

# Using Biomarkers to Understand Stress among Parents at Risk for Child Maltreatment Perpetration: Baseline Results from a Pilot Study

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Hormone Biomarkers Among Parents at Risk for Perpetration of Child Abuse and Neglect*

IRB Protocol H14595

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# Presentation Overview

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- Introduction/ Background
- Research Challenges
- Purpose of Study
- Study Overview
- Preliminary Findings
- Limitations/Conclusions
- Next Steps



# Child Maltreatment

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- Child maltreatment (CM) is significant public health problem in the US<sup>1</sup>
  - 88.6% of all perpetrators were parents
    - Parents at greatest risk experience acute & chronic stressors
      - Low socioeconomic status, low household income, substance abuse, depression, trauma history, high parental stress<sup>2-5</sup>
  - Parental stress is particularly important risk factor
    - Can lead to poor parent-child interactions and heightened parent-child conflict<sup>6-11</sup>

# Mitigating CM risk among High-Risk Populations



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- Behavioral parent training programs are recognized recommendation for CM prevention<sup>12</sup>
- Based on social learning principles and include components such as didactic instruction, modeling, and differential reinforcement<sup>13</sup>
- Attempt to teach parents effective child management skills<sup>14</sup>
- The SafeCare<sup>®</sup> model
  - Studies show positive reductions in self-reported parental stress
  - \*Parent-Child Interaction Module (PCI)<sup>15</sup>

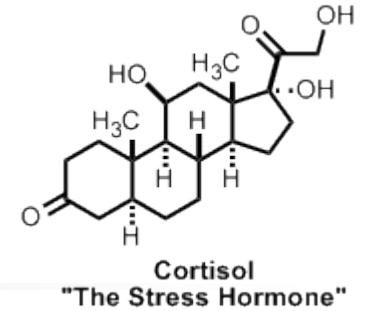


# Research Challenges

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- Current use and acceptance of perceived stress measures limits ability to identify sub-populations at risk for poor intervention outcomes
- No known studies have explored effects of behavioral parent-training programs on physiological biomarkers of stress among at-risk parents
- **Such markers of parental stress may elucidate how such programs can have an impact on broad-based parental outcomes among parents with varying stress levels.**

# Biological Measures of Stress-Cortisol



- Primary hormone of neuroendocrine models exacerbating debilitating effects of acute and chronic stress on several physiological outcomes
- **Limited research at caregiver level**
  - Study among employed women high levels of excreted cortisol significantly associated with number of children residing at home <sup>16</sup>
  - No known cortisol studies on behavioral parenting interventions among at-risk populations
- **Studies in literature with focus on child-level outcomes**<sup>17</sup>



# Biological Measures of Stress- Dihydroepiandrosterone (DHEA)

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- Most abundant circulating steroid hormone in humans with known associations with psychosocial stress
- Studies on posttraumatic stress disorder (PTSD) among war veterans<sup>18</sup>
  - Higher levels of symptomology or PTSD diagnosis associated with increased DHEA levels  
Shown to be modifiable with psychological treatment<sup>19</sup>
- No known studies of DHEA in parenting literature



# Why Biomarkers?

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- **New, objective benchmark for stress**
  - Saliva & hair: non-invasive methods to estimate serum levels of hormones
- **Need to understand relationship between perceived parental stress and physiological correlates of stress** with physiological implications
- Research needed **to elucidate the impact of evidence-based practices, known to reduce parental stress, on known physiological correlates**





# Study Goals

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**To conduct a multidisciplinary, exploratory study using steroid hormone and genetic biomarkers to understand physiological stress among a high-risk parent population**

- (1) Recruit 18 mothers at risk of CM who will receive SafeCare<sup>®</sup> PCI
- (2) Conduct repetitive, within subject assessments including measures of parent stress and behavior (self-report, observational), and physiological markers for cortisol, DHEA
  - Compare biomarkers to perceived, self-reported levels of stress



## Additional Study Aim:

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(3) Assess feasibility and participants' willingness to provide physiological measures in this research project

- Qualitative semi-structured interviews conducted at baseline
  - Feasibility of providing samples:
    - Saliva using salivette and passive drool
    - Hair
    - (Cheek swab)



# Research Question

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- *Mothers who report higher levels of self-reported stress and mental health problems at baseline will have \*impaired steroid hormone levels (i.e., cortisol, DHEA)*
  - Correlations between self-reported stress, mental health, and physiological measures collected at baseline and post-intervention

\*Impaired: deviation from standard levels of steroid hormones

- Cortisol normal range: .053-.359ug/ml
- DHEA normal range: 15.9-303.8pg/mL



# Study Overview

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- Recruited 18 high-risk mothers from GSU community partner Hughes Spalding Children's Hospital of Atlanta
- **Inclusion criteria**
  - $\geq 18$  years of age
  - Biological and custodial caregivers of target child
  - At least 1 child between 0-5 years of age
- **Exclusion Criteria**
  - Self-report of medical/ psychological conditions, and/or consistent use of steroid medications likely to interfere with bio-measures

# Study Design

## ■ Quasi-Experimental Design: Pretest/Posttest





# Study Assessments

*Table 1. Assessment Schedule*

<b>Baseline/ Pre-intervention</b>	<b>Intervention</b>	<b>Post-intervention</b>
<i>Week 1</i>	<i>Weeks 2-7</i>	<i>Week 8</i>
<p><b>Consent</b></p> <ul style="list-style-type: none"> <li>▪ <b>Survey</b></li> <li>▪ <b>Qualitative Interview</b></li> <li>▪ <b>Biomarker Samples:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cortisol</li> <li><input type="checkbox"/> DHEA</li> <li><input type="checkbox"/> (telomere length)</li> </ul> </li> </ul>	<p style="text-align: center;"><b>SafeCare® Intervention</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Survey</b></li> <li>▪ <b>Biomarker Samples:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cortisol</li> <li><input type="checkbox"/> DHEA</li> <li><input type="checkbox"/> (telomere length)</li> </ul> </li> </ul>



# Intervention Procedures

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- **Parent-Child Interaction (PCI) Module of SafeCare<sup>®</sup>**
  - 6 home-visiting sessions with a SafeCare<sup>®</sup> home visitor (6 weeks)
  - Providers teach parents to structure activities with their children, while reducing problematic behavior and reinforcing positive behavior
  - Home visitors assess parenting skills pre- and post- PCI for mastery



# Self-Report Measures

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- **Demographics Information Form** -to collect basic demographic information on all participants
- **Parenting Stress Inventory (PSI-SF)**<sup>30</sup>-to examine parent stress
- **Brief Symptom Inventory (BSI)**<sup>31</sup>-to evaluate depression and other psychopathology
- **Posttraumatic Diagnostic Scale (PDS)**<sup>32</sup>-to examine trauma history



# Biomarker Measures

- **Cortisol-** Saliva, Hair
  - Saliva measured using Salivette
  - Acute and Chronic Stress
  - Saliva time dependent\*
- **DHEA-** Saliva
  - Using passive drool
  - Time independent



Salivette

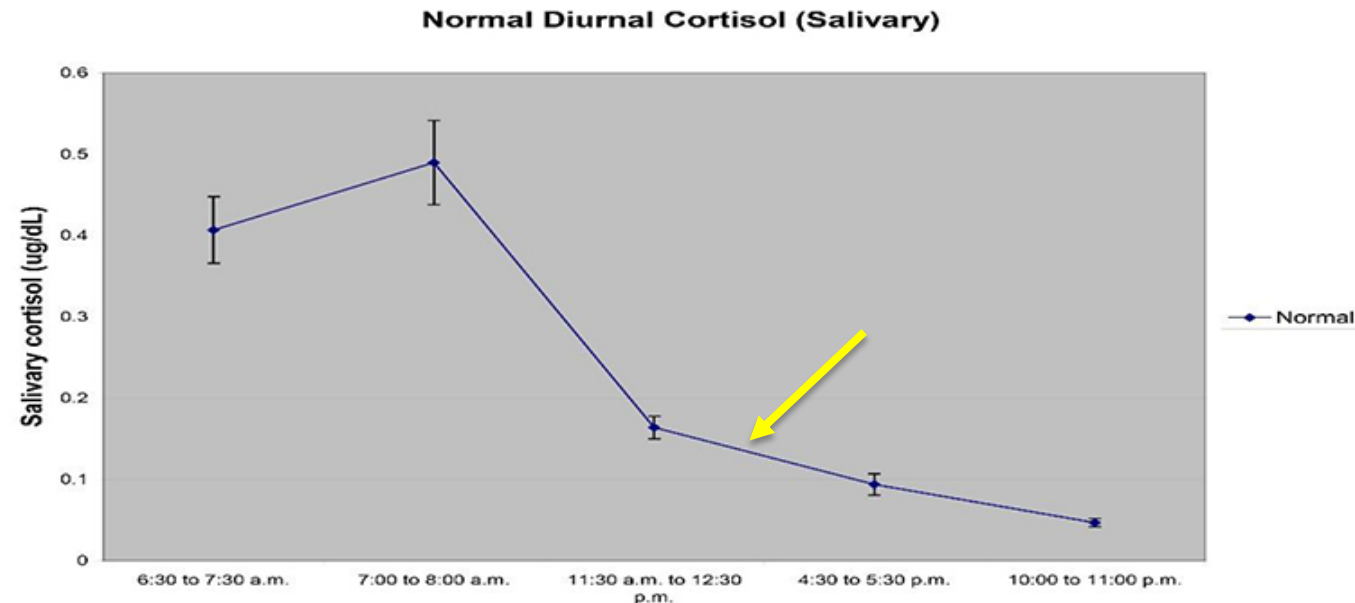


Passive Drool

- Cortisol, DHEA- extracted from saliva; enzymeimmunoassay (EIA) performed after to measure hormone levels

# Acute vs. Chronic Stress- Cortisol

- **Acute Stress (saliva):** salivary samples collected consistently at same time (12-3:30pm) when cortisol levels appear stable



Picture from : [tps://www.salimetrics.com/assets/documents/1-3002.pdf](https://www.salimetrics.com/assets/documents/1-3002.pdf)

- **Chronic Stress (hair)**<sup>34-36</sup>: Hair samples of 2-3cm may provide a 2-3 month estimation to chronic stress exposure



# Baseline Characteristics

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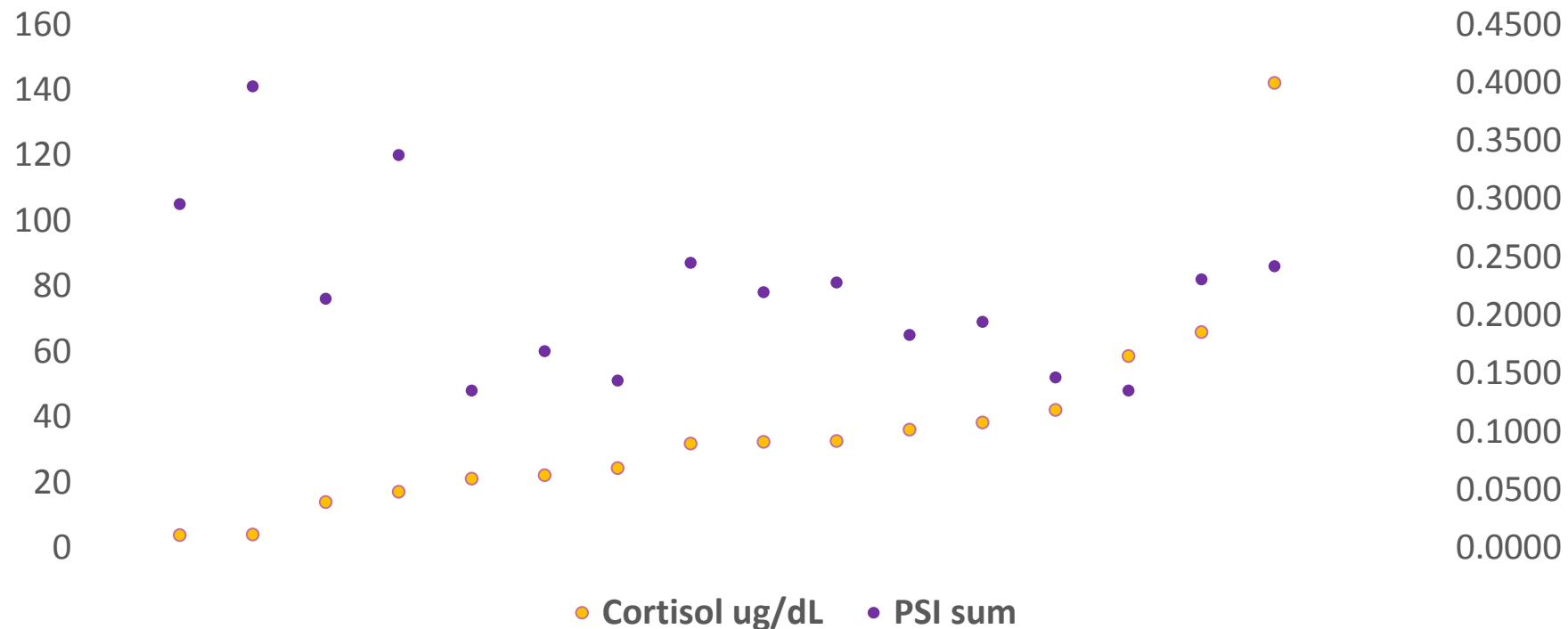
- n=18, African American, Age 18-40 yrs, M=27 yrs
- 50% single, 33% with partner
- 50% high school degree or less
- 81% not working
- 60% with income < \$20,000
- 44% with 1 biological child
- 78% with more than 2 children living in household
  
- 69% reported >1 stressor in the month prior to the study

Measure	All Participants Baseline (n=18) M(SD)	Completers Baseline (n=10) M(SD)
<b>Trauma</b>		
Trauma Exposure	1.7; 77%: 1 ≥ traumatic event	1.7; 70% 1 ≥ traumatic event
PTS symptomology	22.56 (11.7)	22.0 (12.6)
<b>Mental Health</b>		
Depressive Symptomology	.80 (.85)	<b>.67 (.88)</b>
Anxiety Symptomology	.50 (.63)	.32 (.52)
Global Distress	.93 (.65)	<b>.83 (.67)</b>
<b>Stress</b>		
Parental Stress Score	78.0 (26.35)	<b>75 (25.2)</b>
<b>Physiological Measures</b>		
Cortisol (salivary) 0.053-0.359ug/ml	.011-.39 ug/dl	.011-.19 ug/dl
DHEA (drool) (15.9-303.8pg/ml)	16.96-661.50 pg/ml	63.69-506.90 pg/ml

# Cortisol vs. Self Reported Stress-Preliminary Findings: Baseline

*Mothers who report higher levels of self-reported stress and mental health problems will have impaired steroid hormone levels (i.e., cortisol, DHEA).*

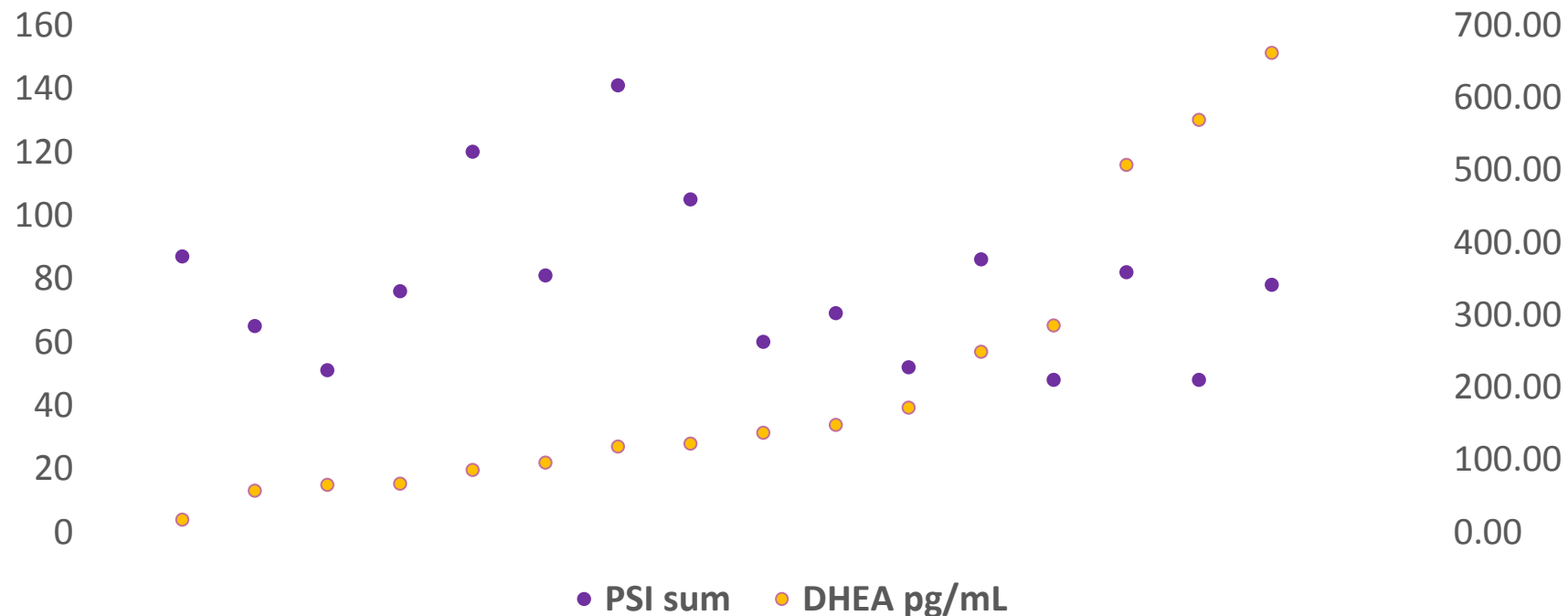
Cortisol Levels vs. Self-Reported Parental Stress (PSI) at Baseline



# DHEA Levels vs. Self Reported Stress Stress- Preliminary Findings: Baseline

*Mothers who report higher levels of self-reported stress and mental health problems will have impaired steroid hormone levels (i.e., cortisol, DHEA)*

DHEA levels vs. Self-Reported Parental Stress (PSI) at Baseline



# Participant Quotes from Qualitative Interviews at Baseline

**Drool Sample:** “Ew”; “ It was kind of **weird** but it was okay.. well the spitting in the tube was kind of weird, I felt like I was like I a felon or something”; “I felt that was a little weird”;

**Cotton Tube (under tongue):** “That was **easy**. I’d do that one again. It was actually comfortable” ; “Yeah that was, **it was okay**”

**Cheek Swab:** “That was **the best**”; “Oh it was okay- it **didn’t feel like nothing**”; “It was fun \*laughs\*”

**Hair sample:** “Yeah you just pulled a little piece out from back here”; “That felt **okay...**”; “That was nothing, **it was okay, I’m fine with that**”

**All participants stated they would engage in this research and would recommend friends to participate**

“Yes, because it’s easy and **you learn a lot about stressing with your child...it’s easy**”

“Yes, I think the only thing that would gross them out is the same thing that grossed me out that saliva [drool] part”



# Limitations

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- Retention of participants (smaller n)
- Self-report of medications/ foods
- No comparison group
- Convenient, homogenous sample
- Unanticipated events during the study (e.g., pregnancy, death within family)





# Implications/Conclusions

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- **Novel Benchmark for parental stress**, possibly mental health symptomology
  - Biomarkers of stress may correlate with self-reported stress among at-risk parents
- **Feasibility**- high acceptability among participants; simple methodology
- **Timing considerations** (cortisol diurnal patterns)
  - Inclusion of child populations
    - Measuring saliva from infants and young populations
- **Monitoring medications and food intake**



# Next Steps

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- Telomere length, hair (chronic cortisol) analyses
- New biomarkers: DNA methylation, alpha amylase
- In-depth qualitative analyses
- Follow-up assessment data analyses and correlations
- Examine PDS in relation to biomarkers? Map individual trajectories?
- Pre-/Post-intervention comparison- Repeated measures ANOVA



# Thank You!

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- **Primary Investigators:**

Laura Carruth, PhD

Shannon Self-Brown, PhD

- **Home Visitors:**

Akilah Thomas, Courtney Jones,  
Lacell Joseph, Leslie Sewall, Lisa  
Dickman-Jackson, Roddey Jones

- **Graduate Research Assistants:**

Charles Robinson, Colleen  
McCarty



# References

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1. U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Children's Bureau. Child Maltreatment 2013. 2015.
2. Chaffin M, Kelleher K, Hollenberg J. Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child abuse & neglect*. 1996;20(3):191-203.
3. Walsh C, MacMillan HL, Jamieson E. The relationship between parental substance abuse and child maltreatment: findings from the Ontario Health Supplement. *Child abuse & neglect*. 2003;27(12):1409-25.
4. Ammerman RT, Kolko DJ, Kirisci L, Blackson TC, Dawes MA. Child abuse potential in parents with histories of substance use disorder. *Child abuse & neglect*. 1999;23(12):1225-38.
5. Merrill LL, Hervig LK, Milner JS. Childhood parenting experiences, intimate partner conflict resolution, and adult risk for child physical abuse. *Child Abuse & Neglect*. 1996;20(11):1049-65
6. Perren S, Von Wyl A, Bürgin D, Simoni H, Von Klitzing K. Depressive symptoms and psychosocial stress across the transition to parenthood: associations with parental psychopathology and child difficulty. *Journal of Psychosomatic Obstetrics & Gynecology*. 2005;26(3):173-83.
7. 7Anthony LG, Anthony BJ, Glanville DN, Naiman DQ, Waanders C, Shaffer S. The relationships between parenting stress, parenting behaviour and preschoolers' social competence and behaviour problems in the classroom. *Infant and Child Development*. 2005;14(2):133-54.
8. Huth-Bocks AC, Hughes HM. Parenting stress, parenting behavior, and children's adjustment in families experiencing intimate partner violence. *Journal of family violence*. 2008;23(4):243-51.
9. Rodgers AY. Multiple sources of stress and parenting behavior. *Children and Youth Services Review*. 1998;20(6):525-46.
10. Owen AE, Thompson MP, Kaslow NJ. The mediating role of parenting stress in the relation between intimate partner violence and child adjustment. *Journal of family psychology*. 2006;20(3):505.
11. Halme N, Tarkka M-T, Nummi T, Åstedt-Kurki P. The effect of parenting stress on fathers' availability and engagement. *Child Care in Practice*. 2006;12(1):13-26.
12. Hammond WR, Whitaker DJ, Lutzker JR, Mercy J, Chin PM. Setting a violence prevention agenda at the centers for disease control and prevention. *Aggression and Violent Behavior*. 2006;11(2):112-9.
13. Chronis AM, Chacko A, Fabiano GA, Wymbs BT, Pelham Jr WE. Enhancements to the behavioral parent training paradigm for families of children with ADHD: Review and future directions. *Clinical child and family psychology review*. 2004;7(1):1-27.
14. Serketich WJ, Dumas JE. The effectiveness of behavioral parent training to modify antisocial behavior in children: A meta-analysis. *Behavior therapy*. 1996;27(2):171-86.
15. Carta JJ, Lefever JB, Bigelow K, Borkowski J, Warren SF. Randomized Trial of a Cellular Phone-Enhanced Home Visitation Parenting Intervention. *Pediatrics*. 2013;132(Supplement 2):S167-S73.
16. Luecken LJ, Suarez EC, Kuhn CM, Barefoot JC, Blumenthal JA, Siegler IC, et al. Stress in employed women: impact of marital status and children at home on neurohormone output and home strain. *Psychosom Med*. 1997;59(4):352-9.
17. Fisher PA, Stoolmiller M. Intervention effects on foster parent stress: Associations with child cortisol levels. *Development and psychopathology*. 2008;20(03):1003-21.
18. Yehuda R, Brand SR, Golier JA, Yang RK. Clinical correlates of DHEA associated with post-traumatic stress disorder. *Acta psychiatrica Scandinavica*. 2006;114(3):187-93.
19. Olff, Miranda, et al. "Changes in cortisol and DHEA plasma levels after psychotherapy for PTSD." *Psychoneuroendocrinology* 32.6 (2007): 619-626.
20. Brouillette SW, Moore JS, McMahon AD, Thompson JR, Ford I, Shepherd J, et al. Telomere length, risk of coronary heart disease, and statin treatment in the West of Scotland Primary Prevention Study: a nested case-control study. *The Lancet*. 2007;369(9556):107-14.
21. Starr JM, McGurn B, Harris SE, Whalley LJ, Deary IJ, Shiels PG. Association between telomere length and heart disease in a narrow age cohort of older people. *Experimental Gerontology*. 2007;42(6):571-3.
22. Cawthon RM, Smith KR, O'Brien E, Sivatchenko A, Kerber RA. Association between telomere length in blood and mortality in people aged 60 years or older. *The Lancet*. 2003;361(9355):393-5.
23. Kimura M, Hjelmborg JvB, Gardner JP, Bathum L, Brimacombe M, Lu X, et al. Telomere Length and Mortality: A Study of Leukocytes in Elderly Danish Twins. *American Journal of Epidemiology*. 2008;167(7):799-806.
24. Martin-Ruiz C, Dickinson HO, Keys B, Rowan E, Kenny RA, Von Zglinicki T. Telomere length predicts poststroke mortality, dementia, and cognitive decline. *Annals of Neurology*. 2006;60(2):174-80.
25. Meeker AK, Hicks JL, Iacobuzio-Donahue CA, Montgomery EA, Westra WH, Chan TY, et al. Telomere length abnormalities occur early in the initiation of epithelial carcinogenesis. *Clinical Cancer Research*. 2004;10(10):3317-26.
26. Meeker AK, Argani P. Telomere shortening occurs early during breast tumorigenesis: a cause of chromosome destabilization underlying malignant transformation? *Journal of mammary gland biology and neoplasia*. 2004;9(3):285-96.
27. Deng Y, Chang S. Role of telomeres and telomerase in genomic instability, senescence and cancer. *Laboratory investigation*. 2007;87(11):1071-6.



# References Continued

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28. Asok A, Bernard K, Roth T, Rosen J, Dozier M. Parental responsiveness moderates the association between early-life stress and reduced telomere length. *Development and psychopathology*. 2013;25(03):577-85
29. Epel ES, Blackburn EH, Lin J, Dhabhar FS, Adler NE, Morrow JD, et al. Accelerated telomere shortening in response to life stress. *Proceedings of the National Academy of Sciences of the United States of America*. 2004;101(49):17312-5.
30. Abidin R, .R.,. Parenting Stress Index Professional Manual. 3rd ed. Odessa, FL: Psychological Assessment Resources, Inc; 1995.
31. Derogatis LR, Melisaratos N. The brief symptom inventory: an introductory report. *Psychological medicine*. 1983;13(03):595-605.
32. Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological assessment*, 9(4), 445.
33. Kirschbaum C, Hellhammer DH. Salivary cortisol in psychoneuroendocrine research: recent developments and applications. *Psychoneuroendocrinology*. 1994;19(4):313-33.
34. Cirimele V, Kintz P, Dumestre V, Gouille J, Ludes B. Identification of ten corticosteroids in human hair by liquid chromatography–ionspray mass spectrometry. *Forensic science international*. 2000;107(1):381-8.
35. Raul J-S, Cirimele V, Ludes B, Kintz P. Detection of physiological concentrations of cortisol and cortisone in human hair. *Clinical biochemistry*. 2004;37(12):1105-11.
36. Russell E, Koren G, Rieder M, Van Uum S. Hair cortisol as a biological marker of chronic stress: current status, future directions and unanswered questions. *Psychoneuroendocrinology*. 2012;37(5):589-601.