

## Promoting Maternal and Child Well-Being: Research from Early Head Start

Pregnancy and the post partum period have been associated with episodes of significant clinical maternal depression, particularly for women who lack economic resources. The effects of depression on new mothers can lead to difficulties in parenting, which, in turn, place children at risk for longstanding impairment.

We believe that Early Head Start and Head Start programs offer one important vehicle through which to identify and address depression in a context of enhancing parenting and parent-child relationships. This notion is confirmed in a recent evaluation of Early Head Start (EHS), a program that serves young children (ages one to three) and their families, providing child development services and parent support through services such as parenting education and/or home visits. Seventeen Early Head Start programs were selected to participate in the national study. Sites were selected according to proportional national geographic distribution, representation of major programmatic approaches and settings, and a diversity of family characteristics typical of Early Head Start families nationally. Sites were also selected on the basis of the strength of the local research team.

The 17 EHS research programs recruited 3,001 families to participate in the evaluation. Programs were expected to recruit the same way they would have done in the absence of the research, with special instructions to include all types of families they were designed to serve (including those whose babies had disabilities). Children and families were randomly assigned to the program or control group by a national contractor. Control group families did not receive EHS services, but could access other services in the community. Sample enrollment, baseline data collection, and random assignment began in July 1996 and were completed in September 1998.

The Early Head Start Research Project found a high rate of depressive symptoms in both mothers and



clinical cutoff for depression. One third of mothers of 1-year-olds and one third of mothers of 3-year-olds had elevated symptoms. For some women (12%), depression was chronic; that is, these mothers scored over the clinical cutoff both when their children were 1 and 3 years old. Rates of depressive symptoms for EHS fathers were also notable. Eighteen percent of EHS fathers reported enough symptoms to be considered depressed when children were 2 years old; 16% met those criteria when their children were 3 years old. At the time of exit from EHS (when the children were 3 years of age), 23% of the families reported that at least one caregiver had received mental health services. Twenty-one percent reported that a caregiver had received treatment for an emotional or mental health problem, and 5% reported that a caregiver had received drug or alcohol treatment. Thirty-two percent of mothers who were depressed at enrollment reported that at least one caregiver had received mental health services.

Comprehensive, continuous programs like Early Head Start have demonstrated effects on helping parents and their children. The evaluation study showed that children in EHS

were protected from some of the negative effects of their parents' depression, as illustrated by their outcomes age three and again before they entered kindergarten. First, the EHS research found that, among children who had a depressed parent, children who were in EHS had lower levels of depression and scored better on the Child Behavioral Checklist (CBCL) than children who were not in EHS. Children in EHS also demonstrated higher vocabulary levels and were reported to have higher levels of engagement and attention. In other words, program participation enhanced positive outcomes for a child experiencing parental depression. In addition, compared to the control group, those depressed mothers who were able to enroll in EHS were more positive and negative in interactions with their children. This is what we have called a change in the parenting context of the depression for families receiving EHS services. These findings, in part, led to the Early Head Start Infant Mental Health initiative, a search for ways for programs to address mental health more directly.

In addition, when children were approximately 5, two years after the end of the program, for the first time there was an impact of Early Head Start on reducing maternal depression. While statistically significant, the impact was modest (effect size = .10).<sup>1</sup>

We conducted analyses to explore what earlier impacts of the program led to this later-emerging impact on maternal depression. This study affirmed what had been shown previously in other studies: Child behaviors and abilities can exacerbate later maternal depression, and conversely, interventions that improve child outcomes appear to have an indirect buffering effect on maternal well-being as well.<sup>2,3,4,8</sup> These findings highlight the importance of focusing on child development within supportive interventions.

The range of family factors that could act to buffer or exacerbate ma-

ternal depression included positive factors such as maternal supportiveness during play, support for learning and development in the home environment, and daily reading and reading at bedtime. Family risk factors that exacerbated maternal depression included family conflict, parenting stress, and parent report of physical punishment. The study showed that the EHS program reduced some of these negative factors.

Similarly, the study identified child factors—behaviors and abilities—that either buffered or exacerbated maternal depression. Positive behaviors or abilities included cognition and vocabulary as well as child engagement with parents during play. Negative factors included parent report of aggressive behavior in the children as well as child negativity toward the parent during play. When all of these child factors are combined, only aggression and cognitive functioning remain significant. These findings support the literature showing that while child aggression is clearly very salient in terms of parent well-being, and echoes the linkages between child difficult temperament and maternal depression, children's vocabulary and cognitive abilities are also important mediators of maternal depression.<sup>2,3,4,5</sup>

### What are the Implications for Program Development?

Jane Knitzer and her colleagues<sup>6</sup> suggest three categories of emerging efforts to address depression in the context of parenting young children. These are: screening and follow-up for women in obstetric and pediatric practices; targeted intervention to reduce maternal depression and improving parenting through home visiting and EHS; and promoting awareness to the general public about the impact of maternal depression, with an emphasis on low-income communities and health and early childhood practitioners.

It is increasingly clear that maternal depression is a barrier to ensuring that young children experience relationships that will provide them with the potential for healthy development and enhance their school readiness. Knitzer proposes that we continue to build on family-focused, multi-generational, culturally responsive ap-

proaches that bring together resources from multiple public systems.

Knitzer offers “on the ground” examples of programs that address maternal depression in early childhood settings. The first is the Family Connections Project, based in Boston, which is a strength-based prevention project that builds competence and resilience in Head Start and Early Head Start staff in order to strengthen staff's ability to engage around issues of depression and adversity. As a system-wide program it also directly enhances parent engagement and parenting skills, strengthens meaningful teacher-child interactions, and identifies and plans for needed services through training and mental health consultation. The second program, Every Child Succeeds, based in Cincinnati, embeds cognitive behavioral therapy into three different home visiting models. The third example is the Community Mom's Program in New York City, which provides health education workshops, support services, home visiting and screening, and referrals for depression. Finally, the Louisiana Nurse-Family Program augments the standard nurse intervention with extra training and with mental health professional consultation in order to deal with depression and other mental health issues.

We know that parental emotional distress and depression can in many cases be mitigated by consistent, high quality services targeted at families with young children.<sup>7</sup> Our work is to continue to build from the information that we have been given through research and to put this knowledge into practice in early childcare and health care settings.

### References

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