

THE
MOTHERHOOD
CENTER *of New York*

*Development and Frame of Partial
Hospitalization Program for Perinatal
Mood and Anxiety Disorders (PMADs)*

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Purpose

This presentation outlines the development and frame of the partial hospitalization program (PHP) at the Motherhood Center which aims to treat women with **perinatal mood and anxiety disorders (PMADs)**.

Considerations for implementation of a multi-modality program that draws from several theoretical models are presented.

Finally, the demographic characteristics of 277 former program participants are presented to illustrate characteristics of patients appropriate for PHP level of care.

Key words. Maternal mental health; perinatal mood and anxiety disorders (PMADs); partial hospitalization program (PHP); dyadic interventions.

Program Development

In an effort to *improve access* to mental health treatment for acute perinatal populations, The Motherhood Center (TMC) established the first *non-hospital affiliated PHP* in 2016.

TMC opened doors in **2017** and has since established a treatment arm (both outpatient and PHP) and an education and outreach arm which aims to disseminate information and increase awareness and training surrounding PMADs.

The PHP acts as both a “drop down” from *inpatient hospitalization* and “step up” from *outpatient treatment*.

The PHP at TMC is an **New York State Office of Mental Health (OMH)** licensed site.

Treatment Frame

- I. Prospective partial hospitalization candidates are first evaluated by a member of TMC clinical staff to assess for PHP appropriateness.*
- II. Admittees participate in PHP programming five days per week from 10am to 3pm.*
- III. The treatment is family-centered; partners and other family members are regularly involved in family sessions and infants are integrated.*
- IV. TMC's PHP includes individual and group treatment modalities that incorporate Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and Interpersonal Psychotherapy (IPT) concepts.*
- V. Patients attend medication management with reproductive psychiatrists.*
- VI. Mothers participate in expressive therapies (i.e., restorative movement; art therapy), psychoeducation (e.g., adult sleep group; PMAD education; pregnancy group for expectant mothers), and supportive groups (e.g., "Culture and Motherhood").*

Population and Treatment Measures

- I. *Mean Age: 34.18 (SD=4.28)*
- II. *Length of Treatment: 36.02 Days (SD=21.27)*
- III. *Baseline Edinburgh Postnatal Depression Scale (EPDS): 18.35 (SD=5.24)*
- IV. ***Baseline Postpartum Bonding Questionnaire (PBO):***
 - A. *Impaired Bonding: 15.11 (SD=10.91)*
 - B. *Rejection and Pathological Anger: 8.32 (SD=6.85)*
 - C. *Infant-Related Anxiety: 7.05 (SD=4.20)*
 - D. *Incipient Abuse: 0.21 (SD=0.56)*
- V. ***Diagnositc Category:***
 - A. *Unipolar Depression (51.64%)*
 - B. *Anxiety Disorder (24.73%)*
 - C. *Bipolar Disorder (12.36%)*
 - D. *OCD (8.36%)*
 - E. *Other (2.92%)*

Thanks

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