Date: October 26, 2011

To: Members of the Faculty Development Committee: Lisa Bjerknes, Lu Chang, Stephen Cole, Marianne Delaporte, and Therese Madden
From: Helen Marlo, Department of Clinical Psychology and Gerontology

Re: Faculty Development Grant

Title: Mentoring Mothers

Introduction:

I am requesting a faculty development grant to develop a community-based program for women and mothers, which will address reproductive mental health needs and problems within the community. I hope to learn more about this population and ways of meeting their needs more effectively.

The field of Reproductive Mental Health examines the psychological and emotional health and well-being of women during the reproductive years, and focuses on the psychological challenges specifically associated with the experiences of prenatal, pregnant, and postnatal women, their children, and partners. It is a cross-disciplinary field which synthesizes findings in developmental, clinical, and educational psychology; psychiatry; neuroscience; sociology; anthropology; obstetrics and gynecology; midwifery; and maternal fetal nursing and medicine.

The field of Reproductive Mental Health addresses the psychological and emotional challenges associated with: obstetric and gynecological health and illness, pregnancy, birth, pregnancy loss, stillbirth, infertility, childlessness, and menopause. This field addresses the common, but challenging, developmental issues that emerge during this very vulnerable and influential period, which can have pervasive and life-long impact including: transitioning to motherhood/parenthood; bonding; attachment; parenting; the marital/partner relationship; and emotional development. Finally, the prevention, detection, understanding, and treatment of perinatal emotional problems, including anxiety, depression, post-traumatic stress disorder, attachment disorders, substance abuse, personality disorders, addictions, and psychosis is a central concern.

While estimates of the prevalence of perinatal conditions vary, overall, such problems affect a minimum of 15-20% of all women. As well, perinatal problems frequently co-occur in the partners and children of women who are struggling. (Jaffe & Diamond, 2011) Rates of perinatal depression range from 10-20% of all new mothers while recent research suggests that perinatal anxiety may be even more prevalent than depression (Jaffe & Diamond, 2011). Rates of postpartum post-traumatic stress disorder (PTSD), an anxiety disorder, range from 1.7-9% (Beck, 2011). In a recent nationwide study of 1,373 postpartum women, 9% met diagnostic

criteria for PTSD while 18% had significantly elevated symptoms of PTSD (Beck, 2011). Many psychosocial factors increase a woman's vulnerability to perinatal problems including marital conflict; inadequate knowledge; unrealistic expectations; poor self-esteem; conflicted relationship with one's mother or father; and a history of childhood trauma, including a lack of reflection upon one's childhood history and relationship patterns. In addition, underserved populations, such as mothers who are single and poor; and mothers who lack choices regarding employment are significantly more likely to experience problems. (Siegel & Hartznell, 2003; Stern & Bruschweiler-Stern, 1998; Kleiman & Rankin, 1994).

Moreover, these mental health conditions and syndromes adversely impact children, partners, and families (Kendall-Tackett, 2005; Field, 1990). Research in clinical, developmental, and educational psychology, as well as in related disciplines, such as neuroscience, medicine, sociology, anthropology, and nursing has consistently demonstrated the numerous adverse effects of perinatal problems upon the mother, infant, partner, and family including increased marital conflict, increased psychopathology, including depression, in postpartum fathers, insecure attachment in children, and impaired emotional, cognitive, and academic adjustment in children (Boath, Pryce, & Cox, 1998; Murray, et. al, 1993; Field, 1990; Martins & Gaffan, 2001). In addition, a high correlation exists between prepartum and postpartum distress, which underscores the importance of intervening before the postpartum period (Misri, 2005). Psychosocial and educational interventions, as well as all major forms of psychotherapy, have been effective in reducing postpartum depression (Gottman & Schwartz Gottman, 2007; Murray & Cooper, 1997). Researchers have concluded that a combination of treatments, including education, psychotherapy, support, medication, and peer intervention may be most effective, depending on the severity of the problem (Jaffe & Diamond, 2011).

Despite the ubiquity of perinatal problems, there are no professional, community-based resources on the San Francisco Peninsula that provide specialized, professional psychological services which address the range of reproductive mental health concerns occurring during this time of life. Women frequently turn to mother's groups, peers, or paraprofessionals, which is often insufficient and can be destructively misleading.

Summary of Project; Activities; Methodology

My proposal involves developing a free, professionally facilitated, community-based, biopsychosocialspiritual resource named, "*Mentoring Mothers*," on the San Francisco peninsula, in collaboration with Mills-Peninsula Hospital in Burlingame and obstetric, gynecological, and pediatric medical colleagues and professionals. The goal of, "*Mentoring Mothers,*" is to develop a community where the range of reproductive mental health needs and issues that emerge for perinatal women, their partners, and children, during this transitional time, could be addressed. This group aims to create a different kind of community for mothers: one that focuses on fostering a woman's development and that helps her relate to her own experience,

as she transitions into motherhood. This is different from existing services in that it does not advocate or teach any one approach to parenthood. Rather, when appropriate and possible, the group will aim to provide the most current information, and most sound evidence on issues from the various disciplines within this field. Thus, this project would be distinctive in providing a free, yet professionally facilitated service, to the community by professionals with expertise in reproductive mental health and perinatal issues, while also still including the benefits of peer input and support (Jaffe & Diamond, 2011). In addition, it will include significant outreach to the most underserved members of this population, including mothers who are single, poor, teenage, and from ethnic minorities. I will be leading this group along with the assistance of my colleague, certified nurse midwife, Melissa French, R.N., C.N.M. Support groups, led by facilitators, have been especially helpful with perinatal problems (Jaffe & Diamond, 2011). Research has demonstrated such approaches are effective and beneficial for women, children, and families, as well as the community, from a public health perspective

I plan to develop and facilitate at least one free, biweekly, "*Mentoring Mothers*," group with the general goals of helping to support pregnant and postpartum women, prepare them for motherhood, prevent or minimize psychological distress, promote emotional wellness, and enhance emotional intelligence. I plan to use a mentoring approach to reach a broader range of people. This model reflects the extent I can ethically and clinically intervene within a community-wide capacity.

This group will focus on providing early support and preventing more significant emotional problem. It will not be a substitute for individuals who require more significant treatment. It will intervene primarily by providing professional and peer support, education/psychoeducation, limited psychosocial and psychotherapeutic interventions, problem solving, and referrals to community resources, which can provide more intensive services tailored to the individual's need (i.e. a focused parenting class; individual or group psychotherapy; substance abuse treatment; 12-Step Group; etc.). I plan to develop a resource guide for participants, which includes educational and referral resources. This project would be markedly different from, yet significantly build upon, my academic, professional, and clinical work in reproductive mental health from over the last two decades. For example, developing and launching this kind of clinical-community based service in this area would be a new venture for me.

Assessments of this group will be conducted in order to assess qualities in the participating participants, and to develop a sense of the participants' experience. This may include, for example, forms of social, emotional, and clinical assessment. For example, I may utilize a measure used with postpartum women, such as the Edinburgh Depression Scale, to assess participants' mood. Other potential measures may include assessing participants' stress levels, empathy, and emotional development, perhaps, through a measure such as, The Social Emotional Inventory. The kinds of assessments that are utilized must, first and foremost, consider the ethical and clinical needs of participants, who could be considered a vulnerable

population. As an open-ended group, which does not require any commitment, the kinds of assessments that can be conducted are more limited.

In addition, assessing the participants' experience of the group would be useful in order to gather an initial sense of the group and to refine it. This data would be useful for expanding this program.

Purpose and Value for NDNU:

This project could be valuable to NDNU in several ways:

1) It provides free, needed, and beneficial services to significantly underserved populations, which are not readily available in the community.
2) It is consistent with NDNU's mission, modeling community engagement and social justice.
3) It is consistent with the explicit mission of the *Dorothy Stang Center for Social Justice and Community Engagement*. In particular, as I am a Dorothy Stang faculty scholar, this project may provide opportunities and experiences for supporting and collaborating with the *Stang Center*.
4) It provides a training experience and education for my Master's of Science in Clinical Psychology and Gerontology students. This area of learning, clinical experience, and research is currently emphasized by the Board of Behavioral Sciences (BBS) which is important to the Department in terms of meeting current professional standards recommended for licensure and training.
5) It raises NDNU's visibility as an Institution that trains mental health, psychological, human service, medical, nursing, sociology, and social work professionals, by providing opportunities for NDNU to form connections and make creative contributions to the local psychological, social work, medical, and nursing communities.
6) These connections could potentially be beneficial to future NDNU students of clinical psychology, art therapy, nursing, sociology, and social work by creating opportunities for field/intern work; research; and/or fostering collaborative and professional partnerships with a major local hospital and medical center as well as medical and mental health professionals.
7) As a project within the multi-disciplinary field of reproductive mental health, it has the potential of offering opportunities and education to other disciplines, besides psychology, within the various disciplines and schools at NDNU (i.e. College of Arts and Sciences; School of Education and Leadership; School of Business, etc.). This may be particularly relevant for students who are majoring in other fields but who have a personal or professional interest in reproductive mental health/psychology or who wish to integrate this discipline and/or community engagement into their major.

Purpose and Value for Me:

I believe this project would be beneficial to me in continuing to develop my expertise in the area of reproductive mental health particularly with a diverse group of underserved individuals. It would encourage me to stay abreast of current developments; promote scholarly activities; and enable me to foster more professional connections and opportunities for students and interns.

Estimated Timeline

I have been in the process of preparing and making connections to develop this project over the last few months. I would like to do an informal pilot group now and launch the first group in January, 2012. I plan for this to be an on-going project, if it is successful, and so I will be modifying it, over time, as I encounter opportunities and limitations. Therefore, this will not be a time-limited activity. I also plan to develop this project further during my sabbatical, if approved, in Spring, 2013.

While it is hard to predict how the timeline will evolve, since this is contingent on how the group evolves, I propose the following which roughly covers how I would be spending my time during the Spring semester, 2012, all the way through my sabbatical in Spring, 2013:

November-December, 2011: Investigate possibilities with Mills-Peninsula formally (they have shown informal interest) through the Birth Center and OB-GYN physicians and nurses.

January, 2012: Launch a "first phase" group (group will likely be ongoing, depending on need). Do initial assessments.

March-May, 2012: Run first phase group. Assess group. Develop connections with area professionals, which can support this group.

June-September, 2012: Review findings from assessment measures. Integrate findings into plans for running a "second phase" of groups. Refine preliminary materials and resources for group participants based on these findings. Develop a preliminary education and resource guide.

September-October, 2012: Launch a second-phase group that has incorporated findings from the assessments and what I have learned from these clinical experiences. Do initial assessments.

November-December, 2012: Revise materials and make any necessary changes, if needed. Continue with assessments.

January, 2013: Launch third phase group that integrates information learned from the pilot, first phase and second phase groups.

February, 2013: Continue to run the group. Meet with hospital and professionals regarding the group and its impact on the community.

March, 2013: Make revisions to the group, if needed, to better serve the community.

April-May, 2013: Obtain information about the group from participants and professionals and synthesize this material.

June-August, 2013: Use this material to make necessary changes to the educational and referral resource guide. Finalize guide.

Audience for Publications and Presentations:

Possible audiences for publication of this material includes Journals devoted to reproductive mental health; clinical and health psychology; psychiatry; medicine; nursing; and education. For example, the: Journal of Consulting and Clinical Psychology; Psychotherapy; Birth; The Journal of Maternal-Fetal and Neonatal Medicine, etc. It may be appealing to Journals with a cross-disciplinary focus.

Presentations could include non-professional and professional audiences. Different presentations could be provided to professionals and/or patients in local hospitals or medical centers; community agencies providing psychosocial services (i.e. Catholic Charities; Parent's Place); agencies that serve pregnant and postpartum women (i.e. Blossom Birth; Day One); and mother's groups.

This material could also be presented in other academic or professional settings This includes other Universities; continuing education programs (i.e. the Mills-Peninsula Hospital Continuing Education Program); as well as local and national professional societies or organizations (i.e. San Mateo County Psychological Association; California Psychological Association; North American Society for Psychosocial Obstetrics and Gynecology; The Association for Prenatal and Perinatal Psychology and Health).

Itemized Budget

I foresee this as an on-going project so the cost of supporting this is challenging to estimate accurately since it is a long-term project that is influenced by level of need and interest. I have already worked with Mills-Peninsula Hospital in donating a suitable room for this group so that eliminates one major expense. In addition, I am significantly containing the cost by donating my time to create, organize, and facilitate this experience. However, other significant costs will include fees for assessment measures; designing, printing, and copying materials; creating resource

guides; and professional consultation. I would like to evaluate this so it can be refined in ways that best meet participants' needs, although, this adds to the expense. I imagine there are unforeseen expenses that I am not accounting for, and may not be aware of, until this is launched.

I have delineated a rough, itemized estimate for your consideration.

Assessment:	$300.00
Outreach:	$100.00
Consultation:	$300.00
Design/Promotion:	$200.00
Copying:	$600.00
Total amount:	$1,500.00

Thank you for considering my proposal. I welcome any input, suggestions, or your questions.

Sincerely yours,

Helen Marlo