

# Approach to Psychotherapeutic Interventions for Perinatal Psychiatric Illness

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# Learning Objectives

- Implement prevention strategies for postpartum depression ROSE (Reach Out, Stay Strong, Essentials for New Mothers)
- Compare evidence-based psychotherapeutic approaches for treating perinatal mood and anxiety disorders, including Cognitive Behavioral Therapy, Interpersonal Psychotherapy, supportive therapy, and collaborative care models, and identify appropriate indications for psychotherapy based on patient characteristics
- Apply perinatal-specific adaptations of evidence-based psychotherapies to common perinatal mental health disorders

# 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.



# ROSE

(Reach Out, Stay Strong, Essentials  
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

# ROSES

# Topics Covered

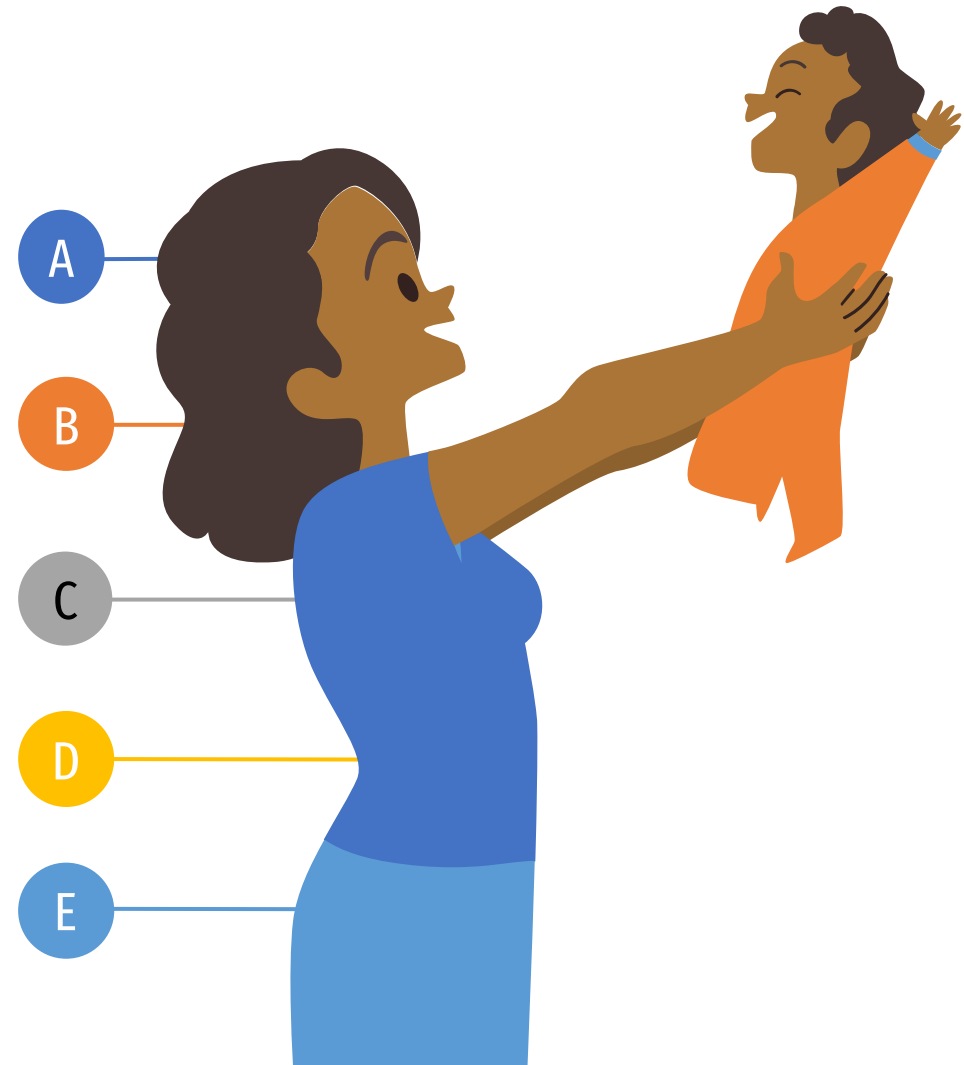
Differences between PPD and baby blues, education on PPD

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 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



# Reach Out Stand Strong Essentials for New Mothers - ROSE



“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; Li C, et al, 2020

# Psychotherapy: Recommended but Underutilized Treatment

- American College of Obstetricians and Gynecologists and US Preventative Services Task Force recommend psychotherapy as a first line-treatment for perinatal depression and anxiety.  
(ACOG et al., 2023; USPSTF et al; 2019)
- 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).

# Barriers to Care

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

# Considerations

- Black women stronger preference for psychotherapy treatment compared to combined or medication only tx (Avalos et al., 2023)
- Review of psychotherapy studies had mixed findings for depression outcomes among Black and Latina women (Ponting, 2020)
  - Efficacy of psychotherapy may not extend equally to all populations
- 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)

# Evidence-Based Psychotherapeutic Treatment Options

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

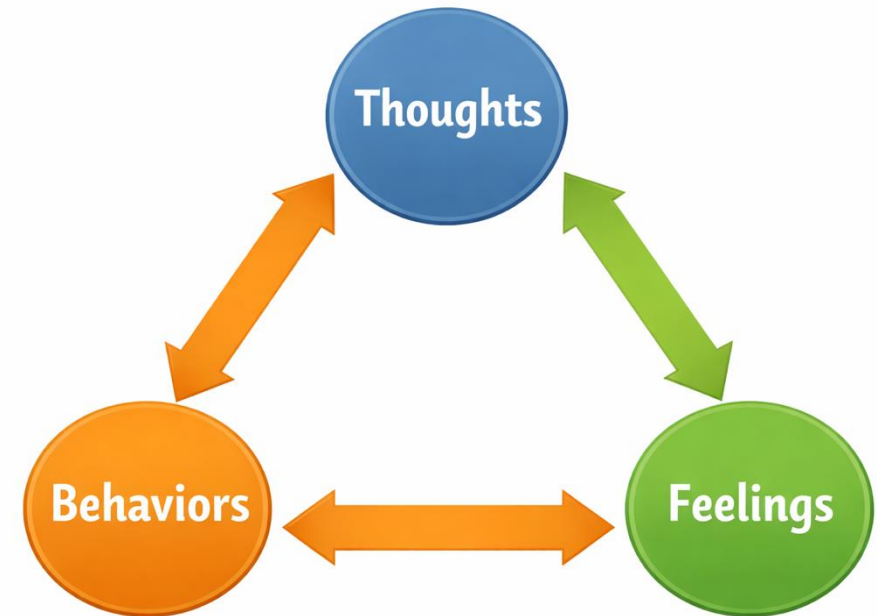
# Cognitive Behavioral Therapy

- Improve individual behavior by modifying maladaptive thoughts and emotional distress
- Well studied for perinatal period
- Consistent support for both short- and long-term efficacy
- Multiple modalities: internet-based, workbook based, group, couples

- Sockol, 2015; X Li, et al, 2022

# Treatment Components

- Thoughts
  - Cognitive restructuring of distorted thoughts about self, others, and world
  - I'm unlovable; no one cares; it's not OK to ask for help
- Behaviors
  - Behavior modification and skills training
  - Relaxation strategies, scheduling positive activities (behavioral activation); coping skills
- Emotions
  - Identifying feelings and how they are impacted
  - Interpreted rejection → anger or sadness



# CBT Effectiveness

- Moderate to large effect sizes for depression symptoms (Branquinho et al., 2021; Pettman et al., 2023)
- Moderate effect for anxiety (Clinkscates et al., 2022)
  - Some evidence that online leads to greater improvements in anxiety symptoms (X Li et al., 2022)
- Improvements in depression and anxiety symptoms maintained one year later (X 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; X Li et al., 2022; Singla et al, 2025)
  - Self-guided online modalities less effective (Clinkscates, et al., 2022, X Li et al., 2022)
- Effectiveness independent of facilitator expertise (X Li et al., 2022; Singla et al, 2025)

# Interpersonal Psychotherapy

- Effective for depression, anxiety, relationship quality, social adjustment
- Targets
  - Relationship between depression, social context, and symptoms
  - Focus one of three interpersonal areas
    - Interpersonal disputes, role transitions, grief and loss
- Techniques:
  - Psycho-education
  - Interpersonal inventory
  - Communication analysis
  - Role play

Stuart, 2012

# Interpersonal Triad

Acute Interpersonal Crisis



**DISTRESS**



Inadequate Social Support

Attachment and  
Biopsychosocial /  
Cultural/Spiritual  
Vulnerabilities  
and Strengths

<https://iptinstitute.com/about-ipt/>

# IPT Effectiveness

- **Moderate to large effect sizes for depression** (Bright et al., 2019; Sockol et al., 2011; Sockol; 2018)
- **Moderate effect for anxiety** (Bright et al., 2019)
- **Improves social support and relationship quality** (Bright et al., 2019)
- **Effective when delivered over the phone** (Dennis et al., 2020)
- **Treatment gains tend to be maintained at 1 year** (Stuart et al., 2023)

# Other Psychotherapies 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)

- **Family Therapy**

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

Cluxton-Kelly & Bruce (2018)

## Emerging evidence

- phone, video, peer led, digital asynchronous

Drysdale et al, 2025

# When to use Psychotherapy?

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

# Finding a therapist

- Project TEACH
- 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

# 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

<https://postpartum.net/training/>

# 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***.

AHRQ, IBHC Atlas, 2016

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

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where 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>

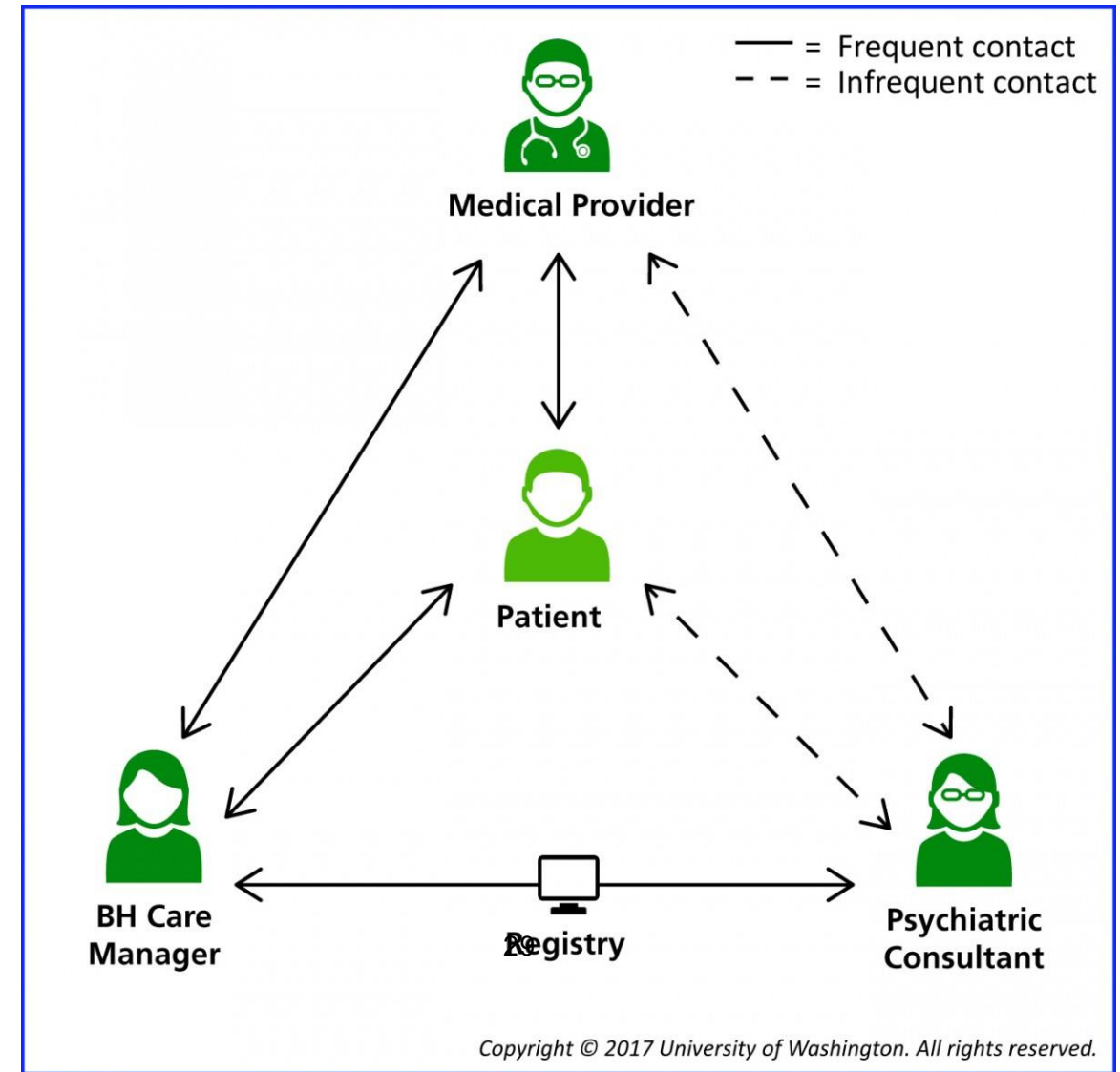
# Co-located Care

- Shared documentation in electronic health record
- Screening
- Workflows
  - Templates
  - Algorithms
  - Referral queues
- Collaboration
- Co-learning

# Integrated: Collaborative Care

- Depression/anxiety/PTSD treatment in primary care
- > 90 randomized controlled trials since 1990 show it is effective, including with perinatal populations
- BH Care manager
  - Diagnosis and treatment planning
  - Coordinating treatment
  - Alerting the medical provider when the patient is not improving
  - Supporting medication management
  - Brief counseling
- Collaborative care is more effective than treatment as usual, including in primary care, Ob/Gyn, and specialty care settings

Evidence Base for Collaborative Care (CoCM) - AIMS Center



# Collaborative Care Management in OBGYN

## Defined Patient Population

- Pregnant with elevated depression, anxiety, or PTSD screens
- Barriers to traditional treatment
  - Transportation
  - Technology
  - Time

## Collaborative Care Management...

- Eliminates wait for treatment
  - Rapid access to care
- Eliminates need for “extra” appointments during pregnancy
  - Sessions done during in-office OB appointments and by phone/video
  - Flexible schedule

# Summary

- Postpartum Depression can be prevented
- Psychotherapeutic interventions are effective and often preferred during the perinatal period and can be tailored to patient preferences and available options
  - Traditional psychotherapy
  - Co-located care
  - Collaborative Care

# Comments and Questions

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