Reducing Depressive Symptoms and Enhancing Parenting in Low-Income and Newly Immigrated Mothers of Infants and Toddlers

Background & Goal

As many as 50% of mothers of infants and toddlers who face economic hardship, resource challenges in rural America, impoverished urban neighborhoods or immigrant struggles have significant levels of depressive symptoms. For these mothers who confront multiple risks, the prevalence of significant levels of depressive symptoms rises to 64%. Since infancy and toddlerhood is the period when the most rapid brain and neurocognitive growth occurs, significant levels of depressive symptoms in a mother may compromise essential maternal functions and place the infant/toddler at risk for developmental and language delays, cognitive deficits and later school failure. Dr. Beeber and her multidisciplinary colleagues set out to produce, test and disseminate stigma-free, culturally tailored nursing interventions to reduce maternal depressive symptoms and enhance parenting to prevent negative child outcomes. Dr. Beeber’s program, Reducing Depressive Symptoms and Enhancing Parenting in Low-Income and Newly-Immigrated Mothers of Infants and Toddlers, achieved its goal through the talent and ingenuity of advanced practice psychiatric mental health nurses delivering culturally tailored and, when needed, linguistically appropriate (Spanish) interventions.

Project Description

Dr. Beeber’s research teams conducted over 20 years of sustained research to identify how context-specific maternal stressors such as economic hardship, immigration, discrimination or child developmental disabilities were linked to maternal depressive symptoms. Being one of the first researchers to recognize the mother-child dyad as an integral unit, Dr. Beeber developed nurse-delivered interventions to increase maternal self-efficacy through symptom monitoring and control, problem-focused strategies and improved parenting. Dr. Beeber’s interventions are tailored to embrace ethnic and cultural practices and variations in literacy and language proficiency. At the core of the intervention is Hildegard Peplau’s Interpersonal Theory of Nursing (ITN), which guides nurses to engage mothers in a therapeutic relationship. By partnering with trusted home visiting services, the program bypasses stigma and instrumental barriers of cost, transportation and safety. This innovative intervention approach reduces maternal depressive symptoms and capitalizes on the reduction of symptoms to introduce improved mothering interaction strategies.

Evidence of Success

In randomized clinical trials of mothers with significant levels of depressive symptoms at baseline, Dr. Beeber’s program achieved the following clinical outcomes:

- Spanish-speaking Latina mothers who received the intervention reduced their depressive symptoms below clinical threshold in less than 3 months compared to mothers receiving usual care services from Early Head Start;
- Low-income English-speaking mothers who received the intervention demonstrated more child-directed speech, stimulating play and positive involvement with their infant/toddler compared to mothers who received equal attention and a health education intervention;
- Six months after receiving the intervention, impoverished Spanish-speaking Latina mothers had more positive attitudes toward their child compared to mothers receiving usual care services from Early Head Start;
- Retention rates across these intervention studies ranged from 70-100% of mothers with moderate to severe depressive symptoms remaining in the intervention long enough to receive a clinically significant dose (70%) of sessions; this was significantly higher than previous trials with the same population.

A randomized clinical trial revealed significantly higher retention rates of Dr. Beeber’s in-home, nurse-delivered program than previous studies, thereby driving the cost-effectiveness of the program. In a comparison of in-home Interpersonal Psychotherapy (IPT) to outpatient Cognitive Behavioral Therapy (CBT) and psychotropic medication, in-home IPT was cost effective 95% and 78% of the time as compared to Cognitive Behavioral Therapy (CBT) and medications, respectively and had a 0.586 probability of being the cost-effective option relative to medication and in-office CBT.

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