Group Proposal for A Postpartum Psychotherapeutic Counselling Group

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Forming

In Canada, it is estimated that one in ten mothers suffer from postpartum depression (PPD) (Lanes et al., 2011). Although a common complication of childbearing, PPD is also a major public health concern as it puts both mother and infant at risk (Fitelson et al., 2010; Ghadrahmati et al., 2017). Women suffering from PPD may experience mood swings, extreme sadness, lack of interest in daily activities of living, sleep disorders, decreased appetite, self-doubt, concerns about baby, and suicidal ideation (Aswathi et al., 2015; Norhayati et al., 2015). Although there are numerous contributing factors for PPD, lack of social support was found to play a significant role (Norhayati, 2015; White et al., 2023). With that in mind, *Amor Matris*–our referral-based postpartum psychotherapy group–is designed to support first-time mothers identified at risk for postpartum depression by their care providers through social interaction and evidence-based Cognitive Behaviour Therapy (CBT) approaches.

A closed group, focused on alleviating anxiety and depression in new mothers and protecting or "armouring" against the development of PPD and perinatal mood and anxiety disorders (PMADs), Amor Matris, "a mother's love" in Latin, has been equivocally named so that it is indistinguishable from other mom/baby groups. Similarly, it will not be advertised to respect group members' need for privacy and eliminate shame/embarrassment connected to being at risk for PPD (Partick, 2023). Ultimately, the goal is to reduce barriers related to accessing help, promote mother-infant bonding, development of healthy coping skills, and access to peer-support while reducing/monitoring for risk factors associated with PPD and perinatal mood and anxiety disorders (PMADs) that contribute to poor maternal and infant outcomes (Byrnes, 2018).

Meetings will take place one day a week (Monday-Friday) from 12:00 to 2:00 pm at The Tree, a family resource society, located on Seymour Street in Kamloops, British Columbia (The Tree, 2022). Lunch will be included. Babies are welcomed in an effort to support mother-infant bonding and promote breastfeeding, which is shown to have moderating effects against depression and long-term positive effects (Figuerido et al., 2014; Handman & Tamim, 2013; Mathiesen et al., 2001; Tu et al., 2006). Recent research found that not only organizational and structural factors but also sociocultural and individual barriers impacted women's access to mental health services (Sambrook et al., 2019). It is anticipated that mother-infant sessions will eliminate both physical and financial barriers associated with childcare in addition to psychological barriers (e.g. stigma, separation anxiety) that may lead to poor session attendance or mothers opting out of the counselling group altogether. Moreover, commencing meetings with a balanced "family-style" lunch might mitigate apprehension and anxiety with attending the group while creating a welcoming social environment and the opportunity to develop interpersonal relationships.

Aside from referral, to be eligible for the group individuals must be first-time mothers within 6 weeks postpartum without any preexisting comorbid mental health diagnoses. Screening appointments will determine if the mother is an appropriate fit for the group. The Edinburgh Postnatal Depression Scale, recommended by the American Academy of Pediatrics (2022), as well as a suicide risk assessment will be administered to gauge where clients are at and identify individuals requiring a higher level of intervention than offered through group therapy (Cox et al., 1987; National Institute of Health, 2020). Details such as dietary requirements/preferences, gender identity and preferred name, personally identified challenges/goals related to attending the group, and individual psychosocial factors (e.g. social support, low-income assistance, and

domestic violence) that may interfere with the effectiveness of therapy will be gathered to tailor care. If possible additional supports will be put in place prior to group formation—the goal is to moderate situational stressors that might contribute to member attendance issues and attainment of therapeutic goals. Should support or referral be necessary The Tree offers numerous free services/interventions such as drop-in programs and one-on-one counselling (The Tree, 2022).

The theoretical orientation for Amor Matris is cognitive-behavioural group counselling with an authoritarian leadership style. Yet, members will be offered times for laissez-faire discussions during the start of each session when lunch is delivered; A roundabout that involves check-ins and a moment to express gratitude will occur during this time. Following meals, all sessions, led by one of the two leaders/facilitators on a rotating basis, will be broken into three parts: topic introduction, corresponding activity, and follow-up discussion/topic containment. As the transition into motherhood can be challenging no homework will be provided—members will only be asked to mentally reflect on sessions and apply what they have learnt (Karimi et al., 2021). The first session will collaboratively set-out group rules and expectations, address confidentiality and limits to confidentiality, lay-out the goals of the group and determine individual goals. The group will then delve into the first topic, “mother myths,” which is a lighter theme that will hopefully break the ice. Following this primordial group, intakes will be done for new groups every eight weeks. The general meeting structure will consist of eight weekly sessions, followed by 4 bi-weekly sessions, and then two monthly sessions to provide a gradual transition out of care and a one-year follow-up to ensure well-being.

Following completion of their master's in counselling psychology, Ciera McShane and Kiera Duffy will facilitate the group. Acknowledging the multicultural landscape of Canada and the diversity of the community they will be serving they will also engage in cultural competency

training. Alyse Passmore, another helping professional (a certified doula and licensed practical nurse) with education in lactation and Indigenous foundations, will assist the group with breastfeeding support and infant care. Comprehending the origins of trauma and the importance of tradition, McShane, Duffy, and Passmore will attempt to respectfully weave members' cultural values, beliefs, and practices into the group: They will aspire to establish relationships with members that are built on mutual trust. To ensure diversity is respected, regular group surveys and end-of-group evaluations will be conducted. Member feedback will be applied to alter group elements/design and help members feel honoured for their unique needs and backgrounds.

Storming

In alignment with revisions of the Canadian Counselling and Psychotherapy Association (CCPA) code of ethics, the Amor Matris facilitators are committed to upholding ethical conduct guided by the following principles: beneficence, fidelity, nonmaleficence, autonomy, justice, and societal interest (CCPA, 2020). As those in a caring role have general responsibility for maintaining ethical behaviour and high standards of professional conduct, it is recognized that Amor Matris leaders also adhere to personal care, continuing education, and building their diversity awareness. Facilitators will practice within their professional competence, present their professional qualifications accurately, and ensure that the Amor Matris group is advertised by referring care-providers appropriately. Further, facilitators will: seek clinical supervision and consultation from Dr. Serena George; be ICEEFT certified; take the 3-day CBT Essentials course through The Association for Psychological Therapies (APT); and frequently engage in continuing education. Moreover, leaders are aware that their primary responsibility is to respect dignity and promote group welfare (Stolsmark, 2015).

Common ethical issues such as obtaining consent, confidentiality (including how group participants' records will be stored), limits to confidentiality, and group rules will be addressed in the first meeting. In accordance with the CCPA (2020), group members will be screened for fit, and informed of their rights and responsibilities, and their consent will be obtained; as self-understanding and self-disclosure is involved, group techniques/goals/focus will be clearly outlined. Inclusivity, diversity, difference, and intersectionality in members will be honoured. By providing various interventions, the intention was to reduce generalizing treatment methods to the entire group—a potential cause for ethical dilemmas in group therapy (Riva & Cornish, 2018).

In the event that ethical dilemmas arise, members will be supported to resolve the issue and report it to a third party if necessary. Referrals and screening will expectantly reduce inter- and intra-personal conflict anxiety and competition. Facilitators will strive to uphold group rules and expectations and maintain structure through nonverbal communication, tying things together, drawing-out/cutting-off sharing, shifting focus when needed, and containing each session before the end. Lastly, closure will be provided for group termination (see Mourning).

Norming

In an effort to build autonomy and respect diversity amongst group members, the first session of Amor Matris will involve collaboratively creating group norms. That stated, general rules/expectations will be outlined foremost. As Amor Matris is a small closed group expectation is that those who have joined the group show up for all sessions (unless facilitators are notified of extenuating circumstances in advance). Members should show up 5-15 minutes before meeting times to ensure that they are ready to participate. While it will be essential that members allow the facilitators to moderate the group, it is also important that they participate in

discussions, speak respectfully about/to one another, and be mindful of body language/nonverbal communication. The group should be a supportive, warm environment for members to share potentially intimate details and nurture their babies. As the group is breastfeeding-inclusive, negative/critical remarks about feeding styles are discouraged. Failure to comply with rules/expectations may lead to session disclusion and the requirement of one-on-one counselling. Discriminatory or disrespectful remarks of any kind may lead to expulsion from the group.

Performing

Each of the 12 sessions will be focused on a specific theme related to motherhood and wellness. The themes and activities will vary based on the group's success and dynamic with an undertone of Interpersonal (IPT) and Cognitive Behavioural Therapies (CBT). Following introductions and activities related to the theme, the session will end with an open discussion amongst members on how they feel the topic pertains to them, where they now view themselves in relation to the theme, and how they will apply what they have learned. The themes include:

Motherhood Myths: The initial session will routinely encompass a realm of emotions, expectations, and mental health (P. Choi, et al., 2007). The activity features cognitive restructuring for reframing thoughts, through meditation alongside CBT (Onozuka, J., 2022) (See Appendix A). **Mindfulness:** This session will define the importance of self-reflection and mindfulness. The activity will be ‘the rhythmic wave’ where participants connect to their bodies via group drum patterns, transitioning to self-reflection while the drum continues (Faulkner, 2017) (See Appendix B). **Self-Care:** In this session we will explore how maternal self-care during the postpartum period is vital for mental health (Barkin & Wisner, 2012). The activity for this session will delve into self-compassionate journalling; shown to reduce anxiety and depression while promoting adaptive emotional regulation and wisdom (Al-Refea et al., 2021)

(See Appendix C). **Family Support:** This session involves fostering a nurturing environment for the new mother, as it was found that a lack of support for new mothers had a negative effect pre- and post-nataly (Al-Mutawtah, 2023). The activity will be creating a 'circle of support', where participants draw out who their direct support comes from, and if they cannot think of any, the program becomes their circle (Pacific PP Support., 2023) (See Appendix D). **Attachment:** In this session we will support maternal-infant bonding. Discuss how some mothers display depressive symptoms; less-intense relationship with their children, more negative perception, more stress, and are less securely attached (Forman et al., 2007). Group members then reflect on own relationships with mothers, a forgiveness activity (Lundahl et al., 2008) and engage in an eye-contact exercise with their infants (Steinfeld, M. B., 2023)(See Appendix E). **Boundaries:** Establishing and reinforcing boundaries is a critical therapeutic focus, empowering mothers to prioritize their needs and set limits on external pressures (Frey, 2023). The group will do a role-play activity inspired by Moreno's psychodrama method (Gladding, 2018). (See Appendix F). **Baby Blues:** This week will focus on pharmacological interventions and self-care to improve maternal well-being and infant outcomes, i.e., a balanced diet, getting enough water, sleep, exercise, and relaxation tips. The activity will involve performing the emotional freedom technique (Güdücü & Özcan, 2023) (See Appendix G). **Breastfeeding:** This session will outline the connection between PPD and breastfeeding, and management of lactation issues. The activities for this session include sitting with sounds, a mindfulness-based intervention (MBI), and infant massage techniques (Hoffman & Gomez, 2017) (See Appendix H). **Perinatal Mood and Anxiety Disorders:** In this session, an overview of perinatal mood and anxiety disorders (PMADs) will be provided to improve recognition. The activity for this session will be using breath awareness as a relaxation technique followed by a group-based scripted guided imaginary

meditation (Hackmann et al., 2011) (See Appendix I). **Mom Guilt:** In this session, we will focus on the emotions of shame and embarrassment (Patrick, 2023). The activity will involve compassionate mind training (CMT) (Gilbert & Proctor, 2006) (See Appendix J). **Expectations:** This session will focus on how specific prenatal expectations from the mother can be a catalyst risk for developing postpartum depression later in the pregnancy (Kahalon, 2022). The activity involves Patient Engagement, Education, and Restructuring of Cognitions (PEERCS) intervention, designed to alter expectations (Myers, 2021) (See Appendix K). **Milestones:** This session works with mothers to cultivate a mindful approach to milestones. The activity is simply living in the moment to engage in the small moments, allowing reflection on the progress made and embracing growth and resilience (March of Dimes, 2023) (See Appendix L).

Mourning

As the transformative therapy journey concludes, participants celebrate growth and resilience in a graduation ceremony. Little ones don adorable caps, symbolizing progress for both mothers and infants. Each graduate receives a comprehensive resource package for ongoing support, addressing various needs and empowering their motherhood journey. The evaluation reflects on achievements, resilience, and strength demonstrated throughout the program, acknowledging participants' commitment and collaboration. A year post, a check-in ensures sustained support and progress, facilitated by leaders who were part of the regular sessions. Group ending sessions include member and leader summaries, assessments of growth, go-rounds for personal takeaways, and plans to apply changes to everyday life. The program's termination marks the end of structured sessions and the beginning of an empowered motherhood chapter.

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Appendix A

Motherhood Myths

The initial sessions will routinely revolve around Motherhood Myths. The ideology of motherhood was theorized to have been a socially constructed view of femininity and what it means to be a woman (Choi et al., 2007). There are common myths involving motherhood: “It’s just the ‘baby blues’ and will go away on its own,” “Postpartum depression can be prevented,” “Postpartum depression makes you hear voices or have hallucinations,” “Postpartum depression means you are a bad parent who does not want your child” (Project L., 2021). These thoughts and myths can be triggering and are best addressed through understanding where one’s personal guilt stems from, and utilizing techniques geared towards resolving these personal feelings. The activity would feature cognitive restructuring techniques for reframing thoughts, heavily facilitated through meditation alongside Cognitive Behavioural Therapy (Onozuka, 2022). The remaining sessions will address any of the remaining topics.

Appendix B

Mindfulness

Sessions will incorporate guided mindfulness exercises to enhance present-moment awareness. Mindfulness becomes a tool for managing the emotional toll of postpartum depression, providing mothers with a means to navigate their thoughts and emotions more skillfully. A study conducted in 2023 found that mindfulness-based Self-Practice/Self-Reflection (SP/SR) Training had beneficial effects on empathy, reflective skills, wellbeing, and resilience of CBT trainees (Mösler, T., 2023). These same training skills are implemented in the session and taught through activities involving rhythm: “Of all musical elements, rhythm is the one that binds people most closely, synchronizing elements of the brain, and our emotions…being ‘in tune with each other’ or ‘in time with each other’,” “Our earliest experiences of rhythm go back to the womb and the dominant presence of our mother’s heartbeat.” (Faulkner, D., 2017). The connection of rhythm and Self-Practice/Self-Reflection is strong and facilitated through ‘the rhythmic wave’ where participants understand their bodies via group drum pattern created with one another, transitioning to a focused self-reflection while the drum continues.

Appendix C

Self-Care

In this session we will explore how maternal self-care during the postpartum period plays a vital role in mental health (Barkin & Wisner, 2012). In regards to maternal self-care two ideologies appear to present regarding self-care: 1.) self-care was of primary importance for effective mothering; 2.) new motherhood was associated with an extreme form of self-sacrifice (Barkin & Wisner, 2012). Further, depressive symptoms and self-care seemingly go hand-in-hand (Effective applications of self-care included allowing the infant's father to care for the child, taking time to exercise, and going out to restaurants (Barkin & Wisner, 2012). Barriers to good self-care practice were limited resources (e.g. money), social support, time, and difficulties with accepting help and setting boundaries (Barkin & Wisner, 2012). However, maternal self-care needs should not only include physical health but also incorporate emotional wellbeing (Lambermon et al., 2020). As self-reflection has recognized as facilitating self-care (Glassburn, McGuire, & Lay, 2019) and self-compassionate journaling has been shown to reduce anxiety and depression while promoting adaptive emotional regulation and wisdom (Al-Refea et al., 2021), the activity for this session will delve into self-compassionate journalling.

Appendix D

Family Support

Family support is actively cultivated within the therapeutic process, recognizing the pivotal role of a robust support system. Therapy sessions may involve discussion of family members, and fostering open communication and understanding to create a nurturing environment for the new mother. This session involves fostering a nurturing environment mainly for the new mother, as it was found that a lack of support for new mothers had a negative effect on women's experience pre- and post-nataly (Al-Mutawtah et al., 2023). The activity during this session is creating a 'circle of support', where participants draw out who their direct support comes from, and if they cannot think of any, the program becomes their circle (Pacific Post Partum Support Society, 2023). This circular pattern of thought connects and grounds the new mothers.

Appendix E

Attachment

As maternal depressive symptoms can have a significant effect on infant attachment (Dubber et al., 2015; Śliwerski, 2020), in this session we will look at ways to positively support maternal-infant bonding. We will discuss how mothers displaying depressive symptoms have been shown to develop a less-intense relationship with their children, perceive their children more negatively, experience more stress, and may assess them as less securely attached than non-depressive mothers (Forman et al., 2007). Further, we will evaluate how some new mothers experience lower maternal instincts than others, as well as greater hostility and aggressive impulses (Klier, 2006). And, how postpartum mothers may feel rejection toward their own children (Klier, 2006). Mothers feeling like "their bond (with their child) isn't good" can also surface when their baby has colic or breastfeeding has been challenging. Considering that maternal-infant attachment can have long-term effects (Karakas & Dagli, 2019) this activity will focus on strengthening the mother-infant bond. While a mother's bond with her own mother if poor can negatively influence bonding with her child, psychotherapy has been found to provide restorative and reassuring intersubjective experiences (Bianciardi et al., 2023). In this activity group members will reflect on their own relationships with their mothers and take part in a forgiveness activity to let go of any anger and resentment they may have towards others including themselves: This is developed from process-based forgiveness inventions that were found to have significant gains in individuals that had experienced betrayals, offenses, and victimization (Lundahl et al., 2008). Another activity involving maternal-infant eye-contact will be implored to strengthen the child's later development and the mothers attachment with their child (Steinfeld, M.B., 2023)

Appendix F

Boundaries

Establishing and reinforcing boundaries is a critical therapeutic focus, empowering mothers to prioritize their needs and set limits on external pressures (Frey, 2023). Therapists work collaboratively with mothers to develop strategies for maintaining healthy boundaries, and reducing stressors that may exacerbate postpartum depression. After a group discussion, the group will do a role-play activity inspired by Moreno's psychodrama method (Gladding, 2018). To begin, therapists will hand out pens and paper. Individuals will be instructed to write out a list of boundaries that are important to them and choose one new boundary they feel comfortable practicing with a partner. The lead therapist will then divide everyone into groups of two and mothers will take turns practicing communicating their boundaries to each other. When it is not their turn to share, mothers will be instructed to role play as the person the other mother is communicating their boundary to and then give them feedback. The therapist will ensure they remind the group to keep all feedback kind and respectful.

Appendix G

Baby Blues

In this session, we will discuss “baby blues” and strategies to prevent and manage symptoms. Baby blues also referred to as postpartum blues are defined as mild depressive symptoms and low mood which can be transient and self-limited (Howard et al., 2014). In comparison to PPD, “blues” are less severe: However, women experiencing “blues” may have labile moods, periods of crying, sadness, anxiety, decreased sleep, lack of concentration, irritability, and exhaustion (Balaram & Marwaha, 2023). We will touch on the risks associated with pharmacological interventions but mainly focus on self-care such as maintaining a balanced diet, getting enough water, sleep, and exercise as well as relaxation tips which have been shown to improve maternal well-being and infant outcomes. The activity for this session will be instruction on how to perform emotional freedom technique, tapping over certain points to induce a calming effect, which was shown to effectively reduce postnatal anxiety and depression with long-term benefits (Güdücü & Özcan, 2023).

Appendix H

Breastfeeding

In this session, we will describe how to manage common issues with lactation (e.g. sore nipples, breast engorgement, and mastitis), the connection between PPD and breastfeeding as well as provide instruction for relaxation techniques and infant massage that have been shown to attenuate negative outcomes. Mothers with depressive symptoms are more likely to experience significant challenges with breastfeeding and be more vulnerable to feelings of dissatisfaction (Pope & Manmanian, 2016), low self-efficacy, and low self-esteem (Dennis & McQueen, 2007). Research findings suggest a reciprocal relationship between breastfeeding and postpartum depressive symptoms: Mothers who were breastfeeding at two months postpartum had a lower risk of postpartum depression at four months while those who had postpartum depression at two months postpartum were less likely to be breastfeeding at four months (Figueirido, Canário, & Field, 2014; Hamdan & Tamim, 2012). Breastfeeding may act to enhance maternal mood by lessening neuroendocrine responses to stress, (Pope & Mazmanian, 2016), supporting oxytocin release (Matthiesen et al., 2001), and decreasing the release of cortisol and other stress hormones which can impair sleep (Tu, Lupien, & Walker, 2006). Following research designs, the group will be verbally surveyed for their individual ideas about breastfeeding, what they feel their problems are, and whether they feel that it is beneficial or not (Sreekumar et al., 2018). As cognitive behaviour therapy (CBT) is suggested to be useful in improving breastfeeding outcomes (Sreekumar et al., 2018) and infant massage can improve sucking in babies (Matheison et al., 2001) the activities for this session will include: sitting with sounds, a mindfulness-based intervention (MBI), that involves self-regulation of attention and attuning into the sounds in one's environment (Hoffman & Gomez, 2017) in which group members will be instructed to

listen to their own breathing, baby’s breathing/sucking sounds, and more distant sounds; and, infant massage techniques including circular motions on the head, rubbing the baby's palm, stroking the face/bridge of the nose, and rubbing the soles of the feet.

Appendix I

Perinatal Mood and Anxiety Disorders

In this session, we provide an overview of perinatal mood and anxiety disorders (PMADs) in an effort to improve recognition. PMADs which include anxiety, depression, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and postpartum psychosis are estimated to affect 15 to 21 percent of pregnant and postpartum women and have significant negative effects (Byrnes, 2018). Further, we will discuss when to seek help and provide each mother with printed resources for external services including helplines. And, the activity for this session will use breath awareness as a relaxation technique and then follow it with a group-based scripted guided imaginary meditation. Guided imagery which is frequently used in CBT (Hackmann et al., 2011) can be used to help clients process overcoming problems or challenges at the subconscious level (Nash, 2023). For the script, we will use “The Beach” created by Dr. Prentiss Price (2003).

Appendix J

Mom Guilt

Therapists assist mothers in addressing feelings of guilt and fostering a more realistic and self-compassionate perspective on their journey. As some new mothers feel guilty about taking time for themselves or prioritizing their own needs over their baby's, this topic will discuss how it is neither selfish nor irresponsible for mothers to do so: Rather, it is essential that a mother take care of her own needs first as her wellbeing ensures that of her baby's (Patrick, 2023). In this session, we will: differentiate between the two emotions which although strongly correlated (Ferguson & Crowley, 1997; Harder, 1995) are also distinguishable (Miceli & Castelfranchi, 2018); address how new mothers may feel ashamed or embarrassed about their symptoms of PPD despite how common the condition is (Patrick, 2023); and, attempt to normalize PPD in an effort to reduce the stigma that may be contributing to guilt and shame. Further, we will emphasize how PPD is a treatable condition while illustrating how attending a group counselling series and seeking help is a sign of strength, not weakness and allow time for members to share experiences with low moods and self-critical behaviours. The activity for this session will be teaching the members compassionate mind training (CMT) for individuals with high self-criticism and shame to promote self-soothing and feelings of warmth and reassurance (Gilbert & Proctor, 2006).

Appendix K

Expectations

In an article by Kahalon, R., et al (2022), they evaluated risk factors for maternal expectations on postpartum and discovered that specific prenatal expectations from the mother can be a catalyst risk for developing postpartum depression later in the pregnancy (Kahalon, R., 2022). In accordance with a study still currently running testing the expectations set by patients awaiting surgery for their rotator cuff, we will adapt the Patient Engagement, Education, and Restructuring of Cognitions (PEERCS) intervention, which was originally designed to alter expectations towards a change in one's environment (Myers, H., 2021)

Appendix L

Milestones

The therapeutic journey acknowledges and celebrates developmental milestones, using mindfulness to savour and appreciate these moments. Therapists work collaboratively with mothers to cultivate a mindful approach to milestones, encouraging them to be present in these experiences and fostering a positive connection between the mother and child. Mindfulness, a form of meditation, involves concentrating keenly on your present sensations and feelings. This practice helps shift your focus from stress-inducing negative thoughts to a state of increased tranquillity and equilibrium. Where the activity is simply living in the moment to engage in the small moments (March of Dimes, 2023). Participants will hold their children close and reflect on the warmth of their skin, the smell of their heads, and their weight in the participants arms. Allowing oneself to reflect on the progress made before their very own eyes and to embrace the current stage they are at.