Impact of the **Mother-Infant Therapy Group (M-ITG)** on Mental Health and Parenting Stress for Female Participants and their Male Partners

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### BACKGROUND
- Maternal perinatal depression is common (~10-25%) and is increasingly recognized as a major public health issue.
- The M-ITG is a 12-wk, evidence-based dyadic therapy program originally developed for postpartum women with depressive symptoms.
- Has been shown to improve Edinburgh Postnatal Depression Scale (EPDS) scores as well as anxiety symptoms in mothers.
- Male partners participate in 2 group sessions and a couple’s therapeutic interview.
- Perinatal depression for fathers is also common (~5-10%).
- Impact of M-ITG intervention on depression severity as well as parenting stress, for mothers and their male partners, remains unknown.

### METHODS
- Retrospective analysis (2015-2020) of mother and partner pre/post treatment depression scales (Center for Epidemiologic Studies-Depression scale (CES-D) for women; Gotland Male Depression Score (GMDS) for men) and Parental Stress Index-Short Form (PSI-SF).
- Changes in pre/post depression scores (Mothers n=49; Male partners n=26) were analyzed to determine improvement in depression severity for mothers and their male partners.
- Changes in pre/post PSI-SF scores (Mothers n=33; Male partners n=16) were analyzed to determine improvement in parenting stress for mothers and their male partners.
- The PSI-SF can be broken down into 3 major domains: Parental Distress (PD), Difficult Child (DC), and Parent-Child Dysfunctional Interaction (PCDI).

### RESULTS
- Mothers and fathers showed significant decreases in depression scores: women from a mean CES-D score of 20.5 pre-M-ITG to 14.8 post-M-ITG ($p = 0.004$), and men from a mean GMDS score of 7.0 pre-M-ITG to 5.4 post-M-ITG ($p = 0.018$).
- However, not a significant proportion either changed from “clinically significant” to “non-clinical” range category based on CES-D or GMDS cut-off scores.
- Mothers showed significant improvement in total parenting stress on the PSI-SF from a mean score of 92.1 pre-M-ITG to 77.7 post-M-ITG ($p < 0.001$).
- A significant proportion of women also moved from the “clinically significant” stress range to “non-clinical” range following intervention based on PSI-SF cut-off scores ($p = 0.009$).
- No significant change for fathers’ parenting stress on the PSI-SF.

### CONCLUSIONS
- The M-ITG program may significantly improve the severity of depressive symptoms for mothers and their male partners during the postpartum period.
- The M-ITG program may significantly improve maternal parenting stress in the postpartum period.
- Further studies indicated involve utilizing greater sample size, ideally more participants who completed both pre- and post-M-ITG scales, as well as including a “control” group of parents not involved in the M-ITG program.
- Ultimately, the importance of a separate program for paternal postpartum mood disorders is emphasized.

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### REFERENCES
- For a full list of references, please email Rachel.K.Martin@cuanschutz.edu.