

Promoting Resilience across the Family System: Effects of the Pregnant Moms' Empowerment Program

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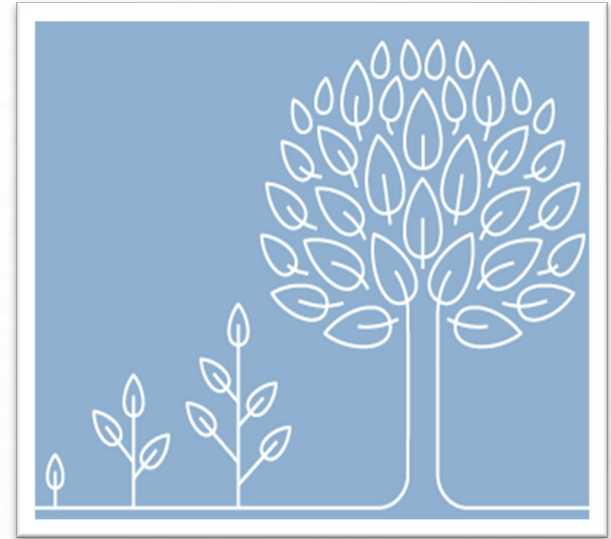




- **Understand**
 - Mechanisms that **promote resilience** and **reduce risk** for psychopathology in the context of **childhood** traumatic stress
- **Examine**
 - Pathways of **risk** and **resilience** among **families** and **children** exposed to **adverse events**
- **Inform**
 - Evidence-based **interventions** for **youth** and **families** exposed to potentially traumatic events

Defining Resilience

- The **capacity** to **navigate** psychological, social, cultural, and physical **resources** that sustain **well-being** in the midst of **adversity**
- The **ability** to **secure** resources, increasing the likelihood to **overcome** and **prosper** in the context of adversity
- Resilience is **multi-systemic**:
 - Individual
 - Family
 - Peers
 - Neighborhoods/Communities



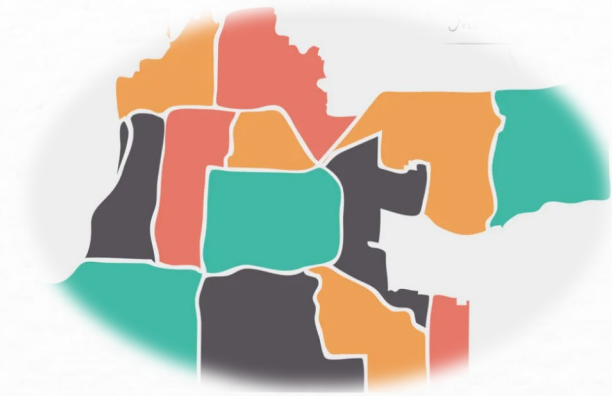
Current Research in Resilience

- Studying **resilience** across various **contexts and populations**:
 - Emerging adults with a history of **polyvictimization**
 - School age children exposed to **family violence**
 - Mother-child **dyads** experiencing **co-occurring** adversities
 - **Bereaved** youth
 - Women experiencing **intimate partner violence during pregnancy**



Intimate Partner Violence (IPV)

- **Threatened** or **actual** physical, sexual, or psychological **aggression** by a **romantic** partner
- **One** in **four** US women experience IPV in their lifetime
- Tennessee has some of the **highest rates of IPV** in the US
- Memphis has one of the **highest rates in the state**



Impact of IPV on the Family System

- May have **rippling effects** across the family system
- Potential **negative** effects on **parenting and mental health** due to stress associated with IPV
- Essential to understand how maternal IPV affects **maternal health, infant functioning** and **mother-child** interactions



IPV during Pregnancy



- The prenatal period is a time of **heightened risk** for IPV
- Intergenerational **cycles** of risk
- Potentially one of the best socially **built-in** frameworks for **prevention** and **intervention**
 - Interventions during pregnancy may support **maternal functioning** and **infant health**

Why Focus on Pregnancy?

- **Physical Health Consequences**

- Lack of prenatal care
- Health problems
- Hospitalizations
- Preterm delivery
- Low infant birthweight
- Infant intensive care unit

- **Psychological Health Consequences**

- Depression
- Posttraumatic stress
- Sleeping difficulties
- Stress
- Infant dysregulation

How can the health effects of IPV in pregnancy be explained and understood?

What's missing?

- Most research has been **cross-sectional**
- Most work has failed to account for **psychological** and **social** factors
- Most services focus on **safety planning or crisis intervention**

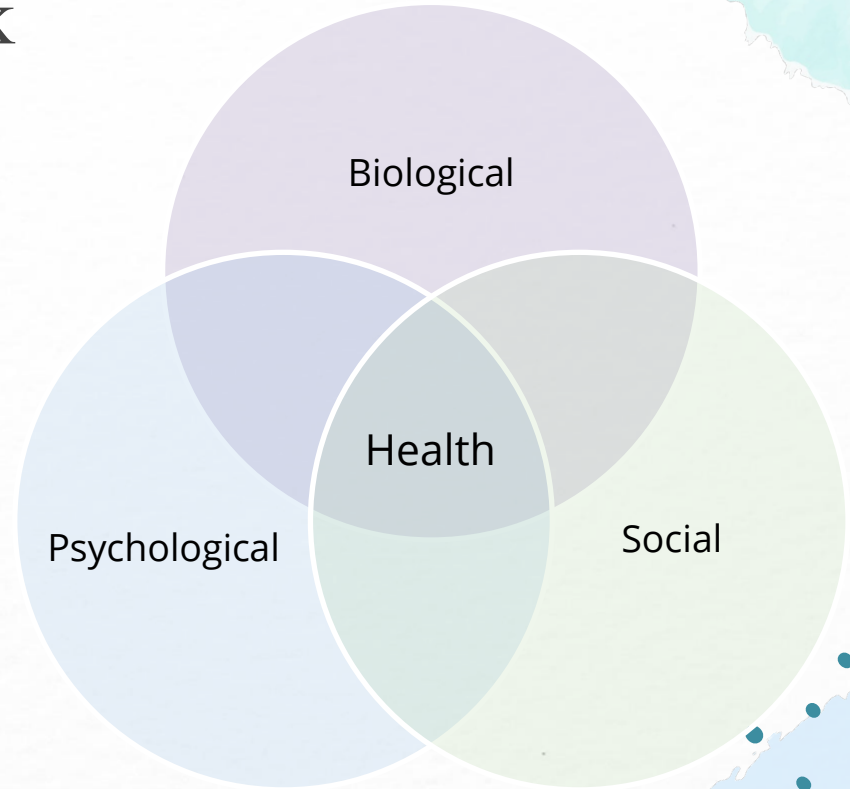


Most **treatments** are oriented toward specific **pathologies**, with little **transdiagnostic** work

Biopsychosocial Framework

How can we use a **biopsychosocial framework** to better understand **intergenerational effects** of IPV during pregnancy?

- Relatively little **longitudinal** work
- Gaps in the **developmental** periods that have been studied
- Heavy focus on parenting behavior to the neglect of other features of the **early parent-child relationship**



Development of the Pregnant Moms' Empowerment Program (PMEP)

Theoretical Framework



- **Cognitive Behavioral Therapy** to address depression and posttraumatic stress
- **Empowerment Theory** to enhance self-efficacy, reduce re-victimization, and increase positive parenting
- **Social-ecological Resilience** to promote positive outcomes and successful functioning at multiple levels of the social ecology

PMEP Format and Structure

- **5-week, manualized group** program
- Designed to integrate **psychoeducation**, **interactive** learning, and group-based **discussion**

Content covers two key domains

1. **Violence** and **mental health**
2. **Parenting** and **infant development**



Who Can Participate in PMEP?

Women who:

Are 10-30
weeks
pregnant

Experienced
IPV in the
past year

Speak
English
fluently

16 years
of age or
older

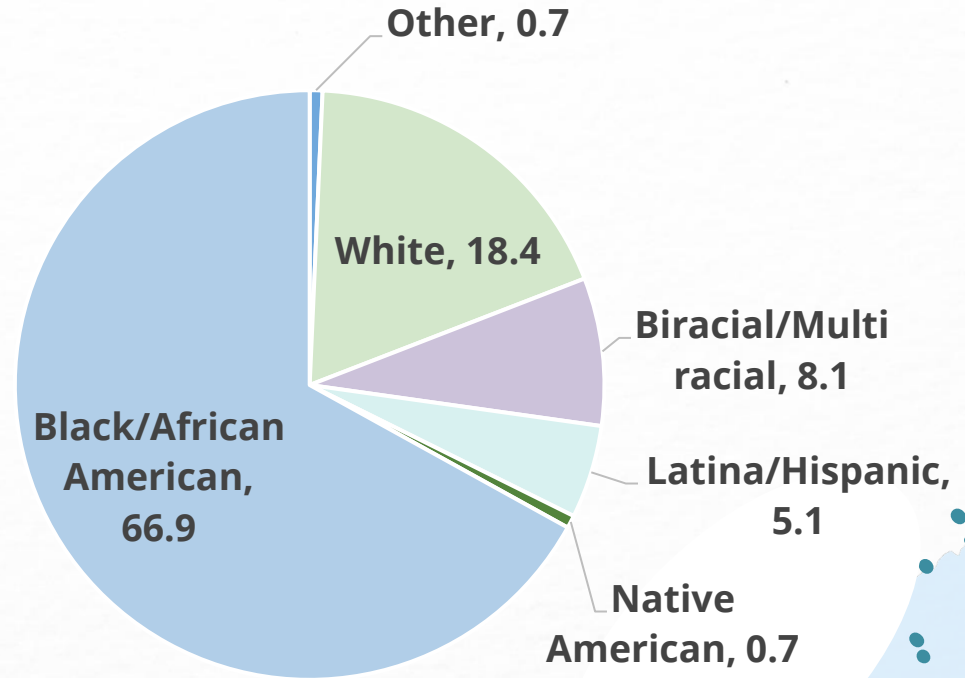
Participants

To date, **137 pregnant women** have participated in the program

PMEP: $n = 70$
Control: $n = 67$

Women ranged in age from **17 to 41 years** ($M = 27.29$; $SD = 6.00$)

Race



Participants

On average, **21 weeks pregnant** ($SD = 8.61$) and had approximately **2 children** ($M=1.91$, $SD=1.77$)

74.6% single, separated, or divorced
80% single mother

Average **monthly income** \$709.89 ($SD = 628.51$)

Average of one **pregnancy complication** (e.g., early labor, hypertension; $M = 1.20$; $SD = 1.15$)

19.7% **smoking** at baseline
9.9% used **alcohol** since conception

Average of **167.8 acts of IPV** in past year

Results: PTSS Reexperiencing and Avoidance

Childhood adversity

$\beta = .22, p = .011$

Adulthood adversity

$\beta = .18, p = .022$

Psychological IPV

$\beta = .31, p = .003$

**PTSS:
Reexperiencing**

$F(5, 128) = 10.76$
 $p < .001, R^2 = 29.6\%$

Adulthood adversity

$\beta = .17, p = .039$

Psychological IPV

$\beta = .35, p = .002$

**PTSS:
Avoidance**

$F(5, 128) = 6.76$
 $p < .001, R^2 = 21.0\%$

Results: PTSS Negative Cognitions/ Mood and Hyperarousal

Childhood adversity

$\beta = .22, p = .018$

Psychological IPV

$\beta = .29, p = .011$

**PTSS:
Negative Mood/Cognitions**

$F(5, 128) = 4.59$
 $p < .01, R^2 = 15.2\%$

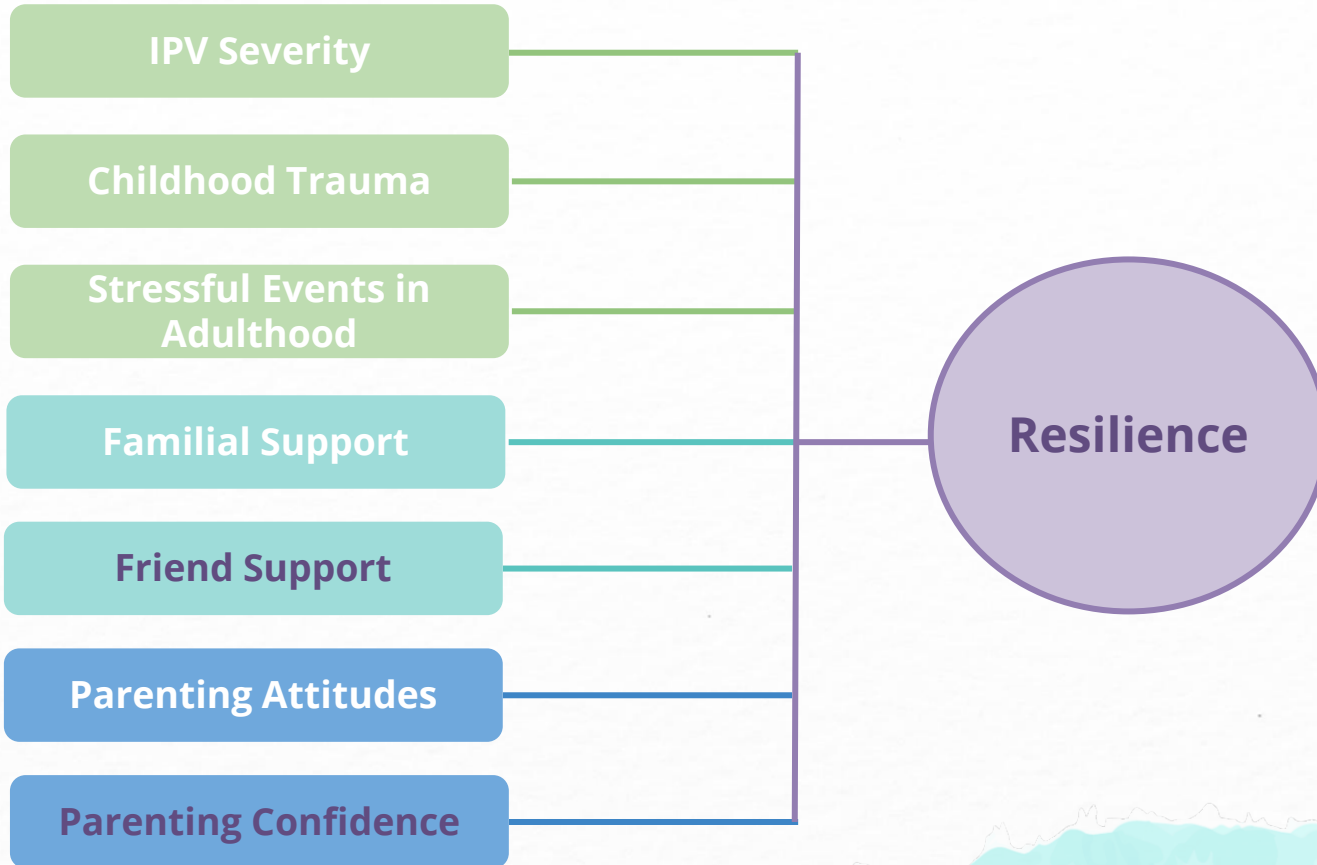
Childhood adversity

$\beta = .22, p = .020$

**PTSS:
Hyperarousal**

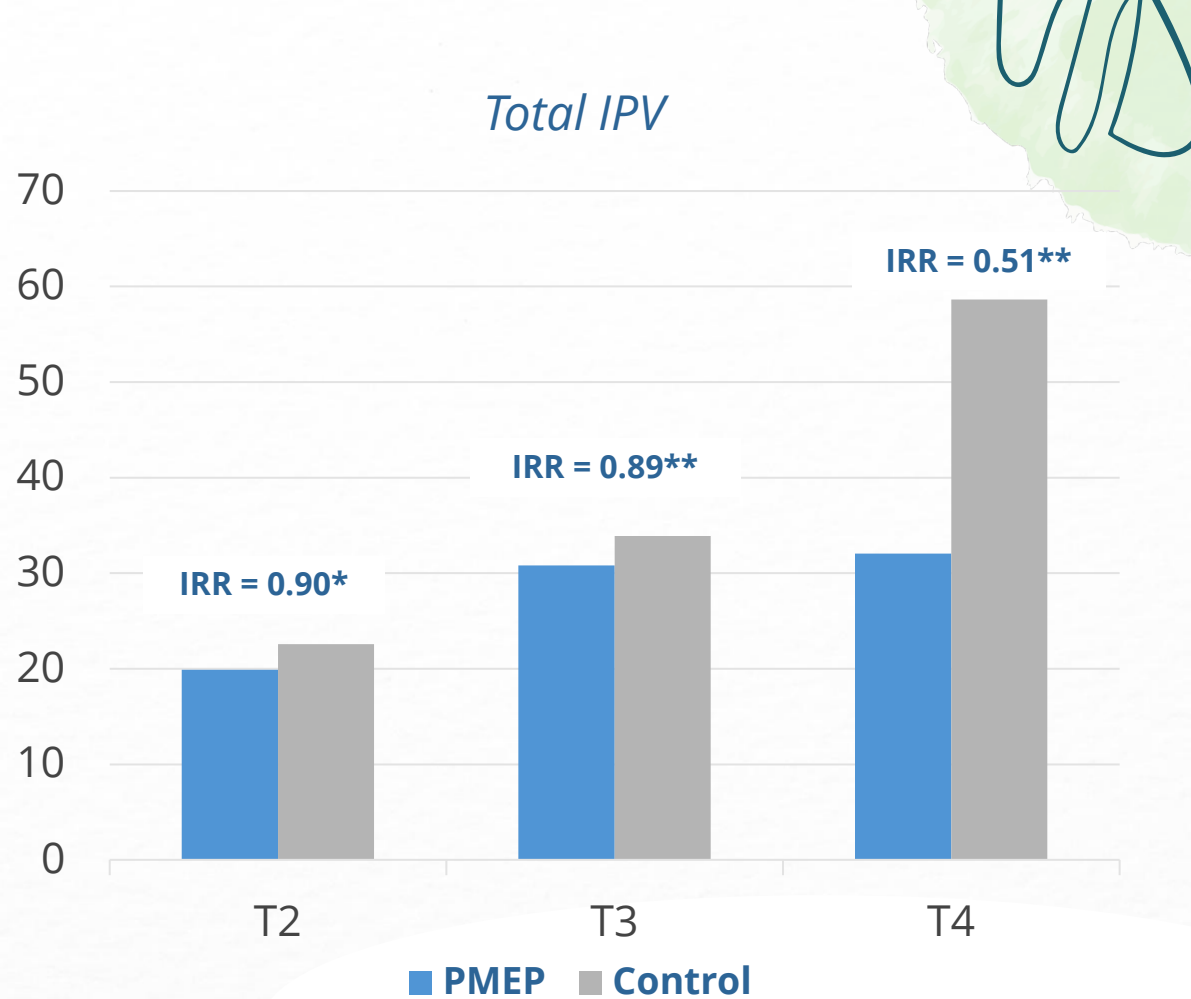
$F(5, 128) = 4.24$
 $p < .01, R^2 = 14.2\%$

Results: Resilience



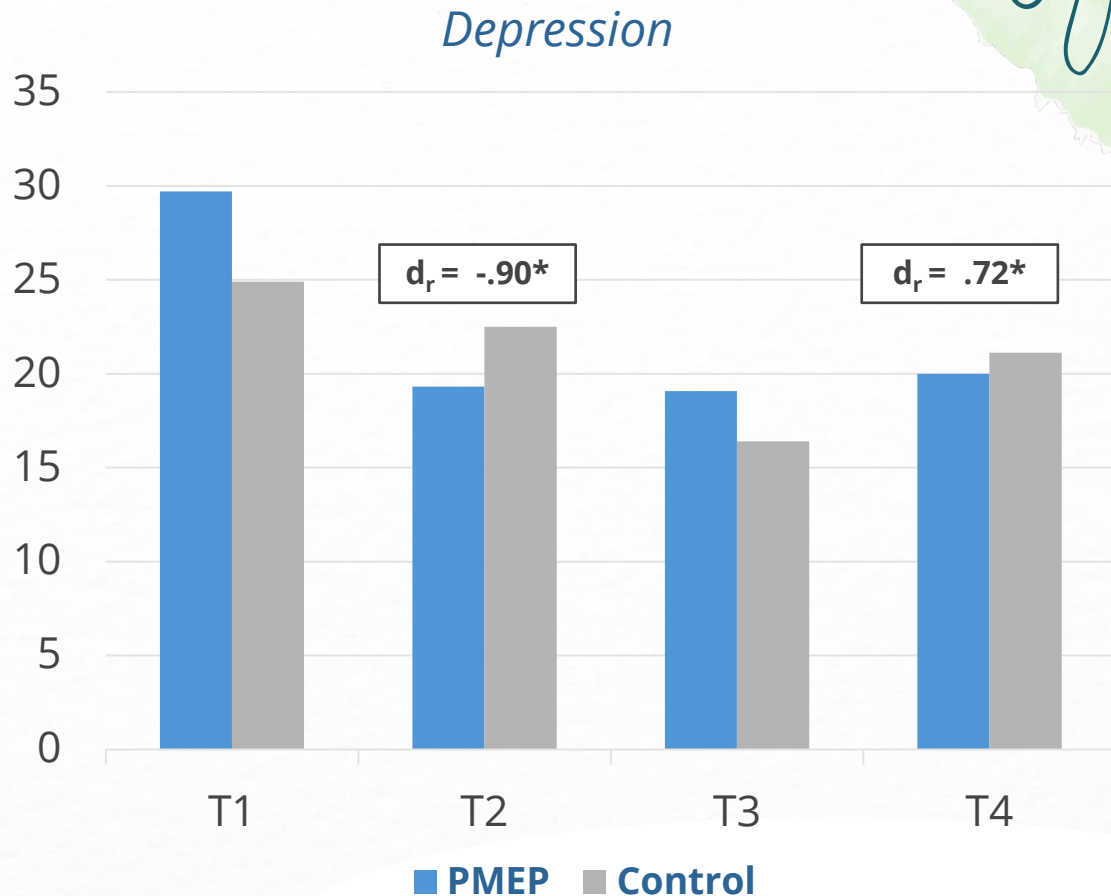
Notable Treatment Effects: Intimate Partner Violence

T1-T2	12.0% fewer total incidents of IPV
T2-T3	9.0% fewer total incidents of IPV
T3-T4	45.3% fewer total incidents of IPV



Notable Treatment Effects: Depression

27.0% fewer women in the PMEP condition were in the clinical range for **depression** at T2 as compared to 10.0% fewer in the control group.



Notable Findings: PTSS and Resilience



PTSS

No significant **differences** emerged for
PTSS



Resilience

Effects of treatment on **resilience**
trended toward significance at T2, with
a **medium effect** size

($\beta = 4.85$, $p = .071$; $d_r = 0.49$)

Results Highlight

- Participating in PMEP was associated with significantly **lower** rates of **IPV revictimization**.
- At post-test, the effects of PMEP on women's **depressive symptoms** were statistically significant, clinically meaningful, and associated with clinically reliable **improvement**.
- Lasting effects were evident across **mental health** and **revictimization** outcomes, underscoring the utility of **short-term, targeted** treatment.



Treatment Effects: Parenting

Expectations

Women who participated in PMEP reported more developmentally appropriate expectations of children at the immediate post-test assessment

Large effect size
• ($d_r = 0.82$)

Empathy

Women who participated in PMEP reported more empathy towards children at the immediate post-test assessment

Medium effect size
• ($d_r = 0.47$)

Corporal Punishment

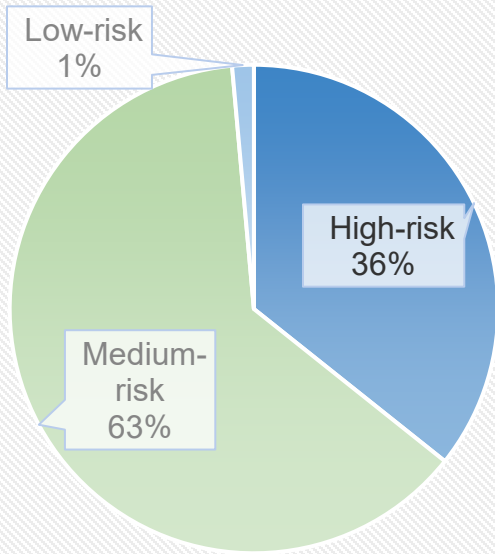
No differences between groups in use of corporal punishment

Parent-Child Roles

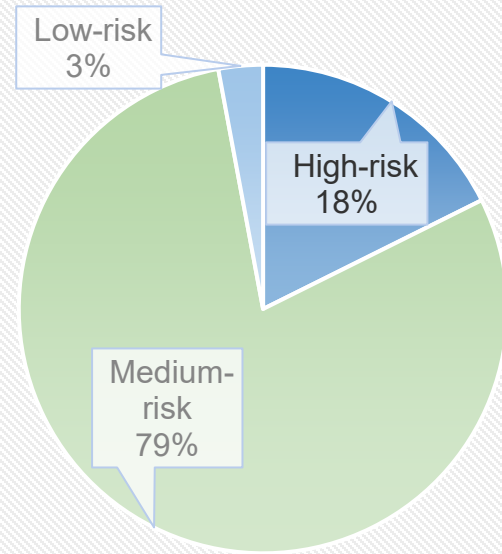
No differences between groups in attitudes about parent-child roles

Treatment Effects – Parenting

T1 Expectations of Children

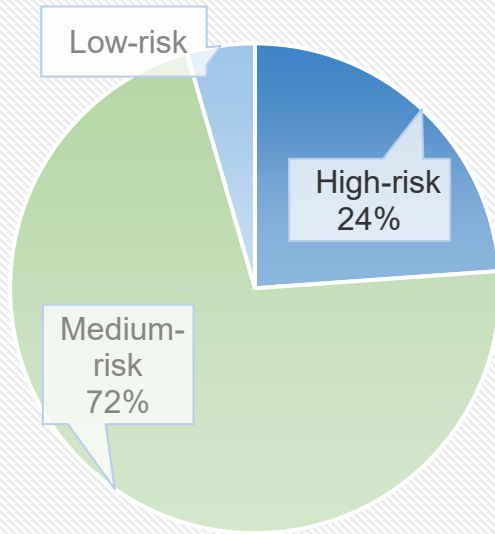


T2 Expectations of Children

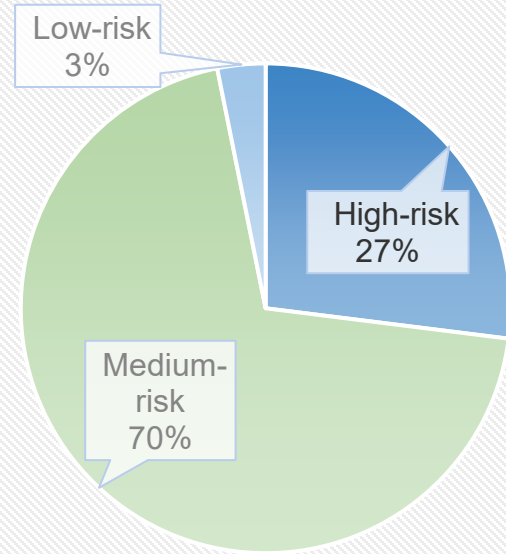


Control Condition

T1 Expectations of Children

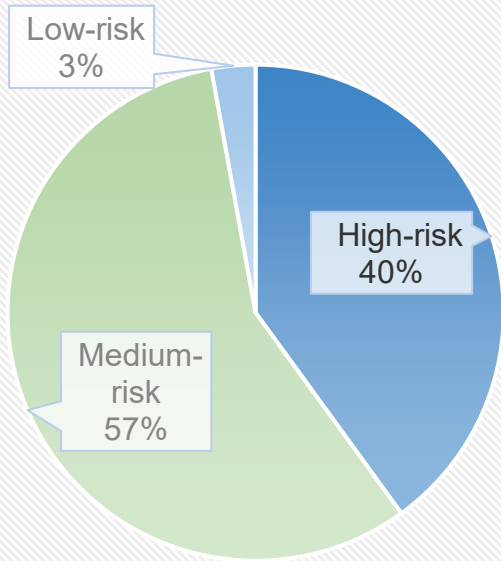


T2 Expectations of Children

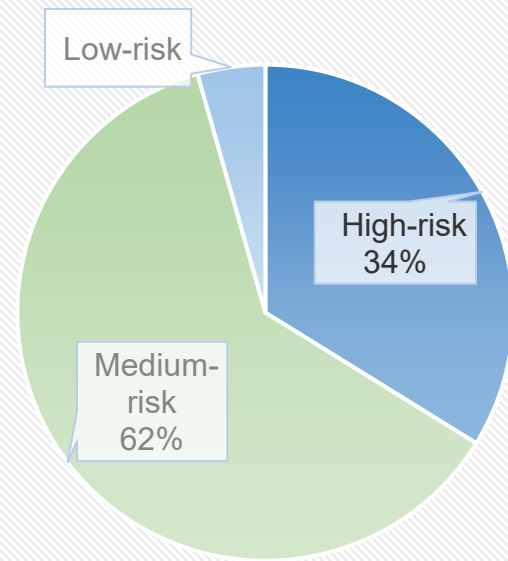


Treatment Effects – Parenting

T1 Empathy towards Children

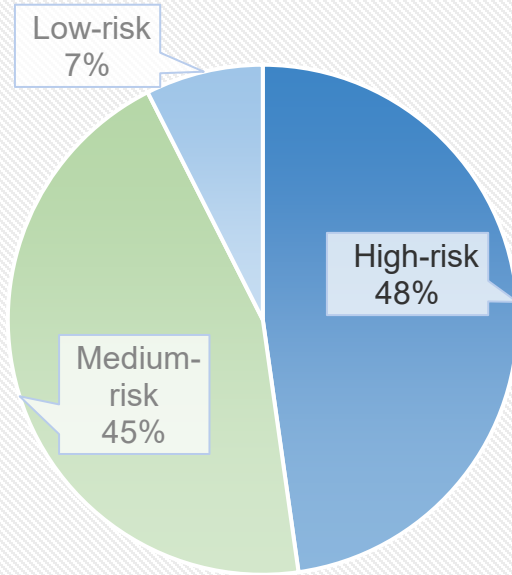


T2 Empathy towards Children

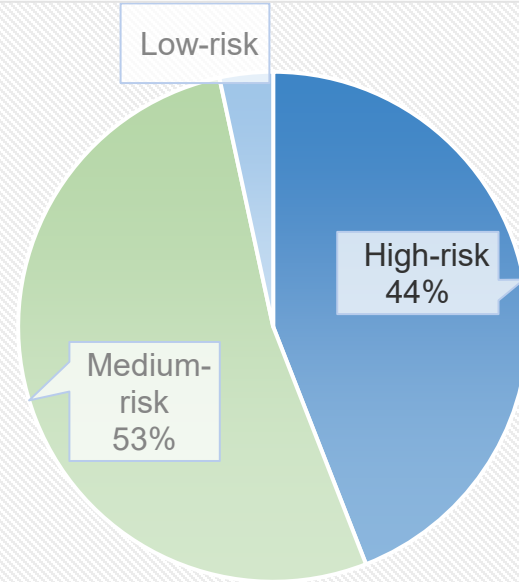


Control Condition

T1 Empathy towards Children



T2 Empathy towards Children



Preliminary Results: Infant Development

Improved socioemotional development

$(t(16) = -1.51, d = .94)$

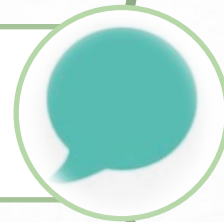
Large effect size



Enhanced language development

$(t(16) = -1.69, d = 1.15)$

Large effect size



No significant difference in cognitive
development



Key Takeaways



- Importance of **targeting** the **family system**
- **Brief, cost-effective intervention** has clear clinical value for pregnant women with recent IPV exposure
- Strategies to promote **intergenerational resilience**:
 - Improve **parenting practices** and **confidence**
 - **Strengthen** the quality of **social supports**

Next Steps

- Examine the **impact of COVID-19** on intervention participation and mother-child outcomes
- Conduct analyses on **observational data**
- Assess a **Spanish language version** of PMEP



Thank you!

**Community partners
Student researchers
Funding agencies
Women & children who participated**

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