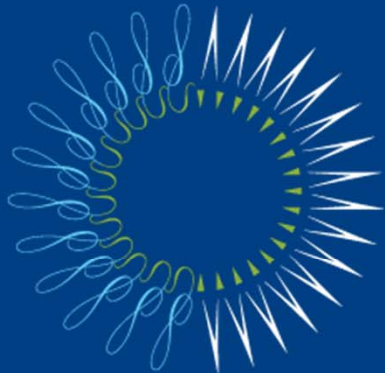




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Pew's home visiting campaign:  
“Treating depressed mothers in home  
visiting – An evidence-based approach”

We will be starting shortly at which time you will hear the audio presentation. In the meantime, please feel free to use the questions function to send us any questions or comments you may have.



THE  
**PEW**  
CHARITABLE TRUSTS

**HOME VISITING  
CAMPAIGN WEBINAR:**

TREATING DEPRESSED MOTHERS IN  
HOME VISITING – AN EVIDENCE-BASED  
APPROACH

June 11, 2013



*Introduction:*

**Monica Herk**

Research Manager–Consultant, Home Visiting  
The Pew Charitable Trusts

*Featured Discussants:*

**Judith B. Van Ginkel**

President

Every Child Succeeds

**Robert T. Ammerman**

Scientific Director, Every Child Succeeds

Professor of Pediatrics, Cincinnati Children’s Hospital Medical Center

**Elizabeth Torres**

Clinical Psychologist, Independent Practice

Clinical Instructor, Harvard Medical School

**Kay Johnson**

President

Johnson Group Consulting, Inc.



## Reminders:

- Audio lines are automatically muted on this webinar
- Ask questions by using the “Questions” function in your control panel
- Use the “Questions” function to also let us know if there are problems with the audio
- This webinar is being recorded and will be posted to our website at: [pewstates.org/hv-webinars](http://pewstates.org/hv-webinars)



Advancing smart state and federal policies and investments in high-quality, home-based programs for new and expectant families.

Our primary focus areas include:

- Policy Advocacy
- Research
- Information Sharing



[pewstates.org/homevisiting](http://pewstates.org/homevisiting)



**Judith B. Van Ginkel**  
President  
Every Child Succeeds

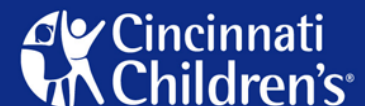


**Robert T. Ammerman**  
Scientific Director, Every Child Succeeds  
Professor of Pediatrics, Cincinnati Children's Hospital Medical Center

# Treating Depressed Mothers in Home Visiting: Moving Beyond Depression™ & In-Home CBT

**Robert T. Ammerman, Ph.D., ABPP**

Every Child Succeeds and  
Cincinnati Children's Hospital Medical Center

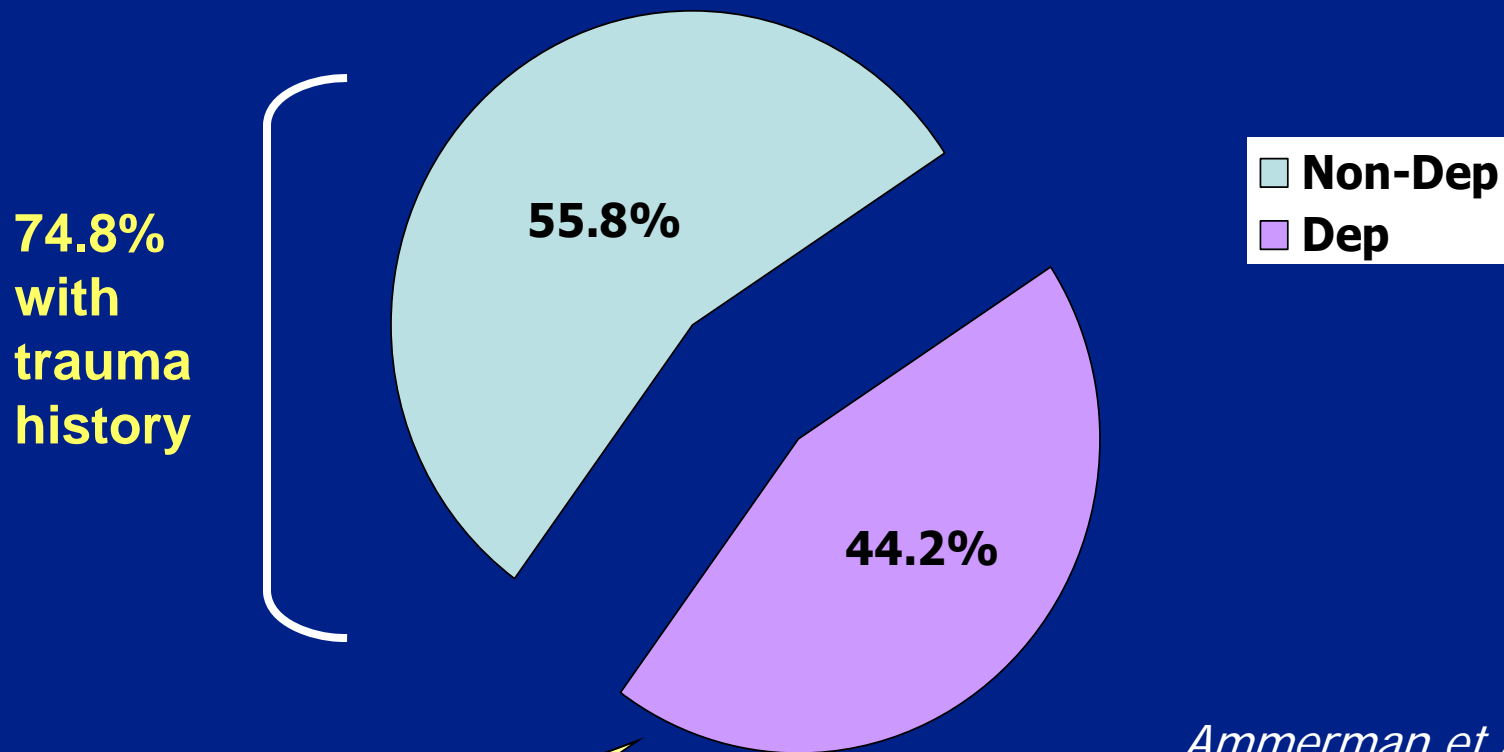




# Why Treat Maternal Depression in Home Visiting?

- Profound impact on mother and child
- Untreated depression is costly
- Undermines home visiting outcomes
- Challenges home visitors and implementation
- Unique opportunity for identification and engagement
- Potential for synergy between treatment and home visiting

**Course of Depression (BDI > 13 @ enrollment and/or 9 months) in home visitation (N = 806)**



*Ammerman et al., 2009*

**12% received mental health treatment**

# How many mothers need treatment?

**35% of mothers have a BDI-II score  $\geq 17$  over 3 years strongly indicating a diagnosis of Major Depressive Disorder\***

**Estimated 600,000 mothers in home visiting in the USA each year**

***210,000 mothers in home visiting will likely meet criteria for Major Depressive Disorder and are in need of effective treatment***

*\*Based on N=15,013 administrations at 7 time points  
Ammerman et al., 2013*

# Essential Intervention Elements

**Ameliorate clinical depression**

**Help mother and home visitor/service**

**Collaborate with home visitor, no burden**

**Implement in home to remove barriers**

**Use evidence-based treatment**

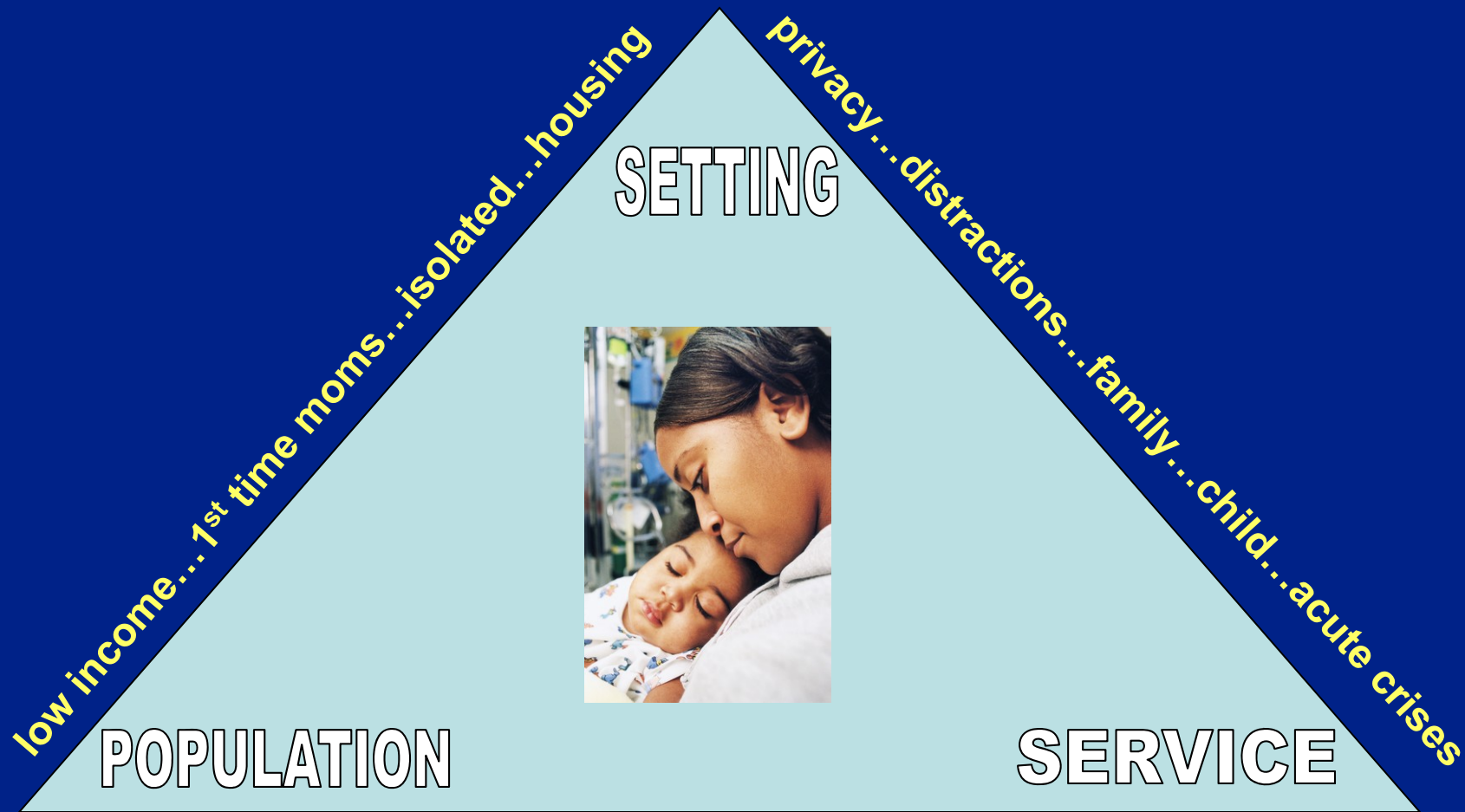
**Fit with population, setting, & service**

# Cognitive Behavioral Therapy

- One of two evidence-based psychological treatments for depression.
- As effective as antidepressant medications.
- More effective than antidepressant medications for traumatized women.
- Good relapse prevention.
- Relatively widely trained, amenable to dissemination.
- Theoretically compatible with home visiting models.

**Needs to be adapted to be effective.**

# In-Home CBT: A Systematically Adapted Treatment



child abuse prevention...home visitation...coordination

# IH-CBT Features

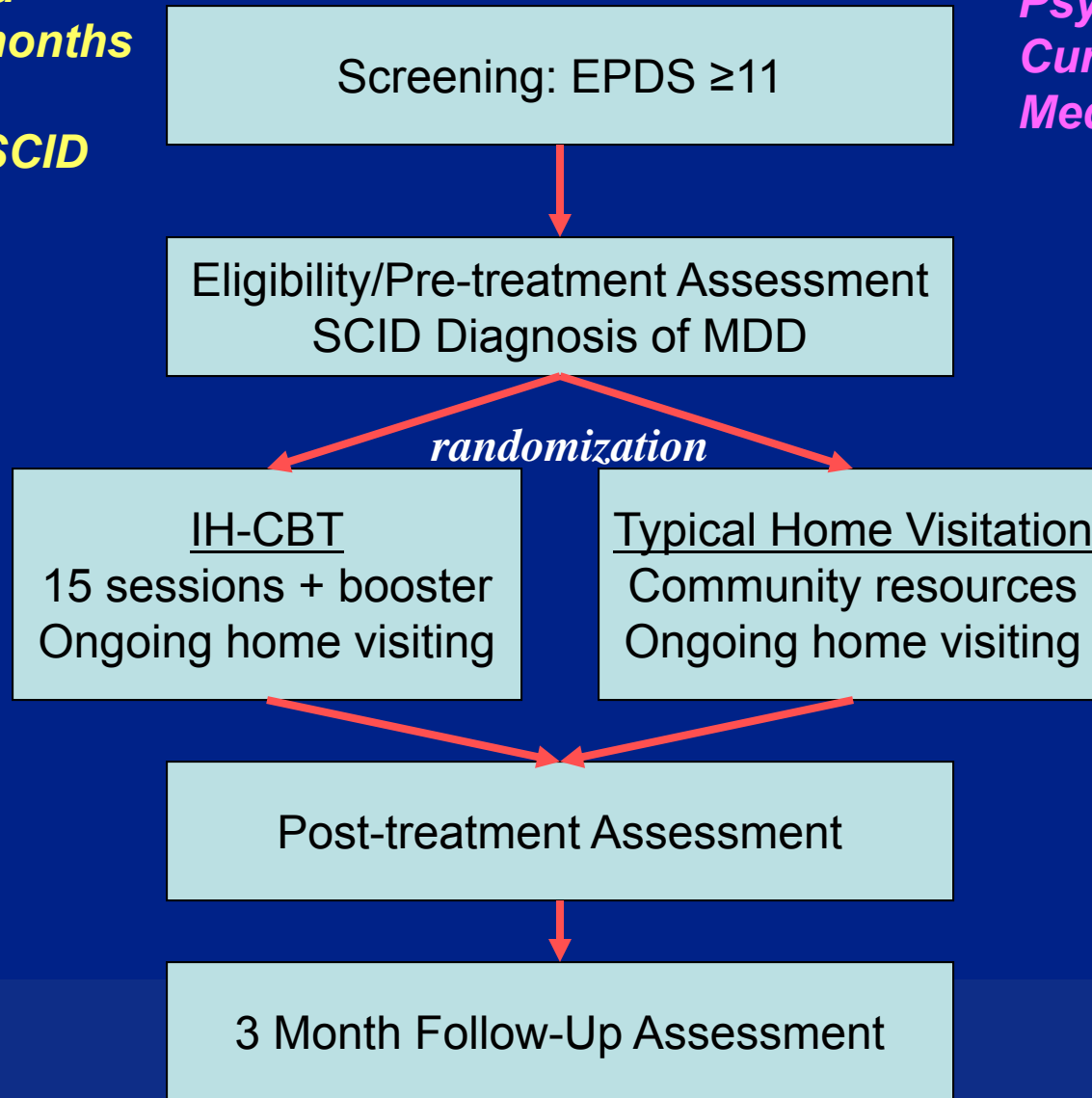
- **Length of service:** 15 sessions plus one booster session
- **Direct clinical contact:** 50-60 minute sessions, telephone, texting
- **Setting:** home
- **Therapist:** Masters level licensed mental health professional or equivalent, training in CBT and familiarity with serious mental health issues
- **Training:** MBD training, CBT workshops, structured readings, pilot cases
- **Team Leaders:** Doctoral level psychologist or psychiatrist, weekly and as needed
- **HV Collaboration:** Integral and proactive, joint 15<sup>th</sup> session

# MIDIS Design

**Inclusion:**  
ECS participant  
≥16 years old  
Baby 2<10 months  
EPDS ≥11  
MDD using SCID

**Exclusion:**  
Substance depend.  
Psychosis  
Current suicidality  
Meds or therapy

**N=93**

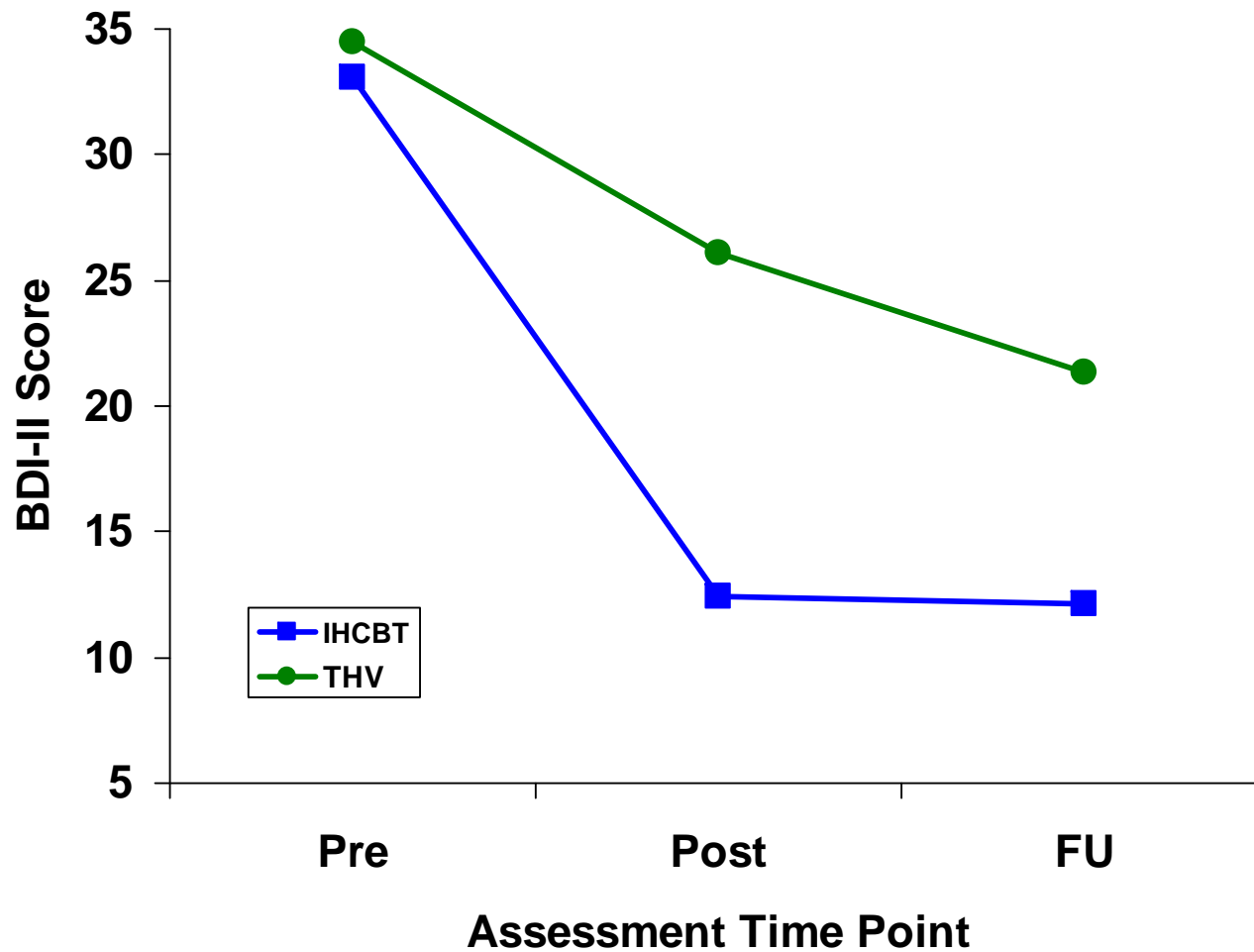


**34.8%**  
**received**  
**community**  
**treatment**



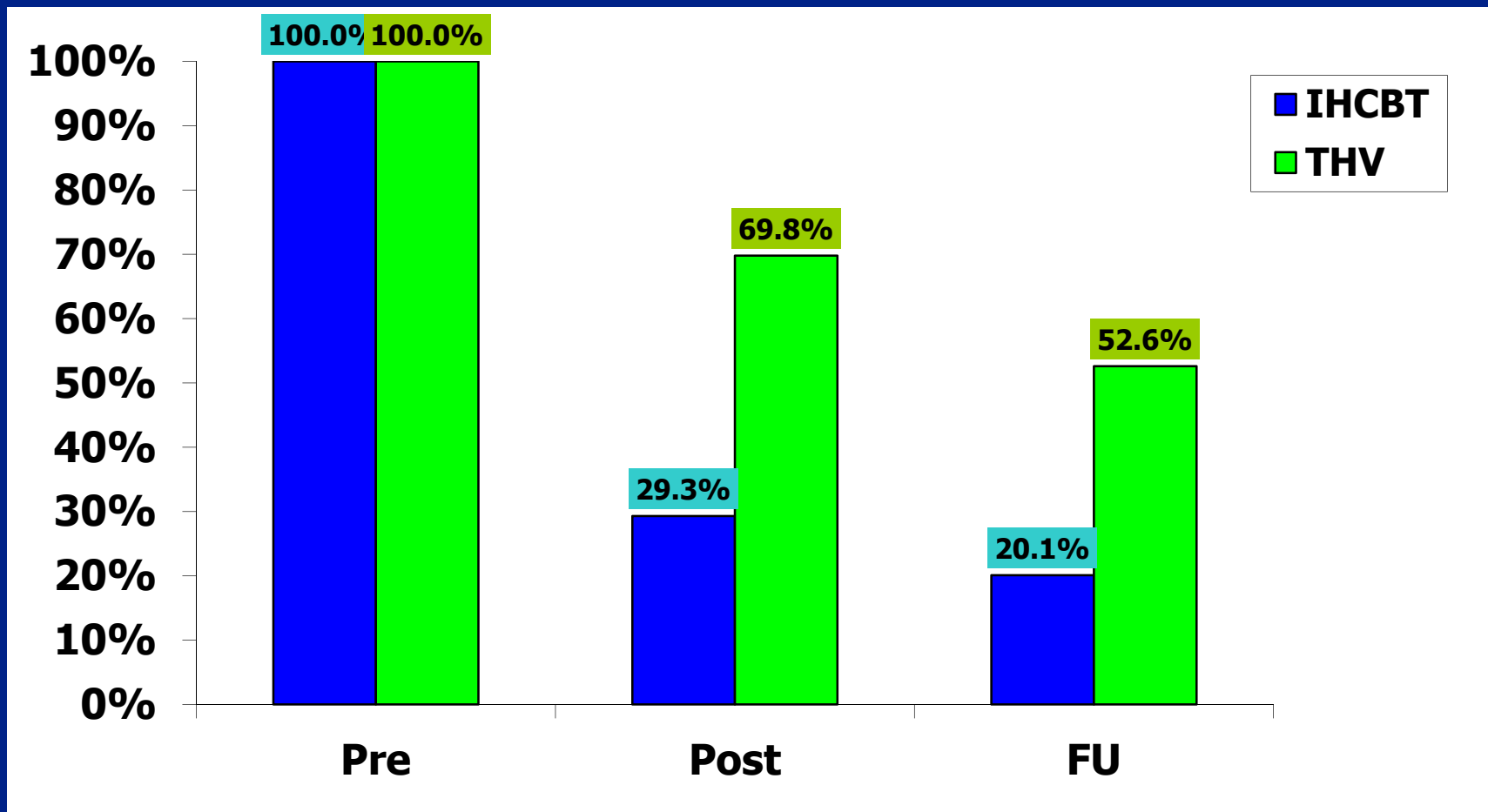


## BDI-II Scores at Pre-Treatment, Post-Treatment, & Follow-Up



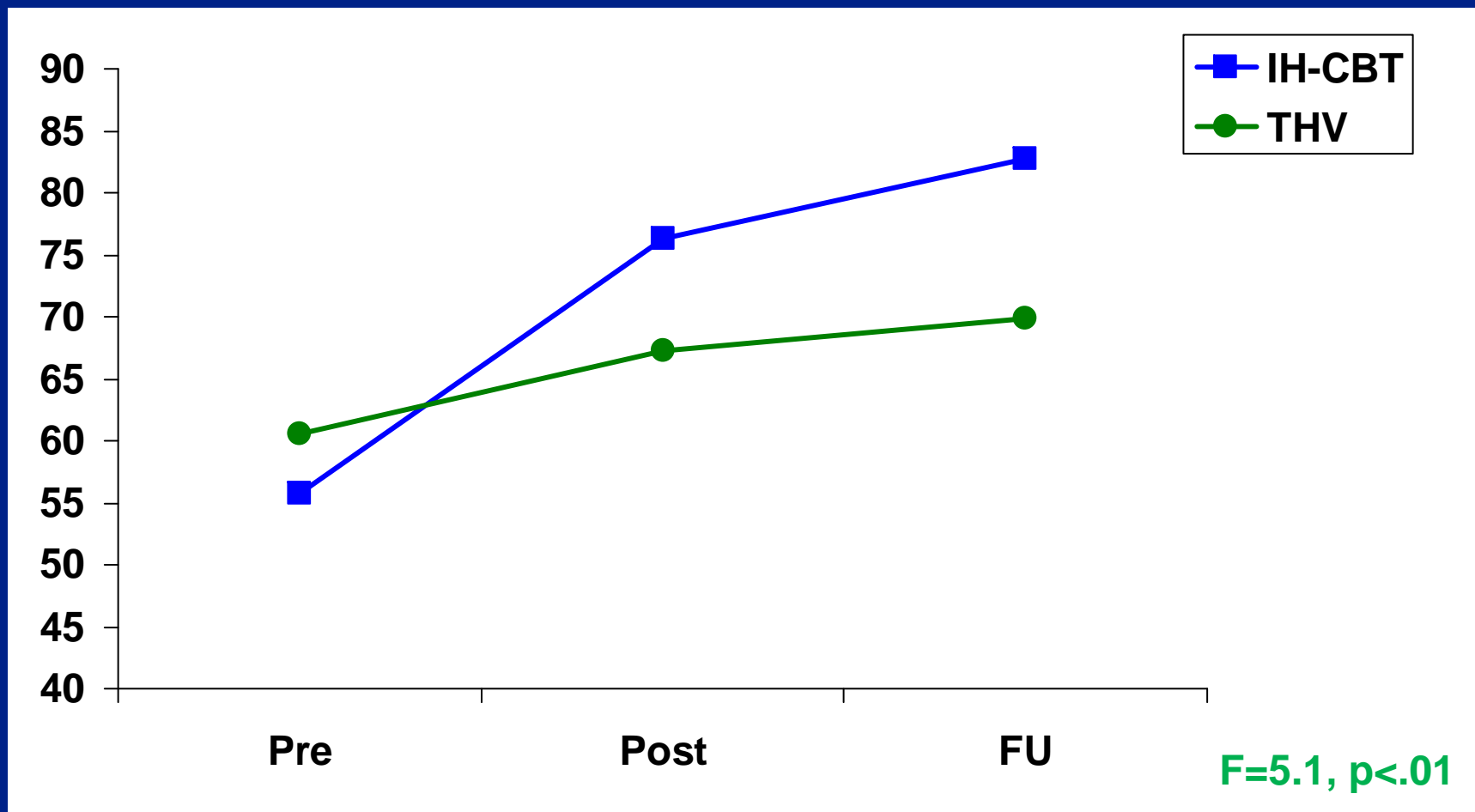
$F=7.9, p<.01$

# MDD Diagnosis at Pre- & Post-Treatment & Follow-Up



*Ammerman et al., 2013 (Behavior Therapy)*

# Social Support Using ISEL Scale (Total)



*Ammerman et al., 2013 (Child Abuse & Neglect)*

# Other Key Findings

- Mothers in IH-CBT receive 3.2 more home visits than controls during treatment<sup>1</sup>
- Mothers in IH-CBT who receive more home visits have lower depression scores than those with fewer home visits<sup>2</sup>
- Mothers in IH-CBT who fully complete treatment are retained in home visiting for 4 ½ months longer than controls<sup>3</sup>
- Recovery from depression is associated with improved maternal coping, nurturing parenting, and child social and emotional health<sup>4</sup>

<sup>1</sup>*Ammerman et al., 2013 (Behavior Therapy)*

<sup>2</sup>*Ammerman et al., 2012*

<sup>3</sup>*Teeters et al., 2013*

<sup>4</sup>*Ammerman et al., 2013 (unpublished)*

# Moving Beyond Depression™



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**IDENTIFICATION AND ENGAGEMENT**

**TREATMENT AND FOLLOW-UP**

**PROGRAM MONITORING AND TRACKING**

***ONGOING TRAINING & SUPPORT***

**MBD TREATMENT  
TEAM  
Therapists  
Team Leader**



**HOME VISITING PROGRAM  
Managers  
Supervisors  
Home Visitors**

# Going to Scale: Implementation Sites for MBD

- Connecticut
- Boston
- Kentucky
- Kansas City, KA
- Massachusetts

# Acknowledgments

- **Frank W. Putnam, M.D. & Judith B. Van Ginkel, Ph.D.**
- Jack Stevens, Ph.D., Angelique Teeters, Psy.D., Mekibib Altaye, Ph.D., James Peugh, Ph.D.
- Jodie Short, Margaret J. Clark, M.P.A., Lawson Wulsin, M.D., Jennie Noll, Ph.D., Chad Shenk, Ph.D., Neil Richtand, M.D., Ph.D., Jim Spurlino, Dan Gahl, Lee Carter, Sunnie Southern
- Healthy Families America® and Nurse-Family Partnership®
- National Institute of Mental Health (R34MH073867 & R01MH087499)
- Health Foundation of Greater Cincinnati
- Kentucky H.A.N.D.S. & Ohio Help Me Grow
- United Way of Greater Cincinnati
- Greater Cincinnati Foundation
- [www.Ohiocando4kids.org](http://www.Ohiocando4kids.org)



# Contact and Further Information

[www.movingbeyonddepression.net](http://www.movingbeyonddepression.net)



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**Elizabeth Torres**

Clinical Psychologist, Independent Practice  
Clinical Instructor, Harvard Medical School

# IH-CBT

Elizabeth Torres, Psy.D.

# Collaboration

- HV and therapist can give each other unique perspectives which help both
- HV capitalizes on gains of therapy--easier to connect with as less depressed
- Mother becomes more energized, interested in raising a child (enhancing home visits) and improving her parenting

# Therapy

- Therapy accountable to goals and reduction of depressive symptoms
- Present-focused
- Explain fundamentals--innovate solutions
- Experiments and practice
- Mutual commitment and engagement

# Cultural Adaptations

- Collaborate with HV to create relationships
- Large immigrant Latino population in Boston  
pilot--sensitivity to immigration status
- Responded well to self-help
- “Therapy” as promoting better functioning  
synchs with cultural values
- Encouraged bi-cultural awareness

# Team Leader

- Provides expertise in CBT
- Experience in maternal depression
- Experience supervising and supporting home-based clinical work
- Gives a forum to help clinicians stay on track



**Kay Johnson**  
President  
Johnson Group Consulting, Inc.

# MOVING BEYOND DEPRESSION: POLICY AND FINANCE OPPORTUNITIES

Presentation for the Pew Home Visiting Campaign  
June 11, 2013



Kay Johnson, MPH, EdM  
President, Johnson Group Consulting, Inc.  
Research Associate Professor of Pediatrics, Geisel  
Medical School at Dartmouth



# MATERNAL DEPRESSION AFFECTS OUTCOMES

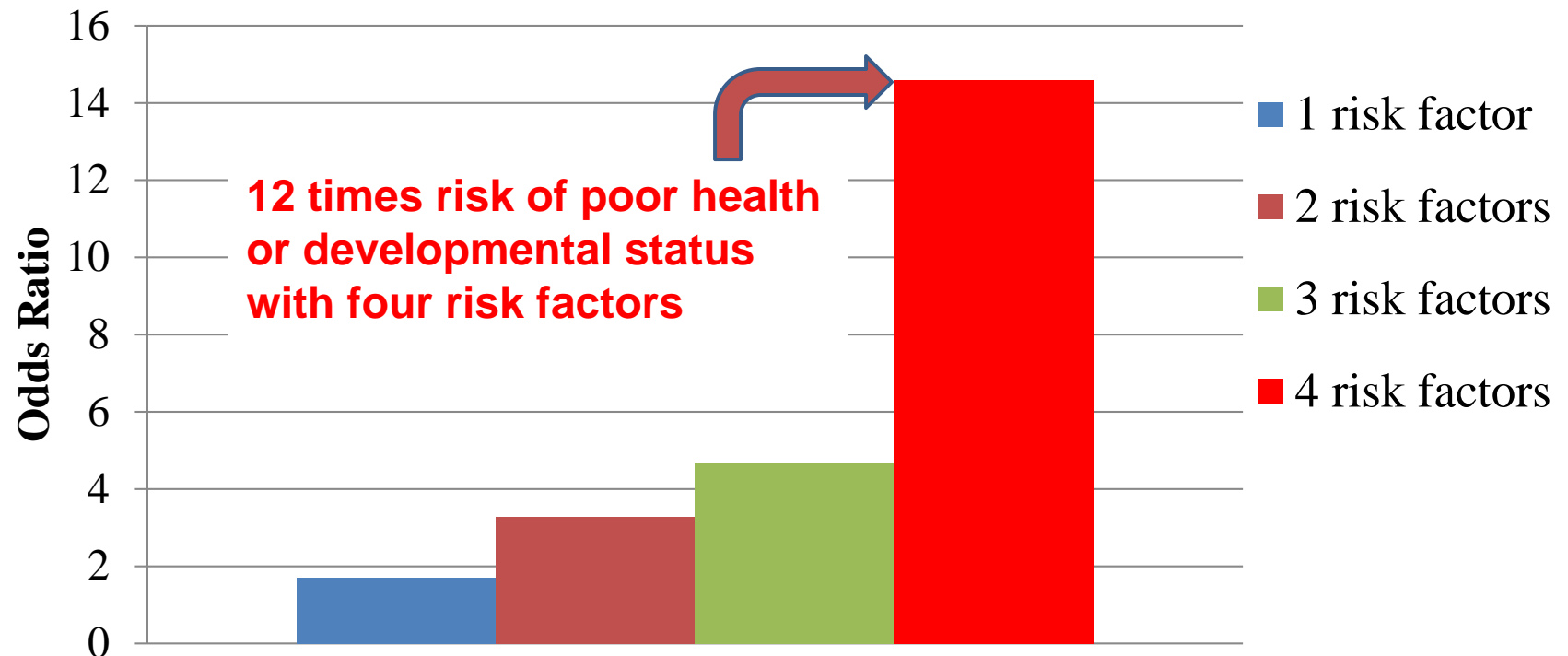


# Maternal mental health and parenting

- ❖ In comparison to mothers without any parenting stressors, mothers odds of poor mental health were:
  - **3 times** as high with 1 stressor
  - **12 times** as high with 2 or more stressors
- ❖ Stressors measured in this national sample include:
  - Lack of emotional or social support for parenting
  - Too much time with child
  - Difficulty paying for child care



# Gradient effects of social risk factors



**Risk factors include poverty, maternal education, child health insurance, maternal mental health**

Stevens GD. Gradients in the health status and developmental risks of young children: the combined influences of multiple social risk factors. *Matern Child Health J.* 2006;10(2):187-99.



# Policy to fit design of MBD

- ❖ Identification of mothers who may benefit
- ❖ Screening with standardized tools
- ❖ Qualification – meeting criteria
- ❖ Treatment with in-home cognitive behavioral therapy (IH-CBT)



# Opportunities for States

- 1. Addition to MIECHV program**
- 2. Augmentation for other state and local home visiting programs**
- 3. Part of a home visiting system**
- 4. An element of health reform**



# Opportunities in MIECHV

- ❖ In the context of MIECHV program, States could:
  - Use/apply for supplemental federal funds to use Moving Beyond Depression as augmentation to a MIECHV evidence-based model state has selected.
    - Particularly with Nurse Family Partnership and Healthy Families America models which were part of the research conducted by Every Child Succeeds.
    - Consider implementation as promising practice.
  - Use flexible resources to finance implementation of Moving Beyond Depression.
    - MCH Block Grant, Mental Health, State General Revenues, etc.



# Augmentation of other state/local home visiting programs

- ❖ Beyond MIECHV program, States could:
  - Use Moving Beyond Depression as augmentation to a state or local “home-grown” program
    - This is the approach used by Kentucky for their HANDS program in 50 counties, in conjunction with Every Child Succeeds.
  - Consider a pilot in one local area, with one local program model.
    - This is the approach used in selected Boston neighborhoods.
  - Look for an existing maternal depression screening program and build from there.





# In Home Visiting Systems

- ❖ States with a systems approach to home visiting could:
  - Require or encourage systematic maternal depression screening in all home visiting programs
    - Use the Moving Beyond Depression protocol if possible
  - Use federal, state, or local funds to provide training related to the Moving Beyond Depression model for both:
    - Home visitors from different programs
    - Mental health professionals
  - Add data collection and reporting capacity related to maternal depression to home visiting system.





# In context of health reform (1)

- ❖ Determine strategy for using Medicaid financing – **the 3 E's**
  - **Eligible woman?**
    - New mothers whose births were financed by Medicaid have continuing coverage for 60 days postpartum
    - Currently, between 25-65% of mothers have continued Medicaid coverage beyond 60 days postpartum
    - In states adopting Medicaid expansion in 2014, more than 18 million women are likely to gain Medicaid coverage
  - **Eligible, covered service?**
    - May use similar mechanisms used to finance home visits
    - Maybe part of managed care contracts
    - Alternatively as mental health benefits
  - **Eligible, qualified and enrolled provider?**
    - Are therapists qualified providers independently or as part of a mental health practice/clinic, primary care clinic, or health department?



# In context of health reform (2)

- ❖ Include Moving Beyond Depression as part of:
  - an innovations project (by applying for funding from the Centers for Medicare and Medicaid Services – CMS)
  - Accountable Care Organization or managed care expansion efforts
  - mental health reform efforts, particularly with mental health parity coverage requirements in the Affordable Care Act (to be implemented January 2014)





**A new issue brief on  
Moving Beyond  
Depression coming this  
summer.**

**Watch for notice at:**

**[www.movingbeyonddepression.net](http://www.movingbeyonddepression.net)**

**Thank you**





**Pew's home visiting campaign**  
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