



**Project TEACH is New York State's
Child/Adolescent & Perinatal Psychiatry Access Program.**

All Project TEACH services are funded by





Prevention and Treatment of Perinatal Depression and Anxiety using Psychotherapy

Click to edit Master title style



Vanessa Tirone, PhD

Project TEACH Perinatal Psychologist

pt@vanessatirone.com

Disclosures

I have no a relevant financial relationship with a commercial interest to disclose.

Learning Objectives

- Clinicians will refer patients specifically to interventions that are likely to be efficacious.
- Clinicians who provide psychotherapy will select optimal interventions to use with perinatal patients and know how to seek additional training in these interventions if needed.

Recommended but Underutilized Treatment

- American College of Obstetricians and Gynecologists (ACOG et al., 2023) and US Preventative Services Task Force (USPSTF et al., 2019) recommend psychotherapy as a first line-treatment for perinatal depression and anxiety.
- Pregnant individuals prefer psychotherapy treatment alone to medication or combined medication and psychotherapy (Arch et al., 2014; Goodman, 2009)
- Rates of treatment initiation among newly diagnosed perinatal depression cases, particularly before birth, are low (30% Alvalos et al., 2023; 34% Lee-Carbon et al., 2022).

Why Such Poor Uptake?

- Lack of referrals
 - Survey of pregnant individuals- 15% reported being referred to therapy (Felder et al., 2022)
- Lack of knowledge about treatment
 - Among individuals who are referred to therapy, few (6%; Felder et al., 2022) report receiving information about specific evidence- based modalities
 - Survey of women who were planning to become pregnant or recently pregnant indicated that the majority of individuals were unfamiliar with cognitive behavioral therapy (CBT; Ponzini et al., 2021)
 - When presented with information about CBT, pregnant women view it as a credible treatment for anxiety and the more credibly they view therapy, the more willing they are to engage in treatment (Arch et al., 2014)

Barriers to Care

- Perinatal individuals cite time burden, lack of childcare, and stigma as being barriers to attending visits in specialty mental health clinics (Cook Kopelman et al., 2008; Iturralde et al., 2021)
- Preference for telehealth visits and integrated behavioral healthcare as alternatives (Cook Kopelman et al., 2008; Iturralde et al., 2021)

Table 5. Top Three Perceived Barriers to Obtaining Professional Help for Depression/Anxiety ($n = 509$)

<i>Perceived Barrier</i>	<i>%</i>
No time	64.7
Stigma	42.5
No child care	33.2
Would not know where to find such services	26.2
If there were a charge, I might not be able to afford it	18.8
No transportation	8.7
Family might not approve	4.1
No barriers	3.8
Language barriers	3.4

Goodman, 2009

Cultural Considerations

- Black women stronger preference for psychotherapy treatment compared to combined or medication only tx (Avalos et al., 2023)
- Black and Latina patients may have concerns that documentation of a mental health diagnosis or treatment may impact their employment, immigration status, or might trigger child protective agencies endangering custody of their children (Iturralde et al., 2021)
 - LGBTQ individuals also report concerns about child custody (Goldberg & Frost, 2024)

Reach Out Stand Strong Essentials for New Mothers - ROSE

- 5 session evidence-based educational program

ROSE Flexible Elements		
Standard ROSE Program Outline		
During pregnancy	Session A	Interpersonal rationale for program, course outline, ground rules, signs/symptoms of "baby blues" and PPD.
	Session B	Stress management skills, managing the transition to motherhood, identifying positive supports.
	Session C	Teaches types of interpersonal conflicts common around childbirth and role plays techniques for resolving them.
	Session D	Skills for resolving interpersonal conflicts, setting goals, review
Postpartum booster		Reviews and reinforces previous sessions, problem-solves difficult issues, skills, spirit, and attitude resources
<p>Missed sessions can be made up</p> <p>Sessions can be split into smaller pieces or lumped together</p> <p>No Mental Health expertise is required</p>		

Reach Out Stand Strong Essentials for New Mothers - ROSE



ROSE Results

- Reduces rates of postpartum depression by half specifically among low income and racially ethnically diverse individuals (Zlotnick et al., 2016)
- High levels of treatment adherence including for low-income Black women (Crockett et al., 2008)
- Feasible implementation in a variety of care settings (Johnson et al., 2025)
 - Low investment required to train and sustain
 - Less expensive per case (\$238) than cost of untreated depression (\$33,484).

Rose Training

Currently available online:

<https://www.womenandinfants.org/rose-program-postpartum-depression>

Coming 2026:

Training and support from Project TEACH

- Training videos
- Advertisement templates
- Implementation plans
- Participant materials

Cognitive Behavioral Therapy

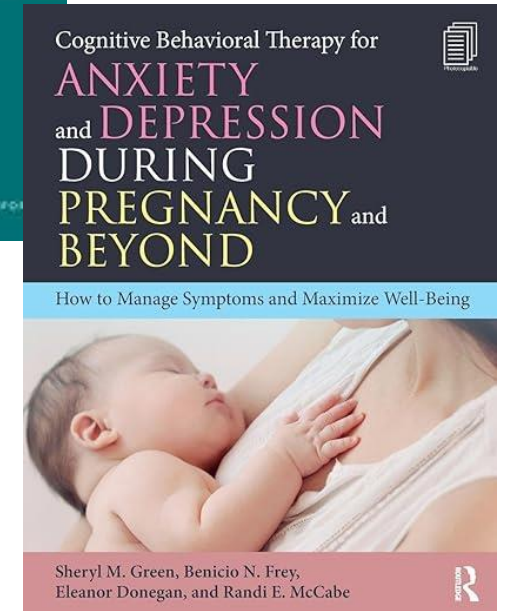
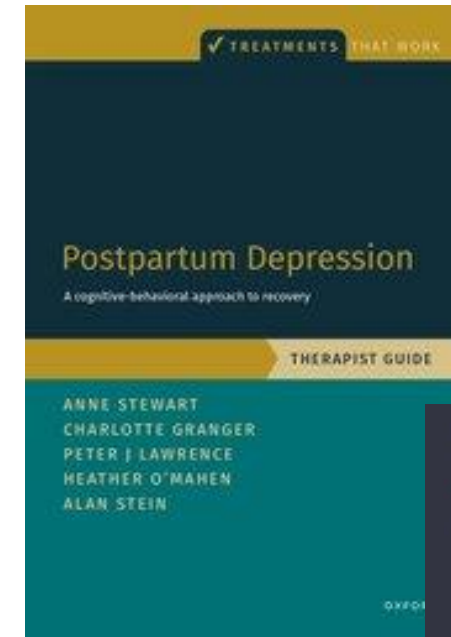
- 6-20 60-minute sessions, delivered once weekly
- Components:
 - Psycho-education
 - Behavior modification/skills training (e.g., relaxation strategies, assertive communication, behavioral activation, exposure)
 - Identifying and challenging negative cognitions:
 - Automatic thoughts – “knee jerk” interpretations (e.g., catastrophizing, mindreading)
 - Dysfunctional assumptions – rigid rules (e.g., It’s not ok to ask for help)
 - Core beliefs – deep beliefs about self, others, and world (e.g., I’m unlovable)

CBT Efficacy

- Effective at preventing depression, anxiety, and PTSD (Li et al., 2022)
- Moderate to large effect on depression symptoms (Branquinho et al., 2021; Pettman et al., 2023)
- Moderate effect of on anxiety (Clinkscale et al., 2022)
 - Some evidence that online leads to greater improvements in anxiety symptoms (Li et al., 2022)
- Improvements in depression and anxiety symptoms maintained one year later (Li et al 2022)
- At least as effective in treating depression and anxiety when delivered via telehealth as in-person (Branquinho et al, 2021; Clinkscale et al., 2022; Li et al., 2022)
 - Self-guided online modalities less effective (Clinkscale, et al., 2022, Li et al., 2022)
- Effectiveness independent of facilitator expertise (Li et al., 2022)

CBT Training

- Beck Institute for Cognitive Behavioral Therapy
 - [Perinatal anxiety webinar](#)
 - [CBT for depression webinar](#)
- Centre for Clinical Intervention
 - [Demonstration videos](#)
- Podcasts
 - [Psychiatry and Psychotherapy](#)



Interpersonal Psychotherapy

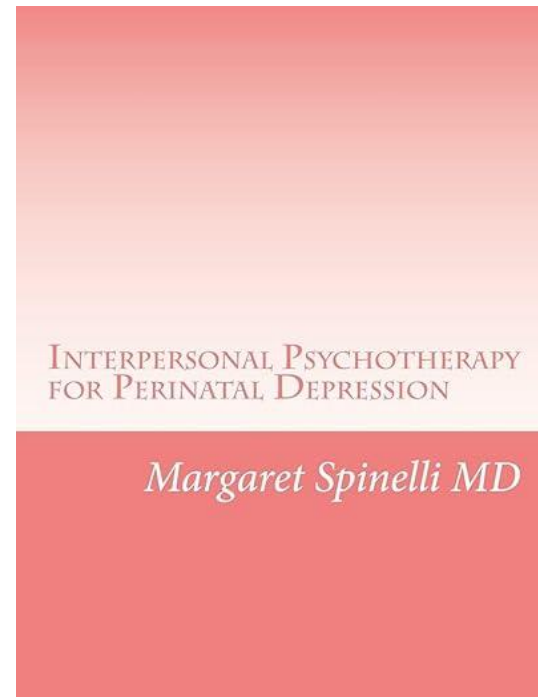
- 12 60-minute sessions
- Targets:
 - Psychiatric Symptoms
 - Interpersonal Problem Areas
 - Interpersonal disputes, role transitions, grief and loss
 - Social Support
- Techniques:
 - Psycho-education
 - Communication analysis
 - Role play

IPT Efficacy

- Moderate to large effect on depression (Bright et al., 2020; Sockol et al., 2011)
- Moderate effect on anxiety (Bright et al., 2020)
- Improves social support and relationship quality (Bright et al., 2020)
- Effective when delivered over the phone (Dennis et al., 2020)
- Treatment gains tend to be maintained at 1 year (Stuart et al., 2023)

IPT Training

- Interpersonal Psychotherapy
Institute International
 - [Perinatal webinar](#)
- [Interpersonal Psychotherapy:
A Clinician's Guide](#), Third
Edition by Scott Stuart



Postpartum Support International Training

- Offers certification in perinatal mental health (PMH-C)
- 3 tracks: mental health/psychotherapy, psychopharmacology, allied professions
- Scholarships available for mental health and psychopharmacology tracks through Project TEACH

References

- Arch, J. J. (2014). Cognitive behavioral therapy and pharmacotherapy for anxiety: Treatment preferences and credibility among pregnant and non-pregnant women. *Behaviour Research and Therapy*, 52, 53–60. <https://doi.org/10.1016/j.brat.2013.11.003>
- Avalos, L. A., Nance, N., Iturralde, E., Badon, S. E., Quesenberry, C. P., Sterling, S., Li, D.-K., & Flanagan, T. (2022). Racial-Ethnic Differences in Treatment Initiation for New Diagnoses of Perinatal Depression. *Psychiatric Services*. <https://doi.org/10.1176/appi.ps.20220.173>
- Branquinho, M., Rodriguez-Munoz, M., Rodrigues Maia, B., Marques, M., Matos, M., Osama, J., Moreno-Peral, P., Conejo-Ceron, S., Fonseca, A., Voursour, E. (2021). Effectiveness of psychological interventions in the treatment of perinatal depression: A systematic review of systematic reviews and meta-analyses. *Journal of Affective Disorders*, 291, 294–306. <https://doi.org/10.1016/j.jad.2021.05.010>
- Bright, K. S., Charrois, E. M., Mughal, M. K., Wajid, A., McNeil, D., Stuart, S., Hayden, K. A., & Kingston, D. (2019). Interpersonal psychotherapy for perinatal women: a systematic review and meta-analysis protocol. *Systematic Reviews*, 8(248). <https://doi.org/10.1186/s13643-019-1158-6>
- Clinkscales, N., Golds, L., Berlouis, K., & MacBeth, A. (2022). The effectiveness of psychological interventions for anxiety in the perinatal period: A systematic review and meta-analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 96(2). <https://doi.org/10.1111/papt.12441>
- Committee on Clinical Practice Guidelines - Obstetrics. (2023). Treatment and management of mental health conditions during pregnancy and postpartum [Clinical practice guideline]. American College of Obstetricians and Gynecologists. doi: 10.1097/AOG.0000000000005202
- Crockett, K., Zlotnick, C., Davis, M., Payne, N., & Washington, R. (2008). A depression preventive intervention for rural low-income African-American pregnant women at risk for postpartum depression. *Archives of Women's Mental Health*, 11(5-6), 319–325. <https://doi.org/10.1007/s00737-008-0036-3>
- Dennis, C.-L., Grigoriadis, S., Zupancic, J., Kiss, A., & Ravitz, P. (2020). Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial. *The British Journal of Psychiatry: The Journal of Mental Science*, 216(4), 1–8. <https://doi.org/10.1192/bjp.2019.275>
- Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT: Education and Inspiration for General Practice*, 6(9), 579–585. <https://doi.org/10.1177/1755738012471029>
- Felder, J. N., Mirchandaney, R., & Dimidjian, S. (2022). Uptake of USPSTF recommendation to refer pregnant individuals for therapy or counseling to prevent perinatal depression. *Archives of Women's Mental Health*. <https://doi.org/10.1007/s00737-022-01267-z>
- Goldberg, A. E., & Frost, R. L. (2024). "Saying 'I'm not okay' is extremely risky": Postpartum mental health, delayed help-seeking, and fears of the child welfare system among queer parents. *Family Process*. <https://doi.org/10.1111/famp.13032>
- Goodman, J. H. (2009). Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression. *Birth*, 36(1), 60–69. <https://doi.org/10.1111/j.1523-536x.2008.00296.x>
- Iturralde, E., Hsiao, C. A., Nkemere, L., Kubo, A., Sterling, S. A., Flanagan, T., & Avalos, L. A. (2021). Engagement in perinatal depression treatment: a qualitative study of barriers across and within racial/ethnic groups. *BMC Pregnancy and Childbirth*, 21(1). <https://doi.org/10.1186/s12884-021-03969-1>
- Johnson, J. E., Wiltsey-Stirman, S., Sikorskii, A., Miller, T., Poleshuck, E., Moore, T. A., Carravallah, L., Miller, R., & Zlotnick, C. (2025). Outcomes of the ROSE Sustainment (ROSES) Study, a sequential multiple assignment randomized implementation trial to determine the minimum necessary intervention to sustain a postpartum depression prevention program in agencies serving low-income pregnant people. *Implementation Science*, 20(1). <https://doi.org/10.1186/s13012-025-01420-z>
- Kopelman, R. C., Moel, J., Mertens, C., Stuart, S., Arndt, S., & O'Hara, M. W. (2008). Barriers to Care for Antenatal Depression. *Psychiatric Services (Washington, D.C.)*, 59(4), 429–432. <https://doi.org/10.1176/appi.ps.59.4.429>
- Lee-Carbon, L., Nath, S., Trevillion, K., Byford, S., Howard, L. M., Challacombe, F. L., & Heslin, M. (2022). Mental health service use among pregnant and early postpartum women. *Social Psychiatry and Psychiatric Epidemiology*, 57(11). <https://doi.org/10.1007/s00127-022-02331-w>
- Li, X., Laplante, D. P., Paquin, V., Lafortune, S., Elgbeili, G., & King, S. (2022). Effectiveness of cognitive behavioral therapy for perinatal maternal depression, anxiety and stress: A systematic review and meta-analysis of randomized controlled trials. *Clinical Psychology Review*, 92, 102129. <https://doi.org/10.1016/j.cpr.2022.102129>
- Pettman, D., O'Mahen, H., Blomberg, O., Svanberg, A. S., von Essen, L., & Woodford, J. (2023). Effectiveness of cognitive behavioural therapy-based interventions for maternal perinatal depression: a systematic review and meta-analysis. *BMC Psychiatry*, 23(1). <https://doi.org/10.1186/s12888-023-04547-9>
- Ponzini, G. T., Snider, M. D. H., Evey, K. J., & Steinman, S. A. (2021). Women's Knowledge of Postpartum Anxiety Disorders, Depression, and Cognitive Behavioral Therapy. *Journal of Nervous & Mental Disease*, Publish Ahead of Print. <https://doi.org/10.1097/nmd.0000000000001315>
- Sokol, L. E., Epperson, C. N., & Barber, J. P. (2011). A meta-analysis of treatments for perinatal depression. *Clinical Psychology Review*, 31(5), 839–849. <https://doi.org/10.1016/j.cpr.2011.03.009>
- Stuart, S. (2012). Interpersonal Psychotherapy for Postpartum Depression. *Clinical Psychology & Psychotherapy*, 19(2), 134–140. <https://doi.org/10.1002/cpp.1778>
- Stuart, S., Brock, R. L., Ramsdell, E., Arndt, S., & O'Hara, M. W. (2023). Collaborative decision making improves interpersonal psychotherapy efficiency: A randomized clinical trial with postpartum women. *Journal of Affective Disorders Reports*, 14, 100636. <https://doi.org/10.1016/j.jadr.2023.100636>
- US Preventative Services Task Force. (2019). Interventions to prevent perinatal depression [Recommendation statement]. *Journal of the American Medical Association*, 321(6), 580–587. doi:10.1001/jama.2019.0007
- Zlotnick, C., Tzilos, G., Miller, I., Seifer, R., & Stout, R. (2016). Randomized controlled trial to prevent postpartum depression in mothers on public assistance. *Journal of Affective Disorders*, 189, 263–268. <https://doi.org/10.1016/j.jad.2015.09.059>