



# Prevention and Psychotherapeutic Treatment of Perinatal Mood and Anxiety Disorders (PMADs)

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# Disclosures \_Monk

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”





Speaker:

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# Disclosures Poleshuck

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”





# Overview

- Psychotherapeutic treatment of PMADs
- Prevention of Postpartum Depression (PPD)
  - ROSE
  - PREPP





# Ira would you be able to help with this?

- For that first poll, how about:
- How many of you have access to affordable, insurance-based psychotherapy for your pregnant and postpartum patients?





# Evidence-Based Psychotherapeutic Treatment Options

- Traditional Psychotherapy
- Integrated or Co-located Psychotherapy
- Collaborative Care Management





“Psychological interventions are effective and deserve their place as first-line treatment of perinatal depression.”

- Effective treatment for perinatal depression
  - Effects were still significant 12 months later
- Positive outcomes also for
  - Social support
  - Anxiety
  - Functional impairment
  - Parental and marital stress
  - Quality of life

Cuijpers & Karyotaki (2021) *Archives of Women's Mental Health*, 24 (5): 801-806; Li C, et al, *Medicine* (Baltimore). 2020 Jul 2;99(27)





# Black and Latina Pregnant Women

- Review of 13 studies of psychotherapy had mixed findings for depression outcomes
- Efficacy of psychotherapy may not extend equally to all populations

Ponting, Mahrer, Zelcer, Dunkel Schetter, Chavira. (2020) Clin Psychol Psychother. 2020 Mar;27(2):249-265.





# Psychotherapy for Perinatal Depression

- **Cognitive Behavioral Therapy**

- Improve individual behavior by modifying maladaptive thoughts and cognitive distress through strategies like cognitive restructuring and behavioral activation
- Most evidence
- Consistent support for both long- and short-term efficacy
- Multiple modalities: internet-based, workbook based, group, couples

- **Interpersonal Psychotherapy**

- Targets the relationship between onset of depression and social context
- Effective for: depression, anxiety, relationship quality, social adjustment

- Sokol, 2015, J Affective Dis, 177, 7-21; X Li, et al, 2022, Clin. Psych Review, 92, 102; Z Li et al, 2020, J Clin Nurs; Sokol, 2018, J Affective Dis, 232, 316-328; Bright et al, 2020; I J Environmental Res and Pub Health, 17.22; Want et al, 2023, J Affective Dis, 339, 823.





# Psychotherapy for Perinatal Depression

- **Supportive Therapy**

- Unstructured approach that includes common factors like empathy and validation and is sometimes used as a comparison treatment in clinical trials
- Cumulative effect size for perinatal depression is moderate
- What is most commonly available

- Cuijpers & Karyotaki (2021) *Archives of Women's Mental Health*, 24 (5): 801-806

- **Family Therapy**

- Relational approaches
- Significant improvement for depression
- Findings generally limited to heterosexual couples

Cluxton-Kelly & Bruce (2018) *PLoS One*, June 14; 13 (6)

## Emerging evidence

- phone, video, peer led, digital asynchronous





# Perinatal Anxiety Disorders

- Less well studied but solid support for the acceptability and effectiveness of psychotherapy
- CBT is the most studied and well-validated approach
- Consistent outcomes for
  - inperson and online treatment
  - Individual and group
- Again, findings for Black and Latina people are less conclusive

e.g., Goodman et al (2016) J Affect Disord. Oct;203:292-331. Clinkscales N, et al (2023). Psychol Psychother. 2023 Jun;96(2):296-327; Ponting et al (2020). Clin Psychol Psychother. 2020 Mar;27(2):249-265.





# When to use Psychotherapy?

- Patient preference
- Less recurrent, chronic, or disabling depression
- Absence of psychotic symptoms
- Prior positive response to psychotherapy
- Incomplete response to medication alone
- Chronic psychosocial problems or trauma
- Medication contraindicated



# Finding a therapist

- Build relationship with local therapist(s)
- Postpartum Support International Directory  
<https://psidirectory.com/>
- Psychology Today  
<https://www.psychologytoday.com/us/therapists>
- Local community mental health center
- Payors
- Primary Care Clinician
- Project TEACH

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# Definition of Integrated Behavioral Health

- The care a patient experiences as a result of a **team of medical providers and behavioral health clinicians, working together with patients and families**, using **systematic** and **cost-effective** approach to provide **patient-centered** care for a **defined population**.
- This care may address mental health and substance use conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization.

AHRQ, IBHC Atlas, 2016







Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

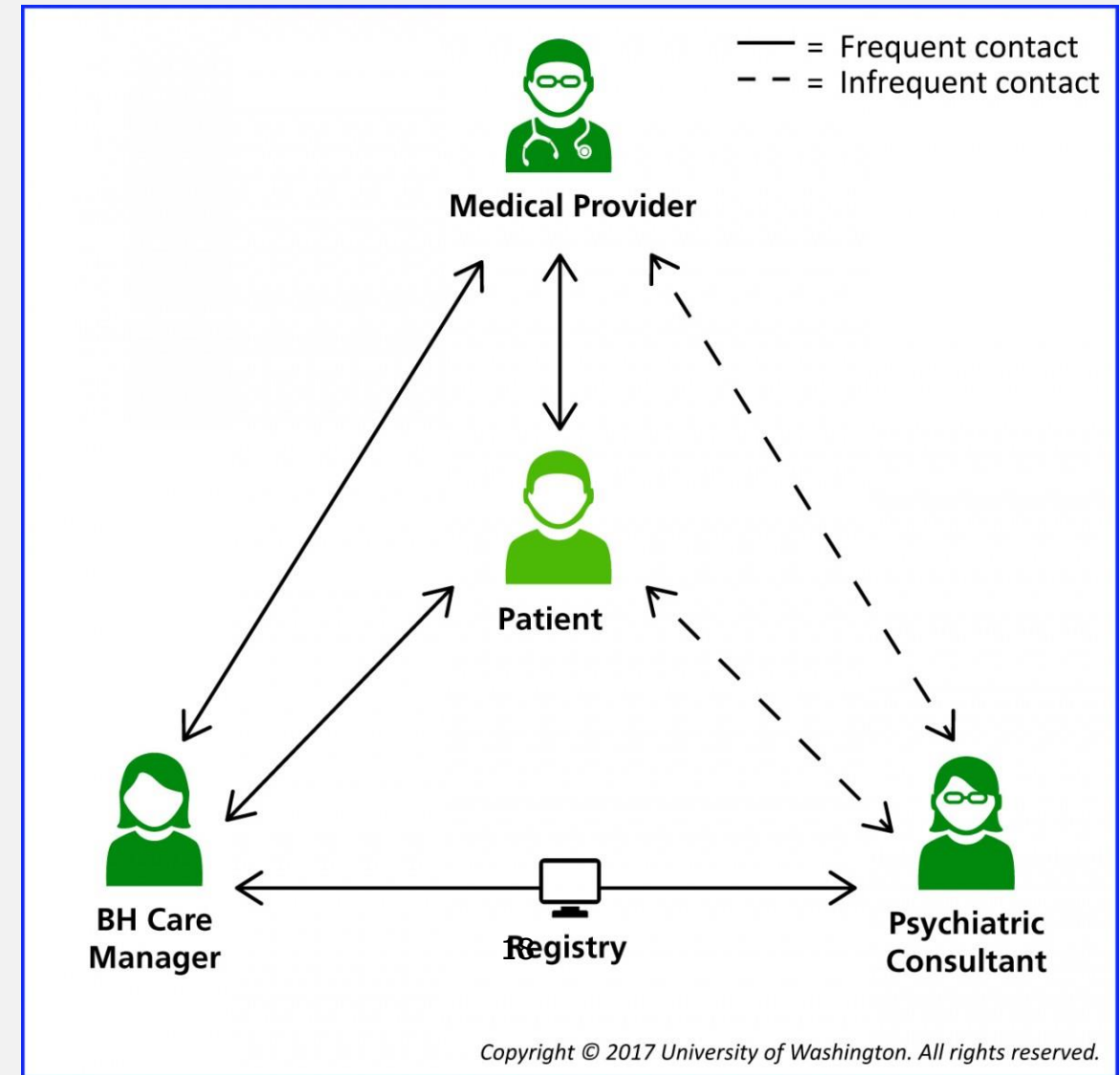
| COORDINATED<br>KEY ELEMENT: COMMUNICATION   |   | CO-LOCATED<br>KEY ELEMENT: PHYSICAL PROXIMITY  |   | INTEGRATED<br>KEY ELEMENT: PRACTICE CHANGE   |  |
|---|---|--|---|--|--|
| LEVEL 1<br>Minimal Collaboration  | LEVEL 2<br>Basic Collaboration<br>at a Distance   | LEVEL 3<br>Basic Collaboration<br>Onsite   | LEVEL 4<br>Close Collaboration<br>Onsite with Some<br>System Integration  | LEVEL 5<br>Close Collaboration<br>Approaching<br>an Integrated Practice  | LEVEL 6<br>Full Collaboration in<br>a Transformed/ Merged<br>Integrated Practice   |
| Behavioral health, primary care and other healthcare providers work:  |   |  |   |  |  |
| In separate facilities,<br>where they:  | In separate facilities,<br>where they:  | In same facility not<br>necessarily same offices,<br>where they:   | In same space within the<br>same facility, where they:  | In same space within<br>the same facility (some<br>shared space), where<br>they:   | In same space within the<br>same facility, sharing all<br>practice space, where<br>they:   |
| <ul style="list-style-type: none"> <li>» Have separate systems</li> <li>» Communicate about cases only rarely and under compelling circumstances</li> <li>» Communicate, driven by provider need</li> <li>» May never meet in person</li> <li>» Have limited understanding of each other's roles</li> </ul> | <ul style="list-style-type: none"> <li>» Have separate systems</li> <li>» Communicate periodically about shared patients</li> <li>» Communicate, driven by specific patient issues</li> <li>» May meet as part of larger community</li> <li>» Appreciate each other's roles as resources</li> </ul> | <ul style="list-style-type: none"> <li>» Have separate systems</li> <li>» Communicate regularly about shared patients, by phone or e-mail</li> <li>» Collaborate, driven by need for each other's services and more reliable referral</li> <li>» Meet occasionally to discuss cases due to close proximity</li> <li>» Feel part of a larger yet non-formal team</li> </ul> | <ul style="list-style-type: none"> <li>» Share some systems, like scheduling or medical records</li> <li>» Communicate in person as needed</li> <li>» Collaborate, driven by need for consultation and coordinated plans for difficult patients</li> <li>» Have regular face-to-face interactions about some patients</li> <li>» Have a basic understanding of roles and culture</li> </ul> | <ul style="list-style-type: none"> <li>» Actively seek system solutions together or develop work-a-rounds</li> <li>» Communicate frequently in person</li> <li>» Collaborate, driven by desire to be a member of the care team</li> <li>» Have regular team meetings to discuss overall patient care and specific patient issues</li> <li>» Have an in-depth understanding of roles and culture</li> </ul> | <ul style="list-style-type: none"> <li>» Have resolved most or all system issues, functioning as one integrated system</li> <li>» Communicate consistently at the system, team and individual levels</li> <li>» Collaborate, driven by shared concept of team care</li> <li>» Have formal and informal meetings to support integrated model of care</li> <li>» Have roles and cultures that blur or blend</li> </ul> |

# Collaborative Care

<https://aims.uw.edu/evidence-base-for-cocm/>



- Depression/anxiety treatment in primary care
- Defined patient population tracked in registry
- Team based care
- Supported by regular psychiatric case consultation
- > 90 randomized controlled trials since 1990 show it is effective, including with perinatal populations





# Role of the Behavioral Health Care Manager

- Diagnosis and treatment planning
- Coordinating treatment
- Providing proactive follow-up of treatment response
- Alerting the medical provider when the patient is not improving
- Supporting medication management
- Facilitating communication with the psychiatric consultant regarding treatment changes
- Brief counseling using evidence-based techniques such as motivational interviewing, behavioral activation, and problem-solving treatment

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# Prevention



The New York Times

## *Depression During and After Pregnancy Can Be Prevented, National Panel Says. Here's How.*

The task force of experts recommended at-risk women seek certain types of counseling, and it cited two specific programs that have been particularly effective.





# Poll – Ira can you help with this?

- What percent of postpartum depression cases can be prevented among at-risk pregnant people?
  - 20%
  - 30%
  - 50%
  - 60%



**REACH OUT**  
**STAY STRONG**  
**ESSENTIALS**  
**ROSE**  
**FOR NEW MOMS**





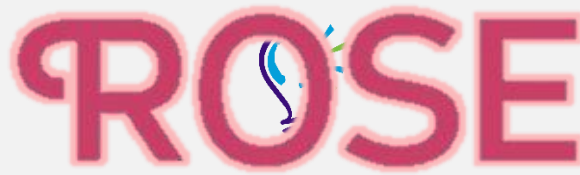


## ROSE Is An Evidence-Based Practice

- 5 randomized controlled trials (RCTs)
- US Preventive Services Task Force recommendation
- Study of 97 prenatal care clinics showed it required modest support to learn and sustain and costs less than 1 case of untreated PPD

**ROSE prevented half of postpartum depression cases among low-income pregnant people**





(**R**each **O**ut, **S**tay **S**trong, **E**ssentials  
for mothers of newborns)

- Teaches interpersonal psychotherapy (IPT)--based skills for improving communication and building social support, identified risk factors for PPD.
- Presented as a course to minimize stigma and emphasize the program as an educational experience.
- ROSE consists of four +- 90-min group sessions and a
- Post-delivery individual booster/check-in session,
- Designed for prenatal clinics and other agencies offering prenatal services (e.g., Healthy Start programs)
- Can be taught by non-mental health professionals (e.g., nurses, health educators, midwives)
- Intervention materials (educator manual, patient workbook) are available in English and Spanish

The word "ROSES" is displayed in a large, light pink, sans-serif font. A small number "24" is visible in the bottom right corner of the text area.

ROSES 24





# Topics Covered



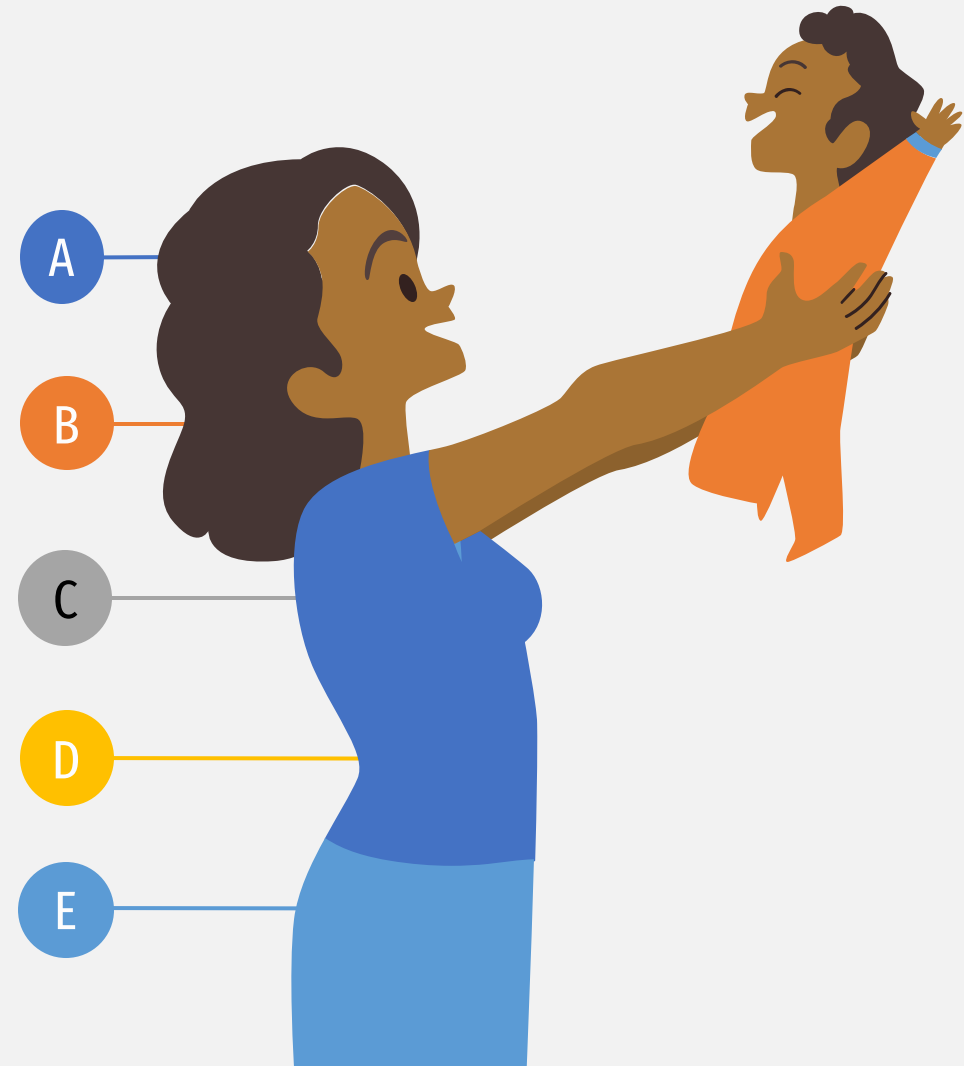
Differences between PPD and baby blues, education on PPD

Role changes, relaxation exercises, pleasant activities

Getting support, asking for help, assertiveness

Saying “no” to requests. Resources for abusive relationships.

Review of skills, troubleshooting







# ROSE is Flexible

- Group vs. individual
- Office vs. home visit
- In person or virtual
- Timing during pregnancy
- Order of sessions
- Open enrollment of group
- Missed sessions can be made up
- Sessions can be split into shorter pieces or lumped together
- Any outpatient prenatal setting (OBGYN, FQHC, visiting nurses, healthy start programs, etc.)
- Paraprofessional/non-mental health provider vs. mental health provider

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# Class Member Workbook



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## The ROSE Program

Postpartum depression is a common public health problem with serious and lasting consequences for mother and child, especially among low-income women. Maternal mental health is a critical component of perinatal care and maternal safety.

**The ROSE Program (Reach Out, Stay Strong, Essentials for mothers of newborns) is an evidence-based program that has been shown to reduce cases of postpartum depression by half among low-income women in a series of randomized control trials.**

The ROSE Program has been specifically cited in the new U.S. Preventive Services Task Force recommendation regarding the prevention of perinatal depression.

The ROSE Program includes 4 or 8 prenatal sessions and one post-natal booster session. Topics include psychoeducation on postpartum depression, managing the transition to motherhood, managing relationships, self-care, assertiveness and goal-setting, and a review session. The intervention is highly structured, easy to learn, and can be delivered in both Spanish and English. Nurses, health educators, and others with or without mental health expertise can successfully



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# Re-imaging Prenatal Care

## Expert Review

### **The transition to parenthood in obstetrics: enhancing prenatal care for 2-generation impact**



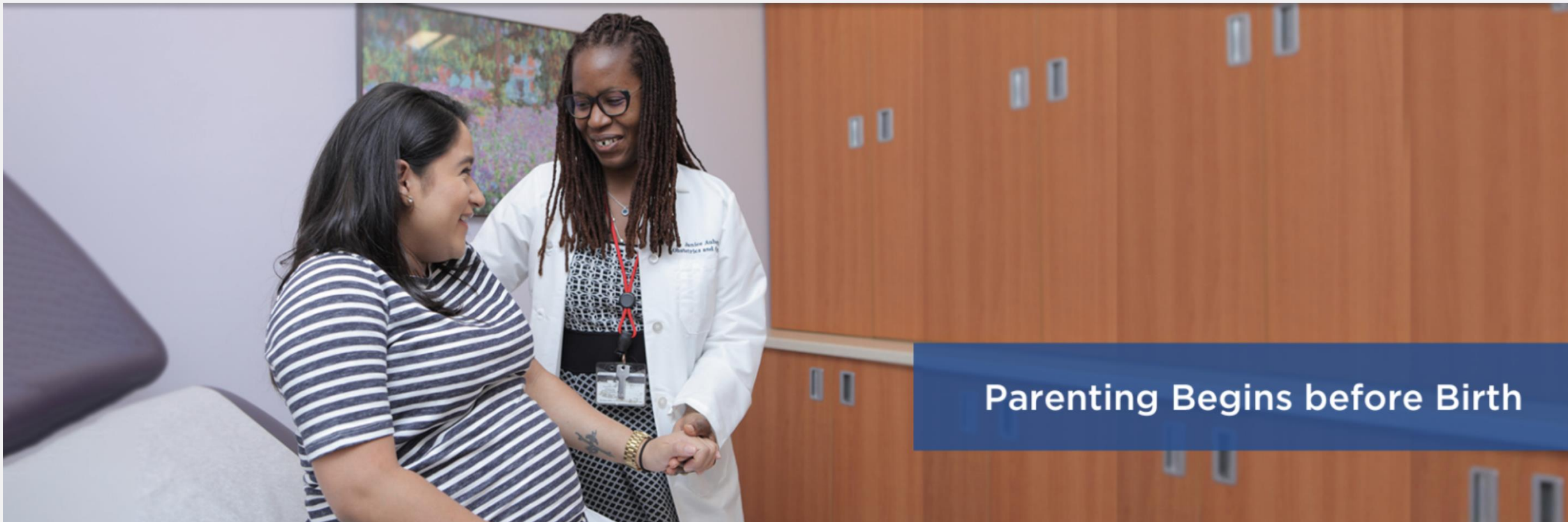
**Catherine Monk, PhD; Sona Dimidjian, PhD; Ellen Galinsky, MS; Kimberly D. Gregory, MD, MPH;  
M. Camille Hoffman, MD, MSc; Elizabeth A. Howell, MD, MPP; Emily S. Miller, MD, MPH; Cynthia Osborne, PhD, MPP;  
Cynthia E. Rogers, MD; Darby E. Saxbe, PhD; Mary E. D'Alton, MD**

American Journal of Obstetrics & Gynecology – Maternal Fetal Medicine; August, 2022





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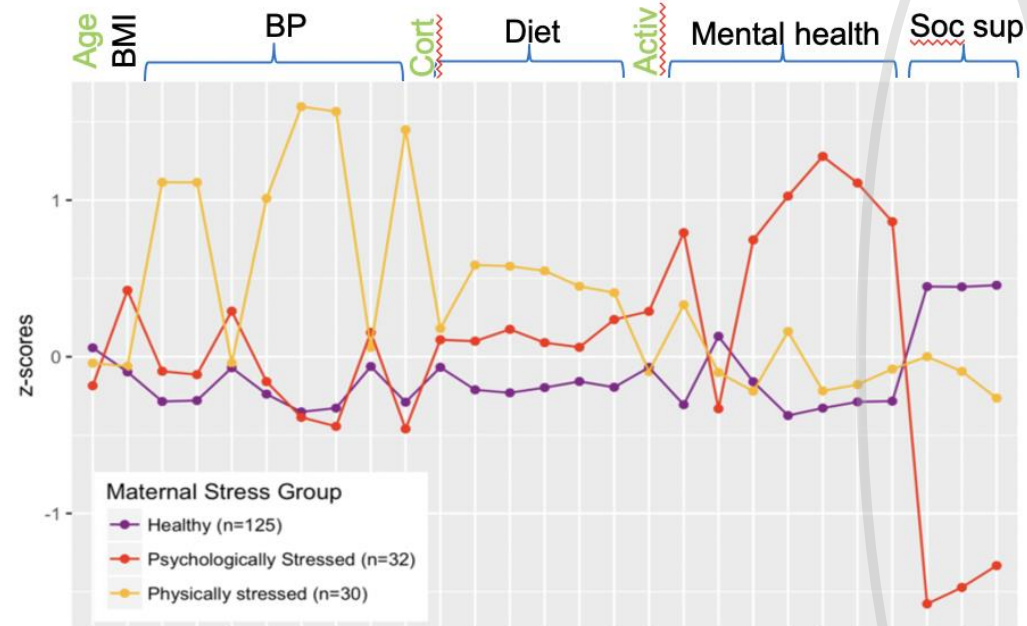
## Center for the Transition to Parenthood

The Center for the Transition to Parenthood (CTtP) in the Department of Obstetrics & Gynecology at Columbia University is a research-to-practice initiative and virtual, information-sharing hub helping perinatal clinicians provide enhanced, whole-person, 2Gen care. With our innovative contributions to scientific knowledge and cross-sector partnerships, CTtP strives to make a lasting positive impact on families' well-being from the start.





# PMADs Are Preventable — Universal: Social Support



Role of relationships and communities and interventions that build on these strengths to improve maternal and child health



## About Us

### The Center and Our Mission

Learn about the CTtP, our mission, and how we are pioneering a whole-person, 2Gen approach in the perinatal care ecosystem.



## Blueprint

### A Blueprint for Enhancing Perinatal Care

Based on cross-sector collaborations, our Blueprint expands education, intervention, prevention, and interdisciplinary services for whole-person, 2Gen wellness in the perinatal care ecosystem.



## Resources

Health professionals, parents-to-be, and family members can find resources nationwide that help foster perinatal well-being. Discover ones near you — or with which to build community at a distance.



## Research

### Translating Research into Family Well-Being

Our research drives better family outcomes. We have shown that maternal distress affects child development prior to birth and that our PREPP therapy improves maternal mental health for 2Gen impact.



## Our Team

### Let Us Introduce Ourselves

Our interdisciplinary collaborations include



## Multimedia Archive

### Explore our Archive

Explore lectures and



## Our Podcasts

### Hear from Experts

Our podcast collection features CTtP leaders



## Contact Us

### Stay Connected!

If you'd like to join our newsletter, follow us on

# Blueprint

## A Blueprint for Enhancing Perinatal Care

### BLUEPRINT FOR A MORE OPTIMAL TRANSITION TO PARENTHOOD

Leveraging  
Technology  
& Media

Advancing  
Birth Equity

Engaging  
Community  
Health  
Professionals

Accessing  
Mental  
Health  
Services

Building  
Support  
Networks





## Resources



Apply

Filters

Showing 1 - 10 of 473 Resources

### Ahma & Co

A postnatal retreat focusing on recovery, bonding with the newborn, and gaining knowledge and support.

| Access Modes | Locations                       | Categories                                |
|--------------|---------------------------------|---|
| In-Person    | Dana Point, CA<br>United States | Parenting Education, Childbirth Education |

### Alabama Birth Center

Northern-Alabama's first free-standing birth center providing comprehensive family-centered maternity care and wellness services. They also provide

Show more +

| Access Modes | Locations                       | Categories |
|--------------|---------------------------------|------------|
| In-Person    | Huntsville, AL<br>United States | Healthcare |





# PMADs Are Preventable — Universal: Social Support



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[Events](#)

Birth of Parent, Birth of Child: Expectant Parents thro...

## Events

PAST EVENT

### Birth of Parent, Birth of Child: Expectant Parents through 1st Year

Add to Calendar: [Calendar / Outlook](#) [Google](#) [Yahoo](#)

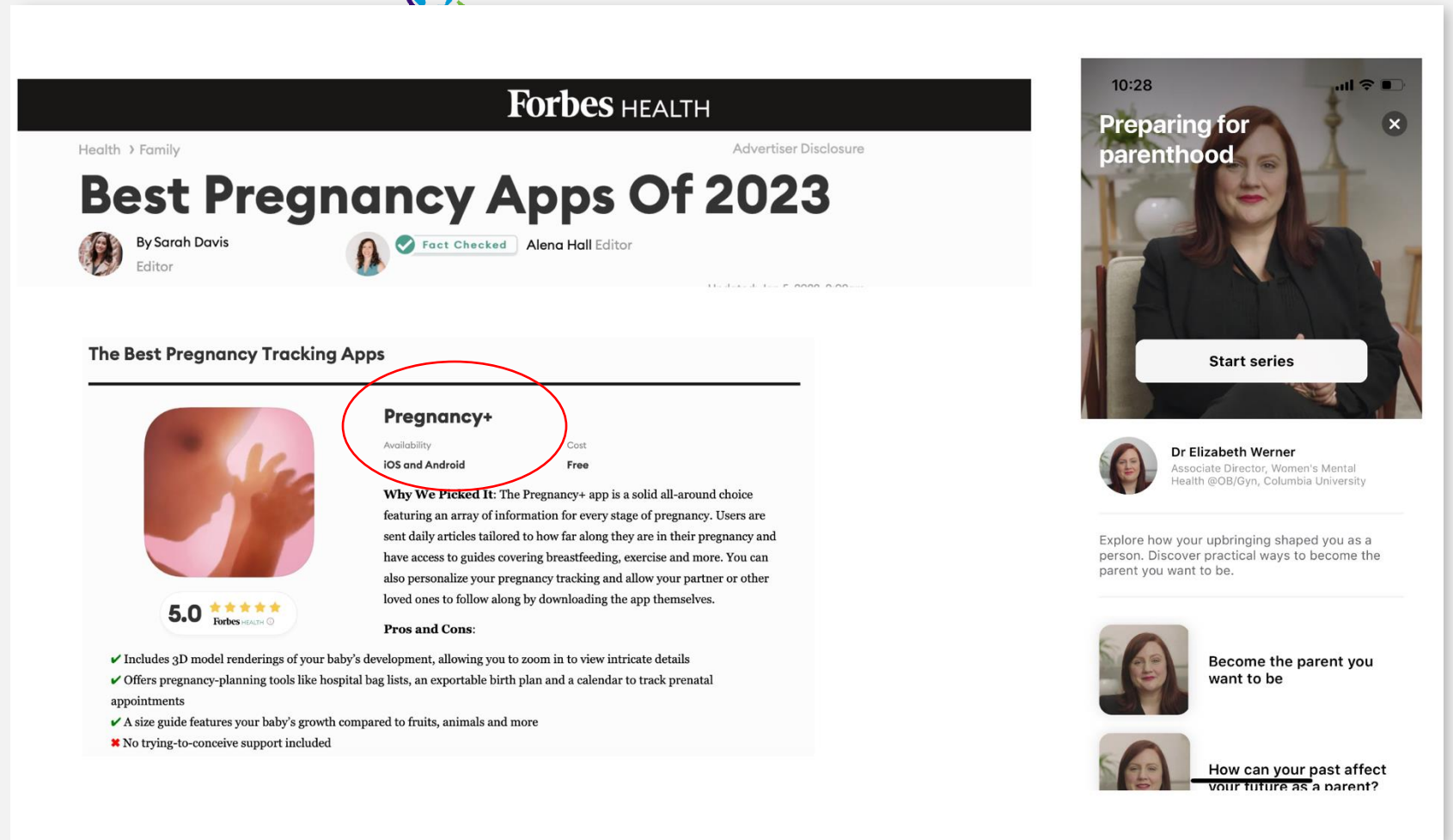


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# PMADs Are Preventable — Universal:

Prenatal providers share reliable information and support via social media



The screenshot shows a Forbes Health article titled "Best Pregnancy Apps Of 2023" by Sarah Davis, Editor. The article is categorized under "Health > Family" and includes an "Advertiser Disclosure" link. A "Fact Checked" badge is visible next to the author's name. The article is dated "Updated: July 5, 2023, 2:00 PM".

The section "The Best Pregnancy Tracking Apps" lists the "Pregnancy+" app, which is circled in red. The app's details are as follows:

| Availability    | Cost |
|-----------------|------|
| iOS and Android | Free |

**Why We Picked It:** The Pregnancy+ app is a solid all-around choice featuring an array of information for every stage of pregnancy. Users are sent daily articles tailored to how far along they are in their pregnancy and have access to guides covering breastfeeding, exercise and more. You can also personalize your pregnancy tracking and allow your partner or other loved ones to follow along by downloading the app themselves.

**Pros and Cons:**

- ✓ Includes 3D model renderings of your baby's development, allowing you to zoom in to view intricate details
- ✓ Offers pregnancy-planning tools like hospital bag lists, an exportable birth plan and a calendar to track prenatal appointments
- ✓ A size guide features your baby's growth compared to fruits, animals and more
- ✗ No trying-to-conceive support included

The app has a 5.0 star rating from Forbes Health.

On the right side of the image, there is a video player titled "Preparing for parenthood" with a "Start series" button. Below the video, there is a profile for Dr. Elizabeth Werner, Associate Director, Women's Mental Health @OB/Gyn, Columbia University. Below her profile, there are two video thumbnails with titles: "Become the parent you want to be" and "How can your past affect your future as a parent?".

# PMADs Are Preventable — Universal:

Prenatal providers share reliable information and support via social media

Instagram



Kimberly Seals Allers



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# Integration of Mental Health Services in Ob/Gyn



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DEPARTMENT OF OBSTETRICS  
AND GYNECOLOGY

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## Women's Mental Health



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 **NewYork-Presbyterian**

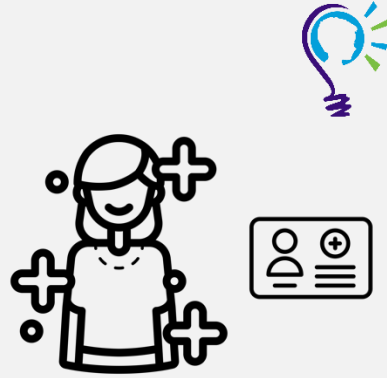
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# Referrals to Women's Mental Health

(February 2020-December 2022)



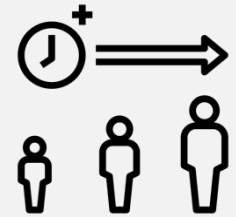
**2,015**  
patients referred

Average age was  
**36 years old**

M= 36 years old

SD= 9

Range= 17 to 86



JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

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2020

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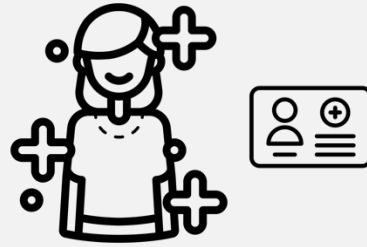
 **NewYork-Presbyterian**

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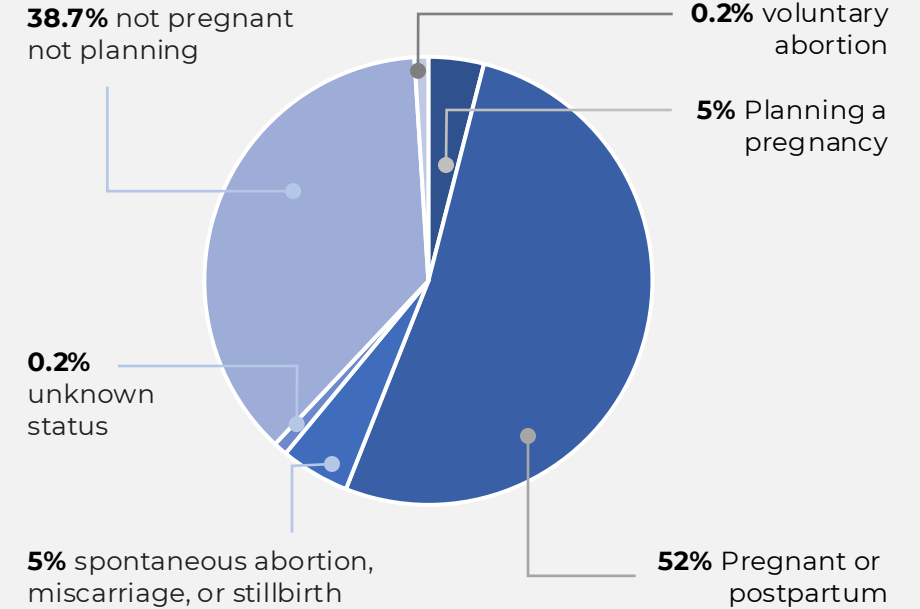
# Referrals to Women's Mental Health

(February 2020-December 2022)



**2,015**  
patients referred

## PREGNANCY STATUS



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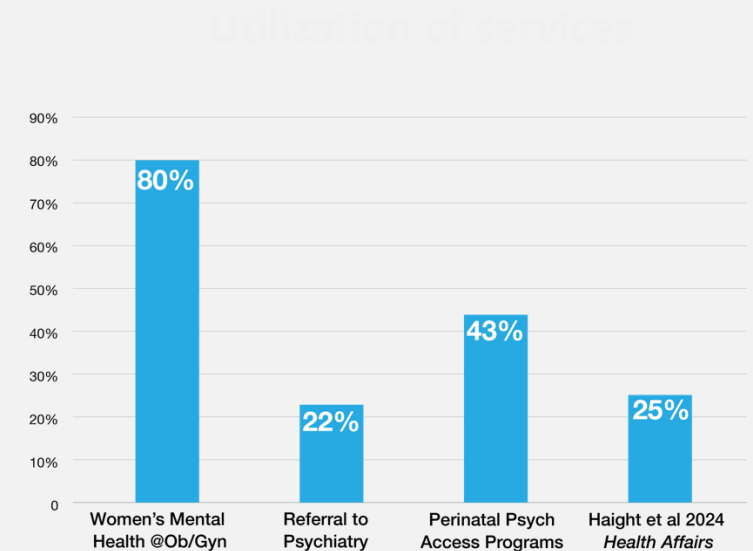
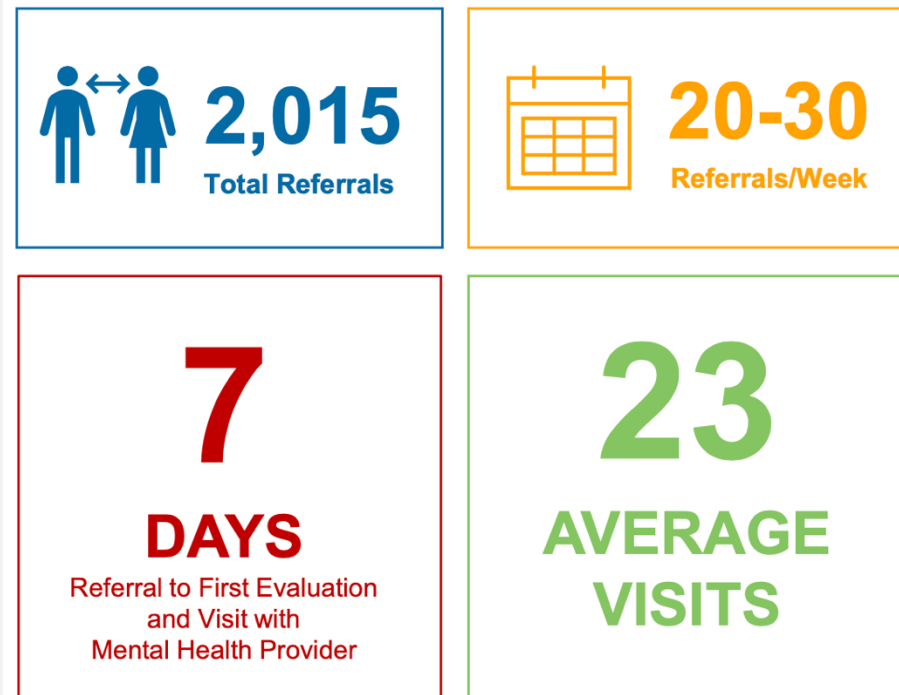
# PMADs Are Treatable:

Access to insurance-based mental health care

## Women's Mental Health @Ob/Gyn: Access to Treatment & Utilization Outcomes



Data from February 2020 to December 2023





# PREPP

PRACTICAL RESOURCES FOR  
EFFECTIVE POSTPARTUM PARENTING

A Mother-Infant Dyadic Treatment  
to Prevent Postpartum Depression



**Dr. Elizabeth Werner**



# PREPP Treatment Protocol

## Brief (5 sessions)

- 28-32 gestational weeks – 6 weeks postpartum

## For those at risk of PPD

- Stress, depressive symptoms; experiencing poverty



# PREPP Conceptual Model

An intervention based on the conceptualization of postpartum depression as a potential disorder of the dyad, and one that can be approached through preventative psychological and behavioral changes in the mother that affect her and the child — even before birth







# PREPP: Three Treatment Components

## Three components

- Mindfulness, sleep hygiene, and self-reflection
- Psychoeducation and cognitive support
- Behavioral techniques

Combine established mindfulness and psycho-education/CBT tools with a dyadic approach, specifically behavioral techniques for parenting newborns taught before the baby is born





Optimize  
infant's  
behavioral  
regulation

### Component 3

#### **Behavioral skills** **Aid newborn sleep**

- Day/night cues
- Focal feed

#### **Comforting techniques**

- Swaddling
- Carrying  
independent of  
crying

#### **Sleep skills & mindfulness & self-reflection; Psychoeducation**

### Component 1 & 2

Build self-  
efficacy/competence  
in parenting, foster  
positive infant  
attributions, and  
maternal sensitivity

Improve  
women's  
sleep, lessen  
distress



# Informational Pamphlet



## PREPP PRACTICAL RESOURCES FOR EFFECTIVE POSTPARTUM PARENTING

 COLUMBIA UNIVERSITY  
MEDICAL CENTER  
CATHERINE MONK, PhD  
COLUMBIA UNIVERSITY PSYCHIATRY

Catherine Monk, PhD; Elizabeth Werner, PhD; Maia Miller, PhD;

email: ew150@cumc.columbia.edu | tel: 646.774.8945



ORIGINAL ARTICLE

## PREPP: postpartum depression prevention through the mother–infant dyad

Elizabeth A. Werner<sup>1</sup> · Hanna C. Gustafsson<sup>1</sup> · Seonjoo Lee<sup>3,4</sup> ·  
Tianshu Feng<sup>3</sup> · Nan Jiang<sup>1</sup> · Preeya Desai<sup>1</sup> · Catherine Monk<sup>1,2</sup>

## Original Research

### Preventing maternal mental health disorders in the context of poverty: pilot efficacy of a dyadic intervention



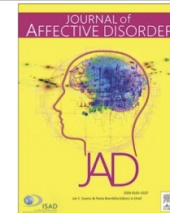
Pamela Scorza, ScD; Catherine Monk, PhD; Seonjoo Lee, PhD; Tianshu Feng, PhD; Obianuju O. Berry, MD, PhD; Elizabeth Werner, PhD



Contents lists available at [ScienceDirect](#)

Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Research paper

### Perinatal depression prevention through the mother-infant dyad: The role of maternal childhood maltreatment

Obianuju O. Berry<sup>a,b,c,1,\*</sup>, Vanessa Babineau<sup>d</sup>, Seonjoo Lee<sup>c,e,f</sup>, Tianshu Feng<sup>c</sup>,  
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## Practical Resources for Effective Postpartum Parenting (PREPP): a randomized controlled trial of a novel parent-infant dyadic intervention to reduce symptoms of postpartum depression

RCT of the PREPP intervention for postpartum depression

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# Changes in Depression by Intervention Group

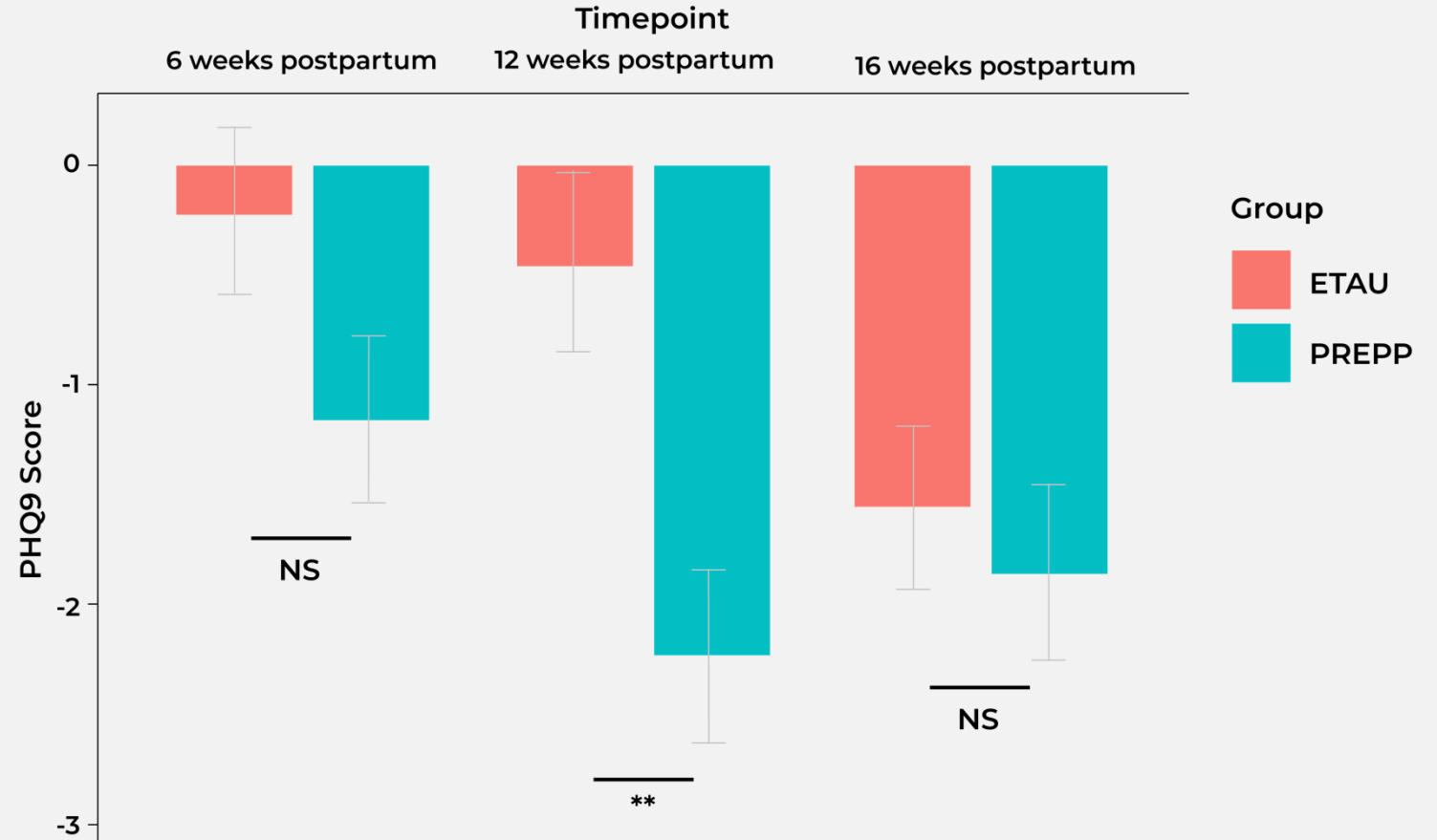
NS: p-value  $\geq 0.05$

\*: p-value  $< 0.05$

\*\*: p-value  $< 0.01$

\*\*\*: p-value  $< 0.001$

## PHQ9: Change of score compared to baseline





# Changes in Depression by Intervention Group

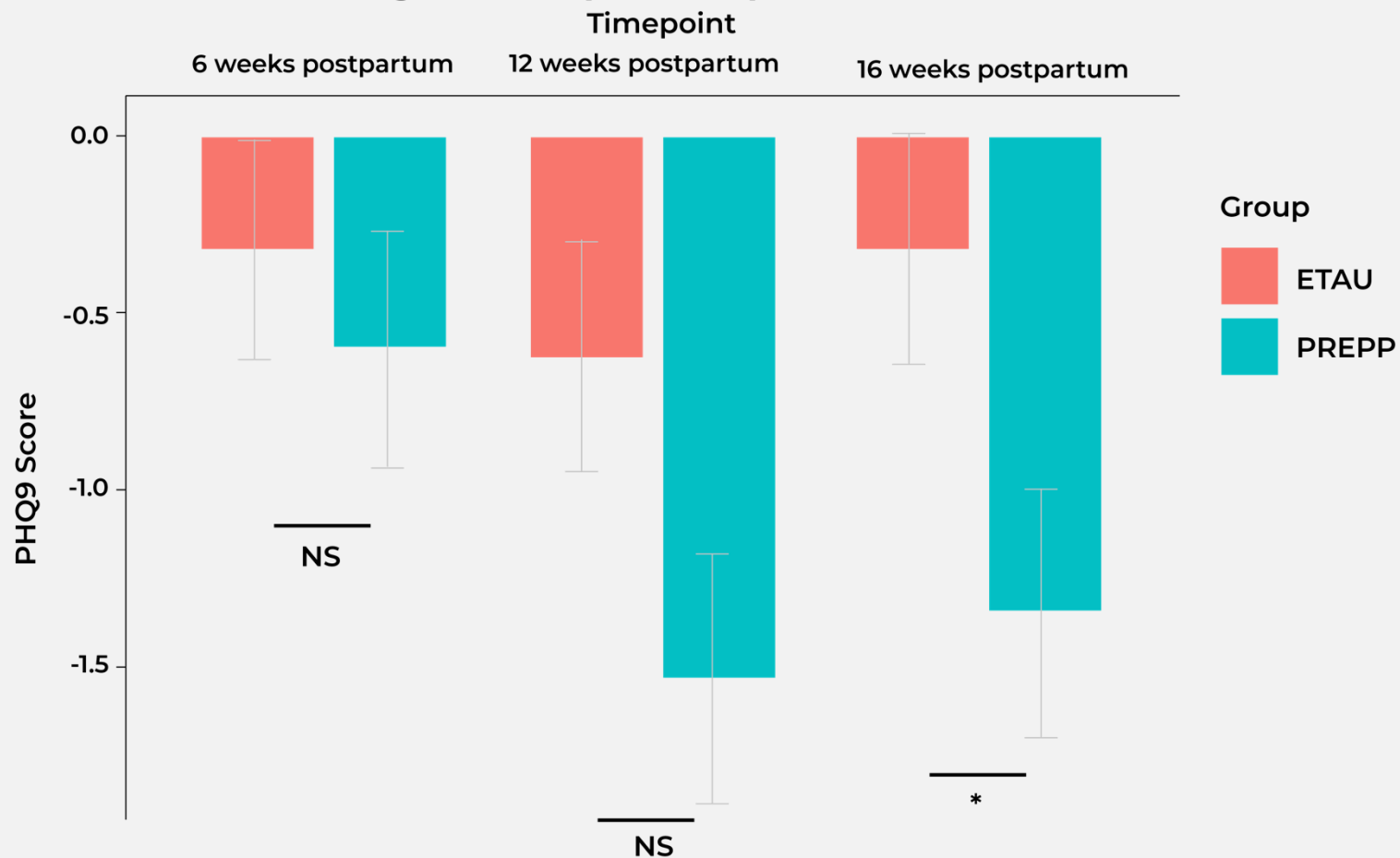
## EPDS: Change of score compared to baseline

NS: p-value  $\geq 0.05$

\*: p-value  $< 0.05$

\*\* : p-value  $< 0.01$

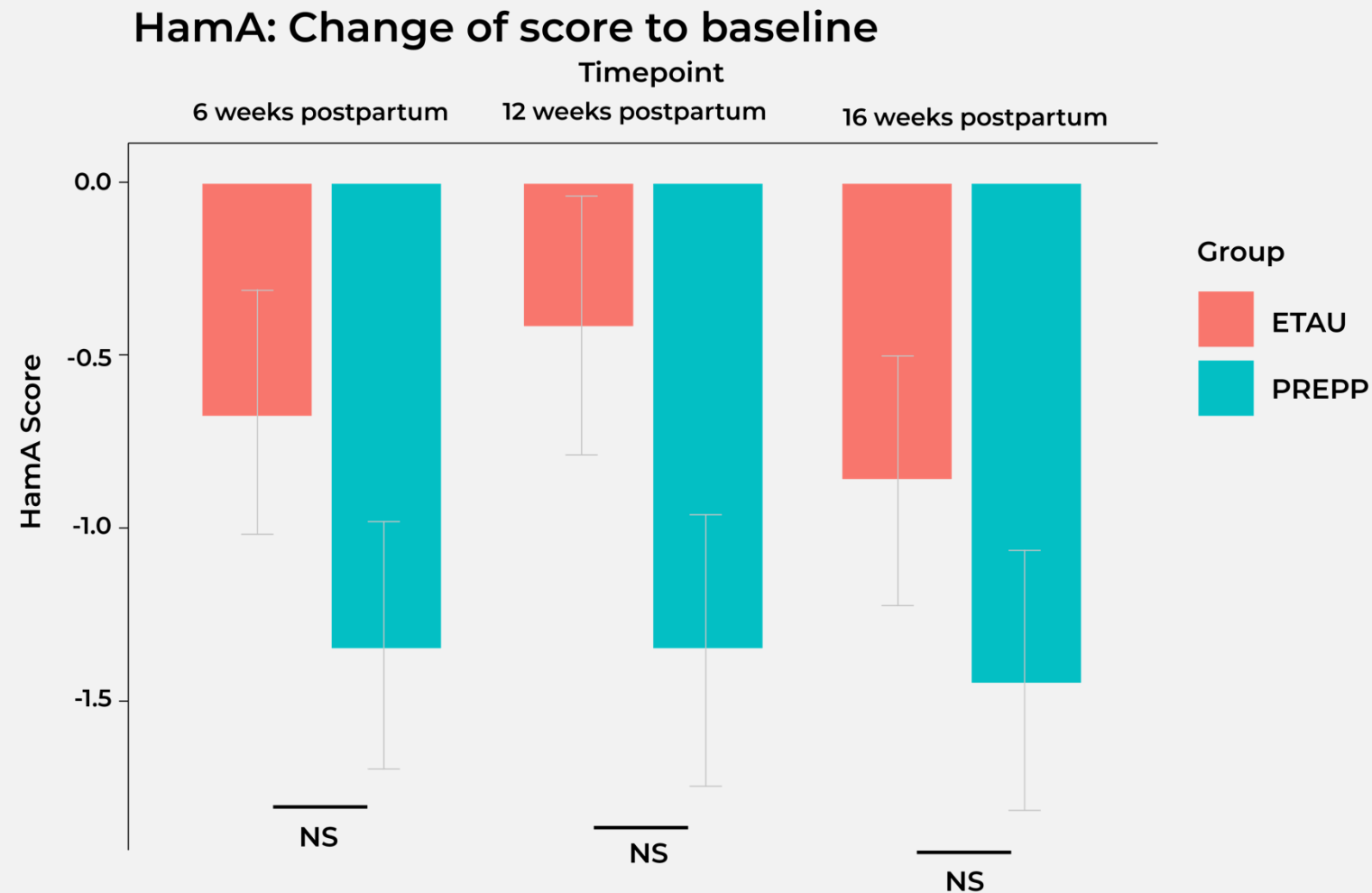
\*\*\*: p-value  $< 0.001$





# Changes in Anxiety by Intervention Group

NS: p-value $\geq$ 0.05  
\*: p-value $<$ 0.05  
\*\*: p-value $<$ 0.01  
\*\*\*: p-value $<$ 0.001





# Changes in Depression by Intervention Group

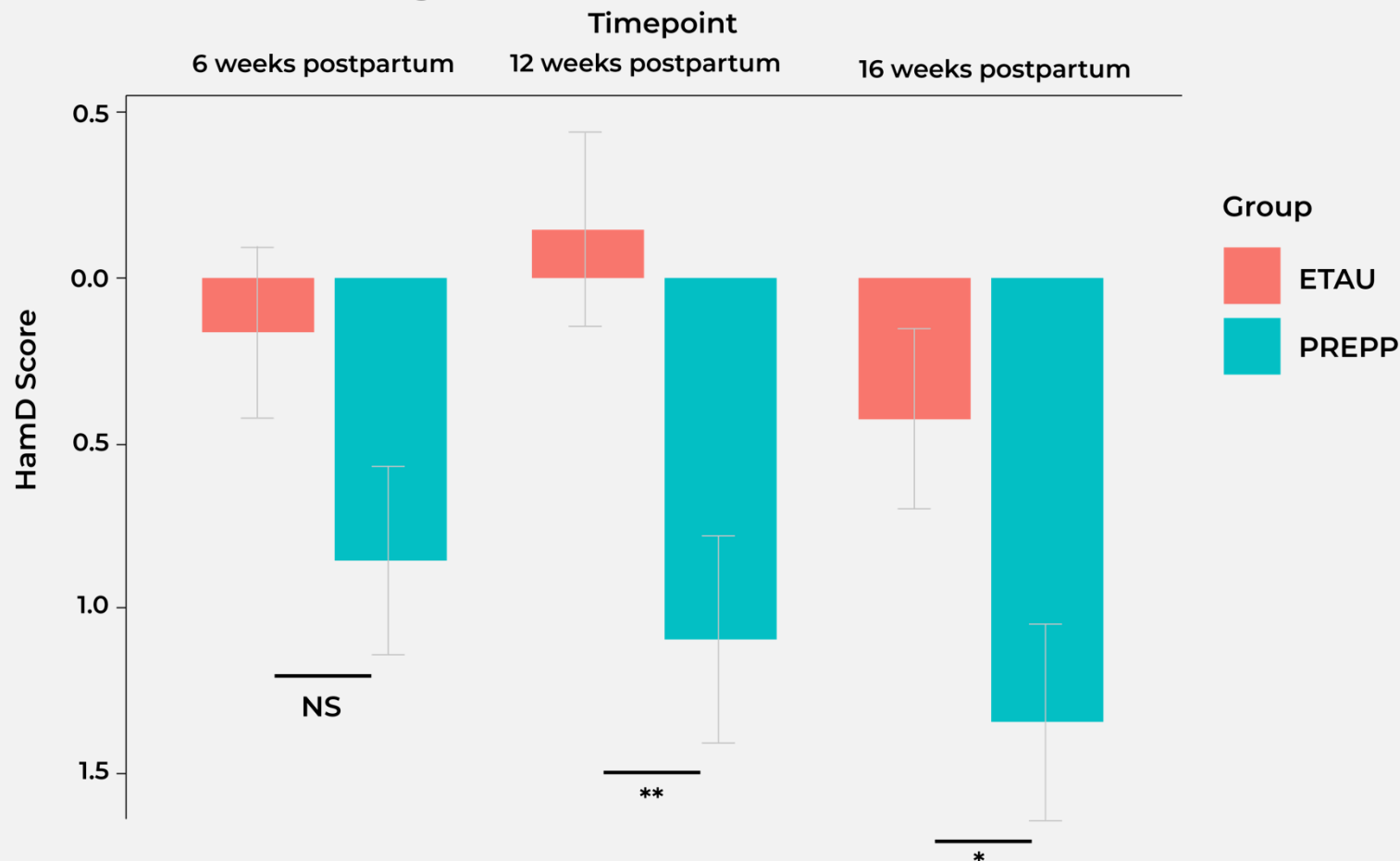
NS: p-value  $\geq 0.05$

\*: p-value  $< 0.05$

\*\*: p-value  $< 0.01$

\*\*\*: p-value  $< 0.001$

## HamD: Change of score to baseline







# Changes in Sleep by Intervention Group

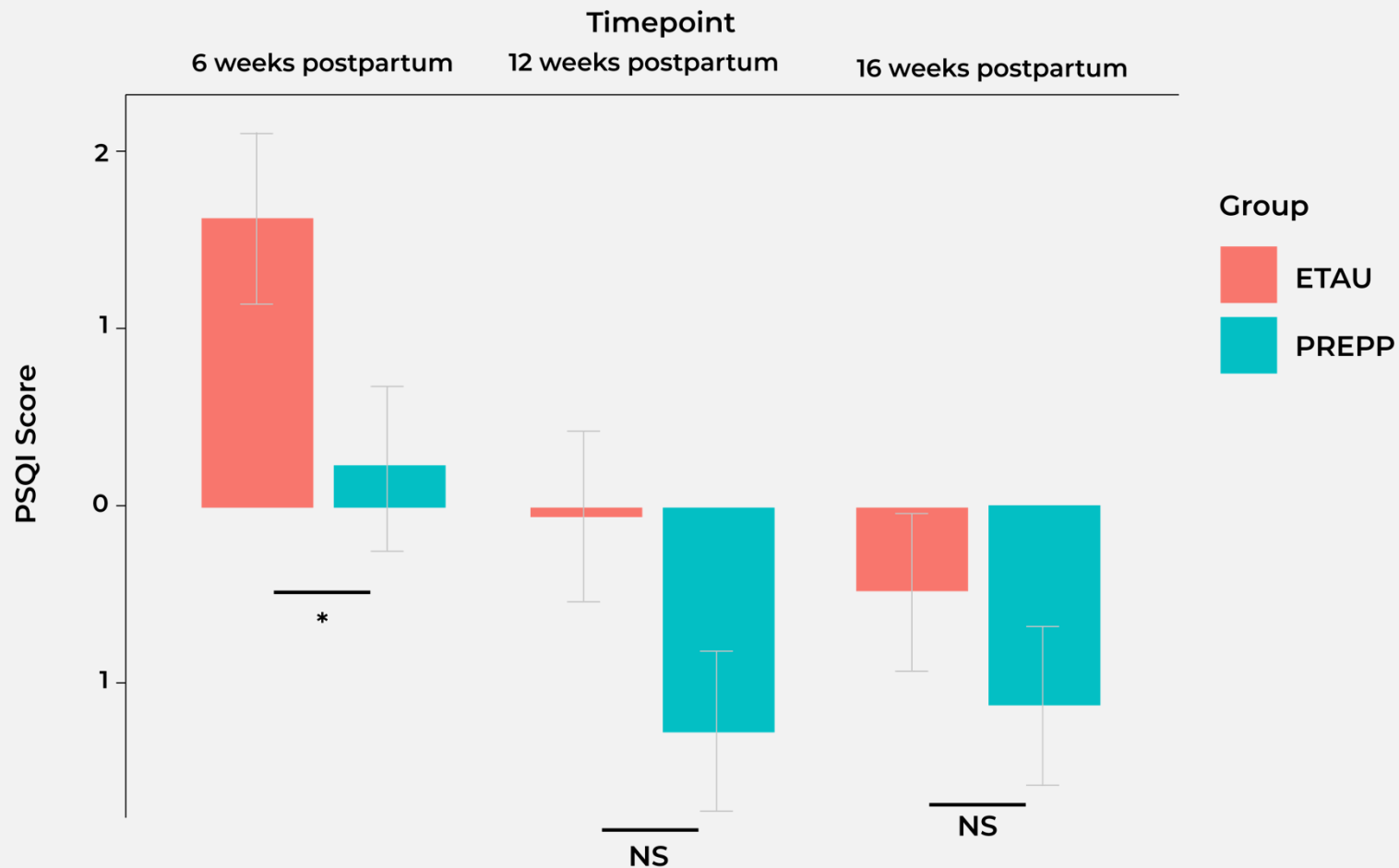
NS: p-value  $\geq 0.05$

\*: p-value  $< 0.05$

\*\*: p-value  $< 0.01$

\*\*\*: p-value  $< 0.001$

## PSQI: Change of score to baseline



**If you are interested in more  
information, you can contact:**

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or visit the Perinatal  
Pathways website





# Summary

- Psychotherapeutic interventions are effective for PMADs and can be tailored to patient preferences and available options
  - Traditional psychotherapy
  - Integrated and co-located care
  - Collaborative Care
- Postpartum Depression can be prevented
  - ROSE
  - PREPP
- QA

