



Practical support counts – Parenting training for mothers with postnatal depression in Comprehensive Child Development Service (CCDS)

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Introduction to CCDS



- » **Perinatal psychiatric service**
 - > Early identification of women with perinatal psychiatric problems
 - > Specialized psychiatric treatment
- » **Rolled out to 7 clusters since March 2012**
- » **Two Clinical Psychologists serving 7 clusters**
- » **Individual psychological treatment**
- » **Structured treatment programme**
 - > *4-session Basic positive parenting training programme*
 - > 3-session Mother-baby interaction programme
 - > 3-session Social emotional development educational programme



Why Parenting Programme?



Maternal Depression and Parenting

- » Maternal depression is associated with: (Lovejoy, et. al., 2000)
 - > ***Disengagement and lower level of positive parenting behaviors***
 - + Emotionally withdrawn and disengagement
 - + Less sensitive to child's needs
 - + Lower level of positive interaction with the child
 - + Less responsive to child's behavior
 - + Impaired communication with the child
 - + Demonstrate lower synchrony with their infants



Maternal Depression and Parenting

- » Maternal depression is associated with: (Lovejoy, et. al., 2000)
 - > ***More negative parenting behaviors***
 - + **Increased hostility and resentment towards the child** (e.g. threatening gestures, negative facial expression, expressed anger, intrusiveness)
 - + **Impatient use of coercive techniques in guiding the child**
 - + **Increased irritability** might be associated with mother's over-reliance on coercive techniques for dealing with child's behaviors



Maternal mental illness

Child development/Risk of mental disorder



Maternal Depression and Child Psychopathology

- » **Maternal depression was significantly related to:**
(Goodman, et. al., 2011)
 - > **Higher level of internalizing problems**
 - > **Externalizing problems**
 - > **General psychopathology**
 - > **Negative affect / behavior**
 - > **Lower levels of positive affect / behavior**



Is treatment targeted at mother's depression alone sufficient?

- » Effective treatment for PND is **NOT sufficient** to improve mother-child relationship (Forman, et. al., 2007)

- » Treatment of depressed mothers had **NO significant** impact on
 - 1) management of early infant behavioral problems
 - 2) security of mother-infant attachment
 - 3) infant cognitive development and child outcome at 5 years (Murray, et. al. 2003)



Aim of the Project

- » Pilot intervention programme to examine the treatment efficacy of a parenting training programme for mothers with postnatal depression who encountered parenting difficulties



Methodology

» Inclusion Criteria

> Mothers attending CCDS

1. Principle diagnosis of postnatal depression or adjustment disorder with depressive features
2. Encountered parenting problem of a toddler from aged two to five
3. Mentally stable, able to participate and benefit from a group programme
4. Able to read, write and understand Chinese



Study Design

CCDS Mothers with diagnosis of depressive disorder, encountering parenting problems of toddlers

Individual Intake Assessment

Pre-group measures

4-session Basic Positive Parenting Training

Post-group measures



Outcome Measures

- 1. Depression, Anxiety Stress Scale (DASS-21) – Chinese version** (Taouk, M., Lovibond, P. F., & Laube, R., 2001)
 - > Higher score, Increased severity
- 2. Parenting Stress Scale (PSS)** (Cheung, 2000)
 - > Higher score, higher level of parenting stress
- 3. Parenting Sense of Competence (PSOC)** (Johnston & Mash, 1989)
 - > Higher score, higher level of sense of competence






Intervention

- » **4-session Basic Positive Parenting Programme**
 - > **Positive parenting strategies**
 - + **Knowledge of child development from two to five**
 - + **Basic principles for positive parenting**
 - + **Building positive parent-child relationship**
 - + **Managing misbehaviors**
 - + **Anticipating and planning**
 - > **Basic cognitive behavioral strategies for emotion management**
 - + **Psychoeducation on CBT model**
 - + **Basic emotional management strategies**
 - + **Cognitive traps for parenting**



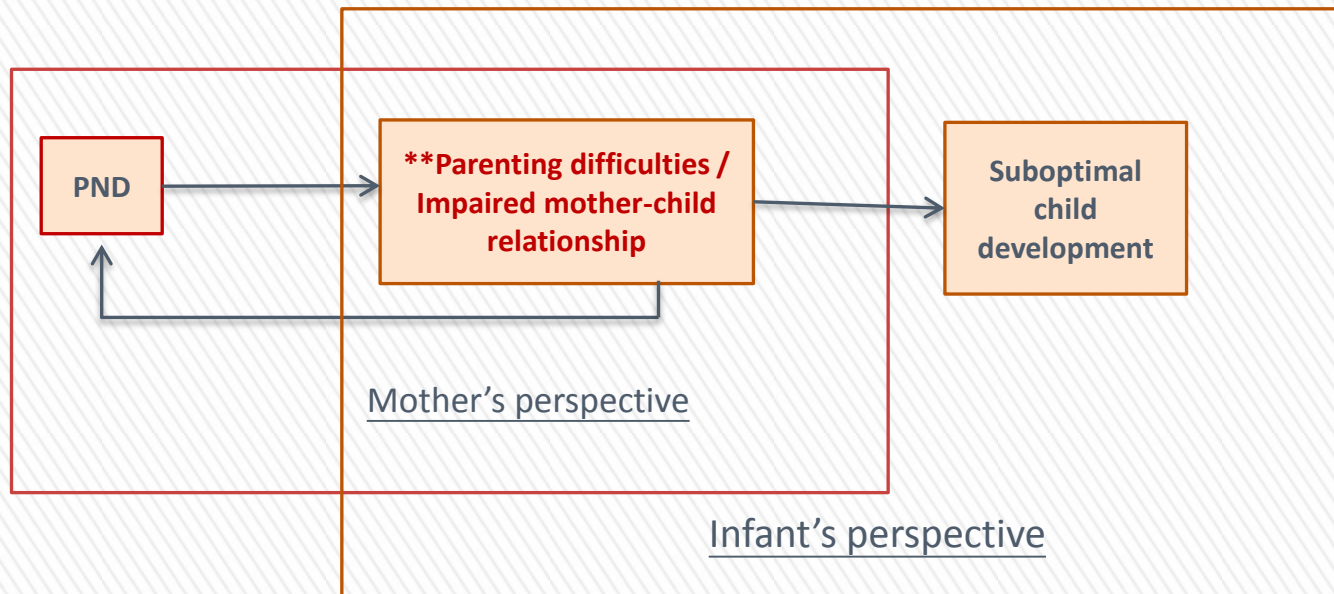
Results

- » Participants: 40 mothers from CCDS psychiatric clinic of KEC, KWC and NTWC
- » 20 of completed pre-post measures
- » Mean age: 34.4 ± 3.8

	Pre-mean \pm SD	Post-mean \pm SD	<i>t</i> value, <i>p</i> value <.05
DASS-21 <ul style="list-style-type: none"> • Depression  • Anxiety • Stress 	10.24 ± 5.11 9.59 ± 4.65 14.11 ± 4.86	7.00 ± 5.11 8.06 ± 4.41 13.0 ± 5.45	<i>t</i> = 3.71, <i>p</i> = .00** <i>t</i> = 1.44, <i>p</i> = .17 <i>t</i> = 0.92, <i>p</i> = .37
PSS 	69.53 ± 11.09	65.26 ± 10.97	<i>t</i> = 2.51, <i>p</i> = .02*
PSOC 	43.11 ± 7.26	49.47 ± 9.45	<i>t</i> = -4.52, <i>p</i> =.00**

Discussion

- » Significant improvement in parenting skills
 - > Reduction in level of parenting stress
 - > Increased parenting sense of competence
- » Significant improvement in mood
 - > Reduction in DASS score
- » Preliminary results that worth further controlled study



Conclusions and Implications

- » Development of perinatal psychiatric service
 - > Incorporation of parenting training as part of clinical management
 - > Favorable for positive child development in the long run



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Thank you!

