



Agenda

Time	Description	Speaker
8:30 AM	Welcome and Housekeeping	Vanessa Tirone, PhD
8:40 AM	Introduction to Project TEACH	Elise Derevjanik, LMHC-D, PMHC
8:55 AM	ROSE Overview	Ellen Poleshuck, PhD
9:30 AM	Rose Facilitator Skills	Vanessa Tirone, PhD
9:45 AM	Session A	Ellen Poleshuck, PhD
10:05 AM	Session B	Vanessa Tirone, PhD
10:30 AM	Break	
10:50 AM	Session C	Ellen Poleshuck, PhD
11:15 AM	Role Play	Ellen Poleshuck & Vanessa Tirone, PhD
11:50 AM	Sessions D & E	Vanessa Tirone, PhD
12:15 PM	Implementation Overview and Action Planning	Vanessa Tirone, PhD, Ellen Poleshuck, PhD, & Caron Zlotnick, PhD
12:45 PM	Q & A and Evaluations	Vanessa Tirone, PhD, Ellen Poleshuck, PhD, & Caron Zlotnick, PhD

Housekeeping

- You may type questions into the chat box throughout
 - When possible, we will address questions at the end of talks
 - We will note unaddressed questions for end of the day Q&A
- Please have your camera and microphone on for the role play session
 - This will be most beneficial if everyone participates!
- At the end of the program, please take a moment to fill out the evaluation form. Completion of the evaluation is required to receive CE credits.
(this training has been approved for LCSW, LMSW, LMHC, PhD, PsyD)
 - QR code and link will be provided at the end of the training
- Creating or sharing your own recording of today's training is prohibited
 - A PDF copy can be found on the e-syllabus

Consultation

- Consultation groups will be available to learners who complete today's training
- Meetings will take place twice a month over Zoom
 - 2nd Friday of the month from 8:00 – 8:45 am
Starting **Friday, October 9th**
 - 4th Tuesday of the month from 12:00 – 12:45 pm
Starting **Tuesday, October 27th**
- Opportunity to ask questions and obtain support for issues related to implementation and delivery of ROSE, connect and learn from other facilitators
- As needed individual consultation also available through Project TEACH telephone line 855-227-7272

Materials for Today's Training

- You should have received the e-syllabus in advance, which included:
 - *Assertiveness role play worksheet* – reference for Session C talk and role play talk
 - *Role play exercise instructions* – reference for today's role play session
 - *Implementation worksheet* – reference for today's implementation session
- Many more materials are available on the [ROSE website](#):
 - *ROSE manual* – detailed instructions for facilitators on what to do/say in each session
 - *Participant workbook* – contains all ROSE handouts, English and Spanish versions
 - *Powerpoint slides* – to share with participants when delivering ROSE over telehealth
 - *Flyer templates* – for advertising
 - *Links to research articles on ROSE*
 - *Training videos* – by Dr. Caron Zlotnick



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A banner image for Project TEACH featuring a smiling family (a man, a woman, and a young boy) outdoors. The Project TEACH logo is in the top left, and the text "FAMILIES THRIVE WITH GOOD MENTAL HEALTH" is below it.

Project TEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Project TEACH Overview
Rose Training
September 17, 2026

NEW YORK STATE | Office of Mental Health



Thank you for joining us today!



Elise Derevjanik, LMHC, PMH-C

Project TEACH Perinatal Mental Health Liaison
Coordinator

Email: eliseder@buffalo.edu

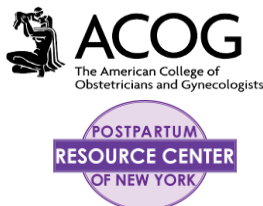
Project TEACH is New York State's Child/Adolescent & Perinatal Psychiatry Access Program for Clinicians

Funded by a contract from:



**Office of
Mental Health**

In Collaboration With:





Services Available to NYS Professionals

All services are at no-cost due to funding from NYS OMH.

- **Telephone Consultations** (with potential for patient evaluation)

Consult with Child/Adolescent Psychiatrists, Reproductive Psychiatrist and Perinatal Psychologist and Child and MMH Sub-Specialty Experts.

- **Referral and Resource Support**

- **Education Events** (including CME and CEUs)

Intensive Trainings, Webinars and Onsite/Virtual Trainings: 18 “Core” Mental Health Topics

Warm Line: 1-855-227-7272
(Open to clinicians Monday-Friday, 9 am – 5 pm)

www.ProjectTEACHny.org



Call Our Warmline: 1-855-227-7272

All services can be accessed by calling the toll-free warmline.

An LC answers Mon.- Fri., 9 am - 5 pm. After hours, leave a secure message & we'll get back to you.

📞 **Perinatal Services**

Open to any professional who supports perinatal individuals:

- Prescribing clinicians (physicians, NP, PA, CMN, etc.) and non-prescribing practitioners (therapists, social workers, nurses, etc.)
- Other professionals who might interact with individuals in the perinatal period, such as a:
 - Lactation counselor; Home health aide; Community mental health worker; LPN; Nurse aide; Peer counselor; Social service staff (WIC, CPS/ACS, etc.); Family educator, Service coordinator or case manager; CASAC; Staff at residential or in-patient facilities; and Hospital staff, especially labor and delivery or ED teams.

What happens when you call the warmline?

Liaison Coordinator (LC) answers the call, then...

1. Confirms your contact information.
2. Listens to your clinical concerns and needs. You can:
 - Ask a general child/adol or perinatal mental health question.
 - Discuss a specific case.
 - Request community referral/resources support.
 - Request follow-up support from a previous discussion.
3. Documents a summary of the case or question.

NOTE:

- ! Expect to spend 3-7 minutes with the LC.
- ! Anyone affiliated with the case can start the intake.
- ! Consultations must occur with the clinician providing treatment.

If you request a clinical consultation, then...

A **psychiatrist or psychologist** calls the clinician within 30 minutes, or at the caller's preferred time, to discuss the case.

If you request referral support, then...

The LC will initiate referral support immediately.

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ROSE Consultation (Reach Out, Stay Strong, Essentials)

Available exclusively after completing today's training!

- Regularly scheduled virtual meetings
- Opportunity to discuss experiences and seek guidance for:
 - Implementation efforts
 - Troubleshooting group facilitation issues
 - Maintaining fidelity
- Additional education on ROSE-related topics:
 - Billing options
 - Handling disclosures of intimate partner violence

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Patient Evaluations with a Child/Adolescent or Perinatal Psychiatrist



During a telephone consultation, a request or recommendation may be made for one of our child/adolescent or perinatal psychiatrists to provide a face-to-face evaluation of your patient.

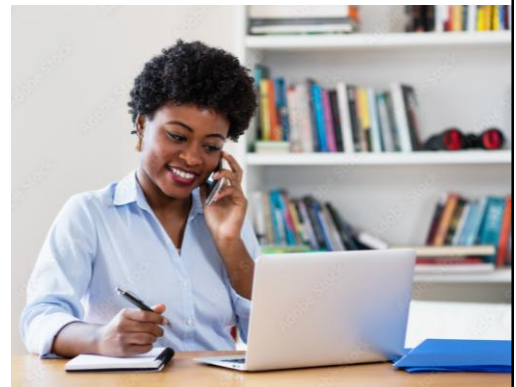
- Offered virtually*, these face-to-face patient evaluations occur **within two weeks of request**.
- The prescriber will receive an evaluation report within 2 business days.

* Perinatal psychiatry evaluations are all virtual. Some child/adolescent evaluations are offered in-person.

Referral, Resource & Linkage Support

Liaison Coordinators (LCs) are experts in helping clinicians identify and access community mental health and support services for perinatal individuals and children/adolescents (up to age 22).

LCs provide mental health, psychiatric, primary care and social support referrals to any healthcare or allied professionals seeking support for pregnant/postpartum individuals.



Any professional in the state can call the Project TEACH warmline for perinatal referral support: 855-227-7272

Patient Linkage

Perinatal Mental Health Expansion Service - Launching in 2027

Provide patient-facing referral support to help patients understand and link with mental health and/or social services.

- Available to cases originating from medical offices (OB/GYN, family practice, pediatrics) that *do not have* mental health case management services.
- Collaboration with the prescribing clinician is essential so that:
 - Proper release of information and documentation can be obtained.
 - Requesting provider receives a report detailing the recommendations made, the patient status and the services in their community that the patient was provided and/or connected to.

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A photograph of a training session. A woman is standing at a podium on the left, presenting. Four other women are seated on a stage to the right, facing the audience. The ProjectTEACH logo is visible on the wall behind them.

Training

- **Intensive Trainings**
Spring and Fall (1 virtual and 1 live) for Child/Adolescent (15.0 CME) & Perinatal (6.0 CME)
- **Core Topic Trainings**
Offered onsite or virtually to practices or agencies seeking in-house education.
- **Webinar Wednesday Series**
5 Child/Adolescent and 5 Perinatal topics (Noon – 1 pm on Wednesdays)
- **Archived Events Online at www.ProjectTEACHny.org**
- **Educational Resources**
Clinical (rating scales, toolkits, videos and links) and Patient-Facing (fact sheets, videos and links)

Intensive Training Programs – Fall 2026

Child and Adolescent Intensive Training • Live, Virtual Event

Sunday, October 18th • 8 am - 5 pm **and**

Monday, October 19th • 8 am - 5 pm • 15.0 CME

“Child and Adolescent Mental Health for Primary Care Clinicians”

Presented by Project TEACH’s team of Child/Adolescent Psychiatrists, along with pediatricians & family practitioners. Designed to support clinicians who serve children and adolescents from an outpatient medical setting.



Perinatal Mental Health Intensive Training • In-Person: Rochester, NY

Friday, November 13th • 9 am – 4 pm • 6.0 CME/CEU Credits

“Foundations in Perinatal Mental Health: Your Role in Support, Screening and Treatment”

Presented by Project TEACH’s team of Perinatal Psychiatrists, Psychologists and Social Workers. Designed to support professionals in New York State that serve pregnant and postpartum individuals.



Perinatal Core Topic Trainings

- 1-hour courses offered directly to your agency or practice (5 or more learners).
- Trainings are designed to meet the needs of the audience.

Now Presenting

- Recognizing & Assessing Mental Health Concerns: Next Steps in Care
- Suicide Risk Assessment & Management
- Non-Prescriber’s Guide to Psychiatric Medications
- Treating Depression & Anxiety: Psychopharmacological Approaches
- Treating Bipolar Disorder: Psychopharmacological Approaches
- Trauma-Informed Care

Coming Soon

- Substance Use Treatment Approaches
- Addressing Mental Health Needs of BIPOC Individuals
- Healthy Transitions to Parenthood



To request a core event for your team, scan this code or call the warmline.

Webinar Wednesday Series

Child and Adolescent Webinar Topics • Noon – 1 pm • 1.0 CME

March 18th - Problematic (or Excessive) Screen Use in Children and Teens

May 27th - Managing Trauma and Attachment Challenges in Primary Care

July 15th - Preventative Mental Health in a Primary Care Practice

September 16th - Intellectual Developmental Disabilities: Assessment & Treatment in Primary Care

November 18th - Working with Families in Primary Care: Evidence-Based Therapies



Perinatal Mental Health Webinar Topics • Noon – 1 pm • 1.0 CME

February 25th - Trauma Sensitive Care in the Ob/Gyn Setting

April 15th - Fertility and Mental Health

August 26th - Opioid Use Disorder in Perinatal Period

October 14th - Identifying and Responding to Intimate Partner Violence (IPV) in Perinatal Individuals

December 16th - Substance Use in the Perinatal Period: Your Role in Screening, Support and Treatment



www.ProjectTEACHny.org/events

Scholarships to Support Perinatal Mental Health Certification

Project TEACH provides scholarship and mentorship opportunities with the following professional programs:

- National Curriculum in Reproductive Psychiatry (NCRP)
- Perinatal Mental Health Certification Program (PMH-C) through Postpartum Support International

Apply today!!! Application information is available on our website:
www.ProjectTEACHny.org → Education → Perinatal Mental Health Scholarships

Archived Training Events

Our virtual intensive trainings as well as many past webinars on a range of perinatal mental health topics are available to stream on your schedule.

- Immediately access archived events on our website:
ProjectTEACHny.org → Education → Online Courses
- Many recorded trainings are available with CME* — at no cost.
- To access our complete learning library, track your learning, and claim or print CME, visit our Learning Management System (LMS).

* **Note:** To earn CME from a live or archived program, you must create an account in our LMS.



Educational Resources

ProjectTEACHny.org → Resources

On our website and in our monthly emails, you can find:

- Clinician Resources
 - Rating scales, prevention education, journals and guides
 - MMH and child/adolescent psychiatry tool kit for non-psychiatric practitioners
- Patient and Family Resources
 - Videos and PDFs on mental health topics
 - 4 child/adolescent and 2 maternal resources added each year
 - Available in 7 languages

Perinatal Patient-facing Educational Handouts

MATERNAL MENTAL HEALTH WELLNESS RESOURCE

Frequently Asked Questions

Talking With Your Healthcare Clinician about Your Mental Health Before, During and After Pregnancy

Many people experience depression, anxiety, and other mental health concerns before, during and after pregnancy. Your healthcare clinician knows about treatments that can help. Below is a worksheet you can complete and some general possible treatments.

Guide to Pregnancy and Postpartum Mental Health

Many people experience changes in mood during pregnancy or after the arrival of the baby. Some changes are mild and can improve with increased self-care. Other changes may need to be assessed by your healthcare provider or need treatment. This is a guide to help you watch your mood. It has resources that can help you find appropriate help at the right time.

MILD SYMPTOMS: Most people in the postpartum period experience some of these symptoms. Here are self-care strategies that help.

If you are...

MODERATE SYMPTOMS: When difficulties happen most days and start to interfere with your life ask for help. Call your Healthcare Provider promptly.

If you are...

Sleep Tips for Expecting and New Parents

Getting enough sleep is important for your physical and mental health through pregnancy and the postpartum ... but it's often a challenge! Hormones, body changes and the needs of a newborn often leave parents exhausted and sleep deprived. Below are some general tips and

On our website:
ProjectTEACHny.org →
Resources →
Maternal Mental Health Resources

Stay in touch with us, access resources and register for no-cost CME

Website - www.ProjectTEACHny.org

Earn CME Request a Service Stay in Touch Clinician's Line: 855-227-7272

About Services Education Resources Rating Scales

Facebook

LinkedIn

Families Thrive with Good Mental Health

As New York State's child/adolescent and perinatal psychiatry access program, we help clinicians deliver quality mental health care in New York State.

[Learn More](#)

Consultations

Speak to a child and adolescent psychiatrist or a reproductive psychiatrist for your patients.

Referrals

Link your patients to the resources they need in their communities.

Education

Find training and education on topics relevant to child/adolescent and maternal mental health in your practice.

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Postpartum Support International

- postpartum.net
 - Provider directory
- PSI helpline
 - Call 1-800-9444773
 - SMS text “help” to 1-800-944-4773 for English 971-203-7773 for Spanish
 - App [IOS](#)
- Peer support program
- Online Support Groups
 - For moms, dads, BIPOC, Asian/Pacific Islander, queer parents, deaf individuals, military members, ADHD, eating disorders, abortion, fertility
- Weekly call-in chats with mental health experts



Postpartum Resource Center of New York *Parental Mental Health: Finding the Help You Need*

Statewide non-profit since 1998 offering free emotional peer support, educational information, healthcare, and support group resources.

PRCNY's Vision: postpartumny.org/project62

Statewide Toll-Free Helpline: 1 (855) 631-0001 (7 days/week, 9am–5pm)

Request help online: www.postpartumny.org/email

Websites: postpartumny.org En Español: pospartony.org

Statewide PMAD Resource Directory: www.postpartumny.org/resourcedirectory

Free Virtual Support Groups: EMERGE Black Moms, Support for Dads, Spanish Mom Support

Training Institute:

- 2-Day PMAD Training
- Workshops, In-Service Trainings, 1-Day Doula Trainings
- Circle of Caring & The Next Step: Navigating the Fourth Trimester Support Group Programs

National Maternal Mental Health Hotline



- National MMH Hotline is a HRSA service – PSI is Contractor
- Funding passed by Congress in December 2021
- Launched Spring 2022
- 24 hours a day, 7 days a week, 365 days a year
- Staffed by licensed mental health clinicians, healthcare, certified peer specialists and childbirth professionals
- Counselors speak English and Spanish and interpreter services available for 60 languages
- Collaborates with Suicide Prevention Lifeline, Domestic Violence Hotline and National Disaster Distress Hotline
- **>12,000 calls and texts in its first year**
- "Counselors shall provide immediate psychosocial support, evidence-based information, brief intervention, resources and referrals via telephone and text to pregnant or postpartum persons experiencing symptoms of perinatal mental health conditions and their support persons/loved ones"
- <https://mchb.hrsa.gov/national-maternal-mental-health-hotline>
- **CALL or TEXT: 1-833-TLC-MAMA (1-833-852-6262)**

Intimate Partner Violence

- National Domestic Violence Hotline
 - Thehotline.org
 - Call 1-800-799-SAFE (7233)
 - Chat via website with a live advocate or AI
 - SMS: text "start" to 88788
 - Provider Directory
 - Search for shelters, legal advocacy, mental health support and more
 - Search for services that allow pets, specialize in helping native American people, and have interpreters
 - Guides to safety planning- physical safety IRL and cyber-safety online
- New York State Domestic Violence Hotline (English & español/Multi-language accessibility): [1-800-942-6906](tel:1-800-942-6906) or [711](tel:711) for Deaf or Hard of Hearing
- National Deaf Hotline Videophone 1-855-812-1001 or deafhelp@thehotline.org





NEW YORK STATE'S CHILD/ADOLESCENT & PERINATAL
PSYCHIATRY ACCESS PROGRAM



Supporting Pediatric and Perinatal
Health Clinicians to Deliver
Quality Mental Health in NYS.

Telephone Consultations

Linkage & Referral Support

CME Education Programs

1.855.227.7272

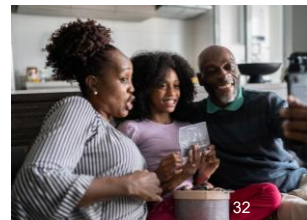
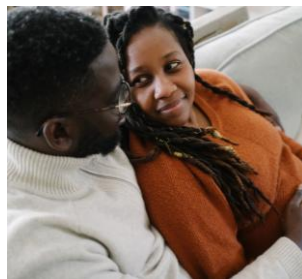
Monday - Friday • 9 am - 5 pm

Services are at no-cost to clinicians in New York State.



ROSE Overview
ROSE Training
September 17, 2026

How Do Pregnant People Often Expect to Feel about Being Pregnant?



What Does Reality Feel like for Many Pregnant People?

Why Do We Care About Preventing Postpartum Depression?

- Personal Suffering
“The thief that steals motherhood”
- Relatively High Prevalence of Postpartum

Postpartum Depression

- Depression is most likely to occur during pregnancy or in the first year of their children's lives.
- The most under-diagnosed obstetrical complication in the US:
 - ✓ As many as 1 in 7 women have been shown to experience maternal depression.
 - ✓ 7%-15% within the first three months postpartum

Meltzer-Brody & Rubinow, Women's Mood Disorders; 2021: 5-16; Vilgen, Harvard Review of Psychiatry, 2014; 22(1):1-22

Symptoms of Postpartum Depression Diagnosis

Five or more of the following symptoms present for two weeks or more

- Feeling sad, hopeless, empty, or overwhelmed*
- Losing interest in activities that are usually enjoyable*
 - Having trouble bonding with your baby
 - Avoiding friends and family
- Eating too little or too much
- Oversleeping or being unable to sleep when your baby is asleep
- Agitation or slowing down
- Poor energy or fatigue
- Feelings of worthlessness, shame, guilt or inadequacy
 - Persistently doubting your ability to care for your baby
 - Fear that you're not a good parent
- Having trouble concentrating and making decisions
- Thinking about harming yourself or your baby

Common Consequences of PPD for Relationship with Infant

- Violated expectations
- Ambivalent feelings-strongly attached and resenting loss of spontaneity
- Cutoff from family and support
- Concerns about incorporating a new child, if other children
- Question ability to love another child or new infant
- Resentful of extra workload
- Impact on relationship and career
- Self-blame for child problems
- Impulse to harm baby

Risks of of Untreated Perinatal Depression

- In gestational parent:
 - pre-eclampsia, gestational diabetes
 - suicide
 - compromised functional status
 - less time in positive activities with infant
 - less parental-infant sensitivity
- In infants and children:
 - Preterm birth and NICU admission
 - poor cognitive development
 - poor language development
 - poor social development
- Families:
 - worse household, social, and personal functioning

Selected references: Howard LM, Molyneux E, Dennis CL, Rochat T, Stein A, Milgrom J. Non-psychotic mental disorders in the perinatal period. *Lancet*. 2014;384(9956):1775-1788; Slomian J, Honvo G, Emonts P, Reginster JY, Bruyere O. Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Womens Health (Lond)*. 2019;15:1745506519844044.

Reasons to Prevent Postpartum Depression

- Prevalence rates of postpartum depression
- Untreated postpartum depression:
 - ✓ Leads to poorer cognitive and language development in offspring from infancy to late childhood
 - ✓ Related to reduced likelihood of preventative parenting behaviors (e.g., breastfeeding, well child visit attendance, and car seat use)
 - ✓ Can have a negative impact on the entire family
- Financial costs of a full-blown episode of depression
- Even when routine screening and referral, overall rates of treatment use are low
- Even with treatment, it can take 4 to 8 weeks to start recovering.

e.g. Saharoy et al, Cureus, 2023; 15(7):e41382

Why Prevent Postpartum Depression (PPD) in People with Material Hardship?

- Rates of PPD are about double for those with low incomes compared to those from middle income households
- Infants of women with material hardship with PPD are at greater risk for infant and later child maladjustment than other women with PPD
- Existing treatments for depression have been developed for mostly white, middle-class, married, cis-gender, heterosexual people

**Screening and treatment are important;
prevention is even better**

Ferrari et al., J Reprod Infant Psychol, 2021, 39(5): 4886-498

Risk Factors for Postpartum Depression

- ✓ History of depression
- ✓ Familial history of depression
- ✓ Social Isolation
- ✓ Recent life stress
- ✓ Low level of partner support
- ✓ High level of partner conflict/abuse
- ✓ Inadequate social support in general
- ✓ Economic disadvantage

Guintivano et al., Clin Obstet Gynecol. 2018 Sep;61(3):591-603; Howard K, et al., Int J Environ Res Public Health 2022;19(19).

Prevention Efforts During Pregnancy an Ideal Opportunity

Pregnancy offers a “window of opportunity”

- Frequent visits to health care professional
- Pregnant people may be unusually open to making positive changes
- Pregnant people tend to focus on self-care

**Screening and treatment are important;
prevention is even better**

Pregnancy is an Ideal Opportunity for Prevention

- There is a clear marker(birth) for the onset of postpartum
- There is a defined period of onset (6-months after delivery)
- Research has increased the feasibility of identifying people at high risk for PPD

Why Use an Evidence Based Intervention?

- **Evidence Based Practice:** Integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences
- How does evidence-based practice help?
 - Enhances the delivery of care and improves efficiency
 - Produces better patient outcomes
 - Enhances co-operation and knowledge sharing among clinicians and patients
 - Enhances job satisfaction among clinicians

American Psychological Association (2006). *American Psychologist*, 61(4), 271–285; Kumah EA, et al, 2022, *Campbell Syst Rev.*, Apr 16;18(2).

Poll: How Effective is ROSE at Preventing Postpartum Depression?

ROSE reduces PPD risk among people at risk by:

- 10%
- 20%
- 40%
- 50%

Reach Out, Stay Strong, Essentials (ROSE) Program: An Evidence Based Intervention

Five randomized clinical trials have shown that ROSE reduces risk of postpartum depression in women with low income by half.

ROSE significantly reduces cases of postpartum depression

- ✓ Studies used a validated diagnostic measure of postpartum depression
- ✓ Positive findings have been replicated
- ✓ Tested in community settings with racially and ethnically diverse women
- ✓ Tested in heterogeneous samples (e.g., teens and low-income pregnant women)

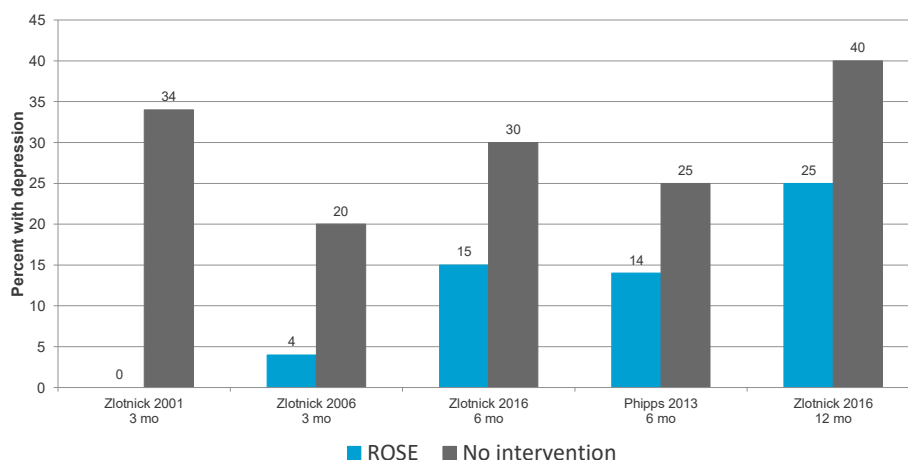
ROSE prevents half of PPD cases among low-income women

Findings from ROSE Trials

Population	Sample size	% with PPD: ROSE	% with PPD: usual care	Time to PPD
Pregnant women on public assistance	37	0%*	33%	3 mos.
Women on public assistance at risk for PPD	99	4%*	20%	3 mos.
Pregnant women on public assistance at PPD risk	205	16%*	31%	6 mos.
African-American women at risk for PPD	36	< depressive sx over time	No change in depressive sx	3 mos.
Pregnant adolescents	96	12.5%	25%	6 mos.
**p<.05 between conditions				

ROSE Trials: Depression Rates Across Studies

Percent with PPD: ROSE vs. no intervention

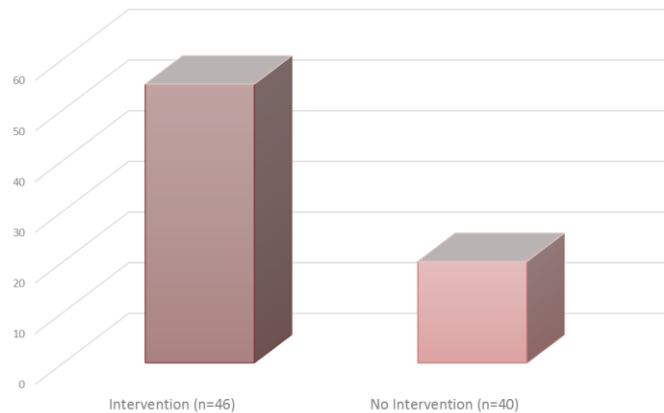


Other ROSE Study Findings

- On average, 3.5 sessions of 5 ROSE sessions were attended
- Within 3 months and 6 months postpartum, control condition participants used significantly more mental health treatment than ROSE participants (23% to 10%) (N=205)
- Independent ratings of adherence and competence of trained interventionists, including paraprofessionals, was adequate

****Zlotnick, et al. Randomized controlled trial to prevent postpartum depression in mothers on public assistance. *Journal of Affective Disorders* 2016 Jan 1;189:263-8

Median Days Breastfeeding at 3 Months Postpartum



Kao et al (2012) *International Journal of Group Therapy*

ROSE Trial References

- Crockett K, Zlotnick C, Davis M, Payne N, Washington R. A depression preventive intervention for rural low-income African-American pregnant women at risk for postpartum depression. Arch Womens Ment Health 2008;11(5-6):319-25. DOI: 10.1007/s00737-008-0036-3.
- Phipps MG, Raker CA, Ware CF, Zlotnick C. Randomized controlled trial to prevent postpartum depression in adolescent mothers. Am J Obstet Gynecol 2013;208(3):192 e1-6. DOI: 10.1016/j.ajog.2012.12.036.
- Zlotnick C, Johnson SL, Miller IW, Pearlstein T, Howard M. Postpartum depression in women receiving public assistance: pilot study of an interpersonal-therapy-oriented group intervention. Am J Psychiatry 2001;158(4):638-40. DOI: 10.1176/appi.ajp.158.4.638.
- Zlotnick C, Miller IW, Pearlstein T, Howard M, Sweeney P. A preventive intervention for pregnant women on public assistance at risk for postpartum depression. Am J Psychiatry 2006;163(8):1443-5. DOI: 10.1176/ajp.2006.163.8.1443.
- Zlotnick C TG, Miller I, Seifer R, Stout R. Randomized controlled trial to prevent postpartum depression in mothers on public assistance. . Journal of Affective Disorder 2016;January:1;189:263-8. DOI: doi: 10.1016/j.jad.2015.09.059

ROSE has been specifically cited in
the new U.S. Preventive Services
Task Force recommendation
regarding preventing postpartum
depression.

Curry SJ, Krist AH, et al. JAMA 2019;321(6):580-587

ROSE is based mostly on Interpersonal Psychotherapy

Why Interpersonal Psychotherapy (IPT)?

- IPT has been shown to be effective in the treatment of postpartum depression in numerous studies
- Established effectiveness for depression, in general

Weissman & Klerman (2017) Guide to Interpersonal Psychotherapy, Oxford U Press; Stuart & Robinson (2012) IPT: A clinician's Guide; Hodder Arnold

Interpersonal Therapy

Based on

- Attachment theory
 - ✓ Intimate bonds are crucial for human survival
 - ✓ Psychiatric problems occur when attachment needs are not met
- Communication theory
 - ✓ Poor communication patterns lead to difficulties in relationships
- Social theory
 - ✓ Stress in current relationships causes psychological distress



A Major Life Event
+
Inadequate Support
=
Emotional Difficulties

Interpersonal Therapy

- IPT targets interpersonal difficulties commonly experienced by new and expecting parents (e.g., low levels of social support; isolation, relationship conflict)
- IPT targets those factors that play a role in the onset of postpartum depression

IPT Emphasizes:

- Role transitions
- Interpersonal disputes
- Interpersonal isolation
- Bereavement

Goals of IPT

- Improve communication in relationships to alleviate conflict and transitions
- Change expectations of relationships
- Build or improve utilization of social support networks



IPT
=

Build and use social support
+
Enhance communication

Role of social support referred to as

*“Strategies for survival in a hostile world.” **

* Stack

The ROSE Program

- 4 prenatal sessions during pregnancy
 - (group or individual format)
- 1 booster session within 6 weeks after delivery (individual)
- **Prevention** – not treatment

ROSE PPD Prevention Class

ROSE Program Outline		
During pregnancy	Session 1	Interpersonal rationale for program, course outline, ground rules, signs/symptoms of "baby blues" and PPD.
	Session 2	Stress management skills, managing the transition to motherhood, identifying positive supports.
	Session 3	Teaches types of interpersonal conflicts common around childbirth and role plays techniques for resolving them.
	Session 4	Skills for resolving interpersonal conflicts, setting goals, review
Postpartum booster		Reviews/reinforces previous sessions, problem-solves difficulties using skills, reviews available resources

The ROSE PPD prevention class is based primarily on principles of interpersonal psychotherapy (IPT), a frontline treatment for PPD

ROSES

ROSE Core Elements	ROSE Flexible Elements
Psychoeducation on: • Postpartum depression, postpartum blues • Managing Stress in transition to motherhood • Social support as a buffer against PPD • Relevant postpartum resources Teaching: • Communication skills via role plays • Stress management skills • Building and enhancing social skills • Review/reinforce skills at postpartum session	• Group vs. individual • Office vs. home visit vs. Telehealth • Time 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 and non-mental health provider vs. mental health provider vs. physician, nurse, doula

Important Components of ROSE

Psychoeducation

- Dispel myths about postpartum depression
- Re-conceptualize parenthood
- Redefine expectations for self and relationships

Important Tasks for the Interventionist

Staying on Task:

- ✓ Keep conversations focused and on-target
- ✓ Clear sense of material for each session ahead of time
- ✓ Estimate the amount of time spent on each topic
- ✓ Take responsibility for moving the conversation to the next topic
- ✓ **Present the materials with conviction.**
- ✓ **Try the skills (e.g., progressive relaxation exercises, pleasant activities).**

Specific Intervention Strategies

Role Playing

- Provides the opportunity to examine communication style (tone, non-verbal, etc.)
- Reinforce behavioral change
- Interventionist can model the new ways of communicating

Homework/Practice

Some participants respond better when asked to practice the skills rather than label it as homework

- To reinforce transfer of new skills to the real-life setting
- To provide the opportunity to address unexpected barriers

Problem Solving

- A directive technique to help the woman develop solutions
 - ✓ Brainstorm (participant has “ownership”)
 - Use open-ended questions

Communication Analysis

- Identify ineffective patterns of communication
- Help the participants recognize these patterns
- Motivate the participants to communicate more effectively
- Assist participant to change by teaching and practicing new communication strategies

How We Learn

- Learning = Socratic method (i.e., ask questions wherever possible)
- Memory and learning = practice, practice, practice = reinforcement. Rhetorical questions around salient points. “What have you learned from this?” What is the take home message for you?
- A few important points reworded in different contexts is preferable to many points in one context = practice, practice, practice.
- **Learning within a narrative context superior to learning bare facts. Ask participants for their stories. Illustrate points with stories from other participants.**



 **ProjectTEACH**
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Facilitator Skills
ROSE Training
September 17, 2026

 **NEW YORK STATE** | **Office of Mental Health**

Agenda

- Review basic facilitator skills including:
 - Asking questions
 - Listening
 - Normalizing
 - Engaging
 - Cross cultural communication

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Importance of Asking Questions

- Asking questions shows willingness and to understand participants' perspectives.
- Asking open-ended questions encourages richer answers that include more information and deeper explanations
 - Opportunity for narrative learning
- Ask one question at a time.
 - Asking multiple questions at the same time can be confusing
- Pair questioning skills with effective listening skills.
 - Feels less like interrogation

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How to Ask

Close-Ended	Open-Ended
Usually calls for a “yes” or “no” answer	Ask for information needed to help clarify an issue or inquire about feelings to share
May cut off conversation	Tend to keep a conversation going
Can increase defensiveness	Come across as non-judgmental
Ask questions beginning with: Why Is Are Were	Ask questions beginning with: Where When What Which How

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Examples of Open-Ended Questions

- How could you see yourself using this skill?
- Which of these communication styles best describes your important relationships?
- When have you experienced this this problem?
- How could that go better next time?
- What was hard for you? What went well?
- What do the rest of you think about what was just said?



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Why Listening Skills Are So Important

- What participants say deserves the undivided attention of you and the other group members.
- Participants feel valued and important when they feel heard.
- Closeness and mutual respect form from the sharing of feelings, beliefs, and opinions.

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What makes you feel like others aren't listening?



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Non-verbal listening skills

- Maintain a relaxed posture.
- Lean forward.
- Nod your head occasionally.
- Maintain culturally appropriate eye contact (even when via a screen)
- Keep your tone of voice neutral, positive, and relaxed.
- Sit facing the group members.
- Sit with your arms at your sides.
- Keep a friendly expression.
- Move away from any physical barrier (i.e., desk; table) between you and the group members.
- Avoid distracting motions or gestures

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Minimal Encouragers

- | | |
|---------------------|--|
| • Can you say more? | • Yes |
| • Oh? | • Really? |
| • For instance... ? | • And? |
| • I see | • Go on |
| • Right | • Sure |
| • Then? | • I hear you |
| • And so? | • Uh-huh (with accompanying
• head nod) |

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Reflective Listening

- A way to show that you are trying to understand a group members thoughts, feelings, and perspective
- Repetition – repeating back a key phrase/emotion
 - *Moms are supposed to be selfless*
- Paraphrasing
- Summarizing- succinct recap, provides opportunity for member to correct missing/incorrect information
 - *If I'm hearing you right...*
- Noting discrepancies – normalizes mixed feelings
 - *You can see how assertive communication could make your relationship stronger, and you're scared of how others will react*

Normalize and Validate

- Having a baby is a huge event
- Many parents have difficulties adjusting
- Some may develop clinical depression
- New parents cannot do it alone

Additional Engagement Strategies

- Praise- reinforcing feedback such as “That is a great idea!”
- Show compassion
- Identify and build on person’s strengths
- Meet person where they are at- ask how the material fits for them, using examples relevant to participants’ lives
- Help identify a reason for getting help (benefits, for baby/family/self)

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Improving Cross-Cultural Communication

- Awareness of self (biases, assumption)
 - E.g., don’t assume all participants have partners or, if they do, that they are male.
- Slow Down
- Limit the amount of information given at one time
- Use “teach-back” method (Ask participant in non-threatening way to explain what she has heard)

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Session A: Education

Common Complaints From New Parents

Baby Blues

Postpartum Depression

Where to get Help

Resources

Session A

- Goals

- ✓ Establish a working relationship
- ✓ Setting realistic expectations about the postpartum period + parenthood
- ✓ Introduce the concept of role transition
- ✓ Introduce the concept of utilizing social support
- ✓ Provide an overview of the course

Session A Setting Expectations

- Ground rules
 - ✓ Confidentiality (limits of confidentiality), being supportive to one another, encouraging participation, time management, management of cell phones
- Description of group
 - ✓ Classes (not treatment), skill based, focused on postpartum stress management, session times, cancellations, children at groups
- Introductions
 - ✓ Interventionist, group members (name, number weeks pregnant, delivered before, etc.)

Setting Expectations

If you have other roles with the participant, it will be important to provide a context for why you are now talking about ways to cope once the patient has had the baby.

“Here at (name of clinic) we are committed to helping parents get a good start for their babies. Happy parents, happy babies.

“When we meet I will (also) be talking with you about the changes and stresses that can occur once you have had your baby and ways you can manage these changes. “

or

“Becoming a parent brings about many changes and in our ROSE classes we will provide you with tools (a toolkit) to successfully survive parenthood.”

Session A Views on Parenthood

- Current expectations
 - ✓ Society’s expectations from media (e.g., Instagram) etc., stories heard from own mom, sisters, friends, own story/expectations, different experiences
- Reality of having a baby
 - ✓ Hardest job, little training, sleep deprivation etc.

Session A

- Psychoeducation
 - ✓ Create realistic expectations around the postpartum period
 - ✓ Adapt information based on individual experiences (emphasize differences)
 - ✓ Normalize experiences
 - ✓ Review resources and how to access them (informal sources of support)

Session A Psychoeducation on Baby Blues

- Range of responses after delivery
- Most postpartum people get baby blues –up to 80%
- Description of baby blues (mood swings, crying for no reason)
- Refer to handouts on Common Complaints and on Baby Blues

Common Complaints From New Parents

The new demands, challenges and pressures of motherhood can leave you feeling overwhelmed.

Here are some common complaints of new parents:

I am irritable

I can't sleep

I feel so nervous

I feel so guilty

I feel so tired



I can't feel anything

I have no interest in normal activities

I can't get going

I can't stop eating

Session A Psychoeducation on Postpartum Depression

- Ask parent if they know the symptoms of postpartum depression or depression, % of people who get it
- For people who have financial difficulties about one in four to five people will experience postpartum depression
- Refer to handout on postpartum depression
- People who have had previous episode/s of depression are more likely to experience depression after childbirth. Those who have had postpartum depression are more likely to experience it again

Postpartum Depression and Anxiety Symptoms

- ❑ Sleep problems (example: you cannot return to sleep after feeding the baby)
- ❑ Eating problems-eating too much or too little
- ❑ Anxiety and worry
- ❑ Avoiding people, avoiding contact with the baby, wanting to be on your own
- ❑ No energy
- ❑ Death wish, suicidal thoughts
- ❑ Difficulty having positive feelings towards the baby
- ❑ Difficulty making decisions
- ❑ Mania-feeling speedy, being excitable and irritable, talking fast, and having less need for sleep
- ❑ Panic attacks
- ❑ Fears for the baby, fantasies about harming or killing the baby

If you ever feel that you might hurt yourself, your baby or anyone else, please talk to your healthcare provider or call 911

Session A Importance of Seeking Support

- Can feel better talking to support people
- Support can help prevent postpartum depression
- New parents deserve support
- Treatment can help
- Review where to get help handout
- Review local resources
- Normalize negative postpartum feelings. Refer to handout you are not alone, you are not to blame, and you can feel better

You are not alone

You are not to blame
And

You CAN feel better

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Where to get Help?

YOU ARE NOT ALONE! HELP IS AVAILABLE!

1. LEAN ON FAMILY AND FRIENDS

A few hours of weekly childcare can give you a much needed break. Sharing feelings openly allows family & friends to provide support.

2. TALK TO A HEALTH CARE PROFESSIONAL

Doctors will know what options are available to you for assistance and will be familiar with perinatal depression.

3. FIND A SUPPORT GROUP

There are people in your community suffering in similar situations; sharing your feelings with others experiencing the same thing can be helpful. Talk to your health care provider about how to join a group.

4. TALK TO A MENTAL HEALTH CARE PROFESSIONAL

Mental health care professionals can give you a safe place to express your feelings and will be useful in assisting with management of your symptoms.

5. FOCUS ON WELLNESS

Eat a healthy variety of colorful foods, healthy snacks, and avoid alcohol use. Exercise, invite friends to go on walks, try a new activity, take time to stretch muscles.

My Resources Worksheet

Parenting

Mental Health

Suicide Prevention

Legal Services

Domestic Violence

Wrap-Up

- Having a baby is a major life event
- New demands and new skills will be needed
- Postpartum people deserve positive support
- Reemphasize the importance of support (a buffer for PPD)
- Date and time of next session
- Preview of next session (Ways to decrease stress, how to survive parenthood, and talk about support people in your life)

Potential Difficulties Session A

Participant strays off the topic/talks too much

- ✓ Acknowledge feeling/thought/concern
- ✓ Redirect (politely and carefully-validate)
 - ✓ I know these concerns are really important to you, but I am going to have to move on because we have still so much material to talk about and I want to make sure I share with you some important information
- ✓ Use close-ended questions
- ✓ Offer to speak one-on-one after the session

Potential Difficulties Session A

- Participants engage in side conversations with one another
 - ✓ Emphasize importance of social support. Pleased to see them connect
 - ✓ Ask if possible to continue after group, exchange contact information
 - ✓ Remind class and lots to share with them

Potential Difficulties Session A

- Participants reticent to participate
 - ✓ Reassurance, normalization, encouragement (reinforce any response), gentle probes on nonthreatening material, open-ended questions (e.g. What did you think of that?)

Potential Difficulties Session A

- Participants become restless
 - ✓ Take a stretch break;
 - ✓ Take a snack break;
 - ✓ Take a deep breath-in and -out break;
 - ✓ Take a “massage hands with cream” break;
 - ✓ Acknowledge that group is long and let them know more or less how much of session is left.



Session B: Workbook Materials

Changing Roles

Parent Survival Kit

Increasing Pleasant Activities

My Close People

Decreasing Stress

Session B: Stress Management

- Welcome and Check-in
- Progressive Relaxation Exercise
 - ✓ Provide rationale
 - ✓ Group demonstration (rate anxiety level before and after)
 - ✓ Direct participants to the online exercise in workbook
 - ✓ Assign relaxation exercise for homework (emphasize importance of practice)

Session B: Role Transitions

- Goals for role transition are:
 - ✓ Resolve the loss of the old role
 - ✓ Develop a balanced view with realistic expectations
 - ✓ Develop skills (and permission) for nurturing new parent
 - ✓ Develop new social support (e.g., friends with children)

Session B: Role Transitions Discussion Topics

- Any change is stressful even joyful events
- Positive and negatives changes of becoming parent
- Ask for examples when participants have had a change in roles and how they “survived.”
- Talk about changes a baby will bring
 - ✓ Explore possible losses
 - ✓ Explore possible benefits/opportunities
 - ✓ Explore associated feelings
 - ✓ Normalize the feelings (to offset guilt)

Session B: Changing Roles Handout

Gains

Slow your pace
Spend time with your baby
Discover hidden talents
Learn new things
Nice excuse out of chores
Reactions that the baby has
Growth of the baby

Losses

Loss of routine
More household chores
Less time for partner
Loss of productivity
Loss of social life
Loss of space
Isolation

Session B: Nurturing The New Parent

- Importance of taking care of yourself to survive parenthood and prevent postpartum depression
 - ✓ Share handout: Parent the new Parent
 - ✓ Use analogy of pitcher
- Importance of pleasant activities
 - ✓ Buffer against depression (lifts mood), energizes, etc.
 - ✓ The more enjoyable things you do, the better you are likely to feel
 - ✓ Ask group for examples of pleasant activities once baby is here
 - ✓ Refer to handout on pleasant activities

Session B: New Parent Survival Kit Handout

Nurture yourself physically (e.g., adequate rest, proper food, exercise)

Take breaks “mini vacations” (rest is rest-no chores during breaks!)

Give yourself credit, don’t forget to include the small tasks

Plan at least one event a day involving an adult (e.g., phone call to a friend)

Plan for something fun (e.g., a TV show, bubble bath, look at old pictures)

Ask for help-you cannot do it all

Postpone major changes in your life

Parent the New

Parent

Be Your Own *Best Friend*

Treat yourself

You deserve it

*This is an important
time to take*

care of yourself

Session B: Developing Supports

- Importance of positive support
 - Research has shown that support can protect against depression, including postpartum depression
 - People who can confide in others and receive support are less likely to become depressed
 - If you are hesitant to ask for help you may become overwhelmed

Session B: Developing Supports Discussion Topics

- Ask group to identify supportive people in their lives once baby is here
 - ✓ Who will they can turn to, what type of support will they need.
 - ✓ Remind participants they have a right to reach out, to seek help and support. It is important to look for support from those who are receptive and caring, whoever they may be.
 - ✓ Remind participants to also include agencies, organizations, providers, place of worship as their supports
 - ✓ Continuously probe for possible sources of support. Many new parents have people who have been supportive of them, but do not label them as support, or are scared or unsure how to ask for the support
- Ask participants to complete the Close People Handout

Session B: My Close People Handout

Next to the numbers below, list the adults that are closest to you.

Think about the following:

- Who are the people in each area that you see the most often?
- To whom can you seek for help?

FAMILY

1. _____
2. _____

SPIRITUAL

1. _____
2. _____

FRIENDS

1. _____
2. _____

OTHER

1. _____
2. _____

WORK

1. _____
2. _____

Session B: Wrap Up

- Skills Practice
 - Practice progressive relaxation exercise, rate anxiety before and after
 - Pleasant activities
 - ✓ Commit to at least three pleasant activities in this week
 - ✓ If time, ask participants to provide their activity, date, and time
- Schedule/Review time of next session
- Preview highlights from next session
 - relationship communication, improving communication, how to ask for help, and abusive relationships

Session B: Potential Difficulties

- "No time" – for relaxation, pleasant activities
- Interpersonal isolation- participants says they have no one to call
- Participant has trouble generating solutions



Break Time!



★ Don't Forget

Consult with us any time by calling the:

**Project TEACH Clinical
Consultation Line**

1-855-227-7272

Monday – Friday • 9 am – 5 pm

General questions about our services:
716-878-2454



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Session C
ROSE Training
September 17, 2026

NEW YORK STATE
Office of
Mental Health

Session C: Relationships and Communication

Communicating with Loved Ones

Remember your Rights

Tips for Asking Others for Help

Golden Rules for Being Assertive

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Session C

Reviewing Homework

- Welcome and Check-in
- Reviewing Homework
 - ✓ Ask how it went, how did they feel afterwards, trouble shoot difficulties
 - ✓ Emphasize the importance of continuing the contract every week-view as “appointments”
 - ✓ Encouragement to keep doing pleasant activities and relaxation exercises weekly
 - ✓ The more enjoyable things you do, the better you are likely to feel
 - ✓ The more you practice relaxing the less stressed you will feel

Common Relationship Challenges During the Postpartum Period

Relationship with Partner

- Lack of Help and Violated Expectations
 - ✓ Housework
 - ✓ Childcare (e.g., feeding, diapering, babysitting)
- Sex
 - ✓ Interest, Pain, Attractiveness
- Lack of Emotional Intimacy
 - ✓ Partner too absorbed in other activities
 - ✓ Conflict about time spent with baby and time for partner

Extended Family

- Lack of Help and Violated Expectations
 - ✓ “Mentoring” from mother or other family member
 - ✓ Emotional and physical support
- Level of interest
 - ✓ Satisfaction with frequency and quality of contact

Common Interpersonal Disputes

- Disputes occur when:
 - ✓ Expectations for receiving help with the baby
 - ✓ Expectations for receiving help with household chores are not met
 - ✓ Change in interpersonal intimacy and/or sexuality
 - ✓ Family visits

Session C Relationships

- Psychoeducation on Relationships
 - ✓ Relationships can be a lot of work. People can have different expectations of the relationship and these can change with different circumstances, stressors.
 - ✓ Having a baby places greater and/or different relationship pressures
 - ✓ Needs and priorities change but others maybe unaware of the shift
 - ✓ Having a baby can place a great deal of stress on partnerships. Many people experience more conflict, because there are just so many more demands on parents to manage
 - ✓ Often difficult to get the support you deserve
- Reemphasize that having great support is amazingly protective against sadness and depression during stressful times, like having a baby.

Session C

Relationships

- Evaluating an important adult relationship.
 - Start thinking about your relationships now, ask who will be there to help you, give you the support you need after having the baby. Write down the name of someone important to you
- Ask:
 - ✓ How satisfying is this relationship? Is it supportive overall?
 - ✓ What changes would you like to see?
 - ✓ Does it feel like a safe relationship to talk over concerns or problems?
 - ✓ How are problems dealt with inside of this relationship? Are conflicts expressed?

Session C

Interpersonal Disputes

- Types of arguments that tend to take place within a relationship
 - (1) “Give and take”: people are openly aware of differences and are actively trying to bring about changes. (e.g., household chores, visiting times for father/family, recreation)
 - (2) Silently resentful: discussion has stopped, and resentment may continue to bubble. People avoid hot button issues due to fear of hurting, concern person will not change, want to remain positive
 - (3) Cannot be fixed: the relationship cannot be repaired, both parties are going their own way emotionally

Session C

Assertiveness

- Psychoeducation on Assertiveness
 - ✓ What you could do before may change once your baby is here (provide examples, e.g., could say yes to babysitting for family, doing others laundry, etc.)
 - ✓ Explain bucket principle –allowing irritations to build until spill over
 - ✓ Ask
 - How easy is it for you to ask for things?
 - How well can you say no
 - Does it differ with different people?
 - What makes it hard?
 - What is assertiveness?"

Session C

Assertiveness

- Definition of Assertiveness
 - ✓ Assertiveness is the ability to express your thoughts and feelings openly and directly to others, without “turning them off”.
 - ✓ You have to recognize others have rights, as well as yourself.
- Rights
 - ✓ Ask what rights do they have in a relationship
 - ✓ Refer to Handout on Rights

Remember Your Rights Workbook Handout

- It is OK to want or need something from someone else.
- I can insist on my rights and **still** be a good person.
- I sometimes have a right to assert myself, even if I may inconvenience others.
- I may want to please people I care about, but I don't have time to please them all of the time.
- The fact that I say no to someone does not make me a selfish person.
- I can still feel good about myself, even though someone else is annoyed with me.

You cannot do
everything
yourself.

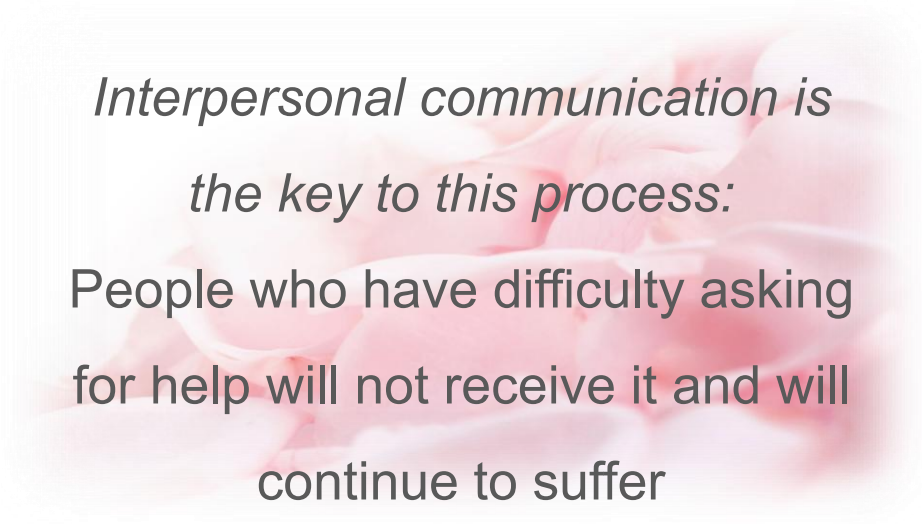
Speak up for
yourself.

Stay focused
on **YOUR**
needs.



Relationships and Safety

- Not all relationships are safe
 - Verbal, physical, sexual harm; controlling behavior
- Emphasize importance of choosing to ask for support from people who are safe
- Do not encourage assertive communication in context of interpersonal violence
- Instead
 - Provide education and referral information
 - Offer to talk privately
 - Refer to Workbook Handouts on Abusive Relationships and Safety Planning



*Interpersonal communication is
the key to this process:*

People who have difficulty asking
for help will not receive it and will
continue to suffer

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Session C

An Assertive Request

- Being assertive is a skill you can learn. It may be difficult at first
- To get the support you need, you will need to make an assertive request (ask for help, ask someone to change a behavior)
- Involves taking a risk.
 - People feel better about themselves by taking some risks, taking charge of their lives, and being assertive
- Once they have their baby it will be important to ask for help and get help

Session C Role Play

- Role play ineffective communication and ask group for feedback
- Review handouts on Tips for Asking for Help, Do's and Don'ts referring to the ineffective role play

Tips for Asking Others for Help (Workbook)

TIMING:

Choose a quiet time. Introduce the fact that you want to talk about something.

NONVERBAL BEHAVIOR:

Use an appropriate tone of voice, avoid threatening posture, make eye contact with the other person, face them directly.

SAY SOMETHING POSITIVE:

Sandwich the negative between positives. Start with a positive and end with a positive.



Golden Rules in Workbook

DO'S

An assertive statement has three parts:

I think . . .
I feel . . .
I want . . .

Openly state your **own** feelings, or changes you would like.

Avoid any attacks on the other person, any **threats**, or **insulting statements** about the other person.

Avoid: "Never, should, and always."

Deal with **one issue** at a time (in contrast to "kitchen sinking").

Do' Rules Include:

Criticize the **behavior**, not the person (say what you want them to do, not what you want them to be).

Ask them for what **you** want, (in contrast to telling them what they should do).

("Thanks for being so understanding, I really appreciate it").

Be willing to **give to get**.

Turn the table: Ask them, "what do **you** think we should do?"

Golden Rules in Workbook

DON'T'S

DON'T RULES INCLUDE:

Judge or blame

Over-apologize

Put yourself down

Guess the other person's intentions

Mind-read

Expect people to know what you want them to do if you don't tell them

Give a whole list

("kitchen sinking")

Beat around the bush

Tell the other person what they should do

Session C Communication

- Think about an important relationship
 - ✓ What are your difficulties, your concerns? What are your needs at this time? What are your goals for the relationship?
 - ✓ Complete handout on Communicating with Loved Ones

Communicating with Loved Ones Workbook Handout

I would like to change my communication style with:

1. How is your communication style going with this person? (-10 to 0, communication style is going extremely badly; 1 to 10, extremely well).

-10 -9 -8 -7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7 8 9 10

2. What are the two best things about how you communicate with this person? *What kinds of things does this person say or do that make you happy? What makes this person special to you?*

Communicating with Loved Ones Workbook Handout

1. What are the two worst things about how you communicate with this person? *What kinds of things do they do that are hard on you? What kinds of things do they forget to do? Do you feel like you get enough time/attention/caring from this person?*

2. Interpersonal goals: What kinds of changes or support would you like from this person, other than what he or she does now? *It is ok to want a person to give more or less of something they already do. It is also ok to ask for support to mean that a person stops doing something that hurts someone's feelings. If it is hard to identify kinds of support, sometimes it is helpful to think about what a person could possibly say or do that would be helpful.*

Session C Role Play

- Ask participants to think about the goals they set for person in communicating with loved ones handout.
- Complete Handout on Making an assertive request with that person (encourage them to start with low level conflict e.g., household chore)
- Review how they will present their requests
- Role play a participant's current difficulty based on handout. Ask group for feedback

Practice “Bad” Role Play

Homework on Making an Assertive Request

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- One request I will make for this week:
Ask Scott to watch Lizzy while I take a bath
- Because I want them to listen without
feeling upset, I need to be careful to:
Tell Scott how good he is with Lizzy
Use a positive tone and make eye contact
Ask him when a good time for my bath would be
- Date I will try this on:
Friday
- Person with whom I will try this:
Scott



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Session C

- Homework
 - ✓ Refer to handout on Homework on Making an Assertive Request
 - ✓ Reminder to practice pleasant activities and relaxation
 - ✓ Emphasize the importance of practice
- Wrap up
 - ✓ Highlights of next session (trouble shoot any problems you had asking for help, negative communication, how to say no to a request, and how to plan for your future)

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Session C

Techniques:

- Communication Analysis (e.g., tone, content, non-verbal)
- Problem Solving (ask questions-what would be another way of saying that? If I said this to you...would you want to continue the conversation?)
- Role Playing
 - ✓ Interventionist demonstrates ineffective communication
 - ✓ Both interventionist and participant role play
 - ✓ Example: Ask Scott to watch Lizzie while I take a bath

Potential Difficulties Does not do Homework

Normalize, reassure, use examples from other participants, use open-ended questions (what made it hard to do? Is there something you can do differently next time?) highlight the importance of practice, reiterate the purpose of the homework

Potential Difficulties

- Participant seems unmotivated to change
 - ✓ Assess for depression
 - ✓ Encouragement
- Participant has overwhelming social adversity
 - ✓ Identify formal and informal resources
 - ✓ Set realistic goals and expectations

Potential Difficulties

- Participant reports no communication difficulties
 - ✓ Normalize, gently probe, provide examples from other past participants, (e.g., difficulties/irritations are common and reasonable, difficulties does not mean relationship is problematic)
 - ✓ Focus on lower-level conflict

Potential Difficulties

- Participant is reluctant to role play
 - ✓ Gently discuss reasons for her reluctance, normalize her response, use a one-sided role play, use stop and start method, emphasize the merits of role-play...
- Participant is reluctant to try the new style of communication
 - ✓ Gently challenge her expectations concerning outcome, provide reassurance, normalize, explore fears....



Session D: Planning My Future

- Key session elements
 - Skills practice review
 - Assertiveness review discussion
 - ✓ Compare communication types
 - Barriers to assertive communication
 - Saying no
 - Setting goals for the future
 - Skills practice assignment

Session D: Workbook Materials

Asking for help

Planning for the Future: My Goals

ROSE Final Tips

Potential Difficulties: Interpersonal Disputes

- Participant reports the other person became angry during communication practice
 - ✓ Ask for a detailed account - type of request, tone, non-verbal, how many requests were asked at once, use of positive statements.
Use example from another participant -
 - ✓ “This reminds of another women I was working with whose partner became very angry when she tried to ask him to watch their baby while she was cooking. She had approached him when he came home from work and decided to try it again but this time on his day off from work after he came home from spending time with his friends and was always in a good mood.”

Session D: Assertiveness Discussion Points

- Review Assertiveness
 - “What is assertiveness?”
 - Importance of communicating needs
 - ✓ Other people might not know if we don’t
- Compare assertiveness to nonassertive and aggressive behavior
 - Nonassertive - you do not express your own want, needs or ideas. You ignore your own rights.
 - ✓ Ask “What happens when you are nonassertive?”
 - Aggressive - expression of needs and feelings at expense of others. You violate another persons’ rights
 - ✓ Ask “What happens when you are aggressive?”

Session D: Barriers to Assertiveness

- Normalize common barriers:
 - Not always valued in women in different cultures,
 - Fear of retaliation and conflict,
 - Lack of knowledge of assertiveness as a skill,
 - Fear of being called mean or selfish,
 - Fear of losing the relationship,
 - Beliefs that we do not deserve what we are asking for or should be able to handle the situation ourselves,
 - Not being ready to hear no or face that relationships are not repairable,
 - Lack of trust in yourself.
- Remind participants that practice and preparation will help overcome these barriers

Session D: Asking for Help Handout



Session D: Asking for Help Handout



Session D: Importance of Saying No

- Normalize saying no can be difficult
 - Ask participants to describe: What makes this hard to do?
- Explain rationale
 - Increased demands as new parent
 - Impossible for most people to do everything they used to do AND new responsibilities
 - Can help us prioritize what's important to us
 - Including self care

Session D: Strategies for Saying No

If...	Then...
You're unsure or do not have courage to say no	Delay: "Let me see what else is going on and I will get back to you tomorrow"
You want to help but can't talk right now	Tell the other person to ask you again later
You can't do as much as the other person is asking for	Make a counteroffer: "I cannot babysit for you tomorrow but next week Tuesday or Wednesday I am free and be happy to babysit then."
You can't help personally, but want to be supportive	Help the other person identify alternatives to your assistance: "I cannot make Gran so many meals each week, but why don't you look into meals on wheels
The other person keeps asking/ won't take no for an answer	Be a broken record: Keep repeating no. "I understand you are in a really tough spot, but I can't lend you the money, and my answer won't change."

Session D: Role Play

- Role playing saying NO
 - ✓ Ask for examples of times when participants would have liked to say no but didn't
 - ✓ Problem-solve how to say no
 - ✓ Can also use examples that are applicable to the participants' life or future once baby is here
- Remind participants that it is important to tell others what we need
 - Family and friends might not offer the type of support you need or they might not be around because they worry they are intruding

Session D: Goal Setting

- Rationale:
 - When having a baby your whole life can shrink around diapers, feeding time, burping time, bathing time, laundry. People are happiest when they have hopes.
 - Setting goals is a buffer against depression
- Discussion:
 - Ask "What are some of your hopes, dreams, goals?"
Remind participants that infancy does not last forever
- Set realistic short and long-term goals
 - Emphasize "baby steps." (e.g. cleaning an apartment can be overwhelming but start with one room/closet, one area at a time)
 - Work through an example

Session D: Planning for the Future Handout

MY GOALS	Short-Term Goals (1-3 months)	Middle Goals (3 mo. - 1 year)	Long-Term Goals (1-3 years)
FRIENDS			
FAMILY			
HEALTH			
FINANCES			
PROFESSIONAL			
SPIRITUAL			

*HOLD ON TO
YOUR **DREAMS***

*INFANCY
DOES NOT
LAST **FOREVER!***

Session D: Wrap Up

- Review
 - ✓ Review handout on ROSE Final Tips
 - ✓ If time, complete handout on my resources
 - ✓ Remind participants to practice skills learnt
 - ✓ Remind participants that you will be seeing them after the delivery (or within the next month if delivery has already occurred)

Session D: Rose Final Tips Handout

PLEASANT ACTIVITIES

Remember it is important to **nurture** yourself, and to develop new ways of doing so (if necessary).

Adding in **positive activities** can lessen distress and increase your energy and positive outlook.

Remember your pleasant activity contract.

RELAXATION

Learning how to **manage stress** will make you feel better, increase your sense of control, and empower you.

Remember to do your relaxation exercises. take time out for **YOU**. Rest means rest (no chores).

CHANGES: BECOMING A NEW MOM

Big changes in life, like having a baby, can be stressful.

Becoming a new mom involves **new demands** and losses.

You may feel fearful, sad, tense, & frustrated - remember **you are not alone and you re not to blame**.

It is important to talk about your feelings, **reach out**.

It is important to replace lost **goals** when experiencing losses and changes in life. There are both short-term goals (baby steps) and long-term goals.

Set ongoing goals. (Infancy does not last forever).

Session D: Rose Final Tips Handout

Remember

Celebrate your efforts and successes. Give yourself credit even for the small things that you do as a partner, daughter, friend, sister or soon to be mother



DEALING WITH RELATIONSHIPS

- You have the right to ask for help and the right to say **NO**.
- Relationships need constant work, especially when there are changes like having a new baby in your life.
- **Maintain balance** in your relationships - demands must not outweigh your needs.

Certificate of Completion

Awarded to:

for successfully completing the ROSE Program

Presented on:

By:

My Resources

When I am feeling down or overwhelmed, I can reach out to the following people/resources:

NAME:

1. _____
2. _____
3. _____
4. _____
5. _____

PHONE NUMBER:

1. _____
2. _____
3. _____
4. _____
5. _____

Remember to use this sheet as a reference if you are feeling overwhelmed or need assistance.

Session E: After Delivery

- Review notes prior to session
- Key session elements
 - ✓ General check-in
 - ✓ Assess how participants are coping
 - ✓ Review symptoms of depression
 - ✓ Discuss role transition
 - ✓ Review relationships
 - ✓ Review resources

Session E: Coping Review

- Assess coping
 - Use ROSE Final Tips as Guide
 - ✓ Ask participants which skills they have used or plan to use
 - ✓ If participants had difficulty in one or more areas focus on those areas
 - ✓ If difficulties, ask how impacts participants' mood

Session E: Depression Review

- Ask participants if they've been having symptoms of the baby blues or postpartum depression
 - Use baby blues and postpartum depression handouts from the workbook to review these symptoms
- Remind participants of resources available to them
 - E.g., postpartum support international, maternal mental health hotline
- If participants seem to be having depression symptoms prioritize helping them identify and access treatment

Session E: Role Transition Review

- Reintroduce the idea of parenthood as a big change to a person's identity
- Ask participants about how they are doing meeting their own expectations
 - Can discuss expectations of self as parent, partner, child, friend, etc.
 - Reinforce importance of realistic expectations
- Ask about positive and negative aspects of new role
 - Reinforce use of coping skills to address cons

Session E: Relationships Review

- Review interpersonal isolation
 - ✓ Check on degree of social support
 - ✓ Review potential and old supports
 - ✓ Role play how to communicate needs
 - ✓ Normalize how many women/new moms have difficulty asking for what they need
- Difficulties with Bonding
 - ✓ Normalize that it is not uncommon that there is not love at first sight
 - ✓ If baby colicky provide resources and emphasize importance of rest
 - ✓ Difficulty with bonding can be a sign of depression. Check other symptoms

Session E: Grief

- Manual contains instructions for how to use final session to address perinatal loss
 - If loss occurs before sessions A-D have been completed this session can be offered earlier
 - If participant had been in a group, can offer one on one
- There is also a corresponding handout on grief in the participant workbook
- We will cover this material in the consultation group



 **ProjectTEACH**
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Implementation
ROSE Training
September 17, 2026

 **NEW YORK STATE** | **Office of Mental Health**

Agenda

- Review research results on ROSE implementation
- Discuss common examples of common planning/implementation issues
- Time to set your goals
- Ask Implementation questions.

Implementation of ROSE

- Sustainment Study of 98 prenatal care agencies that received training and initial planning support
- Agencies at risk for non-sustainment randomized to:
 - No additional support
 - Quarterly monthly support
 - If didn't respond, then randomized to quarterly or monthly support
 - Monthly support
- 42% delivered ROSE with fidelity for 15+ months
- Adding monthly support (but not quarterly) improved % core ROSE elements sustained and more months sustainment

J Johnson et al, *Implementation Science*, 2025, 20:9

Consultation

- Didactic training alone is often not enough
- Consultation provides support to work through common barriers including:
 - Staffing
 - Buy in of leadership, clinicians, and patients
 - Recruitment of patients
 - Cost
- Helps facilitators maintain fidelity
- Can help address issues that arise with participants
 - E.g., conflict among group members, deciding whether a participant needs more mental health support
- Consultation groups
 - 2nd Friday of the month from 8:00 – 8:45 am
Starting Friday, October 9th
 - 4th Tuesday of the month from 12:00 – 12:45 pm
Starting Tuesday, October 27th

Poll

What is the biggest barrier you face in trying to participate in regular consultation meetings:

1. Scheduling
2. Lack of administrative support
3. Finances (can't give up time that would go toward billable hours)
4. Not sure if it would be helpful

Rose Planning

- How will you identify people to participate in ROSE?
 - *In an OB setting where the PHQ-9 is used to screen for depression, patients who score under 10 (score that suggests moderate depression)*
- Which providers/staff members will introduce ROSE, and what will they say?
 - *Front desk staff give everyone a flyer, providers who complete screening recommend a support group to learn about transition to parenthood*
- Billing?
 - *Specific to provider and setting*
- How will you tell ROSE is happening/working?
 - *How do number of sessions delivered/attendance compare with your goals*
 - *Who is responsible for tracking this and presenting to stakeholders?*

Rose Planning Continued

- What resources/which providers could you refer patients to if they show worsening signs of distress during the program?
 - Very important to create plan before beginning intervention
 - Should specify who is responsible for what
 - *If in OB setting, does ROSE facilitator manage referral or notify OB who assesses patient and makes recommendations?*
 - Should have specific options for differing levels of severity
 - *Outpatient therapy and psychiatry for more moderate symptoms*
 - *Plan for urgent evaluation/referral for severe symptoms and/or suicidality*
 - *Intimate partner violence resources*

Objectives

- Objectives describe your goals in terms of specific measurable results and provide a timeframe for these accomplishments.
 - Examples:
 - *In six months, I will hold the first session of my telehealth ROSE group*
 - *Within the next 60 days, I will give a presentation to my organization on ROSE, and a week after I will send follow-up emails to respective stakeholders to assess their interest in supporting the initiative.*
- The implementation worksheet can help you identify the steps you need to take to work toward this objective
 - Examples:
 - *In the next week, I will contact my insurance payors to inquire about diagnosis and procedure codes for reimbursement*
 - *In the next week, I'll send an introductory email and a doodle poll with day and time options for a meeting.*

Q & A

- What questions do you have about implementing ROSE?

Evaluation

Please take a moment to evaluate today's training and claim your CE.



<https://www.surveymonkey.com/r/ROSE2026Eval>