
Attachment problems with post-natal depression

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Melissa Ryan sent us this contribution as she was running out the door for a stint overseas. She had made an offer to her CAFMHS team to review the literature to see whether there was any evidence that providing mother-infant therapy designed to help the mother with attachment was efficacious. We were very keen to address this topic in the current issue, so we have edited her notes to look like prose. For the remaining note-like flavour, and for any errors, we take full responsibility— Sue and Kumari

In recent review, Field (2010) found that disturbances of interactions between depressed mothers and their infants appear to be universal across different cultures and socioeconomic groups. These disturbances include less sensitivity of the mothers to their infants' needs, and their infants using less expressive language. Several caregiving activities also appear to be compromised by postpartum depression, including feeding practices (especially breastfeeding), sleep routines, well-child visits, vaccinations, and safety practices (Field, 2010).

Chronic maternal depression, lasting throughout the first 12 months postpartum and beyond, is associated with lower infant cognitive and psychomotor development, while brief depression does not significantly impact infants' cognitive performance (Cornish, McMahon, Ungerer, Barnett, Kowalenko, & Tennant, 2005). Long-term effects of maternal depression in children include behaviour problems, cognitive delays, and physical health problems attributed to disturbed early interactions (Beardslee, Versage, & Gladstone, 1998). Some studies suggest that male infants are more vulnerable to the cognitive effects of maternal depression (e.g., Milgram, Westley, & Gemmill, 2004).

Should we just treat maternal depression alone?

Forman et al. (2007) tested whether

psychotherapeutic treatment for mothers suffering from major depression in the postpartum period would result in improved parenting and child outcomes. Participants included depressed women randomly assigned to interpersonal psychotherapy (n=60) or to a waitlist (n=60), and a non-depressed comparison group (n=56). At 6 months, depressed mothers were less responsive to their infants, experienced more parenting stress, and viewed their infants more negatively than did non-depressed mothers. This was maintained 18 months later. Treatment affected only parenting stress, which improved significantly but was still higher than that for non-depressed mothers. Infants whose mothers' depressive symptoms improved with therapy were not rated by independent observers as showing improvements in negative emotionality. Nor did the mothers improve in maternal responsiveness, as rated by observers.

Gunlicks and Weisman (2008) reviewed pharmaceutical and psychotherapeutic interventions for mothers with depression and the effects on child development. Successful psychopharmacological treatment of depression in mothers to remission over 3 months was associated with reduced psychopathology in their children (Weisman et al., 2006). In this study, both direct clinician assessments of children and mothers' reports on their children were used. However this study, and 6 out of the 9 studies mentioned in the review, looked at primary school and adolescent children. The three studies that focussed on depressed mothers with infants and toddlers showed that treating the depression gave little improvement in infants' and toddlers' attachment, temperament, and cognitive development (Clark, Tluczek, & Wenzel, 2003; Forman et al., 2007; Murray et al., 2003).

What is the evidence that mother-child therapy improves child outcomes?

Depressed Mothers:

Cicchetti, Rosgosch, and Toth (2000) randomly assigned mother-toddler (20 months at baseline) dyads to toddler-parent psychotherapy (TPP condition; n=43) or depressed but no intervention (n=54), and had a group of non-depressed controls (n=61). A high SES sample was used to limit confounding variables. In the TPP condition, the therapist stayed in room with mother and child, talking about interactions he or she observed, fostering positive interactions, interacting with the child, and also offering feedback to the mother. On average the intervention amounted to 46 weekly sessions. At baseline, the toddlers did not differ in terms of cognitive ability. At 36 months the children in the depressed, non-intervention group had significantly lower IQ scores as measured by the Wechsler Preschool and Primary Scale of Intelligence (WPPSI). On average, these children had lower verbal than performance IQ scores (a 15 point difference). Children of treated depressed mothers and control mothers were indistinguishable in terms of IQ.

Toth et al. (2006) examined whether TPP also helped to improve the attachment relationship between mother and toddler. They used the same design described above: Depressed mothers (n=150) were randomly assigned to TPP or no intervention. A non-depressed control group was used. Higher rates of insecure attachment were present in the toddlers (20 months) of depressed mothers at baseline (79-83% compared to 44% in controls). Treatment averaged 50 weekly sessions of TPP. At post-intervention, insecure attachment predominated in depressed controls (82%). The rate of secure attachment increased in treated mothers to 67%, more than the non-depressed controls (48%), although there was not a statistically significant difference between the groups. Interestingly, further episodes of depression by the treated

mothers did not appear to affect their improving interactions with their toddlers.

Marital Violence:

Lieberman, Van Horn, and Ippen (2005) investigated child-parent psychotherapy (CPP) as an avenue for improved child outcomes in situations of marital violence. They described CPP as follows:

The initial assessment sessions include individual sessions with the mother to communicate emerging assessment findings, agree on the course of treatment, and plan how to explain the treatment to the child. Weekly joint child-parent sessions are interspersed with individual sessions with the mother as clinically indicated. The interventions target for change maladaptive behaviours, support developmentally appropriate interactions, and guide the child and the mother in creating a joint narrative of the traumatic events while working toward their resolution. (p. 2)

The study involved 75 pre-schoolers (mean age of 4 years) and mothers referred because of concern about the child's behaviour or parents' parenting skills following the child witnessing domestic violence. The mother-child dyads were randomly assigned to CPP or case management with individual psychotherapy for the mothers over a period of 50 weeks. A variety of instruments were used to measure the children's behaviour, including the Child Behaviour Checklist, Semi-structured Interview for Diagnostic Classification DC: 0-3 for Clinicians, and a parent-report questionnaire on children's exposure to violence. The children in the CPP group improved more in terms of behaviour and symptoms of PTSD than the children in the case management group. Lieberman et al. (2006) followed up the mother-child dyad 12 months later and these improvements had been maintained.

Wait, Watch, and Wonder

Wait, Watch, and Wonder (WWW) is an infant-led psychotherapy in which mothers observe infants and only interact at the baby's initiative. The therapist is supportive only, not interacting with the infant, but giving feedback to the mother. Cohen et al. (1999) compared WWW to mother-infant psychotherapy (PPT), in which video-taped sessions offer feedback on mother-child interactions led by therapist, who emphasises mutual enjoyment and pleasure for the infant and mother. Sixty-seven mother-child dyads referred for a variety of problems (feeding, sleeping, maternal depression, or not feeling attached to infant) were randomly assigned to a treatment condition for 10 to 30 months. Assessment measures included attachment ratings and mother-child interaction rated by independent raters, and infant cognitive development assessed by Bayley Scales of Infant Development. Parenting stress and competence were also assessed. WWW psychotherapy was associated with greater shift toward attachment security at the end of treatment, with a concomitant increase in cognitive ability. Support also was found for secondary study hypotheses in that mothers in the WWW group reported more satisfaction with parenting than mothers in the PPT group and lower levels of depression at the end of treatment. Both WWW and PPT were associated with a reduction of presenting problems, improvement in the quality of the mother-child relationship, and reduction in parenting stress. At six month follow-up, the WWW group still showed better ratings on mothers' comfort in responding to infant behaviours and ratings of parenting stress (Cohen et al., 2002). WWW has been adapted for use with mothers with personality disorder, although there is only a qualitative review available at the moment (Newman & Stevenson, 2008).

When to intervene?

Landry, Smith, Swank, and Guttentag (2008) investigated the efficacy of a parent-child intervention (compared to a control therapy

that consisted of feedback about the developmental level of the child) and whether to intervene at infancy or toddler/preschool age. The parent-child intervention increased the mothers' warmth and responsiveness to their children when implemented in infancy (better than the control group). If the mothers received both infancy and toddler interventions, then they showed improved levels of responsiveness to their child. Likewise, children whose mothers had both parent-child interventions showed better language development and social engagement than those whose mothers had just one time point intervention. In sum, interventions proved to be useful in both infancy and toddler-stage, perhaps due to different developmental stages of children and therefore different demands of parenting at these different stages.

A recent review by Bakermans-Kranenburg, Van IJzendoorn, and Juffer (2003) investigated whether interventions that increase parental sensitivity resulted in improved child outcomes. They reviewed 70 published studies (giving a combined sample of 9957 children) with many kinds of interventions. They found that:

- Interventions that improved the mother's sensitivity regarding her child were more effective;
- Brief or short interventions (5-16 sessions) were more effective than longer studies (16+);
- Interventions starting after the infant reaches 6 months old were more effective than prenatal interventions or those applied between birth and six months;
- When an intervention is rather successful in enhancing maternal sensitivity, this change appears to be accompanied by a parallel positive change in infant attachment security.

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