



# Preventing Child Maltreatment using a Parent Depression Treatment Group: Strategies and Challenges

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## Introduction

Since 1965, Head Start has provided comprehensive child development services to children and their families in low-income households. The federal program currently serves children from birth to age 5, pregnant women, and their families with the goal of promoting healthy child development and family functioning. Head Start Performance Standards require that mental health professionals work with staff and parents to strengthen nurturing parent-child relationships.

Recently there has been increasing attention regarding the extent to which maternal depression increases the risk of adjustment and developmental problems. Research has demonstrated that maternal depression affects the quality of the parent-child interactions, exacerbates child behavior problems, and puts children at increased risk for experiencing maltreatment. Research by Whipple and Webster-Stratton (1991) found that maternal depression is a risk factor for sexual abuse, physical abuse, neglect and exposure to domestic violence. A related study demonstrated that maternal depression is predictive of child maltreatment and a low-income parent with high stress and lack of social support is at an increased risk for child maltreatment (Kotch et al., 1995).

To address the mental health needs of Head Start/Early Head Start parents and help prevent child maltreatment, a group-treatment intervention was developed. A group format was selected to encourage peer support and provide opportunities for modeling positive coping skills and effective parenting strategies that individual or family interventions do not always allow. In addition, previous feedback from Head Start parents identified peer interaction as one of the most beneficial features of the . To emphasize that the group experience offered the opportunity for growth and change to take place in a safe and caring environment, the intervention was called Our HOUSE (Helping Others Using Support and Education).

## Intervention Description

Each week for a fourteen-week period, parents with depressive symptoms, anxiety, and other risk factors met for an hour and a half and received education and support from trained clinical psychology graduate students (supervised by licensed clinical psychologists) and other members of the group. A treatment manual, based on cognitive behavioral strategies, was developed for the program. Initial sessions provided parents with education related to problem solving, time management and identification of thoughts and feelings. Later sessions focused on anger management, establishing healthy relationships, and positive communication. The final sessions focused on parental skills training, behavior management techniques, and strengthening parent-child relationships.

During this time, children participated in a pro-social play group separate from their parents. A treatment manual was also developed for the children's group. Trained clinical psychology graduate students provided a therapeutic child care setting where children engaged in developmentally supportive activities around themes, including sensory exploration, self-concept, feelings, friends and family, communication, and cooperation and teamwork.

## Brief Description of Our HOUSE Parent Group Sessions

- Session 1: Introduction and Orientation
- Session 2: Problem Solving and Time Management
- Session 3: Identifying Thoughts and Feelings
- Session 4: Evaluating Automatic Thoughts
- Session 5: Controlling Anger
- Session 6: Healthy Relationships and Listening
- Session 7: Healthy Relationships and Positive Communication
- Session 8: Dealing with an Angry or Abusive Partner
- Session 9: Parent Training and Building Positive Relationships
- Session 10: Parent Training and Commands
- Session 11: Parent Training for Time-Out Procedures
- Session 12: Parent Training and Establishing Rules
- Session 13: Parent Training and Rewards System
- Session 14: Review with Jeopardy Game

## Brief Description of Our HOUSE Children's Group Themes

- Sensory Exploration
- Self-Concept
- Problem-Solving
- Motor Skills
- Language and Communication
- Friends and Family
- Feelings
- Cooperation and Teamwork

## Participants

Our HOUSE participants were families with children in either Early Head Start or Head Start in Lancaster County, Nebraska. Parents of 0-5 year-old children with depression or other mental health needs were referred to Our HOUSE by Head Start Family Advocates and Family Service Workers. Our target population was low-income families who were experiencing psychological distress and were at-risk for child abuse because of their own personal histories, psychological symptoms, stress levels, and/or other risk factors. Between January 2003 and August 2004, six parallel groups of parents and children completed the program. During this time Our HOUSE served 26 parents (24 mothers, 2 fathers) and 49 children.

Prior to receiving treatment, Our HOUSE participants completed a number of pretreatment assessment measures to assess their mental health needs. Of particular interest to this endeavor was participant functioning in terms of parental depression, perceived stress associated with parenting, and the potential for the occurrence of child maltreatment. The assessments used to identify these mental health concerns included the Beck Depression Inventory (Beck, 1961), the Parenting Stress Index (Abidin, 1995), and the Child Abuse Potential Inventory (Milner, 1980), respectively.

## Discussion

Review of Our HOUSE participant scores on the assessment measures indicates that we were successful in identifying our target group of parents. As a group, Our HOUSE participants had high rates of depressive symptoms, general psychological distress, and significant parenting stress. They had experienced moderate to severe levels of abuse and neglect when they were children and were at high risk for abusing their own children.

A related study with Head Start mothers and found that prior to intervention, mothers with very high levels of mental health risk factors (depressive symptoms, anger problems, and sexual abuse as children) exhibited poorer parenting skill than a lower level risk factor control group (Baydar, Reid, & Webster-Stratton, 2003). Their results indicated that parents who were most at risk for negative child interactions (because of high mental health risk factors) not only were engaged in a preventative parenting program, but in some cases benefited more than parents without these risk factors.

Barriers for this program include lack of involvement and referrals by Head Start Advocates, many of whom expressed reluctance due to the stigma associated with receiving mental health services. Additional challenges were associated with the nature of experiencing depression (e.g., decreased energy, anhedonia, distractibility) and the low income of the participants, including lack of dependable transportation and transient living situations.

Future strategies that could increase the success of the program include: Therapist recruitment of Head Start families (vs. use of Head Start staff) to provide the clearest description of the services provided by the program, increasing collaborative efforts between therapists and Family Advocates, providing individual therapy for parental depression in conjunction with the program, arranging adequate transportation for families, and moving the sessions to a location that better serves the population.