what they would suggest to the home visiting coordinators and home visitors and the state leads, what would be a next step?

And one of the implications for the home visiting work might be to contact your state Medicaid agency to explore the reimbursement possibilities particularly those available under healthcare reform.

And really to find out about some of the different clinic options that are available and changes of the healthcare system.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

As the Director of the Nurse Family Partnership Program in Colorado said at the PEW Conference the - it's very important for home visiting to be at the table as these policy changes are starting to be made.

A second next step might be to determine strategies for integrating cognitive behavioral approaches into the programs, and a third step might be to adopt measures for expanding perinatal depression screening to include fathers and other caregivers.

I know I saw a note in there that indicated people are aware that sometimes children are staying with grandparents or staying in other kinds of arrangements in the household. And so we need to consider really all of the day that that child experiences and who those people might be that they are around most of the time.

The Technical Assistance Coordinating Center for MIECHV is also developing resources. You'll see that the newsletter that comes out each month now, this will be our second month coming up, with the next issue there will be information about Kentucky and then moving beyond depression and the work they're doing.

And if you have not signed up for that newsletter we encourage you to do so and in a few minutes I'll show you how you can do that.

In addition we want - will be contacting each of you who've been on this webinar to give us some feedback and how we might improve future webinars. We're doing these every other month.

And so just remind you of the goals of the webinar. The first goal actually has a mistype. It should be parental not paternal in that first line.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

But we will be providing you some evaluation forms related to those goals.

And you'll be receiving from us the - an email asking for - survey asking for your feedback. And also you'll be receiving the PowerPoint slides for today's webinar if you did not receive those before.

The web site where you can get in touch with the Technical Assistance Coordinating Center is under HRSA, under home visiting, the Technical Assistance and the collaboration portal.

And if you want to contact us the - you'll see this contact information here. There's an email address. There's a phone number. And that would be where you could get in touch with us if you have any other feedback or you want to get onto the newsletter list.

So I'm going to go back and offer any - the opportunity for anyone to pose questions, any concerns or clarifications anyone might want.

Okay, I appreciate everyone's involvement in this webinar particularly our expert panel, Dr. Beardslee, Dr. Tandon, Dr. Paulson and Dr. Perry for joining us today and having this discussion.

And I look forward to working with everyone in the future and as we deal with this very critical aspect of the home environment for the young child and also for the parents and their development.

Thank you very much. Have a good day.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Dr. William Beardslee: Thank you very much.

Operator: And ladies and gentlemen that does conclude today's call. Thank you all for joining.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.