



Project TEACH

FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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Child/Adolescent & Perinatal Psychiatry Access Program.**

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Prevention and Treatment of Perinatal Depression and Anxiety using Psychotherapy

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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)

Psychosocial Changes - Self

- Parenthood becomes a more salient role for women than it does for men (Wise et al., 2010)
- Common for women to think that they are “failing” at motherhood (Ayers et al. 2019)

Psychosocial Changes - Role Changes in Cisgender Heterosexual Couples

- Gender roles become more traditional (Wise et al., 2010)
 - Changes are more pronounced with less education, lower income, and more than one child
- Among educated dual earners, women's engagement in childcare and household labor increases significantly compared to men, even when they do not reduce paid work hours (Yavorsky, et al., 2015)
 - On average, fathers spend more than twice as much time engaging in leisure activities while their partner is performing housework and childcare compared to mothers (Dush, et al., 2017)
- Greater engagement in childcare by fathers is associated with greater satisfaction of both parents (Shapiro et al., 2019) and less partner conflict reported by mothers (Newkirk et al., 2017)

Psychosocial Changes - Relationships

- Although mothers often spend more time physically alone, solitude free from caregiving demands becomes scarce, contributing to increased loneliness and isolation (Ayers et al., 2019; Nguyen et al., 2025)
 - Personal time and time social time are linked to improvements in mood
- For many partnered individuals, relationship conflict increases and partner supportive behavior decreases during the postpartum period (Doss et al., 2009; Huss, 2019)
- Generational differences in parenting practices and attitudes around mental health can make seeking support from parents difficult (Mamisachvili et al., 2013)

Psychosocial Changes - Roles Changes for Single and LGBTQ+ Parents is Understudied

- 40% of births are to unmarried women [Births to unmarried women U.S. percentage 1980-2023 | Statista](#)
 - PPD risk doesn't differ between married, cohabitating, and single women (Urquia et al., 2013)
- 18% of LGBTQ adults are parenting children under 18 years (Wilson & Bouton, 2024)
 - May lack support due to rejection from family of origin over sexual orientation or gender minority status (Goldberg & Frost, 2024)

Reach Out Stand Strong Essentials for New Mothers - ROSE

- 5 session evidence-based educational program

ROSE Flexible Elements		
Course in ROSE Program Outline		
During pregnancy	Session A	Office vs. home visit Interpersonal rationales for program, course outline, ground rules, signs/symptoms of "baby blues" and PPD.
	Session B	Stress management skills, managing the transition to motherhood during pregnancy Positive supports.
	Session C	Order of sessions Types of interpersonal conflicts common around childbirth and new baby Coping techniques for resolving them.
	Session D	Skills for resolving interpersonal conflicts, setting goals, review Missed sessions can be made up
Postpartum booster	Reviews/reinforces previous sessions, problem-solves difficulties using skills, reviews available resources Sessions can be split into shorter pieces or lumped together	
No Mental Health expertise is required		

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

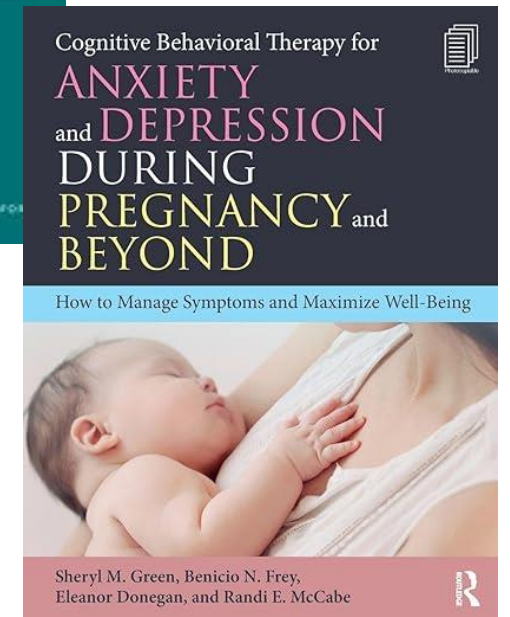
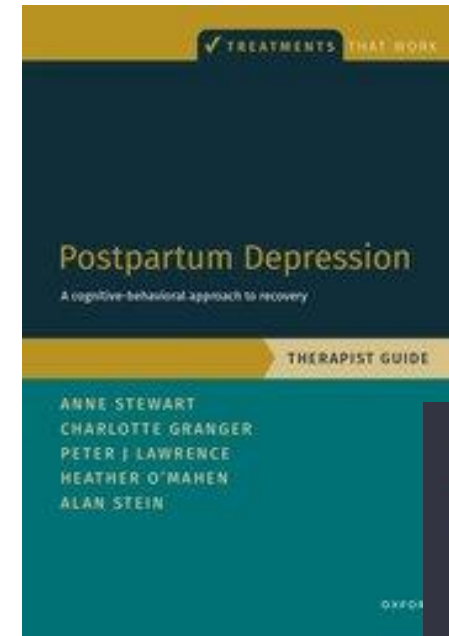
- 6-20 60-minute sessions, delivered once weekly
- Components:
 - Psycho-education
 - Behavior modification/skills training (e.g., relaxation strategies, assertive communication, behavioral activation, exposure)
 - Identifying and challenging negative cognitions:
 - Automatic thoughts – “knee jerk” interpretations (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 (Clinkscates 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; Clinkscates et al., 2022; Li et al., 2022)
 - Self-guided online modalities less effective (Clinkscates, 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

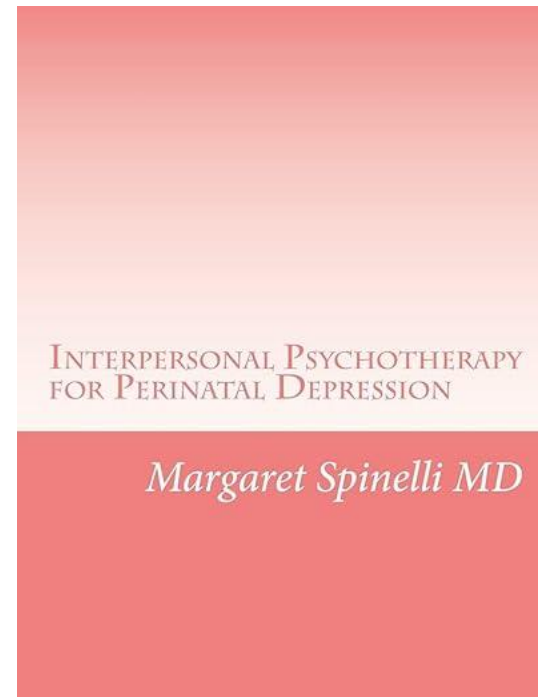
- 12 60-minute sessions
- Targets:
 - Psychiatric Symptoms
 - Interpersonal Problem Areas
 - Interpersonal disputes, role transitions, grief and loss
 - Social Support
- Techniques:
 - Psycho-education
 - Communication analysis
 - Role play

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

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