



Issue Brief

A Call for Comprehensive Perinatal Psychotherapy Training

Carolyn Broudy

Perinatal depression occurs in 10 to 15% of all new mothers^{1,2} and has been found to be as high as 23 to 52% in low-income populations.^{3,4} Untreated depression during pregnancy and the postpartum period is associated with negative outcomes for mothers, infants and families. For instance, depression during pregnancy can influence maternal self-care and reduce the likelihood that women receive adequate pre-natal care.⁵ It is also associated with elevated risks of preterm birth, low birth weight, intrauterine growth restriction,⁶ pre-eclampsia,^{7,8} illicit substance use⁹ and in severe cases suicidality and infanticide. Untreated depression during pregnancy is also one of the strongest predictors of postpartum depression (PPD), which is a well-known risk factor for negative cognitive and emotional developmental outcomes for children.^{6,10}

Current Efforts to Address Perinatal Depression

With the increasing awareness of the frequency and impact of perinatal mental health issues, public health efforts have been made to promote screening¹¹ and provide follow-up treatment.¹² For instance, some states have initiated programs that provide perinatal psychiatric consultations to primary care and specialty practitioners who can prescribe for pregnant and postpartum women, and care coordination services to promote access to psychotherapy.^{13,14} Recently, a federal bill, Bringing Postpartum Depression Out of the Shadows as part of the 21st Century Cures Act, was passed to support the development of similar programs in other states.

The Importance of A Family-Based Psychotherapy Approach

While these efforts promote detection and referral to psychotherapy, they do not ensure the availability of



adequate psychotherapy options. It is particularly important to focus on psychotherapy for this patient population for a variety of reasons. First, many perinatal women will only seek psychotherapy as they prefer not to take medication while pregnant or breastfeeding.¹⁵⁻¹⁷ Indeed, a large cross-cultural study found that for those who seek professional help, “talk therapy” is seen as the preferred treatment.¹⁸ Secondly, psychotherapy is the only evidence-based treatment option during pregnancy and breastfeeding that is risk free for baby and mother and is therefore considered a first-line approach for mild-to-moderate depression.¹⁹ Thirdly, combined treatment approaches (medication plus psychotherapy) or psychotherapy alone tend to be more effective for co-morbid disorders, such as post-traumatic stress disorder, obsessive compulsive disorder, and substance abuse disorders.²⁰⁻²² These are present in at least one half of women with PPD.^{23,24} Lastly, but importantly, evidence suggests that treatments that target symptom reduction only, such as medication, are not sufficient to prevent the associated negative outcomes in children.²⁵⁻²⁷ Rather, it is thought that the association between maternal depression and negative child outcomes occur, at least in part, as a result of a complex set of interactions within the family system that do not completely resolve after a mother’s depression remits.²⁸⁻³⁰

Certain types of psychotherapy interventions for perinatal women have shown positive outcomes for mothers, infants and families. For instance, psychotherapy interventions that address the infant-mother relationship seem to reduce the impact of PPD on children's cognitive and emotional development by improving maternal sensitivity, responsiveness, affective involvement, reflective capacity, and attachment security.^{29, 31-38} Similarly, psychotherapy interventions designed to include partners in treatment can positively impact maternal mood, improve the quality of the co-parenting relationships, and promote positive outcomes in children.³⁹⁻⁴³

Translating Evidence-Based Therapies into Practice

Given the importance of psychotherapy that addresses the family system, there is a need to provide trainings for therapists in a family oriented approach to perinatal mental health issues. While several such evidence-based, manualized psychotherapies have proven effective,^{32,44-48} the use of these treatments remains limited due to the financial and logistical challenges of integrating new forms of psychotherapy into on-going clinical care settings.^{49, 50} Indeed, several of these treatment models require a team approach of infant therapists, maternal group therapists and dyadic therapists working together, which further increases barriers to implementation. Moreover, evidence suggests that efforts to implement manualized psychotherapies in real-world settings face sustainability and fidelity challenge.⁵¹ Therapists tend to integrate what they find to be useful into their own style of practice and adapt therapies that have been validated in a pre-screened, narrowly defined patient populations to meet the specific needs of their patients' more complex presentations.

Providing Psychotherapy Trainings Offers A Practical Solution

The perinatal period is a sufficiently distinct stage of life to warrant a minimum requirement for specialty training amongst therapists working with this patient population. Such practice is standard of care for therapists working with patients at other important life stages (childhood,

older adults, etc). To this end, evidence-informed trainings on perinatal mental health issues could offer one realistic solution, improving therapists' capacity to meet the specific needs of mothers and their families without requiring therapists to adopt an entirely new model of psychotherapy. Such trainings could cover essential topics of perinatal mental health (e.g., perinatal differential diagnosis, common risk factors, importance of social support and ways of connecting women to appropriate supports, common emotional issues, and strategies for addressing stigma and improving engagement), as well as evidence-based techniques for supporting the mother's relationship with her infant and partner. Given the relative ease and affordability of such trainings, this common sense approach deserves to be more rigorously tested and compared to other evidence-based practices.

Research has provided us with a tremendously rich understanding of the perinatal period and the kind of psychotherapeutic techniques that can effectively address issues that arise during this time. It is now time to more fully integrate and disseminate this knowledge to providers who are working with the perinatal population so it can be widely used in thoughtful and nuanced ways. As we increase the detection of perinatal mental health concerns and increase pathways to access psychotherapy, let us not miss out on this opportunity to ensure that new mothers and families get what they need from psychotherapy, so they are given their best chance to move forward.



Carolyn Broudy, MD, is a board-certified psychiatrist who specializes in psychotherapy and medication management for pregnant and postpartum women. She has a private practice in Northampton, MA, and is a consulting psychiatrist with MCPAP for Moms.

Visit the Systems & Psychosocial Advances Research Center at <http://www.umassmed.edu/sparc>

This is a product of the Journal of Parent and Family Mental Health. An electronic copy of this issue with full references can be found at <http://escholarship.umassmed.edu/parentandfamily/vol2/iss1/1>

References

1. Gaynes, B. N., Gavin, N., Meltzer-Brody, S., Lohr, K. N., Swinson, T., Gartlehner, G., Brody, S., & Miller, W. C. (2005). Perinatal depression: Prevalence, screening accuracy, and screening outcomes. *Agency for Healthcare Research and Quality (Summ)*, 119, 1–8.
2. O'Hara, M. (1997). The nature of postpartum depressive disorders. In P. J. Cooper & L. Murray (Eds.), *Postpartum Depression and Child Development* (pp. 3–31). New York: Guilford Press.
3. Chazen-Cohen, R., Ayoub, C., Pan, A., Roggman, L., Raikes, H., McKelvey, L., Whiteside-Mansell, L., & Hart, A. (2007). It takes time: Impacts of Early Head Start that lead to reductions in maternal depression two years later. *Infant Mental Health Journal*, 28(2), 151–170.
4. Zlotnick, C., Johnson, S. L., Miller, I. W., Pearlstein, T., & Howard, M. (2001). Postpartum depression in women receiving public assistance: Pilot study of an interpersonal-therapy-oriented group intervention. *American Journal of Psychiatry*, 158, 638–40.
5. Kelly, R. H., Danielsen, B., Golding, J., et al. (1999). Adequacy of prenatal care among women with psychiatric diagnoses giving birth in California in 1994 and 1995. *Psychiatr Serv* 50, 1584-90.
6. Grote, N. K., Bridge, J. A., Gavin, A. R., et al. (2010). A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Arch Gen Psychiatry*, 67, 1012-24.
7. Kurki, T., Hiilesmaa, V., Raitasalo, R., et al. (2000). Depression and anxiety in early pregnancy and risk for preeclampsia. *Obstet Gynecol* 95, 487–90.
8. Shamsi, U., Harcher, J., Shamsi, A., et al. (2010). A multicentre matched case control study of risk factors for preeclampsia in healthy women in Pakistan. *BMC Women's Health*, 10, 14-20.
9. Horrigan, T. J., Schroeder, A. V. & Schaffer, R. M. (2000). The triad of substance abuse, violence, and depression are interrelated in pregnancy. *J Subst Abuse*, 18, 55-8.
10. Deave, T., Heron, J., Evans, J., et al. (2008). The impact of maternal depression in pregnancy on early child development. *International Journal of Obstetrics & Gynaecology*, 115, 1043–1051.
11. Kozhimannil, K. B., Adams, A. S., Soumerai, S. B., Busch, A. B. & Huskamp, H. A. (2011) New Jersey's efforts to improve postpartum depression care did not change treatment patterns for women on medicaid. *Health Aff (Millwood)*, 30, 293–301.
12. Miller, L., Shade, M. & Vasireddy, V. (2009). Beyond screening: assessment of perinatal depression in a perinatal care setting. *Arch Womens Ment Health*. 12(5), 329-34.
13. Byatt, N., Biebel, K., Moore, Simas, T. A., Sarvet, B., Ravech, M., Allison, J. & Staus, J. (2016). Improving perinatal depression care: the Massachusetts Child Psychiatry Access Project for Moms. *Gen Hosp Psychiatry*, 40, 12-17.
14. Shade, M., Miller, L., Borst, J., English, B., Valliere, J., Downs, K., Herceg-Baron, R. & Hare, I. (2011) Statewide innovations to improve services for women with perinatal depression. *Nurs Womens Health*, 15,126–136.
15. Chabrol, H., Teissendré, F., Armitage, J., Danel, M. & Walburg, V. (2004). Acceptability of psychotherapy and antidepressants for postnatal depression among newly delivered mothers. *J Reprod Infant Psychol*, 22,5–12.
16. Pearlstein, T., Zlotnick, C., Battle, C.L., Stuart, S., O'Hara, M.W., Price, A. B., Grause, A, & Howard, M. (2006). Patient choice of treatment for postpartum depression: A pilot study. *Arch Women Ment Health* 9, 303–308.
17. Whitton, A., Warner, R, & Appleby, L (1996). The pathway to care in post- natal depression: women's attitudes to post-natal depression and its treatment. *Br J Gen Pract* 46, 427–428.
18. Oates M. R., Cox J. L., Neema S, et al. (2004) Postnatal depression across countries and cultures: A qualitative study. *Br J Psychiatry Suppl* 46, s10–s16.
19. Yonkers, K. A., Wisner, K. L., Stewart, D. E., Oberlander, T. F., Dell, D. L., Stotland, N., Ramin, S., Chaudron, L. & Lockwood, C. (2009). The management of depression during pregnancy: a report from the American Psychiatric Association and the American College of Obstetricians and Gynecologists. *Gen Hosp Psychiatry*, 31(5), 403–413.
20. Miller, E. S., Chu, C., Gollan, K. & Gossett, D. R. (2013). Obsessive-compulsive symptoms during the postpartum period. A prospective cohort. *J Reprod Med*, 58(3-4), 115-22.
21. Substance Abuse and Mental Health Services Administration [SAMHSA] (2005). *The NHSDA Report, Substance Use during Pregnancy: 2002 and 2003 Update*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.
22. Seng, J. S., Kane Low, L. M., Sperlich, M. I., Ronis, D. L. & Liberzon, I. (2009). Trauma history and risk for PTSD among nulliparous women in maternity care. *Obstet Gynecol*, 114, 839–847.
23. Jhanjee, S. (2014) Evidence based psychosocial interventions in substance use. *Indian J Psychol Med*. 36, 112–118.
24. Walsh, K. H. & McDougale, C. J. (2011). Psychotherapy and medication management strategies for obsessive-compulsive disorder. *Neuropsychiatr Dis Treat*, 7, 485–494.
25. Forman, D. R., O'Hara, M. W., Stuart, S., Gorman, L. L., Larsen, K. E. & Coy, K. C. (2007). Effective treatment for postpartum depression is not sufficient to improve the developing mother-child relationship. *Dev Psychopathol*, 19, 585–602.
26. Murray, L., Cooper, P. J., Wilson, A., et al (2003). Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. 2. Impact on the mother—child relationship and child outcome. *British Journal of Psychiatry*, 182, 420-427.
27. Poobalan, A. S., Aucott, L. S., Ross, L., Smith, W. C. S., Helms, P. J. & Williams, J. H. G. (2007). Effects of treating postnatal depression on mother-infant interaction and child development: Systematic review. *British Journal of Psychiatry*, 191, 378–386.
28. Goodman S. H. & Gotlib I. H. (1999). Risk for psychopathology in the children of depressed mothers: a developmental model for understanding mechanisms of transmission. *Psychol. Rev.*, 106, 458.

29. Tsivos, Z. L., Calam, R., Sanders, M., R., & Wittkowski, A. (2015). Interventions for postnatal depression assessing the mother–infant relationship and child developmental outcomes: a systematic review. *Int J Womens Health*, 23(7), 429–47.
30. van Doesum, K. T., Hosman, C. M., Riksen-Walraven, J. M. & Hoefnagels, C. (2007). Correlates of depressed mothers' sensitivity toward their infants: The role of maternal, child, and contextual characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(6), 747–756.
31. Barlow J., Bennett, C., Midgley, N., Larkin, S. K. & Wei, Y. (2015) Parent-infant psychotherapy for improving parental and infant mental health. *Cochrane Database Syst Rev*.
32. Beeber L. S., Schwartz T. A., Holditch-Davis D., Canuso R., Lewis V., & Wilde Hall H. (2013) Parenting enhancement interpersonal psychotherapy to reduce depression in low-income mothers of infants and toddlers: a randomised trial. *Nurs Res*. 62, 82–90.
33. Cicchetti, D., Rogosch, F. A. & Toth, S. L. (2000). The efficacy of toddler-parent psychotherapy for fostering cognitive development in offspring of depressed mothers. *Journal of Abnormal Child Psychology*, 28, 135–148.
34. Clark, R., Tluczek, A. & Brown, R. (2008). A mother-infant therapy group model for postpartum depression. *Infant Mental Health Journal*, 29(5), 514–536.
35. Cohen, N., Muir, E., Lojkasek, M., Muir, R., Parker, C., Barwick, M. & Brown, M. (1999). Watch, Wait, and Wonder: Testing the effectiveness of a new approach to mother-infant psychotherapy. *Infant Mental Health Journal*; 20, 429–451.
36. Gelfand, D. M., Teti, D. M., Seiner, S. A. & Jameson, P. B. (1996). Helping mothers fight depression: Evaluation of a home-based intervention program for depressed mothers and their infants. *Journal of Clinical Child Psychology*, 25, 406–422.
37. Lyons-Ruth, K., Connell, D. B., Grunebaum, H. U. & Botein, S. (1990). Infants at social risk: Maternal depression and family support services as mediators of infant development and security of attachment. *Child Development*. 61(1), 85–98.
38. Toth, S. L., Rogosch, F. A., Manly, J. T. & Cicchetti, D. (2006). The efficacy of toddler-parent psychotherapy to reorganize attachment in the young offspring of mothers with major depressive disorder: a randomized preventive trial. *J Consult Clin Psychol*. 74(6), 1006–16.
39. Dennis, C. L. & Ross, L. (2006). Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *J Adv Nurs*. 56(6), 588–599.
40. Feinberg, M. E. & Kan, M. L. (2008). Establishing family foundations: Intervention effects on coparenting, parent/ infant well-being, and parent-child relations. *Journal of Family Psychology*, 22, 253– 263.
41. Misri, S., Kostaras, X., Fox, D. & Kostaras, D. (2000) The impact of partner support in the treatment of postpartum depression. *Can J Psychiatry*, 45, 54–558.
42. Rowe, H, & Fisher, J. (2010) Development of a universal psycho-educational intervention to prevent common postpartum mental disorders in primiparous women: a multiple method approach. *BMC Public Health*, 10, 499.
43. Stapleton, L. R., Schetter, C. D., Westling, E., Rini, C., Glynn, L. M., Hobel, C. J., et al. (2012). Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of Family Psychology*, 26(3), 453–63.
44. Clark, R., Tluczek, A. & Wenzel, A. (2003). Psychotherapy for postpartum depression: a preliminary report. *Am J Orthopsychiatry*. 73, 441–54.
45. Cohen, N. J., Lojkasek, M., Muir, E., Muir, R. & Parker, C. J. (2002) Six-month follow-up of two mother-infant psychotherapies: convergence of therapeutic outcomes. *Infant Mental Health Journal*, 23(4), 361–380.
46. de Camps Meschino, D. , Philipp, D. & Vigod, S. (2016). Maternal-infant mental health: postpartum group intervention. *Arch Womens Ment Health*, 19(2), 243–51.
47. Milgrom, J. , Holt, C., Ross, J., et al. (2015). Feasibility study and pilot randomised trial of an antenatal depression treatment with infant follow-up. *Arch Womens Ment Health*, 18, 717–30.
48. Muzik, M., Rosenblum, K. L., Alfafara, E. A., Schuster, M. M., Miller, N. M., Waddell, R. M. & Kohler, E. S. (2015) Mom Power: preliminary outcomes of a group intervention to improve mental health and parenting among high-risk mothers. *Arch Womens Ment. Health*, 18(3), 507–21.
49. Barkham M. & Parry G. (2008). Balancing rigour and relevance in guideline development for depression: the case for comprehensive cohort studies. *Psychology & Psychotherapy: Theory, Research & Practice*, 81, 399–417.
50. Green, L. W. & Glasgow, R. E. (2006). Evaluating the relevance, generalization, and applicability of research: issues in external validation and translation methodology. *Eval Health Prof.*, 29(1),126–153.
51. Stirman, S. W., Kimberly, J., Cook, N., Calloway, A., Castro, F. & Charns, M. (2012) The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implement Sci*. Mar, 14,7–17.