Towards Parenthood

An intervention to prepare for the changes and challenges of a new baby
Jeannette Milgrom, Jennie Erickson, Charlene Schambri
Parent-Infant Research Institute

The Parent-Infant Research Institute (PIRI)

Major aim of PIRI – To develop and apply treatments to improve parent/infant mental health

Background to development of Towards Parenthood

The beyondblue National Postnatal Depression Program(2001-2006)

What was the beyondblue National Postnatal Depression Program?
A collaboration between beyondblue: the national depression initiative and leading Australian perinatal mental-health specialists
### A Focus on Depression

- **lowered mood**
  - sad, tearful, irritable
- **loss of interest**
  - sex, hobbies, self
- **changes in appetite**
  - eating too much or little
- **changes in sleep patterns**
  - trouble sleeping or waking
- **feeling worthless**
  - guilty, low self-esteem
- **lack of energy**
  - tired all the time
- **reduced concentration**
  - confused, trouble deciding, slow thinking
- **psychomotor changes**
  - slowed or agitated movement or speech
- **thought about death**
  - preoccupation or suicidal thoughts

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**Objectives NPDP**

- Develop, implement and evaluate screening and early intervention programs for antenatal and postnatal depression (PND)
- Increase community and health professional awareness of perinatal depression and decrease stigma
- Provide education to women at risk & health professionals
- Large database
- (recommendations have led to federal government commitment of $85)

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**NPDP Screening Protocol**

**ANTENATAL SCREENING (ALL WOMEN) AT MATERNITY HOSPITALS**

- 26-32 weeks antenatally with demographics/PSRF and an EPDS; 10% to also receive K10 & Sphere

**STANDARD INTERVENTION PACKAGE**

- Education & Resource booklet (all mothers); notification and management guide (GPs);
  - tailored education packages (GPs, MCHNs and Midwives).

**Towards Parenthood**

**STATE-BASED TARGETED INTERVENTION**

**POSTNATAL SCREENING (ALL WOMEN)**

- 6-8 weeks postpartum with EPDS only

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**Antenatal Depression places Women at Increased Risk for PND**

*Milgrom et al 2008 J Affective Disorders*

Long-term consequences of postnatal depression on:

- The woman herself (ongoing mood symptoms)
- Her infant (62% dysfunctional relationship, infant cognitive difficulties)
- Her partner (relationship breakdown)
Differential Psychosocial Risk Factors: predicting parenting stress

Antenatal depression
- low self-esteem, antenatal anxiety, social support, negative cognitive style, major life event, low income and history of abuse

Postnatal Depression
- antenatal depression and history of depression

Parenting Stress
- postnatal depression was the only significant predictor

Both Behaviour and Depression/Stress in Pregnancy Influence Perinatal Outcomes

<table>
<thead>
<tr>
<th>Lifestyle Behaviours</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking</td>
<td>Antenatal/Postnatal</td>
</tr>
<tr>
<td>Exercise (&lt; or &gt;)</td>
<td></td>
</tr>
<tr>
<td>Diet</td>
<td></td>
</tr>
</tbody>
</table>

Psychological status

Depression
- Anxiety/stress

Medical, environmental and genetic influences

Pregnancy Stress and Infant Outcomes

Antenatal maternal anxiety and stress and the neurobehavioural development of the fetus: links and possible mechanisms. A Review
Bea et al neuroscience and Behavioural Reviews 29 (2005)237-258
- antenatal maternal mood is linked to fetal behaviour
- substantial long-term effects on behaviour via fetal programming may involve the HPA-axis

Summary: the Need for Antenatal Preventive Programs

- Antenatal depression (AND) predicts postnatal depression (PND) and both AND and PND have long-term effects on the infant.
- Perinatal health outcomes
- Current antenatal prevention programs largely target PND but not parenting.
- Poor results to date may be due to limitations of methodology (e.g. sample size).
- The need for innovative programs that take into account that risk factors for parenting difficulties and PND overlap.

Depression and infant crying
Milgram, Weasley & McClure 1995
- Compared the crying behaviour of infants of depressed (22) and non-depressed (44) mothers at 3 & 6 months of age.
- Depressed mothers
  - gaze & rock infants less
  - are less decisive and active
  - less well timed responsiveness
  - lower levels of warm acceptance (Field et al 1985, Murray 1988, Scott 1988)
- Infants of depressed mothers
  - more drowsy, distressed and fussy
  - looking at mother less and are more self-directed activity (Gox 1988)

Do infants of depressed mothers cry more?
Measures

- Depressed mothers from inpatient MBU, average age 31.4 years
- Comparison group from MCHN, average age 30.6 years
- 24 hour diary of the amount of infant crying for 1 week at 3 and at 6 months completed by mothers (Barr et al. 1998)
- Australian Temperament scale revised short form completed by mothers
- Edinburgh postnatal depression scale for mothers
- Parenting Stress Inventory, subscale ‘Infant demandingness’ completed by mothers and fathers

Findings

- Excessive crying in infants at 3 months may be related to maternal depression
  - Infants of depressed mothers cried longer
  - The difference is not due to temperament
  - No differences at 6 months
- Crying peaked in the afternoon and early evening for all infants at 3 months with a trend showing a reduction in total crying per week by 6 months. In line with other studies (St James-Roberts et al. 1989, 1993)

Infant, maternal and paternal factors associated with infant cry behaviour McKay & Milgrom 2008

- No single infant, parental or environmental factor has been reliably associated with problematic infant cry behaviour. Review McKay 2008
- 51 m-f dyads from community completed 4 surveys over infants’ first 6 months.
  - Infant cry pattern questionnaire
  - Personal resources, health & parenting competency,
  - Social resources, marital & social support
  - Parental emotional outcome coping & depressive symptoms
  - Infant temperament

Findings

- Parents who rated as more competent and were coping better, appraised their infant’s cry behaviour as less problematic and distressing and their infant as less difficult on an infant temperament scale
- Greater father involvement was associated with less problematic cry behaviour, more positive partner relationship and levels of social support. However was not associated with maternal variables such as distress and coping.
- Negative appraisal of infant crying was associated with poor mother emotional outcomes on mood and coping but not for fathers

Towards Parenthood

An intervention to prepare for the changes and challenges of a new baby
“Towards Parenthood”
Development of Package

- Intervention targets selected on basis of "clinical wisdom" and exhaustive empirical review via PsycInfo of risk factors impacting on parenting outcomes.
- Incorporating biopsychosocial risk factors for PND.
- Extensive review of existing local and international parenting support programs.
- Piloted on sample of women via antenatal clinic and community MCHN & midwives.

Objectives

- An intervention designed to prevent early parenting difficulties in depressed and non-depressed women.
- To support couples through the transition to parenthood and thus reduce the impact of postnatal depression.

Intervention Targets Generated

- Antenatal Attachment to Foetus. Eg Making Space for a New Love Relationship: coping with negative feelings about foetus; reflective exercises on family of origin and potential impact on parenting.
- Expectations Regarding Transition to and Demands of Parenthood.
- Relationship Changes and Difficulties.
- Coping With Stress and Depression.
- Family of Origin Experiences.
- Practical Parenting skills.

The intervention

- TP 1, Couples receive separate self-directed guidebooks comprised of 9 units; 8 antenatal (includes 3 CBT) and 1 integrative post birth module. In TP 2 guidebook was restructured for parents and coping healthy thinking message reinforced.
- Composed of cartoons, didactic information, interactive exercises.
- Weekly phone calls from telephone counsellor to monitor compliance and engagement with content.

Procedure:
Women screened with EPDS at 32 weeks pregnancy 2 public maternity hospital antenatal clinics

Measures:
Beck Depression, Anxiety and Parenting Stress Inventory

Randomized Design:

- Non Depressed
  EPDS <13
- Depressed
  EPDS >13
- 50 Toward Parenthood
- 50 Toward Parenthood
- 50 Control
- 50 Control

Unit 1: Baby Love – Making Space for a New Love Relationship

- Encouragement of maternal reverie using Cranley’s Maternal Foetal Attachment Scale.
- Coping with negative feelings about fetus.
- What do babies need?
- Reflective exercises on family of origin & potential impact on parenting.
- Suggestions for play and bonding.
Unit 2: We’re Expecting!

- Reflective questions about birth, difficult & fun parts of parenting.
- Past experiences of coping with change.
- Specific changes in roles, emotions, finances, relationships, leisure, body image.
- Quiz exploring unrealistic expectations.
- Normalising information re emotions.

We’re Expecting cont...

- Specific training in problem-solving skills.
- Brainstorming exercises for common problems (eg, not enough rest, baby cries constantly, breast feeding problems). Practical suggestions provided in interactive format.
- Cut out “cue card” with realistic messages.

Unit 3: Lovers to Parents

- Reflective questions to explore communication style within relationship.
- Interactive exercises to encourage identification of their vision for a “parenting partnership”, conceptualised in terms of boundaries, investment, control, roles.
- Identification of expectations of each other as a “good mother” and “good father”
Lovers to Parents continued...

- Interactive exercises to identify influence of parental relationship models.
- Tips for communication & solving conflict.
- Tips for maintaining intimacy.
- Practical interactive exercise to plan “who will do what” in terms of baby care and household chores.
- In memory of and gratitude to Sherryl Pope.
Unit 5, 6 & 7: Managing Stress and Depression

- Start by analysing your behaviour.
- Healthy relationships, healthy self.
- Developing skills in changing your self-talk.

Unit 8: Caring for Newborns

- Breastfeeding issues.
- Practical advice & normalising difficulties.
- Sleep needs, crying, settling suggestions.
- Quiz to test ideas & engage with material.
- Rehearsal ways of coping with problem scenarios (e.g., baby not gaining weight).
- 10 tip sheets for quick reference.

Unit 9: Welcome to the Club!

- Integrating and reflecting on the birth experience.
- Utilizing problem solving skills to cope with challenges.
- Getting to know your baby: infant communication and temperament.
- Strategies for coping with negative feelings.

Unit 9 continued...

- Interactive cognitive therapy exercises to cope with negative emotions.
- Noticing & managing changes in your relationship (based on themes in unit 3).
- Reminder communication tips.
- Ideas to help you nurture your relationship with your child.
What do women think about Towards Parenthood? Does it help?
Two evaluations funded by beyond blue
TPI and TPII

About the Measures
TPI n=200

Screening with the EPDS
- John Cox et al developed the scale 1987
- 10 item self rating screening scale
  - Cut off 12.5 detects 86-95% depressed women

<table>
<thead>
<tr>
<th>Questionnaires for National Program</th>
<th>Ante-natal</th>
<th>Post-natal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic &amp; Psychosocial Form</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Edinburgh Postnatal Depression Scale</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Additional Questionnaires for Pilot Study</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Beck anxiety Inventory</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Relationships &amp; Additional Treatment (part A)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Parenting Stress Index</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Consumer Feedback</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
  - telephone survey
  - therapist notes

Parenting Stress Index (PSI, Abidin)

<table>
<thead>
<tr>
<th>Parent Domain</th>
<th>Child Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Adaptability to change</td>
</tr>
<tr>
<td>Attachment</td>
<td>Acceptability of child to parent</td>
</tr>
<tr>
<td>Restriction of role</td>
<td>Demandingness</td>
</tr>
<tr>
<td>Sense of competence</td>
<td>Mood</td>
</tr>
<tr>
<td>Social isolation</td>
<td>Distractibility/hyperactivity</td>
</tr>
<tr>
<td>Relationship with spouse</td>
<td>Reinforces Parent</td>
</tr>
<tr>
<td>Parent health</td>
<td></td>
</tr>
</tbody>
</table>

I have looked forward with enjoyment to things:
As much as I ever did
Rather less than I used to
Definitely less than I used to
Hardly at all
I have felt sad or miserable:
Yes, most of the time
Yes, quite often
Not very often
No, not at all
Compliance

<table>
<thead>
<tr>
<th></th>
<th>Low EPDS (n = 100)</th>
<th>High EPDS (n = 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Routine Care</td>
<td>Intervention</td>
</tr>
<tr>
<td></td>
<td>Intervention</td>
<td>Routine Care</td>
</tr>
<tr>
<td>All sessions</td>
<td>45%</td>
<td>20%</td>
</tr>
<tr>
<td>No sessions</td>
<td>35%</td>
<td>90%</td>
</tr>
<tr>
<td>At least one session</td>
<td>60%</td>
<td>85%</td>
</tr>
</tbody>
</table>

All entry those most depressed were least likely to comply.

Ordered Heterogeneity Test Results

After controlling for antenatal BDI, postnatal BDI scores were significantly different across treatment groups. $r^2 = .62, p < .05$. Participants receiving the Toward Parenthood intervention had significantly lower depression scores postnataally than those receiving routine care.

A significant effect of treatment was found for the parent domain of the PSI, $r^2 = .68, p < .05$, indicating that participants receiving the Toward Parenthood intervention reported significantly lower stress on the Parent Domain than those receiving routine care.

Summary of consumer feedback survey (n=36)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Why sessions not completed...?</td>
<td>Too busy (80%)</td>
</tr>
<tr>
<td></td>
<td>Illness/medical problem (30%)</td>
</tr>
<tr>
<td></td>
<td>Other (10%)</td>
</tr>
<tr>
<td>ii. Did you like the program?</td>
<td>Yes/positive response (90%)</td>
</tr>
<tr>
<td></td>
<td>Nonnegative or neutral (10%)</td>
</tr>
<tr>
<td>iii. Was the program helpful?</td>
<td>Yes/positive response (95%)</td>
</tr>
<tr>
<td></td>
<td>Nonnegative or neutral response (5%)</td>
</tr>
<tr>
<td>iv. Your feedback on specific areas?</td>
<td>Time needed for sessions</td>
</tr>
<tr>
<td></td>
<td>Okay (84%), too many (16%)</td>
</tr>
<tr>
<td></td>
<td>Time needed for questionnaires</td>
</tr>
<tr>
<td></td>
<td>Okay (58%), too long (33%)</td>
</tr>
<tr>
<td>v. GP or other assistance?</td>
<td>Can’t recall (8%)</td>
</tr>
<tr>
<td></td>
<td>GP (17%), counsellor (2.5%),</td>
</tr>
<tr>
<td></td>
<td>none (78%), can’t recall (2.5%)</td>
</tr>
</tbody>
</table>
The Risk Assessment Checklist (RAC)

C. De Paola & J. Milgrom

The Risk Assessment Checklist is a 12 item screening tool for identifying women who are vulnerable to parenting difficulties. It contains three demographic and 9 psychosocial items

Risk factors targeted
- History of mental health problems
- Unhappy childhood history
- Unstable housing situation
- Lack of prenatal obstetric care
- Substance abuse
- Lack of social supports
- Multiple stresses
- Perception of the infant
- Anger management
- Domestic violence

The Risk Assessment Checklist is a 12 item screening tool for identifying women who are vulnerable to parenting difficulties. It contains three demographic and 9 psychosocial items.

1. The memories of my childhood are happy ones.
   - Most of them
   - Some of them
   - Not many
   - None
2. I have felt secure in my housing situation over the last few years.
   - Always
   - Mostly
   - Hardly ever
   - Not at all
3. During my pregnancy, my baby’s growth was regularly checked by a doctor/nurse.
   - During the whole nine months
   - Only during the last six months
   - Only during the last three months
   - Not at all
4. I have (now or in the past) used marijuana, cocaine, heroin, speed, etc.
   - Regularly
   - Frequently
   - Occasionally
   - Never
5. I am happy with the number of people I can rely on for help in my life.
   - Usually
   - Sometimes
   - Hardly ever
   - Never
6. I have experienced a miscarriage, an abortion or given a child up for adoption.
   - More than twice
   - Twice
   - Once
   - Never

TP II: Compliance

Low Risk (n = 100)

Routine Care (n = 50)

Intervention (n = 50)

High Risk (n = 43)

Routine Care (n = 22)

Intervention (n = 21)

Compliance
- All sessions: 58% 33%
- No sessions: 18% 29%
- At least one session: 82% 71%

TP II: Antenatal and Postnatal Scores on BDI

Antenatal BDI M (SD)

Postnatal BDI M (SD)

Low Risk Routine Care 6.08 (5.33) 7.23 (6.78)

Low Risk Intervention 7.82 (4.91) 5.87 (4.91)

High Risk Routine Care 25.27 (10.91) 27.83 (13.89)

High Risk Intervention 22.24 (8.69) 14.56 (13.64)

TP II: ANCOVA results

After controlling for antenatal BDI scores, participants who received the intervention reported significantly lower levels of depression postnatally than participants in the routine care condition, F (1, 86) = 7.82, p < .01.

Significant differences in the same direction were also found for:
- DASS anxiety, F (1, 86) = 7.36, p < .01
- DASS stress, F (1, 85) = 7.73, p < .01
- PSI total, t (69.39) = 2.06, p < .05
- PSI Parent domain, t (68.86) = 1.98, p < .05

TP II: Postnatal BDI
Correlation between antenatal BDI and change in BDI for Routine Care condition was not significant.

Summary of participant feedback coded from clinical notes by therapists

1. Making Space for a New Relationship
   - family of origin issues
   - expectations/worries/fears of motherhood
   - opened discussion with husband

2. We’re Expecting! Helping you Prepare for Parenthood
   - problem solving skills
   - allowed reflection on transition to responsibility of parenthood

3. Lovers and Parents: Managing Relationship Changes

4. Coping Tips & Stress Busters
   - enhanced communication with partner
   - communication tips helpful (though less relevant for single mothers)
   - support services list useful resource
   - distraction and self-talk techniques useful

5. Managing Stress & Depression
   - model of relationship between thoughts, feelings and behaviours very useful
   - useful to identify contributors to low mood
   - recognising passive, aggressive, assertive communication styles
   - discussion of self-esteem useful in trying to be a role model to own children
   - related to concept of thoughts affecting feelings
   - helped recognise thinking traps
   - strategies for increasing positive/decreasing negative thoughts

Session What the women liked

Session What the women liked

Session What the women liked

Session What the women liked

Piri March 2009
Summary of participant feedback coded from clinical notes by therapists

<table>
<thead>
<tr>
<th>Session</th>
<th>What the women liked</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Parenting Suggestions for Managing Newborns</td>
<td>• the most helpful unit as it assisted in a practical way</td>
</tr>
<tr>
<td></td>
<td>• parenting tip sheets good</td>
</tr>
<tr>
<td></td>
<td>• feeding section good/non-judgemental/did not give preference to breastfeeding</td>
</tr>
<tr>
<td>9. Welcome to the “The Club” (postnatal session)</td>
<td>• great review of strategies learnt in program</td>
</tr>
<tr>
<td></td>
<td>• program helped organise my thinking about my baby</td>
</tr>
</tbody>
</table>

Discussion

• Effective intervention
• Suitable for rural or remote women as utilizes telephone counselling
• ACER publishing contract

Acknowledgements

• Ms Karen McDonald, Northern Hospital
• Cate Teague, Sharleen Cook, Louise Ryan for consultation
• Bronwyn Leigh for conducting telephone surveys
• Open-minded parents-to-be!
• Rachael McCarthy, Bella Saunders, Bronwyn Leigh and Jennie Ericksen for the endless re-writes

Contact Details for Order Forms

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Mood & Mode of Delivery

- Women with normal births more likely to feel positive about the experience –
- 69% feel positive after normal delivery
- 26% feel positive after emergency LUSC
- 36% feel positive after forceps
- Significant difference (p<0.0001)
- However, no significant relationship to EPDS score
Unit 3: Lovers to Parents

- Interactive exercises to encourage identification of their vision for a "parenting partnership", conceptualised in terms of boundaries, investment, control, roles.
- Practical interactive exercise to plan “who will do what” in terms of baby care and household chores.

Unit 4: Stress Busters

- Exercises to identify typical ways of coping.
- Identifying warning signs of depression.

Unit 2: We’re Expecting!

- Reflective questions about birth, difficult and fun parts of parenting.
- Past experiences of coping with change.
- Specific changes in roles, emotions, finances, relationships, leisure, body image.

Unit 5, 6 & 7: Managing Stress and Depression

- Start by analysing your behaviour.
- Health relationships, healthy self.
- Developing skills in changing your self-talk.

Unit 8: Caring for Newborns

- 10 tip sheets for quick reference.

Unit 9: Welcome to the Club!

- Getting to know your baby: infant communication and temperament.
- Strategies for coping with negative feelings.
The Risk Assessment Checklist (RAC)
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Risk factors targeted
- Mental illness
- Unhappy childhood history
- Unstable housing situation
- Lack of prenatal obstetric care
- Substance abuse
- Lack of social supports
- Multiple stresses

Family relationship problems
- Exposure to domestic violence
- Distorted perception of infant
- Difficulties with anger management
- Single marital status
- Male partner unemployed
- Low educational attainment
- Economic disadvantage
- Young maternal age

TOWARD PARENTHOOD PRELIMINARY STATS

<table>
<thead>
<tr>
<th>EPDS &lt; 13</th>
<th>EPDS ≥ 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>31.17 (30.12 – 32.22)</td>
</tr>
<tr>
<td>Number of children</td>
<td>1.05 (.84 – 1.26)</td>
</tr>
<tr>
<td>Weeks pregnant</td>
<td>27.64 (27.13 – 28.11)</td>
</tr>
<tr>
<td>Education</td>
<td>29.6%</td>
</tr>
<tr>
<td>History of depression</td>
<td>13.0%</td>
</tr>
<tr>
<td>Economic disadvantage</td>
<td>79.0%</td>
</tr>
<tr>
<td>Age</td>
<td>95.16 (88.48 – 101.84)</td>
</tr>
</tbody>
</table>

Baseline BDI & BAI mean scores with 95% CI

For the intervention group, antenatal BDI score had a significant effect on session attendance, with antenatal BDI score being negatively, although weakly, correlated with number of sessions attended ($r = -.341, p = .001$).
A 2-way ANCOVA, controlling for antenatal BDI score and session attendance, showed postnatal BDI scores were not significantly affected by EPDS group (p = .551) or treatment group (p = .849). (No significant interaction between EPDS and treatment group (p = .760)).

Antenatal BDI (1) & postnatal BDI (2) scores for participants who returned 12-week data by group.

A 2-way ANCOVA, controlling for antenatal BAI score and session attendance, showed postnatal BAI scores were also not significantly affected by EPDS group (p = .774) or treatment group (p = .934). (No significant interaction between EPDS and treatment group (p = .662)).

Antenatal BAI (1) & postnatal BAI (2) scores for participants who returned 12-week data by group.

A 2-way ANCOVA, controlling for session attendance, showed postnatal PSI scores were significantly affected by EPDS group (p = .042) but not treatment group (p = .790). (No significant interaction between EPDS and treatment group (p = .368)).

Toward Parenthood Numbers Recruited

<table>
<thead>
<tr>
<th>EPDS Scores</th>
<th>Treatment with TP</th>
<th>Control No TP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;At risk&quot;</td>
<td>34</td>
<td>35</td>
<td>69</td>
</tr>
<tr>
<td>&quot;Low risk&quot;</td>
<td>44</td>
<td>44</td>
<td>88</td>
</tr>
<tr>
<td>Total recruited</td>
<td>78</td>
<td>79</td>
<td>157</td>
</tr>
</tbody>
</table>

RAC

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I have recently been frightened by the level of my anger outbursts.</td>
<td>A lot, Occasionally, Hardly ever, Never</td>
</tr>
<tr>
<td>8. I believe that my baby does things on purpose, which makes it difficult</td>
<td>Most of the time, Sometimes, Not very often, Not at all</td>
</tr>
<tr>
<td>9. I feel that my relationship with my partner / hardly causes me a great</td>
<td>Most of the time, Quite often, Not much, Not at all</td>
</tr>
<tr>
<td>10. I have (now or in the past) received services from a counsellor,</td>
<td>Regularly, Frequently, Occasionally, Never</td>
</tr>
<tr>
<td>11. I believe that my baby does things on purpose, which makes it difficult</td>
<td>Most of the time, Sometimes, Not very often, Not at all</td>
</tr>
<tr>
<td>12. More bad things happen in my life than most people.</td>
<td>Most of the time, Quite often, Not much, Not at all</td>
</tr>
</tbody>
</table>

The Risk Assessment Checklist

Risk factors targeted cont.

- Family relationship problems
- Exposure to domestic violence
- Distorted perception of infant
- Difficulties with anger management
- Single marital status
- Male partner unemployed
- Low educational attainment
- Economic disadvantage
- Young maternal age