

Attachment Network of NC

Grounding...

Agenda

<i>Grounding</i> Introduction	5-10 mins
Break-Out Rooms	25 mins
Large group discussion	10 mins
Break out rooms	15 mins
Large group debrief	10 minutes
Scientific Data blitz	3 mins
Announcements	5 mins

Break Out Rooms

- Get to know your 'core people'
- Identify a note-taker to share with larger group

- Groups:
 - 1 and 2: Advocacy and Dissemination
 - 3 and 4: Continuing education
 - 5 and 6: Resource Development in North Carolina

First break-out discussion:

- 'Ice-breaker': Intros and “A time when somebody had your back?”
- Past positive experiences, successes, available opportunities
 - For advocacy work
 - For continuing education in attachment informed work
 - In terms of available Resources to do your work with parent-child dyads

Let's dream together...

- What do I need to help me do my work (in advocacy/continuing education/resource development & utilization) more achievable and enjoyable?
- What would a community that supports me in this endeavor look like?

Circle of Security[®]

Parent Attending To The Child's Needs



Break-out Rooms

1. Professional Development

- What peer supervision / group consultation / continuing education programs have you attended or are currently a part of?
 - What aspects were helpful, did you encounter challenges?
- What role do you think an Attachment Network in NC could serve to foster continuing professional development?
 - i.e. Group consultation / peer supervision model by interest topic, by county, etc.

2. Resource Development

What resources do you commonly use to identify local services for patient referrals?

Are there any referral resources, databases, etc. that you think would be helpful?

3. Advocacy

- What initiatives have you joined or led before/currently?
 - Share successes / challenges
- Are there any particular initiatives you think we could all join efforts to work towards?

4. Community-engagement initiative

- Share successes and failures disseminating COSP
- **How can the COSP lens inform our approach to the professional development and advocacy?**

Data Blitz

The relationship of cumulative psychosocial adversity with antepartum depression and anxiety

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Abstract

Background: Exposure to multiple psychosocial risk factors may increase vulnerability for mental health conditions during pregnancy. This analysis examined the relationship of a novel psychosocial adversity index with the co-occurrence and persistence of depression and anxiety throughout pregnancy.

Methods: This cross-sectional analysis included 1797 pregnant women screened in the second/third trimesters for depression and anxiety symptoms and for eight contextual and individual psychosocial factors. The factors were summed to create a psychosocial adversity index; reporting four or more factors indicated high adversity. Elevated symptoms in both trimesters indicated persistent depression/anxiety and elevated symptoms at the same trimester indicated comorbid symptoms. The associations between the psychosocial adversity index and mental health were estimated.

Results: Compared with a low psychosocial adversity index, women reporting a high level of psychosocial adversities had 2.06 (95% confidence interval [CI]: 1.51–2.82) times higher adjusted odds of only depressive or anxiety symptoms, and 5.57 (95% CI: 3.95–7.85) times higher adjusted odds of comorbid symptoms. The associations for persistent symptoms were of similar direction and magnitude.

Conclusion: High psychosocial adversity was associated with persistent and comorbid depressive symptoms and anxiety during pregnancy. Assessing psychosocial adversity can help identify women at increased risk who would benefit from tailored mental health interventions.

Women with high level of psychosocial adversities had:
2x higher odds of MDD and anxiety symptoms
And ~6x higher odds of comorbid symptoms

Perinatal maternal depressive symptoms and risk of behavioral problems at five years

Yamada M, Tanaka K, Arakawa M, Miyake Y. *Pediatr Res*. 2021 Aug 31.

Compared with children whose mothers did not experience depressive symptoms during pregnancy, those whose mothers had depressive symptoms during pregnancy had increased risk of emotional symptoms, conduct problems, hyperactivity, peer problems, and low prosocial behavior. Maternal depressive symptoms at around 4 months postpartum were associated with increased risk of childhood emotional problems. **Compared with children whose mothers did not experience depressive symptoms during the perinatal period, those whose mothers did experience depressive symptoms both during pregnancy and postpartum had a 5x increased risk of childhood emotional symptoms and a 3x increased risk of peer problems.**



Original Investigation | Public Health

Effect of a Universal Postpartum Nurse Home Visiting Program on Child Maltreatment and Emergency Medical Care at 5 Years of Age A Randomized Clinical Trial

W. Benjamin Goodman, PhD; Kenneth A. Dodge, PhD; Yu Bai, PhD; Robert A. Murphy, PhD; Karen O'Donnell, PhD

IMPORTANCE The Family Connects (FC) program, a community-wide nurse home visiting program for newborns, has been shown through the first 2 years of life. Potential longer-term outcomes for child well-being remain unknown.

OBJECTIVE To determine the effect of randomization to FC on child maltreatment investigations and emergency medical care through 5 years of age.
DESIGN Randomized controlled trial (RCT): 4777 resident births in Durham County, North Carolina, randomly assigned to receive the FC program or treatment as usual on a community-wide basis.

INTERVENTIONS The FC program includes 1 to 3 nurse home visits beginning at the infant age of 3 weeks designed to identify and address risk factors, provide home-based interventions, and connect families with community resources matched to their needs. Ongoing program engagement with service providers and a community resource directory facilitate effective family connections to the community.

RESULTS Families assigned to FC had **39% fewer CPS investigations for suspected child maltreatment through 5 years of age. Families assigned to FC also had 33% less total child emergency medical care use.** Positive effects held across birth risk, child health insurance, child sex, single-parent status, and racial/ethnic groups. Effects were larger for nonminority families compared with minority families.

Paternal Jail Incarceration and Birth Outcomes: Evidence from New York City, 2010–2016

Youngmin Yi¹ · Joseph Kennedy² · Cynthia Chazotte³ · Mary Huynh² · Yang Jiang³ · Christopher Wildeman^{4,5}

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Abstract

Objectives To examine population-level associations between paternal jail incarceration during pregnancy and infant birth outcomes using objective measures of health and incarceration.

Methods We use multivariate logistic regression models and linked records on all births and jail incarcerations in New York City between 2010 and 2016.

Results 0.8% of live births were exposed to paternal incarceration during pregnancy or at the time of birth. After accounting for parental sociodemographic characteristics, maternal health behaviors, and maternal health care access, paternal incarceration during pregnancy remains associated with late preterm birth (OR = 1.34, 95% CI = 1.21, 1.48), low birthweight (OR = 1.39, 95% CI = 1.27, 1.53), small size for gestational age (OR = 1.35, 95% CI = 1.17, 1.57), and NICU admission (OR = 1.14, 95% CI = 1.05, 1.24).

Conclusions We found strong positive baseline associations ($p < 0.001$) between paternal jail incarceration during pregnancy with probabilities of all adverse outcomes examined. These associations did not appear to be driven purely by duration or frequency of paternal incarceration. These associations were partially explained by parental characteristics, maternal health behavior, and health care. These results indicate the need to consider paternal incarceration as a potential stressor and source of trauma for pregnant women and infants.

Seeking an Overview of *Circle of Security* Parenting?

Join us virtually for an hour Orientation to COSP at one of these times:

- Fri Sept 24 1-2pm with Andi Diaz Stansky

Zoom Link:

<https://duke.zoom.us/j/97151359280?pwd=NkgwaG9ib0FsZW1lCHk4bUNHYnVNUT09>

Meeting ID: 971 5135 9280

Passcode: 423842

- Wed Sept 29 9-10am with Susanne Walker Wilson
- Tues Oct 19 12-1pm with Susanne Walker Wilson

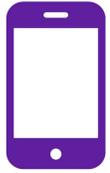
Do you work with young children or
parents of young children?



Learn to Use Circle of Security to
Build Secure Early Relationships and
Strengthen Reflective Capacity in Parents

Asheville, North Carolina October 5 – 8, 2021 Scholarships Available

- The Psychoanalytic Center of the Carolinas (PCC) will sponsor [Circle of Security Facilitator Training](#) in Asheville, North Carolina from October 5 through 8, 2021.
- This training gives participants practical tools to demonstrate and transmit the heart of attachment theory to parents of young children, in parent education groups and individual counseling.
- Read [full details about the training](#), including schedule, hotels and Covid-19 safety measures. To register your interest in attending this training, visit [Circle of Security International](#).
- A limited number of scholarships covering half the cost of registration are available. Applications are accepted on a rolling basis until July 30. See [full details and scholarship application](#).
- [CE/CME credits](#) (24 hours) are available for this 4-day training
- Please watch the delightful, short video below!



NC-PAL Phone Line (919) 681-2909

Phone Line Hours

8 a.m. – 5 p.m.,
Monday – Friday
(excluding major holidays)

Q&A

Non-clinical provider
questions can be sent to:
ncpal@unc.edu

NC-PAL NC-MATTERS

Making Access to Treatment, Evaluation, Resources, and Screening Better

NC Maternal Mental Health MATTERS

To search, type and hit enter.

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Our program supports primary care providers in effectively screening, assessing and treating behavioral health concerns in pregnant and postpartum patients.

For Health Care Providers: **919-681-2909**



Consultation & Support

Real-time psychiatric consultation and case discussion for providers including obstetricians, pediatricians, adult primary care physicians, and psychiatrists.

[READ MORE](#)



Toolkits & Webinars

Behavioral health toolkits and webinars for providers and their staff on evidence-based guidelines for screening, triage and referral, risks and benefits of medications, and discussion of screening results and treatment options for perinatal and pediatric behavioral health.

[READ MORE](#)



Community-based Resources

Linkages with community-based resources, including mental health care, support groups and other resources to support the wellness and mental health of children and families.

[READ MORE](#)



Next Meeting...

Speaker:



Melissa W. Radcliff
Program Director



Our Children's Place of Coastal Horizons

A statewide program committed to the well-being of the children of incarcerated parents.

Save the date



Next meeting:
Friday, November 19th at 1pm

*If you'd like to join the organizing committee,
please email andrea.diaz.Stransky@duke.edu or
Karen_burns@med.unc.edu*