



Pediatric
Brain Health
Initiative

2024 Pediatric Brain Health Webinar Series

PROMOTING FAMILY & PROVIDER MENTAL WELL-BEING



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Webinar Series

Challenges and Opportunities in Meeting the Mental Health Needs of Families in the Perinatal Period.



Darius Tandon, PhD

Professor, Department of Medical Social
Sciences | Director, Center for Community
Health, Northwestern University Feinberg
School of Medicine



Moderator:

Kathryn Sibley

The Activity Sign-In Code which
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Pediatric Brain Health Summit Webinar Series: Promoting family & provider mental well-being

Date:
Wednesday, May 22,
2024

Time:
12:00 PM - 1:30 PM

Location:
Virtual Conference
Room

Learning Format:
Online

Presentation and Speaker Information:

Webinar 2: Challenges and
Opportunities in Meeting the Mental
Health Needs of

Families in the Perinatal Period.

Shiv Darius Tandon, PhD, PhD -
Northwestern University Feinberg
School of Medicine

Learning Objectives:

At the conclusion of this activity, participants should be able to:

1. Outline the research and effectiveness of the Mothers and Babies program for perinatal mental health prevention among community service providers and home visitors.
2. Discover the role of non-medical professionals in preventing perinatal depression through research on the Mothers and Babies program.
3. Explain the importance of involving fathers in perinatal mental health interventions, focusing on the significance of Fathers and Babies.

Accreditation Statement:

- McGovern Medical School at the University of Texas Health Science Center at Houston is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation:

- McGovern Medical School at the University of Texas Health Science Center at Houston designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- McGovern Medical School at the University of Texas Health Science Center at Houston designates this live activity for a maximum of 1.5 Hour(s) Attendance w/ No Credit. Participants should claim only the credit commensurate with the extent of their participation in the activity.

Event Disclosures:

Speakers:

- Shiv Darius Tandon, PhD, PhD has no financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients to disclose.

Planners and other Administrative Support:

- David Lakey, MD, Katy Butterwick, MA, Dorothy J Mandell, PhD, Louis Appel, MD, MPH, Anu Partap, MD, MPH, Sarah Presti, MS, Kim McPherson, MPA, Sasha Rasco, MPA, and Brooke King, MA have no financial relationship(s) with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients to disclose.

Commercial Support:

This activity is not commercially supported.

Pediatric Brain Health Summit Webinar Series: Promoting Family & Provider Mental Well-Being

Title: Webinar 2: Challenges and Opportunities in Meeting the Mental Health Needs of Families in the Perinatal Period.

Speaker(s): Planning Committee Members: David Lakey, MD, Katy Butterwick, MA, Dorothy J Mandell, PhD, Louis Appel, MD, MPH, Anu Partap, MD, MPH, Sarah Presti, MS, Kim McPherson, MPA, Sasha Rasco, MPA, and Brooke King, MA

Disclosure of Financial Relationships:

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May 22, 2024

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Challenges and Opportunities in Meeting the Mental Health Needs of Families in the Perinatal Period

Darius Tandon, PhD
Professor, Department of Medical Social Sciences
Director, Center for Community Health

Pediatric Brain Health Summit Webinar Series
May 22, 2024

www.mothersandbabiesprogram.org

@MothersBabiesNU

Our North Star

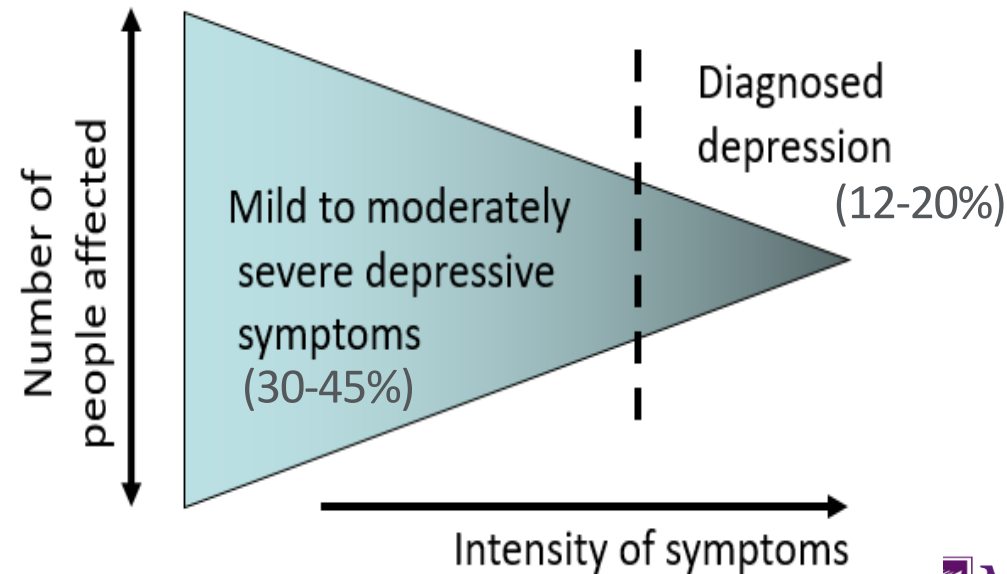
- **We believe mental health services and supports should be...**
 - Widely available
 - Easy to access
 - Affordable
 - Non-stigmatizing
 - Effective



- **We believe the voices and perspectives of those outside the university-based research team must be elicited and valued**

Need for Perinatal Preventive Interventions

- Prevalence of perinatal **depressive symptoms** is **30-45%**, with low-income racial and ethnic minority women disproportionately affected (Howell et al., 2005; Mora et al., 2009)
- Both major depression and depressive symptoms interfere with parenting behaviors as well as infant development and behavior (Cuijpers et al., 2012)

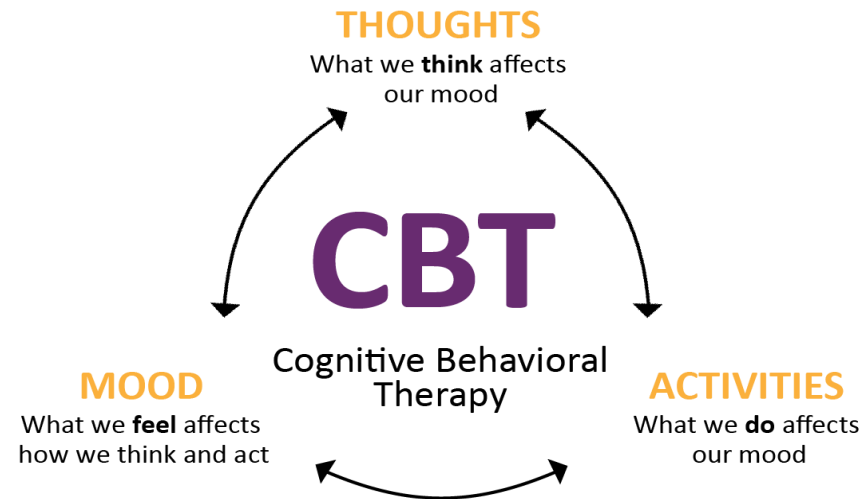


Evidence-Based Interventions to Prevent Perinatal Depression

- United States Preventive Services Task Force (USPSTF) review of interventions aimed at preventing perinatal depression concluded that effective interventions exist: “there is moderate certainty that counseling interventions to prevent perinatal depression have a moderate net benefit for women at increased risk”.
 - Evidence given a “B” rating
 - Private insurance plans & Medicaid are required to cover preventive services without cost-sharing
 - Mothers and Babies (MB) noted as one of the two most effective interventions in USPSTF report (Curry et al., 2019)

MB Conceptual Background & Evidence of Effectiveness

- Manualized intervention based on principles of cognitive-behavioral therapy (CBT) and attachment theory



- Effective in reducing depressive symptoms and preventing new depressive episodes (Munoz et al, 2007; Le et al., 2011; Tandon et al., 2011; Tandon et al., 2013; McFarlane et al., 2016)
- Framed as a “stress reduction” intervention

Mothers and Babies Intervention Modalities

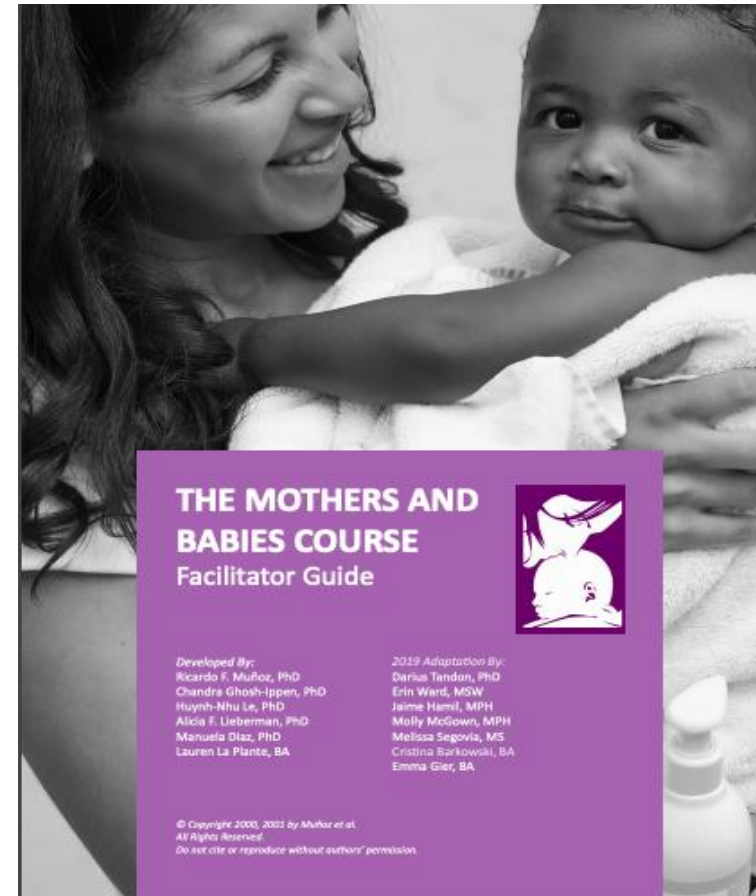
- RCT's demonstrating efficacy of MB **group modality**, including trials done in home visiting (Tandon et al., 2011; Tandon et al., 2013; McFarlane et al., 2016)
- More recent trials demonstrating efficacy of MB **1-on-1 modality** when delivered to perinatal women receiving home visiting services (Tandon et al., 2018; Tandon et al., 2022)

MB Group	MB 1-on-1
6 sessions	9 sessions
Each session lasts ~90 minutes	Each session lasts ~20-25 minutes

Mothers and Babies Manuals

- Instructor's Manual
 - Used by those delivering the MB intervention
- Participant Manual
 - Used by families/clients receiving the MB intervention
- MB Course materials accessible in multiple languages (Spanish, Arabic, Haitian Creole) on our website:

www.mothersandbabiesprogram.org



Mothers and Babies Content

Module	Key Concepts
Introductory	Identify stressors; understand relationship between stress and mood; introduce three MB modules; introduce to Quick Mood Scale
Pleasant Activities	Understand connection between pleasant activities and mood; identify pleasant activities one can do individually or with others; discuss strategies to overcome obstacles in engaging in pleasant activities
Thoughts	Understand connection between thoughts and mood; identify unhelpful thought patterns; develop skills for responding to unhelpful thought patterns; discuss thoughts about baby's future
Contact with Others	Understand connection between contact with others and mood; identify supportive individuals and ways they provide support; discuss effective communication for getting needs met;

Structure of a MB Session



- Each topic lists **KEY POINTS**, which are the main messages for the topic.



- Each topic has a **SCRIPT** to guide you when communicating the material for each topic. You do not have to use the script word for word—it is there for you as a roadmap.



- Most topics include **INTERACTIVE LEARNING** activities to help the client understand the concepts; encourage client to identify examples and situations where she can use and practice the skills in her daily life.



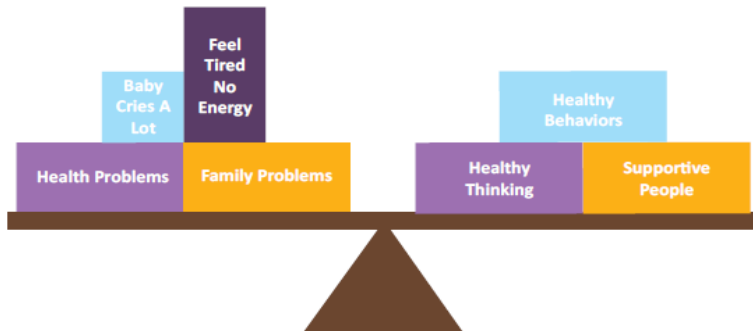
- Each session ends with a **PERSONAL PROJECT**. Introduce the personal project and ask the client to do the activity before the next time you meet.

MB Sample Content: Introductory Module



But we can learn to manage stress and feel better and more balanced by making changes in:

- the way we **behave**
- the way we **think** about and understand stressors
- the **support** we receive from other people



	M	T	W	TH	F	SA	SU
Best Mood	9	9	9	9	9	9	9
	8	8	8	8	8	8	8
	7	7	7	7	7	7	7
	6	6	6	6	6	6	6
Average Mood	5	5	5	5	5	5	5
	4	4	4	4	4	4	4
	3	3	3	3	3	3	3
	2	2	2	2	2	2	2
Worst Mood	1	1	1	1	1	1	1

MB Current Work

(1) What is the **impact** of MB beyond trials highlighted in the USPSTF report?

- NICHD R01 (R01HD097215) examining responsive parenting, parent-child attachment, young child self-regulation

(2) What are ways to expand the **reach** of MB and **engagement** of providers and families with the intervention?

- *Adaptations* for tribal/indigenous families and sexual and gender minorities (Perigee Fund)
- New *modalities* for delivering MB including “eMB” (5P50MH119029-03) and virtual MB groups (R01MD017622)
- *Task shifting* delivery of MB from mental health clinicians to lay health professionals (PCORI Contract #AD-1507-31473)

MB Current Work

(3) What are additional **innovations and enhancements**?

- NIMHD R21 (R21MD0011320-01) to develop “Fathers and Babies” to be delivered concurrently with MB, or as a free-standing intervention

(4) How are we **spreading/scaling** MB to promote its public health impact?

- Training, technical assistance, and evaluation model to support dissemination of MB

Effects of a Prenatal Depression
Preventive Intervention on
Parenting and Young Children's
Self-Regulation and Functioning

The EPIC Study (R01HD097215)

Task Shifting MB Delivery

- Shortage of mental health professionals suggest the need to “task shift” delivery of interventions to lay health workers
- 3-year PCORI-funded comparative effectiveness trial to compare MB group intervention delivered by lay home visitors vs. mental health clinicians
- Cluster RCT in 37 home visiting programs; 874 enrolled clients
- Key findings:
 - Evidence of non-inferiority, as MB delivered by home visitors and clinicians yielded similar reductions in depressive symptoms (Tandon et al., 2021)
 - Home visitors delivered MB with similar adherence and competency as mental health clinicians (Diebold et al., 2020a)
 - Participants and facilitators found MB acceptable and feasible when delivered by either home visitors or mental health clinicians (Diebold et al., 2020b)

EPIC Study Overview and Background

Overview

- Builds on MB Group study funded by PCORI (AD-1507-31473)
- Objective: to look at longer-term outcomes of MB on parenting practices and child self-regulation

Background

- Perinatal depression is a strong predictor of poor parenting and disrupted child regulation (Kohlhoff & Barnett, 2013)
- Cognitive and emotional skills found in the MB intervention that equip women against perinatal depression may also equip them to be more responsive, positive, child-centered parents (Choe et al., 2013; Crandall et al., 2015)

EPIC Study Aims

Aim 1

- Examine whether targeting perinatal depressive symptoms with MB prevents disruptions in well-regulated parenting and child self-regulation

Aim 2

- Examine the extent to which improvements in core CBT skills mediate improvements in parenting and child self-regulation outcomes

Aim 3

- Examine the extent to which identified variables moderate MB's preventive effects on maternal parenting and child self-regulation

Methods

Participants

- 720 female participants
 - 480 intervention
 - 240 control
- 360 father/caregiver participants
- Eligibility criteria
 - ≥18 years old
 - Speaks English or Spanish
 - Has child turning 30 months old on or before 12/31/2021 (for female participants)
 - Has relationship with child of an enrolled female participant (father/caregiver participants)

Data Collection

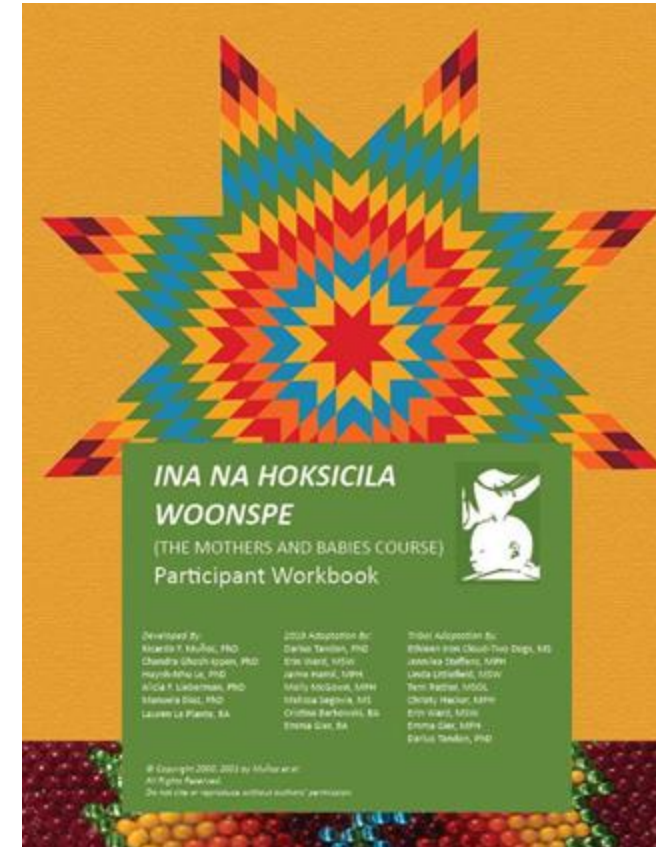
- Longitudinal observational study
- Maternal self-report at 5 time points
 - Child aged 30, 36, 42, 48, 54 months
- Observational sub-study at 3 time points
 - Child aged 36, 42, and 48 months
- Paternal self-report at 3 time points
 - Child aged 30, 42, and 54 months

Studies Aimed at Promoting MB Reach and Engagement

MB Adaptation for Tribal/Indigenous Families

- **Cultural adaptation** of MB for use in **tribal communities** (Ward et al., 2022)
- Conducted in partnership with early childhood providers and administrators in South Dakota affiliated with the Lakota tribe
- Focuses on both surface and deep adaptation
 - Surface: color schemes, wording/phrasing
 - Deep: connecting MB content with Lakota spiritual elements, ancestral teachings, and cultural values

Ex., identifying cultural strengths such as “wockekiye” (sending voice to Creator) and “wotakuye” (strong kinship system)



Parents and Babies (PAB)

- Adaptation of MB for sexual and gender minorities (SGM)
- Preliminary work led by Advisory Board of service providers and perinatal individuals who represent PAB intended audience
- After adaptations are complete, plans to pilot test to examine feasibility and acceptability
- Collaboration with Dr. Leiszle Lapping-Carr (NIH Career Development award to facilitate pilot testing of PAB)



New MB Modality: eMB (Mothers and Babies Online)

- In-person MB delivery may be challenging, particularly in rural communities
- Colleagues at Palo Alto University (Dr. Alinne Barrera) developed an internet-based version of Mothers and Babies: “eMB”
- Currently conducting 18-month pilot funded via Northwestern Center for Behavioral Intervention Technologies with aims to:
 - (1) Employ user-centered design (UCD) with home visiting stakeholders (clients, home visitors) to generate recommendations on how to integrate eMB into home visiting workflows and strategies for home visitors to provide human support among clients using eMB
 - (2) Conduct a RCT with 45 home visiting clients to examine feasibility, acceptability, and preliminary effectiveness of eMB when implemented in home visiting programs

UCD Phase

- Semi-structured interviews with 10 HV families and 10 home visitors from six HV programs across the United States
- Interview structure:
 - (1) Participant-led exploration of eMB using think-aloud method
 - (2) Elicited recommendations on how to integrate eMB into HV workflows, appropriate coaching strategies, potential barriers and facilitators
- Thematic analysis in MAXQDA with coding to consensus

UCD Phase

- Selected results:
 - Families and home visitors both appreciative and supportive of the eMB modality
 - Home visitors indicated coaching fits within existing structure of home visits w/families
 - Both HVs and families recommended coaching should align with core MB topics and skills, and assistance with technology with a self-paced online program
 - Both HVs and families recommended coaching could be done during regular visits, brief phone calls, or text/email depending on parents' needs

RCT Phase: Design and Recruitment

- 8-session eMB intervention
 - Sessions 1-7: “core MB” content; Session 8: Relaxation Activities
 - Coaching to be conducted by home visitor after sessions 1-7

Effectiveness Outcomes (measured via maternal report at baseline, 1-week post-intervention, 3-months post-intervention):

- Primary outcomes: Depressive symptoms (CES-D), Perceived Stress (PSS-10)
- Secondary outcomes: Anxiety (GAD-7), Parenting Self-Efficacy (Parenting Sense of Competence), Partner Relationship (Revised Dyadic Adjustment Scale)

Implementation Outcomes

- Intervention dosage (range of eMB sessions 0-7)
 - Session 8 comprised of guided relaxation recordings
- Coaching dosage (range of coaching sessions 0-7)
- Intervention acceptability and feasibility (@ 1-week post-intervention)

New MB Modality: Virtual MB Groups

- During COVID-19 pandemic, collaboration with colleagues at Johns Hopkins University to pilot test a virtual group version of MB
- Obtained R01 to conduct RCT of virtual MB groups with immigrant Latinas enrolled in family support programs throughout Maryland
- MB intervention augmented to address social determinants of health and client needs:
 - Patient navigation to assist with food insecurity
 - Pediatrician to assist with questions related to child development
- Hybrid effectiveness-implementation trial that will examine both clinical effectiveness and implementation
 - Recruitment began September 2023 and will continue through August 2025

Fathers & Babies (FAB)



Fathers And Babies (FAB) Overview and Background

- Increased attention to paternal perinatal health
 - Paternal perinatal depression prevalence 10% (Habib, 2012; Paulson & Bazemore, 2010)
- No existing interventions focused specifically on paternal mental health (Lee et al., 2018)
- Focus groups with home visitors, home visiting clients, and their male partners yielded two key recommendations to guide FAB development:
 - (1) Focus on father's mental health **AND** help father's support their partner's mental health
 - (2) Make intervention flexible to accommodate fathers' schedules. (Hamil et al., 2021)



The Fathers and Babies Course

FAB



FAB Intervention Overview

- FAB sessions for male partners delivered concurrent with MB sessions received by female home visiting client
- First FAB session delivered in person or by phone
- Subsequent sessions a) in person at same time female client receives home visiting or b) via text messages with embedded links to FAB content (videos, worksheets)
- FAB content mirrors content delivered as part of MB
 - Example:
 - Mothers and Babies Session 3 encourages identification of different types of pleasant activities that improve mother's mood
 - Fathers and Babies Session 3 encourages identification of pleasant activities that improve father's mood AND highlights the importance of female partner also engaging in pleasant activities

FAB Pilot Study

- Piloted tested with 30 father/mother dyads
 - Predominately African-American and Hispanic dyads
 - Variety of relationship status

Qualitative Data

“It helped me with stress and helped with mental health.”

“It helps you think about a young baby’s future, your own future, your partner’s future, the kids’ future. It helps you think – like, it’s not only for babies and fathers or babies and mothers. It’s broad; it’s for everybody.”

Quantitative Data

- Statistically significant decreases in perceived stress among both males ($p=.031$) and females ($p=.007$) at 3-month follow-up, with gains maintained at 6-month follow-up for males ($p=.005$) and females ($p=.034$)
- Decreases in depressive symptoms and anxiety symptoms among both males and females, albeit not statistically significant

(Tandon et al., 2022)

MB Expansion

MB Expansion: Overview and Background

- Considerable interest among home visiting programs in implementing MB
 - Effectiveness of MB when delivered to home visiting clients
 - Low cost associated with group or 1-on-1 models
 - Meets Maternal, Infant, Early Childhood Home Visiting (MIECHV) benchmark for maternal depression referral



- Increasing interest and demand across healthcare settings
 - U.S. Preventive Services Task Force Recommendation on perinatal depression screening (Siu et al., 2016)
 - American College of Obstetricians and Gynecologists Committee Opinion on perinatal depression screening (ACOG, 2018)

MB Expansion: Training and Implementation Support

MB Training

- Two 3-hour training sessions via Zoom, typically scheduled as half-days over 2 weeks; optional train-the-trainer session ~1-2 weeks later

MB Implementation Support

- Monthly consultation for implementing programs to support integrating MB into practice with fidelity while promoting “fidelity-consistent” adaptations and planning for sustainment
- MB website contains various additional supports:
 - Client and provider testimonial videos
 - Alternative activities/exercises
 - Brief training videos
 - Implementation resources

MB Expansion: Evaluating Real-World Implementation

Implementation Evaluation

- 12-, 24-, and 36-month surveys with trained service providers to understand key implementation outcomes (e.g., fidelity, adaptations, client engagement)

Effectiveness Evaluation

- Collection of de-identified client data on depressive symptoms
- Data collected pre- and post-intervention
- Northwestern research team provides guidance to programs and systems with less capacity to collect data

Conclusions and Future Directions

- Preventive interventions are available, effective, and flexible in delivery modality
- Task-shifting responsibility for intervention delivery should continue to be explored, in part to address needs of individuals needing preventive interventions
- Moving toward precision—how to provide additional “just-in-time” content based on real-time reported stress
 - Grant under review to personalize the amount of MB content based on real-time stress
- Empirical testing of MB adaptations
 - New modalities (eMB, MBVG) -- New populations (SGM, Tribal, Fathers)
- Understanding client preference
 - Study about to launch with Maryland home visiting programs examining client preference for eMB vs. MB 1-on-1
- Balancing public health need with research on real-world implementation
 - Expansion work provides agencies/systems with an affordable, effective intervention
 - Important to understand “voltage drop” (Chambers et al., 2013) of intervention when delivered in real world

THANK YOU!

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