Early preventive interventions for troubled parents and their children

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Overview
- Introduction
- Impact of parental mental illness on (unborn) babies
- Parent-baby interaction in mentally ill mothers
  - Observing mother-baby interactions
- Preventive interventions during pregnancy, birth and early life, and research
  - Working with early interventions

Children of Parents with Mental Illness: COPMI

- Transgenerational transmission of mental and behavioral disorders is a major public health issue: needs high priority in public health policy.
- Mental Health & Primary Care professionals can contribute to prevent transgenerational transmission of psychiatric risk, poor resilience and related problems.
- Worldwide attention.

COPMI
Why caring for these children?

These children are at high risk
- 66% mental health problems: 33% temporary problems and 33% serious problems
This has severe life time consequences

But the good news is there are multiple opportunities available for preventive action.
This lecture is about young children
Impact of parental MI during pregnancy on child development

- ↑ Cortisol level and heartrhythm, brain development (Fast-babies)
- Lower birth weight
- Complications during delivery
- Prematurity
- Difficulties in temperament
- More ADHD
- ↓ Social- emotional, motoric and cognitive development

(Kinsella & Monk, 2009; Van de Bergh et al., 2005)

Impact on the first year of life

Parental mental illness occurs at a time:
- of maximum infant dependency
- when infants are highly sensitive to others’ communication

Parents with mental illness experience difficulties in meeting social and emotional, physical needs of their babies

They might be not directly abusive but show frightening and confusing behavior

‘A baby cannot exist alone: it is essentially part of relationship’ (Winnicott, 1965)

What kind of transmission mechanism are playing a role?

- Genetic transmission
- Physiological processes during pregnancy and delivery
- Risk factors during pregnancy and delivery

But central role

Mother – child interaction
Theoretical Model

Characteristics of MI mother
- Symptoms
- Cognitions, feelings of parental incompetence
- Severity, chronic, acute
- Comorbidity
- Personality / education
- Timing: in pregnancy, in stress, in interaction
- Stress, smoking, complications, delivery

Neurobiological mechanism

Child
- Genetic characteristics
  - temperament
  - gender
  - genetic features
  - neurological features
- Developmental issues
- Temperament
- Secure attachment
- Coping abilities
- IQ: cognitive competence
- Psychobiological dev.

Early mother-child interaction
- Quality of interaction
  - Parental competence
  - Sensitivity, structuring, emotional availability
- Life-events
- Demographics
- Environment
- Risk factors
- Parental competence
- Parental stress
- Social support
- Developmental support
- Relationship
- Bonding

Contextual stress and support
- Social stressors: marital discord, economic disadvantage, life-events
- Social support: from spouse, family, friends, professionals

Long-term health outcomes
- Healthy development
- Maladaptation
- Behavioral problems

Depressed mothers interaction
- show sad and flat affect
- are more anxious, less sensitive, uninvolved
- speak less frequent with their child
- communicate more negative (irritated, angry)
- give less structure and use less discipline

Opportunities for early preventive interventions

What does an infant need?
- Security
- Communication
- Relationship / bonding
- Autonomy
- Self esteem and self expression
- Realistic limits setting

Best opportunity: quality of the parent-child interaction by improving parental sensitivity, structuring and cooperation of the parent.

Depressed mothers
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Opportunities for early preventive interventions

Mental health care: psychiatrist, therapist, social work
- Home-visiting programs for high risk families
- Programs: stressmanagement, support, information
- Parent-baby programs, supportgroups, parent-infant therapy

Healthy pregnancy and brain development
- Healthy development
- Secure attachment

POP-poll: pediatricians, gynecologists, psychologists screen pregnant women for MI

Health care: midwives, gynecologist, public health nurse

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Interventions during pregnancy

- Early detection of mental disorders in (pregnant) mothers and early treatment
- Healthy pregnancy promotion and intervention: psycho-education, social support, stressmanagement, relaxation
  f.e Program for pregnant MI women: ‘Zwanger en dan?’ (Dimence NL) Mothers and babies program (Muñoz, 2007)
- During pregnancy and delivery interdisciplinary cooperation (gynaecologist, midwives, psychiatrist, public health service for young children) in NL: POP-poli
- Treatment of addicted mothers: medical and mental care
- Good enough parenting in disadvantaged families: Nurse-Family Partnership program for teenage mothers (Olds, 2004)

Number of effect studies is small

Examples of interventions after birth for high-risk groups

- Early headstart
- Incredible years baby-toddler (Webster-Stratton), implementation in Norway, Denmark and UK
- Home-visiting programs review N=35 (Nievar et al., 2013): Programs showed a positive effect on maternal behavior, but programs with frequent home visits were more successful.
- Nurse-Family Partnership program for teenage mothers (Olds, 2004)
- Circle of security group intervention (Marvin et al. 2002): focus on enhancing relationship capacities. (infants > 1 years)

Interventions for MI parents and infants improving attachment

Studies available for depressed mothers and babies

- Improving parent-baby interaction in depressed mothers: maternal sensitivity and attachment: - parent-baby intervention / mother-infant therapy (van Doesum, 2008; Gelfand, 1996; Clark et al 2003 etc )
- Treatment of the mental ill parent (Murray et al, 1997) but also e-health in NL ‘A Pink Cloud?’ (pilot study).
- Group interventions for mother-babies (Milgrom et. al, 2008)
- Infant massage (Field et al., 2010)

No effect research (yet) on interventions for mothers with other mental disorders and fathers
Parent-baby intervention
Brok & Van Doesum

Aim
Improve the quality of the parent-child interaction: maternal sensitivity and secure attachment

Targetgroup
Mentally ill parents (mostly mothers) who have treatment for their mental health problems and have baby until 12 months

Home-visits: 8 -10 times

Does it work?

- Effect study RCT (n=71)
  35 depressed mother received the mother-baby intervention
  36 mothers received parenting support by phone, control condition.

- Results
  - Improvement quality of the mother-baby interaction: maternal sensitivity, child's responsiveness and involvement
  - Significant more secure attachment relation
  - Better social emotional development.

(Van Doesum, Riksen-Walraven & Hosman, 2008)

Parent-baby intervention
Brok & Van Doesum

Strategy: tailored to needs, early intervention, home visits (8-10 times), improving social support

Methods
- Video feedback:
  - improve positive interactions
  - stimulate new positive interactions
- cognitive restructuring
- practical pedagogical support
- modeling
- baby massage

The treatment of the mother is separated from the home-visiting service
Father is always involved

Meta-analysis
Improving maternal sensitivity in depressed mothers
Kersten-Alvarez et al, 2011

Aims
- Short-term effectiveness of preventive interventions in enhancing depressed mothers' sensitivity toward their child
- What type of intervention is most effective?

Studies:
13 interventions, reported in 10 controlled outcome studies
Meta-analysis

- Interventions including baby massage were highly effective in improving maternal sensitivity (g=0.85).
- In contrast, individual therapy for the mother proved ineffective in terms of improving maternal sensitivity (g=-0.00).
- Two other significant predictors: greater effect sizes were the inclusion of a support group and the use of a higher number of intervention methods.

Challenges for Early Interventions

- Preventive interventions for MI mothers and babies: improving m-b interaction: including baby-massage, support group and more than 1 method
- Make combinations of programs during pregnancy and after delivery, or programs for high risk groups: f.e David Olds programs including mother-baby intervention.
- Make care plans in cooperation between agency's
- More effect studies needed including combination of interventions and chains of interventions
- Further development: programs for pregnant women with MI
- The fathers? As I said important there is more knowledge needed

To conclude

- Start early (already in pregnancy)
- We can give babies a healthy and happy start of life
- Development of care plans, combinations and chains of interventions for families at risk
- More research need in effect of programs but also physiological processes (stress level: cortisol) and brain development during pregnancy and after birth.

Thank you for your attention