



## Helping Moms, Helping Babies: How the Kansas Moving Beyond Depression™ Program Helps Moms in Home Visiting Overcome Depression

### SUCCESS STORY

***"You're not the same mom you were, and I like this one more"***

Tawny, a single mom, was referred to the MBD™ program by her home visitor who identified signs of depression shortly after the birth of Tawny's third child. Tawny was the sole support of her children, two siblings and her parents. "When I first met Tawny, she had low self-esteem and almost zero self-confidence. Goal setting was difficult because her goals were not about her," said her therapist. They worked together to set goals starting with accepting and believing compliments she received. Tawny finally realized she could not control others, only herself. She said, "I cannot control whether it's going to rain, I can only control whether I take an umbrella." She laughed more and her self-esteem and confidence increased. Tawny's children noticed the difference. Her daughter told her, "You're not the same mom you were, and I like this one more."

### Kansas Bolsters Home Visiting

To ensure that Kansas' most vulnerable families have the support they need to help their children thrive, the Kansas Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was launched in 2011 to increase the number of pregnant women and families with children birth to age five who receive voluntary evidence-based home visiting services.

The MIECHV program, funded by the Health Resources and Services Administration of the U.S. Department of Health and Human Services and administered by the Kansas Department of Health and Environment (KDHE), targeted two high-risk communities: urban Wyandotte County and rural southeast Kansas starting with Montgomery, Cherokee, and Labette counties and, in 2015, expansion to Neosho and Wilson counties. These communities face the state's highest rates of poverty, child abuse, domestic violence, teen and single

### MBD™ Works

*The MBD™ program reduces maternal depression for the moms served – depression symptoms steadily diminished from session to session with many moms experiencing little to no depression by the end of the treatment.*

parenthood, and unemployment. Kansas MIECHV has added 36 home visitors and caseloads to serve families in these areas through three evidence-based home visiting models: Early Head Start, Healthy Families America, and Parents as Teachers. Also, in Wyandotte County, a “promising approach” model, Team for Infants Exposed to Substance abuse (TIES), has been implemented.

### SUCCESS STORY

#### ***MBD™ helped mom when she was in a very dark place***

*Julie told her home visitor she was feeling depressed and had gone to the emergency room for help. Her home visitor talked with her about these feelings and referred Julie to the MBD™ program. Working with her therapist, Julie set goals to decrease her depression, increase self-esteem, and control her anger. Despite a few obstacles, Julie completed the MBD™ program and says the program helped her when she was in a very dark place. She is feeling more in control of her life and is making better parenting choices.*

### The Need for Depression Services

In the urban Wyandotte County community, home visiting program staff shared that there was a high need for additional mental health support for the mothers they were serving, and specifically to address maternal depression. Indeed, up to 45 percent of pregnant, postpartum, and parenting women receiving home visiting services are affected by depression. Depression has far reaching affects for women and their children. Depression can have an impact on birth outcomes: pregnant mothers with depression are three to four times more likely to deliver prematurely and have a baby with low birth weight. Moreover, children with a depressed parent are more likely to struggle with self-regulation and have trouble concentrating. They may experience a less secure attachment to their mothers and have difficulty with social relationships if the depression is untreated. These children may also experience depression themselves in adolescence. Fortunately, maternal depression can be treated. When home visitors partner with mental health therapists to address maternal depression there are improvements in parenting stress, mother-child relationships, and nurturing parenting, which in turn helps children grow and thrive.



We heard from home visiting and mental health program staff that families face many barriers to accessing treatment for depression, including barriers due to cultural differences. Families were often distrustful of the system and reluctant to engage in mental health services. Moreover, many of the women served by MIECHV home visiting programs were living in poverty, and dealt with barriers such as lack of child care, transportation, and the financial means to pay for services. Women in these circumstances often operate from a crisis mindset; frequently missing appointments as a crisis arises or dates are forgotten.

### SUCCESS STORY

#### ***MBD™ changes lives***

*Gina discovered she was pregnant at 12 weeks. She was in an abusive relationship with the father of the baby which caused her to lose contact with her home visitor for a while. Shortly after the baby was born, she moved in with her mother to distance herself from the father of the baby. Gina soon realized she was severely depressed. She was hesitant to seek help, but wanted to be “a good mom” and reached out to her home visitor. She completed the MBD™ program and is looking for work to help support herself and her daughter.*

### The Moving Beyond Depression™ Program

To respond to identified mental health needs in Wyandotte County, KS and to address the barriers to accessing depression treatment, in 2013 Kansas MIECHV implemented a mental

health enhancement strategy for families in MIECHV home visiting programs, called Moving Beyond Depression™ (MBD™). Researchers from Every Child Succeeds® and Cincinnati Children's Hospital Medical Center developed MBD™ to treat mild to severe maternal depression through (1) a screening process to identify mothers in need of treatment, and (2) providing an evidence-based in-home treatment for depression that has been adapted for home visiting in order to optimize outcomes ([www.movingbeyonddepression.org](http://www.movingbeyonddepression.org)).

MBD™ supports families in Wyandotte County, KS through an in-home cognitive behavioral therapy intervention for depressed mothers. The MBD™ program provides mothers experiencing depression a team of professionals working in tandem to provide both child development education and mental health services without the mother needing to leave her home. It reduces many of the barriers to seeking and receiving depression treatment by meeting mothers in their own home, at no cost to families. MBD™ has been shown to reduce mothers' symptoms of depression and to increase their participation in home visiting services.

## SUCCESS STORY

### MBD™ improves parenting

*Brenda was very critical of herself; seeking validation of self-worth by giving more of herself than she had to give. As a result, she struggled physically, mentally and emotionally. Her home visitor noticed a decline in Brenda's interaction with her children and also identified signs of hopelessness and depression. The home visitor talked to Brenda about depression and the MBD™ program. Brenda realized the impact she was having on her children and was willing to try MBD™. The difference in Brenda was noticeable after the very first MBD™ session. During a home visit, Brenda shared tools she had learned and used to help her children and to make positive changes in her life.*

## Key Elements of Kansas MBD™

MIECHV home visitors in Wyandotte County refer mothers to MBD™ if they screen positive on the Edinburgh Postnatal Depression Scale, or if the home visitor has concerns about a mother. A master's level mental health therapist trained in MBD™ conducts an in-depth assessment with the mother. Eligible women are then offered in-home therapeutic services once a week for 15 weeks, in addition to regular visits by their home visiting program.



## MBD™ Works

*Moms in MBD™ stayed enrolled in home visiting services longer than women on average. Positive outcomes also included: less anxiety, less parenting stress, and more interpersonal support as a result of treatment.*

In order to achieve positive outcomes, the Kansas MBD™ program has an infrastructure in place that ensures the program meets established standards with high fidelity to the evidence-based model. Moreover, MBD™ program staff provide regular consultation and trainings to the home visiting program staff. Ongoing evaluation activities are underway to understand program implementation and measure outcomes.

## Partnerships Make Kansas MBD™ Possible

The Family Conservancy, a Kansas City metro area agency whose services include mental health counseling, provides in-home therapists who are trained and supported by Every Child Succeeds to coordinate the MBD™ program. Therapists from The Family Conservancy and home visitors from the Early Head Start, Healthy Families America, Parents as Teachers, and Team for Infants Exposed to Substance abuse (TIES) home visiting programs collaborate to ensure the needs of participating mothers are met. These local partners are joined by the University of Kansas Center for Public Partnerships and Research, the Juniper Garden's Children Project, and KDHE which provide ongoing support to the MBD™ program including evaluation, data support, and continuous quality improvement activities.



## Kansas MBD™ Helps Mothers

Between June 2013 and March 2017, 182 mothers were referred to MBD™ from the MIECHV home visiting programs. Of the mothers who engaged in and met eligibility criteria for the MBD™ program, 87% received at least one treatment session of MBD™ and 44 (57%) mothers have successfully completed treatment so far. Many of the mothers have a history of childhood trauma and two or more Adverse Childhood Experiences (i.e., ACEs; includes child abuse and neglect, domestic violence, incarceration of parent, parental mental health or substance abuse, etc.). Nearly half of these moms experienced five or more ACEs.

The primary goal of the MBD™ program is to reduce maternal depression and the program achieved this for the moms it served. Diagnoses of Major Depressive Disorder were rare at the end of treatment. Throughout the treatment, depression symptoms steadily diminished from session to session, and many moms experienced little to no depression by the end of treatment.

MBD™ had even more positive outcomes beyond depression for mothers and home visiting. Thanks to the program, mothers who completed treatment were less anxious, reported less parenting stress, and more interpersonal support as a result of treatment. Additionally, mothers in MBD™ stayed enrolled in home visiting services longer than women on average. These outcomes were comparable to and replicated the findings from the rigorous MBD™ clinical control trial. Mothers and home visitors alike are quite happy with MBD™ and both report that it is a successful program that provides a much needed, and impactful, service for mothers in their community.

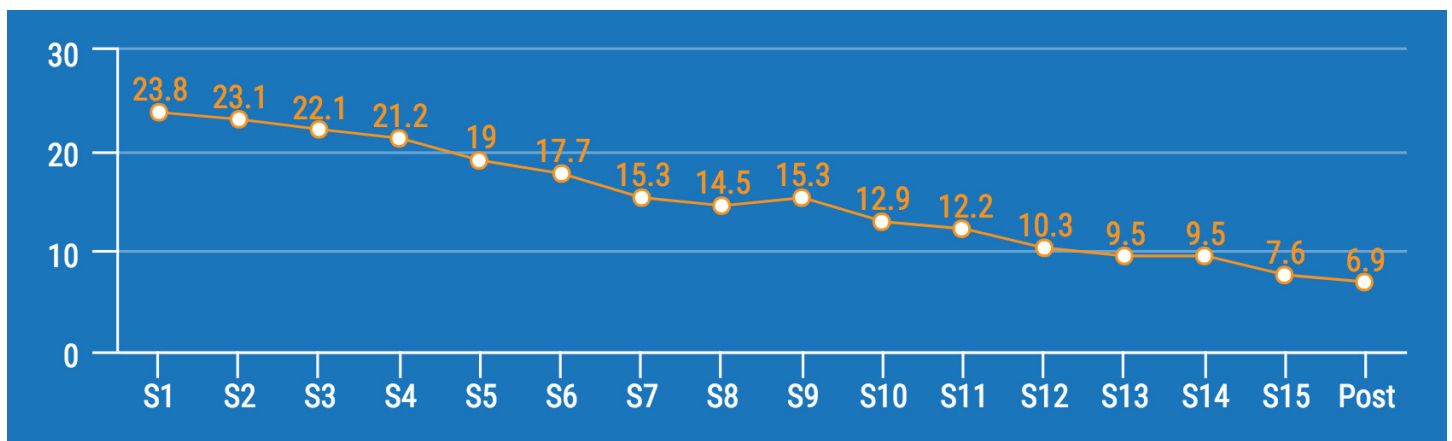
## SUCCESS STORY

### MBD™ gives hope

*Maria is a 40 year old immigrant with four young children. She has an extensive alcohol dependence history from which she has been sober for one year. Maria struggled with severe depression and was often crying during sessions. She struggled with self-doubt and hopelessness while neglecting to take care of herself in basic ways. She often put others before herself regardless of the personal toll it would take on her mental health. After working with the MBD™ Program, Maria has been able to develop many new skills using techniques developed with her therapist. She is now able to place boundaries in relationships and says "I love myself now so that I can be a good mom for my kids." Maria reported she "feels like another person" and "doesn't know where she would be without this program."*



## BECK DEPRESSION INVENTORY-II AVERAGE SCORES ACROSS ALL PARTICIPANTS OVER TIME



1,268

pregnant women  
and families with  
infants and young  
children served  
2012-2016

## MIECHV PROGRAM AIMS:



**Increase school readiness**



**Improve maternal and child health**



**Reduce child injuries, child abuse and neglect, and domestic violence**



**Promote family self-sufficiency**



**Improve linkages with other community resources**

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