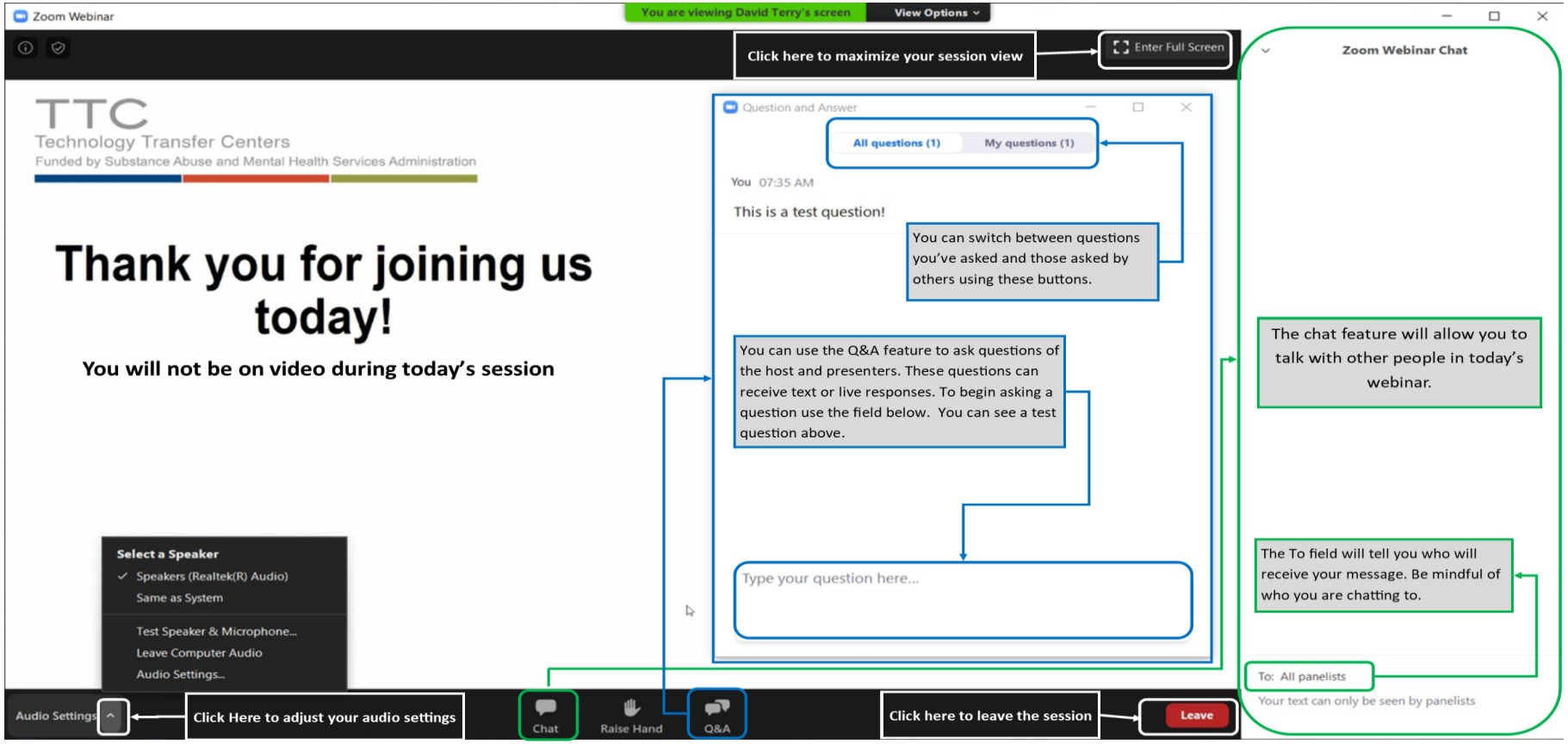
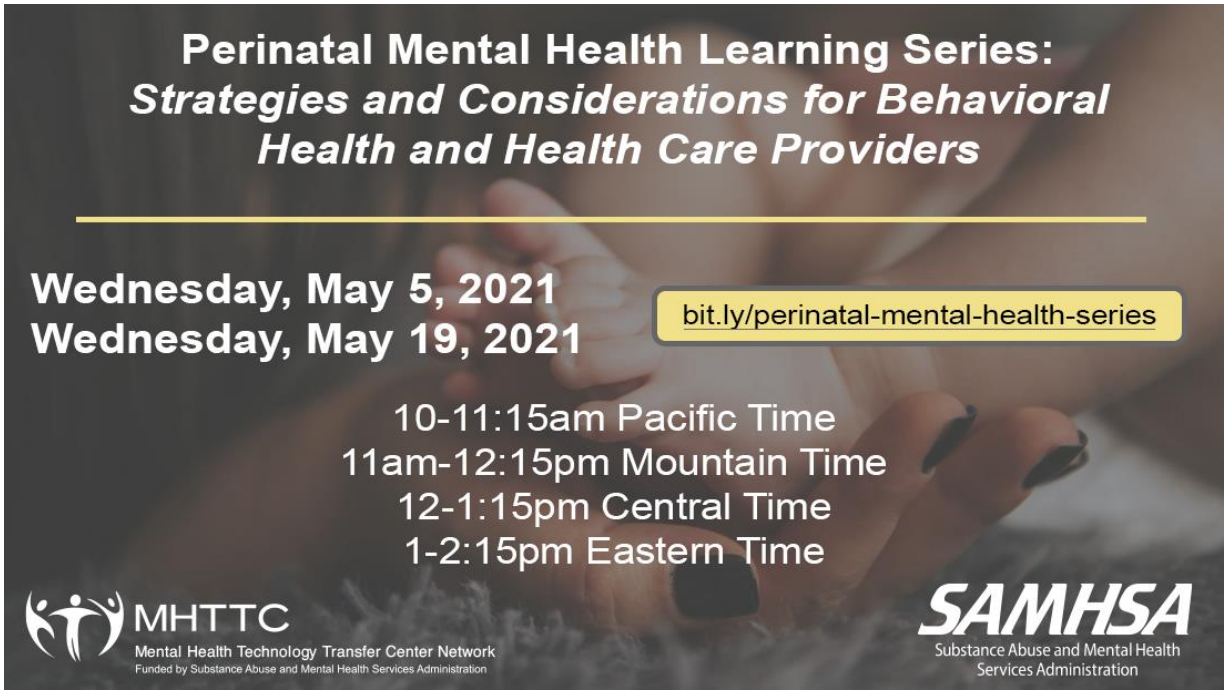
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Please Note:

- All attendees are muted
- Today's session will be recorded

Get to know the Zoom Webinar interface





Recordings for each session will be made available on our website:

https://bit.ly/perinatal-mental-health-series

MHTTC

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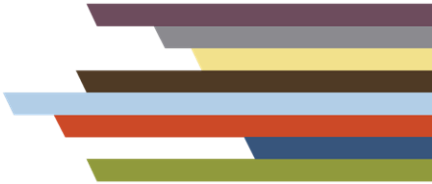
Perinatal Mental Health Learning Series
Session 2: Evidence-Based Treatment for Perinatal Mental Health Disorders

Wednesday, May 19, 2021

Mara Acel-Green, MSW, LICSW

Strong Roots Counselling



Housekeeping Items

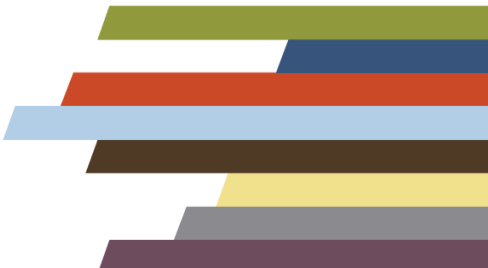
- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A
- Have a comment or link for all attendees? Use the Chat
- At the end of today's training please take a moment to complete a **brief** survey about today's training.
- You will receive an email following the presentation on how to access a certificate of attendance
- Follow us on social media: @MHTTCNetwork

Please Note:
The session recording and slide deck will be posted on our website within a week.

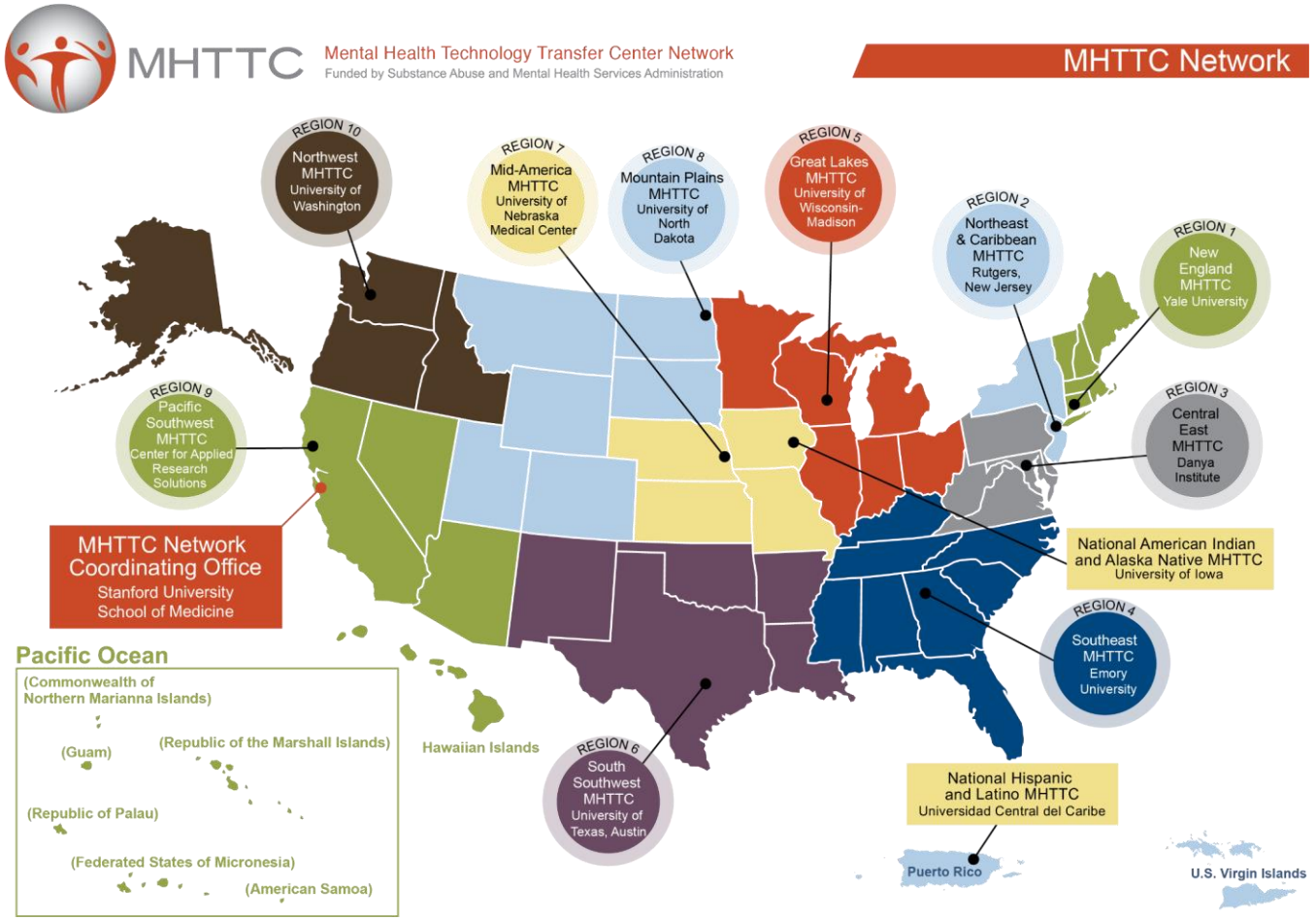
Perinatal Mental Health and Self-Care

- Be sensitive to your own reactions throughout the Learning Series. Take breaks when needed, stand up, stretch...

- **Helplines and Support**
  - **Postpartum Support International (PSI) International Helpline –** 1-800-944-4773 (#1 in Español or #2 in English)
  - **NAMI -** 1-800-950-NAMI (6264) or info@nami.org
  - **Mental Health America -** 1-800-273-TALK (8255), text MHA to 741741
  - **SAMHSA's National Helpline** - referral and information - 1-800-662-HELP (4357)
  - **National Suicide Hotline -** 1-800-273-8255



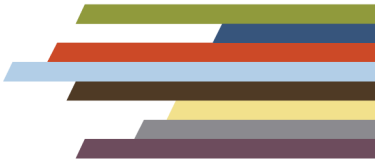
Connect with Your MHTTC at www.mhttcnetwork.org



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Respectful, clear and understandable
- Healing-centered and trauma-responsive
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



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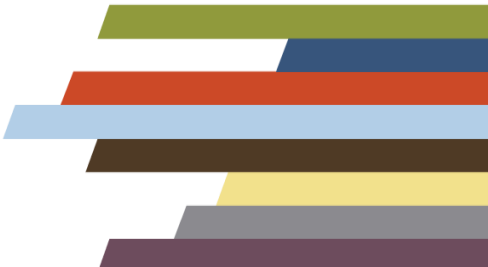
At the time of this presentation, Tom Coderre served as. The opinions expressed herein are the views of the speakers, and do not reflect the official SAMHSA Assistant Secretary position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.



Mara Acel-Green, MSW, LICSW

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Mara Acel-Green, MSW, LICSW, is a psychotherapist and owner of Strong Roots Counseling. Since 2001, Mara has worked in the Boston area with adolescents and adults. In addition to Mara's general practice, she has deep experience providing specialty treatment with mood and anxiety disorders during pregnancy and postpartum (perinatal) period. In addition to her private practice and adjunct faculty position at Northeastern University (2006-2020), Mara does trainings and workshops for clinicians, childbirth professionals, and families. Mara also has created a Post-Master's certificate for the use of CBT for Perinatal Emotional Complications and offers it at Strong Roots Counseling.

Mara's written work can be seen on Huffington Post, as well as on her website www.maragreen.com. Mara was trained at Smith School for Social Work and obtained a certificate in Cognitive Behavioral Therapy at Boston University. Mara's approach combines her compassionate, non-judgmental approach and deep knowledge with humor, as appropriate, to help you toward your therapeutic goals.

BIRTHING HEALTHIER FAMILIES(©):

CBT FOR THE TREATMENT OF PERINATAL EMOTIONAL COMPLICATIONS

MARA ACEL-GREEN, MSW, LICSW

MAY 19, 2021

DISCLOSURE

I am a white, able-bodied, cis-gendered heterosexual female who has worked in greater Boston since 2001. I have worked in public and private settings including: inpatient, outpatient, substance use, schools, and social service agencies, and have been in private practice in the Boston suburbs since 2010.

ALL FORMS OF PERINATAL EMOTIONAL COMPLICATIONS ARE TREATABLE. THEY ARE ALSO THE MOST COMMON COMPLICATION OF PREGNANCY.

During Pregnancy- Prenatal or Antenatal

After- Postpartum

During and After Pregnancy- Perinatal

Depression after adoption

RANGE OF PERINATAL EMOTIONAL COMPLICATIONS

Postpartum baby blues- 50-85% women (Not a mental health issue)

Pregnancy depression- 20%; Pregnancy Anxiety- 10%

Postpartum depression- 21.9% (post-adoption incidence approximately the same or slightly higher). Some studies indicate 14%.

Postpartum anxiety- 17%

Postpartum PTSD- 6%

PEC'S CONTINUED

Postpartum OCD- 3-5%, OCS about 11.2% at two weeks postpartum and about 5% six months

Postpartum bi-polar: risks higher with personal or family history. "Comparing over the same duration of time, postpartum women who had discontinued medication for pregnancy were at exquisitely high risk of mood episode recurrence." "Postpartum relapse rates for unmediated during pregnancy 66% compared to 23% who took prophylactic meds.)

Postpartum psychosis- 1-2 out of 1000 births, or .1% of all births

Paternal perinatal depression- 10% (highest incidence months 3-6 with 25% of the total between first trimester and first birthday)

Only 17% of women get treatment for postpartum depression, although I have seen numbers as low at 7%.

DSM-5 PERIPARTUM SPECIFIER

This specifier can be applied to the current, or if a full criteria are not currently met for a major depressive episode, most recent episode of a major depression if onset of mood symptoms occurs during pregnancy or in the 4 weeks following delivery. Peripartum-onset mood episodes can present either with or without psychotic features. Postpartum episodes must be differentiated from delirium occurring in the postpartum period, which is distinguished by a fluctuating level of awareness or attention.

SCREENING TOOLS, NOT TESTS

Screening tool EPDS

EPDS In Spanish

PASS

PhQ 2 or 9

IMPACT OF UNTREATED DEPRESSION AND ANXIETY

Several caregiving activities also appear to be compromised by postpartum depression including feeding practices, most especially breastfeeding, sleep routines and well-child visits, vaccinations and safety practices. These data highlight the need for universal screening of maternal and paternal depression during the postpartum period.

(Keefe, et. al., 2016)

Researchers have attributed the long-term effects of maternal depression including behavior problems, cognitive delays and physical health problems to disturbed early interactions.

(Beardslee, Versage & Gladstone, 1998).

ADDITIONAL IMPACT OF UNTREATED PERINATAL EMOTIONAL COMPLICATIONS

“Although prevalence rates vary, the most consistent estimates indicate that postpartum depression affects 13% to 19% of all new mothers (O’Hara & McCabe, 2013) and upward to 38% of new mothers of color (Gress-Smith, Luecken, Lemery-Chalfant, & Howe, 2012).”

ADDITIONAL RISK FOR WOMEN OF COLOR

Anxiety impacts pregnancy outcomes, and race discrimination specifically impact health outcomes. Let's watch the beginning of this video and think generally about screening for anxiety, but paying particular attention to BIPOC women and families.

Video

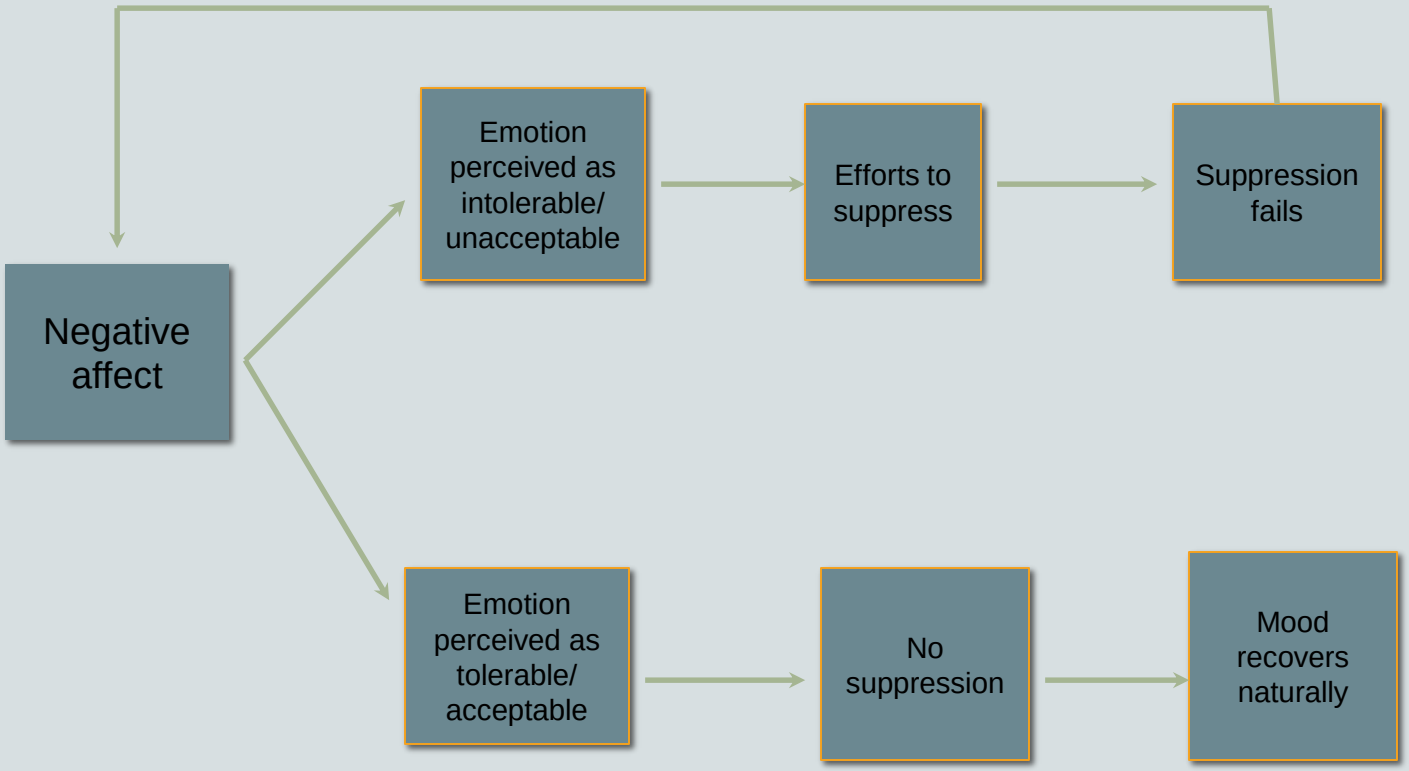
INTERSECTIONALITY

Please take a moment to reflect on your own intersectionality.

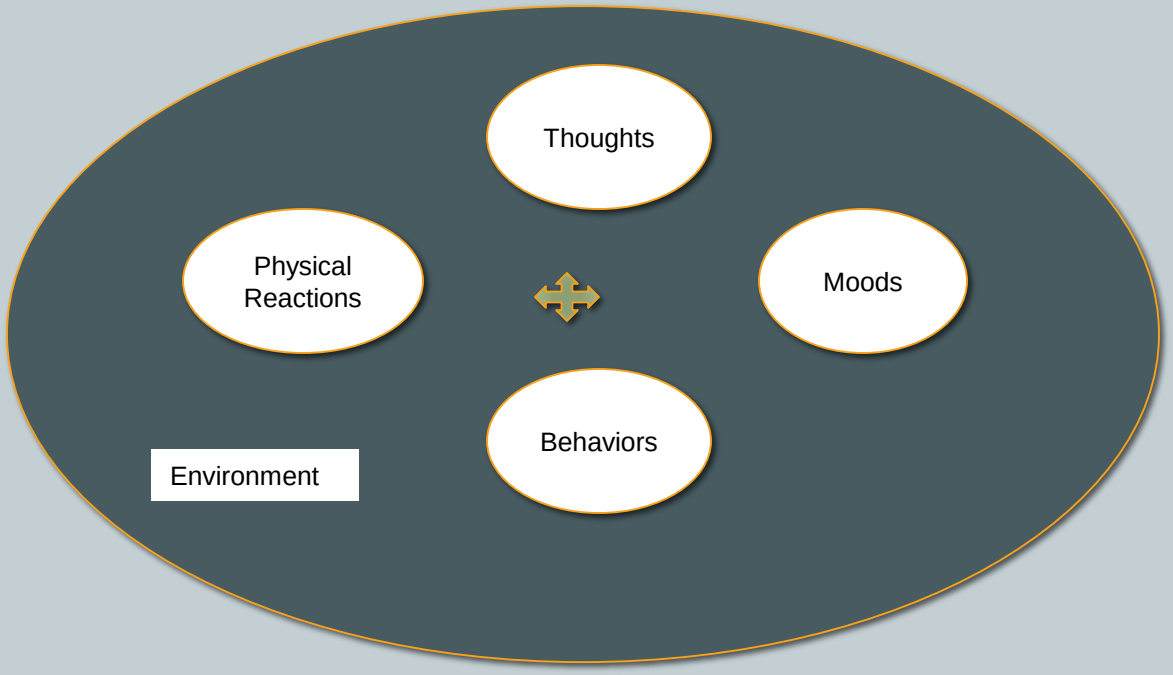
Now consider a specific client's intersectionality. Please consider how it might impact their perinatal experience, their experience of therapy with you, and how it may impact the use of CBT.

FUNCTIONAL MODEL OF EMOTIONAL DISORDERS

(CAMPBEL-SILLS & BARLOW, 2007)



CBT MODEL OF LIFE EXPERIENCES PEDESKY, 1986

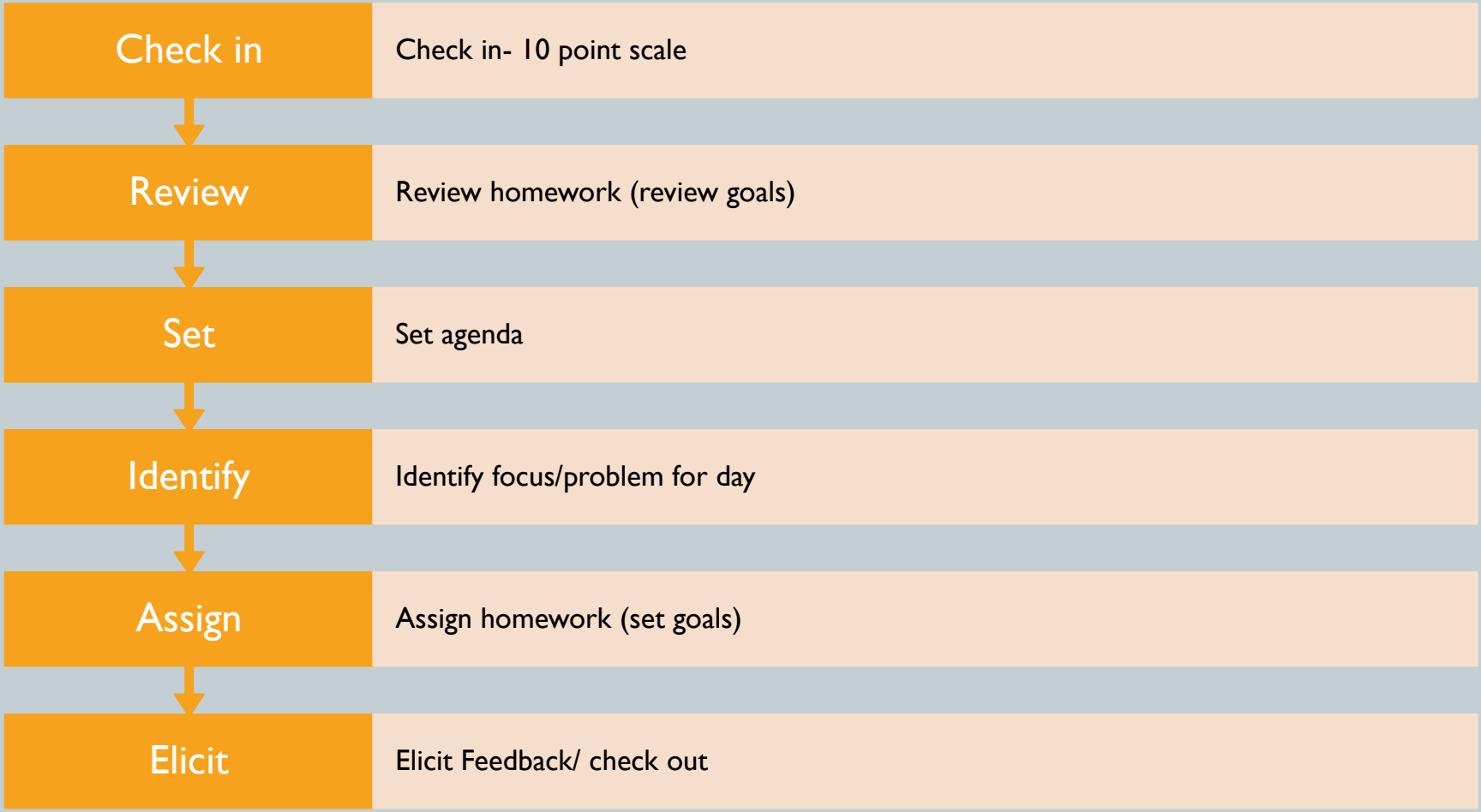


CBT IS A TIME LIMITED, STRUCTURED FORM OF PSYCHOTHERAPY

"TWO MAIN TARGETS IN CBT: COGNITION AND BEHAVIORS." (WENZEL, A. 2011)

- Role of Cognitive Restructuring
- Role of Exposure and Response Prevention for Anxiety
- Role of Behavioral Activation for Depression

CBT SESSION FORMAT



AUTOMATIC THOUGHTS

* What are some examples of automatic thoughts you can imagine for women during the perinatal period?

Examples:

* If I was stronger I would not need the epidural.

* I wanted a baby, I did this to myself.

* If I get help it will mean I failed.

* Other woman do this all the time, what is wrong with me?

FEELINGS

Hoffman Feelings List

COGNITIVE DISTORTIONS

All or Nothing Thinking- Black and white thinking

Blaming- Blaming yourself or others too much

Catastrophizing- Blowing things out of proportion

Downplaying Positives- Minimizing or dismissing positive

Emotional Reasoning- Because I feel like it's true, it must be

Intolerance of uncertainty- Living with the unknown

COGNITIVE DISTORTIONS CONT.

Labeling- Global negative labels

Jumping to conclusion about others thoughts (mind reading or fortune telling- negative predictions about the future)

Not Accepting- Rehashing past and unable to move on

Overgeneralizing- Sweeping conclusions about a small incident

Personalizing- Relating events to you

Should or must statements- Rigid rule

No Thought Distortion- Right sized reaction

MODIFIED THOUGHTS-- THE THREE C'S (ACEL-GREEN, 2021)

Compassion: Compassionate statement

Challenge: Data collection and modified thought

Choice: Possible action steps

EXPOSURE TYPES

- Imaginal- imagined exposure to feared situations
- Interoceptive- induce feared physical sensations
- In vivo- exposure to situations fears

SAMPLE SITUATION

Parent is unsuccessful soothing the baby and ends up lying on the bed crying.

Presents in office/telehealth: "I'm a terrible parent. I don't know what to do and nothing I am doing is helping. I think she would be better off with another parent, someone who can actually soothe her. I'm going to call the pediatrician's office to find out when they can see us so they can tell me what's wrong with the baby."

QUESTIONS & COMMENTS

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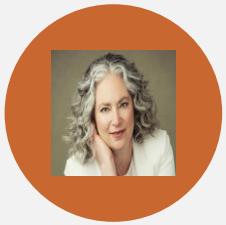

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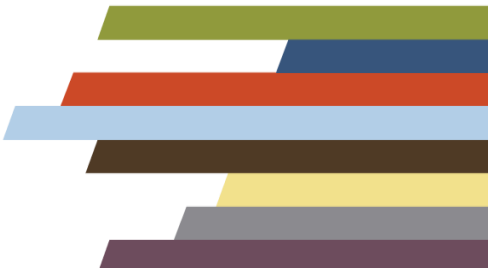
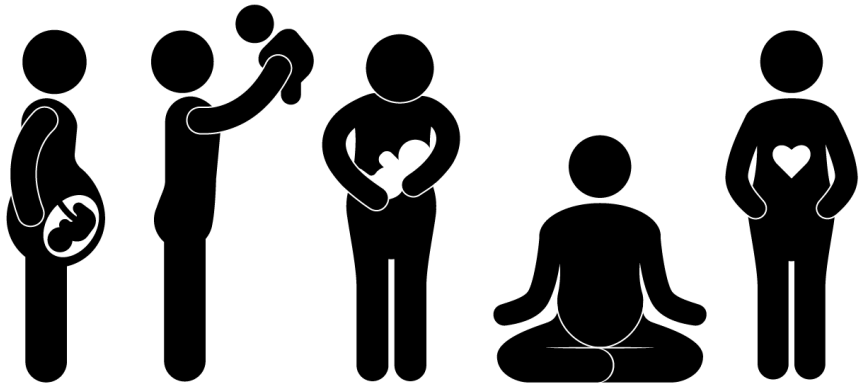
Q&A with Presenter

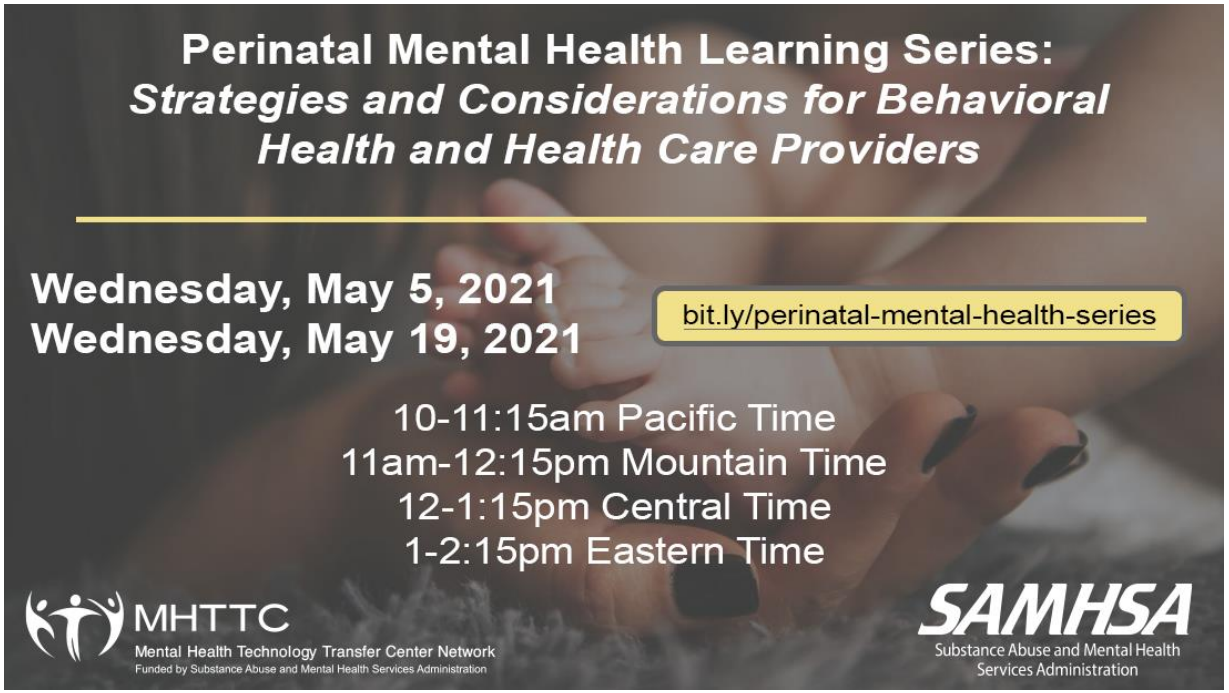


Additional Information on Perinatal Mental Health

Perinatal Mental Health Resources Webpage

- Visit our webpage for events and resources
  - https://mhttcnetwork.org/centers/global-mhttc/perinatal-mental-health-resources





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Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.

http://bit.ly/mhttc-pmh-session-2-survey