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Young mothers and babies wellness program ☆

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ABSTRACT

Young Mothers and Babies Wellness Program is a comprehensive mental health and sobriety treatment plan for pregnant and parenting young women emancipating from probation department or child welfare services and their infants. The Program provides interventions to establish safe, nurturing and responsive relationships between mothers and babies. This article includes rationale for treating this high risk population and its focus on mother-infant dyads; program design, lists of scientifically supported protocols—on the individual, relationship and contextual levels; and a plan to evaluate the integrity of its delivery, responses to treatment, and program outcome goals. If these mothers are helped to achieve the multiple goals of mental health, sobriety, economic well-being, positive social skills, and secure attachment relationships with their children; they can begin to break the powerful cycle of intergenerational poverty, mental illness and maltreatment that plagues our society.

1. Introduction

1.1. Vision statement

Our vision is to empower young mothers to achieve emotional, social & economic well-being for themselves & their children: creating families that will last a lifetime and can nurture future generations to be free of poverty, neglect and violence.

1.2. Purpose and rationale

Young Mothers and Babies Wellness Program provides comprehensive mental health services for pregnant and parenting young women emancipating from probation department or child welfare services and their infants or toddlers. The Program provides evidence-based mental health treatment to help young mothers recover from mental illness. It also creates an environment of active support and education that is dedicated to establishing safe, nurturing and responsive relationships between mothers and their young children. If these mothers are helped to achieve the multiple goals of mental health, sobriety, economic well-being, positive social skills, and secure attachment relationships with their children; they can begin to break the powerful cycle of intergenerational poverty, mental illness and maltreatment that plagues our society.

This paper is organized by Rationale (pp. 1–14); Program Design (pp. 14–16); Interventions (pp. 16–20); Evaluation (pp. 20–22); and References (pp. 22–27).

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1.2.1. Rationale

The Young Mothers and Babies Wellness Program focuses specifically on young women, either pregnant or parenting, with symptoms of mental illness including co-occurring disorders. These young women of childbearing age are particularly vulnerable to a variety of physical and mental health risks that can inhibit their ability to care for themselves or their children.

A significant mental health risk that is unique to a pregnant population is postpartum depression. Women who experience stress and loss during pregnancy are more likely to develop a major depressive disorder—impacting their well-being and the foundation of their infants' developing mental health. Studies indicate that postpartum depression is a phenomenon that appears to be related to major stress during pregnancy (Gross, Wells, Radigan-Garcia, & Dietz, 2002) and that the symptoms often emerge prior to the birth (Lee, Yip, Leung, & Chung, 2000). While any woman may experience postpartum depression, it is clear that women who are young and poor are most at risk. The contributing factors of poverty, inadequate income, unstable housing, domestic violence, loss of a partner and genetic vulnerability all may lead to postpartum depression. In the first US study on low-income postpartum women, Yonders and colleagues found a 23% rate of depression (7% major and 16% minor depression), and stated: "these rates were about twice those published for postpartum women from a middle-class sample in the US" (Yonders et al., 2001, p.1857). Postpartum Depression has a continuum of symptoms ranging from agitation, insomnia, low mood and difficulty responding to the baby's needs, to florid delusions that on rare occasion can lead to infanticide.

Young women are also at great risk for other types of mental illness. The psychotic conditions associated with Bipolar Disorder and Schizophrenia are more likely to strike during late adolescence into young adulthood than at any other time in the lifespan (NIMH, 2008). Furthermore, women in their late teens to young adulthood are at risk for traumas and post-traumatic stress disorder; women traumatized on top of a history of childhood maltreatment have significant difficulty recovering (Report of the Surgeon General on Mental Health, 1999).

Young and pregnant women are also vulnerable to abuse. According to the Department of Health and Human Services between 4% and 8% of pregnant women are abused at least once during the pregnancy (Gazmararian et al., 2000). Young women, ages sixteen to twenty-four, are twice as likely as men to develop a disabling anxiety disorder (Report of the Surgeon General on Mental Health, 1999).

Adolescence and young adulthood is also the time that women may initiate substance use, which can play into the above factors. If young women are vulnerable to a mental illness, substance use may trigger an episode or exacerbate a pre-existing condition. Substance use also increases the likelihood of engaging in unprotected sexual activity. "Motherhood is common, greater than 61%, among the severely mentally ill, and many of these women have had a traumatic childhood history of sexual victimization or prostitution" (Smart, 2005, p. 7). Furthermore "what is known about severe and persistently mentally ill pregnant women is that they have higher rates of unplanned pregnancies and higher fertility rates and less-stable partnerships than women without psychiatric illness" (p. 8). Young women who learn to cope with symptoms of anxiety, depression, trauma or stress with alcohol and other drugs, may be set on a course that alienates her from healthy relationships, educational attainment, economic survival (Beck, Wright, Newman, & Liese, 1993), and premature parenting. This can in turn affects the mental health of her child, thus perpetuating the cycle. Substance use not only places pregnant women at risk for emotional problems, but it can also have dire consequences for her unborn baby including mental retardation (Smart, 2005). The cycle of violence is inextricably tied to substance abuse. Clarke, Stein, Sobota, and Hanna (1999) looked at the prevalence of childhood maltreatment in an adult intravenous substance abuse population and found that 51% of the women self-reported being either physically or sexually abused as children and that 17% reported victimizing others as adults.

The Casey Foundation studied 659 alumni (average age at interview was 24.2) that had been in Casey Foundation Family Program's foster care between 1988 and 1998. Former foster care youth had Panic Disorders over three times the rate, Substance-use Disorder nearly twice the rate, and Bulimia Nervosa at seven times the rate found in the general population. The rate of Posttraumatic Stress Disorder was nearly five times the general population, exceeding those rates found in US war population samples. Furthermore, the capacity to recover from PTSD among alumni was significantly poorer (28.2% compared to 47%) than from other traumas (Casey National Alumni Study, April 2005).

1.2.2. Transitioning age youth

Pregnant and parenting young women are not alone in the process of emancipation from home. Our society expects its young to take on the manifold responsibilities of college or technical training, finances, housing and family. To achieve this, youths need both internal and external resources that are proportionate to the required contextual demands of their lives. Youths right now are growing up in a time when wages that are below the cost of living and in a time of war. The costs of education, housing, transportation, health and day care may quickly overwhelm youths attempts to live up to financial and familial responsibilities. It would be fair to say that the transition from dependency to adulthood is a challenge for all American youth, but there is not an equal distribution of expectation along the economic continuum. Regardless, the majority of youths are on track to completing an education or career training, are mentally healthy, have supportive and sober friends, and have a family that is able to share economic and emotional resources. These youths typically reach independence slowly, taking years to gain the skills, knowledge and social networks needed to achieve success as adults.

1.2.3. Emancipating child welfare and probation services youth

Youths emancipating from probation or child welfare systems are at enormous risk for poor adaptation into adult society. Emancipating youths are more likely to enter adulthood with a mental illness, and less likely to have money or a family that can offer