



# Psychotherapies in Pregnancy and the Postpartum

Rachel Vanderkruik, PhD, MSc  
Perinatal Psychiatry Conference  
October 21, 2021

# Disclosures

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

# Road Map

1. Why consider psychotherapy as a treatment approach?
2. Which type of psychotherapy is most effective for a given condition?
3. What is the evidence-base for types of psychotherapy in the perinatal population?
4. What are key considerations for psychotherapy in the perinatal population?
  - A spotlight on CBT and a case example
5. What are key gaps in treatment and knowledge?

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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,<sup>1,2</sup> Steven D Hollon,<sup>3</sup> Annemieke van Straten,<sup>1,2</sup> Claudi Bockting,<sup>4</sup> Matthias Berking,<sup>5</sup> Gerhard Andersson<sup>6,7</sup>

**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>).

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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<sup>1,2</sup>, Ella Bekhuis<sup>2</sup>, Erica S. Weitz<sup>1</sup>, Mirjam Reijnders<sup>1</sup>, Robert J. DeRubeis<sup>3</sup>, Sona Dimidjian<sup>4</sup>, David L. Dunner<sup>5</sup>, Boadie W. Dunlop<sup>6</sup>, Ulrich Hegerl<sup>7</sup>, Steven D. Hollon<sup>8</sup>, Robin B. Jarrett<sup>9</sup>, Sidney H. Kennedy<sup>10</sup>, Jeanne Miranda<sup>11</sup>, David C. Mohr<sup>12</sup>, Anne D. Simons<sup>13</sup>, Gordon Parker<sup>14</sup>, Jeffrey R. Vittengl<sup>15</sup>, Robert A. Schoi

<sup>1</sup>Department of Clinical, Neuro and Devel  
<sup>2</sup>Department of Psychiatry and Interdiscipl  
Groningen, The Netherlands; <sup>3</sup>Department  
Colorado, Boulder, CO, USA; <sup>4</sup>Center for A  
versity School of Medicine, Atlanta, GA, US  
University, Nashville, TN, USA; <sup>5</sup>Departmen  
Toronto, Toronto, ON, Canada; <sup>6</sup>Health Se  
vention Technologies, Feinberg School of M  
USA; <sup>7</sup>School of Psychiatry University of B  
Bochum, Ruhr University Bochum, Bochum  
<sup>8</sup>Duke-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

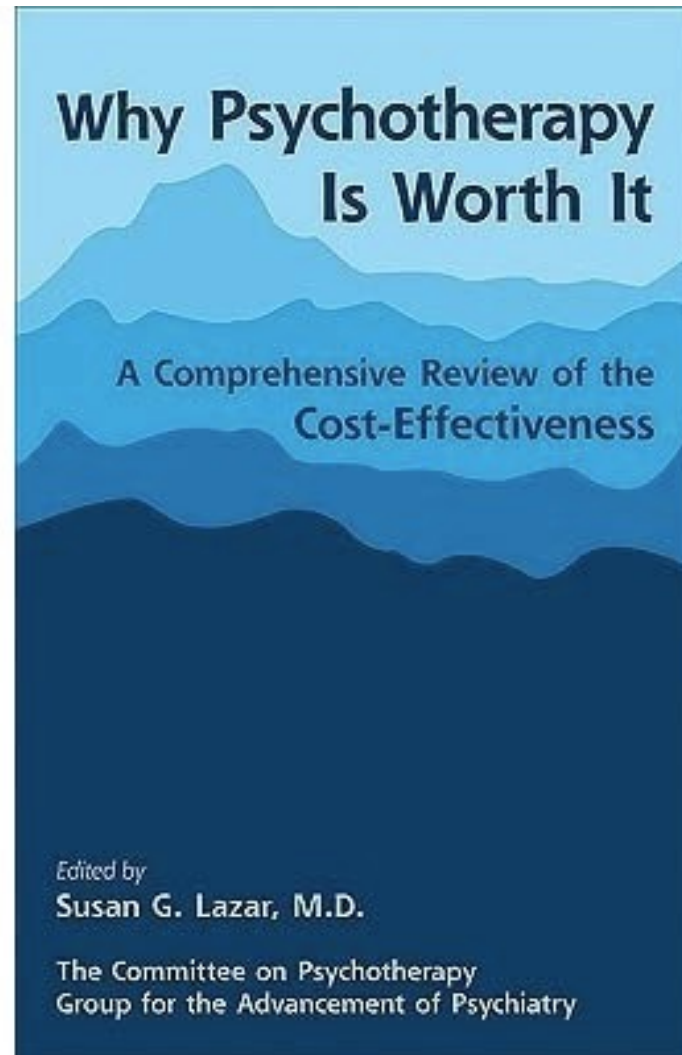
### RESEARCH REPORT

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

PIM CUIJPERS<sup>1-3</sup>, MARIT SIJBRANDIJ<sup>1,2</sup>, SANDER L. KOOLE<sup>1,2</sup>, GERHARD ANDERSSON<sup>4,5</sup>, AARTJAN T. BEEKMAN<sup>2,6</sup>, CHARLES F. REYNOLDS III<sup>7</sup>

<sup>1</sup>Department of Clinical Psychology, VU University Amsterdam, The Netherlands; <sup>2</sup>EMGO Institute for Health and Care Research, VU University and VU University Medical Center Amsterdam, The Netherlands; <sup>3</sup>Leuphana University, Lüneburg, Germany; <sup>4</sup>Department of Behavioural Sciences and Learning, Swedish Institute for Disability Research, University of Linköping, Sweden; <sup>5</sup>Department of Clinical Neuroscience, Psychiatry Section, Karolinska Institutet, Stockholm, Sweden; <sup>6</sup>Department of Psychiatry, VU University Medical Center Amsterdam, The Netherlands; <sup>7</sup>Department 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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1. Why consider psychotherapy as a treatment approach?
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# 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 organization's 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' with a dropdown arrow, 'MEMBERSHIP' with a dropdown arrow, 'RESOURCES' with a dropdown arrow, 'PUBLICATIONS' with a dropdown arrow, 'SECTIONS' with a dropdown arrow, 'CONTACT US', and a search icon. Below this is a second, darker blue navigation bar with the following items: 'TREATMENTS HOME', 'FAQ', 'DIAGNOSES', 'TREATMENTS', 'CASE STUDIES', 'CONTRIBUTORS', 'CONTACT US', and 'LINKS'. The main content area features a large background image of a person's hands drawing a circular diagram in a notebook. 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  
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- [Interpersonal Psychotherapy for Depression](#) **NEW CONTENT**

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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 <sup>?</sup>

**1998 EST STATUS:** STRONG RESEARCH SUPPORT <sup>?</sup>

### STRENGTH OF RESEARCH SUPPORT

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

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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 Ravesteyn<sup>1</sup>, Mijke P. Lambregtse - van den Berg<sup>1,2</sup>, Witte J. G. Hoogendijk<sup>1</sup>, Astrid M. Kamperman<sup>1\*</sup>

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

\* [a.kamperman@erasmusmc.nl](mailto:a.kamperman@erasmusmc.nl)



**“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)

[www.mghcme.org](http://www.mghcme.org)

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

MAJOR DEPRESSIVE DISORDER	Source	Study design	Participants (sample size)	Intervention, duration, (number of sessions)	Control condition	Outcome measurement of interest†† and analysis
Cognitive Behavioural Therapy (CBT, k=8)	Austin, 2008	RCT	Pregnant women with an EPDS* of >10 and/or a score of >23 on the Antenatal Risk Questionnaire, or a reported prior history of depression were assessed with the depression and anxiety components of the MINI (n=191)	Group-CBT, weekly 2-hour session for 6 weeks (6)	Booklet control group	EPDS* Per protocol
	Cho, 2008	RCT	Pregnant women with a score of >16 points on BDI** and MDD, verified with SCID (n=27)	Individual CBT, twice weekly 1-hour sessions (9)	Psycho-education	BDI** Per protocol
	Rahman, 2008	RCT	Pregnant women who met criteria for a DSM-IV MDD episode, verified with SCID (n=903)	Individual CBT-like intervention by trained primary health workers, weekly session in the last month of pregnancy and 3 sessions in the first month postpartum (7)	Untrained health workers, equal number of visits	HDRS*** ITT
	Hayden, 2012	RCT	Pregnant women with diabetes and with depression, determined using the DIS (n=34)	Individual CBT, weekly sessions for 10 weeks (10)	Supportive counselling (listening visits)	BDI Per protocol
	Burns, 2013	RCT	Pregnant women who met ICD-10 criteria on the Clinical Interview Schedule-Revised (CIS-R) for depression (n=36)	Individual CBT, weekly sessions for 12 weeks (12)	Usual care	EPDS ITT
	O'Mahen, 2013	RCT	Pregnant women who met the DSM-IV criteria for MDD (n=55)	Individual CBT, adapted for perinatal period, weekly 50-min sessions (12)	Usual care	BDI ITT
	Pearson, 2013†	RCT	Pregnant women who met ICD-10 criteria on the Clinical Interview Schedule-Revised (CIS-R) for depression (n=24)	Individual CBT, weekly sessions for 12 weeks (12)	Usual care	CIS-R****

van Ravesteyn et al. (2017)

[www.mghcme.org](http://www.mghcme.org)



# 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)



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<sup>a,b,\*</sup>, Aydan Mehralizade<sup>c</sup>, Laura Mayer<sup>b</sup>, and Snezana Milanovic<sup>b</sup>

<sup>a</sup>National Center for PTSD, Women's Health Sciences Division at VA Boston Healthcare System, United States

<sup>b</sup>Department of Psychiatry, Boston University School of Medicine, United States

<sup>c</sup>Boston Medical Center, United States

Nillni et al. (2018)

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

# Systematic Review: Treatments for Perinatal Mental Health

Citation	Sample Characteristics	Intervention Description	Control Group	Length and Modality	Primary Outcomes	Main Study Findings
<b>ANXIETY DISORDERS</b>						
<b>Cognitive-Behavioral Therapy (CBT)</b>						
<i>Open Trial</i>						
Lilliecreutz et al. (2010)	76 pregnant women who met criteria for blood and injection phobia based on DSM-IV criteria	prolonged exposure to needles, syringes, blood draws, and IVs	Non randomized controls	2 group sessions 1 month apart	IPSA; IPSAV	CBT > controls
Goodman et al. (2014)	24 pregnant women with a PSWQ score of $\geq 45$ , BAI score $\geq 11$ , and/or met criteria for GAD on the MINI	mindfulness-based cognitive therapy [i.e., psycho-education about stress, anxiety, depression, and mindfulness; mindfulness practice; cognitive exercises (i.e., self-observation and monitoring, decentering from automatic thoughts)]	NA	8 weekly 2-hour group sessions	PSWQ; GAD-7; BAI; PHQ-9; MINI	↓ anxiety, worry, and depressive symptoms
Green et al. (2015)	10 pregnant or postpartum (within 12 months) women who met criteria for an Anxiety Disorder on the SCID-I	psycho-education about perinatal anxiety, cognitive restructuring, problem solving, relaxation, behavioral activation and experiments, assertiveness training	NA	6 weekly 2-hour group sessions	PSWQ; EPDS	↓ anxiety and depressive symptoms
<b>TRAUMA-RELATED DISORDERS</b>						
<b>Cognitive-Behavioral Therapy</b>						
<i>Open Trial</i>						
Shaw et al. (2013)	8 postpartum women whose children were born between 26-34 weeks and likely to survive and met established clinical cutoffs on either the BDI, BAI, or DTS	psycho-education, cognitive restructuring, progressive muscle relaxation, a trauma narrative, and infant redefinition (i.e., to improve parenting confidence and reduce negative thoughts towards premature infant); intervention is in the NICU	NA	6 sessions over 3 weeks	BDI; BAI; DTS	↓ depressive symptoms (but not anxiety/PTSD symptoms)
<i>Randomized Controlled Trials</i>						
Shaw et al. (2015)	105 postpartum women (within 1-2 weeks) whose child was born between 25 and 34 weeks and likely to survive and met clinical cutoffs on either the BDI ( $\geq 20$ ), BAI ( $\geq 16$ ), or the SASRQ ( $\geq 3$ )	psycho-education, cognitive restructuring, progressive muscle relaxation, a trauma narrative, and infant redefinition (i.e., to improve parenting confidence and reduce negative thoughts towards premature infant); intervention is in the NICU	usual care + parent mentor program (i.e., support and coping strategies)	6 sessions over 3-4 weeks	DTS; SASRQ; BDI; BAI; MINI	CBT > usual care for PTSD/depression symptoms (but not anxiety symptoms)

Nilnia et al. (2018)





# Systematic Review: Treatments for Perinatal Mental Health

- Studies on Complementary and Alternative approaches
  - Exercise, 4 RCTs
  - Yoga, 2 OTs & 4 RCTs
  - Massage, 1 pilot & 1 RCT
  - Acupuncture, 3 RCTs
  - Omega-3 fatty acids, 3 RCTs
- “There is some support for complementary and alternative medicine approaches.”

Nilnia et al. (2018)

# Complementary and Alternative Interventions

Current Psychiatry Reports (2019) 21: 133  
<https://doi.org/10.1007/s11920-019-1121-1>

REPRODUCTIVE PSYCHIATRY AND WOMEN'S HEALTH (CN EPPERSON AND L HANTSOO, SECTION EDITORS)



## Innovations in the Treatment of Perinatal Depression: the Role of Yoga and Physical Activity Interventions During Pregnancy and Postpartum

Elizabeth H. Eustis<sup>1</sup> · Samantha Ernst<sup>2</sup> · Kristen Sutton<sup>2</sup> · Cynthia L. Battle<sup>2,3,4</sup>



# Mindfulness Interventions



## HHS Public Access

Author manuscript

*J Consult Clin Psychol*. Author manuscript; available in PMC 2017 December 06.

Published in final edited form as:

*J Consult Clin Psychol*. 2016 February ; 84(2): 134–145. doi:10.1037/ccp0000068.

### Staying Well during Pregnancy and the Postpartum: A Pilot Randomized Trial of Mindfulness Based Cognitive Therapy for the Prevention of Depressive Relapse/Recurrence

Sona Dimidjian, Ph.D.,

University of Colorado Boulder

Sherryl H. Goodman, Ph.D.,

Emory University

Jennifer Felder, MA,

University of Colorado Boulder

Robert Gallop, Ph.D.,

West Chester University

Amanda P. Brown, MA, and

Emory University

Arne Beck, Ph.D.

Kaiser Permanente – Institute for Health Research



*Mindfulness* (2017) 8:823–847

DOI 10.1007/s12671-016-0673-y



REVIEW

### The Effectiveness of Mindfulness-Based Interventions on Maternal Perinatal Mental Health Outcomes: a Systematic Review

Zhenrong Shi<sup>1</sup> · Angus MacBeth<sup>1</sup>



MASSACHUSETTS  
GENERAL HOSPITAL

PSYCHIATRY ACADEMY

# Interpersonal Psychotherapy (IPT)

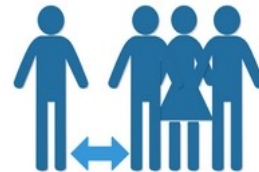
## Interpersonal therapy - IPT



Time-limited therapy



Focuses on the relationship



Focuses on the relationship between mood and social circumstance



Treatment for mood disorders esp. major depressive disorder

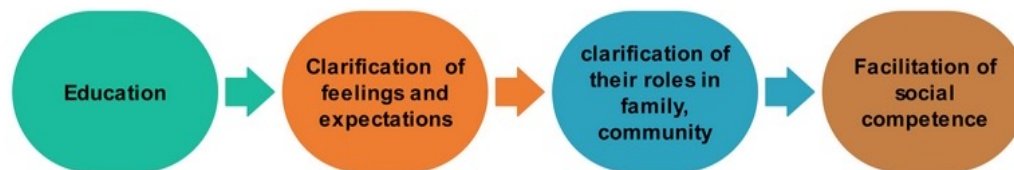


Improves social functioning



Enhancing communication skills

### Strategies



# IPT for Perinatal Women

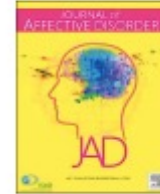
Journal of Affective Disorders 232 (2018) 316–328



Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: [www.elsevier.com/locate/jad](http://www.elsevier.com/locate/jad)



Review article

A systematic review and meta-analysis of interpersonal psychotherapy for perinatal women

Laura E. Sockol

Department of Psychology, Davidson College, Davidson, NC 28035, USA



## Highlights from Systematic Review:

- Psychological symptoms and interpersonal problems are common in perinatal women.
- IPT is an effective preventive intervention for perinatal depression.
- IPT is an effective treatment for perinatal depression and anxiety.
- IPT also improves interpersonal functioning in this population.
- Further studies are needed to assess whether adaptations increase IPT's efficacy.

# Consideration of Trauma

*“There are effective psychotherapeutic interventions to treat depression during pregnancy and postpartum, yet there is a paucity of literature on the impact of CT on treatment outcomes.”*

Archives of Women's Mental Health (2021) 24:367–380

<https://doi.org/10.1007/s00737-020-01066-4>

REVIEW ARTICLE



## The impact of childhood trauma on psychological interventions for depression during pregnancy and postpartum: a systematic review

Inbal Reuveni<sup>1,2</sup> • Maia Lauria<sup>2</sup> • Catherine Monk<sup>2,3,4</sup> • Elizabeth Werner<sup>2,3</sup>

**Results suggest that IPT-based interventions are beneficial for women with CT. The evidence regarding CBT-based interventions is less conclusive.**

# 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](http://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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New Zealand College of Psychiatrists 2020  
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**Sheryl M Green<sup>1,2</sup>, Eleanor Donegan<sup>1,2</sup> , Randi E McCabe<sup>1,3</sup>,  
David L Streiner<sup>1</sup>, Arela Agako<sup>2</sup> and Benicio N Frey<sup>1,2,4</sup>**

# CBT for Perinatal Anxiety

Journal of Anxiety Disorders 60 (2018) 26–34



Contents lists available at ScienceDirect

Journal of Anxiety Disorders

journal homepage: [www.elsevier.com/locate/janxdis](http://www.elsevier.com/locate/janxdis)



The efficacy of cognitive behavior therapy for the treatment of perinatal anxiety symptoms: A preliminary meta-analysis

Peta N. Maguire<sup>a,\*</sup>, Gavin I. Clark<sup>a</sup>, Bethany M. Wootton<sup>a,b</sup>

<sup>a</sup> School of Psychology and Behavioral Science, University of New England, Armidale, NSW, 2351, Australia

<sup>b</sup> Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney, Ultimo, NSW, 2007, Australia





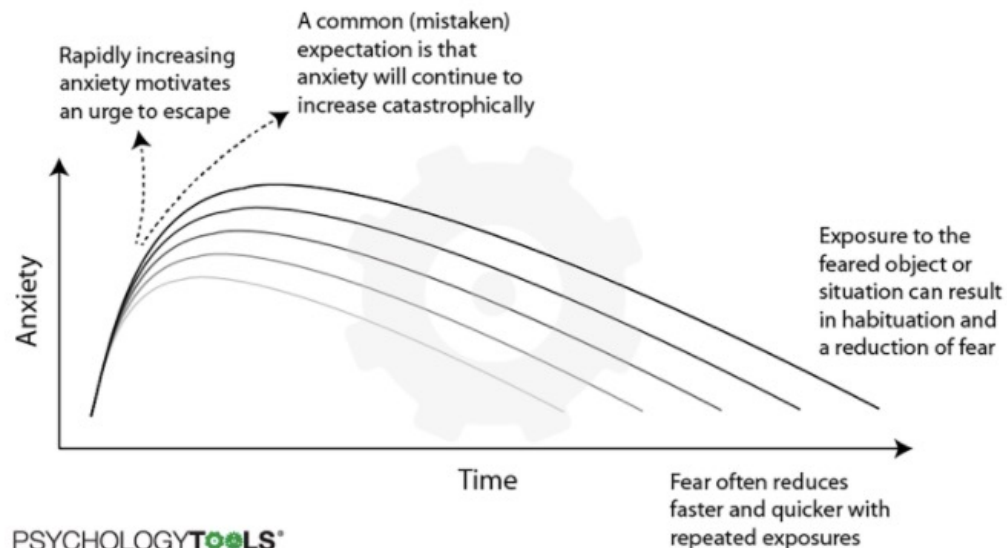
# Exposure-based CBT

Arch Womens Ment Health (2012) 15:445–457  
DOI 10.1007/s00737-012-0308-9

ORIGINAL ARTICLE

## Are exposure-based cognitive behavioral therapies safe during pregnancy?

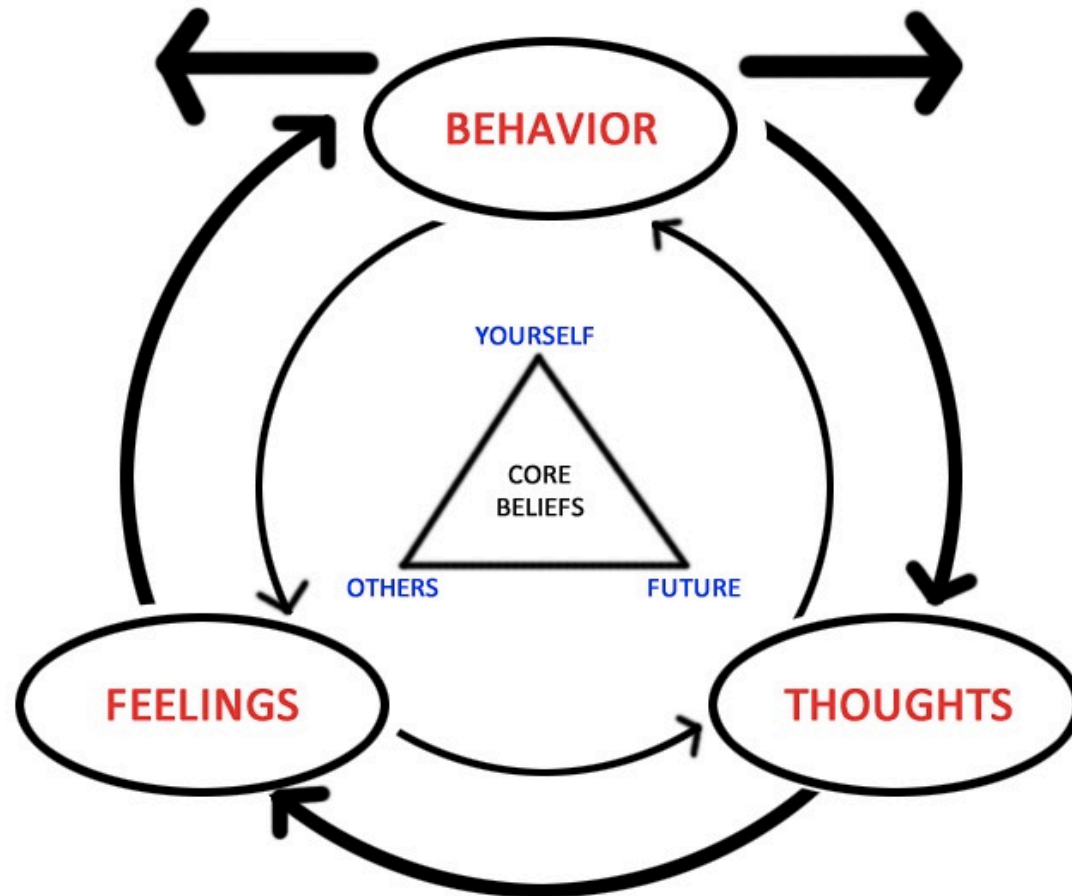
Joanna J. Arch · Sona Dimidjian · Cheryl Chessick



# Road Map

1. Why consider psychotherapy as a treatment approach?
2. Which type of psychotherapy is most effective for a given condition?
3. What is the evidence-base for types of psychotherapy in the perinatal population?
4. **What are key considerations for psychotherapy in the perinatal population?**
  - **A spotlight on CBT and a case example**
5. What are key gaps in treatment and knowledge?

# 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.


<b>Date/time</b>	<b>Situation</b>	<b>Automatic thought(s)</b>	<b>Emotion</b>
	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

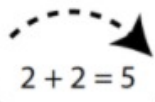


*That doesn't count*

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

Worksheet from:  
Centre for Clinical  
Interventions

[www.mghcme.org](http://www.mghcme.org)

# Challenging Thoughts

**THOUGHTS**



**FACTS**



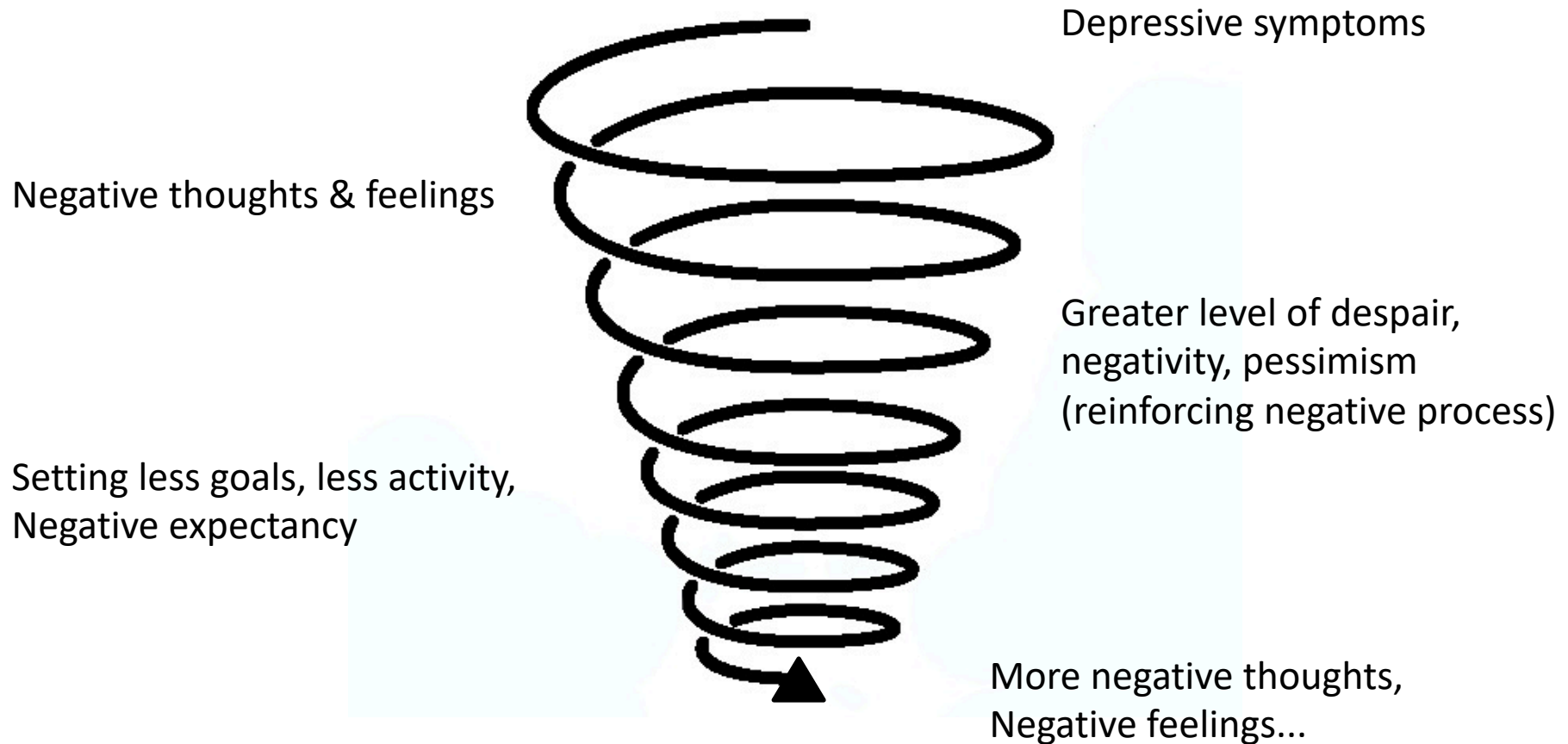
# Example: Mood and Activity Tracking

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							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00 pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
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, DClInPsy, and Anja Wittkowski, ClinPsyD*

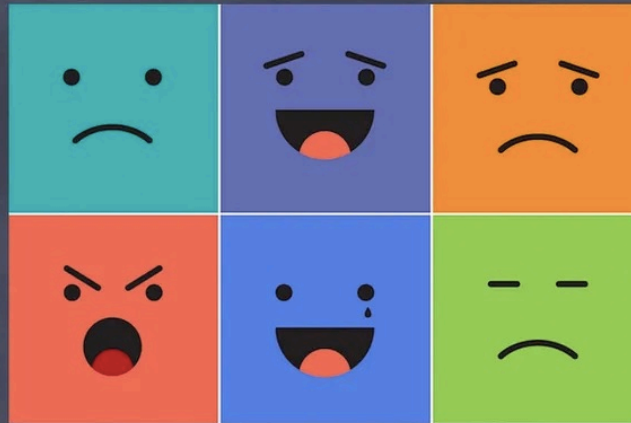
*DEPRESSION AND ANXIETY 22:121-129 (2005)*

### 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



# Case Example

- 37 F, history of GAD and MDD
- CBT referral during pregnancy following IVF for anxiety with physical symptoms and difficulty controlling worries
- Followed across pregnancy and into postpartum
- Coordinating efforts with referring psychiatrist



# Road Map

1. Why consider psychotherapy as a treatment approach?
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4. What are key considerations for psychotherapy in the perinatal population?
  - A spotlight on CBT and a case example
- 5. What are key gaps in treatment and knowledge?**

# Treatment Gaps



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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**

# 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.<sup>9</sup>



### **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.<sup>9</sup> African American women frequently receive poorer quality care, and when care is received, it is more often fragmentary and inconsistent.

# Addressing Disparities

CME Article 

## Racial Disparities in Perinatal Mental Health

Bronwyn Huggins, MD; Clancy Jones, MD; Oluwaseyi Adeyinka, MPH; Adaora Ofomata, MD; Christin Drake, MD; and Cathy Kondas, MD



### HHS Public Access

Author manuscript

*Clin Psychol Psychother.* Author manuscript; available in PMC 2021 March 01.

Published in final edited form as:

*Clin Psychol Psychother.* 2020 March ; 27(2): 249–265. doi:10.1002/epp.2424.

### Psychological Interventions for Depression and Anxiety in Pregnant Latina and Black Women in the United States: A Systematic Review

Carolyn Ponting, M.A.<sup>1</sup>, Nicole E. Mahrer, Ph.D.<sup>1,2</sup>, Hannah Zelcer, B.A.<sup>1</sup>, Christine Dunkel Schetter, Ph.D.<sup>1</sup>, Denise A. Chavira, Ph.D.<sup>1</sup>

<sup>1</sup>Department of Psychology, University of California, Los Angeles. Los Angeles, CA

<sup>2</sup>Department of Psychology, University of La Verne, La Verne, CA



ORIGINAL ARTICLE

### Racial inequities in the course of treating perinatal mental health challenges: Results from listening to mothers in California

Eugene Declercq PhD , Emily Feinberg ScD, CPNP, Candice Belanoff ScD, MPH,

First published: 30 August 2021 | <https://doi.org/10.1111/birt.12584>



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[www.mghcme.org](http://www.mghcme.org)

# 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 Margiotta, 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



# Integrated Care



*Primary Health Care  
Research & Development*

[cambridge.org/phc](https://cambridge.org/phc)

## Special Issue

**Cite this article:** Lomonaco-Haycraft KC, Hyer J, Tibbits B, Grote J, Stainback-Tracy K, Ulrickson C, Lieberman A, van Bekkum L, Hoffman MC. (2018) Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations. *Primary Health Care Research & Development* 20(e77): 1–8. doi: 10.1017/S1463423618000348

## Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations

Kimberly C. Lomonaco-Haycraft<sup>1</sup>, Jennifer Hyer<sup>2</sup>, Britney Tibbits<sup>1</sup>, Jennifer Grote<sup>1</sup>, Kelly Stainback-Tracy<sup>3</sup>, Claire Ulrickson<sup>3</sup>, Alison Lieberman<sup>1</sup>, Lies van Bekkum<sup>1</sup> and M. Camille Hoffman<sup>2,4</sup>

<sup>1</sup>Department of Integrated Behavioral Health, Department of Psychiatry and General Internal Medicine, Denver Health & Hospital Authority, University of Colorado School of Medicine, CO, USA, <sup>2</sup>Department of Obstetrics & Gynecology and Psychiatry, Denver Health & Hospital Authority, University of Colorado School of Medicine, CO, USA, <sup>3</sup>Denver Department of Public Health, CO, USA and <sup>4</sup>Department of Psychiatry, Denver Health & Hospital Authority, University of Colorado School of Medicine, CO, USA

# Task Sharing

## Journal of Latina/o Psychology

### Perspectives on Task-Shifting Depression Care to Peers for Depressed Latina Mothers

Rachel Vanderkruik and Sona Dimidjian

Online First Publication, March 22, 2018. <http://dx.doi.org/10.1037/lat0000104>



ALMA

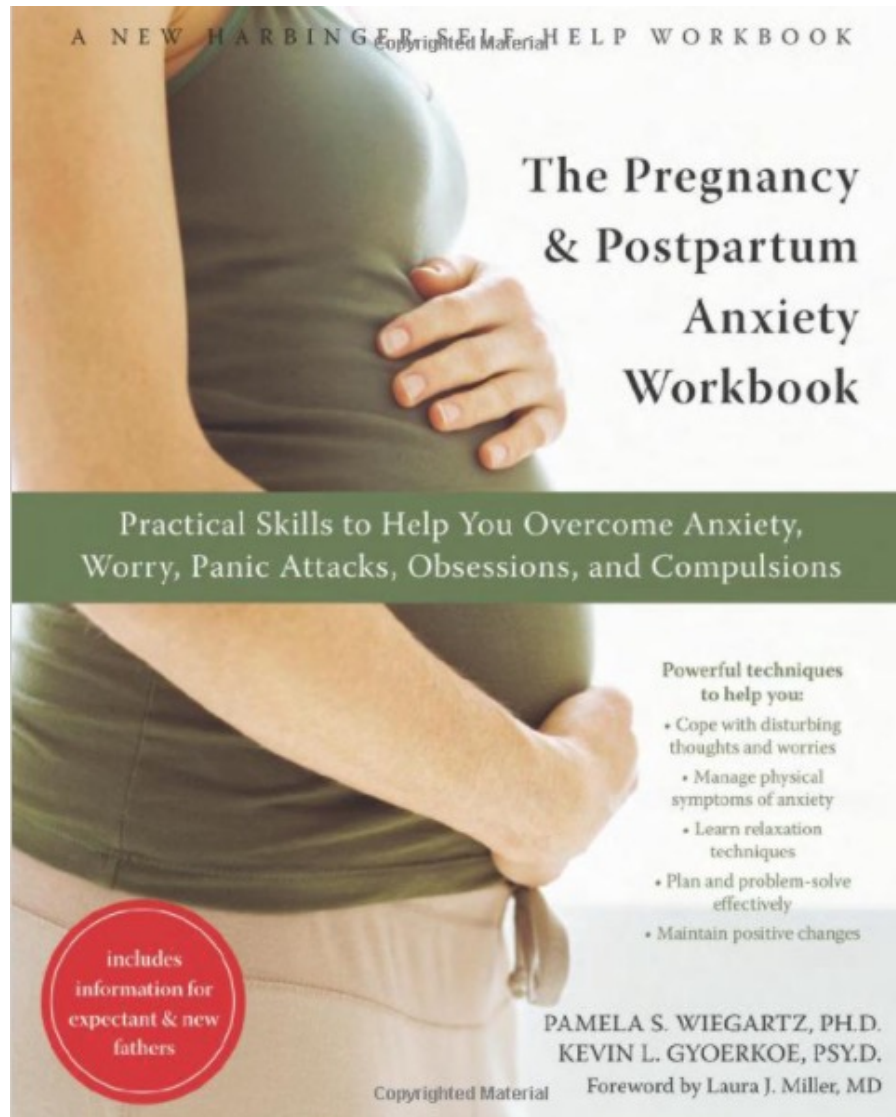
An innovative peer-support program for women experiencing perinatal depression.

Alma, launched in 2018, is a research study co-created with Dr. Sona Dimidjian and the CREST Lab of CU Boulder, to provide peer mentoring to depressed pregnant or postpartum women. Alma is informed by an evidenced-based approach for depression, Behavioral Activation, and gives "compañeras" tools to share with pregnant women and mothers of children ages 0-3.

*Moms supporting moms*

<https://valleysettlement.org/programs/alma/>

# Bibliotherapy



# Leveraging Technology



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

**ScienceDirect**

Behavior Therapy 51 (2020) 1–14

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**Behavior  
Therapy**

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[www.elsevier.com/locate/bt](http://www.elsevier.com/locate/bt)

## Cognitive-Behavioral Therapy in the Digital Age: Presidential Address

Sabine Wilhelm\*

Hilary Weingarden

Ilana Ladis

Valerie Braddick



Jin Shin

Nicholas C. Jacobson

Massachusetts General Hospital/Harvard Medical School

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<b>Engagement Style</b> <input type="text" value="Features"/>	<input type="text" value="Cost"/>
<input type="text" value="Engagements"/>	<input type="text" value="Developer Types"/>
	<input type="text" value="Supported Conditions"/>

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THE DIVISION OF DIGITAL PSYCHIATRY AT BIDMC

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Application	Last Updated	Rating	Platforms			Developer Type						
			Android	iOS	Web	Government	For Profit	Non-Profit	Healthcare	Academic	Free to Downl	
<b>CBT-i Coach</b> 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"/>
<b>Insight Timer - Free Meditation App</b> 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"/>
<b>Woebot: Your Self-Care Expert</b> 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"/>
<b>iCouch CBT</b> 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"/>
<b>OCD Daily Exercise by GG (GGOC)</b> 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"/>
<b>Happier You-Community, therapy</b> 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"/>
<b>SuperBetter</b> 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"/>
<b>Overcoming Depression</b> 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"/>
<b>myStrength</b> 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 type="radio"/>
<b>Calm - Meditate, Sleep, Relax</b> 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 type="radio"/>
<b>Joyable: An AbleTo Program</b> 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 type="radio"/>

Viewing 54 Applications

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# Leveraging Technology



J Med Internet Res. 2020 Apr; 22(4): e17011.

Published online 2020 Apr 13. doi: 10.2196/17011: 10.2196/17011

PMCID: PMC7186872

PMID: [32281939](#)

## Mobile Health for Perinatal Depression and Anxiety: Scoping Review

Monitoring Editor: Gunther Eysenbach

Reviewed by Iskra Mircheva, Roger Ho, and César Fernández

[Neesha Hussain-Shamsy](#), BA, MHS,<sup>1,2</sup> [Amika Shah](#), BSc, MScCH,<sup>1,2</sup> [Simone N Vigod](#), MD,<sup>1,3,4</sup> [Juveria Zaheer](#), MD,<sup>4,5</sup> and [Emily Seto](#), PEng, PhD<sup>1,2</sup>

<sup>1</sup> Institute of Health Policy, Management, and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada,

<sup>2</sup> Centre for eHealth Global Innovation, Techna Institute, University Health Network, Toronto, ON, Canada,

<sup>3</sup> Women's College Hospital and Women's College Research Institute, Toronto, ON, Canada,

<sup>4</sup> Department of Psychiatry, University of Toronto, Toronto, ON, Canada,

<sup>5</sup> Centre for Addiction and Mental Health, Toronto, ON, Canada,



# Leveraging Technology

The logo is set against a dark green background with a subtle pattern of leaves. It features the word "Mindful" in white, "MoodBalance" in white with "Balance" in yellow, and "for Moms" in white script font below it.

## 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.





# New Pilot Study: Gaming App for Depression in Pregnancy



<https://womensmentalhealth.org>



**Are you pregnant? Feeling down, sad, or depressed? Do you like gaming apps?**

You could be eligible to participate in a study evaluating the use of an app (called The Guardians, developed by the MIT Media lab) to address depressive symptoms for women in pregnancy. This study is a collaboration between the MGH Center for Women's Mental Health and the MIT Media Lab.




The Guardians is a new mobile game that aims to use the same design principles in mobile games to help people form beneficial long-term habits and improve their overall wellbeing. By rewarding players for completing and reflecting on these real-life activities, we hope The Guardians will help people handle depression and live more fulfilling lives through the power of mobile games.

If you are pregnant, over the age of 18, and experiencing elevated depressive symptoms, you may be eligible to participate. Participation in the 10-week study will include completing a baseline interview, using the app, and completing brief biweekly survey assessments about mood and behaviors. You will also be asked to participate in a brief exit interview to provide feedback on your experience with the app to inform modifications. Call (617) 401-8799 or email [lkobylski@partners.org](mailto:lkobylski@partners.org) to learn more.

# Future Directions



Forum – Progress and Challenges in Perinatal Mental Health |  [Free Access](#) |

## Perinatal mental health: a review of progress and challenges

Louise M. Howard, Hind Khalifeh

First published: 15 September 2020 | <https://doi.org/10.1002/wps.20769> | Citatic

# Thank you!

Email:

[rvanderkruik@mgh.harvard.edu](mailto:rvanderkruik@mgh.harvard.edu)