

Every Child Succeeds

RESEARCH AND TRAINING DETAILS



[Click to view members](#)

Faculty	1
Joint Appointment Faculty	1
Research Fellows	2
Direct Annual Grant Support	\$1,146,294
Peer Reviewed Publications	3

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Research Highlights

Deploying Research Findings in the Community; Moving Beyond Depression

Maternal emotional health is crucial to optimal social, cognitive, and emotional health in children. [Moving Beyond Depression \(MBD\)](#) is a comprehensive, evidence-based approach to identifying and treating depression in mothers participating in home visiting programs. Developed by Every Child Succeeds, MBD has been tested in a randomized

clinical trial and found to be highly effective. MBD helps mothers recover from depression, promotes optimal child development and supports home visitors so that they can deliver services in an efficient and effective manner. An economic analysis revealed that IH-CBT is cost-effective strategy over three years provided a willingness-to-pay threshold of \$25,000/Quality Adjusted Life Years. This finding reflects an estimated eight additional depression-free months in treated mothers in the first year following treatment. As a result of these research findings, MBD has been disseminated to other home visiting programs around the country. Past and current sites include home visiting programs operating in over 100 counties in: Connecticut, Massachusetts, Kentucky, Pennsylvania, California, Tennessee, Kansas, West Virginia and South Carolina. To date, MBD has served more than 850 mothers in home visiting programs across the nation.

Expanding the Reach of Data in Every Child Succeeds

Every Child Succeeds (ECS) is a data driven organization. Our web-based data system, called eECS, is a source of important information to guide decision-making and develop new program strategies. Endpoint measurements are used to document changes in maternal and child functioning over the course of home visiting. Outcomes are determined and findings are reported to funders and community stakeholders.

eECS is the engine behind the CQI program in ECS, generating data to plot trends in performance and determine the impacts of improvement projects. Data from eECS have been used to answer research questions which have led to publications and have formed the basis for obtaining external grant funding from [National Institutes of Health \(NIH\)](#) and other federal funders. eECS has been linked to vital statistics data in Ohio and Kentucky, Cincinnati Children's electronic medical records system, county injury registries, and school performance measures, in order to answer questions related to child health, infant mortality and school readiness.

To date, eECS contains information on 24,000 families and over 500,000 home visits. In order to expand the use of the eECS data set, ECS is partnering with the [Perinatal Institute](#) to participate in the Cincinnati Children's Maternal and Infant Data Hub. Directed by [James Greenberg, MD](#), and [Eric Hall, PhD](#), in the [Division of Neonatology](#), the Cincinnati Children's Maternal and Infant Data Hub seeks to bring together multiple and overlapping data sets and registries from multiple sources to drive innovation and new learning in maternal and child health. Through participation in this effort, it is anticipated that ECS will continue to add to the field's understanding of the experiences and needs of high-risk mothers and their young children.

Division Publications

1. Ammerman RT, Altaye M, Putnam FW, Teeters AR, Zou Y, Van Ginkel JB. **Depression improvement and parenting in low-income mothers in home visiting.** *Arch Womens Ment Health.* 2015; 18:555-63.
2. Ammerman RT, Peugh JL, Teeters AR, Putnam FW, Van Ginkel JB. **Child Maltreatment History and Response to CBT Treatment in Depressed Mothers Participating in Home Visiting.** *J Interpers Violence.* 2014; .
3. Goyal NK, Folger AT, Hall ES, Ammerman RT, Van Ginkel JB, Pickler RS. **Effects of home visiting and maternal mental health on use of the emergency department among late preterm infants.** *J Obstet Gynecol Neonatal Nurs.* 2015; 44:135-44.

Faculty, Staff, and Trainees

Faculty Members

Judith B. Van Ginkel, PhD, Professor

Joint Appointment Faculty Members

Robert T. Ammerman, PhD, Professor (Psychology)

Research Interests Causes and prevention of child abuse and neglect; prevention of behavioral and emotional problems in children; family adaptation to childhood disability and chronic illness; adolescent drug and alcohol abuse.

Thomas DeWitt, MD, Professor (General & Community Pediatrics)

Research Interests Faculty development and community-based education and research.

Grants, Contracts, and Industry Agreements

Grant and Contract Awards

Annual Direct

Ammerman, R

Engaging Fathers in Home Visitation: Incorporation of a Co-Parenting Intervention

National Institutes of Health

R01 HD069431	8/10/2012-6/30/2017	\$387,040
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Treatment of Maternal Depression in Home Visitation

National Institutes of Health

R01 MH087499	8/15/2010-6/30/2015	\$290,528
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Phelan, K

Injury Prevention in a Home Visitation Population

National Institutes of Health

R01 HD066115	9/28/2010-7/31/2015	\$468,726
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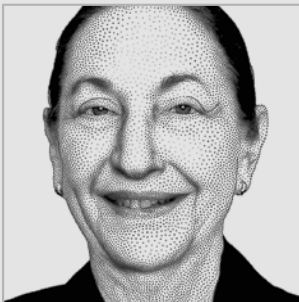
Current Year Direct	\$1,146,294
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Total	\$1,146,294
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Home-Visiting Program Links Response to Maternal Depression Treatment and Histories of Abuse



Robert Ammerman, PhD, ABPP



Judith Van Ginkel, PhD

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Ammerman RT, Peugh JL, Teeters AR, Putnam FW, Van Ginkel JB. Child Maltreatment History and Response to CBT Treatment in Depressed Mothers Participating in Home Visiting. *J Interpers Violence*. 2014

PUBLISHED ONLINE NOV. 13, 2014

Journal of Interpersonal Violence

At-risk mothers who participate in home visiting programs often experience high rates of depression, and a new study by the Every Child Succeeds (ECS) program finds that the mothers' own histories of underlying physical and emotional abuse must be addressed in order for cognitive behavioral therapy (CBT) to be optimally effective.

Robert Ammerman, PhD, ABPP, and colleagues studied the long-term progress of 93 post-partum mothers half of whom received 15 in-home visits from a licensed CBT therapist to treat depression. Before the study, mothers were screened for childhood histories of emotional or physical abuse.

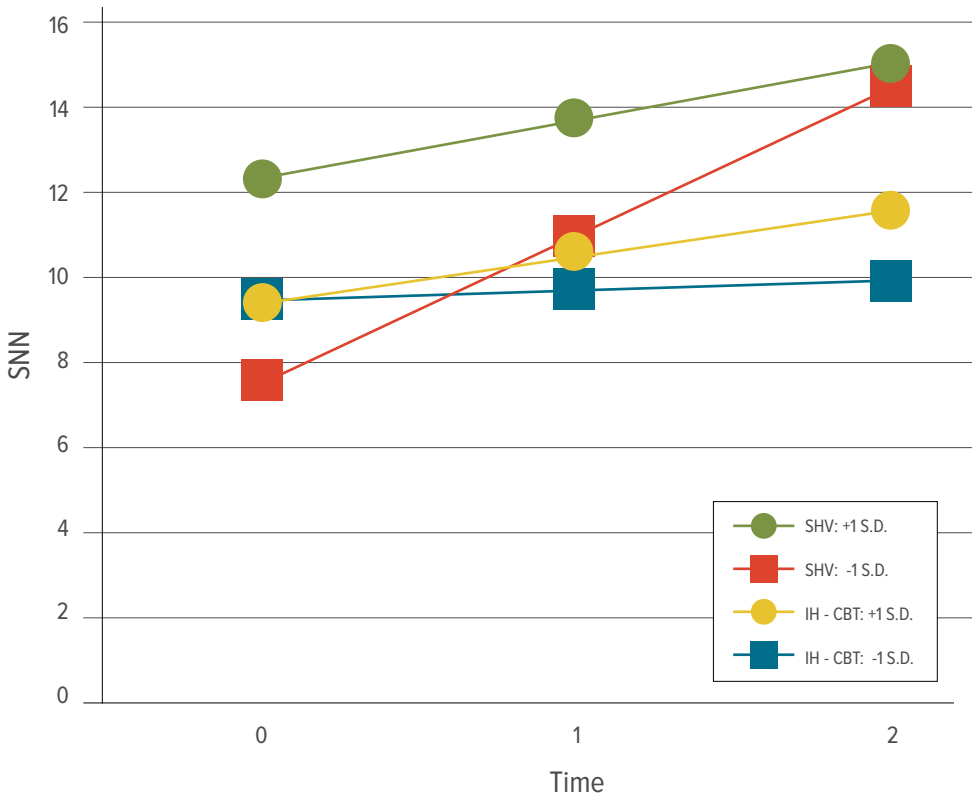
Although women with histories of physical abuse responded more positively to CBT compared to those who did not receive therapy, those with the most severe histories of childhood abuse had comparatively lower CBT outcomes than those with less-severe abusive experiences.

At-risk depressed mothers with histories of emotional abuse, likewise, were able to develop stronger social networks as a result of CBT. Study findings were detailed online Nov. 13, 2014, in the *Journal of Interpersonal Violence*.

"Exposure to high levels of trauma changes the way the brain works, how you react to stress and how you control your emotions," says Ammerman, Scientific Director of ECS. "We are going to have to augment our depression treatment to address more directly any trauma experiences in order to help these women do even better in their lives."

Colleague and co-author Judith Van Ginkel, PhD, President of ECS, says the study's findings indicate that public health funds spent on in-home visits for at-risk mothers also need to address underlying, abuse-related trauma in order for depression treatments to be most effective.

SOCIAL NETWORK RELATIVE TO ABUSE, TIME AND CONDITION



Public health funds spent on in-home visits for at-risk mothers also need to address underlying, abuse-related trauma for depression treatments to be most effective.

This graph shows the three-way interaction between emotional abuse, time, and condition and size of social network. Mothers with more extensive experiences of emotional abuse in childhood showed an increase in size of social network when receiving IH-CBT treatment, but not when in the no-treatment control condition.