

Maternal Depression and Anxiety Disorders



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TTAC
A COLLABORATION
BETWEEN

NEW YORK
CENTER FOR CHILD
DEVELOPMENT

 **McSILVER INSTITUTE**
FOR POVERTY POLICY AND RESEARCH
 **NYU** SILVER SCHOOL
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Who We Are

The New York City Training and Technical Assistance Center (TTAC), is funded through ThriveNYC, in partnership with the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>



Visit our Website

TTACNY.org

ttac.info@nyu.edu

NYC Early Childhood Mental Health **TTAC** Training and Technical Assistance Center

TTAC is funded by the New York City Department of Health and Mental Hygiene through [ThriveNYC](#).

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Events

Thursday, April 2, 2020
TTAC Webinar: Supporting Families and Caregivers of Infants and Young Children Affected by the COVID-19 Pandemic

Wednesday, May 20, 2020
Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part I

Friday, May 29, 2020
Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part II

Thursday, June 4, 2020
Beginning at the Beginning: Early Childhood Mental Health Consultation in Infant & Toddler Care - Part III

Wednesday, June 10, 2020
TTAC Webinar: The Loss and Grief of COVID-19: Real Challenges and Practical Suggestions

Friday, June 12, 2020
TTAC Webinar: Reducing Bias during COVID-19 using the Crawford Bias Reduction Theory & Training

[view more >](#)

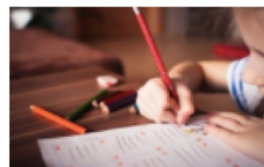


NYC DOHMH Bureau of Early Intervention E-Learning Modules



Foundations of Social-Emotional Development in Infants and Toddlers
[Learn More](#)

NYC Early Childhood Mental Health Network COVID-19 Resource Guidance



Self-care resources for child serving professionals and resources to inform your work with children and families.
[Learn More](#)

The Early Childhood Mental Health Network



Get to know the Early Childhood Therapeutic Centers (ECTCs)! Available in both English and Spanish.
[Learn More](#)

Goals and Learning Objectives

- Review primary features of depression and anxiety disorders
- Impact of depression and anxiety disorders on parents, young children and families
- Screening for depression with the PHQ-9
- Screening for anxiety disorders with the GAD-7
- Support parents in obtaining intervention when needed
- Practical issues and home visitor concerns in the implementation of screenings for depression and anxiety

Acknowledging Rebecca Weis, MD, Psychiatrist

Depression

- A clinical disorder or treatable illness
- Not the same as feeling sad or stressed about life problems

Includes at least one of the following:

- Persistent sad, depressed, hopeless or “empty” mood most of the day, nearly every day
- Loss of interest or pleasure in usual activities

Other symptoms

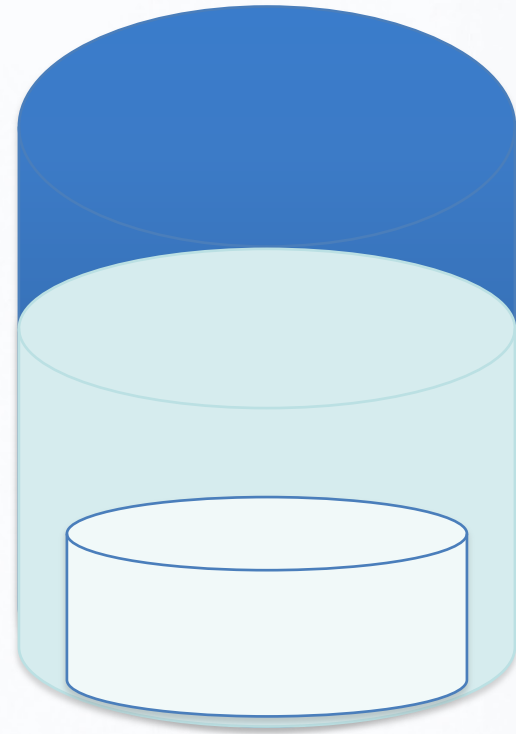
- Poor appetite or weight loss or gain
- Difficulty sleeping or over-sleeping
- Fatigue or loss of energy
- Difficulty concentrating, remembering or making decisions
- Feelings of guilt and worthlessness
- Feeling slowed down or restless
- Recurrent thoughts of death or suicidal thoughts

Diagnostic Criteria

- At least 5 symptoms
- Duration of at least 2 weeks
- Significant distress or functional impairment
- Somatic symptoms and anxiety are common but are not part of diagnostic criteria
- Prevalence is approximately 9% of the general population
- Significantly more common in women than in men (possibly under-identified in men)

Review of Terms

- Depression (Major Depressive Disorder)
- Maternal depression
- Perinatal depression
 - Antenatal
 - Postpartum
- Major Depressive Disorder with peripartum onset
- Perinatal Mood & Anxiety Disorders
PMADS



Maternal Depression is Common

- An estimated 10 to 20% of mothers will be depressed at some time during their lives
- About 1 in 11 infants will experience their mother's major depression in their first year of life
- Rates are higher for women who have had previous episodes of depression, have low income, histories of adverse childhood experiences, are homeless, have poor social support, have experienced intimate partner violence, or other life stressors

Postpartum blues vrs depression

Postpartum blues	Postpartum depression
50-85% of women	10-20% of women
Starts 4-5 days after delivery; brief	Emerges anytime in the 2-3 months after delivery
Mood lability, tearfulness, irritability, anxiety	Depressed or irritable mood, sleep and appetite disturbances
Remits on it's own within 2 weeks of delivery – not really an illness	Could last for months and be associated with negative outcomes

Both postpartum blues and postpartum depression are thought to be related to shifts in hormones after delivery

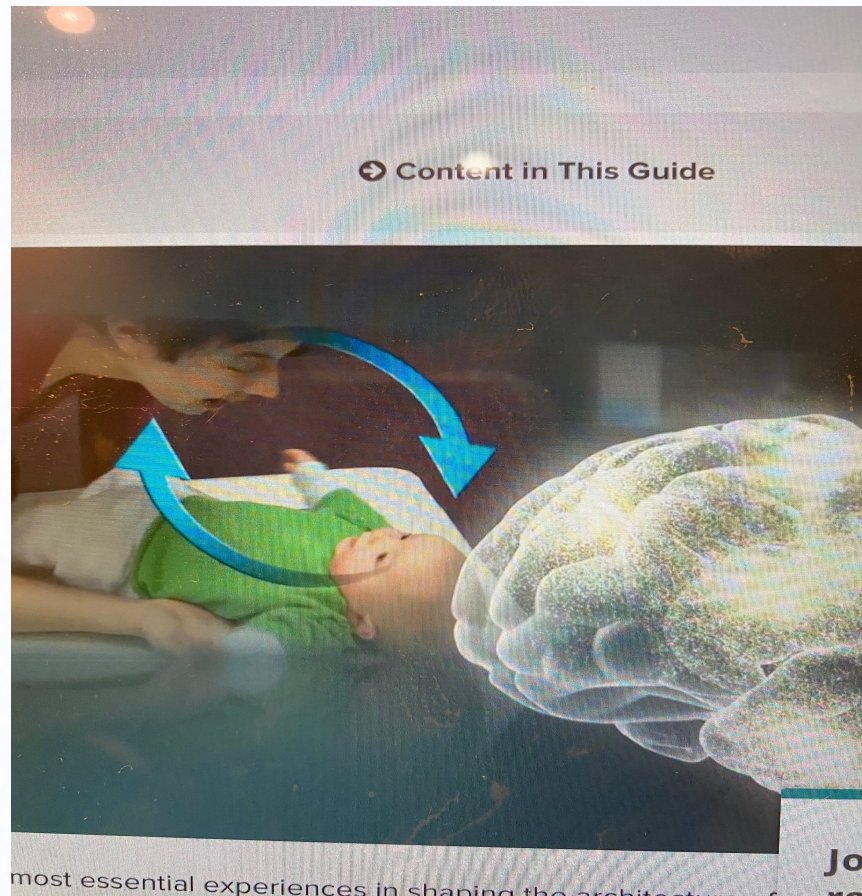
Depression impact on parents

- Loving welcome
- Woo to world of people and objects
- Establish routines
- Night time wakenings & feeding
- Breastfeeding
- Play and stimulation
- Meeting the needs of other family members
- Fatigue; low energy
- Loss of interest in usually enjoyable activities
- Negative mood: sadness, irritability
- Hopelessness; feelings of worthlessness
- Poor sleep; loss of appetite
- Difficulty concentrating
- Social isolation
- Difficulty maintaining basic level of function

Impact on Infants

- Even (and especially) very young children are affected by parental depression
- Parent may have more difficulty bonding with baby
- Difficulty establishing routines for infant
- Lower levels of warm acceptance
- Parent less engaged with baby
- Less well-timed responsiveness
- Fewer “serve and return” interactions which build brain architecture

Serve and Return Interaction



https://youtu.be/m_5u8-QSh6A

Harvard Center on the Developing Child: www.developingchild.harvard.edu

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Concerning Parenting Patterns

- Hostile and intrusive
- Disengaged or withdrawn
- In both cases, the game of serve and return falls apart and the architecture of the developing brain may be adversely affected
- Children of chronically depressed mothers perform lower on developmental, cognitive, emotional and behavioral assessments; higher rates of clinical disorders

Importance of Screening

- Parental mental health and well being is very important for young children
- Maternal depression is a known risk factor in infant/child development
- Depression is very responsive to treatment
- Screening is an important preventive intervention that can improve outcomes for parents, infants, and families

Screening Timeline

- 2010: American Academy of Pediatrics recommends postpartum depression screening
- 2014: NYS passes legislation recommending screening for maternal depression
- 2015: NYC (Thrive NYC) announces goal for 100% screening within 2 years

PHQ-9

- Developed in the late 1990's
- Based on 9 symptoms of major depression from DSM-IV (same as DSM-5)
- Found to be valid screener
- At cut off score of 10, good sensitivity and specificity for major depression
- Designed to be self-administered on paper then scored/reviewed by clinician
- 6th grade reading level
- Available in different languages

PHQ-9 Questions

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling asleep, staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

Not At all

Several Days

More Than Half the Days

Nearly Every Day

Column Totals Add Totals Together

_____ + _____ + _____ = _____

10. If you checked off any problems, how difficult have those problems made it for you to Do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3
0		2	3
0	1	2	3
0	1	2	3
0	1	2	3
0	1	2	3

PHQ-9 Administration

- Can be administered in interview format
- People found to endorse more symptoms on paper than by interview
- Some parents will not be able to manage the reading level or fully understand the questions
- Some may find the Likert scale confusing
- Some may prefer to review with provider, especially if there is prior trust

Explaining the Screening

“Delivery, and taking care of a newborn, is stressful for most parents. As part of this visit, I would like to do a brief interview to explore your mood and feelings over the past 2 weeks.”

“This assessment is being done with all new birthing parents to ensure that they are not experiencing postpartum depression and that they are at their best for their baby.”

Scoring

- 0 – 4: Normal range
- 5 – 9: Minimal symptoms
- 10 – 14: Symptoms of mild depression
- 15 – 19: Symptoms of moderate depression
- 20 and over: Symptoms of severe depression

Reviewing the Screening

“When I add up the answers you gave, I see that the total is _____. That number often means that the person completing the form

Is not/may be depressed

How do you think that matches how you are feeling?”

No/minimal symptoms

If in line with your usual protocol, consider:

- Providing psycho-education: ” Now you are aware of the symptoms of depression; if you experience more of these in the future, please speak to your healthcare provider”
- Offering wellness strategies: take time for self-care, spend time with supportive friends and family; ask for help when needed

For Scores of 10 or higher

- Discuss the benefits of support and treatment
- Refer to social worker as per usual protocol

In addition, you may suggest that parent:

- Make plans to connect with people in support system
- Add more pleasant/physical activities to their routine
- Try relaxation activities to manage stress
- Call or text NYCWell for information and support

INTERVENTION

Depression is treatable!

But, too few parents receive intervention

- **Unrecognized** depression
- **Untreated**
- **Inadequately treated**

Engaging and assisting parents to find effective treatment is a priority and a significant contribution of the Newborn Home Visiting Program

Interventions

- Medications are effective but used less often in perinatal depression due to potential impact on the developing child
- Psychosocial, therapeutic, psycho-educational approaches used with greater frequency (CBT, Interpersonal Psychotherapy)
- Interventions that focus on the parent-infant relationship are effective

Engaging the birthing parent

Educate, educate, educate...

- Most importantly, normalize the situation

Remember, as many as 1 in 5 mothers are affected by depression during or after pregnancy and around 1 in 10 regardless of age of child

- Depression is treatable; there are a wide range of treatment options
- Provide online or printed resources so parents can learn more
- Provide guidance on self-care

Ideas for Self-Care

- Connect with family and friends
- Take time to get out of the house
- Engage in physical activity
- Eat healthy food
- Explore resources for added social support; attend groups for new mothers or mother-baby groups; events at church or community centers,
- Plan for some uninterrupted sleep

Treatment is good for baby

- Explain that getting treatment is not just good for the parent but also for the child/children
- Improved parent-infant bonding
- Improved behavior at home and at school once depression improves
- Better learning potential in school
- Decreased chance of child having depression and other mental health problems in teens

Social Work Risk Assessment

- Suicidality or thoughts of self-harm?
- Neglect or abuse?
- Domestic Violence?
- Thoughts of harming the infant?

Other factors to consider

When parents and children are facing multiple social adversities, depression may not improve until these factors also improve

- Care coordination, case management, family support services
- ACS Preventive Program
- Home visiting programs
- Early Head Start
- Child Parent Psychotherapy

Client Concerns

“If I admit or seek help, will my child be taken away from me?”

Fear of being judged

Stigma

Guilt feelings

What else?

Home visitor concerns

- Too personal?
- Too sensitive a time for family?
- Parental resistance to help?
- What is follow-up potential?

Anxiety Disorders

- Anxiety disorders share features of excessive fear and anxiety, and related behavioral disturbances
- Fear - the emotional response to real or perceived imminent threat
- Anxiety - anticipation of future threat
- Anxiety disorders differ in the types of objects or situations that induce fear, anxiety or avoidant behavior
- They can be co-morbid with each other
- They differ from transient fear or anxiety by being persistent, typically lasting 6 months or more and out of proportion to the real threat posed
- Most occur more frequently in females than males

Generalized Anxiety Disorder

- Excessive anxiety and worry occurring more days than not for at least 6 months, about a number of events or activities
- The individual finds it difficult to control the worry
- The anxiety and worry are associated with three or more of the following 6 symptoms:
 1. restlessness or feeling keyed up and on edge
 2. being easily fatigued
 3. difficulty concentrating or mind going blank
 4. irritability
 5. muscle tension
 6. sleep disturbance (difficulty falling asleep or staying asleep, unsatisfying sleep)
- Cause distress or impairment in social, occupational or other important areas of functioning
- Lifetime prevalence 9%

Panic Disorder

- Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur: Note: the abrupt surge can occur from a calm state or an anxious state
 1. Palpitations, pounding heart, or accelerated heart rate
 2. Sweating
 3. Trembling or shaking
 4. Sensations of shortness of breath or smothering
 5. Feelings of choking
 6. Chest pain or discomfort
 7. Nausea or abdominal distress
 8. Feeling dizzy, unsteady, light-headed or faint
 9. Chills or heat sensations
 10. Numbness or tingling sensations
 11. Feelings of unreality or depersonalization (feeling detached from oneself)
 12. Fear of losing control or “going crazy”
 13. Fear of dying

Agoraphobia

- Marked or intense fear or anxiety about two or more of the following 5 situations
 1. using public transportation
 2. being in open spaces (bridges, marketplaces, parking lots)
 3. being in enclosed spaces (shops, movies, theaters)
 4. standing in line or being in a crowd
 5. being outside of the home alone
- The individual fears or avoids these situations because of thoughts that escape might be difficult, or help might not be available, in the event of developing panic-like symptoms or other incapacitating or embarrassing symptoms

Specific Phobia

- Marked fear or anxiety about a specific object or situation (e.g. flying, heights)
- The phobic object or situation almost always provokes immediate fear or anxiety
- The phobic object or situation is actively avoided or endured with intense fear and anxiety
- The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context
- The fear, anxiety and avoidance is persistent, typically lasting for 6 months or more
- The fear, anxiety or avoidance causes clinically significant distress or impairment in social, occupational or other important areas of functioning

Social Anxiety Disorder (Social Phobia)

- Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples: social interactions (meeting unfamiliar people), being observed (eating or drinking), and performing in front of others
- The individual fears she will act in a way, or show anxiety symptoms, that will be negatively evaluated
- The social situations almost always provoke fear or anxiety
- The social situations are avoided or endured with intense fear or anxiety
- The fear or anxiety is out of proportion to the actual threat posed by the situation
- The fear, anxiety or avoidance is persistent, typically lasting 6 months or more
- The fear, anxiety or avoidance causes clinically significant distress or impairment

Other anxiety disorders

- Separation Anxiety Disorder
- Selective Mutism
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder

Post Traumatic Stress Disorder

- Now considered to be a Trauma- and Stressor-Related Disorder in DSM-5
- Often considered to be a type of anxiety disorder, but new classification acknowledges that sometimes fear and anxiety is a prominent feature, and sometimes they are less prominent than depressive or dissociative symptoms

Post Traumatic Stress Disorder

- Exposure to an actual or threatened death, serious injury, or sexual violence
- One or more intrusion symptoms
- Persistent avoidance of stimuli associated with the trauma
- Marked alterations in arousal and reactivity
- Negative alterations in cognitions and mood associated with traumatic event
- Symptoms present for more than 1 month
- Cause significant distress or impairment

Impact of anxiety on parenting and child development

- May diminish contingent, sensitive responses to infant or young child and cause more negative and amplified responses
- Diminished parent-infant dyadic regulation
- Over-protectiveness
- Over-control
- Anxiety contagion: young children social reference to determine if a situation is dangerous; if parent seems frightened or anxious, child may feel frightened and anxious
- Combined with depression, anxiety is associated with emotional and disruptive behavior problems seen in children starting at 18 months, and more depressive symptoms in children noted in adolescence

GAD-7

- Self-administered tool used to screen for Generalized Anxiety Disorder and to assess level of severity of symptoms
- Also useful in detecting symptoms of other anxiety disorders including Panic Disorder, Social Phobia and Post-traumatic Stress Disorder
- Available in many languages!
- Can be used in the pre and post natal periods
- Consists of 7 questions that assess the presence of the primary symptoms of GAD
- Client indicates whether symptom has occurred over the past 2 weeks for several days (+1), more than half the days (+2), nearly every day (+3), or not at all (0)
- Total score possible is 21
- The last question is a good indicator of the client's level of impairment, though not included in the calculated score

GAD-7

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.

Scoring

Score	Symptom Severity	Comments
5-9	Mild	Monitor
10*-14	Moderate	Possible clinically significant condition
>15	Severe	Active treatment probably warranted

MANAGEMENT

Scores ≥ 10 : Further assessment (including diagnostic interview and mental status examination) and/or referral to a mental health professional recommended.

Scores > 10: Recommend further assessment by mental health professional

*For Panic Disorder, Social Phobia, & PTSD, cutoff score of 8 may be used for optimal sensitivity/specificity.

Key messages

- Depression and anxiety are very common and often co-occur
- Between 10 and 20% of women will be affected by one or both of these disorders sometime in their lives
- The birth of a new baby is joyful, but also stressful, and could be a trigger for these disorders
- Depression and anxiety adversely affect mothers, children and families
- There are many effective treatments for both
- Treatment will benefit both the mother and her children

Resources

- 1-888-NYC-Well
- Depression in Mothers: More Than the Blues – A Toolkit for Family Service Providers

<http://store.samhsa.gov/shin/content/SMA14-4878/SMA14-4878.pdf>

- Self-Care program for Women with Postpartum Depression and Anxiety

http://www.bcapop.ca/uploads/9/9/0/1/9901389/reproductive_mental_health_self_care_guide.pdf

Resources

- Postpartum Resource Center of New York
<https://postpartumny.org/#>
- Postpartum Support International
<http://www.postpartum.net/>
- Crisis Hotline for postpartum depression and psychosis 1800-PPD-MOMS
- New York City Early Childhood Mental Health Network
- The Motherhood Center (NYC)

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