



Psychotherapies for Perinatal Mental Health

Rachel Vanderkruik, PhD, MSc

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Disclosures

I do not have any relevant financial relationship with a commercial interest to disclose.

Road Map

1. What is evidence-based psychotherapy?
2. Why consider psychotherapy as a treatment approach?
3. What is the evidence-base for psychotherapy in the perinatal population?
4. What are key considerations for psychotherapy in the perinatal population? A spotlight on CBT
5. What are key gaps in treatment and knowledge?

Road Map

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What is Psychotherapy?

"Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable."

(Norcross, 1990, p. 218-220)



Therapy Approaches – Which to Choose?



Evidence-Based Psychotherapy

The screenshot displays the website for the Society of Clinical Psychology, Division 12, of the American Psychological Association. At the top center is the logo, which consists of two stylized 'U' shapes, one blue and one grey, with a horizontal line between them. Above the logo is the text 'SOCIETY OF CLINICAL PSYCHOLOGY' and below it is 'DIVISION 12 American Psychological Association'. To the right of the logo are two dark blue buttons: 'MEMBER LOGIN' and 'JOIN'. Below the logo is a horizontal navigation menu with the following items: 'WELCOME', 'MEMBERSHIP', 'RESOURCES', 'PUBLICATIONS', 'SECTIONS', 'CONTACT US', and a search icon. Below this is a second horizontal navigation menu with the following items: 'TREATMENTS HOME', 'FAQ', 'DIAGNOSES', 'TREATMENTS', 'CASE STUDIES', 'CONTRIBUTORS', 'CONTACT US', and 'LINKS'. Below the navigation menus is a large image showing a person's hands drawing a circular diagram on a piece of paper. At the bottom of the page are three dark blue buttons: 'BROWSE TREATMENT LIST', 'BROWSE TREATMENTS BY DIAGNOSIS', and 'BROWSE TREATMENTS BY SYMPTOMS/CASE STUDIES'.

Evidence-Based Psychotherapy

PSYCHOLOGICAL DIAGNOSES AND OTHER TARGETS OF TREATMENT

Below is an alphabetized list of psychological diagnoses and other targets of treatment. Please note that the absence of a treatment for a particular diagnosis or treatment target does not necessarily suggest the treatment does not have sufficient evidence. Rather, it may indicate that the treatment has not been thoroughly evaluated by our team according to empirically-supported treatment criteria. Click on a diagnosis or target treatment to view a description and information about psychological treatment options. Or, if you prefer, you may search an alphabetized list of all [treatments](#). You may also review diagnoses that may be appropriate for certain case presentations in the [case studies](#) section.

- [Anorexia Nervosa](#)
- [Attention Deficit Hyperactivity Disorder \(Adults\)](#)
- [Binge Eating Disorder](#)
- [Bipolar Disorder](#)
- [Borderline Personality Disorder](#)
- [Bulimia Nervosa](#)
- [Chronic Headache](#)
- [Chronic Low Back Pain](#)
- [Chronic or Persistent Pain](#)
- [Chronic or Persistent Pain in General \(including numerous conditions\)](#)

Evidence-Based Psychotherapy

TREATMENT TARGET: DEPRESSION

For more information on depression and its treatment, please visit the [National Institute of Mental Health website](#).

PSYCHOLOGICAL TREATMENTS

- [Acceptance and Commitment Therapy for Depression](#) **NEW CONTENT**
2015 EST Status: Treatment pending re-evaluation research support
1998 EST Status: Modest research support
- [Behavioral Activation for Depression](#) **NEW CONTENT**
2015 EST Status: Treatment pending re-evaluation research support
1998 EST Status: Strong research support
- [Cognitive Behavioral Analysis System of Psychotherapy for Depression](#)
- [Cognitive Therapy for Depression](#) **NEW CONTENT**
2015 EST Status: Treatment pending re-evaluation research support
1998 EST Status: Strong research support
- [Emotion Focused Therapy for Depression](#) **NEW CONTENT**
2015 EST Status: Treatment pending re-evaluation research support
1998 EST Status: Modest research support
- [Interpersonal Psychotherapy for Depression](#) **NEW CONTENT**

Evidence-Based Psychotherapy

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<https://www.div12.org/psychological-treatments/>

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Please note, the following treatments have been evaluated to determine the strength of their evidence base; results are listed within each page. The treatments listed below have evidence ratings ranging from "strong" to "insufficient evidence"; click within each treatment to determine its rating.

- [Accelerated Resolution Therapy](#) **NEW CONTENT**
- [Acceptance and Commitment Therapy for Obsessive-Compulsive Disorder](#)
- [Acceptance and Commitment Therapy for Chronic Pain](#) **NEW CONTENT**
- [Acceptance and Commitment Therapy for Depression](#) **NEW CONTENT**
- [Acceptance and Commitment Therapy for Mixed Anxiety Disorders](#) **NEW CONTENT**

Evidence-Based Psychotherapy

DIAGNOSIS: DEPRESSION

TREATMENT: BEHAVIORAL ACTIVATION FOR DEPRESSION

2015 EST STATUS: TREATMENT PENDING RE-EVALUATION [?]

1998 EST STATUS: STRONG RESEARCH SUPPORT [?]

STRENGTH OF RESEARCH SUPPORT

Empirical Review Status	STRENGTH OF RESEARCH SUPPORT		
2015 Criteria (Tolin et al. Recommendation)	Treatment pending re-evaluation		
1998 Criteria (Chambless et al. EST)	Strong ✓	Modest	Controversial

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Effectiveness

- Avg effects of psychotherapy are widely accepted to be significant and large (e.g., Chorpita et al., 2011; Smith, Glass, & Miller, 1980).
- Variations in outcomes are heavily influenced by patient characteristics, clinician and context factors rather than by particular diagnoses (e.g., Beutler, 2009; Beutler & Malik, 2002; Wampold, 2001)
- **Prevention** (e.g., depressive relapse Dimidjian et al., 2016)



Enduring Effects

Open Access

Research

BMJ
open
accessible medical research

Does cognitive behaviour therapy have an enduring effect that is superior to keeping patients on continuation pharmacotherapy? A meta-analysis

Pim Cuijpers,^{1,2} Steven D Hollon,³ Annemieke van Straten,^{1,2} Claudi Bockting,⁴ Matthias Berking,⁵ Gerhard Andersson^{6,7}

To cite: Cuijpers P, Hollon SD, van Straten A, *et al.* Does cognitive behaviour therapy have an enduring effect that is superior to keeping patients on continuation pharmacotherapy? A meta-analysis. *BMJ Open* 2013;**3**: e002542. doi:10.1136/bmjopen-2012-002542

► Prepublication history for this paper are available online. To view these files please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2012-002542>).

Received 30 December 2012
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ABSTRACT

Objectives: Although cognitive behaviour therapy (CBT) and pharmacotherapy are equally effective in the acute treatment of adult depression, it is not known how they compare across the longer term. In this meta-analysis, we compared the effects of acute phase CBT without any subsequent treatment with the effects of pharmacotherapy that either were continued or discontinued across 6–18 months of follow-up.

Design: We conducted systematic searches in bibliographical databases to identify relevant studies, and conducted a meta-analysis of studies meeting inclusion criteria.

Setting: Mental healthcare.

Participants: Patients with depressive disorders.

Interventions: CBT and pharmacotherapy for depression.

Outcome measures: Relapse rates at long-term follow-up.

Results: 9 studies with 506 patients were included. The quality was relatively high. Short-term outcomes of CBT and pharmacotherapy were comparable, although drop out from treatment was significantly lower in CBT. Acute phase CBT was compared with

ARTICLE SUMMARY

Article focus

- Cognitive behaviour therapy (CBT) and pharmacotherapy are equally effective in the acute treatment of depression.
- Long-term differential effects are not well known.

Key messages

- When acute phase CBT (without continuation treatment) was compared with acute phase pharmacotherapy that was discontinued during 6–18 months' follow-up, we found that acute phase CBT was clearly more effective.
- We found no significant difference between acute phase CBT (without continuation treatment) and acute phase pharmacotherapy with continued pharmacotherapy during follow-up, although there was a trend indicating that there may be such a difference favouring acute phase CBT.

Strengths and limitations of this study

- Too few studies have examined the long-term effects of treatments for depressive disorders.



Therapy, medications, or both?

The symptom-specific efficacy of antidepressant medication vs. cognitive behavioral therapy in the treatment of depression: results from an individual patient data meta-analysis

Lynn Boschloo^{1,2}, Ella Bekhuis², Erica S. Weitz¹, Mirjam Reijnders¹, Robert J. DeRubeis³, Sonja Dimidjian⁴, David L. Dunner⁵, Boadie W. Dunlop⁶, Ulrich Hegerl⁷, Steven D. Hollon⁸, Robin B. Jarrett⁹, Sidney H. Kennedy¹⁰, Jeanne Miranda¹¹, David C. Mohr¹², Anne D. Simons¹³, Gordon Parker¹⁴, Jeffrey R. Vittengl¹⁵, Robert A. Schoi

¹Department of Clinical, Neuro and Devel
²Department of Psychiatry and Interdiscipl
Groningen, The Netherlands; ³Department
Colorado, Boulder, CO, USA; ⁴Center for P
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University, Nashville, TN, USA; ⁵Departmen
Toronto, Toronto, ON, Canada; ⁶Health Se
vention Technologies, Feinberg School of M
USA; ⁷School of Psychiatry University of B
Bochum, Ruhr University Bochum, Bochum
⁸Duke-National University of Singapore; G
sity Health Sciences Center, Permian Basin,
Truman State University, Kirksville, MO, US

A recent individual patient data meta-analysis (IPD-MTA) based on seventeen randomized clinical trials focusing on individual depressive symptoms, "feelings of guilt", "suicidal ideation compared to the CBT condition addition, network estimation technique of the other direct or indirect treatment in identifying those patients who, based on CBT (effect size of .30) versus it results in a more thorough evaluation

Cognitive therapy vs. medications for depression: Treatment outcomes and neural mechanisms

Robert J. DeRubeis,
University of Pennsylvania

Greg J. Siegle, and
University of Pittsburgh

Steven D. Hollon
Vanderbilt University

Abstract

Depression is one of the most common mental health conditions, and it seems to reduce the effectiveness of antidepressant medication that are distinctive to each individual. This study aims to guide treatment selection

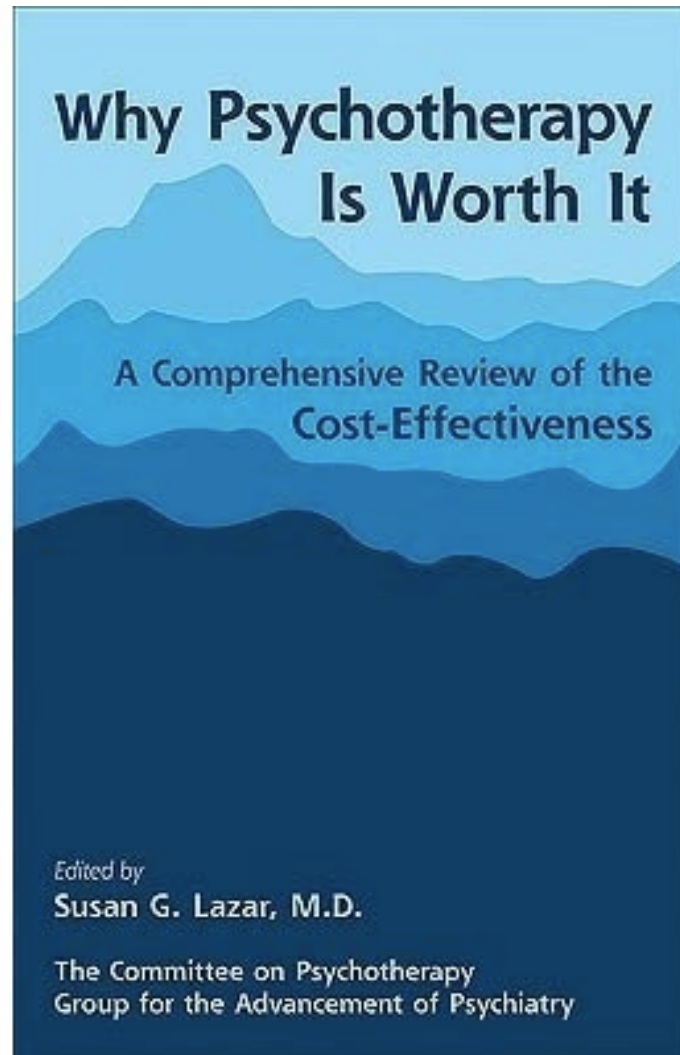
RESEARCH REPORT

Adding psychotherapy to antidepressant medication in depression and anxiety disorders: a meta-analysis

PIM CUIJPERS¹⁻³, MARIT SIJBRANDIJ^{1,2}, SANDER L. KOOLE^{1,2}, GERHARD ANDERSSON^{4,5}, AARTJAN T. BEEKMAN^{2,6}, CHARLES F. REYNOLDS III⁷

¹Department of Clinical Psychology, VU University Amsterdam, The Netherlands; ²EMGO Institute for Health and Care Research, VU University and VU University Medical Center Amsterdam, The Netherlands; ³Leuphana University, Lüneburg, Germany; ⁴Department of Behavioural Sciences and Learning, Swedish Institute for Disability Research, University of Linköping, Sweden; ⁵Department of Clinical Neuroscience, Psychiatry Section, Karolinska Institutet, Stockholm, Sweden; ⁶Department of Psychiatry, VU University Medical Center Amsterdam, The Netherlands; ⁷Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA

Cost - Effectiveness



Preferences of Perinatal Women

Women's Attitudes, Preferences, and Perceived Barriers to Treatment for Perinatal Depression

Janice H. Goodman, PhD

ABSTRACT: **Background:** Perinatal depression is associated with potential negative consequences for the mother and infant, and therefore efforts to improve treatment access and efficacy are warranted. The purpose of this study was to examine pregnant women's preferences and attitudes about treatment for depression, and perceived potential barriers to accessing treatment. **Methods:** Data were collected by means of a questionnaire from a convenience sample of 509 predominantly well-educated, high-income, married women in the northeastern United States during the last trimester of pregnancy. Participants were queried as to treatment modalities in which they would most likely participate if they wanted help for depression, their attitudes toward psychotherapeutic and pharmacological treatments, and perceived barriers to receiving help. **Results:** Most women (92%) indicated that would likely participate in individual therapy if help was needed. Only 35 percent stated that they would likely take medication if recommended, and 14 percent indicated that they would participate in group therapy. The greatest perceived potential barriers to treatment were lack of time (65%), stigma (43%), and childcare issues (33%). Most women indicated a preference to receive mental health care at the obstetrics clinic, either from their obstetrics practitioner or from a mental health practitioner located at the clinic. Factors associated with acceptability of various depression treatments are presented. **Conclusions:** Understanding what prevents women from seeking or obtaining help for depression and determining what they prefer in the way of treatment may lead to improved depression treatment rates and hold promise for improving the overall health of childbearing women. (BIRTH 36:1 March 2009)

Key words: perinatal depression, perinatal depression treatment, women's preferences, treatment barriers

Published in final edited form as:

J Psychiatr Pract. 2013 November ; 19(6): 443–453. doi:10.1097/01.pra.0000438183.74359.46.

Perinatal Antidepressant Use: Understanding Women's Preferences and Concerns

CYNTHIA L. BATTLE, PhD,

Warren Alpert Medical School of Brown University, Butler Hospital, and Women & Infants' Hospital of Rhode Island, Providence, RI

AMY L. SALISBURY, PhD,

Warren Alpert Medical School of Brown University and Women & Infants' Hospital of Rhode Island

CASEY A. SCHOFIELD, PhD, and

Warren Alpert Medical School of Brown University and Skidmore College, Saratoga Springs, NY

SAMIA ORTIZ-HERNANDEZ

George Washington University, Washington, DC

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“While women clearly need interventions tailored for pregnancy and subsequent relationships with their infant, there seems to be no reason to assume that treatments which are effective at other times in a woman’s life would not be effective in the perinatal period.”

(Howard & Khalifeh, 2020)

A Systematic Review & Meta-Analysis: Interventions for Mental Disorders in Pregnancy



RESEARCH ARTICLE

Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis

Leontien M. van Ravesteyn¹, Mijke P. Lambregtse - van den Berg^{1,2}, Witte J. G. Hoogendijk¹, Astrid M. Kamperman^{1*}

¹ Department of Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands, ² Department of Child and Adolescent Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands

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**“This meta-analysis found
a robust moderate treatment effect of CBT for MDD during
pregnancy, and to a lesser extent for IPT.”**

van Ravesteyn et al. (2017)



Systematic Review: Treatments for Perinatal Mental Health

- 78 studies focused on the treatment of depression, anxiety, and trauma-related disorders
- Majority of studies on perinatal depression (n = 73)
- Most studied treatment was CBT (n = 22) followed by IPT (n= 13)



HHS Public Access

Author manuscript

Clin Psychol Rev. Author manuscript; available in PMC 2019 December 01.

Published in final edited form as:

Clin Psychol Rev. 2018 December ; 66: 136–148. doi:10.1016/j.cpr.2018.06.004.

Treatment of depression, anxiety, and trauma-related disorders during the perinatal period: A systematic review

Yael I. Nillni^{a,b,*}, Aydan Mehralizade^c, Laura Mayer^b, and Snezana Milanovic^b

^aNational Center for PTSD, Women's Health Sciences Division at VA Boston Healthcare System, United States

^bDepartment of Psychiatry, Boston University School of Medicine, United States

^cBoston Medical Center, United States

Nillnia et al. (2018)

“There is a tremendous need for more studies focused on treatment of perinatal anxiety and trauma-related disorders.”

CBT for Perinatal Mental Health

CBT in the perinatal period:

- Reduction of depressive symptoms
- Reduction of anxiety symptoms
- Prevention of perinatal depression symptoms

Journal of Affective Disorders 177 (2015) 7–21



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Special review article

A systematic review of the efficacy of cognitive behavioral therapy for treating and preventing perinatal depression



Laura E. Sockol*

Williams College, Department of Psychology, 18 Hoxsey Street, Williamstown, MA 01267, United States

Research

ANZJP

Cognitive behavioral therapy for perinatal anxiety: A randomized controlled trial

Australian & New Zealand Journal of Psychiatry
2020, Vol. 54(4) 423–432
DOI: 10.1177/0004867419898528

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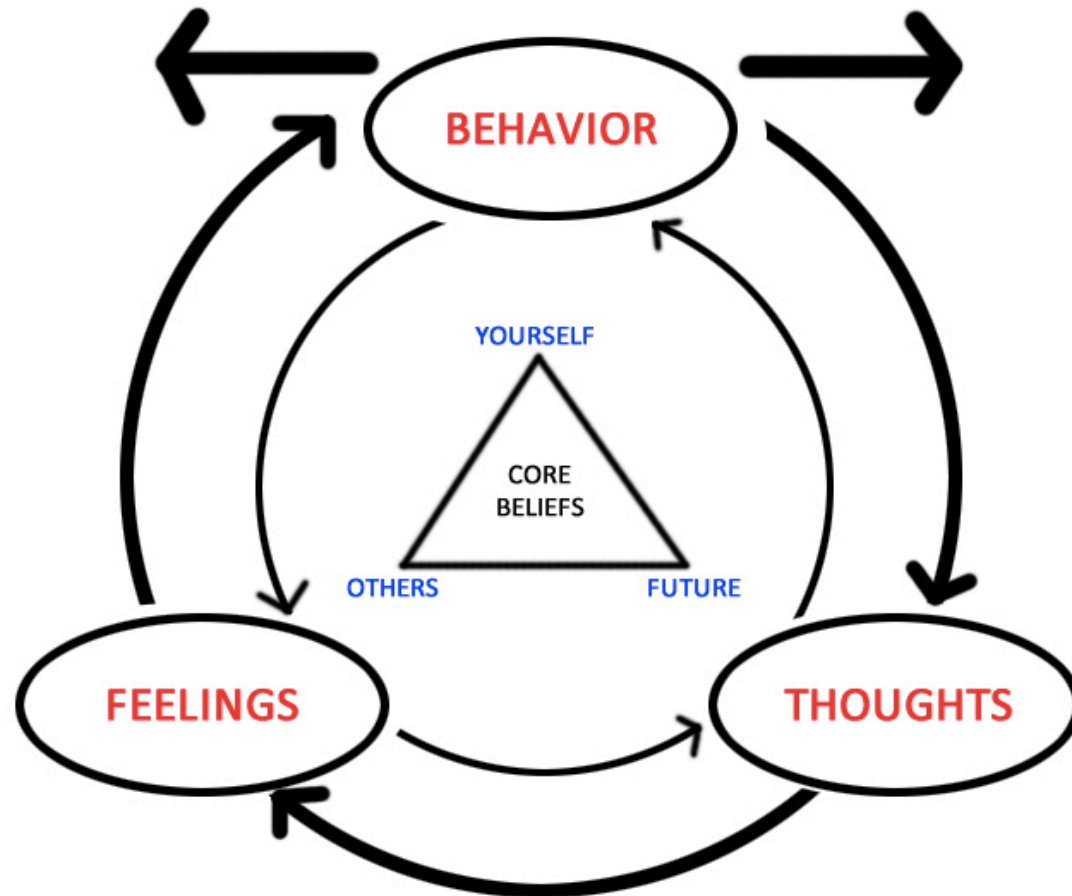
SAGE

Sheryl M Green^{1,2}, Eleanor Donegan^{1,2} , Randi E McCabe^{1,3},
David L Streiner¹, Arela Agako² and Benicio N Frey^{1,2,4}

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Spotlight on CBT



Spotlight on CBT

- Common CBT Techniques
 1. Socratic Questioning
 2. Homework
 3. Self-monitoring
 4. Behavioral Experiments
 5. Exposure/Systematic Desensitization
- Structured sessions

Example: Thought Log

THOUGHT RECORD

Directions: When you notice your mood getting worse, ask yourself, “What is going through my mind right now?” and as soon as possible jot down the thought or mental image in the automatic thought column.


Date/time	Situation	Automatic thought(s)	Emotion
	1. What actual event or stream of thoughts, or daydreams or recollection led to the unpleasant emotion? 2. What (if any) distressing physical sensations did you have?	1. What thought(s) and/or image(s) went through your mind? 2. How much did you believe each one at the time?	1. What emotion(s) (sad/anxious/angry/ etc.) did you feel at the time? 2. How intense (0-100%) was the emotion?

Unhelpful Thinking Styles

Unhelpful Thinking Styles

All or nothing thinking

Sometimes called 'black and white thinking'

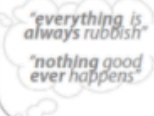


If I'm not perfect I have failed

Either I do it right or not at all

Over-generalizing

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw




"everything is always rubbish"

"nothing good ever happens"

Mental filter

Only paying attention to certain types of evidence



Noticing our failures but not seeing our successes

Disqualifying the positive

Discounting the good things that have happened or that you have done for some reason or another

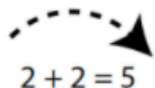


That doesn't count

Jumping to conclusions

There are two key types of jumping to conclusions:


- **Mind reading** (imagining we know what others are thinking)
- **Fortune telling** (predicting the future)



$2 + 2 = 5$


Magnification (catastrophising) & minimization

Blowing things out of proportion (catastrophising), or inappropriately shrinking something to make it seem less important



Emotional reasoning

Assuming that because we feel a certain way what we think must be true



I feel embarrassed so I must be an idiot

should must

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

Labelling

Assigning labels to ourselves or other people

Personalization

Blaming yourself or taking responsibility for

Worksheet from:
Psychologytools.org

www.mghcme.org

Challenging Thoughts

challenging unhelpful thinking styles

Evidence Testing is all about trying to be objective about our thoughts. It is about asking yourself questions that will help you look for other information and make an informed decision about your thoughts, instead of just accepting them as fact.

1. CHECK THE EVIDENCE



If this thought was put on trial, what evidence would the defence present (what facts support the thought being true)?

What evidence would the prosecution present against (what information works against the thought or shows that it isn't true all the time)?

2. CHALLENGE UNHELPFUL THINKING STYLES

Unhelpful Thinking Style	Disputation Questions
Mental Filter →	Consider the whole picture <ul style="list-style-type: none"> - Am I taking all the information into account? - What else is going on that I'm ignoring?
Jumping to Conclusions →	You know what they say about assuming... <ul style="list-style-type: none"> - How do I know this? - What are some alternative explanations for this? - If I was feeling differently, would I still think this?
Personalisation →	Find all the causes <ul style="list-style-type: none"> - Was this entirely my responsibility? - What other factors might have affected the outcome?
Catastrophising →	Put it in perspective <ul style="list-style-type: none"> - What are the possible outcomes – best, worst, most likely? - Am I jumping ahead of myself? - How important is this in the scheme of things?
Black and White Thinking →	Find the shades of grey <ul style="list-style-type: none"> - Am I being extreme or rigid? - Is there an in-between where things are not perfect but not a disaster?
Shoulding and Musting →	Be flexible <ul style="list-style-type: none"> - Is this a strict rule, or is it a desire or possibility that didn't work in this instance? - Can I replace this with a "could" or "would have liked to"?

Worksheet from:
Centre for Clinical
Interventions

www.mghcme.org

Challenging Thoughts

THOUGHTS



FACTS

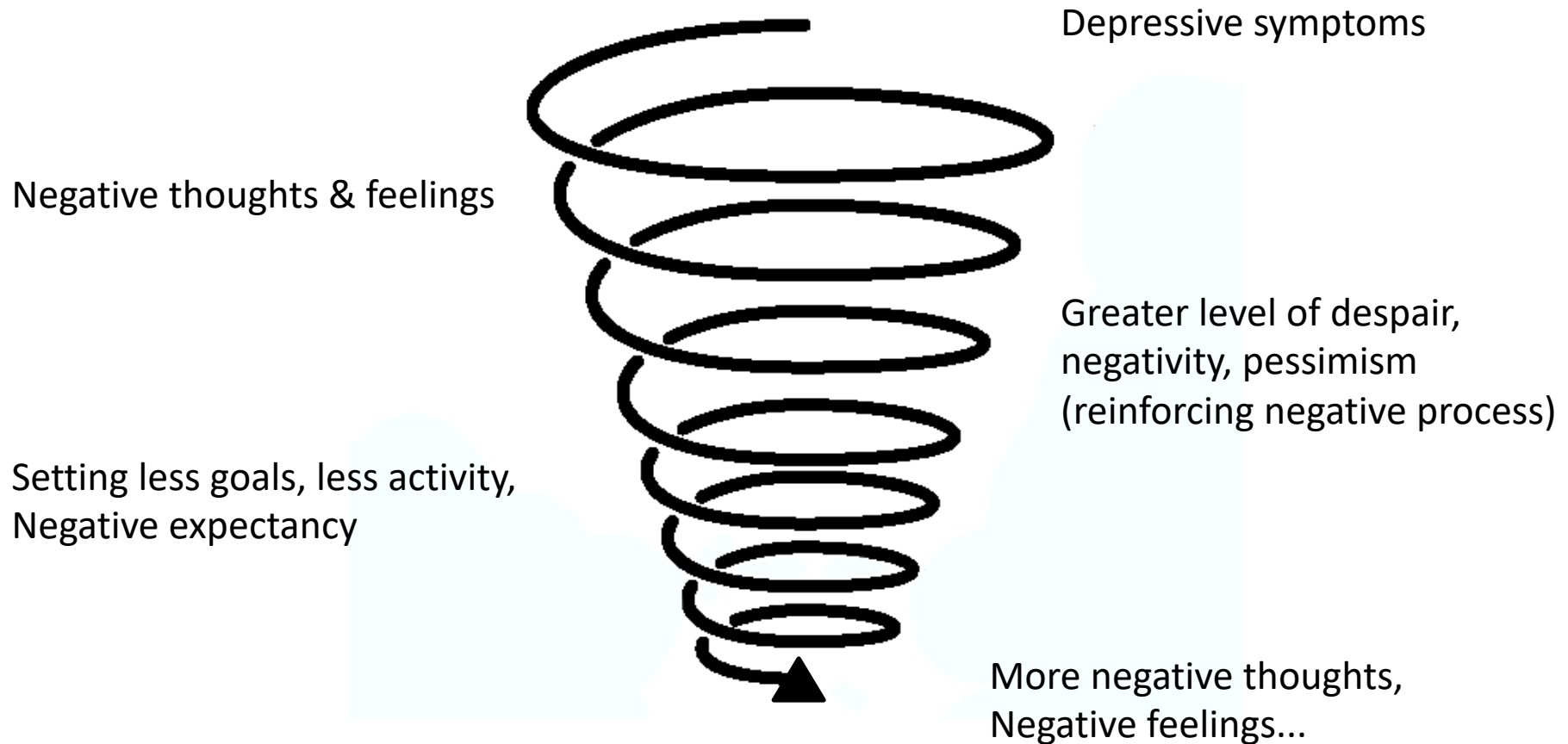
Example: Mood and Activity Tracking

Activity Monitoring Chart – Monitoring Activity/Mood

Instructions: Record your activity for each hour of the day (what were you doing, with whom, where, etc.). Record a mood rating associated with each activity. Mood is rated between 0-10, with “0” indicating “most negative” and “10” indicating “most positive.”

	Sun.	Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.
5am-7am							
7:00am							
8:00am							
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9:00pm							
10:00pm							
11pm-5am							

Downward Spiral of Depression



CBT with Perinatal Women

Key Considerations...

1) Checking Expectations

Motherhood: expectation vs reality



2) Normalization

FEATURES



An Exploration of Negative Thoughts as a Normal Phenomenon After Childbirth

Pauline L. Hall, DClínPsy, and Anja Wittkowski, ClínPsyD

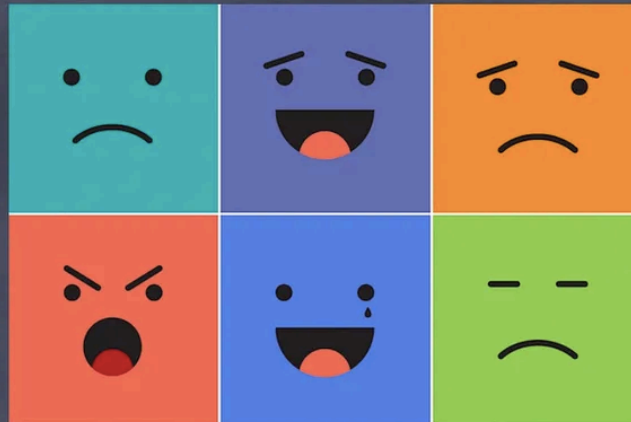
DEPRESSION AND ANXIETY 22:121–129 (2005)

Research Article

NEGATIVE THOUGHTS AFTER CHILDBIRTH: DEVELOPMENT AND PRELIMINARY VALIDATION OF A SELF-REPORT SCALE

Pauline L. Hall, M.A., R.M.N., M.Sc., D.Clin.Psy* and Costas Papageorgiou, B.Sc., M.A., D.Clin.Psy, Ph.D.

3) Validation



All emotions are valid.
It's ok to feel the way you do.

4) Baby Steps



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Treatment Gaps



AMERICAN PSYCHOLOGICAL ASSOCIATION

MEMBERS

TOPICS

PUBLICATIONS & DATABASES

PSYCHOLOGY HELP CENTER

NEWS & EVENTS

SCIENCE

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Date created: 2012

Research Shows Psychotherapy Is Effective But Underutilized

Consumers need better understanding of and access to psychological and behavioral health care, says American Psychological Association

WASHINGTON—Psychotherapy is effective, helps reduce the overall need for health services and produces long-term health improvements, according to a review of research studies conducted by the American Psychological Association.

f

Common Barriers

- Time
- Costs
- Childcare demands
- Limited access
- Perceptions of need, stigma

Mind the Gap Report



**A Strategic Roadmap to Address America's Silent Health Crisis:
Untreated and Unaddressed Perinatal Mental Health Disorders,
Led By Postpartum Support International**



**Defining Priorities,
Principles, and Actions**



MASSACHUSETTS
GENERAL HOSPITAL
PSYCHIATRY ACADEMY

Addressing Disparities

»» WHAT IS THE GAP?

Perinatal depression alone ranks as the most underdiagnosed complication of pregnancy in the United States and may not manifest itself until many months after delivery.⁹



Women at Higher Risk

African American and Hispanic women have the highest prevalence of perinatal depression, primarily attributed to a lack of social support, access to care, and a history of trauma and prior depression.⁹ African American women frequently receive poorer quality care, and when care is received, it is more often fragmentary and inconsistent.

Economic Impact

RESEARCH AND PRACTICE

Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States

Dana Lee Luca, PhD, Caroline Mangiotta, MA, Colleen Staats, MPH, Eleanor Garlow, BA, Anna Christensen, PhD, and Kara Zivin, PhD, MS, MA

Objectives. To estimate the economic burden of untreated perinatal mood and anxiety disorders (PMADs) among 2017 births in the United States.

Methods. We developed a mathematical model based on a cost-of-illness approach to estimate the impacts of exposure to untreated PMADs on mothers and children. Our model estimated the costs incurred by mothers and their babies born in 2017, projected from conception through the first 5 years of the birth cohort's lives. We determined model inputs from secondary data sources and a literature review.

Results. We estimated PMADs to cost \$14 billion for the 2017 birth cohort from conception to 5 years postpartum. The average cost per affected mother-child dyad was about \$31 800. Mothers incurred 65% of the costs; children incurred 35%. The largest costs were attributable to reduced economic productivity among affected mothers, more preterm births, and increases in other maternal health expenditures.

Conclusions. The US economic burden of PMADs is high. Efforts to lower the prevalence of untreated PMADs could lead to substantial economic savings for employers, insurers, the government, and society. (*Am J Public Health*. Published online ahead of print April 16, 2020: e1–e9. doi:10.2105/AJPH.2020.305619)

during the first several years of life (conception through age 5 years) to highlight the most pressing concerns relevant to the public and decision makers. Although other studies have documented long-term impacts of exposure to untreated PMADs on children, these effects do not manifest themselves for many years. Limiting the model timeframe to 6 years enabled us to generate more concrete estimates than would be possible over a longer period.

METHODS

Our model considered impacts of exposure to untreated PMADs on mother and

Addressing the Treatment Gap

- Efforts include:
 - Integrated care
 - Task sharing; utilizing peers, lay health workers
 - Delivery via print; bibliotherapy
 - Leveraging technology; apps, online platforms

Leveraging Technology



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Behavior Therapy 51 (2020) 1–14

**Behavior
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www.elsevier.com/locate/bt

Cognitive-Behavioral Therapy in the Digital Age: Presidential Address

Sabine Wilhelm*

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Valerie Braddick


Jin Shin


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Application	Last Updated	Rating	Platforms			Developer Type						
			Android	iOS	Web	Government	For Profit	Non-Profit	Healthcare	Academic	Free to Downl	
CBT-i Coach by US Department of Veterans Affairs	Tue Apr 13th 9:08 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Insight Timer - Free Meditation App by Insight Network Inc	Tue Apr 13th 9:09 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Woebot: Your Self-Care Expert by Woebot Labs	Tue May 4th 8:57 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
iCouch CBT by iCouch Inc.	Wed Apr 21st 6:58 PM		<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCD Daily Exercise by GG (GGOC) by GG Apps Platform	Tue May 4th 9:00 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Happier You-Community, therapy by Mental Clutter Limited	Fri May 14th 5:47 PM		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
SuperBetter by SuperBetter, LLC	Mon May 17th 10:19 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overcoming Depression by Trellisys.net	Wed July 14th 11:41 AM		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
myStrength by myStrength, Inc.	Sat July 17th 12:29 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Calm - Meditate, Sleep, Relax by Calm.com, Inc.	Tue Apr 27th 9:19 AM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Joyable: An AbleTo Program by Joyable Team	Sat May 29th 2:31 PM		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Viewing 54 Applications

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Leveraging Technology



Mindful
MoodBalance
for Moms

Mindful Mood Balance for Moms combines mindfulness meditation and cognitive therapy to provide you with tools for reducing lingering depressive symptoms and staying well over time. Login to continue your training, access site features, and save your progress.

The image shows a green background with a subtle pattern of leaves. The text is white and yellow. The app title "Mindful MoodBalance for Moms" is prominently displayed at the top. Below it is a paragraph of text describing the app's features.

Future Directions



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Perinatal mental health: a review of progress and challenges

Louise M. Howard, Hind Khalifeh

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Thank you!

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