Toward Trauma-Informed Home Visiting: Addressing Depression and Social Support

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Interpersonal Traumatic Experiences

• Physical Abuse
• Sexual Abuse
• Emotional Abuse
• Witnessing Violence
• Physical and Sexual Assault
• Intimate Partner Violence

Source: Stress, Trauma, and Resilience Lab, San Francisco State University
Healthy Brain
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain
This PET scan of the brain of a Romanian Orphan, who was instutionized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Source: Centers for Disease Control and Prevention
Epidemiology of Childhood (0-18) Traumatic Experiences

• Adverse Childhood Experiences (ACEs): Abuse, Neglect and expanded to Household Dysfunction

• Prevalence of ACEs: 15.2% with 4 or more ACEs

• High ACEs 0-5 years $\Rightarrow$ 2.7-3.5$^\dagger$ fold higher risk for poor Kindergarten outcomes

• High ACEs 0-18 years $\Rightarrow$ 4-12$^\ddagger$ fold higher risk for alcoholism, drug abuse, depression, and suicide attempts

$^\dagger$Jimenez (2016), Fragile Families and Child Wellbeing Study, MCHJ
Cumulative ACEs and Mental Health

1Data from the National Comorbidity Survey-Replication Sample (NCS-R).
Protective Factors as ACE Buffers?

- Interpersonal Supports
- Emotional Health
- Meaningful Engagement (e.g. my life as meaning)
- Physical Health Behaviors

Every Child Succeeds Home Visiting

- Regional home visiting program: Southwest Ohio & Northern Kentucky families
- Network of 9 community-based agencies that enroll 1,500 mothers annually
- **Eligibility Criteria:** first-time mothers who are <18 years, unmarried, living in poverty, and/or who have late entry into prenatal care
- **Goals:** positive parenting; healthy home environment; optimal development
Interpersonal trauma experiences of mothers in ECS home visiting

N=806
Trauma=74.1%
2+=68.9%

- Witness IPV: 13.4%
- Witness crime: 31.2%
- IPV: 26.7%
- Physical abuse: 32.7%
- Sexual abuse or assault: 28.2%

Ammerman et al., 2009
Maternal Adverse Childhood Experiences (ACEs)

28.8% with 4 or more ACEs
ACE Total Score in ECS Sample and CDC 2009 Five State Survey, Female Sample (18-24 years)

- HV sample
- CDC

- 0: 17.1% (HV), 35.5% (CDC)
- 1: 26.6% (HV), 22.6% (CDC)
- 2: 17.1% (HV), 13.2% (CDC)
- 3: 10.5% (HV), 7.6% (CDC)
- ≥4: 28.8% (HV), 21.0% (CDC)
Profiles of Maternal ACE Exposure (ECS)

Emotional Abuse
Physical Abuse
Sexual Abuse
Emotional Neglect
Physical Neglect
Household IPV
Household (Drugs)
Household (Men. ill)
Household (Prison)
Household (Div.)

Mother #1: Reported experiencing many ACEs
Mother #563: No ACEs
Maternal interpersonal trauma and negative offspring social-emotional development
Maternal Trauma History to Offspring Development

Adapted from Folger et al (2017)
Maternal Trauma Linked to Infant Epigenome and Increased Vulnerability?

Early exposure to maternal distress → Infant social-emotional function
Trauma, Depression, and Social Support

Relationships in Home Visiting
Impact in Home Visiting

N=220 first time mothers

Eligible and enrolled in either:
- Nurse-Family Partnership
- Healthy Families America

Provided data throughout the first 18 months of home visiting
Dimensions assessed:
- Demographic factors
- Childhood Trauma Questionnaire (CTQ)
- Beck Depression Inventory-II (BDI-II)
- Interpersonal Support Evaluation List (ISEL)
- Parenting Stress Inventory-Short Form (PSI)

Measurement occasions:
- Enrollment, 9-months post enrollment, 18-months post enrollment
Model to be tested

- Child Maltreatment
- Depressive Symptoms
- Social Support
- Parenting Stress
- Covariates

Enrollment 9 Month 18 Month
Enrollment 9 Month 18 Month

Child Maltreatment

Social Support

.31***

Depressive Symptoms

.14***

9 Month

.78***

Social Support

-0.11*

Depressive Symptoms

.45***

18 Month

Parenting Stress

.19* (.07)

.26*

Model Fit:
TLI: .97
RMSEA: .04
SRMR: .03

After controlling demographics and PSI severity at 9 months

Shenk, Ammerman, et al., (2017), Prevention Science
Child Maltreatment

Enrollment

Social Support

-0.31***

Depressive Symptoms

-0.14***

9 Month

Social Support

-0.11*

Depressive Symptoms

0.45***

18 Month

Parenting Stress

0.26*

Shenk, Ammerman, et al., (2017), Prevention Science
Conclusions

- Trauma predicts increased parenting stress at 18 months of home visiting
- Both social support and depression are the ways in which trauma predicts parenting stress
- Timing is important
- Home visiting may not be as effective for mothers with a history of maltreatment in childhood
- More efficient targeting may improve home visiting effects
Course of Depression (BDI > 13 @ enrollment and/or 9 months) in home visitation (N = 806)

- 74.8% with trauma history
- 55.8%
- 44.2%
- 12% receive mental health treatment

Ammerman et al., 2009

Home visiting alone has no impact on depression
Depression and parenting and parenting stress
BDI-II Scores at Pre-Treatment, Post-Treatment, & Follow-Up

F = 7.9, p < .01
Social Support Using ISEL Scale (Total)

F = 5.1, p < .01
Treatment of depression & past history of sexual abuse
Predictors of symptom status at post-treatment

What is trauma-informed home visiting?
Current conceptualization:

• Understanding of trauma and its effects
• Increased awareness and recognition

• ALSO:
  – Identification of depression
  – Prevention and treatment of depression
  – Increasing natural social supports
  – Building positive social networks
  – Timing of interventions
What can we do in home visiting to make it more trauma informed?

• Mood management
  – Pleasant events
  – Cognitive reframing
  – Overcoming avoidance

• Social network and support
  – Social network analysis
  – Reconnecting with lost social resources
  – Accessing underutilized resources
  – Social skills
  – Reducing social anxiety and building confidence
Depression-prevention

Information about depression
Screening
Supporting mothers
Making referrals
Examples: Pleasant activities
Resources

Available for free download at the SAMHSA store:
http://store.samhsa.gov/
Next steps

• Developing new interventions for use in home visiting
• Greater emphasis on depression and social support
• Greater appreciation for timing of strategies
• Incorporating intervention into home visiting
• Modifying curriculum and training
Questions and Comments?