Educational & Developmental Intervention Services (EDIS) Personnel Development

KIT

Keeping In Touch

AUGUST 2013

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Resource Article

Maternal depression can negatively affect the mother-infant relationship as well as short and long term outcomes for the infant. Infants of depressed mothers can have lower functioning in areas such as social-emotional, behavioral, and cognitive development. Nylen, Moran, Franklin, and O'Hara conducted an extensive literature review of methods most effective in treating maternal depression. This month we'll review their article, 'Maternal depression: A review of relevant treatment approaches for mother and infants.'

Research on maternal depression has generally centered on decreasing maternal depression and/or improving the relationship between mother and infant. Early approaches emphasized decreasing depressive symptoms in the mother often through individual psychotherapy (e.g., such as cognitive behavioral therapy, psychodynamic therapy and nondirective counseling). Results of this approach suggest that treating the depression of the mother may decrease her depressive symptoms (at least in the short term), but does not necessarily affect positive outcomes for the infant.

Other approaches focus on the mother-infant dyad. These include traditional mother-infant psychotherapies designed to increase maternal sensitivity and responsiveness to the infant. An emphasis in these programs is supporting the mother as she explores her past experiences and providing developmental guidance, early relationship assessment and support, and advocacy. Results of this approach are more promising as they include benefits for both mother (e.g., increase in parental competence and satisfaction) and infant (e.g., increase in infant outcomes such as cognitive skills, emotional regulation, and overall development).

Similar to early intervention and meeting families in their natural environments some mental health support for maternal depression occur in the home setting. Techniques used in home-based approaches included providing reassurance, doing and discussing activities that promote maternal engagement, and reinforcing positive interactions.

Resource Article (continued)

Results from home-based approaches include decreased maternal depressive symptoms (at least in the short term), decreased punitive actions (verbal and physical punishment), increased maternal feelings of support, and increased scores on infants' developmental testing. The authors also highlighted one home-based study that reported positive effects for infants even when their mothers continued to exhibit depressive symptoms.

Maternal depression has also been approached from a physiological perspective. One study reviewed examined using progressive muscle relaxation, visual imagery, music therapy, massage therapy (for mother and infant), and interactive coaching to increase the mother's responsiveness and sensitivity. The results were impressive. Mother-infant interactions and biochemical indicators reached levels near those in the non-depressed group, infant weight increased, maternal depression persisted but at a lesser degree from those in the control group, and relative to the control and non-depressed groups these infants responded and initiated more. Another study (Field, et.al., 1996) examined variations in infants who had been cradled and rocked versus those that received massage. Results indicated that the massaged infants showed less crying and decreased salivary cortisol levels as well as increased alert levels, weight gain, temperament, biochemical stress levels compared to those rocked.

Many of the studies reviewed involved control groups, of mothers and infants who did not receive treatment. It is significant to note that infants in these control groups often did not make gains and some even showed a decline in abilities. This supports the value of maternal depression treatments as these programs may help shield infants from the effects of maternal depression. A variety of approaches have been applied to treating maternal depression. However, treatment methods involving the infant and mother generally showed more benefits that those that focused solely on the mother. Treatments that included a physiological component also show promising results.

It's enlightening to know that treatment for maternal depression can be effective for both mother and infant. As early intervention providers you may have worked with mothers experiencing depression and you know it is challenging. Yet, it is important to remember that treatment can have positive results and through your relationship with the family you can help them connect with resources that can provide the needed support.

Nylen, K. J., Moran, T. E., Franklin, C. L., & O'Hara, M. W. (2006). Maternal depression: a review of relevant treatment approaches for mother and infants. *Infant Mental Health Journal, Vol. 27*(4), 327-343.

KIT Newsletters are available online at www.edis.army.mil

What do the data say?

What Causes Depression?

This question is not easy to answer. In fact, there are more questions than answers about the cause of depression. Best stated the cause of depression is complex. Causal components can include biochemical, genetic, as well as, environmental factors.

From a biochemical perspective, depression looks like neurotransmitters that are essentially out of synch and not communicating as they should. Neurotransmitters are chemical substances that help the brain make connections. Depression has been associated with low levels of these chemicals. What is not known however is which comes first; do the changes in neurotransmitters cause the depression or does the depression change the neurotransmitters. Or, could it happen both ways? What is known is that neurotransmitters have a role in depression for some people. It may also be possible that people with lower levels of certain chemicals are more susceptible to depression. This association supports the use of antidepressant medications to regulate the neurotransmitters in the brain.

From a genetic lens, it is known that depression can run in families. But does this mean it is inherited? Or is it associated by environmental factors or other complex associations? Some people may be more prone to depression and not experience depression while others who are less prone may experience depression. Given the variability, genetic influences and environmental factors likely work in combination and may trigger depression given the right mix of circumstances for different individuals. While it appears there is some type of genetic link, to date there are no known specific genes associated with depression.

Considering causal factors of depression from an environmental perspective we look to factors that are not part of brain functioning, medical conditions, or conditions internal to an individual. Rather we look at external factors, such as lifestyle, recent events, stress and other environmental activities that might influence the onset or prolong the duration of depression. Some individuals experience depression following negative and traumatic events (e.g., losing a loved one, ending a relationship, losing a job, experiencing war, being abused). Depression can also be associated with positive experiences (e.g., moving, getting married, and changing jobs). Stressful events trigger painful situations that can lead to depression. In some instances it may be the buildup of troublesome events that contribute to depression.

As early interventionists working with family members, that may be experiencing depression, it is useful to understand that depression is a result of internal and external factors. It is also essential to remember that the brain is malleable and that depression is treatable.

For more information check out:
Allaboutdepression.com

Consultation Corner

From May through September 2013, we are excited to have Erin Troup, LCC, NCC, CT as our consultation corner expert. Erin will address the topic *Understanding Depression*.

How do I listen without feeling like I need to fix the problem?

For most of us in early intervention we chose this work because helping is what we do. It is in our blood and we enjoy it. So when we hear of or feel like someone is suffering it can be unsettling. I want you to remember one thing out of all of this. If you are truly listening you are helping more than you know! You become the holding tank for the feelings and that can take so much pressure off of the person who needs you to listen. By listening you can hear some common themes that may pop up in a person's life. These may be feelings of insecurity, experiencing overwhelming stress, and/or being worried. So if you jumped in to try to fix the problem the individual would most likely fall back into the same pattern because they have not found the solution yet themselves. Sometimes you will hear the same story over and over again. But keep in mind that it is important to listen because each time that person tells it they are often working something out and gaining new ideas on how they may fix it. If you find that these stories are cutting into your working time, remember that early intervention is a family program.

Note that you are there for the family and the child in the context of the family. When listening, you are welcome to offer gentle questions such as "have you told anyone else about this?" "What have you tried?" but remember that offering a solution is simply your solution- not theirs. Resist the urge to jump in, but rather see what develops. In cases where you truly feel that no progress is occurring and the person is essentially very stuck in their distress; have some resource information available for the individual to choose and keep in mind that the family's network may include the needed resource. You may also help them determine how they will connect with alternative resource/s. Remember too that if your visits are filled with discussions that are not related to the IFSP and the outcomes the family set as their priorities you'll want to talk about that with the family. That conversation may go something like this: "Over the past x visits we've spent a lot of time addressing *xyz* and I know this is worrisome/troublesome for you. I also know that we have this set of outcomes that you identified as the priorities you wanted to address with early intervention. Let's take some time to discuss these and if needed we can make changes. I want to be certain that our time together is addressing the priorities you have for Billy and your family."

On the WWW

This month's web spotlight is packed with valuable resources and research on developing children. The site is the Center on the Developing Child — Harvard University. You'll find their home page at:

http://developingchild.harvard.edu/

The site is all about the science of early childhood and understanding intervention. It includes multimedia resources, such as lectures, presentations, videos about brain development and effective early childhood programs, as well as interactive features. The site provides recent new articles about child development and research based working papers on numerous topics, including those about the effects of depression on young children, brain development, early exposure to toxic substances and many more.

But wait there's more, the site also includes search feature which makes if easy to search for specific topics. This web site is well worth bookmarking and visiting time and time again for a plethora of resources on child development.

Continuing Education for KIT Readers

The Comprehensive System of Personnel Development (CSPD) is offering a continuing education opportunity for KIT readers.

In line with the focus on *Understanding Depression*, readers are invited to receive continuing education contact hours for reading the monthly KIT publications (May through September 2013) and completing a multiple-choice exam about the content covered in these KITs.

KIT readers will receive the exam in October 2013. There is no need to register for the CEUs. Rather, if you are interested complete the exam online at www.edis.army.mil Upon successful completion of the exam, you will receive a certificate of non-discipline specific continuing education contact hours.

Thank you for your continued interest in the KIT.
Please share your KIT questions/ideas via email to
EDISCSPD@amedd.army.mil