

Maternal Depression, Maltreatment History & Child Outcomes: The Role of Harsh Parenting

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Current Knowledge

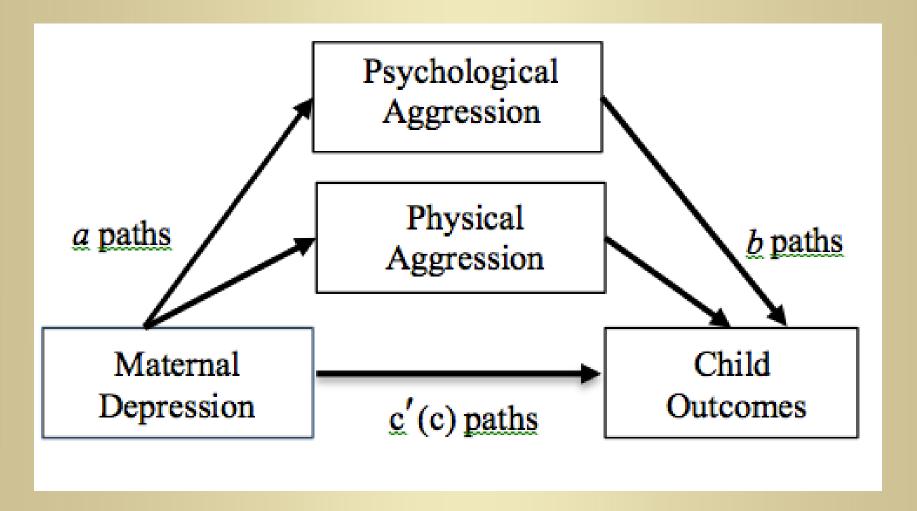
Maternal Depression, Maltreatment History and Child Outcomes

- Well-established link between maternal depression and child outcomes (Brennan et al., 2002; Burke, 2003)
- Risk for depression is higher for mothers with a history of child maltreatment (Spatz-Widom et al., 2007)
- The Challenge:
 - Several studies examine these variables separately
 - Understanding pathways through which these relationships occur

The Role of Harsh Parenting

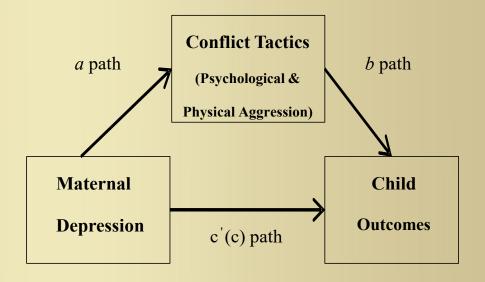
- Harsh parenting vs. abusive practices
- Psychological and Physical Aggression
- Theory:
 - Social Interaction Learning (SIL)
 Framework (Patterson et al., 2010)
 - Intergenerational Transmissions
- Relationship between Harsh Parenting and Maternal Depression

Figure 1: Proposed Mediation Models



Purpose of Current Study

- (1) Secondary Analysis:Longitudinal Studies of Child Abuse and Neglect(LONGSCAN)
- (2) Intentional selection of a subsample of mothers with reported depressive symptoms *and* child maltreatment history
- (3) Test the known associations between maternal depression and child outcomes through the mediation of harsh parenting for children age 6 and youth age 12



Hypotheses

- Higher levels of maternal depression would be related to higher levels of internalizing (H1a) and externalizing (H1b) symptoms of children age 6 and youth age 12
- We expected that harsh parenting practices, specifically psychological (H2) and physical aggression (H3) would mediate the positive relationships between maternal depression and youth internalizing (H2a & H3a) and externalizing (H2b & H3b) symptoms.

Method

Sample:

- •Mediation analyses conducted with two samples of at-risk mother-child dyads at separate time-points: Child age 6 (n = 325) and youth age 12 (n =213) using data from LONGSCAN
- •Mothers: 28% Caucasian (n = 92); 42% African American (n = 137); 5% Hispanic (n = 16); 25% Multiracial (n = 84).

Measures:

- -Maternal Maltreatment— Caregiver History of Loss and Victimization (VICA)
- -Maternal Depression—CES-D
- -Harsh Parenting—CTS-PC
- -Child Outcomes—CBCL (age 6)
- -Youth Outcomes—YSR (age 12)

Multiple regression analyses conducted to test direct paths proposed in mediation model

•Nonviolent conflict tactics included for comparison



Results

- (1) Positive, significant associations were found between maternal depressive symptoms and child internalizing and externalizing at age 6 and youth age 12
- (2) Significant, partial mediation established among maternal depression, child outcomes and harsh parenting for both ages
- (3) Non-significant findings for non-violent parenting practices (as expected)

Discussion

• Strengths/Limitations

- Study represents a "fine combing" of variables selected for analysis
- Extends literature to include maternal maltreatment history *in the context* of maternal depressive symptoms
- Extension of children of older ages: child age 6 and youth age 12
- Diverse representation of an at-risk sample
- Limitations: CTS-PC requires clarity on harsh vs. abusive parenting practices; further representation of maternal depressive symptomatology beyond 7-day period (as measured in the CES-D)

Future Directions

- Onset & Variation in Maternal Depression
- Type of Abuse History (Physical, Sexual, Psychological) on Maternal Depression

Clinical Implications

Clinical Assessment Process

- Consider maternal depressive symptoms as co-occurring in the development of negative child outcomes during the initial assessment process
- Psychoeducation on impact of maternal depression on parent functioning
- Treat parent and child mental health challenges simultaneously

Parenting Interventions

- The Triple-P Positive
 Parenting Program (Timmer et al.,
 2011)
 - Reduction in Maternal Depressive Symptoms
- The Parent-Management Training—Oregon Model (PMTO) (Patterson et al., 2010)
 - Reduction in Maternal Depressive Symptoms
- The Incredible Years (IY)
 - Parents with maltreatment history had a greater capacity for parenting practice improvement than nonmaltreated parents (Hurlburt et al., 2013)

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