Abstract

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Project Title: Reducing Depressive Symptoms in Low-Income Mothers

Duke PI:

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Abstract: DESCRIPTION (provided by applicant): Depressive symptoms are more prevalent, severe and persistent in low-income mothers as a function of complex life problems, lean resources and poor social support. In addition to limiting the mother's emotional availability to her infant/toddler, depressive symptoms block these mothers' escape from poverty by robbing their energy for school and job training, and diminishing their use of available enrichment programs for their child. This is especially insidious for the very youngest children - infants and toddlers - because they are the most developmentally vulnerable. Using a 2-group, repeated measures experimental design, this study will test a brief (5 month) intervention using a modification of Interpersonal Psychotherapy to help mothers effectively function in the presence of depressive symptoms, manage life issues, use social support and parent their infant or toddler. The study will take place in five Early Head Start child enrichment programs, 4 in North Carolina and 1 in New York. Mothers from these programs who have depressive symptoms (score 16 or greater on the Center for Epidemiological Studies Depression Scale (CES-D) and who have infants or toddlers between 6 weeks and 30 months old who are enrolled in Early Head Start will participate. The 226 mothers will be randomized to treatment and usual care/attention control groups and the effects will be measured over four collection points (baseline, 14 weeks, 22 and 26 weeks) using the Hamilton Rating Scale for Depression, Structured Clinical Interview for Depression (SCID), analysis of videotaped unstructured, in-home mother-infant/toddler interactions, Everyday Stressors Index, social support and use of EHS services. Three mediators (self-efficacy, proactive coping and social support seeking) and moderators (maternal characteristics [age, education, income], maternal health and maternal burden [number of children, child healthcare responsibilities, access to transportation, resource acquisition effort, job strain and debt]) will be analyzed for effect on the intervention outcomes. Few controlled interventions with high-risk mothers such as these have been done to date. The proposed study will address this gap by bringing an intervention specifically for depressive symptoms alongside of an already-existing early child intervention program. By helping these mothers better utilize Early Head Start resources, the positive benefits of the intervention can be maintained and thus result in lasting benefit for the child as well as the mother.