ProjectTEACH

FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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

All Project TEACH services are funded by

NEW YORK STATE | Office of Mental Health







ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH



Prevention and Treatment of Perinatal Mental Health Disorders using Psychotherapy

NEW YORK STATE | Office of Mental Health



Ellen Poleshuck, PhD

Professor of Psychiatry and Obstetrics/Gynecology,
University of Rochester Medicine

Ellen_Poleshuck@urmc.rochester.edu

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Disclosures

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

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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.

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH



Prevention of Postpartum Depression

NEW YORK STATE | Office of Mental Health

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Prevention

- In 2019, US Preventive Services Task Force found convincing evidence to support the use of counseling interventions as an effective means of preventing perinatal depression.

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions

- Recommended 2 interventions based on the evidence:
  - ROSE: IPT based intervention
  - Mothers and Babies: CBT based intervention

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

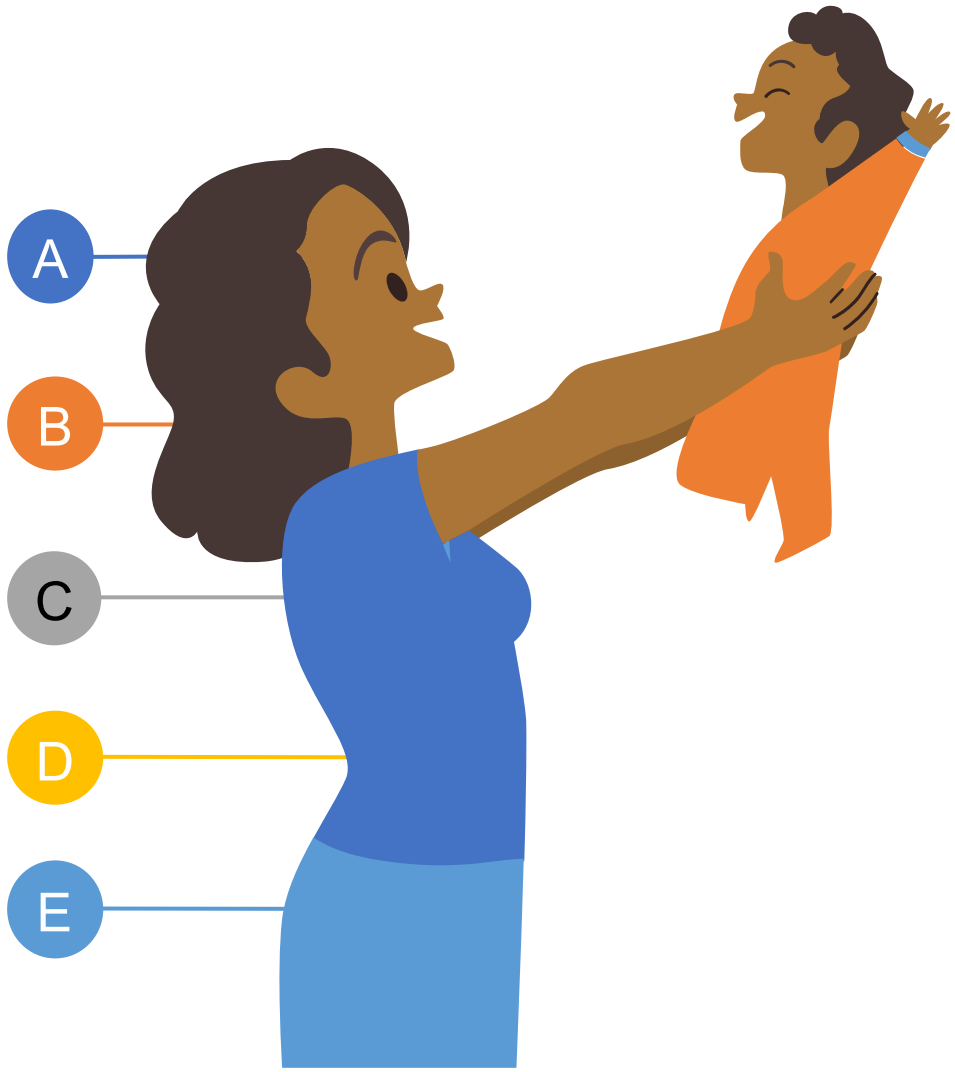
ROSE Postpartum Depression Prevention Intervention

- Reduces rates of postpartum depression by half specifically among people with low income and across a range of racial and ethnic backgrounds (Zlotnick et al., 2016)
- High levels of engagement, including among Black women with low-incomes (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).

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

ROSE Intervention

- 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



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Reach Out Stand Strong Essentials for New Mothers - ROSE



Rose Training

Currently available online:

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

On Project TEACH Website:

ENTER LINK

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

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Other Evidence-Based Preventive Interventions

- Mothers and Babies
  - Efficacy in multiple trials
  - Based on cognitive behavioral therapy
  - https://www.mothersandbabiesprogram.org
- PREPP
  - Dyadically oriented postpartum intervention with emphasis on sleep
  - Developing evidence (Scorza et al, 2020)
- Alma Program: Prevention/Early intervention
  - Peer-to-peer mentoring
  - Based on behavioral activation
  - Developing evidence for depression, anxiety and stress (Collado et al, 2025)



ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Treatment of Perinatal Mental Health Disorders using Psychotherapy

NEW YORK STATE | Office of Mental Health

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Evidence-Based Psychotherapeutic Options

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

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Psychotherapy: 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).

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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)

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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)

Perceived Barrier	%
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

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Equity Considerations

- Black women stronger preference for psychotherapy treatment compared to combined or medication only tx (Avalos et al., 2023)
- Black, Latina and LGBTQ patients may have concerns such as 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; Goldberg & Frost, 2024)
- Efficacy of psychotherapy may not equally extend to all populations (Ponting, et al., 2020)

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

When to use Psychotherapy?

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

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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 for Perinatal Depression and Anxiety

)

- Moderate to large effect on depression symptoms (Branquinho et al., 2021; Pettman et al., 2023)
- Moderate effect of on anxiety (Clinkscales 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; Clinkscales et al., 2022; Li et al., 2022)
  - Self-guided online modalities less effective (Clinkscales, et al., 2022, Li et al., 2022)
- Effectiveness independent of facilitator expertise (Li et al., 2022)

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Interpersonal Psychotherapy

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

Stuart, 2012, Stuart et al., 2023

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

IPT Efficacy for Perinatal Depression and Anxiety

- 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)

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Other Psychotherapies for Perinatal Depression and Anxiety

- 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
  - Similar finding of large and significant effect on anxiety
  - What is most commonly available
- Cuijpers & Karyotaki (2021); Esfandiari et al (2020)
- Family and Couples Therapy
  - Relational approaches
  - Significant improvement for depression and anxiety
  - Findings generally limited to heterosexual couples

Cluxton-Kelly & Bruce (2018); Gopalakrishnan (2026)

Emerging evidence

- phone, video, peer led, digital asynchronous

Evidence-Based Psychotherapeutic Interventions for PTSD (NOT Perinatal Specific)

- Individual trauma focused psychotherapies are “gold standard” for treatment of PTSD, with strong evidence for effectiveness (U.S. DVA, 2023)
  - First line:
    - Cognitive Processing Therapy
    - Prolonged Exposure
  - Second line:
    - Eye Movement Desensitization Reprocessing (APA, 2025)

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

Cognitive Processing Therapy

Assimilated

Beliefs about why the trauma happened

IPV

I should have left after the first time he hit me

Rape

I didn't fight back

I had too much to drink

Childhood sexual abuse

The attention made me feel special

Perinatal loss

I should have known something was wrong

Obstetric Violence

I didn't speak up

Over Accommodated

Beliefs about self, others, and the world

Safety

I am the only one who will keep my baby safe

Trust

If I let someone get close they will hurt me

Intimacy

All men ever want from you is sex

Power & Control

People in authority always abuse their power

Esteem

My baby deserves a better mom

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

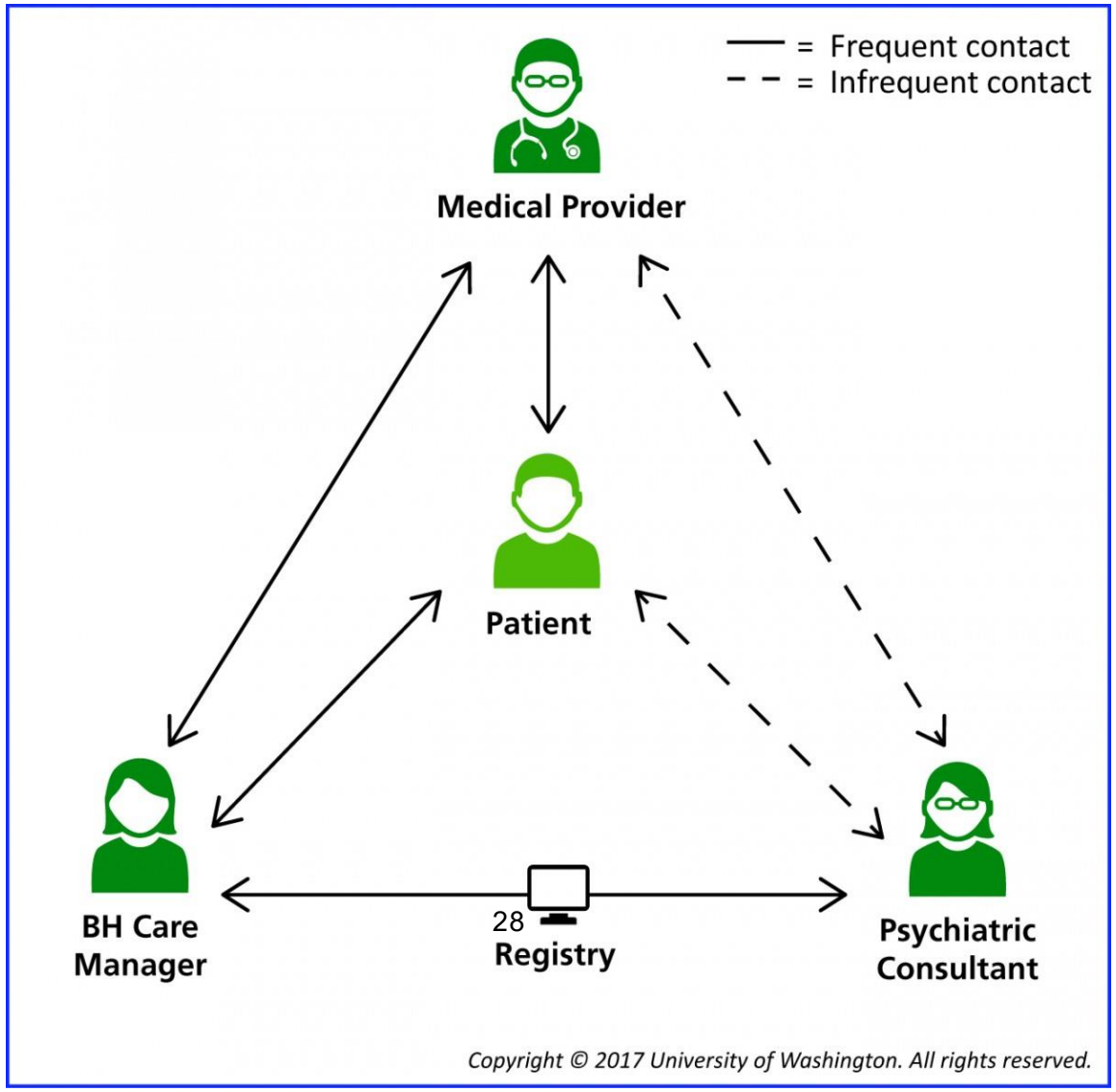
Prolonged Exposure

- Based theory that PTSD symptoms result from cognitive and behavioral avoidance of trauma-related thoughts, reminders, activities, and situations.
- Treatment involves completion of in-vivo and imaginal exposure exercises.
  - E.g., patient with traumatic birth involving emergency c-section creates exposure hierarchy involving watching patient education videos on c-sections, wearing a paper gown and surgical cap

Collaborative Care

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

- Strong evidence base for **depression, anxiety, and PTSD** treatment in primary and OB/Gyn care
- > 90 randomized controlled trials since 1990 show it is effective, including with perinatal populations
- Role of BH Care manager
  - Diagnosis and treatment planning
  - Coordinating treatment
  - Alerting the medical provider when the patient is not improving
  - Supporting medication management
  - Brief counseling



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
- Primary Care Clinician

29

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

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

ProjectTEACH
FAMILIES THRIVE WITH GOOD MENTAL HEALTH

References

Arch, J. J. (2014). Cognitive behavioral therapy and pharmacotherapy for anxiety: Treatment preferences and credibility among pregnant and non-pregnant women. Behaviour Research and Therapy, 52, 53–60. https://doi.org/10.1016/j.brat.2013.11.003

Avalos, L. A., Nance, N., Iturralde, E., Badon, S. E., Quesenberry, C. P., Sterling, S., Li, D.-K., & Flanagan, T. (2022). Racial-Ethnic Differences in Treatment Initiation for New Diagnoses of Perinatal Depression. Psychiatric Services. https://doi.org/10.1176/appi.ps.20220173

Branquinho, M., Rodriguez-Munoz, M., Rodrigues Maia, B., Marques, M., Matos, M., Osama, J., Moreno-Peral, P., Conejo-Ceron, S., Fonseca, A., Vousoura, E. (2021). Effectiveness of psychological interventions in the treatment of perinatal depression: A systematic review of systematic reviews and meta-analyses. Journal of Affective Disorders, 291, 294–306. https://doi.org/10.1016/j.jad.2021.05.010

Bright, K. S., Charrois, E. M., Mughal, M. K., Wajid, A., McNeil, D., Stuart, S., Hayden, K. A., & Kingston, D. (2019). Interpersonal psychotherapy for perinatal women: a systematic review and meta-analysis protocol. Systematic Reviews, 8(248). https://doi.org/10.1186/s13643-019-1158-6

Clinkscales, N., Golds, L., Berlouis, K., & MacBeth, A. (2022). The effectiveness of psychological interventions for anxiety in the perinatal period: A systematic review and meta-analysis. Psychology and Psychotherapy: Theory, Research and Practice, 96(2). https://doi.org/10.1111/papt.12441

Committee on Clinical Practice Guidelines - Obstetrics. (2023). Treatment and management of mental health conditions during pregnancy and postpartum [Clinical practice guideline]. American College of Obstetricians and Gynecologists. doi: 10.1097/AOG.0000000000005202

Crockett, K., Zlotnick, C., Davis, M., Payne, N., & Washington, R. (2008). A depression preventive intervention for rural low-income African-American pregnant women at risk for postpartum depression. Archives of Women's Mental Health, 11(5-6), 319–325. https://doi.org/10.1007/s00737-008-0036-3

Dennis, C.-L., Grigoriadis, S., Zupancic, J., Kiss, A., & Ravitz, P. (2020). Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial. The British Journal of Psychiatry: The Journal of Mental Science, 216(4), 1–8. https://doi.org/10.1192/bjp.2019.275

Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. InnovAiT: Education and Inspiration for General Practice, 6(9), 579–585. https://doi.org/10.1177/1755738012471029

Felder, J. N., Mirchandaney, R., & Dimidjian, S. (2022). Uptake of USPSTF recommendation to refer pregnant individuals for therapy or counseling to prevent perinatal depression. Archives of Women's Mental Health. https://doi.org/10.1007/s00737-022-01267-z

Goldberg, A. E., & Frost, R. L. (2024). "Saying 'I'm not okay' is extremely risky": Postpartum mental health, delayed help-seeking, and fears of the child welfare system among queer parents. Family Process. https://doi.org/10.1111/famp.13032

Goodman, J. H. (2009). Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression. Birth, 36(1), 60–69. https://doi.org/10.1111/j.1523-536x.2008.00296.x

Iturralde, E., Hsiao, C. A., Nkemere, L., Kubo, A., Sterling, S. A., Flanagan, T., & Avalos, L. A. (2021). Engagement in perinatal depression treatment: a qualitative study of barriers across and within racial/ethnic groups. BMC Pregnancy and Childbirth, 21(1). https://doi.org/10.1186/s12884-021-03969-1

Johnson, J. E., Wiltsey-Stirman, S., Sikorskii, A., Miller, T., Poleshuck, E., Moore, T. A., Carravallah, L., Miller, R., & Zlotnick, C. (2025). Outcomes of the ROSE Sustainment (ROSES) Study, a sequential multiple assignment randomized implementation trial to determine the minimum necessary intervention to sustain a postpartum depression prevention program in agencies serving low-income pregnant people. Implementation Science, 20(1). https://doi.org/10.1186/s13012-025-01420-z

Kopelman, R. C., Moel, J., Mertens, C., Stuart, S., Arndt, S., & O'Hara, M. W. (2008). Barriers to Care for Antenatal Depression. Psychiatric Services (Washington, D.C.), 59(4), 429–432. https://doi.org/10.1176/appi.ps.59.4.429

Lee-Carbon, L., Nath, S., Trevillion, K., Byford, S., Howard, L. M., Challacombe, F. L., & Heslin, M. (2022). Mental health service use among pregnant and early postpartum women. Social Psychiatry and Psychiatric Epidemiology, 57(11). https://doi.org/10.1007/s00127-022-02331-w

Li, X., Laplante, D. P., Paquin, V., Lafortune, S., Elgbeili, G., & King, S. (2022). Effectiveness of cognitive behavioral therapy for perinatal maternal depression, anxiety and stress: A systematic review and meta-analysis of randomized controlled trials. Clinical Psychology Review, 92, 102129. https://doi.org/10.1016/j.cpr.2022.102129

Pettman, D., O'Mahen, H., Blomberg, O., Svanberg, A. S., von Essen, L., & Woodford, J. (2023). Effectiveness of cognitive behavioural therapy-based interventions for maternal perinatal depression: a systematic review and meta-analysis. BMC Psychiatry, 23(1). https://doi.org/10.1186/s12888-023-04547-9

Ponzini, G. T., Snider, M. D. H., Evey, K. J., & Steinman, S. A. (2021). Women's Knowledge of Postpartum Anxiety Disorders, Depression, and Cognitive Behavioral Therapy. Journal of Nervous & Mental Disease, Publish Ahead of Print. https://doi.org/10.1097/nmd.0000000000001315

Sockol, L. E., Epperson, C. N., & Barber, J. P. (2011). A meta-analysis of treatments for perinatal depression. *Clinical Psychology Review*, *31*(5), 839–849. https://doi.org/10.1016/j.cpr.2011.03.009

Stuart, S. (2012). Interpersonal Psychotherapy for Postpartum Depression. Clinical Psychology & Psychotherapy, 19(2), 134–140. https://doi.org/10.1002/cpp.1778

Stuart, S., Brock, R. L., Ramsdell, E., Arndt, S., & O'Hara, M. W. (2023). Collaborative decision making improves interpersonal psychotherapy efficiency: A randomized clinical trial with postpartum women. Journal of Affective Disorders Reports, 14, 100636. https://doi.org/10.1016/j.jadr.2023.100636

US Preventative Services Task Force. (2019). Interventions to prevent perinatal depression [Recommendation statement]. Journal of the American Medical Association, 321(6), 580-587. doi:10.1001/jama.2019.0007

Zlotnick, C., Tzilos, G., Miller, I., Seifer, R., & Stout, R. (2016). Randomized controlled trial to prevent postpartum depression in mothers on public assistance. Journal of Affective Disorders, 189, 263–268. https://doi.org/10.1016/j.jad.2015.09.059